Evaluation of Mozambique Gender Transformative and Nutrition Sensitive (GTNS) Project Mozambique from 2019 to 2021

Decentralized Evaluation Terms of Reference

WFP Mozambique Country Office
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1. Background

1.1. INTRODUCTION

1. These Terms of Reference (TOR) are for the activity evaluation\(^\text{1}\) of the Mozambique integrated gender transformative nutrition sensitive (GTNS) project titled “Reaching the furthest behind first: Gender transformative and nutrition sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province”. The project aims to improve women and adolescent girls’ empowerment, improved nutritional diversity and reduce stunting among girls and boys under the age of five in the context of a changing climate. This to be achieved through implementation of three main activities: (i) Food Assistance for Assets (FFA) - construction of gender- and nutrition-sensitive household assets (fuel efficient cooking stoves, water catchment systems, household gardens and afforestation) and community assets, (ii) Post-Harvest Loss (PHL) - trainings on post-harvest loss for smallholder men and women farmers (food conservation, transformation and storage) and linkages to improved products (hermetic storage) and (iii) Social and Behaviour Change Communications (SBCC) - multi-level social and behaviour change communication that is implemented at individual, household, and community level to address gender inequality with a focus on early marriage, sexual and reproductive, and health seeking behaviours. The evaluation will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated, and lessons will be incorporated into relevant lesson sharing systems.

2. This evaluation, commissioned by WFP Mozambique Country office, will cover the period October 2019 to December 2021 and all activities implemented during this period. This evaluation focuses on evaluating the contribution of the programme to outcomes of interest namely: reduced stunting and empowerment of women and girls, investigating factors that mediate or mitigate such contribution. It will do so by using a mixed method approach (see section 4.3 for details). The first round of data was collected during the inception phase i.e. within the first 3 months of project start (October-December 2019) and the second round during the evaluation period i.e. within the last 6 months of implementation (July to December 2021). The project period may be extended upon donor approval until June 2023. If this is the case, the period covered by the evaluation will be extended with the timeline of the second round of data collection changed to January – June 2023.

3. These TORs were prepared by the WFP Mozambique Country office with the support of the Regional Bureau in Johannesburg based on initial document review and consultation with stakeholders, following a standard template. The purpose of the TOR is twofold: Firstly, it provides the overall objectives and design parameters of the evaluation thus providing key information to the evaluation team to guide them throughout the process; and secondly, it provides key information to stakeholders about the evaluation and the institutional arrangements through which they will be engaged during the process.

1.2. CONTEXT

4. Despite an average GDP annual growth rate of 7.9% for much of the post-war recovery period (1996-2015), economic expansion has only had a moderate impact on poverty reduction and Mozambique ranked 181st of 189 countries in the 2020 Human Development Index.\(^\text{2}\) The development challenges Mozambique faces are numerous and varied. Rates of malaria and HIV are high and there is poor and unequal access to improved drinking water and sanitation facilities, as well as health care infrastructure and services. Mozambique is highly susceptible to climate shocks, such as cyclones, floods and drought, as well as economic shocks.\(^\text{3}\)

5. **Gender Equality and Women’s Empowerment**: Mozambique is a signatory to all regional and international policy frameworks aimed at promoting equal rights for women and men. Implementation is limited and Mozambique is ranked 127th out of 189 countries on the gender inequality index\(^\text{4}\). Both women and men in rural

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\(^1\) In WFP categorisation of types decentralised evaluations, this is an activity evaluation


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

6. Nutrition: The Cost of Hunger in Africa analysis for Mozambique found that 10.94% of GDP is lost every year because of stunting (chronic malnutrition). The largest share of this cost is the potential loss of productivity due to malnutrition-related mortality, estimated at 53 billion meticais, or 9.4% of GDP. One out of two children under five are stunted, 26% of all child mortality in Mozambique is associated with undernutrition, and stunted children complete 4.7 years less of schooling. Furthermore, repeated episodes of acute malnutrition increase the likelihood that a child will be stunted and children that are stunted and wasted are 12 times more likely to die than their well-nourished peers.

7. Pregnant women and girls who were chronically malnourished as children, characterized by stunting, are more likely to deliver infants with a low birth weight (<2500g) and to experience life-threatening complications during pregnancy and delivery. In Mozambique 28% of children under six months were already stunted. High stunting prevalence before complementary feeding is supposed to have begun is indicative of poor maternal nutrition status before, during and immediately following pregnancy, including young age (adolescent pregnancy) as well as poor breastfeeding practices.

8. The most recently published, nationally representative anthropometric survey indicated that the prevalence of stunting (HAZ< -2) in Mozambique is 43% (44.7% Boys, 40.5% Girls), classified as very high by WHO standards and

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7 UNICEF study in 2015, 48% of women between the ages of 20-24 were married or in ‘união’ before they turned 18 and 14% before the age of 15. https://www.unicef.org/mozambique/media/586/file/Casamento%20Prematuro%20e%20Gravidez%20na%20Adolesc%C3%AAcia%20em%20Mo%20C%20Am%20Causas%20do%20Impacto.pdf
8 Care (2016) Hope dries up? Women and Girls coping with Drought and Climate Change in Mozambique.
only a slight reduction from 45% in 1997. At this prevalence rate, an estimated 2.15 million children aged under five are affected by stunted growth in Mozambique. Consequently, Mozambique ranked 123rd out of 132 countries for stunting prevalence in the 2016 Global Nutrition Report (GNR). The first 1000 days of life, or ‘the window of opportunity’ lies with the target group of children <2 where it is a critical period in a child's development. Nutrition plays a fundamental role and poor nutrition within this critical period can cause irreversible damage to a child's brain growth, school performance and future productivity.

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

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

11. **COVID 19 Pandemic**: Mozambique recorded its first case of the Severe Acute Respiratory Syndrome Corona Virus (SARS-CoV-2 virus or COVID-19) in March 2020. By the end of October, the transmission of COVID-19 had reached 11 provinces with Cabo Delgado, Nampula and Maputo being the worst-hit provinces. The COVID-19 pandemic struck Mozambique at a time when the southern region of the country was coping with the effects of drought and dry spells; when the central region was still recovering from Cyclones Idai and Kenneth that hit the country in 2019; and when humanitarian needs had risen to record levels in the northern region as a result of the growing conflict in Cabo Delgado province. As at end of December 2020, there were 18,372 confirmed cases with 163 confirmed deaths. In response to the first recorded case of COVID-19, the Government announced a one month ‘State of Emergency’ at the beginning of April 2020. This was extended three times and lasted until the end of July 2020. This ‘State of Emergency’ led to school and business closures and came with significant job losses. The World Bank projected a decline in the real GDP growth in 2020 by 0.8 percent compared to a pre-COVID estimate of 4.3 percent. The World Bank further estimated that one million people slipped into poverty in 2020, as measured by the international poverty line of 1.90 US Dollars per day, due to the COVID-19 pandemic. The

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National Poverty Rate remains high at 62.5 percent, with more than 18.4 million of the 29.5 million Mozambicans living below the poverty line.

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

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

- Mozambique Agenda 2025 prioritizes access to food with a view to improving living conditions and developing human capital.
- Strategic Gender Plan 2016-2020 and the 4\(^{th}\) National Plan for the Advancement of Women 2018-2021
- The Operational Plan for Agricultural Development 2015–2027 aims to enhance food sovereignty by strengthening value chains, public–private partnerships and farmers’ organizations.
- The National Food Security and Nutrition Strategy 2008-2015\(^{22}\), aims at eradicating hunger and promote food security and nutrition in Mozambique and built on the experience and lessons learned from the implementation of previous ESAN I (1998).
- Social Behaviour Change Communication for the Prevention of Malnutrition in Mozambique 2015-2019\(^{23}\), published by the Ministry of Health as a strategic tool to guide SBCC program implementers in promoting adequate practices towards improved nutrition in-country following a harmonized approach and the adequate nutrition and SBCC practices globally.
- The National Master Plan for the Prevention and Mitigation of Natural Disasters 2017–2030 is the basis for disaster risk management.\(^{24}\)

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

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

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\(^{20}\) This is in the process of updating. It will likely not change substantively and still include stunting as an indicator.

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

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

\(^{23}\) It is under discussion whether to extend or update this policy

\(^{24}\) Additionally, informed by the Strategic Gender Plan of the National Institute for Disaster Management (INGC) 2016-2020
2. Reasons for the evaluation

2.1. RATIONALE AND OBJECTIVES

15. As mentioned above, the reason for commissioning this activity evaluation is to assess the contribution of the integrated nutrition and gender transformative project on stunting and women and girl’s empowerment. It will address the dual and mutually reinforcing objectives of accountability and learning:

- **Accountability** - Assess and report on the performance of the programme.
- **Learning** - The project design is innovative and integrates multiple nutrition specific and sensitive interventions to address the determinants of malnutrition, with a focus on women's empowerment. It is intended to prototype a model to reduce chronic malnutrition and increase women’s empowerment. It therefore requires a rigorous monitoring and evaluation process to generate information that can inform policy dialogue as well as decision on upscaling.

2.3. STAKEHOLDER ANALYSIS

16. The main stakeholders include WFP Country office and their partners in the implementation of programme who include district level government; District Services of Health, Women and Social Action (SDSMAS), District Services of Economic Activities (SDAE), at community level working with Community Health Workers (Activists) from SDSMAS and Agriculture Extension Workers (APE) from SDAE. Community Health Workers are involved in activities related to SBCC and Agriculture Extension Workers are involved in activities related to Post-Harvest Loss activities., NGOs; World Vision International/ CEFA (European Committee for Education and Agriculture)25, Pathfinder, and PCI Media. The total number of primary beneficiaries are 1,500 households (7,500 Women, Men, Boys and Girls) including at least 500 pregnant women, 500 adolescent girls, and 750 children under two-years old, or a woman with obstetric fistula26. The secondary beneficiaries are 5,000 households (25,000 community members) via SBCC activities. Annex 8 provides the full list of stakeholders, their stakes/interest in the evaluation and how they will be engaged.

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

- **The WFP Mozambique Country Office** and its partners (noted above) in decision-making
- **Given the core functions of the WFP Regional Bureau Johannesburg (RBJ)** in providing technical support in design and implementation of programmes, and the importance of addressing malnutrition in the Southern Africa region, the RB will use the evaluation findings to provide strategic guidance, programme support, and oversight to Mozambique as well as other Southern Africa countries
- **WFP HQ Nutrition Division** will use the findings in its ongoing work to enhance Nutrition sensitive programming in WFP in support of achievement of SDG 2.2 target27
- **WFP Office of Evaluation** may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board on evaluation coverage
- **Other partners including UNICEF, FAO, World Bank etc.** who may use the findings of this evaluation to inform their decisions and actions in relation to their engagement in nutrition and gender programming in Mozambique
- **Cooperating partners implementing the activities, including district technical department, NGOs can use the recommendations to enhance their field activities**
- **Austria Development Agency, as the donor for this project, will use the evaluation report to meet its accountability needs as appropriate**

18. **Accountability to affected populations and Gender equality**: WFP is committed to ensuring Accountability to Affected Populations; Gender Equality; Women’s Empowerment; and Protection Standards. Participation and

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25 (Comitato Europeo per la Formazione e l’Agricultura)

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

27 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons from https://sustainabledevelopment.un.org/sdg2
consultation with women, men, boys and girls from different groups during the evaluation process will be built into the evaluation design to ensure their perspectives are considered.

### 2.4. KEY ACTORS/STAKEHOLDERS

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

- **Provincial Health Directorate (DPS)** and **Provincial Agriculture and Food Security Directorate (DPASA)** will support capacity strengthening of district level staff and male and female volunteers through trainings, supervision, and monitoring of the project.

- **District Services for Health, Women, and Social Action (SDSMAS)** health facility staff, and network of Community Health Activists (CHA) will be integral to implementation of the SBCC interventions for community mobilization related to improved feeding practices, sexual and reproductive health, and basic childhood health services in addition to supporting the referral mechanism from community and household level to access health services.

- **Local leaders** (including religious leaders) will be instrumental to facilitate local buy-in and to facilitate a shift in behaviour change around gender norms given that they are the first port of call for resolution of household issues and as such are essential gatekeepers for change at the community level.

- **District Services for Economic Activity (SDAE)** and its Agriculture Extension Technicians (TEA) will be engaged to support FFA and PHL interventions, including demand generation for PHL technologies.

- **Pathfinder** (an international NGO) will provide technical support to SDSMAS and CHA related to SBCC on Gender, Nutrition and SRH. They will support referral mechanisms for sexual and reproductive health and basic health seeking services for children under-two. Pathfinder will also support the community-based management of moderate acute malnutrition utilizing locally available foods and ensure referral of children with severe acute malnutrition to at least two Health Units (US Mulima sede or US Goe). Finally, Pathfinder will lead dialogue clubs on gender equality and women’s empowerment that engage both men and women and tackle difficult topics, such as gender-based violence, early marriage, family planning.

- **PCI Media** (an international NGO) that provides technical support to local community radio to deliver a diverse array of radio programming to engage community members on key topics. A multi-pronged approach to SBCC will be employed in this project. In addition to engagement of SDSMAS, CHA, SDAE, and TEA, community radio will be utilized to issue programme spots, to conduct live interviews, debates, and to deliver dramatic programmes. PCI Media supports local community radio specifically in the content development and methodology for interactive and engaging radio programming.

- **FAO**: The project will be co-located in Chemba alongside the FAO seed multiplication and banking project supported by the same donor (Austria Development Agency).

- **National private sector companies** with previous experience in providing post-harvest loss technologies (hermetically sealed bags and siloes) to ADA supported projects will be a key partner in this project too.
3. Subject of the evaluation

3.1. SUBJECT OF THE EVALUATION

20. Funded by the Austrian Development Agency (3 million Euros), the programme, which started in June 2019 with an inception period of 3 months and ends in December 2021, aims to improve women and adolescent girls' empowerment, improve nutritional diversity and reduce stunting among girls and boys under the age of five in the context of a changing climate. This to be achieved through implementation of three main activities namely Food Assistance for Assets (FFA), Post-Harvest Loss (PHL) and Social and Behaviour Change Communications (SBCC). It supports the Government's 5 Year Programme (PQG) Priority 2: Developing human and social capital and aligns with the UNDAF core programming principles, which are to leave no one behind, human rights, gender equality and women's empowerment, and resilience, and accountability. It supports Mozambique UNDAF (2017 –2020) Outcomes 1: Vulnerable populations are more food secure and better nourished and Outcome 4: Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights. This project is a contribution to the WFP Country Strategic Plan (2017-2021):

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

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

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

23. **The CBT component:** The project will supply 1500 households with the following basket, which will amount to around $60:

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

<table>
<thead>
<tr>
<th></th>
<th>Fortified maize meal</th>
<th>Beans</th>
<th>Fortified oil</th>
<th>Iodized salt</th>
<th>Eggs</th>
</tr>
</thead>
<tbody>
<tr>
<td>g/pp/pd</td>
<td>266.7</td>
<td>133.3</td>
<td>20</td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>

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

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25. **Target group:**

   a. The total number of primary beneficiaries are 1,500 households (7,500 Men, Women, Boys and Girls) including at least 500 pregnant women, 500 adolescent girls, and 750 children under two-years old. Targeting of primary beneficiaries will focus on the first 1,000 days from conception until a child turns two years old as this is the internationally recognized window of opportunity to impact stunting. Therefore, the project will target vulnerable households that meet the following criteria29 “Households with a pregnant woman or; a child under two-years of age or; an adolescent girl; or a woman with obstetric fistula30”.

   b. The secondary beneficiaries are 5,000 households (25,000 community members) via SBCC activities. The secondary beneficiaries of the programme include:
      
      - At least 100 CHA and Agentes Polivalentes Elementares (APE)31 trained on optimal dietary diversity practices and family planning and engaged in demand generation for nutritious foods, sexual and reproductive health services, and basic childhood health services
      - At least 15 TEA trained on post-harvest management and technology and optimal dietary diversity practices
      - At least 2 agro-dealers engaged to provide hermetic storage products at community level
      - At least 1 community radio station and its staff engaged and trained in the project to deliver uniform messages and programmes on dietary diversity, the negative impacts of early marriage, the positive impacts of accessing SRH and basic childhood health services, and post-harvest loss technologies using multiple methods including talk shows, debates, and dramatic series
      - At least 5,000 households (25,000 individuals) benefit from SBCC activities on received messages on dietary diversity, the negative impacts of early marriage, the positive impacts of accessing SRH and basic childhood health services, and post-harvest loss technologies using multiple methods including talk shows, debates, and dramatic series

3.2. **THEORY OF CHANGE/IMPACT PATHWAY FOR STUNTING REDUCTION**

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

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

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

31 APEs are trained community basic health care providers and paid a salary by MOH.
* Community assets will be informed directly by the outcome of interest, increased food availability and diversity and could include orange flesh sweet potato, bio fortified crops, fruit orchards, vegetative fencing, irrigation, among others.

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

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

27. The programme has two outcomes as described below. The full log frame is in Annex 5.

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

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

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

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the redesign of its interventions”. The integrated nutrition and gender transformative programme is therefore a continuing effort for WFP to address nutrition issues identified by this evaluation and other studies.

3.3. SCOPE OF THE EVALUATION

29. The scope of the evaluation is as follows:

- **Period:** This evaluation covers the period October 2019 to December 2021, covering the full period of the implementation of the programme.
- **Geographical:** All areas that have been targeted by the programme in Chamba district in Sofala province;
- **Activities:** All activities implemented during the period undertaken in the GTNS project by activity 2, 3, 5 and 6 of the WFP Mozambique CSP;
- **Target groups:** Households with pregnant women, adolescent girls, children under 2 years old and women with obstetric fistula targeted in the 49 villages targeted by GTNS;
- **Results to be assessed:** Following the same approach used at baseline, the final evaluation will consider results along the results chain in order to explain the contribution of the programme of the three impact level indicators;

33 Ibid, page xx
4. Evaluation approach, methodology and ethical considerations

4.1. EVALUATION QUESTIONS AND CRITERIA

30. The final evaluation will use the baseline and end line datasets and the KAP survey results, plus additional qualitative information collected by the evaluation team, to assess the project against four key evaluation criteria: Effectiveness, Efficiency, Impact, and Sustainability/Scalability.

31. The evaluation will address the overarching question “what is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment women and girls? To answer this question, the evaluation will apply international evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability. Table 1 shows the questions that will be answered for each evaluation criteria. Being a gender specific programme, Gender Equality and Women Empowerment will be mainstreamed throughout the criteria, as well as having gender-specific questions. This being a pilot, questions around scalability will be answered. The sources quoted under section 3.1 shows that programmes to address malnutrition and gender issues in the context of Mozambique are relevant. However, the evaluation will be focused on relevance and assessing the effectiveness/efficiency, impact and sustainability/scalability.

**Table 2: Evaluation questions and criteria**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
<td>1. To what extent were the GTNS outputs and immediate outcomes targets achieved for pregnant women, children under the age of 2, adolescent girls and boys?</td>
</tr>
<tr>
<td></td>
<td>2. To what extent were GTNS’s primary target groups exposed to the project’s integrated intervention model?</td>
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<tr>
<td></td>
<td>3. To what extent were GTNS’s knowledge, attitudes, and practices (KAP) outcome indicator targets achieved?</td>
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<tr>
<td></td>
<td>4. To what extent were GTNS’s interventions and implementation processes responsive to emerging challenges and opportunities in the implementation context?</td>
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<tr>
<td></td>
<td>5. What were the major factors [internal and external] influencing the achievement or non-achievement of the objectives of the intervention?</td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>6. To what extent were GTNS’s activities implemented on time and was the duration of activity implementation conducive for generating GTNS’s expected impacts on key target groups?</td>
</tr>
<tr>
<td></td>
<td>7. To what extent did GTNS’s interventions adhere to WFP’s quality standards?</td>
</tr>
<tr>
<td></td>
<td>8. Given the context and emerging conditions, to what extent were there opportunities to intervene and implement GTNS’s core interventions in alternate ways that would have likely led to similar results but at less cost?</td>
</tr>
<tr>
<td><strong>Impact [on nutrition, GEWE and other unintended]</strong></td>
<td>9. To what extent did GTNS achieve its higher-level outcome and impact targets, e.g. improve household food security and dietary diversity, empower women, and improve the nutritional status of under-five children?</td>
</tr>
<tr>
<td></td>
<td>10. Is there evidence (either quantitative or qualitative) that GTNS impacted sub-groups of targeted beneficiaries differentially, e.g. those from relatively richer and poorer households?</td>
</tr>
</tbody>
</table>

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35 At inception, other specifics of impact questions based on SBCC activity, or the PHL effect with food diversity and conservation/preservation etc. will be discussed as part of finalisation of the TOR
11. Did key components of GTNS’s intervention model contribute to the generation of any evidenced impacts more than others or was there significant synergy among these components? Did GTNS generate any unplanned or unintended social, environmental or economic impacts, whether positive or negative, and, if so, how significant were these?

12. To what extent did the implementation include sustainability aspects as outlined in the project design?

13. What are key issues that are likely to affect the sustainability of GTNS’s key outcomes and impacts and was sufficient action taken to address these? What gaps should be addressed, if any?

14. To what extent will any of GTNS’s outcomes and impacts that are evidenced likely be sustained into the future? And does this potential vary across beneficiary categories?

15. Considering other possible intervention models, would it be cost-effective to scale out GTNS’s integrated intervention model in other neighbouring communities and other contexts or would it be better to focus only on specific components? Under what conditions would such replication be fit-for-purpose and should any adaptation be considered accordingly? What are the barriers/opportunities to scaling up/replicating the GTNS model?

<table>
<thead>
<tr>
<th>Sustainability and Scalability36</th>
</tr>
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</table>

### 4.2. EVALUATION APPROACH AND METHODOLOGY

32. The baseline survey and corresponding end line survey will primarily be used to evaluate GTNS’s impact. However, data associated with both surveys will also be used to evaluate its effectiveness, particularly on levels of exposure to GTNS’s interventions and desired changes in Knowledge, Attitudes and Practices (KAP) among women caregivers. Evaluating the latter evaluation criterion will be complemented by KAP surveys directed at the general population (men, women, and adolescent boys and girls. This will enable a degree of triangulation. Focus Group Discussions (FDGs), in-depth interviews, documentation and M&E data review will be the primary methods to evaluate the Efficiency and Sustainability/Scalability criteria. The evaluation questions associated with each criterion, as well as the approach and methods to be used to answer each are presented as follows:

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

a) **Analysis of secondary data:** a quantitative analysis of key characteristics of the households in targeted and non-targeted areas is to be conducted during the preparation and inception of the evaluation. See Annex 7 for preliminary results of this analysis. This analysis will be used to determine the control administrative area to ensure that the characteristics are as close as possible to the targeted area.

b) **Quantitative:** to assess the contribution of the GTNS programme on outcomes of interest, a quasi-experimental design will be used, applying the Propensity Score Matching (PSM)37, the Difference in Difference (DID) and the Two-stage least squares (2SLS) regression statistical techniques. The evaluation team will assess the feasibility of the various applications of these techniques based on logic, theory, and existing empirical evidence regarding the outcomes of interest. This design approach is motivated by the fact the project monitoring and evaluation plan already intended to collect data at baseline and end line with the view of evaluating the effect of the programme on the outcomes of interest. The project has 23 indicators (2 impact, 15 outcomes and 6 outputs). Annex 6 summarizes the proposed approach to collecting and analysing the data at baseline and end line for each indicator based on WFP corporate guidelines as well as other literature. During the inception phase, the team will transparently present a detailed approach on how this will be done for consideration. This will include a sampling strategy for primary data collection. The evaluation team will revisit the baseline design and consider the challenges and lessons learned to design an end line survey that fully captures the indicators.

c) **Qualitative:** The administration of the end line household survey and anthropometric measurements will be complemented by gender disaggregated Focus Group Discussions (FGDs) and in-depth interviews in 12 geographically stratified intervention villages as guided by the inception report. Data analysis will be carried

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out to assess the extent to which the quantitative data support (are consistent with) the hypothesized subgroup effects emerging from the qualitative data

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

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

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

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

<table>
<thead>
<tr>
<th>Table 3: Risks to the Proposed Methodology and Suggested Mitigation Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk</strong></td>
</tr>
<tr>
<td>Recently, Sofala province was hit by cyclone Idai, though Chemb was the least affected. Depending on the effect of this shock, it may have caused a structural break (i.e. an unexpected or sudden change in the way of life of communities) in this region. This could potentially lead to unreliability of results if observed improvements is merely a recovery or return to a pre-cyclone state and not from the project).</td>
</tr>
<tr>
<td>Diffusion of treatments: it occurs when a control group cannot be prevented from receiving the treatment in an experiment. This is particularly likely in quasi-experiments where the intervention is an information program such the SBCC component of the project.</td>
</tr>
<tr>
<td>Delay or extended implementation timeframe due to COVID19 restrictions: It is likely that during the current COVID19 and its restrictions to social distancing and travel, the data collection could experience unexpected delays or extensions.</td>
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</tbody>
</table>
COVID 19 General country challenges: Among others, food price spikes, unemployment, and restrictions all have a possible influence on certain indicators collected at end line.

Indicators may need further analysis mainly in relation to food security due to the COVID19 pandemic: At time of end line data collection, further investigation of the current impacts of COVID19 to the Chemba beneficiaries should be included and analyzed to ensure a holistic understanding of the data collected at this point in time in relation to the baseline.

4.3. EVALUABILITY ASSESSMENT

37. Secondary data (clean datasets) collected at baseline, monitoring data collected in 2020 and 2021 and primary data to be collected at end line will be used during the final evaluation. The following data will be available:

- Baseline report
- Inception report
- KAP survey report
- Project Monitoring reports and associated data sets
- 2020 Annual country report (that reports on all indicators in the CSP)
- Other relevant reports

38. To ensure quality and credibility while maximum use of existing and collected data the evaluation team will:

a. Primary data
   i. Potential limitations: data capture shortfalls for some indicators identified at baseline
   ii. Mitigations measures: Systematically check accuracy, consistency and validity of all primary data and information collected and transparently acknowledge any limitations/caveats in drawing conclusions using the data during the endline evaluation.

b. Secondary data
   i. Potential limitations: Reliability of secondary data collected at baseline and transparently acknowledge limitations/caveats regarding use of this data.
   ii. Mitigations measures: Assess reliability of secondary data collected baseline and transparently acknowledge limitations/caveats regarding use of this data. This assessment will inform the design of the primary data collection during the endline evaluation.

4.4. ETHICAL CONSIDERATIONS

39. The evaluation must conform to UNEG ethical guidelines for evaluation. Accordingly, the selected evaluation firm is responsible for safeguarding and ensuring ethics at all stages of the evaluation process. This includes, but is not limited to, ensuring informed consent, protecting privacy, confidentiality and anonymity of respondents, ensuring cultural sensitivity, respecting the autonomy of respondents, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results do no harm to respondents or their communities.

40. The evaluation firm will be 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.

41. The team and evaluation manager will not have been involved in the design, implementation or monitoring of the WFP nor have any other potential or perceived conflicts of interest. All members of the evaluation team will abide by the 2020 UNEG Ethical Guidelines, including the Pledge of Ethical Conduct as well as the WFP technical note on gender. The evaluation team will also be expected to sign a data protection agreement.

4.5. QUALITY ASSURANCE

42. The WFP evaluation quality assurance system sets out processes with steps for quality assurance and templates for evaluation products based on a set of Quality Assurance Checklists. The quality assurance will be systematically applied during this evaluation and relevant documents will be provided to the evaluation team. 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.
43. The WFP Decentralized Evaluation Quality Assurance System (DEQAS) is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice. This quality assurance process does not interfere with the views or independence of the evaluation team but ensures that the report provides credible evidence and analysis in a clear and convincing way and draws its conclusions on that basis.

44. 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.

45. To enhance the quality and credibility of decentralized evaluations, an outsourced quality support (QS) service directly managed by the WFP Office of Evaluation reviews the draft ToR, the draft inception and the evaluation reports, and provides a systematic assessment of their quality from an evaluation perspective, along with recommendations.

46. The evaluation manager will share the assessment and recommendations from the quality support service with the team leader, who will address the recommendations when finalizing the inception and evaluation reports. To ensure transparency and credibility of the process in line with the UNEG norms and standards,[1] a rationale should be provided for comments that the team does not take into account when finalizing the report.

47. The evaluation team will be required to ensure the quality of data (reliability, consistency and accuracy) throughout the data collection, synthesis, analysis and reporting phases.

48. 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 the WFP Directive CP2010/001 on information disclosure.

49. WFP expects that all deliverables from the evaluation team are subject to a thorough quality assurance review by the evaluation firm in line with the WFP evaluation quality assurance system prior to submission of the deliverables to WFP.

50. All final evaluation reports will be subject to a post hoc quality assessment (PHQA) by an independent entity through a process that is managed by the Office of Evaluation. The overall PHQA results will be published on the WFP website alongside the evaluation report.

51. The following mechanisms for independence and impartiality will be employed: The evaluation will be managed by a Maputo Country Office Evaluation Manager, supported by the Evaluation Committee that will be composed of key staff at the country office and the Regional Evaluation Officer (refer to Annex 3). An Evaluation Reference Group composed of the members of the evaluation committee, key technical WFP CO and RB staff and external stakeholders will provide advisory and expert inputs (refer to Annex 4). Due to the importance of impartiality component, the reader will find references to it in sections 43, 46, 61, 62, 71 and Annex 8.

[1] UNEG Norm #7 states “that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability”
5. Organization of the evaluation

5.1. PHASES AND DELIVERABLES

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

**Figure 2: Summary Process Map**

53. **Preparation phase (July – September 2019)**: The Evaluation Manager at CO, with support from the RB, conducted a background research and consultation to frame the evaluation; prepared the Terms of Reference, finalised provisions for impartiality and independence, ethical, quality assured and finalised the Terms of reference; selected the Evaluation Team and finalised the budget; prepared the document of library with all the materials that the team needed to reference and developed a draft Communication and Learning Plan.

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

54. **Inception/Baseline data collection phase (October 2019 – December 2020)**: This phase aimed to prepare the evaluation team by ensuring that the evaluators have a good grasp of the expectations for the evaluation and prepared a clear plan for conducting it. The inception phase included the orientation of the evaluation team, desk review and analysis of secondary data, initial interaction with the main stakeholders; deeper discussions on the methodological approach; collection of baseline data and design of the final evaluation.

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

55. The preparation and inception phases above have been completed at baseline. The phases below are to be completed at end line.

56. **Evaluation/End line phase (September – October 2021)**: The Evaluation Manager with support from the RB will update the TOR prepared at baseline, select the evaluation team, finalize the budget and prepare a document library for the materials that the evaluation team will need. The evaluation team will review the inception report that was prepared at baseline, revise it to reflect any changes in context, and collect end line data as per the design. The end line will follow the same approach as baseline to ensure comparability as discussed under section 4.3. The end line field implementation protocol will be submitted by the Evaluation Team to the bioethics committee in Maputo for approval. A debriefing/presentation of preliminary findings will be done at the end of field work or soon after initial data analysis is completed.

**Deliverables**: Updated Terms of Reference, Team Recruited, Evaluation Budget, updated communication and learning plan [By EM]

Final updated Inception Report, End Line protocol submission to bioethics committee and approval, PowerPoint for exit Briefing/Presentation of Preliminary Findings, raw end line data sets [By ET]

57. **Analysis and Reporting phase (November 2021 – January 2022)**: The evaluation team will clean and analyse the end line data and draft the evaluation report. It will be submitted to the Evaluation Manager for quality assurance. Stakeholders will be invited to provide comments, which will be recorded in a matrix by the evaluation manager and provided to the evaluation team for the report will be sent to the evaluation team for their considerations before the report is finalised.

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

58. **Dissemination and follow-up phase (January - March 2022)**: The final approved evaluation report will be published on the WFP public website and shared with relevant stakeholders. The CO management will respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and...
estimated timelines for taking those actions. Findings will be disseminated, and lessons will be incorporated into other relevant lessons learnt sharing systems and processes.

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

59. The full end line evaluation schedule is shown in Annex 2.

5.2. EVALUATION CONDUCT

60. The evaluation team will conduct the evaluation under the direction of the team leader and in close communication with the WFP evaluation manager, who will be supported by the evaluation committee. The team will be hired following appropriate WFP procedures.

61. The evaluation team members will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the code of conduct of the evaluation profession which they must all sign before commencement of the evaluation.

62. The evaluation will be conducted according to the schedule in Annex 2, which will be updated and confirmed at the beginning of the end line evaluation.

63. The evaluation team is expected to include a team leader, gender expert and 1 or 2 evaluators. It will combine national and international evaluators who have expertise in nutrition, gender and research. It will be gender-balanced and geographically and culturally diverse. It will have appropriate skills to assess gender dimensions of the programme as specified in the scope, approach and methodology sections of this TOR. At least one team member should have experience with WFP evaluations.

64. The team will be multi-disciplinary and include members who together have appropriate balance of expertise and practical knowledge in the following areas:
   - Research and Evaluation expertise – proven practical expertise of designing and implementing rigorous evaluations, ideally in food and nutrition
   - Statistics expertise: proven experience in designing and conducting quantitative studies;
   - In-depth knowledge of nutrition programming, within the wider context of food security in low-income country context;
   - Gender and Nutrition-Specific expertise and good knowledge of and experience in evaluating gender issues in nutrition and food security in a low-income country context
   - In-depth knowledge of and familiarity with the Mozambique country context.

65. All team members should have strong analytical and communication skills. This evaluation will be conducted in Portuguese and English, and products will be in both Portuguese and English. Collectively, the team should therefore be comfortable in working in both languages.

66. The Team leader will have technical expertise in evaluation and demonstrated experience in leading and implementing similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent Portuguese and English writing and presentation skills.

67. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation missions and representing the evaluation team; iv) drafting and revising, as required, the inception report, baseline report, any mid-line reports and the final evaluation reports. They are also responsible for the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

68. 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.

69. Team members will: (i) contribute to the methodology in their area of expertise based on a document review; (ii) Analyse secondary data; (ii) collect primary (iii) participate in team meetings and meetings with stakeholders; iv) contribute to drafting and revision of evaluation products.

5.3. EVALUATION MANAGEMENT AND GOVERNANCE

70. This is a decentralised evaluation, commissioned and managed by WFP Mozambique country office with support from the WFP Regional office in Johannesburg, and applying WFP evaluation management processes, systems and tools. To ensure independence and impartiality, the following mechanisms will be established and used:
   - Evaluation manager: who is not part of the day-to-day decision-making and implementation of the programme;
• **Evaluation committee**: Which will support the evaluation manager in the day-to-day management of the evaluation process and will make key decisions (see Annex 3 for the purpose of the committee and the list of members);

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

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

**Figure 3 : Evaluation Management and Governance**

**5.3.1. ETHICS INCLUDING THE INVOLVEMENT OF CHILDREN**

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

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

- A plan in place to protect the rights of the respondent, including privacy and confidentiality
- The interviewer or data collector is trained in collecting sensitive information
- The interviewer or data collector will sign of confidentiality clause prior data collection
- Data collection tools are designed in a way that is culturally appropriate and does not create distress for respondents, e.g., field tools will be in local language(s)
- Data collection visits are organized at the appropriate time and place to minimize risk to respondents and to create the least distraction
- In case of interview, the individual should give his / her verbal informed consent
- The interviewers or data collectors are well trained and informed to provide information on how individuals in situations of risk can seek support (i.e. awareness of referral systems as appropriate)

74. Evaluators are responsible for managing any potential risks to ethics and must put in place processes and systems to identify, report and resolve any ethical issues that might arise during the implementation of the evaluation. WFP will confirm requirement for ethical approvals and reviews by relevant national review boards before contracting is concluded.

75. The inception report must include a section on how ethical issues will be addressed, and the evaluation report must have a section setting out clearly how ethical issues were actually managed, what safeguards have been put in place in practice and what lessons can be drawn for future evaluations.

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5.4. ROLES AND RESPONSIBILITIES

76. The WFP Mozambique Country office:
   a- The WFP Country Office Management (Director or Deputy Director) will take responsibility to:
      • Assign an Evaluation Manager for the evaluation [Julia Vettersand]
      • Approve the updated TOR, updated inception report and final evaluation report.
      • Ensure independence and impartiality of the evaluation at all stages, including establishment of Evaluation Committee and Reference Group (see below and Technical Note on Independence and Impartiality).
      • 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 debriefings, internal and external stakeholders.
      • Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations.

   b- The Evaluation Manager:
      • Manage the evaluation process through all phases including drafting this TOR;
      • Ensures quality assurance mechanisms are operational;
      • Consolidate and shares comments on draft TOR, inception, baseline and evaluation reports with the evaluation team;
      • Ensure the evaluation makes use of quality assurance mechanisms (checklists, QS etc);
      • Ensure that the team has access to all documentation and information necessary to the evaluation; facilitate the team’s contacts with local stakeholders; sets up meetings, field visits; provides logistic support during the fieldwork; and arranges for interpretation, if required;
      • Organise security briefings for the evaluation team and provides any materials as required.

   c- An internal Evaluation Committee has been formed to support the management of the process and as part of ensuring the independence and impartiality of the evaluation. The committee will be responsible for making decisions and clearing evaluation products. The purpose and roles are outlined in Annex 3, to ensure that the CO receives sufficient support.

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

78. The Regional Bureau: The RB will provide support at overall guidance and advisory level as well as technical design and analysis as follows:
   a- Regional Evaluation Officer [Grace Igweta] will take responsibility to:
      • Advise the country office and provide support to the evaluation process as 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, Baseline, Inception and Evaluation reports;
      • Support the Management Response to the evaluation and track the implementation of the recommendations;

   b- The RB Gender advisor [Justine Vanrooyen] and RB nutrition officer [James Kingori] will be members of the evaluation reference group and will systematically review and comment on evaluation products as appropriate, as well as providing technical support as and when required.

79. WFP Headquarters Nutrition and Gender divisions will take responsibility to:
   • Discuss WFP strategies, policies or systems in their area of responsibility and as relates to the Gender Transformative and Nutrition Sensitive Programme;
   • Comment on the evaluation TOR, inception and evaluation reports, as required.

80. Government, NGOs and UN agencies will, through membership in the evaluation reference group, systematically be involved in the evaluation process by reviewing and commenting on draft evaluation products and attending stakeholder meetings.

81. The Office of Evaluation (OEV): OEV, through the Regional Evaluation Officer, will advise the Country office and provide support to the evaluation process when required. It is responsible for providing access to the outsourced quality support service reviewing draft TOR, inception and evaluation reports from an evaluation perspective. It also ensures a help desk function upon request.
82. **Programme participants (women, girls, men and boys):** These will be responsible for providing their views and perspectives (through different means as shall be determined by the evaluation team during inception phase) regarding the implementation of the programme, and its role and contribution to addressing the issues related to their nutrition on one hand and empowerment of women on the other. A detailed communication plan will be developed during inception to determine how and when the findings, conclusions and recommendations of the evaluation will be communicated to them.

### 5.5. OWNERHSH OF DATA

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

### 5.6. SECURITY CONSIDERATIONS

84. **Security clearance** where required is to be obtained from WFP Mozambique. The security requirements and procedures will depend on the contracting option used. There are two options:
   - Consultants hired independently are covered by the UN Department of Safety & Security (UNDSS) system for UN personnel which cover WFP staff and consultants contracted directly by WFP. Independent consultants must obtain UNDSS security clearance for travelling to be obtained from designated duty station and complete the UN system’s Be Safe Security Course, print out their certificates and take them with them.39
   - As an ‘evaluation service provider to WFP Mozambique CO, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.

85. However, **to avoid any security incidents**, the Evaluation Manager is requested to ensure that:
   - WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
   - The team members observe applicable UN security rules and regulations – e.g. curfews etc.
   - Given the topics being discussed with vulnerable women, all interviews and data collection happens in a neutral location where possible.

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

### 5.7. COMMUNICATION

87. The Evaluation manager, in consultation with the evaluation committee and support from the regional evaluation officer, will develop communication and learning plan that will outline processes and channels of communication and learning activities. The Communication and Learning Plan should include a GEWE responsive dissemination strategy, indicating how findings including GEWE will be disseminated and how stakeholders interested or affected by GEWE issues will be engaged. Responsibilities are listed in Annex 10.

88. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team will emphasize transparent and open communication with all key stakeholders. Responsibilities are listed in Annex 10.

89. As part of the international standards for evaluation, the UN requires that all evaluation reports are made publicly available; and the links circulated to key stakeholders as appropriate. The evaluation managers will be responsible for sharing the final report and the management response with their regional evaluation offices, who will ensure that they are uploaded to the appropriate systems (intranet and public websites).

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39 Field Courses: Basic; Advanced
90. To enhance the use of the evaluation findings, WFP Mozambique and its partners may hold dissemination and learning workshops targeting key stakeholders. The team leader may be called upon to co-facilitate the workshop. A detailed communication and learning plan will be elaborated during the review of the inception report.

91. As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report, the report will be made available in both English and Portuguese. Opportunities to publish some of the results in academic journals and/or prepare conference papers will be explored jointly with the evaluation team members, as appropriate.

5.8. BUDGET

92. The actual budget for the final line evaluation, which is informed by the size and coverage of the project (1 district) will be determined by the level of expertise and experience of the evaluators proposed by the LTA firm and the rates that will apply at the time of contracting.

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

Please send any queries to:

- Edna POSSOLO edna.possolo@wfp.org
- Allyson VERTTI allyson.vertti@wfp.org
Annex 1a: ICA Maps showing Chemba (recurrence of drought and flood incidence)
Annex 1b: Map of GTNS Implementation Areas

Left: Sofala Province; Right: Chemba District
## Annex 2 Evaluation Schedule [to be confirmed during inception phase]

### Phases, Deliverables and Timeline

<table>
<thead>
<tr>
<th>Phases, Deliverables and Timeline</th>
<th>Key Dates</th>
<th>By Who</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1 - Preparation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Desk review, produce draft 1 of TOR and quality assurance (QA) using TOR Quality Checklist, and consultations internally with stakeholders</td>
<td>July / August 2019</td>
<td>CO with RBJ support</td>
</tr>
<tr>
<td>2 Submit draft 1 TOR to quality support service (QS) for review and feedback</td>
<td>28th August</td>
<td>CO EM</td>
</tr>
<tr>
<td>3 Review draft 1 TOR against the DE QS quality matrix and provide recommendations</td>
<td>28th - 06th September</td>
<td>QS</td>
</tr>
<tr>
<td>4 Revise draft 1 TOR based on DEQS feedback to produce draft 2</td>
<td>06th - 16th September</td>
<td>EM/REO</td>
</tr>
<tr>
<td>5 Final Selection and recruitment of evaluation firm/team</td>
<td>04th Oct - 29th Nov</td>
<td>EM/EC</td>
</tr>
<tr>
<td>6 Circulate draft 2 TOR for review and comments to ERG members and other stakeholders</td>
<td>17th Sep</td>
<td>EM/AC</td>
</tr>
<tr>
<td>7 Review draft 2 TOR and provide comments using the provided comments matrix</td>
<td>18th - 24th Sep</td>
<td>ERG</td>
</tr>
<tr>
<td>8 Revise draft 2 TOR based on comments received from stakeholders to produce final TOR</td>
<td>25th - 26th Sept</td>
<td>EM/REO</td>
</tr>
<tr>
<td>9 Submit the final TOR to the internal evaluation committee for approval</td>
<td>27th Sept</td>
<td>EM</td>
</tr>
<tr>
<td>10 Share final TOR with key stakeholders for information</td>
<td>28th Sept</td>
<td>EM</td>
</tr>
<tr>
<td><strong>Final Selection and recruitment of evaluation firm/team</strong></td>
<td>04th Oct 2019</td>
<td>EM/EC</td>
</tr>
<tr>
<td><strong>Phase 2 - Inception / Baseline</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Baseline study design, including further review of existing data/analysis, development of the sampling approach and baseline data tools/study protocols</td>
<td>08th - 18th Oct 2019</td>
<td>Evaluation team [ET]</td>
</tr>
<tr>
<td>12 Submit the baseline data collection tools for ethical clearance, and work on analysis plan and communication and learning plan; and finalise the baseline tools based on the feedback from the ethical body</td>
<td>28th Oct - 11th Nov</td>
<td>Team leader [TL]</td>
</tr>
<tr>
<td>13 Briefing Evaluation team</td>
<td>7th Oct 2019</td>
<td>CO</td>
</tr>
<tr>
<td>14 Conduct the baseline: hire research assistants, train them, digitise data collection tools, pre-test the tools; collect baseline data</td>
<td>15th Feb - 14th Mar 2020</td>
<td>ET</td>
</tr>
<tr>
<td>15 Clean the baseline data</td>
<td>17th Feb - 1st May</td>
<td>ET</td>
</tr>
<tr>
<td>16 Submit clean baseline data EM and Regional Evaluation officer</td>
<td>22nd May</td>
<td>TL</td>
</tr>
<tr>
<td>17 Analyse the baseline data and draft baseline report</td>
<td>07th - 4th June</td>
<td>ET</td>
</tr>
<tr>
<td>18 Draft the inception report, including the methodology proposed for final evaluation and adjusted data collection tools based on the baseline draft report and experience</td>
<td>20th Apr - 11th June</td>
<td>ET</td>
</tr>
<tr>
<td>19 Submit draft 1 inception and baseline report (BR&amp;IR) to EM and REO</td>
<td>22nd June &amp; 27th June</td>
<td>TL</td>
</tr>
<tr>
<td>20 Review draft 1 inception if it is complete, submit to quality support, otherwise return to team leader with comments on what needs to be addressed</td>
<td>22nd - 26th June</td>
<td>EM/REO</td>
</tr>
</tbody>
</table>

40 The ethical clearance body sits every last Monday of the month, so if we miss this it would have to wait until 25th November.
<table>
<thead>
<tr>
<th>No.</th>
<th>Task Description</th>
<th>Date/Duration</th>
<th>Responsible Party(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Review draft 1 baseline report (BR),</td>
<td>28th June</td>
<td>EM/ERG/REO</td>
</tr>
<tr>
<td>22</td>
<td>Share draft IR with DEQS for review and feedback</td>
<td>6th July</td>
<td>EM</td>
</tr>
<tr>
<td>23</td>
<td>Review draft 1 IR against the DEQS quality matrix and provide recommendations</td>
<td>29th June - 3rd July</td>
<td>QS</td>
</tr>
<tr>
<td>24</td>
<td>Revise draft 1 IR based on feedback received by DEQS and EM/REO additional comments</td>
<td>24th Aug - 15th Sep</td>
<td>ET</td>
</tr>
<tr>
<td>25</td>
<td>Revise draft 1 BR based on feedback received by EM/REO/ERG additional comments</td>
<td>7th - 10th Sep</td>
<td>ET</td>
</tr>
<tr>
<td>26</td>
<td>Submit revised Draft 2 IR based on DEQS and EM QA comments</td>
<td>16th Sep</td>
<td>TL</td>
</tr>
<tr>
<td>27</td>
<td>Submit revised Draft 2 BR based on EM/REO/ERG comments</td>
<td>10th Sep</td>
<td>TL</td>
</tr>
<tr>
<td>28</td>
<td>Review draft 2 IR against the QS recommendations to ensure that they have been addressed and for any recommendation that has not been addressed, a rationale has been provided</td>
<td>16th - 22nd Sep</td>
<td>EM/REO</td>
</tr>
<tr>
<td>29</td>
<td>Review draft 2 BR against the EM/REO/ERG recommendations to ensure that they have been addressed and for any recommendation that has not been addressed, a rationale has been provided</td>
<td>16th -19th Sep</td>
<td>EM</td>
</tr>
<tr>
<td>30</td>
<td>Circulate draft 2 IR for review and comments to ERG members and other stakeholders</td>
<td>23rd Sep</td>
<td>EM</td>
</tr>
<tr>
<td>31</td>
<td>Circulate draft 2 BR for review and comments to ERG members and other stakeholders</td>
<td>1st Oct</td>
<td>EM</td>
</tr>
<tr>
<td>32</td>
<td>Review draft 2 IR, and provide comments using the provided comments matrix</td>
<td>23rd Sep - 1st Oct</td>
<td>ERG</td>
</tr>
<tr>
<td>33</td>
<td>Review draft 2 BR, and provide comments using the provided comments matrix</td>
<td>1st - 9th Oct</td>
<td>ERG</td>
</tr>
<tr>
<td>34</td>
<td>Consolidate Stakeholder comments and submit IR to the team leader</td>
<td>2nd - 5th Oct</td>
<td>EM</td>
</tr>
<tr>
<td>35</td>
<td>Consolidate Stakeholder comments and submit BR to the team leader</td>
<td>12th - 13th Oct</td>
<td>EM</td>
</tr>
<tr>
<td>36</td>
<td>Revise draft 2 IR based on stakeholder comments received to produce final report</td>
<td>6th - 12th Oct</td>
<td>ET</td>
</tr>
<tr>
<td>37</td>
<td>Revise draft 2 BR based on stakeholder comments received to produce final report</td>
<td>14th – 25th Oct</td>
<td>ET</td>
</tr>
<tr>
<td>38</td>
<td>Submit draft 3 BR to the evaluation manager</td>
<td>26th Oct</td>
<td>ET</td>
</tr>
<tr>
<td>39</td>
<td>Review draft 3 IR against stakeholder comments to ensure that they have all been addressed, and for those that have not been addressed an independent internal committee revised to produce final version</td>
<td>13th - 30th Oct</td>
<td>EM/CO/RB</td>
</tr>
<tr>
<td>40</td>
<td>Prepare summary baseline report to facilitate approval of Final Evaluation Report by the EC Chair</td>
<td>9th - 11th Nov</td>
<td>RB</td>
</tr>
<tr>
<td>41</td>
<td>Submit the final IR to the internal evaluation committee for approval</td>
<td>16th Nov</td>
<td>EM/RB</td>
</tr>
<tr>
<td>42</td>
<td>Submit the final BR to the internal evaluation committee for approval</td>
<td>16th Nov</td>
<td>EM/RB</td>
</tr>
<tr>
<td>43</td>
<td>Share of final inception report with key stakeholders for information (EN)</td>
<td>18th Nov - 16th Dec</td>
<td>EM</td>
</tr>
<tr>
<td>44</td>
<td>Share of final baseline report with key stakeholders for information (PT &amp; EN)</td>
<td>18th Nov - 16th Dec 2020</td>
<td>EM</td>
</tr>
</tbody>
</table>

**Phase 3 – Evaluation/End line**

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

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bioethics committee, recruit research assistants, digitize data collection tools on tablets, finalize travel and accommodation arrangements and other logistics issues.\(^{42}\)

### Written brief to CO management initiating the kick-off of the evaluation and selected ET, including sharing summary ToR and proposal.

5\(^{th}\) Oct 2021  
CO/EM/AC

### Training research assistants and testing data collection tools, adjustments if required

7\(^{th}\) - 9\(^{th}\) Oct  
ET/EA

### Conduct Fieldwork [quantitative data collection, interviews, FGDs etc]

10\(^{th}\) - 26\(^{th}\) Oct  
ET

### End of Fieldwork Debriefing [PowerPoint should be submitted the date before]

28\(^{th}\) Oct  
ET

#### Phase 4 - Data Analysis and Reporting

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Timeline</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>Clean, analyse and triangulate data to produce draft 1 of the evaluation report (ER)</td>
<td>29(^{th}) Oct - 16(^{th}) Nov</td>
<td>ET</td>
</tr>
<tr>
<td>48</td>
<td>Submit draft 1 of the evaluation report and all associated data sets</td>
<td>17(^{th}) Nov</td>
<td>TL</td>
</tr>
<tr>
<td>49</td>
<td>Review draft 1 ER against the evaluation report quality checklist to ensure that it is complete</td>
<td>18(^{th}) Nov</td>
<td>EM/REO</td>
</tr>
<tr>
<td>50</td>
<td>Share draft 1 ER with outsourced quality support service (DE QS)</td>
<td>19(^{th}) Nov</td>
<td>EM</td>
</tr>
<tr>
<td>51</td>
<td>Review draft 1 ER against the DE QS quality matrix and provide recommendations</td>
<td>19(^{th}) - 26(^{th}) Nov</td>
<td>QS</td>
</tr>
<tr>
<td>52</td>
<td>Revise the draft 1 ER against the QS comments to ensure that they have been addressed, and for those that have not been addressed rationale has been provided</td>
<td>27(^{th}) Nov - 4(^{th}) Dec</td>
<td>EM/REO</td>
</tr>
<tr>
<td>53</td>
<td>Circulate draft 1 ER for review and comments to ERG, RB and other stakeholders</td>
<td>9(^{th}) Dec</td>
<td>EM</td>
</tr>
<tr>
<td>54</td>
<td>Review draft 1 ER and provide comments using the provided comments matrix</td>
<td>9(^{th}) - 16(^{th}) Dec</td>
<td>ERG</td>
</tr>
<tr>
<td>55</td>
<td>Consolidate comments and submit to team leader for review</td>
<td>17(^{th}) Dec</td>
<td>EM</td>
</tr>
<tr>
<td>56</td>
<td>Revise draft 1 ER based on stakeholder comments to produce draft 2</td>
<td>18(^{th}) - 31(^{st}) Dec 2021</td>
<td>ET</td>
</tr>
<tr>
<td>57</td>
<td>Submit draft 2 ER to the EM</td>
<td>2(^{nd}) Jan 2022</td>
<td>TL</td>
</tr>
<tr>
<td>58</td>
<td>Review draft 2 ER against stakeholder comments to ensure that they have all been addressed, and for those that have not been addressed a rationale has been provided</td>
<td>3(^{rd}) - 6(^{th}) Jan</td>
<td>EM/REO</td>
</tr>
<tr>
<td>59</td>
<td>Submit the final ER to the internal evaluation committee for approval</td>
<td>7(^{th}) Jan</td>
<td>EM</td>
</tr>
<tr>
<td>60</td>
<td>Sharing of final evaluation report with key stakeholders for information</td>
<td>10(^{th}) Jan</td>
<td>EM</td>
</tr>
</tbody>
</table>

#### Phase 5 - Dissemination and follow-up

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Timeline</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>Prepare management response and submit to RB for review</td>
<td>15(^{th}) Jan - 15(^{th}) Feb</td>
<td>CO</td>
</tr>
<tr>
<td>62</td>
<td>Review the MR and provide feedback on actions planned to respond to recommendations</td>
<td>16(^{th}) - 23(^{rd}) Feb</td>
<td>RB</td>
</tr>
<tr>
<td>63</td>
<td>Finalize MR based on feedback from RB</td>
<td>24(^{th}) - 28(^{th}) Feb</td>
<td>CO</td>
</tr>
<tr>
<td>64</td>
<td>Share final ER and MR with OEV for publication</td>
<td>1(^{st}) March</td>
<td>RB</td>
</tr>
<tr>
<td>65</td>
<td>Document lessons from the management of this evaluation and share</td>
<td>2(^{nd}) - 30(^{th}) March 2022</td>
<td>CO/REO</td>
</tr>
</tbody>
</table>

**AC**: activity manager  
**REO**: regional evaluation office

### Legend to the colour coding of Scheduled Items

<table>
<thead>
<tr>
<th>Activity</th>
<th>Quality Assurance steps</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>[10]</td>
<td>[20]</td>
</tr>
</tbody>
</table>

*All quality assurance tasks are to be jointly done with the regional evaluation officer to ensure the quality of the products and processes

\(^{42}\) The assumption is that the study protocols approved by ethical board in 2019 will be used as templates to complete the end line protocol to submit to the bioethics committee in 2021
Annex 3: Purpose and Membership of the Evaluation Committee

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

Membership of the Evaluation Committee

Chair: Pierre LUCAS, Deputy Country Director; pierre.lucas@wfp.org

Members
1. Edna POSSOLO, Programme Officer, Nutrition; edna.possolo@wfp.org
2. Allyson VERTTI, M&E, Reporting & Communications Officer, Nutrition; allyson.vertti@wfp.org
3. Nelson QUARIA, Nutrition-sensitive Programme Associate, Nutrition; nelson.quaria@wfp.org
4. Helga GUNNEL, Gender and Protection Officer; helga.gunnell@wfp.org
5. Gina MEUTIA, Programme Officer, M&E; gina.meutia@wfp.org
6. Camilla SPALLINO, M&E; camilla.spallino@wfp.org
7. Amosse Ubisse, M&E focal point for Post-harvest Loss programme; amosse.ubisse@wfp.org
8. Hyeun-Yang CHOI, M&E focal person for Food for Assets; hyeuniyang.choi@wfp.org
9. Grace IGWETA, Regional Evaluation Officer, Johannesburg; grace.igweta@wfp.org

Annex 4: Purpose and Membership of the Evaluation Reference Group

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

Membership of the ERG

Chair: Pierre LUCAS, Deputy Country Director; pierre.lucas@wfp.org

Members
1. Edna POSSOLO, Programme Officer, Nutrition; edna.possolo@wfp.org
2. Allyson VERTTI, M&E, Reporting & Communications Officer, Nutrition; allyson.vertti@wfp.org
3. Nelson QUARIA, Nutrition-sensitive Programme Associate, Nutrition; nelson.quaria@wfp.org
4. Gina MEUTIA, Programme Officer, M&E; gina.meutia@wfp.org
5. Camilla SPALLINO, M&E; camilla.spallino@wfp.org
6. Helga GUNNEL: Gender and Protection officer; helga.gunnell@wfp.org
7. Amosse UBISSE, M&E focal point for Post-harvest Loss programme; amosse.ubisse@wfp.org
8. Hyeun-Yang CHOI, M&E focal person for Food for Assets; hyeuniyang.choi@wfp.org
9. Grace IGWETA, Regional Evaluation Officer, Johannesburg; grace.igweta@wfp.org
10. James KINGORI, Regional Nutrition Officer; james.kingori@wfp.org
11. Tania MAZONDE, Regional Evaluation Analyst; tania.mazonde@wfp.org
12. Justine Van Rooyen, Regional Gender Officer; justine.vanrooyen@wfp.org

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43 Due to the integrated nature of the programme, the committee includes higher number of members than the 4-7 as per guidelines
13. Antonio Pacheco/Technical Director of FSN Information Services (from the original term in Portuguese – Serviços Distritais de Informação sobre SAN
14. José João Vilanculo, Statistician, SETSAN
15. Big Ofice, Nutritionist, SETSAN
16. Réka Maulide Cane, Nutrition focal point and researcher, National Institute of Health (INS),
17. Victor Sitao, Nutrition Officer, Ministry of Health, Department of Nutrition
18. Tony Mossio, technical focal point for the PAMRDC in SETSAN,
19. To Be Appointed, Provincial Directorate of Agriculture and Food Security Sofala
20. Bélio Castro Antônio, Nutrition provincial supervisor, Provincial Directorate of Health Sofala, Health / Nutrition Officer
21. Ivo Albano Avelino, Radiology Technician, Provincial Directorate of Health, Provincial Committee of Studies Sofala
22. Zalima Jovencio de Nascimento, Maternal and child health nurse, Administration of the Government of Chemba
23. Erasmo Saraiva, Programme Officer for Agriculture, Rural Development, Water & Sanitation, Austrian Development Agency; erasmo.saraiva@ada.gv.at
24. Simon Makono, MEAL Manager; simon_makono@wvi.org
25. Walter Chaquilla, to be confirm; WChaquilla@pathfinder.org
26. Elena Colonna, Research and Message Manager; ecolonna@pcimedia.org
## Annex 5 Logical Framework

<table>
<thead>
<tr>
<th>Intervention Logic</th>
<th>Indicators with target value for each indicator</th>
<th>Sources of Verification</th>
<th>Risks &amp; Assumptions</th>
</tr>
</thead>
</table>
| **Impact 1:** Women and adolescent girls’ empowerment enables improved nutritional diversity and reduced stunting among girls and boys under the age of five in the context of a changing climate | 1. Prevalence of stunting among children under-five in targeted climate-shock affected areas, disaggregated by age and sex  
**Target:** 2 percentage point improvement over the baseline  
2. Women’s participation in household decision-making (access to healthcare, household purchases, visiting family members, and climate risk management)  
**Target:** 30 percentage point improvement over the baseline.  
**All target values to be validated based upon baseline** | Data source: Baseline and End line survey  
Collection method: Survey  
Frequency: Two times over the course of project  
Responsibility: WFP | **Assumption:**  
A multi-sectoral and multi-stakeholder approach will result in stunting reduction in a three-year timespan even in the context of a changing climate.  
**Risk:**  
Stunting reduction takes place over multiple years. The survey results may not capture a reduction due to the timeframe of the project. Ideally, five years would allow for baseline, midline and end line to see changes over a longer duration of time. |
| **Outcome 1:** Improved availability, diversity, and consumption of nutritious food by women, adolescent girls, and children under-two through gender- and nutrition-sensitive household and community asset creation and post-harvest loss trainings in Chembera district that contribute to climate risk management | 1. Minimum Dietary Diversity Score – Women (MDD-W)  
**Target:** 10 percentage points improvement over the baseline  
2. Minimum Acceptable Diet (MAD) – Children 6 – 23 months  
**Target:** 10 percentage points improvement over the baseline  
3. Food Consumption Score-Nutrition  
**Target:** 5 percentage points improvement in acceptable food consumption over the baseline | Data source: WFP assessment  
Collection method: Survey  
Frequency: Annually  
Responsibility: WFP with support of Cooperating Partner and local authorities | **Assumptions:**  
- An increase in diversity and availability of nutritious foods will lead to increased consumption  
- Climate events and shocks will not increase in either frequency or duration  
- Farmers will find PHL technologies beneficial and adopt them  
**Risks:** |
### Output 1.1
Gender and nutrition-sensitive assets established at community and household level to increase access to a diverse variety of foods, including animal-source proteins, and to contribute to climate risk management

**Target:** 4,500 HH assets and 150 community assets

<table>
<thead>
<tr>
<th>1.</th>
<th># of gender and nutrition-sensitive assets built, restored, or maintained by targeted households and communities, by type and unit of measure</th>
</tr>
</thead>
</table>
|    | Data source: WFP monitoring data  
Collection method: Questionnaire  
Frequency: Annually, at the end of seasonal project  
Responsibility: WFP + Cooperating Partner |

**Assumption:** - Climate events and shocks will not increase in either frequency or duration

**Risk:** - There is a risk that climatic shocks will prohibit the production of nutritious assets and that disease will negatively impact nutritious assets.

### Output 1.2
Appropriate technologies adopted by smallholder women and men farmers to reduce post-harvest losses and increase food availability

<table>
<thead>
<tr>
<th>1.</th>
<th># of small holder farmers supported/trained on PHL, disaggregated by age and sex</th>
</tr>
</thead>
</table>
|    | Data source: WFP monitoring data  
Collection method: Attendance records |

**Assumption:** Farmers will find PHL technologies beneficial and adopt them

---

44 This is informed by a climate profile for the district with considerations for historical climate and weather trends, as well as climate model projections.
### Outcome 2

Increased women’s and adolescent girl’s empowerment related to early marriage, sexual and reproductive health, and health seeking behaviours for basic childhood illnesses through intensive Social and Behaviour Change Communication targeted towards men, women, boys and girls.

**Target Values**

- **All target values to be validated based upon baseline**

<table>
<thead>
<tr>
<th>Outcome 2</th>
<th>Frequency: Monthly during training period</th>
<th>Responsibility: WFP + Cooperating Partner</th>
<th>Risk: Post-harvest loss technology may not be adopted and a reduction therefore not measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attendance at 4+ antenatal care visits</td>
<td><strong>Target:</strong> 5 percentage points improvement over baseline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assisted delivery at a health facility</td>
<td><strong>Target:</strong> 5 percentage points improvement over baseline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Prevalence and health seeking behaviour for fever, diarrhoea, and acute respiratory inaction</td>
<td><strong>Target:</strong> 3 percentage points improvement over baseline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. # of people able to recall three key messages about dietary diversification, early marriage, and SRH and child health services, disaggregated by age, men, women, boys, and girls</td>
<td><strong>Target:</strong> 5,000 people</td>
<td></td>
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</tr>
<tr>
<td>5. % of people that have a favourable attitude towards the recommended practices</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. # of people indicating a change of attitude due to awareness raising/information/advocacy against early marriage (SDG 5, target 5.3.1)</td>
<td><strong>Target:</strong> 25 percentage point improvement over baseline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. % of people who intend to adopt the recommended services</td>
<td><strong>Target:</strong> 15 percentage point improvement over baseline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data source: Baseline and End line survey</td>
<td></td>
<td>Assumption: Availability and knowledge of recommended SRH and childhood health services will result in an uptake of services</td>
<td></td>
</tr>
<tr>
<td>Collection method: Survey</td>
<td></td>
<td>Risk: Knowledge not sufficiently built</td>
<td></td>
</tr>
<tr>
<td>Frequency: Two times over the course of project</td>
<td></td>
<td>Services not utilized</td>
<td></td>
</tr>
<tr>
<td>Responsibility: WFP</td>
<td></td>
<td>Services not available when population seeks to utilize them</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community leaders and HH heads do not support the services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Services not perceived as beneficial</td>
<td></td>
</tr>
</tbody>
</table>
8. Proportion of households where women, men, or both women and men, make decisions on the use of food / cash / vouchers, disaggregated by type of transfer

**Target:** 10 percentage points over the baseline

9. Proportion of food assistance decision-making entities – committees, boards, teams, etc – members who are women

**Target:** at least 50%

All target value(s) to be validated based upon baseline

| Output 2.1: | Social and Behaviour Change Communication strategy implemented to increase and improve knowledge, attitudes, and practices related to early marriage, sexual and reproductive health, nutrition and care, and basic childhood illnesses |
| Output 1.1.1 - Beneficiary selection with communities and CP and registration in SCOPE - CBPP (asset selection) |
| **Activities** | **Means** | **Costs** |
| # of people exposed to nutrition messaging on dietary diversification, early marriage, and SRH and child health services, disaggregated by age, men, women, boys, and girls |
| **Target:** at least 20,000 people |
| # of household visits conducted by community health activists/agriculture extension agent |
| **Target:** at least 1,500 |
| # of participants at gender dialogue clubs and # of sessions conducted by topic and disaggregated by sex |
| ● **Target:** at least 3,000 |

All target values to be validated based upon baseline

Data source: WFP monitoring

**Collection method:** Questionnaire + Tally sheets

Frequency: Monthly

Responsibility: WFP + cooperating partners + community radio

**Assumptions:**
- Exposure to messaging results in desired increase in knowledge on key topics
- Gender dialogue club will be well received by community leaders and members
- CHA and AEA will implement activities as planned

**Risks:**
- Exposure to messaging does not result in desired knowledge or behaviour change
- Community leaders and members do not respond well to SBCC messages or that behaviours are not adopted as intended
- CHA and AEA do not implement activities as planned

WFP will need to have the requisite staff available at Country Office, Sub-Office, and district level to coordinate and oversee operations. Cooperating Partners and local authorities, including volunteers, will need to be engaged to support implementation activities. SCOPE biometric

- Retailers must provide the requisite quantity and quality of food basket items per agreement
<table>
<thead>
<tr>
<th>Output 1.1.2</th>
<th></th>
<th>Output 2.1.1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- FFA HH asset implementation</td>
<td>- Food processing training supported by WFP, CP, and SDAE</td>
<td>- Formative research for SBCC strategy and material development</td>
<td></td>
</tr>
<tr>
<td>- FFA community asset implementation (based on CBPP)</td>
<td>- Conservation training and solar dryer construction supported by WFP, CP, and SDAE</td>
<td>- Demand generation activities for dietary diversity, SRH services, and basic health services delivered by CHA and agriculture extension agents with support from SDSMAS, SDAE, and Pathfinder</td>
<td>- Demand generation activities for dietary diversity, SRH services, and basic health services delivered by CHA and agriculture extension agents with support from SDSMAS, SDAE, and Pathfinder</td>
</tr>
<tr>
<td>- Transfer of vouchers</td>
<td>- Storage training and presentation on hermetic storage technology supported by WFP, CP, SDAE, and private sector</td>
<td>- Community mobilization via community radio with support from PCI Media and Pathfinder and engagement with local leaders for dietary diversity, SRH services, basic health services</td>
<td>- Health services that are included as part of SBCC are provided by health facilities</td>
</tr>
<tr>
<td></td>
<td>- Demand generation of PHL technology via community radio and early adopters, supported by PCI Media</td>
<td>- Dialogue clubs for Gender Equality and Women’s Empowerment facilitated by Pathfinder and local leaders</td>
<td>- Community leaders buy-in to gender dialogue clubs</td>
</tr>
<tr>
<td></td>
<td>- Engagement with agro-dealers to supply PHL technology</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pre-conditions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What pre-conditions must be met before the intervention can start?</td>
</tr>
</tbody>
</table>

- FFA HH asset implementation
- FFA community asset implementation (based on CBPP)
- Transfer of vouchers

registration system will need to be established. The inputs to create selected assets will need to be procured.

WFP will need to have the requisite staff available at Country Office, Sub-Office, and district level to coordinate and oversee operations. Cooperating Partners and local authorities, including volunteers, will need to be engaged to support implementation activities. SCOPE biometric registration system will need to be established. The inputs to build solar dryers will need to be procured. Private sector will need to be engaged to supply PHL technology.

- Agro-dealers stock and supply hermetically sealed bags for purchase by communities

- Health services that are included as part of SBCC are provided by health facilities
- Community leaders buy-in to gender dialogue clubs
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>-Baseline evaluation conducted, CBPP conducted, beneficiary registration and SCOPE set-up, FLA/LOU signed with partners, SBCC research conducted and materials developed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>What conditions outside the intervention's direct control have to be met for the implementation of the planned activities?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- No shocks or major climatic changes occur</td>
</tr>
</tbody>
</table>
Annex 6 Draft Summary of Data Collection and Analysis Methods

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

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

\(^{45}\) Stunting: having a height (or length)-for-age more than 2 SD below the median of the NCHS/WHO international reference. It’s a well-established child health indicator for chronic malnutrition related to environmental and socio-economic circumstances.

\(^{46}\) https://www.who.int/nmh/indicators/shorten_stunting.pdf


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</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Household Food Consumption Score (FCS)</td>
<td>End line</td>
<td>Household</td>
<td>reporting indicators of food security (CARI) It is strongly recommended that data collection for follow-ups happens in the same period to the baseline. In addition, all follow-ups are to be conducted within the same period/number of days after food distributions. It uses a 7 days recall period. <strong>Data required:</strong> Frequency of consumption of 8 standard food groups and condiments over the 7 days recall period, collected as per the guidelines quoted above</td>
<td>between 21 and 35; or acceptable with FCS greater than 35. <strong>Disaggregated by:</strong> - Sex of household head - Transfer modality (if applicable)</td>
</tr>
<tr>
<td>2.2</td>
<td>Food Consumption Score – Nutrition, disaggregated by age and sex. <strong>Note:</strong> FCS-N is a measure of household's adequacy of key macro and micronutrients-rich food groups.</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey employing the standard food consumption data-collection module as per CRF indicator compendium guidelines and the Consolidated Approach to reporting indicators of food security (CARI). [Same point regarding timing/follow ups as above]. <strong>Data required:</strong> frequencies of consumption of protein-rich, Hem Iron and Vitamin A-rich foods over the 7 days prior to the interview, collected as per the guidelines quoted above</td>
<td>Percent/proportion of households with poor, borderline and acceptable food consumption; <strong>Disaggregated by:</strong> - Sex of household head - Transfer modality (if applicable)</td>
</tr>
<tr>
<td>2.2b</td>
<td>Food Expenditure Share (FES)</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey employing the standard food consumption data-collection module as per CRF indicator compendium guidelines. <strong>Data required:</strong> Food basket value (30 days recall) Expenditure on non-food items (30 days recall for short-term expenditure such as rent, heating; and 6 months recall for longer-term expenditures such as education, health)</td>
<td>Measured as: - the average food expenditure share calculated through the median - Percentage of households spending more than 65% of their monthly budget on food. <strong>Disaggregated by sex of head of household</strong></td>
</tr>
</tbody>
</table>

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


<table>
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<tr>
<td>2.3</td>
<td><strong>Minimum Dietary Diversity Score</strong> - Women (MDD-W), disaggregated by age</td>
<td>Baseline and End line</td>
<td>Household (Individual woman of reproductive age)</td>
<td>Household survey as per CRF indicator compendium guidelines and the specific Minimum Diet Diversity for Women Minimum diet diversity is a proxy indicator that measures diet diversity to predict the likelihood of micronutrient adequacy for groups of women of reproductive age. Additionally, it can be used to study intra-household allocation of resources to ensure household benefits are shared by all members. Data required: Whether or not women of ages 15 to 49 consumed food listed in the data collection module in the link above i.e. the answer to the question “Yesterday, during the day and night, inside the home and outside the home, did you eat or drink:</td>
<td>Percentage of women of reproductive age (15 – 49) who reached minimum diet diversity. 100*(# of women of reproductive age who reached minimum diet diversity divided by Total / # of women of reproductive age).</td>
</tr>
<tr>
<td>2.4</td>
<td><strong>Minimum Acceptable Diet (MAD)</strong> - Children 6 – 23 months, disaggregated by age and sex.</td>
<td>Baseline and End line</td>
<td>Household (Individual children)</td>
<td>Household survey as per CRF indicator compendium guidelines and the specific guidelines Minimum Acceptable Diet. Sampling requirements should strictly follow nutrition sampling guidelines in terms of sample size and methodologies. The sample must be powered to collect data on children, 6 - 23 months. Data required: Whether the child was (a) breastfed yesterday during the day or night? (b) How many times during the day or night did the child consume listed foods</td>
<td>Minimum Diet Diversity: Proportion of children 6-23 months of age who receive foods from 4 or more out of 7 food groups in the previous day. <strong>Minimum Meal Frequency</strong>: Proportion of breastfed and non-breastfed children 6-23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more based on the child's age. <strong>Minimum Diet Diversity + Minimum Meal Frequency = MAD</strong></td>
</tr>
</tbody>
</table>


57 [https://newgo.wfp.org/documents/pdm-module-for-minimum-acceptable-diet](https://newgo.wfp.org/documents/pdm-module-for-minimum-acceptable-diet)

58 See how it is calculated here: [https://newgo.wfp.org/documents/minimum-acceptable-diet-calculator](https://newgo.wfp.org/documents/minimum-acceptable-diet-calculator)
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>2.5</td>
<td>Rate of post-harvest losses, disaggregated by age and sex. Note: reported as average Smallholder farmers post-harvest losses of target crops as a percentage of annual production.</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey as per CRF indicator compendium(^{59}); through Representative household surveys using empirical measurement techniques, complemented by face-to-face interviews. <strong>Baseline should be established during storage period for each farmer. The first sample should be taken from grains on the day of storage.</strong> <strong>Data required:</strong> At least 3 points of measurement per year: (1) at time of storage, (2) 60 days later, (3) 120 to 180 days later, depending on if there are one or two harvests per year.</td>
<td><strong>Percentage reduction</strong> At end of project: Reduction of post-harvest losses by (%%) for participating farmers compared to control group farmers. <strong>Disaggregated by:</strong> - Type of participant / WFP activity - Gender of Farmer / household head</td>
</tr>
<tr>
<td>2.6a</td>
<td>Livelihood Coping Strategy Index (LCSI), disaggregated by age and sex. <strong>Note:</strong> The livelihoods-based coping strategy index is used to better understand longer-term coping capacity of households.</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey as per CRF indicator compendium(^{60}) and CARI, using a 30 days recall period, with at least 10 strategies from the master list in CARI guideline (four stress strategies, three crisis strategies and three emergency strategies). Each strategy is associated with a level of severity (none, stress, crisis or emergency).</td>
<td><strong>Percent/proportion of households using a coping strategy; disaggregated by:</strong> - Sex of household head - Transfer modality (if applicable)</td>
</tr>
<tr>
<td>2.6b</td>
<td>Consumption-based Coping Strategy Index, reduced CSI (rCSI).</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey as per CRF Indicator compendium(^{61}) and coping strategy guidelines(^{62}) <strong>Data needed</strong> on five consumption-based coping strategies Coping Strategies: - Rely on less preferred and less expensive food; - Borrow follow or rely on relatives and friends - Limit portion size at meals - Restrict consumption for adults for children to eat - Reduce number of emails</td>
<td>- For each coping strategy, the frequency score (0 to 7) is multiplied by the universal severity weight (see table below): The weighted frequency scores are summed up to calculate the rCSI. The minimum possible rCSI value is 0, while the maximum is 56. Then the average (mean) is computed (all households should be considered, also those who are not applying any strategies). <strong>Disaggregated by:</strong> - Sex of head of household;</td>
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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>2.7</td>
<td>Proportion of HH in targeted areas reporting benefits from an enhanced livelihood asset base (<em>including enhanced practices</em> discounted by sex of household head)</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey are used to collect this data as per CRF indicator compendium(^{63}) (based on the list of asset base) <strong>Data required:</strong> community consultation is held as part of the baseline phase to identify which specific ‘benefits’ the FFA programme is expected to yield for the community. The baseline value should be set at zero at the beginning of the FFA programme. The follow up data should be collected around the same time and ask the households have benefited from the assets. The information that is quantitative should be complemented with qualitative information through observation.</td>
<td>Percent/proportion of the population (%) in the targeted communities where FFA is implemented which is reporting benefits from an improved livelihood asset base; <strong>Disaggregated by:</strong> -FFA participants and non-participants. -Female-headed households and other households.</td>
</tr>
<tr>
<td>2.7b</td>
<td>Proportion of the population (%) in targeted communities reporting environmental benefits from assets created <strong>Note:</strong> This is referred to as Environmental Benefit Indicator (EBI)</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey are used to collect this data as per CRF indicator compendium(^{64}) (based on the list of asset base); <strong>Data required:</strong> Households reporting ‘Benefits’ along the three dimensions of benefits that assets creation can bring about on natural and physical capitals;</td>
<td>-Proportion of population (%) with improved agricultural potential due to greater water availability and/or soil fertility; -Proportion of population (%) with an improved natural environment due to land stabilization and restoration; -Proportion of population (%) with improved environmental surroundings due to enhanced water and sanitation measures</td>
</tr>
<tr>
<td>2.8</td>
<td>Attendance at 4+ antenatal care visits, disaggregated by age</td>
<td>Baseline and End line</td>
<td>Woman(^{65})</td>
<td>The data is collected from the individual woman, either through a household survey OR Alternatively, estimate the number of pregnant women within the community through the household’s survey and then access clinic data on the number of women with</td>
<td>Proportion/ percentage of women with 4+ antenatal care visits; disaggregated by age of the woman</td>
</tr>
</tbody>
</table>


\(^{65}\) The sampling approach will have to ensure that the sample includes sufficient number of women. Same applies to 2.9
<table>
<thead>
<tr>
<th>#</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2.9</td>
<td>Assisted delivery at a health facility, disaggregated by age</td>
<td>Baseline and End line</td>
<td>Woman</td>
<td>4+ antenatal care visits to get the proportion (to be discussed subject to feasibility).</td>
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<td></td>
<td></td>
<td></td>
<td><strong>Data needed:</strong> Number of pregnant women with 4+ antenatal care visits and total Number of pregnant women.</td>
<td></td>
</tr>
<tr>
<td>2.10</td>
<td>Prevalence and health seeking behavior for fever, diarrhea, and acute respiratory infection, disaggregated by age and sex</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>The data is collected from the individual (woman) either through Household surveys OR alternatively, estimate the number of pregnant women within the community through the household's survey and then access clinic data on the number of women with assisted delivery at health facility (to be discussed subject to feasibility).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data needed:</strong> Number of pregnant women that had assisted delivery at a health facility and total Number of pregnant women.</td>
<td></td>
</tr>
<tr>
<td>2.11</td>
<td>Percent of people able to recall three key messages about dietary diversification, early marriage, early pregnancy, and SRH and child health services, disaggregated by age and sex</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>The data is collected at the household level through household surveys.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data needed:</strong> number of households seeking medical attention and total number of households.</td>
<td></td>
</tr>
<tr>
<td>2.12</td>
<td>% of people that have a favourable attitude towards the recommended practices</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey will used to collect this data.</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td><strong>Data required:</strong> Whether interviewed people recall each of the specific messages</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Calculated knowledge indexes.</strong> which takes values between say 0 and 5 for example. Where 0 = unable to recall any key message and 5 = recalled 5 key messages. So, 3 = recalled 3 key messages about dietary diversification.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Attitude measurement using Likert scale with a neutral midpoint. As an e.g. Strongly agree, Agree, Neutral, Disagree, Strongly disagree.</strong></td>
<td></td>
</tr>
</tbody>
</table>

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66 If different household members will be interviewed, then unit is people
67 If different household members will be interviewed, then unit is people
<table>
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</thead>
<tbody>
<tr>
<td>2.13</td>
<td>% of people who <strong>intend to adopt</strong> the recommended services</td>
<td>Baseline and End line</td>
<td>Household [to confirm]</td>
<td>Household survey will be used to collect this data.</td>
<td>Calculated practice indexes.</td>
</tr>
<tr>
<td>2.14</td>
<td>Proportion of households where women, men, or both women and men, make decisions on the use of food / cash / vouchers, disaggregated by type of transfer. <strong>Note:</strong> This indicator is intended to measure equality in decision-making and control over cash, vouchers or food between women and men, at the household level;</td>
<td>Baseline and End line</td>
<td>Household</td>
<td>Household survey as per WFP Corporate Results Framework (CRF) indicator compendium</td>
<td>Proportion/percentage: the quantitative share of households (%) where women, men, or both women and men make decisions on the use of food / cash / vouchers; <strong>Disaggregated by:</strong> - decision-maker: i) woman; ii) man; iii) joint decision making (by woman and man) - modality (food, cash, voucher)</td>
</tr>
<tr>
<td>2.15</td>
<td>Proportion of food assistance decision-making entities – committees, boards, teams, etc. – members who are women. <strong>Note:</strong> The purpose of this indicator is to measure gender parity in all WFP food assistance decision-making entities established for the implementation of the programme</td>
<td>Baseline and End line</td>
<td>Community level [distribution point, asset site etc]</td>
<td>Household survey as per WFP Corporate Results Framework (CRF) indicator compendium</td>
<td>Proportion/percentage of food assistance decision-making entity – committees, boards, teams, etc. – members who are women.</td>
</tr>
</tbody>
</table>

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

69 If different household members will be interviewed, the unit is people


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</thead>
</table>
| 2.16| Women’s Empowerment in Agriculture, Index (version pro-WEAI)<sup>72</sup> | Baseline and End line | Woman            | Household survey will be used to collect this data. Individual-level data collected, interviewing primary women decision-maker sampled from the households separately and in private. | The indicator is presented as:  
  i. % of women who are empowered.  
  ii. % of domains in which those women who are not yet empowered already have adequate achievements  
  Pro-WEAI index ranges from 0 to 1, with 0 meaning that they did not surpass the binary threshold for any of the 12 indicators and 1 for surpassing the thresholds for all 12 indicators.  
  A woman can be considered 'empowered' if she scores positively in at least 75% (9 out of the 12) indicators.                                                                                                                                                                                                                   |
| 2.17| Wasting                      | Baseline and end line | Individual newborn children | Children’s weight and height measured using standard equipment and methods (e.g. children under 24 months are measured lying down, while standing height is measured in children aged 24 months and older)  
  Weight for height                                                                 | Numerator: Number of children aged 0–59 months who are wasted.  
  Denominator: Total number of children aged 0–59 months.  
  Number of children aged 0–59 months whose z-score falls below -2 standard deviations from the median weight-for-height of the WHO Child Growth Standards DIVIDE BY total number of children aged 0–59 months who were measured) MULTIPLY BY 100  
  Disaggregated by age 6 to 17, 18 to 29, 30 to 41, 42 to 53 and 54 to 59 months and sex                                                                 |
| 2.18| Low birth weight             | Baseline and end line | Individual births | Data Requirement(s)  | Numerator: Number of live-born neonates with weight less than 2500 g at birth.                                                                 |


<table>
<thead>
<tr>
<th>#</th>
<th>Indicator name and definition</th>
<th>When</th>
<th>Unit of Analysis</th>
<th>Collection Method (Summary)</th>
<th>Analysis Method and presentation (Summary)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>of live births during the same period(^{74})</td>
<td></td>
<td></td>
<td>Note: <em>proportion of infants with a low birth weight is an indicator of a multifaceted public health problem that includes long-term maternal malnutrition, ill health, hard work and poor health care in pregnancy</em></td>
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<td></td>
<td>Number of newborns with a birth weight less than 2,500g in a defined time period (e.g., 12 months); number of live births in the same time period; parity of the mother</td>
<td>Denominator: Number of live births.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td><em>Sources:</em></td>
<td>Disaggregation: Place of residence, preterm status, socioeconomic status.</td>
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<td></td>
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<td></td>
<td>Delivery registers (hospital management and information systems – HMIS). This method provides data on the incidence of low birth weight among newborns delivered in health institutions.</td>
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<td></td>
<td></td>
<td>Household surveys which collect data on birth weight (recalled by mother) and relative size of the newborn at birth allow for an adjusted value even where many infants are not weighed at birth.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sources:</td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td># of nutrition-sensitive and gender transformative assets built, restored, or maintained by targeted households and communities, by type and unit of measure (4,500 HH assets and 150 community assets)</td>
<td>Monitorin g and reporting; confirmation at end line</td>
<td>Community</td>
<td><em>Project site records as per WFP Corporate Results Framework (CRF) indicator compendium(^{75})</em></td>
<td>The indicator is presented as an aggregate of all the Number of assets; comparing target at baseline vs achievement at end line.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>Data needed:</em> Assets built, restored or maintained: The type and number of physical resources built, restored or maintained for households and communities to sustain their livelihoods. This includes new assets built or existing assets restored or maintained to working condition.</td>
<td>Disaggregated by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>Source:</em> WFP’s cooperating partner implementation reports; No Baseline data needed. Data should be collected according to the established reporting schedules. This information will be used by the evaluation to assess the effectiveness of the programme in terms of achieving the intended outputs</td>
<td>-specific types of assets;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-assets built, restored and maintained</td>
</tr>
</tbody>
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<table>
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<tr>
<th>#</th>
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<th>Collection Method (Summary)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td># of smallholder farmers supported/trained on PHL, disaggregated by men, women, boys, and girls (at least 500)</td>
<td>Monitorin g and reporting; confirmed at end line</td>
<td>Project implementation reports per WFP Corporate Results Framework (CRF) indicator compendium[76]</td>
<td>The indicator is presented as an aggregate of Number of smallholder farmers supported/trained, and compared with target at end line to assess the effectiveness of the programme; Disaggregated by men and women;</td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td># of people exposed to nutrition messaging on dietary diversification, early marriage, early pregnancy, and SRH and child health services, disaggregated by age, men, women, boys, and girls (at least 20,000)</td>
<td>Monitorin g and reporting; confirmed at end line</td>
<td>Data source: Partners’ report</td>
<td>Present indicator as an aggregate: Number of people exposed to nutrition messaging; comparing target at baseline vs achievement at end line.</td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td># of household visits conducted by community health activists/agriculture extension agent (at least 1,500)</td>
<td>Monitorin g and reporting; confirmed at end line</td>
<td>Data source: Partners’ report</td>
<td>Present indicator as an aggregate: Number of HH visits conducted by community health; comparing target at baseline and achievement at end line;</td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td># of participants at gender dialogue clubs and # of sessions conducted by topic and disaggregated by sex (at least 3,000)</td>
<td>Monitorin g and reporting; confirmed at end line</td>
<td>Data source: Partners’ report</td>
<td>Present indicator as an aggregate: Number of participants at gender dialogue... comparing target at baseline vs achievement at end line;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator name and definition</th>
<th>When</th>
<th>Collection Method (Summary)</th>
<th>Analysis Method and presentation (Summary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6</td>
<td># of women, men, boys and girls receiving food/cash-based transfers/commodity vouchers,</td>
<td>Monitorin g and reporting; confirmed at end line</td>
<td><strong>Project implementation reports</strong> per WFP Corporate Results Framework (CRF) indicator compendium</td>
<td>Present indicator as an aggregate number of women, men, boys and girls receiving transfer... and compare target at baseline vs achievement at end line; <strong>Disaggregated by:</strong></td>
</tr>
<tr>
<td></td>
<td>disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers</td>
<td></td>
<td><strong>Data required:</strong> Targeted persons that were provided with assistance, including direct recipients of assistance and their households; Data source: Partner’s report Data should be gathered on at least a monthly basis.</td>
<td>- Gender and Age</td>
</tr>
<tr>
<td></td>
<td>and vouchers, as % of planned (at least 7,500)</td>
<td></td>
<td></td>
<td>- Beneficiary category</td>
</tr>
<tr>
<td></td>
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<td>- Transfer modality</td>
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<tr>
<td></td>
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<td>- Activity</td>
</tr>
</tbody>
</table>

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

ADMINISTRATIVE POST OF CHEMBA

Total population

- Homens: 53%
- Mulheres: 47%

Population by age group

- Population (65 e mais): 4%
- Population (45 - 64): 9%
- Population (15 - 44): 40%
- Population (5 - 14): 27%
- Population (0 - 4): 20%

Education Level

- Alfab.: 10%
- Primário: 90%
- Secund.: 90%
- Técnico: 90%
- C.F.P.: 90%
- Superior: 90%
- Nenhum: 90%

Proportion of Household Sizes

- 1: 6%
- 2: 8%
- 3: 14%
- 4: 16%
- 5: 16%
- 6: 10%
- 7: 10%
- 8: 7%
- 9: 8%
- 10 e +: 5%

Head of Household

- Homens: 26%
- Mulheres: 74%

Asset ownership

- BICICLETA: 54%
- CARRO: 0%
- TELEVISOR: 2%
- RÁDIO: 50%
# Annex 8: List of Stakeholders

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Interest in the evaluation and likely uses of evaluation report to this stakeholder</th>
<th>How they will be engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNAL STAKEHOLDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country Office (CO) Mozambique</td>
<td>The CO is responsible for the design and implementation of the programme; It has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as externally to the beneficiaries, the donor and partners for performance and results of this programme.</td>
<td>Key WFP Mozambique staff are members of the evaluation committee and will therefore be involved in making sessions in relation to the evaluation process. Others will be interviewed during data collection.</td>
</tr>
<tr>
<td>Regional Bureau (RB) Johannesburg</td>
<td>Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. Given the aspiration of WFP Southern Africa region to enhance integrated programming for better results, this Mozambique programme offers opportunity for learning across the region.</td>
<td>The Regional Evaluation Officer will support CO/RB management to ensure quality, credible and useful decentralized evaluations. Other key staff from the RB are members of the evaluation reference group and will be systematically consulted to review and comment on draft products starting with these TOR.</td>
</tr>
<tr>
<td>WFP HQ Nutrition and gender divisions;</td>
<td>WFP HQ technical units are responsible for issuing and overseeing the rollout of normative guidance on corporate programme themes, activities and modalities, as well as overarching corporate policies and strategies. They also have an interest in the lessons that emerge from evaluations, as many may have relevance beyond the geographical area of focus. Specifically, the nutrition and gender divisions have an interested in the implementation of results of gender transformative and nutrition sensitive programmes; to inform organisational learning and development of future policies and guidelines;</td>
<td>The two divisions, as appropriate, will be provided an opportunity to review and comment on draft reports;</td>
</tr>
<tr>
<td>Office of Evaluation (OEV)</td>
<td>OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy. OEV may, as appropriate, use the results of this evaluation in synthesis of evidence as well as in reporting evaluation coverage in the annual evaluation report.</td>
<td>Draft inception and evaluation reports will be submitted to the OEV-managed quality support service.</td>
</tr>
<tr>
<td>WFP Executive Board (EB)</td>
<td>The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings may feed into annual syntheses and into corporate learning processes, as well as reporting on evaluation coverage as per the corporate evaluation policy.</td>
<td></td>
</tr>
<tr>
<td>Stakeholders</td>
<td>Interest in the evaluation and likely uses of evaluation report to this stakeholder</td>
<td>How they will be engaged</td>
</tr>
<tr>
<td>------------------------------</td>
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<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Beneficiaries (women, girls, boys and men)</td>
<td>As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. In this case, the women, men, boys and girls targeted by the various activities of the programme;</td>
<td>They will be consulted through interviews, key informant interviews and focus group discussions, to be detailed in the inception report.</td>
</tr>
<tr>
<td>Government Ministries</td>
<td>The Government has a direct interest in knowing whether the programme is aligned with its priorities, harmonised with the action of other partners and meeting the expected results. The Ministries of agriculture and health, as well as other key Government institutions (See section 3.2 on key actors) are interested in the results of the programme as well as the findings of the evaluation.</td>
<td>These will be members of the evaluation reference group and will be systematically requested to attend ERG meetings, review and provide feedback on draft reports.</td>
</tr>
<tr>
<td>UN agencies</td>
<td>The UN System's harmonized action should contribute to the realisation of the government's developmental objectives. It has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts. Those agencies involved in the food and nutrition security and Women empowerment including FAO, UNICEF, WHO are interested to learn what impact this integrated programme has on reducing malnutrition and empowering women;</td>
<td>These agencies will be members of the evaluation reference group and will systematically be requested to review and comment on evaluation drafts.</td>
</tr>
<tr>
<td>Non-Governmental Organisations</td>
<td>As noted in section 3.2, NGOs such as WVI, Pathfinder and PCI Media will play a key role in the implementation of the programme. As such, they are interested in the establishment of a baseline to understanding the state of key indicators prior to start of the programme activities, and to understand, through the final evaluation the extent to which the programme has achieved the results;</td>
<td>These NGOs will be members of the evaluation reference group; and additional staff will be interviewed during the final evaluation as key informants</td>
</tr>
<tr>
<td>Donors</td>
<td>The programme is funded by the Austria Development Agency, who are interested in knowing whether the programme is implemented as planned and the extent to which it has achieved the planned results</td>
<td>During the final evaluation, representatives of ADA will be consulted as key informants</td>
</tr>
</tbody>
</table>
Annex 9 - Quality assurance processes

To enhance the quality and credibility of this evaluation, an outsourced quality support (QS) service directly managed by WFP’s Office of Evaluation in Headquarter provides review of the draft inception and final evaluation reports (in addition to the same provided on draft TOR), and provide:

a. systematic feedback from an evaluation perspective, on the quality of the draft inception, baseline and evaluation report;
b. Recommendations on how to improve the quality of the final inception/evaluation report.

The evaluation manager will review the feedback and recommendations from QS and share with the team leader, who is expected to use them to finalise the inception/evaluation report. To ensure transparency and credibility of the process in line with the UNEG norms and standards\(^{78}\), a rationale should be provided for any recommendations that the team does not take into account when finalising the report. Upon submission of revised draft, the evaluation manager with the support of the regional evaluation officer will:

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

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

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

Annex 10 – Responsibilities of Evaluation Manager and Evaluation Team Leader

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

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

\(^{78}\)UNEG Norm #7 states “that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability”
The **evaluation team leader** will be responsible for:

- Communicating the rationale for the evaluation design decisions (sampling, methodology, tools) in the updated inception report and through discussions;
- Working with the evaluation managers to ensure a detailed evaluation schedule is communicated to stakeholders before field work starts (annexed to the updated inception report);
- Sharing a brief PowerPoint presentation before the internal and external debriefings to enable stakeholders joining the briefings remotely to follow the discussions;
- Included in the final report the list of people interviewed, as appropriate (bearing in mind confidentiality and protection issues)\(^79\);
- Systematically considering all stakeholder feedback when finalising the evaluation report, and transparently provide rationale for feedback that was not used;

### Annex 11 Format of the Evaluation report

The evaluation report should not exceed 40 pages excluding Annexes and Executive Summary. The evaluation report template will be provided as part of the document library.

**Tables of Contents**

**Acknowledgements**

**Executive Summary**

*4-5 pages showing the evaluation purpose and objectives, context, subject of the evaluation, main expected users, main features of the methodology, key findings and summarized conclusion and recommendations. The Executive Summary should provide a complete and balanced synthesis of the evaluation findings, conclusions and recommendations.*

**1-Introduction**

*Succinct overview of the evaluation subject, context and features, evaluation methodology and limitations, providing clarity on why and how the evaluation was carried out, in not more than 5 pages.*

**2-Evaluation Findings**

*This section should be the most substantial of the evaluation report. It should present information that supports the conclusions of the evaluation team against the key evaluation criteria and/or evaluation questions. It should not exceed 30 pages.*

**3-Conclusions and Recommendations**

*Conclusions and Recommendations are core components of the evaluation report; Lessons learned and Good Practices should be included if appropriate. The section should not exceed 5 pages.*

**Annexes**

*Annexes should support and expand on text in the main report. Including:*

- Terms of Reference
- Documents Reviewed
- Stakeholders Interviewed
- Evaluation matrix

\(^79\) For example, omitting names of people where appropriate, and instead stating the name of the organisation; not including names of beneficiaries but instead stating the groups or villages as appropriate.
Data Collection tools

Bibliography

List of Acronyms
Acronyms

ACR     Annual Country Report
ADA     Austria Development Agency
CEFA    European Committee for Education and Agriculture (Comitato Europeo per la Formazione e l'Agricoltura)
CHA     Community Health Activists
CO      Country office
CP      Country Programme
CSP     Country Strategic Plan
DEQAS   Decentralized Evaluation Quality Assurance System
EC      Evaluation Committee
EM      Evaluation Manager
ER      Evaluation Report
ERG     Evaluation Reference Group
ET      Evaluation Team
FFA     Food Assistance for Assets
GDP     Gross Domestic Products
GEWE    Gender Equality and Women's Empowerment
GNR     Global Nutrition Report
GTNS    Gender Transformative and Nutrition Sensitive
HDI     Human Development Index
ICA     Integrated Context Analysis
IR      Inception Report
PHL     Post-Harvest Loss
OEV     Office of Evaluation
QS      Quality Support
RB      Regional Bureau
SRH     Sexual and Reproductive Health
SBBC    Social Behaviour Change Communication
SDAE    District Services for Economic Activity
SDSMSAS District Services for Health, Women, and Social Action
TEA     Agriculture Extension Technicians
TL      Team Leader
TOC     Theory of Change
TOR     Terms of Reference
UNDSS   United Nations Department of Safety and Security
UNEG    United Nations Evaluation Group