WFP EVALUATION

Strategic Evaluation of WFP's work on Nutrition and HIV/AIDS

Centralized evaluation report

OEV/2023/002
Office of evaluation

January 2023

WFP
World Food Programme
SAVING LIVES
CHANGING LIVES

Acknowledgements

The Evaluation Team would like to thank everyone who contributed to this evaluation. We are grateful to staff and management from WFP country offices in Cameroon, Eswatini, Guatemala, Pakistan, Tunisia, and Uganda for their participation in virtual country missions. We would also like to thank staff and management from country offices in Cambodia, Ghana, Mozambique, Somalia, South Sudan, and Syria for their participation in the country desk review process. We appreciate the participation of staff from headquarters and from a wide range of government, donor, international organization and implementing partners, as well as members of communities served by WFP. Lastly, we would like to thank the representatives of the Office of Evaluation and the internal reference group for their overall guidance and support.

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INTRODUCTION

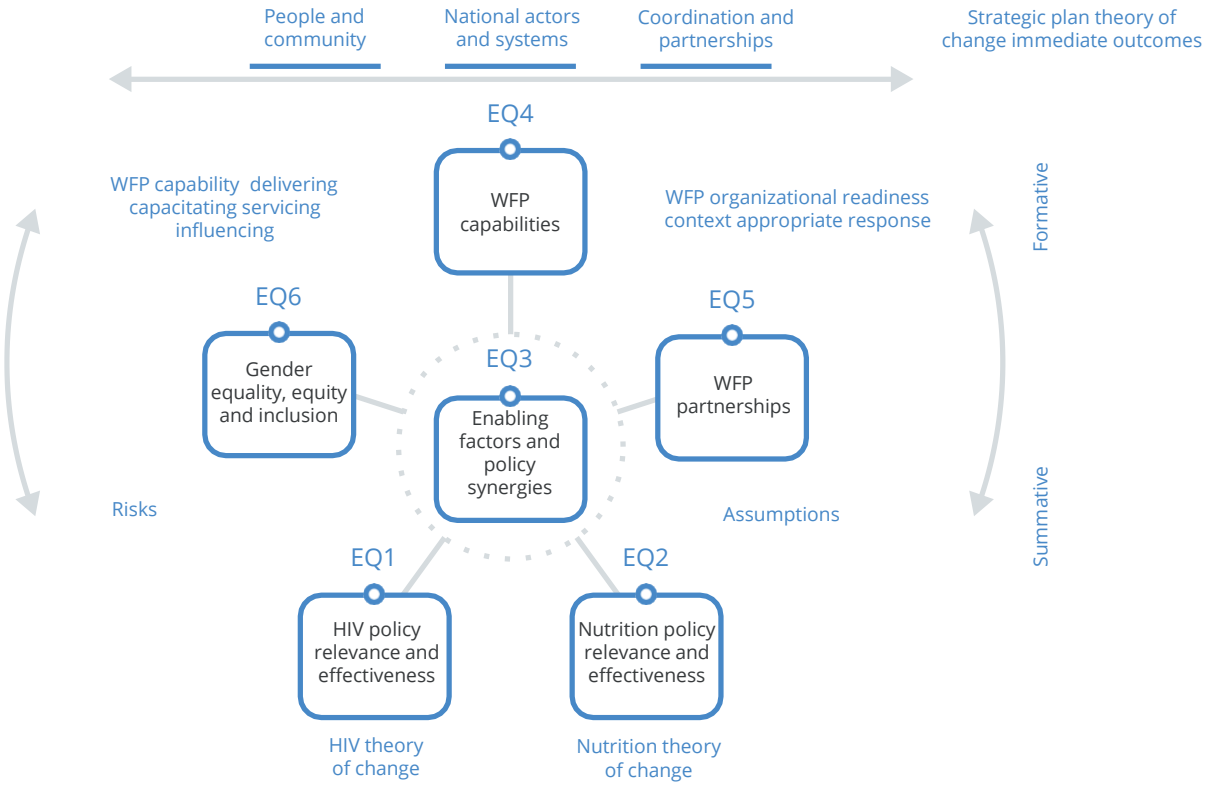
Evaluation features

1. This strategic evaluation had the dual purpose of meeting accountability and learning needs, with a particular focus on learning. The evaluation objectives were to assess the continued relevance of WFP's policies on HIV/AIDS and nutrition and the effects achieved as a result of those policies, and assess the extent to which WFP has sufficient organizational readiness to meet the challenges set out in the Decade of Action on Nutrition (2016–2025) and in corporate guiding frameworks, including the strategic plan for 2022–2025.

2. The evaluation addressed six evaluation questions that consider:

- the relevance and effectiveness of the nutrition policy;
- the relevance and effectiveness of the HIV and AIDS policy (evaluation questions 1 and 2);
- the enabling factors and synergies that have contributed towards (or hindered) effective implementation of the two policies;
- whether WFP has the capability to integrate nutrition going forward; (evaluation questions 3 and 4);
- the capacity within WFP to partner effectively in the nutrition and HIV/AIDS policy spaces, and the extent to which partnerships have been transformational in contributing to wider outcomes (evaluation question 5); and
- whether and how gender equality, equity and inclusion approaches have been integrated into nutrition and HIV/AIDS work across the organization (evaluation question 6).

Figure 1: Evaluation conceptual framework

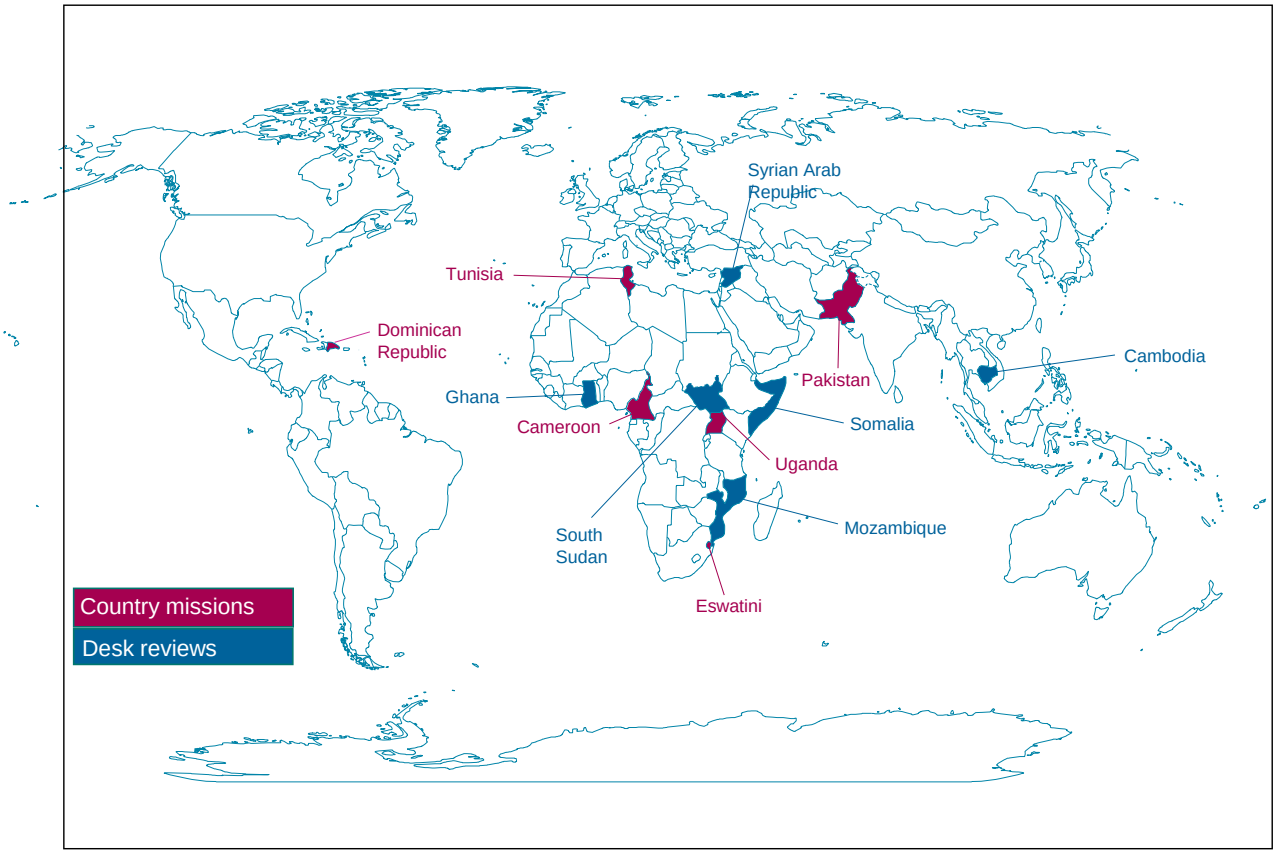


Abbreviation: EQ = evaluation question.

3. A conceptual framework (see figure 1) was developed to show the linkages between the summative and formative aspects of the evaluation.

4. The evaluation was conducted between October 2021 and November 2022. It used a range of data sources to respond to the evaluation questions, including an extensive literature review covering global nutrition trends from 2017 to 2021 and global HIV/AIDS trends from 2010 to 2022, a review of global and country-level documents and data, interviews with more than 160 key informants, virtual data collection missions and desk reviews (see figure 2).

Figure 2: Mapping of virtual country missions and desk reviews



Context

5. In 2015, the Joint United Nations Programme on HIV/AIDS (UNAIDS) declared that Millennium Development Goal 6, "halting and reversing the spread of HIV" had been achieved, and the launch of the Sustainable Development Goals (SDGs) saw HIV/AIDS being addressed as an integral element of several of the goals. In 2016, UNAIDS launched its "fast-track" strategy reflecting the new "test-and-treat" protocols, which – combined with efforts to increase access to treatment – made a dramatic difference in terms of mortality and morbidity rates, with the number of people in treatment rising from 7.8 million in 2010 to 29 million in 2021,[1] and a 31 percent decrease in the number of new infections by 2020. Nevertheless, in 2020, an estimated 10 million people living with HIV/AIDS did not have access to treatment,[2] and there is a global decline in funding. According to UNAIDS: "Momentum established following global agreement on the Millennium Development Goals (MDGs) in 2000 has been lost in the SDG era."

6. Since 2015, global attention has shifted from the predominant focus on hunger of the Millennium Development Goals to a more specific focus on nutrition in the SDGs and the anchoring of nutrition policy and programming in the six World Health Assembly global targets for improving maternal, infant and young

[1] Joint United Nations Programme on HIV/AIDS. 2022. Global HIV & AIDS statistics — Fact sheet.
[2] Joint United Nations Programme on HIV/AIDS. 2021. *Global AIDS Strategy 2021–2026 — End Inequalities. End AIDS*.

child nutrition.[3] Over the years, a complex global architecture for action on nutrition and food security has formed, with the establishment of several inter-stakeholder coordination mechanisms and umbrella organizations, such as the United Nations Renewed Efforts Against Child Hunger and Undernutrition initiative in 2008 and the Scaling Up Nutrition (SUN) movement launched in 2010.[4]

7. In 2021, nutrition approaches continued to be galvanized by efforts to improve the evidence for nutrition action and an increasing understanding of nutrition's critical role in disease, individual growth and development and countries' sustainable development. While progress has been made in reducing the rates of stunting in children, underweight in women and iodine deficiency, reductions in the prevalence of wasting have been very uneven in some countries, and levels of undernutrition among women and children remain unacceptably high.

8. The funding landscape has changed significantly, with new funding mechanisms emerging. The Nutrition for Growth Summit held in December 2021 resulted in more than USD 27 billion being committed to tackling global malnutrition and hunger. However, the current financial commitment is still nowhere near the amount needed to end malnutrition.[5]

Subject

9. The WFP HIV and AIDS policy was approved in 2010 and was developed in the context of the UNAIDS strategic plan for 2011–2015 ("Getting to Zero")[6] and the WFP strategic plan for 2008–2013. Since then, there have been three global AIDS strategies[7] and four WFP corporate strategies,[8] but the policy has not been assessed since its approval. The HIV and AIDS policy is focused on the provision of short-term support to individuals and households while acknowledging the need for handover strategies given the chronic nature of the condition. The policy includes a logic model with three objectives: ensuring nutritional recovery and treatment success through the provision of nutrition and food assistance; mitigating the effects of AIDS on individuals and households through the use of sustainable safety nets; and increasing government ownership of food and nutrition interventions as an essential part of national HIV/AIDS plans.

10. The 2017 nutrition policy was developed in response to the recommendations from the 2015 evaluation of the previous policy, approved in 2012, and in the context of the WFP strategic plan for 2017–2021, which included "improve nutrition" as one of its five strategic objectives. The policy shifted away from a reliance on product-based solutions towards a holistic focus on all forms of malnutrition and multisectoral approaches, including the intention of improving gender integration. It also placed emphasis on providing support to governments as they develop and deliver national plans and policies for ending malnutrition and the development of a strategy for improving the availability of, access to and demand for safe and nutritious foods.

EVALUATION FINDINGS

How relevant and effective is the HIV and AIDS policy?

The relevance of the HIV and AIDS policy has diminished

11. The 2010 WFP HIV and AIDS policy was relevant at the time that it was written. It reflected current evidence on the relationships between HIV/AIDS, nutrition, food security and social protection and responded to WFP mandates. The policy was in step with the WFP strategic plan of the time, but the

[3] World Health Organization. 2014. *Global nutrition targets 2025: policy brief series*.

[4] The Scaling Up Nutrition movement is a multi-stakeholder collaboration that seeks to catalyse coordinated action for better nutrition in Scaling Up Nutrition member countries.

[5] United Nations Children's Fund. 2021. More than US$27 billion committed to tackle global malnutrition and hunger crisis at the Tokyo Nutrition for Growth Summit.

[6] Joint United Nations Programme on HIV/AIDS. 2010. *2011–2015 Strategy – Getting to Zero*.

[7] Joint United Nations Programme on HIV/AIDS. 2010. *2011–2015 Strategy – Getting to Zero*; Joint United Nations Programme on HIV/AIDS. 2016. *2016–2021 Strategy – On the Fast-Track to end AIDS*; Joint United Nations Programme on HIV/AIDS. 2021. *Global AIDS Strategy 2021–2026 – End Inequalities. End AIDS*.

[8] WFP. 2008. *WFP Strategic Plan 2008–2013*; "WFP Strategic Plan (2014–2017)" (WFP/EB.A/2013/5-A/1); WFP. 2017. *WFP Strategic Plan (2017–2021)*; "WFP strategic plan (2022–2025)" (WFP/EB.2/2021/4-A/1/Rev.2).

references to HIV/AIDS in subsequent strategic plans are limited, and the policy's relevance has diminished over the last 12 years.

12. There have been several iterations of the division of labour among co-sponsors of UNAIDS. In 2010, WFP had two leading roles: integrating food and nutrition into the HIV/AIDS response; and addressing HIV/AIDS in humanitarian emergencies, jointly with the Office of the United Nations High Commissioner for Refugees (UNHCR).

13. The feasibility and actionability of the HIV and AIDS policy have been dependent on a range of factors: the commitment and motivation of individual staff members and senior managers, policy guidance, the appetite of national governments to engage with WFP as a partner in HIV/AIDS programming, the appetite of WFP offices themselves, and the availability of funding.

14. Since the policy was approved, global, regional and country-level approaches to addressing HIV/AIDS have changed. Attention has moved away from specific approaches to more HIV/AIDS-sensitive or integrated approaches. All the funding partners interviewed mentioned that a clear framework was needed to support country offices in integrating HIV/AIDS into programmes. This is particularly pertinent in the current funding climate. Stakeholders frequently cited lack of funding and human resources as a reason for reduced attention to HIV/AIDS.

15. Technical support from all levels of WFP has been appreciated by stakeholders. WFP's role as a co-convenor of two inter-agency task teams (IATTs) – working on HIV/AIDS in social protection and HIV/AIDS in humanitarian settings – has played an important part in increasing the global attention directed to those two issues. The achievements are particularly notable in light of the bureaucratic burden attached to the role of co-sponsor of UNAIDS and the limited visible corporate commitment to addressing HIV/AIDS.

16. External stakeholders acknowledged the quality of technical advice and support provided by WFP's HIV/AIDS-focused staff members at all levels. Collaboration among WFP, UNAIDS, UNHCR and the International Labour Organization was reported to be strong, particularly at the regional and global levels. WFP's co-convening role in the IATTs has resulted in multiple high-level products, such as HIV/AIDS-sensitive social protection in fast-track countries in eastern and southern Africa, a 2019 joint UNHCR–WFP information note on HIV/AIDS in humanitarian settings, and guidelines on addressing HIV/AIDS in humanitarian settings. Recently, WFP convened stakeholder workshops for both IATTs and subsequently published reports aimed at influencing the development of a new global AIDS strategy, identified new result areas and held a high-level side-event on the margins of the United Nations High-Level Meeting on AIDS in 2021.

17. The HIV and AIDS policy does not provide a robust results framework against which progress can be measured. Instead, it provides a list of key outputs to be achieved and 12 key indicators. These were revised in the strategic results framework for 2014–2017 and presented in the 2014 monitoring and evaluation guide as four corporate and four optional indicators. According to a report by WFP's Nutrition Division[9], in 2020 only 6 of 23 country offices with HIV/tuberculosis (TB)-specific activities included at least one corporate HIV/TB outcome indicator in their annual country reports, namely, Chad, Guinea, Madagascar, Myanmar, Somalia and South Sudan. Around 70 percent of country offices that implemented HIV- or TB-specific activities did not have corporate outcome indicators in their approved monitoring and evaluation logical frameworks. Haiti and Cameroon reported their HIV/TB related indicators only in the narrative sections of their annual country reports rather than in the output and outcome sections.

How relevant and effective is the nutrition policy?

The nutrition policy remains relevant

18. The nutrition policy was relevant at the time of publication. The policy met the majority of quality standards, but its actionability was hindered by the limited tools and capacity support for rollout beyond the Nutrition Division. However, strong examples exist where the policy has driven action at both the global and country levels.

19. The nutrition policy reflected the transition from a focus on saving lives to one on both saving lives and changing lives, introducing priorities related to the prevention of stunting and the development of national capacity and strengthened systems with governments. This was in line with global priorities in 2017

[9] WFP. 2021. *HIV/TB in Numbers and Beyond.*

that had shifted towards a focus on malnutrition in all its forms, country-led approaches and a renewed emphasis on the prevention and treatment of wasting. The nutrition policy was also well-aligned with the evidence base for approaches to the treatment of moderate acute malnutrition (MAM) that underlined the need for scale-up to save lives, and approaches to MAM prevention that include micronutrient provision, maternal nutrition and improved complementary feeding for young children, including supplementation in food-insecure settings.

20. The nutrition policy remains largely relevant today, although there has been some global shift in emphasis in some of its key components.

21. Evidence suggests that the predominant focus on the treatment of wasting and the prevention of stunting in the nutrition policy is now excessive in light of WFP's current work and varied approaches to preventing malnutrition in an environment where malnutrition is increasingly examined holistically.

22. WFP's work in addressing micronutrient deficiency disease was understated in the policy, while WFP has strengthened its lead and successful role in staple food fortification in many countries and its approaches to the development of specialized nutritious foods and fortified food distribution. While all of these issues are recognized in the policy, they appear to have become a more central part of WFP's portfolio, particularly in relation to the capacity development of governments and partners.

23. The operational setting has changed significantly since 2017, with the coronavirus disease 2019 (COVID-19) pandemic and increasing conflicts, alongside climate change, highlighting how a state of emergency is becoming constant, with ramifications crossing borders and hitting the most vulnerable people and communities hardest. WFP's role as a humanitarian leader in nutrition is therefore of increasing relevance.

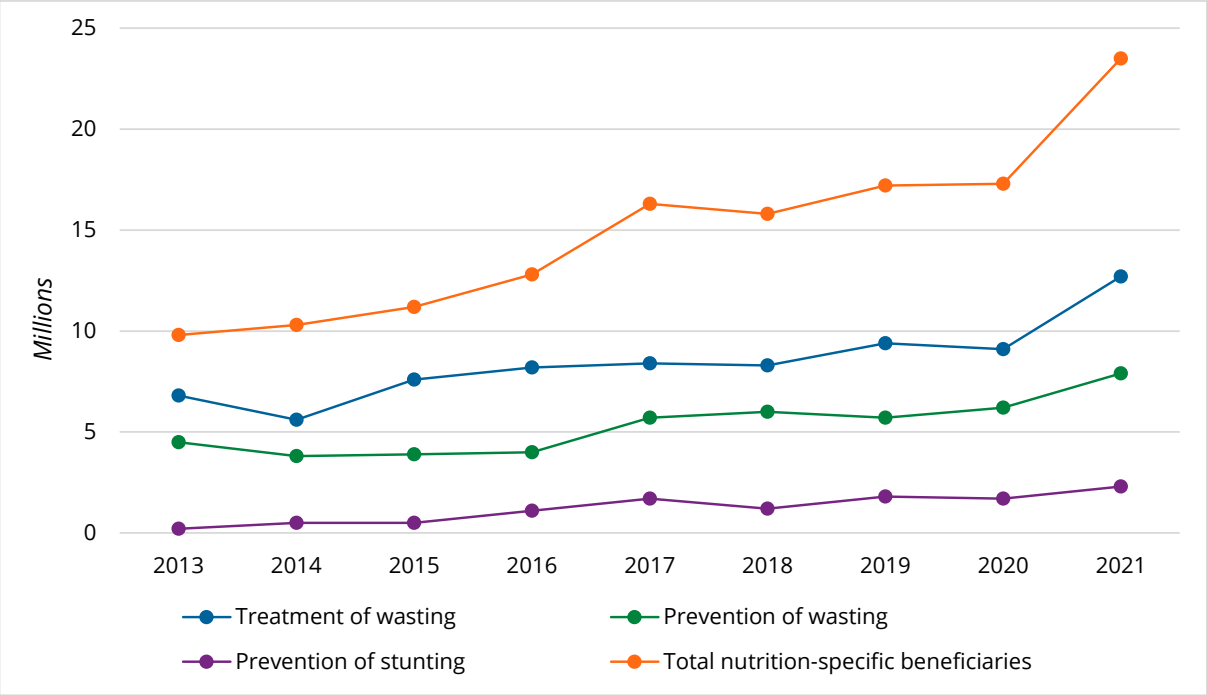
24. The nutrition policy is largely coherent with the WFP strategic plan for 2022–2025, although there is need to act on and lead the vision of nutrition integration throughout the organization. The development of a nutrition strategy is currently under way and provides an opportunity to articulate a clear approach to nutrition integration that facilitates WFP's delivery on the commitments set out in the strategic plan.

There is an increased focus on nutrition-specific interventions

25. Nutrition-specific interventions for the treatment and prevention of MAM, stunting and micronutrient deficiency diseases have played a significant role in meeting the urgent nutrition needs of affected populations, and the quality of WFP's food assistance has improved since 2017 through the increased use of specialized nutritious foods and fortified foods. WFP has made efforts to channel nutrition-specific interventions through existing nutrition-sensitive social assistance programmes.

26. To a large extent, WFP-supported nutrition-specific interventions have met the nutrition needs of targeted beneficiaries in affected populations. While there are some caveats, including the scale of the response in certain countries and supply chain and funding challenges (discussed further in paragraphs 34–37), the general trend since 2013 has been for year-on-year increases in the number of beneficiaries of nutrition-specific programmes, including in activities for the prevention of wasting, which have seen a considerable increase in programming and resource allocations since 2016 (see figure 3). However, although MAM treatment has met performance targets overall, there remain challenges linked to the coverage of that treatment.

Figure 3. Nutrition-specific direct beneficiaries by activity type and year



Source: "Annual performance report for 2021" (WFP/EB.A/2022/4-A/Rev.1).

27. The extent to which WFP's nutrition-specific and nutrition-sensitive programming has improved access to healthy diets is less well understood owing to challenges affecting the collection and interpretation of monitoring data. Creative models of context-specific, nutrition-sensitive interventions are emerging in food assistance for assets, resilience, social protection, cash-based programming and school feeding interventions. However, evidence of the results of those interventions is not readily available owing to the slow development of systems for rigorous monitoring and data analysis.

28. The scale of nutrition-sensitive activities implemented through WFP-supported interventions has increased considerably since 2017, from no countries reporting such activities in 2017 to 69 countries in 2021. In 2021, 75 percent of the reported activities in the school feeding category, 75 percent in the unconditional resource transfer category, 69 percent in the asset creation and livelihood category and 82 percent in the smallholder agricultural market support category included a nutrition objective.

29. WFP is increasingly using cash and vouchers as a means of ensuring that people are able to meet their essential needs. In 2021, WFP transferred USD 2.3 billion in cash and vouchers to 42 million beneficiaries in 69 countries, representing an increase of 10 percent compared with 2020. In 2021, WFP distributed USD 39.3 million as cash, commodity vouchers and value vouchers through nutrition interventions. This is still a relatively small proportion of the total cash and vouchers distributed and demonstrates the potential to make further progress towards WFP's nutrition objectives, although the use of cash and vouchers can add complexity to programming and can be challenging for country offices to manage. Good context analysis and needs assessments (such as Fill the Nutrient Gap assessments) are required, along with the technical expertise to design and implement effective strategies.

School feeding is an important entry point for nutrition interventions

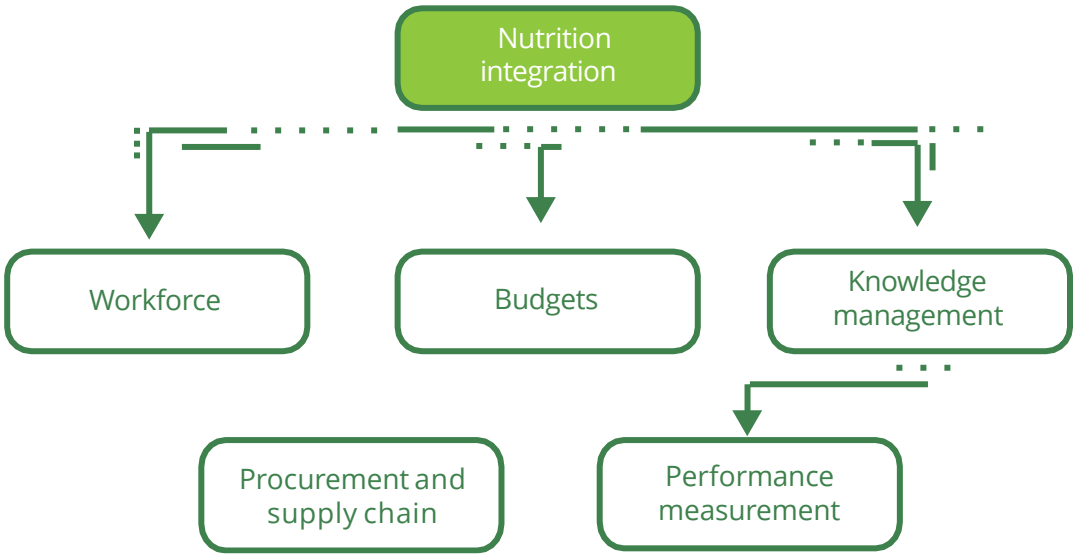
30. School feeding has long been recognized by WFP as an important entry point for nutrition interventions, in alleviating short-term hunger and improving children's nutrition status, particularly when food is fortified and accompanied by de-worming treatment. More recently, school feeding has been put forward as an entry point for linking local agriculture, food systems and nutrition interventions (through home-grown school feeding) and as a means of addressing the double burden of malnutrition. The growing attention directed to home-grown school feeding models has not yet been matched by commensurate attention to capacity strengthening for smallholder farmers, farming associations, women producer groups and the local food systems near schools. There has been insufficient focus on making those systems more

nutrition-sensitive, paying attention to food safety issues and designing joint capacity-strengthening strategies for the long term, involving other agriculture and food security stakeholders. School feeding has also been put forward as an entry point for social protection, allowing the further advancement of nutrition-sensitive agendas and capacity building. WFP's new school feeding strategy outlines a broader, more integrated package of school health and nutrition interventions that, through work in partnership and across sectors, will help to guide programmes in addressing many of the challenges discussed above.

To what extent is WFP capable of integrating nutrition across all programmes and functions?

31. The knowledge and capabilities needed to integrate nutrition into programmes are increasing, but the capability to integrate nutrition into WFP systems, such as those for performance measurement, supply chains, partnerships and advocacy, is lagging behind.

Figure 4. Nutrition integration within WFP programmes and functions



32. Nutrition mainstreaming has been present as a concept in WFP thinking since 2004, but very slow progress has been made towards its achievement. The definition of "nutrition integration" for WFP is not yet clear. The strategic plan for 2022–2025 defines nutrition integration as a cross-cutting approach that requires nutrition to be an integral part of analysis and planning across all elements within each of the systems such as design and delivery, capacity and workforce, governance, information systems, technology and finance, making it much broader than "nutrition-sensitive programming".

How well has WFP maximized the enabling factors that contributed to improved nutrition and food security?

Capacity levels vary across WFP

33. There is a large, dedicated and skilled nutrition team at headquarters, but capacity is sometimes limited by gaps in the overall workforce. The expanding scope of nutrition work is not yet matched by the appropriate skills at the country level and, to a lesser extent, the regional level. While efforts have been undertaken, including strategic workforce planning, there is need for more effective learning and skills enhancement strategies to fill this gap. A much smaller team supports WFP's HIV response, and country-level HIV focal points – where they exist – frequently have dual roles.

Long-term programming is affected by funding issues

34. A number of WFP's most significant donors still see WFP's core mandate solely as saving lives, which affects the effectiveness of programming that requires a long-term perspective. While funding for nutrition-specific programming has increased since 2016, funding for, and the implementation of, nutrition-sensitive programming, which has a longer-term focus, has been affected by the availability of funding. However,

several county offices have successfully adopted strategic approaches to the funding of innovative, nutrition-sensitive programmes.

35. While it has been possible to identify several examples where country offices have been able to use relatively small-scale, flexible funding to advocate support for longer-term programming in nutrition and HIV/AIDS at the global level, interviewees stated that there has been a lack of effective advocacy on the part of WFP for its changing lives work. In part, this is related to the need to present evidence of the effectiveness of nutrition-sensitive programming, which is perceived as costly, both within WFP and among many of the organization's supporters. There has also been limited success to date in telling a consistent and clear story communicating a consistent and clear message on the importance of such approaches. Efforts have been made to advocate through the Friends of WFP Nutrition group formed by a number of Executive Board members, and there have been some success in obtaining long-term funding for innovative nutrition programming.

36. The evaluation found that considerable data are generated within WFP, particularly evidence from nutrient gap assessments and research. There are examples of such evidence being used strategically to inform the design and formulation of national nutrition policies and to guide the prioritization and design of nutrition-specific, nutrition-sensitive and HIV/AIDS interventions for governments, WFP and other non-governmental actors in many settings, including countries that range from Pakistan to Tunisia to Ghana. Evidence from published research has also been used strategically at the global level to advocate the importance of key priorities in nutrition, such as food fortification and addressing the nutrition impacts of the COVID-19 pandemic.

37. While considerable knowledge and evidence related to nutrition (and to a lesser extent HIV) have been generated within WFP, with examples of their successful use in supporting policy and programming in many settings, the management of knowledge on nutrition and HIV has not been harnessed to its full potential.

To what extent have WFP's partnerships been transformational in contributing to improved nutrition-related outcomes and systems change?

WFP's effectiveness is increased through its work in partnerships

38. There is ample evidence from both nutrition and HIV/AIDS programming that WFP's effectiveness is increased through working in partnership and that working in partnerships has the potential to contribute to improved outcomes, systems change and sustainability.

39. Where WFP has invested time and commitment in partnerships for nutrition, significant results have been seen. There is scope in all WFP partnerships for deeper engagement to maximize potential outcomes. At the global, regional and national levels, WFP relies on strong partnerships throughout its nutrition work, and the quality of those partnerships is fundamental to the achievement of nutrition outcomes and sustainable change. The evaluation identified significant partnership work at the regional bureau level, including contributions to a United Nations joint programme on nutrition and food security in southern Africa, regional funding from Luxembourg for strengthening the nutrition capacity in WFP's Regional Bureau for Western Africa and a European Union-funded regional programme in the Central Sahel.

40. The evaluation identified several examples where country offices have focused on the potentially transformational nature of partnerships with governments, either through work in specific nutrition-related sectors or through an overarching and more strategic approach to identifying WFP's comparative advantage and programming contribution.

To what extent has WFP taken a gender equality, equity and inclusion approach to its nutrition work, including HIV, in humanitarian, development and peace settings?

The integration of gender equality and inclusion into programming is limited

41. Overall, the evaluation found limited evidence that the gender equality and inclusion issues identified in analyses have been taken into account in programme design and implementation. The main conclusions of the 2020 evaluation of the gender policy were that "WFP is missing opportunities to ground the design and development of programmes in a comprehensive contextual analysis of the needs and

interests of women, men, girls and boys and the pathways needed to deliver the four objectives of the policy. Consequently, country offices often struggle to translate GEWE [gender equality and women's empowerment] concepts into clear actions tailored to their individual CSP [country strategic plan] strategic outcomes."

42. Common issues emerging from other evaluative evidence available at the time of the evaluation, show that the primary focus has been on ensuring gender parity and has been inconsistent across programmes; gender analysis is needed for a better understanding of the issues that underpin food insecurity and malnutrition and to inform a gender-transformative approach; and the most common hindering factors are a lack of capacity in country offices, a lack of dedicated budgets for addressing the gender issues identified, and weak lines of accountability.

43. The majority of the country strategic plans in the countries examined by the evaluation team can be rated as "gender- and inclusion-sensitive". There is often limited capacity within the country office, with gender, protection and HIV often being the responsibility of a single person with multiple focal point roles. While there is some evidence of gender analysis being undertaken, there is far less evidence of that analysis being used to inform programming, and limited evidence from monitoring is available, other than disaggregated data.

44. Regarding inclusion, some age-disaggregated data are collected, but those data are generally related to specific programmes. While disability was sometimes mentioned, there is little evidence of specific analyses or of the integration of the disability issues identified into programming. Other issues related to inclusion (such as migrants and internally displaced persons) are mentioned in the contextual analysis of country strategic plans, but are seldom reflected in strategic outcomes, expected outputs or key activities.

CONCLUSIONS

45. The following conclusions provide an overall assessment of WFP's capability and organizational readiness for implementing the nutrition and HIV components of the new strategic plan.

CONCLUSION 1. HIV is a highly relevant issue for WFP in delivering on its mandate of reaching the most vulnerable people and leaving no one behind. Significant changes, both technical and financial, in the HIV landscape over the past 12 years mean that the 2010 HIV and AIDS policy is no longer relevant. At the same time, the absence of a strategy for managing declining funding and an over-reliance on one source of funds puts the reputation of WFP at risk.

46. WFP has undertaken high-quality work in supporting governments in including nutrition and food security issues in their HIV programmes and taking HIV into account in their nutrition programming and in supporting national governments in HIV-sensitive social protection, supply chain and logistics operations in emergency settings. WFP's mandate, based on its leadership in and reputation for being able to deliver, guides and equips it for this work.

47. The absence of a strategy for managing the risks of declining funding and an over-reliance on one source of funds from UNAIDS renders WFP's current HIV programming highly vulnerable and puts the organization's reputation at risk. Food insecurity can be a setback to progress towards the targets of the response to the COVID-19 pandemic, and a worsening HIV situation can be a setback to progress towards nutrition targets in countries with high prevalence of HIV.

48. Specifically, very little attention has been dedicated to advocating HIV-sensitive programming as an essential part of the "leave no one behind" agenda. Such advocacy is crucial in enabling a strategic approach to HIV across relevant WFP platforms. As a starting point, an enhanced focus on advocacy of HIV-sensitive approaches requires a more systematic approach to monitoring progress under existing programmes. The current focus on numbers of beneficiaries has not been sufficiently complemented by qualitative data on the effects of capacity strengthening and social protection initiatives.

CONCLUSION 2: The nutrition policy was aligned with global priorities and the evidence available at the time of its development. However, it does not encompass the vision of nutrition integration set out in the new strategic plan

for 2022–2025, and a robust articulation of "nutrition integration" is needed in order to ensure implementation. At the same time, there is a tension between the need for the policy to be broad enough to cover the range of WFP activities in nutrition and the need to provide adequate focus in order to drive investments and ensure the availability of specialized skillsets.

49. WFP has demonstrated that it has the capacity to adapt its programming, capitalize on its comparative advantages and, in some cases, be innovative in keeping up with changing nutrition priorities while remaining relevant. Given the expanding scope of work on nutrition, and resource constraints, the need to clearly define WFP's areas of comparative advantage in terms of coherence with the positioning of other agencies is increasingly urgent.

50. Areas of critical focus for WFP in nutrition include the continued importance of the saving lives agenda in humanitarian settings as WFP's non-negotiable core business, covering both the treatment of MAM in line with evolving guidance and the prevention of all forms of malnutrition, including by improving the nutritional quality of general food assistance and food assistance for assets. The nutritional quality of food assistance has been increasing, along with the use of various transfer modalities that ensure nutritional outcomes from social protection, livelihoods and primary health interventions. There are still challenges and gaps to be filled in improving WFP's focus on the accessibility and availability of safe, healthy and affordable nutritious food, and in more predictive distribution platforms consistent with nutritional resilience, predictability and forecast-based financing systems for anticipatory assistance.

51. There has also been an increasingly effective focus on areas such as the provision of technical support for scaling up food fortification, work at the emergency–development nexus aimed at protecting nutrition, including by advocating nutrition-sensitive social protection, and support for food systems that improve nutrition, which is of particular importance where contextual analysis of the causes of malnutrition justify.

52. WFP has been innovative, responsive and timely in preventing all forms of malnutrition and promoting healthy diets, but there is considerable scope to achieve greater reach and coverage in the following areas: nutrition-sensitive programming of school feeding and food assistance; programming that improves the nutrition sensitivity of national social protection mechanisms, which has a potential role in the prevention of malnutrition; programmes that influence the adoption of healthy diets, including by addressing overweight and obesity, particularly through evidence generation and advocacy; and the implementation of behaviour change strategies identifying the drivers that influence behaviours, particularly in terms of the availability and affordability of food options throughout value chains.

CONCLUSION 3. With respect to the performance of WFP, effectiveness is largely underpinned by its responsiveness, innovation in certain key areas and strong reputation, especially in emergency and supply chain operations.

53. Investment in context-specific evidence generation has supported advocacy efforts and led to improved programming approaches at the country office level but has been used less effectively for advocacy at the global level, where much of the excellent work carried out by WFP is still not sufficiently visible.

54. WFP allocates limited resources to investing in people-centred needs assessment, including gender and inclusion analyses aimed at ensuring that approaches are better tailored to communities. Investment in context-sensitive programme design with a clear focus on gender equality, equity and inclusion is not sufficient.

55. WFP collects many data but is not yet a data-driven organization. There is a recognized need to pay more attention to monitoring, including by addressing the gaps in existing indicators, particularly qualitative indicators, improving the feasibility and practicability of good-quality data collection against the core indicators, and increasing the resources allocated to the use and valid interpretation of data to support programming.

56. There are more complex challenges at the strategic level, where decisions regarding WFP's corporate commitment to programming and the adjustment of its organizational structure are still to be made. These challenges will be difficult to overcome given the issues related to ensuring

complementarity and delivering at considerable scale with relatively few resources on the ground, which are stretched by both the demands of donors and bureaucratic requirements.

CONCLUSION 4: The commitment to nutrition integration articulated in the new strategic plan for 2022–2025 is not yet matched by the institutional architecture for full implementation. While WFP has made some progress in ensuring a nutrition workforce that is adequate in terms of size and skills, particularly over the past five years, not all decision makers understand the importance of taking nutrition outcomes into account in WFP operations.

57. Donors, governments, international agencies and local partners still see WFP as a food-focused organization. The move from a focus on the quantity of food (calories) to increased attention to quality (nutrients) has shown some progress. However, progress has been hampered by funding limitations, supply disruptions linked to the COVID-19 pandemic and the lack of corporate results framework indicators that measure the quality of the food basket.

58. There are both internal and external challenges to nutrition integration. The internal challenges are relatively straightforward to identify and include a gap in the internal capacity for nutrition integration; a lack of concrete guidelines on putting nutrition integration into practice in programming and operations; and a need for broad internal buy-in so that WFP becomes a nutrition-focused organization. External challenges can be more difficult to overcome and include obtaining and allocating funding for nutrition programming, positioning emerging nutrition priorities beyond hunger targets, strengthening governments' accountability and public investments and achieving complementarity among United Nations entities in accelerating nutrition integration into efforts to achieve the SDG targets.

59. Nutrition Division staff at the headquarters and regional levels are proficient and knowledgeable and contribute increasingly within the global nutrition community but are often inadequate for work on strategic planning, partnership development, advocacy and engagement with governments.

CONCLUSION 5: In its HIV and nutrition programming, WFP has prioritized the strengthening of partnerships with other United Nations entities, governments, non-governmental organizations, the private sector and academia. This has resulted in a blossoming of relationships, leading to successful outcomes. However, in all types of partnership, limited investment over the long term compromises the ability to sustain and improve collaboration and complementary and collaborative approaches to implementation, advocacy and fundraising.

60. WFP has made significant contributions to research with academic partners, analysis, such as nutrient gap assessments, and coordination forums such as the 2019 Global Action Plan on Wasting, the Global Nutrition Cluster and the SUN movement. All of those contributions have been taken forward in WFP's work at the country level, with South–South cooperation arrangements establishing linkages on specific issues between countries and with the private sector, and WFP forging linkages and agreements at the global, regional and national levels.

61. WFP works closely with government partners, contributing to government responses, engages in close collaboration with other United Nations entities and non-governmental organizations and works effectively with the private sector and academia, with evidence that this has the potential to contribute to wider outcomes, systems change and increased sustainability. The most interesting examples are those where a country office has focused on the potentially transformational nature of partnerships with government, either through work in specific nutrition-related sectors or through an overarching and more strategic approach to identifying WFP's comparative advantage and programming contribution, such as through nutrition-sensitive and gender- and shock-responsive social protection programmes.

RECOMMENDATIONS

62. The following recommendations are derived from consideration of the full set of evaluation conclusions and are focused on ensuring that WFP has the organizational readiness to meet the challenges set out in the new WFP strategic plan for 2022–2025. While a single lead entity has been proposed for each sub-recommendation, strong and consistent cooperation from all contributing entities will be critical for the successful implementation of the recommendations.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
Recommendation 1: Changes in the HIV landscape over the last 12 years call for an internal strategic discussion aimed at reaching agreement on how best to integrate HIV into WFP programming so as to ensure that WFP's global commitments to the HIV response and to "leaving no one behind" are met. ➢ A corporate analysis should be conducted to inform the development of a clear statement on WFP's position on HIV and on how that position will be integrated into work throughout the organization, together with an updated strategic response to HIV with cross-organizational accountability. ➢ The updated strategic response should determine whether to develop a new policy or strategy and should include a costed implementation plan setting out responsibilities, accountability, the human and financial resources needed to deliver the response, and a fundraising plan. ➢ Bring together existing guidance and available tools and use them to identify the strengths and opportunities and the gaps to be addressed with a view to ensuring that key programmatic areas are HIV-sensitive and that consideration of HIV can be effectively integrated throughout WFP systems.	Nutrition Division (with the support of the Programme and Policy Development Department)	High	December 2023	HIV remains a highly relevant issue for WFP in delivering on its mandate of leaving no one behind. To meet that mandate, WFP needs to increase its internal resources in order to strengthen programming in social protection, optimize HIV-sensitive approaches across divisions and support the transition from an implementation role to an enabling role. Accountability for this work must extend beyond the Nutrition Division because many WFP units need to be involved in delivering on the mandate. Linked to conclusion 1.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
Recommendation 2. The new nutrition strategy currently being developed should articulate a clear definition of, and a comprehensive approach to, nutrition integration so that WFP can deliver on the commitments set out in the strategic plan for 2022–2025. The nutrition strategy must set out a clear definition of nutrition integration and an overview of what it entails for the whole organization. The strategy is also expected to provide clarity on several issues that were not sufficiently emphasized at the time that the previous policy was approved. Those issues include: ➢ WFP's role in and contribution to micronutrient deficiency prevention through a combination of approaches for both saving lives and changing lives; ➢ clear development of the concepts related to healthy diets, including the mitigation of the nutrient intake gap for the prevention of undernutrition, which is also part of the prevention of all forms of malnutrition (including overweight and obesity), and of how to achieve them through actions on both the supply and demand sides, setting out the implications for WFP divisions, especially in fragile settings, addressing food choices and setting out practical approaches that address realities on the ground; ➢ reinforcement of WFP's role in supporting all nutritionally vulnerable population groups, including a clear articulation of the approach to HIV/AIDS-sensitive programming; ➢ a clear delineation of WFP's remit in and approach to nutrition in humanitarian settings that takes into	Nutrition Division	High	December 2023	The current nutrition policy remains relevant, but its implementation entails a refinement of the focus to bring it up to date with current priorities and evidence and to clearly encompass the vision of nutrition integration set out in the new strategic plan for 2022–2025. Linked to conclusion 2.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
consideration the long-term nutrition benefits and gains from recovery and development; and ➢ a resource plan setting out the human and financial resources needed to ensure that the organization-wide approach is sufficiently and effectively resourced to pursue delivery as intended from the outset.				
Recommendation 3. WFP should develop and implement a systematic process for, and clear guidance on, the effective operationalization of nutrition integration. The process of embedding the appropriate systems and structures for, and guidance on, nutrition integration throughout WFP should include the following: **i) Systems:** ➢ Define and ensure resources for the role that the Nutrition Division (including nutrition staff in regional bureaux and country offices) will play in supporting other units of WFP at the headquarters, regional bureau and country office levels, with clear objectives. ➢ Develop consistent messages for fundraising, partnerships and advocacy purposes, working with other United Nations agencies and the global nutrition community, particularly in advocacy efforts. Communication and marketing aimed at enhancing WFP's profile as a nutrition-focused, HIV/AIDS-sensitive organization are key. ➢ Consider how WFP will fund departments' adaptation of their approaches and development of staff and system capacity.	Nutrition Division (with the support of: Programme – Humanitarian and Development Division; Social Protection Unit; School-based Programmes; Cash-based Transfers Division; Gender Office; Partnerships and Advocacy Department).	High	December 2023	The commitment to nutrition integration articulated in the new strategic plan for 2022–2025 has been welcomed but is not yet matched by an institutional architecture for its full implementation. Linked to conclusions 2 and 4.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
➢ Enhance efforts to mainstream gender at the organizational level. **ii) Internal structures:** ➢ Define the roles and enhance the understanding of staff throughout WFP in relation to their contributions to improved nutrition, particularly when working across the organization. ➢ Invest in dialogue with implementing partners at the local level so as to strengthen their understanding of their roles in supporting nutrition outcomes in programmes and operations. **iii) Guidance:** ➢ Develop operational guidance on how to integrate nutrition across supporting systems.				
Recommendation 4. Continue to enhance capacities in nutrition and HIV/AIDS throughout WFP with a view to strengthening existing nutrition and HIV/AIDS expertise and approaches, and ensure nutrition integration through the recruitment of skilled staff, the development of the various skillsets required and, particularly, the matching of skills to contexts and programme aims. i) Across WFP, the development of capacities and skillsets should include:	Nutrition Division (Human Resources Division)	High	December 2025	There is a need for enhanced capacity strengthening and increased nutrition knowledge throughout WFP's workforce, from field monitors to country directors and throughout headquarters. Linked to conclusions 2 and 4.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
➢ at the headquarters level, increasing the number of staff members focused on HIV/AIDS using internal core funding; ➢ at the headquarters and regional bureau levels, enhancing advocacy for HIV/AIDS- and nutrition-sensitive programming with senior management at all levels; and ➢ at the country office level, building the capacity of country directors as advocates for nutrition- and HIV/AIDS-sensitive programming. ii) In addition, there is a need to continue to build the capacity of nutrition advisers at the regional bureau and country office levels, which should include the development or employment of skillsets that meet contextual support needs and objectives, including approaches to supporting governments in strengthening systems for improved dietary diversity and nutritional outcomes, and strengthening cross-sectoral work on HIV/AIDS across various sectors. iii) The building of the capacities outlined above should be informed by the continuous identification and addressing of organizational learning needs so as to improve staff capacity and, in turn, improve the design and implementation of nutrition-specific and nutrition-sensitive strategies and programmes.				
Recommendation 5. Elevate the status of knowledge management and learning and equip the knowledge management team in nutrition with the skills and accountability needed to reach and work across units,	Nutrition Division	High	December 2023	The positioning of WFP more firmly in the development arena will take more time and further work and

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
consolidating and communicating learning throughout WFP and informing advocacy approaches.				should be based on an evidence and research strategy. Linked to conclusions 1, 2 and 3.
5.1 *Monitoring:* Revise and develop monitoring indicators and systems to ensure the collection of indicator data that are meaningful and fit for purpose in providing evidence of programme outcomes. This work includes focusing on system readiness to ensure that the data can measure the qualitative outcomes of both nutrition and HIV/AIDS programming, and should feed into the systematic use of data analysis to inform progress monitoring on programmes.	Nutrition Division (with the support of the Research, Assessment and Monitoring Division)			
5.2 *Assessment:* Collaborate further with the Research, Assessment and Monitoring Division on reviewing and enhancing nutrition integration and the utilization of assessment data and information to improve needs identification and the design of nutrition and HIV/AIDS programmes.	Nutrition Division (with the support of the Research, Assessment and Monitoring Division)			

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
5.3 *Evidence:* Build on the learning from the successful evidence generation and advocacy approaches of country offices, such as cost of diet and Fill the Nutrient Gap analyses and research studies, to develop WFP's reputation as an evidence-driven organization. Achieve this through continued investment in evidence, evaluation, research and data on HIV/AIDS and nutrition, with enhanced understanding of gender and inclusion dimensions and the development of a research plan or strategy.	Nutrition Division (with the collaboration of the Research, Assessment and Monitoring Division; Innovation and Knowledge Management Division; Office of Evaluation)			
Recommendation 6. WFP should build on its investments in partnerships by nurturing long-term relationships and shared aims in HIV/AIDS and nutrition in order to deliver resilient and long-term gains for HIV/AIDS and nutrition programmes through the complementarity of partners' capacities. WFP needs to focus on its comparative advantages and continue to pursue strategic alliances. The approach to partnerships should include: ➢ building on existing partnerships within the United Nations system in order to ensure strategic engagement in the development of complementary approaches to programming, implementation, advocacy and fundraising, with clearly defined roles in specific settings; ➢ building on established relationships with regional and national government partners in work on nutrition and HIV/AIDS to facilitate advocacy of long-term, multi-year financial support from donors; and ➢ engaging with local and regional partners to leverage local advocacy, knowledge and capacities, including by	Nutrition Division (regional bureaux; Cost of Diet country offices)	Medium	December 2025	In all types of strategic partnership, there is scope for increased two-way investment in relationships over the long term, improving coordination, collaboration and coherent approaches to implementation, advocacy and fundraising. There is the potential to leverage results that are much more than the sum of their parts and to elevate WFP's contribution to global outcomes in nutrition. Linked to conclusion 5.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
making space for partners' participation in programme design, implementation and monitoring.				

1. Introduction

1. The World Food Programme (WFP) Office of Evaluation conducts strategic evaluations which focus on systemic issues of corporate relevance as defined in strategic documents, policies, and directives. This strategic evaluation of nutrition and Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) was included in the WFP Office of Evaluation Work Plan 2021-2023 presented to the Executive Board as part of the WFP Management Plan at the Second Regular Session in November 2020.[10]

1.1 EVALUATION FEATURES

2. This strategic evaluation of nutrition and HIV and AIDS had a dual purpose: to meet accountability and learning needs, with a focus on the latter. The evaluation had two objectives:

- Assess the continued relevance of the policies on HIV and AIDS and nutrition, as well as the effects achieved as a result of them – addressing accountability requirements
- Assess the extent to which WFP has sufficient organizational readiness to meet the challenges set out in the Decade for Action on Nutrition, in corporate guiding frameworks and documents, including the new WFP Strategic Plan, 2022-2025 – addressing learning needs.

3. The evaluation was timely, both globally and for WFP internally. A period of considerable global change followed the Food Systems Summit of 2021, such as changes within the Scaling Up Nutrition (SUN) Movement and the formation of United Nations Nutrition. The Global AIDS Strategy (2021-2026) focused on using an inequalities lens to close the gaps preventing progress towards ending AIDS, while the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the co-sponsors faced considerable resource constraints. Internally, WFP approved the new Strategic Plan (2022-2025), with a commitment to nutrition integration as one of four cross-cutting priorities, while people living with HIV/AIDS are considered among several vulnerable groups.

4. The evaluation was carried out from October 2021 to November 2022, with the inception phase running from October 2021 to March 2022, data collection and analysis from April to June, and reporting from July to October 2022.

5. As the evaluation's recommendations cut across WFP systems and programmes, the primary users of the evaluation are the Nutrition Division, as well as Senior Management in WFP, the Programme and Policy Development Department, Research, Assessment and Monitoring (RAM), and the Partnerships and Advocacy Department. Regional bureaux technical advisers, country office nutrition and HIV/AIDS specialists, and Country Directors and Heads of Programme are also primary users. Other main users are United Nations agencies, academic and international non-governmental organization (NGO) partner organizations, technical and financial supporters, and Executive Board members.

1.2 CONTEXT

HIV external context

6. Significant changes have occurred in the international landscape for HIV since 2010, as illustrated in Annex 10. Timeline of key milestones in HIV/AIDS. In 2012, UNAIDS called for accelerated action in 38 high-priority countries which shared the highest burden of HIV and AIDS, and in 2015 declared that Millennium Development Goal (MDG) 6 'halting and reversing the spread of HIV' had been achieved. As a result, the launch of the Sustainable Development Goals (SDGs) saw the end of a specific HIV goal, with HIV instead being addressed as an integral element of several of the goals.

7. In 2016, UNAIDS launched its fast-track strategy reflecting the new 'test and treat' protocols which, combined with exerted efforts to increase access, made a dramatic difference in mortality and morbidity. As a result, the number of people in treatment rose from 7.8 million in 2010 to 29 million in 2021.[11] Because

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

[11] UNAIDS. 2021. *Fact sheet 2021.*

of the preventative effect of treatment through viral load suppression, by 2020, there was also a 31 percent decrease in the number of new infections. Nevertheless, in 2020, an estimated ten million people living with HIV could not access treatment.[12]

8. HIV is now a lifelong manageable condition requiring adequate support and social protection across the life course. The lack of proper food and nutrition support is a common reason why people living with HIV interrupt or stop taking the antiretroviral therapy (ART) medicines that can save their lives.[13] In many contexts, climate crises, conflict and surging food prices are on the rise – in those contexts, where food insecurity is high, HIV clients often decide to either take ART without food and experience side-effects or simply stop treatment.

9. The Global AIDS Strategy 2021-2026 stresses that "Decades of evidence and experience, synthesized in a comprehensive evidence review undertaken by UNAIDS in 2020, show that inequalities are a main reason the 2020 global targets were missed. The inequalities that underpin stigma, discrimination, and HIV-related criminalization, enhance people's vulnerability to acquire HIV and make people living with HIV more likely to die of AIDS-related illnesses."[14]

10. Evidence has been building over the 12 years since the WFP HIV and AIDS policy was launched, highlighting that children and adolescent girls are being left behind in the HIV response. "One of the most glaring disparities in the HIV response is the failure to meet the needs of children living with or at risk of HIV. While 85 percent of pregnant women living with HIV were accessing HIV treatment services in 2019, only 53 percent of children living with HIV were doing so."

11. Food security and nutrition support in HIV programming continue to be a focus of the Global AIDS Strategy 2021-2026, specifically as part of a longer-term goal of "reducing poverty, addressing inequalities and increasing resilience, prioritizing integrated food and nutrition programming and social protection interventions to address the root causes of poverty and hunger by tackling structural deprivations, inequalities and vulnerabilities within communities and at scale, promoting robust national systems that are broad in their reach and inclusive across diverse population groups." The need to focus on food security is further elaborated in *The Lancet*.[15]

12. As the number of people affected by humanitarian crises continues to rise, communities of migrants, refugees and other displaced people increasingly include people living with HIV. Strategies to reach these populations with food and social assistance continue to be required.

13. Service delivery is also changing, with a shift from clinic-based to community-based delivery. Differentiated service delivery[16] maximizes people-centred approaches and may increase cost-effectiveness. Although the evidence base is still growing, the approach is promising in that it overcomes some of the barriers of static clinic-based care, such as transport costs. The range of approaches to increase access and uptake of ART to those in need by bringing services closer to people have had significant results during COVID-19.[17][18]

14. COVID-19 has placed additional pressure on health systems financing and, in the early stages, severely interrupted continuity of care and access to treatment. During the pandemic, people living with, at risk of, and affected by HIV, have been especially vulnerable to economic and social inequalities as well as the subsequent disruptions in access and provision of HIV-related services. Many are living in a state of food insecurity and malnourishment. Loss of income has also meant, in some cases, loss of their homes, while the lack of health insurance or access to health care has created barriers to receiving COVID-19-related care.[19]

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[12] UNAIDS. 2021. *Global AIDS Strategy 2021-2026. End Inequalities. End AIDS.*

[13] Ibid.

[14] Ibid.

[15] The Lancet Editorial. 2020. The syndemic threat of food insecurity and HIV. *The Lancet*, vol. 7.

[16] Differentiated Service Delivery. *https://differentiatedservicedelivery.org/*

[17] International AIDS Society. 2020. *Differentiated Service Delivery for HIV Treatment: Summary of published evidence.*

[18] Roy, M., Bolton Moore, C., Sikazwe, I. & Holmes, C.B. 2019. A Review of Differentiated Service Delivery for HIV Treatment: Effectiveness, Mechanisms, Targeting, and Scale. *Current HIV/AIDS Reports.* Aug;16(4):324-334.

[19] UNAIDS. 2021. *Evidence Review: Implementation of the 2016–2021 UNAIDS Strategy: On the fast-track to end AIDS.*

15. Since the publication of the WFP policy on HIV and AIDS in 2010, evidence has grown in support of the integration of food and nutrition in HIV programming. In 2014, a review of evidence[20] confirmed that: "As a social protection measure, food assistance ensures food security and offsets some of the catastrophic costs of disease and their effect on the household. Integrating food and nutrition support in HIV and TB care and support programmes and services is a good strategy to improve adherence to ART, retention in care and to rebuild livelihoods".[21]

16. More recent research commissioned by Regional Bureau for Southern Africa (RBJ) and undertaken by Oxford University confirms that HIV impacts food and nutrition security.[22] In Namibia, the WFP *Fill the Nutrition Gap* study estimates that the cost of a nutritious diet increases by an average of 19 percent for households with an HIV-infected member.[23] In Ghana, a study looking at coping strategies highlighted that households with members living with HIV reduced the number of meals they eat, cut meal portions by more than 50 percent, decreased spending on food, and harvested and ate immature crops.[24] The review also provides evidence of the impact of social protection measures on HIV prevention: "Research in South Africa, for example, shows how receipt of cash transfers was associated with reduced HIV incidence and lower prevalence of risky sexual behaviours in adolescent girls."[25,26,27]

17. These findings are in line with the Global AIDS Strategy 2021-2026, which highlights the role of social protection in addressing HIV as well as the role inequalities play in hampering the achievement of global HIV targets.[28] The focus on nutrition and food security within the strategy occurs with a call for enhanced HIV-sensitive social protection approaches to support people at risk of HIV infection or susceptible to the consequences of HIV, mitigating the social and economic impacts of HIV. It comprises:

- Financial protection through transfer of cash, food, and other items for people affected by and most vulnerable to HIV, including dependants of people deceased from HIV/AIDS;
- Programmes supporting access to affordable and quality services, including treatment, health, and education services, for example social health insurance and school fee exemption;
- Policies, legislation, and regulations to meet the needs and uphold the rights of people at risk of or affected by HIV.[29]

18. HIV-sensitive social protection has many benefits, including reduced health expenditure, increased check-ups through conditionalities, increased links to health sectors and the prevention of negative coping strategies such as 'survival sex'. A review of evidence undertaken in 2021[30] showed that: "only two countries (the Islamic Republic of Iran and Mozambique) reported that all HIV-sensitive elements are reflected in a national social protection strategy that is currently being implemented. Across 25 reporting countries with high HIV burdens, the proportion of the population covered by at least one social protection benefit ranged from 1.6 percent in Myanmar to 90 percent in the Russian Federation, with a median of 15 percent. Less than half of the population was covered by at least one social protection benefit in 19 of the 25 countries with available data".[31]

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[20] Claros, J., de Pee, S. & Bloem, M. 2014. Adherence to HIV and TB Care and Treatment, the Role of Food Security and Nutrition. *AIDS Behaviour*. Oct;18 Suppl 5:S459-64.

[21] Ibid.

[22] WFP Accelerate Hub. 2020. *Catalysing change for adolescent girls and young women: the role of HIV sensitive social protection in eastern and southern Africa*.

[23] WFP. 2022. *Namibia Annual Country Report 2021.*

[24] Ghana AIDS Commission. 2019. *National HIV Estimates and Projections.*

[25] Cluver, L. et al. 2013. Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: A propensity-score-matched case-control study. *The Lancet Global Health.* Volume 1, Issue 6, e362-e370.

[26] Cluver, L. & Rudgard, W. 2021. *Food Security Reduces Multiple HIV Infection Risks for Adolescent Mothers in South Africa: A cross-sectional study.*

[27] UNICEF. 2020. *Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance.*

[28] UNAIDS. 2021. *Global AIDS Strategy 2021-2026. End Inequalities. End AIDS.*

[29] ILO. 2016. *Social protection assessment-based national dialogue: A global guide.* Geneva, International Labour Organization (ILO).

[30] UNAIDS. 2021. *Evidence Review: Implementation of the 2016–2021 UNAIDS Strategy: on the Fast-Track to end AIDS.*

[31] Ibid.

19. A final but important dimension of the external context for HIV is the global decline in funding. According to UNAIDS: "Momentum established following global agreement on the Millennium Development Goals (MDGs) in 2000 has been lost in the SDG era. Increases in resources for HIV responses in low- and middle-income countries halted in 2017, with funding decreasing by 7 percent between 2017 and 2019 (to US$ 18.6 billion in constant 2016 US dollars). The total funding available in 2019 for HIV in these countries amounted to about 70 percent of the 2020 target set by the United Nations General Assembly."[32] Although the fast track strategy envisaged a 30 percent increase in donor financing for HIV, donor support has levelled again after a one-year increase in 2017. The United States remains the pillar of international HIV financing, supplying nearly 73 percent of all donor government's official assistance for HIV in 2019.

Nutrition external context, 2017-2022

20. Since 2015, global attention has transitioned from the predominant focus on hunger in the MDGs to a more specific focus on nutrition in the SDGs. This has been accompanied by an increased anchoring of nutrition policy and programming in the six World Health Assembly (WHA) global targets for improving maternal, infant, and young child nutrition.[33] The *Global Nutrition Report* tracked country progress against both sets of targets in each annual report (2016-2021).[34]

21. By 2017, a growing body of scientific evidence increased the understanding of the benefits of appropriate nutrition, particularly during the first 1,000 days (from conception to the age of 2 years)[35]; as well as of the efficacy of various nutrition interventions.[36] In response to growing discontent with the state of the international architecture for addressing nutrition (criticized as both "fragmented and dysfunctional" by *The Lancet* 2008), a complex global architecture for nutrition and food security had formed. This included the establishment of several inter-stakeholder coordination mechanisms and umbrella organizations, such as United Nations Renewed Efforts Against Child Hunger and undernutrition (REACH) – an interagency initiative for coordinating country-level efforts by WFP, United Nations Children's Fund (UNICEF), World Health Organization (WHO) and the Food and Agriculture Organization (FAO), which began in 2008, and the SUN Movement.[37]

22. By 2021, nutrition approaches continued to be galvanized by efforts to improve evidence for nutrition action and an increasing understanding of nutrition's critical role in disease, individual growth and development and countries' sustainable development – all discussed in *The Lancet's* 2021 nutrition series.[38] This series concludes that, while some progress has been made in reducing stunting in children, underweight in women and tackling iodine deficiency, there have been only patchy reductions in wasting prevalence in some countries, and levels of undernutrition among women and children remain unacceptably high. Even for indicators that showed improvement at a global scale, there are some specific regions or countries that have made little progress. Where progress had been observed, it is now being threatened by the COVID-19 pandemic.

23. In March 2020, the launch of the United Nations Global Action Plan on Child Wasting (GAP Framework)[39] put new emphasis on the prevention of wasting through the scale-up of multisectoral interventions and called for further integration of treatment into routine services. The GAP Framework calls for the coordination of United Nations agencies in a way that improves individual and collective accountability and breaks historical silos associated with the management of wasting. It acknowledges the particular role of WFP in fragile settings. There are recent programming changes toward the use of simplified protocols to optimize the use of resources to identify and treat medically uncomplicated wasting

[32] UNAIDS. Undated. *The funding gap.*

[33] World Health Organization. 2014. Global nutrition targets 2025: policy brief series

[34] WFP. 2021. *Global Nutrition Report.*

[35] Bhutta, Z.A., et al. 2008. What works? Interventions for maternal and child undernutrition and survival. *The Lancet*, Jan 17.

[36] Bhutta, Z.A., et al. 2013. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, Aug 3;382(9890):452-477.

[37] The SUN Movement is a multi-stakeholder collaboration that seeks to catalyse coordinated action for better nutrition in SUN member countries, launched in 2010.

[38] Keats, E.C., Salam, R.A., Lassi, Z.S., Imdad, A., Black, R., & Bhutta, Z.A. 2021. Effective interventions to address maternal and child malnutrition: an update of the evidence. *The Lancet Child & Adolescent Health*. May;5(5):367-384.

[39] UNICEF. 2020. *Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance.*

in children aged under 5 years, in line with an increasing evidence base that supports the effectiveness of a range of adaptations to protocols and programmes. This evidence is currently being reviewed as part of the WHO wasting guideline development process. Improving the coverage and quality of wasting management is viewed as a priority in the context of the COVID-19 pandemic, and the predicted setback or even reversal of nutrition gains over the past ten years.[40] WFP's role within this, in terms of evidence-generation, learning, advocacy and programming, is paramount in the context of its partnerships with UNICEF and other nutrition actors.

24. Obesity and overweight now constitute a staggering global burden – with a major impact on national economies and human capital by reducing productivity and life expectancy and increasing disability and health care costs. Long believed to be a problem exclusive to high-income countries, recent evidence shows that over 70 percent of the world's two billion overweight and obese individuals live in low- and middle-income countries (LMICs).[41] There is an emerging emphasis on the double burden of malnutrition in LMICs, comprising both undernutrition (wasting, stunting and micronutrient deficiencies) and overweight, and on identifying methods to simultaneously tackle different forms of malnutrition. This includes greater attention being directed to multisectoral approaches to tackling the double burden of malnutrition with a focus on the underlying determinants of nutrition, including food security, health, water, sanitation and hygiene, social protection and education, along with environmental sustainability. The 2019 Lancet Global Syndemic Commission identified common drivers and actions to address the trio of challenges: obesity, undernutrition, and climate change.[42]

25. There is also growing evidence to support a more holistic approach to addressing nutrition, considering malnutrition in all its forms[43] and the inter-generational cycle of malnutrition, with increased attention to improving women's and adolescent (particularly girls') nutrition, both for women's health and optimal foetal growth. New evidence shows that, without attention to maternal nutrition, child nutrition outcomes will continue to lag,[44] while a recent *Lancet* mini-series has emphasized the consequences of poor nutrition through late childhood and adolescence on linear growth, body composition, and maturation of other physiological systems[45,46] (See Annex 8. Evidence review for nutrition).

26. The impact of climate change on nutrition is also being increasingly recognized, ranging from decreases in food security and quality of water and sanitation to increased incidence of disease and the knock-on effects of time allocation and caregiving. Recent reports indicate that climate change could increase the risk of hunger and malnutrition by at least 20 percent by 2050.[47] This is linked to an increasing focus over the past four years on sustainable food systems as critical to tackling climate change and all forms of malnutrition. Attention is focused on identifying the policy changes needed for reshaping food systems, with debate around the accessibility of healthy diets. In February 2021, the Committee on World Food Security adopted Voluntary Guidelines on Food Systems and Nutrition,[48] which guide policymakers on appropriate policies, responsible investments, and institutional arrangements to address the causes of hunger and malnutrition from a food systems perspective.

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[40] Ibid.

[41] Shekar, Meera & Popkin, Barry M. 2020. Obesity: *Health and Economic Consequences of an Impending Global Challenge.* Washington D.C., The World Bank.

[42] Swinburn, B.A., et al. 2019. The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report. *The Lancet*, Feb 23;393(10173):791-846.

[43] Target 2.2 under SDG 2 (zero hunger) aims to end all forms of malnutrition by 2030, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

[44] Victora, C.G., P. Christian, L.P. Vidaletti, G. Gatica-Domínguez, P. Menon & R.E. Black. 2021. Revisiting Maternal and Child Undernutrition in Low-income and Middle-income Countries: Variable progress towards an unfinished agenda. *The Lancet*. Apr 10;397(10282):1388-1399.

[45] Norris, S.A. et al. 2022. Nutrition in Adolescent Growth and Development. *The Lancet*. Jan 8;399(10320):172-184.

[46] Patton, G.C. et al. 2022. Nourishing our future: the Lancet Series on adolescent nutrition. *The Lancet.* Jan 8;399(10320):123-125.

[47] Fanzo, J. et al. 2018. The effect of climate change across food systems: Implications for nutrition outcomes. *Global Food Security*. Volume 18, September 2018, pp. 12–19.

[48] Committee on World Food Security. 2022. https://www.fao.org/cfs.

27. The World Bank estimates that around 2 billion people live in countries affected by fragility, conflict, and violence. Peace and stability (SDG 16) are essential for good nutrition in these settings. The rise in the number of people facing food insecurity has been mainly in countries that fell into protracted crises.[49] In 2019, the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) adopted its Recommendation on the Humanitarian-Development-Peace Nexus to foster greater coherence among actors working to strengthen resilience in fragile contexts and address the root causes of humanitarian challenges. This is expected to be critical in reducing the humanitarian caseload and meeting the collective pledge of "leaving no one behind".[50]

28. The urgency to address malnutrition in all its forms in these complex crises has been highlighted as one of the issues in critical need of attention by the *Global Nutrition Report 2021*.[51] Emerging evidence indicates that fragility, conflict, and violence impact all forms of malnutrition. Wasting and stunting occur in both crisis and stable contexts, with associations and inter-causality between them and a high mortality risk associated with concurrent wasting and stunting in the same child. Addressing these challenges requires overcoming barriers which limit the focus in humanitarian response to the treatment of wasting and the prevention of stunting as the focus of development efforts. Greater programming efficiency will require changes in targeting, the timeliness of shock-responsive programming and a radical change in nutrition finance.[52]

29. The 2020 Global Nutrition Report (GNR) reported that the 2013 Nutrition for Growth (N4G) Summit triggered an increased and sustained investment in international assistance for nutrition, while increases in domestic resources have been "mixed and marginal at best".[53] The report concluded that nutrition financing is no longer increasing and remains far below the levels required to deliver on global WHA targets. Since then, the threat of a reduction in international aid finance from bilateral donors has emerged as many high-income countries have been seriously affected by the COVID-19 pandemic, at a time when the number of people facing acute hunger globally has increased by 80 percent.[54] New financing estimates show that, to combat the effects of COVID-19 on child undernutrition and maternal anaemia, an additional US$1.2 billion is needed annually on top of the Global Nutrition Investment Framework financing estimates of US$7 billion per year.[55]

30. The financing landscape has changed significantly, with new financing mechanisms emerging, including the Global Financing Facility and the Power of Nutrition, alongside philanthropies such as the Children's Investment Fund Foundation (CIFF). WFP has begun to engage with potential new opportunities, including debt swap initiatives.[56] The N4G Summit in December 2021 resulted in more than US$27 billion being committed to tackling global malnutrition and hunger. Forty-five countries with high burdens of malnutrition and 12 donors delivered renewed policy and financial commitments focused on the three areas of integrating nutrition in universal health coverage, food systems, and resilience – addressing malnutrition in fragile and conflict-affected contexts. However, the event's press release confirmed that the current financial commitment is still nowhere near the amount necessary to end malnutrition.[57]

[49] Global Nutrition Report. 2021. https://globalnutritionreport.org.

[50] OECD. 2019. *DAC Recommendation on the Humanitarian-Development-Peace Nexus.*

[51] Ibid.

[52] Wasting-Stunting Technical Interest Group. 2018. *Child wasting and stunting: Time to overcome the separation A Briefing Note for policy makers and programme implementers.*

[53] Development Initiatives. 2020. *Progress Report 2020.*

[54] WFP. 2021. *Debt Swaps: Resetting global SDG 2 development agenda and building back better from the impact of COVID-19 pandemic.*

[55] Nutrition for Growth. 2020. *Global leaders commit more than US$3 billion to address hunger and nutrition crisis.*

[56] WFP. 2021. *Debt Swaps: Resetting global SDG 2 development agenda and building back better from the impact of COVID-19 pandemic.*

[57] UNICEF. 2021. *More than US$27 billion committed to tackle global malnutrition and hunger crisis at the Tokyo Nutrition for Growth Summit.*

1.3 SUBJECT BEING EVALUATED

31. The WFP HIV and AIDS policy was approved in 2010 and was developed in the context of UNAIDS' strategic plan (*Getting to Zero 2011-2015 Strategy*)[58] and the WFP Strategic Plan (2008–2013). Since then, there have been three global AIDS strategies[59] and four WFP corporate strategies,[60] although the policy has not been assessed since approval. The 2017 nutrition policy was developed in response to the recommendations of the 2015 evaluation of the previous policy, approved in 2012, and in the context of the WFP Strategic Plan (2017-2021), which included "Improve nutrition" as one of its five strategic objectives. Responsibility and leadership for nutrition and HIV/AIDS lie with the Nutrition Division.

HIV

32. In 2009, UNAIDS confirmed that WFP's unique role in food security and nutrition: "positions it to make significant contributions to three priority areas: i) ensuring that people living with HIV receive treatment; ii) preventing them from dying of tuberculosis; and iii) enhancing social protection for people affected by HIV."[61]

33. The WFP HIV and AIDS policy was premised on the bi-directional nature of HIV and poverty, where poverty and food insecurity lead to greater susceptibility to infection and to negative coping mechanisms, which, in turn, increases the risk of contracting HIV. Conversely, HIV reduces the ability to generate income and access nutritious food, thus leading to malnutrition.

34. Tuberculosis (TB) was included in the HIV and AIDS policy in recognition 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."[62]

35. The HIV and AIDS policy focuses on short-term support to individuals and households while acknowledging the need for handover strategies given the chronic nature of the condition. It includes a logic model with three objectives:

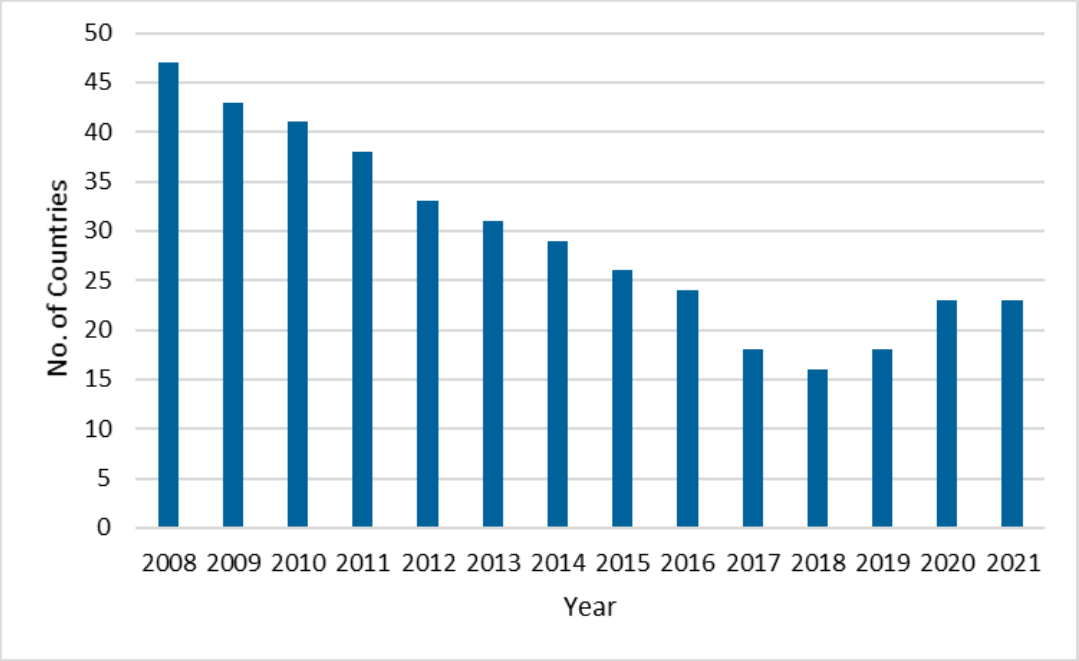
- "Ensuring nutritional recovery and treatment success through the provision of nutrition and/or food support"[63] focusing on care and treatment programmes which aim to improve the nutritional status of beneficiaries receiving ART, prevention of mother-to-child HIV transmission (PMTCT), or directly observed therapy short-course (TB-DOTS) clients.
- "Mitigating the effects of AIDS on individuals and households through sustainable safety nets":[64] – focusing on providing mitigation and safety nets to individuals through in-kind, cash or voucher transfers – to food insecure households and individuals of ART programme, TB-DOTS and PMTCT clients as well as to families or institutions caring for orphans and vulnerable children.
- Increased government ownership of food and nutrition as an essential part of national HIV plans.

36. In 2008, WFP had HIV-specific programmes in over 45 countries. This number declined every year to over 15 countries in 2018, although there was a slight increase to 23 countries in 2020 and 2021 (see Figure 1). Since 2010, the number of HIV/TB beneficiaries has significantly decreased (see Figure 2). This decline is the result of multiple factors: changes to WFP's targeting approach post-2010; declining funding; and "increased tendency to integrate HIV/TB beneficiaries into broader nutrition and safety nets programmes, as well as the handover of programme to national entities".[65] The increase observed between

[58] UNAIDS. 2010. *Getting to Zero (2011-2015 Strategy).*
[59] Ibid.; UNAIDS. 2016. *On the Fast Track to End AIDS (2016-2021);* UNAIDS. 2021. Global Aids Strategy *End Inequalities, End AIDS (2021-26).*
[60] WFP. 2008. *WFP Strategic Plan (2008-2013);* WFP. 2014. *WFP Strategic Plan (2014-2017);* WFP. 2017. *WFP Strategic Plan (2017-2021);* and WFP. 2022. *WFP Strategic Plan (2022-2025).*
[61] WFP. 2010. *Executive Board Second Regular Session*. Policy Issues. Agenda item 4.
[62] WFP. 2010. *HIV and AIDS Policy – Informal Consultation.*
[63] Ibid.
[64] Ibid.
[65] WFP. 2022. *HIV in Numbers and Beyond 2021.*

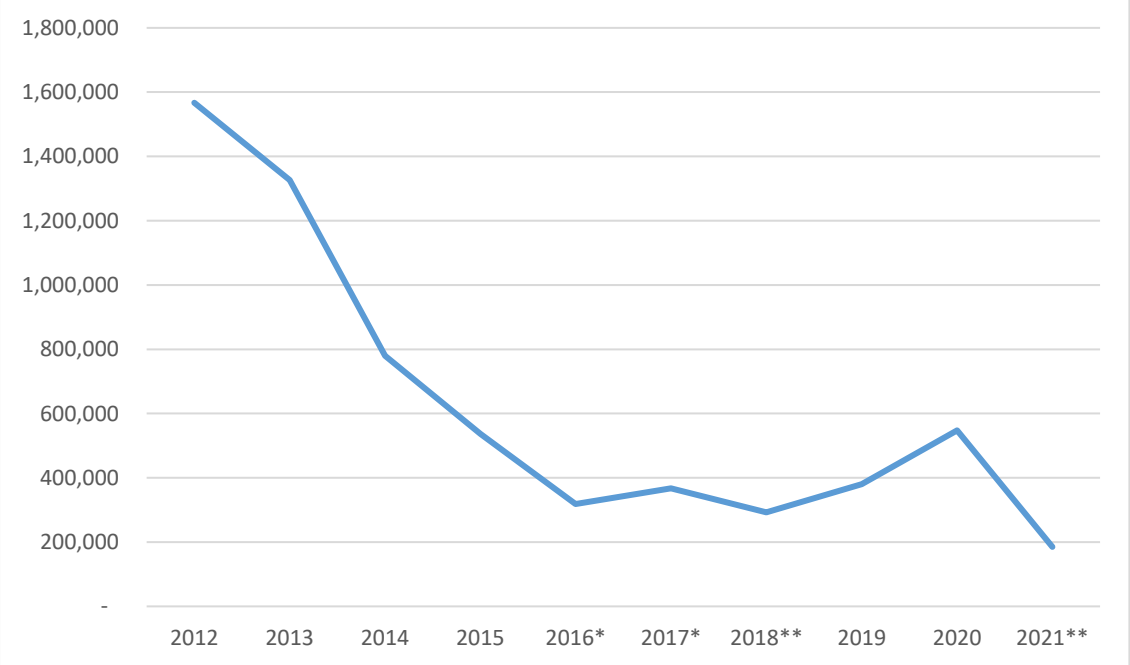
2019 and 2020 is due to a programme in Namibia funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) which reached over 300,000 beneficiaries and ceased in 2020.

Figure 1. Number of countries with WFP HIV-specific programmes between 2008 and 2021



Source: Annual Performance Reports and ACR analysis 2008–2021

Figure 2. The trend in WFP HIV/TB beneficiaries between 2012 and 2021



Source: HIV Updates 2012-2015, and ACR HIV analysis for year 2019
* Data source for years 2016-2017: Historical ACR and SPR data
** Data source for years 2018 and 2021: COMET reports (CM-R015a, CM-R015b, CM-R020)

37. As a co-sponsor of the Joint Programme, WFP receives funds from UNAIDS. As Table 1 shows, these funds fluctuate. As a result of the global contraction in funding, WFP received diminishing core funds from the UNAIDS Secretariat from 2016 onwards.[66] This reduction has led to reduced country-level capacity and scaled-back programming, along with a sharpened focus on 'fast-track' countries, specific populations and locations and promoting a context-specific approach. An annual core allocation of US$2 million per co-sponsor offered a degree of predictability in implementation and programming from 2018.[67] At its 44th meeting in 2019, the UNAIDS Programme Coordinating Board agreed to allocate an additional US$25 million per year to fund joint work by the co-sponsors at the country level. These allocations were in the form of country envelopes (US$22 million) and 'business unusual funds' (US$3 million) for leveraging joint actions in the 35 fast-track countries and supporting regional priorities and strategies.

38. Country envelope funds are not disbursed evenly among co-sponsoring agencies – since 2017, when these funds were introduced, WFP has received an additional US$1.3-1.4 million on average annually. Disbursement is determined by UNAIDS on a country-by-country basis and also by specific Unified Budget, Results and Accountability Framework (UBRAF) result type.

Table 1. Breakdown of funding for WFP HIV programming activities by organization

Year	Core funds expended US$ (UNAIDS funds)	Non-core funds expended US$ (other funds)	Total
2010	4,294,786	9,715,812	14,010,598
2011*	8,738,000	29,505,044	38,243,044
2012	3,228,524	192,504,975	195,733,500
2013*	9,671,719	198,731,480	208,403,199
2014	4,396,279	45,264,523	49,660,802
2015*	9,125,900	79,182,500	88,308,400
2016	2,612,444	27,757,000	30,369,444
2017*	4,321,237	70,166,748	74,487,985
2018	3,039,300	17,790,606	20,829,906
2019*	6,219,400	42,060,336	48,279,736
2020	3,335,200	18,431,472	21,766,672
2021*	6,098,212	28,850,638	34,948,850

Source: UBRAF report 2020; UNAIDS Annual Reports 2010-2017; Nutrition Division Finance Office 2021; and for 2018-2020 https://www.unaids.org/en/whoweare/pcb)
*UBRAF funds received biannually, so these years contain core funds for a two-year cycle.

39. Funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and PEPFAR for nutrition support have also declined dramatically, rendering UNAIDS monies the only source of support for many country offices. WFP's role as co-convenor of United Nations Interagency Task Teams has also increased over the evaluation period as the organization assumed joint responsibility for HIV-sensitive social protection with the International Labour Organization (ILO) under the 2018 Division of Labour.

40. Reporting against results has changed over the period of the evaluation. Between 2010 and 2015, data in the WFP HIV Updates were presented in a disaggregated format showing achievements by type of

[66] WFP. 2021. *HIV Update 2021*
[67] WFP. 2018. *HIV Update 2018.*

activity and by type of beneficiary (e.g., TB, HIV, or orphans). In 2016, this data granularity disappeared, and achievements were clustered around the two programme pillars only: care and treatment; and mitigation and safety nets. Reporting against the safety nets and mitigation component has been consistently limited. Of the four corporate indicators proposed in the 2014 HIV monitoring and evaluation (M&E) guide (see Annex 7. Reconstructed theories of change), only two indicators – the default rate from ART and nutritional recovery rate – have been measured to some extent. Uneven reporting and a change in ways of reporting are also noted. Not all countries address TB and HIV jointly.

41. The WFP Strategy for Support to Social Protection 2021 identifies people living with HIV as a priority vulnerable population. Similarly, the *HIV in Numbers and Beyond 2021* report states that: "PLHIV have needs that span multiple sectors, and in line with the horizontal integration called for in the proposed SDGs agenda, new strategies are needed to address these needs holistically. WFP will need to further strengthen its focus on linking health and food systems and on integrating HIV considerations with broader-based social safety nets, to support long-term adherence to ART".[68]

Nutrition

42. WFP's 2017 nutrition policy built on the recommendations of the 2015 policy evaluation, which included the need for strengthened operational research and knowledge management, capacity development within WFP, and monitoring and evaluation. The 2017 policy shifted away from a reliance on product-based solutions towards a holistic focus on all forms of malnutrition and multisectoral approaches, including an intention to improve gender integration.

43. Social and behaviour change communication (SBCC) is now integral to WFP's nutrition programming. In 2021, 55 countries integrated SBCC approaches into their programmes.[69] SBCC is increasingly integrated into school feeding programmes, general food assistance, and other nutrition-sensitive programmes. Numbers reached through SBCC increased dramatically between 2017 and 2021, with topics focused on infant and young child feeding and care practices, dietary diversity, hygiene, and sanitation.[70] By 2021, WFP increasingly integrated nutrition objectives throughout its programmes and systems to make them nutrition sensitive. A total of 69 countries included nutrition-sensitive activities in their Country Strategic Plans (CSPs), with nutrition objectives in 82 percent of the smallholder agricultural market support activities, 75 percent of school feeding activities, and in 69 percent of the asset creation and livelihoods activities. [71]

44. In 2020, WFP reached 9.1 million young children, women and PLHIV with nutrition-specific treatment. WFP also significantly scaled up nutrition-specific prevention programmes in 2020, reaching 8.4 million vulnerable children and adults (see Table 2). By 2021, the total number of beneficiaries reached through nutrition-specific (treatment and prevention) interventions had increased to 23.6 million people – primarily children and pregnant and lactating women and girls – a 34 percent increase over 2020.[72] In 2021, WFP also expanded its support to addressing micronutrient deficiencies, distributing more than 1.47 million mt of fortified foods (a 13 percent increase compared with 2020) in addition to the contribution made by specialized nutritious foods (SNFs) in nutrition-specific programmes.

[68] WFP. 2021. *Programme Strategy for Support to Social Protection.*
[69] WFP. 2021. *Nutrition in Numbers*
[70] Ibid.
[71] WFP. 2021. *Annual Performance Report*
[72] Ibid.

Table 2. Total nutrition beneficiaries reached by activity type

Activity type	2017 (millions)	2020 (millions)	2021
Nutrition-specific treatment	8.4	9.1	12.7
Nutrition-specific prevention	5.6	8.4	10.9
Total nutrition-specific	**14.0**	**17.5**	**23.6**
Nutrition-sensitive prevention (SBCC only)*	4.0	39.9	35.1

Source: Nutrition in Numbers reports, 2021, 2019 and 2017

*Data reported on nutrition-sensitive programming in *Nutrition by Numbers* is limited to beneficiaries reached through SBCC. Therefore, the full extent of the reach of these programmes is not captured by the nutrition indicators covered in this report.

45. Nutrition in emergencies accounted for more than three-quarters of WFP nutrition operations in 2021.[73] Accordingly, strategies to link treatment and prevention and address the underlying determinants of malnutrition in the context of climate change, increasingly complex and protracted emergencies, and a fragile humanitarian-development nexus, are critical considerations for WFP, linked closely to its partnerships across United Nations agencies and with host governments.

46. WFP has worked to enhance its position as an important nutrition player at the global level and in its countries of operation over the past five years. This has been pursued by increasing the integration of nutrition in its approaches across social protection, education, resilience, and strengthening food security/food systems as new evidence arises around effective food system and agriculture policies to improve diet and nutrition and slow climate change. WFP's engagement in nutrition capacity strengthening of its own staff and with governments, including through its role in the SUN Movement, supports the global drive towards improving enabling political environments. WFP has also renewed its commitments to collaborations and joined-up approaches with UNICEF, UNESCO, WHO, and FAO to address vulnerabilities across the life cycle. This includes the first 1,000 days, pre-school-age children, school-age children through school health and nutrition, and adolescents to women of reproductive age.

47. The 2017 nutrition policy specifies an emphasis on supporting governments as they develop and deliver national plans and policies to end malnutrition and a strategy that improves availability, access, and demand for safe and nutritious foods. This aligns with WFP's policy on Country Strategic Plans (2016), whereby country offices work in an increasingly comprehensive manner to support national development objectives, with a focus on country capacity strengthening, and also with the 2022 Country Capacity Strengthening Policy Update.[74]

48. The human resource capacity for nutrition has grown since the policy was approved. In particular:

- The WFP Nutrition Division in Rome expanded over recent years to 66 staff, while a network of nutrition advisers (numbering 30) in regional bureaux support country offices. Country offices have increased from approximately 116 nutrition-focused staff in 2015[75] to 216 in 2021.[76]
- WFP has various inter-agency roles and partnerships at global, regional, and country levels, including as a member of the new coordination mechanism, United Nations Nutrition.
- WFP collaborates with the Global Nutrition Cluster and the SUN Movement, with specific roles on the SUN Lead Group, Executive Committee, and as Global Co-Chair of the SUN Business Network, pivotal in engaging the private sector in nutrition.

[73] Ibid.

[74] WFP. 2022. *Country Capacity Strengthening Policy Update.* WFP/EB.A/2022/5-A.

[75] Data from Evaluation of WFP's 2012 Nutrition Policy.

[76] WFP. 2021. *Nutrition Strategic Workforce Planning.*

49. The Nutrition Division engaged in a strategic workforce planning process between 2021 and 2022 to examine the requirements to achieve WFP's strategic aims for nutrition. The recommendations from this process were only beginning to be implemented at the time of writing.

50. In the new Strategic Plan (2022-2025), nutrition integration is one of four cross-cutting priorities, with the aim to integrate nutrition objectives and activities across its portfolio. The WFP gender policy (2022) moves a step further from the 2015 policy in its aim to stimulate transformational changes.[77] As both gender and social inequalities underlie malnutrition in women and children, alignment of WFP's nutrition and gender policies is critical and reinforces the need to target multisectoral actions to vulnerable communities with an enhanced focus on addressing gender imbalances.

1.4 EVALUATION METHODOLOGY, LIMITATIONS, AND ETHICAL CONSIDERATIONS

51. The evaluation is global and strategic and has formative and summative elements. The evaluation used a theory-based approach and a mix of data collection methods that generated both qualitative and quantitative data. The foundation of the evaluation is summative, providing a solid evidence-based perspective and assessment of progress in the implementation of WFP's HIV and AIDS and nutrition policies. The formative aspect of the evaluation looks at the assessment of the enabling and hindering factors to consider WFP's capabilities moving forward, set within the framework of the new Strategic Plan and the Corporate Results Framework (CRF).

52. An assessment of policy quality, results achieved and enabling/hindering factors for the policies on HIV and AIDS and nutrition provides an assessment foundation. The evaluation also considers the role that partnerships played in achieving wider results and sustainability, and whether and how gender equality, equity and inclusion approaches have informed strategies and programming.

53. The evaluation covers the period from 2010 to 2022, with an emphasis on the 2017-2022 period.[78]

54. The evaluation addressed six evaluation questions (EQs):

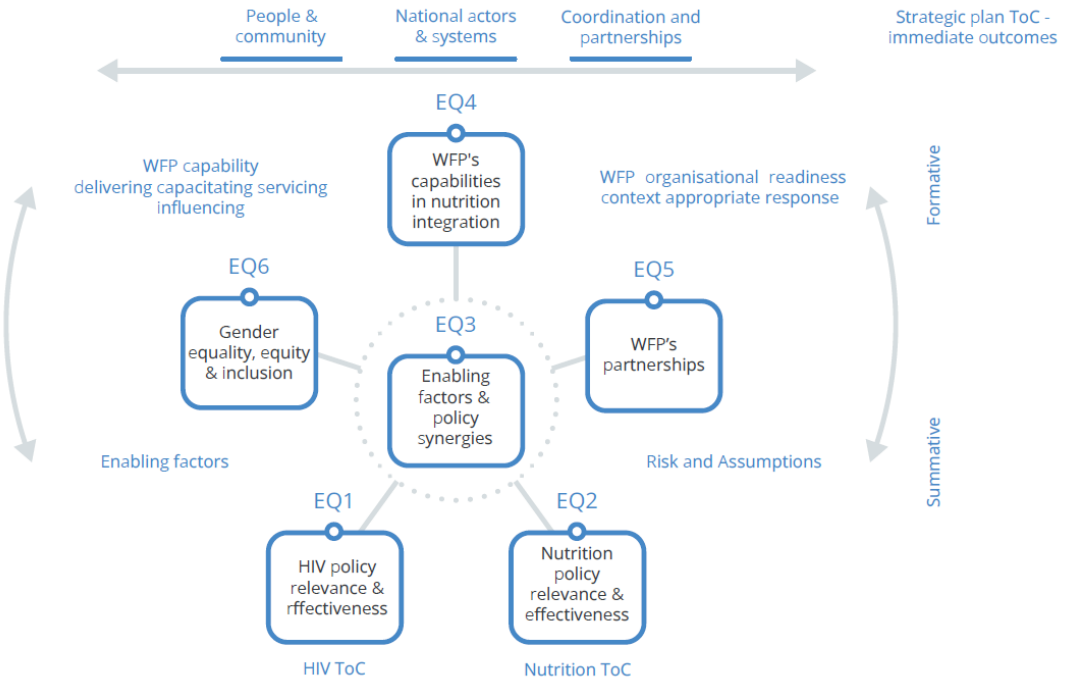
- EQs 1 and 2: The relevance and effectiveness of the nutrition and HIV and AIDS policies.
- EQs 3 and 4: The enabling factors and synergies that have contributed to (and hindered) effective implementation of these two policies and whether WFP has the capability to integrate nutrition going forward.
- EQ5: The capacity within WFP to partner effectively in these policy areas, and the extent to which partnerships have been transformational in contributing to wider outcomes.
- EQ6: Whether and how gender equality, equity and inclusion approaches have been integrated into nutrition and HIV work across the organization.

55. The evaluation conceptual framework (see Figure 3. Evaluation conceptual framework) was developed to show the links between the summative and formative aspects of the evaluation. The starting points were the nutrition and HIV/AIDS-specific Theories of Change (ToCs) (EQs 1 and 2), considering the enabling factors and the risks and assumptions associated with each pathway. Within this, there is considerable overlap organizationally in the enabling and hindering factors, such as funding partners and earmarked funds, as well as human resource capacities (EQ3). Consideration of the role of partnerships (EQ5) and gender equality, equity, and inclusion (EQ6) and how they have fed into enabling factors formed the foundational summative aspect of the evaluation. These enabling factors, together with an assessment of WFP's capacity to integrate nutrition across all programming areas (EQ4), have underpinned the formative aspect, looking forward with the lens of WFP's organizational readiness to implement the new strategic plan.

[77] WFP. 2021. *Gender Policy (2022-2026).* Second Informal Consultation.

[78] The evaluation covers two time periods: from 2010 when the WFP policy on HIV and AIDS was approved to mid-2022; from the approval of the WFP nutrition policy in 2017 to mid-2022.

Figure 3. Evaluation conceptual framework



Source: Evaluation Team

56. In the inception phase of the evaluation, ToCs were developed for the HIV and nutrition policies (see Annex 7. Reconstructed theories of change). They were used to identify the key risks and assumptions in the analysis, and in developing findings.

57. The evaluation used a range of data sources to respond to the evaluation questions:

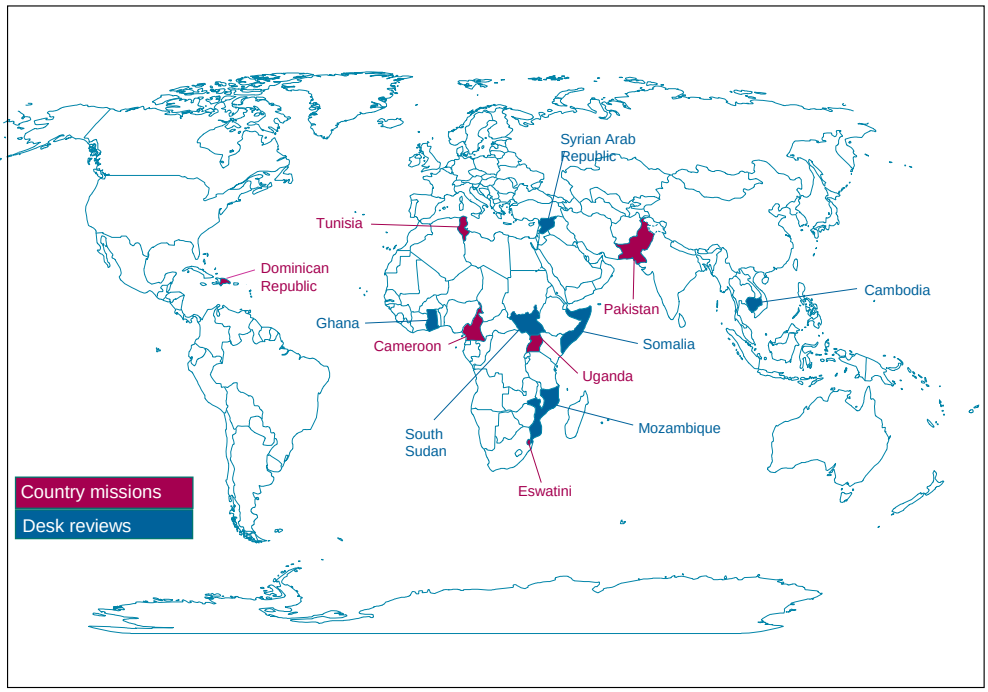
- **Global literature on nutrition and HIV** – An extensive literature review covering global nutrition trends 2017-2021 and global HIV/AIDS trends 2010-2022 was complemented by a literature review in key areas (see Annex 8. Evidence review for nutrition and Annex 9. Evidence review for HIV). These areas included the global policy environment for addressing nutrition and HIV; nutrition and HIV-specific interventions, including management of acute malnutrition among infants (MAMI) and PLHIV, management of micronutrient deficiencies, support for infant and young child feeding and PMTCT; nutrition and HIV-sensitive programming to protect and prevent malnutrition and HIV; the humanitarian–development nexus for nutrition; and data and information systems for nutrition and HIV.
- **Global and country-level document and data review** – A systematic document review was undertaken covering 84 CSPs for HIV, a sample of 24 countries[79] for nutrition using CSPs and Annual Country Reports (ACRs) and the growing body of CSP evaluations (CSPEs), and 14 policy and strategic evaluations. WFP quantitative and qualitative datasets from the Country Office Tool for Managing (programme operations) Effectively (COMET) database, as well as from the SCOPE and Logistics Execution Support System (LESS) platforms, have been used to supplement the data from the document review. The high-level/global review of data provided evidence on the extent to which WFP has delivered against priorities under the nutrition and HIV policies.
- **Key informant interviews** (KIIs) – 56 internal and external stakeholders were interviewed for the global aspect of the evaluation, including United Nations agencies, donors, academia,

[79] The review focused on a sample of 24 countries where more detailed documentation was available, using the 12 evaluation countries and 12 Country Strategic Plan Evaluations that were available at the time. For further details see Annex 3. Methodology.

international non-governmental organizations (INGOs), private sector and civil society organizations (CSOs), and WFP senior management, Executive Board, regional bureaux and all main programme divisions and units.

- **Country desk reviews and virtual data collection missions** – Further desk reviews were undertaken for six countries, three of which have experienced Level 3 humanitarian emergencies in the evaluation period (highlighted in **bold**): Cambodia, Ghana, **Mozambique**, Somalia, **South Sudan** and **Syria**. Due to the uncertainty and ethical implications of travel in the context of COVID-19, mission data was collected virtually, including more than 100 interviews with staff and partners in six countries: Cameroon, the Dominican Republic, Eswatini, Pakistan, Tunisia, and Uganda. See Figure 4 for a map of countries sampled as part of the evaluation.

Figure 4. Mapping of virtual country missions and desk reviews



58. The Evaluation Team ensured ethical conduct at all stages of the evaluation cycle. This included, but was not limited to, protecting the privacy, confidentiality, and ensuring the anonymity of participants. These issues were monitored and managed throughout the evaluation implementation. Additional ethical issues that arose during the implementation of the evaluation were noted and managed in consultation with the Office of Evaluation's Evaluation Manager.

Limitations

59. The evaluation's limitations were addressed through triangulation and ensuring that findings expressed the evidence found in multiple sources of data. The main limitations were:

- The changes made to the CRF indicators and the changes in the reporting modalities made it challenging to assess trends over the evaluation period.
- There was particularly limited access to pre-2016 HIV data.
- A key criterion in the selection of countries for the evaluation was the willingness of country offices to be involved. Virtual data collection did not cover any of the major emergency countries, as these were prioritized for desk reviews, given the pressure on their offices.
- Data collection was carried out remotely due to ongoing COVID-19 restrictions and uncertainties.

2. Evaluation findings

60. The depth and flow of the findings presented below are guided by the detailed sub-questions in the evaluation matrix (see Annex 4. Evaluation matrix). The initial sections (2.1 and 2.2) on the relevance and effectiveness of the HIV and nutrition policies provide the comprehensive foundation for the evaluation, looking in detail at the available quantitative and qualitative data. Sections 2.3 and 2.4, on the enabling and hindering factors and the capability to integrate nutrition, take a strategic perspective on the most prominent issues identified across the two policies. Section 2.4 draws on the evidence presented in the first three sections. Sections 2.5 and 2.6, on partnerships and gender equality, equity and inclusion, primarily use the qualitative data collected through interviews, desk reviews and virtual data collection. Where relevant, they are supplemented by existing evaluation data in order to look in more depth at the approaches used in different contexts and to begin to progress towards wider outcomes and greater sustainability.

2.1 HOW RELEVANT AND EFFECTIVE IS THE HIV AND AIDS POLICY?

Finding 1: The WFP HIV and AIDS policy was relevant at the time it was written. It reflected current evidence on the relationship between HIV/AIDS, nutrition, food security and social protection, and responded to WFP mandates. The policy was in step with the WFP strategic plan of the time, but the references to HIV/AIDS in subsequent strategic plans are limited, and the policy's relevance has diminished over the last 12 years.

61. At the time of approval, the HIV and AIDS policy was relevant and appropriate. It responded to the WFP mandate described in the Joint Outcome Framework, which consisted of three elements:

- Ensuring that people living with HIV receive treatment
- Preventing them from dying of tuberculosis (TB)
- Enhancing social protection for people affected by HIV.

62. The HIV and AIDS policy reflected the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategic plan[80] and the WFP Strategic Plan (2008-2013), which highlighted that WFP's role was to "help governments to find and implement evidence-based interventions and innovative delivery modalities. These are applicable to HIV in humanitarian contexts, where sudden emergency or chronic underdevelopment makes people vulnerable to HIV and TB". The strategic plan also acknowledged WFP's role in HIV/AIDS and TB programming in the 2010 UNAIDS Division of Labour as: (i) enabling food-insecure people to seek treatment; (ii) helping optimize the benefits derived from treatment; (iii) facilitating nutritional recovery; (iv) supporting treatment adherence; and (v) enabling children to get an education.

63. There have been several iterations of the Division of Labour for co-sponsors of UNAIDS. The first, in 2005, includes a specific lead role for WFP in "dietary/nutrition support" as part of the overall prevention response. In 2010, WFP had two lead roles, to:

- Integrate food and nutrition within the HIV response
- Address HIV in humanitarian emergencies jointly with the United Nations High Commissioner for Refugees (UNHCR).

64. In the latest version (the 2018 revision) of the Division of Labour, WFP retained joint responsibility with UNHCR to lead on HIV in humanitarian emergencies, and assumed a joint lead role with the International Labour Organization (ILO) on HIV-sensitive social protection. The World Health Organization (WHO) and World Bank assumed leadership for nutrition and HIV in 2018, although WFP remains a main partner in supporting nutrition-sensitive HIV programming.

65. Assessing roles under the 2010 Division of Labour, the relevance of the HIV and AIDS policy is clear. By 2022, WFP's responsibility for integrating nutrition into the HIV response remains, but not as lead

[80] UNAIDS. 2010. *Getting to Zero (2011-2015 Strategy).*

agency. There have been three global AIDS strategies since 2010[81] and four WFP corporate strategies – over time, the prioritization of HIV has reduced (see Finding 3).

66. Over the evaluation period, the global shift in 2015 from Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs) saw HIV losing its specific goal, instead being mainstreamed across ten of the new goals.[82] The fact that the HIV and AIDS policy has neither been evaluated nor revised over 12 years has reduced its relevance as an instrument.

67. When assessed against policy criteria identified by the Office of Evaluation,[83] it is evident that the HIV and AIDS policy meets 7 of the 13 quality criteria (see Table 3). It partially meets the Theory of Change (ToC) criterion, in that it presents a logic model, and partially meets the gender criterion in that it emphasizes the need for gender analysis and attention to gender inequalities in one paragraph but does not further articulate this throughout the document.

Table 3. Assessment of HIV and AIDS policy against policy quality criteria

Policy quality criterion	HIV and AIDS policy 2010
1. Existence of a context analysis to ensure timeliness and wider relevance	Meets
2. Clear and consistent use of terminology	Meets
3. Policy appropriately defines its scope and priorities	Meets
4. Policy develops a vision and a theory of change	Partially meets
5. Policy development included internal consultations	Meets
6. Policy provides guidance on timeliness, institutional arrangements and accountabilities for its implementation (inclusion of an action or implementation plan)	Does not meet
7. Policy identifies the financial and human resources required for its implementation	Does not meet
8. Presence of a robust results framework	Does not meet
9. Existence/quality of a monitoring and reporting framework and systems for the policy	Does not meet
10. Policy based on reliable evidence	Meets
11. External coherence	Meets
12. Internal and strategic coherence	Meets
13. Incorporation of gender consideration into the design of the policy	Partially meets

[81] UNAIDS. 2010. *Getting to Zero (2011-2015 Strategy);* UNAIDS. 2016. *On the Fast Track to End AIDS (2016-21);* UNAIDS. 2021. Global Aids Strategy *End Inequalities, End AIDS (2021-26).*

[82] The SDGs integrate HIV across ten of the goals: 1 (no poverty+ social protection), 2 (zero hunger), 3 (good health), 4 (quality education), 5 (gender equality), 8 (decent work), 10 (reduced inequalities), 11 (sustainable cities and communities), 16 (peace and justice), and 17 (partnerships).

[83] WFP Office of Evaluation. 2018. *Top 10 Lessons for Policy Quality in WFP*.

68. Source: Evaluation Team analysis

69. Mapping of all first-generation Country Strategic Plans (CSPs) reveals: 32 countries targeted people living with HIV to some extent, either through nutrition-specific or sensitive approaches; 21 CSPs focus on nutrition-specific activities; and 20 reference nutrition-sensitive activities, including livelihood support and Social and Behaviour Change Communication (SBCC). Cash-based transfers (CBTs) are also mentioned. *HIV in Numbers and Beyond 2021* notes that 23 countries have specific HIV/TB activities. Of the CSPs for the 12 countries covered in detail in this evaluation: three include a focus on care and treatment (Cameroon, South Sudan and Somalia); three have HIV activities within social protection (Cameroon, the Dominican Republic and Eswatini); while five do not prioritize HIV (Cambodia, Pakistan, Syria, Tunisia, and Uganda). In the Ghana CSP, WFP notes it has handed over its HIV work to government but will support evidence-building and advocacy about nutrition and food security related to the vulnerability of people living with HIV. This is an area that Mozambique also references.

70. The WFP HIV and AIDS policy was based on evidence[84] highlighting the important role that improved nutrition and food security has on uptake and retention of antiretroviral therapy (ART) and, conversely, the influence that food insecurity has on negative coping strategies. These interlinks remain relevant today, particularly in relation to food security. Studies consistently show that food insecurity and poor nutrition are associated with adverse clinical outcomes, including incomplete viral suppression, a decline in the robustness of the immune system, increased opportunistic infections, hospitalizations, and mortality. Similarly, evidence suggests that insufficient access to nutritious food is associated with increased HIV risk behaviours, particularly among women, lower treatment adherence, and higher rates of AIDS-related mortality.[85]

71. In 2017, WFP acknowledged that: "With treatment starting earlier, malnutrition is less prevalent among people living with HIV, and WFP has widened the scope of its HIV response from its original focus on malnourished PLHIV, leveraging work in areas such as social protection, logistics and emergency response." For example, WFP is increasingly linking ART clients to social protection programmes and livelihood-strengthening activities to sustain long-term health gains, as PLHIV have to remain in treatment programmes for life.

72. Current accountability for the policy resides with the Nutrition Division.

73. The WFP HIV and AIDS policy's focus on safety nets is no longer aligned with WFP's social protection agenda, as set out in the new strategy.[86] The 2010 policy focuses on short-term impact mitigation and safety nets to address food insecurity rather than economic empowerment and the promotion of education, health, and gender equality. The established delivery mechanisms were centred on programmes and services rather than systems and are framed as standalone rather than integrated HIV interventions. More recent approaches to strengthening social protection systems, as described in global commitments, strategies, and frameworks[87,88] include promoting knowledge, skills, and abilities (especially among women), improving access to HIV services, and enhancing the effectiveness of HIV programmes. HIV-sensitive comprehensive social protection involves a range of policy and programming measures, such as legal reforms, economic empowerment programmes, social insurance, transfers and subsidies, food and nutrition support and referrals across systems and sectors.[89] The 2010 HIV and AIDS policy does not adequately reflect these measures, nor does it elaborate on the scope of its expected outcomes, its targeting and inclusion approach, delivery mechanisms, intended partnerships, or the evidence that supports its programming rationale.

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[84] Republic of Zambia Ministry of Health. 2017. *Nutrition Guidelines for Care and Support of People with HIV*.

[85] Singer, A.W., Weiser, S.D. & McCoy, S.I. 2015. Does Food Insecurity Undermine Adherence to Antiretroviral Therapy? A Systematic Review. *AIDS and Behavior*. Aug;19(8):1510-26.

[86] WFP. 2021. *Strategy for Support to Social Protection*.

1. [87] World Bank Group. 2016. *The Revival of the "Cash versus Food" Debate New Evidence for an Old Quandary?* Policy Research Working Paper 7584. Washington D.C., World Bank Group.

[88] McCoy, S. et al. 2017. Cash Versus Food Assistance to Improve Adherence to Antiretroviral Therapy Among HIV Infected Adults in Tanzania: A randomized trial. *AIDS.* 2017 Mar 27; 31(6): 815–825.

[89] Van der Wal, R. et al. 2021. HIV-sensitive Social Protection for Vulnerable Young Men in east and southern Africa: A systematic review. *Journal of International AIDS Society*, vol 24.

74. These gaps were partially addressed in the 2019 policy brief[90] which has the potential to be a highly practical basis for a future policy. Despite being intended for eastern and southern Africa, this brief presented strategic changes for consideration. Going beyond food security, adherence to treatment, negative coping mechanisms and the mitigation of the effects of AIDS, the brief looked at: asset creation, skills, income-generating activities, economic empowerment, prevention, reduction of sexual risks and working in tandem with government systems to promote sustainability. The brief is relevant to broader social policies, programmes and schemes, focusing on supporting the delivery of safety nets, and also on establishing programme coordination and governance frameworks, information management and performance and accountability frameworks. It promotes knowledge and evidence-building on emerging issues and capacity analysis/mapping, and mainstreaming HIV as a cross-cutting issue. It also endorses the linking of food and health systems with a longer-term developmental approach, with the prevention of shocks and destitution as the central objective of WFP's safety nets programming. Most recently, WFP developed an analytical framework for 'epidemiologically smart' or 'epi-smart' social protection to respond to the question of whether and how social protection can address outbreaks of major epidemics, such as HIV-AIDS, Ebola and COVID-19. The framework reflects a continuum of care approach: prevention, testing, treatment, and adherence for developing policy interventions to address epidemics in a holistic way.

75. The policy brief sees HIV services integrated across WFP programmes, including school feeding for prevention and mitigation of sexual risks, food assistance for livelihoods promotion and emergency preparedness. Subsequent reports (*HIV in Numbers and Beyond*, *ACR 2019 HIV Analysis* and *HIV Updates 2021/2022*) provide evidence of action to address some of these issues: for example, reduction of sexual risks is addressed through WFP SBCC programmes;[91] income-generation activities have long been a feature in the WFP portfolio (e.g., the village savings and loan schemes in Cameroon,[92] Ethiopia and Kenya).[93] Further demonstration of support for income-generating activities is noted in the 2021 *HIV Update*:

76. "In 2020, a UNAIDS survey conducted in the context of COVID-19 in West and Central Africa revealed that 50 percent of those affected needed financial and/or food assistance. WFP and UNAIDS collaborated to deliver cash-based pilot schemes in partnerships with financial service providers in four countries: Burkina Faso, Cameroon, Côte d'Ivoire and the Niger, reaching 4,000 households (19,500 beneficiaries), many of whom used their cash transfers for food and investment in income-generating activities".[94]

Finding 2: The feasibility and actionability of the HIV and AIDS policy has been dependent on a range of factors: the commitment and motivation of individual staff and senior managers, policy guidance, the appetite of national governments to engage with WFP as a partner in HIV/AIDS programming and of WFP offices themselves, and funding.

77. While the HIV and AIDS policy does not provide a ToC, a rudimentary logic model is included (though it is without an ensuing resource or implementation plan). The policy mentions a corporate learning strategy to support implementation, but this was not developed until 2022. Nevertheless, staff have gone above and beyond in their efforts to deliver meaningful contributions to HIV, nutrition, and food security since 2010. HIV focal points (staff responsible for technical back stopping and uptake of HIV related activities) reported great appreciation of the technical support they received in implementing the policy from headquarters and regional bureaux, either through workshops or individual advice, and having access to the We Learn platform where they could update their knowledge on HIV programming. Much of this continuing professional development has relied on the exceptional commitment of individual staff. Even as far back as 2009, it was recognized that: "the commitment, ingenuity and tenacity of staff and partners in the most-affected countries have made WFP's HIV support portfolio what it is today".[95] While each regional bureau has an HIV focal point, and the countries sampled in the evaluation had focal points, these roles were often combined with other responsibilities (such as nutrition in Eswatini and Uganda). One external

[90] WFP. 2019. *Leaving No-One Behind: How WFP's Approach To HIV-Sensitive Social Protection will Help Us Achieve Zero Hunger in Eastern and Southern Africa*.
[91] In 12 countries in Africa. WFP. 2021. *HIV in Numbers and Beyond 2021.*
[92] South-South Galaxy. 2021. *Strengthening the Livelihoods of Vulnerable People Living with HIV in Cameroon.*
[93] WFP Africa. 2020. *WFP Strengthens Rural Communities with Savings & Loans.*
[94] WFP. 2021. *HIV Update 2021*.
[95] WFP. 2009. *The Evolution of Food Assistance for HIV Care and Treatment 2000 to 2009: a decade of institutional Innovations.*

stakeholder noted that: "when it comes to technical work, our relationship with WFP is excellent, but WFP doesn't have [corporate and executive] leadership support [for HIV work], which puts the team under a lot of strain" (see finding 22).

78. Guidance on how to operationalize the policy has also been developed, albeit somewhat belatedly. For example, in 2014, a manual was published on nutritional assessment counselling support.[96] In 2017, guidance on incorporating HIV into the CSPs was published,[97] and in 2021 the Annual Country Report (ACR) guidance on HIV/TB programming was issued.[98] To some extent, this offset the assumption made in the ToC that the policy provides staff with adequate guidance on implementation.

79. WFP interviewees noted that senior management commitment at headquarters and country level also influences whether or not HIV is prioritized. Over 80 percent of focal points interviewed noted that corporate commitment to the issue of HIV has diminished over the last five years. This is also one of the challenges cited in *HIV in Numbers and Beyond 2021*: "Ten years into the implementation of the WFP HIV and AIDS policy, and in response to the COVID pandemic and the decreased HIV-specific funding landscape, WFP's role needs to be further defined."[99]

80. Whether or not the HIV and AIDS policy is implemented in a particular country or region also depends partly on government appetite for WFP support in HIV programming, whether related to food security or nutrition. Government requests for WFP support in HIV have changed over time. For example, in 2011, WFP was working in Bangladesh, Cambodia, India, the Lao People's Democratic Republic, and Myanmar to address TB co-infection in HIV activities but, by 2021, only one national government in the region – Regional Bureau for Asia and the Pacific (RBB) – had requested support from WFP for any HIV- or TB-related activities (Myanmar).[100] Stakeholders in Uganda noted that the national HIV programme is extremely mature and well supported and that WFP expertise is considered to be more important elsewhere. Conversely, two government stakeholders expressed an interest in WFP support for HIV programming in countries where the CSP does not mention the issue as a priority.

81. Since the HIV and AIDS policy was approved, global, regional and country approaches to addressing HIV have changed. Attention has moved away from specific approaches to more HIV-sensitive or integrated approaches. All focal points interviewed mentioned that a clear framework was needed to support country offices to integrate HIV across programmes. This is particularly pertinent in the current funding climate. Lack of funding and human resources was a frequently cited reason given by stakeholders for reduced attention to HIV (see Table 1. Breakdown of funding for WFP HIV programming activities by organization).

82. The concluding paragraph from a WFP Standard Project Report in 2014 notes that: "It is clear that people living with HIV have needs that span multiple sectors, and in line with the horizontal integration called for in the proposed post-2015 development agenda, new strategies are needed to address these needs holistically. WFP will need to strengthen further its focus on linking health and food systems and on integrating a HIV-focus with broader-based social safety nets, including livelihood assistance, in order to support long-term adherence to ART."[101] The same paragraph is repeated verbatim in *HIV in Numbers and Beyond 2021*, a clear signal that it is time to reassess WFP's position regarding HIV. The Evaluation Team concurs with this finding.

Finding 3: The WFP HIV and AIDS policy was in step with the WFP strategic plan of the time, but the references to HIV in subsequent strategic plans are limited.

83. The WFP Strategic Plan (2008-2013) included a dedicated strategic objective for HIV: "Strategic Objective 4; Goal 3, to meet the food and nutrition needs of those affected by HIV/AIDS, Tuberculosis, and other pandemics through school feeding; Maternal Newborn Child Health (MNCH), impact mitigation and programme advice". While a specific goal for HIV was retained in 2014-2017, in 2017-2021, there were no

[96] WFP. 2014. *Nutrition Assessment, Counselling and Support for Adolescents and Adults Living With HIV: A programming guide. Food and nutrition in the context of HIV and TB.*
[97] WFP. 2017. *Guidance Note on Integrating Food and Nutrition in National HIV Strategies and Programmes.*
[98] WFP. 2021. *Annual Country Report Guidance on HIV/TB Programming.*
[99] WFP. 2021. *HIV in Numbers and Beyond 2021.*
[100] WFP. 2017. *Update on WFP's Response to HIV and AIDS.*
[101] WFP. 2014. *Standard Project Report.*

HIV strategic outcomes, and by 2022, it had disappeared completely. The most recent Strategic Plan (2022-2025) makes a clear statement of intent to include HIV as a specific area of focus under Outcome 2: "WFP will also address the special needs of people living with and affected by HIV and tuberculosis and the economic and social impact",[102] although this is not further elaborated on.

84. Coherence between the HIV and AIDS and nutrition policies is limited, although both the 2012 and 2017 nutrition policies highlight the need to include PLHIV as a vulnerable group. The nutrition policy (2017) focuses on tackling all forms of malnutrition, while the 2010 HIV and AIDS policy is limited to preventing acute malnutrition. The nutrition policy emphasizes a broad approach to nutrition-sensitive social protection (reducing vulnerability; protecting incomes and assets; ensuring that basic needs can be met; securing access to nutritious diets; improving the food environment in local markets; providing access to health services, safe drinking water and sanitation; setting links with the food and health systems), while the HIV and AIDS policy focuses its expected outcome of social protection on delivering safety nets as a short-term buffer.

85. Whereas the safety nets policy update from 2012 makes only cursory mention of HIV as a factor of vulnerability rather than specifically prioritizing people living with or affected by HIV, the Social Protection Strategy (2021) acknowledges HIV as contributing to various vulnerabilities and ascribes a social identity marker to HIV. The 2015 gender policy makes only limited reference to HIV, while the most recent gender policy encourages strengthened partnerships with national and local government actors across sectors, as well as representatives of vulnerable groups, including PLHIV.

Finding 4: Technical support from all levels of WFP has been appreciated by stakeholders. WFP's role as a co-convenor of two inter-agency task teams (IATTs) – working on HIV/AIDS in social protection and HIV/AIDS in humanitarian settings – has played an important part in increasing the global attention directed to those two issues. The achievements are particularly notable in light of the bureaucratic burden attached to the role of co-sponsor of UNAIDS and the limited visible corporate commitment to addressing HIV/AIDS.

86. External stakeholders interviewed acknowledged the quality of technical advice and support provided by WFP's HIV-focused staff members at all levels. Collaboration among WFP, UNAIDS, UNHCR and ILO was reported to be strong, particularly at regional and global levels. The co-convening role that WFP plays in the IATTs has resulted in multiple high-level products, such as HIV-sensitive social protection in eastern and southern Africa in fast-track countries,[103] a 2019 joint UNHCR and WFP information note on HIV in humanitarian settings, and guidelines for addressing HIV in humanitarian settings.[104] More recently, WFP convened stakeholder workshops for both IATTs and published subsequent reports to influence the new Global AIDS Strategy and identifying new result areas. WFP also held a high-level side event at the United Nations High-Level Meeting on AIDS in 2021. East and southern African regional bureaux work closely together to drive the IATT agenda regionally.

87. WFP contributions to the IATTs have effectively raised awareness of the issues globally. For example, together with UNHCR, WFP developed HIV-specific cluster guidance on addressing HIV in humanitarian emergencies,[105] which lists the actions required for a minimum initial response, as well as developing COVID-19-specific guidance through a broad consultative process.[106] Together with partners, WFP developed a government-focused social protection 'call to action'[107] and a subsequent global webinar. Regionally, WFP, ILO, the United Nations Children's Fund (UNICEF) and UNAIDS hosted multilingual training on building HIV-sensitive social protection capacity among United Nations, civil society, and government representatives from West and Central Africa (WCA), as well as jointly conducting a HIV-sensitive social mapping exercise in 12 countries in WCA. The Regional Bureau for southern Africa, jointly with the Regional

[102] WFP. 2022. *Strategic Plan 2022-2025.*

[103] WFP, ILO and UNAIDS. 2021. *HIV-sensitive Social Protection in East and Southern Africa Fast Track Countries.*

[104] UNHCR and WFP. 2019. *Information Note – HIV in Humanitarian Contexts.*

[105] UNAIDS. 2020. *Integrating HIV in the Cluster Response*.

[106] Inter-Agency Task Team on addressing HIV in Humanitarian Emergencies. 2020. *Covid-19 and HIV in Humanitarian Situations: Considerations for Preparedness and Response.*

[107] UNAIDS. 2020. *UNAIDS calls on Governments to Strengthen HIV-sensitive Social Protection Responses to the COVID-19 Pandemic*.

Bureau for eastern Africa, ILO and UNAIDS, conducted an eastern and southern Africa regional mapping exercise on the HIV sensitivity of current social protection systems, targeting HIV fast-track countries. In addition, WFP representatives have been active at global HIV conferences, presenting several papers and hosting satellite meetings.

88. Senior interviewees from external agencies noted: "WFP is a valued partner, but its work in HIV is not immediately apparent". The ability of regional and country offices to optimize WFP's role as co-convenor was also reported to depend on the commitment of senior management to advocate for HIV (particularly in emergency/humanitarian responses), and on the willingness of other co-sponsors to engage.

89. At headquarters level, the global focal point's time is predominantly spent servicing the relationship with UNAIDS, which has become increasingly bureaucratic[108] and leaves little time to develop a more strategic approach to HIV programming, monitoring or evaluation. Supporting more than 20 countries' applications for UBRAF funding and maintaining the high-profile presence of WFP as co-sponsor and co-convenor of social protection and humanitarian groups stretches the capacity of one person.

Finding 5: The lack of systematic and consistent monitoring of HIV-related interventions over time prevents an analysis of the effectiveness of the HIV and AIDS policy and related programming.

90. The HIV and AIDS policy does not provide a robust results framework to measure progress against. Instead, it provides a list of outputs to be achieved[109] and 12 key indicators.[110] These were then revised in the Strategic Results Framework (2014-2017) and presented in the 2014 monitoring and evaluation (M&E) guide[111] as four corporate and four optional indicators.[112] According to *HIV in Numbers*: "In 2020, only six out of twenty-three countries with HIV/TB specific activities, reported at least one corporate HIV/TB outcome indicator, namely Chad, Guinea, Madagascar, Myanmar, Somalia and South Sudan. Around 70 percent of countries that implemented HIV/TB specific activities did not have corporate outcome indicators in the approved M&E log-frame. Haiti and Cameroon reported the HIV/TB related indicators in the narrative."[113] According to one senior WFP stakeholder, the poor monitoring of HIV and TB work is due to the low priority now given to the policy and, to be effective, "the policy needs more teeth".

91. To determine the extent to which interventions targeting people living with HIV have been effective, an analysis of trend data for the four corporate indicators most frequently collected was carried out antiretroviral therapy (ART) default rates, ART nutritional recovery rates, TB treatment default rates, TB nutritional recovery rates). Data provided by the Nutrition Division from 2014-2020 revealed that only four countries (South Sudan, Somalia, Myanmar and Madagascar) had collected some data over multiple years (no more than four years consecutively). Consequently, presenting a trend analysis over the period of the evaluation was not possible.

92. Changes in the presentation of data also challenge the assessment of whether WFP has met its policy goal articulated in the evaluation ToC as: "People living with HIV and TB are food secure, on treatment, well nourished and productive, and so are the households in which they live". From 2012-2017, data on interventions presented in the *HIV Updates* separates beneficiaries under care and treatment and impact mitigation activities, for example, ART, prevention of mother-to-child HIV transmission (PMTCT) clients and TB clients and ART, TB and orphans and vulnerable children, respectively. This was replaced in 2017 by aggregated total numbers of beneficiaries. Figure 5 shows that consistently more beneficiaries

[108] UNAIDS. 2020. *Independent Evaluation of the UN System Response to AIDS 2016-19.*

[109] For care and treatment: number of index patients supported; amount of food distributed; number of clinics supported. For mitigation through safety nets: number of participants and beneficiaries by activity; amount of food distributed; number of food vouchers, number of cash-based transfers (CBTs) and other mitigation measures. For national capacity: number of countries with food and nutrition component in National Aids Plans; number of countries with funded nutrition and food support for people living with HIV and AIDS; number of countries with HIV-sensitive safety nets; number of counterpart training; number of countries assisted with HIV nutrition guidelines.

[110] WFP. 2010. *WFP HIV and AIDS Policy 2010.*

[111] WFP. 2014. *HIV and TB Programme and M&E Guide.*

[112] Corporate: i) Default rate from ART, TB and PMTCT programmes – for Care and Treatment Programmes (C&T); ii) moderate acute malnutrition treatment performance rate (C&T); iii) Nutritional recovery rate (for C&T programme); iv) Household food consumption score (for Mitigation and Safety Nets Intervention programme). Optional: i) ART adherence rate; ii) TB treatment success rate; iii) orphans and vulnerable children attendance rate; iv) National Capacity Index HIV.

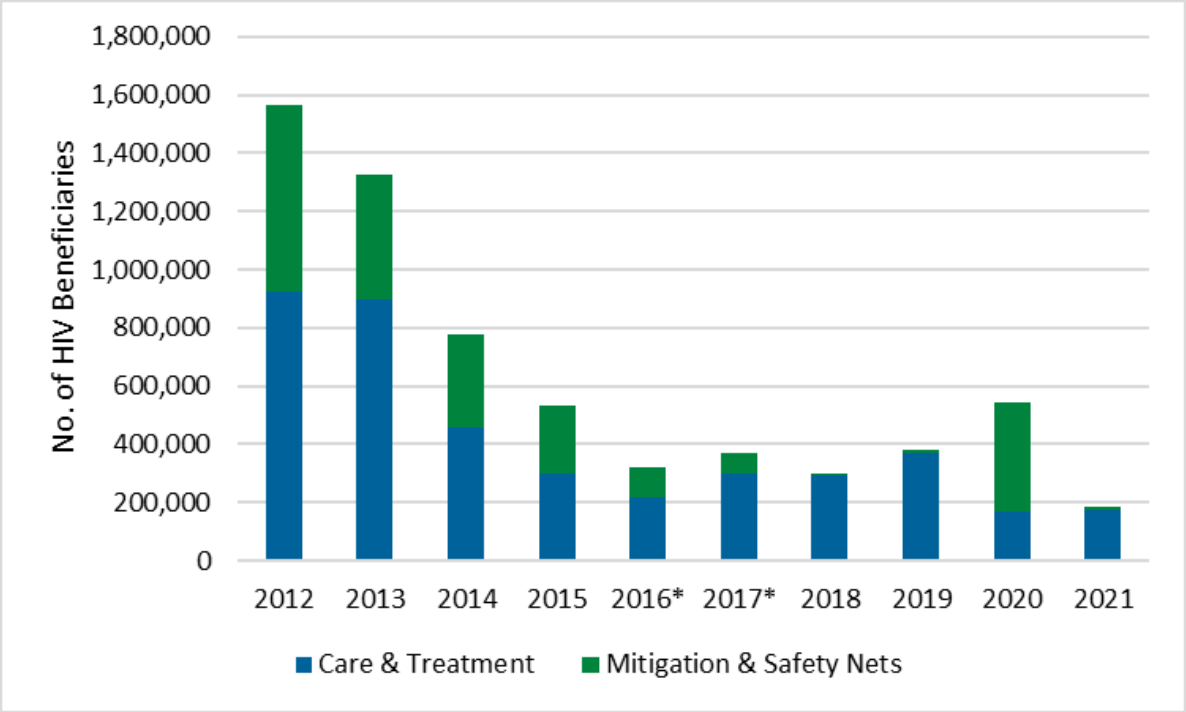
[113] WFP. 2021. *HIV in Numbers Report.*

have been reached through care and treatment programmes – apart from in 2020 due to a large grant in Namibia from the US President's Emergency Plan for AIDS Relief (PEPFAR).[114] Apart from this exception, from 2016, the proportion of those receiving assistance from impact and mitigation and safety net programmes has reduced considerably.

93. Whereas the data appears to show a clear downward trend in the number of direct beneficiaries, there are inconsistencies in reporting. For example, WFP in Eswatini reports having consistently reached more than 50,000 orphans and vulnerable children through school feeding[115] (an activity recorded under HIV impact mitigation and safety nets), but the 2018 and 2019 beneficiary data in Figure 5 does not show this. This reflects similar findings in the Annual Performance Report (APR) HIV analysis 2019 which notes: "When analysing outcomes achievements, the reporting level was poor, partially driven by the lack of indicators in the approved M&E log-frame or by the lack of adequate tagging to indicate when values are relevant for HIV/TB programming. Only five countries out of 18 projects with HIV/TB specific activities, reported at least one of corporate indicator."[116] There is very limited reporting of HIV results in the CSP evaluations (CSPEs) that were available to the evaluation.[117] Therefore the Evaluation Team concurs with WFP that the lack of sufficient values precludes an in-depth analysis of achievements and outcome indicators for HIV/TB-specific programming.[118]

Figure 5. Total HIV and TB direct beneficiaries reached by programme pillar

94.



Source: HIV Updates 2012-2015, 2016 and 2017 Standard Project Reports (SPRs), ACR HIV Analysis 2019, and WFP, *HIV and TB in Numbers and Beyond 2021*.

*Totals data from HIV Update and SPRs respectively from this year do not match. Total data included here has been taken from Standard Project Reports.

[114] In 2020 the US contributed to WFP's Namibia drought response and supported beneficiaries on ART through PEPFAR. Namibia ACR 2020.

[115] WFP Eswatini country briefs 2018, 2019, 2021.

[116] WFP. 2019. *APR HIV Analysis Report.*

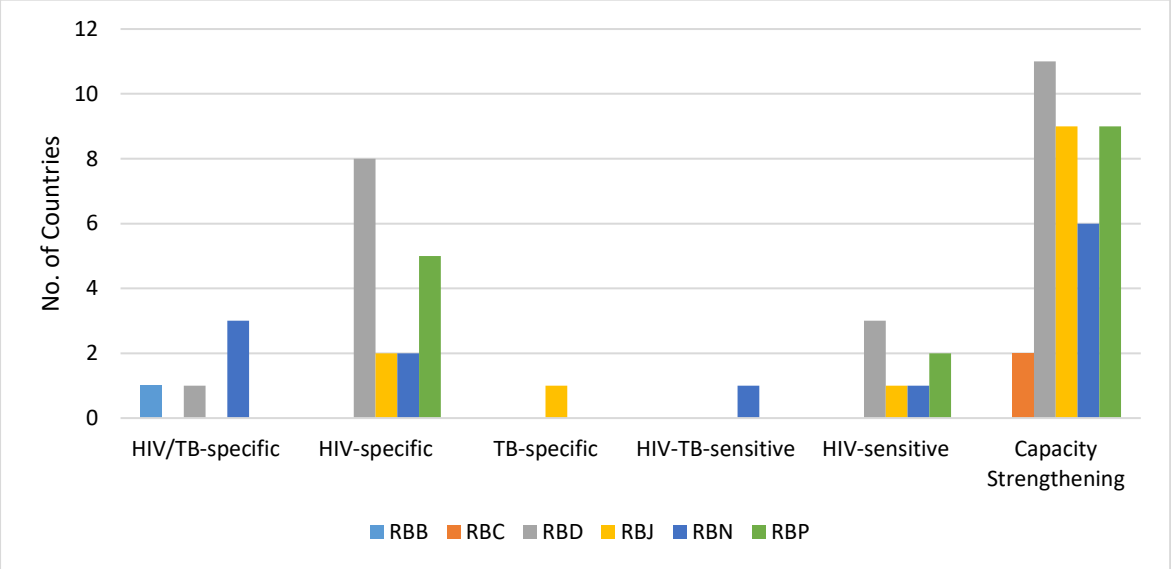
[117] There were only limited mentions of the results of targeting of PLHIV in the CSPEs for the Gambia, DRC and Tanzania, and no mention for Zimbabwe, although it was part of an activity.

[118] WFP. 2021. *HIV in Numbers and Beyond.*

Finding 6: Attention to capacity strengthening by WFP has been increasing since 2016, but there is a need to better define, describe and document these approaches together with a focus on how their impact might be measured.

95. The launching of the SDGs and UBRAF (2016-2021) saw increased attention given to country capacity strengthening. As Figure 6 shows, the bulk of HIV work in 2020 involved capacity strengthening of national programmes across all regions except Regional Bureau for Asia and the Pacific (RBB).

Figure 6. Number of countries in which WFP engages in HIV programming approaches by region 2020



Source: *HIV in Numbers and Beyond 2021*. Annex 1.

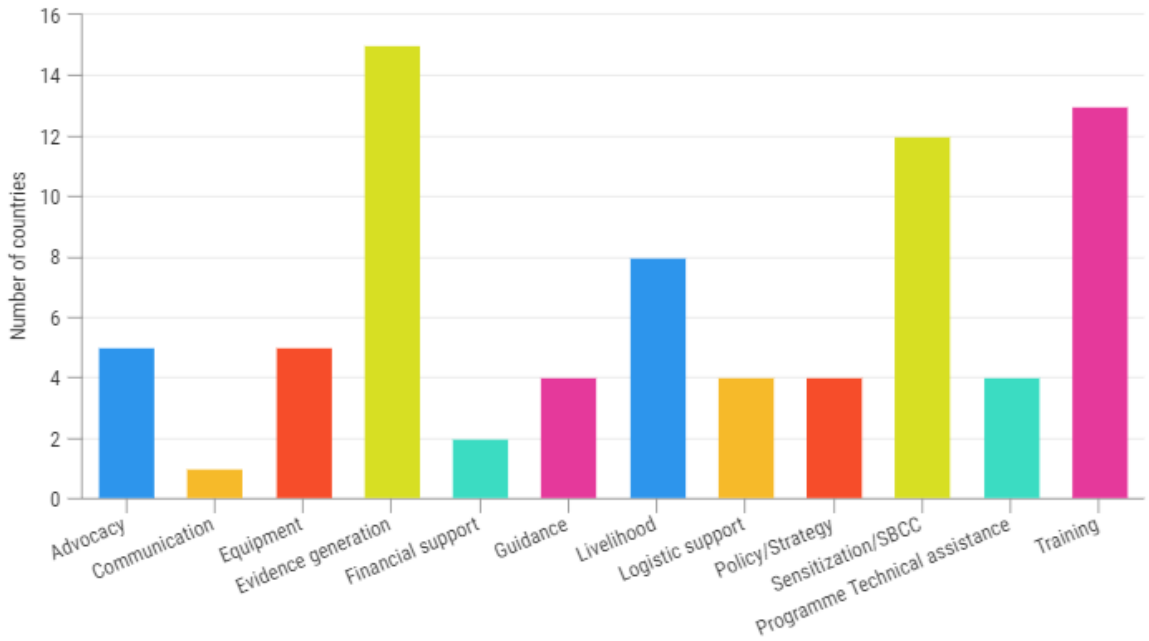
96. The description of what is covered by capacity strengthening varies across countries according to the *HIV in Numbers* report of 2021 (see Box 1. HIV sensitive social protection in the Dominican Republic) and this affects how it is reported. For example, at times, livelihoods promotion appears as an activity to scale up safety nets programming, while in others, it is reported as capacity strengthening. Evidence generation, in the form of assessments and research, is the most frequently applied form of capacity strengthening, followed by the more traditional training in, for example, nutritional assessment and counselling support (NACS) and integrated management of acute malnutrition (IMAM). The increasing use of SBCC generally appears to be measured by the number of people reached, although this will not capture the change in outcomes it might have contributed to. In the declining funding environment, investments made in SBCC require more dedicated and qualitative M&E to ascertain how they can achieve results.

Box 1. HIV sensitive social protection in the Dominican Republic

The WFP country programme in the Dominican Republic recognized the discrimination that women living with HIV were facing socially and in the labour market. To address this, the country office Social Protection team worked with local government to support women living with HIV to gain access to community land on which they could establish collective gardens, which meet their nutritional and food needs and provide income through sales of the surplus. This process of genuine empowerment has transformed women's lives; from being patients, they have become micro-entrepreneurs with decision-making powers and engagement in community leadership.

97. Measuring the impact of HIV-sensitive social protection efforts is acknowledged as challenging when so many other variables are involved. However, the evaluation found positive examples through stakeholder interviews, which could be powerful advocacy pieces. The experience in the Dominican Republic stands out positively (see Box 1).

Figure 7. Number of countries with HIV capacity-strengthening activities by type of intervention 2020



Source: HIV in Numbers and Beyond 2021

98. Well-documented examples of social protection programming can also be found in WFP's flagship programme for orphans and vulnerable children in Eswatini. Over the evaluation period, WFP has reached more than 50,000 beneficiaries consistently each year through Neighbourhood Care Points. However, the effectiveness of this contact remains uncertain due to government reluctance to assume responsibility for the long-term delivery of the programme.

Finding 7: WFP has effectively incorporated HIV and TB into its emergency programming and supply chain and logistics portfolio in some contexts, but more needs to be done.

99. In 2018, the WFP UBRAF report noted that "the proportion of countries that have integrated HIV into their national emergency responses needs to increase further. The modelling commissioned by UNHCR, with WFP input, indicates that about 2.6 million people living with HIV were affected by a humanitarian emergency in 2016 (compared with an estimated 1.7 million in 2013)."[119]

100. In response to the disruption in access to services caused by cyclones Idai and Kenneth in 2019 in Mozambique, WFP highlighted the need to integrate HIV into emergency cluster responses and improve coordination among HIV sector partners. WFP – and International Organization for Migration (IOM) – began the development of a joint action plan for an HIV-emergency response in support of affected PLHIV. WFP became the lead agency in this HIV-emergency technical working group, whose activities include interventions such as:[120]

- HIV testing at community level
- Provision of specialized nutrition to pregnant and lactating women affected by the cyclones (a project was initiated jointly with IOM in mid-2019 in five districts of Cabo Delgado province through the One UN Fund)
- Procurement and delivery of nutrition commodities to 315 health facilities in all 11 provinces as part of the joint project by Misau and the United States Agency for International Development (USAID)
- Training sessions on commodity management to health centre staff under the PEPFAR programme (more than 54 percent of the trainees were women)

[119] UNAIDS. 2018. *WFP Unified Budget, Results and Accountability Framework (UBRAF).*

[120] WFP. 2020. *WFP Mozambique Annual Country Report 2019;* WFP. 2021. *WFP Mozambique Annual Country Report 2020.*

- A USAID-funded communication campaign focused on: HIV/TB awareness during emergencies; promotion of existing HIV/TB services at institutional and community levels; stigma reduction; promotion of health-seeking behaviours; and promotion of HIV-TB treatment adherence. Messages were disseminated through local radio stations (spots and interactive radio programmes), videos, and interactive radio programmes with medical staff, with the goal of creating a trusted HIV/TB information platform.

101. In 2020, WFP reached 469,289 PLHIV and TB clients and their families with its HIV/TB-specific programme in 13 humanitarian countries, including refugee settings (e.g., Rwanda, Tanzania). Additional beneficiaries were reached through HIV/TB-sensitive approaches. However, the number was not disaggregated but grouped under other categories of beneficiaries, which led to a substantial underestimation of the HIV/TB beneficiaries receiving food in emergency contexts (e.g., Uganda).

102. In 2014, WFP and the Global Fund signed a memorandum of understanding for a logistics partnership that aims to improve access to commodities for the HIV response, especially during emergencies, through WFP's supply chain networks in the field. A core component of the memorandum of understanding tasks WFP with building the capacity of Global Fund recipients to strengthen distribution systems. In 2016 and 2017, WFP facilitated the delivery of air and ocean cargoes to Burundi and Yemen to prevent supply gaps in HIV treatment programmes. WFP provided logistical and supply chain expertise to the Global Fund, helping it to better assess current stocks and future needs and storing medications and other supplies. In 2020, this partnership resulted in supply chain and logistics support in the form of non-food items for HIV, TB and malaria-related commodities worth US$36 million from 2,081 delivery points in eight countries across three regions. WFP's supply chain helped deliver US$32 million in malaria commodities, US$3.7 million in HIV commodities and US$442,000 in TB commodities, reaching 14 million beneficiaries.

103. In 2017, WFP became an enabling partner in a multi-stakeholder partnership funded by the Bill & Melinda Gates Foundation called Supply Optimization through Logistics Visibility and Evolution (SOLVE), which also includes the United Nations Population Fund (UNFPA). It seeks to improve health supply chains and accelerate the availability of essential health commodities, including materials for HIV testing and treatment, in 17 countries. In 2018, for example, WFP worked with the Government of the United Republic of Tanzania to identify supply chain challenges and strengthen supply for health provisions across the country.

Finding 8: The evaluation identified several examples where WFP's approaches to HIV and TB have, at least in part, been people-centred, country-owned, and evidence-based. There is limited evidence on programme integration or consideration of risk.

PEOPLE-CENTERED

104. Examples of people-centred working were found in Uganda, where the expert client model is the favoured approach to reach PLHIV without stigmatization. This is proven good practice[121,122] and maximizes the expertise and experience of PLHIV. In a similar vein, WFP in Eswatini worked through a local network, as well as the Membatsise home care group and the Lesotho network of PLHIV. Examples from the Dominican Republic (see Box 1) also reflect a people-centred approach to HIV-sensitive social protection programming.

CONTEXT-SPECIFIC

105. HIV and TB approaches were found to be well aligned with national strategies and policies and, thus, context specific. This was reflected in key informants' responses and triangulated by inspection of national strategies and policies for HIV, nutrition and social protection where available. The extent to which countries own the work of WFP in HIV and TB is not uniform: some WFP country offices have discontinued their specific HIV programming, because national governments have taken over the roles themselves, and are integrating nutrition and food security issues related to HIV into existing systems – for example, in

[121] Berg, R.C. et al. 2021. The Effectiveness Of Peer-Support for People Living with HIV: A systematic review and meta-analysis. *PLoS One.* Jun 17;16(6):e0252623.
[122] WHO. 2017. *Serving the needs of key populations: Case examples of innovation and good practice on HIV prevention, diagnosis, treatment and care.* Geneva, World Health Organization (WHO).

Rwanda,[123] Ghana, and Cambodia. In Eswatini, attempts were made to hand over to the government WFP's work with orphans and vulnerable children through Neighbourhood Care Points; this was unsuccessful largely due to governance capacity constraints.

EVIDENCE-BASED

106. In 2016, WFP began working with governments to conduct vulnerability assessments among PLHIV in Burundi, the Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Kenya, Myanmar, Rwanda, Sierra Leone, South Sudan, Swaziland, Tajikistan, and Uganda, and through its food-by-prescription programmes in Cameroon, Central African Republic, Eswatini and other countries. These assessments played an important role in garnering government attention. As discussed above, 13 country programmes were focused on building evidence on HIV in 2020. In Ghana, although nutritional support for PLHIV was discontinued in 2018, its assessment of food security and vulnerability of HIV-affected households in selected regions (January 2019) was used to inform social protection work in that country. In 2021, WFP Ghana country office conducted an independent evaluation of the relevance of its livelihoods programme for PLHIV. Findings indicated that the capacity-strengthening approach was effective and that the revolving savings and loan funds (rather than a free one-off offering) were also in line with the WFP's mandate and strategic planning, bolstering the Government of Ghana's push for its *Ghana Beyond Aid* agenda. In Tunisia, these vulnerability assessments to food security among PLHIV created a substantial advocacy momentum to move through with other initiatives and generate potential agendas with civil society groups, the national programme, and United Nations agencies (2021).

107. Ongoing partnerships with academia resulted in high-profile research results shared widely within countries. WFP's regional bureaux for southern and eastern Africa initiated research in collaboration with the University of Oxford, the University of Cape Town, and the Accelerating Achievement for Africa's Adolescents (Accelerate) Hub (2019). This research focuses on southern Africa, highlighting bi-directional and multifaceted links between food and nutrition security, HIV and social protection, with a specific focus on adolescents. WFP is finalizing research in collaboration with the London School of Hygiene & Tropical Medicine, which shows strong evidence that achieving SDG2 is expected to result in a significant reduction in the incidence of HIV and TB cases worldwide.[124]

RISK-INFORMED

108. Responses to the risk that COVID-19 posed to HIV programming were found at regional level and country level. Country-level examples include South Sudan, where 70,000 malnourished people living with HIV/TB and their families were provided with counselling, food and nutrition support through implementing partners. The programme was implemented at 73 health and nutrition facilities for refugee communities. In Djibouti, to respond to the crisis and mitigate the socioeconomic impacts of the COVID-19 pandemic on the most vulnerable and marginalized populations, in partnership with two local non-governmental organizations (NGOs) and the Ministry of Social Affairs and Solidarity, WFP delivered cash transfers to several hundred households living with HIV, while making beneficiaries aware of the importance of registering for the Programme National de Solidarité Famille, the Government's social protection programme.[125] Regional Bureau for Southern Africa (RBJ) succeeded in gaining Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) monies for a CBT scheme for PLHIV in Eswatini during the COVID-19 pandemic.

109. The evaluation found that, while a major risk was WFP dependence on UNAIDS catalytic funding, there were no risk mitigation plans to address this.

Finding 9: WFP's contribution to HIV and AIDS-related government responses is made largely through its technical assistance for the integration of food and nutrition into TB and ART programmes and through support to national social protection programmes.

[123] WFP. 2018. *Update on WFP's Response to HIV and AIDS.*

[124] WFP Accelerate Hub. 2020. *Catalysing Change for Adolescent Girls and Young Women: The role of HIV sensitive social protection in eastern and southern Africa*.

[125] WFP. 2021. *HIV Update 2021.*

110. Significant contributions by WFP programmes to national HIV/AIDS responses were identified during data collection, particularly through stakeholder interviews. WFP's work across countries includes:

- Strengthening government capacity through training health care workers in nutrition assessment and counselling
- Integration of HIV into IMAM guidelines, and support for enhanced HIV data quality
- Developing national guidelines, for example, on NACS or nutritional literacy manuals for PLHIV
- Supporting new HIV strategies to integrate food and nutrition and supporting supply chain and commodity systems.

111. WFP supported the governments of Djibouti and Eswatini to develop and win GFATM proposals. This support was followed by governments requesting assistance in designing and implementing integrated food and nutrition approaches for directly observed therapy short courses (TB-DOTS).[126] Between 2013 and 2017, WFP worked with governments in the Democratic Republic of the Congo (DRC), Ethiopia, Mozambique, Eswatini (and elsewhere) to ensure that nutritional support was integrated into national social protection programmes and included a focus on reaching PLHIV.

112. Some activity in strengthening systems has also been identified – for example, technical support and capacity to the Ministry of Health in Lesotho to strengthen a technical working group on nutrition that aims to integrate consideration of HIV issues into nutrition programmes. The Dominican Republic offers a good example of WFP contributing to the government's response to HIV through social protection systems; through focused advocacy, WFP was able to influence the National Council for HIV and AIDS (CONAVIHSIDA) and Single System Beneficiary (SIUBEN) to sign an agreement to improve information on people with HIV and populations at risk and facilitate their access to social programmes. This was followed by mapping work to determine the HIV sensitivity of social programmes, the requirements for scaling up and institutionalizing mechanisms for the inclusion of people living with HIV/AIDS, and the creation of a national working group for Social Protection-HIV.

113. According to the *HIV in Numbers and Beyond 2021* report, "In 2020, WFP also invested more strongly in building the capacity of governments to implement HIV and TB programmes and therefore facilitated the handover to national entities. These efforts are not [well] reflected."[127] The Evaluation Team concurs that there should be more attention given to documenting WFP results in strengthening government capacity to respond to HIV-related nutrition and food security issues.

2.2 HOW RELEVANT AND EFFECTIVE IS THE NUTRITION POLICY?

Finding 10a: The nutrition policy was relevant at the time of publication. The policy met the majority of quality standards, but its actionability was hindered by the limited tools and capacity support for rollout beyond the Nutrition Division. However, strong examples exist where the policy has driven action at both the global and country levels.

114. The nutrition policy supported the expansion of WFP's remit from 'saving lives' to 'changing lives', introducing priorities around the prevention of stunting and national capacity development and system strengthening with governments. This was in line with global priorities in 2017 that had shifted towards a focus on malnutrition in all its forms, country-led approaches and a renewed emphasis on prevention and treatment of wasting. The nutrition policy was also well aligned with the evidence base on approaches to treatment for moderate acute malnutrition (MAM) that underlined the need for scale-up to save lives, and prevention approaches that should include micronutrients, maternal nutrition and improving complementary feeding for young children, including supplementation in food insecure contexts (see Annex 8. Evidence review for nutrition*).*

115. The inclusion of support for nutritious diets was prescient and evidence of a forward-looking policy. The years following the policy's publication saw global attention shift towards identifying the policy changes needed for reshaping food systems. There was debate around accessibility of healthy diets,

[126] WFP. 2011. *HIV Update 2011.*

[127] WFP. 2021. *HIV in Numbers and Beyond.*

prominent in the *Global Nutrition Report 2020* and the United Nations Food Systems Summit in 2021, with the former stating that most people cannot access or afford a healthy diet or quality nutrition care.[128] The cost and affordability of healthy diets was the theme of the *State of Food Security and Nutrition in the World 2020* report[129] and since then, the affordability of a healthy diet has become a standard nutrition indicator in the report.

116. The nutrition policy references the need to consider the double burden of malnutrition and obesity prevention, particularly in the form of double-duty actions, such as the promotion of nutritionally balanced diets, while committing to WFP's primary priority of addressing undernutrition. This was a measured approach at the time and remains pertinent today in most contexts where WFP works.

117. The nutrition policy met Office of Evaluation policy quality criteria 1, 2, 3, 5, 7, 10, 11 and 12 (see Table 4). The policy includes a context analysis, clear and consistent use of terminology, defined scope, and priorities. It was based on reliable evidence and was externally coherent.

Table 4. WFP policy quality criteria – nutrition policy analysis

Policy quality criterion	Nutrition policy (2017-2021)
1. Existence of a context analysis to ensure timeliness and wider relevance	Meets
2. Clear and consistent use of terminology	Meets
3. Policy appropriately defines its scope and priorities	Meets
4. Policy develops a vision and a theory of change	Partly meets
5. Policy development included internal consultations	Meets
6. Policy provides guidance on timeliness, institutional arrangements and accountabilities for its implementation (inclusion of an action or implementation plan)	Partly meets
7. Policy identifies the financial and human resources required for its implementation	Meets
8. Presence of a robust results framework	Does not meet
9. Existence/quality of a monitoring and reporting framework and systems for the policy	Does not meet
10. Policy based on reliable evidence	Meets
11. External coherence	Meets
12. Internal and strategic coherence	Meets
13. Incorporation of gender consideration into the design of the policy	Partly meets

118. Source: Evaluation Team analysis.

119. While the policy has a clear vision (criterion 4), it was not presented with an articulated ToC. A draft ToC was developed at a later date but not distributed widely or officially adopted or attached to the policy

[128] Development Initiatives. 2020. *Progress Report 2020.*

[129] FAO, IFAD, UNICEF, WFP and WHO. 2020. *The State of Food Security and Nutrition in the World 2020*. *Transforming food systems for affordable healthy diets*. Rome, Food and Agriculture Organization (FAO).

documentation. The Evaluation Team constructed a ToC during the inception phase (see Annex 7. Reconstructed theories of change).

120. Interviewees described how the development of the policy involved significant consultation across regional bureaux (and nutrition staff in country offices), and other divisions, in particular, Programme – Humanitarian and Development Division, thereby meeting criterion 5 (policy development included internal consultations). The policy is well known by WFP staff, and its publication was welcomed across the Nutrition Division and regional bureaux, with the majority of stakeholders noting that, in 2017, it supported an expansion of WFP's remit and provided licence to those focused on nutrition work at regional bureau and country office level to expand their work into new areas of programming and helping them justify existing approaches to external stakeholders.

121. However, while the policy partially met criterion 6 (provides guidance on timeliness, institutional arrangements, and accountabilities through an action or implementation plan) and met criterion 7 (identifies the financial and human resources required for its implementation), the following factors have constrained the realization of the full policy vision:

- **Human resource constraints**: While global and regional capacity has grown within the Nutrition Division, country-level nutrition capacity remains variable, with some country offices having no qualified nutritionists. Limitations in financing are implicated at country office level, where nutrition staffing relies on available resources, which results in functions not being sustained over time, especially in small offices. In addition, there has been limited capacity development of the workforce beyond the Nutrition Division in how to implement nutrition-sensitive programming, while nutritionists working at regional bureau and country office level have limited time or remit to influence and guide nutrition across other sectors.
- **Lack of guidance:** Guidance on how to operationalize the policy was lacking. Although an *Implementation Plan* and an *Update on the Implementation Plan* accompanied the policy, including a summarized plan for each region, these were relatively high-level documents, and the Nutrition Division is currently working on a strategy to aid implementation. Questions around how and where to focus nutrition-sensitive work, whether and how to prioritize the various intervention areas at country office level, and the absence of any dedicated funding/resources to support roll-out across the organization have slowed progress.
- **Monitoring systems:** The inadequacy of monitoring systems has constrained the assessment of progress. A robust results framework (criterion 8) was absent from the policy, as was a monitoring and reporting framework and systems (criterion 9). The policy document referred to use of existing M&E frameworks to measure nutrition-specific actions and committed to work with International Food Policy Research Institute to develop indicators to measure nutrition-sensitive achievements. However, existing corporate M&E systems were inadequate for the task, and there was no commitment to measure the progress of the policy itself. Internal and external challenges remain around selection and application of appropriate indicators to measure nutrition-sensitive outcomes and achievements in the prevention of stunting, as well as outcomes linked to capacity strengthening and partnerships for nutrition.
- **Institutional commitment:** The nutrition policy has remained the remit of the Nutrition Division and the concept of a nutrition lens across all programmes did not receive adequate commitment across the organization, leading to slow adoption by other programme areas.

122. The policy demonstrates internal and strategic coherence (criterion 12). The United Nations Decade of Action on Nutrition 2016-2025 has been one of the main global reference frameworks since its launch. WFP responded to the suggestion that further work was needed with strong performance and leadership on the inclusion of nutrition objectives in other sector policies and strategies, particularly:

- In social protection where food security and nutrition comprise one of two primary objectives in the 2021 WFP social protection strategy
- Information systems and logistics arrangements to support national nutrition-sensitive social protection policies

- Leveraging schools as a platform for food and nutrition education
- Strengthening local food value chains, improving post-harvest handling, and connecting smallholders to new supply chains (mainly through the school feeding programme)
- Addressing the role of the private sector towards socially responsible investment
- Streamlining the global nutrition accountability infrastructure.

123. Gender consideration was incorporated into the nutrition policy design to some degree, but there is scope for a more comprehensive approach. The policy is aligned with WFP's 2022 gender policy[130] in its commitments to gender-sensitive nutrition analysis as the base for gender-transformative nutrition programming. It acknowledges that combining approaches for improving gender equality and women's empowerment with nutrition programming has the potential to produce mutually enforcing results. It stresses the need to engage men and adolescent boys in programming as key stakeholders, while activities may target women and adolescent girls more specifically. Of the three objectives in the gender policy 2022-2026, the nutrition policy is best aligned with advancing women's economic empowerment and achieving equitable access to and control over food security and nutrition. Addressing the root causes of gender inequalities does not feature strongly.

124. Partners noted changes in WFP's approach in the past two to three years with the shift towards strengthening self-reliance. In Mozambique, part of the expanded remit in the CSP was the 1,000 days rationale: a focus on inclusion of pregnant women and adolescent girls – perinatal and multiple-micronutrient supplementation, and support for the National Integrated Nutrition Package for reproductive, maternal, newborn, child and adolescent health and nutrition. The Uganda CSP (2018-2025) extension emphasizes the shift to strengthening nutrition-sensitive approaches for prevention and building resilience, and a move from a 'doer' to an 'enabler' role.

Finding 10b: The nutrition policy remains largely relevant today, although there has been some global shift in emphasis in some of its key components.

125. The Lancet 2021 Nutrition Series[131] concluded that levels of undernutrition among women and children remain unacceptably high and that the COVID-19 pandemic is threatening gains achieved over the past few years. This affirms the continued role of WFP in responding to undernutrition in these focus groups. The evidence base is gradually shifting with regards to context-specific responses to MAM, including the use of simplified approaches for treatment. For prevention, there is increasing evidence on the importance of maternal nutrition, increased attention to improving women's and adolescent (particularly girls') nutrition, for women's health and for optimal foetal growth.[132] The United Nations GAP[133] put new emphasis on the prevention of wasting through scale-up of multisectoral interventions and attempted to better delineate United Nations agency roles within wasting management.

126. Evidence gathered from internal and external key informant interviews (KIIs), as well as review of CSPs and nutrition programme documents suggests that the predominant focus on the treatment of wasting and prevention of stunting in the nutrition policy now appears over-emphasized. This is in light of WFP's current work and varied approaches to preventing malnutrition in an environment where malnutrition is increasingly examined holistically (i.e., prevention of all forms of undernutrition, including micronutrient deficiencies (MNDs), stunting and wasting, alongside overnutrition). The enhanced focus on diets and food systems was reflected in the 2019 Lancet Global Syndemic Commission, which called attention to the need to address undernutrition, obesity, and climate change.

127. WFP's work in addressing MNDs was understated in the policy, while WFP has strengthened its lead and successful role in staple food fortification in many countries and approaches to the development of specialized nutritious foods (SNFs) and fortified food distribution (see Annex 8. Evidence review for

[130] WFP. 2022. *WFP Gender Policy 2022.*

[131] Keats, E.C., Salam, R.A., Lassi, Z.S., Imdad, A., Black, R., & Bhutta, Z.A. 2021. Effective interventions to address maternal and child malnutrition: an update of the evidence. *The Lancet Child & Adolescent Health*. May;5(5):367-384.

[132] Victora, C.G., P. Christian, L.P. Vidaletti, G. Gatica-Domínguez, P. Menon & R.E. Black. 2021. Revisiting Maternal and Child Undernutrition in Low-income and Middle-income Countries: Variable progress towards an unfinished agenda. *The Lancet*. Apr 10;397(10282):1388-1399.

[133] UNICEF. 2020. *Rapid Review: Screening of acute malnutrition by the family at community level.*

nutrition*).* While all these issues are recognized in the policy, they appear to have become a more central part of WFP's portfolio, particularly in relation to the capacity development of governments and partners.

128. In 2022, there was an awareness among those interviewed that the operational context changed significantly since 2017, with the COVID-19 pandemic and Ukraine war, alongside climate change, highlighting how emergencies are becoming a constant, with ramifications crossing borders and hitting the most vulnerable hardest. WFP's role as a humanitarian leader for nutrition is therefore of increasing relevance.

129. There remains a tension between the policy being broad enough to capture the range of WFP activities around nutrition (which can enable nutrition-sensitive work especially) and adequate investment in focused areas and specialized skillsets (which can hinder actionability). A proportion of interviewees consider that WFP's niche or comparative advantage in nutrition is not sufficiently distinct. While the policy allows good scope for country offices to select nutrition approaches appropriate to their context, there is confusion on the part of external stakeholders as to which nutrition interventions are 'core' for WFP and whether WFP risks spreading itself too thin by engaging in too many different areas. In some countries (for example, Eswatini and Tanzania), WFP is engaging in very small-scale, localized, or experimental activities, and WFP's comparative advantage and level of impact are questionable.

130. There are areas where clearer guidance is needed on WFP priorities:

- The rationale for using the school feeding as a platform and entry point for other programming areas for nutrition. The appropriateness of this as a platform for reaching adolescents and young children, as well as those populations who do not attend school, to be consistent with the 'leaving-no-one-behind' approach, needs to be evidenced and supported with operational guidance.
- The scope in promotion of healthy diets. Much emphasis is being placed on behaviour change at the individual or household level, and less on the side of the value chains, the regulatory frameworks and the actors on which the supply of nutritious and healthy diets depends (quality, affordability, food safety).
- Evidence in support of food fortification. There is a gap in improving understanding of the micronutrient situation in countries (although WFP's Fill the Nutrient Gap is increasingly contributing to this) and evaluation of the effectiveness of interventions.
- The scope and focus on HIV/AIDS programming – see Section 2.1. The rationale and institutional commitment need to better inform programming as part of the work of the Nutrition Division.

Finding 11: The nutrition policy is largely coherent with the WFP strategic plan for 2022–2025, although there is need to act on and lead the vision of nutrition integration throughout the organization. The development of a nutrition strategy is currently under way and provides an opportunity to articulate a clear approach to nutrition integration that facilitates WFP's delivery on the commitments set out in the strategic plan.

131. The nutrition policy is consistent with the focus of the Strategic Plan (2022-2025) on SDGs 2 and 17. The strategic plan notes that "the world is not moving towards but away from zero hunger [...] a less peaceful world faced with ever more climate-related disasters and recurrent economic setbacks". While saving lives in emergencies is declared as WFP's highest priority, the strategic plan commits to scaling up efforts to prevent and address malnutrition in all its forms through bolstering national social assistance programmes, including an objective for all hungry children to benefit from a nutritious meal at school.

132. The strategic plan seeks to strengthen national emergency preparedness and response, food, and social protection systems and, in coherence with the nutrition policy, it will "prioritize interventions that are effective at addressing wasting, stunting and micronutrient deficiencies among pregnant and lactating women, infants and young children. These include the use and scale-up of nutrient-dense foods to meet the needs of women, adolescent girls, young children and those with disabilities and the provision of broader services – such as nutrition-sensitive social protection and more healthy, sustainable and equitable

food systems – specifically designed to address the underlying causes of malnutrition."[134] It further notes that children's nutrition requires an investment that extends a full 8,000 days as part of a life cycle approach that supports human capital development and community resilience.

133. The strategic plan intends to integrate nutrition at scale by "investing in programmes, operations and platforms that tackle underlying and immediate drivers of poor diets and malnutrition while expanding access to nutrition services".[135] This implies strengthening the 'nutrition lens' approach of the nutrition policy and expanding nutrition programming. It will require a significant organizational shift, which is discussed further in the upcoming sections. At present, the nutrition policy does not articulate this vision of integrating nutrition across WFP's entire portfolio through nutrition-sensitive action, combined with integration across the systems of the organization.

134. The nutrition policy lacks internal coherence with the HIV policy and with the new evidence on the nutritional risks of people with HIV. This is partially due to the outdatedness of the HIV policy, but also to the lack of an updated approach towards the new nutritional risks of people living with HIV. PLHIV are now living longer lives, are equally exposed to food-related noncommunicable diseases determinants and are facing the side effects of new ART schemes on obesity. The nutrition policy does not reflect this emerging issue. Since 2017, WFP's role in the division of labour from UNAIDS has shifted to a greater emphasis on social protection. The nutrition policy emphasizes nutrition-sensitive action, which includes social protection and thereby implies coherence, but has minimal emphasis on HIV sensitivity.

135. Although not explicit on its alignment with other WFP policies, there is reference to the links between nutrition and climate change and resilience programming, as well as an emphasis on the nutrition policy's commitment to humanitarian response. WFP's Social Protection Strategy 2021, developed after the nutrition policy, is well placed to respond to the objectives of the nutrition policy, clarifying in more detail how social protection systems can be leveraged for nutrition. Likewise, the School Feeding Strategy 2020-2030 is aligned with the nutrition policy through its incorporation of a stronger focus on the roles of diet and lifestyle, on obesity as well as undernutrition.

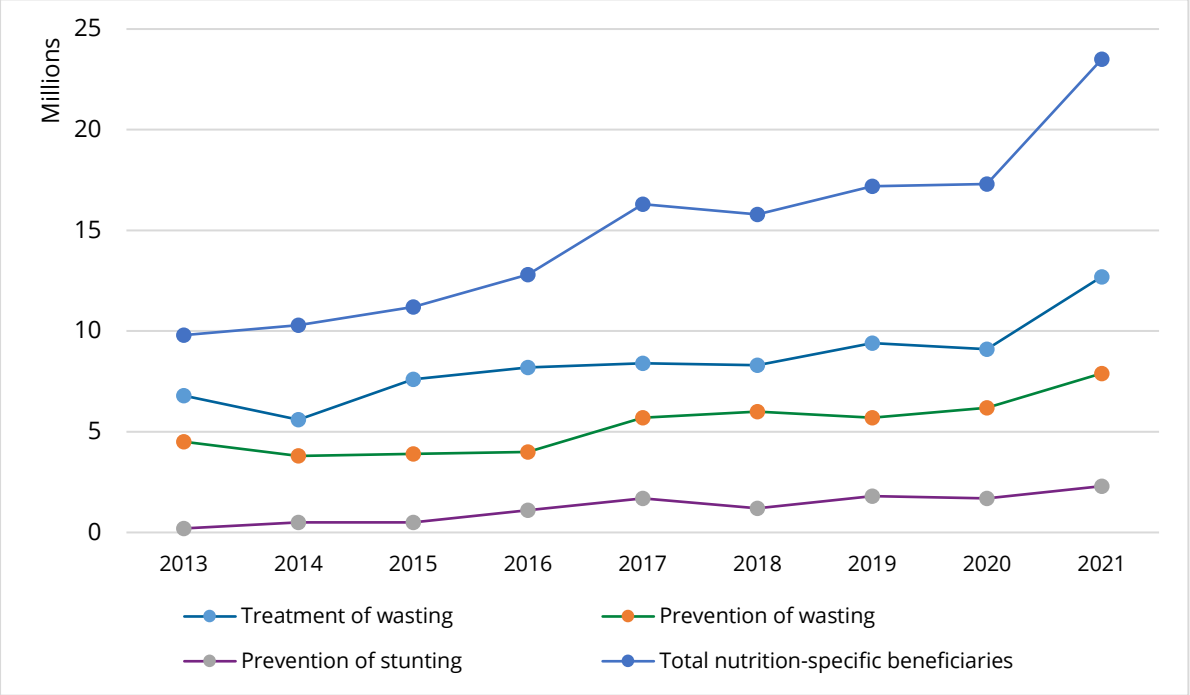
Finding 12: Nutrition-specific interventions to treat MAM and prevent MAM, stunting and MNDs have played a significant role in meeting the urgent nutritional needs of affected populations.

Scale of nutrition-specific operations

136. To a large extent, WFP-supported nutrition-specific interventions have met the nutritional needs of targeted beneficiaries in affected populations. While there are some caveats, including the scale of response in some countries and supply chain and funding challenges (further discussed under 2.3), the general trend is that, year on year since 2013, nutrition-specific beneficiaries have increased, including for the prevention of wasting, which has seen a considerable increase in programming/resource allocation since 2016 (see Figure 8).

[134] WFP. 2021. *WFP Strategic Plan (2022-2025).*
[135] Ibid.

Figure 8. Nutrition-specific direct beneficiaries by activity type and year



Source: WFP. 2021. Annual Performance Report.

137. WFP delivers a broad range of interventions that help to address micronutrient deficiencies. These include home fortification (also known as point-of-use fortification) with micronutrient powders or small quantity lipid-based nutrient supplements,[136] nutrition-specific programmes for the treatment and prevention of wasting and stunting with SNFs (see Figure 12) and fortified staple foods (see Figure 14), nutrition-sensitive programmes that aim to improve the quality of the diet (see Finding 15), support to programmes for national fortification of staple foods with nutrients (see Finding 14), and education to promote diet diversity (see Finding 14). While data is not available to show the number of beneficiaries supported by all interventions combined, it is clear from the data on quantities of micronutrient-rich SNFs and fortified foods distributed, as well as the expansion by WFP in areas such as nutrition-sensitive programming (see below), that the scale of programming that helps to address MNDs is sizeable.

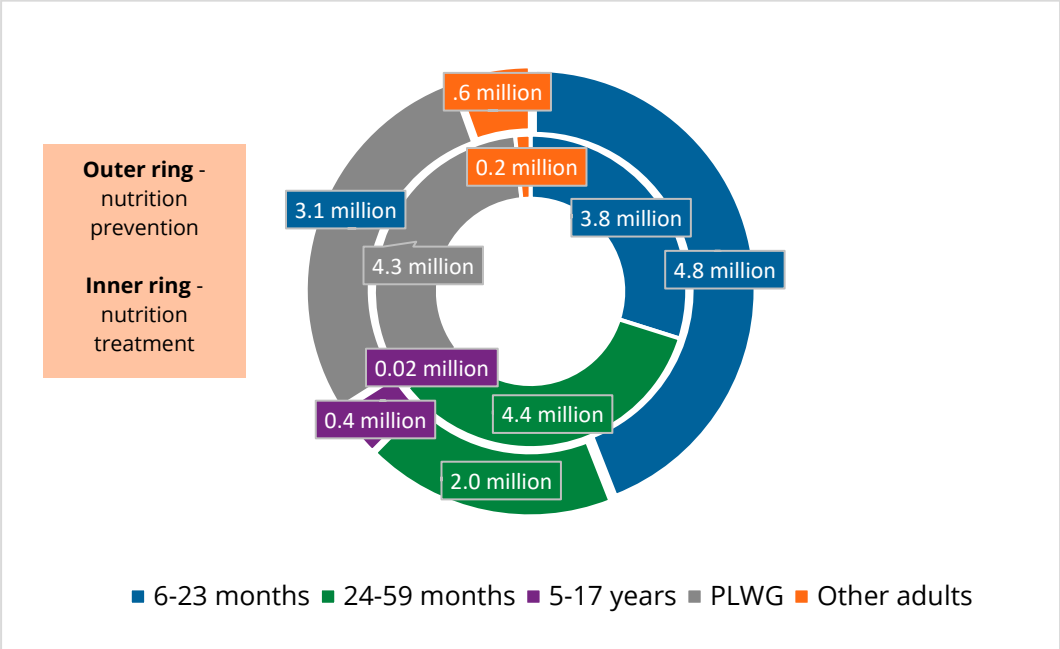
138. In 2021, nutrition-specific treatment programmes reached pregnant and lactating women and girls, (PLWG), children six to 23 months and children 24 to 59 months in roughly equal proportions (see Figure 9). This split by beneficiary age group has remained roughly stable since 2016[137] and underlines WFP's commitment to the treatment of MAM as a critical part of the continuum of care. Children under two were targeted in larger numbers by nutrition-specific prevention actions (at a ratio of roughly 2:1) compared to children aged over 2 years and PLWG, in line with the evidence base in 2016-2017 that suggested improved results of preventive actions in this age group. In 2022, emerging global evidence indicates the need to increase focus on PLWG to prevent a large proportion of wasting and stunting in young children (see Annex 8. Evidence review for nutrition), and many international organizations are aligning action with this evidence.[138] This trend validates WFP's attention to this group in treatment programmes to 'prevent' undernutrition in young children and suggests a need for a continued emphasis in prevention programmes to include PLWG.

[136] Over 200 MT of MNPs and SQ-LNS were distributed by WFP in 2020 (WFP, 2020. *Nutrition in Numbers*).

[137] WFP. 2016. *Nutrition in Numbers.*

[138] UNICEF, for example, have released new guidance: United Nations Children's Fund. *UNICEF Programming Guidance. Prevention of malnutrition in women before and during pregnancy and while breastfeeding.* New York: UNICEF, 2021. January 2022. In 2022, UNICEF created a new post at headquarters to lead their maternal nutrition policy and programmes.

Figure 9. Number of people reached through treatment and prevention of malnutrition by age and programme, 2021

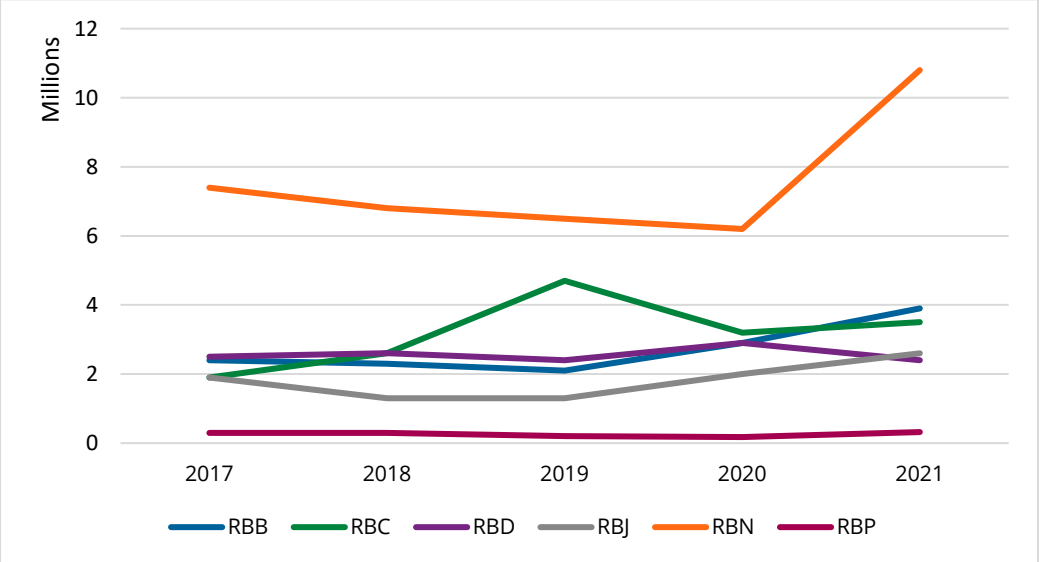


139.

140. Source: WFP. 2021. Nutrition in Numbers.

141. WFP delivers nutrition-specific interventions to beneficiaries across diverse global settings (see Figure 10).

Figure 10. Nutrition-specific direct beneficiaries by region



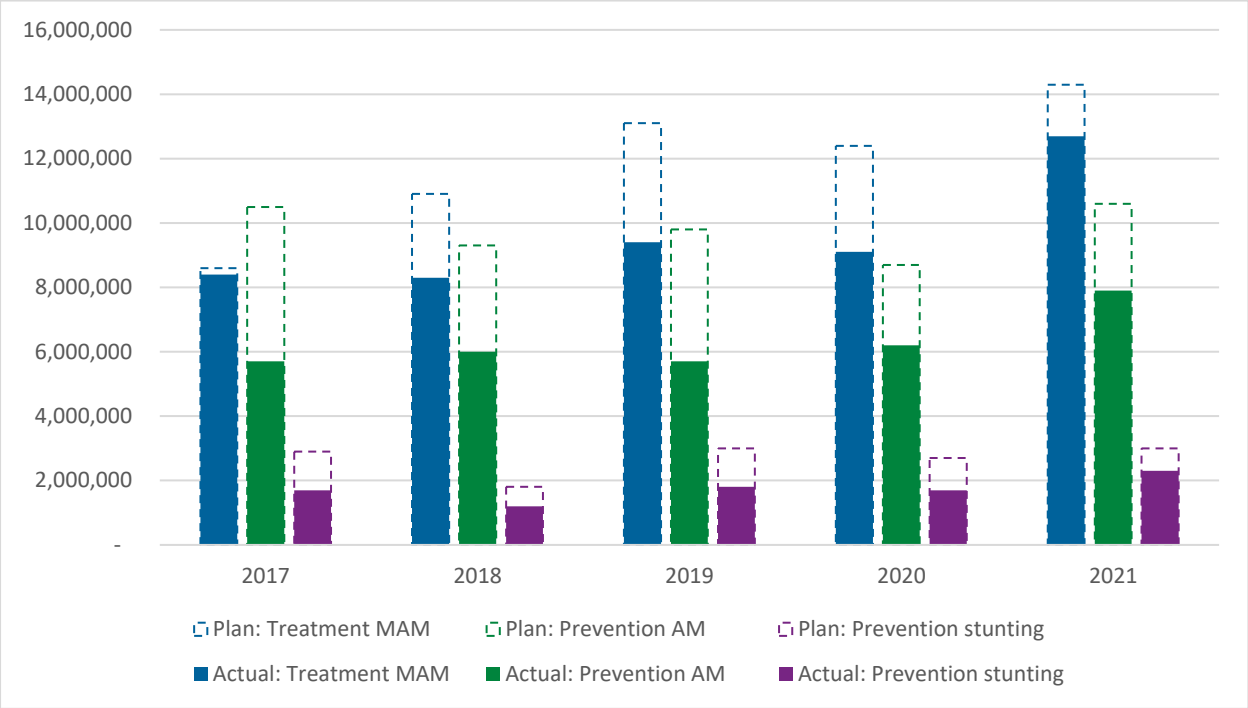
142.

143. Source: Provided by the Nutrition Division: *Nutrition in Numbers 2017-2021,* complemented by COMET data.

144. By 2021, Regional Bureau for Eastern Africa (RBN) had reached almost double the nutrition-specific beneficiaries of any other region. All others reached a roughly even share, except Regional Bureau for Latin America and the Caribbean (RBP), whose footprint is much smaller. This is due to the scale of humanitarian needs in RBN, the high burden of acute malnutrition and WFP's large-scale operations in Ethiopia, Somalia, and South Sudan.

145. Looking at actual vs planned beneficiary numbers sheds further light on the scale of WFP's nutrition operations. Although the prevention of acute malnutrition and stunting has expanded since 2017, Figure 11 shows that treatment of MAM remains better supported into 2021. This is linked to WFP's historical core focus and area of expertise being the management/treatment of MAM. The gradual shift by donors to recognize WFP as an organization that 'treats' but also has a role in 'prevention' has happened only over the last six to eight years.

Figure 11. Number of actual vs planned nutrition-specific beneficiaries by activity, 2017-2021



Source: Nutrition Division: *Nutrition in Numbers 2017-2021*, complemented by COMET data

146. The gap between actual vs planned beneficiaries for prevention is getting narrower, with prevention of wasting programmes reaching 75 percent of planned beneficiaries in 2021 vs only 54 percent in 2017. This tallies with reports that donors are making the gradual shift to increasing focus on prevention vs treatment.[139]

147. These global figures are supported by the evidence from the CSPEs that were available for this evaluation, with prominent examples in DRC, Tanzania, and (to a more limited extent) in Timor Leste.[140] The evaluation of its COVID-19 response[141] highlighted WFP's ability to scale up and adapt in response to a crisis. The report outlined WFP's overall success in expanding and accelerating food security and nutrition programming for those in need, including new populations not traditionally served, adapting modalities where required and providing badly needed supply chain and logistics services where governments faced constraints. The report concluded that the pandemic also saw WFP reaping the benefits of earlier intentional investments in its adaptive capacity to respond. These included investments in surge mechanisms, duty of care for employees, and advance financing mechanisms, which enabled swift deployment of resources to needs. These actions supported delivery on the ground with the result that food security and nutritional status among beneficiary populations were mostly maintained, constituting a significant achievement in the challenging context.

Finding 13: The quality of WFP's food assistance has improved since 2017 through increased use of SNFs and fortified foods. While MAM treatment delivered by WFP has met performance targets

[139] Reports from the document review, including CSPEs and stakeholder interviews.

[140] WFP. 2020. *Evaluation of DRC ICSP 2018-2020*; WFP. 2022. *Evaluation of Tanzania CSP 2017-2021*; WFP. 2020. *Evaluation of Timor Leste CSP 2018-2020*.

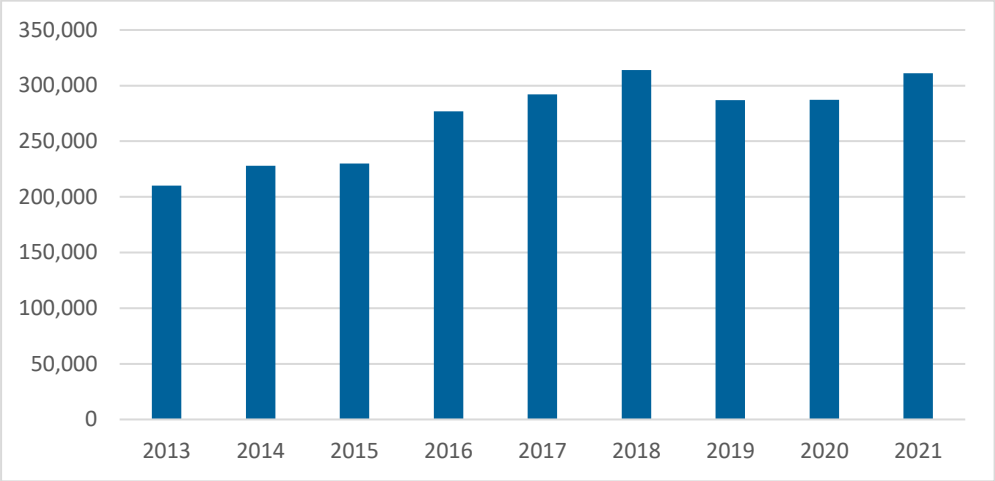
[141] WFP. 2022. *Evaluation of WFP's Response to the COVID-19 Pandemic.*

overall, there remain challenges linked to coverage of treatment. The extent to which WFP's nutrition-specific and nutrition-sensitive programming have improved access to healthy diets is less well understood due to challenges with the collection and interpretation of monitoring data.

148. The 2017 nutrition policy stipulated a requirement for WFP to move beyond the focus on quantity of food (calories) and increase attention to quality (nutrients).[142]

Figure 12. Quantity of SNFs (in metric tons) distributed by WFP globally, 2013-2021

149.

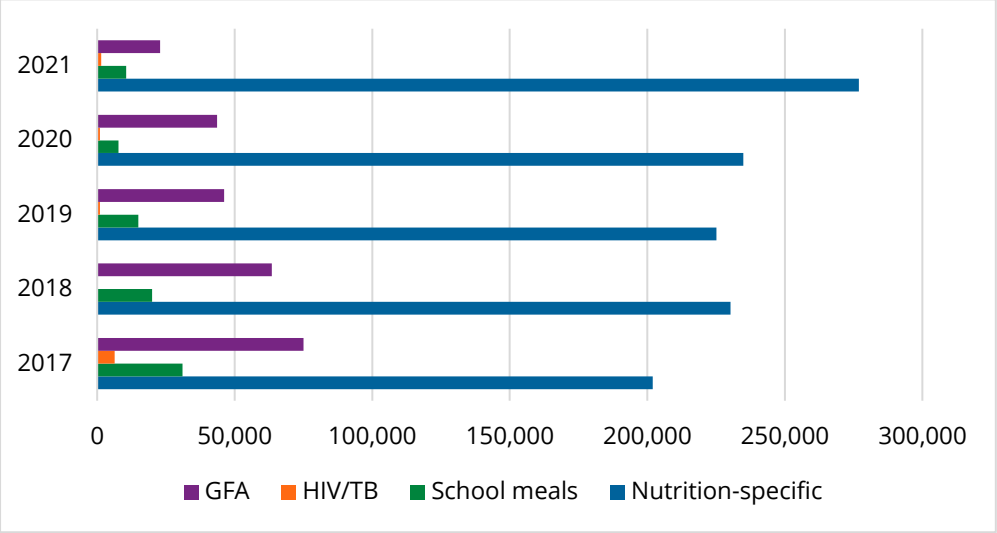


150. Source: WFP. 2020. Annual Performance Report; WFP. 2021. Nutrition in Numbers.

151. Data on WFP's use of SNFs and fortified foods – an important means for WFP to improve the quality of diets, particularly in emergencies – indicates that, in general, the nutrition quality of WFP's food assistance has improved since 2017. Figure 12 shows that the use of SNFs increased year on year until 2018. In early 2020, the COVID-19 pandemic hit supply chains, which required SNFs to be prioritized for nutrition-specific programmes to treat and prevent malnutrition, and their use was reduced in nutrition-sensitive programmes such as general food assistance (see Figure 13), with implications for reduced quality of rations provided.

[142] For example, see page 2, paragraph 4 of the nutrition policy which states: "Availability of, access to and demand for nutritious food are fundamental in supporting good nutrition, eliminating poverty and achieving the SDGs for inclusive economic growth, health and education. They require moving beyond the focus on quantity – calories – and increasing attention to quality – nutrients"; and page 15, paragraph 4, which states: "Within WFP, the Nutrition Division will work with stakeholders such as the Supply Chain Division and country directors to identify ways of improving the nutrient quality of the food basket delivered".

Figure 13. Quantities of SNFs (MT) by programme type



Source: WFP. 2020. *Nutrition in Numbers.*

152. By 2021, supply chains were beginning to recover, and the quantity of SNFs distributed began to stabilize again, in line with increasing numbers of beneficiaries (see Figure 8). Figure 13 shows that the large majority of SNFs were used by nutrition-specific programmes between 2017 and 2021. While SNFs are an important means of making general food assistance (GFA) and school feeding more nutrition-sensitive, they are not the only way of doing this: interventions such as the use of locally sourced nutrient-rich foods help to improve the nutrition profile of rations distributed, and SBCC supports adoption of high-impact nutrition-specific/sensitive behaviours or practices.[143] The use of fortified staples (see below) and locally available foods – for example, through home-grown school feeding (HGSF)– were an increasingly important means of improving nutrition sensitivity, particularly during the SNF supply disruption caused by the COVID-19 pandemic.[144] There has also been a shift to CBTs (in place of direct food assistance) in GFA for some time. This is increasingly designed to be nutrition sensitive (see discussion under Finding 15 below).

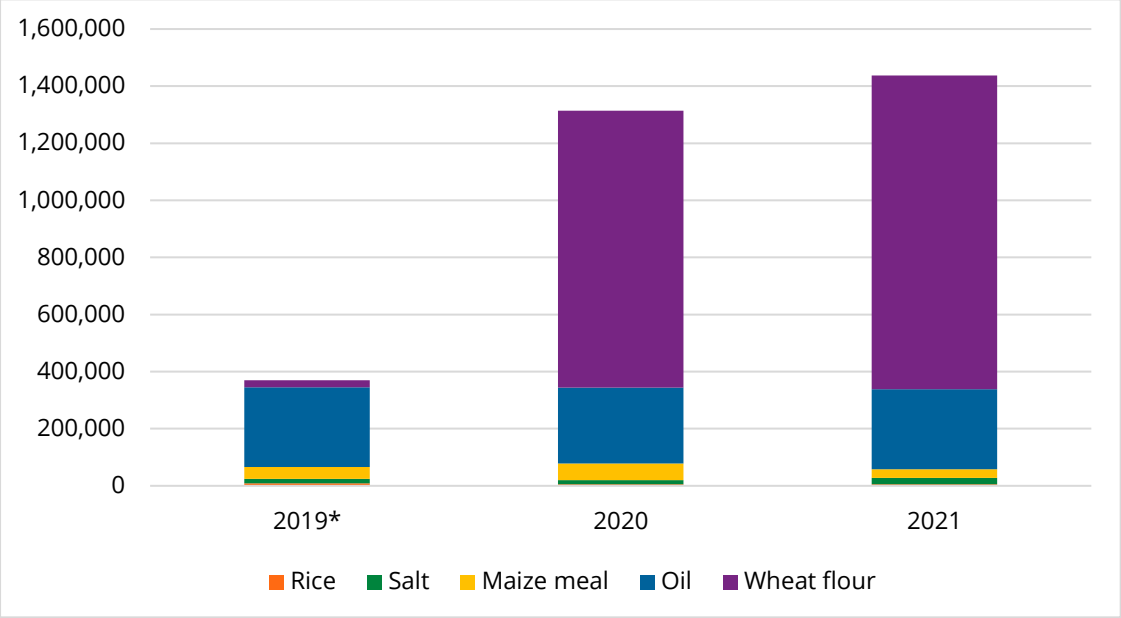
153. The quantity of fortified wheat flour distributed by WFP between 2019 and 2021 increased year on year (see Figure 14) due to strengthened supply chains for the commodity, and improved technical guidance in supplies division on the importance of including fortified flours as part of food assistance.[145]

[143] WFP. 2017. *Unlocking WFP's Potential Guidance for Nutrition-Sensitive Programming.*

[144] WFP. 2020. *Nutrition in Numbers;* WFP. 2020. *Annual Performance Report;* Key Informant Interviews.

[145] Information from Key Informant Interviews and Annual Country Reports. Also see WFP. 2018. *Food and Nutrition Handbook.*

Figure 14. Quantities of fortified foods (MT) distributed by WFP



Source: Office of Evaluation, Fortified wheat flour and fortified maize meal tags were only produced and implemented in the corporate data system (COMET) 2018, thus, data were only available in the 2019 reporting year.

154. By 2021, around 90 percent of all wheat flour distributed was fortified, helping to increase nutrition sensitivity and quality of GFA programmes. The distribution of fortified rice and maize flour is lagging (only 2 percent and 13 percent respectively of all distributed in 2020). This suggests that, with their large presence in countries where micronutrient deficiencies are most prevalent, WFP has an important opportunity to improve the health and nutrition of millions by improving procurement and distribution of fortified rice and maize. This will require continuation and strengthening of WFP's work with governments in Asia, Latin America, and Africa to introduce and scale up rice and maize fortification[146] to fight micronutrient deficiencies as well as support supplies division to procure and integrate fortified rice and maize in operations as standard procedure.[147]

155. Although the composition of the food basket is proposed according to recommendations by nutritionists following Fill the Nutrient Gap (FNG) and ration planning tools, it may be different from the composition ultimately decided which may again be different from the actual food received by the beneficiaries as the latter two are influenced by resourcing outlooks and feasibility considerations. The monitoring of WFP food baskets aimed at assessing and recording these variations remains focused on commodities rather than nutrients (such as WFP's pipeline tools).[148] This hamper quantitative analysis at the output level of the nutrition impacts of GFA used to prevent malnutrition.[149] The Nutrition Division is working on the development of an outcome indicator that would enable monitoring of the nutritional quality of food baskets/rations actually distributed.

156. The quality of nutrition-specific programming is largely measured through the following Corporate Results Framework (CRF) (2022-2025) outcome indicators: programme coverage for MAM treatment and prevention; and MAM treatment programme performance. WFP sets corporate targets for MAM treatment performance that are consistent with the Sphere standards on quality and accountability. These indicators include:

- Mortality rate (deaths of beneficiaries during the programme): less than 3 percent
- Default rate (beneficiaries not returning to the programme): less than 15 percent

[146] WFP. 2018. *Improving Nutrition through Rice Fortification Partnerships, Initiatives, and Success Stories from 9 countries.*
[147] Key Informant Interview.
[148] WFP. 2020. *Internal Audit of WFP's Nutrition Activities - February 2020.*
[149] Ibid.

- Recovery rate (beneficiaries successfully recovering from acute malnutrition): more than 75 percent
- Non-response rate (beneficiaries not recovering from acute malnutrition): less than 15 percent.

157. MAM treatment is one of the longest established programmes within WFP and, as a result, there is good performance reporting at country level. This is despite the fact that there is no corporate system to monitor MAM treatment performance indicators: countries must develop their own tool, and they are not requested to disaggregate all data by gender.[150] Table 5 shows that the majority of countries reporting MAM treatment performance since 2018 have met the targets outlined above, with a small drop in performance in 2021 due to the effects on health systems of the COVID-19 pandemic. The non-response target was also met by most countries across the four years.

Table 5. Percentage of countries with MAM treatment that met target by performance indicator

Performance indicator	Year			
	2018 (% N=37)[151]	2019 (% N=35)	2020 (% N=35)	2021 (% N=35)
Mortality	100	100	100	94
Default	86	89	94	91
Recovery	92	91	94	88

158. Source: WFP. 2018-2021. *Nutrition in Numbers*

159. Data that measures coverage is also reported. In 2021, 23 out of 46 (50 percent) complete measurements of coverage for treatment programmes met the coverage threshold, and 22 out of 45 countries (48 percent) complete measurements of coverage for prevention programmes achieved targets.[152] The reporting rate by countries for coverage of MAM treatment and prevention programmes was high (96 percent and 94 percent respectively) and underlines that reporting mechanisms for MAM programmes generally are well established within WFP. However, achieving the coverage targets has remained a challenge, frustrated by issues including distance to distribution sites, seasonal changes in weather, and workload and access restrictions.[153] It is also important to note that the approach (using secondary data to calculate coverage) used by WFP may not represent true coverage levels – this is an issue globally as well as within WFP.[154] The numbers estimated as 'eligible' are likely to be an underestimation of the true scale of moderate wasting in any given context. This is because coverage is defined by WFP as the 'proportion of eligible population who participate in the programme', and 'eligibility' is calculated using survey data that is often out of date and can only assess levels of wasting at one point in time (prevalence). Also, wasting is a relatively short-term condition and is affected by seasonality. Therefore, it is increasingly recognized that an understanding of wasting incidence in any given context is needed to support appropriate country-level programme planning for any given year.[155] As yet, these limitations are largely unrecognized in WFP's reporting.

160. The quality of nutrition-specific and nutrition-sensitive programming, and the extent to which they have improved access to healthy diets, is also measured through the following CRF outcome indicators:

[150] WFP. 2020. *Internal Audit of WFP's Nutrition Activities - February 2020.*

[151] 36 countries for mortality; 37 countries for default and recovery.

[152] WFP. 2021. *Annual Performance Report.*

[153] WFP. 2017-2020. *Annual Performance Reports.*

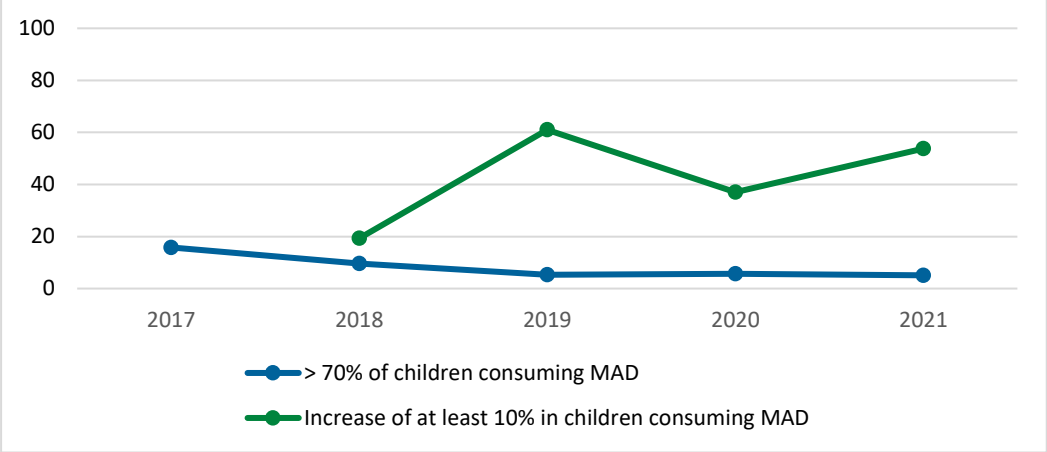
[154] Isanaka, S. et al. 2018. Estimating Program Coverage in the Treatment Of Severe Acute malnutrition: A comparative analysis of the validity and operational feasibility of two methods. *Population Health Metrics.* 16, 11.

[155] Isanaka, S., Andersen, C.T., Cousens, S., Myatt, M., Briend, A., Krasevec, J., Hayashi, C., Mayberry, A., Mwirigi, L. & Guerrero, S. 2021. Improving estimates of the burden of severe wasting: analysis of secondary prevalence and incidence data from 352 sites. *BMJ Global Health*. Mar;6(3):e004342.

- Minimum acceptable diet (MAD) – an international infant and young child feeding indicator for nutrition-specific and nutrition-sensitive programmes
- Minimum dietary diversity for women (MDD-W) – for nutrition-specific and nutrition-sensitive programmes
- The food consumption score-nutrition (FCS-N) – a proxy indicator for households' food access and diet quality, for nutrition-sensitive programmes only.

161. The corporate target for MAD in the current CRF is more than 70 percent of children consuming a MAD by programme end, or an annual increase of at least 10 percent. Figure 15 shows that, while a small proportion of countries have achieved the 70 percent target since 2017 (by 2021 only 5.1 percent of countries that measured MAD met this target), there is some evidence of an annual increase of at least 10 percent occurring in an increasing number of countries. In 2021, 15 percent of measurements of MAD were not complete,[156] which reflects some of the challenges around collecting this data at country level (see discussion below). Data is generally not disaggregated by sex.

Figure 15. Percentage of countries measuring minimum acceptable diet (MAD) that met target



162.

163. Source: WFP. 2017-2021 Nutrition in Numbers

164. Suboptimal MAD results were influenced by limited access to nutritious foods, including high cost/unaffordability, especially during the COVID-19 pandemic.[157] Low MAD results may also be influenced by suboptimal child feeding and care practices. The role of SBCC to support communities to improve infant and young child feeding practices is, therefore, increasingly included in WFP programmes.[158] In Ethiopia, 86 percent of children aged 6 to 23 months met the MAD target in December 2020, a significant improvement from the baseline of 22 percent. This was achieved through a package of support. Households with PLWG received fresh food vouchers, while nutrient-dense food was provided for children aged 6 to 23 months through the National Productive Safety Net Programme. WFP supported SBCC to improve diet and feeding practices and also supported retail sales of nutrient-dense food.[159] However, there are limited data available to give more analysis of factors that limit these results across the range of transfer modalities and WFP contexts.

165. For MDD-W, the corporate target is 'an increased proportion of women 15 to 49 years reaching MDD-W compared to the baseline value'. Data reported by *Nutrition in Numbers* reports shows that approximately half of all countries reporting on MDD-W achieved the corporate target since 2017. In 2021, 19 percent of measurements of MDD-W were not complete,[160] which reflects some of the challenges around collecting this data at country level (see discussion below).

[156] WFP. 2021. *Annual Performance Report.*
[157] WFP. 2020 & 2021. *Nutrition in Numbers.*
[158] WFP. 2020. *Nutrition in Numbers 2020.*
[159] Ibid.
[160] WFP. 2021. *Annual Performance Report.*

166. Programmes that have delivered a package of interventions, including a range of actions to improve access to foods, have reported the best results for MDD-W. In Chad, for example, nutrition activities were integrated into resilience activities, and households were supported to diversify their diet by promoting the cultivation of nutritious plants such as moringa. Small ruminants were also distributed, and mixed fortified flour was promoted, while pregnant and lactating women were encouraged to attend antenatal clinics with cash distribution incentives. As such, MDD-W increased by 172 percent compared to 2019 (from 28.9 to 77.8 percent).[161]

167. However, it is important to note that MAD and MDD-W are relatively new (or newly revised) CRF outcome indicators. While the number of countries reporting is increasing,[162] according to KIIs and global evidence,[163] the collection, interpretation and use of this data requires M&E and nutrition expertise that are not always available at country level. Also, necessary investment in surveys and baselines is not always adequate and/or timely. Where data on diets is collected, attribution of any change in indicator levels recorded at one point in WFP's work is difficult because of the wide range of environmental and other factors that affect these indictors. This suggests that it would be valuable for WFP to improve protocol and guidance on the collection, interpretation, and use of data for these indicators to better understand the specific impacts of WFP programmes. This is discussed further paragraph 233.

Finding 14: There are examples of effective nutrition-specific approaches in prevention and food fortification, but they need to be part of a multisectoral approach which includes nutrition-sensitive and government capacity-strengthening interventions to address structural vulnerabilities and build human capital.

168. It is well established that nutrition-specific interventions cannot solve the challenges of malnutrition if implemented in isolation: as noted in *The Lancet*, scaling-up nutrition-specific interventions can reduce the prevalence of childhood stunting by 20 percent, while further interventions are needed to address the remaining 80 percent.[164] To address structural vulnerabilities and build human capital requires a combination of nutrition-specific, nutrition-sensitive and improved governance approaches, as advocated by Scaling Up Nutrition (SUN).[165]

169. While quantitative outcome data is lacking, examples are emerging in CSPEs, ACRs and KIIs of longer-term approaches in nutrition-specific prevention and food fortification. These are showing promise in addressing structural vulnerabilities and building human capital where they are combined with complementary activities by WFP or others to support government capacity to develop and implement national nutrition policies and strategies and enhance human resource investment. For example, SBCC is increasingly becoming an important part of WFP's nutrition-specific and nutrition-sensitive programming, such as school feeding programmes and GFA. Approaches include interpersonal (e.g., counselling, nutrition education), media (e.g., radio, television) and community mobilization (e.g., issue groups and campaigns).[166]

170. In 2021, WFP implemented SBCC approaches in 55 countries to improve knowledge, attitudes, and behaviours of vulnerable population groups regarding infant and young child feeding practices, dietary diversity, hygiene and sanitation, and childcare practices. There was a 264 percent[167] increase in the number of people reached with SBCC for nutrition compared to 2020, and many of these form part of WFP's nutrition-specific programme beneficiaries. For example, in the Sahel Integrated Resilience

[161] Ibid.

[162] 24 countries reported on MDD-W in 2018 increasing to 40 by 2020. 31 countries reported on MAD in 2018 increasing to 38 by 2020. WFP. *Annual Performance Reports 2018-2020*.

[163] INDDEX, 2021. *Minimum Dietary Diversity for Women (MDD-W*).

[164] Bhutta, Z.A. et al. 2013. Evidence-based Interventions for Improvement of Maternal and Child nutrition: What can be done and at what cost? *The Lancet*. 382: 452–77.

[165] Coile, A. et al. 2021. Scaling up Nutrition Through Multisectoral Planning: An exploratory review of 26 national nutrition plans. *Maternal & Child Nutrition.* 17 (4)

[166] WFP. 2020. *Nutrition in Numbers 2020*. See also virtual mission data, particularly from Uganda, Tunisia, Dominican Republic & Eswatini.

[167] 19.7 million people participated in interpersonal interventions such as counselling and nutrition education and 15.4 million people were reached through approaches using media such as radio or television (WFP. 2021. *Nutrition in Numbers 2021*).

Programme (spanning Burkina Faso, Chad, Mali, Mauritania, and Niger),[168] as well as meeting essential food needs for target populations, community nutrition centres supported pregnant women and mothers in community awareness and learning groups (called GASPAs). In monthly sessions, they learned about good feeding practices, hygiene, health, and nutrition. In Cameroon, WFP has collaborated with the government and UNICEF since 2016 to respond more efficiently to the high levels of malnutrition in areas covered by WFP programming. A large-scale WFP nutrition programme has been rolled out to prevent acute malnutrition in children aged 6 to 23 months and to treat older children affected by MAM. It comprises nutrition-preventive actions – blanket supplementary feeding (BSF) programme, nutrition sensitization – and the delivery of multiple complementary health services to increase synergies and impact.[169] The evaluation found that SBCC approaches are usually adapted to suit the context, but could be strengthened by improved formative research on barriers and enablers to behaviour change, as well as consultation with targeted communities at design stage.

171. It is equally important for WFP to maintain awareness that SBCC for nutrition is rarely successful when it is not part of well-designed, multi-pronged/multisectoral interventions such as those described above (see also the discussion under Finding 19 below and in Annex 8: Evidence review for nutrition). Increasingly, WFP supports the inclusion of fortification into policies and plays a facilitating role in countries, connecting and supporting the main actors to scale up the fortification of staple foods. While WFP's monitoring data captures the amounts of fortified foods distributed, it does not fully capture the whole narrative of food fortification at WFP, especially as it relates to capacity strengthening. There are examples of support for food fortification in several CSPEs, including the Gambia, Bangladesh, Timor Leste, and Laos.[170] In 2017, WFP supported food fortification in Mozambique through technical support, a communication and social mobilization strategy and a compliance monitoring mechanism for food fortification. By the end of 2017, all Mozambican wheat and corn flour mills, and all vegetable oil and sugar factories operating at provincial and central levels were fortifying foods across 43 mills and factories.[171] While the proportion of fortified rice distributed by WFP remains small (see Figure 14), there are many successful examples of WFP's work to support national rice fortification programmes – see discussion under paragraph 263 on WFP's partnership with Dutch State Mines (DSM). In Peru, WFP has been supporting the scale-up of fortified rice since 2017, initially focusing on increased advocacy and communications capacity to the national school feeding programme, Qali Warma. In 2019, WFP supported the Government of Peru in bringing together more than 130 small and medium rice millers to produce fortified rice as part of the meals provided by Qali Warma. In its first year of implementation, 12,500 metric tons of fortified rice were produced and distributed to two million children. In India, WFP supported national and state governments in a unique 'pilot-to-scale' approach, carrying out four sequential large-scale pilots to test and demonstrate the feasibility and effectiveness of including fortified rice in different social assistance programmes. Working across the value chain, WFP supported standard setting, local production of fortified rice, integration into government distribution systems, and information, education and communication in different contexts, gradually building the momentum for integration of fortified rice into social assistance programmes country wide. In 2021, after nearly a decade of pilots, engagement and advocacy, the national government committed to mainstreaming fortified rice into all three of its food-based social assistance programmes. Fortified rice is now gradually being introduced into programmes, reaching over 400 million people, and the country has become self-sufficient in fortified kernel production.[172]

Finding 15: Creative models of context-specific, nutrition-sensitive interventions are emerging in food assistance for assets, resilience, social protection, cash-based programming and school feeding interventions. However, evidence of the results of those interventions is not readily available owing to the slow development of systems for rigorous monitoring and data analysis.

[168] WFP. 2021. *Scaling-up Resilience in the Sahel: A Story of people, partnerships and practice an integrated approach to tackle hunger from the source and build peaceful communities.*
[169] WFP. 2020. *Cameroon Country Strategic Plan 2018-2020.*
[170] WFP. 2021. *Evaluation of the Gambia CSP 2019-2021*; WFP. 2021. *Evaluation of the Bangladesh CSP 2016-2019*; WFP. 2020. *Evaluation of the Timor Leste CSP 2018-2020*; WFP. 2022. *Evaluation of the Lao PDR CSP 2017-2021*.
[171] WFP. 2017. *Mozambique Annual Country Report.*
[172] WFP. 2022. *The proof is in the pilot: 9 insights from India's rice fortification pilot-to-scale approach.*

172. The scale of nutrition-sensitive activities implemented through WFP-support interventions has increased considerably since the nutrition policy was approved in 2017 – from no countries reporting on this in 2017 to 69 in 2021.[173] In 2021, 75 percent of the reported activities in the school feeding category, 75 percent in the unconditional resource transfer category, 69 percent in the asset creation and livelihood category, and 82 percent in the smallholder agricultural market support activities category included a nutrition objective.

173. Interviews, CSP documentation and some CSPEs reveal that country offices have used recently developed nutrition-sensitive guidance[174] to develop their second-generation CSPs or to design integrated, nutrition-sensitive programmes (e.g., the Gambia, Uganda, Mozambique, Nigeria, the Sahel, Indonesia, El Salvador, and Honduras). For example, nutrition-sensitive FFA programmes in Mozambique aimed to improve the dietary diversity of nutritionally vulnerable groups, such as children aged under 2 years and pregnant and lactating women. The project added nutrient-dense and fresh produce to the food basket, supported the provision of more nutritious food options from retailers, and included an awareness-raising campaign at retail sites to promote healthy food choices and generate assets, such as fruit and vegetable gardens. It aimed to increase access to essential health services through mobile brigades and nutrition education and sensitization using an SBCC approach, including a mass media campaign. In total, some 4,000 households (20,000 beneficiaries) were reached.[175] In Pakistan, WFP's support for the national social protection programme has improved access for children and pregnant and lactating women and girls to nutritious diets at scale through direct transfers and SBCC. In WFP's Sahel Integrated Resilience Programme,[176] the development of nutrition-sensitive value chains has included support for a milk processing unit in Mopti Region (Mali) as well as conservation, processing, and fortification to increase the year-round availability of micronutrient-rich foods including red sorghum, pearl millet, beans, peanuts, okra, onions, squash, sickle senna, moringa, and baobab.

174. Evidence from a review of CSPs and from sampled countries demonstrates the evolution of guidance and approaches, as well as increased awareness of the emergence of creative models of nutrition-sensitive, holistic programming since 2017. However, there is also evidence to suggest that the uptake of nutrition-sensitive approaches has been slow, and this is causing a level of frustration at country level:

> "We have spent a long time focusing on treatment of malnutrition – livelihood hasn't really been our mandate, but it is very important for clients. If we say they are cured, we need to link them up with other opportunities, livelihoods, or income-generating activities so they can stay well. We haven't done so well building linkages with agriculture and livelihoods ministries or programmes internal to WFP [...] We need to improve."

> "We still run the treatment programme as a priority. At the same time, my concern is that we won't deliver on the results we want. Our resilience and livelihoods programme is not strong. The question is how to move more towards prevention and increase nutrition-sensitive programming."

175. Despite challenges that limit progress, two areas of WFP's programming that deserve special mention for the opportunities they provide for nutrition-sensitive programming, as well as the, are the use of cash and vouchers as a modality and the school feeding programming.

176. WFP is increasingly using cash and vouchers as a means to ensure that people are able to meet their essential needs. In 2021, WFP transferred US$2.3 billion in cash and vouchers to 42 million beneficiaries in 69 countries, representing an increase of 10 percent compared with 2020.[177] Growing global evidence demonstrates the potential of cash-based assistance to significantly affect dietary outcomes,

[173] WFP. 2021. *Annual Performance Report 2021.*

[174] WFP's first nutrition-sensitive programming guidance was released in 2017, offering practical recommendations on activities such as initiatives for smallholder farmers, CBTs, asset creation and livelihoods, school meals and social protection and safety nets. New corporate indicators such as minimum dietary diversity for women were adopted in WFP's CRF to monitor nutrition outcomes from nutrition-sensitive programming.

[175] WFP. 2019. *Mozambique Annual Country Report.*

[176] WFP. 2021. *Scaling-up Resilience in the Sahel: A Story of People, Partnerships and Practice.*

[177] WFP. 2021. *Annual Performance Report 2021.*

wasting, and even stunting (see Annex 8. Evidence review for nutrition). However, evidence suggests that, to improve nutrition with cash assistance, action that explicitly strengthens the nutrition sensitivity of the approach is needed. This includes actions that help to ensure the availability of safe, nutritious foods in areas of intervention through integrated food systems that work on the supply side as well as demand. Vouchers that can be exchanged for local nutritious foods and linked interventions (such as SBCC) that can facilitate the uptake of health and nutrition services and promote health-seeking behaviours and healthy food choices for mothers and children have demonstrated some success. In 2021, WFP distributed US$39.3 million – as cash, commodity vouchers, and value vouchers – through nutrition interventions.[178] This is still a relatively small proportion of the total cash and vouchers distributed and demonstrates that, while the approach has potential to further WFP's nutrition objectives, it can add complexity to programming that can be challenging for country offices to manage. Good context analysis and needs assessments (such as those by FNG) are required, along with the technical expertise to design and implement effective strategies.

177. School feeding has long been recognized by WFP as an entry point for nutrition[179] – for alleviating short-term hunger and improving children's nutritional status, particularly when food is fortified and accompanied by de-worming. More recently,[180] it has been put forward as an entry point for linking local agriculture, food systems and nutrition (through HGSF) and as one means of addressing the double burden of malnutrition. A 2020 evaluation found that, while school feeding rations are almost always designed to be nutritious, the incorporation of additional nutrition-sensitive components into school feeding programmes has been haphazard, information on their implementation is often anecdotal, and practical shortcomings in delivery of nutritious foods may undermine their effectiveness.[181] It further concluded that, "direct observation of the nutritional effects of school feeding is generally impractical except under rigorous research conditions".[182] This is also documented in the CSPEs for Bangladesh, Timor Leste, China and Honduras.[183] The growing attention to HGSF models has not been matched with commensurate attention to capacity strengthening of smallholder farmers, farming associations, women producer groups and the local food systems around schools. There has been insufficient focus on making these systems more nutrition-sensitive, giving attention to food safety issues, and designing joint capacity-strengthening strategies for the longer term, involving other agriculture/food security stakeholders. The recent launch of WFP's new school feeding strategy outlines a broader, more integrated package of school health and nutrition that, through working in partnership and across sectors, will help to guide programmes in addressing many of the challenges discussed above.[184]

178. Many of the findings of the *Strategic Evaluation of the Contribution of School Feeding Activities to the Achievement of the Sustainable Development Goals* are reinforced by evidence from the countries sampled in this evaluation. In Mozambique, for example, WFP has worked in close collaboration with the Ministry of Education to improve the nutrition-sensitivity of the national programme by elaborating new menus with improved nutritional value adapted to the different regional contexts, as well as the development of nutrition education training modules. However, the envisioned partnerships between local farmers, farmers' organizations and schools have only partially materialized, and procurement regulations at the district level have been cited as a barrier to local purchasing. In mid-2022, the national school feeding programme remains small scale compared to needs, and the government funding anticipated in the CSP, essential for handover and effective scale-up, has not yet been secured.[185] In Uganda, the HGSF has been severely limited in scale by capacity limitations of local production and by transport and storage challenges.

179. For the majority of WFP's nutrition-sensitive action, progress is hard to demonstrate because the few outcome indicators that do exist in the CRF to measure results (such as MAD, MDD-W, FCS-N and

[178] US$2.2 million in vouchers were given to support treatment of malnutrition programming for 66,000 people, including for HIV/TB treatment and care. US$37.1 million was distributed to 717,000 people through prevention activities.
[179] WFP. 2009. *School Feeding Policy.*
[180] WFP. 2013. *School Feeding Policy.*
[181] WFP. 2020. *Strategic Evaluation of the Contribution of School Feeding Activities to the Achievement of the Sustainable Development Goals.*
[182] Ibid.
[183] WFP. 2021. *Evaluation of the Bangladesh CSP 2016-2019*; WFP. 2020. *Evaluation of the Timor Leste CSP 2018-2020.*; WFP. 2021. *Evaluation of the China CSP 2017-2021*; WFP. 2022. *Evaluation of the Honduras CSP 2018-2021*.
[184] WFP. 2020. *A Chance for Every Schoolchild. Partnering to scale up school health and nutrition for human capital.*
[185] WFP. 2017-2021. *Mozambique Country Strategic Programme 2017-2021.*

percentage increase in production of high-quality and nutrition-dense foods) are relatively new to country teams, challenging to measure and hard to interpret (with regards to the specific attribution of change to WFP's intervention and the lack of established targets [for FCS-N] at corporate level). This is elaborated in the discussion under Finding 13. CSPEs have also noted that it is impossible to capture the contribution of important nutrition-sensitive initiatives, such as the scale-up of CBTs and FFA work, to overall nutrition outcomes due to inadequate M&E and lack of intermediate outcome indicators and limited outcome monitoring data. For SBCC and activities focused on country capacity strengthening, the nutrition audit 2020 found that CRF indicators were not meaningful, and countries reviewed during the audit struggled to define and implement theories of change linked to them.[186] There are also several areas of nutrition-sensitive programming where indicators do not exist, such as nutrition-sensitive social protection and diet diversity of school-age children, although there is ongoing work by the nutrition and other divisions to address these gaps.

Context-specificity

Finding 16: Standardized nutrition responses are evolving and adapting as WFP increasingly improves its attention to the importance of context-specificity.

180. The nutrition policy commits to WFP's nutrition responses and activities being "informed by context analysis and varying according to context and to the priorities and response capacity of the government concerned". However, there is a view held by some global stakeholders that WFP's responses tend to be uniform or off-the-shelf packages, particularly in the management of MAM or BSF programmes for prevention of stunting, and that these could be better tailored to context, using evidence generated in the countries where they work. As one interviewee observed: "There is a lot of creativity and interesting stuff happening at regional or country level, but WFP is relatively predetermined in terms of their programmes". This viewpoint is corroborated by CSPEs and ACRs, where there is evidence of standardized approaches, often minimally adapted to context, with accompanying lessons and recommendations illustrating how they could be improved.[187] However, the policy has promoted increasing adaptation and design in context. Interviews and WFP's recent research projects demonstrate how the organization is increasingly attentive to contextually appropriate responses.

181. The evaluation found various pilots and innovations that are sometimes "invisible beyond the communities in which they are happening". For example, in Eswatini, livelihood activities reaching a small number of households showed good nutrition-sensitive outcomes: "I *chose* (our emphasis) the vegetable garden option and am very happy that my family can now enjoy a balanced, diversified diet, and no longer go to bed on empty stomachs". In Cameroon, platforms for supplementary feeding programmes (SFP) supported by WFP at community level have subsequently developed into integrated hubs for health and hygiene support.

182. There is also evidence of context-specific adaptation on a larger scale. For example, in Mozambique, WFP has been able to adapt its programme delivery from protracted crisis conditions to sudden emergencies at large scale to offer solutions to regular populations and migrant populations and refugee settings. WFP has also been able to adapt its activities to align with national guidelines, thereby assuring relevance to the cultural context. This includes:

- MAM treatment programme adaptation to variable global acute malnutrition (GAM) rate thresholds
- Adjustments to ration size according to the food security situation in refugee and internally displaced person settings
- The elaboration of menus adapted to different regional contexts in school feeding programming
- Use of health and nutrition messages built on materials already developed by the government in support of the 'NutriSIM – Say YES to Nutrition'[188]

[186] WFP. 2020. *Internal Audit of WFP's Nutrition Activities - February 2020.*
[187] See for example the CSPEs for China and Timor Leste.
[188] WFP. 2021. *Mozambique Annual Country Report.*

- Delivery of technical assistance to social protection programming guided by the national plan from the government-led Adaptive Social Protection Working Group.

183.

184. Alongside MAM treatment adaptation, scaling up of lean season BSF programmes in response to surveys showing high rates of GAM is reported across several countries, including Uganda and the Gambia. Likewise, in Pakistan, provincial offices have the flexibility to adapt programming to the contexts of the provinces which they support. The facilitation centres model is implemented at health facilities to enable them to provide a platform for a package of health interventions (immunizations, antenatal care, postnatal care, safe births) alongside SNFs. The provision of a higher stipend for parents bringing girls than for those bringing boys to the centres is a context-specific incentive to redress negative attitudes in the care of girls. WFP's flour fortification initiative with small millers serving populations throughout the country is another example of context-specific programming.

185. FNG analyses have also informed context-specific responses. WFP conducted FNG analyses in 12 countries in 2020, which identified structural barriers that affect people's access to affordable, nutritious foods and effective interventions for addressing these issues based on their potential to improve nutrient intake among vulnerable individuals. The 2020 APR reported that several country offices and governments were subsequently able to ensure that their COVID-19 responses were more nutrition-sensitive.[189] Examples included increasing the transfer value to improve people's ability to purchase nutritious foods in Burundi, adding a top-up voucher specifically for food in Timor-Leste, introducing fresh, nutritious foods in Bangladesh and Ethiopia, and adding fortified commodities to institutional meals or lockdown support packages in Bangladesh. In Tunisia, interviewees described how FNG analysis had been used to advocate for nutrition-sensitive social protection, pushing for a vertical expansion of the government social protection system, from a fixed transfer amount for all those eligible to enhanced support to vulnerable households, including PLHIV, to cover the local cost of nutritious diets.

Programme integration

Finding 17: Integration of nutrition across WFP programmes remains tentative in the majority of contexts. WFP is called on to apply a longer-term nutrition lens to resilience building and strengthen capacities for nutrition in humanitarian response.

186. Programme activity streams have continued to operate vertically in the main, with nutrition activities largely confined to Strategic Objective 2 in addition to MAM treatment under Strategic Objective 1 in most first-generation CSPs. Increasing integration and multisectoral approaches are noted in second-generation CSPs. Uganda and Cameroon, for example, are articulating a vision for nutrition as core to their CSP, to which all activities contribute through the development of country office nutrition strategies.

187. In addition, as detailed in Finding 14, WFP is working increasingly at country office level to improve the nutrition-sensitivity of its programmes. In Mozambique, under the integrated climate risk management programme, community health workers have been trained to deliver SBCC sessions on gender, maternal nutrition and hygiene and sanitation.[190] Through an integrated package of asset creation, SBCC, nutrition interventions, post-harvest loss management and food assistance, households are supported to strengthen climate resilience, improve and diversify diets, and improve women's empowerment for stunting prevention.[191]

188. The Mozambique office is also pursuing "integrated, sequenced and layered humanitarian and development activities"[192] in nutrition, with adaptations to contextual change and emergency responses, working in tandem with longer-term programming.

189. Several global stakeholders stated that they would like to see WFP articulate the role of nutrition in resilience and use the humanitarian space to build capacities and initiatives that support longer-term nutrition goals.

[189] WFP. 2020. *Annual Performance Report.*
[190] WFP. 2021. *Annual Performance Report.*
[191] WFP. 2019. *Annual Performance Report.*
[192] WFP. 2022. *Strategic Plan 2022-2025*.

"… WFP is there in times of crisis and emergency, so it is logical or maybe even mandatory within WFP to be able to take on the continuum and embed these principles that need to happen so that individuals and communities are able to continue to improve their nutrition […] WFP should do more and better in terms of a seamless continuum between humanitarian aid and development assistance/planning for nutrition."

"It's a critically important expansion to WFP's approach. Putting a long-term nutrition lens to food assistance and humanitarian response work will strengthen enormously the impact of WFP."

People-centred

Finding 18: Nutrition responses are inadequately people-centred, largely as a result of limitations in meaningful consultation with affected populations in design of interventions and lack of attention to gender and inclusion.

190. The evaluation found only a limited number of examples of engagement of affected populations in programme design. Overall, nutrition responses appear inadequately people-centred in respect of being inclusive and designed following meaningful consultation with those supported. Limited time and resources are given to the design and needs assessment stage for nutrition interventions, which limits the capacity for meaningful engagement of prospective beneficiaries in tailoring responses to their precise needs. In most contexts, M&E systems are not recording gender information or data on inclusion to enable tailored programme decisions or adaptations. At corporate level, WFP is only in the early stages of considering disability indicators. The views of older people are often not sought or disaggregated, despite the knowledge that mothers-in-law are important influencers of infant and young childcare and feeding practices in many contexts.

191. For example, while WFP is increasingly engaging fathers and men's groups in SBCC, approaches still predominantly target women and girls, despite their limited capacity to change behaviours which are entrenched in patriarchal and familial systems. Messages are adapted to context but are rarely informed by deep analyses and understanding of the complexities of the lives of those targeted. Also, limited approaches exist to deal with structural and underlying causes that restrict women and girls in their capacity to change behaviour. WFP has engaged in limited evaluation of SBCC to synthesize lessons and improve practice.

192. There are some promising initiatives that have sought robust consultation and engagement at design stage, including a food security and gender study in Tunisia, which demonstrated the food security and nutrition challenges facing rural women and helped secure funds for a five-year programme with the International Fund for Agricultural Development (IFAD), Food and Agriculture Organization (FAO) and UN Women.

Risk-informed

Finding 19: Staff at all levels engage in considering and mitigating risks, which are well identified in WFP's nutrition programming. As programming evolves into new areas, new risks may occur that require corporate mitigation strategies.

193. An analysis of risks is well integrated into CSP design, with some good examples of nutrition programme planning and adaptation in response to changing contexts. This was evident in COVID-19 responses – in particular with the rapid introduction of family mid-upper arm circumference approaches, mobile monitoring and communications and take-home school meal rations for girls in many countries.[193]

194. The nutrition policy ToC reconstructed by the Evaluation Team during the inception phase (see Annex 7. Reconstructed theories of change*)* identified seven potential risks to meeting its stated objectives:

1. The national governments that WFP works with lead multisector, multi-partner efforts
2. External partners support WFP taking on a more prominent role in nutrition at global, regional and country level

[193] WFP. 2022. *Evaluation of WFP's Response to the COVID-19 Pandemic.*

3. WFP partners are conducting effective complementary activities (severe acute malnutrition (SAM) management, water, sanitation and hygiene (WASH) activities, food production)
4. Prevention interventions are sufficiently funded to enable coverage to a level that ensures impact
5. COVID-19 impacts are understood and mitigated
6. Evidence on modalities for prevention and management of malnutrition is robust
7. Access to flexible, multi-year, differentiated funding which meets the level of need.

195. The most prominent risks are those related to funding (numbers 4 and 7 above), which are linked with partners' support for WFP's role in nutrition (number 2) and examined further in Section 2.3. As discussed in Finding 10 b, external partners consulted during this evaluation expressed a degree of confusion over WFP's role within the nutrition architecture and the comparative advantage that WFP brings when other United Nations agencies and NGOs may be working in similar areas. WFP has responded to these risks by conducting evidence-generation and small-scale pilots to develop 'proofs of concept' and advocate for scale-up and funding. However, the risks of unclear mandate, role and comparative advantage have yet to be fully addressed and require further investment in terms of conceptualizing WFP's distinctive offer in nutrition, and firm advocacy for WFP's space and role in the contexts it works in.

196. In Pakistan, interviewees identified a risk related to the country office's success at attracting funds from the government to support nutrition programming integrated within the social protection system, whereby receiving funds to implement a government-led programme might compromise WFP's capacity to influence government and to adhere to WFP's standards and principles of targeting and inclusion. This type of risk will require corporate approaches for mitigation as WFP moves into new models of programming and partners with different types of investors. The Timor-Leste CSP 2018-2020 identified the country office skills deficit as an institutional risk in a situation where capacity strengthening in ministries was critically needed to complement other development activities.[194] In both cases, it is evident that the country office called attention to their own programming risks to ensure risk-informed programming.

Evidence-driven

Finding 20: WFP's nutrition work is informed by global evidence and there has been strong progress in WFP's own approach to generating context-specific evidence to inform country and sub-national programming. More could be done to link assessment data with nutrition programming.

197. WFP's work in nutrition is largely informed by global evidence, particularly for the treatment of MAM. This is evidenced by WFP's use of supplements, shown to be effective by research (a considerable amount of which WFP has led and/or been a contributor to) and their use of emerging evidence on adaptations to programming, such as components of the range of adaptations to protocols known as 'simplified approaches'. For WFP's prevention work, approaches such as blanket provision of SNFs to children during lean seasons to prevent increases in GAM and amongst pregnant and lactating women to reduce low birth weight were both highlighted in *The Lancet* 2021 as appropriate, evidence-based interventions. In this respect, long-term WFP approaches have a stronger global evidence base (see Annex 8. Evidence review for nutrition).

198. Alongside responding to the global evidence, the need to generate and apply evidence-based solutions in context is paramount and is often demanded by governments that want to pursue approaches that have proven effectiveness within their own populations. Examples of rigorous evidence-generation by WFP were found in several countries, where evidence was applied and disseminated to inform approaches and, in some cases, supported fundraising (e.g., Pakistan, Tunisia, the Dominican Republic, Mozambique and Uganda). This included systematic use of Cost of Diet and FNG analyses as an advocacy tool with governments and partners, particularly around nutrition-sensitive social protection. There are also examples where the Cost of the Double Burden analyses are being used to focus on issues around obesity. Focused research has also supported buy-in from government and donor partners for the scale-up of programme approaches. An example is research generated in Pakistan that has been pivotal in enabling the subsequent scale-up of nutrition supplementation for children and pregnant and lactating women

[194] WFP. 2020. *Timor-Leste Country Strategic Plan 2018-2020.*

through the social protection system.[195] Stakeholders concurred that WFP's expertise in developing strong and reliable evidence provided a distinct service to nutrition and development partners at large, where the evidence generated could be used for multi-partner advocacy and direction. These positive findings suggest that this approach could be used by WFP in more countries.

199. The FNG analysis has been applied in more than 30 countries since 2016. A 2020 report[196] found that FNG had been used to influence policy and programme decisions in almost all the 11 countries reviewed. The FNG was often recognized for providing evidence for the development of new national or sub-national nutrition plans, as was found in the CSPEs for Timor Leste and El Salvador.[197] At a minimum, even where policy or programme changes were still being advocated or were not feasible at the time, the FNG was credited with building momentum around key issues, helping to understand the role of nutritious diets in determining nutrition and addressing any misconceptions. FNG was highly influential in shifting dialogue around malnutrition, especially where high-level government officials were concerned and where there was a potential for improved multisectoral commitment. Government stakeholders applied FNG results and recommendations to strengthen advocacy for specific policy changes, funding commitments or programme inclusions. In other countries, WFP and partners used the FNG results to advocate to WFP management or other units for greater commitment to nutrition and investment in specific actions by WFP internally, or by government and donors. In several instances, the FNG also informed policy and programme design decisions for non-nutrition units within WFP, resulting in more nutrition-sensitive school feeding, social protection, resilience, and procurement activities. An important lesson was that "timeliness, persistence, quality and relevance of evidence generation, relationships and collaboration with decision makers and capacity building all determine evidence impact".[198]

200. Evidence-generation requires investment in the facilitating environment. Strategic advocacy based on the findings from an evaluation is key to success, and often takes longer and requires more resources than the analysis itself. Complementary evidence generation is also essential. Processes that build understanding and ownership of the FNG modelling, as well as meticulous preparation and planning to make analyses and advocacy relevant, targeted, and appropriate for their intended audiences, are critical components.[199]

201. WFP's research and assessment work is another source of evidence generation at country level. The quality of this research is highly respected and valued by partners at both global and country level. The food security mapping and assessment data generated by Research, Assessment and Monitoring (RAM), is a trusted source of information available to the entire humanitarian and development community. However, global, and country-level stakeholders also noted that this area of work is often overly focused on food security assessment and mapping and has the potential to better integrate nutrition and thereby strengthen the evidence base and quality of needs assessment for nutrition interventions. There is also a perceived gap between the generation of data and evidence by RAM teams for use at a national level and the application of the learning in WFP's nutrition programming: "There is a huge amount of data collection, but we are not yet a data-led organization".

Finding 21: WFP is increasingly contributing to effective and sustainable nutrition-related responses by governments, although evidence of outcomes from this work is not well captured.

202. WFP has actively engaged with governments at both national and sub-national levels to raise the priority given to nutrition. Approaches have included providing the FNG analyses, active support to the SUN Movement and WFP's specific role in the SUN Business Network, support for the development of national nutrition strategies and related policy development, capacity strengthening (including training, secondment of nutrition staff, support to coordination mechanisms), and integrating nutrition into national school meals

[195] Khan, G. et al. 2021. Effectiveness of wheat soya blend supplementation during pregnancy and lactation on pregnancy outcomes and nutritional status of their infants at 6 months of age in Thatta and Sujawal districts of Sindh, Pakistan: a cluster randomized-controlled trial. *European Journal of Nutrition*. Mar;60(2):781-789.

[196] WFP. 2022. *Fill the Nutrient Gap tool.* (Executive Summary of Internal Evaluation).

[197] WFP. 2020. *Evaluation of the Timor-Leste Country Strategic Plan 2018-2020*; WFP. 2022. *Evaluation of the El Salvador CSP 2017-2021.*

[198] WFP. 2022. *Fill the Nutrient Gap tool.* (Executive Summary of Internal Evaluation).

[199] Knight, F. et al. 2022. Nutrition Modelling Tools: A qualitative study of influence on policy decision making and determining factors. *Annals of the New York Academy of Sciences*. July;1513(1):170-191.

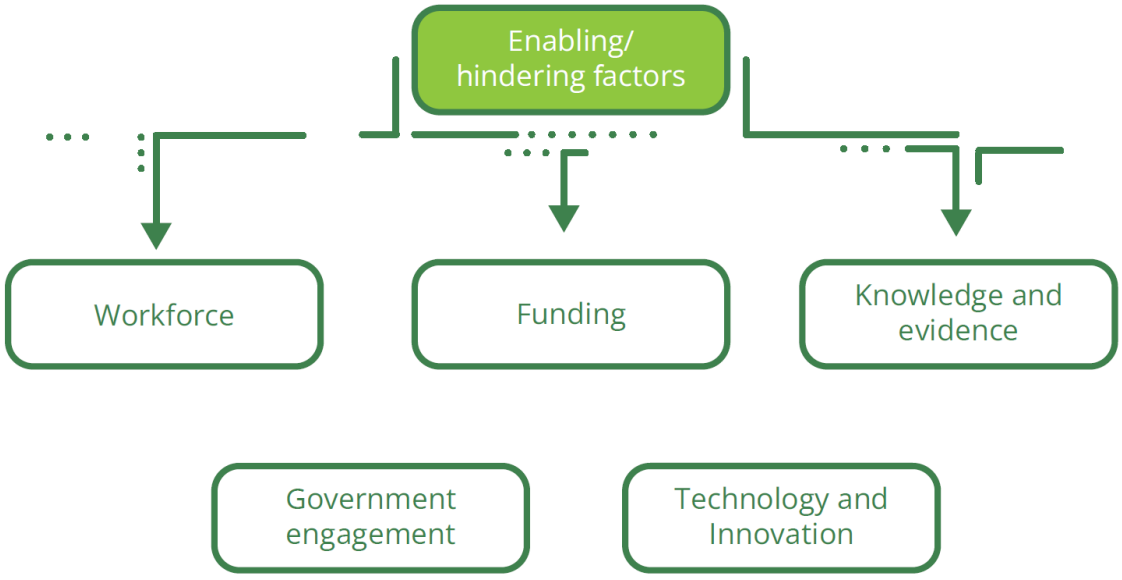
programming and social protection systems. In addition to the examples already described in this report, further outputs from this work include:

- Support to the Government of Mozambique to establish the Food Security and Nutrition National Council and the Technical Secretariat for Food Security and Nutrition (SETSAN). WFP provided financial and technical assistance for supervisors and field staff and supported the Secretariat to evaluate the National Strategy of Food Security and Nutrition. In 2021, WFP provided support and guidance in submitting ambitious national commitments for nutrition presented at the Nutrition for Growth (N4G) Summit.
- In Uganda, WFP supported the development of new national guidelines on Maternal, Infant, Young Child, and Adolescent Nutrition.
- In the Dominican Republic, WFP supported 45 members of official staff to be trained in nutrition and public policy to achieve a Nutrition Diploma.
- In 2021, the Government of Eswatini committed to contribute annually and fund the procurement of eggs and vegetables for the HGSF pilot.
- Nutrition-sensitive social protection advocacy activities in Tunisia, the Dominican Republic, Ghana, El Salvador, and Honduras.

203. While the evaluation country missions, CSPEs and ACRs proliferate in examples of outputs and processes where WFP has supported governments, outcomes of WFP-supported interventions with governments are much more difficult to provide evidence of. In addition to the challenge of attributing outcomes to discrete processes where WFP is often not the only contributor, corporate indicators do not adequately record these contributions and achievements. This makes it difficult to assess the impact of these efforts.

2.3 HOW WELL HAS WFP MAXIMIZED THE ENABLING FACTORS THAT CONTRIBUTED TO IMPROVED NUTRITION AND FOOD SECURITY?

Figure 16. Enabling and hindering factors for improved nutrition and food security



Finding 22: There is a large, dedicated and skilled nutrition team at headquarters, but capacity is sometimes limited by gaps in the overall workforce. The expanding scope of nutrition work is not yet matched by the appropriate skills at the country level and, to a lesser extent, the regional level. While efforts have been undertaken, including strategic workforce planning, there is need for more

effective learning and skills enhancement strategies to fill this gap. A much smaller team supports WFP's HIV response, and country-level HIV focal points – where they exist – frequently have dual roles.

204. The Nutrition Division started a strategic workforce planning exercise in 2021. This recognized the need to assess the workforce required to execute the aims set out in the nutrition policy and better advocate for nutrition expertise across WFP.[200] The strategic workforce plan (SWP) did not include HIV-related workforce needs.

205. As of March 2021, there were 307 dedicated employees working on nutrition in WFP – 61 based at headquarters, 30 in regional bureaux and 216 across 59 country offices – mostly in large operations and emergency settings.[201] There are 60 fixed-term staff working in the Nutrition area, including nine employees in headquarters (one seconded to United Nations Nutrition) and six regional Nutrition Advisers – two of them also serve as regional leads for other programmatic areas, such as School-based Programme and Social Protection. For HIV, there is just one focal point responsible for HIV at headquarters (a consultant)[202] and one focal point in each regional bureau, with most posts funded through UNAIDS. While some country offices have FPs, this role is usually shared across other functions, such as nutrition.

206. In alignment with the SWP exercise, this evaluation found a large, dedicated, and skilled nutrition team that drives policy, advocacy, coordination and technical support at global and regional levels, and nutrition-specific and sensitive programming at country level. This team have embraced the need to think more holistically about nutrition in line with the 2017 policy and the WFP Strategic Plan (2022-2025). The evaluation also found an equally dedicated but much smaller team supporting WFP's HIV response, despite diminishing corporate attention.

207. While the nutrition team at headquarters is 'fit for purpose' and the projected need for growth is minimal (limited to a few specialized roles to support country offices and regional bureaux), the need for growth at country level is found to be larger. There is a forecast increase in workforce demand from 307 staff in 2022 to 417 in 2026 (a 35 percent increase). WFP is expected to expand its nutrition programming to additional countries, increase support for government-led efforts, while simultaneously expanding its activities to specific areas such as food fortification, SBCC, systems analysis and research, global partnerships, and advocacy. The bulk of this expansion will be needed at country office level, with a proportional increase in the regional bureaux workforce.[203]

208. The capacity for work on nutrition and HIV across countries is variable, and the presence of dedicated nutrition employees in country offices is lower than the number of countries that have included nutrition activities in their CSPs (i.e., 74 in total). Given the autonomy of the country director in WFP operations, the engagement of the Nutrition Division and regional bureaux to influence the allocation of staff to nutrition is often a missed opportunity that could have assisted with identifying the necessary skillsets to improve country-level nutrition responses. In some cases, employees from other functional areas have to take on multiple roles and serve as focal points for nutrition and other operations in countries.[204]

209. The evaluation also notes the expanding capabilities and skillsets demanded of nutrition and HIV staff at all levels as the move to nutrition/HIV-sensitive, preventative and longer-term programming gathers pace. This will increase further with the expansion of an integration agenda with roles such as 'upstream' advocacy and influencing, as well as continued support to governments for the creation of an enabling environment at the national level – all of which require very particular skills. The evaluation identified clear cases in which country offices had recruited for the necessary skills to advance implementation in new areas. For example, a food technologist was added to the Syria country office staff to provide technical support, monitor the production process and work with local manufacturers to enhance their capacity to produce fortified date bars for WFP school meals.[205] There were also examples of staff feeling increasingly

[200] WFP. 2021-2022. *WFP Nutrition Strategic Workforce Planning.*

[201] Ibid.

[202] The role of Global AIDS coordinator for the Joint Programme reportedly accounts for between 5-10 percent of a senior management position.

[203] WFP. 2021-2022. *WFP Nutrition Strategic Workforce Planning.*

[204] Ibid.

[205] WFP. 2018. *Syrian Arab Republic Interim Country Strategic Plan (2019-2021).*

overstretched as a result of nutrition's expanding remit without additional resourcing. One key informant observed that:

> "The plan is to move away from expensive/supply heavy SNFs to a market-based approach … but this is highly theoretical at present. There's a concept note, but it's yet to see action. [To drive such a strategy] what is needed is either to provide key staff with the time to 'stop doing' and to plan and think or to introduce new staff for this role." (country-level informant)

210. There is a need for human resource investment in nutrition if WFP seeks to work more closely with governments and have a prominent voice in multi-agency fora. In Bangladesh, for example, government officials saw other United Nations agencies (specifically, UNICEF) and organizations (e.g., the Global Alliance for Improved Nutrition and Nutrition International) as being the main players and providers of nutrition-focused knowledge and technical assistance, and there was a perception that WFP staff were more junior.[206] Other key informants at the global and country level shared the view that WFP lacks the human resources to engage with governments at an effective level compared with other United Nations agencies, and that WFP's matching of staff positions and technical ability needs strengthening: "It's going to take a shift. WFP has all that emergency know-how, but to have the skills, knowledge, and expertise to do the development work is a huge challenge."

211. The same is also true for HIV. High-calibre, committed, and collaborative staff in the overall HIV team have enabled a broad reach of activities, but the team is overstretched, especially given the broad range of WFP portfolios that HIV impinges on – for example, social protection, livelihoods and resilience, emergency and humanitarian work, alongside the changing lives and inclusion agenda. Perceptions of the WFP HIV programme point to a perceived lack of organizational commitment to the issue: "other co-sponsors fund their own HIV advisers providing the advantage of predictability, reduced turnover, enhanced institutional memory and evidence of corporate support." The absence of WFP in the latest Global Alliance to End AIDS in Children by 2030 (launched in August 2022) is a result of limited staff capacity at global level and represents a significant missed opportunity.

212. In addition, this evaluation found that the over-reliance on short-term staff/consultants within WFP challenges institutional memory and a strategic approach to programming at regional and country level. Stakeholders noted the feeling of "constant transition in the organization", with a considerable turnover of senior staff and international positions, particularly in certain country offices. These positions are responsible for the overall direction, learning and strategic relationships (including funding) at country level. Therefore, this was thought to be damaging, particularly for building relationships and developing longer-term partnerships with governments. Some country offices work to convert national consultant positions to core staff to promote sustainability, institutional memory, and corporate ownership, but this is not possible everywhere.

213. The focal point system combines different responsibilities into one role (e.g., HIV, gender, and nutrition), which is often overwhelming. External stakeholders noted that WFP is often not visible at key stakeholder meetings, reducing their impact: "WFP is a valued partner, but its work in HIV is not immediately apparent." Lack of exposure also limits opportunities for advocacy as well as the overall understanding of the national HIV/nutrition environment and/or funding opportunities. While regional focal points encourage country staff to get involved, it is clearly difficult given the multiple responsibilities they cover.

214. With very limited numbers of staff and consultants dedicated to HIV, and those posts largely funded by UNAIDS, dependence on UNAIDS funding renders the WFP HIV portfolio extremely vulnerable and influences its effectiveness. The existing positions may not be secure given UNAIDS' shrinking funding base. The decline in funding for HIV and nutrition means that more work is needed in mapping available funds, tailoring HIV-sensitive social protection measures, and ensuring WFP representation at HIV stakeholder meetings.

215. The SWP review noted considerable requirements for improving the skills of the current nutrition workforce, that is currently not met by existing capacity-strengthening strategies nor upward career development opportunities within nutrition and other WFP areas. While there have been increasing

[206] WFP. 2021. *Bangladesh Country Strategic Plan Evaluation (2016-2019).*

opportunities for staff for learning and capacity strengthening through the Nutrition Division's 'We Learn' (online learning modules),[207] stakeholders reported that many staff find it difficult to allocate time for this and are overwhelmed by the large number of learning and training options available to them. In addition, most modules are only available in English, and such a 'self-learning approach' is unlikely to support the kind of capacity shifts that WFP's expanded agenda requires.

216. The SWP process identified several actions which, if implemented well, could help to address many of the challenges. These actions include:[208]

- Assessment and review of nutritionist information/profiles
- Recruitment of critical roles
- Skills enhancement for the existing workforce
- Workforce pipeline development.

Finding 23: A number of WFP's most significant donors still see WFP's core mandate as 'saving lives', which impacts on the effectiveness of programming that requires a longer-term perspective. However, several country offices have successfully adopted strategic approaches to fund innovative, nutrition-sensitive programmes.

217. The *Strategic Evaluation of Funding WFP's Work*[209] concluded that WFP's funding model is risky and not fully suited to the changing funding environment it operates in. Total dependence on voluntary contributions (predominantly provided by a small number of government donors) means that WFP is particularly vulnerable to donor perceptions, short-term donor funding cycles, and shifts in donor budgets and priorities.[210]

218. While funding for nutrition-specific programming has increased since 2016, funding for and implementation of nutrition-sensitive programming (along with other programming with a longer-term focus) has been affected by funding issues in the 12 countries covered in detail in this evaluation. Country offices reported on donors earmarking funding and the resultant lack of flexibility for longer-term programming, which particularly affected countries with a significant crisis response (Cameroon, Eswatini, Somalia, South Sudan, Syria, and Uganda). For these countries and for countries with a more development focus (the Dominican Republic, Ghana, and Pakistan), these funding issues also affected 53 prioritizations within the programme. For six of the countries, longer-term programming, such as social protection and resilience, often with a nutrition focus, and support for advocacy and capacity-building, were the most commonly underfunded areas (Cameroon, Dominican Republic, Eswatini, Ghana, Pakistan, and Syria). Only Mozambique and Tunisia reported success in obtaining multi-year funding for a programme.

219. While it has been possible to identify several examples where country offices have been able to use relatively small-scale, flexible funding to advocate for longer programming in nutrition and HIV (see Section 2.6), at a global level, interviewees stated that there has been a lack of effective advocacy on the part of WFP in its 'Changing Lives' work. In part, this is due to the need to be able to present evidence of the effectiveness of nutrition-sensitive programming, which is perceived to be costly, both within the organization and by many of the organization's supporters. To date, there has also been a failure to tell a consistent and clear story of the importance of nutrition sensitive approaches. Advocacy efforts have been made through the Friends of Nutrition group, formed by a number of Executive Board members, and there have been some successes in longer-term funding for innovative nutrition programming. However, as one donor put it: "We are looking for stories of impact but don't have these from WFP […] [We] will not put money in unless the story is strong."

[207] This has developed since 2017 to have 3,003 staff subscribers (although some staff enrol in more than one course) and includes seven courses that are a mix of different learning resources, including interactive e-learning on essential nutrition topics. (Personal communication: knowledge management team, Nutrition Division). Most of the We Learn or WFPgo material is currently available in English only.

[208] WFP. 2022. *Nutrition Strategic Workforce Planning.*

[209] WFP. 2020. *Strategic Evaluation of Funding WFP's Work.*

[210] Ibid.

220. There are interesting examples (which are explored further in Section 2.6) that differ from the strategic evaluation's conclusion that the organization's ability to access long-term development financing at scale is hampered by a lack of expertise and strong competition, as well as being overly ambitious in fundraising without the commensurate efforts to achieve the expected results.[211] One example came from Pakistan, where unearmarked funds from Australia enabled the country office to scale up its nutrition team and engage in evidence-generation, innovation, and experimentation so that a small amount of funding could then be used to leverage significant funds and a national programme backed by the government.

221. There are other examples where WFP used a strategic approach to work with a range of donors on evidence generation and capacity strengthening:

- The WFP office in the Dominican Republic used government funding commitments and the prioritization of nutrition and SBCC to support national priorities for food security and nutrition to build a support base.
- In Ghana, the country office undertook a significant shift in focus, moving out of direct implementation to focus on technical and policy support for the scale-up of nutrition-sensitive and gender-responsive social protection programming. It promotes public–private partnerships to increase the availability and affordability of nutritious foods and SNFs to improve awareness of good eating habits among targeted populations, using funding from Canada and Japan and increasingly from the government in Ghana.
- In Tunisia, the CSP focused on a single strategic outcome, with flexible, multi-year funding from Japan, Italy, and UNAIDS. It seeks to diversify its funding base further by developing relationships with new prospective partners, such as the private sector.

An important issue for nutrition-sensitive funding and programming is that nutrition advisers have limited influence on the budgets of other sectors, thus, upskilling of country directors is essential.

Finding 24: While considerable knowledge and evidence related to nutrition (and to a lesser extent HIV) have been generated within WFP, with examples of their successful use in supporting policy and programming in many settings, the management of knowledge on nutrition and HIV has not been harnessed to its full potential.

222. The evaluation found that there is considerable knowledge and evidence generated within WFP at headquarters, regional bureaux and country office level, particularly evidence generated through FNG assessments and research (see examples discussed in Section 2.5). This evidence has been used strategically to inform the design and formation of national nutrition policies and guided the prioritization and design of nutrition-specific, nutrition-sensitive and HIV interventions for governments, WFP and other non-government actors in many settings, including countries ranging from Pakistan to Tunisia to Ghana (see Sections 2.1 and 2.2). Evidence from published research has also been used strategically at a global level to advocate for priorities for nutrition, such as food fortification[212] and the nutrition impacts of the COVID-19 pandemic.[213] However, much of the evidence is not collated into learning across the organization, something that the Multilateral Organisation Performance Assessment Network (MOPAN) assessment found when it concluded that: "WFP's knowledge management system is not yet sufficiently integrated to support learning and improvement."[214] An 'innovation and knowledge management' unit has recently been established within the Nutrition Division to try to address this gap.

223. The 2015 evaluation of the 2012 nutrition policy recommended that WFP develop a "comprehensive operational research strategy that supports and quality assures effective design, delivery and use of research within WFP, and a research agenda that addresses specific gaps in knowledge required

[211] Ibid.

[212] For example, see: Mkambula, P., Mbuya, M., Rowe, L., Sablah, M., Friesen, V., Chadha, M., Osei, A., Ringholz, C., Vasta, F. & Gorstein, J. 2020. The Unfinished Agenda for Food Fortification in Low- and Middle-Income Countries: Quantifying Progress, Gabs and Potential Opportunities. *Nutrients*. Jan 29;12(2):354.

[213] For example, see: Laborde, D., Herforth, A., Headey, D. & de Pee, S. 2021. COVID-19 pandemic leads to greater depth of unaffordability of healthy and nutrient-adequate diets in low- and middle-income countries. *Nature Food*. 2, 473–475.

[214] MOPAN. 2019. *WFP 2017-2018 Performance Assessment.*

for WFP's effective programming".[215] This is still a work in progress. Interviewees note that, although there have been 64 nutrition research papers since 2017, in addition to more decentralized evaluations focused on nutrition, these are not the product of a clear strategy (see Section 2.2).

224. While the current nutrition research agenda has priority areas for nutrition, [216] and evidence generated through research and FNG is impressive, there is currently no overall research strategy for nutrition to support coordination and coherence among internal and external stakeholders in evidence-generation activities, to ensure strategic alignment on priority topics and scientific quality of research. In addition, a recent internal evaluation of the FNG approach[217] outlined a need to formally document the use of FNG results and recommendations and understand challenges to their meaningful and sustainable utilization to maximize impact on programme and policy decisions.

225. The MOPAN assessment of WFP's organizational effectiveness carried out in 2018 found that: "While the CRF sets out broad theories of change for the organization, significant work is still underway on the framework to ensure clear and usable links between the strategic outcomes set out in the plan and WFP's interventions. Considerable resources have been invested in developing and rolling out new corporate monitoring systems, but further work is needed to ensure they can be implemented effectively and that sufficient capacity exists to ensure the quality and reliability of monitoring data." [218] The *Mid-term Review of the 2017-2021 Strategic Plan*[219] found significant ongoing issues with performance monitoring, including issues affecting the measurement of WFP strategic results, rendering it difficult to establish whether WFP's work is 'on track'. While the new CRF aims to address the issues identified in these reviews by clarifying the links between activities, outputs, and strategic outcomes, this still does not address the issues around the collection and use of data in programming at the country level.

226. This evaluation found considerable evidence of challenges for nutrition and HIV, with routine monitoring at country level and a consensus that the corporate M&E system does not facilitate effective monitoring of interventions. Collected data are often underused and/or present quality and systems overly focused on output (rather than outcome) levels. For example, the Cameroon CSPE[220] found that gaps in M&E limited the ability of the country office to demonstrate the relevance and effectiveness of its nutrition interventions. In Laos, a recent CSPE[221] also found limitations in the monitoring framework that restricted understanding of effectiveness, sustainability and targeting. Limitations to monitoring activities were found to affect the understanding of the sustainability of interventions. Neither did they provide the country office with an understanding of whether interventions were reaching vulnerable ethnic groups. In the Dominican Republic and Uganda, not all programming areas in nutrition had monitoring frameworks, and there were considerable gaps in indicator data and data quality issues at outcome level. With the addition of issues such as 'activity bundling' documented extensively elsewhere,[222] all this evidence suggests that the corporate M&E system remains inadequate to enable the systematic measurement of WFP achievements in nutrition and HIV, and limits country-level understanding of results to support evidence-based decision making.

227. This highlights the need for improved monitoring frameworks that prioritize outcome-level indicators relevant to programme objectives for nutrition and HIV, as well as improved capacity at country level to collect, interpret and use the data produced.

228. One stakeholder suggested that WFP might use the large number of knowledge-oriented NGOs to help them establish mechanisms to document their work, exchange lessons, and strengthen their monitoring, evaluation and learning systems.

[215] WFP. 2015. *2012 Nutrition Policy: A Policy Evaluation.*
[216] WFP. 2021. *Nutrition Research Agenda 2021–2025.*
[217] WFP. 2021. *Analytics and Science for Food & Nutrition Unit, Nutrition Division: Executive Summary of Internal Evaluation of the Fill the Nutrient Gap Tool.*
[218] MOPAN. 2019. *WFP 2017-2018 Performance Assessment.*
[219] WFP. 2020*. Mid-term Review of the WFP Strategic Plan, 2017–2021*.
[220] WFP. 2020. *Cameroon Country Strategic Plan Evaluation 2018-2020*.
[221] WFP. 2021. *Laos Country Strategic Plan (2017-2021).*
[222] WFP. 2020. *Internal Audit of WFP's Nutrition Activities - February 2020.*

Finding 25: Investment in high-quality engagement with national partners and effective external advocacy requires time and commitment to achieve more significant results.

229. Time is a critical factor in achieving robust outcomes with government, as well as committing the appropriate staff capacity, as discussed in Finding 23. For example, a three-year FNG study in Pakistan, including groundwork and negotiations and a two-year pilot study, led to the current programme success. In Uganda, a move to support multi-year partnerships with implementing partners over the last few years has shifted the approach from project-based to programme-based. Signing a longer-term (over three years) agreement (with the caveat of reviewing each year based on funding availability) has allowed the country office to understand contextual factors related to results and to develop programme impact pathways, which couldn't be done with single-year agreements. Stakeholders suggested that WFP needs to prioritize sustained, quality engagement to achieve more significant outcomes: "I feel like we are always having to re-establish contacts and relationships …coordination, communication, collaboration." The Evaluation Synthesis of Country Capacity Strengthening[223] similarly found that: "Setting a realistic timeframe to strengthen capacity and see evidence of results is key to CCS interventions, including efforts to strengthen partnerships between WFP staff and state and non-state partners."

230. Leveraging WFP's reputational advantage as a pivotal player in responding to major emergencies or developing national school feeding systems has also proved an enabling factor. The organization has had government respect and a relationship that enables it to move into new areas such as nutrition and HIV. For example, in Pakistan, WFP is still highly respected for its role in ably assisting responses to major emergencies over the past ten to 15 years. In Tunisia, it is credited with bold achievements and innovation in advancing the national school meals agenda.

231. Externally, advocacy and communication of WFP's achievements in nutrition and HIV are delivered through published peer-reviewed articles (the Evaluation Team was provided with an extensive list of such publications), as well as through many reports[224] and technical briefs on specific topics, such as WFP's work on fortification.[225] All of these are disseminated largely through WFP's website and other online/email forums. WFP's work with the United Nations and other partners on global initiatives for nutrition and HIV is also visible on relevant platforms/websites and has clearly supported global advocacy for key issues in nutrition. For example, WFP's role in the recent United Nations Food Systems Summit and N4G Summit (both in 2021) was generally considered, both by WFP staff and other stakeholders interviewed, to provide important support for the positioning of nutrition as central to food systems and encouraging significant action on resilient food systems that mitigate against food insecurity and malnutrition, including at country level. The evaluation of WFP's COVID-19 response also found that increased advocacy in international forums, supported by well-informed data and analytics, increased WFP visibility and enhanced attention to the pandemic's food security and nutrition dimensions.[226] It also found that advocacy capacity is underdeveloped at country level, although where it does exist, WFP country offices "have found themselves leveraging the trust and mutual respect of many years of partnership and country commitment to advocate for, and with, the local humanitarian community, for example on access – in many cases, with success".

232. Despite the obvious achievements in WFP's publications and global advocacy for nutrition, it was the view of several interviewees (both internal and external to WFP) that communication, advocacy and visibility of WFP's work in nutrition needs strengthening. There was a feeling that much of WFP's work and achievements, particularly beyond crisis response and treatment of MAM, do not reach a wide audience and that this is limiting their progress and scale in these areas: "WFP is not very good at advocacy for itself […] almost like it doesn't care. We don't have proper systems like UNICEF for this: it is a systemic weakness". There have been some efforts to address this, with the knowledge management team now trying to shift some of the focus to sharing achievements externally through, for example, a recent partnership with the Emergency Nutrition Network (ENN)[227] and the United Nations nutrition journal.

[223] WFP. 2021. *Evaluation Synthesis of Evidence and Lessons on Country Capacity Strengthening from Decentralized Evaluations.*

[224] For example, the *Nutrition in Numbers* reports, produced since 2016, are felt by many to be a useful tool for disseminating WFP's work and high-level outcomes and results for nutrition.

[225] There have been 49 reports and briefs related to fortification published on the WFP website since 2017.

[226] WFP. 2022. *Evaluation of WFP's Response to the COVID-19 Pandemic.*

[227] ENN enhances the effectiveness of nutrition policy and programming by sharing knowledge, stimulating learning, and building evidence for effective nutrition interventions in countries prone to high levels of malnutrition.

233. Finding 26: Technology and innovation are increasingly being employed to enhance the efficiency and outcomes of WFP's nutrition programming. There is evidence of some promising approaches and some early successes.

234. Emphasis on innovation and the use of technology to ensure effective, efficient, and economical ways of delivering nutrition programme work has been evident at WFP for at least five years.[228] WFP's Innovation Accelerator[229] was launched in 2015 and has supported discrete projects related to supporting and improving nutrition. For example:

- The Innovation Accelerator is working with WFP's Nutrition Division to integrate the use of hydroponics into nutrition-sensitive programmes. H2Grow is WFP's hydroponics initiative that brings locally adaptable and affordable hydroponic solutions to vulnerable communities worldwide.[230] By developing low-tech systems from local materials and growing fresh vegetables or animal feed in deserts, refugee camps, or informal urban settlements, H2Grow supports food-insecure families to increase their income and their access to fresh food and a diverse diet.
- Innovation Accelerator prizes were won by Pakistan for the country office's work supporting flour fortification in 'chakkis' (small mills), which is now scaling up with the potential for nationwide reach, and by Tunisia's 'Central Kitchen' model (meals prepared in centralized canteens) for school feeding, which created employment opportunities for local youths and prevented food waste.

235. Technology also plays an important role in improving the efficiency of nutrition programming. Since 2018, WFP has been using mobile vulnerability assessment and mapping for nutrition programming in high-priority emergency contexts in Afghanistan, Cameroon and Nigeria.[231] As WFP increasingly moves to use cash and vouchers to meet essential needs, and as this evolves to being more nutrition-sensitive assistance, the use of financial and mobile networks for cash as well as technology, such as biometric ID for cash disbursement, will serve to improve the targeting, efficiency and impacts of action.[232] The standards and controls established for all cash operations in the new Assurance Framework for cash launched in 2021 will accelerate advances in digitization in 2022.[233]

236. Where direct implementation of nutrition programmes was not possible due to funding constraints and, most recently, access restrictions as a result of the COVID-19 pandemic, WFP has used innovative SBCC activities with various methods of information dissemination including SMS messages, social media and TV and radio shows. This has increased the reach of SBCC for nutrition in many countries, including Uganda, where, in 2021, more than 500,000 people participated in SBCC messaging on integrated treatment literacy.

237. While these examples show promise to support improved efficiency and outcomes for nutrition, there is a need to develop strategic approaches to better demonstrate the impact that technology and innovation has at country level on improving nutrition outcomes explicitly. There is also a need to ensure that learning from innovation/technology in one programme can be applied and scaled to others.

[228] WFP. 2017-2021. *Annual Performance Reports.*

[229] The WFP Innovation Accelerator sources, supports and scales high-potential solutions to end hunger worldwide. We provide WFP staff, entrepreneurs, start-ups, companies, and non-governmental organizations with access to funding, mentorship, hands-on support and WFP operations.

[230] WFP, 2020. *Innovator Accelerator: H2Grow Growing food in impossible places*.

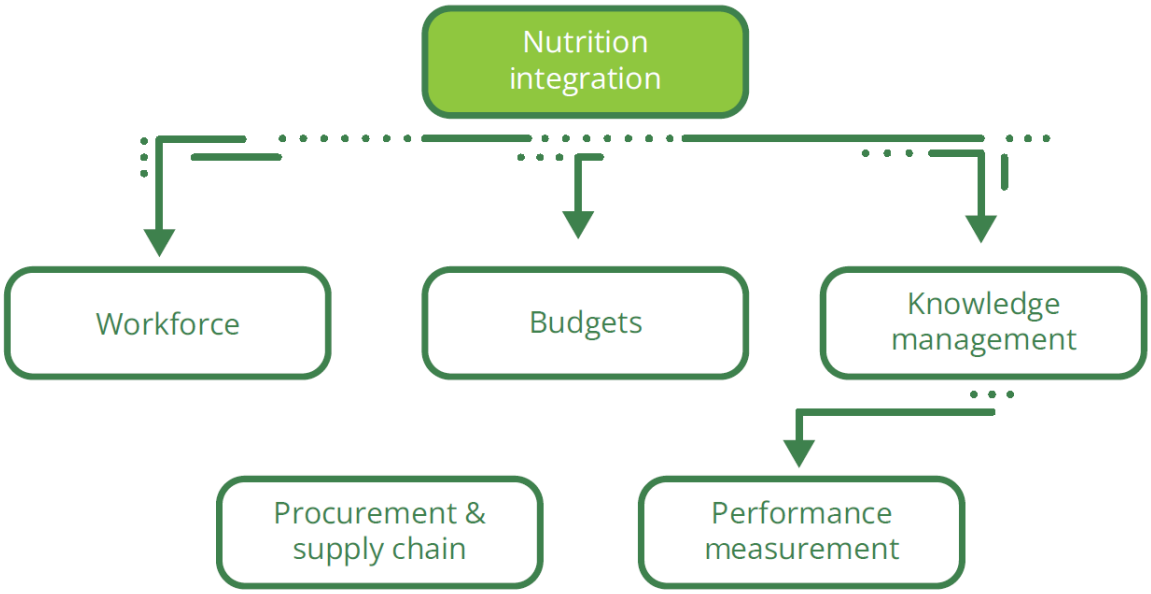
[231] WFP. 2019. *Annual Performance Report 2018.*

[232] Sadler, K. & Butcher, K. 2022. *Uganda Virtual Mission Report*. WFP

[233] Ibid.

2.4 TO WHAT EXTENT IS WFP CAPABLE OF INTEGRATING NUTRITION ACROSS ALL PROGRAMMES AND FUNCTIONS?

Figure 17. Nutrition integration within WFP programmes and functions



Finding 27: The knowledge and capabilities needed to integrate nutrition into programmes are increasing, but the capability to integrate nutrition into WFP systems, such as those for performance measurement, supply chains, partnerships and advocacy, is lagging behind.

238. WFP thinking has included the concept of nutrition mainstreaming since 2004,[234] but very slow progress has been made towards its achievement. The definition of what 'nutrition integration' means for WFP is not yet clear.[235] The Strategic Plan 2022-2025 defines it as "a cross-cutting approach that requires nutrition to be an integral part of analysis and planning across all elements within each of the systems/sectors such as design and delivery, capacity and workforce, governance, information systems, technology and finance ". This is much broader than 'nutrition-sensitive' programming. Effective application of this vision requires a clear understanding of the expected implications of nutrition integration for the work of each division, accompanied by a plan for implementation and a monitoring strategy.

239. The WFP Nutrition SWP 2021 reported that 74 countries have included nutrition activities in their CSPs in 2021, demonstrating a commitment to nutrition at the activity level. However, nutrition integration implies a much bigger step. To date, there has been no allocated budget or additional human resourcing across WFP departments or divisions for nutrition integration, or at the country office level to support attention to it. There has also been minimal development of staff systematic capacity beyond for the nutrition cadre to understand how and why nutrition should be integrated. The majority of key informants consulted at country office level noted that the nutritionists or nutrition focal points at country office level were the ones who had assumed responsibility for considering how to implement nutrition policy or who had been tasked with adding it to their workloads.

[234] WFP. 2004. *Food for Nutrition: Mainstreaming Nutrition in WFP.*

[235] Nutrition integration is not only about programming, whereas nutrition sensitive programming is defined as: "Interventions or programmes that address the underlying determinants of foetal and child nutrition and development – food security; adequate care-giving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment – and incorporate specific nutrition goals and actions." (*The Lancet,* 2013).

Knowledge management for nutrition integration

240. The Nutrition Division has worked to establish systems with multiple components for knowledge management and learning on nutrition for the organization. These systems are important channels for disseminating new approaches and standards, and could be developed and expanded to support the definition and operationalization of 'nutrition integration'. The Nutrition Division has long had one of the strongest knowledge management functions in WFP and has developed a range of knowledge management activities internal to the division, including:

- An intranet for dissemination of newsletters (e.g., 'This week in nutrition' is being opened by 35 percent of people who receive it), as well as a monthly evidence digest that focuses on research, including WFP country-led research
- Lessons learned and case studies for nutrition are also developed and released through the intranet, as well as recordings of informal lunch break sessions – the latter held once per month on a particular topic such as nutrition-sensitive school-based programming – with 1,500 staff receiving updates, and new staff added automatically to the system
- Skills development, with an external channel (NutEx) that focuses on WFP's approaches to nutrition for cooperating partners, and an internal channel (WeLearn) that focuses on developing basic to enhanced skills in nutrition for WFP's workforce. There was considerable investment by WFP in the basic learning modules in 2017/18, with further investment planned for more technical areas.

241. This system is also rolling out a module on SNFs for supply chain staff covering how to improve supply chain nutrition sensitivity, solving implementation problems, and country director-level learning modules. In terms of standalone resources (e.g., an e-learning or a video or a recorded lunch-break session), nutrition has 54 on WeLearn, and since the launch of the channel, 4,614 staff have accessed at least one resource.

242. While recent developments in internal knowledge management and learning have been impressive, and there is a clear demand for this from WFP staff, stakeholders also expressed some concern over the conflict between the time available to them to access these resources and the volume of learning options (see discussion on workforce in paragraphs below). This is emphasized by the fact that staff increasingly prefer accessing summary overviews and digests (rather than whole research papers, for example).

243. While the Nutrition Division is in a position to lead in the development of content and approaches that support the access and use of information for staff within time-constrained environments, it was noted by key informants that the organization as a whole lacks a coordinated approach to knowledge management. A robust strategy will be required to improve the knowledge management system, including communication, and learning on nutrition, across the entire organization for nutrition integration to succeed. This will likely require a network of designated knowledge management roles across divisions and departments.

Workforce for nutrition integration

244. Workforce is an important factor in enabling nutrition integration. Currently, WFP staff lack the capacity to fully integrate nutrition across programming and even less capacity to integrate nutrition across institutional systems. It has been largely delegated to the Nutrition Division to achieve these ambitions. While there is a good understanding within the Nutrition Division of the desired outcomes, the work required to reach that vision is beyond the capacity of the current workforce and beyond one division alone. Nutrition integration requires broad profiles to ensure that opportunities across sectors are explored. As reflected in stakeholder views, it must be the responsibility of all divisions and programmes: "[Integration is] different to mainstreaming, where there is no ownership."; "We can only achieve on nutrition if other sectors support."

245. Nutritionists need tailored skillsets, and staff across the organization need to develop their capacity. Some examples of approaches can be seen in programming. In Tunisia, in the context of a small country office, the nutritionist prioritized the time and spoke to colleagues supporting different programme

streams to enable nutrition integration into social protection approaches. In Pakistan, school feeding, and social protection sit under the nutrition team, which facilitates programmatic integration. In Uganda, the country office is beginning to transition from blanket approaches to a more integrated food system with a greater focus on prevention, which includes vouchers to access protein-rich foods and guidance on vitamin-rich kitchen gardens. The aim is to ensure that SNF money is ring-fenced for those in need – BSF in emergencies, crises, drought, or lean seasons for children aged under 5 years, and pregnant and lactating women – while sustainable approaches are pursued, including livelihood approaches and enhanced food systems. Section 2.4 illustrates further examples of promising approaches in resilience and school feeding programming. Uganda and Cameroon are both taking a lead to integrate nutrition in a vision articulated through their upcoming CSPs aligned with country office nutrition strategy papers. Key to the success of these strategies will be the capacity to implement them.

246. Attention to nutrition integration across systems, such as supply chain, RAM and performance measurement, is in very early development within WFP. As this is a new concept for the organization, there will need to be an investment in awareness-raising, the development of a common understanding, and new approaches or ways of thinking. In turn, this requires investment of human resource capacity, which is not yet allocated or funded.

Budgets

247. The total amount of the Programme Support and Administration budget allocated to the Nutrition Division for 2021 was 1.2 percent (US$2.8 million) of the total, while nutrition activities account for 13 percent of WFP's global budget.[236] As discussed in Section 2.3, while there is funding for nutrition-specific programming, the funding for nutrition-sensitive programming is often uncertain, which can have an impact on longer-term approaches. A recent report tracking aid to the World Health Assembly nutrition targets for 2025 has the same messages – that while the overall trend in funding is positive, there are still significant gaps where the dominant funding is via humanitarian channels, which are less conducive to sustainable change.[237]

Performance measurement of nutrition integration

248. WFP systems lack a corporate focus on measuring the nutrition sensitivity of activities. There is a growing awareness within WFP of the need to shift from a heavy reliance on quantitative data in assessments to qualitative reporting to improve monitoring and understanding of data on nutrition integration across programmes.

249. As detailed in Sections 2.2 and 2.3, achievements in WFP's nutrition-sensitive action are difficult to demonstrate because the few outcome indicators in the new CRF are relatively new to country teams, challenging to measure and hard to interpret. As noted across CSPEs, the contribution of important nutrition-sensitive initiatives is inadequately assessed because of the lack of intermediate outcome indicators and limited outcome monitoring data. There is work ongoing by the nutrition and other divisions to address these gaps.

Nutrition integration in procurement and supply chain

250. In procurement and supply chain, there is debate and discussion within WFP around the feasibility of ensuring more nutritious food aid rations in all contexts and establishing a minimum nutritional value of the food basket. Advances are already happening gradually in the proportion of fortified foods being distributed (see Figure 14. Quantities of fortified foods (MT) distributed by WFP). In country offices, such as Uganda, supply chain teams have started working closely with nutrition and are becoming well versed in what is needed for a nutrition-sensitive approach. However, current standard operating procedures are not yet adapted to adequately integrate nutrition into decision-making processes. External stakeholders support the concept in principle, yet the increase in cost of a more nutritious food basket is likely to present a trade-off in an environment where many emergency food aid programmes are already poorly resourced.

[236] Ibid.

[237] Results for Development. 2022. *Tracking Aid for the WHA Nutrition Targets.*

251. Supply chain issues addressed by the nutrition audit remain critical:[238]

- A newly approved local and regional food procurement policy[239] and increased collaboration between the Supply Chain Operations Division and the Nutrition Division were reported by interviewees. Corporate processes and controls are being adjusted to support nutrition policy objectives.
- At country level, the extent to which supply chain staff support nutrition-sensitive programming largely depends on local leadership and structures for coordinated decision making. The effectiveness of the delivery of nutrition-specific activities was very much influenced by internal structures, such as dedicated supply chain staff or matrix reporting put in place by country office leadership.
- Nutrition-specific requirements in countries with bulk general food distribution (GFD) are not prioritized, which has a negative impact on programme delivery (from administrative inefficiencies to hampering continuity of treatment interventions). There are also risks that supply chain or food quality and safety experts were not sufficiently supportive of country capacity-strengthening efforts in nutrition in areas such as food fortification, food handling quality assurance, or reinforcing government food handling and general policy.

Advocacy and engagement toward nutrition integration

252. Internal and external advocacy for nutrition integration across all WFP's work is progressing gradually to influence a broad buy-in for WFP to become an organization that integrates nutrition across all its work.

253. Documents reviewed and several KIIs confirmed that WFP is progressing in coordinating along all sectors, levels, and functions relevant for advocating nutrition integration. WFP is taking forward recommendations included in its internal reviews, mainly: continuing to look at partnerships relevant to nutrition across emergency, transition, and development contexts; trying cohesive nutrition strategies with United Nations agencies; supporting global nutrition mechanisms; and ensuring coordination via the Global Nutrition Cluster (GNC) mechanisms.

254. Examples of strategic coordination for nutrition at country level include:

- In Mozambique, through the Brazil Centre of Excellence, WFP has provided a platform for South–South and triangular cooperation to strengthen government capacity related to nutrition in school meals programmes. This kind of collaboration provides access to resources, expertise, knowledge, and multisector networks that are essential for delivering a package of nationally owned interventions. Also, in Mozambique, WFP is co-chairing the Nutrition Partners Forum, a joint UN/Donor Network under the SUN Movement/Foreign, Commonwealth & Development Office.
- In Dominican Republic, WFP has coordinated three national steering committees and task forces: the nutrition in emergencies task force; the rice fortification task force; and the social communication and nutrition education task force.

255. Globally, WFP has defined its comparative advantages for delivering the United Nations Decade of Action on Nutrition Framework and was actively engaged in supporting countries' participation in the Food Systems Summit.

256. WFP became a permanent member of the strategic advisory group of the GNC in 2017 and remains the co-chair of the inter-cluster nutrition working group, which facilitates multisectoral partnerships on nutrition, and helps bridge the humanitarian–development divide. It also became a member of the executive team for the No Wasted Lives Coalition, which seeks to accelerate global action to address acute malnutrition.[240]

257. Bound up with this is the current level of demand for nutritious foods. Creating demand for healthy nutritious food is important, alongside work with food supply actors and food systems to make

[238] WFP. 2020. *Internal Audit of WFP's Nutrition Activities.*
[239] WFP. 2022. *Local and Regional Food Procurement Policy.*
[240] WFP. 2017. *Annual Performance Report 2017.*

nutritious food available and accessible to vulnerable populations. WFP has not yet engaged strongly in advocacy and awareness-raising for nutritious foods at the population level in many areas where it works. For example, stakeholders in Tunisia were in the early stages of discussing how the country office could engage with the agenda on promotion of healthy foods, revitalization of indigenous crops and reduction of food waste. However, good examples of support for national food fortification programmes include sensitization and advocacy approaches. For example, a mass media campaign on healthy diets, consumption of fortified foods, smart shopping, COVID-19 and the development of the Food Guides in the Dominican Republic and similarly integrated programming in Ghana (see Section 2.5). Where populations demand nutritious foods, WFP will have greater leverage with donors around the costs of food baskets.

258. A coordinated front with the United Nations would also facilitate advocacy with donors for WFP becoming an organization that integrates nutrition across all its work and core positions. Partnerships and complementary approaches where United Nations agencies are speaking as one, led by United Nations Nutrition, are critical for advocacy. For WFP, this advocacy work implies engaging and developing skills, experiences, and profiles across the organization, drawing on divisions and departments beyond Nutrition.

2.5 TO WHAT EXTENT HAVE WFP'S PARTNERSHIPS BEEN TRANSFORMATIONAL IN CONTRIBUTING TO IMPROVED NUTRITION-RELATED OUTCOMES AND SYSTEMS CHANGE?

Finding 28: There is ample evidence from both nutrition and HIV/AIDS programming that WFP's effectiveness is increased through working in partnership and that working in partnerships has the potential to contribute to improved outcomes, systems change and sustainability.

259. *Synthesis of Evidence and Lessons on Country Capacity Strengthening from Decentralized Evaluations*[241] sets out a number of findings, including reconfirming: "the observation of the 2017 policy evaluation that monitoring and evaluation of CCS remains 'weak and inconsistent, limiting WFP's ability to showcase and learn from its work'." To explore the role that partnerships have played specifically in nutrition and HIV programming, the report looked in depth at examples where the evaluation had access to a wider range of documentation. At country level[242] and where there is a solid evidence base,[243] WFP works with a range of partners across different national contexts, and there is the potential to suggest five broad categories:

i. **Partnerships with national governments**, which are strong and supportive of improved capacity and results for nutrition and HIV, working in areas such as monitoring vulnerabilities and food security and nutrition, nutrition-sensitive school feeding and social protection, food fortification and local production of SNFs, resilience and shock-responsive safety nets.

ii. **Partnerships with regional bodies**. In southern and eastern Africa, the regional bureaux have engaged with the Southern Africa Development Community and East African Community to share research findings and to engage with emerging policy agendas.

iii. **Partnerships with other United Nations agencies**, which are important for the multisectoral work of WFP in both nutrition and HIV – with the most common being with UNICEF, FAO, and WHO, and for HIV work UNAIDS, UNHCR and ILO as well as UNFPA and UN Women.

iv. A wide range of **NGOs and civil society organization (CSOs)**, where WFP has built on the traditional contractual relationship with NGOs in delivering programmes to develop partnerships that draw on the comparative advantages of organizations in areas such as work with pregnant and lactating women, SBCC, and crucial links to communities and continuity of presence and assistance.

[241] WFP. 2021. *Synthesis of Evidence and Lessons on Country Capacity Strengthening from Decentralized Evaluations;* WFP. 2017. *Evaluation of WFP Policy on Capacity Development.*

[242] The analysis draws on the desk reviews and the country missions, including CSPs, ACRs, CSPEs (where available), other evaluations and documentation provided by the country offices.

[243] The review of the available CSPEs provided broad data on the increasing importance of strategic partnerships in WFP's programming overall, but did not provide specific evidence on the role of partnerships in HIV and nutrition programming.

v. Relationships with the **private sector and academia** nationally in areas such as food fortification and evidence generation, (see Section 2.3).

National and local governments, NGOs and CSOs

260. Partnerships with national and local level governments are a significant feature of the majority of WFP's work at the country level, with a number of patterns that can be identified through comparison in different contexts:

- **Protracted crises** – In protracted crises WFP has worked with relevant government institutions to begin to build capacity, including in Somalia, where the country office engages with national and regional government with a longer-term focus on issues such as social protection, resilience and government capacity, and South Sudan, where WFP works with a range of government institutions on specific areas, such as early warning systems and disaster risk management. There has been a growing focus on building longer-term relationships (Syria), capacity strengthening (South Sudan) and drawing on specific technical expertise, such as nutrition programming at the community level in Somalia.
- **Sectoral focus** – In Pakistan and Cambodia, WFP has used significant or long-standing funding to establish a relationship with government, which has been used to broaden engagement on nutrition issues.
- **Stable development settings** – In the Dominican Republic and Ghana, where WFP has relatively small country offices, the focus has been on technical support guided by government priorities. In the Dominican Republic, WFP used FNG analysis to work across a number of areas to build a shock-responsive national safety net, incorporating existing work with the private sector on rice fortification. In Ghana, WFP shifted the focus from direct delivery to providing strategic technical assistance for key issues such as scaling up social protection programming and working with public–private partnerships on availability, accessibility and affordability of nutritious foods. WFP also works with CSOs, drawing on their specific roles in reaching vulnerable groups or addressing specific issues, such as working with groups representing PLHIV in the Dominican Republic.
- **Transitional relationship** – In Uganda and Tunisia, WFP sought to change its relationship with government to prioritize strategic issues related to nutrition, engaging with different ministries to influence nutrition policy.
- **Factors hindering the transition to nutrition integration** – In Cameroon, Eswatini and Mozambique, while partnerships with government are an important part of the way that WFP works in some settings, the linked issues of lack of government commitment and/or capacity and limited funding have affected the ability to make progress on programming that needs a longer-term focus. In settings where WFP continues to work in response to protracted crises and with refugees, such as Uganda, Cameroon and Mozambique, there is a greater focus on drawing on NGO and CSO partner comparative advantage, such as SBCC in Uganda.

United Nations and the multilateral agencies

261. Partnerships with other United Nations agencies are central to WFP's nutrition and HIV work. There is some evidence of developing relationships with multilaterals, such as the World Bank and the regional development banks, including the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

262. In most country contexts, WFP and UNICEF work in relative harmony, with roles based on available funding, the in-country resources of each agency, and national priorities. However, concerns were raised over coherence between WFP and UNICEF approaches to systems strengthening and government capacity development, two areas that could merit sharing, learning and concerted approaches to ensure that both agencies are well aligned and complement one another. One significant difference noted by stakeholders at global and country level was that, due to its institutional architecture, UNICEF is able to take a longer-term approach to working with governments, which has implications for approaches as well as attracting funding.

263. Finding 29: Where WFP has invested time and commitment in partnerships for nutrition, significant results have been seen. There is scope in all WFP partnerships for deeper engagement to maximize potential outcomes.

264. At the global, regional, and national levels, WFP relies on strong partnerships across its nutrition work, and the quality of these partnerships is fundamental to achieving nutrition outcomes and sustainable change. The areas explored below look primarily at global and national level examples. In addition, the evaluation identified significant partnership work at regional bureau level, including: WFP's contribution to a United Nations joint programme on Food Security and Nutrition in southern Africa; regional funding from Luxembourg to strengthen nutrition capacity in WFP's Dakar office; and an EU-funded regional programme in the central Sahel (see Section 2.2).

Influencing global networks

265. WFP actively contributes to global nutrition guidance, coordination and learning through the GNC, including leading sub-working groups of the GNC Technical Alliance Global Thematic Group on Management of Wasting, working closely with the FAO and international non-governmental organizations (INGOs) on technical areas including prevention of undernutrition, support to country wasting guidelines development, and approaches to managing MAM. Stakeholders noted that WFP has become more visible in the global nutrition space, and collaborations have led to the production of tools to respond to needs identified by country nutrition clusters, and guidance on COVID-19 at the start and height of the pandemic.

266. WFP hosted the United Nations Renewed Efforts Against Child Hunger (REACH) at global and country level until 2020. It played crucial roles in establishing United Nations Nutrition, (formerly the United Nations Network for SUN), the new United Nations inter-agency coordination and collaboration mechanism for nutrition at global and country levels in the Coalition of Action on Healthy Diets from Sustainable Food Systems, taking the lead on work in fragile contexts and in the organization and commitments mobilization for the Tokyo Nutrition for Growth Summit 2021.

267. WFP plays a significant role in the SUN Movement at global and country levels. WFP's Executive Director sits on the SUN Lead Group and, with a seat on the Executive Committee on behalf of United Nations Nutrition has influenced and contributed to the direction of the movement. As Co-Chair of the SUN Business Network at global and country levels, WFP influenced private sector engagement in nutrition, and used its role to support governments on food fortification, SNF production and supply chain. WFP also supported the development of national nutrition policy and strategy. For example, in Somalia, in collaboration with the SUN Secretariat, WFP contributed to the development of tools, including a nutrition budget tracking report and a policy brief, an assessment on nutrition integration in basic education curricula, and training modules targeting sub-national SUN focal points. WFP supported national and subnational dialogues on the importance of a multisector approach to improve nutrition outcomes, helping the Somali Government make a public statement about its nutrition commitments at the Tokyo Nutrition for Growth Summit 2021. In 2019, the Government of South Sudan, with support from the United Nations and Civil Society Alliance networks, revitalized the SUN Movement platform through continued advocacy mechanisms. WFP chaired and co-chaired the Secretariat meetings, mobilized multisectoral platforms and advocated for the nutrition agenda at different forums. This facilitated the establishment of an academic network, representatives from parliament joined the movement, helped to initiate the development of a multisectoral costed strategy, and a commitment to consider budget allocations for nutrition within the different ministries.

268. By co-convening of the two Inter-Agency Task Teams on HIV and Social Protection and HIV in Humanitarian Settings, WFP has helped influence practice in both fields, (as discussed in Section 2.1).

Clarifying relationships

269. As is discussed in Section 2.1, through the Inter-Agency Task Teams, WFP's contributions to coordinating HIV in humanitarian responses have effectively raised awareness of the issues globally, regionally and nationally. External interviewees particularly acknowledged the quality of technical advice and support from WFP's HIV-focused colleagues at all these levels.

270. The 2019 Global Action Plan on Child Wasting attempted to improve clarity on roles and responsibilities between WHO, WFP, UNHCR, FAO and UNICEF for wasting management and was well received by implementing organizations seeking clarity on the division of labour between United Nations

agencies. WFP was tasked with playing a "supporting role in ensuring the lead agency for normative guidance and lead agency to prevent and treat wasting are able to address wasting in all contexts – with a special focus on fragile contexts where government systems are fractured or not fully functioning."[244] The 2021 Partnership Framework between UNICEF and WFP to address child wasting declared that the organizations are "pursuing a more purposeful, systematic, and accountable collaboration that leverages collective strengths more effectively to help countries accelerate progress" and highlighted a shift from a narrow focus on treatment to a "prevention first" approach.[245] It stated that, "WFP and UNICEF will identify context-specific actions based on their specific strengths, supporting sustainable and resilient systems, and related capacity building of national institutions."[246] UNICEF will lead and coordinate global, regional and national efforts to prevent and treat wasting, in all contexts, while WFP and UNICEF will work together at national level, except for the domains of WASH and health systems and services which sit within UNICEF's remit.

271. Despite these welcome advances in clarifying relationships, stakeholders noted that grey areas remain in practice, often resulting in the duplication of efforts around the treatment of wasting and infant and young child feeding, and coordination is often sub-optimal. Despite global attempts to offer conceptual clarity on wasting management roles, the picture on the ground is often more complex. Several stakeholders indicated that delineation of roles is not a practical or realistic approach, and would only distract from the amount of work currently needed on the ground to combat wasting. In general, donors continue to call for clearer delineation of roles within the United Nations and a better understanding of WFP's nutrition remit so they know which United Nations agency to fund in specific areas. In many contexts, donors and governments expressed a desire to see the United Nations working better as one, and approaching them together with a coordinated plan or with joint programmes. WFP is aware of the need to adjust its fundraising strategies for nutrition and develop novel approaches to non-traditional donors.

272. WFP's relationship with FAO has been less contentious, with FAO's normative role complemented by WFP's practical implementation focus. Examples include the recent School Meals Coalition and work around food systems, where FAO took the lead in legislative guidance and research while WFP focused on implementation and operational learning. FAO and IFAD collaborated with WFP on COVID-19 impact assessments in 11 countries to inform socioeconomic response plans, while FAO, UNICEF and WFP published an inter-agency guidance note on mitigating the effects of COVID-19 on the food and nutrition of schoolchildren. In 2020, along with FAO, IFAD and other United Nations agencies, WFP contributed to the Committee on World Food Security's voluntary guidelines on food systems and nutrition.[247]

273. Collaborative work during COVID-19 included WFP, FAO and UNICEF developing a guidance note for governments and decision makers to mitigate the effects of the COVID-19 pandemic on schoolchildren's food and nutrition. At country level, WFP, UNESCO, and UNICEF worked together to produce guidance notes for ministries of education in Latin America and the Caribbean on reopening schools during COVID-19. The WFP India country office developed a gender and protection note to ensure that response actions took into account the differentiated impacts of COVID-19 on vulnerable groups, girls, boys, women and men.[248] For country offices and governments in the region, WFP and UNICEF published a Joint Message on School Health and Nutrition in the context of COVID-19 in eastern and southern Africa.[249] In 2021 the GNC Technical Alliance, under UNICEF coordination with inputs from WFP, issued a briefing to guide the decision on solutions for the wasting programming considering the evolving COVID-19 situation, notably when to resume standard programming as per national guidelines.

Global and regional research

274. Strong partnerships have been forged with academic and research institutes for specific pieces of work – see also the discussion in Section 2.3 on operational research. This has resulted in some excellent, focused studies and academic work to drive evidence and direction, yet a significant, attributable body of

[244] United Nations. 2019. *The Global Action Plan.*

[245] UNICEF and WFP. 2020. *Addressing Wasting in Children Globally - UNICEF and WFP Partnership Framework.*

[246] Ibid.

[247] WFP. 2021. *Annual Performance Report 2020.*

[248] WFP. 2021. *Strategic Evaluation of the Contribution of School Feeding Activities to the Achievement of the Sustainable Development Goals.*

[249] WFP. 2020. *Joint Message on School Health and Nutrition in the Context of COVID-19 in Eastern and Southern Africa.*

work remains elusive. For instance, the Feinstein International Center at Tufts University has close, ongoing nutrition partnerships with UNICEF, WHO and FAO, and is working on topics including persistent GAM, targeting and famine: WFP could contribute to and gain from these collaborations. More than two decades of strong partnership between WFP and the International Food Policy Research Institute has evolved from identifying gaps in food distribution systems to understanding the impact of transfers and food policy on nutrition and poverty reduction.[250] There are also examples of successful shorter-term collaborations including: a partnership by the Uganda country office for the scale of biofortification interventions with the International Potato Center in 2019; a partnership in Pakistan with the Aga Khan University on a randomized control trial for stunting reduction; two policy briefs and an academic paper produced on HIV in southern Africa through a one-year collaboration with the University of Oxford and University of Cape Town. In terms of longer-term work, WFP's FNG, Cost of Diet and Cost of the Double Burden of Malnutrition work[251,252] is exceptional in that it represents a body of well-known, influential work that has brought partners, including government and academia, together at country level to produce joint evidence to drive advocacy and direction of nutrition responses.

275. A recent evaluation found that WFP has made an increased contribution to global and regional policy dialogue and frameworks since 2015 by successfully drawing on internationally acknowledged experts on school feeding and school health and nutrition who are associated with academic institutions and think tanks.[253] External partners expressed appreciation for the more strategic nature of inputs that have resulted from such engagement and led to robust advocacy by WFP for school feeding in global forums, such as the Committee on World Food Security, the World Economic Forum in Davos, and the Global Forum on Nutrition-Sensitive Social Protection Programs.

South-South and triangular cooperation

276. WFP has used South-South cooperation to good effect in nutrition and HIV programming. The evaluation of the WFP South-South and Triangular Cooperation (SSTC) policy found that WFP-supported SSTC activities in Bangladesh, India, and Sri Lanka contributed to increase the knowledge and awareness of technologies and approaches of technical staff in relevant ministries and private sector partners. The Nutrition Division has prepared thematic guidance on SSTC and has already documented early results. In Libya, WFP-supported exchanges with Brazil and Egypt led to the development and adoption of Libya's National Nutrition Action Plan. In Sri Lanka and Bangladesh, WFP-facilitated exchanges with peers in the region, including in India, helped to build political momentum for expanding the use of fortified rice in national social safety nets, including school meal programmes. India integrated lessons learned from an exchange with Costa Rica into its preparatory process of mandatory fortified rice. The Dominican Republic's shift of all public purchases of rice to fortified rice was informed by Peru's experience.

277. Together with the Government of Ethiopia, WFP successfully implemented the Urban HIV Safety Net Programme, which had a considerable impact on the lives of PLHIV in Ethiopia. Based on this success story, and with similar needs identified in Cameroon, a South-South exchange was organized to learn from Ethiopia's wealth of experience in implementing their programme to allow Cameroon to understand, modify and adopt a similar approach. This South-South exchange involved capacity strengthening of government staff in Cameroon in constructing their own Village Savings and Loans Associations model to strengthen the livelihoods of PLHIV.

Private sector

278. According to interviewees and the desk review, the partnerships developed with the private sector have evolved over the last five years and include work on improving products, capacity strengthening, demand creation and efforts to enable more affordable products. This is in line with the benefits of private sector engagement for nutrition outlined by recent work led by the SUN Business Network (see Annex 8:

[250] WFP & IFPRI 2016. *Highlights of the IFPRI and WFP Partnership.* Updates sourced through the International Food Policy Research Institute (IFPRI) website.

[251] I Bose et al. 2019. The "Fill the Nutrient Gap" analysis: An approach to strengthen nutrition situation analysis and decision making towards multisectoral policies and systems change. *Maternal and Child Nutrition*. Jul;15(3).

[252] ECLAC and WFP. 2017. *The Cost of the Double Burden of Malnutrition.*

[253] WFP. 2021. *Strategic Evaluation of the Contribution of School Feeding Activities to the Achievement of the Sustainable Development Goals.*

Evidence review for nutrition). WFP worked at global and country levels on the co-creation of products to fill gaps in the market, and collaborated on technical aspects of SNF development, such as super cereals and fortified biscuits. National partners have included millers and companies producing super cereals; for example, in Ghana, two local companies received considerable support from WFP, which served to increase buy-in from the government.

279. WFP has established three-year agreements with global partners, such as DSM,[254] which facilitated continued innovation, learning and relationship development, with benefits on both sides. The partnership with DSM focuses on supporting and scaling up rice fortification. By 2020, the introduction of fortified rice into national programmes and retail strategies was ongoing in ten countries including in Peru and India, as discussed above.[255] WFP confers visibility and demand, which facilitates financing, while partners maximize the efficiency of production to enable low cost and shorter lead times. Interviewees noted that WFP has untapped potential to leverage its substantial procurement power to increase attention on nutritious foods and influence companies' policy on ethical marketing.

Finding 30: The evaluation identified several examples where country offices have focused on the potentially transformational nature of partnerships with governments, either through work in specific nutrition-related sectors or through an overarching and more strategic approach to identifying WFP's comparative advantage and programming contribution.

280. The Pakistan country office has an established relationship with government for its responses to emergencies, but also has a track record of working with government (and private sector) partners in food fortification and local SNF production over a number of years. WFP in Pakistan has been involved in the development and use of locally produced SNFs since 2008, working to develop a chickpea-based recipe, and partnering with existing private food manufacturers to enhance their capacity for these products. As WFP's nutrition programme expanded, so did demand. Further partnerships ensured that there was sufficient production capacity to meet the acute increases in demand during crises. Efforts have continued for the commercialization of this locally produced SNF and were endorsed by the government in 2021. In addition, WFP aims to procure and provide SNFs through their implementation of the Ehsaas Nashonuma Programme, a nutrition-specific addition to the national social protection Benazir Income Support Programme, which is wholly funded by the government.

281. In Cambodia, the country office has brought together different aspects of its programming, working with a range of government partners to complement each other. WFP used research in support of government efforts, such as with the Institute of Research for Development on acceptability trials of fortified rice (2010), and on the impact of fortified rice on schoolchildren's nutrition status cognitive performance, also involving the Program for Appropriate Technology in Health (2015). The findings were used to provide evidence to engage governments and key partners to support rice fortification so that the recommendation to fortify rice in school meals was approved and supported by the Government of Cambodia. WFP used significant funding for school feeding from the US to develop nutrition-sensitive school feeding, using fortified rice and developing an HGSF approach to ensure affordability and sustainability as the programme has been progressively taken on by the government. WFP's longer-term aim, as set out in the CSP, is to support food systems that are nutrition-sensitive, gender-responsive and adapted to climate change and disaster risk.[256] The country office continues this aim through a range of approaches, working with various government partners, including broadening social protection, with dedicated food and cash assistance programmes, along with the development of policies and programmes on shock responsive social protection and school feeding.

282. There are also interesting examples developing where WFP has aimed to work in a more integrated way with a range of partners through addressing nutrition-sensitive and gender-responsive social protection programming and shock-responsive safety net social protection programmes. The Ghana CSP sets out a long-term vision of efficient, equitable, resilient and inclusive food systems, which is taken forward through technical and policy support for scaling up social protection programming, working alongside public–private partnerships to increase the availability, accessibility and affordability of nutritious

[254] Formerly known as Dutch State Mines.

[255] DSM & WFP. 2020. *Impact Report. Achievements through WFP-DSM Partnership.*

[256] WFP. 2019. *Cambodia Country Strategic Plan (2019-2023).*

foods, including SNFs.[257] The latter builds on established programming with food processing groups to produce SNFs and safer milled and blended flour in targeted areas for use nationally and in neighbouring countries, such as Burkina Faso. WFP's programme in the Dominican Republic takes a similar approach, but with a different focus: WFP's contribution is mainly to provide expertise in nutrition, social protection and emergency response, as well as to act as a convenor for stakeholders. The country office takes this forward by providing technical assistance with evidence generation and updating national statistics on food security and nutrition with one set of partners. WFP also supports social protection programmes, nutrition-specific public health interventions and stronger coordination among social protection institutions and the ministries responsible for health, agriculture and education.

2.6 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?

Finding 31: There are clear references to gender in the nutrition and HIV/AIDS policies, which mention the importance of gender analysis as a starting point for programme design.

283. The 2010 HIV and AIDS policy makes references to the importance of nutrition and gender equality as part of the ten guiding principles for WFP support to governments in implementing HIV/AIDS programmes, specifically committing that "WFP will use gender analysis to understand the social aspects of gender relations and gender-based norms, and laws as they relate to HIV. WFP will continue to integrate gender aspects into HIV food and nutrition activities."[258]

284. Similarly, the 2017 nutrition policy sets out the importance of gender analysis in ensuring the links between nutrition and gender equality in programming: "In its enhanced engagement in nutrition, WFP will prioritize support to vulnerable groups to increase their access to and consumption of adequate and diverse diets, using gender-sensitive nutrition analysis as the base for gender-transformative nutrition programming in line with the WFP Gender Policy."[259] Guidance, such as the *Food and Nutrition Handbook* (2018), again reinforce the importance of analysis, so that one of the five minimum requirements for nutrition-sensitive programming is that "programmes must be informed by a comprehensive gender and nutrition situational analysis."[260]

285. The 2022 gender policy states that, "the policy mirrors WFP's strategic plan for 2022–2025 by committing to aligning approaches with WFP's other cross-cutting themes, including protection and accountability to affected populations, nutrition integration and environmental sustainability."[261] This general statement is further elaborated with an emphasis on the links between gender inequality and malnutrition, with the statement that "hunger cannot be eliminated solely through the introduction of more food. Rather, the factors inhibiting a person's ability to obtain food and appropriate nutrition by sex and lifecycle stage must be taken into consideration in the design of food security and nutrition programming."[262]

286. In both the 2017 nutrition policy and the 2022 gender policy, PLHIV are identified as one of a number of vulnerable groups, along with preschool-age children, school-age children and adolescents, people with disabilities, older people and indigenous peoples.

287. The HIV and AIDS, nutrition, and gender policies all make clear reference to the need to consider the links between gender inequality and malnutrition, and all emphasize the need for gender analysis to underpin programming. There are several interesting examples focused on gender-responsive and nutrition-sensitive social protection interventions where technical support and capacity strengthening to government partners has been informed by various types of analyses – examples include the Dominican

[257] WFP. 2018. *Ghana Country Strategic Plan (2019–2023).*
[258] WFP. 2010. WFP *HIV and AIDS Policy.*
[259] WFP. 2017. *Nutrition Policy (2017-2021).*
[260] WFP. 2018. *Food and Nutrition Handbook.*
[261] WFP. 2021. *WFP Gender Policy (2022–2026).*
[262] Ibid.

Republic and Ghana, and to a more limited extent, Cambodia, Pakistan, Somalia and Tunisia. However, evidence that equality and inclusion are being considered consistently is limited (see Finding 32).

Finding 32: Overall, the evaluation found limited evidence that gender equality and inclusion issues identified in analyses have been taken into account in programme design and implementation.

288. The main conclusions of the evaluation of the gender policy (2020) were that: "WFP is missing opportunities to ground the design and development of programmes in a comprehensive contextual analysis of the needs and interests of women, men, girls and boys and the pathways needed to deliver the four objectives of the Policy. Consequently, Country Offices often struggle to translate gender equality and women's empowerment (GEWE) concepts into clear actions tailored to their individual CSP strategic outcomes."[263] The evidence gathered by this evaluation records similar issues.

289. In the CSPEs[264] and other syntheses[265] available at the time of the evaluation, common issues emerge, namely: the primary focus was on ensuring gender parity for male and female beneficiaries, but the focus across programmes was inconsistent; gender analysis is needed to better understand the issues that underpin food insecurity and malnutrition and to inform a gender transformative approach; and the most common hindering factors identified were a lack of capacity and dedicated budgets within country offices to take forward gender issues, and weak lines of accountability. Evaluations of the regional response to the Syria crisis recorded limited attention to gender in programming:[266] "the 'shift in gear' promised by the WFP gender policy (2015-2020) and Gender Action Plan had not materialized in the response. This was reflected in gender action plans of varying depth and quality; insufficient human and financial resources; inconsistent gender results networks; and limited management attention."[267] The Cameroon CSPE concluded that: "Operationalization of gender mainstreaming criteria in targeting remained challenging. There were scattered efforts to better understand the context with regard to gender issues and the implications for WFP evidence-based programming. Overall, progress towards WFP's gender transformative objectives was slow."[268]

290. The Strategic Evaluation of WFP's Capacity to Respond to Emergencies drew attention to the factors enabling a more systematic approach in one example: "The 2018-2019 Rohingya response developed a more gender-responsive approach to nutrition interventions (these are encouraging, if they can become more mainstream). This more gender-responsive approach has been enabled by the presence of expertise in the country and region, the protracted nature of the response enabling a more in-depth approach, and the provision in partner field level agreements to consider, and budget, gender-responsive components in their programmes."[269]

291. The majority of the CSPs in the evaluation's focus countries can be rated as 'gender and inclusion-sensitive'. There is often limited capacity within the country office, with gender, protection and HIV often being the responsibility of a single person taking on multiple focal point roles. While there is some evidence of gender analysis being undertaken, there is much less evidence of the analysis being used to inform programming, and there is limited evidence available from monitoring other than disaggregation of data. Concerning inclusion, some age-disaggregated data is collected, although this data is generally related to specific programmes. While there are some mentions of disability, there is little evidence of specific analyses, or the integration of issues identified into programming.[270] While other issues of inclusion (such as migrants and internally displaced persons) are mentioned in the contextual analysis of CSPs, they are seldom mentioned in strategic outcomes, expected outputs or key activities.

[263] WFP. 2020. *Evaluation of the Gender Policy (2015-2020).*

[264] Lebanon, the Gambia, DRC, Zimbabwe, Tanzania, Bangladesh, China, Indonesia, Lao, Timor Leste, El Salvador and Honduras.

[265] WFP. 2017. *Operations Evaluations Series, Regional Synthesis 2014-2017. (Asia and Pacific Region, West and Central Africa Regions).*

[266] WFP. 2015. *An Evaluation of WFP's Regional Response to the Syrian Crisis, 2011-2014;* WFP. 2018. *Evaluation of the WFP Regional Response to the Syrian Crisis, 2015-2018.*

[267] WFP. 2018. *Evaluation of the WFP Regional Response to the Syrian Crisis.*

[268] WFP. 2020. *Cameroon Country Strategic Plan 2018-2020.*

[269] WFP. 2019. *Evaluation of WFP's Capacity to Respond to Emergencies.*

[270] The WFP Disability Inclusion Roadmap (2020-2021) was presented to the Executive Board in November 2020.

292. Exceptions to this pattern are the Dominican Republic and Ghana, where there is evidence of gender and inclusion analysis, and where the results have been used in nutrition and HIV programming and monitoring. Their CSPs are guided by government priorities and a strategic commitment to gender-responsive and nutrition-sensitive social protection interventions as part of the support for government programmes. WFP's programming in the Dominican Republic has taken forward the commitments in the CSP through the provision of technical assistance with evidence generation and the updating of national statistics on food security and nutrition, ensuring that data are disaggregated by sex, age and geographical area. Delivery on other commitments included the provision of assistance with gender analyses and the subsequent development and enhancement of nutrition-sensitive social protection programmes and nutrition-specific public health interventions. In Ghana, the current CSP aimed to build on the achievements of WFP's programming in the country, with a long-term vision of efficient, equitable, resilient and inclusive food systems contributing to the reduction of stunting and micronutrient deficiencies achieved through technical and policy support for scaling up nutrition-sensitive and gender-responsive social protection programming and public–private partnerships to increase the availability, accessibility and affordability of nutritious foods, including SNFs.

3. Conclusions and recommendations

293. The conclusions in this section seek to build on the findings and support the proposed recommendations, providing an overall assessment of WFP's capability and organizational readiness to implement the nutrition and HIV components of the new strategic plan.

3.1. CONCLUSIONS

HIV relevance

Conclusion 1. HIV remains a highly relevant issue for WFP in delivering its mandate of reaching the most vulnerable and leaving no one behind. As co-convenor of the Inter-Agency Task Teams (IATTs) on HIV in Humanitarian Settings and HIV and Social Protection, WFP has a high-profile global role in advocating for HIV in addition to its role as a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Significant changes in the HIV landscape over the past 12 years, both technical and financial, mean that the 2010 policy is no longer relevant. The absence of a strategy to manage the declining funding, and over-reliance on one source of funds, puts the reputation of WFP at risk.

294. WFP has undertaken high-quality work in supporting governments to include nutrition and food security in their HIV programmes and through including HIV in their nutrition programming, supporting national governments in HIV-sensitive social protection, as well as supply chain and logistics operations in emergency contexts. WFP is guided and equipped to do so by its mandate, based on its leadership and reputation for being able to deliver.

295. The absence of a strategy to manage the risks of declining funding and over-reliance on one source of funds from UNAIDS renders the current HIV programming highly vulnerable and puts the organization's reputation at risk. Specifically, very little attention has been dedicated to advocate for HIV-sensitive programming as an essential part of the 'leave no one behind' agenda. This is crucial to enable a strategic approach to HIV across relevant WFP platforms. As a starting point, an enhanced focus on advocacy for HIV-sensitive approaches requires a more systematic approach to monitoring the progress of existing programmes. The current focus on numbers of beneficiaries needs to be complemented by more qualitative data, which includes the impact of capacity strengthening, Social and Behaviour Change Communication (SBCC) and social protection initiatives. Continued attention to nutritional assessment and counselling support (NACS) remains relevant but is context-specific depending on the progress of national programmes and will continue to be important in managing HIV as a chronic condition. Food insecurity can be a setback to progress against the HIV/AIDS epidemic response targets, and a worsening HIV/AIDS situation can be a setback to progress towards nutrition targets in high-prevalence countries.

Nutrition policy alignment and impact

296. Conclusion 2. The nutrition policy was aligned with global priorities and the evidence available at the time of its development. However, it does not encompass the vision of nutrition integration set out in the new strategic plan for 2022–2025, and a robust articulation of "nutrition integration" is needed in order to ensure implementation. At the same time, there is a tension between the need for the policy to be broad enough to cover the range of WFP activities in nutrition and the need to provide adequate focus in order to drive investments and ensure the availability of specialized skillsets.

297. WFP has demonstrated that it has the capacity to adapt its programming, capitalize on its comparative advantages, and in some cases, be innovative in keeping up with changing nutrition priorities, while continuing to remain relevant. Given the expanding remit for nutrition and resource constraints, the need to clearly define WFP's areas of comparative advantage in terms of coherence with other agencies' positioning is increasingly urgent.

298. Areas of critical focus for WFP in nutrition include the continued importance of the 'saving lives' agenda in humanitarian settings as non-negotiable core business, covering treatment of moderate acute

malnutrition (MAM) in line with evolving guidance and prevention of all forms of malnutrition, including improving the nutrition quality of general food assistance (GFA) and food assistance for assets (FFA). The nutritional quality of food assistance has been increasing, alongside the use of the various modalities to ensure nutritional outcomes in social protection, livelihoods, and primary health. There are still challenges and gaps to be filled in improving WFP's focus on accessibility and availability to safe, healthy, and affordable nutritious food, as well as in more predictive distribution platforms consistent with nutritional resilience, predictability, and forecast-based financing systems for anticipatory assistance.

299. Beyond this, there has also been an increasingly effective focus on areas such as providing technical support for scaling up fortification, working across the emergency–development nexus to protect nutrition, including advocating for nutrition-sensitive social protection, and food systems for nutrition, which is particularly important where contextual analysis of the causes of malnutrition justify this.

300. WFP has been innovative, responsive, and timely in preventing malnutrition and promoting healthy diets, but there is considerable scope to achieve greater reach and coverage. The current range of examples include:

- There has been an effective start in nutrition-sensitive programming on school feeding and food assistance, although there are still potential limitations to ensuring inclusion and the aim of 'leave no one behind', particularly when considering very vulnerable, out-of-school populations that are difficult to reach with current targeting mechanisms.
- Programming to improve the nutrition sensitivity of national social protection mechanisms has a potential role in the prevention of malnutrition, although there remain considerable gaps in understanding the effectiveness of approaches at scale in different contexts. WFP has an important part to play in addressing the learning needed here, including an analysis of complex and strategic risks, such as lack of capacity, lack of public investment and issues of accountability.
- Significant progress has been made in programmes to influence the adoption of healthy diets, particularly in evidence generation and advocacy. While the implementation of behavioural change strategies is sound, the scope of this work will remain limited until the drivers that influence these behaviours can be addressed, particularly in terms of improving food environments and the availability and affordability of food options throughout the value chains.
- WFP's expertise and leadership in social protection places it in a unique position to play an important role in bridging the humanitarian–development nexus, with programming in this area being a means to transition from saving lives to changing lives. However, quick and easy solutions that work in stable contexts are not enough, and there is a need to strengthen capacities for programme delivery informed by resilience, inclusion, and equality analyses, all of which are also crucial for HIV-sensitive programming.
- The food systems approach offers many opportunities for improving programming. The commitments and guidance for nutrition integration on sustainable food systems provide a unique opportunity for WFP to strengthen its leadership role in this area.

Performance of WFP

Conclusion 3. With respect to WFP's performance, effectiveness is largely underpinned by its responsiveness, innovation in some key areas, and its strong reputation, especially in emergency and supply chain operations.

301. Investment in context-specific evidence generation has supported advocacy efforts and led to improved programming approaches at country office level, but has been used less effectively for advocacy at global level where much of the excellent work produced by WFP is still not sufficiently visible.

302. WFP allocates limited resources in investing in people-centred needs assessment, including gender and inclusion analyses to ensure that approaches are better tailored to communities. Investment in

context-sensitive programme design with a clear focus on gender equality, equity and inclusion is not sufficient.

303. WFP collects a lot of data but is not yet a data-driven organization. There is a recognized need for more attention to monitoring, including addressing gaps in existing indicators, particularly qualitative, improving the feasibility and practicability of good quality data collection against the core indicators, and greater attention and resources for data use and valid interpretation to support programming.

304. There are more complex challenges at a strategic level, where decisions about the corporate commitment to programming and adjustments to the organizational structure are still to be made. These challenges will be difficult to meet, given the issues around ensuring complementarity and delivering at considerable scale with relatively few resources on the ground, which are stretched by the demands of donors and bureaucratic requirements.

Nutrition integration

Conclusion 4. The commitment to nutrition integration articulated in the new strategic plan for 2022–2025 is not yet matched by the institutional architecture for full implementation. While WFP has made some progress in ensuring a nutrition workforce that is adequate in terms of size and skills, particularly over the past five years, not all decision makers understand the importance of taking nutrition outcomes into account in WFP operations. It is not clear how WFP will corporately finance the adoption of thinking, approaches and the staff and system capacity development that nutrition integration demands. Donors, governments, international agencies, and local partners still see WFP as a food-focused organization.

305. Given that general food assistance (GFA) and cash-based transfers (CBTs) are likely to remain a large part of WFP's programming, addressing these challenges to give more attention to nutrition quality is critical to ensuring WFP's shift to a nutrition-focused organization. The move to focus beyond the quantity of food (calories) and to increase attention to quality (nutrients) has shown progress over the last five years. However, progress has been hampered by funding limitations, supply disruptions linked to the COVID-19 pandemic, and the lack of Corporate Results Framework (CRF) indicators to measure the quality of the food basket.

306. There are internal and external challenges to nutrition integration. The internal challenges are relatively straightforward to identify, including the internal capacity gap for nutrition integration, the lack of concrete guidelines for putting this into practice in programming and operations, and the need for a broad internal buy-in for WFP to become a nutrition-focused organization with the large machinery running efficiently toward that aim. External challenges could be more difficult to overcome, including obtaining and allocating financing for nutrition programming, positioning emerging nutrition priorities beyond hunger targets, strengthening governments' accountability and public investments, and reaching complementarity and synergies between the United Nations agencies in accelerating nutrition integration to Sustainable Development Goal (SDG) targets.

307. Nutrition Division staff at global and regional level are proficient and knowledgeable, contributing increasingly within the global space. Yet, skillsets across country offices are highly variable and often inadequate for strategic planning, partnership development, advocacy, and engagement with government.

Strategic partnerships

Conclusion 5. In its HIV and nutrition programming, WFP has prioritized the strengthening of partnerships with other United Nations entities, governments, non-governmental organizations, the private sector and academia. This has resulted in a blossoming of relationships, leading to successful outcomes. However, in all types of partnership, limited investment over the long term compromises the ability to sustain and improve collaboration and complementary and collaborative approaches to implementation, advocacy and fundraising.

308. Globally and regionally, WFP has played an active role in developing important partnerships for change, although there is the potential for deeper engagement. WFP has made significant contributions in areas such as: research, with academic partners; in analysis such as Fill the Nutrient Gap (FNG); in coordination fora such as the 2019 Global Action Plan on Child Wasting, the Global Nutrition Cluster and

the Scaling Up Nutrition (SUN) Movement, all of which were taken forward in WFP's work at a country level; and South-South cooperation, through establishing links between countries on specific issues, and with the private sector, forging links and agreements at global, regional and national levels.

309. Nationally, WFP works closely with government partners, contributing to government responses, engages in close collaboration with other United Nations agencies and CSOs and NGOs, and works effectively with the private sector and academia. There is evidence that this has the potential to contribute to wider outcomes, systems change and to greater sustainability. The most interesting are the examples where country offices have focused on the potentially transformational nature of partnerships with government: through work in specific nutrition-related sectors; or through an overarching and more strategic approach to identifying WFP's comparative advantage and programming contribution, such as by addressing nutrition-sensitive and gender-responsive social protection programming and shock-responsive safety net social protection programmes.

3.2. RECOMMENDATIONS

310. The evaluation insights on the HIV/AIDS and nutrition policies provide the basis for a strategic consideration of the factors that have helped and hindered WFP's contributions to improved nutrition and food security. This includes the enablers and gaps in WFP's capacity and organizational set-up to take forward the commitment to nutrition integration outlined in the new strategic plan.

311. By way of framing the recommendations, the relevance and effectiveness of the HIV and nutrition policies highlight two very different journeys, with nutrition now playing a central role in the new strategic plan, while HIV has clearly diminished over time.

312. In this sense, recommendations are derived from consideration of the full set of conclusions, with a focus on ensuring that WFP has the organizational readiness to meet the challenges set out in the new WFP Strategic Plan, 2022-2025. A first formulation was presented at the stakeholder workshop for validation, and was then refined.

Table 6. Table of Recommendations

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
Recommendation 1: Changes in the HIV landscape over the last 12 years call for an internal strategic discussion aimed at reaching agreement on how best to integrate HIV into WFP programming so as to ensure that WFP's global commitments to the HIV response and to "leaving no one behind" are met. ➢ A corporate analysis should be conducted to inform the development of a clear statement on WFP's position on HIV and on how that position will be integrated into work throughout the organization, together with an updated strategic response to HIV with cross-organizational accountability. ➢ The updated strategic response should determine whether to develop a new policy or strategy and should include a costed implementation plan setting out responsibilities, accountability, the human and financial resources needed to deliver the response, and a fundraising plan. ➢ Bring together existing guidance and available tools and use them to identify the strengths and opportunities and the gaps to be addressed with a view to ensuring that key programmatic areas are HIV-sensitive and that consideration of HIV can be effectively integrated throughout WFP systems.	Nutrition Division (with the support of the Programme and Policy Development Department)	High	December 2023	HIV remains a highly relevant issue for WFP in delivering on its mandate of leaving no one behind. To meet that mandate, WFP needs to increase its internal resources in order to strengthen programming in social protection, optimize HIV-sensitive approaches across divisions and support the transition from an implementation role to an enabling role. Accountability for this work must extend beyond the Nutrition Division because many WFP units need to be involved in delivering on the mandate. Linked to conclusion 1.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
Recommendation 2. The new nutrition strategy currently being developed should articulate a clear definition of, and a comprehensive approach to, nutrition integration so that WFP can deliver on the commitments set out in the strategic plan for 2022–2025. The nutrition strategy must set out a clear definition of nutrition integration and an overview of what it entails for the whole organization. The strategy is also expected to provide clarity on several issues that were not sufficiently emphasized at the time that the previous policy was approved. Those issues include: ➢ WFP's role in and contribution to micronutrient deficiency prevention through a combination of approaches for both saving lives and changing lives; ➢ clear development of the concepts related to healthy diets, including the mitigation of the nutrient intake gap for the prevention of undernutrition, which is also part of the prevention of all forms of malnutrition (including overweight and obesity), and of how to achieve them through actions on both the supply and demand sides, setting out the implications for WFP divisions, especially in fragile settings, addressing food choices and setting out practical approaches that address realities on the ground; ➢ reinforcement of WFP's role in supporting all nutritionally vulnerable population groups, including a clear articulation of the approach to HIV/AIDS-sensitive programming; ➢ a clear delineation of WFP's remit in and approach to nutrition in humanitarian settings that takes into	Nutrition Division	High	December 2023	The current nutrition policy remains relevant, but its implementation entails a refinement of the focus to bring it up to date with current priorities and evidence and to clearly encompass the vision of nutrition integration set out in the new strategic plan for 2022–2025. Linked to conclusion 2.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
consideration the long-term nutrition benefits and gains from recovery and development; and ➢ a resource plan setting out the human and financial resources needed to ensure that the organization-wide approach is sufficiently and effectively resourced to pursue delivery as intended from the outset.				
Recommendation 3. WFP should develop and implement a systematic process for, and clear guidance on, the effective operationalization of nutrition integration. The process of embedding the appropriate systems and structures for, and guidance on, nutrition integration throughout WFP should include the following: **i) Systems:** ➢ Define and ensure resources for the role that the Nutrition Division (including nutrition staff in regional bureaux and country offices) will play in supporting other units of WFP at the headquarters, regional bureau and country office levels, with clear objectives. ➢ Develop consistent messages for fundraising, partnerships and advocacy purposes, working with other United Nations agencies and the global nutrition community, particularly in advocacy efforts. Communication and marketing aimed at enhancing WFP's profile as a nutrition-focused, HIV/AIDS-sensitive organization are key. ➢ Consider how WFP will fund departments' adaptation of their approaches and development of staff and system capacity.	Nutrition Division (with the support of: Programme – Humanitarian and Development Division; Social Protection Unit; School-based Programmes; Cash-based Transfers Division; Gender Office; Partnerships and Advocacy Department).	High	December 2023	The commitment to nutrition integration articulated in the new strategic plan for 2022–2025 has been welcomed but is not yet matched by an institutional architecture for its full implementation. Linked to conclusions 2 and 4.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
➢ Enhance efforts to mainstream gender at the organizational level. **ii) Internal structures:** ➢ Define the roles and enhance the understanding of staff throughout WFP in relation to their contributions to improved nutrition, particularly when working across the organization. ➢ Invest in dialogue with implementing partners at the local level so as to strengthen their understanding of their roles in supporting nutrition outcomes in programmes and operations. **iii) Guidance:** ➢ Develop operational guidance on how to integrate nutrition across supporting systems.				
Recommendation 4. Continue to enhance capacities in nutrition and HIV/AIDS throughout WFP with a view to strengthening existing nutrition and HIV/AIDS expertise and approaches, and ensure nutrition integration through the recruitment of skilled staff, the development of the various skillsets required and, particularly, the matching of skills to contexts and programme aims. i) Across WFP, the development of capacities and skillsets should include:	Nutrition Division (Human Resources Division)	High	December 2025	There is a need for enhanced capacity strengthening and increased nutrition knowledge throughout WFP's workforce, from field monitors to country directors and throughout headquarters. Linked to conclusions 2 and 4.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
➢ at the headquarters level, increasing the number of staff members focused on HIV/AIDS using internal core funding; ➢ at the headquarters and regional bureau levels, enhancing advocacy for HIV/AIDS- and nutrition-sensitive programming with senior management at all levels; and ➢ at the country office level, building the capacity of country directors as advocates for nutrition- and HIV/AIDS-sensitive programming. ii) In addition, there is a need to continue to build the capacity of nutrition advisers at the regional bureau and country office levels, which should include the development or employment of skillsets that meet contextual support needs and objectives, including approaches to supporting governments in strengthening systems for improved dietary diversity and nutritional outcomes, and strengthening cross-sectoral work on HIV/AIDS across various sectors. iii) The building of the capacities outlined above should be informed by the continuous identification and addressing of organizational learning needs so as to improve staff capacity and, in turn, improve the design and implementation of nutrition-specific and nutrition-sensitive strategies and programmes.				
Recommendation 5. Elevate the status of knowledge management and learning and equip the knowledge management team in nutrition with the skills and accountability needed to reach and work across units,	Nutrition Division	High	December 2023	The positioning of WFP more firmly in the development arena will take more time and further work and

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
consolidating and communicating learning throughout WFP and informing advocacy approaches.				should be based on an evidence and research strategy. Linked to conclusions 1, 2 and 3.
5.1 *Monitoring:* Revise and develop monitoring indicators and systems to ensure the collection of indicator data that are meaningful and fit for purpose in providing evidence of programme outcomes. This work includes focusing on system readiness to ensure that the data can measure the qualitative outcomes of both nutrition and HIV/AIDS programming, and should feed into the systematic use of data analysis to inform progress monitoring on programmes.	Nutrition Division (with the support of the Research, Assessment and Monitoring Division)			
5.2 *Assessment:* Collaborate further with the Research, Assessment and Monitoring Division on reviewing and enhancing nutrition integration and the utilization of assessment data and information to improve needs identification and the design of nutrition and HIV/AIDS programmes.	Nutrition Division (with the support of the Research, Assessment and Monitoring Division)			

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
5.3 *Evidence:* Build on the learning from the successful evidence generation and advocacy approaches of country offices, such as cost of diet and Fill the Nutrient Gap analyses and research studies, to develop WFP's reputation as an evidence-driven organization. Achieve this through continued investment in evidence, evaluation, research and data on HIV/AIDS and nutrition, with enhanced understanding of gender and inclusion dimensions and the development of a research plan or strategy.	Nutrition Division (with the collaboration of the Research, Assessment and Monitoring Division; Innovation and Knowledge Management Division; Office of Evaluation)			
Recommendation 6. WFP should build on its investments in partnerships by nurturing long-term relationships and shared aims in HIV/AIDS and nutrition in order to deliver resilient and long-term gains for HIV/AIDS and nutrition programmes through the complementarity of partners' capacities. WFP needs to focus on its comparative advantages and continue to pursue strategic alliances. The approach to partnerships should include: ➢ building on existing partnerships within the United Nations system in order to ensure strategic engagement in the development of complementary approaches to programming, implementation, advocacy and fundraising, with clearly defined roles in specific settings; ➢ building on established relationships with regional and national government partners in work on nutrition and HIV/AIDS to facilitate advocacy of long-term, multi-year financial support from donors; and ➢ engaging with local and regional partners to leverage local advocacy, knowledge and capacities, including by	Nutrition Division (regional bureaux; Cost of Diet country offices)	Medium	December 2025	In all types of strategic partnership, there is scope for increased two-way investment in relationships over the long term, improving coordination, collaboration and coherent approaches to implementation, advocacy and fundraising. There is the potential to leverage results that are much more than the sum of their parts and to elevate WFP's contribution to global outcomes in nutrition. Linked to conclusion 5.

Recommendation	Responsibility (with other contributing entities in brackets)	Priority	Deadline for completion	Rationale
making space for partners' participation in programme design, implementation and monitoring.				

Annex 1. Summary ToR

1 Strategic evaluations focus on 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.

SUBJECT AND FOCUS OF THE EVALUATION

2 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, and its commitment to addressing malnutrition in its numerous forms is long-standing and is located at the core of its mandate to save and change lives.

3 The HIV and AIDS Policy (2010) defines programmes related to both HIV and tuberculosis (TB) according to two pillars: "1) Care and treatment and 2) Mitigation and safety nets. A new focus on tuberculosis was included in the policy in view of the "dramatic convergence of the HIV and TB epidemics."

4 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.

5 The draft WFP Strategic Plan (2022-2025) 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, while integrating social and behaviour change (SBC) programming to address demand, support healthy food choices, food safety and hygiene practices (SDG 3)."

6 Against this backdrop, 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 (2022-2025), particularly as it relates to both meeting urgent food and nutrition needs and integrated approaches to nutrition.

OBJECTIVES AND USERS OF THE EVALUATION

7 The objectives of the evaluation are the following:

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).

ii) assess the extent to which WFP has sufficient organizational readiness to meet the challenges set out in the Decade for Action on Nutrition, the new WFP Strategic Plan (2022-2025), the UNAIDS Strategic Plan, the School Feeding and Social Protection Strategies, the updated Protection and Accountability Policy, soon to be finalized Gender Policy and Policy on Country Capacity Strengthening, in particular (learning).

8 The primary users of the evaluation will be the Nutrition Division and immediate partner units/Divisions at headquarters, Regional Bureau technical advisors and CO nutrition specialists. The wide range of partner organizations are also key users, including donors and Executive Board members.

EVALUATION QUESTIONS

9 The evaluation will address the following five key questions:

QUESTION 1: How relevant and effective is the HIV and AIDS Policy?
QUESTION 2: How relevant and effective is the Nutrition Policy?
QUESTION 3: How well has WFP maximized the enabling factors that contributed to improved nutrition and food security?
QUESTION 4: To what extent have WFP's partnerships been transformational in contributing to improved nutrition-related outcomes and systems change?

QUESTION 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?

SCOPE, METHODOLOGY AND ETHICAL CONSIDERATIONS

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

11 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.

12 The methodology will adopt a mixed approach combining qualitative and quantitative data. Within this approach, the evaluation will employ multiple methods of data collection including:

a. literature review of nutrition and food security and review internal documents
b. synthesis of evaluations, audits and lessons learned
c. analysis of WFP administrative data
d. key-informant interviews
e. multi-sectoral focus group discussions

13 Systematic data triangulation across different sources and methods will be carried out to validate findings and minimize bias in the evaluative judgement.

14 While having a strategic, global outlook, the evaluation will zoom in to a purposefully selected number of countries that represent the wide spectrum of activities being carried out and support by WFP in nutrition, including HIV/AIDS. Country missions will offer evidence from different contexts that will be triangulated with other sources to present relevant and useful findings.

15 The evaluation conforms to WFP and 2020 UNEG ethical guidelines. 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 in no harm to participants or their communities.

ROLES AND RESPONSIBILITIES

16 **EVALUATION TEAM:** The evaluation will be conducted by a team of independent consultants with proven capacity to conduct complex global evaluations and have a strong thematic expertise in nutrition and HIV/AIDS.

17 **Office of Evaluation's EVALUATION MANAGER:** The evaluation will be managed by a Senior Evaluation Officer in the WFP Office of Evaluation. She will be the main interlocutor between the evaluation team, represented by the team leader, and WFP counterparts, to ensure a smooth implementation process and compliance with Office of Evaluation quality standards for process and content. Second level quality assurance will be provided by the Director of Evaluation.

18 An **Internal Reference Group** of a cross-section of WFP stakeholders from relevant units and Divisions at different WFP levels will be consulted throughout the process to review and provide feedback on evaluation products. The Director of Evaluation will approve the final versions of all evaluation products.

19 **STAKEHOLDERS:** The Executive Board, WFP Nutrition Division and immediate partners units/ Divisions, senior management, regional and country-level programme colleagues/ nutrition specialists are the primary audience of this evaluation. External stakeholders, such as beneficiaries, international initiatives and consortiums, research and academic institutions, NGOs, donors, other UN agencies will be consulted during the evaluation process.

COMMUNICATION

20 Preliminary findings will be shared with WFP stakeholders in Headquarters, the Regional Bureaux, and the Country Offices, during a debriefing session at the end of the data collection phase. A stakeholders' workshop will be held to ensure a transparent evaluation process and promote ownership of the findings and preliminary recommendations. A Summary Evaluation Report (SER) will be presented to the Executive Board. Findings will be actively disseminated, and the final evaluation report will be publicly available WFP's website.

Annex 2. Evaluation timeline

Table 7. Evaluation timeline

	Main action	By whom	Dates
Phase 1 – Preparation			
	Submission of draft Terms of Reference (ToR) for review	EM	23 July 2021
	Review of draft ToR	DDoE	26 July-6 August 2021
	Revision of ToR	EM	9-12 August 2021
	Send draft ToR for clearance to stakeholders for comment	DDoE	13 August 2021
	Issue ToRs to stakeholders for comment	EM	17-31 August 2021
	Draft ToR shared with long-term agreements to start preparing their proposals	EM	17 August 2021 (due 6 September)
	Revise ToR following stakeholder comments	EM	3 September 2021
	Revised ToR submitted to Deputy Director of Evaluation (DDoE)	EM	3 September 2021
	ToR approval	DDoE	10 September 2021
	Final ToR shared with stakeholders and posted	EM	13 September 2021
	Team selection and decision memo submitted	EM	10 September 2021
	PO finalization	Proc	By 30 September 2021
Phase 2 – Inception			**Oct 2021-Jan 2022**
	Team preparation prior to headquarters briefing (reading docs)	ET	
	Headquarters briefing – remote	EM & Team	18-27 October 2021
	Inception phase interviews and missions	EM &Team	1–20 November 2021
	Inception mission		**8-12/15-19 November 2021**
IR D0	**Submission draft Inception Report (IR) to Office of Evaluation (Office of Evaluation)**	TL	**10 December 2021**
	Quality assurance and comments to the ET	EM/RA	14 December 2021
	Submission of revised draft IR to Office of Evaluation	TL	21 December 2021
	Quality assurance and comments to the ET	EM/RA	23 December 2021
IR D1	**Submission D1 IR**	TL	14 January 2022
	Quality assurance and submission to DDoE for comment	EM	17 January 2022
	Review of D1 IR	DDoE	17-24 January 2022
	Revisions to address DDoE comments	TL	1 February 2022
	Quality assurance	EM/RA	2 February 2022
	Submission of D2 IR for clearance to circulate to stakeholders	EM	2 February 2022
	Review revised draft IR	DDoE	3-5 February 2022
IR D2	Share D2 IR with IRG and EAG for comment	EM	11 February 2022

			(deadline 25 February 2022)
	Consolidate and share comments received	EM/RA	28 February 2022
IR D3	Submit revised IR (D3)	TL	18 March 2022
	Review revised IR	EM/RA	21 March 2022
	Seek clearance of final IR	DDoE	21-28 March 2022
	Circulate final IR to stakeholders; post a copy on intranet.	EM	29 March 2022
Phase 3 – Evaluation data collection phase			**March-May 2022**
	Data collection, including missions/case studies & desk review.	ET	29 March-23 May 2022
	Overall debriefing with headquarters, RB and COs (PPT) – online session	TL	30 May 2022
Phase 4 – Reporting			**June-Nov 2022**
ER Draft 0	Submission of draft Evaluation Report to OEV	TL	15 July 2022
	Quality assurance	EM/RA	20 July 2022
ER Draft 1	**Submission of D1 ER**	TL	**27 July 2022**
	Review D1 ER and submit to DDoE to circulate for comments	EM	29 June 2022
	Clearance to circulate revised ER for IRG + EAG comments	DDoE	5 August 2022
	Stakeholder comments on the draft ER	**IRG/EAG**	5-26 August 2022
	Consolidate and share comments with TL	EM	31 August 2022
	Stakeholder workshop	**TL/EM**	**13-14 September**
ER Draft 2	**Submit revised draft ER**	**TL**	**3 October 2022**
	Review and submit D2 ER to DoE	EM	10-14 October 2022
	Begin preparing Summary Evaluation Report (SER)	EM	19-20October 2022
	Comment on the revised ER	DoE	14-21 October 2022
	Submit final draft ER	TL	28 October 2022
ER Draft 3	**Submit final draft ER for approval to send to editing**	**EM**	**8 November 2022**
SER Draft 0	**D0 SER to DDoE**	**EM**	**8-11 November 2022**
	Review draft SER	DoE	14-18 November 2022
	Revise SER following DoE comments	EM	21-22 November 2022
SER Draft 1	Submit revised draft SER for clearance to share with Oversight and Policy Committee	EM	23 November 2022
	Quality assurance	DoE	23-25 November 2022
	Oversight and Policy Committee comment window	OPC	25-30 November 2022
	Revise and finalise SER following OPC comments (10 working days)	EM	30 Nov-2 Dec 2022
	Submission of final SER with final ER	EM	2-3 December 2022
FINAL ER	**Final review ER + SER**	**DoE**	**3-8 December 2022**
	Submission of SER to Executive Board (EB) Secretariat	EM	9 December 2022
Phase 5 Executive Board (EB) and follow-up			**December 2022–February 2023**

	Submit SER/rec to CPP for MR + SER for editing and translation	EM	December 2022
	Format and post approved ER	EM/Comm	December 2022
	Dissemination, OEV websites posting, EB Round Table, etc.	EM	February 2023
	Presentation of SER to the EB	DoE	February 2023
	Presentation of management response to the EB	CPP	February 2023

Annex 3. Methodology

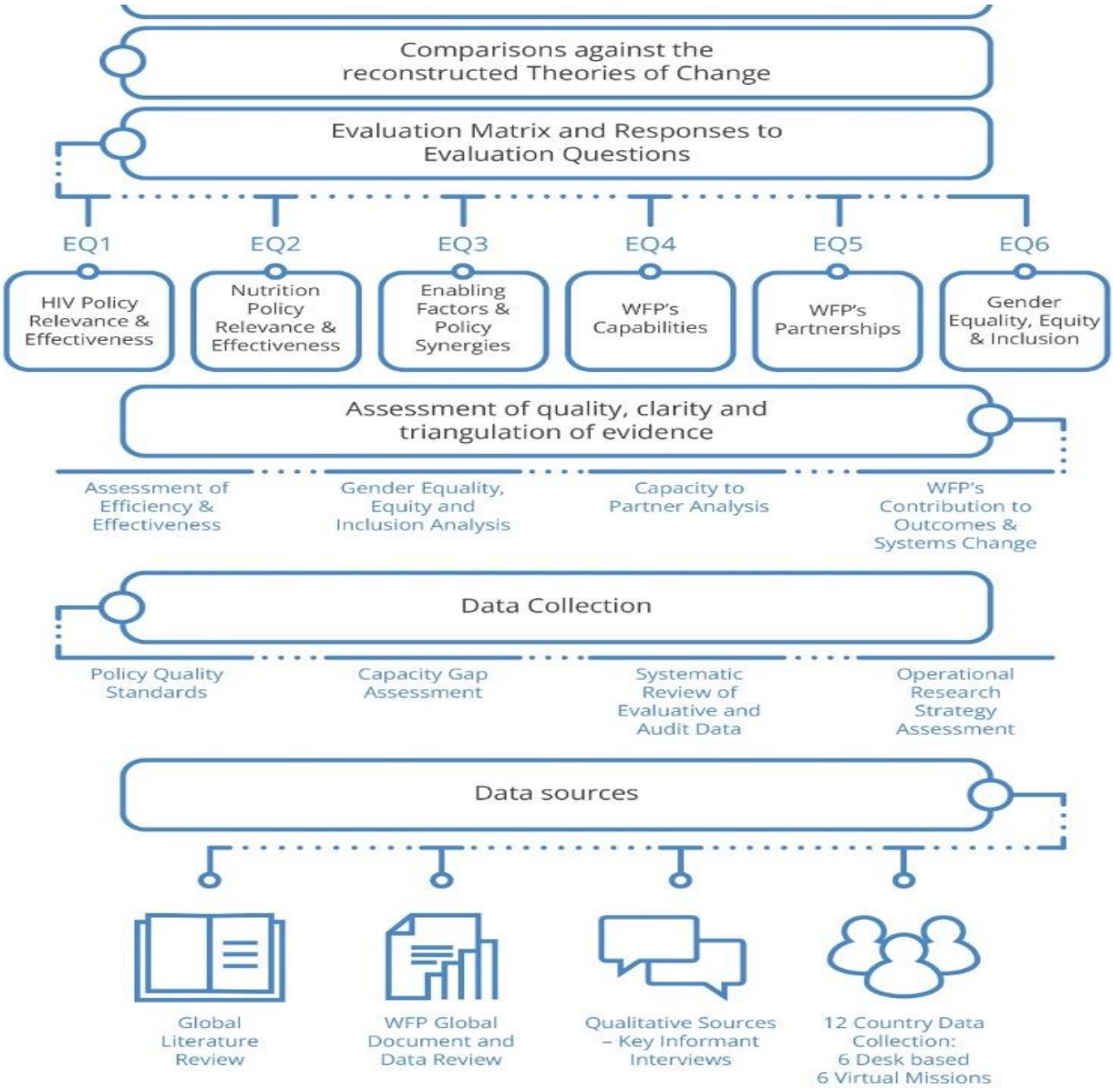
The full sets of evaluation questions and sub-questions are set out in the table below.

Table 8. Evaluation questions and sub-questions

Evaluation questions and 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 (2022-2025), 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 (2022-2025), 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?	Relevance/Effectiveness
2.4 To what extent have nutrition-sensitive interventions addressed structural vulnerabilities and built human capital – specifically, in emergency response, school-based programmes, resilience, 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 To what extent has WFP contributed to and influenced effective and sustainable nutrition-related responses by governments?	Effectiveness and sustainability
3. How well has WFP maximized 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 (2022-2025) – workforce, funding, technology, evidence, innovation – already supporting activities undertaken within the remit of both the nutrition and the HIV and 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?	Effectiveness
4. To what extent is WFP capable of integrating nutrition across all programmes and functions?	
4.1 To what extent is WFP's workforce able to integrate nutrition in its work – particularly in the education, resilience, social protection, supply chain, country capacity strengthening, advocacy, research/assessment and innovations sectors?	Relevance Effectiveness
4.2 To what extent is a robust evidence base available and used to inform nutrition integration across functions?	Coherence
4.3 To what extent is there financial and performance measurement data available to assess the efficiency of nutrition-sensitive and nutrition-specific interventions that WFP supports in emergencies and non-emergency contexts?	Efficiency

5. To what extent have WFP's partnerships been transformational in contributing to improved nutrition-related outcomes and systems change?	
5.1 To what extent has WFP's capacity to partner effectively in the nutrition sector increased?	Effectiveness
5.2 To what extent has WFP's capacity to partner effectively in the HIV and AIDS sector increased?	Effectiveness
5.3 To what extent has WFP contributed to improved nutrition-related outcomes and systems change?	Effectiveness
5.4 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
5.5 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
6. To what extent has WFP taken a gender transformative, equity and inclusion approach to its nutrition work, including HIV and AIDS, in humanitarian, development and peace settings?	

Figure 18. Approach to data collection and analysis



1 The overall approach to data collection and analysis used in the evaluation is set out in the figure above. A range of data sources were used to address to the evaluation questions:

- **Global literature on nutrition and HIV** – An extensive literature review covering Global Nutrition Trends 2017-2021 and Global HIV/AIDS Trends 2010-202, which drew on the expertise of the evaluation, complemented by a literature review in key areas. These areas include: the global policy environment for addressing nutrition and HIV; nutrition and HIV-specific interventions, such as management of acute malnutrition including among infants (MAMI) and among HIV positive individuals, management of micronutrient deficiencies, support for infant and young child feeding and prevention of mother-to-child HIV transmission (PMTCT); nutrition and HIV sensitive programming to protect and prevent malnutrition and HIV; the humanitarian-development nexus for nutrition; and data and information systems for nutrition and HIV.
- **Global and country level document and data review** – An initial review of the Country Strategic Plans (CSPs) and Annual Country Reports (ACRs) for the 12 countries selected in the evaluation showed that, while it was possible to identify HIV programming, it was not possible to clearly identify nutrition programming from the outcomes, outputs and activities set out in these documents and that the funding of activities from year to year (and the resulting reporting at the activity level) was often uncertain in ACRs.[271] To make the best use of the evidence available to the evaluation, it was decided to focus on a sample of 24 countries, the 12 countries selected for the evaluation and the 12 Country Strategic Plan Evaluations (CSPEs) that were available at the time of the evaluation (Lebanon, the Gambia, Cameroon, Democratic Republic of the Congo, Zimbabwe, Tanzania, Bangladesh, China, Indonesia, Lao, Timor Leste, El Salvador and Honduras). As a result, a systematic document review was undertaken covering 84 CSPs for HIV, 24 countries for nutrition using both CSPs and ACRs and the CSPEs, and 14 policy and strategic evaluations. WFP quantitative and qualitative data from the COMET database, as well as from the SCOPE and LESS platforms, has been used to supplement the data from the document review. The high-level global review provided data on the extent to which WFP has delivered against priorities under the nutrition and HIV policies.
- **Key informant interviews** (KIIs) – More than 50 internal and external stakeholders were interviewed, including United Nations agencies, donors, academia, international non-governmental organizations (INGOs), private sector and civil society organizations (CSOs) and within WFP, senior management and the Executive Board, the regional bureaux, and all of the main programme divisions and units.
- **Country desk reviews and virtual data collection missions** – The Evaluation Team undertook an in-depth analysis of relevant WFP country contexts to arrive at a country sample for desk studies and virtual country mission data collection. From a longlist of potential countries identified by the Office of Evaluation, the team narrowed the selection down to 12 countries, six of which were identified as 'mission' countries. The selection criteria and rationale are summarized in the table below.

[271] The mid-term review of the 2017-2021 Strategic Plan found that internal lessons learned on the results chain found that WFP country offices rarely (or not at all) make use of some of these categories (strategic outcome, output, and activity). Furthermore, the selection of categories by country offices can be arbitrary because the guidance lacks definition on when it is appropriate to use the different types of activity categories.

Table 9. Country mission selection criteria and rationale

Criterion	Rationale
Geographical variety	Ensures regional coverage
Operational context	To include emergency (acute/protracted), development
A balance of countries of different income status	To ensure coverage which reflects the different level of economic development in countries
CO size	Spans small, medium, large and very large COs
Country population size	To include large and small countries/small and large scale (especially relevant when considering WFP engagement with country nutrition policy and programming)
CSP generation	Mix of first and second generation
Nutrition portfolio	Range of nutrition-specific (treatment and prevention)
Nutrition integration	Range of nutrition-sensitive
Total expenditure on nutrition-specific treatment (SO 2)	Spans high, medium, and low expenditure
Total expenditure on nutrition-specific prevention (SO 2)	Spans high, medium, and low expenditure
HIV portfolio	Range of HIV-specific programmes (those explicitly targeting people living with or affected by HIV and TB) and HIV-sensitive (programmes which consider HIV and TB but not as primary objectives) that cover both treatment & care and mitigation & safety nets
FNG data	Countries with available FNG data (after 2019) – particularly for mission countries
SUN membership	To include members and non-members
UNAIDS fast-track	To include members and non-members
Range of malnutrition profiles	To cover areas of high/low stunting prevalence, areas high/low wasting prevalence, high combined wasting/stunting (WaSt) and high MNDs & Obesity
Range of HIV profiles	To cover areas of high and low HIV prevalence
Evaluations ongoing and data available	To avoid countries with ongoing burden of evaluation requirements and to cover countries with high and low evaluation coverage to provide range of evaluation data availability at country level

2 Further desk reviews were undertaken for six countries, three of which have experienced L3 emergencies in the evaluation period (highlighted in **bold**): Cambodia, Ghana, **Mozambique**, Somalia, **South Sudan** and **Syria**. Due to the uncertainty and ethical implications of travel in the context of COVID-19, virtual mission data collection was undertaken in six countries, with more than 100 interviews with staff and partners: Cameroon, the Dominican Republic, Eswatini, Pakistan, Tunisia and Uganda.

3 The evaluation was carried out from October 2021 to July 2022, with the inception phase from October 2021 to March 2022, and data collection and analysis from April to June 2022.

Additional data collection

4 An **assessment against policy quality standards** was carried out for both the nutrition and HIV policies, looking at: context analysis, basis in evidence and external coherence; clear scope and priorities, consistent use of terminology and internal coherence; a vision and theory of change, a results framework and monitoring and reporting against this; and guidance and appropriate resources for implementation.

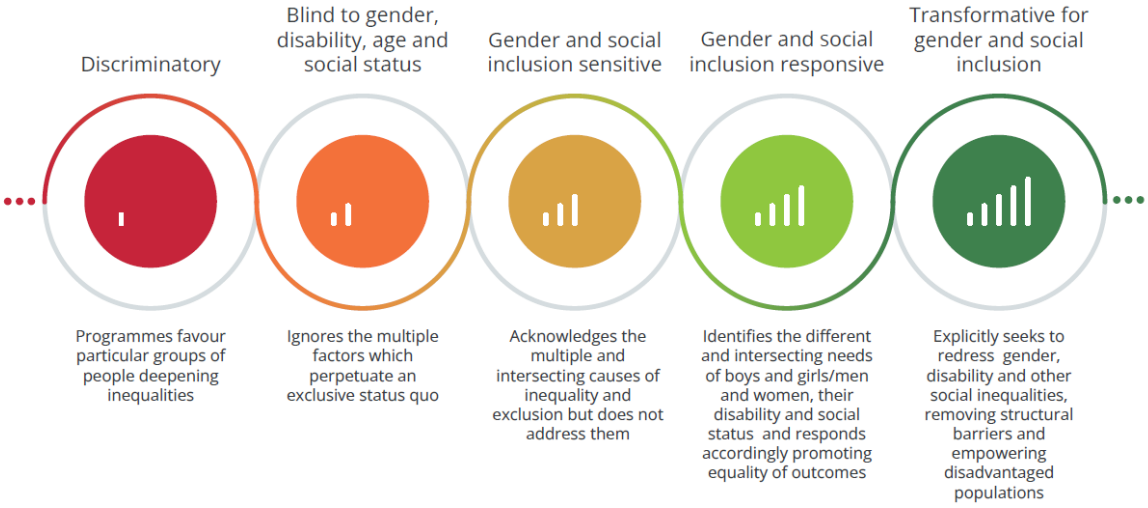
5 A **capacity gap assessment** drew on the Strategic Work Planning exercise carried out by Nutrition Division and looked in detail (through interview data) at six virtual data collection countries at the internal capacity to support and implement appropriate nutrition and HIV programming and capacity strengthening of government and other implementing partners. While there was limited evidence available (the main examples were Pakistan, Uganda, the Dominican Republic and Tunisia) the assessment considered the number and roles of staff working on nutrition and HIV programming, the quality of strategic partnerships and looked for evidence of improvements in engagement in global and national level policy coordination and collaborative efforts.

6 A **systematic review of evaluative and audit evidence on nutrition and HIV** from recent centralized and decentralized evaluations and audits was carried out. This looked at the extent to which WFP has delivered against priorities under the nutrition and HIV policies (EQs 1 & 2) and helped in the identification of strengths and weaknesses of WFP's engagement.

7 Secondary qualitative data will be sourced from global and country-level WFP documents, including evaluation data, and will enable an understanding of how the nutrition policy fits within other WFP initiatives such as gender as a cross-cutting theme, partnership and capacity strengthening, and local production and WFP's engagement with the private sector. Nutrition policy implementation guidance prepared by headquarters/regional bureaux will also be reviewed where this exists.

8 The evaluation included an **assessment of the operational research** carried out by the Nutrition Division, looking at how research is used to guide the strategic direction and programme design at the country level. The original intention of the assessment was to consider the extent to which the recommendation of the 2015 Nutrition Policy Evaluation had been followed, specifically whether: a comprehensive operational research strategy was developed; the research agenda addressed gaps in knowledge required for effective programming; and the strategy emphasized effective partnering to guarantee quality and ensure the credibility of findings while strengthening national research capacity. In interviews with Nutrition Division staff it was found that the research strategy had initially been put on hold and, at the time of the evaluation, was still under development.

Figure 19. Gender and inclusion continuum



9 A **gender equality, equity and inclusion analysis** was used to investigate where and how the principles of gender equality, equity and inclusion have been included in both the policy documents, policy formulation, as well as in the design and implementation of nutrition and HIV programmes, focusing on the roles that men and women, girls, and boys, have played in programming. This analysis was based on an adaptation of the gender equality continuum, using the Gender and inclusion continuum in Figure 19 to assess to what extent gender equality, equity and inclusion issues have been considered in WFP's policies, CSPs and programmes.

10 The gender equality, equity, and inclusion questions were mainstreamed into the other evaluation sub-questions (EQs 1.4, 2.5, 3.2, 4.1 and 4.2); the team ensured that the range of stakeholders selected for interview included both men and women, as well as gender specialists; and, the team used the interview questions systematically to explore relevant gender, equity, and inclusion issues. Country desk and mission data collection sought out gender-disaggregated data, and assessed the extent to which the views and interests of men, women and vulnerable groups have been incorporated into contextual assessment, programme design, implementation, and monitoring and evaluation.

11 The **analysis of the capacity to partner** drew initially on the evidence and lessons from evaluations of country capacity strengthening and was intended to include an assessment of the following aspects in the implementation of nutrition and HIV programmes: the consistency and completeness of approaches to capacity strengthening, looking at the individual, organizational and enabling environment; the availability and use of expertise to support the design and implementation of approaches, considering the need to work within national government frameworks and in collaboration with partners; and, the monitoring and reporting of the performance of capacity strengthening, looking specifically at clear transition plans and agreements to sustain results. As is set out in the report, it became apparent that the capacity to partner primarily depends on individual motivation and capacity, rather than there being an overall organizational approach, and that the monitoring of capacity strengthening is recognized as a particularly weak area in the organization.

12 The evaluation took a three-level approach to data analysis, consisting of:

Assessment of quality of evidence, clarity of analysis and triangulation of evidence

13 To ensure that the findings identified were adequately supported by evidence, the Evaluation Team assessed both the quality of the evidence obtained (looking at the reliability of sources, corroboration with other data sources, and against interview data) and the clarity of the analysis, and triangulated and incorporated data from other sources. The team took due consideration to ensure that all data is verifiable and triangulated. This was undertaken by extracting data into the evaluation matrix to ensure that emerging themes and findings under each of the evaluation questions were drawn from multiple sources. Triangulation of country mission and desk review data with global-level data was also used to prevent the risk of a sampling bias emerging from the mission country approach. Where there were examples of divergent data, these were noted and followed up to explore any discrepancies, exceptions and data that did not fit the Theory of Change (ToC). The team explored the evidence assimilated and reviewed whether the nutrition and HIV ToCs operated as assumed and delivered the outcomes as set out in the policies.

Completion of the evaluation matrix

14 The completion of the evaluation matrix was a three-stage process: compilation of evidence against the evaluation criteria; responses to the evaluation sub-questions; and responses to the overarching evaluation questions. For each of the evaluation sub-questions, responses were developed, backed by evidence, and illustrated with examples from across the data. These responses were summarized against each of the sub-questions. The final stage was to develop responses to the main evaluation questions, setting out broader findings and drawing on the sub-questions, where relevant and appropriate. The responses to the evaluation questions formed the basis for the findings in the main evaluation report.

Comparison against ToCs

15 WFP quantitative and qualitative data were analysed in relation to the ToCs developed for the nutrition and HIV policies. Analysis of outcome-level change used quantitative data from the Corporate Results Framework as reported in WFP's Annual Performance Reports alongside other data sources such as research and donor reports. Results have been summarized graphically wherever possible to aid interpretation. Qualitative data analysis was used to help fill gaps and triangulate findings from quantitative data analysis and document review. A comparison against the ToCs looked at the enabling factors, assumptions, and risks and across the range of global, regional and national contexts covered in the evaluation. In particular, this analysis enabled a better understanding of the enabling factors to improved nutrition and food security, including workforce, funding, technology, evidence, and

innovation, highlighting areas where the original risks and assumptions were addressed as well as areas where there was limited evidence of them being taken into account.

Ethical considerations

16 Evaluations must conform to the 2020 United Nations Evaluation Group ethical guidelines. Accordingly, the Evaluation Team was responsible for safeguarding and ensuring ethical conduct at all stages of the evaluation cycle. This included, but was not limited to, ensuring informed consent, protecting the privacy, confidentiality, and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities.

17 Regarding key informants, steps were undertaken to ensure that informants were engaged in a process of informed consent around their participation in interviews, and to ensure that their consent was sought prior to any interviews being recorded. The Evaluation Team also ensured that any recordings were stored securely on its internal servers or in encrypted cloud storage. Within findings, the Evaluation Team ensured that any quotes or examples from key informants are non-attributable and anonymized.

18 These issues were monitored and managed throughout the implementation of the evaluation. Additional ethical issues that arose during the implementation of the evaluation were noted and managed in consultation with the Evaluation Manager.

Annex 4. Evaluation matrix

Table 10. Evaluation matrix

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
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?	- Existence of a context analysis to ensure timeliness and wider relevance - Clear and consistent use of terminology - Policy appropriately defines its scope and priorities - Policy develops a vision and a theory of change - Policy development included internal consultations - Policy provides guidance on timeliness, institutional arrangements, and accountabilities for its implementation (inclusion of an action or implementation plan) - Policy identifies the financial and human resources required for its implementation - Policy based on reliable evidence - Policy sets out external coherence	2010 HIV policy updates, 2011-2020 UNAIDs updates CSPs Country reviews and evaluations WFP HIV leads, HIV focal points in regional bureaux and country offices	Document review against policy quality standards KIIs – HIV leads in headquarters, HIV focal points in regional bureaux and country offices	Examine how the policy fits within evolving policy context since 2010 Examine alignment with the Global AIDS Strategy (2021-26) Consider COVID response – efficiency in terms of speed of analysis, response, adaptation of programming modalities Quality of evidence, clarity of analysis and triangulation Gender equality, equity and inclusion analysis
1.2 To what extent is the HIV and AIDS policy coherent with the new WFP Strategic Plan (2022-2025), other WFP policies and related strategies, including the UNAIDS Strategic Plan?	- Presence of a robust results framework - Existence/quality of a monitoring and reporting framework and systems for the policy in new Strategic Plan - Suitability of pathways identified to achieve stated objectives - Extent of achievement of stated objectives	2010 HIV policy updates, 2011-2020 WFP Strategic Plan (2008-2012, 2014-2017, 2017-2021); WFP Strategic Plan (2020-2025); WFP gender policy; WFP Social Protection Strategy	Document review against policy quality standards KIIs – UNAIDS, HIV leads in headquarters, HIV focal points in regional bureaux and country offices	Quality of evidence, clarity of analysis and triangulation Examine alignment with the Global AIDS Strategy (2021-2026)
1.3 To what extent have interventions targeting people living with HIV been effective? How can these be strengthened?	Extent of achievement of the 12 indicators as listed in the policy logframe See also EQ3.2 – within an integrated approach to addressing malnutrition *or elsewhere within WFP*	WFP Annual Reports and Annual Updates HIV in numbers, including data on relevant outcome indicators where that exists	Data review and qualitative data Data collection in 12 countries KIIs – HIV focal points in regional bureaux and country offices,	Quality of evidence, clarity of analysis and triangulation

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
		SP reports Evaluative evidence National annual reports on HIV from mission countries Unified Budget Reporting and Accountability Framework reports	government and implementing partners	
1.4 Has WFP's approach to HIV/AIDS and TB been people-centred, context-specific, country-owned, programme-integrated, risk-informed, evidence-driven?	Country strategies and HIV interventions are: • People-centred – based on gender, equity and inclusion analyses and use a range of disaggregated data • Context-specific – based on detailed and specific context analysis • Country-owned - responds to national AIDS plans and coordination • Programme integrated – coordinated across WFP interventions • Risk informed – includes risk analysis, mitigation and regular risk reviews • Evidence-driven – based on a clear evidence base, including consideration of gender, equity and inclusion analyses	CSPs FNGs CSPEs UBRAF reports National Annual reports on HIV from mission countries Evaluative evidence	Data review and qualitative data Data collection in 12 countries KIIs – HIV focal points in regional bureaux and country offices, government and implementing partners	Quality of evidence, clarity of analysis and triangulation
1.5 To what extent has WFP contributed to effective HIV and AIDS-related responses by governments?	NAPs include food security and nutrition as key issues National social protection safety nets reach PLWH/TB Evidence of government continuing to implement initiatives started by WFP	Updates, 2011-2020 HIV in numbers Country National AIDS plans and reports ACRs APR CSPEs/DEs	Data review and Qualitative data Country data collection KIIs – HIV focal points in regional bureaux and country offices, government and implementing partners	Quality of evidence, clarity of analysis and triangulation

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
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?	- Existence of a context analysis to ensure timeliness and wider relevance - Clear and consistent use of terminology - Policy appropriately defines its scope and priorities - Policy develops a vision and a theory of change - Policy development included internal consultations - Policy provides guidance on timeliness, institutional arrangements, and accountabilities for its implementation (inclusion of an action or implementation plan) - Policy identifies the financial and human resources required for its implementation - Policy based on reliable evidence, including on effectiveness and cost-effectiveness of nutrition interventions in different contexts - External coherence	2017 Nutrition Policy 2017 Implementation Plan and Update Decade for Nutrition and Agenda 2030 documents SUN strategies/ roadmap WFP Nutrition focal points/ Nutrition Advisers at regional bureaux and country offices External nutrition stakeholders	Document review against policy quality standards KIIs – Nutrition Division in headquarters, Nutrition Advisers in regional bureaux and country offices	Examine policy in the context of Agenda 2030 and Decade for Nutrition priorities and approaches. Examine how the policy fits within evolving policy context since 2015/2017. Compare and contrast objectives, strategies, goals of the nutrition policy with other policies and plans. Country data collection to understand and illustrate how efficient WFP has been in nutrition programming: speed of start-up, scale-up to meet increased needs in emergencies; timeliness of input provision, e.g. seasonal supplementary feeding programmes being delivered during the hunger period. Consider COVID-19 response – efficiency in terms of speed of analysis, response, adaptation of programming modalities. Quality of evidence, clarity of analysis and triangulation. Gender equality, equity and inclusion analysis.
2.2 To what extent is the nutrition policy coherent with the new WFP Strategic Plan (2022-2025), other WFP policies and related strategies?	- Presence of a robust results framework for the policy - Overall fit in terms of aligned objectives with new Strategic Plan and other strategies	2017 Nutrition Policy 2017 Implementation Plan and Update WFP Strategic Plan (2022-2025) WFP gender policy WFP HIV and AIDS policy WFP social protection strategy	Document review against policy quality standards KIIs – Nutrition Division in headquarters, Nutrition Advisers in regional bureaux and country offices	Compare and contrast objectives, strategies, goals of the nutrition policy with other policies and plans
2.3 To what extent have nutrition-specific interventions met urgent food, nutritional and essential needs	Results and outcomes of WFP nutrition-specific interventions, including nutrition-specific indicators for: Programmes to prevent and treat MAM and stunting, including performance indicators	WFP Annual Performance Reports Annual country reports (particularly for	Data review and qualitative data Country data collection	Quality of evidence, clarity of analysis and triangulation

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
of affected populations, as well as addressed structural vulnerabilities and built human capital?	for blanket and targeted supplementary feeding programmes (SFPs), programme coverage, assessment of targeting modalities and decisions. SBCC interventions to improve nutrition and dietary practices Micronutrient interventions, including Micronutrient powder distribution	country case studies) Programme performance data, coverage of programmes, etc. (to the extent that relevant data may be available) Relevant gender disaggregated nutrition data Nutrition in Numbers Evaluative Evidence	KIIs – Nutrition Advisers in regional bureaux and country offices, government and implementing partners	
2.4 To what extent have nutrition-sensitive interventions addressed structural vulnerabilities and built human capital – specifically, in school-based programmes, resilience, social protection-related interventions and food systems strengthening?	Results of WFP nutrition sensitive interventions, including production of high-quality foods/crops, school feeding enrolment/graduation, people integrated into national SPSs (CRF), relevant gender disaggregated nutrition-sensitive indicators Stakeholder agreement on WFP's contribution to wider goals	WFP Annual Progress Reports Annual Country Reports Nutrition in Numbers Evaluative Evidence	Data review and qualitative data Country data collection KIIs – Nutrition Advisers in regional bureaux and country offices, government and implementing partners	Quality of evidence, clarity of analysis and triangulation
2.5 Has WFP's approach to nutrition been people-centred, context-specific, country-owned, programme integrated, risk informed, evidence-driven?	Country Strategic Plans, including nutrition interventions are: People-centred – based on gender, equity and inclusion analyses and use a range of disaggregated data Context-specific – based on detailed and specific context analysis Country-owned – responds to relevant national plans and to coordination Programme integrated – coordinated with external stakeholders in joint programming or when contributing to broader systems	CSPs FNGs CSPEs ACRs APRs	Data review and qualitative data Country data collection KIIs – Nutrition Advisers in regional bureaux and country offices, government and implementing partners	Quality of evidence, clarity of analysis and triangulation Gender equality, equity and inclusion analysis

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
	(internal programme integration covered under 4.1) Risk informed – includes risk analysis, mitigation and regular risk reviews Evidence-driven – based on a clear evidence base, including consideration of gender, equity and inclusion analyses			
2.6 To what extent has WFP contributed to effective and sustainable nutrition-related responses by governments?	- Relevant government policies and strategies consider nutrition issues - National food production, system and security plans consider nutrition issues - Social protection systems consider nutrition issues - Evidence of government continuing to implement initiatives started by WFP (such as, school feeding, integration of CMAM programming), including consideration of nutrition adequacy of support and continuity of assistance	FNGs Nutrition in Numbers Evaluative evidence Country level reports for virtual country missions, documenting WFP handover and sustainability, including pipeline considerations National Nutrition Plans & Zero Hunger Reduction Strategies; other plans and strategies of government at country level UN Sustainable Development Cooperation Framework (UNSDCF), Common Country Assessment (CCA), National Pathways identified by Food Systems Summit Social protection studies ACRs APRs	Data review and qualitative data Country data collection KIIs – Nutrition Advisers in regional bureaux and country offices, government and implementing partners	Quality of evidence, clarity of analysis and triangulation Country data collection for evidence of effective and sustainable nutrition responses by governments

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
		COVID-19 CEE Evidence Summaries		
3. How well has WFP maximized 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?	Policy (and associated implementation strategy) provides guidance on timeliness, institutional arrangements and accountabilities for its implementation (inclusion of an action or implementation plan) Policy (and associated implementation strategy) identifies the financial and human resources required for its implementation	Nutrition's Strategic Workforce Plan (SWP) Corporate financial data including that in APRs Research portfolio and summary reports	Document review against policy quality standards Country data collection KIIs – Nutrition Division and HIV leads in headquarters, HIV focal points and Nutrition Advisers in regional bureaux and country offices	Quality of evidence, clarity of analysis and triangulation Gender equality, equity and inclusion analysis Compare and contrast objectives, strategies, goals of the nutrition/HIV policy with other policies and plans
3.2 To what extent is there complementarity and/or synergies between the HIV and AIDS and nutrition policies?	HIV and AIDS and nutrition policies show internal and strategic coherence Incorporation of gender consideration into the design of the policies Extent to which both policies consistently address gender equality and women's empowerment in all aspects of the policies – context, objectives and outcomes, monitoring, and strategies and implementation plans	Policies ACR	Document review against policy quality standards KIIs – Nutrition Division and HIV leads in headquarters, HIV focal points and Nutrition Advisers in regional bureaux and country offices	Quality of evidence, clarity of analysis and triangulation Compare and contrast objectives, strategies, goals of the nutrition policy with other policies and plans
3.3 What additional factors enabled or hindered the achievement of nutrition-related results, including in HIV and AIDS and TB programmes?	Analysis of practicability of policies are there: clear implementation strategies; understanding of potential trade-offs between objectives; valid and logical performance indicators for relevant policy element(s); cost tools to assist country offices and partners. Analysis of policy dissemination process to different stakeholders. Policy roll-out experience (globally and in study countries).	Policies ACRs Evaluation docs	Document review against policy quality standards Country data collection KIIs – Nutrition Division and HIV leads in headquarters, HIV focal points and Nutrition Advisers in regional bureaux and country offices	Quality of evidence, clarity of analysis and triangulation

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
4. To what extent is WFP capable of integrating nutrition across all programmes and functions?				
4.1 To what extent is WFP's workforce able to integrate nutrition in its work – particularly in the education, resilience, social protection, supply chain, country capacity strengthening, advocacy, research/assessment and innovations sectors?	How well is the policy understood – understanding by nutrition specialists and other WFP staff at all levels; are WFP staff committed to its implementation? Change in number and/or roles of qualified nutritionists within the organization (at global/regional/country level) Extent of/ barriers to utilization of enabling factors (e.g. advocacy/ research/ evidence/ innovations). Availability, quality, consistency and clarity of guiding materials on nutrition integration across the organization	Nutrition's Strategic Workforce Plan (SWP) Corporate financial data including that included in APRs Relevant guidance materials on nutrition integration Management Plans, Nutrition Policy Implementation Plan	Document review against policy implementation plan KIIs – Nutrition Division and HIV leads in HQ, HIV focal points and Nutrition Advisers in regional bureaux and country offices KIIs – WFP stakeholders in other relevant sectors	Quality of evidence, clarity of analysis and triangulation Compare and contrast objectives, strategies, goals of the Nutrition Policy with other policies and plans
4.2 To what extent is a robust evidence base available and used to inform nutrition integration across functions?	Existence/quality of monitoring and reporting data on nutrition across functions Evidence of use of monitoring and reporting data	Nutrition-related monitoring and reporting data Analysis of WFP monitoring, evaluation and reporting systems to capture results appropriate to the policy. Evaluative evidence	Data review and qualitative data KIIs – Nutrition Division and HIV leads in headquarters, HIV focal points and Nutrition Advisers in regional bureaux and country offices KIIs – WFP stakeholders in other relevant sectors	Quality of evidence, clarity of analysis and triangulation
4.3 To what extent is there financial and performance measurement data available to assess the efficiency of nutrition-sensitive and nutrition-specific interventions that WFP supports in emergencies and non-emergency contexts?	Existence of financial and performance measurement data on nutrition-sensitive and nutrition-specific interventions (emergency/non-emergency) Existence of systems to support analysis of financial and performance data Evidence of use of available financial and performance measurement data	Nutrition financial and performance data (emergency and non-emergency), coverage of nutrition-sensitive and nutrition-specific interventions APRs	Data review and qualitative data KIIs – Nutrition Division and HIV leads in headquarters, HIV focal points and Nutrition Advisers in regional bureaux and country offices	Quality of evidence, clarity of analysis and triangulation
5. To what extent have WFP's partnerships been transformational in contributing to improved nutrition-related outcomes and systems change?				

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
5.1 To what extent has WFP's capacity to partner effectively in the nutrition sector increased?	Comparison of number and quality of partnerships at the beginning of the period to be evaluated and the end; developments in terms of how/whether new partnerships were established and changes in WFP's level of engagement Evidence of improvement in engagement in national nutrition policy framework/coordination and collaborative initiatives at country level, including with UN agencies Evidence of improvement in engagement in global nutrition collaborative initiatives WFP's partnership work consistently addresses gender equality, equity, and inclusion issues	Partnership strategies and agreements, including long-term agreements Global nutrition strategies/documents Documents related to engagement in global/national/ regional collaboration fora Nutrition's Strategic Workforce Plan (SWP) Capacity needs assessments which are used to assess national and sub-national capacities	Country data collection KIIs with WFP staff, government representatives, UN agencies, NGOs, donor organizations, research institutions, etc. at global and country level	Quality of evidence, clarity of analysis and triangulation Capacity to partner and effectiveness and sustainability of approaches to partnerships
5.2 To what extent has WFP's capacity to partner effectively in the HIV/AIDS sector increased?	Comparison of number and quality of strategic partnerships at the beginning of the period to be evaluated and the end Evidence of achievements in co-convening roles (humanitarian with UNHCR and social protection with ILO) Evidence of greater and more effective in engagement in national AIDS coordination and collaborative initiatives at country level Change in number and/or roles of qualified staff working on HIV within the organization (at global/regional/country level) WFP's work in partnership consistently addresses gender equality, equity and inclusion issues	UBRAF reports from countries of focus IATT reports CCS matrices which are used to assess national and sub-national capacity annually	Country data collection KIIs with WFP staff, government representatives, UN agencies, NGOs, organizations representing PLHIV donor organizations at global and country level	Quality of evidence, clarity of analysis and triangulation
5.3 To what has WFP contributed to improved nutrition-related	Evidence of development, piloting and uptake of new partnership practices initiated and supported by WFP	CSPEs Country examples Case Studies	Country data collection	Quality of evidence, clarity of analysis and triangulation

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
outcomes and systems change?		Partnership agreements – FLAs/successful GFATM/PEPFAR applications Joint Strategy documents	KIIs with WFP staff, government representatives, UN agencies, NGOs, donor organizations at global and country level	
5.4 To what extent has WFP formed or strengthened strategic partnerships (internal and external) with an emphasis on the quality and sustainability of those partnerships?	Evidence of strategic partnerships that are of high quality being sustained by partner organizations, including UN partners; strategic partnerships refer to, for example, those where WFP partners with organizations bringing complementary skills to develop an approach or engage in programming together; where WFP partners with like-minded organizations to engage in joint advocacy or activities that result in cost-sharing/cost-efficiency and/or a stronger voice; partnerships where WFP has a clear role working towards joint objectives with selected partners; partnerships with academia to build evidence together for improving WFP's interventions and show-casing WFP's achievements in HIV and nutrition	CSPEs Country examples Case Studies Partnership agreements – FLAs Joint Strategy documents UN Sustainable Development Cooperation Framework (UNSDCF), Common Country Assessment (CCA), National Pathways identified by Food Systems Summit	Country data collection KIIs with WFP staff, government representatives, UN agencies, NGOs, donor organizations at global and country level	Quality of evidence, clarity of analysis and triangulation
5.5 To what extent have institutional/organizational structures and processes been established for the sustainability of partnerships and diffusion of the results from them?	Evidence of institutional/ organizational structures and processes in WFP that support sustainable and effective partnerships	CSPEs Country examples Case Studies Partnership agreements – FLAs Joint Strategy documents	Country data collection KIIs with WFP staff, government representatives, UN agencies, NGOs, donor organizations at global and country level	Quality of evidence, clarity of analysis and triangulation
6 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?				

Evaluation questions and sub-questions	Criteria for assessment	Data sources	Data collection methods	Data analysis methods/ triangulation
6.1 To what extent have the people-centred and context-specific approaches to nutrition and HIV/AIDS considered gender equality, equity and inclusion issues? (EQs 1.4 & 2.5)	Evidence that global partnerships, country strategies and HIV and nutrition interventions are based on and informed by gender, equity, and inclusion analyses	CSPs FNGs CSPEs UBRAF reports National Annual Reports on HIV from mission countries	Data review and qualitative data Country data collection KIIs – Nutrition Advisers and HIV focal points in RBs and COs, government and implementing partners	Quality of evidence, clarity of analysis and triangulation Gender equality, equity and inclusion analysis
6.2 To what extent are there complementarities and/or synergies between the nutrition and HIV/AIDS policies and the gender policy? (EQ 1.2, 2.2 & 3.2)	Incorporation of gender consideration into the design of the policies Extent to which both policies consistently address gender equality and women's empowerment in all aspects of the policies – context, objectives and outcomes, monitoring, and strategies and implementation plans	Policies ACRs	Document review against policy quality standards KIIs – Nutrition Division and HIV leads in headquarters, HIV focal points and Nutrition Advisers in regional bureaux and country offices	Quality of evidence, clarity of analysis and triangulation Gender equality, equity and inclusion analysis

Annex 5. Interview guides

19 All interviews included an introduction from the interviewer that:

- Thanked the interviewee for their time.
- Introduced the interviewer and the Evaluation Team.
- Provided a brief outline of the evaluation purpose, approach so far and where things were in the timeline (start of the inception phase: October 2021; draft of the Inception Report, December 2021; completion of the Inception Report, February 2021). Explained how their information will contribute to the inception phase of the evaluation. Offered to share the terms of reference (ToR).
- Explained the process of the inception mission: followed the interview guide; asked for examples; length of time planned for interview; write-up and share with the Evaluation Team.
- Explained that information will be confidential, and no personal quotes will be shared. Check that is all clear. Explained that interviewers would ensure confidentiality of interviewees and would not express opinions or judgements.

COUNTRY DIRECTOR AND DEPUTY COUNTRY DIRECTOR

1. Could you please give an overview of the country strategy approaches in nutrition (both nutrition specific and nutrition sensitive) and HIV, the main partners, the main sources of funding and the main programme interventions in your country. How have these changed over time?
2. How familiar are you with the 2010 HIV policy?
3. How familiar are you with the 2017 nutrition policy? How are the commitments in these policies taken forward in the country strategy and in the programme, and how do you set priorities in taking forward these commitments? Could you reflect on the quality/adequacy of the nutrition-specific programming and activities?
4. What have been the main successes and obstacles in implementing the country strategy approaches in nutrition (both nutrition specific and nutrition sensitive) and HIV? What, in your view, have been the main factors that have contributed to these successes and failures?
5. Probe: staffing and capacity; government prioritization and effective nutrition/HIV-related responses by government; partnerships; funding; supply chain, technology, evidence and innovation.
6. Particularly what value do WFP's partnerships bring to improved nutrition? And what are the challenges for your office linked to building effective partnerships?
7. Probe: unpack the partnership questions and provide some examples.
8. The new strategic plan puts greater emphasis on nutrition integration across all of WFP's work. Is this something that resonates with your approaches in country? What strategies or technical support are available to assist you in strengthening nutrition as a cross-cutting issue?
9. Can you comment on whether this approach helps WFP to address structural vulnerabilities and build human capital?
10. Broadly, how do you/your team understand efficiency in relation to the delivery of nutrition sensitive and specific interventions? And are you able to assess this (quantitatively or qualitatively) for your annual progress reports?

POLICY AND PROGRAMMING STAFF, FIELD OFFICE STAFF

1. How familiar are you with the 2010 HIV policy and the 2017 nutrition policy? How are the commitments in these policies taken forward in the programme, and how do you set priorities in taking forward these commitments?

2. How relevant is the 2010 HIV policy today? Which aspects need to be retained or changed in the future?
3. Given the HIV policy was written in 2010, what are your thoughts about its revision and the relevance of an HIV/TB policy in the future?
4. How did the country office decide on the balance of interventions to address HIV and/or TB in this country?
5. How/why did the country office decide to collect only one of the corporate indicators for HIV (nutritional recovery)?
6. How have you engaged with networks of people living with HIV (PLHIV) and national government (e.g. nutritional assessment and counselling support (NACS) or Social Protection) around interventions for PLHIV? Please describe this engagement.
7. What are the resources that are available for developing and implementing the programme – for example, staff capacity, financing, guidance and technical support? How do you link with regional bureaux/headquarters for nutrition/HIV guidance and support?
8. Who are the main partners that you work with in the programme – for example, government, other United Nations agencies, implementing partners? What roles are they expected to play and what is their capacity like? How do you and your colleagues support and develop this capacity?
9. What methods or evidence do you use to measure your achievements in capacity development?
10. What have been the main successes and failures in implementing the programme? What, in your view, have been the main factors that have contributed to these successes and failures?
11. Probe: staffing and capacity; government prioritization and effective nutrition/HIV-related responses by government; partnerships; funding; supply chain, technology, evidence and innovation.
12. Particularly what value do WFP's partnerships bring to improved nutrition? And what are the challenges for your office linked to building effective partnerships?
13. The new strategic plan puts greater emphasis on nutrition integration across all of WFP's work. Is this something that resonates with your approaches in country? What strategies or technical support are available to assist you in strengthening nutrition as a cross-cutting issue?
14. Can you comment on whether this approach helps WFP to address structural vulnerabilities and build human capital?
15. Broadly, how do you/your team understand efficiency in relation to the delivery of nutrition sensitive and specific interventions? And are you able to assess this (quantitatively or qualitatively) for your annual progress reports?
16. Going forward, what do you think the priorities should be for nutrition and HIV programming in country? What support do you need to take these forward?

VULNERABILITY ANALYSIS AND MAPPINT (VAM), MONITORING AND EVALUATION (M&E) STAFF

1. How familiar are you with the 2010 HIV policy and the 2017 nutrition policy? How are the commitments in these policies taken forward in the programme, and how do you set priorities in taking forward these commitments?
2. What nutrition and HIV analyses have been carried out (Zero Hunger Strategic Review (ZHSR), Fill the Nutrient Gap (FNG) analysis; nutritional assessment of people living with HIV 2019/20) in country and what have been the main issues that have been identified? How have these analyses informed the development of the country strategy and programmes, thinking particularly about the nutrition and HIV components?
3. How do you work with government and other partners on assessments and analyses? If ZHSR/FNG analysis took place, what was WFP's specific role and that of partners? Were findings endorsed by the government?

4. How does the collection, validation and reporting of indicators for the programme work overall? How does the collection, validation and reporting of indicators for the nutrition and HIV aspects of the programmes work? In what ways do the systems used work well, and what are the challenges of using the systems?
5. There are many outcome-level indicators defined at corporate/ Corporate Results Framework (CRF) level for HIV and nutrition – how do you decide which ones to track? And are you able to collect the data needed to track all outcome and output indicators defined in your CSP – what are the challenges in doing this? (probe: highlight indicator/indicator areas for which there are challenges and why)
6. Once collected, how is data used? What is the M&E team's role in analysis and in influencing programme teams to use the data to adapt programming?
7. How do your teams feed into and support decisions on the CRF and/or influence the choice of nutrition and HIV indicators at country office level?
8. Sex-disaggregation occurs for some, but not all indicators, and standard gender indicators for interventions are included in the CRF. Do you have ideas and opportunities to propose or collect context-specific gender indicators for the nutrition and HIV programmes in country?
9. Do you have mechanisms or information to monitor capacity development achievements in nutrition or HIV?

SUPPLY CHAIN AND LOGISTICS STAFF

1. How familiar are you with the 2010 HIV policy and the 2017 nutrition policy? How are the commitments in these policies taken forward in the support you provide to programmes, and how do you set priorities in taking forward these commitments?
2. What are the resources that are available for delivering on programme commitments – for example, staff capacity, financing, guidance and technical support? How do you link with regional bureaux/headquarters for nutrition/HIV guidance and support?
3. Who are the main partners that you work with in supplies and logistics – for example, government, other United Nations agencies, implementing partners? What roles are they expected to play and what is their capacity like? How do you and your colleagues support and develop this capacity?
4. What methods or evidence do you use to measure your achievements in capacity development?
5. What have been the main successes and failures linked to supplies and logistics in implementing the programme? What, in your view, have been the main factors that have contributed to these successes and failures?

FINANCE AND ADMINISTRATION STAFF

1. How familiar are you with the 2010 HIV policy and the 2017 nutrition policy? What resources are available in country to take forward the commitments in these policies in the programme? How are donor relations managed in the country office and what is the relationship to resource management?
2. What are the main sources of funding for WFP's Nutrition and HIV programmes/interventions at present? How does the country office seek funding for the priorities set out in the country strategy? Has the funding environment in country changed over time, particularly with reference to nutrition and HIV?
3. How is funding for the nutrition and HIV aspects of the programmes tracked and reported? How are the efficiency and cost-effectiveness of programmes tracked and reported? What systems and processes are used for these purposes, and how fit for purpose are they?
4. What have been the main successes and challenges in resource mobilization and use in implementing the programme? What, in your view, have been the main factors that have contributed to these successes and failures?

UNAIDS/ILO

1. Are you aware of the WFP HIV policy (2010) and if so, can you comment on its relevance today? (EQ1.1)
2. Based on the UNAIDS global strategy (2022-2026) what do you see as the priorities for WFP in the next 5 years? (EQ1.2)
3. How do UNAIDS and WFP collaborate in country to achieve their joint objectives? (EQ5.2)
4. How effective have WFP interventions been targeting people living with HIV? How well are the interventions addressing gender equality? (E.Q 6.1)
5. Does UNAIDs have any suggestions for how these approaches might be improved? (EQ1.3)
6. How well do you feel WFP has engaged with government (nationally and regionally)? (EQ1.5)
7. Has the partnership between WFP/UNAIDS contributed to the evidence base on HIV and nutrition? If so, please describe. (EQ1.4)

UNICEF/FAO/WHO/UNHCR

1. Please tell us about your relationship with WFP and the activities in which you collaborate. Are there any joint programmes?
2. If there are joint programmes, what have been the benefits of this approach to working together (in terms of improved outcomes and efficiencies)? (EQ 5.3)
3. Are you aware of the WFP nutrition policy (2017)? If so, can you comment on its relevance today? (EQ2.1)
4. How do WFP and UNICEF/FAO complement each other in support of Scaling Up Nutrition (SUN) in country and in terms of national nutrition policy and strategy development with government? What are the specific roles of each organization? (EQ2.5, 5.1, 5.4). Is there any joint strategy that the two agencies are working to (beyond the UNDAF)?
5. How effective have WFP interventions been in nutrition? What is your opinion on where WFP has been most successful in its work? Where has it faced its biggest challenges? (EQ2.3, 2.4, 3.3)
6. How efficient are WFP programmes, in terms of pipeline, timely response and how they work with partners? (EQ2.6)
7. How sustainable are the approaches that WFP employs in nutrition programming? (EQ2.7)
8. How well does WFP incorporate gender considerations in its programming and do you think WFP's interventions are addressing gender equality? (E.Q 6.1)
9. Do you have any suggestions for how WFP's approaches might be improved? (EQ2.3, 2.4, 2.5)
10. Has the partnership between WFP/UNICEF/FAO contributed to the evidence base on nutrition or generated lessons for other programmes? If so, please describe. (EQ5.4)
11. What do you see as the priorities for WFP in nutrition in the next five years?

NON-GOVERNMENTAL ORGANIZATION (NGO) PARTNERS/IMPLEMENTING PARTNERS

1. Please describe the programmes you work on with WFP. How long have you been partners?
2. How does WFP support the programme – what are the specific roles/inputs from WFP? What value does WFP bring?
3. Have you received any nutrition or HIV training or technical support from WFP?
4. How do you try to integrate considerations around gender in your programmes and have you received any gender training from WFP? (EQ6.1)
5. How efficient is WFP's support, in terms of timeliness, adaptability and their ways of working with you as a partner? (EQ2.6, 5.4)
6. How do you and WFP monitor the progress and achievements of your projects? (EQ2.6)
7. What do you see as the main successes of your collaboration with WFP? (EQ1.3, 2.3, 2.4)

8. What are some of the challenges?
9. How does WFP collaborate at regional or national level with other implementers and with government partners? Is WFP also contributing to the policy agenda and advocating for strategic changes you wish to see in the country? (EQ2.7)
10. What is your view on how well WFP collaborates with its United Nations partners? Are the approaches of the United Nations agencies complementary? (EQ5.1)
11. Are there areas of nutrition/HIV programming that you would like to see WFP becoming more engaged in or doing differently? (EQ 2.3, 2.4)
12. Do you have any other reflections on your work with WFP and how they are contributing in nutrition/HIV in country?

WFP HEADQUARTERS AND REGIONAL BUREAUX STAFF

1. How familiar are you with the 2010 HIV policy? Which aspects need to be retained or changed in the future?
2. How familiar are you with the 2017 nutrition policy? How are the commitments in these policies taken forward in the country strategy and in the programme and how do you set priorities in taking forward these commitments?
3. What have been the main successes and obstacles in implementing WFP's approaches to nutrition (both nutrition-specific and nutrition-sensitive) and HIV? What, in your view, have been the main factors that have contributed to these successes and failures?
4. The new strategic plan puts greater emphasis on nutrition integration across all of WFP's work. Is this something that resonates with your work? What strategies or technical support are available to assist you in strengthening nutrition as a cross-cutting issue?
5. Going forward, what do you think the priorities should be for nutrition and HIV programming in country? What support do you need to take this forward?

DONORS, EXECUTIVE BOARD MEMBERS, EXTERNAL PARTNERS

1. How familiar are you with WFP's 2010 HIV policy and their work in this area? Do you think that they should continue or change their focus in the future?
2. How familiar are you with WFP's 2017 nutrition policy and their work in this area? Do you think that they should continue or change their focus in the future?
3. What do you think have been the main successes and obstacles in implementing WFP's approaches to nutrition (both nutrition-specific and nutrition-sensitive) and HIV? What, in your view, have been the main factors that have contributed to these successes and failures?
4. WFP's new strategic plan puts greater emphasis on nutrition integration across all of WFP's work. Is this something that you think is important for WFP?
5. Going forward, what do you think the priorities should be for WFP for nutrition and HIV globally?

Annex 6. Country missions – criteria and schedule

COUNTRY SAMPLING PROCESS AND CRITERIA

20 This annex articulates the process that the Evaluation Team undertook in order to arrive at the proposed list of 12 countries for mission data collection and desk reviews included in the inception report above. The approach used for country selection included the following steps:

- **Step 1:** Selection criteria were identified which seek to offer a varied (as opposed to statistically representative) spread of country contexts. These criteria included geographical context, operation typology, programming profile, country income status and country office size. Most of these criteria were among those outlined by Office of Evaluation in the data Terms of Reference (ToR) and were felt, by the Evaluation Team, to adequately cover all the characteristics of WFP's programmes and operational contexts that were important to consider for this evaluation. Two were added to those proposed by the ToR: prevalence of obesity and prevalence of iron deficiency anaemia (IDA) to ensure good representation of the triple burden of malnutrition (undernutrition, overnutrition and micronutrient deficiencies) where relevant.
- **Step 2:** Building on data compiled by the WFP Office of Evaluation for the production of the ToR for this evaluation, the Evaluation Team mapped relevant data for each of the countries on a 'longlist' to be considered for country sampling. This 'longlist' included the 29 countries that were put forward on the ToRs provided for the proposal, that were added to the list through several updates from Office of Evaluation provided during inception and that were highlighted as being important and/or interesting in the context of the evaluation focus, during inception interviews with various regional bureaux.
- **Step 3:** From this compiled data for the country 'longlist', the team undertook analysis to determine a sample that would be as broadly representative of the variety of WFP's nutrition and HIV programming contexts as possible. This analysis used an approach that summarized the range of data across each criterion and selected countries to ensure representation of the lower, middle and higher points in the data distribution for each criterion. The sample that emerged (see 16 and 17) provides a full range of country profiles and WFP programming diversity across the selection criteria.

21 One of the key criteria the Evaluation Team considered closely was the geographical variety within the sample. While the Evaluation Team sought parity wherever possible between WFP's regional bureaux within the sample, it was decided that Regional Bureau for Latin America and the Caribbean (RBP) and Regional Bureau Middle East and Northern Africa (RBC) would have one less country included and Regional Bureau for Western Africa (RBD) and Regional Bureau for Eastern Africa (RBN) one more. This is reflective not only of the greater footprint of WFP nutrition and HIV programming within the country operations of RBD/RBN, but also of the relatively similar programming profiles that emerged from the selection criteria mapped for RBP/RBC countries.

22 The blank cells in the following table mean there was no data available in the sources reviewed so far. Further sources will be consulted if the information is necessary in later stages of the evaluation. Y – yes and N – no.

Table 11: Mapping of country selection criteria for 'longlist' countries

	Criteria	Nigeria	Chad	Cambodia	Indonesia	Pakistan	Sri Lanka	Lebanon	Tunisia	Syrian Arab Republic	Yemen	Cameroon	Ghana	Central African Republic	Liberia	Niger	Democratic Republic of the Congo	Eswatini	Lesotho	Mozambique	Namibia	Zambia	Burundi	Ethiopia	Somalia	South Sudan	Uganda	Sudan	Cuba	Guatemala	Colombia	Honduras
General Indicators	RB[272]	RBD	RBD	RBB	RBB	RBB	RBB	RBC	RBC	RBC	RBC	RBD	RBD	RBD	RBD	RBD	RBJ	RBJ	RBJ	RBJ	RBJ	RBJ	RBN	RBN	RBN	RBN	RBN	RBN	RBP	RBP	RBP	RBP
	Income Status[273] (WB classification)	LMIC	LIC	LMIC	LMIC	LMIC	LMIC	UMIC	LMIC	LIC	LIC	LMIC	LMIC	LIC	LIC	LIC	LIC	LMIC	LMIC	LIC	UMIC	LMIC	LIC	LIC	LIC	LIC	LIC	LIC	UMIC	UMIC	UMIC	UMIC	LMIC
	Population [274]	206,139,587	16,425,859	16,718,971	273,523,621	220,892,331	21,919,000	6,825,442	11,400,000	17,500,657	29,825,968	26,545,864	28,800.000	4,829,764	5,057,677	24,206,636	89,561,404	1,160,164	2,142,252	31,255,435	2,540,916	18,383,956	11,890,781	114,963,583	15,893,219	11,193,729	45,741,000	43,849,269	11,326,616	16,858,333	50,882,884	9,904,608
	CSP Timeframe[275]	2019-2022	2019-2023	2019-2023	2021-2025	2018-2022	2018-2023	2018-2020	2022-2025	ICSP: 2019-2020	2019-2020	2018-2020	2019-2023	ICSP: 2018-2020	2019-2023	2020-2024	2021-2024	2020-2025; ICSP:	2019-2024	2017-2022	2017-2022	2019-2024	ICSP: 2018-2020	2020-2025	ICSP: 2019-2021	ICSP: 2018-2021	2018-2022	2019-203	ICSP: 2020-2021	2021-2024	2021-2024	2018-2021

[272] WFP. 2021. *Strategic Evaluation of Nutrition and HIV/AIDS Terms of Reference.*

[273] The World Bank. 2021. *Country Classification DataBank*. http://data.worldbank.org/about/country-classifications/country-and-lending-groups (Accessed on 11 December 2022).
Definitions used: LIC – Low-Income Country; LMIC – Lower-Middle Income Country; UMIC – Upper-Middle Income Country.

[274] World Bank. 2020. *DataBank.*

[275] WFP. 2021. *Country websites.*

	Criteria	Nigeria	Chad	Cambodia	Indonesia	Pakistan	Sri Lanka	Lebanon	Tunisia	Syrian Arab Republic	Yemen	Cameroon	Ghana	Central African Republic	Liberia	Niger	Democratic Republic of the Congo	Eswatini	Lesotho	Mozambique	Namibia	Zambia	Burundi	Ethiopia	Somalia	South Sudan	Uganda	Sudan	Cuba	Guatemala	Colombia	Honduras
	WFP CO size[276]	VL	VL	S	S	L	S	L	S	VL	VL	L	S	L	S	L	VL	S	S	VL	S	L	L	VL	VL	VL	VL	VL	S	S	L	M
Operational Context[277]	High strategic concern					Y		Y									Y						Y		Y		Y	Y		Y		Y
	Very high strategic concern	Y	Y							Y	Y	Y		Y		Y				Y				Y		Y					Y	
	L2							Y				Y		Y						Y											Y	
	L3	Y								Y	Y					Y	Y									Y						
Nutrition-specific	Nutrition-specific Programmes	Y	Y	N	Y	Y	N	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Nutrition-specific treatment (SO2)	N	Y	N	N	N	N	N	N	Y	Y	N	N	Y	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N

[276] WFP. 2015. Innovation and Knowledge Management Division.

[277] WFP operations of strategic concern: large populations in IPC4+, large WFP needs, and challenging resourcing outlook, even after forecasts (https://opweb.wfp.org). WFP emergency response classifications as given on data ToR. Level 1 Response (L1): Emergency operations within the response capabilities of the relevant WFP country office, with routine support from regional bureaux. Level 2 Response (L2): Emergency Response operations requiring regional augmentation of country-level response capability. Level 3 (L3) Response: Emergency Response operations requiring mobilization of WFP global response capabilities in support of the relevant country offices and/or regional bureaux – i.e., a corporate response.

	Criteria	Nigeria	Chad	Cambodia	Indonesia	Pakistan	Sri Lanka	Lebanon	Tunisia	Syrian Arab Republic	Yemen	Cameroon	Ghana	Central African Republic	Liberia	Niger	Democratic Republic of the Congo	Eswatini	Lesotho	Mozambique	Namibia	Zambia	Burundi	Ethiopia	Somalia	South Sudan	Uganda	Sudan	Cuba	Guatemala	Colombia	Honduras
	Nutrition-specific prevention (SO2)	Y	Y	N	Y	Y	N	N	N	Y	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y
Nutrition-sensitive programmes	Nutrition-sensitive	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	SBCC	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
	SF	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y
	AC	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N	Y	Y	N	Y	N	N	N	Y	N	Y	Y	Y	Y	N	Y	N	Y
	MP&T	N	N	Y	Y	N	N	N	N	N	Y	Y	N	Y	N	N	N	N	N	Y	N	Y	N	Y	Y	N	N	Y	Y	N	N	N
	CA	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	Y	N
	EP	N	N	Y	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	Y	N	N	N	N	N
	SmH	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	Y	Y	N	Y	N	N	N	N	N	N	Y	Y	Y	N
	URT	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	N
	AA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Nutrition-specific	Nutrition-specific treatment	0	0	0	0	74,721,248	66,572,492	231,082,091	0	24,021,753	0	0	0	0	0	0	0	0	0	0	74,721,248	66,572,492	231,082,091	24,021,753	0	0	0	0	0	0	0	0
	Nutrition-specific prevention	3,840,336	0	1,806,281	21,324,565	5,346,655	0	0	0	0	53,893,502	668,945	613,862	697,871	1,090,638	3,468,366	3,840,336	0	1,806,281	21,324,565	5,346,655	0	0	0	53,893,502	668,945	697,871	1,090,638	3,468,366	3,840,336	0	1,806,281

	Criteria	Nigeria	Chad	Cambodia	Indonesia	Pakistan	Sri Lanka	Lebanon	Tunisia	Syrian Arab Republic	Yemen	Cameroon	Ghana	Central African Republic	Liberia	Niger	Democratic Republic of the Congo	Eswatini	Lesotho	Mozambique	Namibia	Zambia	Burundi	Ethiopia	Somalia	South Sudan	Uganda	Sudan	Cuba	Guatemala	Colombia	Honduras
HIV portfolio	HIV-specific activities		Y						Y			Y	N	Y	Y	Y		Y							Y	Y				Y		
	HIV/TB sensitive								Y			Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	Y	N	N
	SF	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	GFD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	NT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	Y	N	N	N	N	N
	CCS	N	N	N	N	N	N	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	Y	N	N
Engagement in	Member of SUN Movement	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y
	UNAIDS Fast-track	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	N	N	N	Y	N	N	Y	Y	Y	N	Y	N	Y	Y	N	N	N	N	N
National nutrition	High <5 wasting and stunting	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	N	Y	N	Y	Y	N	N	N	N	Y	N	Y	Y	Y	N	Y	N	N	N	N
	High <5 wasting low stunting	N	N	N	N	N	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N

	Criteria	Nigeria	Chad	Cambodia	Indonesia	Pakistan	Sri Lanka	Lebanon	Tunisia	Syrian Arab Republic	Yemen	Cameroon	Ghana	Central African Republic	Liberia	Niger	Democratic Republic of the Congo	Eswatini	Lesotho	Mozambique	Namibia	Zambia	Burundi	Ethiopia	Somalia	South Sudan	Uganda	Sudan	Cuba	Guatemala	Colombia	Honduras
	High <5 stunting low wasting	N	N	N	N	N	N	N	N	N	N	Y	N	N	Y	N	N	Y	Y	Y	N	N	Y	N	N	N	Y	N	N	Y	N	Y
	Women 15-49 years old with anaemia (%)[278]	55	45	47	31	41	35	28	32	33	62	41	35		43	50	42	31	28	48	25	32	39	24	43	36	33	37	19	7	21	18
	Population aged 5-19 years old with overweight (%)[279]	8	9	11	15	3	13	33	25	28	20	13	11		10	8	10	17	15	13	15	13	10	9	13	0	10	0	30	29	24	27
National HIV profile	High adult HIV prevalence (%)		N	N	N			N				N	N	N	N	N	N	27.0	22.8	12.4	11.5		N	N	N	N		N	N	N	N	N
	Low adult HIV prevalence(%)		1.2	0.5	0.4			0.1				3.1	1.7	3.5	0.1	0.2	0.8	N	N	N	N		1.0	0.9	0.1	2.5		0.2	0.4	0.3	0.5	0.3

[278] UNICEF, 2021. *The State of the World's Children 2021.* https://data.unicef.org/resources/sowc-2021-dashboard-and-tables/ (Accessed 11 December 2022).
[279] Ibid.

Other evaluations			Other	
DE Nutrition (start year)	DE (start year)	CSPE (start year)	FNG data	Criteria
N	N	2021	On-going	Nigeria
N	2021	2021	On-going	Chad
N	N	2022	2017	Cambodia
N	N	N	2021	Indonesia
N	2020	2021	2017; 2019	Pakistan
N	2020	2021	2018	Sri Lanka
N	N	N	On-going	Lebanon
N	N	N	2021	Tunisia
N	N	N		Syrian Arab Republic
N	N	N		Yemen
N	N	N	2021	Cameroon
2020	2020	2022	2016	Ghana
N	N	2020		Central African Republic
N	N	N		Liberia
N	2020	2023 (planned)	2018	Niger
N	N	N	2020	Democratic Republic of the Congo
N	N	2024 (planned)		Eswatini
N	2020	N	2019	Lesotho
N	2020	2020	2018; on-going	Mozambique
N	N	2022	2021	Namibia
N	N	N	2021	Zambia
N	N	ICSP 2023 (planned)	2019	Burundi
2020	2020; 2020	2024 (planned)	2021	Ethiopia
2021	2021; 2021	2024 (planned)	2019	Somalia
N	N	2021 (ongoing)		South Sudan
N	N	2024 (planned)	2019; 2019; 2019	Uganda
N	2021	2021		Sudan
N	2020	2023 (planned)		Cuba
N	N	2023 (planned)	2018	Guatemala
N	N	N		Colombia
N	N	2020		Honduras

PE/SE/CEE (start year)	Criteria
N	Nigeria
N	Chad
N	Cambodia
SE RBA 2020	Indonesia
SE RBA 2020	Pakistan
PE SSTC 2020	Sri Lanka
SE RBA 2020	Lebanon
N	Tunisia
PE PB 2021	Syrian Arab Republic
CEE 2021, CPE 2011	Yemen
N	Cameroon
N	Ghana
N	Central African Republic
N	Liberia
SE RBA 2020; SE TECH 2020;	Niger
SE TECH 2020; PE PB 2021	Democratic Republic of the Congo
N	Eswatini
N	Lesotho
SE RBA 2020	Mozambique
N	Namibia
N	Zambia
PE 2011; SSTC 2020	Burundi
PE PB 2021	Ethiopia
N	Somalia
SE TECH 2020	South Sudan
N	Uganda
PE PB 2021	Sudan
N	Cuba
N	Guatemala
SE RBA 2020; PE PB 2021	Colombia
N	Honduras

Table 12: Summarized rationale for country selection

Country	Profile	Rationale for selection
Cambodia (RBB)	• LMIC • Nutrition-sensitive activities • CSP 2019-2023 • No HIV portfolio • Malnutrition profile: high wasting and stunting, high MNDs, low obesity • SUN membership	Small country office example that provides development context with focus on strengthening national capacities and building scalable programme models. Also provides example of second generation CSP
Pakistan (RBB)*	• LMIC • High strategic concern • Nutrition-specific and nutrition-sensitive activities • CSP 2018-2022 • No HIV portfolio • Malnutrition profile: high wasting and stunting, high MNDs, low obesity • SUN membership • UNAIDS fast-track	Large/highly populated country that provides example of nutrition sensitive and specific mix of programming in high strategic concern context. Government partner for large national social protection programme and UNAIDS fast-track country in Asia.
Tunisia (RBC)*	• LMIC • Nutrition-sensitive activities • CSP 2022-2025 • HIV-specific activities HIV/TB sensitive • Malnutrition profile: low wasting, low stunting, high MNDs, high obesity	Lower-middle-income country that provides example of low wasting and low stunting with high MNDs and obesity. Nutrition sensitive activities such as school feeding as well as HIV specific and sensitive. 2 G CSP and very recent FNG data
Syria (RBC)	• LIC • Very high strategic concern • Nutrition-specific (treatment and prevention) and nutrition-sensitive activities • ICSP 2019-2020 • No HIV portfolio • Malnutrition profile: high wasting and stunting, high MNDs, high obesity	Very large country office that is of very high strategic concern to WFP. Challenging accessibility, with high levels of all types of malnutrition and a broad portfolio that covers all nutrition activities

Country	Profile	Rationale for selection
Cameroon (RBD)*	• LMIC • High strategic concern/L2 • Nutrition-specific and nutrition-sensitive activities • CSP 2018-2020 • HIV-specific and HIV/TB sensitive • Malnutrition profile: low wasting, high stunting, high MNDs, low obesity • SUN membership	Example of very high strategic concern/L2 emergency in west Africa with HIV specific and sensitive activities, nutrition-specific prevention and nutrition sensitive. Provides example of SBCC and malnutrition prevention and treatment 1 G CSP and very recent FNG data
Ghana (RBD)	• LMIC • Nutrition-specific (prevention) and nutrition-sensitive activities • CSP 2019-2023 • HIV/TB sensitive • Malnutrition profile: high wasting, high stunting, high MNDs, low obesity • SUN membership • UNAIDS Fast track	Example small country office in West Africa with HIV-sensitive activities, nutrition-specific prevention and nutrition sensitive activities. Provides example of small holder farming activities. 1 G CSP and recent evaluation data
Eswatini (RBJ)*	• LMIC • Nutrition-specific and nutrition-sensitive activities • CSP 2020-2025 • HIV-specific and HIV/TB sensitive • Malnutrition profile: low wasting, high stunting, high MNDs, rising obesity • SUN membership	Example of small country office in low-middle-income development context with rising levels of obesity. 2 G CSP and example of strong home-grown school feeding and HIV portfolio. Funding from UN Women
Mozambique (RBJ)	• LIC • Very high strategic concern/L2 • Nutrition-specific and nutrition-sensitive activities • CSP 2021-2024 • HIV-specific and HIV/TB sensitive • Malnutrition profile: low wasting, high stunting, high MNDs, low obesity • SUN membership • UNAIDS fast-track	Example of very large country office in southern Africa in context that covers very high strategic concern/L2 emergency. Example of wide range of nutrition and HIV specific and sensitive programmes including SBCC, supplementary feeding and small holder production CSPE available from 2020

Country	Profile	Rationale for selection
Somalia (RBN)	• LIC • High strategic concern • Nutrition-specific and nutrition-sensitive activities • CSP 2019-2021 • HIV-specific and HIV/TB sensitive • Malnutrition profile: low wasting, high stunting, high MNDs, low obesity • SUN membership	Example of high strategic concern emergency in eastern Africa with HIV specific and sensitive activities, nutrition specific treatment and nutrition sensitive activities. Provides example of SBCC and malnutrition prevention and treatment. Recent evaluation data
South Sudan (RBN)	• LIC • High strategic concern/L3 • Nutrition-specific and nutrition-sensitive activities • CSP 2018-2021 • HIV-specific and HIV/TB sensitive • Malnutrition profile: high wasting and stunting, high MNDs, low obesity • SUN membership • UNAIDS fast-track	Example of very large country office in eastern Africa in L3 emergency context. Example of very large nutrition-specific portfolio as well as activities that cover nutrition-sensitive programmes including SBCC, supplementary feeding and unconditional resource transfer and HIV specific activities. 1 G CSP and member of SUN and UNAIDS fast-track
Uganda (RBN)*	• LIC • High strategic concern • Nutrition-specific and nutrition-sensitive activities • CSP 2018-2022 • HIV/TB sensitive • Malnutrition profile: low wasting, high stunting, high MNDs, low obesity • SUN membership • UNAIDS fast-track	Example of very large country office in eastern Africa in high strategic concern context. Example of wide range of nutrition and HIV specific and sensitive programmes including care and treatment, SBCC, supplementary feeding and unconditional resource transfer. Example of UNAIDS fast-track with good example for learning around HIV/adolescent programmes
Guatemala (RBP)*	• LMIC • high strategic concern • Nutrition-specific (prevention) and nutrition-sensitive activities • CSP 2021-2024 • HIV specific and HIV/TB sensitive • Malnutrition profile: low wasting, high stunting, low MNDs, high obesity • SUN membership	Example of small country office in high strategic concern context in central America with high stunting and high obesity. Good range of nutrition and HIV specific and sensitive programmes

Table 13. Mapping of country selection criteria for selected countries

Criterion	Cambodia	Pakistan	Tunisia	Syria	Cameroon	Ghana	Eswatini	Mozambique	Somalia	South Sudan	Uganda	Guatemala
Geographical variety	RBB	RBB	RBC	RBC	RBD	RBD	RBJ	RBJ	RBN	RBN	RBN	RBP
Operational context (high/very high strategic concern, L2/L3)	N/A	High strategic concern	N/A	Very high strategic concern L3	Very high strategic concern L2	N/A	N/A	Very high strategic concern L2	High strategic concern	Very high strategic concern/ L3	High strategic concern	High strategic concern
A balance of countries of different income status	LMIC	LMIC	LMIC	LIC	LIC	LMIC	LMIC	LIC	LIC	LIC	LIC	UMIC
Country office size	S	L	S	VL	L	S	S	VL	VL	VL	VL	S
Country population size (m)	16.7	220.9	11.4	17.5	26.5	28.8	1.2	31.3	15.9	11.2	45.7	16.9
CSP timeframe	2019-2023	2018-2022	2022-2025	2019-2020	2018-2020	2019-2023	2020-2025	2017-2022	2019-2021	2018-2021	2018-2022	2021-2024
Nutrition portfolio	Nutrition-sensitive: SF, MP&T, EP, URT	Nutrition-specific (prevention) --- Nutrition-sensitive: SBCC, SF, AC, URT	Nutrition-sensitive: SBCC, SF, AC, URT	Nutrition-specific (treatment and prevention) --- Nutrition-sensitive: SBCC, SF, AC, URT	Nutrition-specific (prevention) --- Nutrition-sensitive: SBCC, SF, MP&T, EP, URT	Nutrition-specific (prevention) --- Nutrition-sensitive: SBCC, SmH	Nutrition-specific (prevention and treatment) --- Nutrition-sensitive: SBCC, URT	Nutrition-specific (prevention) --- Nutrition-sensitive: SBCC, SF, MP&T, SmH, URT	Nutrition-specific (treatment) --- Nutrition-sensitive: SBCC, AC, MP&T	Nutrition-specific (treatment) --- Nutrition-sensitive: SBCC, AC, URT	Nutrition-specific (treatment) --- Nutrition-sensitive: SBCC, SF, AC, EP, URT	Nutrition-specific (prevention) --- Nutrition-sensitive: AC, SmH, URT
Range of malnutrition profiles	High wasting and stunting, High MNDs, low obesity	High wasting and stunting, High MNDs, low obesity	low wasting, low stunting, high MNDs, high obesity	High wasting and stunting, high MNDs, high obesity	High wasting and stunting, High MNDs, low obesity	High wasting, low stunting, High MNDs, low obesity	High stunting, low wasting, high MNDs, 'rising' obesity	High stunting, low wasting, high MNDs, low obesity	High wasting and stunting, High MNDs, low obesity	High wasting and stunting, High MNDs, low obesity	High stunting, low wasting, high MNDs, low obesity	High stunting, low wasting, low MNDs, high obesity

Total expenditure on nutrition-specific treatment (SO 2) m	0	0	0	24.1	0	15.7	0.4	0	66.6	231.1	24.1	0
Total expenditure on nutrition-specific prevention (SO 2) m	0	42.4	0	0	0.7	0	0	3.8	0	0	0	3.8
FNG data			2021	N	2021	2016	N	2018, ongoing	2019	N	2019	2018
HIV portfolio	N	N	HIV- specific HIV/TB sensitive: SF, CCS	N	HIV-specific and HIV/TB sensitive: CCS	HIV/TB sensitive: CCS	HIV-specific HIV/TB sensitive: GFD, SF, CCS	HIV/TB sensitive: CCS	HIV-specific HIV/TB sensitive: CCS	HIV-specific	HIV/TB sensitive: NT, CCS	HIV-specific HIV/TB sensitive: CCS
SUN membership	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
UNAIDS fast-track	N	Y	N	N	N	Y	N	Y	N	Y	Y	N
Range of HIV profiles	Low	No data	No data	No data	Low	Low	High	High	Low	Low	Low	Low
Evaluations (start year)	N	CSPE 2021, SE RBA 2020, Des: 2020	N	PE PB 2021	CSPE 2021	CSPE 2022, DE/DE Nut 2020	CSPE 2024 planned	CSPE 2020, SE RBA 2020	DE Nutrition 2021; planned CSPE to start in 2024	Ongoing CSPE, SE TECH 2020	CSPE 2024 planned	CSPE 2023 (planned)

Table 14: Summary of data collected against key country selection criteria

Criterion	Summary
Geographical variety	2xRBB, 1xRBC, 3xRBD, 2xRBJ, 3xRBN, 1xRBP
Operation context	4xHSC, 6xVHSC, 4xL2, 2xL3
A balance of countries of different income status	6x LIC, 5x LMIC, 1x UMIC
Country Office size	2x S, 1x M, 4x L, 5x VL
Country population size (m)	Range: 1.2m-220m
CSP Timeframe	6x start date (2017, 2018), 6x start date (2019, 2020, 2021)
Nutrition portfolio	All combinations of nutrition specific (treatment and prevention) and sensitive covered
Total expenditure on nutrition-specific treatment (SO 2) m	Range: 0.4-231.1
Total expenditure on nutrition-specific prevention (SO 2) m	Range: 3.5-42.4
HIV portfolio	8x countries with an HIV portfolio. All combinations of HIV specific (treatment support) and sensitive covered
FNG data	Range: not available and available 2018, 2019, 2020, 2021
SUN membership	Includes members and non-members
UNAIDS fast-track	Includes members and non-members
Range of malnutrition profiles	Includes countries with high and low stunting prevalence (range among under 5 children 17-47%), high and low wasting prevalence (range among U5 children 1-23%), high combined wasting/stunting (WaSt) and high and low MNDs (range IDA among women 18-50%) and obesity (range among children 5-19, 0-33%)
Range of HIV profiles	Includes areas of high and low prevalence (range 0.1-27%)
Evaluations	Includes countries with no evaluation data, recent evaluation data and evaluation data that is now > 1 year old
Other	Several specific observations from regional bureaux as to why some countries would be valuable for evaluation

Country mission analysis format

23 Analysis for the six country mission data collections were a crucial element of the evaluation, and it is important that the evidence is marshalled carefully and consistently across the six cases. This annex shows the planned outline format. This will be fleshed out and adapted as the data gathering proceeds. Cameroon will be used as a prototype for the other cases because it has the head start of building on the information collected during the inception mission.

1. Country profile

Summary table based on the country-specific information in Annex 5 (country selection).

2. Country context

Brief overview of national nutrition and HIV strategies and active nutrition/HIV partnerships.

3. Summary of WFP operations and their alignment with the nutrition and HIV policies

Brief overview, supported by annexed analytical table(s).

4. Answers to evaluation questions

EQs to be selected from the evaluation matrix and adapted to country context (recognizing there may be insufficient evidence to answer every question in each country). Brief bullet/tabular form answers, citing source of evidence (interviews, country data, other secondary sources etc.

Relevant sub-EQs:

EQ1: How relevant and effective is the HIV and AIDS policy?

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?

1.4 Has WFP's approach to HIV/AIDS and TB been people-centred, context-specific, country-owned, programme integrated, risk-informed, evidence-driven?

1.5 To what extent has WFP contributed to effective HIV and AIDS-related responses by governments?

EQ2: How relevant and effective is the nutrition policy?

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?

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?

2.5 Has WFP's approach to nutrition been people-centred, context-specific, country-owned, programme integrated, risk-informed, evidence-driven?

2.6 How efficient are the nutrition-sensitive and nutrition-specific interventions that WFP supports, including in emergencies?

2.7 To what extent has WFP contributed to effective and sustainable nutrition-related responses by governments?

EQ3: How well has WFP maximized the enabling factor 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?

3.3 What additional factors enabled or hindered the achievement of nutrition-related results, including in HIV and AIDS and TB programmes?

EQ4: To what extent is WFP capable of integrating nutrition across all programmes and functions?

4.1 To what extent is WFP's workforce able to integrate nutrition in its work – particularly in the education, social protection, supply chain, country capacity strengthening, advocacy, research/assessment and innovations sectors?

4.2 To what extent is a robust evidence base available and used to inform nutrition integration across functions?

4.3 To what extent is nutrition integration articulated in a food systems framework and in relevant United Nations cooperation frameworks and documents such as the United Nations Sustainable Development Cooperation Framework (UNSDCF), Common Country Assessment (CCA) and National Pathways identified by the Food Systems Summit?

4.4 To what extent is there financial and performance measurement data available to assess the efficiency of nutrition-sensitive and nutrition-specific interventions that WFP supports in emergencies and non-emergency contexts?

EQ 5: To what extent have WFP's partnerships been transformational in contributing to improved nutrition-related outcomes and systems change?

5.1 To what extent has WFP's capacity to partner effectively in the nutrition sector increased?

5.2 To what extent has WFP's capacity to partner effectively in the HIV/AIDS sector increased?

5.3 To what extent is working in partnership cost-effective?

5.4 To what extent have new partnership practices resulted in improved quality of approaches in WFP and in partner organizations?

5.5 To what extent has WFP formed or strengthened strategic partnerships (internal and external) with an emphasis on the quality and sustainability of those partnerships and relevant United Nations cooperation frameworks and documents?

5.6 To what extent have institutional/organizational structures and processes been established for the sustainability of partnerships and diffusion of the results from them?

EQ 6: 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?

5. Summary of principal conclusions

Half a page to highlight main findings and conclusions. May include hypotheses and issues to be triangulated with other evidence.

ANNEXES

A. Profile of WFP interventions

B. Other supporting data

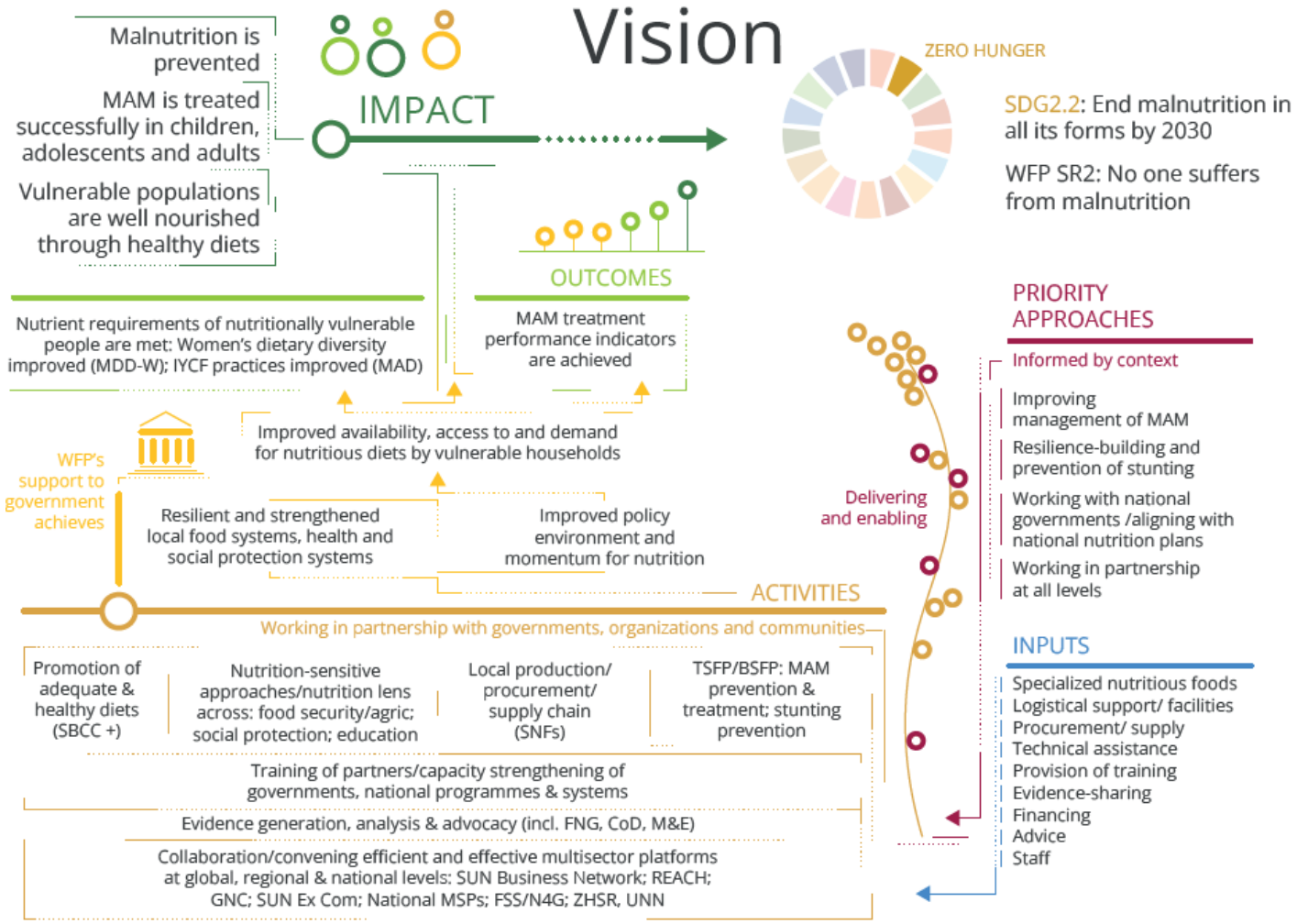
(Limited to concise data that directly support evaluation findings)

C. List of interviewees

D. Country-specific bibliography

Annex 7. Reconstructed theories of change

Figure 20. Nutrition constructed Theory of Change



Box 2. Nutrition constructed Theory of Change assumptions and risks

- WFP strategic directions are aligned with partner expectations and capacities
- WFP has productive partnerships with stakeholders to generate changes in policy and practice and to leverage expertise and resources and support ownership and sustainability
- WFP Executive Board (EB) and donors support multisectoral approaches to nutrition and joint/synergistic approaches between WFP and United Nations (UN) partners
- Senior Country Office (CO) staff (Country Director, Head of Programme) and nutritionists have the skillset and relationships to engage in policy dialogue with government
- WFP approach enables communities and governments to sustain differentiated nutrition outcomes relevant to women and men, boys and girls
- Access to the right food/nutrients is lacking in contexts where WFP works, and is a significant contributor to stunting/malnutrition
- Regional bureaux and Country Offices have sufficient capacity (human resource, financial) and a supportive workforce planning and work environment to operationalize the nutrition policy*
- Gender is understood and effectively mainstreamed through gender-sensitive/transformative programming
- Monitoring and Evaluation system generates evidence that enables learning and programme/strategy adaptation at Country Office, regional and national level
- WFP has a cross-sectoral reach
- Rigorous assessments lead to interventions that are context appropriate and needs-based
- Application of a nutrition lens across all WFP activities is supported and actively promoted by WFP senior management/EB
- The nutrition policy was rolled out with adequate support and accompaniment to ensure it was well understood*
- WFP encourages innovation towards ensuring equitable access, enhancing accountability and identifying scalable solutions to nutrition challenges
- WFP has adequate capacity to assess risks and respond effectively to emergencies

Risks

- National governments with whom WFP works lead multisector, multi-partner efforts*
- External partners support WFP taking on a more prominent role in nutrition at global, regional and country level
- WFP partners are conducting effective complementary activities (severe acute malnutrition management, water, sanitation and hygiene activities, food production)
- Prevention interventions are sufficiently funded to enable coverage to a level that ensures impact*
- COVID-19 impacts are understood and mitigated*
- Evidence on modalities for prevention and management of malnutrition is robust
- Access to flexible, multi-year, differentiated funding which meets the level of need*

***overlaps with assumptions and/or risks identified in the HIV/AIDS theory of change**

Figure 21. HIV/AIDS constructed Theory of Change

Box 3. HIV/AIDS constructed Theory of Change risks and assumptions

Risks

- Adherence to antiretroviral therapy (ART) is dependent on more than the provision of food: a range of issues also influence default rates including stigma and discrimination, stockouts, service failure, transport and associated costs, exacerbated during the COVID-19 pandemic
- Short-term inputs may lead to repeated enrolments into the programme
- National governments engage with and lead on effective handover strategies*
- Identification of individuals and households affected by HIV may increase stigma
- COVID-19 impacts are understood and mitigated*
- Interventions are sufficiently funded to enable coverage to a level that ensures impact*
- That handover strategies are developed in tandem with the national governments

Assumptions

- That short-term inputs can increase access to livelihoods without associated activities; the focus of the policy is on short-term solutions (6 months' food provision or graduation into social protection schemes) which may be challenged to make a sustainable difference to livelihoods.
- That women and men, regardless of age, marital status, sexual orientation or gender identity (etc.) all have equal access to services. The policy acknowledges the need for gender analysis but does not include any specific gender or inclusion indicators.
- That the target groups are people living with both HIV and TB rather than HIV or TB.
- That the HIV policy is accompanied by the requisite skills and resources within WFP (headquarters, regional bureaux and Country Office) for advocacy and delivery.*
- That the policy provides adequate guidance on implementation to staff. The policy mentions the corporate HIV learning strategy which has yet to be sourced.*
- That the policy has been developed with Country Office involvement so that it reflects country needs and is relevant.

1.

***Overlaps with assumptions and/or risks identified in the nutrition Theory of Change.**

Annex 8. Evidence review for nutrition

Introduction

24 This annex reviews the evidence base that underpins the nutrition policy. Nutrition is a rapidly developing field, and the policy could not have been expected to incorporate evidence that was not yet widely known at the time it was prepared. The policy acknowledged gaps in knowledge and foresaw a role for WFP in filling relevant gaps, especially through operational research.

25 The Evaluation Team reviewed the quality of the policy in terms of its use of the evidence available at the time of drafting and has also considered the relevance of subsequent evidence.

26 The nutrition policy 2017-2021 describes its goal as WFP supporting governments to reduce malnutrition and reach SDG2, particularly target 2.2, to end malnutrition in all its forms by 2030.[280] WFP's primary objective to reach this goal is: ensuring the availability of, access to, demand for and consumption of diets that comprehensively meet the nutrient requirements of nutritionally vulnerable groups. This was to be achieved through a focus on **preventing all forms of malnutrition (wasting, stunting, micronutrient deficiency and overweight/obesity)**, while reaffirming WFP's commitment to **treatment of moderate acute malnutrition** (MAM). For each of these areas this annex considers:

- The extent to which the nutrition policy accurately reflected evidence available at the time
- Important evidence that has become available subsequently.

Treatment of moderate acute malnutrition (MAM)

At the time of the 2017 policy development

27 There was strong evidence that treating MAM saved lives and that children with MAM were three times more likely to die than well-nourished counterparts. The 2013 Lancet nutrition series had listed the management of wasting (MAM and severe acute malnutrition (SAM)) as one of ten evidence-based interventions that, if scaled up to 90 percent coverage, could reduce mortality in children younger than 5 years by 15 percent.[281]

28 Between 2013 and 2016, there were several systematic reviews and meetings[282,283,284,285] relating to the management of MAM. While studies were not all directly comparable – due to differences in research design, interventions included, etc. – there were several common conclusions including:

- Moderate-to-high quality evidence that food supplements of various kinds were effective in the treatment of MAM (where effective is defined as meeting minimum sphere standards for exit from treatment). In other words, existing products and protocols used for treatment are 'known to work' for the individual suffering from MAM.

[280] WFP. 2017. *Nutrition Policy 2017–2021.*

[281] Bhutta, Z. et al. 2013. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*. Aug 3;382(9890):452-477.

[282] Grais, R., Isanaka, S., & Lagendorf, C. 2014, *Assessing Impact of Blanket Interventions for MAM prevention in International Symposium on Understanding Moderate Malnutrition in Children for Effective Interventions.*

[283] Lazzerini, M., Rubert, L., & Pani, P. 2013. Specially Formulated Foods for Treating Children with Moderate Acute Malnutrition in Low- and Middle-income Countries. *Cochrane Database of Systematic Reviews.* Jun 21;(6):CD009584

[284] Lenters, L., Wazny, K., & Bhutta, Z.A. 2016. Management of Severe and Moderate Acute Malnutrition in Children. In: *Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities,* Third Edition (Volume 2). Washington D.C., The International Bank for Reconstruction and Development and The World Bank.

[285] Wegner, C.W., Loechl, C., & Mokhtar, N. 2015. Moderate Acute Malnutrition: Uncovering the known and unknown for more effective prevention and treatment. *Food and Nutrition Bulletin*. Mar;36(1 Suppl):S3-8

- Lipid-based ready-to-use foods tended to generate faster and higher weight gain than grain-based fortified blended foods (FBFs).
- There was little evidence of a statistically significant difference between types of foods used in treatment regimes in terms of mortality outcomes, default rates, or progression from MAM to SAM.
- The effectiveness of treatment of MAM was known to be limited by the general quality of programme design and implementation, particularly linked to high levels of defaulting and low coverage. A focus on improving quality was emphasized through addressing the contextual factors that affect outcomes of targeted supplementary feeding programmes (TSFP) or blanket supplementary feeding (BSF) programmes, such as seasonal fluctuations, insecurity, background disease prevalence, and access to programme interventions.
- Evidence was inconclusive on the cost-effectiveness of a range of approaches, the potential contribution of home-based diets to improving outcomes, the effectiveness of existing products and approaches to the prevention of MAM, the role of intensive behaviour change communication and/or provision of cash/vouchers with or without food in the management of MAM.

29 The 2015 (updated in 2017) MAM Decision Tool for emergencies (Global Nutrition Cluster 2017) presented TSFP as the standard intervention to treat MAM in settings where household food security was compromised. BSF programmes were presented as the standard intervention to prevent acute malnutrition with cash/voucher programmes and SBCC/infant and young child feeding-E support as options where the context supported this.

How well was this reflected in policy?

30 The 2017 policy reaffirmed WFP's support to treatment of MAM as a critical part of the continuum of care.

31 The policy advocates treating MAM through TSFPs using specialized nutritious foods (SNFs) – super cereal plus and large quantity lipid-based nutrient supplement (LNS) (e.g. Plumpy'Sup™) – and emphasizes the need for careful analysis of context to maximize cost-effectiveness.

32 On the programme side, the limitations to supplementary feeding programmes (SFPs) were well documented in 2017 and the policy was an opportunity to position WFP to improve understanding of these limitations and of the means to address them. This review suggests that, while attention to the need to understand context is apparent, the policy could have paid more attention to the general quality of programme design and implementation, and to addressing the contextual factors that affect outcomes of TSFP or BSF programmes, such as seasonal fluctuations, insecurity, background disease prevalence, and coverage/access to programme interventions.

33 The policy stated the intention to implement programmes to treat MAM in children aged 6–59 months, pregnant and lactating women, and malnourished adults as appropriate – while evidence for treatment of MAM in pregnant and lactating women was scant at the time of policy development, it has since emerged more strongly (see 'Prevention of wasting and stunting' below) as a means to addressing wasting and stunting in infants and young children.

34 The policy did not propose approaches for the treatment of MAM for which evidence was weak/unavailable at the time – that is, home-based diets to improving outcomes, intensive behaviour change communication and/or provision of cash/vouchers

35 There was, however, strong commitment in the policy to generating evidence on effectiveness of WFP's approaches, with emphasis on the efforts needed to tailor strategies for improving the nutrient intake of vulnerable groups to specific country contexts, particularly for activities that support nutrition in the first 1,000 days after conception.

Subsequent emerging evidence

36 The terminology around 'acute malnutrition' has moved towards a focus on 'wasting' during the past five years and discussion has shifted in response to the fact that most wasting occurs outside of

emergencies in more stable contexts. 'Persistent Global Acute Malnutrition',[286] a concept gaining ground since 2018, has been identified in 25 countries, mostly in the Sahel belt, Horn of Africa and South Asia where the majority of wasting occurs. It describes the situation in protracted emergencies or stable contexts where the prevalence rates of global acute malnutrition (GAM) in children aged under 5 years regularly exceed the emergency threshold of >15 percent, despite ongoing humanitarian interventions. Political economy analyses to inform action and nutrition-sensitive approaches to facilitate simultaneous prevention and treatment initiatives are proposed as the best way to start tackling this ongoing, yet normalized crisis.

37 In 2021, while the evidence base for effectiveness of treatment products has moved forward (see below), it remains the case that there is a limited evidence base for effective and scalable treatment models for MAM across different contexts. While there is experience and evidence building in emergency style approaches in the form of simplified approaches (see below) there remains an absence of agreed global policies and guidance, meaning that comprehensive and scaled-up treatment for moderate wasting is often omitted from country-level interventions/targets outside of emergencies.[287] This is also prohibitively expensive for a government system to take on in its current form, i.e., TSFP. The World Health Organization (WHO) guideline development process for prevention and treatment of wasting is expected to guide practitioners on the most appropriate and cost-effective approaches for managing MAM across different contexts and populations.[288]

38 A 2020 systematic review[289] confirmed that food products provided to children with MAM through supplementary feeding programmes resulted in greater anthropometric gains than counselling or micronutrient interventions alone. This was especially true in food insecure contexts and if the supplementary food provided was of suitable quality and provided to the child for an adequate duration. This finding is echoed by the most recent Lancet nutrition series update that supports the use of high-energy, micronutrient-fortified foods and supplements for both treatment and prevention of MAM as long as they are targeted and used responsibly, particularly in the context of the double burden and possible risks (although evidence for these remain extremely limited[290] associated with the intake of these products).[291]

39 The development of ready-to-use products for moderate wasting has continued over the last five years and in 2021 lipid-based nutrient supplements, such as ready-to-use supplementary food (RUSF), are shown to be more effective than fortified blended flours or nutritional counselling to treat MAM, improving recovery rates, lowering the risk of deterioration to SAM, and improving weight gain (Gluning et al. 2021; Lelijveld, Beedle, Farhikhtah, Elrayah, Bourdaire, & Aburto 2020). While official WHO guidelines around the use of products and which products to treat moderate wasting is currently lacking, there has been a recent surge in research and subsequent interim guidance on this topic, including the WHO technical note on the composition of foods for treating MAM,[292] exploration of the use of ready-to-use therapeutic food (RUTF) for managing MAM and the 2017 update of the 'MAM decision tool' which allows for some flexibility in treatment products used (see above).

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[286] Young, H. & Marshak, A. 2018, *Persistent Global Acute Malnutrition. A briefing paper on the scope of the problem, its drivers, and strategies for moving forward for policy, practice, and research*. Boston, Feinstein International Center, Friedman School of Nutrition Science and Policy at Tufts University.

[287] ENN. 2020. *Wasting in the Wider Context of Undernutrition: An ENN Position Paper*. Oxford, UK. Emergency Nutrition Network (ENN).

[288] Field Exchange. 2021. *Summary of the Development Process for the Guideline on the Prevention and Treatment of Wasting*. *Field Exchange*, Issue 64, January 2021. p18. www.ennonline.net/fex/64/whoguidelinedevelopment

[289] Lelijveld, N., Beedle, A., Farhikhtah, A., Elrayah, E.E., Bourdaire, J., & Aburto, N. 2020. Systematic Review of the Treatment of Moderate Acute Malnutrition Using Food Products. *Maternal & Child Nutrition*. Jan;16(1):e12898.

[290] Fabiansen, C. et al. 2018. Short Malnourished Children and Fat Accumulation With Food Supplementation. *Pediatrics*. Sep;142(3):e20180679.

[291] Hawkes, C., Ruel, M.T., Salm, L., Sinclair, B., & Branca, F. 2020. Double-duty Actions: Seizing programme and policy opportunities to address malnutrition in all its forms. *The Lancet Series: Double Burden of Malnutrition*, Vol 395, ISSUE 10218, P142-155

[292] WHO. 2012. *Technical Note: Supplementary foods for the management of moderate acute malnutrition in infants and children 6–59 months of age.* Geneva, World Health Organization (WHO).

40 The momentum to consider wasting as a continuum and break down the divisions between SAM and MAM has been building over the past five years with a considerable body of operational research conducted to support a new model of approach. Simplified, combined approaches to treat uncomplicated acute malnutrition (both SAM and some MAM) with one protocol through the Community based MAM delivery model include ComPAS,[293] OptiMA[294] and Hi-MAM.[295]

41 Rather than being a single prescriptive adaptation, these approaches include a range of adaptations to protocols and programmes. To date, evidence for impacts has been generated from small pilots in specific contexts. A recent WHO technical consultation on these approaches concluded that there was not yet sufficient evidence to make policy change, but that they could be considered in certain circumstances – for example, severe food insecurity, very weak health systems, and/or extreme vulnerability.[296] With the onset of COVID-19, the need for simplified approaches accelerated to the forefront. Although yet to be formally adopted in WHO guidance, simplified protocols for the treatment of acute malnutrition have been endorsed in the context of COVID-19 in guidance from UNICEF/Global Nutrition Cluster (GNC)/Global Technical Assistance Mechanism for nutrition (GTAM).

Prevention of wasting and stunting

At the time of the 2017 policy development

42 The 2013 Lancet Nutrition series highlighted ten evidence-based interventions which, if scaled up to 90 percent coverage, could reduce prevalence of stunting by an average of 20 percent and severe wasting by 61 percent.[297] These interventions included periconceptional folic acid supplementation or fortification, maternal balanced energy protein supplementation in food insecure contexts, maternal calcium supplementation, multiple micronutrient supplementation in pregnancy, promotion of breastfeeding, appropriate complementary feeding, including provision of supplements in food insecure contexts, vitamin A and preventive zinc supplementation in children, management of SAM and MAM.

43 Although providing a food supplement, usually in the form of a specialized food product, had demonstrated some effectiveness in preventing MAM in some contexts – the combination of product (LNS, FBF, etc.), size of ration, delivery strategy (BSF programmes, health/social service) and context (emergencies vs. more stable situations) varied significantly, so drawing conclusions was not straightforward.[298,299,300] It also proved difficult to attribute any impact to the intervention itself and to tease out the relative importance of other underlying determinants of undernutrition.

44 For the prevention of acute malnutrition through other modalities (cash, vouchers vs. food) – evidence remained weak for their effect on nutrition outcomes, although evidence of the need for a holistic approach to prevention had emerged.[301] Some emergency interventions were showing improved

[293] Marron, B., Onyo, P., Musyoki, E. N., Adongo, S. W., & Bailey, J. 2019, *ComPAS trial in South Sudan and Kenya: Headline findings and experiences.* Oxfordshire, UK. Emergency Nutrition Network (ENN).
[294] Phelan, K. 2019. OptiMA study in Burkina Faso: Emerging findings and additional insights, Emergency Nutrition Network. *Field Exchange,* Issue 60.
[295] Lelijveld, N., Godbout, C., Krietemeyer, D., Los, A., Wegner, D., Hendrixson, D.T., Bandsma, R., Koroma, A., & Manary, M. 2021. Treating High-risk Moderate Acute Malnutrition Using Therapeutic Food Compared with Nutrition Counseling (Hi-MAM Study): A cluster-randomized controlled trial. *American Journal of Clinical Nutrition*. Sep 2021, 114(3):955-964.
[296] WHO, UNHCR, UNICEF, and WFP. 2019*. Simplified Approaches for the Treatment of Child Wasting.*
[297] Bhutta, Z.A. et al. 2013. Evidence-based Interventions for Improvement of Maternal and Child Nutrition: What can be done and at what cost? *The Lancet*. Aug 3;382(9890):452-477.
[298] de Pee, S., Grais, R., Fenn, B., Brown, R., Briend, A., Frize, J., Shoham, J., & Kiess, L. 2015. Prevention of Acute Malnutrition: Distribution of special nutritious foods and cash, and addressing underlying causes – what to recommend when, where, for whom, and how. *Food and Nutrition Bulletin*. Vol. 36, Issue 1.
[299] Jimenez, M. & Stone-Jimenez, M. 2014. *Preventing MAM Through Nutrition Specific Interventions.* CMAM Forum.
[300] Langendorf, C. et al. 2014. Preventing Acute Malnutrition Among Young Children in Crises: A prospective intervention study in Niger. *PloS Medicine.* Sep 2;11(9):e1001714.
[301] WHO. 2013. *Essential Nutrition Actions. Improving maternal, newborn, infant and young child health and nutrition*. Geneva, World Health Organization (WHO).

impacts using a combination of measures, including household support and food supplements vs food supplements or cash alone.[302]

45 For stunting too, while there was some evidence emerging to suggest that the provision of food supplements could reduce prevalence (Hess et al. 2015; Lassi et al. 2013) evidence remained weak. The potential risks of blanket supplementation in contexts that were suffering from a 'double burden' of malnutrition were also being highlighted well before development of the 2017 policy.[303]

46 Evidence was pointing towards the importance of the first 1,000 days (conception through 23 months of age) in the emergence of stunting and the need for improved focus on maternal nutrition as well as the need to address the multi-causal nature of stunting and wasting through nutrition-sensitive interventions for prevention.[304]

47 The 2013 Lancet series on Maternal and Child Nutrition widened the scope of nutrition to review evidence and experience with nutrition-sensitive interventions from a range of sectors, including agriculture, social protection, water, sanitation and hygiene (WASH), education and early childhood development.[305] This was in recognition of evidence that direct (nutrition-specific) interventions alone – if scaled up to 90 percent – would only avert 20 percent of global stunting cases and 60 percent of wasting cases. However, evidence for the contribution of nutrition-sensitive agriculture, WASH, gender and social protection to improving nutrition at scale was weak in 2013 and, in 2021, remained a work in progress. For both cash and WASH interventions there have been good quality robust randomized controlled trials which have not produced the expected clarity on how interventions in these sectors can be packaged to maximize impact on nutrition outcomes. A main challenge is that the majority of studies of nutrition-sensitive programming are of vertical programmes in one particular sector rather than evaluations of multisectoral approaches. Furthermore, in any given context, the relative importance of the complex multi-factorial drivers of undernutrition across the different sectors are not yet fully understood, nor is how to identify those most at risk.

48 The evidence for nutrition impacts of school feeding at the time of policy development were non-specific and emphasized the contribution of school feeding to the continuum of development by building on investments made earlier in the life course.[306] Evidence for achievable outcomes for school feeding remained focused on improving attendance and longer-term health status, linked to improved education.

313.

How well was this reflected in policy?

49 The 2017 policy expanded WFP's focus on preventing malnutrition to cover all forms of malnutrition – including both undernutrition and overweight/obesity. It also iterated importance of nutrition throughout the life cycle, but particularly during the first 1,000 days from conception to 2 years of age.

50 The importance of nutrition-sensitive approaches as critical to accelerating progress towards ending malnutrition in all its forms is emphasized; so, too, the need to move beyond the focus on quantity (calories) and increase attention to quality (nutrients and healthy diets).

51 The policy advocates preventing MAM through BSF programmes using SNFs – super cereal plus and large quantity LNS (e.g., Plumpy'Sup™) – and emphasizes need for careful analysis of context to maximize cost-effectiveness.

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[302] Langendorf, C. et al. 2014. Preventing Acute Malnutrition Among Young Children in Crises: A prospective intervention study in Niger. *PloS Medicine.* Sep 2;11(9):e1001714.

[303] International Food Policy Research Institute. 2015. *Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development*.

[304] Ruel, M.T. & Alderman, H. 2013. Nutrition-sensitive Interventions and Programmes: How can they help to accelerate progress in improving maternal and child nutrition? *The Lancet*. Aug 10;382(9891):536-51.

[305] Ibid.

[306] Drake, L., Fernandes, M., Aurino, E., Kiamba, J., Giyose, B., Burbano, C., Alderman, H., Mai, L., Mitchell, A., & Gelli, A. 2017. *School Feeding Programs in Middle Childhood and Adolescence.*

52 The lack of existing evidence of the impact of cash on nutrition outcomes is acknowledged, while reiterating commitments to work with partners, particularly academia, to explore emerging evidence of the effectiveness of cash-based transaction (CBTs) and the potential for using cash to support better-diversified diets. WFP commit to ensuring that lessons learned from programmes using CBTs are shared throughout the organization and with partners, and that all programmes are designed to be nutrition-sensitive, regardless of modality.

53 School feeding is highlighted as a means to improving children's nutrition, which was not evidence-based at the time, as well as serving as a delivery platform for nutrition education. It highlighted the possibility that links between school meals and local smallholder production may also be made to improve nutrition while strengthening farming families' livelihoods.

Subsequent emerging evidence

54 Recent work finds that, despite global targets to reduce wasting, wasting prevention is not being prioritized relative to stunting prevention or wasting treatment.[307] The evidence highlights that the causes of wasting and stunting often overlap with direct and underlying causes such as poor-quality diets, infection, poverty, weak systems and infrastructure at country level and protracted crisis (both conflict and climate driven) as well as seasonality, known to be important for both.[308,309] As such, there is a push to shift policy directives and funding support towards simultaneously tackling both stunting and wasting.[310] It is proposed that embracing joint 'double duty' actions to prevent stunting and wasting through more integrated policy and programming has the potential to leverage shared opportunities and improve the cost-effectiveness of established programmes and policies that aim to reduce undernutrition.[311]

55 Evidence now suggests that a package of multisector interventions (such as health, agriculture, WASH, social protection, counselling and social and behaviour change (SBC)) that ensure access to a nutritious diet and prevent disease, and that address some of the broader social and economic 'underlying determinants' of malnutrition are likely to be more effective at preventing wasting and stunting than single interventions, particularly when they target the same population. While there is increasing evidence of better nutrition outcomes from programmes that deliver cross-sector interventions or combine multiple delivery platforms, much of this evidence relates to impacts on stunting.[312] Case studies on stunting have shown that indirect actions targeting the underlying and social determinants of malnutrition (such as poverty, fertility, agriculture, WASH and parental education) accounted for about half of the identified reductions in stunting.[313] While there is some evidence of the impact of packages of support on wasting, more studies are needed that are able to show the impact of delivering interventions together.

[307] Ickes, S.B., Craig, C., & Heidkamp, R.A. 2020. How do Nutrition Professionals Working in Low-Income Countries Perceive and Prioritize Actions to Prevent Wasting? A mixed-methods study. *Maternal & Child Nutrition*. Oct;16(4):e13035.

[308] Harding, K.L., Aguayo, V.M., & Webb, P. 2018. Factors Associated With Wasting Among Children Under Five Years Old in South Asia: Implications for action. *PloS One*. Jul 3;13(7):e0198749

[309] Mertens, A. et al. 2021. *Risk Factors and Impacts of Child Growth Faltering in Low- and Middle-income Countries,* MedRxiv.

[310] Thurstans, S., Sessions, N., Dolan, C., Sadler, K., Cichon, B., Isanaka, S., Roberfroid, D., Stobaugh, H., Webb, P., & Khara, T. 2022. The Relationship Between Wasting and Stunting In Young Children: A systematic review. *Maternal & Child Nutrition*. Sep 05; e13246.

[311] ENN & the Programme and Policy Sub-Working Group of the WaSt TIG. 2021, *Best Practice in Preventing Child Wasting within the Wider Context of Undernutrition*, Oxfordshire, UK. Emergency Nutrition Network (ENN).

[312] Bhutta, Z.A., Akseer, N., Keats, E.C., Vaivada, T., Baker, S., Horton, S.E., Katz, J., Menon, P., Piwoz, E., Shekar, M., Victora, C., & Black, R. 2020. How Countries Can Reduce Child Stunting at Scale: Lessons from exemplar countries. *American Journal of Clinical Nutrition.* Vol. 112.

[313] Heidkamp, R.A., Piwoz, E., Gillespie, S., Keats, E.C., D'Alimonte, M.R., Menon, P., Das, J.K., Flory, A., Clift, J.W., Ruel, M.T., Vosti, S., Akuoku, J.K., & Bhutta, Z.A. 2021. Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action. *The Lancet. Maternal and Child Undernutrition Progress*, Volume 397, Issue 10282, P1400-1418, April 10, 2021.

56 There is also building evidence of the potential benefits of private sector engagement for nutrition. A recent review by the SUN Business Network[314] determined that the following worked well for business engagement in nutrition: joining of forces through creating partnerships between businesses and non-governmental organizations (NGOs) or technical agencies; vertical integration of smallholder farmers and other actors in global supply chains via deep engagement with suppliers who provide technical advice and inputs; sharing of resources, such as cold storage facilities, processing units and the like, through lease or pay-as-you-use mechanisms; proximity solutions that bring technologies or services to the farmer's doorstep, or nutritious/fortified foods to the low-income consumer; and innovative use of existing technologies to reach low-income consumers with information, products or services.

57 There is increased focus on the need to consider health and a healthy environment for women and young children as part of a package of interventions. This includes a more evidence-based approach to WASH programming that radically reduces faecal contamination in communities and households[315] and the critical contribution of infection control.[316]

58 Recent evidence has shown that a high prevalence of wasting (being wasted) and stunting (being stunted) is present in infants at birth – recent estimates suggest that 30 percent of wasting, and 20 percent of stunting occurs during pregnancy.[317,318] This has helped to strengthen the emphasis on the importance of maternal nutrition with actions to prevent wasting and stunting during pregnancy and early infancy likely to have impacts that extend throughout childhood. There is now strong evidence of the positive impacts of multiple micronutrient supplementation for pregnant women[319,320] and growing evidence that nutrition supplementation that includes balanced protein, energy and micronutrients (such as LNS)[321] given to undernourished women during pregnancy could reduce newborn stunting and wasting and small head size compared with iron and folic acid (IFA) and multiple micronutrient supplementation (MMS) supplementation alone.[322,323,324] There is also increasing evidence around the interventions needed to support nutritionally at-risk mothers and infants aged under 6 months, and these are reflected in tools developed by the MAMI Global Network.[325]

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[314] MQSUN+. 2020. Where Business and Nutrition Meet: Review of approaches and evidence on private sector engagement in nutrition. https://mqsunplus.path.org/resources/where-business-and-nutrition-meet-review-of-approaches-and-evidence-on-private-sector-engagement-in-nutrition/

[315] Pickering, A.J., et al. 2019. *T*he WASH Benefits and SHINE trials: Interpretation of WASH intervention effects on linear growth and diarrhoea. *The Lancet Global Health*. Volume 7, Issue 8, August 2019, Pages e1139-e1146.

[316] Keats, E.C., Salam, R.A., Lassi, Z.S., Imdad, A., Black, R., & Bhutta, Z.A. 2021. Effective Interventions to Address Maternal and Child Malnutrition: An update of the evidence. *The Lancet Child & Adolescent Health*. May;5(5):367-384.

[317] Benjamin-Chung, J., Mertens, A., Colford, J., Hubbard, A., van der Laan, M., Coyle, J., Sofrygin, O., Cai, W., Nguyen, A., Pokpongkiat, N., & et al. 2021. Early Childhood Linear Growth Faltering in Low- and Middle-income Countries. *Medrxiv*.

[318] Mertens, A., Chung, J.B., Colford, J., Hubbard, A., van der Laan, M.J., Coyle, J., Sofrygin, O., Cai, W., Jilek, W., Rosete, S., & et al. 2021b. Child Wasting and Concurrent Stunting in Low- and Middle-income Countries. https://www.medrxiv.org/content/10.1101/2020.06.09.20126979v3.

[319] Keats, E.C., Salam, R.A., Lassi, Z.S., Imdad, A., Black, R., & Bhutta, Z.A. 2021. Effective Interventions to Address Maternal and Child Malnutrition: An update of the evidence. *The Lancet Child & Adolescent Health*. May;5(5):367-384.

[320] WHO. 2020. *WHO Antenatal Care Recommendations for a Positive Pregnancy Experience. Nutritional interventions update: Multiple micronutrient supplements during pregnancy.* Geneva, World Health Organization (WHO).

[321] Lassi, Z.S., Padhani, Z.A., Rabbani, A., Rind, F., Salam, R.A., Das, J.K., & Bhutta, Z.A. 2020. Impact of Dietary Interventions during Pregnancy on Maternal, Neonatal, and Child Outcomes in Low- and Middle-Income Countries*. Nutrients.* Feb 19;12(2):531.

[322] Das, J.K., Hoodbhoy, Z., Salam, R.A., Bhutta, A.Z., Valenzuela-Rubio, N.G., Weise, P.Z., & Bhutta, Z.A. 2018. Lipid-based nutrient supplements for maternal, birth, and infant developmental outcomes. *Cochrane Database of Systematic Reviews.* Aug 31;8(8):CD012610.

[323] Dewey, K.G., Matias, S.L., Mridha, M.K., & Arnold, C.D. 2020. Nutrient supplementation during the first 1000 days and growth of infants born to pregnant adolescents. *Annals of the New York Academy of Sciences*, May;1468(1):25-34.

[324] Khan, G.N., Ariff, S., Kureishy, S., Sajid, M., Rizvi, A., Garzon, C., Jenkins, M., de, P.S., Soofi, S.B., & Bhutta, Z.A. 2020. Effectiveness of wheat soya blend supplementation during pregnancy and lactation on pregnancy outcomes and nutritional status of their infants at 6 months of age in Thatta and Sujawal districts of Sindh, Pakistan: a cluster randomized-controlled trial. *European Journal of Nutrition.* Mar;60(2):781-789.

[325] McGrath, M. 2010. *Management of small and nutritionally at-risk infants under six months and their mothers (MAMI).*

59 The most recent data on the quality of complementary foods and feeding practices indicate that globally two in three children aged 6–23 months (72 percent) are not fed even the minimum diverse diet needed for healthy growth.[326] In addition, wasting among these children commonly increases at specific times of the year, often coinciding with pre-harvest depletion of food stocks, rises in food prices and/or increased disease transmission as a result of the rainy season.[327] Interventions that improve the availability of high-quality complementary foods available to young children are long established as central to the prevention of stunting and wasting.[328,329]

60 *Food and cash-based approaches* – that is, those that aim to improve access to nutritious foods by the household through support for production or purchase – are important, yet the evidence for their impact on growth outcomes remains scarce.[330] There is growing evidence that demonstrates positive associations between support for increased agriculture and livestock production as well as cash/voucher transfers and dietary diversity (of households, children and/or women) and dietary quality, including increased intake of essential micronutrients where this is measured.[331,332] Evidence is more limited for the impacts of these interventions on growth, that is, stunting and wasting.

61 Increasing consensus suggests the need for food and cash-based programming to focus on supporting access to and consumption of high-quality diets as a more logical and attainable goal rather than on directly reducing the prevalence of childhood stunting and wasting.[333]

62 The combination of complementary interventions such as nutrition counselling and SBC with social protection, cash and voucher programmes has been shown to be important to ensure that the resources provided to the household are used to improve the diets of young children.[334,335] Common approaches include combining cash transfers with nutrition counselling, the provision of fortified foods, curative and preventive health services (such as immunizations) and growth promotion.[336]

63 Where nutrient-poor diets are common and access to diverse foods is limited, interventions that provide *fortified supplementary foods* to all children under 2 years of age, regardless of their nutritional status, are common.[337] Research has recently demonstrated the potential effect of food supplementation in preventing wasting in this age group, including an estimated 18 percent reduction

[326] UNICEF. 2020. *Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance.*
[327] Young, H. & Marshak, A. 2018, *Persistent Global Acute Malnutrition. A briefing paper on the scope of the problem, its drivers, and strategies for moving forward for policy, practice, and research*. Tufts University.
[328] Bhutta, Z.A. et al. 2013. Evidence-based Interventions for Improvement of Maternal and Child Nutrition: What can be done and at what cost? *The Lancet*.
[329] Keats, E.C., Salam, R.A., Lassi, Z.S., Imdad, A., Black, R., & Bhutta, Z.A. 2021. Effective interventions to address maternal and child malnutrition: an update of the evidence. *The Lancet Child & Adolescent Health*. May;5(5):367-384.
[330] Heidkamp, R.A., Piwoz, E., Gillespie, S., Keats, E.C., D'Alimonte, M.R., Menon, P., Das, J.K., Flory, A., Clift, J.W., Ruel, M.T., Vosti, S., Akuoku, J.K., & Bhutta, Z.A. 2021. Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action. *The Lancet*. *Maternal and Child Undernutrition Progress*, Volume 397, Issue 10282, P1400-1418, April 10, 2021.
[331] Durao, S., Visser, M.E., Ramokolo, V., Oliveira, J.M., Schmidt, B.M., Balakrishna, Y., Brand, A., Kristjansson, E., & Schoonees, *A. 2020. Community-level Interventions for Improving Access to Food In Low- and Middle-Income Countries. Cochrane Database Syst Rev.* 2020 Jul 28;7(7):CD011504
[332] Global Nutrition Cluster 2020, *Evidence and Guidance Note on the use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies*.
[333] Ruel, M.T., Quisumbing, A.R., & Balagamwala, M. 2018. Nutrition-sensitive Agriculture: What have we learned so far? *Global Food Security.*Volume 17, June 2018, Pages 128-153
[334] Keats, E.C., Salam, R.A., Lassi, Z.S., Imdad, A., Black, R., & Bhutta, Z.A. 2021. Effective interventions to address maternal and child malnutrition: an update of the evidence. *The Lancet Child & Adolescent Health*. May;5(5):367-384.
[335] Soofi, S.B. et al. 2022. Effectiveness of Unconditional Cash Transfers Combined with Lipid-based Nutrient Supplement and/or Behavior Change Communication to Prevent Stunting Among Children in Pakistan: A cluster randomized controlled trial*. The American Journal of Clinical Nutrition,* Volume 115:Issue 2, February 2022, Pages 492–502.
[336] UNICEF. 2020. *Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance.*
[337] Cliffer, I.R. et al. 2020. Cost-Effectiveness of 4 Specialized Nutritious Foods in the Prevention of Stunting and Wasting in Children Aged 6-23 Months in Burkina Faso: A Geographically Randomized Trial*. Current Developments in Nutrition,* Volume 4, Issue 2, February 2020

in the percentage of moderately wasted children given LNS with complementary feeding[338] and the potential for an even bigger impact on the reduction of the incidence of wasting.[339,340] The most recent Lancet nutrition series states that evidence in support of the use of small-quantity lipid based nutrient supplements among at-risk children is strong and, in contrast to micronutrient powders alone, the benefits on growth and anaemia are advantageous.[341]

64 There are cost implications that may be prohibitive when these products are provided free by programmes. However, there remains a need for better cost-effectiveness data in different settings to enable comparison with food-based approaches that increase diet diversity and the consumption of animal source foods. There is some evidence to suggest that families may be willing to purchase these products, and that a hybrid delivery strategy that includes a market-based mechanism might be feasible in some settings.[342]

65 How and when supplementation with foods like LNS is delivered impacts the effectiveness and cost-effectiveness including coverage of the intended target population. Intervention design needs to account for:

- The seasonality of wasting in target communities (Mertens et al. 2020; Young & Marshak 2018)
- How supplementary foods are used within the home, and whether the target child will receive the full intended 'dose' [343]
- Which food best fits the culture and is easier to manage from a service provision perspective
- The opportunity costs of interventions for participants. This includes the need to consider accessibility and leveraging community-based platforms such as networks of community health workers, pre-, peri- and post-natal consultations, growth monitoring services and vaccination campaigns for reaching children at risk. This has been shown to improve the coverage and effectiveness of wasting prevention actions for children over 6 months of age (Becquey et al. 2019; Huybregts, Le, Becquey, Zongrone, Barba, Rawat, Leroy, & Ruel 2019). Other important dimensions of opportunity costs include whether or not a food has to be cooked or is in ready-to-use form.[344]

Prevention of micronutrient deficiency and overweight/obesity

[338] Das, J.K., Salam, R.A., Hadi, Y.B., Sadiq, S.S., Bhutta, A.Z., Weise, P.Z., & Bhutta, Z.A. 2019. Preventive Lipid-based Nutrient Supplements Given with Complementary Foods to Infants and Young Children 6 to 23 months of age for Health, Nutrition, and Developmental Outcomes. *Cochrane Database of Systematic Reviews*

[339] The number of new cases of wasting that develop in a population over a set period of time (usually one year).

[340] Huybregts, L., Le, P.A., Becquey, E., Zongrone, A., Barba, F.M., Rawat, R., Leroy, J.L., & Ruel, M.T. 2019. Impact on Child Acute Malnutrition of Integrating Small-quantity Lipid-based Nutrient Supplements into Community-level Screening for Acute Malnutrition: A cluster-randomized controlled trial in Mali. *Plos Medicine*.

[341] Keats, E.C., Salam, R.A., Lassi, Z.S., Imdad, A., Black, R., & Bhutta, Z.A. 2021. Effective interventions to address maternal and child malnutrition: an update of the evidence. *The Lancet Child & Adolescent Health*. May;5(5):367-384.

[342] Adams, K.P., Vosti, S.A., Ayifah, E., Phiri, T.E., Adu-Afarwuah, S., Maleta, K., Ashorn, U., Arimond, M., & Dewey, K.G. 2018. Willingness to Pay for Small-quantity Lipid-based Nutrient Supplements for Women and Children: Evidence from Ghana and Malawi. *Wiley Online Library*

[343] Cliffer, I.R., Nikiema, L., Langlois, B.K., Zeba, A.N., Shen, Y., Lanou, H.B., Suri, D.J., Garanet, F., Chui, K., Vosti, S., Walton, S., Rosenberg, I., Webb, P., & Rogers, B.L. 2020. Cost-Effectiveness of 4 Specialized Nutritious Foods in the Prevention of Stunting and Wasting in Children Aged 6-23 Months in Burkina Faso: A Geographically Randomized Trial. *Current Developments in Nutrition*, Volume 4, Issue 2, February 2020

[344] Langlois, B.K., Cliffer, I.R., Nikiema, L., Suri, D.J., Garanet, F., Shen, Y., Zeba, A.N., Walton, S.M., Lanou, H.B., Webb, P., & Rogers, B.L. 2020. Factors that May Influence the Effectiveness of 4 Specialized Nutritious Foods in the Prevention of Stunting and Wasting in Children Aged 6-23 Months in Burkina Faso. *Current Developments in Nutrition*, Volume 4, Issue 2, February 2020

At the time of the 2017 policy development

Micronutrients:

66 A review undertaken for the Lancet 2013 Nutrition Series[345] examined 16 randomized controlled trials to assess the effectiveness of micronutrient powders and estimated that they significantly improved haemoglobin concentration and reduced iron-deficiency anaemia (IDA) by 57 percent and retinol deficiency by 21 percent. It noted no evidence of benefit on linear growth. However, in line with findings from an earlier review of liquid iron supplementation, use of micronutrient powders was shown to be associated with a significant increase in the incidence of diarrhoea (RR 1·04, 95 percent CI 1·01–1·06), largely because of results from a large cluster-randomized controlled trial of micronutrient powders in Pakistan in malnourished children. These findings underscore the need for integration of micronutrient powder programmes with other infant and young child feeding and public health programmes.

67 Addressing micronutrient deficiencies (MNDs) was given some attention in the 2017 policy, but only through reference to the 2004 policy Micronutrient Fortification: WFP Experiences and Ways Forward (WFP/EB.A/2004/5-A/2), reference to WFP's expanded focus on addressing malnutrition in all its forms as opposed to solely focusing on acute malnutrition, and by emphasizing the need to strengthen local health and food systems in order to improve vulnerable groups' dietary diversity and micronutrient intake.

Obesity:

68 Statistics from the 2017 Global Nutrition Report[346] confirmed that all 140 countries with data on stunting in children aged under 5 years, women's anaemia and adult overweight suffered from one of these burdens, while 85 countries had serious levels of overweight as well as one form of undernutrition. It was the 2015 Global Nutrition Report that first called for a package of double-duty actions "that address both undernutrition and unhealthy diets in an internationally agreed-upon package." Two WHO policy briefs published in 2017, the *Double Burden of Malnutrition* and *Double-duty Actions for Nutrition*, shaped the subsequent global response to this new nutrition reality of multiple targets across varied manifestations.

69 Addressing obesity was given some attention in the 2017 policy, but only through reference to the evolving challenge of the double burden, to WFP's expanded focus on addressing malnutrition in all its forms, and to the need to design food assistance with an understanding of the many forms of malnutrition including overweight and obesity.

Subsequent emerging evidence

70 The 2019 Lancet Global Syndemic Commission considered the common drivers and actions to address the trio of challenges: obesity, undernutrition, and climate change.[347] According to the Syndemic Commission, severe food insecurity and hunger are associated with lower obesity prevalence, but mild to moderate food insecurity is (somewhat paradoxically) associated with higher obesity prevalence among vulnerable populations. Sustainable food systems hold the key to tackling both climate change and all forms of malnutrition since they have a low environmental impact, support biodiversity, contribute to food and nutrition security, and support local food cultures and traditions. This emphasizes the importance of WFP's increasing focus in the area of food systems for addressing these challenges.

[345] Bhutta, Z.A., Salam, R.A., & Das, J.K. 2013. Meeting the Challenges of Micronutrient Malnutrition in the Developing World. *British Medical Bulletin*, Volume 106, Issue 1, June 2013, Pages 7–17,

[346] Development Initiatives. 2017. *Global Nutrition Report 2017: Nourishing the SDGs*.

[347] Swinburn, B.A., et al. 2019. The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission Report. *The lancet commissions,* vol 393, issue 10173, p791-846.

71 The Lancet 2020 double burden of malnutrition series[348] identified ten double-duty actions that have strong potential to simultaneously reduce the risk of undernutrition, obesity, and diet-related non communicable diseases. These include redesigning guidance for complementary feeding practices and related indicators to include specific guidelines on healthy eating and avoiding foods, snacks, and beverages high in energy, sugar, fat and salt; and redesigning cash and food transfers to include regular health check-ups for all household members and early detection of overweight or obesity, and diet-related non communicable diseases, among others.

Annex 9. Evidence review for HIV

POLICY COHERENCE WITH UNAIDS STRATEGY IN 2010

72 At the time the WFP Policy on HIV and TB was launched, UNAIDS was operating under its Strategy Getting to Zero,[349] which introduced 90-90-90 targets and focused on increasing the number of people beginning and remaining on treatment and achieving suppressed viral load. The WFP policy was consistent with that objective optimizing WFP comparative advantages and providing country offices with key areas of intervention and specific indicators to measure progress against.

EVIDENCE BASE FOR POLICY IN 2010

73 The policy was based on evidence [350,351] highlighting the important role that improved nutrition and food security have on uptake and retention of antiretroviral therapy (ART) and, conversely, the influence that food insecurity has on negative coping strategies.

74 In the decade leading up to the policy, great strides had been made in the long-term management of HIV infection in developing countries, resulting in improved immune function, reduced mortality, and prolonged survival.[352] However, evidence was demonstrating that underlying malnutrition continued to impede positive health outcomes, and HIV infection was in turn worsening malnutrition.[353] To address the burden of disease resulting from this vicious cycle, international agencies were calling for increased investment in programmes that link targeted nutrition interventions to HIV management.[354] As a result, by the time WFP's 2010 policy was launched and was being operationalized, programmes delivering inputs that included nutrition assessment, counselling, therapeutic nutrition rehabilitation, and livelihood support to HIV positive adults and children were beginning to be scaled up globally. One study identified 48 different programmes – Title II, WFP, and funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) – that combine nutrition support with HIV programming,[355] while another study that surveyed all 336 PEPFAR-funded sites across nine African countries found that 90 percent of

[348] Hawkes, C., Ruel, M.T., Salm, L., Sinclair, B., & Branca, F. 2020. Double-duty Actions: Seizing programme and policy opportunities to address malnutrition in all its forms. *The Lancet Series: Double Burden of Malnutrition*, Vol 395, ISSUE 10218, P142-155

[349] UNAIDS. 2010. *Getting to Zero (2011-2015 Strategy).*

[350] Fanta Project. 2017. Zambia National Nutrition HIV Guidelines.

[351] FHI 360. 2019. *Strengthening Sustainability of Nutrition Programming and Integrating Nutrition Assessment, Counselling, and Support (NACS) into the HIV Treatment, Care, and Support Program in Ethiopia.* A Report on FANTA Activities from 2012 to 2018.

[352] WFP, WHO, UNAIDS. 2008. *Policy Brief: HIV, Food Security and Nutrition.*

[353] Ivers, L. C., K. A. Cullen, et al. 2009. HIV/AIDS, Undernutrition, and Food Insecurity. *Clinical Infectious Diseases*, Volume 49, Issue 7, 1 October 2009, Pages 1096–1102

[354] World Bank. 2006. *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action;* WFP, WHO, UNAIDS. 2008. *Policy Brief: HIV, Food Security and Nutrition*; WHO. 2008. *WHO Nutrition: Nurturing Health. Regional Consultation on Nutrition and HIV/AIDS in French Speaking Countries in Africa Region: Evidence, Lessons and Recommendations for Action.*

[355] Webb, P., B. L. Rogers, et al. 2011. *Improving the Nutritional Quality of U.S. Food Aid: Recommendations for Changes to Products and Programs.* Boston, Tufts University Friedman School of Nutrition Science and Policy.

them provided some form of nutrition support.[356] Despite the scale-up of programmes, there remained very few studies on the effectiveness of large-scale nutrition interventions linked to HIV care, and no studies that had examined the costs and cost-effectiveness of such integrated programmes. In a landscape analysis of Food by Prescription interventions in 2009, Greenaway underscored "the urgent need to establish an evidence base."[357]

EMERGING EVIDENCE ON THE LINKS BETWEEN FOOD SECURITY, NUTRITION AND HIV

75 Soon after the release of WFP's policy, the evidence base increased for the value of the addition of therapeutic food to a treatment programme for malnourished people living with HIV (PLHIV). In most studies, patients who received food were significantly more likely to recover from malnutrition than those who did not receive food, and treatment with supplementary food was much more successful, and more cost-effective, when malnourished individuals were identified and treated early. Additionally, patients who recovered through the addition of supplementary food experienced long-lasting positive effects on their health and nutrition status.[358]

76 These interlinks remain relevant today, particularly relating to the impact of food insecurity on HIV prevention and treatment: for example, the Lancet notes cites that in Malawi[359] "Recent increases in HIV cases have been linked to poor adherence to antiretrovirals as a result of severe food shortages. Malawi has a successful HIV programme and about 79 percent of the one million people with HIV were on ART in 2018. However, for those experiencing food shortages and faced with the decision either to take ART without food and experience side-effects or simply to stop treatment, many are choosing the latter. In one district alone, up to 6,400 of 14,200 people on ART are reported to have stopped therapy."

77 Studies consistently show that food insecurity and poor nutrition are associated with adverse clinical outcomes, including incomplete viral suppression, CD4 (a type of white blood cells) declines, increased opportunistic infections, hospitalizations, and mortality.[360] Conversely, insufficient access to nutritious food is still associated with increased HIV risk behaviours, particularly among women, lower treatment adherence and higher rates of AIDS-related mortality.[361]

78 A systematic review and meta-analysis of the association between food insecurity and HIV viral suppression through April 2015 in North America, Brazil and Uganda indicated that experiencing food insecurity resulted in 29 percent lower odds of achieving complete HIV viral suppression. This significant inverse association was consistently found, regardless of study design, exposure measurement, and confounder adjustment methods. These findings suggest that food insecurity is a potential risk factor for poor virologic response. A similar systematic review with a specific focus on women living with HIV found that food insecurity was associated with increased sexual risk through transactional sex and the inability to negotiate safer sex. Hunger and food insecurity were barriers to ART initiation/adherence and advice on the need for multidimensional programming and policies that

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[356] Anema, A., W. Zhang, et al. 2012. Availability of Nutritional Support Services in HIV Care Andtreatment Sites in Sub-Saharan African Countries*. Public Health Nutrition,* May 2012,15(5):938-47

[357] Greenaway, K. 2009. *Food by Prescription: A Landscape Paper*.

[358] Sadler, K., Bontrager, E., Rogers, B., Coates, J., & Ghosh, S. 2012. *Food by Prescription: Measuring the Impact and Cost-Effectiveness of Prescribed Food on Recovery from Malnutrition and HIV Disease Progression Among HIV+ Adult Clients in Ethiopia*. Boston, Feinstein International Center, Tufts University; Ahoua, L., C. Umutoni, et al. 2011. Nutrition Outcomes of HIV-Infected Malnourished Adults Treated with Ready-to-use Therapeutic Food in Sub-Saharan Africa: A longitudinal study *Journal of the International Aids Society,* Vol 14, Pages 1-17; Ivers, L. C., Y. Chang, et al. 2010. Food Assistance is Associated with Improved Body Mass Index, Food Security and Attendance at Clinic in an HIV Program In Central Haiti: A prospective observational cohort study. *Aids Research and Therapy* Vol 7

[359] The Lancet. Editorial. 2020. The Syndemic Threat of Food Insecurity and HIV. *The Lancet.* Vol 7

[360] PrayGod, G., Friis, H., & Filteau, S. 2018. Nutritional Support to Reduce Mortality in Patients with HIV? *The Lancet:HIV Vol 5, Issue 5.* Singer, A.W., Weiser, S.D., McCoy, S.I. 2015. Does Food Insecurity Undermine Adherence to Antiretroviral Therapy? A Systematic Review. *Aids Behavior*. Aug;19(8):1510-26.

[361] Chop, E., Duggaraju, A., Malley, A., Burke, V., Caldas, S., Yeh, P.T., Narasimhan, M., Amin, A. & Kennedy C.E. Food Insecurity, Sexual Risk Behavior, and Adherence to Antiretroviral Therapy Among Women Living with HIV: A systematic review. *Health Care for Women International,* 38:9, 927-944

simultaneously address poverty, gender inequality, food insecurity, and HIV from sub-Saharan Africa, North America, and Europe.[362]

79 The association between these factors was reinforced more recently in research commissioned by Regional Bureau for Southern Africa and undertaken by Oxford University.[363] In Namibia, WFP's *Fill the Nutrition Gap* study estimates that the cost of a nutritious diet increases by an average of 19 percent for households with an HIV-infected member (WFP Namibia, ACR 2021). In Ghana, a study looking at coping strategies highlighted that households with members living with HIV reduced the number of meals they eat, reduced meal portions by more than 50 percent, reduced spending on food, and harvested and ate immature crops.[364]

NEW CLINICAL RECOMMENDATIONS AND IMPACT ON NUTRITION

80 The successful scale-up of treatment has now reduced the need for therapeutic feeding support to treat wasting in AIDS.[365] Therefore many strategies, including The USAID food nutrition and HIV strategy (2014-2025)[366] now support a shift in nutritional assessment and counselling support (NACS) programming "to an emphasis on earlier counselling and support for all PLHIV to maintain ART adherence and retention in conjunction with nutritional and dietary management of HIV as a chronic disease. For the vast majority of PLHIV, the priority for NACS is to link nutrition and dietary counselling and other support to maintaining adherence and retention in care and treatment over the lifecourse."

81 Based on new evidence assessing benefits and risks, in 2019, the World Health Organization (WHO) recommended the use of the HIV drug Dolutegravir (DTG) as the preferred first-line and second-line treatment for all populations, including pregnant women and those of childbearing potential. Emerging evidence is showing that, while Dolutegravir is effective, easier to take and has fewer side effects than alternative ART, it is linked to weight gain, particularly in ART naïve clients. The rise in obesity has been accompanied by an increasing burden of metabolic diseases, including insulin resistance, neurocognitive impairment, and hepatic disease, though the effects on cardiovascular disease are less clear. Understanding the effects of ART and HIV on fat partitioning and adipose tissue metabolic function may lead to therapeutic interventions that prevent and manage metabolic complications in PLHIV.[367]

82 Although research is relatively new in this field, there are concerns about hypertension, diabetes and other weight-related co-morbidities which has relevance to nutritional advice.[368]

83 This has obvious implications for any work in NACS as the priority moves towards nutritional behaviour change, the importance of a healthy diet, avoidance of tobacco, and regular exercise in an attempt to manage weight.

Weight gain and new antiretroviral (ARV) use

The updated network meta-analysis for WHO's update on recommendations for treatment in 2019 found that there was potentially an absolute increase of between 3-5 kg in body weight in individuals receiving DTG-based regimens at 48 weeks, with low certainty evidence. The weight gain was greatest in those using HIV drugs tenofovir alafenamide, emtricitabine and DTG.

[362] Ibid.

[363] Accelerate WFP. 2020. *Catalysing change for adolescent girls and young women: the role of HIV sensitive social protection in eastern and southern Africa.*

[364] GAC. 2019. *The Ghana AIDS Commission (GAC) Assessment of Food Security and Vulnerability affected Households in Selected Regions Of Ghana*.

[365] Chang, H.H. 2022. Weight Gain and Metabolic Syndrome in Human Immunodeficiency Virus Patients. *Infection & Chemotherapy*. Jun;54(2):220-235.

[366] USAID. 2014. *Multi-Sectoral Nutrition Strategy Technical Brief: Nutrition, Food Security and HIV 2014-2025.*

[367] Bailin, S., Curtis, G., Wanjalla, C. & Koethe, J. 2020. Obesity and Weight Gain in Persons with HIV. *Current HIV/AIDS Reports* vol 17, pages138–150

[368] Musekwa, R., Hamooya, B.M., Koethe, J.R., Nzala, S. & Masenga, S.K. 2021. Prevalence and Correlates of Hypertension in PLHIV Adults from the Livingstone Central Hospital, Zambia. *Pan African Medical Journal*. 2021;39:237

More research is needed with patient communities and advocacy groups to understand the social implications of potential weight gain. The early response from the community and women enrolled in studies who experienced weight gain while taking DTG was that weight gain is largely viewed as a favourable outcome but that they desired further information on the potential health implications as this becomes more available. Adequate counselling and support on the potential weight gain was clearly emphasized by the groups.[369]

EMERGING EVIDENCE ON THE NEED FOR ADAPTATIONS TO APPROACHES FOR SERVICE DELIVERY

84 Early in the HIV epidemic, facility-based primary and palliative care predominated. Over the past decade, factors including an ageing, long-surviving population; multiple co-morbidities; polypharmacy; and overstretched, underfunded health systems have led to a need for further evolution of HIV care models.[370] Differentiated service delivery is gaining increasing attention in that it maximizes people-centred approaches and may increase cost effectiveness.[371,372] Although the evidence base is still growing, the approach is promising in that it overcomes some of the barriers of static clinic-based care, for example, transport costs. The range of approaches to increase access and uptake of ART to those in need by bringing services closer to people have had significant results during COVID-19.[373]

85 "People-centred and differentiated models of care, including community models of care, make health systems more adaptable and responsive, reduce the strain on standard health facilities, free up resources for other priorities, and enable local health systems to serve increasing numbers of patients. For example, multi-month dispensing does away with the need for frequent, costly and time-consuming clinic visits that are strictly to collect ARV medications and reduces the workload of healthcare facilities. HIV self-testing and point-of-care technologies for virological testing and other diagnostics increase access to those services and provide clients with faster results."[374]

86 This has implications for how WFP engages with clients in the future and provides more opportunities for improved links with community-based nutrition interventions.[375]

INTEGRATED HIV AND NUTRITION SERVICES FOR EFFICIENCY AND EFFECTIVENESS

87 A systematic review and meta-analysis of 114 research papers on HIV service integration showed that integration of HIV services and other health services tends to improve health and health systems outcomes. Despite some scientific limitations, the global evidence shows that service integration can be a valuable strategy to boost the sustainability of the HIV response and contribute to the goal of "ending AIDS by 2030" while simultaneously supporting progress towards universal health coverage.[376] A small study by UNICEF of outcomes from different approaches, including Social and Behaviour Change

[369] WHO. 2019. *Update of Recommendations on First- and Second-Line Antiretroviral Regimens*. Geneva: World Health Organization (WHO).

[370] Chu, C. & Selwyn, P. 2011. An Epidemic in Evolution: The need for new models of HIV care in the chronic disease era. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 88, No. 3.

[371] Differentiated Service Delivery. 2020. *HIV Treatment: Summary of Published Evidence.*

[372] Roy, M., Bolton Moore, C., Sikazwe, I. & Holmes, C.B. 2019. A Review of Differentiated Service Delivery for HIV Treatment: Effectiveness, Mechanisms, Targeting, and Scale. *Current HIV/AIDS Reports.* 16, 324–334

[373] Wilkinson, L. & Grimsrud, A. 2020. The Time is now: Expedited HIV differentiated service delivery during the COVID-19 pandemic. *Journal of the International AIDS Society.* vol. 23,5 (2020): e25503.

[374] Ibid.

[375] Nyamathi et al. 2019. *Sustained Effect of a Community-based Behavioral and Nutrition Intervention on HIV-related Outcomes Among Women Living With HIV in Rural India: A Quasi-experimental Trial. JAIDS Journal of Acquired Immune Deficiency Syndromes* 81(4):p 429-438, August 1, 2019.

[376] Bulstra, C.A., Hontelez, J.A.C., Otto, M., Stepanova, A., Lamontagne, E., Yakusik, A., El-Sadr, W.M., Apollo, T., Rabkin, M, UNAIDS Expert Group on Integration, Atun, R. & Bärnighausen, T. 2021. *Integrating HIV services and other health services: A systematic review and meta-analysis*.

Communication (SBCC) interventions to integrating HIV and nutrition services in Malawi and Mozambique showed that integration of HIV and nutrition services was both efficient and effective.[377]

FOOD SECURITY AND NUTRITION IMPACT ON HIV-RELATED OUTCOMES

88 The majority of meta-analyses and reviews on the impact of food security and nutrition on HIV-related outcomes were undertaken before 2016. The most comprehensive review was by Aberman (2014), who explored the impact of nutrition supplementation interventions targeted to undernourished PLHIV, often using specialized foods with NACS as a central component targeted to all patients regardless of nutrition status. [378]Overall findings are mixed but suggest that food and nutrition interventions may improve client retention in the most difficult, early months of treatment.[379]

89 A systematic review of the quantitative literature on food insecurity or food assistance and ART adherence over 19 analyses from 18 distinct studies in 2015 found that nine showed a statistically significant association between food insecurity and sub-optimal ART adherence. Four studies examined the association between food assistance and ART adherence, and three found that ART adherence was significantly better among food assistance recipients than non-recipients.[380]

90 An evidence review of research linking 15 types of household economic support interventions with a range of HIV prevention and treatment outcomes conducted between 2015 and 2016 through an academic database search, citation tracking of relevant articles, examination of secondary references, expert consultation, and a grey literature search found that monthly food rations and conditional cash transfers are associated with improvements in care seeking and medication pick-up. Transportation assistance, income generation and microcredit show positive trends for care and treatment, but evidence quality is moderate and based heavily on integrated interventions. Clinical outcomes of CD4 count and viral suppression were not significantly affected in most studies where they were measured.[381]

91 Leveraging social protection platforms to address food security and nutrition

92 In the literature on trends in service environments in the last decade, social protection, nutrition and food security are seen as important components for sustainable access to HIV prevention services, treatment, care and support and as a complement to health system strengthening efforts. Food and nutrition will need to continue to be integrated into the HIV/AIDS response, and an HIV-sensitive lens will need to be applied to the fields of health, education, social protection, food security and nutrition.[382]

93 There is strong evidence that food assistance and cash transfers – including school feeding – can promote prevention efforts and lower HIV incidence.[383] A systematic review of factors associated with sexual risk among adolescents and young people living with HIV also found that gender-based violence, food and nutritional insecurity, and unemployment were correlated with increased sexual risk-taking in southern and eastern Africa.[384] Cash transfers have also been shown to reduce transactional sex, age-

[377] Bergmann, J.N. et al. 2017. Outcomes and Cost-Effectiveness of Integrating HIV and Nutrition Service Delivery: Pilots in Malawi and Mozambique. *Aids and Behavior*

[378] Aberman, N., Rawat, R., Drimie, S., Claros, J. & Kadiyala, S. 2014. Food Security and Nutrition Interventions in Response to the Aids Epidemic: Assessing Global Action and Evidence. *Aids and Behavior* 18, 554-565

[379] Idem

[380] Singer, A., Weiser, D. & McCoy, S. 2015. Does Food Insecurity Undermine Adherence to Antiretroviral Therapy? A Systematic Review. *Aids and Behavior.* Aug;19(8):1510-26.

[381] Swann, M. 2018. Economic Strengthening for Retention in HIV Care and Adherence to Antiretroviral Therapy: A review of the evidence. *AIDS Care* 30(sup3):99-125

[382] Aberman, N., Rawat, R., Drimie, S., Claros, J. & Kadiyala, S. 2014. Food Security and Nutrition Interventions in Response to the Aids Epidemic: Assessing Global Action and Evidence. *Aids and Behavior* 18, 554-565

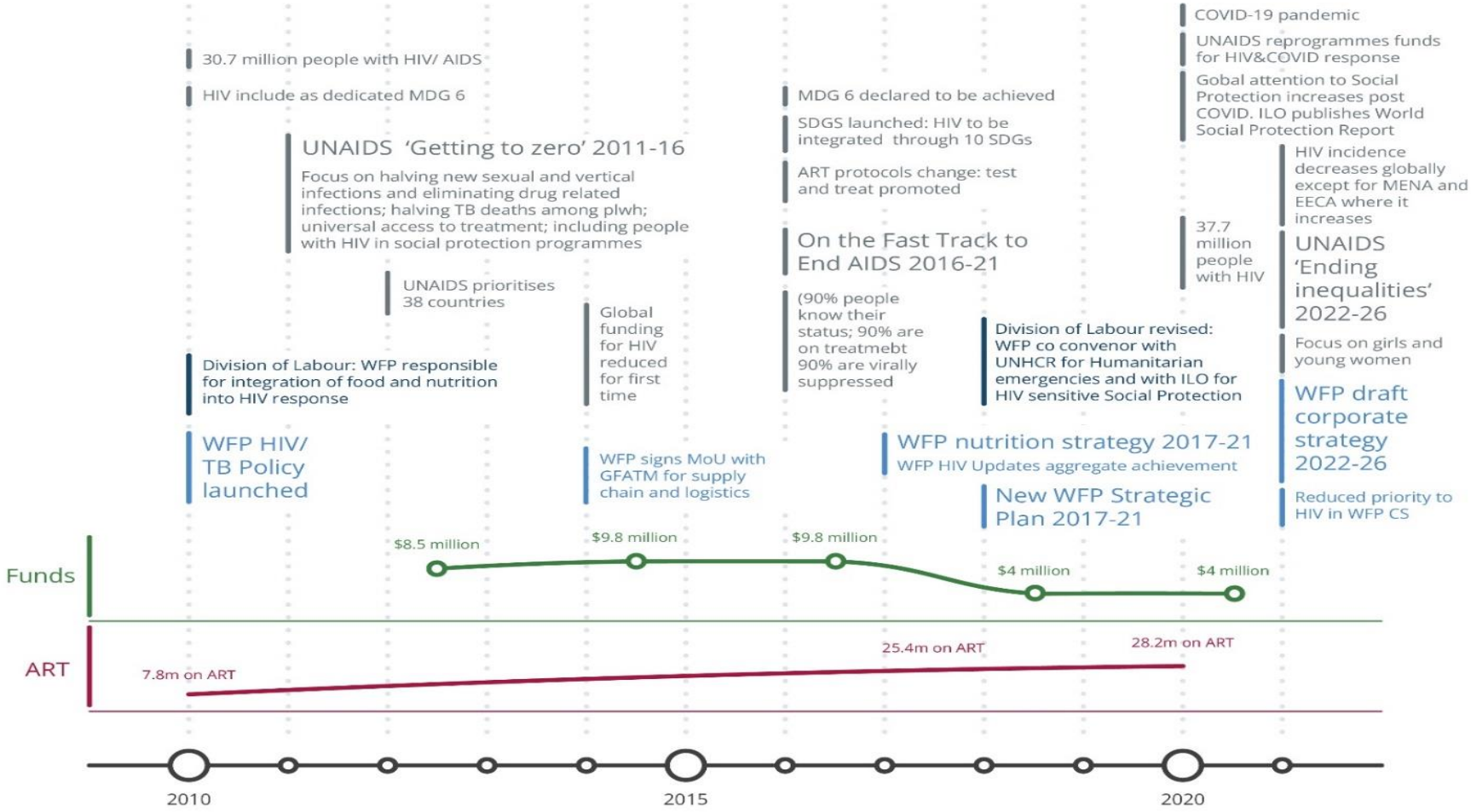
[383] Swann, M. 2018. Economic Strengthening for HIV Prevention and Risk Reduction: A review of the evidence. *AIDS CARE*

[384] Toska, E., Gittings, L., Hodes, R., Cluver, L. D., Govender, K., Chademana, K. E., & Gutiérrez, V. E. 2016. Resourcing Resilience: Social protection for HIV prevention amongst children and adolescents in Eastern and Southern Africa. *African Journal of AIDS Research.*

disparate relationships, and gender-based violence, factors which are significant drivers of HIV incidence, particularly in eastern and southern Africa.

Annex 10. Timeline of key milestones in HIV/AIDS

Figure 22. Timeline of key HIV/AIDS milestones 2010-2021



Annex 11. Mapping of findings-conclusions-recommendations

Table 15. Mapping of findings-conclusions-recommendations

Findings	Conclusions	Recommendations
Finding 1: The WFP HIV and AIDS policy was relevant at the time it was written. It reflected current evidence on the relationship between HIV/AIDS, nutrition, food security and social protection, and responded to WFP mandates. The policy was in step with the WFP strategic plan of the time, but the references to HIV/AIDS in subsequent strategic plans are limited, and the policy's relevance has diminished over the last 12 years. Finding 3: The WFP HIV and AIDS policy was in step with the WFP strategic plan of the time, but the references to HIV in subsequent strategic plans are limited. Finding 4: Technical support from all levels of WFP has been appreciated by stakeholders. WFP's role as a co-convenor of two inter-agency task teams (IATTs) – working on HIV/AIDS in social protection and HIV/AIDS in humanitarian settings – has played an important part in increasing the global attention directed to those two issues. The achievements are particularly notable in light of the bureaucratic burden attached to the role of co-sponsor of UNAIDS and the limited visible corporate commitment to addressing HIV/AIDS. Finding 7: WFP has effectively incorporated HIV and TB into its emergency programming and supply chain and logistics portfolio in some contexts, but more needs to be done. Finding 8: The evaluation identified several examples where WFP's approaches to HIV and TB have, at least in part, been people-centred, country-owned, and evidence-based. There is limited evidence on programme integration or consideration of risk. Finding 9: WFP's contribution to HIV and AIDS-related government	Conclusion 1. HIV remains a highly relevant issue for WFP in delivering its mandate of reaching the most vulnerable and leaving no one behind. As co-convenor of the Inter-Agency Task Teams (IATTs) on HIV in Humanitarian Settings and HIV and Social Protection, WFP has a high-profile global role in advocating for HIV in addition to its role as a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Significant changes in the HIV landscape over the past 12 years, both technical and financial, mean that the 2010 policy is no longer relevant. The absence of a strategy to manage the declining funding, and over-reliance on one source of funds, puts the reputation of WFP at risk.	Recommendation 1: Changes in the HIV landscape over the last 12 years call for an internal strategic discussion aimed at reaching agreement on how best to integrate HIV into WFP programming so as to ensure that WFP's global commitments to the HIV response and to "leaving no one behind" are met. ➢ A corporate analysis should be conducted to inform the development of a clear statement on WFP's position on HIV and on how that position will be integrated into work throughout the organization, together with an updated strategic response to HIV with cross-organizational accountability. ➢ The updated strategic response should determine whether to develop a new policy or strategy and should include a costed implementation plan setting out responsibilities, accountability, the human and financial resources needed to deliver the response, and a fundraising plan. ➢ Bring together existing guidance and available tools and use them to identify the strengths and opportunities and the gaps to be addressed with a view to ensuring that key programmatic areas are HIV-sensitive and that consideration of HIV can be effectively

responses is made largely through its technical assistance for the integration of food and nutrition into TB and ART programmes and through support to national social protection programmes. Finding 31: There are clear references to gender in the nutrition and HIV/AIDS policies, which mention the importance of gender analysis as a starting point for programme design.		integrated throughout WFP systems.
Finding 10a: The nutrition policy was relevant at the time of publication. The policy met the majority of quality standards, but its actionability was hindered by the limited tools and capacity support for rollout beyond the Nutrition Division. However, strong examples exist where the policy has driven action at both the global and country levels. Finding 10b: The nutrition policy remains largely relevant today, although there has been some global shift in emphasis in some of its key components. Finding 11: The nutrition policy is largely coherent with the WFP strategic plan for 2022–2025, although there is need to act on and lead the vision of nutrition integration throughout the organization. The development of a nutrition strategy is currently under way and provides an opportunity to articulate a clear approach to nutrition integration that facilitates WFP's delivery on the commitments set out in the strategic plan. Finding 12: Nutrition-specific interventions to treat MAM and prevent MAM, stunting and MNDs have played a significant role in meeting the urgent nutritional needs of affected populations. Finding 13: The quality of WFP's food assistance has improved since 2017 through increased use of SNFs and fortified foods. While MAM treatment delivered by WFP has met performance targets overall, there remain challenges linked to coverage of treatment. The extent to which WFP's nutrition-specific and nutrition-sensitive programming have improved access to healthy diets is less well understood due to	Conclusion 2. The nutrition policy was aligned with global priorities and the evidence available at the time of its development. However, it does not encompass the vision of nutrition integration set out in the new strategic plan for 2022–2025, and a robust articulation of "nutrition integration" is needed in order to ensure implementation. At the same time, there is a tension between the need for the policy to be broad enough to cover the range of WFP activities in nutrition and the need to provide adequate focus in order to drive investments and ensure the availability of specialized skillsets.	Recommendation 2. The new nutrition strategy currently being developed should articulate a clear definition of, and a comprehensive approach to, nutrition integration so that WFP can deliver on the commitments set out in the strategic plan for 2022–2025. The nutrition strategy must set out a clear definition of nutrition integration and an overview of what it entails for the whole organization. The strategy is also expected to provide clarity on several issues that were not sufficiently emphasized at the time that the previous policy was approved. Those issues include: • WFP's role in and contribution to micronutrient deficiency prevention through a combination of approaches for both saving lives and changing lives; • clear development of the concepts related to healthy diets, including the mitigation of the nutrient intake gap for the prevention of undernutrition, which is also part of the prevention of all forms of malnutrition (including overweight and obesity), and of how to achieve them through actions on both the supply and demand sides, setting out the implications for WFP divisions, especially in fragile settings, addressing food choices and setting out practical approaches that address realities on the ground; • reinforcement of WFP's role in supporting all nutritionally vulnerable population groups, including a clear articulation of the approach to HIV/AIDS-sensitive programming; • a clear delineation of WFP's remit in and approach to nutrition in humanitarian settings that takes

challenges with the collection and interpretation of monitoring data. Finding 14: There are examples of effective nutrition-specific approaches in prevention and food fortification, but they need to be part of a multisectoral approach which includes nutrition-sensitive and government capacity-strengthening interventions to address structural vulnerabilities and build human capital. Finding 15: Creative models of context-specific, nutrition-sensitive interventions are emerging in food assistance for assets, resilience, social protection, cash-based programming and school feeding interventions. However, evidence of the results of those interventions is not readily available owing to the slow development of systems for rigorous monitoring and data analysis. Finding 16: Standardized nutrition responses are evolving and adapting as WFP increasingly improves its attention to the importance of context-specificity. Finding 17: Integration of nutrition across WFP programmes remains tentative in the majority of contexts. WFP is called on to apply a longer-term nutrition lens to resilience building and strengthen capacities for nutrition in humanitarian response. Finding 18: Nutrition responses are inadequately people-centred, largely as a result of limitations in meaningful consultation with affected populations in design of interventions and lack of attention to gender and inclusion. Finding 19: Staff at all levels engage in considering and mitigating risks, which are well identified in WFP's nutrition programming. As programming evolves into new areas, new risks may occur that require corporate mitigation strategies. Finding 20: WFP's nutrition work is informed by global evidence and there has been strong progress in WFP's own approach to generating context-specific evidence to inform		into consideration the long-term nutrition benefits and gains from recovery and development; and • a resource plan setting out the human and financial resources needed to ensure that the organization-wide approach is sufficiently and effectively resourced to pursue delivery as intended from the outset.

country and sub-national programming. More could be done to link assessment data with nutrition programming. Finding 31: There are clear references to gender in the nutrition and HIV/AIDS policies, which mention the importance of gender analysis as a starting point for programme design.		
Finding 2: The feasibility and actionability of the HIV and AIDS policy has been dependent on a range of factors: the commitment and motivation of individual staff and senior managers, policy guidance, the appetite of national governments to engage with WFP as a partner in HIV/AIDS programming and of WFP offices themselves, and funding. Finding 5: The lack of systematic and consistent monitoring of HIV-related interventions over time prevents an analysis of the effectiveness of the HIV and AIDS policy and related programming. Finding 6: Attention to capacity strengthening by WFP has been increasing since 2016, but there is a need to better define, describe and document these approaches together with a focus on how their impact might be measured. Finding 15: Creative models of context-specific, nutrition-sensitive interventions are emerging in food assistance for assets, resilience, social protection, cash-based programming and school feeding interventions. However, evidence of the results of those interventions is not readily available owing to the slow development of systems for rigorous monitoring and data analysis. Finding 22: There is a large, dedicated and skilled nutrition team at headquarters, but capacity is sometimes limited by gaps in the overall workforce. The expanding scope of nutrition work is not yet matched by the appropriate skills at the country level and, to a lesser extent, the regional level. While efforts have been undertaken, including strategic workforce planning, there is need for more effective learning and skills enhancement strategies to fill this	Conclusion 3. With respect to WFP's performance, effectiveness is largely underpinned by its responsiveness, innovation in some key areas, and its strong reputation, especially in emergency and supply chain operations.	Recommendation 3. WFP should develop and implement a systematic process for, and clear guidance on, the effective operationalization of nutrition integration. The process of embedding the appropriate systems and structures for, and guidance on, nutrition integration throughout WFP should include the following: i)Systems: ➢ Define and ensure resources for the role that the Nutrition Division (including nutrition staff in regional bureaux and country offices) will play in supporting other units of WFP at the headquarters, regional bureau and country office levels, with clear objectives. ➢ Develop consistent messages for fundraising, partnerships and advocacy purposes, working with other United Nations agencies and the global nutrition community, particularly in advocacy efforts. Communication and marketing aimed at enhancing WFP's profile as a nutrition-focused, HIV/AIDS-sensitive organization are key. ➢ Consider how WFP will fund departments' adaptation of their approaches and development of staff and system capacity. ➢ Enhance efforts to mainstream gender at the organizational level. ii)Internal structures: ➢ Define the roles and enhance the understanding of staff throughout WFP in relation to their contributions to improved nutrition, particularly when working across the organization. ➢ Invest in dialogue with implementing partners at the local level so as to strengthen their understanding of their roles in supporting nutrition outcomes in programmes and operations. iii)Guidance:

gap. A much smaller team supports WFP's HIV response, and country-level HIV focal points – where they exist – frequently have dual roles. Finding 23: A number of WFP's most significant donors still see WFP's core mandate as 'saving lives', which impacts on the effectiveness of programming that requires a longer-term perspective. However, several country offices have successfully adopted strategic approaches to fund innovative, nutrition-sensitive programmes. Finding 24: While considerable knowledge and evidence related to nutrition (and to a lesser extent HIV) have been generated within WFP, with examples of their successful use in supporting policy and programming in many settings, the management of knowledge on nutrition and HIV has not been harnessed to its full potential. Finding 25: Investment in high-quality engagement with national partners and effective external advocacy requires time and commitment to achieve more significant results. 314. Finding 26: Technology and innovation are increasingly being employed to enhance the efficiency and outcomes of WFP's nutrition programming. There is evidence of some promising approaches and some early successes. 315. Finding 32: Overall, the evaluation found limited evidence that gender equality and inclusion issues identified in analyses have been taken into account in programme design and implementation.		➢ Develop operational guidance on how to integrate nutrition across supporting systems. Recommendation 4. Continue to enhance capacities in nutrition and HIV/AIDS throughout WFP with a view to strengthening existing nutrition and HIV/AIDS expertise and approaches, and ensure nutrition integration through the recruitment of skilled staff, the development of the various skillsets required and, particularly, the matching of skills to contexts and programme aims. i) Across WFP these capacities and skillsets should include: ➢ at the headquarters level, increasing the number of staff members focused on HIV/AIDS using internal core funding; ➢ at the headquarters and regional bureau levels, enhancing advocacy for HIV/AIDS- and nutrition-sensitive programming with senior management at all levels; and ➢ at the country office level, building the capacity of country directors as advocates for nutrition- and HIV/AIDS-sensitive programming. ii) In addition, there is a need to continue to build the capacity of nutrition advisers at the regional bureau and country office levels, which should include the development or employment of skillsets that meet contextual support needs and objectives, including approaches to supporting governments in strengthening systems for improved dietary diversity and nutritional outcomes, and strengthening cross-sectoral work on HIV/AIDS across various sectors. iii) The building of the capacities outlined above should be informed by the continuous identification and addressing of organizational learning needs so as to improve staff capacity and, in turn, improve the design and implementation of nutrition-specific

		and nutrition-sensitive strategies and programmes. Recommendation 5. Elevate the status of knowledge management and learning and equip the knowledge management team in nutrition with the skills and accountability needed to reach and work across units, consolidating and communicating learning throughout WFP and informing advocacy approaches. 5.1 Monitoring: Revise and develop monitoring indicators and systems to ensure the collection of indicator data that are meaningful and fit for purpose in providing evidence of programme outcomes. This work includes focusing on system readiness to ensure that the data can measure the qualitative outcomes of both nutrition and HIV/AIDS programming, and should feed into the systematic use of data analysis to inform progress monitoring on programmes. 5.2 Assessment: Collaborate further with the Research, Assessment and Monitoring Division on reviewing and enhancing nutrition integration and the utilization of assessment data and information to improve needs identification and the design of nutrition and HIV/AIDS programmes. 5.3 Evidence: Build on the learning from the successful evidence generation and advocacy approaches of country offices, such as cost of diet and Fill the Nutrient Gap analyses and research studies, to develop WFP's reputation as an evidence-driven organization. Achieve this through continued investment in evidence, evaluation, research and data on HIV/AIDS and nutrition, with enhanced understanding of gender and inclusion dimensions and the development of a research plan or strategy.
Finding 27: The knowledge and capabilities needed to integrate nutrition into programmes are increasing, but the capability to integrate nutrition into WFP systems, such as those for performance measurement, supply chains, partnerships and advocacy, is lagging behind.	Conclusion 4. The commitment to nutrition integration articulated in the new strategic plan for 2022–2025 is not yet matched by the institutional architecture for full implementation. While WFP has made some progress in ensuring a nutrition workforce that is adequate in terms of size and skills, particularly over the past five years, not all decision makers understand the importance of taking nutrition outcomes into account in WFP operations. It is not clear how WFP	Recommendation 3. WFP should develop and implement a systematic process for, and clear guidance on, the effective operationalization of nutrition integration. The process of embedding the appropriate systems and structures for, and guidance on, nutrition integration throughout WFP should include the following: i)Systems: ➢ Define and ensure resources for the role that the Nutrition

	will corporately finance the adoption of thinking, approaches and the staff and system capacity development that nutrition integration demands. Donors, governments, international agencies, and local partners still see WFP as a food-focused organization.	Division (including nutrition staff in regional bureaux and country offices) will play in supporting other units of WFP at the headquarters, regional bureau and country office levels, with clear objectives. ➢ Develop consistent messages for fundraising, partnerships and advocacy purposes, working with other United Nations agencies and the global nutrition community, particularly in advocacy efforts. Communication and marketing aimed at enhancing WFP's profile as a nutrition-focused, HIV/AIDS-sensitive organization are key. ➢ Consider how WFP will fund departments' adaptation of their approaches and development of staff and system capacity. ➢ Enhance efforts to mainstream gender at the organizational level. ii)Internal structures: ➢ Define the roles and enhance the understanding of staff throughout WFP in relation to their contributions to improved nutrition, particularly when working across the organization. ➢ Invest in dialogue with implementing partners at the local level so as to strengthen their understanding of their roles in supporting nutrition outcomes in programmes and operations. iii)Guidance: Develop operational guidance on how to integrate nutrition across supporting systems.
Finding 28: There is ample evidence from both nutrition and HIV/AIDS programming that WFP's effectiveness is increased through working in partnership and that working in partnerships has the potential to contribute to improved outcomes, systems change and sustainability. Finding 29: Where WFP has invested time and commitment in partnerships for nutrition, significant results have been seen. There is scope in all WFP partnerships for deeper engagement to maximize potential outcomes.	Conclusion 5. In its HIV and nutrition programming, WFP has prioritized the strengthening of partnerships with other United Nations entities, governments, non-governmental organizations, the private sector and academia. This has resulted in a blossoming of relationships, leading to successful outcomes. However, in all types of partnership, limited investment over the long term compromises the ability to sustain and improve collaboration and complementary and collaborative approaches to implementation, advocacy and fundraising.	Recommendation 6. WFP should build on its investments in partnerships by nurturing long-term relationships and shared aims in HIV/AIDS and nutrition in order to deliver resilient and long-term gains for HIV/AIDS and nutrition programmes through the complementarity of partners' capacities. WFP needs to focus on its comparative advantages and continue to pursue strategic alliances. The approach to partnerships should include: ➢ building on existing partnerships within the United Nations system in order to ensure strategic

Finding 30: The evaluation identified several examples where country offices have focused on the potentially transformational nature of partnerships with governments, either through work in specific nutrition-related sectors or through an overarching and more strategic approach to identifying WFP's comparative advantage and programming contribution.		engagement in the development of complementary approaches to programming, implementation, advocacy and fundraising, with clearly defined roles in specific settings; ➢ building on established relationships with regional and national government partners in work on nutrition and HIV/AIDS to facilitate advocacy of long-term, multi-year financial support from donors; and ➢ engaging with local and regional partners to leverage local advocacy, knowledge and capacities, including by making space for partners' participation in programme design, implementation and monitoring.

Annex 12. List of people interviewed

Table 16. Stakeholder list

Name	Role/position	Office
Inception interviews		
Deborah McWhinney	Senior Evaluation Officer	Office of Evaluation (OEV)
Anne-Claire Luzot	Deputy Director	OEV
Federica Zelada	Evaluation Officer	OEV
Abigail Perry	Director	Nutrition Division
Deborah Wilson	Mother and Infant Young Child Nutrition and Gender Adviser	Nutrition Division
Diane Ashley	Malnutrition Prevention and Treatment Team Lead	Nutrition Division
Saskia De Pee	Chief Analytics & Science for Food & Nutrition	Nutrition Division
Lynnda Kiess	Chief of Nutrition integration	Nutrition Division
Saskia Hicks	Team Lead Nutrition Outreach and Advocacy, including funding	Nutrition Division
Stien Gijsel	Chief knowledge management and digital innovations	Nutrition Division
Justin Kabuyaya	Team lead emergency preparedness and response Office of Insurance Commissioner (maternity cover)	Nutrition Division
Emmanuel Drouhin	Team Lead Nutrition Supply Chain	Nutrition Division
Anna Horner	Chief, Strategic Partnerships and Innovative Financing for Nutrition, Staffing Coordinator	Nutrition Division
Brenda Behan	Director	Gender Division
Elizabeth Burges-Sims	Senior Gender Adviser	Gender Division
Juan Gonzalo	Programme Officer	Social Protection (PRO-S)
Clare O'Brien	Senior Technical Adviser	Social Protection (PRO-S)
Juan Gonzalo Jaramillo Mejia	Social Protection programme and Policy Officer	Social Protection (PRO-S)
Michael Smith	HIV AIDS focal points partnership and operations	Nutrition Division
Sara Bernardini	HIV AIDS focal points partnership and operations	Nutrition Division
Katrien Ghoos	Regional Nutrition Adviser, HIV/ AIDS focal point	Regional Bureau for Western Africa
Lisemarie Lequere	Regional Nutrition Adviser, HIV/ AIDS focal point	Regional Bureau for Western Africa
Sabah Barigou	Head of School Based/School Feeding programme	Regional Bureau Middle East and Northern Africa
Hajra Hafeezurrehman	Programme Policy Officer Nutrition	Regional Bureau Middle East and Northern Africa
Mutinta Hambayi	Head of Nutrition	Regional Bureau for Eastern Africa

Name	Role/position	Office
Giovanni Giordana	Head of School Based Programming	Regional Bureau for Eastern Africa
Britta Schumacher	Senior Regional Nutrition Adviser	Regional Bureau for Asia and the Pacific
Michele Doura	Programme Policy Officer	School-based Programme Division
Jutta Neitzel	Programme Officer	School-based Programme Division
James Kingori	Senior Regional Nutrition Adviser	Regional Bureau for Southern Africa
Nonhlanhla Xaba	Programme Officer HIV/AIDS	Regional Bureau for Southern Africa
Carla Meija	Regional Nutrition Adviser	Regional Bureau for Latin America and the Caribbean
Hugo Farias	HIV/AIDS focal point	Regional Bureau Latin America and the Caribbean
Diana Murillo	Nutrition and HIV/AIDS programme assistant	Regional Bureau Latin America and the Caribbean
Wanja Kaaria	Country Director	Cameroon Country Office
Jose Luis Vivero	Head of Programmes	Cameroon Country Office
Ibraima Hamadou	Deputy Country Director	Cameroon Country Office
Eveline Ngwenyi	Programme Policy Officer (Nutrition)	Cameroon Country Office
Ghislaine Dongmo	Programme Associate (Nutrition), HIV	Cameroon Country Office
Francis Njilie	RAM Section, VAM/M&E Officer	Cameroon Country Office
Levis Kamgan	RAM Section, VAM/M&E Officer	Cameroon Country Office
Lillian Mokgosi	Programme Policy Officer	Cameroon Country Office
Taban Lokongwa	Head of Bamenda Field Office	Cameroon Country Office
David Namulunyi	Head of Finance and Administration	Cameroon Country Office
Ornella Kenne	Budget and Programming Officer	Cameroon Country Office
Silvia Ngwa	Programme Policy Officer, Bertoua Field Office	Cameroon Country Office
Lionel Kamani	Programme Policy Officer, Ngaoundere Field Office	Cameroon Country Office
Bassirou Mohamadou	Programme Policy Officer, Maroua Field Office	Cameroon Country Office
Ikenna Ugwu	Partnerships Officer	Cameroon Country Office
David Kob-ye	Same III Global Fund Adviser	Joint United Nations Programme on HIV/AIDS (UNAIDS)
Donato Koyalta	Strategic Information Officer/Adviser	UNAIDS
Prudence Nadege	HIV Project Coordinator	Association d'Assistance au Développement
Magdeline Ndi Nkweta	Food for Assets Project Coordinator	Women's Agricultural and Rural Development Association

Name	Role/position	Office
Anusara SInghkumarwong	HIV Focal Point	Myanmar Country Office
Data collection interviews		
Name	**Role/position**	**Office**
James Garrett	International Senior Research Fellow	Alliance Bioversity – CIAT, CGIAR (listed as Harvest Plus)
Sharon Freitas	Head of Programme	Brazil
Bernardo Rodriguez	Deputy Director Civil Defense	Dominican Republic – Partner
Wandy Mejía	Nutrition Consultant, Instituto Dominicano de Estudios Virologicos	Dominican Republic – Partner
Luis Eduardo Peña	National Crops/Gardens Director	Dominican Republic – Agriculture Ministry
Ramon Acevedo	Director of Social Mobilisation, Key Population Attention and Support Division	Dominican Republic – CONAVIHSIDA
Mariella Ortega Rabassa	Food Security Consultant	Dominican Republic – FAO
Patricia Ivette Grullón Rondón	Nutrition Director	Dominican Republic – Health Ministry
Alba Pilar Villafaña Mateo	SUPÉRATE	Dominican Republic – Partner
Ingrid Breton	Director, Fundacion Grupo Paloma	Dominican Republic – Partner
Luisa Reyes	Director, Servicio de Atención Integral Esperanza y Caridad	Dominican Republic – Partner
Romelia Torres	Psychologist and Adviser, CAIs	Dominican Republic – Partner
Santa Mateo de Corporan	SUPÉRATE	Dominican Republic – Partner
Gabriela Dotel	Director	Dominican Republic – SETESAN
Bethnia Betances Julian	Country Director	Dominican Republic – UNAIDS
Sara Menendez	Child Development and HIV Officer	Dominican Republic – UNICEF
Amalia de la Cruz	M&E Associate	Dominican Republic Country Office
Gabriela Alvarado	Country Director	Dominican Republic Country Office
Lucila Ramon	Field Work Coordination (Nutrition)	Dominican Republic Country Office
Maria Fulcar	Nutrition Policy Director	Dominican Republic Country Office
Herman Betten	Vice-President, Partnerships and Systems Thinking	Royal Dutch State Mines
Yvonne Bakken	Public Private Partnerships Manager	Royal Dutch State Mines
Glorious Dlamini	Nutrition Council	Eswatini – Government Partner
Ntombifuthie (Precious Shongwe	Swaziland Network Of Young Positives (SNYP+)	Eswatini – NGO
Rose Kimeu Craigue	Country Director	Eswatini – UNAIDS

Name	Role/position	Office
Bheki Ginindza	Programme Policy Consultant, Cas-based Transfers and Lead on Social Protection	Eswatini Country Office
Bhekinkosi Kunene	Lead on Logistics/Supplies	Eswatini Country Office
Bindza Ginindza	Programme Officer (M&E)	Eswatini Country Office
Daison Ngirazi	Head of Programming	Eswatini Country Office
Deepak Shah	Head of Office	Eswatini Country Office
Nontsikelelo Dladla	Programme Assistant (Nutrition) and HIV lead	Eswatini Country Office
Thabile Mamba	Programme Assistant	Eswatini Country Office
Nancy Aburto	Deputy Director of Nutrition	Food and Agriculture Organization (FAO)
Paul Kiernan	First Secretary and Deputy Permanent Representative of Ireland to the UN	FAO, IFAD & WFP
Tanja Schuemer-Cross	Head of Nutrition	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Kofi Amekudzi	Technical Specialist	International Labour Organization (ILO)
Lucie Cluver	Professor of Child and Family Social Work (HIV Research)	Oxford University/Cape Town
Shoaib Tayyab	Senior Programme Manager	Pakistan – Department of Foreign Affairs and Trade (DFAT)
Nabeela Shahid	Deputy Programme Manager, National Rural Support Programme (NRSP)	Pakistan – Government
Baseer Achakzai	Director Nutrition/Manager	Pakistan – National Aids Control Programme
Fatima Amin	Action Against Hunger	Pakistan – Partner
Anteneh Girma Minas	Head of Nutrition	Pakistan – UNICEF
Dr Naureen Arshad	General Physician	Pakistan – UNICEF
Dr Saba Shuja	Nutrition Officer	Pakistan – UNICEF
Dr Syed Saeed Qadir	Nutrition Specialist	Pakistan – UNICEF
Dr Wisal Khan	Nutrition Officer	Pakistan – UNICEF
Enilda Martin	Public Health Programme Specialist	Pakistan – USAID
Chris Kaye	Country Director	Pakistan Country Office
Faahria Ahsan	Head of Provincial Office, Baluchistan	Pakistan Country Office
Iffat Jamil	PMU Ehsaas Nashonuma	Pakistan Country Office
Khawaja Masood Ahmed	Coordinator National Fortification Alliance	Pakistan Country Office
Louise Sowe	Head of Provincial Office, Khyber Pakhtunkhwa	Pakistan Country Office
Rathi Palakrishnan	Deputy Country Director	Pakistan Country Office
Shaheen Ashraf	Gender and Protection Focal Point	Pakistan Country Office
Tanimoune Mahamadou	Head of Nutrition	Pakistan Country Office

Name	Role/position	Office
Touseef Ahmed	M&E Officer	Pakistan Country Office
Yasir Ihtesham	Deputy Head of Nutrition	Pakistan Country Office
Leila Masson	Nutrition Officer	Regional Bureau Asia and the Pacific
Lise-Marie Lequere	HIV Regional Officer	Regional Bureau Asia and the Pacific
Hajra Hafeezurrehman	Programme Policy Officer Nutrition	Regional Bureau for the Middle East and Northern Africa
Sabah Barigou	Regional Head of School Feeding and Nutrition	Regional Bureau the Middle East and Northern Africa
Zeinab Farahat	Nutrition Officer	Regional Bureau the Middle East and Northern Africa
James Kingori	Senior Regional Nut Adviser	Regional Bureau for Southern Africa
Giovanni Giordana	Nutrition and HIV/TB Consultant	Regional Bureau for Eastern Africa
Carla Mejia	Regional Nutrition Adviser	Regional Bureau Latin America and the Caribbean
Hugo Farias	HIV/AIDS Focal Point	Regional Bureau Latin America and the Caribbean
Lola Castro	Regional Director	Regional Bureau Latin America and the Caribbean
David Barth	Vice President International Programmes	Save the Children
Paul Howe	Feinstein International Center	Tufts University
Ilyes Kessal	Crime Prevention and Criminal Justice Officer	Tunisia – United Nations Office on Drugs and Crime (UNODC)
Tariq Sonnan	Regional Programme Coordinator (HIV/AIDS Prevention and Care)	Tunisia – UNODC
Janette Bahri	HIV Focal Point	Tunisia – International Organization for Migration (IOM)
Ahmed Maamouri	Country Coordinating Mechanism for HIV/AIDS	Tunisia – Partner
Bilel Mahjoubi	Consultant on HIV/AIDS	Tunisia – Partner
Fattouma Bourguiba-Monastir Chu	Country Coordinating Mechanism for HIV/AIDS	Tunisia – Partner
Jalila el Ati	Nutrition Professor, INNTA	Tunisia – Partner
Leila Alouane	Nutrition Professor, University of Tunes	Tunisia – Partner
Mohamed Chakroun	Country Coordinating Mechanism for HIV/AIDS	Tunisia – Partner
Rakia Jerbi	Tunisian Association against risk behaviors (ATLCR)	Tunisia – Partner
Samir Mokrani	National Coordinator, PNLS	Tunisia – Partner
Souhaila Ben Said	Tunisian Association of Positive Prevention	Tunisia – Partner
Lassaad Soua	Country Manager	Tunisia – UNAIDS
Mary Linehan	Country Manager	Tunisia – UNAIDS
Aida Robbana	Head of Office	Tunisia – UNHABITAT

Name	Role/position	Office
Sandra Martin	Early Childhood Manager	Tunisia – UNICEF
Hazar Belli	Resilience and Emergency Preparedness	Tunisia Country Office
Latifa Beltaifa	Nutrition Officer	Tunisia Country Office
Philippe Royan	Head of Office	Tunisia Country Office
Silvia Luchetti	Policy & M&E Officer	Tunisia Country Office
Tahar Hichri	Governmental Partnerships and Social Protection	Tunisia Country Office
Andre Foods	Executive Director and Founder	Uganda – Partner
Lorna Muhirwe	Save the Children	Uganda – Partner
Margaret Nagawa	Nutrition Coordinator, Action Contrela Faim (ACF)	Uganda – Partner
Michael Okot	National Specialist M&E	Uganda – UNAIDS
Zak Fusheni	Head of Nutrition	Uganda – UNICEF
Andrew Livingstone	Funds Management and Logistics	Uganda Country Office
Arthur Banoonya	Policy and Programming	Uganda Country Office
Bernard Whyler	Social Protection Design Lead	Uganda Country Office
Cristobel Mongo	Mead of M&E	Uganda Country Office
Edgar Twinomujuni	Deputy Head of Nutrition	Uganda Country Office
Ian Figgins	Head Supply Chain	Uganda Country Office
Ivan Ikwayo	Policy and Programming	Uganda Country Office
Jennifer Nalugonda	Supply Chain, Delivery and Storage	Uganda Country Office
Kennedy Owuer	Head of Area, Karamoja Office	Uganda Country Office
Lilian Likicho	M&E Officer	Uganda Country Office
Mark Lule	HIV Focal Point	Uganda Country Office
Mbarara Aroa	Nutrition Officer	Uganda Country Office
Prudence Komujinya	Gender Officer	Uganda Country Office
Robert Ackatia-Armah	Head of Nutrition	Uganda Country Office
Laura Ahumuza	Senior Nutritionist	Uganda Country Office – Government
Samlie Namukose	Assistant Commissioner of Nutrition	Uganda – Government
Stephan Deutcher	Head of Crisis Response	Uganda Country Office
Gary Jones	Senior Adviser for Humanitarian Settings	UNAIDS
Ann Burton	Chief Public Health Section	UNHCR
Terry Njeri Theuri	Senior Nutrition Officer	UNHCR
Dr. Victor Aguayo	Director of Nutrition and Child Development	UNICEF
Allison Oman	Deputy Director	WFP – Programme and Policy Development Department
Diane Ashley	Main Prevention and Treatment Lead	WFP – Programme and Policy Development Department
Michael Smith	UNAIDS Partnerships Officer	WFP – Programme and Policy Development Department
Sara Bernardini	Social Protection and Adolescent Specialist	WFP – Programme and Policy Development Department

Name	Role/position	Office
Saskia De Pee	Chief Analytics and science	WFP – Programme and Policy Development Department
Stein Gijsel	Chief Knowledge Management and Digital Innovation	WFP – Programme and Policy Development Department
Amir Abdulla	Deputy Executive Director, Emergency Operations	WFP – Senior Management
Valerie Guarnieri	Assistant Executive Director/Head of Programme and Policy Development Department	WFP – Senior Management
Elise Benoit	Head of Partnerships	WFP – Senior Management
Kajali Paintal Goswami	Global Financing Facility	World Bank
Laslie Elder	Global Financing Facility (Nutrition)	World Bank
Fadoi Chaouki	Nutrition Policy Officer	European Commission
Kathryn Ogden	Nutrition and food security specialist	WFP – Rome
Mona Ibrahim	Research Officer, Department of Social Policy and Intervention	Oxford University
Stineke Oenema	Executive Secretary	UN Nutrition
Karin Manente	Country Director and Representative, Mozambique	Mozambique Country Office
Francesca Erdelmann	Country Director, Zimbabwe	Zimbabwe Country Office
Arif Husain	Chief Economist, Director of Research, Assessment and Monitoring	WFP – Rome

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Annex 14. Acronyms

ACRs	Annual Country Reports
AIDS	Acquired Immune Deficiency Syndrome
APRs	Annual Performance Reports
ART	antiretroviral therapy
ARV	antiretroviral
ATLCR	Tunisian Association Against Risk Behaviours
BSF	blanket supplementary feeding
C&T	care and treatment programmes
CBT	cash-based transfer
CCA	Common Country Assessment
CCS	Country Capacity Strengthening
CEE	Corporate Emergency Evaluation
CD	Country Director
CEQAS	Centralized Evaluation Quality Assurance System
CHW	community health worker
CIFF	Children's Investment Fund Foundation
CO	country office
COH	cost of hunger
CONAVIHSIDA	National Council for HIV and AIDS
COVID-19	Coronavirus disease
CPE	Country Portfolio Evaluation
CPP	Corporate Planning & Performance Division
CRF	Corporate Results Framework
CSO	civil society organization
CSP	Country Strategic Plan
CSPE	Country Strategic Plan Evaluation
DAC	Development Assistance Committee
DE	Decentralized evaluations
DDoE	Deputy Director of Evaluation
DFAT	Department of Foreign Affairs and Trade
DRC	Democratic Republic of the Congo
DSM	Dutch State Mines
DTG	Dolutegravir

EAG	Eurasian Group
EB	Executive Board
EM	Evaluation Manager
EMTCT	elimination of mother-to-child transmission
ENN	Emergency Nutrition Network
ENVAC	enhanced nutrition and value chain
EP	emergency preparedness
EQ	evaluation question
ET	evaluation team
FAO	Food and Agriculture Organization
FBF	fortified blended foods
FCS-N	food consumption score-nutrition
FFA	food assistance for assets
FGD	Focus Group Discussion
FNG	Fill the Nutrient Gap
FTE	full-time equivalent
GAM	global acute malnutrition
GAP	global action plan
GEEW	gender equality and empowerment of women
GFA	general food assistance
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFD	general food distribution
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GNC	Global Nutrition Cluster
GNR	Global Nutrition Report
GTAM	Global Technical Assistance Mechanism
HGSF	home-grown school feeding
HIV	Human Immunodeficiency Virus
IATT	Inter Agency Task Team
ICSP	interim country strategic plan
IDA	iron deficiency anaemia
IFA	iron and folic acid
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IMAM	integrated management of acute malnutrition
INGO	international non-governmental organization

IOM	International Organization for Migration
IRG	Internal Reference Group
IYCF	infant and young child feeding
KII	key informant interview
LIC	low-income country
LMIC	lower-middle income country
LNS	lipid-based nutrient supplement
M&E	monitoring and evaluation
MAD	minimum acceptable diet
MAM	moderate acute malnutrition
MAMI	malnutrition among infants
MCHN	Maternal Child Health and Nutrition
MDD-W	Minimum Dietary Diversity for Women
MDG	Millennium Development Goals
MMN	multiple-micronutrient
MMS	multiple micronutrient supplementation
MNCH	Maternal Newborn Child Health
MND	Micronutrient Deficiency Disease
MOPAN	Multilateral Organisation Performance Assessment Network
MP&T	Malnutrition Prevention and Treatment
N4G	Nutrition for Growth
NACS	Nutrition assessment and counselling support
NGO	Non-governmental organization
NRSP	National Rural Support Programme
OECD	Organisation for Economic Co-operation and Development
OEV	Office of Evaluation
OPC	Organization point of contact
OSN	Office for Nutrition
PEPFAR	The US President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PLW	pregnant and lactating women
PLWG	pregnant and lactating women and girls
PLWH	pregnant and lactating women's health
PMTCT	prevention of mother-to-child HIV transmission
PMU	Programme Monitoring Unit
R/VAM	Research/Vulnerability Analysis and Mapping

RAM	Research, Assessment and Monitoring
RB	regional bureau
RBA	Rome-based agency
RBB	Regional Bureau Asia and the Pacific
RBC	Regional Bureau for the Middle East and Northern Africa
RBD	Regional Bureau for Western Africa
RBJ	Regional Bureau for Southern Africa
RBN	Regional Bureau for Eastern Africa
RBP	Regional Bureau for Latin America and the Caribbean
REACH	Renewed Efforts Against Child Hunger
REO	Regional Evaluation Officer
RUSF	ready-to-use supplementary food
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SBC	social and behaviour change
SBCC	social and behaviour change communication
SBP	school-based programmes
SDG	Sustainable Development Goal
SER	Summary Evaluation Report
SETSAN	Secretariat for Food Security and Nutrition
SF	School Feeding
SFP	supplementary feeding programmes
SIDA	Swedish International Development Cooperation
SIUBEN	Single System of Beneficiaries
SmH	Smallholder Support Activities
SNF	specialised nutritious food
SNYP+	Swaziland Network Of Young Positives
SO	strategic objective
SOLVE	Supply Optimization through Logistics Visibility and Evolution
SPRs	Standard Project Reports
SSTC	South-South and Triangular Cooperation
SUN	Scaling Up Nutrition
SWP	Strategic Workforce Plan
TB	Tuberculosis
TB-DOTS	Direct observed therapy short-course
ToC	Theory of Change

ToR	Terms of Reference
TSFP	Targeted supplementary feeding programmes
UBRAF	Unified Budget, Results and Accountability Framework
UMIC	upper-middle income country
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNN	United Nations Network
UNODC	United Nations Office on Drugs and Crime
UNSDCFs	UN Sustainable Development and Cooperation Frameworks
US$	United States Dollar
USAID	United States Agency for International Development
VAM	Vulnerability Analysis and Mapping
WASH	water, sanitation and hygiene
WaST	Wasting/Stunting
WCA	West and Central Africa
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
ZHSR	Zero Hunger Strategic Reviews

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