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WFP's evidence base on Anticipatory Action 2015-2024

Executive Summary

'WFP's Evidence Base on AA' reviews the evidence gathered by the World Food Programme's (WFP) Anticipatory Action (AA) programmes worldwide, focusing on the food security effects of providing assistance to populations prior to shocks. This document summarises the strategic insights of this research publication. This includes key findings, lessons learned and recommendations for AA practitioners, donors and decision-makers on how AA programmes can be better monitored, evaluated, and, ultimately, implemented in the future.

CONTEXT

WFP has been a leader in Anticipatory Action since its inception in 2015. As part of WFP's strategy to prevent predictable extreme weather events from turning into humanitarian disasters, WFP has been committed to generating evidence on the effects of AA interventions over the last decade.

Over five formative years (2015-2020), WFP invested in 5 pilot countries (Bangladesh, Nepal, the Philippines, Haiti and the Dominican Republic) to clarify the differences

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and complementarities between preparing humanitarian response systems for impending disasters (i.e., emergency preparedness), vis-à-vis launching preventive and life-saving interventions at community level to reduce the scale of losses and damages from potentially hazardous events (i.e., anticipatory action).

WFP produced a report on the [State of AA Evidence in 2020](#), highlighting the need to generate more evidence in a harmonized way. This initial work helped to establish a baseline for AA programmes in WFP and was an instrumental guidepost for other agencies' emerging programmes. Since then, WFP has also issued [guidance on monitoring and evaluation of AA for fast and slow-onset hazards](#) and on [planning and monitoring country capacity strengthening for AA](#).

The year 2020 was pivotal for AA as it marked the first activation against flood risk at scale in Bangladesh. The first independent evaluation related to this provided critical insights that demonstrated the potential of AA. The success of this activation (and the study that demonstrated it) attracted financial support from additional donors beyond the UN Central Emergency

Response Fund (CERF), growing the portfolio, which eventually resulted in the expanding reach and effectiveness of AA initiatives globally.

Between 2015 and 2024 WFP implemented 28 anticipatory activations. These have resulted in 24 pieces of evidence¹ across 12 countries², reflecting the strong commitment of the organization to evidence-based AA programmes despite the complexities of varied humanitarian contexts. As part of the review of the existing AA evidence, 16 of these studies were analysed based on quantitative focus, availability at the time of the writing and quality standards.

Today, WFP's AA programme is present in over 44 countries, and covers over 6.2 million people ahead of forecasted droughts, floods, and cyclones. The breadth and depth of this portfolio has provided fertile ground for a robust, wide-reaching, and growing body of evidence.

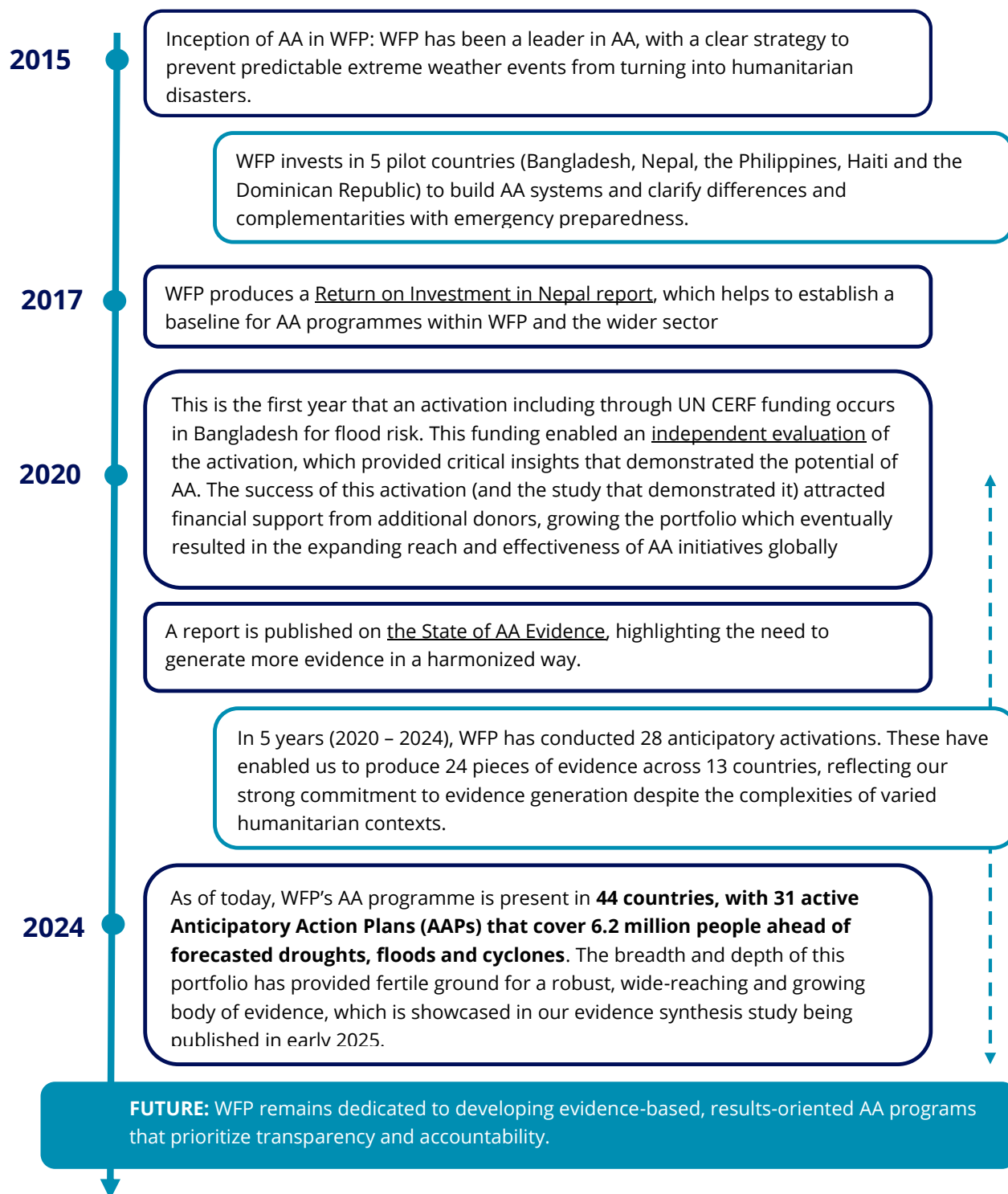
This document explores the findings, challenges, and lessons learned from this body of evidence, highlighting both the insights gained and the remaining gaps to inform how WFP generates evidence, asks questions about AA, and ultimately maximizes the impact of anticipatory interventions.

¹ Evaluations expected to be finished in the last quarter of 2024 are not included in this piece.

² Bangladesh, Nepal, Ethiopia, Somalia, Niger, Lesotho, Madagascar, Mozambique, Zimbabwe, Dominican Republic, Guatemala and Haiti.



A decade of AA evidence at WFP



MAIN FINDINGS

Anticipatory Action as an effective temporary buffer for protecting food security in times of crises.

The body of evidence points to AA having a more positive effect on food security and psychological well-being compared to the traditional post-shock response. Indeed, the evidence generated so far consistently shows that AA pushes targeted populations up one category of food consumption after the period of assistance. This means that AA avoids ‘dips’ in food security or even improves food security during crises — i.e. allowing target groups to consume more sufficient food and avoid resorting to coping strategies (e.g. selling assets, skipping meals) on a less severe level and/or less frequently during and in the immediate aftermath of the hazard. Findings show that AA assistance led to an average increase of 7% in the proportion of households with an “acceptable” FCS across slow- and sudden-onset hazards.

Efficiency gains. Anticipatory Action (AA) interventions have shown significant efficiency gains expressed in terms of scale and timeliness. In just five years, investment in AA readiness has enabled WFP Bangladesh to dramatically reduce distribution times while significantly expand the reach of its interventions—from delivering post-shock humanitarian aid to 275,000 people only

100 days after a flood, to providing anticipatory assistance to almost double the amount of people (i.e. 477,800 people) one day ahead of a predicted flood, or within 40 hours of a forecast trigger. This highlights how AA can benefit disaster response more broadly.

These findings demonstrate AA’s potential for a more dignified and efficient approach to managing climate risks.

What remains inconclusive. It was not possible to draw trends from the existing data for other indicators aside from food security and coping strategies, such as on AA’s relative effects compared to traditional response on household’s economic wellbeing, financial stability, and asset protection. Additionally, while some studies assessed the added impact of cash transfers combined with early warning messages, as opposed to cash transfers alone, more evidence is required to assess what bundles of assistance are most effective in anticipation of a shock. This will be particularly true for slow onset hazards that have longer lead times and action windows, which offer an opportunity for a wider variety (and therefore bigger bundles) of assistance packages. To make further conclusions that are cross-cutting across contexts and interventions, additional evaluations will need to be conducted.





LESSONS LEARNED

What Worked Well

Evidence consistently generated for all of WFP's AA Activations. WFP has generated evidence for all activations to date. This means that the overarching findings mentioned above are drawn from different contexts (4 in Latin America and the Caribbean, 8 in Africa and 4 in Asia), different hazards (8 for sudden onset and 8 for drought) and different assistance modalities (e.g. cash, cash + early warning, agricultural inputs). This data is essential for making evidence-based decisions and increases the reliability of findings, and ultimately leads to more effective, sustainable solutions that are applicable to a wide range of conditions and populations.

Counterfactuals as part of all evidence gathered. The evidence consistently compares the effects of AA with traditional post-shock assistance despite using different methodological approaches³. While the number of studies may seem small, it is quite a significant achievement considering the challenges of using counterfactuals in humanitarian assistance research more broadly. WFP Country Offices have developed this body of work with their existing capacities and resources, often operating in contexts of multiple demands, constantly reprioritising programmes against a backdrop of localised emergencies and funding cuts.

Main Challenges

These challenges are not specific to AA programmes. Rather, they are shared by the wider humanitarian community when trying to measure the effects of any humanitarian intervention, which tend to take place in complex contexts. WFP is already addressing some of the following to improve for future studies.

Defining appropriate control groups to accurately determine attribution of outcomes. Attribution of outcomes, or understanding causality, depends on the availability of quality control groups. In the case of this body of evidence, this refers to people who do not benefit from anticipatory assistance but that are otherwise similar, and comparable, to those who do benefit from AA. AA programmes are often implemented in contexts with other ongoing programmes beyond WFP's control. This reality can affect the results across control and targeted groups. One way to manage this risk is by conducting Impact Evaluations which use Randomised Control Trials.

Including baseline data to further clarify AA effects. Including baseline data makes the effects of AA much clearer by indicating the extent to which target, and control groups are similar prior to any intervention and therefore clarify effects between pre- and post-shock assistance. Due to the costliness and the time needed to conduct multiple rounds of data collection, it has not been done consistently across the studies.

³ The methods varied between four categories: 1. Impact evaluations using randomised control trials (RCTs); 2. Empirical analysis controlling for baseline characteristic differences between treatment and control group; 3. Difference in difference method; and 4. Comparison of endline outcomes between a treatment and a control group.

Key Recommendations

The report highlighted the following recommendations which WFP will incorporate into its future evidence generation efforts as part of its commitment to evidence-based, result-oriented AA programmes that prioritize transparency and accountability.

Develop a standardized analytical framework to foster comparability of results. The report highlighted how a standardized analytical framework can improve the robustness and comparability of results across studies, thereby enabling trend analysis. Concrete recommendations include providing additional context of the AA intervention, such as the volume of assistance (e.g., cash amounts), a short timeline of the activation and data collection, and clarifying the amount of primary and secondary data.

Make multiple rounds of data collection a standard practice to better assess the duration

and attribution of AA results. Where feasible, it is recommended to collect baseline and/or mid-line data to enhance comparability between control and target groups and improve result attribution at endline. To assess the medium to longer-term effects of AA, it is advisable to conduct various rounds of data collection, for example, six to twelve months after the intervention.

Address remaining evidence gaps. The report recommends continued investments to address the inconclusive trends mentioned above and, resources allowing, to expand to other questions that remain insufficiently researched, such as: (i) What is the financial return on investing in AA compared to traditional post-shock assistance? (ii) To what extent can AA contribute to protecting development gains of targeted areas? (iii) What assistance bundles are most effective for protecting the food security and livelihoods of different targeted groups, against predictable drought?



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