SAVING LIVES
CHANGING LIVES

DECENTRALIZED EVALUATION FOR EVIDENCE-BASED DECISION MAKING

Decentralized Evaluation

Midterm Evaluation of Nutrition Activities in The Gambia

2016-2019

Evaluation Report

March 2021
WFP The Gambia
Evaluation Manager: Mam-Yassin Ceesay

Prepared by
Tamsin Walters, Team Leader
Dawda M. Joof, Senior National Evaluator
Elizabeth Njie Moore, National Evaluator

Acknowledgements

The evaluation team would like to thank WFP The Gambia Country Office for their supportive and efficient facilitation of the evaluation process. The staff generously afforded their time to support the team through excellent planning and logistics and timely provision of relevant information. We extend particular thanks to Omar Camara for organization and scheduling of appointments, Biran Jobe for setting up remote meetings and facilitating the technology, Lamin Cham and the WFP drivers for accompanying the team throughout the field visits, Dawda Samba for planning of the field visits and engaging with the team's numerous questions and clarifications, and Mam-Yassin Ceesay and Nuha Nyangado for overall organization and management of the evaluation.

Our gratitude also goes to all stakeholders - the beneficiaries, Government authorities, health and school staff and volunteers, donor community, United Nations agencies and implementing partners - who dedicated their time to participate in informative discussions and contributed significantly to the findings of the evaluation.

Disclaimer

The opinions expressed in this report are those of the evaluation team and do not necessarily reflect those of the World Food Programme. Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by WFP of the opinions expressed.

The designation employed and the presentation of material in maps do not imply the expression of any opinion whatsoever on the part of WFP concerning the legal or constitutional status of any country, territory or sea area, or concerning the delimitation of frontiers.

Table of Contents

Executive Summary ..... **iv**
1 Introduction **1**
1.1 Overview of the Evaluation Subject 1
1.2 Context 7
1.3 Evaluation Methodology and Limitations 9
2 Evaluation Findings **12**
2.1 Evaluation Criterion 1: Relevance 12
2.2 Evaluation Criterion 2: Effectiveness 21
2.3 Evaluation Criterion 3: Efficiency 37
2.4 Evaluation Criterion 4: Sustainability 40
3 Conclusions and Recommendations **44**
3.1 Lessons Learned and Good Practices 46
3.2 Recommendations 46
4 Bibliography **49**
5 Annexes **52**
6 List of Acronyms **98**

List of Annexes

Annex 1. Terms of Reference 52
Annex 2. Map of WFP Nutrition Distribution Points in The Gambia 63
Annex 3. Theory of Change for WFP Nutrition Activities in The Gambia 64
Annex 4. Map of Food Insecurity in The Gambia 2016 65
Annex 5. Social protection and other programmes relevant to the evaluation 66
Annex 6. Evaluation Matrix 67
Annex 7. Documents Reviewed 78
Annex 8. Data Collection Tools 82
Annex 9. Narrative to be used in obtaining verbal consent from informants 89
Annex 10. Stakeholders Interviewed 90
Annex 11. Site visit selection 94
Annex 12. Evaluation Team Itinerary 95
Annex 13. Safeguards to manage ethical concerns 96
Annex 14. Priority areas of the Gambia National Nutrition Policy 2018-2025 97

List of Tables

Table 1. Planned WFP Nutrition Activities 1
Table 2. Achievements in Food Commodity Distribution 2016-2019 4
Table 3. Reported Outcomes of Nutrition Activities in 2017, 2018 and 2019 5
Table 4. Costs of Nutrition Activities under Evaluation 2017-2019 (EU PCR) 6
Table 5: Achievement in beneficiaries reached in TSF and BSF 2016-2019 21
Table 6. Outcomes of TSF activities in 2017, 2018 and 2019 according to WFP reporting 24
Table 7: WFP alignment with the six key actions under the Sphere Standard for MAM 34

List of Figures

Figure 1: Planned vs actual beneficiaries of TSF 2016-2019 ... 3
Figure 2. Planned vs actual beneficiaries of BSF 2016-2019 ... 3
Figure 3. SBCC beneficiaries reached in 2018 and 2019 ... 4
Figure 4. Nutritional Status of Children by Age Group and Region, 2018 Annual Screening ... 14
Figure 5. Achievements against planned distribution of food, TSF and BSF 2016-2019 ... 23
Figure 6. Trend in GAM rates across the regions of The Gambia, 2013-2019/20 ... 25

Executive Summary

1. This midterm evaluation of World Food Programme (WFP) nutrition activities in The Gambia covers the period January 2016 to December 2019. It includes all the nutrition activities implemented across the four provincial regions of the country under three sequential programmatic frameworks, including the current Country Strategic Plan (CSP) (2019-2021). The activities are: Prevention of Stunting/Blanket Supplementary Feeding (BSF) for children aged 6-23 months in the Lean Season; Therapeutic Supplementary Feeding (TSF) for treatment of children aged 6-59 months with moderate acute malnutrition (MAM), pregnant and lactating women/girls (PLW/G) and people living with HIV; capacity strengthening of government and partners; social behaviour change communication (SBCC) activities to influence positive behaviour change related to nutrition and care practices in communities; Active Screening and Registration of Beneficiaries; Cost of Hunger in Africa (COHA) Study 2018; Local Production of Fortified Blended Food (FBF) through Private Sector Engagement; Scaling Up Nutrition (SUN) Business Network (SBN); Nutritional benefits of the Home-grown School Feeding Programme (SFP).
2. The evaluation was commissioned by WFP in The Gambia. It was approved and started in January 2020. The main objectives of the evaluation are accountability and learning, including a focus on assessing gender equity considerations and empowerment of women. The evaluation findings will contribute to decisions on the implementation of nutrition activities in the CSP (2019–2021) for its remaining duration and influence the design of the next CSP.
3. The expected users of this evaluation report are the Country Office (CO) of WFP in The Gambia and the members of the Evaluation Reference Group, which includes representatives from the CO, the WFP Regional Bureau, the Government of The Gambia, Food and Agriculture Organization of the United Nations (FAO), United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and implementing partners: The Gambia Red Cross Society (GRCS) and Gambia Horticulture Enterprises (GHE).
4. The Gambia has an estimated population of 2.3 million and is one of the poorest countries in the world.[1] Food insecurity measured 8 percent in 2016[2] and remains at 7.8 percent in 2019,[3] disproportionately affecting households residing in rural areas. Global Acute Malnutrition (GAM) prevalence was 5.1 percent in children under 5 in 2019/20[4] with prevalence higher in boys (boys 5.9 percent; girls 4.1 percent), a considerable improvement from the 12 percent reported in the 2013 Demographic and Health Survey (DHS).[5] Just 14 percent of children aged 6–23 months receive a minimal acceptable diet (MAD),[6] while more than a third of children aged 6–59 months suffer from iron deficiency anaemia. High

---

[1] Human Development report (HDR). 2019.

[2] WFP CFSVA 2016

[3] The Republic of the Gambia, Joint Gambia Government/AATG/AAH/FAO/CILSS and WFP Preharvest Assessment 2019/2020 cropping season.

[4] The Gambia Demographic Health Survey (DHS) 2019/20.

[5] Ten percent is deemed high or serious. http://www.who.int/nutrition/team/prevalence-thresholds-wasting-overweight-stunting-children-paper.pdf

[6] DHS 2019/20. MAD measures both the minimum feeding frequency and minimum dietary diversity as appropriate for various age groups. Minimum dietary diversity is when a breastfed child consumes food from 5 out of 8 of the food groups during the previous day. Minimum meal frequency is when a child receives solid, semi-solid or soft foods (which includes milk for non-breastfed children) the minimum number of times or more over the previous day: two times for breastfed infants aged 6-8 months; three times for breastfed children aged 9-23 months; fourth times for non-breastfed children aged 6-23 months. https://apps.who.int/iris/bitstream/handle/10665/43895/9789241596664_eng.pdf;jsessionid=3EFA739C8BC0C9715D01CE88D3A49781?sequence=1

levels of overweight and obesity (29.4 percent) and underweight (15 percent) in women aged 15-45 years,[7] illustrate the triple burden of malnutrition[8] in The Gambia.

5. Gender parity in primary and secondary education has been achieved, but only 63 percent of adult men and 48 percent of adult women[9] are literate. The completion rate for primary education in 2016 was 71.7 percent for girls and 66.9 percent for boys.[10] Despite universal access to pre-primary and primary education, the quality of education and retention are concerns.[11]

6. The Gambia is among the top 20 most vulnerable countries to climate change due to its low-lying topography, reliance on subsistence agriculture and poor drainage systems.[12] Parts of the country are prone to hazards, particularly from flash floods in communities close to the River Gambia with limited resilience capacity to cope. Women's empowerment is a government focus area but sociocultural norms and practices and discriminatory provisions in customary law[13] continue to disadvantage women and girls. Twenty-one percent of households are headed by females[14] and 25.7 percent of women aged 20–24 were married before the age of 18[15].

7. **Methodology:** The evaluation was designed to assess the nutrition activities against the evaluation criteria of relevance, effectiveness, efficiency and sustainability. Eighteen questions were elaborated under these four criteria. In response to the COVID-19 pandemic, the evaluation team adopted a hybrid approach: national stakeholder interviews were conducted remotely by three Evaluation Team (ET) members, after which the two national consultants travelled to the regions to conduct focus group discussions and key informant interviews. The data collection phase was conducted over three weeks from 27 August to 15 September 2020. A participatory, gender-sensitive, mixed-methods approach was followed, comprising two key phases:

   - **A desk review of documents**. Existing quantitative and qualitative data were analysed, and findings disaggregated by gender wherever possible.
   - **Qualitative data collection**. semi-structured approaches were employed using pre-prepared questionnaires as a guide to conduct interviews and focus group discussions. Following two briefing meetings with the CO and the Evaluation Reference Group (ERG) respectively, 22 national-level interviews were conducted, involving 31 stakeholders, followed by 25 Focus Group Discussions (FGDs)/Key Informant Interviews (KIIs) at sub-national level. Direct site observation complemented these discussions.

8. Limitations included limited opportunity to observe active programme implementation. Field work was conducted during 2020 which is outside the period under evaluation and some activities were no longer being implemented. Further, schools were closed and TSF was experiencing stock-outs. The FBF activity, SBN and COHA rollout had also all been delayed due to the COVID-19 pandemic, so progress was difficult to measure. However, it was possible to gain wide stakeholder views on progress to-date through in-depth discussion. The hybrid approach lessened the opportunity for regular informal discussion with CO staff. In the field however, the ET was accompanied by a nutrition team member and WFP CO staff and the evaluation team used email exchanges to verify data, discuss findings and clarify concerns.

---

[7] Classified as body mass index less than 18.5.

[8] The triple burden of malnutrition refers to the coexistence of undernutrition (stunting/wasting), overweight/obesity and micronutrient deficiencies in the same populations.

[9] MICS 2018.

[10] World Bank sourced from UNESCO data. https://data.worldbank.org/indicator/SE.PRM.CMPT.FE.ZS?locations=GM

[11] Ibid.

[12] ACR 2019

[13] UNDAF 2017-2021.

[14] The Gambia Population Census 2013

[15] MICS 2018.

9. **Key Findings:** The key findings of the evaluation team are summarised below, structured according to the main evaluation questions and indicating the type and strength of evidence supporting each finding.

Evaluation question 1: Relevance

- Nutrition activities were in line with the needs of the most vulnerable groups identified by surveys and assessments, focusing in areas of the country with high undernutrition rates and on the critical lean season. Responses aimed to address identified low dietary diversity and poor infant and young child feeding practices (IYCF). Urban areas are now emerging as an area for additional consideration.
- Nutrition activities were well aligned with The Gambia policy framework. The only area where WFP has not yet explicitly engaged is in the area of addressing overweight/obesity.
- Stakeholders consider WFP to be a strong and pivotal partner in supporting the national policy agenda for nutrition. WFP's support to the COHA has notably worked to boost nutrition further up the nutrition agenda and its leadership of the SBN, at the request of The Gambia National Nutrition Agency (NaNA) has potential to further the SUN agenda.
- Activities are all well aligned and largely implemented in partnership with other actors and the government. However, there is scope to further examine opportunities for improved synergies and economy of effort with other initiatives, especially in SBCC and screening for acute malnutrition.
- There has been no gender analysis to inform the design of the nutrition activities. Activities have reached boys and girls equally, evidenced by reporting, but a strong focus on women for SBCC and engagement in activities has overlooked the importance of men's roles in advancing women's empowerment.

Evaluation question 2: Effectiveness

- Minimal outputs were achieved in 2016 and 2017, with activities only starting to be fully implemented in the final months of 2017 due to lack of funding in 2016 and programming delays following the change of government in 2017. In 2018 and 2019, activities met or exceeded attainment of outputs.
- Most outcome indicators pertain only to TSF, so it is difficult to fully evaluate the effectiveness of the other activities. MAM treatment recovery rate target has been met overall; but narrowly missed for boys in 2019, according to WFP reporting.
- GAM rates have reduced over the past 6-7 years, as evidenced by national surveys, and in 2019, the GAM prevalence nearly reached programme targets of <5 percent. An important factor in achievement of reductions in GAM rates is the synergistic approach of various programmatic elements targeting the same communities.
- WFP does not have a clear capacity strengthening strategy in place for nutrition, so while partners have been effectively trained on specific activity implementation, limited attention has been paid to longer-term capacity and systems development.
- The absence of a gender analysis has meant that men have been 'tagged on' and opportunistically engaged in SBCC rather than purposively targeted, potentially reducing the effectiveness of the SBCC.
- WFP's effective coordination and collaboration with government, UN and other partners was praised by stakeholders and has contributed to improvements in the nutritional status of the population.
- The school meal is no doubt playing a role in improving the nutritional status of children through the provision of a daily menu comprised of a diversity of nine locally sourced food items. There remains scope to improve nutrition education and the effectiveness of school gardens.

- Sphere standards for management of MAM were largely met. WFP's corporate gender and equity commitments were partially met, while WFP's commitments on accountability to affected populations have not been adequately achieved[16].

Evaluation Question 3: Efficiency

- The ET could not make a conclusive statement on the cost-efficiency of the nutrition activities with the financial data available.
- In both 2016 and 2017, BSF was implemented late, missing the hunger gap of July/August. TSF only started in October 2017. Activities were largely delivered in a timely manner after that, with one significant pipeline break in 2019.
- Technological advances, such as use of tablets for data collection and reporting and WhatsApp communication groups, improved programme efficiencies. There were some areas in which improved synergy between programmes with other stakeholders would likely have improved efficiency of the nutrition activities, particularly for SBCC, active screening for identification of MAM and school gardens
- Improvements in supply chain management systems would have improved efficiency, particularly for TSF.

Evaluation Question 4: Sustainability

- The implementation-related training activities have been carried out largely in consideration of ensuring partners can implement WFP's nutrition activities well. An approach to capacity development with a systems-strengthening vision would have greater potential to leave behind sustainable improvements.
- There is no overall strategy for WFP's capacity strengthening efforts for nutrition that articulates goals and objectives and links together the national level support with the implementation-level activities.
- The GAM rates at national level and in all of WFP's targeted regions have seen a positive downward trajectory over the past 6-7 years, to which WFP activities have very likely contributed. However, the impact of COVID-19 has changed the outlook, with modelling projecting a doubling of the burden of GAM in The Gambia by the end of 2020 if no action is taken to prevent and treat malnutrition.
- Significant cultural and structural barriers remain to women's empowerment in remote areas and these continue to adversely affect nutritional status of women and children.
- WFP's capacity development efforts at the national level, including the FBF activity and strengthening learning in food fortification, bringing the private sector together around the SBN and the anticipated impact of the COHA in encouraging further prioritisation and resource mobilisation for nutrition have a significant likelihood of generating longer-term benefits beyond the timeframe of active WFP support.

10. **Overall conclusions:** In response to the first evaluation criteria (relevance), the evaluation team concluded that the nutrition activities were highly relevant to the Gambian national context at the beginning of the implementation period and continued to be so throughout. The only area where WFP has not yet explicitly engaged in supporting The Gambia policy framework is in the area of addressing overweight/obesity. WFP is also yet to consider whether and how it can respond to emerging nutrition challenges in urban environments. One critical shortcoming is the absence of a gender analysis to inform the design of the nutrition activities. Improved understanding and attention to gender dynamics could considerably advance the relevance of WFP's activities in The Gambia.

11. In response to the second criterion (effectiveness) the evaluation team concluded that the TSF was effective in treating MAM. The capacity strengthening activities were effective in training implementing partners on short-term activity implementation. However, opportunities were missed to improve

[16] Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018; WFP Gender Policy 2015-2020; WFP's Strategy for Accountability to Affected Populations, 2016-2021

delivery of the programme and strengthen the Ministry of Health (MOH) system in the longer-term. There is also more work required to adequately meet WFP's corporate gender and equity standards and accountability commitments to affected populations. The reduction in GAM rates is a considerable achievement, to which the synergistic approach of the various WFP nutrition activities, alongside the programmes of other organizations have no doubt contributed.

12. In response to the third criterion (efficiency), the evaluation found that, after a late start, activities were largely delivered in a timely manner from late 2017, barring one pipeline break in 2019. Greater attention to supporting work planning and management approaches by implementing partner staff could have eased workloads and improved efficiency of operation. Some significant shortfalls in supply chain management systems further reduced programme efficiency. There were notably areas in which improved synergy between programmes and joined up planning and/or implementation would likely have improved efficiency of the nutrition activities.

13. For the fourth criterion (sustainability) the evaluation team concluded that the impact of COVID-19 has changed the outlook on the long-term benefits of the nutrition activities and efforts to prevent and treat malnutrition continue to be needed. In addition, gender dynamics which adversely affect the nutritional status of women and children remain unaddressed. An opportunity was missed to approach capacity development strategically with a systems' strengthening vision to leave behind sustainable improvement. WFP's activities at national level have been implemented with a longer-term vision and have potential to reap further dividends beyond the timeframe of active WFP support.

14. **Recommendations:** The findings and conclusions of this evaluation led to the evaluation team making the following recommendations:

Strategic recommendations

15. *Recommendation 1:* WFP CO should conduct a gender analysis study examining power dynamics between men and women in The Gambia, with a focus on nutrition and understanding household and community practices and norms that hinder achievement of nutrition outcomes. This could be undertaken in partnership with other UN agencies and/or with the Ministry of Women, Children and Social Welfare. It should be completed as soon as possible to enable findings to inform activity design in the next CSP.

16. *Recommendation 2:* WFP nutrition team should develop a strategic approach to nutrition capacity strengthening in collaboration with the MOH and NaNA, based on a capacity gaps analysis and with a clear plan and targets for which capacities to strengthen and how the achievements will be measured (short/medium term):

17. *Recommendation 3:* WFP nutrition team should ensure the momentum of processes advanced by WFP's efforts at national level - the COHA, SBN and rice fortification - is not lost. Maintain a focus on advocacy and driving forward the next steps in 2020 and 2021, particularly in the current context of COVID-19 where there is a high risk of gains being reversed. This will entail close collaboration with the Government of The Gambia and private sector partners.

18. *Recommendation 4:* WFP nutrition team supported by the CO should further develop strategies to increase resilience of vulnerable households in preparation for the lean season and emergencies through improving access to and consumption of diverse diets (short/medium term).

Programmatic recommendations

19. *Recommendation 5:* WFP nutrition team should align TSF more closely with IMAM and programming for Severe Acute Malnutrition (SAM) management in the immediate/short-term. This should include:

- advocacy at the national level with UNICEF for a joined-up IMAM programme reflecting the continuum of care for acutely malnourished children
- enhanced routine active case-finding for both SAM and MAM through health facilities and community outreach

- improve monthly performance monitoring, follow up of defaulters/non-responders and timely transfer between MAM and SAM treatment activities
- consider inclusion of vulnerable urban areas for TSF, complementing existing SAM activities

20. *Recommendation 6:* WFP logistics team should urgently address the issue of transporter accountability mechanisms for TSF and BSF through ensuring secure contracts, monitoring and tracking of handling of supplies and delivery to final delivery points.

21. *Recommendation 7:* Using the experience and learning from the active screening activity, WFP nutrition team, with UNICEF, should support NaNA to strengthen the biannual nutrition surveillance and to expand it to non-Primary Health Care (PHC) communities. Use that opportunity to identify and register MAM cases for support as well as to strengthen nutrition surveillance for monitoring emerging needs (short/medium term).

22. *Recommendation 8:* In conjunction with NaNA. MOH and UNICEF (and others as applicable), WFP nutrition team should develop and enhance the SBCC approach for improved effectiveness and sustainability (short term/2021).

23. ***Recommendation 9:*** WFP school feeding and nutrition teams should improve the provision and quality of nutrition education in schools (short/medium term).

24. ***Recommendation 10***: WFP nutrition and Monitoring and Evaluation (M&E) teams should review the M&E plan and establish a system to more comprehensively and regularly monitor nutrition outcomes so that achievements can be more easily assessed and monitored during activity implementation to allow programme adaptations and improve performance (short term).

1 Introduction

1. This midterm evaluation of World Food Programme (WFP) nutrition activities in The Gambia covers the period January 2016 to December 2019. It includes all the nutrition activities implemented under three programmatic frameworks: The Protracted Relief and Recovery Operation (PRRO) 200557 from 2016 to 31 March 2018,[17] the Transitional-Interim Country Strategic Plan (T-ICSP) 2018, and the first year of implementation of the Country Strategic Plan (CSP) 2019-2021. The evaluation was commissioned by WFP in The Gambia (Terms of Reference [TOR], Annex 1). It was approved and started in January 2020 and the fieldwork was completed on 17 September 2020.

2. The main objectives of the evaluation are accountability and learning with a strong focus on learning to inform future directions in nutrition for the Country Office (CO):

- **Accountability** – The evaluation assesses the performance and results of WFP nutrition activities in The Gambia. The evaluation also assesses gender equality and empowerment of women (GEEW). GEEW considerations are mainstreamed throughout and detailed in depth under question 1.5.
- **Learning** – The evaluation aims to determine the reasons why certain results occurred or not in order to draw lessons and derive good practices and pointers for learning. It provides evidence-based findings to inform operational and strategic decision-making.

3. The expected users of this evaluation report are the CO of WFP in The Gambia and the members of the Evaluation Reference Group (ERG), which includes representatives from the CO, the WFP Regional Bureau (RB), the Government of The Gambia, FAO, UNICEF, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and implementing partners: The Gambia Red Cross Society (GRCS) and Gambia Horticulture Enterprises (GHE).

4. The evaluation has been timed to ensure that findings can contribute to decisions on the implementation of nutrition activities in the CSP (2019–2021) for its remaining duration and influence the design of the next CSP. The findings will feed into the evaluation of the CSP in 2020/21 and the report will serve as an advocacy tool for raising donor and partner awareness around nutrition and the contribution of WFP towards achieving Sustainable Development Goal (SDG) 2, Zero Hunger. The evaluation will also provide useful information to the Government of The Gambia as it examines achievements in nutrition programming to date and considers future priorities and directions.

1.1 Overview of the Evaluation Subject

5. **Description of activities:** All nine nutrition activities conducted between 2016 and 2019 are included in the evaluation (Table 1). Activities were implemented as planned (barring pipeline breaks) in the four provincial regions: Lower River Region (LRR), Upper River Region (URR), Central River Region (CRR) and North Bank Region (NBR), while support to people living with HIV (PLHIV) was conducted in five regions, incorporating West Coast Region (WCR). Blanket supplementary feeding (BSF) and active screening activities were not continued in 2020 as their funding finished. For those activities, this evaluation serves as an endline evaluation. A map showing the location of nutrition activities is in Annex 2.

Table 1. Planned WFP Nutrition Activities

Activities and Dates	Descriptions of planned activities
Prevention of Stunting/Blanket Supplementary Feeding (BSF) in the Lean Season 2016-2019	Monthly rations for children 6-23 months of age during the lean season (June-October). The programme targeted approximately 36,000 children (50% girls) annually with 50 g per day of a lipid-based nutrient supplement This was changed to Corn Soya Blend ++(CSB++) in 2019.
Therapeutic Supplementary Feeding (TSF) 2016-2019	Aimed at identifying and treating moderate acute malnutrition (MAM), this activity linked with the severe acute malnutrition (SAM) programme supported by UNICEF. Children with a mid-upper arm circumference (MUAC) of 11.5-12.4 cm and 6-59 months of age were provided with ready-to-use supplementary food (RUSF) until the end of 2018, then CSB++ in 2019 (50%

[17] PRRO 200557 initially ran from June 2013 to December 2015 before being extended to 31 March 2018.

	expected to be girls). Pregnant and lactating women/girls (PLW/G) with a MUAC of <23cm, who were younger than 18 years or PLHIV were provided with super cereal monthly. The caseload was approximately 2,100 per year.
	To improve the nutritional status of PLHIV on anti-retroviral therapy (ART), supplementary rations were provided through ART centres in partnership with the National AIDS Secretariat (NAS) for two months (July and August 2019). The rations went to 4,171 PLHIV (72% female), covering 11 ART centres in the country. Super cereal was provided along with fortified oil.
Capacity-strengthening 2016-2019	WFP provided technical support and capacity-strengthening to the government and other partners towards achieving SDG 2 and SDG 17 targets by 2030. Community health nurses, officers in charge of health centres, ART staff (Ministry of Health (MOH)) and GRCS volunteers were trained to enhance their knowledge and skills on malnutrition, dietary diversity, electronic data collection and modalities for effective and efficient TSF and BSF distributions.
Social and Behavioural Change Communication (SBCC) 2016-2019	WFP integrated SBCC into activities to influence positive behaviour change related to nutrition and care practices in communities. SBCC was carried out prior to all distributions to promote nutrition awareness and encourage dietary diversification and healthy feeding practices. The SBCC was expanded to non–primary health care (PHC) villages to promote equity. It reached approximately 42,271 people (the majority of whom were female).
Active Screening and Registration of Beneficiaries 2017-2019	To establish baseline figures for BSF and TSF and to complement government-led nutrition surveillance, WFP collaborated with UNICEF and the government to conduct annual active screening and registration of SAM and MAM children and all children aged 6-23 months for BSF. There were 67,329 children aged 6-59 months screened in over 1,500 villages (50% girls).
Cost of Hunger in Africa (COHA) Study 2018	WFP supported a COHA study that provided the evidence base to justify increased investment in nutrition alongside compelling arguments to support the concept of human capital gain. The study examined the effects of child undernutrition on health, education and national productivity in the country. The CO worked with partners on the dissemination and orientation of policymakers on the findings and the recommendations.
Local Production of Fortified Blended Food (FBF) through Private Sector Engagement 2019	Aimed at improving access to locally produced nutritious foods, this pilot project supported a private sector partner to develop a local product. In collaboration with the Department of Agriculture Food Technology Services, WFP identified GHE as the partner. The intention was for at least 20% of raw food to be purchased from Gambian smallholders, with premix for fortification sourced from outside the country. The activity aimed to develop the food fortification capacity of local producers using culturally accepted recipes, while engaging private sector manufacturers in addressing malnutrition in the country. Local producers were trained on WFP fortification standards, packaging and labelling. This activity is still in the start-up phase and no food has yet been produced.
Scaling Up Nutrition (SUN) Business Network November 2019	The SUN Business Network (SBN) was launched to galvanize private sector support towards nutrition. As this was a new activity, it was not examined in depth.
Home-grown School Feeding Programme (SFP) with Nutrition Elements Focus 2016-2019	The SFP provided daily hot meals, mainly sourced from local production, to increase enrolment, attendance (especially of girls) and retention rates. This evaluation focused exclusively on the nutritional benefits of the rations to schoolchildren. Almost 107,000 students (50% girls), aged 4–12 years, in 312 targeted schools in CRR, NBR, URR and Greater Banjul Area (GBA) were provided with lunch of around 555 kcal per child per day.

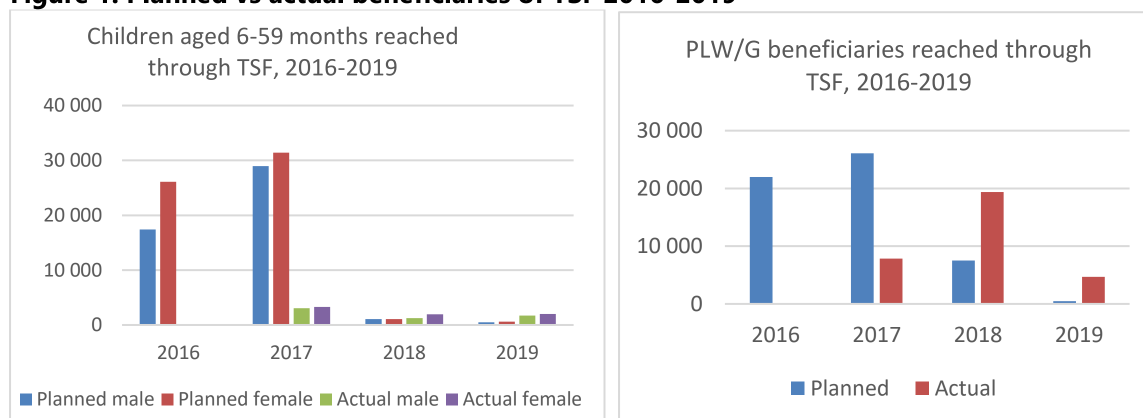
6. **Partners:** WFP partners with the National Nutrition Agency (NaNA), the MOH, GRCS and UNICEF on the implementation of nutrition activities with the support of regional health teams (RHTs), village development committees, community health nurses (CHNs) and village support groups (VSGs). The National AIDS Secretariat (NAS) partners with WFP to support PLHIV in coordination with UNAIDS, while school feeding is conducted in collaboration with the Ministry of Basic and Secondary Education

(MOBSE). GHE is a new private sector partner for WFP in the fortified food production (FBF) initiative in partnership with the Food Technology Service (FTS) of the Ministry of Agriculture (MOA). In addition, WFP, UNICEF, FAO and state institutions led by NaNA collaborated to conduct a Cost of Hunger in Africa (COHA) study in 2019. The COHA is an initiative led by the African Union Commission and the New Partnership for African Development Planning and Coordinating Agency though which countries estimate the economic and social impacts of child undernutrition.

7. **Theory of change:** As the evaluated nutrition activities were implemented as part of different programmes, there is no logical framework for the package of nutrition interventions implemented by WFP. The Evaluation Team (ET) therefore constructed an implicit theory of change (TOC) (Annex 3) during the evaluation's Inception Phase. The theory demonstrates how the nine nutrition activities contribute towards CSP Strategic Outcomes (SO) 3 and 5[18] and how they are interrelated in approach.

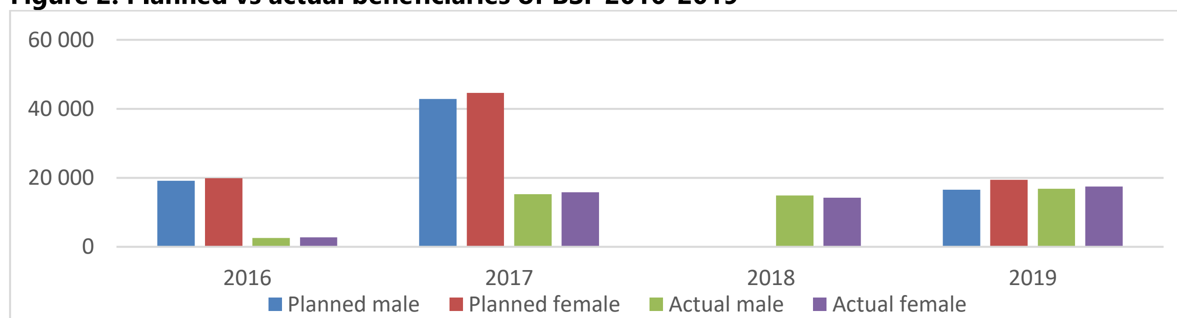
8. **Outputs and beneficiary numbers:** TSF and BSF beneficiaries reached between 2016 and 2019 are shown in Figures 1 and 2. For 2018, planned beneficiary numbers were not available for BSF. Limited funding meant that only a small percentage of beneficiaries were reached for TSF or BSF in 2016 and 2017. Activity targets were then lowered in 2018 and 2019. The same beneficiaries (or their caregivers) have also received SBCC, which was expanded to cover women and caregivers in non-PHC villages. Active screening also covered approximately 64,000 children in over 1,500 villages in LRR, NBR, CRR and URR in 2017 and 2019, reaching 67,329 in 2018. Roughly equal numbers of boys and girls were screened in 2018 and 2019 (the years in which data is available), with marginally more boys in 2018.

Figure 1: Planned vs actual beneficiaries of TSF 2016-2019



Source: WFP Standard Project Reports (SPRs) 2016, 2017, Annual Country Reports (ACRs) 2018, 2019, Needs Based Plan 2018

Figure 2. Planned vs actual beneficiaries of BSF 2016-2019



Source: WFP Standard Project Reports (SPRs) 2016 and 2017, Annual Country Reports (ACRs) 2018 and 2019

[18] Outcome 3: Nutritionally vulnerable populations in targeted areas, including children and pregnant and lactating women and girls, have improved nutritional status in line with national targets. Outcome 5: National and subnational institutions have strengthened capacity to meet zero hunger targets.

9. All commodities in BSF and TSF are provided in-kind. Table 2 below shows the food commodities that were planned to be distributed, and that targets were not met in 2016 or 2017 but exceeded in 2018 and 2019.

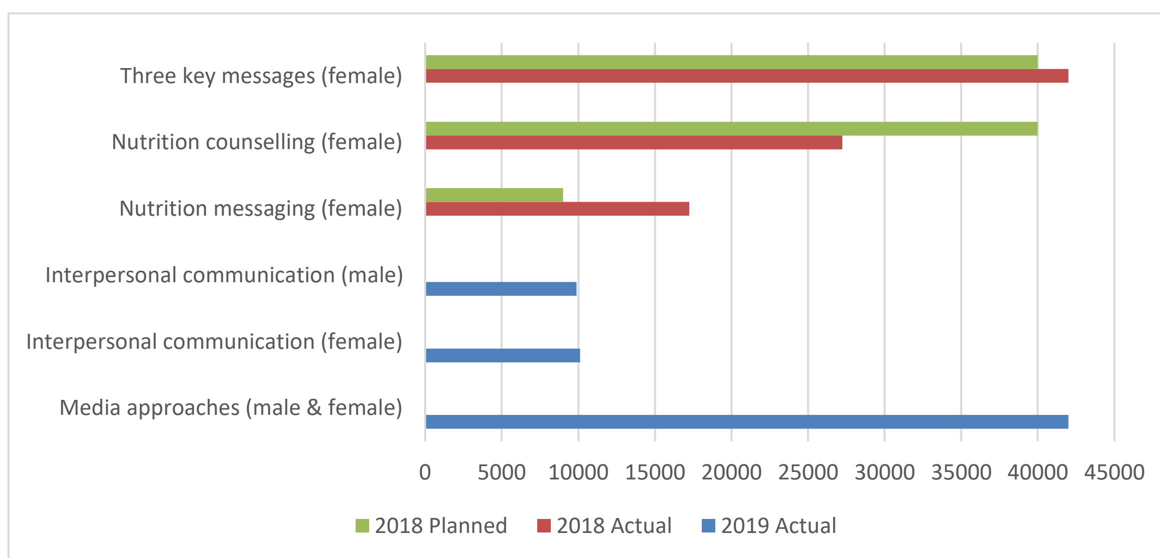
Table 2. Achievements in Food Commodity Distribution 2016-2019

	Commodity	Planned (MT)	Actual (MT)	% Achieved
2016	CSB	No data	**63**	
2017	CSB	**540**	**47**	**8.7%**
	RUSF	**707**	**171**	**24.2%**
2018	CSB	**540**	**969**	**179.4%**
	RUSF	**373**	**430**	**115.5%**
	Vegetable Oil	**54**	**62**	**115.7%**
2019	CSB+	**1 051**	**1 387**	**132%**
	Fortified Food	**4**	**14**	**350%**

Source: WFP Standard Project Reports (SPRs) 2016 and 2017, Annual Country Reports (ACRs) 2018 and 2019

10. In addition to the TSF and BSF beneficiaries shown above, data is available on the overall reach of SBCC in 2018 and 2019 (Figure 3). In 2018, targets were exceeded for provision of nutrition messaging and three key messages to women, while nutrition counselling reached 68.1 percent of target. It is important to note that the numbers reached in SBCC are cumulative, which means that the figures show double/multiple counts of actual individuals who received support. In 2019, men were included in SBCC interpersonal communication (9,880 males and 10,120 females) during TSF activities.

Figure 3. SBCC beneficiaries reached in 2018 and 2019



11. Capacity development data was not captured in WFP reporting for 2016 and 2017. In 2018, WFP supported three training sessions (against a target of five), which were attended by 267 cooperating partner staff that included 101 (88.6 percent of target of 114) government counterparts trained in the use of data collection tablets. In 2019, WFP trained 267 CHNs, prevention of mother-to-child transmission (PMTCT) and ART staff (MOH), and GRCS volunteers on data reporting and the proper use of MUAC tapes.

12. **Outcomes:** Due to the severely limited activity implementation in 2016, no outcome indicators were recorded in the Standard Project Report (SPR) for any nutrition activities. Outcomes reported in the 2017 and 2018 SPRs and 2019 Annual Country Report (ACR) are shown in Table 3 below. Outcome data was not systematically collected at the end of 2019. Some indicators were not tracked in 2017 and 2018 and therefore not included in WFP reporting.[19]

[19] For example, Minimal Acceptable Diet, available from MICS and DHS reports.

Table 3. Reported Outcomes of Nutrition Activities in 2017, 2018 and 2019

Indicator	Target (%)	Base Value 2013/14 from 2017 SPR (%)	2017 SPR Value (%)	2018 ACR Value (%)	2019 ACR Value (%)
MAM Treatment Recovery Rate	>75	60.00	82.00	77.4 (75 male; 80 female)	75.04 (72 male; 77 female)
MAM Treatment Mortality Rate	<3.00	0.30	1.00	0	Not collected
MAM Treatment Default Rate	<15.00	30.00	7	0	Amalgamated in non-response rate
MAM Treatment Non-response Rate	<15.00	0.40	1.00	16.1 (13.3 male; 18.8 female)	19.8 (18.8 male; 20.4 female)
Proportion of Eligible Population Who Participate (coverage)	>70.00 (changed to >66 in 2018)	33.0	72.0	100	100
Proportion of Target Population That Participates in Adequate Number of Distributions (adherence)	>66	93.0	69.0	93.9 (94.5 male; 93.3 female)	97.9 (98.2 male; 97.6 female)
Prevalence of Acute Malnutrition among Under-5s	<5.0	9.9	10.3	Not tracked	6.2 (6.8 male; 5.6 female
Proportion of Children 6–23 Months Who Receive a Minimum Acceptable Diet	>70.0	Not tracked	Not tracked	10.0 (10.7 male; 9.2 female)	Not collected
Gender indicators					
Proportion of Households Where Women, Men or Both Women and Men Make Decisions on the Use of Food/Cash/Vouchers / Decisions Made Jointly by Women and Men (TSF)	=50.0	66.4	66.4	50.0	Not tracked
Proportion of Households Where Women, Men or Both Women and Men Make Decisions on the Use of Food/Cash/Vouchers / Decisions Made by Men (TSF)	≥50	66.4	66.4	42.0	Not tracked
Proportion of Households Where Women, Men or Both Women and Men Make Decisions on the Use of Food/Cash/Vouchers / Decisions Made by Women (TSF)	≥50	66.40	66.40	58.0	Not tracked
Proportion of Women Beneficiaries in Leadership Positions of Project Management Committees	>60.0	50.0	46.0	Not tracked	Not tracked
Proportion of Women Project Management Committee Members Trained on Modalities of Food, Cash or Voucher Distribution	=50.0	50.0	25.0	Not tracked	Not tracked
Accountability indicators					
Proportion of Assisted People Informed about the Programme (who	=100	100	98.2	90.0 (10.0 male;	95.0 (95.0 male; 95.0 female)

is included, what people receive, where people can complain) (BSF)				80.0 female	
Proportion of Assisted People Who Do Not Experience Safety Problems Travelling to, from and/or at WFP Programme Site	=100	100	100	Not tracked	Not tracked

Green denotes indicator met or exceeded; yellow, almost met; orange, not met; red, significant shortfall
Not tracked refers to indicators not included in annual results framework; *Not collected* refers to indicators included in annual results framework but where data was not collected/reported.

13. **Resource requirements and funding:** Limited funding was available for nutrition activities in 2016, and what was secured from multilateral funds was allocated to the provision of RUSF. In 2017, the full requirement of the nutrition component was covered through European Union (EU) and UN common funds. The EU was the main donor supporting WFP nutrition activities between 2017 and 2019 through its project, Post-Crisis Response to Food and Nutrition Insecurity in The Gambia (PCR). WFP, UNICEF and FAO coordinated activities in the said project. In 2018, approximately 24 percent of funds were committed to GEEW in the overall CSP, but there was no breakdown specific to nutrition activities and no data for 2016 or 2017. Table 4 shows the cost breakdown of nutrition activities, according to reporting for the EU PCR programme. No further financial data was available from WFP CO, nor breakdown by activity. Supplies, commodities and materials accounted for 59.4 percent of the direct eligible costs of the action. When administrative costs are added, they account for 55.6 percent of the total eligible costs of action.

Table 4. Costs of Nutrition Activities under Evaluation 2017-2019 (EU PCR)

	2017-2019 Actuals (USD)
Supplies, Commodities and Materials	3 121 100
Total Direct Eligible Cost of the Action	5 250 924
Administrative Costs	367 565
Total Eligible Costs of the Action	5 618 489

14. **Past evaluation findings:** Two of the programmes that include nutrition activities have been evaluated and include findings that are relevant to this evaluation. The PRRO evaluation 2016 found that TSF and BSF were appropriate interventions for preventing and treating MAM and that government capacity to manage nutrition emergencies had improved, but health workers were overburdened with implementation and inadequately trained. While the TSF achieved most of its targets, default rates were high. Social norms and practices such as ration-sharing and a patriarchal society affected achievements and limited the realization of gender-related objectives. Recommendations were made to improve logistics and commodity delivery to communities and to adopt strategies to sustain recovery rates for TSF beneficiaries as well as to improve monitoring and evaluation (M&E), enhance capacities and strengthen support mechanisms for field-level health staff. The PCR evaluation 2019[20] reported that Integrated Management of Acute Malnutrition (IMAM) programmes performed very well and SBCC led to strengthened knowledge and skills on nutrition and care practices. Despite a finding that multi-agency coordination mechanisms did not always function adequately, it concluded that an efficient and effective integrated nutrition and food security programme had contributed to reductions in stunting, acute malnutrition and food insecurity in The Gambia. However, it also noted that gains may not be sustainable without future support to build the resilience of vulnerable households. A key recommendation was for WFP and UNICEF to continue their advocacy for the institutionalization of the

[20] Final Evaluation of "Post-Crisis Response to Food and Nutrition Insecurity in The Gambia" Programme No. FED/2016/376-701. Report – December 2019.

IMAM programme in The Gambia. The current evaluation considers whether the above recommendations have been taken into account in Section 2: Evaluation Findings.

1.2 Context

15. The Gambia remains one of the poorest countries in the world, ranked 174 out of 189 countries in 2018.[21] Almost half (48.6 percent) of the estimated population of 2.3 million[22] lives on less than USD 1.25 per day and 57.8 percent of the population resides in towns[23]. Fifty-seven percent of the population is younger than 25.[24] The maternal mortality ratio of 433 per 100,000 live births in The Gambia ranks among the highest rates in the world.[25] An estimated 20,000 people were living with HIV in 2016, of whom only 30 percent were receiving ART.[26]

16. **Economic outlook:** Debt service consumed more than 53 percent of The Gambia's revenues in 2016-18 and the country remains dependent on food and fuel imports.[27] The Gambia COHA study estimated that USD 83.4 million, equivalent to 5.1 percent of Gross Domestic Product (GDP), was lost to the economy in 2018 as a result of child undernutrition.[28] The COVID-19 pandemic has severely affected the Gambian economic outlook following the abrupt halt of tourism, disrupted trade and a decline in remittances and private capital inflows. The 2020 balance of payments outlook has weakened by at least USD 40 million (2 percent of GDP) leading to debt cancellation by the International Monetary Fund.[29]

17. **Food security and agricultural production:** Domestic cereal production accounts for up to 60 percent of annual consumption requirements, while less than half of arable land is cultivated. Agriculture is largely rain-fed smallholder subsistence farming, engaging approximately 80 percent of the rural population. Food insecurity at national level was 8 percent in 2016[30] and remains at 7.8 percent in 2019,[31] disproportionately affecting households residing in rural areas (see map in Annex 4). Food insecurity peaks annually during the lean season when household stocks are depleted. According to the Zero Hunger Strategic Review (ZHSR) 2018, rural women lack access to credit and land with only 10 percent of improved land registered to women. The ZHSR also notes that increasing rural-urban migration as well as emigration beyond The Gambia, particularly among young males, has contributed to reduced agricultural labour supply. This may have knock-on effects for household food security and nutrition.

18. **Nutrition situation:** The Demographic Health Survey (DHS) 2019/20 found a Global Acute Malnutrition (GAM) prevalence of 5.1 percent in children under 5 with prevalence higher in boys (boys 5.9 percent; girls 4.1 percent) and the highest prevalence in Janjanbureh (6.5 percent) and Kerewan (6.4 percent). This represents a considerable improvement from the 12 percent reported in the 2013 DHS, to a medium level of concern according to the World Health Organization (WHO).[32] Similarly, stunting has reduced from 25 percent (a high level) in the 2013 DHS to 17.5 percent (a medium level) in 2019/20,[33] again with boys having a higher prevalence (18.5 percent compared with 16.4 percent for girls). The highest

---

[21] Human Development report (HDR). 2019.

[22] UNFPA 2019. www.unfpa.org/data/gm

[23] The Gambia National Development Plan 2018-2021

[24] The Gambia Bureau of Statistics. 2013. Population Census.

[25] The Gambia Bureau of Statistics and ICF International. 2013.

[26] Joint United Nations Programme on HIV/AIS (UNAIDS) country overview for the Gambia, http://www.unaids.org/en/regionscountries/countries/gambia.

[27] Ibid

[28] COHA 2018

[29] IMF Gambia, April 2020

[30] WFP CFSVA 2016

[31] The Republic of the Gambia, Joint Gambia Government/AATG/AAH/FAO/CILSS and WFP Preharvest Assessment 2019/2020 cropping season.

[32] Ten percent is deemed high or serious. http://www.who.int/nutrition/team/prevalence-thresholds-wasting-overweight-stunting-children-paper.pdf

[33] Ibid. For stunting, thresholds are "very low" (<2.5%), "low" (2.5-9.9%), "medium" (10-19.9%), "high" (20-29.9%) and "very high" (>30%).

regional prevalence of stunting was also in Janjanbureh at 34.5 percent, followed by Basse at 32.1 percent.[34] Overweight in children[35] remains low at 2.1 percent (2 percent in boys and 2.3 percent in girls). While 75 percent of children aged 6-8 months receive timely complementary foods, just 14 percent of children aged 6–23 months were reported in the DHS 2019 to be receiving a minimal acceptable diet (MAD).[36] The 2018 Multiple Indicator Cluster Survey (MICS) found that, while 70 percent of children aged 6-23 months met the minimum meal frequency, only 18.6 percent received the minimum dietary diversity.[37] The Gambia Micronutrient Survey (GMNS) 2018 reported Vitamin A deficiency at 18.3 percent, significantly higher in boys (22.2 percent) than in girls (14 percent). The prevalence among children residing in rural areas was almost twice as high as in children living in urban centres.[38] Very high rates of iron deficiency anaemia were also found in 38.2 percent of children aged 6–59 months and 28 percent of non-pregnant women of reproductive age (15–45 years). High levels of overweight and obesity (29.4 percent) and underweight (15 percent) in the latter,[39] illustrate the triple burden of malnutrition[40] in The Gambia. It is as yet unclear how the COVID-19 pandemic will affect the nutritional status of vulnerable people in The Gambia, but global and regional modelling predicts that many of the gains of recent years may be lost through the direct and associated impacts of the disease.

19. **Hazards and disaster risk:** The Gambia is among the top 20 most vulnerable countries to climate change due to its low-lying topography, reliance on subsistence agriculture and poor drainage systems.[41] Parts of the country are prone to hazards, particularly from flash floods in communities close to the River Gambia with limited resilience capacity to cope. In 2016 and 2017, 15,190 and 28,472 persons respectively were affected by hazards, most commonly by floods.[42] In 2018, delayed rains led to drought and reduced harvests, with 45,000 people estimated to be in need of food assistance between March and May 2018, prior to the lean season. In 2019, about 46,000 people were estimated to be in need of food assistance from March to May 2019 due to high prices and low purchasing power.[43] In June 2019, 15,000 people in URR and CRR were affected by a windstorm.

20. **Education and literacy:** Gender parity in primary and secondary education has been achieved, but only 63 percent of adult men and 48 percent of adult women[44] are literate. The completion rate for primary education in 2016 was 71.7 percent for girls and 66.9 percent for boys.[45] Despite universal access to pre-primary and primary education, the quality of education and retention are concerns.[46]

---

[34] The Gambia Bureau of Statistics (GBOS), Ministry of Health (MOH) [The Gambia] and ICF. 2020. The Gambia Demographic and Health Survey 2019-20: Key Indicators Report. Banjul, The Gambia and Rockville, Maryland, USA: The Gambia Bureau of Statistics, Ministry of Health, and ICF.

[35] Defined as +2 standard deviations (SD) weight-for-height.

[36] DHS 2019/20. MAD measures both the minimum feeding frequency and minimum dietary diversity as appropriate for various age groups. Minimum dietary diversity is when a breastfed child consumes food from 5 out of 8 of the food groups during the previous day. Minimum meal frequency is when a child receives solid, semi-solid or soft foods (which includes milk for non-breastfed children) the minimum number of times or more over the previous day: two times for breastfed infants aged 6-8 months; three times for breastfed children aged 9-23 months; fourth times for non-breastfed children aged 6-23 months. https://apps.who.int/iris/bitstream/handle/10665/43895/9789241596664_eng.pdf;jsessionid=3EFA739C8BC0C9715D01CE88D3A49781?sequence=1

[37] Multiple Indicator Cluster Survey (MICS) 2018.

[38] Gambia Micronutrient Survey (GMNS) 2018

[39] Classified as body mass index less than 18.5.

[40] The triple burden of malnutrition refers to the coexistence of undernutrition (stunting/wasting), overweight/obesity and micronutrient deficiencies in the same populations.

[41] ACR 2019

[42] https://reliefweb.int/report/gambia/supporting-community-actions-disaster-reduction-flooding-along-gambia-river

[43] http://www.fao.org/giews/countrybrief/country.jsp?code=GMB

[44] MICS 2018.

[45] World Bank sourced from UNESCO data. https://data.worldbank.org/indicator/SE.PRM.CMPT.FE.ZS?locations=GM

[46] Ibid.

21. **Gender inequality:** In 2018, 36 percent of the employed population was female, but women held just 18 percent of management positions in the country.[47] Modelled data suggests significant gender discrepancy in youth unemployment, estimated at 8.8 percent for males (aged 15-24 years) in 2019 and 16.6 percent for females.[48] Twenty-one percent of households are headed by females[49] and the MICS 2018 reported that 25.7 percent of women aged 20–24 were married before the age of 18. Early marriage often leads to girls leaving school thereby reducing their educational achievement potential. Early pregnancy can also have adverse nutritional consequences for both mother and infant. The DHS 2019/20 found that 14 percent of girls/women aged 15-19 have begun childbearing. This age group is also at high risk for female genital mutilation/cutting (FGM/C), which adversely affects the girls' sexual and reproductive health. Although the practice is banned, enforcement challenges remain. Women's empowerment is a government focus area but sociocultural norms and practices and discriminatory provisions in customary law[50] continue to disadvantage women and girls.

22. **Policy programme:** WFP support to nutrition aligns primarily with The Gambia National Development Plan (NDP) 2018–2021, the National Social Protection Policy (NSPP) 2015–2025, the United Nations Development Assistance Framework (UNDAF) 2017–2021, the new National Nutrition Policy (NNP) 2018–2025 and The Gambia National Gender Policy 2010-2020 with the overall aim of achieving SDG 2 (Zero Hunger) and SDG 17 (Partnerships for the Goals). The Gambia joined the SUN Movement in 2011.

23. **Other activities by WFP and partners:** In addition to nutrition activities, WFP provides livelihood and resilience support to food-insecure smallholder farmers and communities in targeted areas of The Gambia; and food assistance and SBCC training for crisis-affected populations, while working to strengthen the capacity of national partners to respond to crises. The Government of The Gambia, GRCS and others also support short-term, emergency cash or food transfers in response to acute food crises. Other social protection programmes are described in Annex 5.

24. **International assistance in the area:** The EU-supported Building Resilience through Social Transfers for Nutrition Security in The Gambia (BReST) programme, implemented by NaNA and UNICEF, has provided cash transfers to families with children under 2 years in NBR, CRR and URR since 2017. The World Bank-funded Maternal and Child Nutrition and Health Results Project (MCNHRP) implemented by NaNA and MOH covers the four regions of WFP nutrition activities. It provides SBCC through health facilities and VSGs to 500,000 beneficiaries and cash transfers in support of the baby-friendly community initiative and ante-natal care (ANC) attendance. Its aim is to foster better links between communities and health facilities.[51]

25. Democratic elections and the formation of a coalition government in December 2016, following 22 years of autocratic rule, opened the space for donors to re-engage in the country and gradually resume direct budget support. However, The Gambia is competing for attention within the Sahel region, where aid budgets are often prioritized in favour of its larger conflict-affected neighbours.

1.3 Evaluation Methodology and Limitations

26. The evaluation criteria of relevance, effectiveness, efficiency and sustainability form the key areas of the evaluation[52] with GEEW mainstreamed throughout. In line with the operational context of WFP in The Gambia and its enabling role in support of the government, the main evaluation criteria of interest for the CO are effectiveness and sustainability. Following three group inception meetings with subsets of

---

[47] Gambia Bureau of Statistics (GBOS) [The Gambia] 2018. The Gambia Labour Force Survey 2018, Banjul, The Gambia: GBOS

[48] https://data.worldbank.org/indicator/SL.UEM.1524.MA.ZS?locations=GM

[49] The Gambia Population Census 2013

[50] UNDAF 2017-2021.

[51] https://projects.worldbank.org/en/projects-operations/document-detail/P143650.

[52] For more details, see: http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm and http://www.alnap.org/what-we-do/evaluation/eha.

the ERG, 18 evaluation questions were refined from those in the TOR and included in the evaluation matrix (Annex 6).

27. The global COVID-19 pandemic considerably affected the timing and methodology of the evaluation. Data collection was delayed by four months and the methodology was adapted in consultation with the CO, leading to a hybrid approach, with national stakeholder interviews conducted remotely by three ET members, after which the two national consultants travelled to the regions to conduct Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), supported remotely by the UK-based team leader. The data collection phase originally planned for April 2020 was eventually conducted over three weeks from 27 August to 15 September 2020.

28. A participatory, gender-sensitive, mixed-methods approach was followed, comprising two key phases:

    - **A desk review of documents**. (Annex 7) Existing quantitative and qualitative data was analysed, and findings disaggregated by gender wherever possible. WFP annual reports and those of implementing partners furnished information on achievements of outputs and outcomes, which were triangulated through stakeholder discussions; a variety of surveys and analytical reports provided further information on context, contributing factors and the operating environment.
    - **Qualitative data collection**. The ET employed semi-structured approaches using pre-prepared questionnaires as a guide (Annex 8) to conduct interviews and FGDs with each of the stakeholders. The pre-interview narrative to obtain consent from key informants can be found in Annex 9. Following two briefing meetings with the CO and the ERG respectively, the ET conducted 22 national-level interviews, involving 31 stakeholders (Annex 10), followed by 25 FGDs/KIIs at sub-national level. Direct site observation enabled the ET to complement and triangulate primary data collected through qualitative exercises and to explore issues not identified initially. Appreciative inquiry and contribution analysis[53] were applied to each of the evaluation questions to assess the contribution of the activities to the achievement of outcomes and understand mitigating or catalysing factors. Discussion with stakeholders from national to community level provided information on relevance of the nutrition activities to populations in The Gambia, efficiency of programming and prospects for sustainability.

29. The intended participatory nature of the evaluation was adapted to regular email exchanges to enable clarifications, data verification and a reflection on intermediary findings with key WFP staff, all of which substantiated key findings and permitted the team to build strong evidence around lines of enquiry. The validity and reliability of data collected was verified by systematically checking accuracy and consistency. Preliminary findings of the evaluation were presented in remote internal CO and ERG debriefing presentations to key stakeholders on 17 September 2020, which provided additional opportunities for the ET to obtain feedback and consensus on the quality of its findings and to gather further evidence to support them.

30. **Gender analysis:** The evaluation examined the extent to which the nutrition interventions were designed to be gender-sensitive and responsive and the extent to which they were implemented considering WFP commitments to GEEW. The ET examined whether targeting and admission to TSF and BSF programmes is inclusive, equitable and indiscriminate of gender through reviewing gender disaggregated output and outcome data and WFP and implementing partners' reports, as well as through discussion with implementing partners (GRCS, regional health teams), CHNs, VSGs and programme beneficiaries and caregivers. Specific questions were included in the evaluation matrix (Annex 6) and data collection tools (Annex 8) for this purpose. The ET field team comprised one female and one male evaluator to promote gender balance and to permit interviews of female groups

[53] Contribution analysis is an approach for inferring the degree to which programme actions have contributed to the perceived outcomes. The theory of change is its foundation. Contribution analysis is important for understanding the linkage between actions and observed programme effects. Conclusions are overlaid on the theory of change to identify where linkages are confirmed and where gaps may still be present.

separately from males by a female ET member, whenever necessary. Due to the small group size and the focus on mothers and PLW/Gs in the nutrition activities, several groups were female-only by default.

31. **Triangulation analysis**: Evidence was strengthened through systematic triangulation. To ensure impartiality and reduce the risk of bias, the ET met with a variety of stakeholders and ensured that the views of women as well as men were heard. These included regional health authorities, health workers, programme beneficiaries and caregivers, community members and UN agency, government, donor and implementing partner representatives. To ensure data integrity and factual accuracy throughout the process, team members periodically compared, triangulated and analysed collected data. All data was recorded by the team members in the field according to templates devised from the pre-prepared questionnaires (Annex 8). During daily debriefing sessions, key findings were highlighted and discussed with the Team Leader, who consolidated these findings in a matrix to build the evidence-base. The field findings were then triangulated against national stakeholder interview findings and the desk review data. Many documents were re-reviewed after the fieldwork to further cross-check and validate information provided by stakeholders. Findings were only included in the report if adequately substantiated through more than one interview or source.

32. **Site visits:** Site visit locations were initially selected by the ET using objective criteria of coverage, overlap of programmes and activities, and locations with ongoing activity implementation. More details on the selection criteria can be found in Annex 11. However, as part of the COVID-related changes to the evaluation methodology, the number of field site visits was reduced from 30 to 26. A further two sites were removed to ensure feasibility of the itinerary with respect to road conditions, resulting in a total of 24 field sites. The sites removed were additional visits to speak to TSF/BSF beneficiaries/caregivers and were deemed non-essential to the evaluation as the lines of enquiry would be adequately covered in other sites. The number of FGD participants was also reduced to a maximum of six. The field sites included one non-PHC community, ten PHCs where TSF services are provided, five Regional Health Directorates (RHDs) and five hospitals/Reproductive and Child Health (RCH) clinics where PLW/Gs and/or PLHIV are seen, one additional ART site in WCR and two schools. During visits to hospitals the ET also met with mothers of malnourished children identified by the CHNs during RCH clinics. BSF beneficiaries were specifically included in four sites. At RHDs, regional health authorities were met together with their CHNs. The ET itinerary can be found in Annex 12. Site visits and the selection of groups for FGDs and interviews sought to bring out the voices of the different beneficiary stakeholders, including both male and female, and those hard to reach within the time frame.

33. **Ethical considerations and accountability:** The ET complied with full ethical standards throughout the evaluation processes and adhered to Accountability to Affected Populations commitments and humanitarian principles as agreed during the inception phase. The assignment was also conducted in full observance of the United Nations Evaluation Group (UNEG) Ethical Guidelines and Code of Conduct and Guidance on Human Rights and Gender Equality in Evaluation. It also applied the Inter-Agency Standing Committee (IASC) Accountability Analysis and Planning Tool, respecting GEEW and human rights principles throughout the process. The paramount ethical issue concerned the COVID-19 pandemic and the potential risks to communities from the visiting team. Ethical issues were considered for design, data collection, data analysis, reporting and dissemination. Detail on the safeguards to manage these issues are presented in Annex 13.

34. **Limitations:** The evaluation has several limitations which were identified and mitigated by the ET.

    - Field work was conducted during 2020 which is outside the period under evaluation and some activities were no longer being implemented. There was therefore limited opportunity to observe programme implementation for all activities. For example, the BSF and active annual screening did not take place in 2020. On-site school feeding had also stopped with the closure of schools. However, partners and beneficiaries were able to recall the activities well.
    - Some activities were still being implemented but were experiencing stock shortages. For example, there were no TSF commodities in some delivery points (DPs) during the visits, which meant that

TSF activities during 2020 were delayed or suspended in several of the sites visited[54]. These situations led to limited opportunities for the ET to see the programme in action. To mitigate this, the ET engaged in role play and/or in-depth questioning of staff to assess their knowledge and to understand how they carried out their tasks.

- FBF activity and SBN and COHA rollout had all been delayed due to the COVID-19 pandemic, so that progress was difficult to measure. However, it was possible to gain wide stakeholder views on progress to-date through in-depth discussion.
- In light of the COVID-19 pandemic and the postponement of the field data collection period, several new initiatives commenced to support the food security of the population. The initiatives included food-based transfers from the government to vulnerable households as well as cash-based transfers from WFP to school feeding beneficiaries. While these activities may have affected beneficiary perception of the value of the former nutrition activities or introduced recall bias, this did not prove to be the case and the ET took measures to ensure the discussion of 2016-2019 activities.
- The hybrid approach lessened the opportunity for regular informal discussion with CO staff and the lack of face-to-face contact created some obstacles to the free-flowing discussions that might have otherwise occurred. In the field, however, the ET was accompanied by a nutrition team member, which mitigated the situation to some degree. WFP CO staff and the ET worked through email exchanges to discuss issues and to obtain clarifications. Thanks to the flexibility and responsiveness of the CO, the challenge was addressed in the best way possible.

2 Evaluation Findings

35. Evaluation findings and the evidence to substantiate them are presented below. They are structured as a response to each evaluation criterion in turn.

2.1 Evaluation Criterion 1: Relevance

2.1.1 Question 1.1: To what extent was the design of the nutrition activities relevant to The Gambian national context?

36. **Relevance of Nutrition Activities.** The 2013 DHS provided evidence of the high prevalence of undernutrition among children prior to the evaluation period. GAM prevalence was 12 percent, which is classified as 'serious"[55] and stunting was similarly high at 25 percent. A national Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey in 2015 confirmed a continued high prevalence, with some GAM improvement nationally to 10.3 percent. The UNDAF 2017-2021 noted that *"the prevalence of undernutrition among children under 5 years of age in The Gambia in all its forms has not improved over the past decade and is actually worsening"*.[56] The recent COHA study found that between 2013 and 2018, there were 6,316 child deaths in The Gambia directly associated with undernutrition, representing 20.3 percent of all child mortalities for this period.[57] In light of this evidence, the ET found that implementing nutrition activities was relevant to the context.

37. WFP support through TSF, lean season BSF and nutrition education/SBCC were not new activities in 2016 but represented appropriate follow-on actions from the preceding PRRO 200557, which ran from June 2013 to December 2015.

38. In May 2015, European Civil Protection and Humanitarian Aid Operations (ECHO) reported that close to 7.5 million people across the Sahel required emergency food assistance.[58] Since 2016, WFP has appropriately targeted the four provincial regions of the country, based on the high levels of

[54] These experiences are not representative of challenges experienced during the period being evaluated.

[55] According to WHO, ten percent is deemed high or serious. http://www.who.int/nutrition/team/prevalence-thresholds-wasting-overweight-stunting-children-paper.pdf.

[56] Supportive data came from the Multiple Indicator Cluster Survey (MICS) 2000 where stunting was recorded at 19.1 percent and wasting, 8.2 percent.

[57] The Cost of Hunger in Africa (COHA). Social and Economic Impact of Child Undernutrition in The Gambia. 2018.

[58] ECHO, SAHEL Food and Nutrition Crisis, ECHO Crisis Report No. 9, May 2015.

undernutrition recorded in those locations in 2013 and 2015 surveys and assessments. At the end of 2019, at least 212,522 people were reported as experiencing food insecurity and in need of immediate food assistance without which the food-insecure population was projected to rise to more than 337,700 people.[59] This situation illustrates the continuing relevance of nutrition activities at present.

39. **Relevance of Design and Approach.** After the Gambia joined the SUN Movement in 2011 and the NDP articulated the country's commitment to addressing malnutrition, WFP capacity-strengthening activities and support to the national policy framework have been highly relevant and supportive as expressed by all stakeholders. WFP's commitment and drive to implement and achieve the publication of the COHA report was an important advocacy initiative to keep nutrition at the top of the agenda. Similarly, instigating the SBN at the request of NaNA seeks to enhance private sector commitment to nutrition and buttresses the SUN process in The Gambia. The FBF production activity also responds clearly to the evidence in DHS 2013 and MICS 2018, which showed that consumption of diverse nutrients by young children is inadequate. The activity is also relevant for promoting food fortification in the country, which has been identified as a gap and prioritized in the NDP, NNP and MOA strategic approaches. This view was reinforced by national stakeholder interviews in turn.

40. Key informants praised WFP's work with the private sector in the development of a marketable fortified product and stressed the potential of SBCC to improve dietary diversity, when combined with other initiatives. WFP's flexibility to respond to new opportunities and government requests for support has also been well received, with initiatives such as WFP lead role in the COHA, facilitation of a rice fortification workshop and instigation of the SBN all highly relevant to supporting the government nutrition agenda. The COHA process itself was applauded by key stakeholders who demonstrated fluency in the concepts and key messages contained within the report and a knowledge of the pathway laid out for its progress as an advocacy tool.

41. BSF was a relevant approach to protect young children during the lean season, supplement their diets with a nutrient-rich commodity and promote dietary diversity through SBCC. The TSF activities were relevant to treat MAM and prevent SAM.

2.1.2 Question 1.2: To what extent were the nutrition activities in line with the needs of the most vulnerable groups (men and women, boys and girls)?

42. The lean season (June-October) is a particularly difficult period for children and PLW/G as household stocks are depleted, food prices increase, energy requirements for farming increase and care practices deteriorate. Stakeholder interviews confirm that the design of the BSF to cover exacerbated food needs in vulnerable households during the lean season has been an appropriate response to prevent undernutrition. In addition, the expansion by WFP to non-PHC communities to deliver SBCC and TSF services has addressed equity issues and responded well to the needs of marginalized populations, seeking to ensure that no child or PLW/G is left out.

43. Qualitative discussions in communities and with key informants highlighted the challenges facing the rural poor during the lean season to access a diverse diet and adequately feed their children. BSF and TSF were deemed by all interviewees as necessary interventions to support vulnerable families.

44. The evidence-base further illustrates that the diets of a significant proportion of young children and PLW/Gs in The Gambia were suboptimal in 2016 and remain so in 2019. The 2019/20 DHS found that just over half (54 percent) of infants were exclusively breastfed until 6 months of age as recommended by WHO, an increase from 47 percent in the 2013 DHS. The high prevalence of iron deficiency reported in the GMNS 2018 was attributed to a low intake of iron and/or low bioavailability of iron in the predominantly plant-based diets of the majority of the population, especially the poor. During pregnancy, iron needs increase and without access to additional iron-rich foods, the nutritional status of pregnant women may be further at risk. As is clearly established by the 1,000-day focus, supporting nutrition in children begins at conception by ensuring the pregnant mother's health and nutrition status.

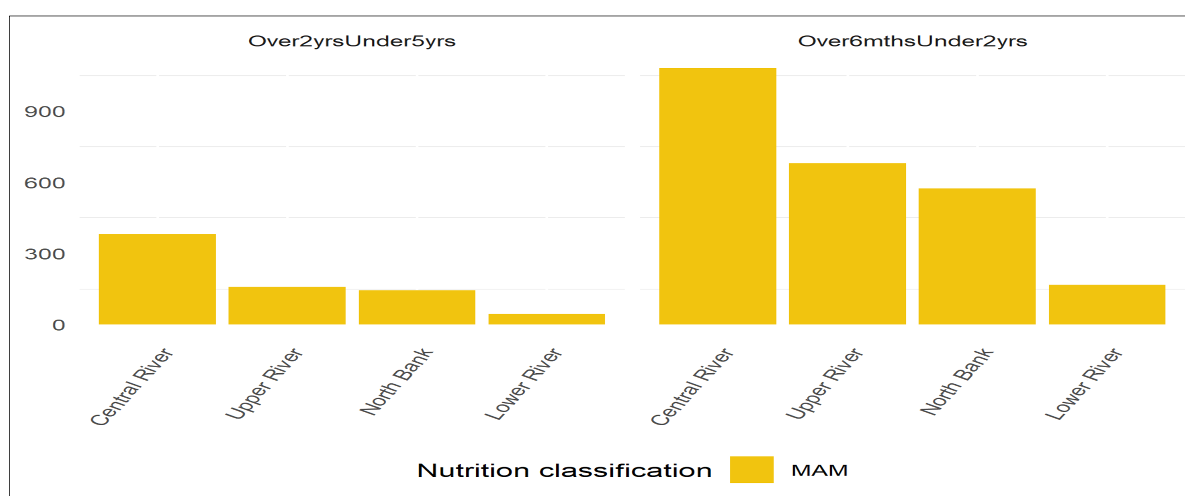
---

[59] ACR 2019 (check CSVA).

Given the nutritional context of high micronutrient deficiencies, low percentage of exclusive breastfeeding and low level of MAD in young children, it is appropriate that WFP implemented BSF, TSF, SBCC and FBF activities to try to improve the situation for these vulnerable groups of mothers and children in conjunction with advocacy efforts through the SBN and COHA.

45. WFP screening data from 2018 and DHS survey data support an enhanced focus on the age group 6-24 months, which has a higher prevalence of MAM than children over two years of age. Figure 4 from WFP/UNICEF annual screening data 2018 reveals that the age group 6-23 months has high numbers of MAM children.[60] Of those children, 61.1 percent were female, while 58.2 percent of MAM cases were female in the older age group of 24-59 months. Similar results were also found in screening data in 2019, with a higher MAM prevalence in the younger age group and similar gender differentiation (62 percent female cases in the 6-23 months age group and 53 percent in the 24-59 months group). This provides further evidence of the relevance of targeting interventions to prevent undernutrition in the age group of 6-23 months and the need to treat children in the older age group. Further investigation of gender disparities has not yet provided clear findings sufficient to lead to programme adaptation.

Figure 4. Nutritional Status of Children by Age Group and Region, 2018 Annual Screening



Source: WFP The Gambia. Nutrition screening data analysis. PowerPoint presentation, 30 July 2018

46. The two-month supply of supplementary foods to PLHIV through ART centres was considered by all stakeholders and beneficiaries to be a valuable and highly relevant response to the needs of ART patients whose enhanced nutritional needs are well established.

47. While WFP has targeted the four provincial regions of the country, appropriately based on the high levels of undernutrition recorded in those locations in 2013 and 2015 surveys and assessments, there is an increasing call from stakeholders for WFP to consider vulnerable urban areas in its nutrition programming. This issue was highlighted pre-COVID as urban populations grew[61] and with that, areas of urban poverty and vulnerability. While there is still a dearth of focused urban nutrition and food security studies to provide robust evidence, national-level stakeholders concur that urban malnutrition is a concern, and that national surveys and assessments are beginning to illustrate that urban undernutrition prevalence is not going down at the same rate as rural undernutrition and that food security challenges persist in areas of urban poverty.

48. Overall, the evaluation found that WFP's nutrition activities have been relevant to the needs of the most vulnerable groups. BSF and TSF have addressed immediate needs, while SBCC and WFP contributions

[60] Cautious interpretation may be warranted with MUAC data as the measurement is consistently biased towards younger children.

[61] Sixty percent of The Gambian population currently live in urban areas.

at national level, through the COHA, SBN and FBF activities, were important to ensure sustainable improvements to the nutrition status of the population in the long term.

2.1.3 Question 1.3: To what extent were the nutrition activities aligned with the needs of the PAGE 2012–2015, NDP 2018–2021, the National Nutrition Policy and the School Feeding Policy?

49. The Gambia policy framework is explicit in its commitment to address malnutrition. The Program for Accelerated Growth and Employment (PAGE) identified nutrition as a cross-cutting development concern and mandated all government bodies to support the framework of the National Nutrition Policy 2010-2020, with a commitment to strengthening and supporting community-based nutrition interventions and food-based interventions, including food processing, preservation and utilization at community level. The subsequent NDP has a well-articulated nutrition component,[62] with a commitment to improving the nutritional wellbeing of all Gambians by addressing all forms of malnutrition.[63] This includes improving maternal nutrition and reducing anaemia in pregnancy. Strengthening SBCC, improving gender equity and increasing knowledge, awareness and skills on maternal and infant nutrition, environmental sanitation and growth monitoring are also highlighted. WFP's nutrition activities are well aligned with all these objectives and contribute to the fulfilment of the NDP's ambition to expand the IMAM programme and increase the iodization of salt and fortification of local food.

50. NaNA coordinated the NNP 2010-2020 and the current NNP (2018-2025), both of which include clear strategies and targets for nutrition aligned across sectors. While the 2010-2020 NNP was limited in its implementation, WFP nutrition activities align well. The target within the current NNP to reduce GAM in children under 5 years to less than 5 percent is reflected in WFP nutrition targets. The full list of priority areas of the new NNP can be found in Annex 14. WFP is also well aligned with the priority implementation modalities of the NNP: community nutrition programming; mainstreaming nutrition into development policies, legislations, strategies and programmes; policy implementation framework; social and behaviour change communication; and resource mobilization. However, some of WFP's activities, such as active screening and TSF, have scope to be more firmly streamlined and integrated within The Gambia policy framework and implementation modalities.

51. One priority area that WFP has not yet focused on is the issue of overweight and obesity. PAGE noted the presence of the double burden of malnutrition[64] within the country and the NDP identifies the reduction of obesity as an urgent priority, recognizing the role that nutrition education can play. This aspect is yet to be fully embraced by WFP nutrition activities.

52. WFP nutrition support to schools is aligned well with the aim of The Gambia school feeding policy to reduce vulnerability to hunger and maximize enhanced nutrition and health. It also supports the objective to empower school-level committees to purchase food closer to the schools, so that the community is involved in making decisions and managing resources. It aligns with the programmatic approaches to provide cooked on-site meals that are varied enough to cover the energy, growth and micronutrient needs of children and to support school gardens as part of a nutrition education drive and skill development initiative.

53. Overall, WFP's nutrition activities contribute to government nutrition-related policies and strategies either explicitly or implicitly. The nutrition activities to provide SBCC, support IMAM activities and food fortification and processing initiatives are all key strategies within the policy framework. Furthermore, WFP is firmly aligned with the government through its support at the policy level to the research base and resource mobilisation through development and promotion of the COHA, leadership of the SBN

[62] National Development Plan (NDP) 2018–2021.

[63] The NDP includes a target for the reduction of stunting among children under 5 years of age from a baseline of 22.9 percent to 12.5 percent by 2021.

[64] The double burden of malnutrition relates to the co-existence of overweight/obesity and undernutrition (stunting, wasting and micronutrient deficiencies); terminology is used somewhat interchangeably with the 'triple burden' which seeks to ensure that micronutrients are considered as an independent category.

and support to rice fortification research and policy development. Government stakeholders consider WFP to be a strong and pivotal partner in supporting the national policy agenda for nutrition. WFP support to the COHA has notably worked to boost nutrition further up the nutrition agenda in The Gambia. Its leadership of the SBN, at the request of NaNA, has potential to further the SUN agenda.

2.1.4 Question 1.4: To what extent were the activities aligned with WFP, partners, UN agencies, and donor policies and priorities? Are the objectives, activities and modalities used coherent with and complementary to interventions of relevant humanitarian and development partners in The Gambia?

54. The nutrition activities contribute to achieving Strategic Objectives 2 (improve nutrition) and 4 (support SDG implementation) of the CSP (2019–2021) through SO3 (nutritionally vulnerable populations in targeted areas, including children, pregnant and lactating women and girls, have improved nutritional status in line with national targets) and 5 (national and subnational institutions have strengthened capacity to meet "zero hunger" targets).

55. The nutrition activities also align with WFP's corporate Strategic Plan 2017-2021 which includes "improve nutrition" as one of its five strategic objectives, supporting governments to achieve zero hunger and SDG targets. WFP Nutrition Policy 2017-2021 is an extension of the 2012 policy, with a continuing focus on the treatment of acute malnutrition and prevention of malnutrition, and a greater emphasis on incorporating nutrition-sensitive approaches more broadly. WFP efforts in nutrition remain focused on improving programme quality to deliver results and promoting national ownership, through establishing nutrition-related SOs that are aligned with national priorities and goals. In turn, these are linked to the achievement of national nutrition SDG targets and the WFP Strategic Objective 2, "no one suffers from malnutrition".

56. WFP nutrition activities in The Gambia centre on three of the four focus areas of the policy: stunting, acute malnutrition (wasting) and micronutrient deficiencies, with limited focus to-date on addressing obesity and overweight. The activities have targeted all identified priority groups in the policy: children 0-59 months, PLWs, adolescent girls (through the inclusion of those pregnant/lactating) and vulnerable populations living with HIV. The FBF activity has also sought to align with the objective of increasing availability of quality food for nutritious diets. All activities have been conducted through WFP commitments to working in partnership with the government and with its UN and implementing partners in The Gambia.

57. WFP Gender Policy 2015-2020 outlines four objectives[65] and the nutrition activities in The Gambia have been employed largely in alignment with these objectives. WFP CO employs both men and women in senior roles and in communities, and both were actively participating in programmatic activities. The SBCC approach has been adapted to reach non-PHC communities, facilitating access by men and women in remote locations. In terms of equal participation, women have been prioritized for SBCC activities, while men have not accessed information to a similar extent as the activity has not been designed with their needs in mind. While the activities notably aim to be supportive of women empowerment objectives, a further step is required to make them gender-transformative, which cannot happen without also paying attention to the roles of men.

58. In line with the WFP 2016 Integrated Roadmap mandate,[66] the WFP 2009 Policy on Capacity Development and The Gambia CSP 2019–2021 SO5 on capacity-strengthening,[67] enabling environment and institutional strengthening support has been provided to MOH, the National Disaster Management

---

[65] The four objectives are food assistance adapted to different needs; equal participation; decision-making by women and girls; and gender and protection

[66] The Integrated Roadmap is a directive on integrating workstreams with the overall objective of developing coherent, strategically focused portfolios that enable WFP to demonstrate its country-level contributions to achieving zero hunger. Integrated Road Map: Positioning WFP for a Changing World. Informal consultation. 8 January 2016. https://docs.wfp.org/api/documents/WFP-0000037739/download/

[67] SO5: National and subnational institutions have strengthened capacity to meet zero hunger targets.

Agency (NDMA) and NaNA. In addition, SBCC for communities and beneficiaries and nutrition-related trainings for implementing staff and volunteers has sought to strengthen skills of individuals and communities and enhance local government and community capacity to implement nutrition programmes.

59. WFP nutrition activities contribute to the outcomes of the UNDAF 2017-2021, through which WFP coordinates with the UN Country Team (UNCT) to support the government to achieve SDG targets. Activities align with Outcome 2.3, Increased equitable and quality access to nutrition specific and sensitive services including the most vulnerable and the UNDAF focus on strengthening coordination and capacity of government partners. WFP's closest collaborations in nutrition are with UNICEF, on active beneficiary screening and registration, SBCC, IMAM and assessments and studies including the GMNS and COHA; and FAO in food security initiatives, including cash-for-work and farmer field schools (FFS) implemented through the PCR programme 2017-2019. WFP nutrition support to PLHIV was also well-aligned with UNAIDS, according to stakeholder discussions and the priority outlined in the National AIDS Policy to provide nutrition support to PLHIVs.

60. Over the majority of the period under review, the nutrition activities have been implemented as part of the EU-funded PCR programme. This has ensured close collaboration and alignment with FAO and UNICEF and complementary programming. It has also ensured tight alignment with EU priorities.[68] However, some shortcomings were noted in the WFP proactive use of donor visibility in high-profile meetings. This may represent missed opportunities to engage the donor, both as advocates to promote achievements, as well as in terms of maintaining the WFP profile with donors for future funding opportunities.

61. Beyond the government and UN agencies, there are relatively few major humanitarian and development actors supporting nutrition in The Gambia. The GRCS is a key partner for WFP in BSF, active screening activities and SBCC as well as food assistance activities beyond nutrition. The two agencies have worked closely in support of humanitarian response to provide assistance to vulnerable populations.

62. The BReST and MCNHRP programmes are considered by stakeholder to be complementary to WFP programming. The MCNHRP includes innovative pilots to address lean season undernutrition. An example is support to child food banks where each household in a community is asked to contribute a small amount of produce at harvest, which is then kept in community storage for distribution to young vulnerable children during the lean season. Activities are clearly coherent with WFP approaches and complementary in addressing healthy pregnancy and early childhood as well as supporting lean season food supplementation of vulnerable children. However, neither the cumulative effect of these various activities in the same households nor the opportunity for improved synergies and economy of effort has been fully monitored or studied.

63. Overall, the nutrition activities have all been carried out in partnership with government bodies and with the relevant UN agency partners. They are coherent with the approaches of humanitarian and development partners. For example, TSF, active beneficiary screening and registration and SBCC activities have been aligned and managed closely with UNICEF, NaNA and MOH. BSF with NDMA, the COHA and SBN activities involve the coordinated engagement of multiple organizations within and outside government.

64. For SBCC activities, the ET and stakeholders discussed the coherence of the package alongside other packages delivering SBCC, particularly the NaNA/MOH 16 family health practices, which has some overlaps and complements. The role of agricultural extension workers in SBCC and the promotion of dietary diversity is also another route through which communities are educated on nutrition. It was a prominent feature of the PCR programme in 2019, when FFS incorporated elements on the promotion of appropriate complementary feeding for young children based on locally available ingredients.

[68] The EU nominated itself as a frontrunner in global efforts to fight undernutrition in 2012 by setting a target of reducing cases of stunting in children under 5 by at least 7 million by 2025. EUR 3.5 billion was pledged for 2014-2020, for its attainment through a Nutrition Action Plan (July 2014).

Overall, stakeholders noted that there were similarities and differences in these approaches. There is scope for further analysis on how coherence and joint approaches might be improved.

65. Another area with potential for improved coherence is the active screening and TSF programme, in which WFP works alongside UNICEF, NaNA and MOH. The active screening component was complementary to the biannual nutrition surveillance of NaNA largely because it covered non-PHC communities omitted by the latter. While both also covered PHC communities, there was some duplication of effort. For the active beneficiary registration of the TSF component, stakeholders noted that, while particularly useful to identify MAM children, SAM children are reasonably well identified through the health system in accordance with the IMAM protocol. As the active screening has now finished, there is clearly a need to better integrate screening for MAM into the regular work of health staff and community volunteers.

2.1.5 Question 1.5: To what extent was the intervention based on a sound gender analysis and adapted over time in response to updated data on gender dynamics?

66. WFP has not undertaken any substantive gender analysis in The Gambia for nutrition activities or to inform its broader portfolio of interventions. The NDP includes an informative section concerning gender dynamics at community and household levels, as well as examining the broader national legal and policy frameworks. In 2019 the Women's Bureau became the Ministry of Women, Children and Social Welfare and WFP began working closely with the ministry to support its programming beyond nutrition. However, there were few explicit links made in relation to nutrition activities. The modalities of nutrition activity delivery for BSF and TSF have remained largely the same throughout the period 2016-2019 with no particular attention given to investigating the gender differences highlighted in the screening data or non-response rate. SBCC has expanded to non-PHC communities, extending its reach to more remote locations and thereby reaching more marginalized women. The SBCC approach also began to engage men in a more purposive way in 2019, with the awareness that men have a role in ensuring the nutrition and health of their children and wives. However, the approach has been to opportunistically include men in the existing activity, rather than design a modality tailored to their needs.

67. The Gambia National Gender Policy 2010-2020 highlights that strong traditional and cultural forces impinge on the participation of women in development endeavours and that disparities exist between men and women in power sharing, participation and control over decision-making processes at all levels of society. Despite women being the main producers and processors of food, *"cultural practices militate against women's control of cash income thereby contributing to household food insecurity"*. Such practices also force women to deny themselves food in the right quantity and quality in favour of male adults and children.

68. In the health sector, specific factors that contribute to The Gambia's persistently high maternal mortality ratio have been cited: poor quality of care in prenatal and delivery services; inadequate high-risk referral system; delayed and/or inappropriate treatment of life-threatening complications during pregnancy and delivery; women's heavy workload and lack of access to appropriate labour-saving devices during late pregnancy.[69] The ET found these issues raised in communities visited, particularly the issue of lack of transportation to a hospital at the time of childbirth, resulting in the women presenting very late, often carried on donkey carts. Although these issues are well-documented, there is no evidence that WFP has adapted its activities to better consider them or to address these underlying issues through its nutrition programmes.

69. The nutrition activities predominantly target women, which is appropriate in terms of supporting their nutritional status in pregnancy and lactation, but expectations of participation across additional activities including SBCC, TSF as primary child-carer and in school gardening and cooking, often neglect examination of the gender dynamics and the roles and responsibilities of men.

[69] African Development Bank Group. 2011. The Gambia Country Gender Profile. October 2011.

70. Women's reproductive roles (including the challenges linked to early marriages and poor birth spacing), alongside their roles as farmers and as primary caregivers for children, whilst maintaining responsibility for the bulk of domestic chores, levels a heavy burden onto women, often exacerbated when their husband has several wives. These are all well-documented issues in The Gambia, which merit consideration in and the development of strategies in SBCC approaches to address the underlying issues that reduce women's empowerment.

2.1.6 Question 1.6: To what extent was the design and implementation of the intervention gender-sensitive?

71. **Gender sensitivity of design:** As previously mentioned, the nutrition activities have a strong focus on targeting women: in SBCC, in TSF for PLW/Gs and in PLHIV TSF. WFP has also recorded data on BSF and TSF beneficiary gender to monitor equity of the interventions and achieved their targets for ensuring gender equity in beneficiaries reached in BSF and TSF. The SBCC has only disaggregated data by gender in 2019, but stakeholders stated that the activity predominantly targeted women and conversely to the data presented, continued to do so in 2019.

72. There has been much less engagement of men in the SBCC activities. There has been minimal analysis of gender roles at the household level to improve messaging for appropriate target audiences for SBCC activities. Without the engagement of men, it is difficult for women to make the changes to infant and young child feeding and care that are required to improve nutrition and even harder to effect the changes to improve their own health and nutrition during pregnancy. This view was reiterated by national-level stakeholders, while discussions with communities and implementing partners provided further evidence of women's limited ability to decide and adapt practices concerning their own health and nutrition and that of their children. A recent study in Ethiopia adds further to the evidence that improving men's nutrition knowledge has significant positive associations with improved women's and children's dietary diversity.[70] It is therefore vital to engage men and other decision-makers in SBCC approaches. WFP stakeholders affirmed that they had been increasingly encouraging men to attend TSF or BSF with their children in 2019 and the WFP nutrition team has developed an 'SBCC pathway' document that clearly defines men as secondary targets. SBCC efforts also engage chiefs and village heads to help disseminate information. However, they have not yet looked beyond this to consider separate strategies and messages specifically designed to target men.

73. The design of the nutrition activities is gender-sensitive in recognizing the enhanced nutritional needs of women in pregnancy and lactation and targeting this group for support. However, the PLHIV programme, while noting low male involvement and appreciating the reasons for it (women are identified as HIV-positive during ANC and PMTCT activities), has not engaged in the analysis of whether to enhance male participation, or how to do it.

74. While the Food Management Committees (FMCs) in schools are gender-balanced according to reports, observation and stakeholder confirmation, mothers' clubs appear to take on a high volume of work in relation to supporting school feeding and maintaining school gardens. This is largely voluntary work to support the school as produce from the gardens may be eaten or sold to generate revenue for the school. The question arises of why women are predominantly engaged in supporting schools and promoting the nutrition of their children and whether and how men could also be engaged to support. In addition, the role of cooks usually falls to women and the school feeding evaluation 2018 noted that this role is frequently poorly compensated. Rather than leading to empowerment of women, it is possible that allocating them this role may be adding increased voluntary workload onto their already

[70] Ambikapathi R, Passarelli S, Madzorera I, Canavan CR, Noor RA, Abdelmenan S, Tewahido D, Tadesse AW, Sibanda L, Sibanda S, Munthali B, Madzivhandila T, Berhane Y, Fawzi W, Gunaratna NS. Men's nutrition knowledge is important for women's and children's nutrition in Ethiopia. Matern Child Nutr. 2020 Aug 4:e13062. doi: 10.1111/mcn.13062. Epub ahead of print. PMID: 32755057.

heavy burdens. A thorough gender analysis would assist in examining this and other programmatic decisions around when and how to engage women.

75. In 2019, UNICEF and WFP began working together to train mothers on conducting MUAC measurements of their children. Again, it is not clear why the focus is predominantly on mothers, omitting fathers, aside from the general awareness that mothers tend to be the primary caregivers. Gender sensitivity requires examining approaches and being clear on why decisions are made and what empowerment aspects it might leverage. A comprehensive gender analysis is therefore required before additional programme design decisions are made.

76. **Gender sensitivity of implementation:** The BSF activity achieved gender parity, with 51 percent of beneficiaries being girls. The TSF activity saw a slightly higher proportion of girls than boys (between 52-54 percent girls over the three years) which suggests gender equity in access to the programme, though it is worth monitoring closely in 2020 and beyond to ensure coherence with MAM incidence levels.

77. WFP's 2019 screening data shows a much higher proportion of girls aged 6-23 months identified with MAM than boys: girls making up 62 percent of the caseload, while the older age group, 24-59 months has more gender parity with girls making up 53.2 percent of the caseload. A similar gender disparity in the 6-23 months age group was noted in 2018. The reasons behind this are not well understood and they do not align with the national data, which consistently identifies more boys than girls with MAM. The discrepancies have not been fully investigated and there have been no significant programmatic adaptations made in response. However, the finding is likely in part to be related to the different indicators used: WFP screening uses MUAC, while national data is based on weight-for-height z-scores.

78. The gender indicator collected most consistently for nutrition activities is the proportion of households where women, men or both women and men make decisions on the use of food/cash/vouchers. With no data for 2019, there is only 2017 and 2018 data. Targets were only reached in 2017, with 2018 data indicating that male decision-makers reached only 42 percent of the 50 percent target. This indicator does not seem to align well with the nutrition activity, since caregivers are provided with strict instruction to provide the supplementary food only to the child, thereby ostensibly removing the decision-making role from the household.

79. The ACRs of 2018 and 2019 have graded all the CO nutrition activities highly against the gender marker (Grade 4), but there is no supporting information to justify the high scores, and the ET was unable to verify whether the score of 4 was justified. Noting the gender limitations of the activities described above the ET considers the nutrition activities to merit a lower grading.

80. Stakeholders and key partners of WFP could not recall WFP offering any focused gender awareness training to them, while some partners, such as GRCS, are active in innovative gender initiatives beyond their partnership with WFP. There are clearly opportunities for greater discussion and learning from active partners on the ground.

81. In 2019, WFP appointed a Gender Focal Point at the CO and there is commitment to conducting a more thorough gender analysis in 2021. WFP's 2020 assessment of the impact of COVID-19 on rural women examined how existing challenges have been exacerbated by COVID-19 and identified a need for direct investment on further research on the underlying causes of gender inequalities and girls and women's disempowerment, addressing challenges of patriarchy in context[71]. This is a promising step towards improved gender-informed and transformative programming.

[71] Gendered impacts of COVID-19 in rural areas: The situation on the ground with Gambian Rural Women. WFP Gambia presentation.

Key Findings and Conclusions – Evaluation criterion 1: Relevance

- The nutrition activities were highly relevant to the Gambian national context at the beginning of the implementation period and continued to be so throughout.
- Nutrition activities were in line with the needs of the most vulnerable groups, focusing in areas of the country with high undernutrition rates and providing support to young children and PLW/Gs, particularly focused on the critical lean season with responses to address identified low dietary diversity and poor infant and young child feeding practices. Urban areas are now emerging as an area for additional consideration.
- WFP's contributions at the policy and strategy level represent essential complementary actions to ensure sustainable improvements to nutrition status of the population in the long-term.
- Nutrition activities were well aligned with The Gambia Policy framework. The only area where WFP has not yet explicitly engaged is in the area of addressing overweight/obesity.
- Stakeholders consider WFP to be a strong and pivotal partner in supporting the national policy agenda for nutrition. WFP's support to the COHA has boosted nutrition further up the nutrition agenda in The Gambia and its leadership of the SBN, at the request of NaNA has potential to further the SUN agenda in the country
- Activities are all well aligned and largely implemented in partnership with other actors and the government. They are coherent with other approaches to address healthy pregnancy and early childhood nutrition and support lean season food supplementation of vulnerable children. However, there is scope to further examine opportunities for improved synergies and economy of effort with other initiatives, especially in SBCC and screening for acute malnutrition.
- There has been no gender analysis to inform the design of the nutrition activities, which is an omission as gender dynamics clearly have an important role in achievement of nutrition outcomes of activities. The activities have reached boys and girls equally, but a strong focus on women for SBCC and engagement in activities has led to the importance of men's roles being overlooked in advancing women's empowerment and gender sensitive programming.

2.2 Evaluation Criterion 2: Effectiveness

2.2.1 Question 2.1 Achievement of outputs: What has been the level of attainment of the planned outputs (including the number of beneficiaries served disaggregated by women, men, girls, boys)?

82. **BSF and TSF:** The full table of beneficiaries of BSF and TSF over the years 2016-2019 are detailed earlier in Figures 1 and 2 in Section 2.1. The same beneficiaries (or their caregivers) have also received SBCC. Table 5 shows a summary of the planned and actual TSF and BSF beneficiaries.

Table 5: Achievement in beneficiaries reached in TSF and BSF 2016-2019

	Beneficiary category	Year	% Actual v. Planned		
			Male	Female	Total
TSF	Children (24-59 months)	**2016**			0
	PLW /G				0
	Children (6-59 months)	**2017**	10.6%	10.6%	10.6%
	PLW/G			30.0%	30.0%
	Children 6-59 months)	**2018**			154.0%
	PLW/G			258.0%	258.0%
	Children 6-59 months	**2019**	339.7%	338.7%	339.2%
	PLW/G				942.6%
BSF	Children (6-23 months)	**2016**	13.6%	13.6%	13.6%
		2017	35.5%	35.5%	35.5%
		2018			
		2019	101.4%	89.9%	95.2%

83. In 2016 and 2017, outputs fell far below planned levels for both TSF and BSF. No data are recorded for SBCC. Of the planned activities, only one nutrition activity, BSF, was implemented in 2016 in one region, URR, due to limited available resources (see paras 110-111 for information). Just 13.6 percent of planned beneficiaries were reached (of whom 51 percent were female) and provided with Super Cereal Plus for two months. Nutrition and hygiene education were conducted before the start of each distribution.

84. In 2017, BSF planned for the lean season (June–October) was rescheduled to October–December 2017 and TSF only began in October for children and in December, for PLW/G. Only three distributions were carried out in total, compared to the plan for 12 months of distributions for TSF and 5 months BSF. As a result, just 16.4 percent of beneficiaries (10.6 percent each of targeted girls and boys and 30 percent of PLWs) were reached through TSF (52 percent of the children were girls) and 35.5 percent (of whom 51 percent were girls) were reached through BSF.[72]

85. In 2018, WFP was able to cover 94 percent of the nutrition interventions[73] and surpassed TSF expectations, reaching 154 percent of children planned, 60.5 percent of whom were girls, which reflects the gender disparity found in the screening data. More than 19,000 PLW/G were reached, due to blanket targeting that year and 29,145 children through BSF.

86. In 2019, TSF far exceeded its expected numbers, reaching 339.2 percent of planned beneficiaries (46 percent boys; 54 percent girls) and almost ten times the expected PLW/Gs, due to inclusion of the distribution to PLHIV at ART centres (N.B. The latter figure therefore includes a small proportion of men and is not exclusively PLW/G as reported); 95.2 percent of planned beneficiaries were reached through BSF in 2019 (51 percent girls).

87. **PLHIV:** In 2019, out of total 5,795 PLHIVs on treatment at ART sites, food distribution in July and August reached 4,171 (72 percent). Patients aged 26-49 years made up 58 percent of beneficiaries, while 3 percent were aged 10-14 years (138 patients). Seventy-three percent of beneficiaries were female, largely owing to the identification of PLHIV at ante-natal clinics.

88. In summary: minimal outputs were achieved in 2016 and 2017, with activities only starting to be fully implemented in the final months of 2017. In 2018 and 2019, activities met or exceeded attainment of outputs.

89. **SBCC:** Monitoring data is not available for 2016 or 2017. In 2018, 17,240 women (191.6 percent of target) were exposed to WFP-supported nutrition messaging, 27,240 (68.1 percent of target) received nutrition counselling, and 42,000 women caregivers (105 percent) received three key messages through these mechanisms.[74] In 2019, 9,880 male and 10,120 females were reached through SBCC interpersonal communication during treatment of MAM; 42,000 people were reached through media approaches. It is important to note that SBCC data is cumulative, such that the same person may be counted several times if they attend monthly for BSF and/or TSF.

90. **Active screening and identification of beneficiaries:** In 2017, active screening was conducted for all children aged 6-59 months in every village of the four targeted regions across 230 sites identified by the RHDs. In 2018 annual screening in May/June in more than 1,500 communities, vitamin supplementation and deworming were provided to children aged 6-59 months. A total of 67,329 children were screened over 23 days; In 2019, approximately 64,000 children were screened in the same 1,500 communities.

91. **Capacity development**: Data is not reported for training activities in 2016 or 2017. In 2018, three trainings were conducted (60 percent of a target of five) on prevention and treatment of stunting and acute malnutrition, distribution modalities and data collection, nutrition education and counselling and nutrition guidelines for PLHIVs for 267 cooperating partner staff; 101 government counterparts were

[72] WFP SPR 2017.

[73] ACR 2018.

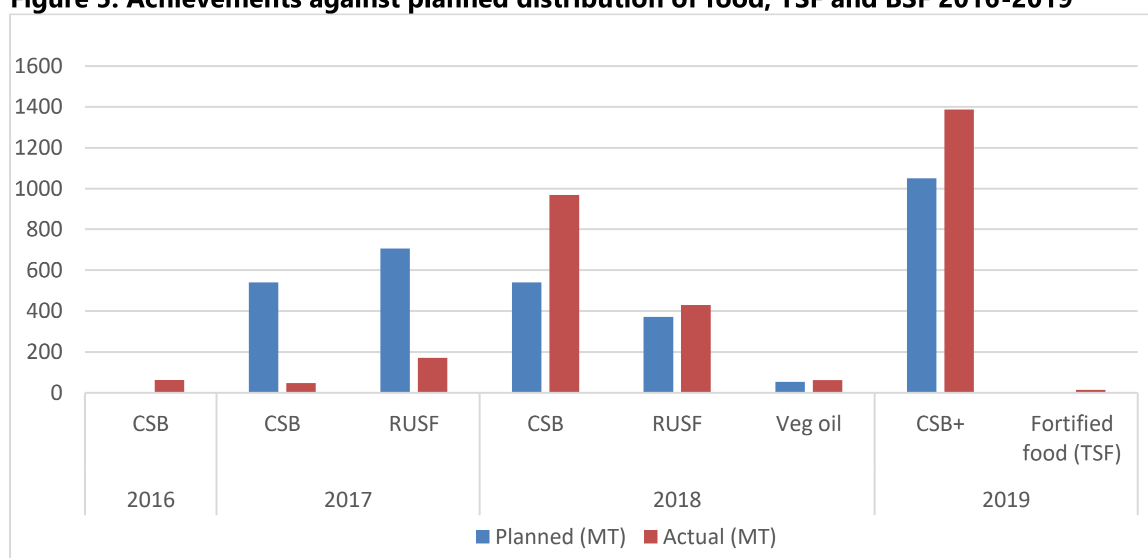
[74] WFP ACR 2018.

trained in use of data collection tablets (88.6 percent of the target of 114). In 2019, 267 CHNs, PMTCT and ART staff (MOH) and GRCS volunteers were trained across the four regions, to enhance their knowledge and skills on malnutrition, dietary diversity, electronic data collection and ration distribution techniques and modalities.

92. In November 2019, WFP supported NaNA to organise a two-day Rice Fortification Workshop with national and international partners to examine the feasibility for implementation in The Gambia.

93. **Food commodities:** Figure 5 shows achievements in distribution of food in TSF and BSF. It can be seen that anticipated outputs were not met in 2017 but were exceeded in 2018 and 2019 in line with the increased beneficiary numbers. BSF and MAM children received 200g SuperCereal+ daily; while PLW/Gs and PLHIV patients on ART received 200g SuperCereal and 25g fortified vegetable oil. A ration size of 787 kcals/person/day was anticipated for supplementary feeding, which allows a proportion to be shared, as inevitably occurs in households. However, it was very difficult to objectively assess whether the volumes provided covered the beneficiary needs as monthly attendance and beneficiary numbers fluctuate. The CO team confirmed that there were no reductions in ration quantities given and FGDs and stakeholder discussions support this finding.

Figure 5. Achievements against planned distribution of food, TSF and BSF 2016-2019



Source: WFP Standard Project Reports (SPRs) 2016 and 2017, Annual Country Reports (ACRs) 2018 and 2019

2.2.2 Question 2.2 Achievement of Outcomes: To what extent were the nutrition activity objectives and anticipated results met (also including cross-cutting results in areas of gender, protection, and partnership)?

94. It is difficult for the ET to assess the status of all programme indicators between 2016 and 2019 as some indicators have not been tracked, and for some, data is missing. In addition, some indicators have changed over the years and have not been recorded consistently enough to enable tracking of progress. This makes it challenging to reach clear conclusions on the effectiveness of activities.

95. **MAM treatment:** Table 6 shows outcome data for the MAM treatment activity. The MAM treatment recovery rate target has been met overall for each of the three years of the active programme, with girls having higher recovery rates in 2018 and 2019. The target was narrowly missed for boys in 2019.

Table 6. Outcomes of TSF activities in 2017, 2018 and 2019 according to WFP reporting

Indicator	Target (%)	Base value 2013/14 (from 2017 SPR) (%)	2017 SPR value (%)	2018 ACR value (%)	2019 ACR value (%)
MAM treatment recovery rate	>75	60.00	82.00	77.4 (75 male; 80 female)	75.04 (72 male; 77 female)
MAM treatment mortality rate	<3.00	0.30	1.00	0	Not collected
MAM treatment default rate	<15.00	30.00	7	0	Amalgamated in non-response rate
MAM treatment non-response rate	<15.00	0.40	1.00	16.1 (13.3 male; 18.8 female)	19.8 (18.8 male; 20.4 female)
Proportion of eligible population who participate (coverage)	>70.00 (changed to >66 in 2018)	33.0	72.0	100	100
Proportion of target population that participates in adequate number of distributions (adherence)	>66	93.0	69.0	93.9 (94.5 male; 93.3 female)	97.9 (98.2 male; 97.6 female)

Green denotes indicator met or exceeded; yellow, almost met; orange, indicator not met

96. Mortality and default rates have met targets for 2017 but in 2018 and 2019 the data has been subsumed under the non-response category, which is not appropriate. Default data provides important information on acceptability of the programme and its collection should prompt action to find the defaulting children and find out what has led to their leaving the programme. The conflation of default rates with non-response has reduced the performance management capability to distinguish and understand these issues. It has also pushed up the non-response rate, which was above the acceptable threshold in 2019 and marginally above in 2018, though more serious for girls than boys in both years. Non-response is currently categorised in the programme by the following criteria:

    1. Either no or trivial weight gain after 5 weeks in the programme or at the third visit
    2. Any weight loss by the third week in the programme or at the second visit
    3. Weight loss exceeding 5% of body weight at any time (the same scale must be used)
    4. Failure to reach discharge criteria after 3 months in the programme (most commonly used)
    5. Abandonment of the programme (defaulting)

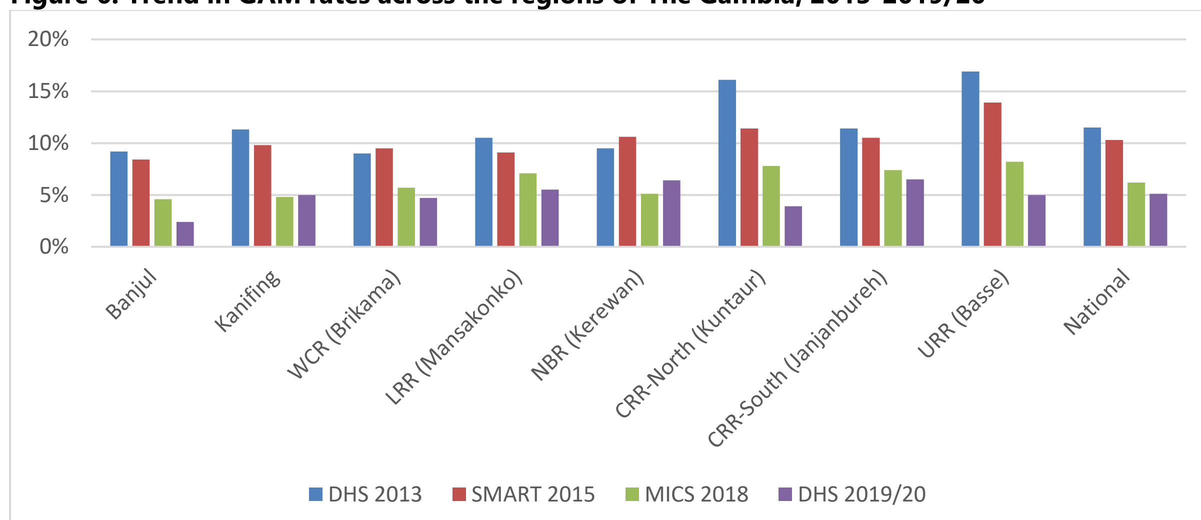
97. While criteria 1-4 are all appropriate inclusion as non-response, criteria 5 should be reclassified as default, in line with international standards.

98. Programme coverage and adherence have both scored highly, further confirming that the activities are well-accepted by the community and relevant.

99. Indicators for prevalence of acute malnutrition and children consuming a minimum acceptable diet have only been recorded once each, in 2017 and 2018 respectively, in both cases falling well short of project targets: the proportion of children with MAD in 2018 reached just 10.0 percent (10.7 male; 9.2 female) achievement against a target of >70 percent.

100. The PCR evaluation states that acute malnutrition significantly reduced in the programme target areas over the course of its implementation and concluded that the programme was successful. Although WFP's reporting has not been updated to include the DHS 2019/20 results, Figure 6 shows that significant progress has been made in addressing GAM rates in the country and in the regions of the nutrition activities, with National GAM now at 5.1 percent, just above WFP's target of <5 percent. It is however notable that the prevalence in boys is still at 5.9 percent (4.1 percent in girls).

Figure 6. Trend in GAM rates across the regions of The Gambia, 2013-2019/20



101. **Gender:** Gender targets overall have only been comprehensively recorded in 2017, with none reported in 2019, therefore trends are difficult to assess. However, achievement appears mixed. The full table of gender outcomes was provided earlier in Table 3 in Section 2.1. As discussed under question 1.6, the indicators selected for measurement do not seem to resonate well with nutrition activities and are limited in their ability to capture meaningful gender information for performance monitoring.

102. **Coverage:** The proportion of assisted people informed about the programme reached 98.2 percent and 95 percent in both 2017 and 2019, but fell further below the 100 percent target in 2018, reaching only 90 percent with a significant gender discrepancy of 10 percent for males and 80 percent for females. This improved in 2019, with 95 percent of males and females informed. The proportion of assisted people not experiencing any safety issues travelling to and/or from a WFP programme site was met at 100 percent in 2017 but not recorded since.

103. **Screening:** Annual active screening activities in 2017-2019 were effective in identifying and registering children with MAM for TSF and SAM for referral: in 2017 4,521 MAM cases were identified (7.5 percent of those screened); in 2018 3,235 children (4.8 percent) and 2,754 in 2019 (4.3 percent of those screened). MAM children were admitted directly into TSF. In addition, the screening provided comparable surveillance data over a period of three years and offered a platform for SBCC.

104. **PLHIV:** Two months support to PLHIV in 2019 was effective in improving ART patients' adherence to treatment according to stakeholders interviewed (data was not comprehensively reviewed) but was very short-lived. Although it is outside the scope of the evaluation, the nutrition training/education component provided in July 2020 was welcomed, with one trainee reporting to stakeholders that they had never thought to offer nutrition counselling to patients before on how to make the best use of locally available foods.

105. **SBCC:** There are no objective reports or studies evaluating the effectiveness of SBCC through assessment of changes in knowledge, attitudes and practices of mothers and caregivers on maternal and child nutrition and health or other relevant SBCC topics, in the targeted communities. Beneficiaries met by the ET were most knowledgeable when describing breastfeeding practices and less forthcoming on other topics. The VSG members were knowledgeable across the 16 key family health practices aimed at creating demand for utilisation of community nutrition and primary maternal and child health services. As discussed under question 1.4, there is some overlap between the SBCC topics of these two approaches.

106. All stakeholders concurred that SBCC is an important activity, aimed at addressing knowledge gaps within the communities and challenging feeding myths around appropriate foods and practices for maternal and young child feeding. SBCC has reported very high numbers reached, but the cumulative

data means that repeatedly counting the same people who attend monthly is a significant issue, making it impossible to know how many individuals have actually been reached. Data would be more useful and better inform effective activity if the system tracked who has received which training, which topics and how many individuals have been reached by village or PHC. It is well-established that SBCC is more effective if offered in small groups and frequently/regularly to the same people. While the TSF and community-based approaches have some capacity to provide this, the ET found that most beneficiaries had received SBCC irregularly. Stakeholders commented that the SBCC provided at large gatherings, through BSF and active screening is likely to be much less effective due to the large group size and short time committed.

107. **National level capacity strengthening:** In terms of the national level capacity strengthening activities, the FBF activity was reported by all stakeholders to have been progressing well pre-COVID and confidence was expressed in the business model and marketability of the future product. The SBN witnessed a high-profile launch on 19th November 2019 (ACR 2019) by His Excellency, the Permanent Secretary to the Office of the Vice President. WFP's proactive support to the inclusive process and production of the COHA was highly praised by all stakeholders and it was clear from a variety of interviews that all government, UN and donor stakeholders were well aware of the findings and of the clear process set out for advocacy and next steps, which unfortunately have been delayed by COVID-19. The excellent coordination and collaboration led by WFP was remarked in particular by government stakeholders.

108. In 2018, WFP contributed to the implementation of GMNS with MOH and NaNA with support from UNICEF. The GMNS was the first national micronutrient survey since 1999 and provides vital information on the micronutrient status of the population and particularly, of the under-5 age group. WFP also helped organise and facilitate a rice fortification workshop in 2019 for government stakeholders and partners which led to the decision by the government to jointly conduct a pilot project to introduce fortified rice through the school feeding programme.

2.2.3 Question 2.3: What were the major factors influencing the achievement or non-achievement of the outcomes?

109. The evaluation identified several factors that have influenced the achievement of the planned outcomes.

110. **Availability of funding**: In 2016, lack of funding was the major impediment to achievement of the nutrition activities.[75] In 2017, there was increased funding, however according to the SPR, the political impasse in early 2017 and subsequent changes in the Government resulted in serious delays in the transfers of funds. According to stakeholder discussions, WFP's nutrition activities were further hampered by staffing challenges and delays in recruitment of a nutrition lead. In 2018, WFP was able to cover 94 percent of the nutrition intervention[76.] In 2019, the nutrition activities were fully covered by the available budget.

111. **Availability of commodities:** Each year, WFP delivered SuperCereal to the RCH clinics for activities targeting PLW/Gs as well as to ART centres for PLHIVs in 2019. For BSF and TSF children, WFP delivered to the community-level DPs. The DPs were managed by VSGs or CHNs, supported by Village Development Committees (VDCs). There was a 3-month pipeline break between June and August 2019 for TSF and between July and September 2019 for BSF due to scarcity of SuperCereal Plus on the international market. Over the same period, a strike by CHNs further hampered delivery of the TSF activity.

112. **Programme synergies:** An important factor in achievement of reductions in GAM (and stunting) rates is the synergistic approach of various programmatic elements targeting the same communities. Communities supported by WFP's nutrition activities implemented as part of the PCR programme were complemented by UNICEF activities (SAM, SBCC) and FAO's support to food security in the form of

---

[75] WFP SPR 2016.

[76] According to ACR 2018, but not yet verified by the ET through data review.

seeds, tools, FFS and cash-for-work which contributed to improving production and access to food at household level for 90,000 people[77]. The BReST and MCNHRP programmes have also been implemented in the same regions. BSF and TSF are implemented in the same communities, many of which also receive school meals. In addition, the cash and food-based transfers provided to these same communities in times of emergency or seasonal stress will also have contributed to improving access to nutrients and to prevention of malnutrition. For example, under the lean season response in 2019 under SO1, WFP, in partnership with the Government and GRCS, provided monthly food transfers to 120,720 individuals (15,026 households) during May and June in all four regions covered by nutrition activities as well as in WCR.

Factors related to the design and implementation of SBCC

113. **Expansion of SBCC into remote communities:** Equitable access to the nutrition activities has been enhanced by WFP's expansion of SBCC activities to non-PHC communities and it is clear that the TSF, BSF and SBCC activities are reaching remote, hard-to-reach communities as well as serving populations in more central, commercial locations. This may be another contributing factor to improving GAM rates.

114. **Inclusion of men into SBCC activities:** In 2019, the SBCC activity sought to enhance its scope through targeting district chiefs, heads of villages and heads of households, thereby extending its reach more purposively to include greater participation of men, which is a positive step towards improving reach and effectiveness of the activity. Discussions in the communities revealed that the activities have previously focused strongly on women and tended to engage men opportunistically, rather than strategically.

115. **Access to visual aids for SBCC:** The PCR evaluation noted that SBCC materials (flipcharts and community cards) were only made available from December 2018 onwards. While their use has not been formally evaluated, job aids provide visual support to imparting messages. The ET found that village health workers and VSGs who were trained have access to these materials and are making use of them. However, there are communities who do not as yet have these materials. The unavailability of communication cards for the CHN and VHS to use in sensitisation was also raised as an issue in the MOH TSF and SBCC Trainings Report 2019.

Factors related to capacity to deliver SBCC, TSF and BSF

116. **Frequency of SBCC and VSG capacity:** While interviewed beneficiaries welcomed the SBCC messages and support, the infrequency of SBCC contact was at least in part due to the overburdening of the VSGs, who mentioned having too many households to visit and support. VSGs are comprised of just eight people and are required to reach out to all eligible families in the community. While a cascade system is in place so that CHNs are responsible for training VSGs, several VSG representatives had not received training over the lifetime of the evaluation period. Despite this finding, the majority of interviewed beneficiaries had reasonable topic knowledge, though it was clear that breastfeeding topics were best known by the VSGs, as well as the beneficiaries themselves. This is likely to be at least partially a result of training received through other mechanisms and packages (e.g. 16 Family Health Practices). When the issue was raised with various national stakeholders, it became clear that there has not been much consideration around alignment of these packages and whether the variety of approaches and separate programmes (BReST, MCNHRP) might be confusing to those trained and result in overburdening them.

117. The PCR evaluation found that VSGs were well-functioning and important pillars for community outreach. This evaluation concurs overall but found that their functioning was variable with some being significantly overloaded in larger communities, while others faced issues of composition where older people were tasked with highly active and onerous roles in communities, requiring a significant level of fitness to spend all day walking between houses.

[77] PCR evaluation.

118. **Field mobility:** To assist with mobility for the field monitoring teams and CHNs, WFP procured laptops and motorcycles for the Directorate of Health Promotion and Education of the MOH in 2017 to strengthen SBCC in communities and facilitate timely monitoring and reporting on the nutrition programme. Stakeholders firmly appreciated the support to programming and noted its assistance in improving effective delivery of TSF activities, for example in moving small amounts of stock and travelling between sites.

119. **Communication:** The use of WhatsApp groups for communication between CHNs and RHDs and with WFP has also been an innovative approach to speed up reporting of problems and organising the TSF activity effectively, as noted in the PCR evaluation and reported by stakeholders, who also mentioned some challenges in terms of availability of network and credit.

120. **CHN workload and adequacy of reporting:** The CHNs reported struggling with their workloads, with some CHNs covering more than 16 PHC villages. At the time of the field visit, when WFP funding support is declining, challenges were noted in M&E and programme implementation, particularly in terms of inadequate fuel supply, lack of registers to record data and registers without barcodes. In sites visited by the ET, there were no standard reporting forms. Some RHDs reported sending their data to MOH Health Promotion with copy to WFP, while others had developed their own templates for reporting. No data or records are kept at the RHDs and CHN level. Reporting from RHDs and CHNs is directed through the Health Promotion Directorate to WFP and vice versa. Stakeholders expressed frustration with the situation and the subsequent delays in follow-up action on challenges that could improve implementation by those working in the community.

121. **Commodity storage:** Challenges around TSF and BSF commodities storage in the communities and at health facilities were raised and observed at almost all sites visited by the ET, with insecure and dilapidated stores, and draughty, dirty and crowded facilities seen. These may have implications for quality and safety of the foods provided to beneficiaries. The GRCS BSF 2019 report also recommended that prior to the storage of food stock, all stores should be assessed for possible cleaning, disinfection and other actions to ensure easy access and safety of the food stored.

122. **Capacity strengthening:** WFP's capacity strengthening activities have included a significant number of trainings of implementation staff and these are considered to have been effective by stakeholders in ensuring an understanding of activity modalities and nutrition concepts by project implementers. However, the reflections from stakeholders suggest that there was a missed opportunity to widen the scope of the training to include improved M&E systems and practices, stock management and reporting. While CHNs were the primary targets of training, RHD staff and supervisors might also benefit from training on effective systems management for TSF implementation. In contrast, the BSF activity was reported by stakeholders to have a regular, strong presence of WFP and partner staff from GRCS and NDMA and tablets were provided at each distribution to improve efficiency of reporting. BSF data was entered directly into the tablets and at the end of the distribution, data collected was sent directly to WFP. Staff were trained prior to BSF distributions and debriefed afterwards.

123. WFP does not have a clearly laid out capacity development strategy for nutrition, nor an overall assessment of the nutrition capacity gaps in the country. Its activity-focused and responsive approach has been effective in addressing gaps as they arise, however a comprehensive mapping of capacity gaps and predictable requirements to define a strategic approach has been absent to date.

124. Some of the issues discussed above are beyond WFP's control. For example, the ZHSR noted that the policy context in The Gambia lacks implementation strategies and there are challenges in capacity, coordination, M&E and systems that restrict achievement of policy objectives. In addition, WFP is working to a UN Policy on allowances payable to government staff agreed with the Government, which meant their hands were tied in being able to respond unilaterally to the CHN strike or to complaints about levels of allowances. However, similar implementation and capacity issues raised in the PRRO 2016 evaluation suggest that WFP could have done more since 2016 to address the challenges. The conceptualisation of the nutrition activities as a collection of discrete activities, the lack of a TOC or

articulation of the activities as a package of inter-related and synergistic support is also likely to have stifled innovation and strategic thinking to further improve the monitoring and effectiveness of the activities.

2.2.4 Question 2.4: Did the coordination with national and other UN partners contribute to improvements in the nutritional status of the affected population? How has WFP coordinated with national bodies (e.g. NaNA), government ministries, and UN partners to improve nutrition planning, policy, and strategy?

125. WFP works hand-in-hand with government ministries and national bodies in all its nutrition activities. The PCR evaluation found that the "*approach involving three UN agencies resulted in a highly relevant, largely efficient and effective integrated programme on food and nutrition security*". The three UN agencies involved in the PCR held monthly inter-agency meetings as Technical Working Groups (TWGs), as well as regular meetings with their government partners. UN agency joint activities included development of workplans through the TWGs; targeting of beneficiaries through joint screening; joint implementation; and joint supervision and monitoring of interventions. There was a project steering committee, chaired by the MOH to provide oversight, direction, and supervisory support to the programme. The IMAM technical working group quarterly meeting, supported by UNICEF, ensured effective coordination and knowledge sharing, and provided an opportunity to discuss progress and challenges in the treatment of acute malnutrition programme[78.]

126. Coordination on nutrition at the national level is organised through the Zero Hunger development partners Working Group quarterly meetings currently led by FAO. The Nutrition Technical Advisory Committee (NTAC) which supports the SUN platform is convened by NaNA on a quarterly basis. While programmatic coordination appears to have been relatively strong throughout the PCR with meetings of the three involved agencies occurring regularly, broader coordination was more erratic, often with long intervals between meetings. However, stakeholders described WFP's partnership approach in nutrition as 'excellent' and there was unanimous praise for the responsiveness and collaboration shown by the nutrition team. One government representative stated, "*we are like toddlers – WFP is helping us to become steady on our feet*", while others remarked that their WFP colleagues are always on-call for them.

127. Coordination on nutrition has undoubtedly contributed to improvements in the nutritional status of the affected population through these routes. The active screening and beneficiary registration activities in collaboration with UNICEF, NaNA and MOH proved an opportunity to gather information and examine the correlation between nutritional status, diarrhoea, malaria and coverage of vitamin A supplementation and deworming medication. This information was then used to inform SBCC activities to promote health and hygiene practices. The coordination of FAO FFS activities in the same communities with UNICEF and WFP nutrition interventions through the PCR, provided some sustainable input to prevention of malnutrition, while WFP's nutrition activities provided complementary food support to young children and supported those with MAM to prevent their deterioration to SAM. The SBCC activity itself was well coordinated with UNICEF and NaNA and made use of NaNA materials, which benefitted from WFP and UNICEF inputs.

128. As previously mentioned, all national level stakeholders praised WFP's contributions to coordinating government, UN and other partners around the COHA process, leading eventually to its publication and use as an advocacy tool. This involved a series of workshops and trainings to learn and employ the methodology to carry out the assessment, followed by production, publication and dissemination of the report. Although the progress of the advocacy strategy has been slowed, momentum does not appear to have been lost according to stakeholders who anticipate it will lead to increased attention to nutrition and financing of supportive activities. Similarly, WFP's leadership in convening the SBN in The Gambia is regarded by government stakeholders as a positive, participatory approach which has already

[78] SUN UN Network article 20 August 2020 Effective joint programming in The Gambia: Targeting the same communities at the same time to reduce malnutrition.

engaged a number of private sector organizations in support of the country's commitment to SUN. The local production of FBF activity has begun to establish a model for private sector engagement through collaboration with GHE and the MOA/FTS. This approach was affirmed by all stakeholders as a relevant and potentially effective activity to address and prevent malnutrition in the country, though it has yet to reach fruition.

129. WFP's engagement in nutrition policy and strategy development has been responsive to requests from the government to engage in various activities including rice fortification and iodised salt strategy development and contribution to the NNP and SUN processes. There remains scope for WFP to engage further in coordinated efforts to improve policy and strategy through more strategically considering where its own nutrition activities fit and how a strategic approach, well-coordinated with government and other partners, can lead to even greater outcomes and synergies. For example, WFP's approach to capacity strengthening, SBCC activities and the integration of TSF/MAM management within the IMAM national approach all have further to go to become optimally integrated and strategic approaches.

2.2.5 Question 2.5: Did the School Feeding activities contribute to an improvement in the nutritional status of girls and boys?

130. A 2013 survey to determine the nutritional status of children aged 3-5 years and 5-10 years in WFP assisted schools in NBR and CRR found a prevalence of stunting of 10.7 percent and wasting of 13.3 percent among the children 3–5 years. Wasting rates were within the serious category[79] and were higher amongst girls than boys. For the children aged 5–10 years the prevalence of stunting and BMI-for-age was 5.6 percent and 21.4 percent respectively; the latter classifying as "poor". Following the survey, it was appropriately recommended that school meals continue to be provided for the Early Childhood Care Centres (ECCC) and Lower Basic Schools. It was advised to separate ECCC girls from boys and monitor mealtimes more closely to ensure girls were receiving and consuming their full entitlement.

131. As foreseen in the evaluation's Inception Report, since 2013, the nutritional status of school-going girls and boys aged 4-12 could not be objectively assessed by the ET due to the lack of recent nutrition surveys providing suitable data. It is therefore not possible to determine the direct contribution of school feeding to nutritional status of schoolchildren. As a result, the ET focused on examining three areas for supporting evidence: the quantity and quality of food provided and its potential to improve nutritional status; the role of the school meal in the diet of school children and the perceptions of stakeholders on health and nutrition benefits of the school meal to school children; and the provision of nutrition education, including the role of the school gardens, in improving current and future nutrition of school children.

132. **Quantity and quality of food provided:** In the second half of 2017, a more diversified food basket was established for the school meals programme, with the basket increasing from four items (rice, oil, beans, and salt) to eight, to include groundnuts, dark green leaves, locust beans, and maize/millet sourced locally. Theoretically, this should increase the micronutrient content of the school meal although no micronutrient profile is available for the new school feeding basket. Quarterly cash disbursements were made to communities to purchase the necessary food items at the local level. The school feeding programme emphasised local and fresh food adapted to local diets. This move to a daily menu comprising nine commodities with fresh produce is laudable.

133. Two school feeding models are in existence: 1) a mixed model where rice and oil are provided in-kind and nine other food items are purchased on the local market; 2) the full cash model where all items are purchased locally. Twenty-seven schools were assigned to model 2 at the start of 2018 and by the end of the year over 100 schools had adopted the full cash model.

[79] Great than 10 percent. Confidence intervals were very wide and overlapping, suggesting gender differences may not be significant.

134. In 2016 and 2017, when WFP struggled with funding, the ration size provided 555 kcal per meal per child, only achieving the target of 602 Kcal in September 2018.[80] The actual energy value of the ration received may have been further reduced due to inefficiencies in the system of cash transfer, with schools reporting that enrolment figures often increased after termly numbers were agreed between themselves and WFP. However, the ET did not have access to the relevant data to be able to examine whether there is a conclusive trend in that respect. Girls and boys aged 4-12 need between 1,300 kcal per day at younger ages, up to 2,300 kcal per day for the older ages.[81] This means that the school meal provides between roughly a quarter to a half of daily calorific needs of children, depending on their age and gender.

135. Another important issue raised by school stakeholders was that of terms of trade reducing when the cash arrives late. The process for determining the amount of cash transfer involves the submission by the schools of numbers of children enrolled and a ration calculated per child on the basis of costs of a school meal at that time. If cash disbursements are then delayed, terms of trade can change, and schools may be left with capacity to purchase less food than expected if prices have gone up in the meantime. It was proposed that optimal timing would be to release funds to coincide with the harvest when food is cheaper. The School Feeding Evaluation of 2018[82] also found administrative issues of delayed cash and food transfers that led to reduced numbers of feeding days per year.

- The quality of food provided is also important and the ACR 2018 and additional WFP reporting notes that low quality of commodities continued to be the main challenge of procuring from smallholder farmers from 2017 into 2018. In early 2018, WFP sought to mitigate this by providing training on post-harvest handling skills and access to markets for WFP's smallholder farmer vendors. The encouragement of greater community and parents' engagement in school feeding also improved the quality of the meals. WFP studied caterer models and community models of school feeding management to provide evidence that the community model, whereby parents are engaged in procuring, preparing and serving school meals, reduces diversion and improves accountability thereby ensuring the ration quantity and quality reaches the child's plate. Armed with this evidence, WFP has appropriately been advocating this model since, to ensure that children receive a quality meal and their allocated rations.

136. The quality of food can be affected by the hygiene conditions of the food preparation area and by food storage conditions. The Post Distribution Monitoring (PDM) report of Term 1 2016/2017 (Jan 2017) noted that 35 percent of the kitchens observed required repairs. The 2018 school feeding evaluation also found challenges in the cooking and food storage facilities in schools, noting that: "*Practically all visited school kitchens lack equipment or cooking utensils: one or two cooking pots, some pans, basins, and various specific utensils. Most wood-saving stoves need urgent repair and at times even rebuilding. The vast majority of assisted schools have insufficient plates while spoons are practically non-existent. There are no clean and wind-protected «eating areas». Many schools lack sufficient water sources for cooking and washing of the dishes, and in many cases the water has to be collected and brought from sources outside the school.*" The ET noted similar issues prevailing in the schools visited. Although they could not directly observe school feeding, due to school closure, the issue of inadequate feeding utensils was raised by stakeholders.

137. In summary, it is challenging to calculate the precise quantity and quality of the school meals provided, but the move to a locally sourced, diverse and potentially nutritious meal is an important one to improve the nutritional status of school children. The value of the ration could be improved through attention to some of the challenges and shortfalls in the system, including the provision of timely cash transfers

---

[80] WFP ACR 2018

[81] http://www.fao.org/3/y5686e/y5686e06.htm#bm06 Human energy requirements. Report of a Joint FAO/WHO/UNU Expert Consultation, Rome, Italy, 17-24 October 2001. Authors: World Health Organization, Food and Agriculture Organization of the United Nations, United Nations University.

[82] Gambia DEV 200327: Establishing the Foundation for a Nationally Owned Sustainable School Feeding Programme in the Gambia from 2012 to 2017. WFP Evaluation Report June 2018

and supporting school infrastructure and facilities for food storage, preparation and service. In addition, the move towards a pilot for fortification of rice for schools is a promising strategy to enhance the micronutrient value of the school meal.

138. **Role of school feeding in the diet of school children and perception of its health and nutritional benefits**: Although this is another difficult aspect to measure objectively, every stakeholder from national to community level mentioned that the school meal is usually the most nutritious meal of the day for school-going children. It is usually their main meal and, in some cases, their only meal of the day. In this respect, the school meal is no doubt playing a role in improving the nutritional status of children. A household survey to substantiate what children eat at home has not been undertaken but could provide useful evidence if undertaken once children are back in school.

139. The WFP 2020 Mission Report[83] on School Feeding reported some comments from parents and headteachers in the context of the closure of schools due to COVID-19. The comments show the importance of school feeding to the household economy and food security.

A mother: "School feeding used to be a big relief as it reduced the cups of rice that I cooked for the family. Since the pandemic, I have doubled the amount of food I have to put on the table because of the lockdown."

Headteacher A: "School feeding helps families make big savings in food".

Headteacher D, urban Banjul: "The quantity and quality of the food in the school is much better than in many of the homes where the children come from.''

"Most of the families are poor and the children miss out on vital nutrients that consequently affect their health and growth".

140. In 2019, increased provision of cash-based transfers to schools enhanced the potential market for local farmers, most of whom are women. The funding, which exceeded USD 727,000, enabled schools to buy rice, millet, cowpeas, fresh greens, dried fish, cassava and locust beans alongside supporting the local economy. It was therefore noted in WFP reporting and by stakeholders that this cash-based transfer model not only serves to enhance the dietary diversity of children in school but has potential to increase incomes of rural women and thereby indirectly further support nutrition of children, as documented global evidence shows that increasing women's incomes is associated with enhanced nutrition of their children through their increased purchasing power.

141. The ET's discussions in the community confirmed desk review findings and reports from national stakeholders that the meal has improved attendance, attention and general wellbeing of children. Stakeholders from communities and the national level agreed that the school meal is well-liked by children and nutritious.

142. **Provision of nutrition education and the role of school gardens**: The ZHSR recommended a focus on nutrition education to help learners acquire not only knowledge and skills but also support behavioural change towards better eating. Nutrition education in schools is a critical component of a nutrition package for school-aged children to enhance their knowledge of the necessary nutrients for growth and the components of a healthy diet. It has been identified as a potential 'double-duty action' that can simultaneously address undernutrition and overweight/obesity, by teaching children about issues such as the importance of dietary diversity, alongside the need to avoid high fat, sugary and salty or processed foods[84]. Nutrition education can help children develop healthy life-long habits at an early age and enable children to be advocates for change within their own households and communities.

---

[83] School Feeding Support During COVID 19 Emergency Mission Report. 1/5/2020. WFP The Gambia.

[84] UNSCN. School as a system to improve nutrition. A new statement for school-based food and nutrition interventions. Discussion Paper. United Nations Standing Committee on Nutrition, Geneva, Switzerland2017 https://www.unscn.org/uploads/web/news/document/School-Paper-EN-WEB-8oct.p

143. Although WFP has committed to supporting nutrition education within schools, this aspect of the programme was less well-articulated in programme documentation. The ET found during the discussion nutrition education was taught from grade 9 – 12 in the schools visited. Teachers and cooks also were trained on nutrition education. However, in 2019, WFP recruited two local non-governmental organizations (NGOs) to support school feeding activities, one objective of which was to intensify sensitisation of communities on the importance of school health and nutrition. At the time of the evaluation, it was too soon to see any outcomes of this activity, particularly in the light of COVID-19-induced school closures. This is an important development to ensure that nutrition quality is maintained and will need to be followed up during the endline evaluation.

144. School gardens were found to be experiencing several challenges, reported by stakeholders both at national and community level. These include inadequate fencing, shortage of tools and seeds and poor soil quality and at the time of the site visits, it was clear that some had long been neglected due to school closures. One school visited was making a considerable success of theirs due to significant investment in terms of fencing, water infrastructure and tools provided by other projects. The 2018 third term PDM report, noted that out of 86 in-kind schools monitored, 74 schools (80 percent) had operational gardens. 63 percent had adequate water, while only 38 percent had high community participation.

145. Rehabilitation of seven community gardens was undertaken through the PCR programme with FAO support through the FFS model, whereby women are largely engaged and supported with seeds, tools and skills development to manage the garden and grow crops with high nutritional value from improved seeds. This activity is anticipated to be supported further in 2021 through the EU-funded Agriculture for Economic Growth programme. In discussions with stakeholders the ET explored the level of community - and particularly women's - investment to manage both a school garden and community garden and whether this was overly ambitious. One option discussed was to establish a school plot in the community garden which the school could use to both grow produce for consumption or sale and for educational purposes.

146. In summary, the progress in moving towards a more nutritious, locally sourced school meal comprising fresh produce has most likely improved the nutrition of school-going boys and girls. There remains significant potential to enhance the nutrition education component of school feeding with a view to sustainable longer-term benefits in the knowledge and eating habits of young people.

2.2.6 Question 2.6: Were the relevant assistance standards met?

147. This question considers the assistance standards in three key categories: Sphere standards for the delivery of BSF and TSF; gender and equity standards as detailed in WFP's Gender Policy and GEEW objectives; and WFP's commitments to accountability to affected populations[85].

148. The relevant Sphere Standard for the nutrition activities is the Management of malnutrition standard 2.1: Moderate acute malnutrition, *Moderate acute malnutrition is prevented and managed*.

Key indicators under this standard are:

1. Percentage of target population that can access dry ration supplementary feeding sites within one day's return walk (including time for treatment) is >90
2. Percentage of target population that can access on-site programmes within one hour is >90
3. Percentage of MAM cases with access to treatment services (coverage) is >50 in rural areas
4. The proportion of discharges from TSF programmes who have died, recovered or defaulted is: Died: <3 per cent, Recovered: >75 per cent and Defaulted: <15 per cent

[85] Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018; WFP Gender Policy 2015-2020; WFP's Strategy for Accountability to Affected Populations, 2016-2021

149. In terms of the first two indicators, WFP has made firm efforts to ensure that DPs are not more than 5km travelling distance from each beneficiary, to align with standards. This is evidenced through the mention in partner reports (GRCS and MOH), annual WFP reports and in the scale up of DP numbers from 230 in 2017 to 256 in 2018. The second two indicators are included in outcome reporting (Table 3) where they have largely been met, although defaulter statistics have not been collected separately from non-response in 2018 and 2019, as previously mentioned, which is a shortcoming of the M&E system.

150. There are six key actions under the indicators, which are assessed in Table 7, shaded green for fully met and yellow for partly met. Three have been fully met, while for three, WFP has almost met the criteria.

Table 7: WFP alignment with the six key actions under the Sphere Standard for MAM

Action	WFP alignment
Establish clearly defined and agreed strategies, objectives and criteria for set-up and closure of interventions from the outset of the programme.	It is clear from the PCR documentation that the activities were set up in response to crises affecting the populations targeted and high undernutrition prevalence. However, there is no specific documented criteria or strategy for closure.
Maximise access to coverage of MAM interventions through community engagement and involvement from the beginning.	This has clearly been done through the active screening and beneficiary registration modality, as well as through training of CHNs and support to VSGs in the community.
Establish admission and discharge protocols, based on nationally and internationally accepted anthropometric criteria. Investigate and act on causes of default and non-response, or an increase in deaths.	Admission and discharge protocols have been established and align with nationally and internationally accepted anthropometric criteria as stated in The Gambia IMAM protocol. However, the causes of default and non-response merit further investigation and understanding.
Link the management of MAM to the management of SAM and to existing health services.	This has been done in the areas under WFP's programming: CHNs are active in the TSF programme and services are provided from health facilities as well as in the community. SAM treatment is also available through the health system and screening for SAM and MAM has been conducted jointly.
Provide take-home dry or suitable RUSF rations unless there is a clear rationale for on-site feeding. Provide rations on a weekly or every two weeks basis. Consider household composition and size, household food security, and the likelihood of sharing when setting the size and composition of the ration. Provide clear information on how to hygienically prepare and store supplementary food, and how and when to consume it.	Dry or RUSF rations have been provided throughout the programme on a monthly basis, therefore not as regularly as the action proscribes. The size of the ration has allowed a margin for sharing in anticipation of the targeted child not receiving the complete ration. SBCC has accompanied ration distribution, with CHNs trained on hygienic preparation, storage and appropriate consumption and imparting that information to beneficiaries, according to stakeholder and beneficiary discussions.
Emphasise protecting, supporting and promoting breastfeeding, complementary feeding and hygiene.	The SBCC approach has covered these topics, with breastfeeding being the best understood according to beneficiary feedback during the evaluation

Green denotes indicator met or exceeded; yellow, almost met; orange, indicator not met

151. **WFP's gender and equity** commitments have largely been discussed under question 1.6 where it was established that the nutrition activities have largely met the objectives of gender and protection and equal participation of girls and boys in TSF and BSF. Food assistance has been adapted to different nutritional needs, targeting young children, PLW/Gs and PLHIVs who have well established enhanced nutritional needs. However, as stated earlier, SBCC has not been adequately adapted to the different needs and capacities of men and women with no differentiation in materials or approach to engage men. While WFP's outcome indicators suggest targets have been met to increase women's decision-making in households, communities and societies, this indicator remains difficult to understand and it is unclear whether the positive progress documented accurately reflects the perceptions of stakeholders interviewed or beneficiaries themselves.

152. **Accountability to affected populations**. Under WFP's Strategy for Accountability to Affected Populations, 2016-2021, WFP focuses on three key areas:

- Information provision: WFP must provide accurate, timely and accessible information to affected people about its assistance. Information provided has to be clearly understandable by everyone, irrespective of their age, gender or other characteristics. The programme has been going on for a number of years and discussions with beneficiaries revealed that they are familiar with the programme and its modalities. Information material and banners were also visible in some sites visited. However, WFP's monitoring indicator for BSF, Proportion of assisted people informed about the programme, was almost met in 2017 and 2019 but not achieved in 2018. One significant issue that arose during site visits was a challenge around information on food deliveries and use of appropriate trucking companies. There were complaints at almost all sites visited about transporters arriving in the middle of the night and refusing to move food to the final DP but offloading it at a location convenient to them before turning back. Communities were then called to collect the food supplies using their own means, sometimes finding a proportion of food was missing. The GRCS report on BSF for 2019 refers to similar challenges with deliveries/transporters and proposed more monitoring of transportation to ensure that all DPs receive the correct amount of food stock, at the right time and place, while the MOH TSF and SBCC Trainings Report 2019 found the same issue of transporters offloading the supplies to distribution centres without informing the CHN/VSG.

153. Consultation: WFP must seek the views of all segments of the affected population and invite feedback throughout each stage of the project cycle. The 2017 SPR reported that in November on-site distribution process and facility monitoring was conducted, with the inclusion of protection and accountability related questionnaires. These sought to compile information on distribution timeliness, distance and DP management. Despite operational successes, issues reported included travel distance, overwhelming internal stock movements due to delivery errors, long waiting hours, the late closure of distributions and inadequacies in distribution schedule information transmission to mothers and caregivers. The report goes on to state that debriefing meetings on these monitoring findings led to the provision of immediate remedial measures and by December, WFP had made significant progress towards overcoming these issues. This reflects WFP's interest in the views and feedback from the affected population and WFP has continued to undertake monitoring visits and specific exercises to collect beneficiary feedback, such as the recent 2020 Mission Report on School Feeding. The new sub-office being established in Basse in 2020 is one such initiative to move the WFP team closer to the partners and communities to be able to obtain regular feedback and take swift action over issues as they arise.

- Complaints and feedback mechanisms (CFMs): WFP must provide means for affected people to voice complaints and provide feedback on areas relevant to operations in a safe and dignified manner. A formal CFM system must include established procedures for recording, referring, acting and providing feedback to the complainant. WFP has been slow to establish CFMs. The 2017 SPR notes that committees were used as one of the channels to collect and respond to feedback and complaints; then further noting that there were no reported safety or security complaints from beneficiaries or cooperating partners. During field visits and stakeholder discussion, the ET established that ostensibly beneficiaries can speak directly to WFP staff at the large events such as BSF or annual active screening, but there is no simple, accessible mechanism for them to get in touch directly at other times. WFP's ACR 2019 mentions that WFP is developing a beneficiary feedback mechanism, but in the meantime discussion with stakeholders suggests that the current system relies largely on community committees and partner channels for beneficiary feedback, with the result that it is not easy for beneficiaries to register any complaints or suggestions directly with WFP personnel. For partners themselves, the WhatsApp groups used by CHNs and RHDs to communicate between themselves and with their WFP colleagues provides a direct and efficient way to quickly communicate issues or feedback.

154. In summary, the relevant Sphere standards for management of MAM were largely met. The gender and equity standards were partially met, while accountability to affected populations has not been adequately achieved.

2.2.7 Question 2.7: Did a specific modality of intervention achieve greater outcomes than another, including with regard to partnership arrangements?

155. Three of the activities under evaluation - the COHA, the FBF activity and the SBN support - are not yet at the stage where the outcomes can be fully assessed, although all are deemed by stakeholders to be relevant and potentially impactful activities. However, at this stage they cannot be included in a comparison of outcomes, other than to say that all three are partnership-critical activities and to date have demonstrated the strength and value of establishing strong partnerships of complementary organizations to work together for results.

156. WFP's M&E framework has collected limited data on outcomes, largely restricted to performance outcomes of TSF and the more longer-term indicators of GAM prevalence and MAD, which are difficult to attribute to individual activities. This lack of outcome data means that this question has not proved possible to answer objectively. It is also of note, that the nutrition activities are highly inter-connected and contribute collectively to the CSP objectives as stated in the TOC (Annex 3), so it is difficult to weigh the contribution of one modality against another. For example, SBCC activities are implemented in conjunction with BSF and TSF, while active screening was primarily implemented as a method to identify children for TSF.

157. In terms of partnership arrangements, the package of nutrition activities was implemented under the EU PCR programme throughout the period of 2017-2019, therefore it is difficult to compare to other modalities, noting that the funding situation in 2016 resulted in extremely limited activity. However, stakeholder discussions provided positive information on the high quality to date and necessity of continuation of a well-coordinated approach between WFP and its government and UN partners, UNICEF, FAO and UNAIDS. The partnership with GRCS has also been critical in delivery of nutrition activities and in acting as responsive partners to humanitarian response more generally.

158. It is clear that working in partnership with a range of UN and other partners, closely aligned with government is the prime modality in which WFP has worked to date and is the one that has the greatest potential to achieve significant outcomes.

Key findings and conclusions – Evaluation criterion 2: Effectiveness

- Minimal outputs were achieved in 2016 and 2017, with activities only starting to be fully implemented in the final months of 2017. In 2018 and 2019, activities met or exceeded attainment of outputs.
- Most outcome indicators pertain only to TSF, so it is difficult to fully evaluate the effectiveness of the other activities. MAM treatment recovery rate target has been met overall, with girls having higher recovery rates in 2018 and 2019; the recovery rate was narrowly missed for boys in 2019
- GAM rates have reduced over the past 6-7 years, nearly reaching programme targets.
- An important factor in achievement of reductions in GAM rates is likely to be the synergistic approach of various programmatic elements targeting the same communities
- Operational challenges arose in the implementation of TSF, BSF and SBCC. WFP effectively trained implementing partners on activity implementation. However, WFP does not have a clear capacity strengthening strategy for nutrition. Its activity-focused and responsive approach has been effective in addressing gaps as they arise, however a comprehensive mapping of capacity gaps and predictable requirements to define a strategic approach has been absent to date.
- The absence of a gender analysis and deep understanding of power relations between women and men, their roles and cultural barriers and enablers to change at the community and household level has meant that men have been 'tagged on' and opportunistically engaged in

SBCC rather than separately and purposively targeted, potentially reducing the effectiveness of the SBCC approach

- WFP has worked hand-in-hand with government ministries and national bodies, as well as UN and other partners in all its nutrition activities. Coordination on nutrition has undoubtedly contributed to improvements in the nutritional status of the affected population.
- The school meal is playing a role in improving the nutritional status of children. The provision of a daily menu comprised of a diversity of nine locally sourced food items is a significant achievement. There remains scope to improve the nutrition education component and the effectiveness of school gardens.
- Sphere standards for management of MAM were largely met in the TSF activity. The gender and equity standards were partially met, while accountability to affected populations has not been adequately achieved.
- It was not possible to state that one specific modality achieved greater outcomes than another, however working in partnership with UN and other partners, closely aligned with government is the prime modality in which WFP has worked and is the one that has the greatest potential to achieve significant outcomes.

2.3 Evaluation Criterion 3: Efficiency

2.3.1 Question 3.1: To what extent were the nutrition activities cost-efficient?

159. As the evaluation could not review the comprehensive costs of all nutrition activities this question could not be answered conclusively. The financial table presented in Section 2.1 shows that WFP's activities within the PCR programme cost USD 5,618,489 between 2017 and 2019. Given that the total number of children, PLW/Gs and PLHIV in BSFP and TSFP in 2017-2019 was 119,115., the estimated cost per beneficiary was USD$47.17 (using the total expenditure figure). This combines actions to prevent as well as to treat MAM (BSF and TSF), as the financial data is not available for the separate programmes.

160. There is no standard or benchmark for cost-efficiency of MAM prevention and treatment so it not possible to compare the cost per beneficiary to a benchmark. A recent report[86] notes that context is a critical determinant of the cost of management of acute malnutrition, including issues such as caseloads (higher caseloads enable greater efficiency, when measured as number of children/women admitted for treatment), local costs, partners etc.

161. For TSF, WFP has worked directly with the MOH and VSGs, such that staffing costs have been absorbed by the government, which is no doubt a more cost-efficient model with greater feasibility for future sustainability. However, WFP has paid incentives to staff to support transport costs and this model requires significant investments in capacity strengthening. This increases the cost of the programme.

162. The SBCC cascade system whereby WFP trained CHNs who then trained VSGs is also a cost-efficient approach as it avoids bringing large numbers of people to central training locations, while enabling wide reach. However, there has been no assessment of the effectiveness of the rollout of training and there is currently no opportunity to do so now that activities are complete.

163. For BSF, working closely with NDMA has meant government absorbing some staffing costs for distributions, while WFP has also worked through an FLA, contracting GRCS. With the data available, it is not possible to separate costs of BSF from those of TSF, but the differences in approach – with BSF exhibiting increased efficiency through large distributions conducted only in the lean season and TSF involving monthly, smaller distributions - may have shown different efficiencies.

164. The FBF activity has been implemented with a private sector partner, thereby sharing costs and risk. However, the outcomes have yet to be realised.

---

[86] Action Against Hunger and Save the Children in support of No Wasted Lives. The Cost-efficiency and Cost-effectiveness of the Management of Wasting in Children: A review of the evidence, approaches and lessons. https://resources.acutemalnutrition.org/CEA-ReportVFLR.pdf

165. The PCR modus operandi ensured that integrated and joint activities between WFP and UNICEF in particular, but also FAO, resulted in cost-efficiencies. Joint supervision and monitoring activities saved costs according to the PCR evaluation.

2.3.2 Question 3.2: To what extent were the nutrition activities implemented in a timely manner?

166. The evaluation found that some of the nutrition activities were implemented late, while others were implemented in a timelier manner. In both 2016 and 2017, BSF was implemented late, missing the hunger gap of July/August, only taking place towards the end of the lean period from October in 2017. TSF also only started in October 2017. However, stakeholders concurred that despite the delays, the support was still relevant and helpful to communities who struggle to meet nutritional needs at all times of the year and children still benefitted from the supplementary food.

167. In 2018 and 2019, activities were implemented in a much more timely and consistent manner, barring a pipeline break between June and August 2019 due to supply issues and a CHN strike. However, an MOH report[87] notes that July to September is not an appropriate time in the seasonal calendar to implement the SBCC activity as the beneficiaries are usually busy with farming activities. Moving forward, it will be necessary to strategize with beneficiaries and caregivers about the most suitable time to implement these activities.

168. Stakeholders met by the ET noted that planning and implementation of BSF is often characterised by delay with the distribution of the tablets, late arrival of food and other logistics on the first day but thereafter goes ahead on time. Delays in starting however, mean finishing late or sometimes finishing the following day, which may imply protection issues if staff are kept late in communities.

169. Training of implementing partners was generally implemented in a timely way in response to identified needs, such as prior to a distribution round for BSF or when partners noted a significant number of new staff were on board who required training.

170. PLHIV support through ART centres appears to have been organised at a late stage with centre managers contacted and informed with very short notice. Food then arrived with short expiry dates requiring immediate distribution. This caused quite some challenges in terms of timetables, staff rotas and scheduling of patient appointments, some of whom needed to be called in earlier than scheduled to collect the food. However, stakeholders firmly welcomed the food support to ART patients.

171. The active screening exercise was conducted annually at the same time each year – May/June - without any significant issues of timeliness.

172. For school meals, issues of cash coming late to schools meant terms of trade had changed and often schools could then purchase less food than expected for the funds transferred. Optimal timing would be to release funds to coincide with the harvest when food is cheaper. Delays also meant that there was frequently no school meal for several days at the start of term unless communities contributed.

173. The FBF activity was delayed in 2019, partly attributed to being 'overambitious' in its intention to reach completion before the end of 2019, noting the series of activities that were required to move it forward, including scoping, selecting a private sector partner, training and identifying machinery and supplies. This activity has since been affected by further delays due to the COVID pandemic and closure of borders at a moment when progress was hinging on the arrival of a specialist trainer.

174. WFP's work to convene the SBN and its support of the COHA were both timely activities that assisted NaNA, NDMA and others to drive forward the nutrition agenda at a time when the new NNP was being finalised and launched and when the SUN Movement in the Gambia was gaining momentum towards greater political traction for nutrition.

---

[87] MOH TSF and SBCC Trainings Report 2019.

2.3.3 Question 3.3: To what extent were the nutrition activities implemented in the most efficient way compared to alternatives?

175. In 2018, WFP transitioned from paper-based screening and distribution forms to digital forms for BSF, thereby improving the quality of data and timeliness of analysis and reporting. While the availability of internet in remote parts of the country deterred timely receipt of data in some areas, the use of electronic reporting by cooperating partners was reported by all stakeholders to have enhanced ease and timeliness of reporting and implementation of programmes.

176. There were some issues raised by stakeholders of inadequate numbers of tablets provided, and a desire to have more consistent access to tablets for electronic reporting within the MOH. Where these are not provided, a mixture or electronic and paper-based reporting is less than ideal and leads to later transfer of data. At the time of the ET visits, there was minimal reporting or any data occurring, and the paper-based trail was hampered by lack of reporting forms and beneficiary registers.

177. The WhatsApp groups for regular/'real-time' communication between RHTs, CHNs and WFP was another technological innovation in the nutrition activities that proved positive in facilitating the fast transfer of information and timely rectification of implementation challenges (credit and network coverage permitting).

178. The active screening and registration activity, though effective in identifying and enrolling children with MAM into the TSF programme, ran parallel to the nutrition surveillance carried out by NaNA twice yearly in the dry season (February/March) and the lean season (August/September) in which approximately 60,000 children aged 6-59 months are screened. Although a limitation of the latter is that it only covers PHC communities, efficiencies could have been achieved by WFP (and UNICEF) through supporting the NaNA activity, rather than setting up a parallel activity, and strengthening its reach to the non-PHC communities with a view to future sustainability. A government roadmap to expand PHCs to all non-PHC communities is in draft form and yet to be adopted, but in the context of this, NaNA's surveillance may well shift to a national initiative in the near future.

179. There is also a question around the regularity of the identification and enrolment of MAM children into the TSF if it is dependent largely on an annual screening and neglected at other times of the year. This was mentioned by stakeholders and picked up in the PCR evaluation which noted proportionally lower numbers of children being treated for MAM than SAM against expectations. Increased efficiency might have been achieved through WFP and UNICEF conducting joint SAM and MAM training so that CHNs, other health staff and VSGs better understand the continuum of care and are trained to identify both forms of acute malnutrition routinely. In terms of sustainability, the streamlining of MAM with SAM identification and treatment at health facility level and community level would offer potential for longevity of the approach after the closure of the PCR programme and reduction of funding for independent mass screening activities. It would also facilitate efficiency in treatment of MAM and SAM and seamless referral from one activity to the other.

180. The use of MUAC in the active screening activity was an efficient approach for mass screening in the community. It also aligns well with the increasing rollout of the Family MUAC approach, whereby mothers/caregivers are being trained to monitor the MUAC of their children. One missed opportunity in the screening approach was the screening of infants aged 0-6 months. If this age group were included, it would offer the potential to identify lactating mothers who are struggling and in need of TSF or counselling support to support the nutrition of their infants and potentially themselves. There are currently no internationally approved MUAC cut-offs for the 0-6 months age group, but data from the screening might also inform operational research and future global or national guidance.

181. The ET discovered that several sites visited were out of supplies for TSF and therefore not actively implementing the activity at the time of the visit, although internal stock transfers were being arranged. The 'push' system of supply management means that supplies are sent out to sites without investigating current stock or calculating anticipated numbers. This has resulted in many sites lacking supplies while others have too many and there is a struggle to move supplies around, particularly now that fuel

incentives and transport support for the programme has declined in 2020. The establishment of a more efficient system based on forecast needs according to existing stocks and programme beneficiary numbers would greatly improve stock management and reduce time wasted by CHNs trying to organise supplies to be moved from one location to another. This challenge of internal stock movement was also raised in the MOH 2019 report.

182. Apart from the challenges raised on timeliness, the large BSF exercises were reported to be run in an efficient manner with a strong presence of WFP and partner staff (GRCS, NDMA) and they included training beforehand and debriefing afterwards.

183. Issues concerning the various programmatic approaches to SBCC in The Gambia through several health programmes and through FFS and MOA extension workers have already been discussed. However, the ET considers there is potential to review the array of packages and approaches and examine areas for improved efficiency and synergy through joint approaches.

184. As discussed under question 2.5, school gardens on the whole were not operating efficiently or effectively according to stakeholder discussions and available reports and have not met objectives of providing food for school meals or nutrition educational benefits for schoolchildren. There could be opportunities to examine the potential for closer alignment and joined up efforts with community gardens which are receiving considerable technical support from the agriculture sector in some locations.

Key findings and conclusions – Evaluation criterion 3: Efficiency

- With the limited information available, a firm conclusion could not be reached on overall cost efficiency of the nutrition activities. However, the PCR programme in particular, exhibited several aspects of cost-efficiency.
- In both 2016 and 2017, BSF was implemented late, missing the hunger gap of July/August. TSF only started in October 2017. Activities were largely delivered in a timely manner after that, with one significant pipeline break in 2019.
- Technological advances improved programme efficiencies.
- There were notably some areas in which improved synergy between programmes and joined up planning and/or implementation with others would likely have improved efficiency of the nutrition activities, particularly for SBCC, active screening for identification of MAM and school gardens
- Improvements in supply chain management systems would have improved activity efficiency, particularly for TSF.

2.4 Evaluation Criterion 4: Sustainability

2.4.1 Question 4.1: To what extent did the Nutrition activities' implementation arrangements include considerations for sustainability, such as capacity strengthening of national and local government institutions, communities, and other partners?

185. WFP defines one of its nutrition activities as capacity strengthening, focused largely on training implementing partners, community volunteers and national and subnational government counterparts on programme implementation and nutrition information for effective ration consumption as well as for improving dietary diversity more generally. As demonstrated in Section 2, the numbers of people trained by WFP in distribution modalities and malnutrition concepts in 2018 and 2019 is impressive and WFP has achieved a wide reach. Stakeholders at the subnational level reported attending training events and were knowledgeable about the implementation modalities for TSF and BSF and the information to be passed to beneficiaries.

186. WFP's methodology has focused on training GRCS, NDMA and MOH staff (CHNs) to implement the nutrition activities on the principle of a cascade system whereby CHNs then go on to train VSGs to

deliver SBCC and support TSF and BSF in their communities. According to recipients of implementing partners for BSF, training was provided in a timely manner immediately in advance of distributions, so that those trained could put into practice what they had learned straightaway. After each distribution, a debriefing session was held during which the team discussed what had gone well and where there were challenges. This represents very good practice in learning and capacity building.

187. Working through VSGs is a good approach towards sustainable outcomes, whereby skills and knowledge remain in the community after the programme has finished. However, in the context of The Gambia, the training by CHNs of VSGs represents another task on a busy workload. VSG representatives met by the ET reported receiving training four years ago and some, even longer. In light of these findings on irregularity of training of the VSGs, the ET has some concern about how much new information the VSGs learned through the nutrition activities.

188. Each VSG is comprised of eight members, half of whom are expected to be women. With just eight people in a community having the SBCC knowledge to impart to the whole community, the question arises as to whether enough people are trained to do this work effectively and achieve long-term impact. The literature on SBCC concurs that the most effective SBCC is conducted in small groups (ideally one-to-one), is provided frequently and regularly (a high number of contacts with each beneficiary is critical) and it can be most effective when provided in conjunction with some form of material assistance which aids the household to act on new learning. During community visits, several mothers reported minimal contact with the VSG or CHN and it was clear that the reach of SBCC was limited.

189. As the field visits were conducted at a time when the major nutrition activity funding has declined, the ET had an opportunity to discuss with stakeholders their current situation following the reduction of fuel allowances and other support that WFP had been offering to the CHNs and RHDs during 2018 and 2019. It was clear that robust systems for managing the activities had not been established during the project lifetime and RHD staff lacked workplans and were not fully confident in managing the system. This was illustrated by the lack of registers and reporting forms in all sites visited, such that it was unclear to the ET how monitoring information could be collected at all; the challenge of local stock mobility whereby at almost all sites visited, the stock of TSF supplies had run out, yet there were stocks available at another site but no transportation available to move it. The latter suggests poor planning skills and the lack of a system to forecast supply needs and order necessary quantities. Stakeholders at national level were also aware of this challenge in the use of a 'push' system for supplies, rather than a 'pull' system for more effective stock management. In addition, in more than half the sites visited, storage facilities for TSF food were in poor condition and inadequate. It was clear that stock management skills were lacking. These findings, several of which were also highlighted in the PRRO evaluation of 2016, all point to a missed opportunity by WFP to strengthen systems capacity within the MOH and to train sub-national staff in workload management and processes, with the result that as WFP pulls back, day-to-day management of the TSF activities deteriorates rapidly and stock-outs at some facilities mean malnourished children cannot receive the supplies they need.

190. The PCR evaluation notes that nutrition screening rounds under the programme were relief-oriented and not aimed at sustainability. However, the experience and learning should not be lost and has the potential to feed into ongoing interventions such as the NaNA nutrition surveillance and/or ongoing SAM screening at health facilities, plus the Family MUAC approach.

191. In conclusion, the implementation-related capacity strengthening activities have been focused on ensuring partners can deliver WFP's nutrition activities well and according to protocols. They have not taken a broader perspective of conducting a capacity gap analysis/needs assessment to enable development of a strategic approach to capacity building with a systems-strengthening vision. The latter has greater potential to leave behind sustainable outcomes.

192. WFP's capacity strengthening activities at national level have much more potential for sustainable benefits. At national level, the rice fortification workshop in 2019 was very well received and led to agreement with the government to pilot rice fortification within the school feeding programme. Support

to the COHA and SBN have already helped raise nutrition up the political agenda and it is anticipated that ongoing efforts can reap further longer-term dividends.

193. There is no overall strategy for WFP's capacity strengthening efforts for nutrition which clearly identifies and articulates goals and objectives. Such a document could assist in linking together the national level support with the implementation level capacity activities and consolidate the aims in such a way that the two could work together. For example, capacity strengthening and support to the policy framework at the national level for IMAM could support improved integration of the TSF activity and its longer-term sustainability. With the National SBCC Strategy expiring in 2020, WFP could support development of a subsequent version, using its experience and positioning its activities.

194. Stakeholder discussions emphasised that donors are moving away from fragmented programmatic approaches to focus more intensely on sectoral policies with a consequent emphasis on supported activities fitting clearly within The Gambia policy framework. A system strengthening focus for nutrition will be critical in implementation of sustainable activities moving forwards.

2.4.2 Question 4.2: To what extent is it likely that the benefits of the nutrition activities will continue after WFP's work ceases?

195. The BSF and active screening and registration activities have not continued in 2020, while the remaining seven nutrition activities are ongoing. The GAM rates at national level and in all of WFP's targeted regions have seen impressive improvement over the past 6-7 years, illustrating a positive downward trajectory to which WFP activities have very likely contributed. It is likely that some benefit will continue to be derived from WFP's activities after they finish. However, the impact of COVID-19 has changed the outlook on this question considerably. According to modelled projections, the impact of the COVID-19 pandemic could see a doubling of the burden of GAM in The Gambia between the first and fourth quarter of 2020 if no action is taken to prevent and treat malnutrition.[88] The report recommends an emergency response plan targeting both rural and urban vulnerable populations, specifically including vulnerable PLWs and targeting children under five with nutritious foods to prevent acute and chronic malnutrition. The Gambia COVID-19 Rapid Assessment Report, April 5, 2020[89] recommends that nutrition interventions for the treatment of moderate and severe acute malnutrition should continue to avoid a sudden decline in the nutritional status of children.

196. The WFP mobile Vulnerability Assessment and Mapping (mVAM) Food Security and Market Bulletin August 2020 found that roughly 93 percent of respondents have had their household income reduced as a result of COVID-19,[90] while 67 percent reported increased expenditures.[91] It was also noted that urban areas are showing higher food security vulnerability than rural areas such that in the event of food shortage, those in the urban settings who practise minimal or nor farming at all will be hardest hit by food prices/shortages. Even in the absence of COVID-19 it was clear from reports and stakeholder discussions that a proportion of families with young children and PLW/Gs will continue to need support in the lean season for some years to come. The 2019/2020 pre-harvest assessment[92] revealed that the regions of Kuntaur, Janjanbureh and Kerewan have the highest prevalence of households (15%, 14% and 9% respectively) experiencing severe food insecurity. Until the structural underlying issues limiting household food security and resilience are addressed, nutrition response activities are likely to continue to be needed for a percentage of the population.

---

[88] Government of the Gambia Ministry of Agriculture. April 2020. Rapid Assessment Report on the effects of the COVID-19 Outbreak on Agriculture, Livelihoods and Food Security in The Gambia

[89] Government of The Gambia, WHO, United Nations The Gambia

[90] Caused by low production due to social isolation, loss of jobs, closure of markets including *lumo* (weekly open markets), drop in sales, loss of remittances both home and abroad, loss of perishable crops and reduction of passengers on public transport

[91] Panic buying, hoarding of commodities by shopkeepers, closure of schools resulting in the increase of food expenditure costs, high costs of transportation resulting from the restriction of passengers on public transport

[92] The Republic of The Gambia. Joint Gambia Government/AATG/AAH/FAO/CILSS and WFP Preharvest Assessment. 2019/2020 Cropping Season.

197. Significant cultural and structural barriers remain to women's empowerment in remote areas and these adversely affect nutritional status of women and children, as described earlier. However, the benefits of SBCC and of WFP's capacity development efforts at the national level, including approaches such as the FBF activity and strengthening learning in food fortification, bringing the private sector together around the SBN and the anticipated impact of the COHA in encouraging further prioritisation and resource mobilisation for nutrition have a significant likelihood of generating longer-term benefits beyond the timeframe of active WFP support.

Key findings and conclusions – Evaluation criterion 4: Sustainability

- The implementation-related capacity strengthening activities have been carried out largely in consideration of ensuring partners can implement WFP's nutrition activities well and according to protocols. They have not taken a broader perspective of approaching capacity development strategically with a systems-strengthening vision. The latter has greater potential to leave behind sustainable improvements.
- There is no overall strategy for WFP's capacity strengthening efforts for nutrition which articulates goals and objectives, linking together the national level support with the implementation level capacity activities.
- The GAM rates at national level and in all of WFP's targeted regions have seen a positive downward trajectory over the past 6-7 years, to which WFP activities have very likely contributed.
- However, the impact of COVID-19 has changed the outlook on the long-term benefits of the nutrition activities considerably. According to modelled projections, it could result in a doubling of the burden of GAM in The Gambia by the end of 2020 if no action is taken to prevent and treat malnutrition
- Significant cultural and structural barriers remain to women's empowerment in remote areas and these continue to adversely affect nutritional status of women and children
- WFP's capacity development efforts at the national level, including the FBF activity and strengthening learning in food fortification, bringing the private sector together around the SBN and the anticipated impact of the COHA in encouraging further prioritisation and resource mobilisation for nutrition have a significant likelihood of generating longer-term benefits beyond the timeframe of active WFP support.

3 Conclusions and Recommendations

198. This section provides an overall assessment of the nutrition activities by evaluation criteria. This is followed by ten recommendations of how the CO can take action to build on the lessons learned.

Relevance

199. WFP is a strong and pivotal partner in nutrition in The Gambia and has proved itself to be a flexible collaborator with both government and UN partners. The nutrition activities were highly relevant to the Gambian national context and in line with the needs of the most vulnerable groups, focusing on areas of the country with high undernutrition rates and providing support to the priority groups of young children and PLW/Gs (as well as briefly to PLHIVs). Activities also paid particular attention to lean season support with responses to address low dietary diversity and poor infant and young child feeding practices, identified as key determinants of undernutrition in The Gambia. National-level activities in support of food fortification were also considered highly relevant and an area in which WFP has brought expertise to the country.

200. WFP's contributions at the policy and strategy level have complemented its field activities, seeking to ensure sustainable improvements to nutrition status of the population in the long-term and effectively supporting the national policy agenda for nutrition.

201. The only area where WFP has not yet explicitly engaged in supporting The Gambia policy framework is in the area of addressing overweight/obesity. There are opportunities for the nutrition activities to be better tailored to consider the double-burden of malnutrition, especially in school nutrition approaches. In the changing context, WFP also needs to consider whether and how it can respond to emerging nutrition challenges in urban environments, linked to urban poverty.

202. Overall, activities have all been well aligned and largely implemented in partnership with the government and other development actors. However, there is scope to further examine opportunities for improved synergies and economy of effort with other initiatives, especially in SBCC and screening for acute malnutrition.

203. One critical shortcoming is the absence of a gender analysis to inform the design of the nutrition activities. A strong focus on women as targets for SBCC and engagement in activities has led to the importance of men's roles being overlooked in advancing women's empowerment and gender sensitive programming. Improved understanding and attention to gender dynamics could considerably advance the relevance of WFP's activities in The Gambia.

Effectiveness

204. Most outcome indicators pertain only to TSF, so it is difficult to fully evaluate the effectiveness of the other activities. Gender is also particularly poorly considered. This is a shortcoming of the M&E system, as well as being representative of a lack of rigour in reporting. It points to a need to review the indicators collected for nutrition activities and enhance timely reporting.

205. The MAM treatment recovery rate target has been met overall, which suggests the TSF is effective. However, increases in non-responders and failure to identify defaulters in 2018 and 2019 is a shortcoming of activity monitoring that has implications for performance management. Effectiveness of case-finding, while achieved during annual screening events, could be improved at other times of the year through closer alignment with activities for management of SAM under the IMAM protocol.

206. The capacity strengthening activities were effective in training implementing partners on short-term activity implementation. However, the activity-focused and responsive approach, combined with the absence of a capacity strengthening strategy for nutrition has meant that opportunities were missed to improve effective delivery of the programme and strengthen the MOH system in the longer-term.

207. Sphere standards for management of MAM were largely met in the TSF activity. WFP's gender and equity commitments were partially met, while accountability to affected populations has not been

adequately achieved. In particular, the absence of a gender analysis to understand power relations between women and men, their roles and cultural barriers and enablers to change at the community and household level has meant that men have been inadequately targeted and included in activities. WFP has been very slow to establish a CFM and beneficiaries have had no independent mechanism to provide feedback or report issues to WFP.

208. GAM rates have reduced over the period under evaluation and now sit marginally above programme targets. This is a considerable achievement, to which the synergistic approach of the various WFP nutrition activities, alongside the programmes of other organizations targeting the same communities have no doubt contributed. Effective coordination and partnerships on nutrition have been important contributors to these improvements.

Efficiency

209. With the limited data available, the ET was not able to make a conclusive assessment of whether the nutrition activities were cost-efficient.

210. In both 2016 and 2017, BSF was implemented late, missing the hunger gap of July/August and TSF was also delayed, only starting in October 2017 as well. Activities were largely delivered in a timely manner after that, with one significant pipeline break in 2019.

211. Technological approaches, implemented for M&E and reporting, improved programme efficiencies. However, greater attention to supporting work planning, activity management and reporting approaches by implementing partner staff on the ground could have eased workloads and improved efficiency of operation. Some significant shortfalls in supply chain management systems further reduced programme efficiency, particularly for TSF.

212. There were notably areas in which improved synergy between programmes and joined up planning and/or implementation with others would likely have improved efficiency of the nutrition activities, particularly for SBCC, active screening for identification of MAM and school gardens.

Sustainability

213. The capacity strengthening activities have been carried out largely in consideration of ensuring partners can implement WFP's nutrition activities well and according to protocols. An opportunity was missed to approach capacity development strategically with a systems' strengthening vision. The latter has greater potential to leave behind sustainable outcomes.

214. Significant cultural and structural barriers remain to women's empowerment in remote areas and these continue to adversely affect the nutritional status of women and children. A thorough understanding and approach to address these issues has not been prominent in WFP's nutrition activities to date, thereby limiting their ability to address critical underlying and structural determinants of malnutrition for sustainable outcomes.

215. WFP's capacity strengthening activities at national level have much more potential for sustainable benefits as they have been implemented with a longer-term vision: the rice fortification technical support and facilitation; the FBF activity; and support to the COHA and SBN have potential to reap further longer-term dividends beyond the timeframe of active WFP support.

216. The national level activities were not explicitly defined by the CO under 'capacity strengthening' and as such they have been more responsive than strategically planned. An overall strategy for WFP's capacity strengthening efforts for nutrition would be an option to identify and articulate goals and objectives and link together the national level support with the implementation level capacity strengthening activities.

217. GAM rates have shown a positive downward trajectory at national level and in all of WFP's targeted regions. However, the impact of COVID-19 has changed the outlook on the long-term benefits of the nutrition activities and in the current situation, efforts to prevent and treat malnutrition continue to be needed.

3.1 Lessons Learned and Good Practices

218. A lesson learned that may be helpful for other WFP nutrition programmes, is that an in-depth gender analysis should be conducted at the start of a programme, particularly in a context where there is a paucity of recent literature around gender dynamics and nutrition to draw on for designing and informing activity implementation.

219. A further lesson is that enhanced gains in sustainability might be achieved if WFP approaches capacity strengthening more holistically through a strategic approach that considers system strengthening, rather than maintaining a narrow focus on short-term activity implementation.

220. Maintaining strong, collaborative and genuine partnerships with government and development partners has been key to WFP's success and strong reputation in nutrition in The Gambia.

221. At present, it appears that WFP's role in the process of planning, implementing and publishing the COHA and mapping out an advocacy approach could be highlighted as a good practice, offering learning for other countries on how to engage across government ministries and sectors and ensure collaboration and successful advocacy, pending the final outcomes of the activity.

222. The FBF activity also has potential to be highlighted as a good practice and will no doubt provide lessons learned on the process of engaging the government and the private sector in the development and marketing of a fortified blended food.

223. Both of these activities have been collaborative, with WFP highly praised for their leadership in coordination, engagement of external expertise from the WFP RB and beyond and exposing the government and participants to experience from beyond The Gambia.

3.2 Recommendations

224. Based on the findings and conclusions of this evaluation, the recommendations of the ET are outlined below. Overall strategic recommendations are presented first, followed by activity-specific recommendations. In all activities, WFP should ensure partnership and coordination with the Government, other UN agencies and partners in nutrition is assured and strengthened.

<u>Overall strategic recommendations</u>

225. *Recommendation 1:* WFP CO should conduct a gender analysis study examining power dynamics between men and women in The Gambia, with a focus on nutrition and understanding household and community practices and norms that hinder achievement of nutrition outcomes. This could be undertaken in partnership with other UN agencies and/or with the Ministry of Women, Children and Social Welfare. It should be completed as soon as possible to enable findings to inform the next CSP.

226. *Recommendation 2:* WFP nutrition team should develop a strategic approach to nutrition capacity strengthening in collaboration with the MOH and NaNA, based on a capacity gaps analysis and with a clear plan and targets for which capacities to strengthen and how the achievements will be measured (short/medium term):

- Rather than short-term training for immediate food distribution activities, consider how better WFP can support systems strengthening within MOH/RHDs/VSGs and the development of transferrable skills such as work planning, stock control and management, alongside nutrition concepts and gender considerations for improved efficiency of nutrition activity implementation.
- Agree the capacity gaps at national level in policy/strategy and how WFP can support, then establish a workplan/approach to address capacity gaps.
- WFP should consider where and how national level capacity strengthening activities support delivery of nutrition activities in the communities and where the leverage points are at national level to facilitate improvements in effectiveness and sustainability of their implemented activities. For example, strengthening the IMAM strategy to include TSF/treatment of MAM within the government strategic approach; support to national nutrition surveillance and early warning systems to enable timely provision of nutrition emergency interventions in priority targeted

communities and to facilitate enhanced screening for MAM; continued support to the national food fortification agenda in line with promoting enhanced nutritional value of school meals.

227. *Recommendation 3:* WFP nutrition team should ensure the momentum of processes advanced by WFP's efforts at national level - the COHA, SBN and rice fortification - are not lost. Maintain a focus on advocacy and driving forward the next steps in 2020 and 2021, particularly in the current context of COVID-19 where there is a high risk of gains being reversed. This will entail close collaboration with the Government of The Gambia and private sector partners.

228. *Recommendation 4:* WFP nutrition team supported by the CO, should further develop strategies to increase resilience of vulnerable households in preparation for the lean season and emergencies through improving access to and consumption of diverse diets through:

- Continued support to SBCC with UNICEF, NaNA and MOH and collaboration with FFS approach, including cooking demonstrations
- Seeking opportunities to support other processing, preservation and fortification initiatives with the MOA/FTS and FAO to promote diversity of locally produced foods in the medium term
- Ensure the FBF initiative is driven to fruition with GHE and MOA/FTS in 2020/2021 and its outcomes are monitored
- Depending on the evolution of COVID-19 related effects in The Gambia, WFP may need to advocate for further BSF as emergency relief in the immediate term.

Programmatic recommendations:

229. *Recommendation 5:* WFP nutrition team should align TSF more closely with IMAM and programming for SAM management in the immediate/short-term. This should include:

- advocacy at the national level with UNICEF for a joined-up IMAM programme reflecting the continuum of care for acutely malnourished children
- enhanced routine active case-finding for both SAM and MAM through health facilities and community outreach (VSGs) and potentially the Family MUAC approach
- improve monthly performance monitoring, follow up of defaulters/non-responders and timely transfer between MAM and SAM treatment activities
- consider inclusion of vulnerable urban areas for TSF, complementing existing SAM activities

230. *Recommendation 6:* WFP logistics team should urgently address the issue of transporter accountability mechanisms for TSF and BSF through ensuring secure contracts, monitoring and tracking of handling of supplies and delivery to final DPs.

231. *Recommendation 7:* Using the experience and learning from the active screening activity, WFP nutrition team, with UNICEF, should support NaNA to strengthen the biannual nutrition surveillance and to expand it to non-PHC communities. Use that opportunity to identify and register MAM cases for support as well as to strengthen nutrition surveillance for monitoring emerging needs. (short/medium term)

232. *Recommendation 8:* In conjunction with NaNA. MOH and UNICEF (and others as applicable), WFP nutrition team should develop and enhance the SBCC approach for improved effectiveness and sustainability (short term/2021):

- Use the gender analysis (recommendation 1) to inform an assessment of gendered issues to address and develop a strategy to specifically target men, adapting messages, timing and location for a separate male focused SBCC activity
- Undertake an assessment to understand where VSGs' and CHNs' capacity and knowledge gaps are and tailor the SBCC strategy and training to address identified gaps
- critically examine the different SBCC packages in use by various organizations and the delivery mechanisms used, including the approach by agricultural extension workers, to explore areas for synergy and improved collaboration

- Design an informed approach that promotes synergies between community messaging, coordinating well with government, UN and implementing partners.

233. *Recommendation 9:* WFP nutrition and school feeding teams should work to improve the provision and quality of nutrition education in schools (short/medium term):

- Work with MOBSE and NaNA to improve the packages and delivery of nutrition education, enhancing the focus on healthy diets and good nutrition, considering issues that address both undernutrition and overweight/obesity
- Examine with MOBSE, MOA/FTS, FAO and communities whether and how the functionality and effectiveness of school gardens can be improved for nutrition education through closer collaboration and exploitation of synergies with the existing and future support to community gardens.

234. *Recommendation 10:* WFP nutrition and M&E teams should review the M&E plan and establish a system to more comprehensively and regularly monitor nutrition outcomes so that achievements can be assessed and monitored during activity implementation to allow programme adaptations and improve performance (short term). In particular:

- Consider selection of a more sensitive gender indicator that is responsive to show activity achievements and flag challenges
- Include an outcome indicator for SBCC that relates to changes in knowledge or practices
- Ensure TSF defaulter data is collected on a regular basis (gender-disaggregated) and initiates an appropriate response
- Include an appropriate indicator for accountability to beneficiaries

4 Bibliography

Action Against Hunger and Save the Children in support of No Wasted Lives 2020. The Cost-efficiency and Cost-effectiveness of the Management of Wasting in Children: A review of the evidence, approaches and lessons. September 2020. https://resources.acutemalnutrition.org/CEA-ReportVFLR.pdf

African Development Bank Group. 2011. The Gambia Country Gender Profile. October 2011.

African Union Commission, NEPAD Planning and Coordinating Agency, UN Economic Commission for Latin America and the Caribbean (ECLAC) and UN World Food Programme. The Cost of Hunger in Africa (COHA). Social and Economic Impact of Child Undernutrition in The Gambia. 2019.

Ambikapathi R, Passarelli S, Madzorera I, Canavan CR, Noor RA, Abdelmenan S, Tewahido D, Tadesse AW, Sibanda L, Sibanda S, Munthali B, Madzivhandila T, Berhane Y, Fawzi W, Gunaratna NS. Men's nutrition knowledge is important for women's and children's nutrition in Ethiopia. Matern Child Nutr. 2020 Aug 4:e13062. doi: 10.1111/mcn.13062. Epub ahead of print. PMID: 32755057

CAPA. Final Evaluation of "Post-Crisis Response to Food and Nutrition Insecurity in The Gambia" Programme No. FED/2016/376-701. Report – December 2019
de Onis M, Borghi E, Arimond M, Webb P, Croft T, Saha K, De-Regil LM, Thuita F, Heidkamp R, Krasevec J, Hayashi C, Flores-Ayala R. Prevalence thresholds for wasting, overweight and stunting in children under 5 years. Public Health Nutr. 2019 Jan;22(1):175-179. doi: 10.1017/S1368980018002434. Epub 2018 Oct 9. PMID: 30296964; PMCID: PMC6390397. http://www.who.int/nutrition/team/prevalence-thresholds-wasting-overweight-stunting-children-paper.pdf

ECHO, SAHEL Food and Nutrition Crisis, ECHO Crisis Report No. 9, May 2015.

Government of The Gambia Ministry of Agriculture. April 2020. Rapid Assessment Report on the effects of the COVID-19 Outbreak on Agriculture, Livelihoods and Food Security in The Gambia

Joint United Nations Programme on HIV/AIS (UNAIDS) country overview for the Gambia, http://www.unaids.org/en/regionscountries/countries/gambia.

National Nutrition Agency (NaNA) The Gambia, The Gambia, Bureau of Statistics (GBOS), UNICEF, GroundWork. Gambia National Micronutrient Survey 2018. Banjul, Gambia; 2019. Final report, 27 February 2019.

National Nutrition Agency (NaNA), Office of the Vice President and Ministry of Women's Affairs, Republic of The Gambia. National Nutrition Survey, The Gambia 2015. Using Standardised Monitoring and Assessment of Relief Transition (SMART) Methods. Data collection September 1 to October 6, 2015.

SUN UN Network article 20 August 2020. Effective joint programming in The Gambia: Targeting the same communities at the same time to reduce malnutrition
The Gambia Bureau of Statistics (GBoS), Ministry of Health (MoH) [The Gambia], and ICF. 2020. The Gambia Demographic and Health Survey 2019-20: Key Indicators Report. Banjul, The Gambia and Rockville, Maryland, USA: The Gambia Bureau of Statistics, Ministry of Health, and ICF.
The Gambia Bureau of Statistics and UNICEF. The Gambia Multiple Indicator Cluster Survey (MICS) 2018. Survey findings report, July 2019.

The Gambia Bureau of Statistics (GBOS) [The Gambia] 2018. The Gambia Labour Force Survey 2018, Banjul, The Gambia: GBOS

The Gambia Bureau of Statistics. 2013. Population Census

The Gambia Ministry of Health. TSF and SBCC Trainings Report 2019.

The Republic of the Gambia, Joint Gambia Government/AATG/AAH/FAO/CILSS and WFP Preharvest Assessment 2019/2020 cropping season.

The Republic of The Gambia. The Gambia National Development Plan 2018-2021. Delivering good governance and accountability, social cohesion and national reconciliation and a revitalized and transformed economy for the wellbeing of all Gambians. January 2018

The Republic of The Gambia. The Gambia Demographic and Health Survey 2013. Gambia Bureau of Statistics, Banjul, The Gambia, ICF International, Rockville, Maryland USA. September 2014.

The Republic of The Gambia. National Nutrition Policy (2010-2020).

The Republic of The Gambia. National Nutrition Policy (2018-2025). NaNA dedicated to working with communities to achieve better health and nutrition. 2018

The Government of The Gambia, UNDP, UNICEF. The Gambia National Social Protection Policy 2015-2025.

United Nations Development Assistance Framework (UNDAF) 2017-2021. Signed: 19 October, 2016. United Nations, The Gambia, The Government of The Gambia.

UNDP. 2019. Human Development Report 2019. Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century. New York. http://hdr.undp.org/en/content/human-development-report-2019

UNSCN 2017. School as a system to improve nutrition. A new statement for school-based food and nutrition interventions. Discussion Paper. United Nations Standing Committee on Nutrition, Geneva, Switzerland 2017 https://www.unscn.org/uploads/web/news/document/School-Paper-EN-WEB-8oct.p

WFP Integrated Road Map: Positioning WFP for a Changing World. Informal consultation. 8 January 2016. https://docs.wfp.org/api/documents/WFP-0000037739/download/

WFP Nutrition Policy 2017

WFP Update on Gender Policy (2015-2020)

WFP The Gambia Annual Country Report 2018

WFP The Gambia Annual Country Report 2019

WFP Operation Evaluation. The Gambia – Protracted Relief and Recovery Operation 200557 (2013-2015): Targeted Nutrition and Livelihood Support for Vulnerable People Impacted by Floods and Drought. Final Evaluation Report. January 2016

WFP The Gambia Standard Project Report 2016, Targeted Food and Nutrition Assistance, PRRO 200557

WFP The Gambia Standard Project Report 2017, Targeted Food and Nutrition Assistance, PRRO 200557

WFP The Gambia Comprehensive Food Security and Vulnerability Analysis (CFSVA). December 2016

WFP The Gambia Nutrition Screening Data Analysis 2019

WFP The Gambia Nutrition Screening Data Analysis 30 July 2018

WFP Gambia DEV 200327: Establishing the Foundation for a Nationally Owned Sustainable School Feeding Programme in the Gambia from 2012 to 2017. Evaluation Report. June 2018

WFP The Gambia. School Feeding Support During COVID 19 Emergency Mission Report. 1/5/2020.

WFP The Gambia. Gendered impacts of COVID-19 in rural areas: The situation on the ground with Gambian Rural Women. WFP Gambia presentation 2020.

WHO 2007. Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C., USA. 1.Infant nutrition. 2.Breast feeding. 3.Bottle feeding. 4.Feeding behaviour. 5.Indicators. World Health Organization. Dept. of Child and Adolescent Health and Development. https://apps.who.int/iris/bitstream/handle/10665/43895/9789241596664_eng.pdf;jsessionid=3EFA739C8BC0C9715D01CE88D3A49781?sequence=1

WHO/FAO/UNU. 2001. Human energy requirements. Report of a Joint FAO/WHO/UNU Expert Consultation, Rome, Italy, 17-24 October 2001. Authors: World Health Organization, Food and Agriculture Organization of the United Nations, United Nations University. http://www.fao.org/3/y5686e/y5686e06.htm#bm06.

5 Annexes

Annex 1. Terms of Reference
Mid-term Evaluation of Nutrition activities in The Gambia
(2016-2019)

Introduction
1. These Terms of Reference (TOR) are for the mid-term evaluation of WFP Nutrition activities in The Gambia. This evaluation is commissioned by WFP The Gambia and will cover all nutrition activities from 2016 to 2019 under the PRRO 2016-2017, ICSP 2018 and CSP 2019.
2. These TOR were prepared by the WFP Country Office (CO) in The Gambia based upon an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold. Firstly, it provides key information to the evaluation team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation.

Reasons for the Evaluation
The reasons for the evaluation being commissioned are presented below.
Rationale
The evaluation is being commissioned for the following reasons: I) the Country Office aims at building evidence related to its interventions' results in the domain of nutrition and stunting prevention; II) the evaluation findings will contribute to broader learning in conjunction with other assessments and evaluations, to inform course correction and improve implementation of WFP activities in The Gambia.
This evaluation has been timed to ensure that findings can feed into future decisions on implementation of nutrition activities in the current CSP and design of the next CSP
The evaluation will have the following uses for the WFP Country Office: it will inform the implementation of WFP The Gambia Country Strategic Plan (2019-2021); its findings will feed into the upcoming evaluation of the Country Strategic Plan (in 2020/2021); it will serve as an advocacy tool for raising donors' and partners' awareness around Nutrition and WFP contribution to achieve Sustainable Development Goal 2 of "Zero Hunger".
Objectives
Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning.
Accountability – The evaluation will assess and report on the performance and results of WFP Nutrition activities in The Gambia. The evaluation will also assess GEEW.
Learning – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems, including for advocacy purposes.
The main objective is to critically assess results, impact, accountability and the implementation arrangements and management of the nutrition activities. Another objective of the evaluation is to assess to what extent WFP assistance was delivered and utilized in safe, accountable and dignified manner with consideration of equity and gender equality dimensions. The evaluation will review the results frameworks and assumptions, document initial lessons learned, and discuss necessary modifications or corrections that may be necessary to meet the stated goals and objectives effectively and efficiently.
Stakeholders and Users
A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. Table 1 below provides a preliminary stakeholder analysis, which should be deepened by the evaluation team as part of the Inception phase.
Accountability to affected populations, is tied to WFP's commitments to include beneficiaries as key stakeholders in WFP's work. As such, WFP is committed to ensuring gender equality and women's empowerment (GEEW) in the evaluation process, with participation and consultation in the evaluation by women, men, boys and girls from different groups.

Table 1: Preliminary Stakeholders' analysis

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
INTERNAL STAKEHOLDERS	
Country Office (CO) The Gambia	Responsible for the planning and implementation of WFP interventions at country level. It has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its programmes.
Regional Bureau (RB) Dakar	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. The Regional Evaluation Officers support CO/RB management to ensure quality, credible and useful decentralized evaluations.
WFP Headquarters (HQ)	WFP HQ technical units are responsible for issuing and overseeing the rollout of normative guidance on corporate programme themes, activities and modalities, as well as of overarching corporate policies and strategies. They also have an interest in the lessons that emerge from evaluations, as many may have relevance beyond the geographical area of focus. Relevant HQ units should be consulted from the planning phase to ensure that key policy, strategic and programmatic considerations are understood from the onset of the evaluation.
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy.
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP programmes. This evaluation will not be presented to the Board but its findings may feed into thematic and/or regional syntheses and corporate learning processes.
EXTERNAL STAKEHOLDERS	
Beneficiaries	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought. Beneficiaries or primary care givers of under fives will be sampled for FGDs and interviews as well as will be consulted at the inception phase.
Government	The Government has a direct interest in knowing whether WFP activities in the country are aligned with its priorities, harmonised with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest. Various Ministries and national agencies are partners in the design and implementation of WFP activities, including the Ministry of Health, the Food Technology Service of the Ministry of Agriculture, the National Nutrition Agency and the National Disaster Management Agency.
UN Country team	The UNCT's harmonized action should contribute to the realisation of the government developmental objectives. It has therefore an interest in ensuring that WFP programmes are effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level. Main UN partners in the implementation of Nutrition activities are UNICEF, FAO and UNAIDS.
NGOs	NGOs are WFP's partners for the implementation of some activities while at the same time having their own interventions. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships. The Gambia Red Cross Society is a key partner for WFP Nutrition activities.
Donors	WFP operations are voluntarily funded by a number of donors. They have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. Major donors include primarily the European Union and The Gambia Government.
Private Sector	In the context of fortification of locally produced food, the Gambia Horticulture Enterprise play an important role in private sector partnership.

The primary users of this evaluation will be:

The Government and the WFP Gambia Country Office and its partners in decision-making, notably related to programme implementation and/or design, Country Strategy and partnerships.
Given the core functions of the Regional Bureau (RB), the RB is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight
WFP HQ may use evaluations for wider organizational learning and accountability
OEV may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board.
Context and subject of the Evaluation

Context
Country overview:
The Gambia remains one of the poorest countries in the world, ranked 173 out of 188 countries in the 2016 Human Development report (HDR), making it the 15th least developed country in the world. Of the 2 million Gambians, about 48.6 percent live on less than US$1.25 per day, 8 percent are considered food insecure. Life expectancy is estimated at 64.4 years; Infant mortality rates estimated to be 34 per 1,000 live births; for every 100,000 live births, 433 women die from pregnancy related causes, which would rank it among the highest rates in the world[93].
Macro Environment:
As confidence resumes following the sharp slowdown in 2016, economic recovery is gaining traction. Real GDP growth was an estimated 5.4% in 2018, up from 3.5% in 2017, driven largely by services— tourism and trade and financial services and insurance— which expanded by 10% in 2018, coupled with robust growth in transport, construction, and telecommunications. The fiscal deficit narrowed to 3.9% of GDP in 2018 from 7.9% in 2017, thanks to increased fiscal discipline and international community support.

The current account deficit remains large— an estimated 19% of GDP in 2018, down slightly from 2017. For the first half of 2018, total imports rose by 9.2% compared with the first half of 2017, while total exports increased by 8.5% to $54.9 million. The export basket contains mainly primary commodities, including groundnuts (55.6%), fish and fishery products (21.6%), and cashew nuts (10.6%). Short-term economic prospects are expected to steadily improve over the medium term. Real GDP is projected to grow by 5.4% in 2019 and by 5.2% in 2020. [94]
Poverty & unemployment:
High rates of unemployment among the youth, currently estimated at 38 percent and irregular migration to Europe have also been a phenomenon the Gambia is grappling with. According to the European Union, at least 15,000 Gambians sought asylum in EU member countries, with 75 percent classified as economic migrants. This ranks The Gambia third in sub Saharan Africa.[95]
Education:
In terms of human development, the country has achieved gender parity in primary and secondary education. About 55 percent of adult men and women are literate. The completion rate for primary education in 2018 (Grade 6) stands at 70.4 percent (72.9 percent for girls and 68.2 percent for boys). Government policies provide for universal access to pre-primary and primary education, yet the quality of education as well as the retention of children in schools is of concern.[96]
Food Security:
Domestic cereal production accounts for up to 60 percent of annual consumption requirements and the country relies heavily on food imports. However, the agricultural sector has untapped potential since less than half of arable land is cultivated. In addition, the Gambia is faced with environmental challenges such as land degradation, loss of forest cover, loss of biodiversity, coastal erosion, waste management and climate change. The 2018/19 preharvest assessment revealed that the prevalence of food insecurity was 42 percent, of which 35 percent are moderately food insecure and 7 percent are severely food insecure. This translates to 83,872 people with high vulnerability to food insecurity and 456,136 with moderate vulnerability.[97]
Health and Nutrition:
The MICS 2018 showed GAM is 6.2 percent, (Female 5.6; Male 6.8%), SAM 1 percent worse for males as compared to females (1.3%- 0.8%) and worst in Basse (GAM 8.2% and SAM 2%) Kuntuar (7.8% and 1.5%) followed by

[93] Human Development Report (HDR) 2016
[94] https://www.afdb.org/en/countries/west-africa/gambia/gambia-economic-outlook

[95] IOM Website
[96] The Gambia Annual Education yearbook 2018
[97] 2018/2019 Preharvest Assessment Report

Janjanbureh (7.4% and 1.4%) ; similarly stunting has reduced to 19 percent worst for male at 21.6 percent and Female at 16.3 percent. Regional disparities are same as that for wasting with higher stunting rates noted rural areas however highest is in Kantuar at 26.6%, Janjanbureh 24.3% and Kerewan at 20.8%.[98]

Social protection:

The key social protection programmes that contribute to food and nutrition security in Gambia, categorized based on the four approaches outlined in Gambia has implemented a variety of short-term and emergency-based cash transfers and food transfers in response to acute food crises, often accompanied by nutritional support for young children, lactating mothers and pregnant women. More strategic and longer-term social protection programmes are linked to food and nutrition security. The National School Feeding Programme, the Maternal and Child Nutrition and Health Results Project (MCNHRP) and the Building Resilience through Social Transfers for nutrition security in Gambia (BReST). All these programmes fall under the first policy objective-safeguard the welfare of the poorest and most vulnerable populations. (Case studies on social protection and food and nutrition security).[99]

School Feeding Programme:

Specifically, school feeding programmes have been consistently proving to advance education, health and nutrition outcomes of school going children. Moreover, if well designed with the addition of home-grown food supply component, these programmes have the potential to benefit entire communities through stimulating local markets, facilitating agricultural transformation and enabling households to invest in productive assets. The longstanding presence of school feeding programmes in Gambia and recent policy efforts to expand programmes underscore the wide recognition that school feeding programmes enjoy as effective tools to achieve cross-sectoral objectives (WFP).[100]

Gender inequality:

Overall, Gambia has a Gender Inequality index (GII) of 0.460, ranking it 174 out of 189 countries in the 2018 HDR. While there is gender parity at primary education enrolment, and very close to parity at secondary education level (0.96), other gender-related indicators are less favourable. The 2013 population census reports that 42 percent of the economically active population is female, of which 56 percent is engaged in agriculture while 24 percent is in service, shop and market sales. Male headed households constitute 79 percent and female headed households constituted 21 percent, while women make up 60 percent of the total unemployed population. [101]

Policy Programme:

The NDP (2018–2021) combines with sector-specific strategic plans and prioritizes investment in drivers of GDP such as agriculture, tourism, infrastructure and the empowerment of young people. WFP will support the Government in reaching the plan's goals through investments in sectors relevant to SDG 2.[102]

A critical new focus area for WFP will be support for development of a social protection system focused on mainstreaming the national school meals and nutrition programme as a national safety net. This will be complemented by other UN Agencies such as UNICEF and other relevant partners.

Clear sector-specific policies are in place, but a 2018 zero hunger strategic review (ZHSR) revealed a critical lack of policy coherence, coordination or alignment with the NDP. Almost 60 percent of the population reside in towns and 66 percent is below the age of 25 and employed in the informal sector, which constitutes 63 percent of the economy. Young people are the driving force behind rising migration; young Gambian men are the second largest group attempting to enter Europe illegally in search of employment.[103]

While The Gambia has a National Gender Policy, the UNDAF (2017-2021) notes that effective mainstreaming of gender into Government policies and programmes remains a challenge as women and girls continue to be disadvantaged due to socio-cultural norms, practices as well as discriminatory provisions in customary law. Girls aged 15-19 years are most at risk of mainly due to practices such as early marriage (23.8%). Incidence of Female Genital Mutilation/Cutting (FGM/C) aimed at controlling women's sexuality and autonomy that adversely affects women and girls' sexual and reproductive health remains high with 76 percent of women and girls aged 15-19 years. Although a ban is in place for the practice of FGM/C challenges remain on enforcement.

Subject of the evaluation

Prevention of stunting/Blanket supplementary Feeding (BSF) in the Lean Season

---

[98] Multiple Indicator Cluster Survey (MICS) 2018

[99] Case studies on social protection and food and nutrition security (2014)

[100] https://www.wfp.org/countries/gambia

[101] The Gambia 2013 Census Report

[102] National Development Plan (NDP) 2018-2021

[103] Zero Hunger report- 2018

The prevention of stunting takes advantage of the first 1000 days of life (conception to Child`s second birthday) to improve a child`s cognitive, physical development and growth. The lean season is a particularly difficult period for children and PLW as household stock are depleted, food prices increase, increase energy requirement for farming and poor care practices. In providing a buffer for children

WFP provides a monthly ration to children 6-23 months of age. The program is implemented in LRR, NBR, CRR and URR with a current target of 36,000.

Therapeutic Supplementary Feeding (TSF)

Moderately Acute Malnourished (MAM) children 6-59months and PLW/G (Middle Upper Arm Circumference (MUAC) <23cm, Mother less than 18years and PLHIV PLW/G) are provided therapeutic ration monthly. This program with a caseload of about 2100 is being implemented in LRR, NBR, CRR and URR and has a strong link to the SAM program supported by UNICEF. The outcome indicators for the program include mortality rates, default rates, adherence and coverage, recovery rates etc.

WFP in partnership with UNAIDS, to complement ongoing Anti-Retroviral Therapy (ART) programme and to improve nutritional status of Persons Living with HIV (PLHIV) on ART, provided supplementary ration to PLHIV&AIDS.

Active Screening and Registration of Beneficiaries

To establish baseline figures for the BSF and TSF as well as to complement government led malnutrition surveillance, WFP in collaboration with UNICEF and GoTG conduct annual active screening and registration of SAM and MAM children under 5 years. The screening covers about 64,000 children in over 1500 villages in LRR, NBR, CRR and URR.

WFP uses tablets to register the beneficiaries and related data in real time. Most importantly, it eliminates the issue of duplicates as every beneficiary has a unique identifier/number. this also controls double counting. Recently, a new feature "QR Code" has been introduced as a unique ID for each beneficiary. This has greatly improved the effectiveness and efficiency of data collection and retrieval.

Local production of fortified Blended Food through Private sector engagement,

With the aim of improving the access to locally produced nutritious foods, WFP has started a pilot project to support a private sector partner. This project recognises the strong links between agriculture, food production company and nutrition. The project has multiple benefits; develop a local product, using main ingredients that is already acceptable and eaten; to have partnership with private sector manufacturer; to boost local economy when raw food is locally purchased largely from small holder farmers. The premixes recommended for fortification of blended cereal will contribute to improving nutrition status and prevention of micronutrient deficiencies in The Gambia. 10mt is being piloted.

Capacity strengthening

The success of our programs lies in the strength and capacity of our partners and in line with WFP's commitment to supporting the Government and other partners in achieving the SDG 2 and SDG 17 targets by 2030, WFP continues to provide technical support and capacity strengthening to meet the Zero Hunger Targets. Community Health Nurses, PMTCT and ART staff (Ministry of Health) and Red Cross Volunteers are trained in the provincial regions of LRR, CRR, URR and CRR. The trainings enhanced the knowledge and skills of the partners on malnutrition causes and consequences, mitigating factors, dietary diversity, electronic data collection and ration Distribution techniques and modalities to yield an effective and efficient Targeted and Blanket Supplementary Food Distribution.

Social and Behavioural Change Communication (SBCC)

Nutrition and Hygiene education and counselling is a corner stone to achieving improved and sustainable nutrition, health and wellbeing. WFP Gambia integrates an SBCC into activities to influence positive behaviour change related to nutrition and care practices in communities. This is done through nutrition education and counselling to influence social norms and behaviours. These activities are carried out prior to all distributions with the partners to promote nutrition awareness and encourage dietary diversification and healthy feeding practices. The SBCC is being expanded to non-Primary Health Care (PHC) villages to promote equity.

Cost of Hunger in Africa (COHA) Study

The COHA study launched in December 2018 provides the evidence base to justify increased investment in nutrition but also compelling arguments to support the concept of human capital gain. The study examines the effects of child undernutrition on health, education and national productivity on the country.

SUN Business Network

The SUN Business Network is being launched to galvanize support towards Nutrition and will be launched in the last half of 2019.

Homegrown School Feeding Programme (SFP)

The SFP currently provides daily nutritious meals mainly sourced from local production for almost 107,000 students in 312 targeted schools in CRR, NBR, URR and the Greater Banjul Area (GBA). Students aged 4-12 years are provided with lunch prepared on the school grounds providing 555 kcal/child per day. The hot meal served in targeted

schools aims to increase enrolment, attendance (especially girls) and retention rates, while helping to reduce drop-out rates. To ensure sustainability while continuing to provide children with nutritionally balanced diets, WFP invested in efforts to strengthen the institutional framework of the SFP by carrying out decentralized procurement and reinforcing for community and national ownership.
Evaluation Approach

Scope
The scope of the evaluation will include all WFP Nutrition activities in the Gambia (refer to Strategic Outcomes 3 and 5 of the ongoing Country Strategic Plan 2019-2021) starting from 2016 (last 2 years of PRRO and preparation of the Transitional Interim Country Strategic Plan as part of the shift to the new Integrated Road Map to (IRM) to Zero Hunger framework) until end of 2019.
Moreover, the evaluation will explore nutrition results associated with School Feeding activities during the same time period, although the main focus of the evaluation will remain the nutrition activities.
Evaluation Criteria and Questions
Evaluation Criteria - The evaluation will apply the international evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability.[104] Gender Equality and empowerment of women should be mainstreamed throughout.
Evaluation Questions - Allied to the evaluation criteria, the evaluation will address the following key questions, which will be further developed by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of WFP Nutrition activities, which could inform future strategic and operational decisions.
From both a programmatic and a strategic perspective, and in line with the operational context of WFP in The Gambia and its enabling role in support to the Government, the main evaluation criteria of interest are Effectiveness and Sustainability.
The evaluation should analyse how Gender Equality and Empowerment of Women (GEEW) objectives and mainstreaming principles were included in the intervention design, and whether the object has been guided by WFP and system-wide objectives on GEEW. The GEEW dimensions should be integrated into all evaluation criteria as appropriate.

Table 2: Criteria and evaluation questions

Criteria	Evaluation Questions
Relevance	To what extent: was the design of the Nutrition activities relevant to the wider Gambian national context? were the Nutrition activities in line with the needs of the most vulnerable groups (men and women, boys and girls)? were the Nutrition activities aligned with the needs of the PAGE 2012-2015, NDP 2018-2021and the National Nutrition Policy and the School Feeding Policy? were the activities aligned with WFP, partners, UN agencies and donor policies and priorities? was the intervention based on a sound gender analysis? was the design and implementation of the intervention gender-sensitive?
Effectiveness	To what extent were the outputs and outcomes of the Nutrition interventions achieved? and what were the major factors influencing the achievement or non-achievement of the outcomes? Did the coordination with national and other UN partners contribute to improvements in the nutritional status of the affected population? Did the School Feeding activities contribute to an improvement in the Nutritional status of girls and boys? were the relevant assistance standards met?
Efficiency	To what extent were the Nutrition activities: cost-efficient? implemented in a timely manner? implemented in the most efficient way compared to alternatives?

[104] For more detail see: http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm and http://www.alnap.org/what-we-do/evaluation/eha

Impact	What were the effects of the Nutrition activities on beneficiaries' lives? Did a specific modality of intervention achieve greater impact than another, including with regard to partnership arrangements? Were there unintended (positive or negative) effects for beneficiaries, non- beneficiaries or institutions, including gender-specific ones? Is there evidence of contributions to long-term intended results in the context of Nutrition?
Sustainability	To what extent: Did the Nutrition activities' implementation arrangements include considerations for sustainability, such as capacity strengthening of national and local government institutions, communities and other partners? Is it likely that the benefits of the Nutrition activities will continue after WFP's work ceases?

Data Availability

The evaluation will draw on the existing body of documented data, as far as possible, and complement and triangulate this with information to be collected in the field. Specifically, this will include the baseline survey, the annual outcome surveys, previous evaluations of WFP-Gambia's School Feeding Program, PRRO evaluation Development Project evaluation, recent evaluations of partners such as UNICEF DE, and UNAIDS-led joint DE as well as all monitoring data. The evaluation will employ both quantitative and qualitative methods, including desk review of documents and data, semi-structured interviews and focus groups (to ensure that a cross-section of stakeholders are able to participate and a diversity of views are gathered) and observation during field visits. The selection of field visit sites will be based on objectively verifiable criteria and may include stratified sampling to ensure a representative selection.

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

assess data availability and reliability as part of the inception phase expanding on the information provided in section 4.3. This assessment will inform the data collection

systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data.

The team will be able to rely on activity implementation reports, relevant COMET data, assessment and monitoring reports, and log frame indicator reports, which all ensure gender sensitivity and aggregation. In addition, the team will review relevant WFP strategies, policies and normative guidance.

The evaluation team will be required to triangulate data and validate their findings. At the inception phase the team will determine how this will be done, which will be clearly outlined and explained in the Inception Report.

The ERG and DEQS will review draft inception and evaluation reports to ensure quality at all stages

Methodology

The methodology will be designed by the evaluation team during the inception phase. It should:

Employ the relevant evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability.

Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (stakeholder groups, including beneficiaries, etc.) The selection of field visit sites will also need to demonstrate impartiality.

Using mixed methods - qualitative and quantitative (mainly secondary data) - to ensure triangulation of information through a variety of means.

Apply an evaluation matrix geared towards addressing the key evaluation questions considering the data availability challenges, the budget and timing constraints;

Ensure through the use of mixed methods that women, girls, men and boys and vulnerable groups from different stakeholders groups participate and that their different voices are heard and used; The methodology should be GEEW-sensitive, indicating what data collection methods are employed to seek information on GEEW issues and to ensure the inclusion of women and marginalised groups. The methodology should ensure that data collected is disaggregated by sex and age; an explanation should be provided if this is not possible. Triangulation of data should ensure that diverse perspectives and voices of both males and females and most vulnerable groups are heard and taken into account, as well as report on any unintended effects and the extent to which women and men were treated fairly

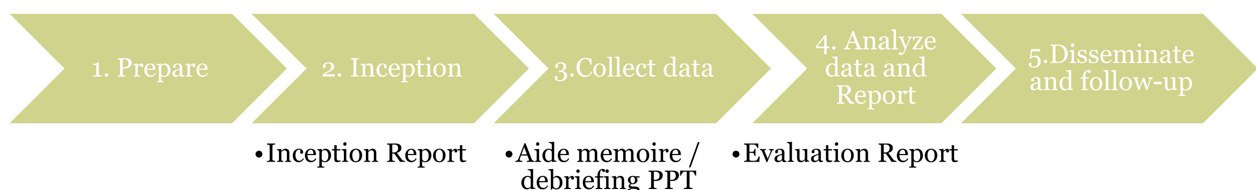
Looking for explicit consideration of gender in the data after fieldwork is too late; the evaluation team must have a clear and detailed plan for collecting data from women and men in gender-sensitive ways before fieldwork begins. The evaluation findings, conclusions and recommendations must reflect gender analysis, and the report should provide lessons/ challenges/ recommendations for conducting gender responsive evaluation in the future and address gender equity issues. The establishment of an Evaluation Committee and an Evaluation Reference Group will be the main mechanism to ensure independence and impartiality of the evaluation.

The main identified potential risk to the methodology is the fact that the most part of ongoing Nutrition activities as of mid-2019 may have been discontinued by the time the evaluation mission will conduct the data collection in the field (early 2020), due to lack of funding. Documentation of ongoing and past activities and access to key stakeholders and informants should be ensured as a core mitigation measure.

Quality Assurance and Quality Assessment
WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP's evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.
DEQAS will be systematically applied to this evaluation. The WFP Evaluation Manager will be responsible for ensuring that the evaluation progresses as per the DEQAS Process Guide and for conducting a rigorous quality control of the evaluation products ahead of their finalization.
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.
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 evaluation report (in addition to the same provided on draft TOR), and provide:
systematic feedback from an evaluation perspective, on the quality of the draft inception and evaluation report;
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 standards[1], a rationale should be provided for any recommendations that the team does not take into account when finalising the report.
This quality assurance process as outlined above does not interfere with the views and independence of the evaluation team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.
The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in WFP's Directive CP2010/001 on Information Disclosure.
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.

Phases and Deliverables
The evaluation will proceed through the following phases. The deliverables and deadlines for each phase are as follows:

Figure 1: Summary Process Map



Preparation phase (October-December 2019): The evaluation manager will conduct background research and consultation to frame the evaluation; prepare the TOR; select the evaluation team and contract the company for the management and conduct of the evaluation. *Deliverable: TOR*.

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

Inception phase (January-March 2020): This phase aims to prepare the evaluation team for the evaluation phase by ensuring that it has a good grasp of the expectations for the evaluation and a clear plan for conducting it. The inception phase will include a desk review of secondary data and initial interaction with the main stakeholders (beneficiaries, government, donors and WFP). *Deliverable: Inception Report*.

In-country Data Collection phase (April 2020): The field work will span over two weeks and will include field visits to project sites, primary and secondary data collection from local stakeholders. A debriefing session will be held upon completion of the field work. *Deliverable: Exit debriefing presentation*.

Reporting phase (May-July 2020): The evaluation team will analyse the data collected during the desk review and the field work, conduct additional consultations with stakeholders, as required, 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 their consideration before report finalisation. *Deliverable: Evaluation Report*.

Follow-up and dissemination phase (from August 2020): The final evaluation report will be shared with the relevant stakeholders. The management responsible will respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions. The evaluation report will also be subject to external post-hoc quality review to report independently on the quality, credibility and utility of the evaluation in line with evaluation norms and standards. The evaluation report will be published in French and English on the WFP public website. Findings will be disseminated and lessons will be incorporated into other relevant lesson sharing systems. *Deliverable: Management Response*.

A detailed calendar of the Evaluation process is presented in Annex 2.

Organization of the Evaluation & Ethics

Evaluation Conduct

The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP evaluation manager. The team will be hired following agreement with WFP on its composition.

The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the code of conduct of the evaluation profession.

Team composition and competencies

The evaluation team is expected to include two to three members, including the team leader, and a mix of national and international evaluator(s) will be required. To the extent possible, the evaluation will be conducted by a gender-balanced, geographically and culturally diverse team with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the ToR.

The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in the following areas:

Nutrition programmes (prevention and treatment)

Institutional Capacity Strengthening

Gender expertise / good knowledge of gender issues

All team members should have strong analytical and communication skills, evaluation experience and familiarity with the national (or regional) context.

At least one team member should have WFP experience.

Oral and written language requirements: English, Wolof/Mandinka (for the national evaluator(s)).

The Team leader will have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent English writing and presentation skills.

Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

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.

Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s).
Security Considerations
Security clearance where required is to be obtained from the designated duty station.
As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.
However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:
The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
The team members observe applicable UN security rules and regulations – e.g. curfews etc.
Ethics
WFP's decentralised evaluations must conform to WFP and UNEG ethical standards and norms. The contractors undertaking the evaluations are responsible for safeguarding and ensuring ethics at all stages of the evaluation cycle (preparation and design, data collection, data analysis, reporting and dissemination). This should include, but is not limited to, ensuring informed consent, protecting privacy, confidentiality and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities.
Contractors are responsible for managing any potential ethical risks and issues and must put in place in consultation with the Evaluation Manager, processes and systems to identify, report and resolve any ethical issues that might arise during the implementation of the evaluation. Ethical approvals and reviews by relevant national and institutional review boards must be sought where required.

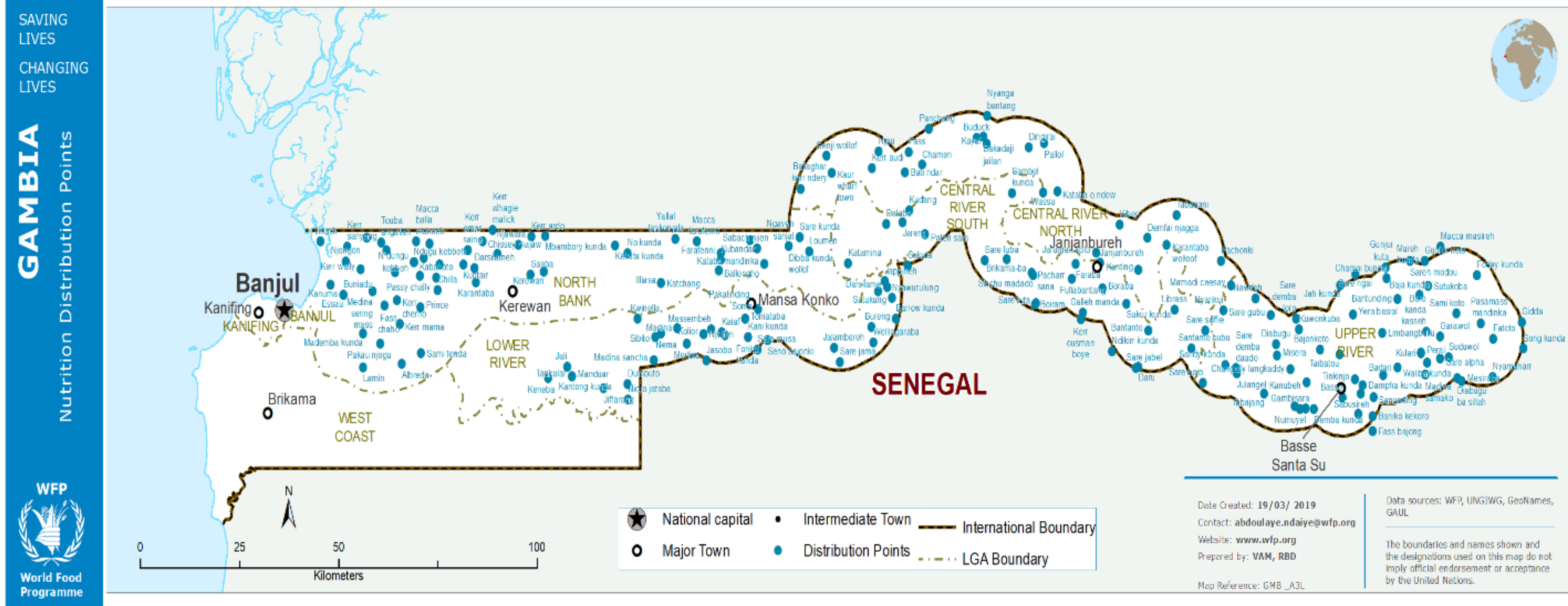
Roles and Responsibilities of Stakeholders
WFP The Gambia
The Management of WFP The Gambia will take responsibility to:
Assign an Evaluation Manager for the evaluation: Mam-Yassin Ceesay, M&E Officer
Compose the internal evaluation committee and the evaluation reference group (see below).
Approve the final Tor, inception and evaluation reports.
Ensure the independence and impartiality of the evaluation at all stages, including establishment of an Evaluation Committee and of a Reference Group (see below and TN on Independence and Impartiality).
Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the Evaluation Manager and the evaluation team
Organise and participate in two separate debriefings, one internal and one with external stakeholders
Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations
The Evaluation Manager:
Manages the evaluation process through all phases including drafting this TOR
Ensures quality assurance mechanisms are operational
Consolidates and shares comments on draft TOR, inception and evaluation reports with the evaluation team
Ensures expected use of quality assurance mechanisms (checklists, quality support
Ensures that the team has access to all documentation and information necessary to the evaluation; facilitates the team's contacts with local stakeholders; sets up meetings, field visits; provides logistic support during the fieldwork; and arranges for interpretation, if required.
Organises security briefings for the evaluation team and provides any materials as required
An internal Evaluation Committee (EC) has been formed as part of ensuring the independence and impartiality of the evaluation. The composition of the internal Evaluation Committee is presented in Annex 3.
An Evaluation Reference Group (ERG) has been formed, as appropriate, with representation from WFP and its partners in The Gambia. The ERG members will review and comment on the draft evaluation products and act as key informants in order to further safeguard against bias and influence. The composition of the internal Evaluation Committee is presented in Annex 4.
WFP Regional Bureau in Dakar (RBD) will take responsibility to:
Advise the Evaluation Manager and provide support to the evaluation process where appropriate.
Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as required.

Provide comments on the draft TOR, Inception and Evaluation reports
Support the Management Response to the evaluation and track the implementation of the recommendations (Monitoring function).
While Filippo Pompili, Regional Evaluation Officer, will perform most of the above responsibilities, other RB relevant technical staff will participate in the evaluation reference group and/or comment on evaluation products as appropriate.
Other Stakeholders (Government, NGOs, UN agencies) will contribute to the evaluation as part of the ERG or as key informants during the data collection phase.
The Office of Evaluation (OEV), through the Regional Evaluation Officer, will advise the Evaluation Manager and provide support to the evaluation process when required. It is responsible for providing access to the outsourced quality support service reviewing draft ToR, inception and evaluation reports from an evaluation perspective. It also ensures a help desk function upon request.
Communication and budget

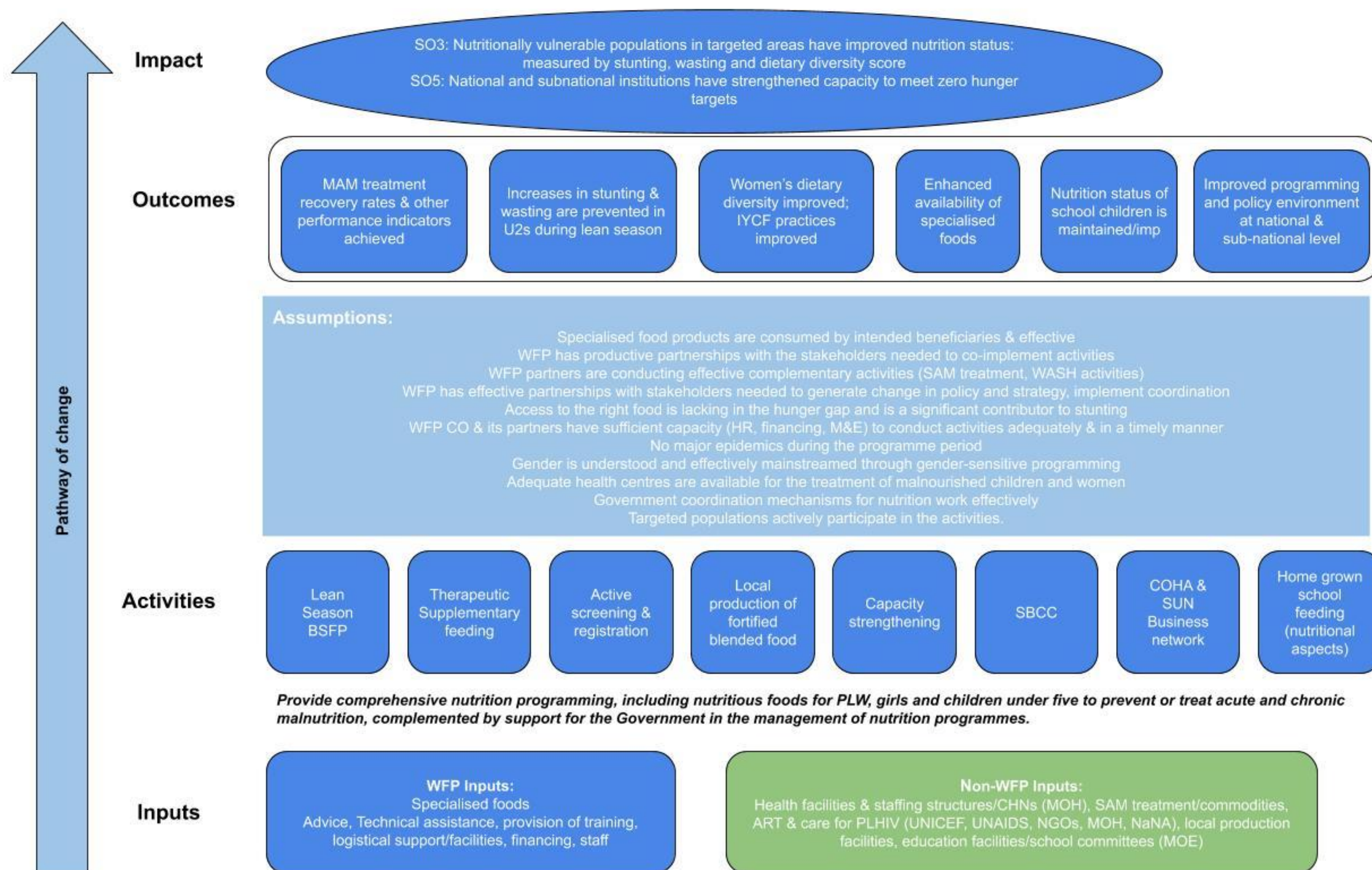
Communication
To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders. A Communication and Learning Plan is presented in Annex 6.
As part of the international standards for evaluation, WFP requires that all evaluations be made publicly available. Following the approval of the final evaluation report, WFP will produce a 2-pager brief to facilitate dissemination of findings among stakeholders and partners.
Budget
For the purpose of this evaluation, WFP will use existing Long-Term Agreements (LTAs) as contracting modality.
When soliciting a technical and financial proposal, WFP will ensure that the LTA firms accurately use the proposal template for the provision of decentralized evaluation services accurately. A budget ceiling will be announced at the time when proposals are requested.
International travel, subsistence and other direct expenses should be accounted for in the firm’s proposed budget.

Please send any queries to Mam-Yassin Ceesay, Evaluation Manager, at *mamyassin.ceesay@wfp.org*

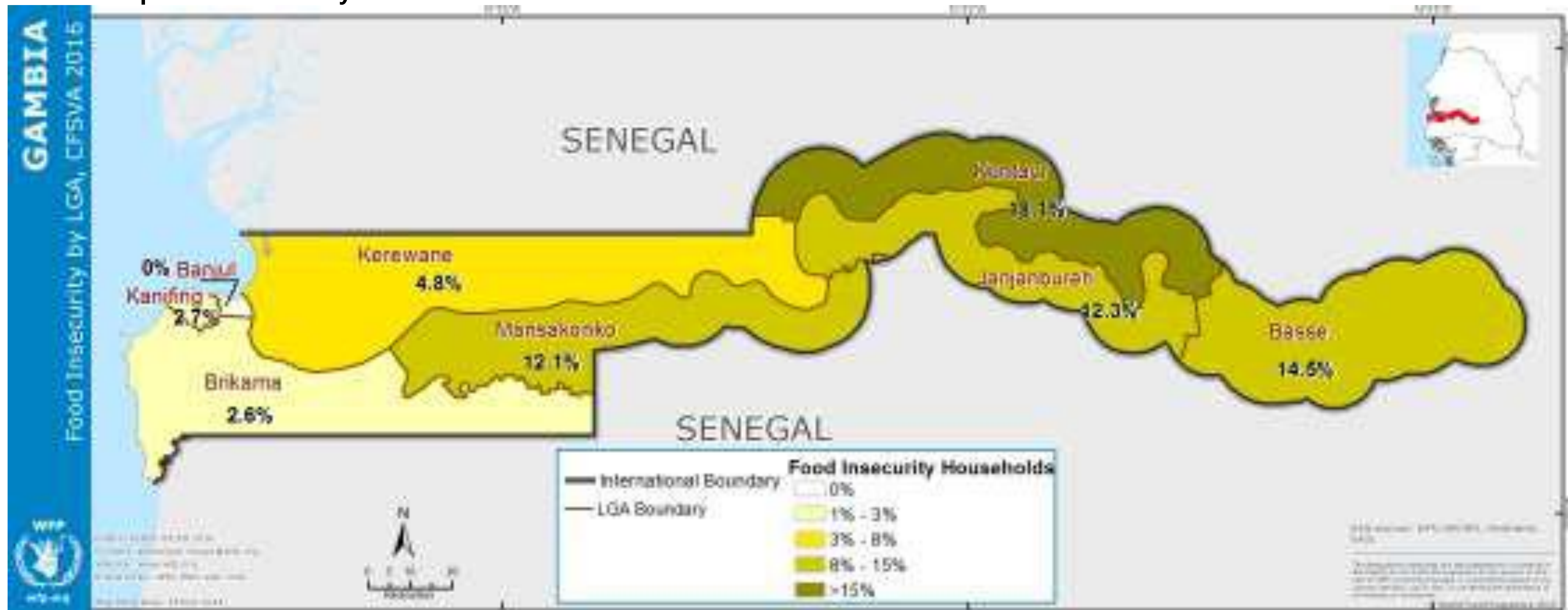
Annex 2. Map of WFP Nutrition Distribution Points in The Gambia



Annex 3. Theory of Change for WFP Nutrition Activities in The Gambia



Annex 4. Map of Food Insecurity in The Gambia 2016



Annex 5. Social protection and other programmes relevant to the evaluation

The National School Meals Programme, initiated in the 1970s and jointly implemented by WFP and the Government, reaches approximately 42 percent of children in primary school and pre-primary school (139,000 children) across all six regions of The Gambia. Since 2018, the Government has committed funding for two of the six regions for four years[105]; the Maternal and Child Nutrition and Health Results Project (MCNHRP); the 1000 days initiative; and the Building Resilience through Social Transfers for Nutrition Security in The Gambia (BReST), a three-year European Union–funded comprehensive platform for nutrition sensitive and specific interventions implemented by NaNA and UNICEF until 2020 to provide unconditional monthly cash transfers to 6,000 breastfeeding mothers with children under 2 years of age in three regions of the country (NBR, URR, and CRR), accompanied by Infant and Young Child Feeding (IYCF) advice, education support from health service providers, screening for Integrated Management of Acute Malnutrition (IMAM) case-referral, deworming, Vitamin A supplementation and support for birth registration.

Support for IMAM and provision of community education on the timely introduction of complementary foods are included in **The Health Sector Strategic Plan (2014–2020)**.

The National Alliance for Food Fortification, a multisectoral public-private platform established in February 2018 with support from FAO, coordinated by the NaNA and chaired by a private sector partner, advocates for the creation of an enabling environment for food fortification and bio-fortification and acts as a watchdog on implementation of programmes.

The **Agriculture and Natural Resources Policy (2017–2026)** includes activities around food diversification and increasing the quality and quantity of consumption of a nutritious diet at the household level.

[105] WFP The Gambia country strategic plan (2019-2021)

Annex 6. Evaluation Matrix

Criterion 1: Relevance					
Questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence Quality
1.1. To what extent was the design of the Nutrition activities relevant to the wider Gambian national context?	The extent to which the nutrition activities responded to the particular identified nutritional needs in The Gambia at the time of initiation (2016) The extent to which the nutrition activities were designed in alignment with other approaches at the time and fit within the prevailing nutrition/food security context Extent to which capacity strengthening activities were based on an understanding of the nutrition capacity gaps	Project documents, including needs assessments/documents, including rationale for the nutrition activities The Gambia National strategies and policies (The NDP, The National Social Protection Policy, Nutrition Policy, Agriculture and Natural Resources Policy, UNDAF, etc.) Documents/surveys/evaluations reflecting The Gambia national context in 2015/16 Government representatives, UN agencies, donors, implementing partners	Desk review KI interviews WFP staff and partner feedback	Analysis of literature from the period pre-dating and at the start of the evaluation period (2015/16) Triangulation with KI interviews with a range of stakeholders	Medium/High: documented evidence on context is available for analysis; KI memory may be less clear when thinking back to 2015. WFP documentation is available.
1.2 To what extent were the Nutrition activities in line with the needs of the most vulnerable groups (men and women, boys and girls)? Were the objectives appropriate to the needs of the vulnerable groups at the project design	The extent to which assessments, analysis, and consultation guided the design of nutrition activities	Project documents Assessment reports / situation analyses, both pre-dating the interventions (pre-2016) and current (disaggregated by gender, population group) Beneficiary, Government, and development partner views	Literature and data review KI interviews with WFP staff in The Gambia KI interviews with government stakeholders, development partners, UN agencies, NGO and IP staff	Analysis of literature from a variety of sources Qualitative analysis, triangulating data from a range of KI interviews and FGDs Analysis disaggregated by nutrition activity	High: a variety of sources available and a variety of methods will be used; data will be triangulated.

stage, and have they remained so over time (including the distinct needs of women, men, boys, and girls from different marginalized groups)?		Complementarity and coherence with international good practice	FGDs with beneficiaries		
1.3 To what extent were the Nutrition activities aligned with the needs of the PAGE 2012–2015, NDP 2018–2021, the National Nutrition Policy, and the School Feeding Policy? Are the objectives, activities, and modalities used coherent with relevant stated national policies? Is the CO employing the most appropriate tools and activities to support the government to achieve the nutrition-related objectives of the NDP and National Nutrition Policy, using and building on WFP's comparative advantage?	Extent to which nutrition activities align with key national policy/strategy documents and the strategic nutrition objectives of the Government Level of satisfaction of Government representatives with WFP's support strategies and capacity development	PAGE 2012–2015, NDP 2018–2021, the National Nutrition Policy, and the School Feeding Policy Information from Government representatives and development partners interviewed WFP CSP, documented approaches, Nutrition activity reports Evaluation reports, Standard Project Reports (SPRs)	Literature and data review KI interviews with WFP staff in the Gambia KI interviews with government stakeholders, development partners, UN agencies, NGO and IP staff	Analysis of literature from a variety of sources Qualitative analysis, triangulating data from a range of KI interviews Analysis disaggregated by nutrition activity, incorporating cross-cutting issues such as gender	Medium/High: a variety of sources available and a variety of methods will be used. Questions of complementarity may vary, depending on different partners/development actors and differing approaches.
1.4 To what extent were the activities aligned with WFP, partners, UN agencies, and donor policies and priorities?	Extent to which nutrition activities align with the strategic nutrition, gender, and capacity building objectives and policies of WFP	Strategic documentation and approaches produced by humanitarian/development partners and civil society consortia; documentation of nutrition	Literature and data review KI interviews with WFP staff in the Gambia	Analysis of literature from a variety of sources Qualitative analysis, triangulating data from a range of KI interviews	Medium/High: a variety of sources available and a variety of methods will be used.

Are the objectives, activities, and modalities used coherent with and complementary to interventions of relevant humanitarian and development partners in The Gambia? Were the objectives, activities, and modalities coherent with other CO interventions in the country at design stage and do they continue to be so?	and key donors and development partners Level of satisfaction of donors and development partners with WFP's support strategies and alignment	consultations/meetings where available Information from Government representatives and development partners interviewed	KI interviews with government stakeholders, development partners, UN agencies, NGO and IP staff	Analysis disaggregated by nutrition activity, incorporating cross-cutting issues such as gender	Questions of complementarity may vary, depending on different partners/development actors and differing approaches.
1.5 To what extent was the intervention based on a sound gender analysis and adapted over time in response to updated data on gender dynamics?	The extent to which needs assessment and planning incorporated, unpacked, and analysed gender (including analysis of the gender dynamics that affect nutrition challenges) at the start (pre-2016) and whether updated gender analyses have been conducted/incorporated Extent to which nutrition-monitoring data reflected gender dimensions (depth and quality of the analysis) and programme decisions adapted over time to monitoring data	CSP and programme documentation; assessment and monitoring reports and situation analyses, both pre-dating the interventions (pre-2016) and current (disaggregated by gender, population group); use of sex-disaggregated data WFP Gender Policy and gender-related policies of The Gambia Beneficiary, Government, and development partner views Gender and scoring of the Gender Marker	Literature and data review KI interviews with WFP staff in The Gambia KI interviews with government stakeholders (particularly gender-focused departments), development partners, UN agencies, NGO and IP staff FGDs with beneficiaries	Analysis of literature from a variety of sources Qualitative analysis, triangulating data from a range of KI interviews and FGDs Analysis disaggregated by nutrition activity	High: a variety of sources available and a variety of methods will be used; data will be triangulated.

1.6 To what extent was the design and implementation of the intervention gender sensitive?	Extent to which activities were designed following globally endorsed best practice and aligned with WFP strategic and policy guidance on gender consideration and integration and GEEW objectives Level of satisfaction among male and female beneficiaries regarding the relevance of activities, modes of implementation, and findings on how men and women, girls and boys have been affected (positively or negatively) by the activities Existence or lack of gender-earmarked budget lines within nutrition financial allocations in the PRRO, ICSP, and CSP	CSP and programme documentation, annual reports; assessment reports and situation analyses, both pre-dating the interventions (pre-2016) and current (disaggregated by gender, population group) Beneficiary, Government, and development partner views	Literature and data review KI interviews with WFP staff in The Gambia KI interviews with government stakeholders (particularly gender-focused departments), development partners, UN agencies, NGO and IP staff FGDs with beneficiaries	Analysis of literature from a variety of sources Qualitative analysis, triangulating data from a range of KI interviews and FGDs Analysis disaggregated by nutrition activity	High: a variety of sources available and a variety of methods will be used; data will be triangulated.
Criterion 2: Effectiveness					
Questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence Quality
2.1 Achievement of outputs: What has been the level of attainment of the planned outputs (including the number of beneficiaries served disaggregated by	Planned vs actual outputs, disaggregated by numbers of women, men, girls, boys receiving assistance by nutrition activity Number of planned sites reached	Project document logframe detailing expected outputs SPRs, monitoring data, and reports Implementing partner reports and interviews	Review of project-monitoring reports KI interviews with implementing partners, development partners, and donors as applicable	Synthesis of available project monitoring reports and data by nutrition activity Triangulation of interview/discussion	Medium/High: dependent on consistency and availability of reliable CO and IP monitoring data

women, men, girls, boys)? What were the major factors influencing achievement or non-achievement of the outputs?	Planned vs actual commodities delivered Extent to which rations provided through HGSF met nutritional needs of girls and boys Timeliness of service delivery; predictability and reliability of planned services/distributions Quality of assistance received Extent to which content of trainings and of COHA The Gambia report was gender sensitive	Beneficiary discussions	FGDs with beneficiaries	findings with available data Disaggregation of data by women, men, girls, and boys where data is available	
2.2 Achievement of Outcomes: To what extent were the nutrition activity objectives and anticipated results met (also including cross-cutting results in areas of gender, protection, and partnership)? Were any unintended effects seen (considering differences for different groups, including women, men, girls, and boys)?	Gender-differentiated outcome indicators, as identified in the project logframe, including achievement of Sphere standards in supplementary feeding programmes Beneficiary perceptions of the difference the assistance has made in their lives and to their communities Extent to which men, boys, girls, and women were equipped with nutritional skills obtained through SBCC and training	Project document logframe and CSP logframe Monitoring documentation/data, including SPRs CO and partner research, reports, or assessments Beneficiaries, WFP programme staff, and partners	Direct observation Review of data/reports KIs with WFP staff, partners, and Government representatives, including local government FGDs with beneficiaries/caregivers: men separate from women; FGDs in PHC and non-PHC communities Specific questions can be asked: for example, in SBCC beneficiary groups	Collating, contrasting, and comparing data from visits to a variety of field locations Synthesis of data from desk review In-depth analysis of each nutrition activity using available monitoring data and findings from discussions; disaggregation by gender and age as applicable and where data is available	Medium: highly dependent on availability of relevant and reliable outcome data collected by the programme interviews and discussions with open-ended questions will offer space for unintended outcomes to be reported; FGDs with men and women can contrast and compare the experiences between genders. As BSF and TSF are comprehensive programmes open to all, the non-beneficiaries will only be children who are not

What were the effects of the Nutrition activities on beneficiaries' lives?	Extent to which household decision-makers targeted through SBCC and training activities have applied notions acquired		about children aged outside 6–23 months who do not receive BSFP and about children who do not fit the criteria for TSF.	Triangulation of desk review findings with interview and FGD findings The effects for non-beneficiaries can be assessed through, for example, comparisons between beneficiaries who have received extensive SBCC through the PHC with those in non-PHC villages who have had limited exposure	eligible due to age or due to not being malnourished; the ET will attempt to tease out any effects in these groups through discussions with groups of caregivers who will have a mixture of children in their care, both beneficiaries and non-beneficiaries Some bias can be expected if beneficiaries are influenced in their response by a desire to see the programme continued or enhanced.
2.3 What were the major factors influencing the achievement or non-achievement of the outcomes?	**Internal factors:** pipeline integrity and internal delivery structure Quality and frequency of monitoring and reporting on outputs, outcomes (including gender-sensitive aspects); use of information to adapt programme activities Quality and quantity of staff and of implementing partners; staff capacity development (including knowledge and skills on gender); gender balance in staffing **External factors:**	Monitoring reports Notes of management meetings/decisions taken in response to changes or monitoring data Organograms Details of training packages and curricula provided Memoranda of Understanding (MOUs) and Field Level Agreements (FLAs) WFP staff and implementing partners Funding/resource status reports	Desk review of data KI interviews with WFP staff at all levels and implementing partner, donor, UN agency, and Government representatives	Review and triangulation of data from different sites and management levels; synthesis of findings from KI interviews	High: through document review and in-depth discussion with WFP staff, the ET should be able to assess gaps and strengths in the system; data on significant events that may have impacted the activities is expected to be available, consistent, and verifiable.

	Funding status throughout the period of the evaluation Effects of risk factors in The Gambia, including conflict, natural disasters on logistics, road access, security Extent to which The Gambia policy framework and Government have been open to collaboration with WFP and committed to addressing nutrition Adequacy and efficiency of provision of complementary inputs/services from other stakeholders/partners as appropriate	Government, donor, and development partner policies, strategies			
2.4 Did the coordination with national and other UN partners contribute to improvements in the nutritional status of the affected population? How has WFP coordinated with national bodies (e.g. NaNA), government ministries, and UN partners to improve nutrition planning, policy, and strategy?	The extent to which WFP has engaged in coordination bodies and meetings The extent to which WFP coordinates actively and regularly with its national and UN partners in pursuit of similar goals WFP's engagement in successful and fruitful partnerships Degree to which coordination in programming has led to improved response	Government, donor, and development partner policies, strategies Minutes of coordination meetings Programme implementation guidance documentation Beneficiary, Government, UN, and implementing partner views	Review of programme documentation and government and UN strategies/policies Review of minutes of coordination/multi-stakeholder meetings KI interviews with implementing partners, government, and UN partners FGDs with beneficiaries	Synthesis of data from desk review Triangulation of interview/discussion findings with available data	Medium/High: through document review and triangulation of interviews, the ET will gain a good understanding of the quality of coordination. Assessing the resulting improved programme intervention efficiency will also be robust, though pathways between improved coordination and nutrition outcomes are complex and less easy to confirm conclusively.

2.5 Did the School Feeding activities contribute to an improvement in the Nutritional status of girls and boys?	Nutritional status of schoolchildren in targeted schools pre-2016 compared with their current nutritional status *if this data is available.* Likely to be qualitative data around perceptions of improved nutritional status	The Gambia micronutrient survey 2018 and MICS 2018 WFP The Gambia School Feeding Evaluation report 2018 Monitoring reports from the school feeding programme Government partners, UN agencies School staff, parents, and children	Review of surveys, evaluations, and project monitoring reports KI interviews with Government, UN, and donors as applicable FGDs with beneficiaries: schoolchildren (if feasible), parents, school committees, and staff	Synthesis of available information from desk review Triangulation of interview/discussion findings with available data	Low/medium: there have not been any specific studies to examine the nutritional status of school-aged children in The Gambia, therefore the evaluation is unlikely to be able to answer this question conclusively. However, qualitative information can be used, alongside evidence from recent surveys in The Gambia, linked to the global knowledge base on nutrition in this age group.
2.6 Were the relevant assistance standards met?	Sphere Standards for TSFP and BSFP Gender and Equity standards/expectations, including The Gambia Gender Policy, WFP's Gender Policy, and GEEW objectives WFP's commitments to accountability to affected populations	Project documents, monitoring reports, and evaluations UN, government, and implementing partners Beneficiaries of activities	Desk review of documentation on nutrition activity targeting, implementation, and outcomes, disaggregated by gender (and age and disability where possible) KI interviews with UN, government, and implementing partners FGDs with beneficiaries	Triangulation of interview/discussion findings with available data	High: standards are clear, and objective assessment should be feasible through review of data triangulated with KIIs and FGDs.
2.7 Did a specific modality of intervention achieve greater outcomes than another, including with regard to partnership arrangements?	Comparative achievement of stated expected outcomes and impacts of the various nutrition activities Beneficiary satisfaction and perception of impact for each activity	Project monitoring reports / evaluations Survey/evaluation evidence Beneficiaries Implementing and strategic partners	Desk review of documentation FGDs with beneficiaries KI interviews with implementing partners and strategic partners,	Triangulation of desk review findings with interview and FGD findings Comparative assessment of outcomes and impact across the nutrition activities	Medium: it may be difficult to disaggregate the effects of one activity from another, as several of the nutrition activities work as a package (e.g. SBCC and BSF/TSF); several partnerships are also working across more than

	Any unintended effects of the activities Quality of partnership for each activity		including government, UN, and donors	Comparative assessment of partnership quality across the nutrition activities	one activity. However, it is likely to be clear if there is one modality that stands out as *significantly* more impactful and useful to beneficiaries than the others.
Criterion 3: Efficiency					
Questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence Quality
3.1 To what extent were the nutrition activities cost-efficient?	Costs of interventions vs number of beneficiaries served Operational costs vs costs of food/transfer delivered	WFP data on expenditure (Standard Project Reports) WFP CO operations and finance team MOUs and FLAs with implementing partners	Desk review of project documents KI interviews with WFP CO staff KI interviews with implementing partners	Triangulation of data from desk review with information from KI interviews	Medium: data on expenditures is expected to be rigorously collected and reported by WFP and its implementing partners. However, some budget lines for nutrition may be difficult to disentangle if costs for transportation of commodities are shared with other programmes, for example Finance and costing information has not yet been shared with the ET nor is it adequately reported in SPRs.
3.2 To what extent were the nutrition activities implemented in a timely manner?	Timeliness of implementation (e.g. BSF timing alignment with the seasonal hunger gap) Regularity of distribution/implementation Pipeline breaks	Project monitoring reports Pipeline information/WFP CO logistics and programme staff Implementing partners Beneficiaries	Desk review of project documents KIs with WFP CO staff, implementing partners FGDs with beneficiaries	Triangulation of data from desk review with information from KI interviews	High: distribution dates and challenges are recorded in SPR reporting and WFP monitoring data; triangulation of data from interviews from a range of sources can confirm any significant issues with

					timeliness of implementation.
3.3. To what extent were the nutrition activities implemented in the most efficient way compared to alternatives?	Efficiency of implementation modality of each activity compared to other available options	Project documents, including needs assessments/planning documents pre-dating the start of the evaluation period (2015); implementing partner proposals Implementing partners, WFP CO staff, UN, government, donor, and beneficiary viewpoints	Desk review of project documents and partner proposals/needs assessments if available KI interviews with Implementing partners, WFP CO staff, UN, government and donors FGDs with beneficiaries	Examine whether any alternative approaches were proposed and reviewed at the start or during the activity life cycle – through desk review and interviews Examine whether/how the activities have responded to monitoring data or adapted to changing circumstances or beneficiary feedback	Medium: the ET will be able to gain a good understanding of alternatives that have been considered throughout the programme cycle and why decisions were made. However, due to significant pipeline breaks over the period being evaluated it may be difficult to assess the intended implantation modality if the actual modality was overly compromised.
Criterion 5: Sustainability					
Questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence Quality
4.1 To what extent did the Nutrition activities' implementation arrangements include considerations for sustainability, such as capacity strengthening of national and local government institutions, communities, and other partners?	Inclusion of activities and approaches to promote sustainability within the nutrition activities' implementation plans Level of implementation of capacity strengthening activities foreseen at the levels of (i) enabling environment (alignment of policies, mainstreaming of nutrition in national work plans, minimum nutritional package)	Project documents (CSP, Standard Project Reports, workplans for activities, training plans, and schedules) MOUs with implementing partners KI interviews with implementing partners, including community health nurses, PMTCT and ART staff at the Ministry of Health, Red Cross Volunteers, national and local government, and UN agencies	Desk review KI interviews	Triangulation of desk review findings with KI interviews	High: considerations for sustainability can be assessed according to whether or not they were intentional and have been documented as such; and whether that intention was shared with implementing partners and actions specifically put in place to build capacity

	(ii) institutional strengthening (establishment of a social protection secretariat and development of a single beneficiary registry) (iii) skills of individuals and communities	Evidence of alignment in policies; national workplans			
4.2 To what extent is it likely that the benefits of the Nutrition activities will continue after WFP's work ceases?	Improved knowledge and practices exhibited by communities in nutrition Extent to which the community is contributing to and participating in activities, including the commitment of health staff to the continued promotion of nutrition Capacity of the Government enhanced; including commitment of the Government to improving nutrition for the vulnerable populations currently supported by WFP	KI interviews with implementing partners, national and local government, UN agencies, donors FGDs with beneficiaries National policies, plans, strategies reflecting government commitment to nutrition; any new structures established or cadres within the health system to continue activities	KI interviews FGDs Desk review	Triangulation of findings from different data sources	Medium: dependent on quality of data, strategies, and mechanisms currently established and on the predictability of future external risks, including dependence on donor financing, change of government, climate risks, etc.

Annex 7. Documents Reviewed

Document type	**Titles**
Project-related documents	
Appraisal mission report	
Project document (including Logical Framework in Annex)	PRRO 200557 Project document June 2013–June 2015 Dev 2000327 Establishing the Foundation for a Sustainable and Nationally-Owned School Feeding Programme (Aug 2012-July 2016) CSP 2019-2021 The Gambia T-ICSP 2018
Standard Project Reports	PRRO 200557 SPRs 2016, 2017, DEV200327 SPR 2016, 2017 CSP ACR 2018, 2019
Budget Revisions	PRRO 200557 BR4 (Jan 2017-Mar 2018).
Note for the record (NFR) from Programme Review Committee meeting (for original operation and budget revisions if any)	
Approved Excel budget (for original intervention and budget revisions if any)	
Intervention/Project Plan (breakdown of beneficiary figures and food requirements by region/activity/month and partners)	
Other	PRRO 200557 Baseline assessment. The Gambia. April 2014 EU Description of the Action. Post-Crisis Response to Food and Nutrition insecurity in The Gambia CRIS Contract Number: FED/2016/376-701 Distribution of TSF and BSF beneficiaries by village (current) Distribution points of nutrition activities in the Gambia January 2020
Country Office Strategic Documents	
Country Strategy Document	T-ICSP Jan-Dec 2018, CSP 2019-2021
UNCT Strategic Documents	
UNDAF	United Nations, The Gambia, The Government of The Gambia. *The Gambia United Nations* Development Assistance Framework (UNDAF) 2017-2021. Signed: 19 October, 2016
Assessment Reports	
Comprehensive Food Security and Vulnerability Assessments	CFSVA 2016
Crop and Food Security Assessments (FAO/WFP)	The Republic of the Gambia, Joint Gambia Government/AATG/AAH/FAO/CILSS and WFP *Preharvest Assessment 2019/2020 cropping season*
Nutrition Surveys	National Nutrition Agency (NaNA) The Gambia, The Gambia, Bureau of Statistics (GBOS), UNICEF, GroundWork. *Gambia National Micronutrient Survey 2018*. Banjul, Gambia; 2019. Final report, 27 February 2019. National Nutrition Agency (NaNA), Office of the Vice President and Ministry of Women's Affairs, Republic of The Gambia. *National Nutrition Survey, The Gambia 2015*. Using Standardised Monitoring and Assessment of Relief Transition (SMART) Methods. Data collection September 1 to October 6, 2015.

	Republic of The Gambia. *The Gambia Demographic and Health Survey 2013*. Gambia Bureau of Statistics, Banjul, The Gambia, ICF International, Rockville, Maryland USA. September 2014. *The Gambia Multiple Indicator Cluster Survey (MICS) 2018*. Survey findings report, July 2019. The Gambia Bureau of Statistics and UNICEF.
Active Screening and registration results	Nutrition Screening Data Analysis WFP 30 July 2018 Nutrition Screening Data Analysis WFP 2019
Food Security Monitoring System Bulletins	2020 COVID assessments Cadre Harmonisé assessment 2019/2020
Market Assessments and Bulletins	
Inter-Agency Assessments	
Monitoring & Reporting	
M&E Plan	M&E Plan 2018
Country Situation Report (SITREP)	
Country Executive Brief	WFP Brief on Nutrition Interventions
Post-distribution Monitoring Reports	PDM report: Home Grown School Feeding Programme- Dev 200327. December 2016 PDM report: School meals programme, March 2018 PDM report: Home grown school feeding programme, Regions 1,3,5,6. June 2018
Monthly Monitoring Reports	
Beneficiary Verification Reports	
Donor specific reports	EU Post crisis response to Food and nutrition insecurity in the Gambia (15/01/17-14/06/19). Progress Report 1st February 2018 – January 31st 2019. September 2019
Output monitoring reports	
Actual and Planned beneficiaries by activity and district/ location by year	In SPRs/ACRs
Male vs. Female beneficiaries by activity and district/ location by year	SPR/ ACR Brief on the Nutrition Activities
Beneficiaries by age group	In SPRs
Actual and Planned tonnage distributed by activity by year	In SPRs
Activity report	Super Cereal Distribution to People Living with HIV and AIDS Report
Operational documents (if applicable)	
Organigram for main office and sub-offices	
Activity Guidelines	
Mission Reports	School feeding mission report in the context of COVID Gender assessment powerpoint - COVID-context.
Pipeline overview for the period covered by the evaluation	
Logistics capacity assessment	
Partners	
Annual reports from cooperating partners	MOH 2019 TSF and SBCC training report GRCS 2019 report
Field level agreements (FLAs), Memorandum of Understanding (MOUs)	FLA with The Gambia Red Cross Society, May 2019 to December 2021 Tripartite MOU between WFP The Gambia, NaNA and MOHSW, 12 February 2018 to 28 February 2020 MOU: Partnership between WFP and UNAIDS July 2019

Coordination meetings (if applicable)	
NFRs of coordination meetings	
Other	
Evaluations/ Reviews	
Evaluations/ reviews of past or on-going operation	EU PCR Evaluation 2019 PRRO Operation Evaluation Report January 2016 Gambia DEV 200327: Establishing the Foundation for a Nationally Owned Sustainable School Feeding Programme in the Gambia from 2012 to 2017. Evaluation Report June 2018
Evaluations of other nutrition related programmes	Formative Evaluation of the UNICEF Child Survival and Development program in The Gambia (2012–2021). October 2019 NAS/UNAIDS Final Evaluation of the National Strategic Plan for HIV and AIDS – The Gambia 2015–2020, January 2020. Republic of The Gambia. Zero Hunger Strategic Review 2018. A National Guide to achieving Sustainable Development Goal 2 by 2030. The Cost of Hunger in Africa (COHA). Social and economic impact of child undernutrition in The Gambia. 2018.
Resource mobilisation (if applicable)	
Resource Situation	EU financial reporting 2017-2019 summary
Contribution statistics by month	
Resource mobilization strategy	
NFRs Donor meetings	
Maps (if applicable)	
Operational Map	Map of distribution points for nutrition
Logistics Map	
Food Security Map	Food security map 2016.
WFP Corporate documents	
Policies and strategies	WFP Nutrition Policy 2017 WFP Update on Gender Policy (2015-2020) WFP Regional Gender Implementation Strategy, West and Central Africa (2016)
Guidance documents	Unlocking WFP's potential: Guidance for nutrition sensitive programming. WFP March 2017
Other documents collected by the team (including external ones)	
The Gambia National Policy/Strategy documents	The Republic of The Gambia. *National Nutrition Policy (2018-2025).* NaNA dedicated to working with communities to achieve better health and nutrition. 2018. Republic of The Gambia. The Gambia National Development Plan 2018-2021. Delivering good governance and accountability, social cohesion and national reconciliation and a revitalized and transformed economy for the wellbeing of all Gambians. January 2018. Republic of The Gambia *Agriculture and Natural Resources (ANR) Policy (2017–2026). Semi Final Draft Report.* Sambou Lamin Kinteh – Consultant. Supported by the IDA-Sponsored Gambia

	Commercial Agriculture and Value Chain Management Project (GCAV) of the Ministry of Agriculture (MOA). Banjul December 2016. Republic of the Gambia. DRAFT REPORT The Gambia Second Generation National Agricultural Investment Plan-Food and Nutrition Security (GNAIP II-FNS). 2017-2026 Republic of The Gambia. *The Gambia National Health Sector Strategic Plan (2014-2020)*. Ministry of Health and Social Welfare. Republic of The Gambia. National Health Policy. "Health is Wealth" 2012 - 2020 "Acceleration of Quality Health Services and Universal Coverage". Ministry of Health & Social Welfare. Banjul, The Gambia The Government of The Gambia, UNDP, UNICEF. The Gambia National Social Protection Policy 2015-2025. The Republic of The Gambia. *National Nutrition Policy (2010-2020)*. NaNA dedicated to working with communities to achieve better health and nutrition. 2010. National Nutrition Guidelines for PLHIV in support of AIDS and TB response in The Gambia. February 2014.

Annex 8. Data Collection Tools

This annex contains the following Questionnaires for KIs and FGDs.

1. KIs: WFP staff; UN, implementing partners, donors; Government counterparts
2. FGDs: Beneficiaries – caregivers and PLWs, families/communities
3. KIs/FGDs: Health staff
4. Questions specific to the nutrition elements of school feeding: WFP; implementing partners; beneficiaries (schoolchildren/parents); teachers

Interviews with WFP staff (CO, including Evaluation Manager, Nutrition team, logistics, finance)

1. What was the analysis of needs at the time of the design of the programme, and how was this intervention designed to meet those needs? How were needs different by group (women, men, girls, boys, PLWHIV, disabled, aged)?
2. Were the nutrition interventions designs informed by a gender assessment? Do you know to what extent gender dynamics at community and household level represent barriers to healthy nutritional behaviours? Did the design take these barriers into consideration? How?
3. What are the national policies that the intervention relates to? How well does it fit in with and support policy?
4. How do the various nutrition activities work together in a holistic package of support?
5. How do the nutrition activities complement or fit within other activities of WFP?
6. How coherent are the interventions with relevant WFP and United Nations-wide system strategies, policies, and normative guidance (including gender and the UNDAF)?
7. What are the underlying factors of acute and chronic malnutrition nationally and specifically in WFP's areas of operation? Is there a good evidence-based understanding of these?
8. Have these evolved or changed since 2015/16, and how has WFP programming responded to any changes?
9. With blanket feeding being provided alongside SFP, is there evidence of reduction in child admissions to acute malnutrition treatment programmes during the lean season? What evidence can be used to demonstrate the effectiveness of the BSFP?
10. What are WFP's main messages in SBCC, and how is it implemented? How do they collaborate with UNICEF in terms of agreeing priority messages and designing tools/approaches? Are there materials (e.g. flip charts, pictures)? What is the schedule (i.e. how frequently do beneficiaries receive SBCC, and with what frequency do they return to the same topic?) What strategies do you put in place to engage men and household decision makers (regarding use of food) in SBCC sessions? What are the criteria/guidelines for reaching households with SBCC messages?
11. Have you seen any changes in practices (including by men) resulting from the SBCC? E.g. any changes in infant and young child feeding practices (breastfeeding or complementary feeding practices) or WASH practices? Is there evidence to document this?
12. What have been the challenges to successful programme implementation?
13. How has targeting been conducted in nutrition activities? Were the most vulnerable groups reached? Who were they? What has been successful, and where have there been bottlenecks?
14. Please describe the capacity development activities. Are these focused only on training of implementing partners and Government staff (including at national and sub-national levels) or were other planned activities on enabling environment (nutrition in national policies, programmes, and workplans) and institutional strengthening (social protection secretariat, single beneficiary registry) also implemented?
15. Are the capacity strengthening activities (nutrition) of WFP strategic? Are they based on an assessment of the Government's capacity gaps? Are they forward looking and oriented towards future handover to the Government of the activities that WFP carries out? What needs to happen

for the Government to be able to take over activities, lead on nutrition, and ensure coverage of populations' nutritional needs across the country?

16. What are other actors doing in nutrition, and how does WFP coordinate or collaborate with them? Is the National Nutrition Policy the main guiding approach? How does WFP work with others in support of this?
17. Beyond SBCC, what is WFP's relationship with UNICEF, and how do they work together with MOH on health and nutrition issues and with NaNA/the Government on policy/strategy?
18. How does WFP work with UNAIDS and FAO? What were the findings of the nutrition support to the PLHIV pilot, and how should these be taken forward?
19. Has WFP engaged in any strategic review and planning of its nutrition activities? If so, what has this involved, and what were the outcomes/changes made?
20. How has the response to the nutrition situation evolved over the period of the portfolio in light of learning from programming and pilots and changes in the situation?
21. What would you do differently in future nutrition activities? What are the lessons learned and what changes would you like to see? What would be important to sustain or build on?
22. How effective has your office been in mainstreaming gender issues? Was a gender assessment conducted prior to the start of the nutrition activities or during the implementation period? Is the knowledge on implementation of WFP's gender policies and commitment to GEEW sufficient among cooperating partners? How do you promote gender equality and empowerment of women in addressing food and nutrition challenges? How were activities tailored to specific needs of girls, boys, men, and women? To what extent have gender dynamics and barriers to health and nutritional behaviour changed following WFP's interventions? Do you have any evidence that, in addition to women and girls, men and boys are also equipped with nutrition skills? Can you show examples that evidence that the content of the trainings was gender sensitive?
23. What would you do differently in future to improve and sustain gender in programmes and activities? What are the lessons learned and what changes would you like to see?
24. Has nutrition been mainstreamed into other ministries' policies and programmes?
25. How much does the food supplementation programme cost?
26. Do you have a strategy for an active community-based nutrition surveillance programme to forecast (or more realistically, detect as early as possible) food shortages and emerging nutrition problems in the country?

Questions for UN partners, implementing NGO partners, and donors

1. What is the degree of cooperation/collaboration with WFP in the nutrition sector?
2. Are there any harmonizing activities among partners in the field of nutrition?
3. What are, from your point of view, the most pressing issues on nutrition in The Gambia? Have these evolved/changed over the past 3–4 years?
4. What are the biggest constraints to effective implementation of nutrition programmes and achievement of impact?
5. Is WFP's approach to nutrition still relevant and appropriate? Have you seen them adapting to the changing context?
6. How is WFP supporting the development of national capacity in nutrition?
7. Are there aspects of the WFP nutrition response that you would like to see change moving forward?
8. How effective has WFP been in mainstreaming gender issues and promoting gender equality and empowerment of women in their nutrition activities? To what extent is collaboration with the Ministry of Women, Children and Social Welfare effective in promoting GEWE within nutrition areas? Are there aspects that they could improve upon?
9. What are your agency priorities for nutrition currently and how do these fit with those of WFP?

Questions for Government counterparts, including Regional Health Directorates (RHDs)

1. What nutrition programmes is your office engaged in and how do you coordinate/work with WFP?
2. What is the status of coordination mechanisms and SUN processes in-country? Are there regular coordination meetings for nutrition? Probe for minutes of meetings.
3. How is coordination between and within ministries and with other stakeholders in implementing and monitoring nutrition in the country?
4. Are there structures for coordination, management, monitoring, and evaluation of interventions for nutrition?
5. What are your observations concerning the present interventions in the following?
   - 5.1. Therapeutic supplementary feeding
   - 5.2. Seasonal blanket supplementary feeding
   - 5.3. SBCC
   - 5.4. Nutrition support to PLHIV
6. Are these programmes necessary, effective, implemented efficiently, and targeting the right people?
7. How has the nutritional situation in The Gambia evolved over the past 3–4 years? Are there any significant changes? If so, how has WFP responded programmatically to these changes?
8. How much has your office been involved in the programme design of WFP nutrition activities?
9. What kind of changes would you propose for future WFP programmes in your field of activities?
10. What are the most common bottlenecks in the programme?
11. What is the most pressing/relevant intervention needed to improve the nutrition situation?
12. What are the most important nutrition education messages to focus on, in your opinion, and what have been the most successful methods of enhancing nutritional knowledge and improving practices?
13. Is there any evidence of these practices (e.g. breastfeeding, complementary feeding, WASH) improving? How do you know – is there any data on outcomes? What are the ongoing challenges?
14. How effective has WFP been in mainstreaming gender issues in its programme and ensuring that men, women, girls, and boys are appropriately included and supported? Have their programmes helped advance women's empowerment in any way? To what extent is the Ministry of Women, Children and Social Welfare playing a role in promoting GEWE in nutrition areas?
15. How has WFP supported you or your staff on the ground and health staff in developing improved capacity for nutrition? Please describe specific activities or arrangements/ approaches. Can you describe the most significant change resulting from the trainings received by government staff (central and local levels)? What needs to happen for the Government to be able to take over activities, lead on nutrition, and ensure coverage of populations' nutritional needs across the country?
16. To what extent has WFP supported the mainstreaming of nutrition in relevant national policies (safety nets, school feeding, etc.)? To what extent has WFP supported institutional strengthening in areas related to nutrition (e.g. setting up of structures such as the social protection secretariat, establishment of a single beneficiary registry, technical assistance, facilitation of networking, etc.)?
17. Do you have a training plan on nutrition? How many health staff have been trained on nutrition during the last 12 months?
18. How has the central government's budgetary allocations contributed to assuring sustainable food and nutrition security?

Questions for focus group discussions with caregivers or pregnant/lactating women

1. What support/services do you receive through this programme?
2. How long have your child/you been included in the TSFP? Do you know why you are receiving this food (eligibility criteria)?
3. Do you know how long you/your child will be staying in the programme? Can you still join for SBCC after your child is discharged?
4. Do you know why you/your child became sick/malnourished? What are the main health and nutrition problems you face in this community? What are the main problems for your children?

5. What are the main causes of these problems?
6. How has the WFP (or implementing partner) activity contributed to improving these issues? What benefits have you noticed for you or your children through engagement in this programme?
7. Are there any challenges for you in participating in programmes?
8. What type of food do you/your child receive? Is it appropriate and sufficient? Who eats the food in the family?
9. Have there been any breaks in supply of food, i.e. have you ever come and been told there is no food at the moment?
10. Do you have other children who are malnourished or have previously been enrolled in the SFP? If they are recovered, are they staying well now?
11. How many meals a day are you having now? Previously? How many meals do you feed your children?
12. Have you learned any new practices on how to feed your babies/young children through the information and awareness sessions in the camp? If so, please tell us what these are and how you have put them into practice. Are some more difficult to implement than others?
13. Was it only you who learned these messages, or have other people in your family/community also benefitted from them?
14. Do you feel some people/types of people have been missed out, or not been included in the programme, who should have been?
15. What do you do if there is an aspect of the programme that you are not happy with?
16. Are you aware of a complaints/appeals procedure? Are these easy or complicated for you to use? Why?
17. What changes would you like to see in the programme to improve it?
18. Do you or someone in your family participate in other WFP activities (e.g. school feeding)? If yes, how has this other activity helped your family?
19. What type of support do you need now?
20. What support do you get from other organizations/government? Are there other health/nutrition programmes in your village/nearby?
21. What are your major sources of water and how is the quality of the water?
22. What are the sources of sanitation in this community? Are the latrines sufficient?
23. Have the Nutrition-sensitive interventions and programmes (name these in the community) had any effect in improving maternal and child nutrition?

Health workers / staff

1. Please describe who is eligible for BSFP/TSFP and how they are identified and referred to the programme.
2. What is the ration provided?
3. What is the average length of stay in the programme and what are the criteria for discharge?
4. Are children with SAM referred on? Where do they go if they require inpatient services and how do you refer them? Are they many?
5. What other services do beneficiaries receive here?
6. How successful do you think SBCC messages are? Which ones are well-received and easier for people to implement? Which ones are very difficult for people to adopt? What are the reasons for this?
7. Which messages do you think are the most important for this community? Do you have ideas to improve the messages or the way they are delivered?
8. Are messages given mainly to mothers/women? How do you engage fathers, mothers-in-law, or other influential members of the community? Do you think that SBCC messages result in men and boys (in addition to women and girls) being better equipped with information to change nutrition

habits? Have you observed any changes in nutrition habits by these groups than can be attributed to the SBCC sessions?
9. Are you able to link them up with other activities/organizations to provide longer-term support to the family if needed?
10. What do you think are the main causes of acute malnutrition in the community?
11. Does this activity or do other related WFP activities address some of those causes?
12. Does care of infants and children fall largely to women or are men active in childcare in this community? Who are the major decision makers in terms of practices for infant feeding and care of pregnant women? Did you involve them in the activities? Are they likely to participate (when it is a different person than the beneficiary)? How?
13. Are there any challenges for you in implementing the programme?
14. When did you last receive training on nutrition? Did you receive any training on gender mainstreaming in nutrition interventions? What did this entail? When are you expecting to be trained again? Are there particular areas in which you would like training?
15. Do you see many readmissions?
16. Do you consider this programme to be successful?
17. Do you have any ideas on improving the programme?
18. Do you think the beneficiaries need additional support, and if so, what type of support?
19. What would happen if this programme finished or could not be continued?
20. Review of registers and records (enrolment and treatment).

Questions for discussion on the nutritional elements of school feeding:

WFP

1. What is the main objective of the school feeding programme?
2. What is the food provided, and how often is it provided?
3. Was there any assessment of children's diets/eating habits before the programme was implemented? If there was, how was the school meal designed to complement existing diets? If not, on what basis was the school meal designed?
4. Have there been any pipeline breaks during the period under evaluation? Please detail the dates and duration of these and explain the reasons.
5. What does the community think of the school feeding? Are girls and boys equally benefitting from these activities? Why or why not?
6. What was your selection criteria of villages or schools for the programme?
7. Have there been any changes/innovations introduced during the project duration? What contributed to bring such changes/results?
8. What percentage of children is covered by the school feeding programme?
9. How does a family cope with difficulties when there is a delay or interruption in distribution? Do they remove their children from schools? Do the parents or community provide food? Do children go home earlier or come in later or go home for lunch?
10. How have you assessed the nutrition outcomes on children? What is your reflection on the contribution of the school meal to children's nutrition? Is it different for girls/boys?
11. What factors have reduced the effectiveness of the operations (both internal to WFP and external)?
12. Do you have any suggestions to improve the programme in terms of improving nutritional outcomes for children (girls and boys)?

Implementing partners (Ministry of Education at national level, local authorities)

1. Why was the programme started? What was its main objective? Is that still the main objective now, or has it changed over time?
2. Is the programme on track? What do you think it has achieved, and are there objectives still to be achieved?

3. Do the families/communities contribute to the programme? If so, what is their contribution?
4. What is the nutritional value of the school meal? Was it designed to meet a specific nutrition need of the boys/girls in school? Does it meet that need? Are there ongoing nutritional challenges for schoolchildren? Are these different for boys vs girls?
5. Do children generally eat breakfast before attending school?
6. Have there been many pipeline breaks or challenges delivering the programme? Please detail when these were and their duration.
7. When there are pipeline breaks or no food in school, what do children do? What do they eat instead?
8. Do you think the programme has improved the nutrition/health of schoolchildren? Any differences between boys and girls?
9. Do all schools have demonstration gardens? What is their role and contribution? Who participates in them?
10. Do schools deliver nutrition education? How is it delivered? When? To who? (I.e. is it part of the curriculum or extra-curricular?)
11. What sort of support/trainings/capacity building activities have been provided to partners by WFP?
12. Is there any evidence of the impact the programme had on the nutritional status of schoolchildren?
13. What are the lessons learned in this programme and how can these built upon in future?

Beneficiaries (parents, primary school boys and girls)

1. Please describe your school meal – what is in it? Is it the same every day? What time do you receive it?
2. What do you think about the school meals? Do you like them / does your child like them? What is the best thing about them? Is there anything that could be improved?
3. Do you/your child eat breakfast before coming to school or bring any snack to school?
4. Is the school meal their main meal or do they eat dinner when they go home?
5. Is this school meal a supplementary meal to what children eat at home, or does it replace a meal that they would otherwise eat at home? If it is a replacement, what is the difference in content between the school meal and what they would eat at home?
6. Do you contribute anything towards the meals, e.g. payment, firewood, food preparation, or serving?
7. How do you think school feeding helps your children? Does school feeding help you? In what ways? How does it help you/your family?
8. Does everyone receive school meals? Do you have any children that attend school but do not receive school meals?
9. Does everyone get the same share of food? Boys/girls, younger/older? Do you get enough food? If not, why not?
10. Would you be attending school if you were not given school meals? Why or why not? What would you do for lunch or when you got hungry?
11. Is there always food available for school meals? Have there been times when there was no food? When was this and how long did it last? What happened then? What did you do?
12. Do you have any suggestions to improve the school meal?
13. Do you/your child engage in the demonstration garden? What have you learned from that? What benefits have you gained?
14. Do you have suggestions to improve the school garden activity?

Teachers

1. Does school feeding motivate parents to send their children (girls and boys) to secondary school? Why or why not?

2. What do you think about the meal itself? Is it the right type of food for children? What nutritional/health benefits are there for them? Is that the same for boys and girls? Do some commodities run out at times, or is it the same composition for the most part?
3. Do you think the children in your school are healthy and well-nourished? Are there some/many who come to school hungry? If so, who are these ones?
4. Do most children eat breakfast before coming to school? Is the school meal their main meal, or do they eat dinner when they go home?
5. Is this school meal a supplementary meal to what children eat at home, or does it replace a meal that they would otherwise eat at home? If it is a replacement, what is the difference in content between the school meal and what they would eat at home?
6. How many of your students get school meals? Are there any children who do not like the food and/or refuse to eat?
7. At what point in the day do you provide the meal? What is the rationale for the chosen time?
8. Have you had any pipeline breaks? When were these and how long did they last? What did you do? How did this affect the children (e.g. attendance, concentration in class, absence for lunch, etc)?
9. What would happen if the programme finished? For example, would children bring in food or go home to eat or go without food? Would the community bring some food to the school?
10. Are there any home-grown or small-scale food production interventions or initiatives to address, strengthen, and sustain food and nutrition security at the community level?
11. Please describe the school garden activities, how you use the garden, and what the value is. Are all children participating (both girls and boys, only those whose parents contribute, etc)? Is there any nutritional/health benefit for children from this?
12. Do you deliver nutrition education in school? When is this done? Is it part of the curriculum? What are the key messages? Do you think it is effective? If yes, in what way? If no, why not?
13. Who trained you on nutrition, and when did that happen? What topics were covered? Are there any topics you feel were missed or you would like to be trained on? Are you expecting any future trainings at present?
14. Do you have suggestions to improve the programme, particularly thinking about improving the health and nutrition of the girls and boys?

Annex 9. Narrative used for obtaining verbal consent from informants

Before starting an interview or FGD, the purpose of the discussion will be explained by an ET member and the interviewee's / FGD participants' consent will be sought by stating the following, after the necessary introductions have been made:

You are being asked to participate in the Evaluation of Nutrition Activities; this has been commissioned by WFP The Gambia Country Office. I am an independent consultant; I am not employed by WFP.

Your participation in this interview / discussion is voluntary. Your decision whether or not to participate will not affect your current or future dealings with WFP or their implementing partners.

The evaluation aims to determine the effectiveness and performance of the nutrition activities to date. The findings are expected to influence their future implementation and that of other similar projects. This evaluation will not benefit you directly. It is designed to learn about the nutrition activities.

Information is being collected by the Evaluation Team throughout the country through key informant interviews and focus group discussions. Each interview or discussion is expected to last for no more than one hour.

The information you provide will be kept confidential. For KIIs: Your name will be listed as an interviewee in an appendix of the Evaluation Report. However, any information that you provide will be non-attributable.

Do you have any questions before we start the interview/discussion?

Do you agree to take part in this interview/discussion?

Annex 10. Stakeholders Interviewed

Name	Designation	Organization
WFP CO		
Wanja Kaaria	Country Director	Country Office WFP
Duncan Ndhlovu	Head of Programmes	Country Office WFP
Mam-Yassin Ceesay	Monitoring and Evaluation Officer	Country Office WFP
Nuha Nyangado	Vulnerability, Assessment and Mapping (VAM) Officer	Country Office WFP
Dawda Samba	Nutrition Officer	Country Office WFP
Lamin Cham	Programme Assistant, Nutrition	Country Office WFP
Lilian Mokgosi	Programme Adviser/ Gender Focal Point	Country Office WFP
Tamsir Cham	Programme Policy Officer School Feeding	Country Office WFP
Pappy Mwenge (email only)	Finance Officer	Country Office WFP
Sarah Yehenou	Budget and Programming Officer	Country Office WFP
WFP RB		
Edoxi Kindane	Regional Bureau Evaluation Officer	Regional Bureau WFP
Isabelle Dia	Regional Bureau Evaluation Officer	Regional Bureau WFP
Government representatives		
Modou Njie	Director Health Promotion and Education	Ministry of Health
Fatou Darboe	Nutrition Officer	Ministry of Health
Ousman Darboe	Nutrition Officer	Ministry of Health
Modou Lamin Jobe	Acting Director Food Technology Services	Ministry of Agriculture
Malang Fofana	Programme Manager	National Nutrition Agency
Kawsu Barrow	M&E Officer	National Disaster Management Authority
Jerreh Sanyang	Deputy Permanent Secretary	Department of Basic Education
Kajali Sonko	Permanent Secretary	Ministry of Women, Children and Social Welfare
Mr. Sheriff Badjie	Assistant Program Manager	National AIDS Control Programme
Hamadi Sowe	RAC for CRR	National AIDS Secretariat
Mr. Jumu Wally	Directorate of Aid	Ministry of Finance and Economic Affairs
UN Agency representatives		
Dr. Shahid Mahbub Awan	Child Survival Development Manager	UNICEF
Ousman Touray	Senior Programme Officer	FAO
Ms. Louise Agathe Tine (debriefing only)	FAO Programmes	FAO
Ms. Sirra Horeja Ndow	Country Director	UNAIDS
Implementing partners		
Abdoulie Fye	Programme Manager	The Gambia Red Cross Society
Buba Darboe	Disaster Coordinator	The Gambia Red Cross Society
Isatou Joof	Deputy Disaster Management Coordinator	The Gambia Red Cross Society
Momodou A Ceesay	Managing Director	The Gambia Horticulture Enterprises
Haddy Ceesay	Marketing Manager	The Gambia Horticulture Enterprises
Donor		
Evangelina Blanco-Gonzalez	Delegate	European Union
David Fleet	EU Consultant, Social Protection	European Union
Stakeholders in North Bank Region		
Momodou Lamin Manneh	Regional Health Director	RHD NBW, Ministry of Health
Omar Camara	Regional Administrator	RHD NBW, Ministry of Health
Sanna Sowe	Community Health Nurse, VHS Sami	RHD NBW, Ministry of Health
Fatou Jonga	Community Health Nurse, VHS Samba Kalla	RHD NBW, Ministry of Health

Fatou Tamba	Community Health Nurse, VHS Misiranding	RHD NBW, Ministry of Health
Mabintou Janha	Community Health Nurse, VHS Nuimi Lamin	RHD NBW, Ministry of Health
Nyima Badjie	ART Treatment Centre	Essau Major Health Centre NBW, MoH
Lamin Darboe	Community Health Nurse, VHS Njongon	RHD NBW, Ministry of Health
Ebou Corr	Regional Senior Nursing Officer	RHD NBE, Ministry of Health
Maimouna Bah	Community Health Nurse, VHS Kunjo	RHD NBE, Ministry of Health
Amie S Dibba	Community Health Nurse, VHS Makka Farafenni	RHD NBE, Ministry of Health
Alieu Bah	Community Health Nurse, VHS Njawara	RHD NBE, Ministry of Health
Samuel S Gomez	Regional vector Control Officer	RHD NBE, Ministry of Health
Patrick Mendy	Community Health Nurse, VHS Noo Kunda	RHD NBE, Ministry of Health
Buba Jatta	NPO	RHD NBE, Ministry of Health
Katim J Touray	ROM	RHD NBE, Ministry of Health
Lamin J Jorbateh	Senior Administrative Officer	RHD NBE, Ministry of Health
Kalidu Jallow	Village Support Group	Sami PHC NBW
Awa Maraneh	Village Support Group	Sami PHC NBW
Chorro Sarr	CBC	Sami PHC NBW
Penda Jobe	VHW	Sami PHC NBW
Alieu T Dibba	CHN	Mbamry Kunda PHC NBE
Fanta Seedibay	PLW	Mbamry Kunda PHC NBE
Amie Saho	PLW	Mbamry Kunda PHC NBE
Haddy Jallow	PLW	Mbamry Kunda PHC NBE
Jainaba Bah	PLW	Mbamry Kunda PHC NBE
Fatou Jallow	PLW	Mbamry Kunda PHC NBE
Patrict Mendy	CHN	Noo Kunda PHC NBE
Maddy Camara	VHW	Noo Kunda PHC NBE
Binta Ceesay	PLW	Noo Kunda PHC NBE
Mama Marong	PLW	Noo Kunda PHC NBE
Aja Jammeh	PLW	Noo Kunda PHC NBE
Stakeholders in Upper River Region		
Lamin Ceesay	Regional Health Director	RHD URR, Ministry of Health
Omar Gassama	Nurse Midwife	RHD URR, Ministry of Health
Baboucarr Ngum	Leprosy TB	RHD URR, Ministry of Health
Sam Pierre Colley	PH Nurse	RHD URR, Ministry of Health
Saihou Drammeh	CHN naNA	RHD URR, Ministry of Health
Kanimang Manneh	Volunteer	Gambia Red Cross, URR
Lamin Jawo	Volunteer	Gambia Red Cross, URR
Habby Sam	Volunteer	Gambia Red Cross, URR
Buba Jawneh	Volunteer	Gambia Red Cross, URR
Dawda Sankareh	Branch Officer	Gambia Red Cross, URR
Dawda Jallow	Volunteer	Gambia Red Cross, URR
Tamba Kanuteh	FMC member	Dampha School Feeding FMC
Aja Mayansa Jabbi	FMC member	Dampha School Feeding FMC
Mama Fofana	FMC member	Dampha School Feeding FMC
Aja Dansira	FMC member	Dampha School Feeding FMC
Mama Samateh	FMC member	Dampha School Feeding FMC
Mabintou Ceesay	FMC member	Dampha School Feeding FMC
Lamin Tarawally	CHN VHS	Dampha Kunda, VSG URR
Morie Ceesay	Village Health Worker	Dampha Kunda, VSG URR
Aja Mama Ceesay	Community Birth Companion	Dampha Kunda, VSG URR
Tunko Sankareh	Assistant Community Birth Companion	Dampha Kunda, VSG URR
Fatou Sanneh	CBC	Kundam Mafatty TSF URR
Jabou Darboe	PLW	Kundam Mafatty TSF URR
Salimatou Fadia	PLW	Kundam Mafatty TSF URR
Mariama Korra	VSG	Kundam Mafatty TSF URR
Jatto Nyabally	VSG	Kundam Mafatty TSF URR

Hagie Jambo	VSG	Kundam Mafatty TSF URR
Bubacarr Jawla	Village Health Worker	Kundam Mafatty TSF URR
Muhamed Tarawally	Community Health Nurse VHS Dampha Kunda	RHD URR Ministry of Health
Eric Mpitabakana	Field officer	WFP Field Office in Basse
Isatou Bah	Nursing Officer In charge ART Clinic	Basse District Hospital URR
Ousman T Baldeh	Nurse Assistant ART Clinic	Basse District Hospital URR
Mustapha Drammeh	President PLHIV Support Group	Basse District Hospital URR
Stakeholders in Central River Region		
Baba Jeng	Chief Executive Officer	Bansang Hospital, CRR
Sherifoo Kanyi	Principal Nursing Officer	Bansang Hospital, CRR
Kebba Jaign	Head of Duty Room	Bansang Hospital, CRR
Muhamed Jatta	Head of ART Clinic	Bansang Hospital, CRR
Mamadi Camara	Registered Nurse Midwife	Brikama Ba Minor Health Centre CRR
Alieu Mbaye	Treasurer	Brikama Ba Senior Secondary School, CRR
Yerro Bah	Cluster Manager	Brikama Ba Senior Secondary School, CRR
Sainabou Camara	Senior Teacher	Brikama Ba Senior Secondary School, CRR
Binta Sanno	President Mothers Club	Brikama Ba Senior Secondary School, CRR
Amadou Danso	Teacher/ Garden Master	Brikama Ba Senior Secondary School, CRR
Lamin Manjang	Alkali	Brikama School CRR
Bambo KS keita	Logistics Manager	Brikama School CRR
Momodou Jallow	VHW	Sare Luba (TSF)
Tenneng Baldeh	TBA	Sare Luba (TSF)
Isatou Lamarana Barry	VSG	Sare Luba (TSF)
Sierra Sabally	VSG	Sare Luba (TSF)
Asanatou Mballow	VSG	Sare Luba (TSF)
Sirra Kanteh	VSG	Sare Luba (TSF)
Meta Jallow	VSG	Sare Luba (TSF)
Ndikey Baldeh	VSG	Sare Luba (TSF)
Haddijatou Bah	VSG	Sare Luba (TSF)
Alasana Jabang	CHN	Dankunku (PLW)/TSF
Alagie Marena	OIC	Dankunku (PLW)/TSF)
Muhamed Marena	Registered Nurse	Dankunku (PLW)/TSF)
Komba Jallow	PLW	Dankunku (PLW)/TSF)
Fatou Jaiteh	PLW	Dankunku (PLW)/TSF)
Boye Jallow	PLW	Dankunku (PLW)/TSF)
Bintou Mannaeh	PLW	Dankunku (PLW)/TSF)
Stakeholders in Lower River Region		
Karim Darboe	RPPHO	RHD Mansakonko LRR
Lamin Ceesay	Senior Admin Officer	RHD Mansakonko LRR
Modou L Manneh	RSO	RHD Mansakonko LRR
Amadou M Jallow	NaNA Field Officer	RHD Mansakonko LRR
Nyima Nyassi	CHN VHS	RHD Mansakonko LRR
Pa Abdoulie Sanyang	CHN VHS	RHD Mansakonko LRR
Ebrima Konta	CHN VHS	RHD Mansakonko LRR
Abdoulie Sanyang	CHN VHS	RHD Mansakonko LRR
Habibu Touray	CHN VHS	RHD Mansakonko LRR
Aminatta Bayo	RTCO	RHD Mansakonko LRR
Mustapha Sanneh	RSCHNT	RHD Mansakonko LRR
Gibril Sanneh	RPNO	RHD Mansakonko LRR
Batchi Bah	Red Cross Volunteer	Soma (Red Cross Volunteers)
Fatou S Marega	Red Cross Volunteer	Soma (Red Cross Volunteers)

Mam Jarjue Sanneh	Red Cross Volunteer	Soma (Red Cross Volunteers)
Lamin Y Sanyang	Red Cross Volunteer	Soma (Red Cross Volunteers)
Kaddy Kebbeh	Red Cross Volunteer	Soma (Red Cross Volunteers)
Mam Bojang	Red Cross Volunteer	Soma (Red Cross Volunteers)
Sankwia Darboe	Village Health Worker	Kanni Kunda (BSF/TSF/ SBCC)
Isatou Fofana	CBC	Kanni Kunda (BSF/TSF/ SBCC)
Nyima Saidykhan	PLW	Kanni Kunda (BSF/TSF/ SBCC)
Fatou Darboe	PLW	Kanni Kunda (BSF/TSF/ SBCC)
Fatou Saidykhan	PLW	Kanni Kunda (BSF/TSF/ SBCC)
Nyima Ceesay	PLW	Kanni Kunda (BSF/TSF/ SBCC)
Binta Jobe	PLW	Kanni Kunda (BSF/TSF/ SBCC)
Demba Kebbah	Alkali	Dabali (Non-PHC SBCC)
Fatou Sowe	TBA	Dabali (Non-PHC SBCC)
Manlaffi Baldeh	Village Health Worker	Dabali (Non-PHC SBCC)
Sainey M Saho	CHN	Dabali (Non-PHC SBCC)
Yaya Fofana	Village Health Worker	Kemoto (TSF/BSF)
Fansainey Fofana	CBC	Kemoto (TSF/BSF)
Fatou Badjie	Assistant CBC	Kemoto (TSF/BSF)
Ida Jarjue	VSG/PLW	Kemoto (TSF/BSF)
Awa Jidda	VSG/PLW	Kemoto (TSF/BSF)
Haddy Jobe	VSG/PLW	Kemoto (TSF/BSF)
Nyima Janneh	VSG/PLW	Kemoto (TSF/BSF)
Saffiatou Jarjue	VSG/PLW	Kemoto (TSF/BSF)
Ebrima Saidy	VSG/PLW	Kemoto (TSF/BSF)
Jerro Kanteh	VSG/PLW	Kemoto (TSF/BSF)
Fatou ManjaNG	VSG/PLW	Kemoto (TSF/BSF)
Mariama Jammeh	VSG/PLW	Kemoto (TSF/BSF)
Nyemanding Demba	VSG/PLW	Kemoto (TSF/BSF)
Fatou Jawo	VSG/PLW	Kemoto (TSF/BSF)
Stakeholders in West Coast Region		
Dr Pa Saikou Bojang	Acting Director	Hands on Care, WCR
Bernard Gomez	Nurse Supervisor	Hands on Care, WCR
Nuha D Sanneh	Data Manager	Hands on Care, WCR
Almaame Sise	Senior Nurse	Hands on Care, WCR
Seedy Jarjue	Registration	Hands on Care, WCR
Rose Mendy	Regional Senior Nursing Officer	Hands on Care, WCR
Malang Janneh	Nutrition Field Officer	Hands on Care, WCR
Mbayang John	EPI Officer	Hands on Care, WCR
Kura Joof	Regional Public Health Officer	Hands on Care, WCR

Annex 11. Site visit selection

Three criteria were explicitly described for selection of sites in the Inception report: coverage (to visit all regions and see a variety of locations and communities); programme overlap (to visit places with more/less activity coverage); active implementation of activities (to allow the team to see the activities in action).

While coverage and programme overlap criteria were reasonably achieved, active implementation was not.

Coverage. The ET visited locations that presented diversity in terms of nutrition needs, intervention and the experiences of beneficiaries and implementing partners. These included hard-to-reach rural locations in border areas as well as the more densely populated commercial centres. Sites covered all four regions of BSF and TSF implementation. The team adopted a flexible approach to allow maximum participation and returned to two locations because the scheduled time did not prove convenient to participants. It was unfortunate that only one non-PHC community was visited. Two more were scheduled. However, the ET travelled to one site, but there had been a mix up in communication between the CHN and the community such that they were expected at Sami PHC rather than Sami non-PHC community. The ET therefore conducted the discussions in the expectant PHC community. The other non-PHC border area could not be reached due to the heavy rains and mudflows, which rendered roads impassable. The ET visited the RHD and Hands on Care in WCR where PLHIV activities alone were implemented to gain insight into issues of equity and targeting.

Programme Overlap. In all communities visited, TSF, BSF and SBCC have all been implemented, while three of the visited sites also benefitted from the school feeding programme.

Active implementation of programmes. During the ET visit, there was no active TSF distribution happening in the majority of sites on the days/times of the visits. In several places this was due to stock-outs of supplies at the DPs, which were awaiting internal stock movement. BSF and active screening were not implemented in 2020. Schools were closed at the time of the visit.

Annex 12. Evaluation Team Itinerary

Monday 31th August	Briefing of ET by CO (am) Briefing with ERG (Virtual) Interviews with key stakeholders (pm)	
Tuesday 1st September	Interviews with key stakeholders (national level)	
Wednesday 2nd September	Interviews with key stakeholders (national level)	
Thursday 3rd September	Interviews with key stakeholders (national level)	
Friday 4 September	Interviews with key stakeholders (national level)	
Field visits / travel		
Monday 7th September	RHD North Bank West (Authorities and CHNs)	10am
	Essau HC (DP for CH, PLW,)	11am
	Sami Tenda (Non-PHC for SBCC) *(changed to Sami PHC due to miscommunication)*	1pm
	Mbamry Kunda (TSF/BSF and School feeding)	3pm
	Night stop farafenni	
Tuesday 8th September	Farafenni (RCH clinic and RHD) (Authorities)	9am
	Noo Kunda (TSF/BSF)	
	Non-PHC Border Area (SBCC) *(could not reach due to road conditions)*	11pm
	Kuntaur (PLW)	1pm
	Macca Masireh (CHN)	3pm
	Night stop in Basse	6pm
Wednesday 9th September	School / meeting with cook and FMC / parents of school children	9am
	Basse RHD (authorities) and Red Cross Volunteers	11pm
	Dampha Kunda (Community)	1pm
	Kundam Mafatty (TSF beneficiaries supported by WFP FAO, and UNICEF)	4pm
	Night stop in Basse	6pm
Thursday 10th September	WFP Field Office in Basse	
	Debriefing	10am
Friday 11th September	Basse (PLHIV Beneficiaries and social worker)	9am
	Bansang Hospital (Administrator, PLHIV, PLW, SAM)	11pm
	Brikama Ba (PLW CHN)	1pm
	School / Cook and FMC / parents of school children	3pm
	Night stop in Kudang	6pm
Saturday 12th September	Sare Luba (TSF)	9am
	Dankunku (PLW)/TSF)	11pm
	Sukuta (TSF)	1pm
	Night stop in Soma	5pm
Sunday 13th September	Mansakonko RHD (Regional Authorities, CHNs)	9am
	Soma (Red Cross Volunteers)	11pm
	Kanni Kunda (BSF/TSF/ SBCC)	4 pm
	Night stop in Soma	6pm
Monday 14th September	Dabali (Non-PHC SBCC)	9am
	Kemoto (TSF/BSF)	11pm
	Foni (West Coast Region) (authorities and MAM patients; hospital staff and Nutrition Field Officer)	1pm
	Journey to Banjul	5pm
Tuesday 15th September	Interviews with key stakeholders (national level) Visit to Hands on Care (Brikama) PLHIV	
Wednesday 16th September	Final outstanding Interviews with key stakeholders (national level) if necessary and prepare for debrief	
Thursday 17th September	Virtual Debriefings: Internal and External	

Annex 13. Safeguards to manage ethical concerns

During data analysis, the ET sought to ensure that the perceptions of women and men were appropriately and accurately represented, especially in relation to their needs and participation in the programme. The site selection sought out communities in locations inaccessible from the main road to guarantee the participation of populations that may be marginalized from central services. FGDs included men and women, though more women were included overall as the primary target group of nutrition activities. This included the protection of confidentiality, privacy and the dignity and welfare of informants and ensured informed consent. The ET opened each interview and discussion with clear introductions, informing the participants that their comments would be non-attributable and that their contributions would support the larger findings of the evaluation for inclusion in the report. Reporting and feedback further ensured the anonymity of participants and non-attribution of comments, views or opinions through the presentation of triangulated, consolidated data.

Safeguards to Manage COVID-19 Ethical Issues

Ethical Issues Considered	Safeguards/Measures to Manage Them
COVID-19 and the potential of ET unknowingly carrying it between communities	ET maintained a social distance of >1 m, sanitized hands frequently using alcohol-based hand sanitizers before, after and during site visits, wore face masks when in close quarters or indoors; engaged small groups in discussion and avoided crowding.
Communities' right to refuse entry/participation	CO sought permission/informed communities prior to the ET arrival. Upon arrival CO and ET checked that each community/group of interviewees was happy to proceed.
Stakeholders understanding the purpose of the interviews and having their confidentiality respected	Introductions to each interview/FGD stated the aims of the interview/discussion and that all statements would be non-attributed in the report. Data analysis triangulated findings and consolidated information so that individual viewpoints were not presented in isolation or attributed to named informants.

Measures to reduce beneficiary and community contact with the ET were employed as fully as possible. In a number of sites, however, larger groups gathered to meet with the ET on their own accord and there was a limit to how far the ET could politely request them to disperse and to maintain social distancing from each other. Only one significant breach occurred. At the Dampha Kunda School, a large crowd had gathered, mistakenly believing the ET was going to conduct a distribution. The ET mission was explained and some of the attendees returned home, but a sizable number remained because it had started to rain.

Annex 14. Priority areas of the Gambia National Nutrition Policy 2018-2025

The NNP outlines 12 priority areas:

1. Improving maternal nutrition
2. Promoting optimal infant and young child feeding
3. Improving food and nutrition security at the national, community and household levels
4. Improving food standards, quality and safety
5. Nutrition and infectious diseases
6. Preventing and managing micronutrient malnutrition
7. Preventing and managing diet-related non-communicable diseases (NCDs)
8. Caring for the socioeconomically deprived and nutritionally vulnerable
9. Nutrition and HIV/AIDS
10. Nutrition in emergencies
11. Nutrition surveillance
12. Nutrition research.

6 List of Acronyms

ACR	Annual Country Report
ANC	Ante-Natal Care
ART	Anti-retroviral Therapy
BReST	Building Resilience through Social Transfers for nutrition security in Gambia
BSF	Blanket Supplementary Feeding
CFM	Complaints and Feedback Mechanism
CHN	Community Health Nurse
CO	Country Office
COHA	Cost of Hunger in Africa
CRR	Central River Region
CSB	Corn Soya Blend
CSP	Country Strategic Plan
DEQAS	Decentralized Evaluation Quality Assurance System
DEQS	Decentralized Evaluation Quality Support Service
DHS	Demographic and Health Survey
DP	Delivery Point
ECCC	Early Childhood Care Centres
ECHO	European Civil Protection and Humanitarian Aid Operations
ERG	Evaluation Reference Group
ET	Evaluation Team
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FBF	Fortified Blended Food
FFS	Farmer Field School
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FMC	Food Management Committee
FTS	Food Technology Service
GAM	Global Acute Malnutrition
GBA	Greater Banjul Area
GDP	Gross Domestic Product
GEEW	Gender Equality and Empowerment of Women
GHE	Gambia Horticultural Enterprises
GII	Gender Inequality index
GMNS	The Gambia Micronutrient Survey
GRCS	The Gambia Red Cross Society
HDR	Human Development Report
HQ	Headquarters
IASC	Inter-Agency Standing Committee
ICSP	Interim Country Strategic Plan
IMAM	Integrated Management of Acute Malnutrition
IRM	Integrated Road Map
IYCF	Infant and Young Child Feeding
KI	Key Informant
KII	Key Informant Interview
LRR	Lower River Region
M&E	Monitoring and Evaluation
MAD	Minimal Acceptable Diet
MCNHRP	Maternal and Child Nutrition and Health Results Project

MAM	Moderate Acute Malnutrition
MICS	Multiple Indicator Cluster Survey
MOA	Ministry of Agriculture
MOBSE	Ministry of Basic and Secondary Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
MUAC	Mid Upper Arm Circumference
mVAM	Mobile Vulnerability Assessment and Mapping
NaNA	National Nutrition Agency
NAS	National AIDS Secretariat
NBR	North Bank Region
NDMA	National Disaster Management Agency
NDP	National Development Plan
NGO	Non-Governmental Organization
NNP	National Nutrition Policy
NSPP	National Social Protection Policy
NTAC	Nutrition Technical Advisory Committee
OEV	Office of Evaluation
PAGE	Programme for Accelerated Growth and Employment
PCR	Post-Crisis Response to Food and Nutrition Insecurity in The Gambia
PDM	Post Distribution Monitoring Report
PHC	Primary Health Care
PLHIV	People Living with HIV and AIDS
PLW/G	Pregnant and Lactating Women/Girls
PMTCT	Prevention of Mother-to-Child Transmission
PRRO	Protracted Relief and Recovery Operation
RB	Regional Bureau
RCH	Reproductive and Child Health
RHD	Regional Health Directorate
RUSF	Ready-to-Use Supplementary Food
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioural Change Communication
SBN	SUN Business Network
SDG	Sustainable Development Goal
SFP	School Feeding Programme
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SO	Strategic Outcome
SPR	Standard Project Report
SUN	Scaling Up Nutrition
T-ICSP	Transitional Interim Country Strategic Plan
TOC	Theory of Change
TOR	Terms of Reference
TSF	Therapeutic Supplementary Feeding
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children’s Fund
URR	Upper River Region
USD	United States Dollar

VAM	Vulnerability Assessment and Mapping
VDC	Village Development Committee
VSG	Village Support Group
WCR	West Coast Region
WFP	World Food Programme
WHO	World Health Organization
ZHSR	Zero Hunger Strategic Review

WFP The Gambia
https://www.wfp.org/countries/gambia