

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

SAVING LIVES CHANGING LIVES

BACKGROUND

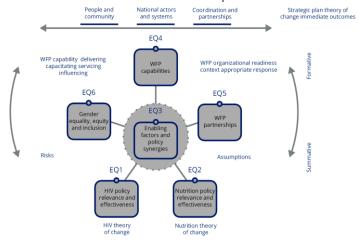
The 2010 WFP HIV and AIDS policy was developed in the context of the UNAIDS strategic plan for 2011–2015 ("Getting to Zero") and the WFP strategic plan for 2008–2013. Since then, there have been three global AIDS strategies and four WFP corporate strategies, but the policy has not been assessed since 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 2017 WFP nutrition policy was developed 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.

PURPOSE OF THE EVALUATION

The strategic evaluation of WFP's work on nutrition and addressing HIV and AIDS policies serves the dual purpose of accountability and learning, particularly the latter. It is aimed at providing lessons and insights to help guide WFP's positioning in relation to HIV and nutrition so as to improve operations at the country level and accountability to affected populations.

A conceptual framework was developed to show the linkages between the summative and formative aspects of the evaluation.



USERS OF THE EVALUATION

The primary users of the evaluation are the Nutrition Division, as well as Senior Management in WFP, the Programme and Policy Development Department, and the Partnerships and Advocacy Department, as recommendations cross-cut WFP systems and programmes. Regional Bureaus and Country Offices are also primary users. Other key users are UN agencies, academic and international NGOs, key technical and financial supporters, and Executive Board members.

KEY EVALUATION FINDINGS

How relevant and effective is the HIV and AIDS policy?

The 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 references to HIV/AIDS in subsequent strategic plans are limited, and the policy's relevance has diminished over the last 12 years. Since the policy was approved, global, regional and country-level approaches to addressing HIV have changed. Attention has moved away from specific approaches to more HIV sensitive or integrated approaches. Technical support from all levels of WFP has been appreciated by stakeholders.

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. At the same time, the 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.

How relevant and effective is the nutrition policy?

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

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strengthened systems with governments. The nutrition policy was also well-aligned with the evidence base for approaches to the treatment of moderate acute malnutrition that underlined the need for scale up to save lives, and approaches to prevention.WFP-supported nutrition-specific interventions have met the nutrition needs of targeted beneficiaries in affected populations. School feeding is an important entry point for WFP nutrition interventions in alleviating short-term hunger and improving children's nutrition status, particularly when food is fortified and accompanied by deworming treatment. It has also been put forward as an entry point for social protection, allowing the further advancement of nutrition-sensitive agendas and capacity building.

The operational setting has changed significantly since 2017, with the 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.

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

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.

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

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. A much smaller team at global level 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.

To what extent have WFP's partnerships been transformational in contributing to change?

WFP's effectiveness is increased through its work in partnerships. 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 outcomes and systems change.

To what extent has WFP taken a gender equality and inclusion approach to its nutrition and HIV work?

Limited integration of gender equality and inclusion issues in programme design and implementation. 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. 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. Regarding inclusion, some age-disaggregated data are collected, but those data are generally related to specific programmes. There is little evidence of specific analyses or of the integration of the disability issue in programming.

CONCLUSIONS AND RECOMMENDATIONS

Overall Assessment

The evaluation concludes that the adequacy and performance of the HIV/AIDS and nutrition policies have followed two very different pathways, with nutrition now playing a central role in the new strategic plan while the attention paid to HIV has diminished over time.

The commitment to nutrition integration is not yet matched by an institutional architecture for its full implementation. 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.

With respect to performance, effectiveness is largely underpinned by WFP's responsiveness, innovation in certain key areas and strong reputation, especially in emergency and supply chain operations. The implementation of nutrition-sensitive programming with a long-term focus has been affected by funding issues. School feeding has been identified as an entry point for linking local agriculture, food systems and nutrition interventions and as a means of addressing the double burden of malnutrition, but there has been insufficient focus on making systems more nutrition-sensitive.

WFP has prioritized the strengthening of strategic partnerships, leading to successful outcomes, but limited investment over the longer term is compromising the ability to sustain coherent approaches to implementation, advocacy and fundraising.

Recommendations

Rec 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.

Rec 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.

Rec 3: Develop and implement a systematic process for, and guidance on, the operationalization of nutrition integration.

Rec 4: Continue to enhance capacities throughout WFP to strengthen existing nutrition and HIV/AIDS expertise and approaches, and ensure nutrition integration matching of skills to contexts and programme aims.

Rec 5: Elevate the status of learning and equip the knowledge management team in nutrition to reach and work across units, consolidating and communicating learning throughout WFP.

Rec 6: Build on 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 and nutrition programme