Strategic Evaluation of Nutrition and HIV/AIDS

Terms of reference

September 2021

WFP
World Food Programme
SAVING LIVES
CHANGING LIVES

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1. Background

1.1 INTRODUCTION

1. Strategic evaluations focus on strategic and systemic issues of corporate relevance as defined in strategic documents, policies, and directives. The purpose of this evaluation is to meet both accountability and learning needs with a focus on the latter. This strategic evaluation was included in the WFP Office of Evaluation (OEV) Work Plan 2021-2023 presented to the Executive Board as part of the WFP Management Plan at the Second Regular Session in November 2020.[1]

2. The Terms of Reference (ToR) were prepared by the OEV evaluation manager, Deborah McWhinney, Senior Evaluation Officer, based on a document review, analysis of relevant data and discussions with stakeholders. Support in this process was provided by Federica Zelada, Evaluation Officer.

3. The purpose of these ToR is to provide key information to stakeholders about the proposed evaluation, to guide the evaluation team and specify expectations that the evaluation team should fulfil. The ToR are structured as follows: Chapter 1 provides information on the context; Chapter 2 sets out the rationale, objectives, stakeholders and main users of the evaluation; Chapter 3 provides an overview of the nutrition and HIV/AIDS landscape and how their conceptualization and practice evolved over time and defines the scope of the evaluation; Chapter 4 presents the evaluation approach and methodology; and Chapter 5 indicates how the evaluation will be organized.

4. The annexes provide additional information on the evaluation timeline (Annex 1), the role and composition of the Internal Reference Group (Annex 2), communication and knowledge management plan (Annex 3), preliminary stakeholder analysis (Annex 4), preliminary evaluability assessment (Annex 5), preliminary country selection criteria/matrix (Annex 6), corporate nutrition and HIV/AIDS indicators (Annex 7), nutrition and HIV/AIDS-related funding to WFP (Annex 8), nutrition in 2020 infographic (Annex 9), evaluative evidence on nutrition (Annex 10), bibliography (Annex 11) and acronyms (Annex 12).

5. The evaluation will cover the period from 2010 when the WFP Policy on HIV and AIDS was approved to present, which includes the timeframe of the Nutrition Policy (2017), with an emphasis on the 2017-2022 period. The process will take place from July 2021 to November 2022 with planned submission of the summary evaluation report to the Executive Board for consideration in February 2023. It will be managed by OEV and conducted by an external evaluation team.

1.2 CONTEXT

External

6. The 2030 Agenda for Sustainable Development was adopted by all UN member states in 2015 as a shared blueprint for peace and prosperity for people and the planet. Among the 17 sustainable development goals (SDGs) identified and agreed upon, WFP has strongly aligned itself to supporting the achievement of SDG 2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture - and SDG 17 – strengthen the means of implementation and revitalize the global partnership for sustainable development.[2] WFP's contributions to other SDGs, including SDG 3 – good health and well-being, SDG 4 – quality education, SDG 5 – gender equality, SDG 13 – climate action and SDG 16 – peace, justice and strong institutions, are being made more explicit in its forthcoming draft Strategic Plan 2022-2026.[3]

7. Shortly after the adoption of the 2030 Agenda, the United Nations (UN) General Assembly proclaimed 2016–2025 the United Nations Decade of Action on Nutrition. The Decade was seen as an unprecedented opportunity to address all forms of malnutrition. Led by WHO and the Food and Agriculture

[1] Annex IV of the WFP Work Plan 2021-2023 (WFP/EB.2/2020/5-A/1)

[2] UN Department of Economic and Social Affairs, Sustainable Development: https://sdgs.un.org/goals

[3] WFP Strategic Plan (2022-2026) (unedited version), First informal consultation, 23 July 2021, p. 12 (WFP Strategic Plan (2022–2026))

Organization of the United Nations (FAO), in collaboration with WFP, IFAD, UNICEF, the UN Decade of Action on Nutrition calls for policy action across 6 key areas:

- creating sustainable, resilient food systems for healthy diets;
- providing social protection and nutrition-related education for all;
- aligning health systems to nutrition needs, and providing universal coverage of essential nutrition interventions;
- ensuring that trade and investment policies improve nutrition;
- building safe and supportive environments for nutrition at all ages; and
- strengthening and promoting nutrition governance and accountability, everywhere.

8. The Decade for Action sets a concrete timeline to meet a set of global nutrition targets and diet-related targets by 2025, as well as relevant targets in the Agenda for Sustainable Development by 2030—in particular, Sustainable Development Goal (SDG) 2 (end hunger, achieve food security and improved nutrition and promote sustainable agriculture) and SDG 3 (ensure healthy lives and promote wellbeing for all at all ages). Five years into the 'Decade for Action', improvements in life expectancy at birth and reducing the mortality of children under 5 were made.[4] Despite progress in some areas, however, the pace of improvements is not sufficient to meet many SDG targets by 2030.

9. In 2018, the Lancet published a seminal article arguing for a "life cycle approach" to addressing child and adolescent health. The authors stated that, "focus on the first 1000 days is an essential but insufficient investment. Intervention is also required in three later phases: the middle childhood growth and consolidation phase (5–9 years), when infection and malnutrition constrain growth, and mortality is higher than previously recognised; the adolescent growth spurt (10–14 years), when substantial changes place commensurate demands on good diet and health; and the adolescent phase of growth and consolidation (15–19 years), when new responses are needed to support brain maturation, intense social engagement, and emotional control."[5] This academic evidence influenced the approach taken by many organisations, including WFP, and served to strengthen the links between nutrition and school health to "secure the gains of investment in the first 1000 days" by extending interventions to the first 8,000 days of a child's life.

10. In addition to the focus on school health and nutrition, recent global trends have also coalesced around a food systems approach to addressing hunger and food insecurity. The Committee of World Food Security (CFS) articulated the role that sustainable food systems have in promoting healthy diets and improving nutrition. CFS *Voluntary Guidelines on Food Systems and Nutrition*[6] from February 2021 states that, "food systems are complex and multi-dimensional webs of activities, resources and actors involving the production, processing, handling, preparation, storage, distribution, marketing, access, purchase, consumption, and loss and waste of food." Further, they argue that "sustainable food systems…enable food safety, food security and nutrition for current and future generations in accordance with the three dimensions (economic, social and environmental) of sustainable development." Recognising the importance of food systems to achieve the SDGs, the UN Secretary General called for a Food Systems Summit (UN FSS) to take place in September 2021 in order to "awaken the world to the fact that we must all work together to transform the way the world produces, consumes and thinks about food."[7] Governments, scientists, activities, civil society and UN actors will all engage in various action tracks, dialogues and networks leading up to and during the Summit.

11. Progress towards the nutrition targets set as part of the 2030 Agenda has been insufficient with the world currently "not on track to achieve targets for any of the nutrition indicators by 2030. The current rate of progress on child stunting, exclusive breastfeeding and low birthweight is insufficient, and progress on child overweight, child wasting, anaemia in women of reproductive age and adult obesity is stilled or the situation is worsening."[8]

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[4] WHO, World Health Statistics 2021: Monitoring Health for the SDGs/Risks to Health, p. viii - ix.

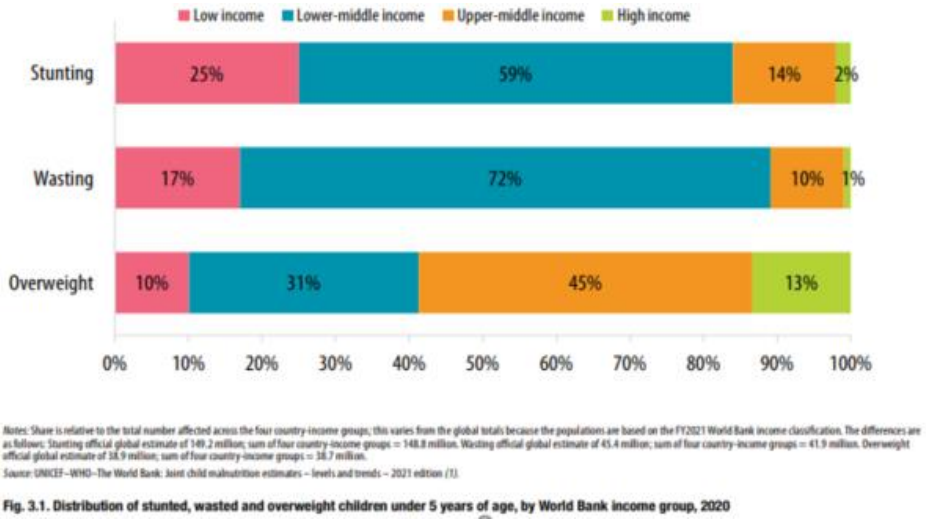
[5] Prof. Donald Bundy et al. "Investment in child and adolescent health and development: key messages from Disease Control Priorities, 3rd edition"; The Lancet, Vol. 391, Issue 10121, p. 687-699.

[6] Committee on World Food Security. CFS Voluntary Guidelines on Food Systems and Nutrition. CFS_VGs_Food_Systems_and_Nutrition_Strategy_EN.pdf (fao.org)

[7] United Nations. Food Systems Summit. Food Systems Summit | United Nations

[8] Ibid, p. xii.

Graph 1: Distribution of stunted, wasted and overweight children under 5 years of age, by World Bank income group, 2020



Notes: Share is relative to the total number affected across the four country-income groups; this varies from the global totals because the populations are based on the FY2021 World Bank income classification. The differences are as follows: Stunting official global estimate of 149.2 million; sum of four country-income groups = 148.8 million. Wasting official global estimate of 45.4 million; sum of four country-income groups = 41.9 million. Overweight official global estimate of 38.9 million; sum of four country-income groups = 38.7 million.

Source: UNICEF–WHO–The World Bank: Joint child malnutrition estimates – levels and trends – 2021 edition (1).

Fig. 3.1. Distribution of stunted, wasted and overweight children under 5 years of age, by World Bank income group, 2020

Source: WHO – World Health Statistics 2021: Risks to Health

12. Whereas people living with HIV can increasingly treat it as a chronic, rather than a life-threatening, disease, there remains no cure or vaccine. The annual rate of infection was approximately 1.7 million in 2019, which is more than triple the target of <500,000 annually. Whereas HIV-related deaths have been reduced by 60% since 2004, around 690,000 people died from HIV-related illnesses in 2019. This is much closer to the 2020 milestone target of <500,000/year than the infection rates.[9]

13. The *UNAIDS 2016-2021 Strategy* focused its attention on "fast tracking" the response to ensure progress and momentum leading into the decade before the SDG 2030 targets. Goals identified in the Strategy include:

a. Fewer than 500,000 people newly infected with HIV
b. Fewer than 500,000 people dying from AIDS-related causes
c. Elimination of HIV-related discrimination

14. Eight result areas linked to 5 key SDGs were also identified, including increased access to testing, elimination of mother-to-child transmission, empowered young people access prevention services, tailored HIV combination prevention services accessible to key populations, reduction of gender-based violence and discriminatory responses to HIV, fully funded AIDS responses and strengthened people-centred HIV and health services. The 'fast track' also identified 35 countries where accelerated responses were particularly needed as these countries "account for more than 90% of people acquiring HIV infection and 90% of people dying from AIDS-related causes worldwide".[10] The Strategy aimed to give further impetus to the 90-90-90 Initiative[11] from 2014, which included the following targets:

a. By 2020, 90% of all people living with HIV will know their HIV status.
b. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
c. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

15. The *Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS* uses a lens of inequalities to address gaps in progress towards ending AIDS rather than focusing on targeted countries. It sets out ambitious targets and policies to be reached by 2025 as a way of encouraging momentum towards the 2030 SDG targets. "The three strategic priorities include: i) maximizing equitable and equal access to comprehensive, people-centred HIV services; ii) breaking down legal and societal barriers to achieving HIV outcomes; and iii) fully resourcing and sustaining HIV responses and integrating them into systems for health, social protection

[9] WHO. World Health Statistics, 2021, p. 25.

[10] UNAIDS 2016-2021 Strategy, p. 42.

[11] UNAIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic

and humanitarian settings." The ten results areas remain largely similar to the previous Strategy with the addition of results areas on community-led HIV services and integrated systems for health and social protection. [12]

16. The world has been deeply affected by and responding to the on-going global pandemic resulting from COVID-19. The impact being felt by individuals, including those living with or affected by HIV, communities, and governments is immeasurable. WHO's *World Health Statistics: Monitoring Health of the SDGs* published in May 2021 states that COVID-19, "poses major challenges to population health and well-being globally and thwarts progress in meeting SDGs."[13] The coverage of essential nutrition services is reported to have declined by 40 percent in 2020.[14] There was "no progress to decrease the rate of overweight while stunting and wasting are concentrated in low- and lower-middle income countries."[15]

17. The State of Food Security and Nutrition in the World (SOFI) report from 2020 signalled this devastating impact and called for swift action. The SOFI report published in July 2021 notes that, "the pandemic continues to expose weaknesses in our food systems, which threaten the lives and livelihoods of people around the world, particularly the most vulnerable and those living in fragile contexts."[16] It goes on to estimate that 161 million more people faced hunger in 2020 than in 2019, bringing the total to between 720 and 811 million. "Nearly 2.37 billion people did not have access to adequate food in 2020".[17]

18. The SOFI 2021 report also estimated that 22 percent of children under 5 years of age were affected by stunting, 6.7 percent were suffering from wasting and 5.7 percent were affected by being overweight.[18] It is clear that malnutrition persists in multiple forms with the "double" and "triple burden of malnutrition" [19] being felt in many countries. The latest SOFI report indicates that "despite poor progress at the global level, notable improvements are occurring in some areas, with about one-quarter of countries confirmed to be on track to reach the 2030 SDG targets for childhood stunting and wasting and about six countries on track to achieve the target on child overweight."[20] The impact of COVID-19 is being felt on a global level through shocks to economic, health and food systems but data systems have not yet been able to fully measure the effect of the pandemic on nutrition-related indicators. Nevertheless, the SOFI report stated that, "global hunger in 2030 is projected to be above the level it would have been had the pandemic not occurred. About 30 million more people may face hunger in 2030 compared with the no-COVID-19 scenario, revealing possible persistent effects of the pandemic on global food security."[21]

19. The variable, fluid and uneven flow of the pandemic's progression, as well as the hugely different government capacities to respond and protect their own citizens has resulted in increased disparities and inequalities in many countries. A focus on transforming food systems to provide "nutritious and affordable food for all and become more efficient, resilient and sustainable" can enable progress across several SDGs. As stated in the State of Food Security and Nutrition, "this year offers a unique opportunity for advancing food security and nutrition through transforming food systems with the upcoming UN Food Systems Summit, the Nutrition for Growth Summit and the COP26 on climate change. The outcomes of these events will certainly shape the actions of the second half of the UN Decade of Action on Nutrition." [22]

[12] UNAIDS - https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026

[13] Ibid, p. viii.

[14] State of Food Security and Nutrition in the World, 2021 (The State of Food Security and Nutrition in the World 2021 | FAO | Food and Agriculture Organization of the United Nations), Foreword, p. xvii.

[15] WHO, World Health Statistics 2021: Monitoring Health for the SDGs/Risks to Health, p. 36

[16] State of Food Security and Nutrition in the World, 2021 (The State of Food Security and Nutrition in the World 2021 | FAO | Food and Agriculture Organization of the United Nations), Foreword.

[17] Ibid.

[18] SOFI 2021, p. 29.

[19] Characterized by the coexistence of undernutrition (stunting and wasting), micronutrition deficiencies, and overweight and obesity. All these forms of malnutrition share many common causes, notably the poor quality of diets.

[20] SOFI 2021, p. 38.

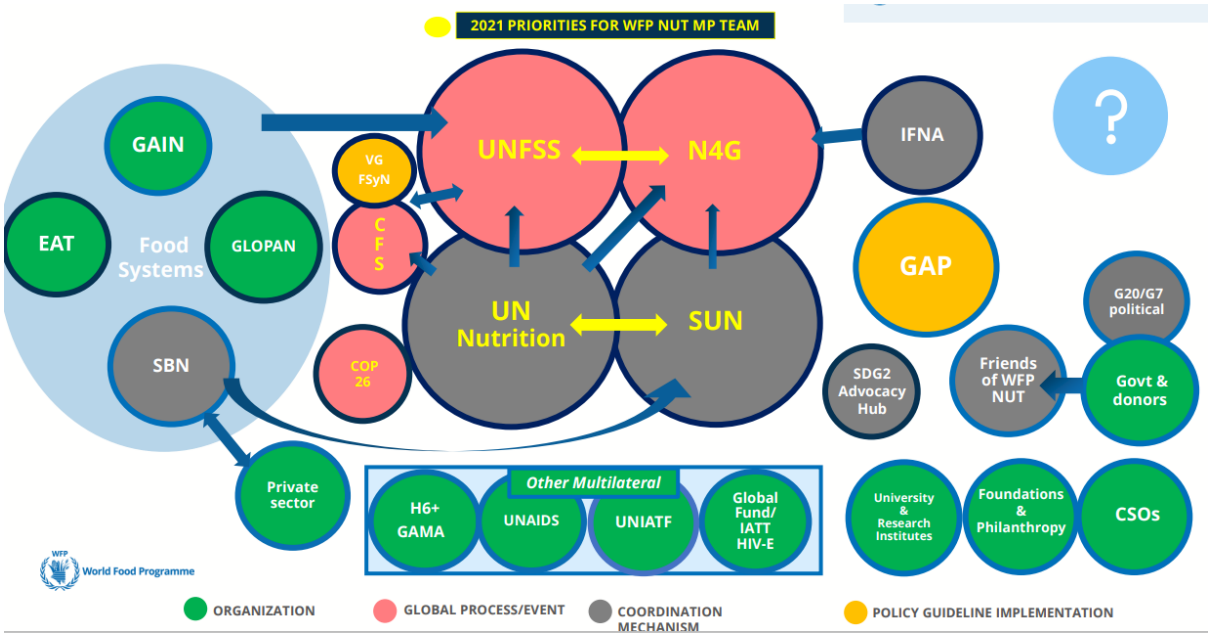
[21] SOFI 2021, p. 40.

[22] SOFI 2021, p. vii.

Partnerships

20. There is a complex tapestry of partnerships working in the fields of nutrition and HIV/AIDS. WFP is an active player in many of them, including leadership roles in UN networks. This internal mapping provides a visual representation of the partnership priorities as identified by the Nutrition Division.

Figure 1 – Global Partnership Mapping



Source: NUT internal document

21. WFP is actively involved in the Food Systems Summit Action Track 1 – Ensure access to safe and nutritious food for all[23], which is chaired by the Executive Director of the Global Alliance for Improved Nutrition (GAIN).

22. Nutrition for Growth (N4G)[24] is a pledging conference coordinated by donors to fund global nutrition initiatives. It has been conducted on the margins of the Olympic games. WFP has been a member of the N4G Advisory Group, led by the Government of Japan.

23. An inter-agency coordination and collaboration mechanism for nutrition was formally announced at the ECOSOC Management Segment in July 2020. UN Nutrition[25] now includes the former UN Standing Committee on Nutrition (UNSCN) and UN component of the Scaling-up Nutrition (SUN) network.[26] This new UN initiative was Chaired by WFP's Deputy Executive Director in 2020 but as of 2021 is being Chaired by WHO on a 2-year mandate with the Executive Secretary based at FAO with secondees from other UN agencies, including WFP and UNICEF. "Membership is open to all UN entities aiming to mainstream nutrition to enhance their mandates."[27]

24. With funding from the government of Canada in 2019, WFP and UNICEF entered into a renewed partnership to scale up school feeding, nutrition, health and WASH interventions targeting 35 million of the most vulnerable children in 30 low-income and fragile countries in 2019.[28] Support has been provided to governments to implement integrated school health and nutrition programmes in the Sahel (Chad, Niger and Burkina Faso) and the Horn of Africa (Ethiopia, Somalia and south Sudan). WFP also signed a global partnership framework with UNICEF in 2020 to address wasting given that 47 million children under the age

[23] https://www.un.org/en/food-systems-summit/action-tracks

[24] https://nutritionforgrowth.org/

[25] UN Nutrition: a single United Nations entity for nutrition

[26] This includes the Renewed Efforts against Child Hunger and Undernutrition (REACH).

[27] Ibid.

[28] UNICEF & WFP, School Health and Nutrition: ensuring a better future for all children, 2020. WFP-UNICEF-SHN-Partnership-Integrated.pdf

of five are estimated to be suffering from wasting, which will have serious negative impacts on their growth and development.[29]

25. In 2020, UNESCO, UNICEF, FAO, WFP, WHO and multilateral organisations such as the Global Partnership for Education, formed a partnership entitled, 'Stepping up effective school health and nutrition'.[30] The shared vision is that "healthy, well-nourished and educated children and young people achieve their full potential, and their countries achieve better social and economic growth". Agencies are working together to support global, national and regional efforts to strengthen interventions to respond to children's learning and growth needs by focusing on coordinated investments, advocacy and strengthened partnerships in school health and nutrition.

26. UNAIDS remains the only co-sponsored joint programme of the United Nations system. The Programme Coordinating Board oversees the Joint Programme and includes member states, cosponsoring agencies, civil society and people living with and affected by HIV as members. WFP is one of the 11 co-sponsor agencies of UNAIDS and, as such, has fully committed to supporting the implementation of the Global AIDS Strategy and receives funds annually from UNAIDS to this end. WFP and UNHCR are co-conveners of the Inter-Agency Task Force on HIV in humanitarian contexts and WFP has co-convened an Inter-Agency Task Team on HIV-sensitive social protection with ILO since 2018.

27. WFP and the Global Fund to Fight AIDS, Tuberculosis and Malaria work together through a broad range of partnerships at national, regional and global levels. Engagement in the Inter-Agency Task Team on HIV in emergencies is particularly robust.

Internal

28. The Strategic Plan 2014-2017 identified four strategic objectives, including: i) saving lives and protecting livelihoods in emergencies; ii) supporting or restoring food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies; iii) reduce risk and enable people, communities and countries to meet their own food and nutrition needs; and, iv) reduce under-nutrition and break the inter-generational cycle of hunger. The focus at the time was on achieving the Millennium Development Goals and contributing to the Zero Hunger Challenge. The nutrition-sensitive approach to mainstreaming nutrition in other programmatic areas was nascent.

29. The Strategic Plan 2017-2021 identified five strategic objectives with three focused on targets related to SDG 2 – achieve zero hunger (end hunger, improve nutrition and achieve food security) and two aiming to support the achievement of SDG 17 – partner to support implementation of the SDGs (support SDG implementation and partner for SDG results). The addition of a strategic objective on improving nutrition demonstrated a heightened focus on nutrition goals. In addition to nutrition-specific programming, clear reference is made to nutrition-sensitive approaches to be integrated into work to strengthen social protection systems and capacities.

30. A new WFP Strategic Plan (2022-2026) is under development. An early draft has defined a dual vision underlying the strategy that focuses on the eradication of food insecurity and malnutrition globally and that national and global actors have achieved the SDGs. The draft SP maintains five strategic outcome areas, including: i) people are better able to meet their food and essential needs; ii) people have better nutrition, health and education outcomes; iii) people have improved and sustainable livelihoods; iv) national programmes and systems are strengthened; and, v) humanitarian and development actors are more efficient and effective. The focused outcome on nutrition has been maintained but with linkages to both the health and education sectors. A systems approach is also emphasised, which provides the framework for nutrition-sensitive work across a broad range of programmatic areas. Nutrition integration has been identified as a cross-cutting priority.

31. WFP became the ninth co-sponsor of UNAIDS in 2003 and developed a Policy on HIV/AIDS at that time – Programming in the Era of AIDS: WFP's Response to HIV/AIDS[31]. An independent evaluation of WFP's AIDS response was carried out in 2008, after which time work began on a new policy. The WFP HIV and AIDS

[29] Addressing Wasting in Children Globally – UNICEF and WFP Partnership Framework (Addressing Wasting in Children Globally - UNICEF and WFP Partnership Framework | ENN (ennonline.net)

[30] UNESCO et al, Stepping up effective school health and nutrition: A partnership for healthy learners and brighter future. Partnership-for-Stepping-up-effective-SHN.pdf.pdf (unicef.org)

[31] WFP/EB.1/2003/4-B

Policy approved in 2010[32] supersedes the 2003 policy and was "guided by the WFP Strategic Plan (SP) 2008-2013" that defined five strategic objectives, one of which targeted the reduction of chronic hunger and undernutrition. Associated goals included helping countries to bring under-nutrition below critical levels and breaking the inter-generational cycle of chronic hunger; increasing levels of education and basic nutrition and health; and meeting the food and nutrition needs of those affected by HIV/AIDS, tuberculosis and other pandemics. The Nutrition Division provides annual updates to the EB on HIV and AIDS.

32. The objectives of the HIV and AIDS Policy addressed the obligations defined under the UNAIDS Joint Outcome Framework (JOF) at the time and included: ensuring nutritional recovery and treatment success through nutrition and/or food support; and, mitigating the effects of AIDS on individuals and households through sustainable safety nets.

33. The Policy on Country Strategic Plans[33] was approved as part of the Integrated Road Map in November 2016 along with the Strategic Plan, Financial Framework Review and Corporate Results Framework. The policy highlights that the "enablers of food security and nutrition – food availability, access, stability consumption and utilization, and health and sanitation – are multi-dimensional, interdependent and complex"[34] therefore necessitating a focus on complementarities and synergies between food security and nutrition interventions in WFP's responses.

34. The evaluation of the 2012 Nutrition Policy, which was presented to the Executive Board in 2015, recommended that nutrition objectives be embedded in the next Strategic Plan and that the policy be revised only once the next Strategic Plan had been finalised.[35] The Nutrition Division followed this recommendation and submitted a revised Nutrition Policy for approval in February 2017[36] following the adoption of the WFP Strategic Plan 2017-2021 and other components of the Integrated Road Map in November 2016.

35. WFP's Nutrition Policy aimed to be operationalized in Country Strategic Plans "in support of national nutrition targets and/or emergency nutrition needs."[37] The Policy identifies nutrition-specific interventions that "address the immediate causes of malnutrition" and and nutrition-sensitive programmes that "draw on complementary sectors, such as agriculture, health, social protection, early child development, education and water and sanitation to affect the underlying causes of malnutrition, including poverty and food security."[38] Both approaches are "mutually reinforcing"[39] and can be implemented in any country context.

36. Whereas there is a strong focus on strengthening and supporting government capacities to scale-up efficient and effective nutrition interventions with a revised Policy on Country Capacity Strengthening due to be presented to the Executive Board in 2022, there are times when these capacities are insufficient to respond adequately to a sudden shock or crisis. In these cases, WFP will step in to provide humanitarian assistance to save lives.

37. The WFP School Feeding Strategy 2020-2030 was endorsed by the Oversight and Policy Committee (OPC) in January 2020. It "lays out how it will advocate globally, and work in partnership, to address gaps in guaranteeing a proper school health and nutrition response for children in schools… For the poorest students, enrolling in school, attending regularly and learning are often made more difficult by illness, hunger and malnutrition."[40] The Strategy emphasises an integrated approach to school health and nutrition with a focus on the first 1,000 days but also recognizing that attention must be extended to the first 8,000 days for children and adolescents to grow into healthy adults, as advised in the Nutrition Policy. The School Feeding Strategy recognizes that a collaborative, partnership approach is needed to achieve results in school-based

[32] WFP HIV and AIDS Policy (WFP/EB.2/2010/4-A)

[33] WFP/EB.2/2016/4-C/1/Rev.1*

[34] Ibid, p 14.

[35] Management response to the recommendations of the summary evaluation report of the Nutrition Policy (2012-2014). WFP/EB.2/2015/6-A/Add.1, p. 4.

[36] WFP Nutrition Policy (WFP/EB.1/2017/4-C)

[37] Ibid, p. 10, para 22.

[38] Ibid, p. 8, para 15 and Box 3.

[39] Ibid, p. 8, para 15 and Box 3.

[40] WFP, A Chance for Every Schoolchild: Partnering to Scale-up School health and Nutrition for Human Capital, para 4, p. 14.

health initiatives. One of the four workstreams in the Strategy includes acting in partnership to improve and advocate for school health and nutrition.

38. School-based, nutrition-specific initiatives are also identified in the new Social Protection Strategy, which was endorsed by the OPC in June 2021. WFP will support nationally-led social protection systems and programmes and support WFP-led programming that complements government efforts, including, where appropriate: supporting 'food security-specific' or 'nutrition-specific' programmes; supporting 'food security-sensitive' and 'nutrition-sensitive' approaches; and/or, assisting programmes that aim to reduce multidimensional poverty broadly even when a food security or nutrition lens is not directly applied, but in contexts where food insecurity and malnutrition are a major concern.[41]

39. The WFP protection and accountability policy[42] identifies four protection mainstreaming principles, including the prioritisation of safety and dignity and avoid causing harm, meaningful access, accountability and participation and empowerment. Nutrition interventions should be designed based on an analysis of access to key services and an understanding of the preferences of affected populations, inter alia. The Social Protection Strategy identifies social markers that affect people's needs and risks, including gender, age, HIV status and disability.[43]

40. A new People Policy was approved by the Executive Board in June 2021 and emphasizes four priority areas for WFP's workforce culture: being nimble and flexible; performing and improving; ensuring diversity and inclusivity; and, being caring and supportive. The theory of change includes defined enablers, such as enhanced capabilities through increasing required knowledge and skills. The requirement for technical knowledge and skills in nutrition cannot be underestimated and was highlighted in the recommendations from the last policy evaluation as an area of focus for WFP.

41. A revised Gender Policy is due to be presented to the EB in February 2022. A recent evaluation of the WFP Gender Policy (2015) concluded that, "although the Nutrition Policy (2012) provided a limited articulation of gender in relation to nutrition or the incorporation of gender in WFP nutrition programming, the revised Nutrition Policy (2017-2021) recognizes gender as an underlying determinant of nutrition. This includes the need to build demand for nutritious diets and complementary services among women and men, and to improve intra-household decision-making through gender-transformative social and behaviour change communications (SBCC)."[44]

2. Reasons for the Evaluation

2.1 RATIONALE

42. An evaluation of the WFP Policy on HIV and AIDS (2010) has been due for some time given the coverage norm to evaluate policies four to six years following their approval and start of implementation[45]. However, as the evaluation of the WFP Nutrition Policy (2017) has been anticipated as of 2021, OEV and the Nutrition Division agreed to wait until 2021 to evaluate both policies together. Further, given that an audit of nutrition activities was completed in February 2020 with a focus on shifts underway as a result of the WFP Nutrition Policy approved in 2017 and following consultation with the Nutrition Division, a broader strategic evaluation framework was proposed. As a result, the evaluation will look at policy quality and results while also situating work in nutrition and HIV and AIDS within the framework of the new WFP Strategic Plan (2022-2026), particularly as it relates to both meeting urgent food and nutrition needs and integrated approaches to nutrition.

43. The Nutrition Division, in particular, is welcoming an opportunity to review evidence and recommendations to inform the future treatment of HIV/AIDS in a broader policy framework, as well as the

[41] Ibid, p. 30-31.

[42] WFP/EB.2/2020/4-A/1/Rev.2

[43] WFP Strategy for Social Protection, July 2021, p. 39

[44] WFP Evolution of the Gender Policy, 2020 (WFP/EB.A/2020/7-B)

[45] WFP Evaluation Policy. WFP/EB.2/2015/4-A/Rev.1

relevance and effectiveness of the two policies more generally. The potential revision or extension of the Nutrition Policy in light of the new Strategic Plan (2022-2026) and the increased trend to develop operational strategies are also key strategic considerations that make this evaluation timely.

44. Work to promote nutrition is at the heart of WFP's mandate. A strategic evaluation of this nature will influence WFP's work in school-based programmes, social protection, livelihoods, climate, gender, protection, partnerships, country capacity strengthening, south-south and triangular cooperation, emergencies and supply chain, at a minimum.

2.2 OBJECTIVES

45. Evaluations serve the dual objectives of accountability and learning. This strategic evaluation will meet both objectives as it will: i) assess the continued relevance of the policies on HIV and AIDS and Nutrition, as well as the results achieved as a result of them (accountability); and, ii) assess the extent to which WFP has sufficient organisational readiness to meet the challenges set out in the Decade for Action on Nutrition, the new WFP Strategic Plan (2022-2026), the UNAIDS Strategic Plan, the School Feeding and Social Protection Strategies, the updated Protection and Accountability Policy, soon to be finalised Gender Policy and Policy on Country Capacity Strengthening, in particular (learning).

46. The evaluation will serve to further expand the evidence base on gender equality and women's empowerment, equity and inclusion as they relate to nutrition by integrating a focus on these topics throughout the design and conduct of the evaluation.[46]

47. Findings will be actively disseminated and OEV will seek opportunities to present the results from the evaluation at internal and external events, as appropriate. An initial version of the evaluation Communication and Knowledge Management Plan can be found in Annex 3.

2.3 STAKEHOLDER ANALYSIS

48. The Nutrition Division is engaged in a wide range of internal and external partnerships. As a result, the stakeholder base is broad. An initial assessment of the key internal and related external stakeholders is presented in Annex 4. The evaluation team will be expected to develop this analysis more fully during the inception phase and include this analysis in the draft inception report.

49. The primary internal stakeholder is the Nutrition Division where the responsibility and leadership for both nutrition and HIV/AIDS lies. As identified in the table above, the Nutrition Division works closely with certain Divisions and Units in the context of WFP programming and broader partnership work. In particular, the School-based Programmes Division, Social Protection Unit, Country Capacity Strengthening, Climate and Disaster Risk Reduction Unit, Emergencies Division, Gender Division, Supply Chain Operations Division, Human Resources Division, Strategic, Public and Private Partnership Divisions and the UN System and Multilateral Engagement Division, in particular. Representatives from some of the key internal units/Divisions listed above will be invited to become members of the Internal Reference Group.

50. As noted in the section 1.2 – Context, WFP is leading and participating in a broad range of nutrition-related partnerships with sister UN agencies, donor and host governments, civil society partners, research institutes and academics, and inter-agency initiatives.

51. Over 25 million children of different ages, pregnant and lactating women and girls and other adults, including those living with HIV and AIDS, were targeted with WFP interventions in 2020. As rights holders, they have a key stake in this evaluation.

52. The primary users of the evaluation will be the Nutrition Division and immediate partner units/Divisions at HQ, Regional Bureau technical advisors and CO nutrition specialists. The wide range of partner organisations are also key users, including donors and EB members.

53. A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. WFP is committed to

[46] To the extent possible, the evaluation will consider the new provisions in the Protection and Accountability Policy, such as safety, dignity and accountability.

ensuring gender equality and women's empowerment (GEWE), equity and inclusion in the evaluation process, with participation and consultation in the evaluation of women, men, boys and girls from different groups.

3. Subject of the Evaluation

3.1. SUBJECT OF THE EVALUATION

54. Malnutrition is both a contributor to and a result of poverty. As such, work to promote good nutrition is both an input to and outcome of the work to reach SDG targets. Preventing malnutrition requires a holistic approach that addresses all forms of malnutrition, including underweight and obesity. WFP's work focuses on enhancing the availability of, access to, demand for and consumption of nutritious diets. Life-saving, humanitarian responses are critical as is a focus on contributing to enhanced resilience so that women and men, families and communities can withstand shocks over time. Multi-sectoral approaches are needed to address the underlying determinants of nutrition: food, health, social protection and safety nets, and environmental sustainability, among others.

55. WFP's commitment to addressing malnutrition in its myriad forms is long-standing and is located at the core of its mandate to save and change lives. The large majority of WFP's expenditure is in SO1 (78% of the total in 2020) to ensure that nutritious and safe food is provided to people that need it to survive. Whereas "nutrition in emergencies accounted for approximately three-quarters of WFP nutrition operations in 2020,"[47] nutrition-specific interventions, which address the immediate causes of malnutrition, including dietary intake and health, make up only 25% of WFP's overall portfolio of nutrition activities. The remaining 75% is dedicated to nutrition-sensitive interventions that draw on complementary sectors, such as education, health, social protection, early child development, agriculture and water and sanitation to affect the underlying causes of malnutrition. [48]

56. The HIV and AIDS Policy defines programmes related to both HIV and tuberculosis (TB) according to two pillars: "1) Care and treatment and 2) Mitigation and safety nets. Care and treatment programmes (C&T) focus on improving the nutritional status of beneficiaries receiving antiretroviral therapy (ART), prevention of mother-to-child HIV transmission (PMTCT), or direct observed therapy short-course (TB-DOTS) clients. Mitigation and safety nets interventions (M&SN) provide a family ration - in the forms of in-kind, cash or voucher transfers - to food insecure households of ART programme, TB-DOTS and PMTCT clients as well as to families or institutions caring for orphans and vulnerable children (OVC)."[49]

57. The Nutrition Policy (2017) defines linkages to SDGs 2 and 17 with an emphasis on support to governments as they develop and deliver national plans and policies to end malnutrition. The stated policy focus "will be on promoting adequate and healthy diets that meet nutrient needs, using a range of tools that ensure immediate access, for all people, to nutritious food while strengthening nutrition-sensitive food value chains, from agricultural production, processing and retailing to consumption."[50] According to the policy, "nutrition-specific interventions address the immediate causes of malnutrition, including dietary intake and health. Nutrition-sensitive programmes draw on complementary sectors, such as agriculture, health, social protection, early child development, education and water and sanitation to affect the underlying causes of malnutrition, including poverty, food insecurity and lack of access to adequate care, health, water and sanitation services."[51] Programmes that are "co-located" or integrated within other interventions "will focus on nutritionally vulnerable groups across the life cycle, from the first 1,000 days through pre-school-age children, school-age children and adolescents to women of reproductive age."[52]

58. The focus areas to reduce malnutrition have been presented in a logframe, as seen below:

[47] WFP APR 2020, p. 42.

[48] Key informant interview.

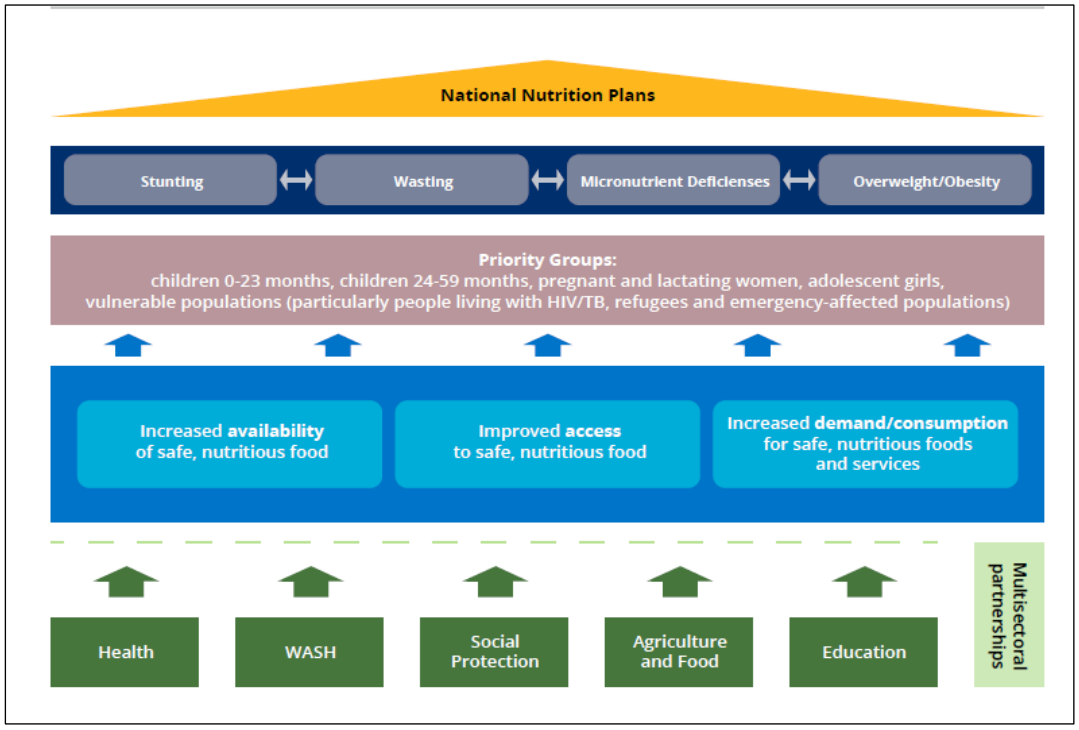
[49] Ibid, p. 12.

[50] Ibid, p. 10.

[51] Ibid, p. 8.

[52] Ibid, p. 12.

Figure 2 – WFP's Focus Areas in Reducing Malnutrition (2017)



59. WFP's nutrition-specific work includes both treatment and prevention of malnutrition using specialised nutritious foods, fortification of foods (iodized salt, rice, wheat flour, maize flour, oil), cash-based transfers, social and behaviour change communication and systems analysis. Nutrition-sensitive initiatives cut across a range of programming areas, such as school meals, asset creation, malnutrition prevention and treatment, climate adaptation, emergency preparedness, support to smallholder farmers and country capacity strengthening at the individual and institutional levels.

60. The measurement of WFP's nutrition work is captured by a range of corporate-level outcome indicators. The evaluation of the Nutrition Policy (2012) noted that, "the approach to M&E in the new SRF indicators is logical but is still a work in progress. For instance, there is a lack of indicators for nutrition-sensitive programming."[53] The Indicator Compendium developed in 2017 following the approval of the Corporate Results Framework in 2016 added indicators to enable a more nuanced understanding of the specific nutritional needs of women of reproductive age and the quality of diets, as emphasized in the Nutrition Policy (2017).

Table 2 – Corporate-level outcome indicators: nutrition

i.	Moderate acute malnutrition treatment (MAM) performance rate: recovery rate, mortality, rate default rate and non-response rate
ii.	Proportion of eligible population that participates in programme (coverage, treatment)
iii.	Proportion of eligible population that participates in programme (coverage, prevention)
iv.	Proportion of target population participating in an adequate number of distributions (adherence)
v.	Proportion of children 6–23 months of age who receive a minimum acceptable diet (MAD)
vi.	Minimum dietary diversity for women of reproductive age (MDD-W) - NEW[54]
vii.	Food consumption score – nutrition (FCS-N) - *NEW*[55] - Percentage of households that never consumed Protein rich food - Percentage of households that never consumed Vit A rich food - Percentage of households that never consumed Hem Iron rich food
viii.	Percentage of targeted smallholder farmers reporting increased production of nutritious crops, disaggregated by sex of smallholder farmer – NEW[56]

[53] WFP. Summary Evaluation Report of the Nutrition Policy (2012-2014). WFP/EB.2/2015/6-A, p. 15

[54] Minimum Diet Diversity for Women has been added to monitor stunting and for nutrition sensitive programmes.

[55] Food Consumption Score Nutritional Quality Analysis (FCS-N) has been added to monitor nutrition sensitive programmes.

[56] Percentage increase in smallholder farmers with increased production of nutritious crops has been added to monitor nutrition sensitive programmes.

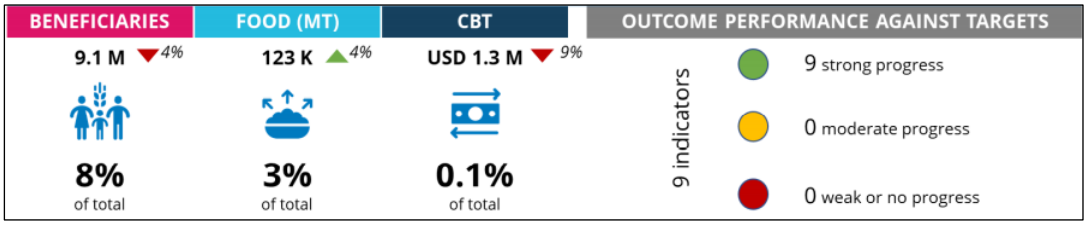
ix.	Percentage increase in production of high quality and nutrient-dense foods - REVISED[57]
x.	Default rate of clients from anti-retroviral therapy, tuberculosis directly observed treatment (TB-DOTS) and prevention of mother-to-child transmission of HIV (PMTCT) programmes

Corporate Results Framework, 2017

61. The Gender and Age Marker (GaM) is used to measure the extent to which gender and age are integrated into the design and implementation of Country Strategic Plans. Country offices calculated the GaM codes by activity category. The results for 2020 indicate that the two nutrition-specific activities have the highest percentage of GaM code 4s at 64% for malnutrition prevention and 56% for nutrition treatment activities.[58]

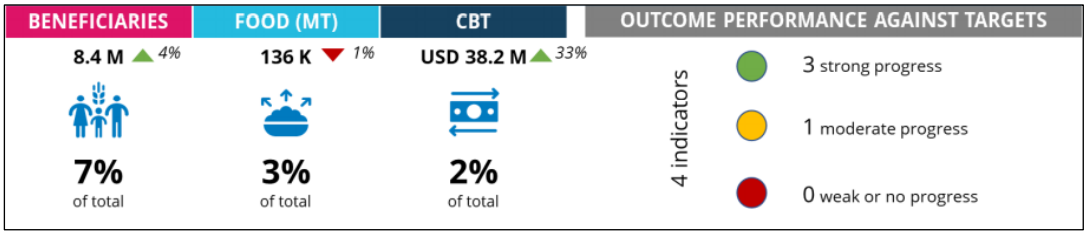
62. Other results from the WFP Annual Performance Report 2020 present the number of beneficiaries supported with either food or cash in the treatment of women and children with moderate-acute malnutrition[59] with specialised nutritious foods (see Figure 3 below) and the prevention of malnutrition (see Figure 4 below).

Figure 3: Treatment of Malnutrition



WFP Annual Performance Report 2020

Figure 4: Prevention of Malnutrition



WFP Annual Performance Report 2020

63. The expenditure in food and cash-based transfers to improve nutrition in an integrated approach has been made largely through nutrition and school-based programme interventions. An estimated 17.3 million beneficiaries were reached through school-based programmes in 2020 while a further 8.4 million beneficiaries were reached through specific activities to prevent malnutrition.[60] Targeted beneficiaries included children and pregnant and lactating women/adolescents in 51 countries. "Complementary nutrition-sensitive programmes addressing the underlying causes of malnutrition were implemented in 69 countries."[61]

[57] Increase in production of high quality and nutrient dense food has been re-adapted from other divisions to capture food fortification outcomes.

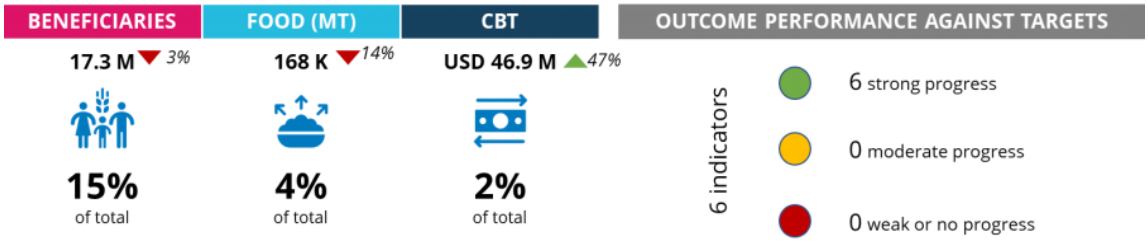
[58] WFP Annual Performance Report for 2020/Annex VI.

[59] In the UN system, WFP is responsible to treat children with moderate-acute malnutrition. UNICEF treats children with severe acute malnutrition.

[60] WFP Annual Performance Report 2020. Annual performance report for 2020 (wfp.org)

[61] Ibid, p. 42.

Figure 4: School-based Programmes



WFP Annual Performance Report 2020

64. The WFP HIV and AIDS Policy clearly identifies that, "HIV has profound consequences for nutritional status. Although people are often food insecure and malnourished before infection, HIV quickly becomes a cause of malnutrition in its own right. HIV puts people at high risk of disease-induced weight loss and wasting."[62] A new focus on tuberculosis was included in the policy in view of the "dramatic convergence of the HIV and TB epidemics. TB is the main opportunistic infection when the immune systems of people living with HIV (PLHIV) deteriorate. A third of the global population have latent TB, which often develops into active infection when the immune system weakens, for example because of HIV infection or malnutrition."[63]

65. WFP became a UNAIDS cosponsor in 2003 and developed a policy at that time. This policy was superseded by the HIV and AIDS Policy approved in 2010, which articulated WFP's obligations as part of the UNAIDS' Joint Outcome Framework (JOF) by ensuring nutritional recovery and treatment success through nutrition and/or food support; and, mitigating the effects of AIDS on individuals and households through sustainable safety nets. The policy identifies activities linked to three of the ten JOF priorities: ensuring that PLHIV receive treatment, preventing PLHIV from dying of TB, and enhancing social protection for people affected by HIV. Two main objectives include: ensuring nutritional recovery and treatment success through the provision of nutrition and/or food support and mitigating the effects of AIDS on individuals and households through sustainable safety nets.

66. The Annual Performance Report for 2019 noted that, "WFP supported about 350,000 people living with HIV, clients of tuberculosis treatment and their families through nutrition assessments, counselling and distributions of food rations when required. The 16 countries include several experiencing Level 3 and Level 2 emergencies such as Cameroon, the Central African Republic, the Democratic Republic of the Congo, Mozambique, South Sudan and Zimbabwe, and others where conditions are fragile, such as Somalia and Rwanda.[64]

67. Whereas HIV programming was not mentioned in the main APR report, in 2020, 500,000 people affected by HIV and AIDS received WFP assistance, up from 400,000 in 2019, and 19 of the 35 HIV and AIDS Fast-Track countries received assistance from WFP.[65]

68. WFP's HIV and TB-specific programmes support both care and treatment (30% of beneficiaries) and mitigation and safety nets (70% of beneficiaries). This primarily includes the provision of individual and family rations with close to 94% of beneficiaries in 2021 receiving in-kind food with 3.6% receiving cash-based transfers and 2.6% receiving a mix of the two.[66] WFP reports to increasing its contribution to strengthening country capacities to meet HIV/TB-related food and nutrition needs, as well as health and education needs. "Thirty-seven Countries Offices reported a variety of different interventions that can be classified as institutional or individual capacity strengthening activities. Training and evidence generation are the most adopted approaches, followed by sensitization and livelihood activities [in 2020].[67][68]

[62] WFP/EB.2/2010/4-A, p. 17.

[63] WFP/EB.2/2010/4-A, p. 6.

[64] WFP Annual Performance Report for 2019/Part III, p. 61, para 170.

[65] WFP Annual Performance report for 2020/Annex 1, p. 2

[66] WFP - HIV/TB in Numbers and Beyond, June 2021, p. 7.

[67] Ibid, p. 10.

[68] The inception and data collection phases will examine the phasing-down of HIV-related nutrition care and treatment programmes in most countries due to funding shortages with the Global Fund deprioritizing funding for nutrition support.

69. The Global Nutrition Report (GNR), based on data from the 14 donors[69] reporting against the Nutrition for Growth Commitment, demonstrates that nutrition-specific interventions amount to 0.6 billion in 2018, while funding for nutrition-sensitive intervention, as reported by the same donors, amount to over 6.4 billion, i.e. a ten-fold figure.[70] While these 14 donors use different methods to track and account for nutrition-specific and -sensitive disbursements[71], nutrition-sensitive actions are generally interventions, programmes or policies in sectors other than nutrition that address the underlying or social determinants of foetal and child nutrition and development and incorporate specific nutrition goals and actions. Up to 95 per cent of the nutrition sensitive funding from these 14 donors as recorded by GNR comes from the United States (US$ 3,7 billion), Canada (US$ 1.1 billion), United Kingdom (US$ 729 million) and EU (US$ 510 million).[72]

70. WFP's projected operational requirements[73] for 2017 amounted to USD 9 billion, while for nutrition-specific activities totalled to USD 878 million, accounting for 10 percent of the overall requirements. In 2018, requirements remained at USD 9 billion, in line with the previous year. Yet, requirements for nutrition increased to USD 941 million. Operational requirements for nutrition in 2019 totalled USD 995 million, representing an increase of 5 percent. Requirements for nutrition in 2020 represented 10 per cent of WFP's overall needs, totalling to USD 999 million.[74] WFP's financial system only distinguishes between nutrition treatment and prevention and does not include nutrition-sensitive expenditures embedded in different programme areas.

71. The evaluation of the Nutrition Policy (2012-2014)[75] concluded that the policy was timely and that it had continued relevance but required a more robust evidence base and a more thorough treatment of gender. The evaluation recommended that the policy be revised following the approval of the Strategic Plan 2017-2021, which was done. In 2015, WFP was just beginning to learn from nutrition-sensitive programming approaches. The evaluation recommended an increased focus on operational research and knowledge management, which was agreed to in the management response and has been realised with a strongly evidence-based Nutrition Policy and a broad commitment to nutrition knowledge management (Nutrition Knowledge Management | WFPgo). The evaluation also noted that financing and staffing had been "major constraints" and recommended a strengthened focus on capacity development with an "appropriate balance of competencies among CO and RB staff to ensure high-quality implementation of nutrition programmes and enable effective advocacy with external stakeholders."[76] This remains a challenging area but a strategic workforce planning exercise has just been carried out by an external firm and will inform future steps in this area. The policy evaluation also recommended a continued focus on building multi-sector partnerships, including support for country capacity strengthening, and that the resource constraints be mitigated by a strong focus on implementation of the policy through increased advocacy with donors, enhancing funding flexibility and improving financial monitoring and analyses of cost-effectiveness.

72. The joint evaluation of the Renewed Efforts Against Child Hunger (REACH) assessed the relevance and appropriateness of the design, country-level performance and explanatory factors affecting performance and results. The evaluation was completed in 2015 and concluded that the initiative contributed to "greater stakeholder engagement, progress in national commitment to nutrition, more effective setting of priorities and capacity development."[77] The commitments by UN agencies and governments were deemed insufficient to enable progress. Recommendations related to the specific initiative but have applicability to inter-agency work, including a focus on both multi-year and short-term facilitation services, mobilizing the UN's technical

[69] US, Canada, UK, EU, Germany, Australia, Ireland, Switzerland, Bill and Melina Gates Foundation, Netherlands, France, CFF, The World Bank.

[70] The nutrition disbursements in 2018 as reported by Donors to Global Nutrition Report display the following figures: United states (US$ 178 million), United Kingdom (US$ 160 million), Canada (US$ 106 million) and EU (US$ 53 million). Netherland comes in with a record high US$ 68 million in 2018.

[71] https://globalnutritionreport.org/resources/nutrition-growth-commitment-tracking/donor-spending-nutrition-specific-sensitive-disbursements/

[72] WFP, Strategic Overview of Global Policies and Funding Trends around Nutrition, para 41, p. 12.

[73] WFP's projected operational requirements are aggregated from all countries, determined on the basis of approved project budgets and needs defined by country offices in consultation with governments and other agencies through food-security and nutrition assessments.

[74] WFP Management Plans 2017-2019, 2018-2020, 2019-2021, 2020-2022

[75] WFP Summary Evaluation of the Nutrition Policy (WFP/EB.2/2015/6-A/Add.1).

[76] Ibid, p. 6.

[77] Offices of Evaluation of WFP, FAO, UNICEF, WHO, DFATD Canada. Joint Evaluation of Renewed Efforts Against Child Hunger and under-nutrition (REACH). WFP/EB.2/2015/6-C*, p. 11.

capacities to scale-up nutrition interventions at country level and formalized agreements between UN agencies to facilitate strategic decision-making and accountability.

73. A series of impact evaluations of moderate-acute malnutrition (MAM) initiatives in 4 countries (Chad, Mali, Niger and the Sudan) was presented to the EB in 2018[78]. It identified a series of lessons, including:

- Greater attention to the timing, sequencing and roll out schedule of a package of interventions is likely to result in enhanced effectiveness.
- Closer partnerships and coordination can support more effective and efficient delivery.
- Barriers to achieving better coverage and access include, but are not limited to, infrastructure deficits. Awareness of the availability of quality services is also important.
- The quality, availability and lack of monitoring and evaluation (M&E) data are problematic.

74. The synthesis recommended increased investment in strategic partnerships, improving the update and coverage of prevention and treatment programmes, tailoring of MAM programmes to sustainably reduce malnutrition, improved collection and use of monitoring and cost data, as well as increased data sharing among partners,

75. Evidence from other evaluations provides some insights into the areas of strength and opportunities for growth in nutrition interventions, which include the critical importance of partnership and definition of roles, targeting, measuring the impact of nutrition in school feeding interventions, engaging women in decision-making and ensuring a broad understanding of nutrition-sensitive approaches. See Annex 10 for more evidence.

76. An internal audit of nutrition was completed in 2020, which provided a rating of "partially satisfactory/some improvement needed".[79] It noted that, "needs to better capture and communicate its nutrition-related efforts and deliverables and demonstrate WFP's added value to break a vicious cycle of underfunding, which has resulted in missed opportunities to improve the availability of, access to, and demand for safe and nutritious foods as outlined in the 2017 Nutrition Policy. Considering the nutrition funding landscape, such efforts need to focus on attracting new non-traditional donors."[80] It also noted that, " despite efforts directed at design improvements for nutrition programmes, weaknesses were identified in design approval controls and in the financial and performance information architecture. These weaknesses resulted in information and workforce structures that were not always adequate to facilitate programme delivery and reporting."[81]

77. WFP's work on nutrition-sensitive and nutrition-specific programmes will cut across many programme areas but are largely concentrated in the first two. The draft WFP Strategic Plan (2022-2026) indicates that, "WFP also recognizes the unique needs of people living with and affected by HIV and the economic and social impact. Working with partners and leveraging platforms and systems, WFP will improve access to nutritious diets, including fortified-dense foods for women, adolescent girls and young children, and other priority populations, such as people living with and affected by HIV and tuberculosis (TB), while integrating social and behaviour change (SBC) programming to address demand, support healthy food choices, food safety and hygiene practices (SDG 3)."[82]

3.2. SCOPE OF THE EVALUATION

78. The scope of the evaluation is global in nature and will include an examination of WFP's policies on nutrition and HIV and AIDS, as well as more recent developments in the overall approach to nutrition-related programming, as well as enabling and hindering factors for successful results achievement. The evaluation will assess results achieved from October 2010 (approval of WFP HIV and AIDS Policy) to June 2022 with an emphasis on the 2017-2022 period. The standard policy evaluation components assessing policy quality and

[78] Synthesis report on four evaluations of the impact of WFP programmes on nutrition in humanitarian contexts in the Sahel. WFP/EB.1/2018/5-C

[79] Internal Audit of WFP's Nutrition Activities. AR/20/08, p. 3.

[80] Ibid, p. 3.

[81] Ibid, p 4.

[82] WFP Strategic Plan (2022-2026), Draft for Informal Consultation, July 2021, p. 26

results will be included within a broader evaluative frame in order to assess WFP's strategic focus and organisation capacity in key areas, such as evidence generation and knowledge management, financing, workforce planning and partnerships.

79. Areas specifically covered by the Internal Audit of Nutrition will be excluded.

80. The scope of the evaluation will be further elaborated during the inception phase and will be informed by a detailed evaluability assessment, as part of the overall evaluation design to be developed by the evaluation team.

4. Evaluation Approach, Methodology and Ethical Considerations

4.1 EVALUATION QUESTIONS AND CRITERIA

81. Four primary evaluation questions have been described below, each with a set of related sub-questions. These questions include elements related to the accountability to measure relevance, coherence and effectiveness of policy implementation, as well as aspects related to learning that build on evidence from recent evaluations and audit, including efficiency and inclusion, and are situated within the framework of the new WFP Strategic Plan (2022-2026).

Table 3 – Evaluation Questions

Evaluation (sub-)questions	Evaluation criteria and areas of interest
1. How relevant and effective is the HIV and AIDS Policy?	
1.1 To what extent is the HIV and AIDS Policy relevant, feasible and actionable?	Relevance
1.2 To what extent is the HIV and AIDS policy coherent with the new WFP Strategic Plan (2022-2026), other WFP policies and related strategies, including the UNAIDS Strategic Plan?	Coherence
1.3 To what extent have interventions targeting people living with HIV been effective? How can these be strengthened within an integrated approach to addressing malnutrition?	Effectiveness
1.4 Has WFP's approach to HIV/AIDS and TB been people-centred, context-specific, country-owned, programme integrated, risk informed, evidence-driven?	Coherence
1.5 To what extent has WFP contributed to effective HIV and AIDS-related responses by governments?	Effectiveness
2. How relevant and effective is the Nutrition Policy?	
2.1 To what extent is the Nutrition Policy relevant, feasible and actionable in relation to the Decade for Nutrition and Agenda 2030?	Relevance
2.2 To what extent is the Nutrition policy coherent with the new WFP Strategic Plan (2022-2026), other WFP policies and related strategies?	Coherence
2.3 To what extent have nutrition-specific interventions met urgent food, nutritional and essential needs of affected populations, as well as addressed structural vulnerabilities and built human capital?	Effectiveness
2.4 To what extent have nutrition-sensitive interventions addressed structural vulnerabilities and built human capital – specifically, in school-based programmes, social protection-related interventions and food systems strengthening?	Effectiveness
2.5 Has WFP's approach to nutrition been people-centred, context-specific, country-owned, programme integrated, risk informed, evidence-driven?	Coherence

2.6 How efficient are the nutrition-sensitive and nutrition-specific interventions that WFP supports, including in emergencies?	Efficiency
2.7 To what extent has WFP contributed to effective and sustainable nutrition-related responses by governments?	Effectiveness and sustainability
3. How well has WFP maximised the enabling factors that contributed to improved nutrition and food security?	
3.1 To what extent are the enabling factors identified in the draft Strategic Plan (2022-2026) (workforce, funding, technology, evidence, innovation) already supporting activities undertaken within the remit of both the nutrition and the HIV- AIDS policies?	Relevance Effectiveness
3.2 To what extent is there complementarity and/or synergies between the HIV and AIDS and Nutrition policies?	Relevance, Coherence
3.3 What additional factors enabled or hindered the achievement of nutrition-related results, including in HIV and AIDS and TB programmes?	
4. To what extent have WFP's partnerships been transformational in contributing to improved nutrition-related outcomes and systems change?	
4.1 To what extent has WFP's capacity to partner effectively in the nutrition sector increased?	Effectiveness
4.2 To what extent has WFP's capacity to partner effectively in the HIV/AIDS sector increased?	Effectiveness
4.3 To what extent is working in partnership cost-effective?	Efficiency
4.4 To what extent have new partnership practices resulted in improved quality of approaches in WFP and in partner organizations?	Effectiveness
4.5 To what extent has WFP formed or strengthened strategic partnerships (internal and external) with an emphasis on the quality and sustainability of those partnerships?	Adaptive sustainability
4.6 To what extent have institutional/organizational structures and processes been established for the sustainability of partnerships and diffusion of the results from them?	Adaptive sustainability
5. To what extent has WFP taken a gender equality, equity and inclusion approach to its nutrition work, including HIV/AIDS, in humanitarian, development and peace settings?	

4.2 EVALUATION APPROACH AND METHODOLOGY

82. This strategic evaluation is global in scope and the approach to be taken will consider the broad range of approaches and interventions aimed at saving lives, improving nutritional outcomes for a range of targeted beneficiaries.

83. The evaluation team will be expected to take a rigorous methodological approach in order to maximize the quality, credibility and use of the evaluation. The evaluation methodology will systematically address the evaluation questions and sub-questions (in section 4.1 above) in a way that meets the dual purposes of accountability and learning. The evaluation will be theory-based to the extent that the theory of change included in the WFP HIV and AIDS Policy and expected results identified in the Nutrition Policy will be re-constructed in order to ground the evaluation in a clear framework. This will be drafted by the external evaluation team and validated through consultation with key stakeholders in the inception phase. Attention will be paid to ensuring that a gender, equity and inclusion analysis and approach is mainstreamed throughout this process, including in the evaluation questions and indicators defined in the evaluation matrix.

84. A range of data collection methods will be required to answer the evaluation questions. These should include consideration of the following:

a. A **review of relevant academic literature on nutrition and food security** will be carried out to inform the analysis of WFP's strategic direction and approach. A **review of internal documents,** including policies, strategies, guidance, technical notes, standards and directives at HQ, regional and country levels will also be conducted to assess the challenges to implementation from a range of perspectives.

b. **Build on the analysis carried out as part of the strategic evaluation of WFP's school feeding contributions to the SDGs:** The recent strategic evaluation on school feeding contains considerable evidence that is relevant to nutrition. The data and evidence presented will be assessed and used as a baseline for a further systematic review and synthesis of a body of evaluations, audits and lessons learned documents from 2010-2021.

c. A detailed analysis of corporate performance and administrative data over time will facilitate an **assessment of the cost-efficiency** of different types of interventions. Care will be taken not to overlap with analyses carried out by the internal nutrition audit completed in 2020.

d. **Key informant interviews** will be carried out internally at HQ, WFP Offices (e.g., Washington, London, Dubai), Regional Bureaux, Country Offices and Centres of Excellence. External interviews will also be conducted with key donors, private sector partners, UN and cooperating partners, academics/researchers in the field of nutrition and HIV/AIDS and technical experts.

e. **Multi-sectoral focus group discussions** will be organised, particularly at country level, to understand the enabling factors and barriers to integrated programming to improve nutritional outcomes.

f. Given the importance of enhancing internal capacity to support and implement appropriate nutrition interventions and to strengthening capacities of government partners, a **capacity gap assessment** will be carried out to inform the overall analysis.

g. **Assessment of operational research** carried out by the Nutrition Division and its impact on strategic direction and programme design at the country level.

h. **An assessment of social and behaviour change initiatives** given WFP's nascent work in this area.

i. **Assessment of the Nutrition and HIV and AIDS policies against the standards of policy quality** as defined in the Synthesis of Evidence from Policy Evaluations (2020)**.**

85. Country studies, including in person missions (if feasible) and desk reviews, will enable a range of data collection to take place in a range of countries that represent the wide spectrum of activities being carried out and support by WFP in nutrition, including HIV/AIDS. It is anticipated that there would be a total of 12 country studies: 6 in-country missions and 6 desk reviews. The country(ies) visited during the inception phase may be included in the list of twelve.

86. The criteria identified to define the range of countries include the following:

- Total expenditure on nutrition-specific treatment (SO 2)
- Total expenditure on nutrition-specific prevention (SO 2)
- Total number of beneficiaries reached in nutrition-specific/nutrition-sensitive programming[83]
- Prevalence of stunting and wasting
- UNAIDS Fast Track country[84]
- HIV/AIDS activities and beneficiaries
- Prevalence of HIV/AIDS among adults and PLHIV
- HIV incidence per 1,000 population
- Centralised evaluations carried out in the past year or planned in the next 6 months
- Balanced representation across regions (RBs)

[83] 0-23 months, 24-59 months, 5-18 years, pregnant and lactating women and girls, other adults.

[84] The Fast-Track approach is an agenda for quickening the pace of implementation, focus and change at the global, regional, country, province, district and city levels. Fast-Track drives the 90–90–90 targets: that by 2020, 90% of people living with HIV know their HIV status, 90% of people who know their status are receiving treatment and 90% of people on HIV treatment have a suppressed viral load so their immune system remains strong and the likelihood of their infection being passed on is greatly reduced. 201506_JC2743_Understanding_FastTrack_en.pdf (unaids.org)

87. An analysis of countries according to these criteria has identified a long list of countries that represent the broad spectrum of WFP-supported activities in these areas. These data for the proposed countries is presented in Annex 6 and will be reviewed, discussed and finalised with the evaluation team during the inception phase. A summary of the 19 countries identified by programming focus is presented here:

Table 4 – Long list of countries by programming focus

Nutrition and HIV/AIDS-related programming focus	Long List Countries
Nutrition-specific programming: Total Expenditure (SO 2 - Treatment)	Syria, Yemen, Central African Republic, Niger, DRC, Eswatini, Somalia, South Sudan
Nutrition-specific programming: Total Expenditure (SO 2 – Prevention)	Indonesia, Pakistan, Syria, Cameroon, Central African Republic, DRC, Mozambique, Tanzania, Burundi, Sudan, Guatemala, Honduras
Nutrition-sensitive programming	Indonesia, Pakistan, Syria, Yemen, Cameroon, Central African Republic, Niger, DRC, Eswatini, Lesotho, Mozambique, Namibia, Tanzania, Burundi, Somalia, Sudan, South Sudan, Guatemala, Honduras
HIV-specific programming	Cameroon, Central African Republic, Niger, Namibia, Tanzania, Somalia, South Sudan, Guatemala
UNAIDS Fast Track country	Indonesia, Pakistan, Cameroon, DRC, Eswatini, Lesotho, Mozambique, Namibia, Tanzania, South Sudan

88. In order to ensure the impartiality and credibility of the evaluation, findings will be systematically triangulated across different data sources and data collection methods. In line with the mixed methods approach of the evaluation, triangulation will analyse and interpret qualitative and quantitative data.

4.3 EVALUABILITY ASSESSMENT

89. WFP's Strategic Plan (2017–2021) includes "improve nutrition" (SO2) as one of its five strategic objectives and refers to nutrition as prominently along with food security. However, nutrition-related initiatives are often combined with other activities (mostly with general food distribution [GFD] under SO1 or labelled as a capacity strengthening activity) and thus not necessarily located under the SO2 line of sight and represented under nutrition treatment and/or prevention activities. This results in under-reporting not only of WFP's results of nutrition-specific interventions but, even more so, of those that were nutrition-sensitive.

90. The mid-term Review of the Corporate Results Framework[85], completed in June 2020, notes that a major challenge to performance reporting relates to activity-bundling. For instance, 50 percent of nutrition activities are under Strategic Result (SR) 1 (Access to food) and 50 percent are under Strategic Results 2. Yet, SR2 – No one suffers from malnutrition – was intended as the main objective of WFP Nutrition. The practice of bundling or blending activities means that activities are grouped together with others for the purpose of simplified planning, resourcing, programming and budgeting, hampering the attribution of costs to a programme. This typically happens under emergencies, such as grouping school feeding and malnutrition-prevention activities under an unconditional resource transfer activity category for the purpose of resourcing, programming and budget.[86] Further details on evaluability can be found in Annex 5.

91. During the inception phase, the evaluation team will be expected to perform an in-depth evaluability assessment and critically assess data availability, quality and gaps to inform its choice of evaluation methods.

[85] Mid-term Review of the Revised Corporate Results Framework, 2020.

[86] Currently in many CSP/CPBs, sub-activities from different categories can be found under one main activity, such as: Activity 1 – Unconditional resource transfer – has 4 sub-activities: Sub-activity 1 – Unconditional resource transfer (URT), Sub-activity 2 – Nutrition, Sub-activity 3 – FFA, Sub- activity 4 – SF. However, all financial resources are recorded exclusively at Act 1 level, therefore corporately we will report the full amounts as URT and the details on nutrition and FFA will not be visible. This problem has been partly resolved by introducing a system grouping of activity tags by programme areas in COMET.

This will include an analysis of the results framework and related indicators to validate the pre-assessment made by OEV.

4.4 ETHICAL CONSIDERATIONS

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

93. The team and EM will not have been involved in the design, implementation or monitoring of the WFP activities in nutrition, including HIV/AIDS nor have any other potential or perceived conflicts of interest. All members of the evaluation team will abide by the 2020 UNEG Ethical Guidelines and the and the 2014 Guidelines on Integrating Human Rights and Gender Equality in Evaluations.

94. In addition to signing a pledge of ethical conduct in evaluation, the evaluation team will also commit to signing a confidentiality, Internet and Data Security Statement.

95. Ethical considerations will be made explicit during the inception phase should data collection involving children, adolescents or vulnerable individuals be included.

4.5 QUALITY ASSURANCE

96. WFP's evaluation quality assurance system sets out processes with steps for quality assurance and templates for evaluation products based on standardized checklists. The quality assurance will be systematically applied during this evaluation and relevant documents will be provided to the evaluation team. 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.

97. 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.

98. OEV expects that all deliverables from the evaluation team are subject to a thorough quality assurance review by the evaluation company in line with WFP's evaluation quality assurance system prior to submission of the deliverables to OEV.

99. All final evaluation reports will be subjected to a post hoc quality assessment by an independent entity through a process that is managed by OEV. The overall rating category of the reports will be made public alongside the evaluation reports.

100. There will be two levels of quality assurance used by OEV in the evaluation process: the first by the evaluation manager/research analyst and the second by the Director of Evaluation. This quality assurance process does not interfere with the views and independence of the evaluation team, rather it ensures the report provides the necessary evidence in a clear and utility-focused manner.

5. Organization of the Evaluation

5.1. PHASES AND DELIVERABLES

101. In order to present the evaluation in the EB.1/2023 session, the following timetable will be used. Annex 1 presents a more detailed timeline.

Table 5: Summary timeline – key evaluation milestones

Main Phases	Timeline	Tasks and Deliverables
1.Preparation	**Sept – Oct, 2021**	• Final TOR • Evaluation Team and/or firm selection & contract • Document review • Briefing at HQ
2. Inception	**Oct, 2021 – Jan. 2022**	• Stakeholder interviews • Inception Mission(s) • Inception report
3. Data collection	**Feb – May, 2022**	• Data collection missions and exit debriefings • Primary & secondary data collection
4. Reporting	**June – Nov, 2022**	• Report drafting and comments process • Stakeholder workshop • Final evaluation report • Summary evaluation report
5. Dissemination and Follow up	**Nov, 2022 – Feb. 2023**	• SER Editing / Evaluation Report Formatting • Management Response and Executive Board Preparation

5.2 EVALUATION TEAM COMPOSITION

102. The team leader position requires a minimum of 15 years' experience in evaluation, with extensive experience in complex global, strategic evaluations. Familiarity with nutrition interventions in both humanitarian and development contexts is advantageous, as is experience with evaluations in the UN system – WFP, in particular. The team leader must also have demonstrated experience in leading large teams, excellent planning, negotiation, analytical and communication skills (written and verbal) and demonstrated skills in mixed qualitative and quantitative data collection and analysis techniques. The primary responsibilities of the team leader will be:

- setting out the methodology and approach in the inception report
- guiding and managing the team during the inception and evaluation phases
- overseeing the preparation of draft outputs by other members of the team
- consolidating team members' inputs to the evaluation products (inception and evaluation reports)
- representing the evaluation team in meetings with the EM/RA and other key stakeholders
- delivering the inception report, draft and final evaluation reports and evaluation tools in line with agreed CEQAS standards and agreed timelines
- presenting evidence at the data collection debriefing and stakeholder workshop
- taking on responsibility for overall team functioning and client relations.

103. Evaluation team members with appropriate evaluation and technical capacities will be hired to undertake the evaluation. Members of the evaluation team will not have been involved in the design, implementation or monitoring of any programme for WFP or any of its key collaborating partners nor have any other conflicts of interest. The evaluators are required to act impartially and respect the UNEG Code of Conduct and Ethics Guidelines. Proposals submitted by evaluation firms to conduct this evaluation will be assessed against their procedures in ensuring ethical conduct of their evaluators.

104. The evaluation team should have strong capacity in conducting global strategic evaluations that incorporate country-level studies. The team will be multi-disciplinary including extensive knowledge, skill and expertise in evaluating nutrition and HIV-related interventions, as well as in the collection and analysis of both

qualitative and quantitative data and information. At least one team member should have experience with the analysis and synthesis of evaluation reports and be able to use appropriate software in this process.

105. The evaluation team should be comprised of 4-6 people and must include at least one nutritionist who endorses an integrated approach to addressing malnutrition, as implemented in WFP. There should also be someone with experience conducting or evaluative HIV-related interventions. Between the team members, there should be experience in the following technical areas related to nutrition: food security; education; health; gender equality; social protection; and, institutional capacity development. Across the team there must be a strong understanding and experience of the multilateral development system and of humanitarian principles, protection meanstreaming and institutional architecture.

106. The team itself should comprise a balance of men and women of mixed cultural backgrounds. When conducting country studies, core team members could be complemented by national expertise.

107. The team leader should be able to communicate clearly both verbally and in writing in English. The team should also have additional language capacities (minimum French and Spanish).

5.3 ROLES AND RESPONSIBILITIES

108. The Evaluation Manager, Deborah McWhinney, is responsible for drafting the TOR; selecting and contracting the evaluation team; preparing and managing the budget; setting up the reference group; organizing the team briefing and the stakeholder's workshop; participating in the inception mission and supporting the preparation of the field mission; conducting the 1st level quality assurance of the evaluation products (IR and ER) and soliciting WFP stakeholders' feedback on draft products. The EM will be responsible for writing the SER. The EM will be the main interlocutor between the team, represented by the team leader, the firm LTA focal point, and WFP counterparts to ensure a smooth implementation process.

109. An internal reference group will be formed and asked to review and comment on draft evaluation reports, provide feedback during evaluation briefings; be available for interviews with the evaluation team. The formation of an External Advisory Group will be considered to provide expert input on key deliverables and/or engage in discussions on key topics during the evaluation process.

110. The Deputy Director of Evaluation will approve the final evaluation products and present the SER to the WFP Executive Board for consideration.

5.4 SECURITY CONSIDERATIONS

111. As an 'independent supplier' of evaluation services to WFP, the contracted firm will be responsible for ensuring the security of the evaluation team, and adequate arrangements for evacuation for medical or insecurity reasons. However, to avoid any security incidents, the Evaluation Manager will ensure that the WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground. The evaluation team must observe applicable United Nations Department of Safety and Security rules including taking security training (BSAFE & SSAFE) and attending in-country briefings.

5.5 COMMUNICATION

112. All strategic evaluation products will be produced in English. As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Should translators be required for fieldwork, the evaluation firm will make arrangements and include the cost in the budget proposal.

113. The communication and learning plan (Annex 3) provides the framework for the related activities identified to promote, disseminate and encourage the use of evidence from this evaluation.

5.6 BUDGET

114. The evaluation will be financed from the PSA budget. The offer from LTA firms will include a detailed budget for the evaluation, including consultant fees, travel costs and other costs (interpreters, software licenses etc.).

Annex 1: Timeline

	Key action	By Whom	Key dates
Phase–1 – Preparation			
	Submission of draft TOR for review	EM	July 23, 2021
	Review of draft TOR	DDoE	July 26 – Aug. 6, 2021
	Revision of TOR	EM	Aug 9-12, 2021
	Send draft TOR for clearance to send to stakeholders for comment	DDoE	Aug. 13, 2021
	Issue TORs to stakeholders for comment	EM	Aug. 17 – 31, 2021
	Draft ToR shared with LTAs to start preparing their proposals	EM	Aug. 17, 2021 (due Sept 6)
	Revise TORs following stakeholder comments	EM	Sept. 3, 2021
	Revised TOR submitted to DDoE	EM	Sept. 3, 2021
	ToR approval	DDoE	Sept. 10, 2021
	Final TOR shared with stakeholders and posted	EM	Sept. 13, 2021
	Team selection & Decision Memo submitted	EM	Sept. 10, 2021
	PO finalization	Procurement	By Sept. 30, 2021
Phase–2 – Inception			**Oct. 2021 – Jan. 2022**
	Team preparation prior to HQ briefing (reading docs)	ET	Oct. 1 – 8, 2021
	HQ briefing – remote	EM & Team	Oct. 11 - 15, 2021
	Inception phase interviews and missions	EM &Team	Oct. 4 – Nov. 5, 2021
IR D0	**Submission draft Inception Report (IR) to OEV**	TL	**Nov. 22, 2021**
	Quality assurance and comments to the ET	EM/RA	Nov. 25, 2021
IR D1	**Submission D1 IR**	TL	Dec. 1, 2021
	Quality assurance and submission to DDoE for comment	EM	Dec. 2, 2021
	Review of D1 IR	DDoE	Dec. 3 - 10, 2021
	Revisions to address DDoE comments	TL	Dec. 13-15, 2021
	Quality assurance	EM/RA	Dec. 16, 2021
	Submission of D2 IR for clearance to circulate to stakeholders	EM	Dec. 17, 2021
	Review revised draft IR	DDoE	Dec. 22, 2022
IR D2	Shares D2 IR with IRG and EAG for comment	EM	Jan. 6, 2022 (deadline Jan. 20)
	Consolidate and share comments received	EM/RA	Jan. 24, 2022
IR D3	Submits revised IR (D3)	TL	Jan. 28, 2022
	Review revised IR	EM/RA	Feb. 2, 2022
	Seek clearance of final IR	DDoE	Feb. 11, 2022
	Circulates final IR to stakeholders; post a copy on intranet.	EM	Feb. 15, 2022
Phase–3 - Evaluation data collection phase			**February – May 2022**
	Data collection, including missions/case studies & desk review.	ET	Feb. 21 – May 13 2022
	Overall debriefing with HQ, RB and COs (ppt) – online session	TL	May 10, 2022
Phase–4 – Reporting			**June – Nov. 2022**

ER Draft 0	Submission of draft Evaluation Report to OEV	TL	June 6, 2022
	Quality assurance	EM/RA	June 7-14, 2022
ER Draft 1	**Submission of D1 ER**	TL	**June 21, 2022**
	Review D1 ER and submit to DDoE to circulate for comments	EM	June 28, 2022
	Clearance to circulate revised ER for IRG + EAG comments	DDoE	July 5, 2022
	Stakeholder comments on the draft ER	**IRG/EAG**	July 7 - July 21, 2022
	Consolidate and share comments with TL	EM	July 22, 2022
	Stakeholder workshop		**July 26-27**
ER Draft 2	**Submits revised draft ER**	**TL**	**Aug. 26, 2022**
	Review and submit D2 ER to DDoE	EM	Sept. 2, 2022
	Begin preparing SER	EM	Sept. 2, 2022
	Comment on the revised ER	DDoE	Sept. 2 – 9, 2022
	Submit final draft ER	TL	Sept. 16, 2022
ER Draft 3	**Submit final draft ER for approval to send to editing**	**EM**	Sept. 20, 2022
SER Draft 0	*D0 SER to DDoE*	**EM**	Sept. 23, 2022
	Review draft SER	DDoE	Sept. 23–30, 2022
	Revise SER following DDoE comments	EM	Oct. 3-7, 2022
SER Draft 1	Revised draft SER to DDoE for clearance to share with OPC	EM	Oct. 11, 2022
	OPC comment window	OPC	Oct 12–26, 2022
	Revise and finalise SER following OPC comments	EM	Oct. 27-28, 2022
	Submission of final SER with final ER	EM	Nov. 10, 2022
FINAL ER	**Final review ER + SER**	**DDoE**	Nov 10-15, 2022
	Submission of SER to EB Secretariat	EM	Nov. 15, 2022
	Submission of approved ER for editing		Nov. 15, 2022
Phase 5 Executive Board (EB) and follow-up			
	Submit SER/rec to CPP for MR + SER for editing and translation	EM	November 2022
	Formatting and posting approved ER	EM/Comms	December 2022
	Dissemination, OEV websites posting, EB Round Table Etc.	EM	February 2023
	Presentation of Summary Evaluation Report to the EB	DDoE	February 2023
	Presentation of management response to the EB	CPP	February 2023

Annex 2: Role and composition of IRG

The following units will be asked to identify members for the IRG:

Programme and Policy Development Department
Nutrition Division
Programme – Humanitarian and Development Division
• Social Protection Unit
• Emergencies and Transitions Unit
• Climate and Disaster Risk Reduction Programmes Unit
• Asset creation, livelihoods and resilience unit
• Country Capacity Strengthening unit
• Protection/AAP Unit
Gender Division
School-based Programmes Division
Cash-based Transfers Division
NGO Division
Workplace Culture Department
Human Resources Division
Deputy Executive Director
Supply Chain Operations Division
Emergencies Operations Division
Operations Support and Response Unit
Global Food Security Cluster
Partnerships and Advocacy Department
Public Partnerships and Resourcing Division
Private Partnerships and Fundraising Division
Rome-based Agencies and Committee on World Food Security
Strategic Partnerships Division
United Nations System and Multilateral Engagement Division
Dubai Office
Resource Management Department
Corporate Planning and Performance Division
Corporate Finance Division

Annex 3: Communication and Knowledge Management Plan

Internal (WFP) communication plan

When Evaluation phase with month/year	**What** Communication product	**To whom** Target group or individual	**From whom** Lead OEV staff with name/position	**How** Communication means e.g. meeting, interaction, etc.	**Why/ what level of communication** Purpose of communication
Preparation (July – September 2021)	Draft ToR Final ToR Summary TOR	CO, RB, HQ	EM (Evaluation Manager); Deputy Director of Evaluation (DDoE)	Consultations, meetings, email	Review/ feedback /For information *Consultation*
Inception (October 2021 – February 2022)	HQ Briefing + Inception Mission + Inception Report (IR)	HQ, RB, CO, stakeholders	EM	Email	Review/ feedback For information *Operational & Strategic*
Field work, debrief (February – May 2022)	Aide-memoire/ PPT	CO, RB, HQ	Evaluation Team Leader (TL)	Email, Meeting / Teleconference	Sharing preliminary findings. Opportunity for verbal clarification w/ evaluation team *Operational*
Reporting Draft 1 (June – August 2022)	Draft 1 Evaluation Report (ER)	CO, RB, HQ, stakeholders	EM; DDoE	Email and presentations	Review/ feedback *Operational & Strategic*
Stakeholder workshop (July 2022)	PPT	CO, RB, HQ	EM; DDoE	Workshop	Enable/facilitate a process of joint review and discussion of findings, conclusions and recommendations *Operational & Strategic*
Reporting Draft 2 (August – November 2022)	Draft 2 Evaluation Report + Summary Evaluation Report	CO, RB, HQ	EM; DDoE	Email	Review / feedback (EMG on SER) *Strategic*
Follow-up/EB (November 2022)	2-page Evaluation Brief	CO, RB, HQ	EM; DDoE	Email	Dissemination of evaluation findings and conclusions *Informative*
Dissemination event (February 202)	PPT	CO, RB, HQ	EM; DDoE	Event	Information about linkage to CSPE Series as opportunities arise *Informative & Strategic*

External communications plan

When Evaluation phase with month/year	**What** Communication product	**To whom** Target group or individual	**From whom** Lead OEV staff with name/position	**How** Communication means e.g. meeting, interaction, etc.	**Why/ What level of communication** Purpose of communication
ToR (September 2021)	Final ToR ToR summary	Public, UNEG	OEV	Websites	Public information
Inception Report (February 2022)	Final IR	Public, UNEG	OEV	Websites	Public information
Formatted ER/Translated SER, (December 2022)	Final Report (incl. SER)	Public, UNEG	OEV, EB Secretariat	Websites	Public information
Evaluation Brief, (December 2022)	2-page Evaluation Brief	Board Member & wider public	OEV	Website	Public information
Executive Board Session (February 2023)	SER & Management Response	Board Members	OEV; DDoE; CPP	Formal presentation	For EB consideration

Annex 4: Preliminary Stakeholder list

Table 1 – Preliminary stakeholder list

Internal	***External***
Programme and Policy Development Department	UN Nutrition (ex-Standing Committee on Nutrition), Food Systems Summit
Nutrition Division	• Scaling-up Nutrition (SUN) Movement • Initiative for Food and Nutrition in Africa (IFNA)
Programme – Humanitarian and Development Division	
• Social Protection Unit • Country Capacity Strengthening • Emergencies and Transitions Unit • Climate and Disaster Risk Reduction Programmes Unit • Asset creation, livelihoods and resilience unit • Protection/AAP unit	UN Climate Change Conference (COP 26) Global Panel on Agriculture and Food Systems for Nutrition
Gender Division	
School-based Programmes Division	
Cash-based Transfers Division	
NGO Partnerships Unit	
Partnerships and Advocacy Department	
Public Partnerships and Resourcing Division	Canada, EC, France, Germany, Ireland, Republic of Korea, Saudia Arabia, the Netherlands, United Kingdom, United States of America
Private Partnerships and Fundraising Division	DSM, Unilever
Rome-based Agencies and Committee on World Food Security	Committee on World Food Security
Strategic Partnerships Division	IFIs, Brazil Centre of Excellence, Global Innovation Fund
United Nations System and Multilateral Engagement Division	UNICEF, WHO, UNAIDS, FAO, IFAD, Global Fund on AIDS, TB and Malaria (GFATM), UNHCR
Dubai Office	Islamic Development Bank
Resource Management Department	
Corporate Planning and Performance Division	
Corporate Finance Division	The Power of Nutrition, Unitlife, Global Financing Facility
Executive Director's Office	Food Systems Summit
Legal Office	IFPRI
Deputy Executive Director	
Logistics Service	
Emergencies Operations Division	
Operations Support and Response Unit	
Global Food Security Cluster	

The following is an additionallist of key nutrition partners, alliances, consortia and institutions:

1. **Non-Governmental Organizations**

- Action Contre La Faim International Network (ACFIN)
- CARE US
- Global Alliance for Improved Nutrition (GAIN)
- International Committee of the Red Cross (ICRC)
- Oxfam GB
- PATH
- Save the Children
- World Vision
- Helen Keller International
- HarvestPlus
- 1,000 Days
- NutritionWorks
- Graça Machel Trust
- Nutrition International
- No Wasted Lives Coalition

2. **International initiatives and consortiums**

- Alive & Thrive (A&T) - a global nutrition initiative to save lives, prevent illness, and ensure healthy growth of mothers and children.
- Standing Together for Nutrition consortium
- DFID Evaluation, Quality Assurance and Learning Services (EQuALS)
- DFID's Maximising Quality of Scaling Up Nutrition Plus consortium (MQSUN+)
- DFID/OPM High Quality Technical Assistance for Results (HEART)
- Inspire Consortium – Humanitarian Policy for Action

3. **Research and academic institutions**

- Centre for Strategic and International Studies (CSIS)
- Overseas Development Institute (ODI)
- University College London (UCL)
- University of Westminster

Annex 5: Preliminary Evaluability Assessment

As the evaluation reference period occurs under both the previous and current Strategic Plan periods, the evaluation will consider the revised Corporate Results Framework (CRF) 2017 – 2021 as it relates to changed made following the Strategic Results Framework 2014-2017. Overall, the corporate indicators in the revised-CRF are largely the same indicators from the previous SRF 2014 – 2017, with the addition of three new indicators and re-adaptation of one. This will allow for comparison of results across time.

To this extent, the recently completed Internal Audit of WFP's Nutrition Activities87 concludes that the collection of relatively new CRF results indicators (such as Minimum Acceptable Diet [MAD] and Minimum Dietary Diversity for Women [MDD-W]) was noted to be challenging, requiring M&E and nutrition expertise. Necessary investment in surveys and baselines was not always adequate and/or timely. Such indicators were then not necessarily well-anchored in National Systems or the SDG agenda. The Audit also notes that for social behavioural change communication SBCC and country capacity strengthening-focused activities, CRF indicators were not meaningful, and countries reviewed88 during the audit struggled to define and implement theories of change. While the CRF offers indicators for nutrition-sensitive programmes, the effectiveness of related evidence collection depended on nutritionists' follow-up and guidance. This leads to a probable challenge with regards to collecting and reporting on this data, especially at field level.

Regarding HIV/TB specific activities, in 2020 approximately 70 percent and in 2019 approximately 50 percent of countries that implemented HIV/TB did not have corporate outcome indicators in the approved M&E log-frame. Also, the outcome reporting for HIV/TB sensitive interventions as well as capacity strengthening activities, was poor, due to lack of indicators in the approved M&E log-frame or of inadequate tagging to indicate when values are relevant for HIV/TB programming89. The lack of sufficient values hinders any in-depth analysis of achievements reached of the outcome indicators for HIV/TB specific programming.

Overall, evaluability challenges that have been identified at this stage include: i) data availability and reliability at the CSPs outcome and output level for nutrition-sensitive activities and HIV/TB sensitive activities across countries; ii) linking resources to results for cost effectiveness analysis of different delivery modalities; iii) quantification and measurement of advocacy and capacity strengthening efforts and results may be difficult due to the often imperceptible nature of this area of work.

In addition to reporting on results from CRF indicators through the Annual Performance Report, the Nutrition Division also produces annually the Nutrition in Numbers Series90, presenting WFP's global nutrition portfolio, including number of beneficiaries reached, outputs and outcomes achieved, and commodities distributed. Similarly, the HIV/TB in Numbers and Beyond Series91 is also produced annually, providing insights of HIV and TB programming. It analyses regional efforts, and it shows trends since the launch of WFP HIV policy in 2010. It also gives an overview of WFP reporting challenges and suggests actions that can be taken forward to improve monitoring as well as programming in the context of HIV/TB. These will serve as key secondary sources of information for the evaluation team.

In addition, as stated in paragraphs 72-75, there is a large body of existing evaluations that can be used to provide evidence for the evaluation. These include the centralized evaluations (strategic evaluations, policy evaluations, impact evaluations, as well as evaluation synthesis products) and decentralized evaluations of WFP interventions. OEV will ensure that an initial set of relevant background documentation and data sets are accessible to the evaluation team by way of electronic library.

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[87] Internal Audit of WFP's Nutrition Activities, Office of the Inspector General AR/20/08.
[88] Counties visited include Ethiopia, Niger, Pakistan, Peru, Sri Lanka, Uganda and Yemen.

[89] 2020 HIV/TB in Numbers and Beyond and 2019 ACR Analysis, HIV and TB programming.
[90] WFP Nutrition in Numbers Reports are available for the years 2016-2020.
[91] Before 2020, the series covering 2019 was titled ACR Analysis: HIV and TB Programming, and the series covering. 2012-2015 SPR Analysis: HIV and TB Programming. Reports for the period 2016-2018 were not produced.

Annex 6: Preliminary criteria for country selection / country selection matrix

N.	Countries	Region	Total Expenditure SO 2 - Treatment (US$)	Total Expenditure SO 2 - Prevention (US$)	Number of beneficiaries reached in nutrition-specific/ nutrition-sensitive programming by age group[1]	Nutrition-sensitive programming	Prevalence of stunting, height for age (% of children under 5)	Prevalence of wasting, weight for height (% of children under 5)	UNAIDS Fast Track country[2]	HIV/AIDS bens	HIV Prevalence (15-49 years of age)	HIV incidence per 1000 population	Centralized Evaluations carried out in 2021 or planned in the next 6 months
1	**Indonesia**	RBB		105,245		✓	30.8	10.2	✓		0.4	0.2	Evaluation of RBA Collaboration
2	**Pakistan**	RBB		42,373,731	450,462	✓	37.6	7.1	✓		0.1	0.1	Evaluation of RBA Collaboration
3	**Syria**	RBC	2,002,356	66,127,760	455,620		27.9	11.5			0.1	0.1	Policy Evaluation of Peacebuilding in Transition Settings
4	**Yemen**	RBC	229,360,459		2,707,514	✓	46.6	16.4			0.1	0.1	Inter-Agency Humanitarian Evaluation
5	**Cameroon**	RBD		22,523,513	156,224	✓	28.9	4.3	✓	7,815	3.1	0.69	
6	**Central African Republic**	RBD	11,245,900	6,425,979	95,342	✓	40.2	5.2		13,569	3.5	1.1	
7	**Niger**	RBD	15,726,070		647,786	✓	47.1	9.8		3,100	0.2	0.1	Evaluation of RBA Collaboration; Evaluation of WFP's Use of Technologies in Constrained Environments
8	**Democratic Republic of Congo**	RBJ	7,755,227	6,432,728	1,507,951	✓	41.8	6.4	✓		0.8	0.2	Evaluation of WFP's Use of Technologies in Constrained Environments; Policy Evaluation of Peacebuilding in Transition Settings
9	**Eswatini**	RBJ	37,704			✓	25.5	2.0	✓		27.0	4.9	

N.	Countries	Region	Total Expenditure SO 2 - Treatment (US$)	Total Expenditure SO 2 - Prevention (US$)	Number of beneficiaries reached in nutrition-specific/ nutrition-sensitive programming by age group[1]	Nutrition-sensitive programming	Prevalence of stunting, height for age (% of children under 5)	Prevalence of wasting, weight for height (% of children under 5)	UNAIDS Fast Track country[2]	HIV/AIDS bens	HIV Prevalence (15-49 years of age)	HIV incidence per 1000 population	Centralized Evaluations carried out in 2021 or planned in the next 6 months
10	**Lesotho**	RBJ			38,496	✓	34.6	2.1	✓		22.8	6.4	
11	**Mozambique**	RBJ		3,840,336	24,160	✓	42.3	4.4	✓		12.4	4.7	Strategic Evaluation of RBA Collaboration
12	**Namibia**	RBJ				✓	22.7	7.1	✓	304,908	11.5	3.1	CSPE
13	**Tanzania**	RBJ		12,633,059	117,327	✓	31.8	3.5	✓	259	4.8	1.5	
14	**Burundi**	RBN		21,324,565	203,384	✓	54.0	4.8			1.0	0.2	Policy Evaluation on South-South and Triangular Cooperation
15	**Somalia**	RBN	66,572,492		1,458,440	✓	25.3	14.3		7,230	0.1	0.03	
16	**Sudan**	RBN		53,893,502	974,889	✓	38.2	16.3			0.2	0.08	Policy Evaluation of Peacebuilding in Transition Settings
17	**South Sudan**	RBN	231,082,091		1,815,418	✓	31.3	22.7	✓	100,634	2.5	1.5	CSPE; Strategic Evaluation of WFP's Use of Technologies in Constrained Environments
18	**Guatemala**	RBP		697,871		✓	46.7	0.8		240	0.3	0.07	
19	**Honduras**	RBP		3,468,366	17,209	✓	22.6	1.4			0.3	0.11	

Annex 7: Corporate Nutrition and HIV/AIDS indicators[92]

Outcome corporate-level indicators[93]	Baseline	End of CSP target	Annual target
xi. Moderate acute malnutrition treatment (MAM) performance rate: recovery rate, mortality, rate default rate and non-response rate	For a new programme, the baseline is zero for the first year. For programmes ongoing for more than one year, the baseline should be based on the previous year's mortality, default, non-response and recovery rates	Mortality: < 3% Default: <15% Non-response:<15% Recovery: >75%	
xii. Proportion of eligible population that participates in programme (coverage, treatment)	For a new programme, the baseline is zero for the first year. For programmes continuing for more than one year, the baseline should be based on the previous year's coverage rate	Rural areas > 50% Urban areas > 70% Camps > 90%	Rural areas > 50%; Urban areas > 70%; Camps > 90%
xiii. Proportion of eligible population that participates in programme (coverage, prevention)	For a new programme, the baseline is zero for the first year. For programmes continuing for more than one year, the baseline should be based on the previous year's coverage rate	> 70%	> 70%
xiv. Proportion of target population participating in an adequate number of distributions (adherence)	For a new programme, the baseline is zero for the first year since the programme begins with zero distributions. For programmes ongoing for more than one year, the baseline should be based on the previous year's participation rate	> 66%	The annual targets are expected to show gradual improvement towards the end of project /end of CSP target.
xv. Proportion of children 6–23 months of age who receive a minimum acceptable diet (MAD)	New projects and ongoing projects with sudden influx: survey/ assessment before the first distribution allows to calculate baseline. Ongoing projects: the latest available monitoring value from previous project serves as baseline value. Generally, estimates of MAD are available from both DHS and MICS. These can be used to guide sample size calculation	> 70%	An increase of at least 10 percentage points
xvi. Minimum dietary diversity for women of reproductive age (MDD-W) - NEW[94]	Baseline must be established for first year of implementation. Following first year, the last available estimate should be used as the baseline measurement	Proportion of Women of Reproductive Age (15-49 years) who reached Minimum Dietary Diversity for Women (MDD-W) has increased compared to pre-assistance baseline value	Proportion of Women of Reproductive Age (15-49 years) who reached Minimum Dietary Diversity for Women (MDD-W) has increased compared to previous year's value
xvii. Food consumption score – nutrition (FCS-N) - *NEW*[95] - Percentage of households that never consumed Protein rich food	In line with the business rules, baseline values should be established within 3 months before and after the starting date of the activity implementation	- Reduced prevalence of beneficiaries never consuming protein-rich foods	-Reduced prevalence of beneficiaries never consuming protein-rich foods - Reduced prevalence

[92] Source: WFP 2017 - 2021 Programme Indicator Compendium, Revised Corporate Results Framework, April 2019 Update.

[93] Overall, the corporate indicators are largely the same indicators from the previous Strategic Results Framework 2014-2017 with the addition of some new indicators. New or revised indicators are clearly labelled as *NEW or REVISED*.

[94] Minimum Diet Diversity for Women has been added to monitor stunting and for nutrition sensitive programmes.

[95] Food Consumption Score Nutritional Quality Analysis (FCS-N) has been added to monitor nutrition sensitive programmes.

	- Percentage of households that never consumed Vit A rich food - Percentage of households that never consumed Hem Iron rich food		compared to pre-assistance baseline value - Reduced prevalence of beneficiaries never consuming Hem iron - Reduced prevalence of beneficiaries never consuming Vitamin A	of beneficiaries never consuming Hem iron - Reduced prevalence of beneficiaries never consuming Vitamin A
xviii.	Percentage of targeted smallholder farmers reporting increased production of nutritious crops, disaggregated by sex of smallholder farmer – NEW[96]	0%	75%	The annual targets are expected to show gradual improvement towards the end of project /end of CSP target.
xix.	Percentage increase in production of high quality and nutrient-dense foods - REVISED[97]	The result will always be a comparison with previous year's production. The amount of production of high-quality and nutrition-dense foods by the supported producer needs to be measured before the intervention. The baseline will be reported as 0%	The target should be defined according to the country context	The annual target should contribute to the end of CSP target
xx.	Default rate of clients from anti-retroviral therapy, tuberculosis directly observed treatment (TB-DOTS) and prevention of mother-to-child transmission of HIV (PMTCT) programmes	A baseline default rate should be calculated using data from before the start of food assistance if the programme seeks to compare the default rate of all ART, TB-DOTS or PMTCT clients before and during food assistance. When the comparison is between the default rates of clients receiving food assistance versus those not receiving it, there is no need for a prior baseline.	<15% default rate[98]	<15% default rate is deemed acceptable >30% default rate is alarming

[96] Percentage increase in smallholder farmers with increased production of nutritious crops has been added to monitor nutrition sensitive programmes.

[97] Increase in production of high quality and nutrient dense food has been re-adapted from other divisions to capture food fortification outcomes.

[98] Unlike usual annual targets, the default rate should not go above 15% at any time or any location during the project. WFP 2017 - 2021 Programme Indicator Compendium, Revised Corporate Results Framework, April 2019 Update.

Annex 8: Funding WFP for Nutrition and HIV/AIDS-related Interventions

The charts below demonstrate nutrition and HIV/AIDS contribution data :

Table 1 – Nutrition Funding to WFP from Top 20 Public Donors[99]

	Donor	2020		Donor	2015-2020
1	USA	325,952,264		USA	827,641,924
2	Saudi Arabia	138,000,000		European Commission	306,598,627
3	Germany	90,423,218		Germany	256,068,704
4	UN CERF	59,435,901		United Kingdom	216,968,553
5	European Commission	37,866,368		UN CERF	151,054,425
6	Canada	16,578,589		Saudi Arabia	142,171,944
7	Republic of Korea	13,494,732		Canada	104,098,011
8	United Kingdom	13,383,118		UN Other Funds and Agencies (excl. CERF)	68,973,416
9	Japan	12,387,792		Japan	55,115,058
10	Pakistan*	11,264,206		UN Country Based Pooled Funds	43,366,120
11	UN Other Funds and Agencies (excl. CERF)	8,731,191		Private Donors	48,182,242
12	Colombia*	7,914,731		Ethiopia*	34,625,625
13	Private Donors	7,387,049		Republic of Korea	25,141,222
14	France	4,965,254		Colombia*	18,679,536
15	Netherlands	4,602,147		France	18,018,386
16	Russian Federation	4,000,000		Italy	16,892,574
17	Sweden	3,096,851		Ireland	13,266,680
18	Ireland	2,689,892		Pakistan*	11,572,287
19	UN Country Based Pooled Funds	2,533,557		Belgium	11,105,987
20	World Bank	2,415,000		China	11,751,395

[99] WFP, Strategic Overview of Global Policies and Funding for Nutrition, 2020, Annex III, p. 46.

* Funding from these countries is fully or partially directed to their own country and hence should not be considered as a donor

Table 2 - Total core and non-core funds expended by WFP on HIV/AIDS (2018-2020).

Year	Core funds expended US$ (UNAIDS funds)	Non-core funds expended US$ (other funds)	Total
2018	2,644,351	17,790,606	20,434,957
2019	4,127,444	24,269,730	28,397,174
2020	2,992,251	18,431,472	21,423,723

Sources:
2018 data: Unified Budget, Results and Accountability Framework, Performance Monitoring Report, UNAIDS 2018
2019 data is based on an estimation of the 2018 reports and 2018-2019 (biennium) reports
2020 data: Strategy Result Area and Indicator Report, Performance Monitoring Report, UNAIDS 2020

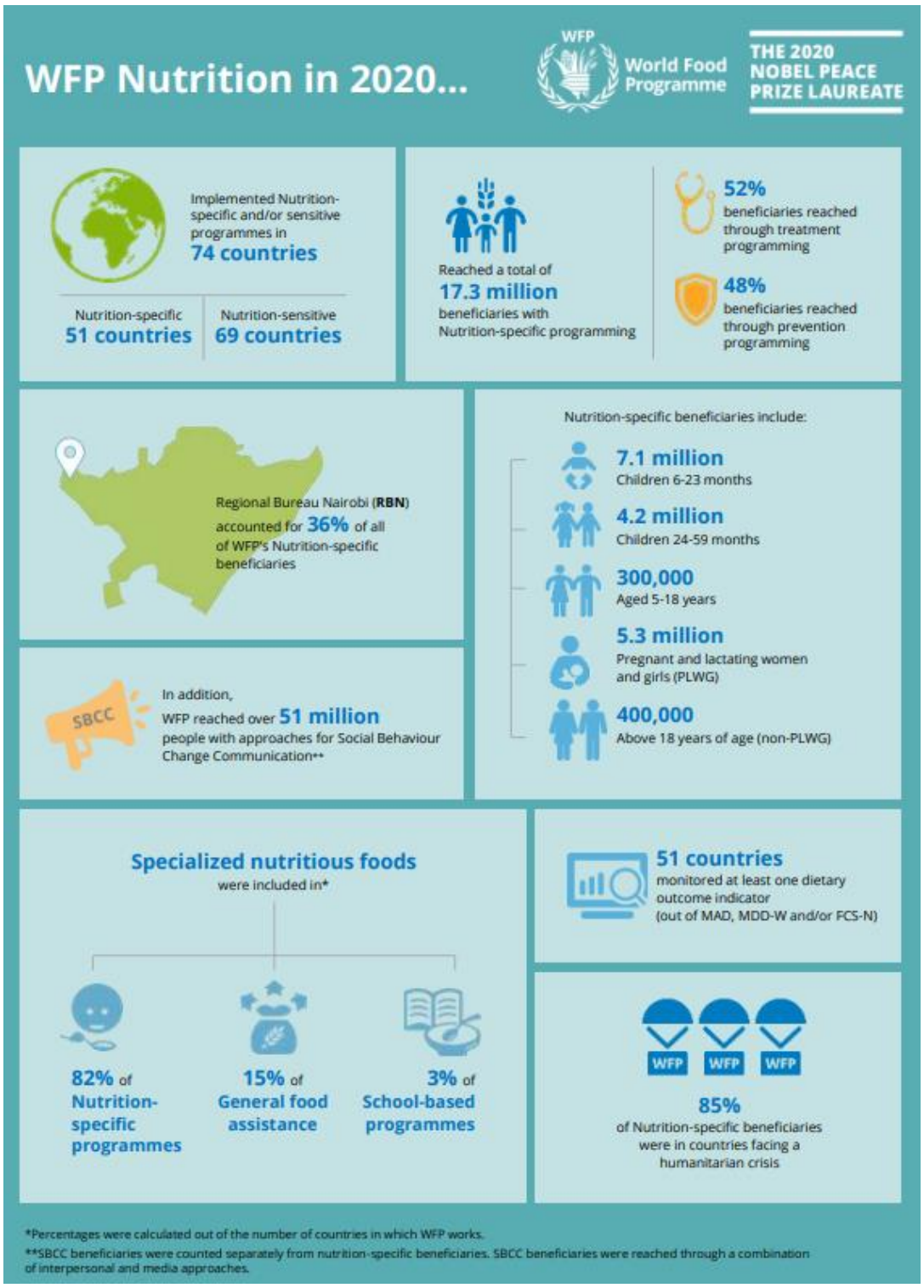
Table 3 - Donor Government Funding for HIV/ AIDS (bilateral and multilateral) 2010 – 2020 (US$ in millions)[100]

Government	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Australia	$105	$111	$125	$144	$100	$99	$78	$24	$46	$67	$22
Canada	$136	$147	$154	$141	$125	$109	$95	$119	$123	$116	$85
Denmark	$171	$206	$171	$192	$167	$139	$107	$90	$77	$51	$41
France	$408	$413	$375	$410	$303	$263	$242	$268	$302	$287	$216
Germany	$306	$304	$288	$285	$278	$201	$182	$162	$162	$180	$246
Ireland	$82	$76	$60	$60	$51	$36	$31	$29	$25	$28	$24
Italy	$11	$5	$14	$2	$26	$20	$26	$29	$27	$35	$33
Japan	$157	$85	$209	$102	$176	$118	$113	$99	$156	$193	$258
Netherlands	$350	$322	$193	$186	$219	$178	$214	$203	$232	$213	$194
Norway	$119	$119	$111	$111	$104	$82	$71	$64	$70	$69	$41
Sweden	$141	$164	$171	$172	$154	$109	$112	$91	$103	$99	$94
United Kingdom	$891	$971	$800	$842	$1,114	$900	$646	$744	$591	$646	$612
United States	$3,722	$4,507	$5,022	$5,621	$5,572	$5,005	$4,913	$5,947	$5,841	$5,666	$6,211
European Commission	$102	$123	$101	$101	$91	$92	$37	$113	$114	$76	$8
Other DAC	$182	$104	$78	$81	$85	$76	$76	$60	$61	$58	$68
Other Non-DAC	$15	$18	$22	$29	$33	$13	$17	$27	$24	$14	$19
Total	**$6,898**	**$7,675**	**$7,896**	**$8,479**	**$8,599**	**$7,440**	**$6,959**	**$8,069**	**$7,953**	**$7,796**	**$8,173**

Source: Donor Government Funding for HIV in Low- and Middle-Income Countries, UNAIDS 2020

[100] It includes both bilateral and multilateral funding from donors and their contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), UNITAID, and UNAIDS.

Annex 9: WFP Nutrition in 2020



Source: 2020 Nutrition in Numbers Report DRAFT

Annex 10: Evaluative evidence on nutrition from recent centralised evaluations

CPE Africa Synthesis (2016-2018)[101]	***Finding:*** Outcome data indicates that WFP assistance helped **improve the nutrition status** of beneficiaries, although financial constraints limited the number of beneficiaries reached. **Rates of chronic malnutrition**, however, were only reduced in Cameroon. Evaluations reported scope for improved targeting and synergies with United Nations agencies and governments to ensure the consistent treatment of moderate acute malnutrition and to help prevent chronic malnutrition through measures such as greater integration of nutrition-sensitive approaches in other sectors. Some evaluations highlighted opportunities to link nutrition activities more closely with emerging national safety nets.
Corporate Emergency Response Northeast Nigeria (2016-2018)[102]	***Finding:*** The **nutrition strategy appears to have been well adapted to the circumstances**. As the Government did not have a treatment protocol in place for moderate acute malnutrition, it was decided not to initiate a large-scale moderate acute malnutrition treatment response, which was an appropriate and pragmatic decision.
Gender Policy (2015-2020)[103]	***Finding:*** A review of country office data found that a majority of offices were **not collecting age-related data** for their projects, suggesting that such data are only used in programmes like school feeding and nutrition where they are directly relevant. WFP supports a growing number of programmes where **women** and, to a lesser extent, girls have been afforded **new opportunities to engage in decision making**, including in asset creation and livelihoods, nutrition and school-feeding programmes. WFP targets both women and men with tailored messages aimed at improving intra-household food distribution and dietary diversity.
Cameroon CSPE (2018-2020)[104]	***Finding:*** WFP brought blanket supplementary feeding activities closer to the most vulnerable populations through a community-based approach but did not significantly strengthen decentralized capacity. In the Far-North region a shift to CBTs and the introduction of FFA related to animal-food products and non-timber forest products allowed beneficiaries to obtain more diversified and nutritious food. **Most WFP staff and management have a good understanding of the nutrition-sensitive approach, and awareness has been raised among partners.** Yet, there was room to improve the visibility of nutrition-sensitive activities within the CSP, as well as the adaptation of activities to the local context and attention to the root causes of food insecurity and malnutrition.
DRC CSPE (2018-2020)[105]	***Finding:*** Under strategic outcome 2 on nutrition, the **treatment of moderate acute malnutrition** through targeted supplementary feeding was emphasized, and there was a **significant improvement in reaching targeted beneficiaries** between 2018 and 2019. Prevention of acute and chronic malnutrition through blanket supplementary feeding consistently reached significantly fewer beneficiaries than targeted, owing to a lack of timely funding and logistics challenges. Health centre data appear to indicate that the efficacy of moderate acute malnutrition treatment was well above minimum Sphere standards in all provinces.

101 WFP/EB.A/2019/7-C
102 WFP/EB.2/2019/6-A
103 WFP/EB.A/2020/7-B
104 WFP/EB.2/2020/6-A
105 WFP/EB.2/2020/6-B/Rev.1*

Timor Leste CSPE (2018-2020)[106]	***Finding:*** Food and nutrition insecurity in Timor-Leste have been persistent over the last decade. The focus of the CSP during the evaluation period was relevant to country priorities and people's needs and built on WFP's strengths and experience in aspects of nutrition and logistics. The focus on a few selected elements of a multisectoral food security and nutrition approach, without full specification of the **roles of partners and of how WFP contributions were linked to them**, led to a contrast between the broad challenges that WFP sought to address and the narrow scope of its contributions.
Strategic Evaluation of the contribution of School Feeding activities to the SDGs[107]	***Finding:*** **School feeding rations are designed to be nutritious**, but **the incorporation of additional nutrition-sensitive components into school feeding programmes has been haphazard,** information on their implementation is often anecdotal, and their effectiveness may be undermined by practical shortcomings in delivery. Direct observation of the nutritional effects of school feeding is generally impractical except under rigorous research conditions. **The likelihood of relevant nutrition outcomes therefore has to be inferred from the quality of intervention design and implementation; good quality monitoring of implementation is rare, however, which makes credible claims for nutrition outcomes difficult to make**.
Joint Evaluation of RBA Collaboration[108]	***Findings:*** **Nutrition is one of the best examples of successful efforts to end** duplication, through an effort involving the RBAs and other United Nations entities. Para 126, p. 34. **Nutrition is the common thematic area where the RBAs have made most progress in reducing overlap, competition and duplication of work** The RBAs had played important roles in the Scaling-up Nutrition (SUN) and Standing Committee on Nutrition (SCN), but shared the view of some other United Nations entities that, particularly in light of the United Nations reform process, the duplication inherent in operating the two structures was indefensible. FAO is hosting and chairing the new body, with UNICEF and WFP providing key staff. Especially while its Vice-President was chairing the Standing Committee, IFAD played a key role in advocating the merger, arguing that to continue the two parallel structures was indefensible; it is now contributing funding for United Nations Nutrition. During the review period, the RBAs at global level have also collaborated through several working groups, e.g., on school feeding, minimum dietary diversity for women and nutrition-sensitive value chains. These initiatives have helped to harmonize the agencies' work in nutrition and reduce the risk of overlap or duplication." (para 137, p. 37-8)
Other evaluations	
UNICEF Evaluation of Community Management of Acute Malnutrition (CMAM) - Global Synthesis Report (2013)[109]	Conclusions included: ▪ Demand for CMAM services has increased in many countries; efficient use of community resources for prevention and identification and referral of children with MAM and SAM contributes to demand. ▪ CMAM's implementation and scale up is enhanced where it is sustainably integrated with other interventions and in the context of strong intersectoral approaches to address acute malnutrition. ▪ Global guidance for SAM treatment has contributed to development of national guidelines which offer high value in promoting district ownership. However, lack of agreement on the best approach to address MAM has contributed to inconsistency among countries for MAM management and concomitantly, prevention of SAM. ▪ Coordination of technical assistance for CMAM has resulted in significant gains in process, coverage and outcomes. ▪ Evidence is insufficient on outputs and outcomes for MAM management.
Evaluation of the UNICEF PMTCT/Paediatric HIV Care and Treatment	Conclusions included: ▪ UNICEF and partners have played a critical role in scaling up HIV prevention, care and treatment programmes for children through targeted advocacy, its convening role at the global, regional and country levels and substantive financial and technical support to country level partners in areas such as policy development, programme planning, implementation support and knowledge generation.

106 WFP/EB.2/2020/6-D

107 WFP/EB.A/2021/7-B

108 Joint Evaluation on the Collaboration among the United Nations Rome-based Agencies | World Food Programme (wfp.org). Evaluation to be presented to the EB in November 2021.

109 https://evaluationreports.unicef.org/GetDocument?fileID=5812

Programme (2017)[110]	▪ UNICEF and partners have played a critical role in scaling up HIV prevention, care and treatment programmes for children through targeted advocacy, its convening role at the global, regional and country levels and substantive financial and technical support to country level partners in areas such as policy development, programme planning, implementation support and knowledge generation. ▪ Progress towards preventing new infections among children has been unequal between and within countries and remains fundamentally challenged by issues related to gender, human rights and inequality across the wider social determinants of health.

[110] https://evaluationreports.unicef.org/GetDocument?fileID=9219

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Annex 12: Acronyms

APR	Annual Performance Report
ART	Anti-retroviral therapy
BSAFE	Basic Security Course
C&T	Care and treatment
CFS	Committee on World Food Security
CMAM	Community management of acute malnutrition
CO	Country Office
COP	Conference of the Parties
EM	Evaluation Manager
ER	Evaluation report
FAO	Food and Agriculture Organisation
FNG	Fill the Nutrient Gap
GAIN	Global Alliance for Improved Nutrition
GEWE	Gender equality and women's empowerment
GNR	Global Nutrition Report
GaM	Gender and Age Marker
HQ	Headquarters
IFAD	International Fund for Agricultural Development
IR	Inception report
JOF	Joint Outcome Framework
M&SN	Mitigate and safety nets
MAD	Minimum Acceptable Diet
MAM	Moderate acute malnutrition
MDD-W	Minimum Dietary Diversity for Women
N4G	Nutrition for Growth Summit
OVC	Orphans and vulnerable children
OEV	Office of Evaluation
OPC	Oversight and Policy Committee
RA	Research Analyst
RB	Regional Bureau
REACH	Renew Efforts against Child Hunger
SAM	Severe acute malnutrition
SBCC	Social and behaviour change communication
SDG	Sustainable Development Goal
SER	Summary Evaluation Report
SOFI	State of Food Insecurity report
SP	Strategic Plan
SR	Strategic Result

SSAFE	Safe and Secure Approaches to Field Environments
SUN	Scaling-up Nutrition
TB	Tuberculosis
TB-DOTS	TB – Directly Observed Treatment, short course
TOR	Terms of Reference
UN	United Nations
UNFSS	UN Food Systems Summit
UNICEF	United Nations Children's Fund
UNSCN	UN Standing Committee on Nutrition
WASH	Water, sanitation and hygiene
WFP	World Food Programme