World Food Programme

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Thematic Review of WFP Food Aid for Nutrition: Mother and Child Nutrition (MCN) Interventions - Full Report

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This thematic review of WFP support to mother and child nutrition (MCN) interventions was undertaken from January to August 2005 by a team of the Royal and Tropical Institute, The Netherlands, KIT. It is based on a literature review, three case studies (India, Madagascar and Zambia) and a study of WFP's MCN programme in Cuba that WFP commissioned in 2004.

On behalf of the team, the author wishes to extend thanks to all those who facilitated the team's work in the field and in Headquarters.

Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by WFP of the opinions expressed.

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Executive Summary

Background of MCN within WFP

Over more than 40 years, WFP has been involved in food assistance for supplementary feeding to mothers and young children. Over the period 1963-2003, approximately 15% of WFP's development investments, representing more than US$ 1.5 billion, have been spent on enabling infants and expectant and nursing mothers to meet their special nutritional and health needs. WFP's Enabling Development policy has a strong strategic focus on mother and child nutrition (MCN), which was reconfirmed in the Strategic Plan 2004-2007 and the endorsement of the Food for Nutrition policy in 2004. The years 2001-2003 showed a considerable downward trend in WFP expenditures on MCN; this trend was also encountered in three out of the four country case studies for this review. In the past years since 2003, WFP has been working hard to give nutrition a higher priority in its activities, among others through broadening of the nutrition agenda to include a focus on tackling of early malnutrition and on HIV/AIDS-related nutritional problems, and through the 'Ending Child Hunger and Undernutrition Initiative' currently being established by WFP, World Bank and UNICEF.

The 'state-of-the-art' desk review on MCN programmes undertaken by PDPN[1] in 2002 provided an overview of current WFP practices and the trends in tackling malnutrition among vulnerable mothers and children by other agencies. The study disclosed that WFP collaboration with World Bank and UNICEF in practice effectively substitutes for the inefficiency of national health systems, especially in remote rural areas of the poorest countries. The success of the partnerships is based on the enhancement of the food component provided by WFP through complementary activities like household level nutrition and food security issues and sustainable behavioural changes. The desk review also revealed that in many countries, WFP has taken up a lead role in local production of fortified blended food and in advocating for national fortification programmes. On the other hand, within WFP's MCN programmes targeting and monitoring and evaluation were still found to be challenging: targeting is seldom based on nutrition criteria and/or a proper causal analysis, and monitoring and evaluation systems usually are of insufficient quality.

[1] PDPN is the Nutrition Service of the Policy Strategy and Support Division at WFP Headquarters.

The Enabling Development Policy evaluation executed in 2003/2004 concluded that food aid for health and nutrition (area of focus 1) is a priority for WFP and has contributed to increase the relevance of WFP development interventions. MCN can play a very specific role in improving the nutritional status of the beneficiaries, and can function as an incentive to increase attendance at health centres and to cover the opportunity costs of attending training on nutrition and health issues. The evaluation only found scattered evidence on nutrition-related achievements through MCN.

Terms of Reference MCN Thematic Review

This thematic review undertaken by the Royal Tropical Institute (KIT) in The Netherlands[2] was commissioned by PDPN with the aim to identify how WFP can strengthen and scale up its MCN interventions. The MCN thematic review has concentrated on the basic question 'what works and why' in practice. The review was undertaken in 2005, and was based on the execution of country studies in India, Madagascar and Zambia, which were combined with the results of a study in Cuba in 2004 that was executed by another party. The country case studies have focussed on MCN programmes since 1997 and thus permit insight in the history of MCN programming over nearly a decade.

Specifically, the review has analyzed the field-level applicability of a set of four key programming principles for MCN programmes, which were identified by PDPN based on the results of the MCN desk review:

1. Targeting to households where insufficient access to food leads to malnutrition,
2. Community involvement and community-based approaches,
3. Partnership and integration with other social care programmes,
4. Provision of a quality food ration including micronutrient fortification.

The objectives for the MCN thematic review were defined as follows:

- Assess how the four key principles that have been identified to underlie effective nutrition programmes are implemented and their effectiveness;
- Produce recommendations that will help shape implementation of WFP's food for nutrition policy;
- Provide accountability to the Executive Board.

[2] The thematic review has been executed by a core team consisting of Ms. Annemarie Hoogendoorn (team leader), Mr. Wijnand Klaver and Mr. Jurrien Toonen of KIT The Netherlands. For the execution of the country studies the team has collaborated with Ms. Christine van Nieuwenhuyse (India, Madagascar) and Ms. Tina van den Briel (Zambia) of PDPN, while Mr. Harry Sethi (India), Ms. Catherine Mulikita (Zambia) and Ms. Berthine Razafiarisoa (Madagascar) have taken part as national consultants.

Based on these objectives, the main questions within this MCN thematic review have been:

- What are characteristics of planning processes for WFP support to MCN programmes?
- What are the main macro- and micro-level context factors for WFP support to MCN programmes?
- How are the four KPP's implemented by WFP in its MCN programmes?
- Which lessons can be learned at country level from WFP support to MCN programmes?

Success factors for mother-and-child nutrition programmes

Through a short literature search during the desk phase, the set of four KPP's for MCN as identified by WFP's PDPN were placed in a wider context of publications by FAO, UNICEF and others on success factors for mother-and child nutrition programmes. The scope of MCN principles and indicators in the selected literature sources appeared to be somewhat wider than the focus of the proposed set of KPP's. Usually, next to programmatic factors also contextual factors are discerned, which relate to both the macro- and the micro-environment around the MCN programme. Another finding was that the elements within the KPP's need to be complemented with various aspects of programme management including the availability of resources, monitoring and evaluation, and technical capacity.

Conclusions overall validity and applicability of the set of KPP's

Policies need to be endorsed and acted upon in order to become effective. This thematic review highlighted a gap ('missing link') between corporate nutrition policies and the actual programming at Headquarters and country office level. As unanimously agreed upon by WFP staff interviewed during the missions for this thematic review, the four key programming principles as proposed by PDPN can offer a concise but comprehensive 'tool' to structure the process of identification and comparison of programming options. The review team has concluded that the KPP's are valid as they are embedded within the wider framework of the three WFP policies related to MCN, and that their application will be a sound way to fill the gap between actual MCN programming by country offices and the WFP policy level.

Through analysis of country-level programming processes and context factors related to MCN the review team was able to appreciate the types of settings in which the KPP's will need to be applied. As the review team noted that the KPP's do not cover the programme management issues that are mentioned within the three policies, it was concluded that the

set of KPP's should be used against a background of 'sound programme management' that covers issues like a focus on results and additional cash and human resources.

Another conclusion has been that the set of KPP's provides a helpful reference framework to highlight the main strengths and weaknesses of WFP's support to an MCN programme. Such a framework is not only useful for programming but can also be used during (auto)-evaluations in order to identify issues that require to be optimized.

The review team suggests that the four principles be elaborated into a toolbox as a guide for WFP country offices during MCN programming and evaluation. The toolbox should be integrated into PGM (WFP's electronic Programme Guidance Manual), and should be used together with a framework format for the contextual analysis of the macro- and micro-environment, including issues pertaining to 'sound programme management'. WFP may consider it appropriate to elaborate the toolbox in such a way that it can also be used in emergencies and protracted relief settings, and possibly even for other development activities within the FAAD policy as the programming principles are not only valid for MCN but also for e.g. Food For Education.

Key MCN programme characteristics and context factors

The main findings on MCN programming characteristics within the four country cases are a trend towards WFP supplementary feeding programmes for 'vulnerable groups' that combine MCN with other target groups (such as people suffering from TB or affected by the HIV/AIDS pandemic), an evolving shift to more preventative approaches within MCN programmes, the functioning of MCN programmes as 'food safety net' during food crises (as part of disaster preparedness and mitigation), and the variation among the programmes with regard to its location: centre-based (health centre, school, preschools), community-centre based, take-home rations or on-the-spot feeding.

As for the structure of the WFP country office, it was found that in three case studies Sub-Offices had been opened and/or empowered to establish closer contact with implementing partners at field level. WFP India has implemented an organizational change by which separate programme and technical support units were established within the country office. While sufficient nutrition capacity is a precondition for successful MCN programmes, most of the WFP country offices were found not to avail of any nutritionist among their staff.

Although all WFP country programmes studied are based on the logframe approach, target values for outcomes are hardly ever specified. The review team was not able to determine the impact of the four MCN programmes, because none of the cases availed of a proper

M&E system with regular follow-up of the indicators included in the logframe. For monitoring, the focus within WFP is primarily on operational output measures like distribution and coverage figures. Hopefully, the new RBM framework will provide much-needed guidance and support to country offices on how to improve their M&E system, which could build on the typology of output and outcome indicators for nutrition programmes as proposed by Mock & Mason (1999). The task ahead for MCN programmes is to apply sound indicators based on data sources which are available to the WFP country office (also through partnership with the government, other donors towards the MCN programme, or through contracting of NGO's or technical agencies). The information should serve as input for further planning and fine-tuning, and should demonstrate results in terms of achieved reduction in the number of people suffering from hunger and malnutrition (indicator for MDG 1).

KPP1: Good situation analysis and targeting

The establishment from 1999 onwards of VAM units within WFP country offices has facilitated regular and structured analysis of the food security situation. The analyses are usually done at provincial or State level, and - depending on the secondary information that is available to WFP - sometimes also at district level. The set of vulnerability criteria used by VAM varies from country to country. Except for Cuba where extensive nutrition data sets are available, nutritional status information in nearly all countries has been limited to weight-for-age (WFA) data that indicate underweight prevalence. Within all four case studies, it was found that the VAM units undertake useful studies to analyze vulnerability patterns as input for planning, but these exercises generally do not provide sufficient input for specific geographical targeting of MCN programmes.

Other factors influencing targeting of WFP support to MCN programmes are the scope for effective partnerships, WFP's past experience in the geographical area, and a trend for geographical concentration of WFP FAAD interventions ('area-based approach') that allows synergy and complementarity among various WFP development interventions.

All MCN programmes target prime WFP target groups in the life cycle approach, some with a curative approach focusing on malnourished under-fives and pregnant women 'at risk' (Zambia, Madagascar as of 2005), others with a more preventive approach including children under two, preschool children and pregnant and lactating women (India, Cuba, Madagascar up to 2004).

In the four case study countries, needs-based targeting for MCN programmes was found to be carried out through application of one or more of the following types of selection

criteria mentioned in WFP's Draft Operational Guidelines on supplementary feeding for mothers and children[3]:

- Socio-economic status (usually the poorest) (India)
- Age (e.g. under-twos, or under-threes) (all)
- Gender (e.g. female-headed households) (India)
- Physiological status (e.g. pregnancy, lactation) (all)
- Nutritional status (e.g. with regard to underweight, wasting or stunting indicators) (all)
- Growth status (e.g. with regard to growth faltering) (Madagascar up to 2004)

KPP2: Community involvement and community-based approaches

Although evidently MCN programmes should be based on the needs and wishes expressed by the community (they should be demand-driven), generally within the MCN programmes studied little room exists for community involvement during programme design (for participatory priority setting and establishment of objectives). Experiences in pilot projects alongside ICDS in India have shown that more community participation in MCN programmes is certainly possible, but that this requires additional funding sources for collaboration by WFP with field-level organizations.

Across the board, the community involvement in the four MCN programmes mainly consists of 'functional' participation limited to support during implementation of the service. The MCN programmes in India and Madagascar are executed through community centres with workers elected by the community but paid a small salary by the programme. In all cases, the support is created by the MCN programme and does not build on existing community structures. Within all four MCN programmes, a need was identified to focus more on home visiting and on health and nutrition education. Strengthening the latter activities is a challenge for WFP in terms of required staff levels, skills and human resources, and they can only be executed with additional external funding on top of the country programme.

KPP 3: Partnership and integration in other social care programmes

None of the MCN programmes in the thematic review are stand-alone programmes. MCN programme partnerships, either in the health sector or in the socio-educational sector, are needed for a range of functions:

[3] Targeting section in the Supplementary Feeding for Mothers and Children operational Guidelines - http://home.wfp.org/manuals/pg_feeding/4targeting.htm

a) to provide a programme context where partners provide complementary programme resources (World Bank, UN agencies, bilateral organisations, national/local governments, private firms)
b) to provide technical assistance, both for policy and strategy development and for operational matters (health & nutrition institutes, universities, consultancy firms, ministries)
c) as implementing partners for the programme (ministries, international and local NGO's, CBO's).

In all cases studied, the government is or has been the main implementing partner, with a formal contractual relation that can be described as a 'functional partnership' where the government is the 'leading party' and WFP is 'contracted in' as food supplier and to carry out most of the logistics. In the new country programme in Madagascar for the period 2005-2009, WFP has shifted to channelling its food assistance through a number of selected international and local NGO's. If like in India WFP becomes involved in joint planning and analysis, the relationship gets more equal and moves in the direction of an 'interactive partnership'. This thematic review suggests the 'widening' of KPP3 by addition of some elements on advocacy.

Within WFP's overall policy framework, it is acknowledged that fruitful collaboration with other international agencies and with NGO's is important. The latter organizations can play a major role to enhance health and nutrition education and community involvement, fields in which WFP does not have a comparative advantage. However, experience shows that effective collaboration is not easy to achieve. Only in India WFP appeared to have a well established relationship with a bilateral or other donor for MCN programmes. Apart from Madagascar, the programmes studied were characterized by limited collaboration with grass-roots NGO's or CBO's. In India and Cuba and to some extent also in Madagascar, WFP appeared to have good links with a national technical agency.

KPP 4: Quality food ration including micronutrient fortification

In India and Zambia, WFP has successfully assisted with the establishment of local production facilities which have resulted in steady supply-lines of fortified blended food. An interesting development is the use of locally available ingredients in the blended food (India, Zambia). Local production was also started in Madagascar but did not continue, partly because of slow procurement procedures within WFP. In Cuba local production never got started due to the limited milling capacity in the country. The fortified blended foods were found to have been well accepted and appreciated, and to form effective and efficient vehicles to supplement the micronutrient intake of the beneficiaries and to provide energy and protein to vulnerable groups.

With respect to ration sizes, a need was identified to differentiate between preventative food support, feeding of moderately malnourished children, food rations for pregnant and lactating women, and rations for nutritional rehabilitation of severely malnourished children. The case studies identified some deviations in ration sizes (some too high, some too low) as compared to the WFP Food and Nutrition Handbook (which were not always found to have been consulted when rations were designed). Sometimes rations have been adapted to fit with national policies and preferences.

Strengthening and scaling up of MCN

The following central elements for strengthening and scaling up of MCN within WFP have been identified:

a) more corporate commitment to MCN as a way to address early malnutrition,

b) more nutrition expertise within the country offices and more pro-active technical support from Headquarters and the Regional Bureaux,

c) more effective collaboration with UNICEF and the World Bank,

d) a need to change the cash funding mechanisms DSC and ODOC for MCN programmes (and other development-oriented food assistance) to provide more financial resources for complementary activities like health and nutrition education and training, e.g. through (more) involvement of CBO's / NGO's,

e) a need to build in some flexibility to switch / add resources to MCN programmes for them to function as a food safety net during disasters.

Recommendations

The review has come up with both strategic and implementation recommendations. Here only the heading of each recommendation is given, refer to paragraph 5.5 for the specification of the recommendations.

Strategic Recommendations:

1. WFP should ensure the implementation of the corporate focus on nutrition issues including the scaling up of MCN interventions and coherence issues.
2. WFP should improve the quality of its MCN programmes, among others through elaboration of an MCN programming toolbox based on the four key programming principles underlying this thematic review, and a more pro-active technical support model.

Implementation Recommendations:

1. WFP should improve targeting mechanisms for support to MCN programmes based on food security information collected by the VAM units in the WFP country offices and available external data sources.
2. In order to put in place MCN food assistance programmes with stronger community involvement, WFP should collaborate more closely with NGO's / CBO's.
3. WFP should have a more strategic approach towards its partnerships for MCN programmes, based on balanced choices on how to add value and to benefit from partnerships for its MCN programmes.
4. WFP should further expand its role in the establishment of local production of fortified blended foods.

List of Acronyms

BMI	Body Mass Index
CBO	Community-based organization
CCA	Common Country Assessment (among UN agencies)
CIDA	Canadian International Development Agency
CO	WFP Country Office
CP	WFP Country Programme
CRENA	Ambulatory Nutrition Rehabilitation Centre (Madagascar)
CSB	Corn Soy Blend
DHMB	District Health Management Board
DSC	Direct Support Costs (WFP budgeting system)
DSM	Dried Skimmed Milk
EMOP	Emergency Operation
FAAD	Food Aid and Development
FAO	Food and Agricultural Organization
FBF	Fortified Blended Food
FFN	Food for Nutrition
FIVIMS	Food Insecurity Vulnerability Information Management System (FAO)
HEPS	High Energy Protein Supplement (the fortified blended food in Zambia)
HIV/AIDS	Human Immune Virus / Acquired Immune Deficiency Syndrome
HNED	Health and Nutrition Education
HQ	Headquarters
ICDS	Integrated Child Development Services (India)
INHA	National Nutrition and Food Hygiene Institute (Cuba)
IP	Implementing Partner
KIT	Royal Tropical Institute, The Netherlands
KPP	Key Programming Principle
LBW	Low Birth Weight
LIFDC	Low Income Food-Deficit Country (FAO classification)
LRRD	Linking Relief, Recovery and Development
MCH	Mother and Child Health
MCN	Mother and Child Nutrition
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation

MoH	Ministry of Health
MoU	Memorandum of Understanding
NFNC	National Food and Nutrition Commission
NGO	Non-Governmental Organization
NPVG	Nutrition Programme for Vulnerable Groups (WFP CP 2002-2006)
ODOC	Other Direct Operational Costs (WFP budgeting system)
OEDE	WFP Office of Evaluation
OVC's	Orphans and Vulnerable Children
PDP	WFP Policy Strategy and Programme Support Division (HQ)
PGM	Programme Guidance Manual
PICS	Cyclone and Drought Intervention Programme (Madagascar)
PQIF	Programme Quality Improvement Facility
PRRO	Protracted Relief and Recovery Operation
PRSP	Poverty Reduction Strategy Paper
RBM	Results Based Management
SEECALINE	Surveillance and Education in Schools and Communities on Food and Comprehensive Nutrition
SF	Supplementary Feeding
SISVAN	Nutritional Surveillance System
SMART	Specific, Measurable, Acceptable, Realistic, Time-bound
SO	WFP Sub-Office (within the country)
SP	Strategic Priority
SPR	Standardised Project Report
SR	Strategic Recommendation
SWAp	Sector Wide Approach
TB	Tuberculosis
TF	Therapeutic Feeding
ToR	Terms of Reference
UN	United Nations
UNDAF	UN Development Assistance Framework
UNICEF	United Nations Children Fund
VAC	Vulnerability Assessment Committee (Zambia)
VAM	Vulnerability Assessment Mapping
VIPP	Visualization in Project Planning
WFA	Weight-for-Age
WFP	World Food Programme
WHO	World Health Organization

1 INTRODUCTION

1.1 Background of MCN within WFP

Over more than 40 years, WFP has acquired a wealth of experience and expertise in development oriented food assistance: a) mother and child health (MCH) and other projects providing supplementary feeding to mothers and young children, b) school feeding programmes, and c) food-for-work programmes. Since the establishment of the 'Country Programming' approach in 1994, the focus within WFP for the development oriented programmes has been on countries facing chronic food shortages and shortages in hard currency to purchase food (the low-income food-deficit developing countries or LIFDC's). However, undeniably WFP over the years has become increasingly focussed on emergency food aid. While the development activities still made up 88% of WFP's portfolio in 1975, in 2002 these activities only accounted for 14% of WFP's resources while the other 86% of the total operational budget was allocated to emergency food aid (WFP, 2003). To a large extent, this shift reflects a growth in the number of people affected by natural catastrophes and large increases in the number of refugees and displaced people.

Over the period 1963-2003, approximately 15% of WFP's development investments, representing more than US$ 1.5 billion, have been spent on enabling infants and expectant and nursing mothers to meet their special nutritional and health needs. Recent years have shown a downward trend in WFP expenditures on mother-and-child nutrition (MCN): in the Enabling Development Policy evaluation executed in 2003/2004 it was found that WFP expenditures for health-and-nutrition (area of focus 1 within the EDP) were decreasing considerably: from close to US$ 50 million in 2001 to less than US$ 30 million in 2003 while total WFP development expenditures in both years amounted to US$ 230 million (BMZ, 2005)[4]. In 2003, WFP supported MCN (mother-and-child nutrition) programmes in thirty countries (16 African, seven Asian and eight Latin American countries)[5], reaching 2.3 million MCN beneficiaries[6]. Compared to USAID, which through its Title II Food Aid Program in 2001 spent US$ 133 million on MCHN (Bonnard, 2002), WFP is a much smaller player in this field. Within the WFP MCN programmes, there is a strong focus on Asia, where 60% of the MCN budget and 74% of the beneficiaries are found. Historically, the largest investments in mother-and-child nutrition programmes have

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[4] The same trend was found to be present in three out of the four country case studies for this review.

[5] Countries where WFP supports MCN programmes (as of the year 2003):
- Africa: Benin, Burkina Faso, Central African Republic, Chad, Djibouti, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Mauritania, Niger, Sao Tome and Principe, Senegal, Zambia.
- Asia: Bangladesh, Cambodia, India, Nepal, Pakistan, Sri Lanka, Yemen.
- Latin America: Bolivia, Cuba, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua.

[6] Figures taken from WFP (2004), Food for Nutrition: Mainstreaming Nutrition in WFP, WFP/EB.A/2004/5-A/1.

been made in Asia, e.g. for the Integrated Child Development Services (ICDS) programme in India. The African region in 2003 only received 24% of the MCN budget and had 19% of the beneficiaries, while the figures for Latin America were 17% of the MCN budget and 7% of the beneficiaries (WFP, 2003).

WFP Nutrition Policy 1997

In 1997, the commitment to mother-and-child nutrition (MCN) programmes was formalized in the WFP nutrition policy paper '*Reaching mothers and children at critical times of their lives*' (WFP/EB.3/97/3-B). The title of this document reflected one of the strategic goals within the WFP Mission Statement, namely 'to provide food aid to improve the nutrition and quality of life of the most vulnerable people at critical times in their lives'.

In the 1997 nutrition policy paper, malnutrition is defined as the result of insufficient access to food and/or micronutrients, which is the outcome of an array of inter-linked factors: poverty, lack of education, poor health, low social status, unfavourable traditions and/or a harsh environment. The paper is based on the life-cycle approach ('to break the inter-generational cycle of hunger'), and draws heavily from the findings of the WFP thematic evaluation of food aid support to mothers and children executed in 1997[7] (WFP/EB.3/97/5/Add.5). An overview of the main principles of the 1997 nutrition policy is given in annex A. In order to build on the results of previous evaluations that are relevant to this thematic review, an overview of the main conclusions of the 1997 thematic evaluation has been included in the box below:

The thematic evaluation in 1997 on lessons learned from WFP food aid support to mothers and children came up with the following main conclusions:

- WFP-assisted supplementary feeding programmes result in long-term benefits with rather modest food requirements per person and year.
- The effectiveness of food aid interventions directed at mothers and children is higher when project designs combine direct dietary objectives with other more indirect intended effects like better utilization of health and education services, increased household food security and mothers' caring capacity, and empowerment of women. The monitoring and evaluation systems were found to be unsatisfactory. Monitoring data based on attendance data generally showed positive results, but nutrition data, though available in most health centres, were not at all used as indicator for assessing nutritional improvements.

[7] Executed in Malawi, Pakistan, Tanzania, and Vietnam.

- The aim to contribute to nutritional rehabilitation of severely and moderately malnourished children was achieved with varying levels of success. In individual selection, a balance needs to be stricken between preventing early malnutrition (such as preventing the birth of a low birth weight (LBW) infant) and "curing" moderate and severe malnutrition in children, thereby preventing its long-lasting damages.
- Geographic targeting without individual screening may not be cost-effective to reach the malnourished, but is justified when the focus is on preventing/halting 'early' malnutrition. Individual screening should be based on well defined measurable criteria. Whatever focus is chosen, the effectiveness of supplementary feeding is maximized when different targeting variables are integrated: vulnerability, nutritional and food assessments, selection of activities, type/ value/timing/ duration of food supplementation, and necessary technical inputs.
- Food assistance to mothers and children to address early malnutrition is most effective under conditions of widespread food insecurity. It is a less preferable option where malnutrition is primarily the result of factors like inadequate weaning or caring practices, and unfavourable social conditions. These problems can better be addressed through services such as nutrition education, training, growth monitoring and a build-up of referral systems.
- The nutritive value and composition of rations were not always found to be adequate in relation to the stated role of food aid and anticipated benefits. The scope for micronutrient fortification was not sufficiently utilized. Guidelines on the composition, nutritive value and type of distribution system for use in emergency/relief situations are well developed, but are not yet available for rehabilitation/development activities. Constraints on food deliveries affect project effectiveness and efficiency. Distribution of a complex food basket (i.e., large number and differential quantities of food commodities) usually overburdens the staff of health institutions.
- Government commitment and support to projects were found to be essential for effective project implementation. Other success factors are complementarity with activities of other donors, and when NGO's, communities and women are active partners in project design and implementation.
- WFP assistance through supplementary feeding needs to be integrated with other components.
- Timely nutritional assessment in relief situations is crucial to adequately address the needs of women and children. Supplementary feeding programmes during the rehabilitation phase provide a safety-net of immediate nutrition support that contributes to long-term development.

Food assistance to mothers and children can serve various mutually reinforcing objectives: provision of dietary support, to serve as a vehicle for micronutrients, as incentive for service utilization and/or to lead to better household food security. The policy document states a preference for combining two or more objectives per MCN programme, although it is recognized that this complicates decisions on size, composition and timing of food rations.

WFP FAAD Policy 1999

As follow-up to the 1996 World Food Summit, which set the objective to halve the number of undernourished people in the world by the year 2015, WFP came up with its Enabling Developing Policy (WFP/EB.A/99/4-A, within WFP referred to as FAAD policy, Food Aid and Development) which provides an overall framework for all WFP development interventions. The document explains how food assistance can help to meet short-term food needs in ways that build long-term human and physical assets. Refer to Annex A for an overview of key elements of the FAAD policy. In the policy, emphasis is placed on participatory approaches, pro-active partnerships with national governments and others, results-oriented monitoring and reporting, and improved quality through rigorous activity design within five priority objectives which are to be selected and combined in specific country programmes:

- Enable young children and expectant and nursing mothers to meet their special nutritional and nutrition-related health needs (the MCN programmes).
- Enable poor households to invest in human capital through education and training.
- Make it possible for poor families to gain and preserve assets.
- Mitigate the effects of recurring natural disasters in vulnerable areas.
- Helping households that depend on degraded natural resources to shift to more sustainable livelihoods.

The **2003 / 2004 external evaluation of WFP's FAAD Policy**, based on a desk phase, seven country studies[8] and a synthesis phase, came to the following **main conclusions** (BMZ, 2005):

- The Enabling Development Policy has contributed to an overall **increase of the relevance** of WFP interventions, due to a sharper poverty focus, better understanding of the use of food aid in a development context, application of the principles of the policy to other WFP operations for emergency relief and recovery, and increased consistency of WFP development projects with priorities of the beneficiaries (especially for the food-for-assets activities).

[8] Studies were done in Bangladesh, Bolivia, Ethiopia, Honduras, Mali, Mozambique and Pakistan.

- Despite the general lack of baseline and impact-related data, the **effectiveness and impact** of school feeding projects is particularly positive, and also considerable evidence was found with respect to livelihood protection and development related results. For supplementary feeding of mothers and children, increased attendance levels were observed but there was very scattered evidence on nutrition-related achievements. The implementation of HIV/AIDS related projects under the MCN flag was found to be artificial, and failing to reflect the complexity and dimensions of the problem.
- The **efficiency** of food aid essentially depends on the procurement modalities, with triangular or local purchasing being the more cost-efficient. Food aid for Enabling Development programmes is generally delivered in time. Systematic efforts to integrate WFP supported projects and operations allow increased levels of efficiency, but are limited by logistical considerations and priority setting of implementing partners and the government.
- Findings are generally positive on **sustainability** of project benefits. Institutional changes related to the programmes are strong at the level of community based organizations and satisfactory at the level of implementing partners. Because of limited WFP investments in capacity-building activities, limited capacity at country offices for policy dialogue and insufficient coherence between FAAD policy guidelines and national priorities, sustainability at policy level generally is weak.
- **Success factors:**

  - enhanced and diversified partnership
  - improved targeting and understanding of beneficiaries' circumstances
  - enhanced community participation
  - attention to gender considerations
  - demonstrating results

  Constraints: resource limitations due to the calculation of cash input based on tonnage lack of consistent progress on nutrition-related issues

  Challenges:

  - need to improve partnership strategies, moving away from using food aid as a resource around which to build interventions towards a paradigm where food aid complements other resources within national and local poverty reduction and recovery plans.
  - need to refine targeting of the FAAD interventions. WFP reaches areas and vulnerable categories that other stakeholders are unable to reach, which is a crucial comparative advantage.
  - need to make consistent progress on nutrition-related issues, which can be seen as important justification for the systematic use of food-aid based transfers in non-emergency situations and in the presence of functioning markets.

- **Recommendations:**
  - Further integration of WFP assistance within broader poverty reduction frameworks
  - Improve the targeting of the most vulnerable and excluded groups
  - The resourcing related issues should be closely considered by WFP
  - Demonstration of results and efficiency analysis to be strengthened for 'informed' decision making
  - WFP should consider an update of the FAAD to clarify the links with the Strategic Priorities
  - Major WFP policies and global policy changes like PRSP and SWAps
  - More attention for the sustainability aspects of WFP development activities

Cross-cutting issues

The yearly updated consolidated framework of WFP policies provides an overview of specific WFP documents on cross-cutting issues like HIV/AIDS (WFP/EB.1/2003/4-B), gender (WFP/EB.3/2002/4-A), urban food insecurity (WFP/EB.A/2002/5-B), the NGO partnership framework (WFP/EB.A/2001/4-B, WFP/EB.A/2001/10), participatory approaches (WFP/EB.3/ 2000/3-D), environmental impact (WFP/EB.3/1998/3 and WFP/EB.3/1998/14), and WFP's role to support national food assistance programmes (WFP/EB.2/97/3-A).

WFP Nutrition Policies 2004

During the Annual Executive Board meeting in May 2004, a set of three new nutrition policies was approved. The policy documents focus on Food for Nutrition (WFP/EB.A/2004/5-A/1), Micronutrient fortification (WFP/EB.A/2004/5-A/2) and Nutrition in Emergencies (WFP/EB.A/ 2004/5-A/3). The Board requested the Secretariat to include some sentences in the Consolidated Framework of WFP Policies under cross-cutting issues that express the need:

- to highlight the organization's efforts to mainstream nutrition and micronutrient fortification in its programmes, advocacy and partnerships;
- to systematically analyse nutrition problems in emergencies and define most appropriate responses;
- to expand efforts to achieve and document positive nutritional outcomes including meeting micronutrient deficiencies;
- to put in place appropriate nutrition and micronutrient fortification staff capacity at country, regional and Headquarters levels.

For the purpose of this review of WFP MCN programs, Food for Nutrition (see Annex A) is the most directly relevant policy document. It explains how WFP seeks to use food

resources to achieve nutritional impact: a) enhancing the effectiveness and impact of targeted traditional and 'new generation' mother-and-child health and nutrition interventions that combine food and appropriate non-food inputs, b) enhancing the nutritional value of WFP food, for instance through micronutrient fortification, and c) enhancing the nutritional impact of other WFP interventions like food-for-education, income-generating activities, and advocacy and support for national policy development. These approaches represent a mainstreaming of nutrition across WFP's activities.

The Food for Nutrition policy document summarizes the following challenges to WFP for better nutrition programmes:

- Weak demand for nutrition services, as chronic malnutrition often goes unnoticed and mother-and-child health institutions generally have inadequate nutrition capacity.
- Need to expand the WFP partnership networks to include expertise in nutrition policy and programming.
- Need for more non-food resources for training, production of educational materials, micronutrient fortification, and improved nutrition data management. This requires flexible funding modalities that generate cash resources next to food resources.
- Need to document nutrition impact as input for evidence-based programming. The adoption of nutrition indicators in the context of results-based management is a major step forward.

Strategic Plan 2004 - 2007

Within the overall framework of WFP's mandate and mission statement, the core programme goal of WFP for the period 2004 – 2007 is to contribute to meeting the Millennium Development Goals through food-assisted interventions targeted to poor and hungry people. This plan is committed to giving nutrition "a higher priority" in its activities and seeks to do so by broadening WFP's nutrition agenda, which will no longer be a niche activity but a mainstream activity known as food for nutrition (FFN). Adoption of evidence-based programming, establishment of joint interventions with partners and new project designs offer the promise of greater WFP effectiveness and impact in the coming years.

In order to attain this goal, WFP operations focus on five strategic priorities (SP's)[9], for which progress will be measured through the results-based management (RBM) system:

[9] The five Strategic Priorities in the Strategic Plan 2004-2007 were influenced by the five Enabling Development focus areas mentioned above. The three Enabling Development priorities focusing on gaining assets, mitigating natural disasters and shifting to sustainable livelihoods have been captured in Strategic Priority 2, while SP 3 and 4 are prioritizing nutrition and education.

SP1: Save lives in crisis situations

SP2: Protect livelihoods in crisis situations and enhance resilience to shocks

SP3: Support the improved nutrition and health of children, mothers and other vulnerable groups (including 'new generation' MCN programmes).

SP4: Support access to education and reduce gender disparity in access to education and skills training

SP5: Help governments establish and manage national food-assistance programmes.

The Strategic Plan 2004-2007 mentions the following main activities related to SP3:

- nutrition programmes for pregnant and lactating women, children under 5 years of age, and adolescent girls
- nutrition measures in association with school feeding
- support for the special nutritional needs of people living with HIV/AIDS and TB

'Ending Child Hunger and Undernutrition Initiative'

Currently, WFP is working together with World Bank and UNICEF to start a global campaign to end child hunger and undernutrition, as a joint effort towards the achievement of the First Millennium Development Goal (WFP/EB.2/2005/3-B). A Concept Note has been prepared setting out the technical and institutional framework for the initiative. The Initiative is intended 'to focus on practical actions at all levels and on achieving real and sustainable progress on the ground'. The main operational objective is to stimulate, enable and assist national governments to mainstream the elimination of child hunger and under-nutrition within national policies and programmes. Priorities within the Initiative include cost-effective programme and policy design, efficient and effective implementation, and strong public advocacy and public awareness including at community and household level.

Summary - Background of MCN within WFP -

Over more than 40 years, WFP has been involved in food assistance providing supplementary feeding to mothers and young children. Over the period 1963-2003, approximately 15% of WFP's development investments, representing more than US$ 1.5 billion, have been spent on enabling infants and expectant and nursing mothers to meet their special nutritional and health needs. Historically, the largest investments in mother-and-child nutrition programmes have been made in Asia. In 2001, WFP supported MCN (mother-and-child nutrition) programmes in 16 African, seven Asian and eight Latin American countries, with a total operational expenditure around US$ 44 million annually and 5.8 million MCN beneficiaries.

In 1997, WFP formalized its commitment to MCN programmes in the nutrition policy paper 'Reaching mothers and children at critical times of their lives' (WFP/EB.3/97/3-B) that is based on the life-cycle approach ('to break the inter-generational cycle of hunger'). Food assistance to mothers and children is seen to serve various mutually reinforcing objectives: provision of dietary support, to act as incentive for service utilization, to lead to better household food security, and/or to serve as a vehicle for micronutrients.

As a follow-up to the World Food Summit in 1996, which set the objective to halve the number of undernourished people in the world by the year 2015, WFP came up with the Enabling Developing Policy (WFP/EB.A/99/4-A; within WFP referred to as FAAD policy, Food Aid And Development) that provides an overall framework for WFP development interventions including MCN. In this policy, emphasis is placed on participatory approaches, pro-active partnerships with national governments and others, results-oriented monitoring and reporting, and improved quality through rigorous activity design. The Enabling Development Policy evaluation executed in 2003/2004 concluded that food aid for health and nutrition (area of focus 1) is a priority for WFP and has contributed to increase the relevance of WFP development interventions. MCN can play a very specific role in improving the nutritional status of the beneficiaries and can function as an incentive to increase attendance at health centres and to cover the opportunity costs of attending training on nutrition and health issues. The evaluation found only scattered evidence on nutrition-related achievements through MCN.

The Food for Nutrition policy paper approved in 2004 highlights the need to enhance the effectiveness and impact of targeted traditional and 'new generation' mother-and-child health and nutrition interventions that combine food and appropriate non-food inputs. The strategic plan of WFP for the period 2004 – 2007 aims to contribute to meeting the Millennium Development Goals, and gives high priority to MCN (included as Strategic Priority 3) and overall mainstreaming of nutrition in WFP programmes. In the past years since 2003, WFP has been working hard to give nutrition a higher priority in its activities, among others through broadening of the nutrition agenda to include a focus on tackling of early malnutrition and on HIV/AIDS-related nutritional problems, and through the 'Ending Child Hunger and Undernutrition Initiative' that currently is being established as a joint effort by WFP, World Bank and UNICEF towards the achievement of the First Millennium Development Goal.

1.2 Key findings of the 2002 MCN desk review commissioned by WFP

The uptake of nutrition as a corporate strategic priority (WFP Strategic Plan 2004-2007) implies WFP's intention to expand and refine MCN programmes in its country programmes and other funding modalities. In order to provide support to MCN programming at WFP country office level, in 2002 WFP PDPN undertook a 'state-of-the-art' desk review on MCN programmes (WFP, 2002; WFP, 2003). The study synthesizes

current WFP practices and trends in tackling malnutrition among vulnerable mothers and children with the experiences of other agencies.

The 2002 WFP MCN desk review came up with the following main findings and conclusions:

- WFP MCN should intervene where and when the primary factor limiting growth of children is inadequate food (including micronutrients intake), and where food can generate leverage for necessary non-food inputs to be provided as well. Good programme design requires enhanced problem analysis prior to programme design.
- WFP nutrition programmes should be well integrated with nutrition related activities carried out by other institutions.
- Experiences of WFP collaboration with World Bank and UNICEF show that community-based approaches can effectively substitute for the inefficiency of many national health systems, especially in remote rural areas of poorest countries. Also, these joint approaches can improve the link between supplementary feeding and other nutrition activities. However, due to lack of cash resources within WFP, these approaches cannot be standardized throughout by WFP, and WFP should also focus on strengthening of national capacities through training and advocacy.
- Partnerships of WFP with relevant institutions like World Bank, UNICEF and WHO lead to enhancement of the food component through complementary activities like e.g. household level nutrition / food security issues and sustainable behavioural changes.
- WFP food assistance in MCN programmes plays different roles, as nutritional rehabilitation, prevention of malnutrition, addressing micronutrient deficiencies, and as incentive for programme participation. With an evolution to more integrated community-based approaches, the role of food aid will move away from rehabilitation to prevention (with wider coverage of pre-school children and pregnant and nursing mothers) and micronutrient needs. In many countries, WFP has taken a lead role in local production of fortified blended foods (FBF's), and in advocating for national fortification programmes.
- Convergence of services (health, education and nutrition) and the synergy between different WFP programmes within a country programme can significantly improve the effectiveness of nutrition interventions.

The desk review identified the following key trends in WFP MCN operations:

- The desk review found that there are considerable regional differences in WFP's role in Asia, Africa and Latin America. In Asia, there are serious malnutrition problems related to lack of access to food rather than availability problems. Also illiteracy, lack of awareness and social practices and customs are major causes of malnutrition.

Targeting mothers and children for supplementary feeding combined with income generation activities and other development activities thus was found to be highly appropriate. In Africa, HIV/AIDS is an emerging nutritional issue. In Latin America, malnutrition and infant mortality rates are below the WHO standards for interventions. The desk review concludes that the challenge for WFP in Latin America is to implement activities in pockets of poverty where malnutrition is high.

- The desk review disclosed that targeting through VAM efforts is highly 'geographical' and seldom based on nutritional criteria or in-depth community-level analyses to understand the causes of malnutrition. The quality of the geographical targeting was variable, from very weak in some countries to strong in others. Main target groups are expectant and nursing mothers and young children (ranging from under two to under six). In a few countries there are efforts to include adolescent girls in the MCN programme, up to now with little recorded success. Especially in Africa, various MCN programmes were encountered that include TB and HIV/AIDS affected people although this was usually not initially planned in the project design.

- In Asia and Latin America, WFP has increasingly focused on micronutrients in the food basket and on local production of fortified blended food. This response is related to the magnitude of the micronutrient problem in these regions but also to the political commitment to micronutrient programming. In Africa, local production of fortified blended food takes place in about one-third of the countries where WFP has MCN programmes. A common constraint in Africa is to find an appropriate food vehicle for fortification (next to fortification of blended food).

- Most MCN programmes were found to have insufficient monitoring and evaluation systems. The collection of monitoring data is generally inadequate, and there is a lack of adequate baselines. The monitoring in most cases relies on out*put* measures (e.g. feeding days, beneficiary coverage) only, as out*come* indicators (nutritional status data, changes in knowledge, attitudes and practices) are usually lacking or of poor quality. This badly hampers assessment of MCN project impact and demonstration of results.

Summary – Key findings of the 2002 MCN desk review -

WFP intends to expand and refine MCN programmes in its country programmes and other funding modalities. In 2002 PDPN undertook a 'state-of-the-art' desk review on MCN programmes which synthesized current WFP practices and trends in tackling malnutrition among vulnerable mothers and children with the experiences of other agencies.

This study disclosed that WFP collaboration with World Bank and UNICEF in practice effectively substitutes for the inefficiency of national health systems, especially in remote rural areas of the poorest countries. The success of the partnerships is based on the enhancement of the food component provided by WFP through complementary activities like household level nutrition and food security issues and sustainable behavioural changes. The desk review also revealed that in many countries, WFP has taken up a lead role in local production of fortified blended food and in advocating for national fortification programmes. On the other hand, within WFP's MCN programmes targeting and monitoring and evaluation were still found to be challenging: targeting is seldom based on nutrition criteria and/or a proper causal analysis, and monitoring and evaluation systems usually are of insufficient quality.

1.3 Outline of this report

This report purposively has been limited to the main issues that came out of the four country case studies, with emphasis on comparison and consolidation of findings and assessment of the applicability of the set of key MCN programming principles (KPP's) that was identified in a 2002 desk review on MCN executed by WFP. For more in-depth information and further details on the specific MCN programmes in each country, please refer to the separate country case study reports.

The first introductory chapter of this report describes the background of MCN within WFP and summarizes the key findings of the MCN desk review that was executed by WFP in 2002. An overview of the wider context of organizational learning within WFP, the structure of this MCN review and the methodological background and the assessment framework for the thematic review is given in chapter 2. A comparative overview of the main characteristics of the four WFP MCN programmes studied is provided in chapter 3. The following chapter 4 analyzes the overall applicability of the key programming principles. Chapter 5 finally presents the conclusions and recommendations of the thematic review, including a sketch of the necessary steps for further elaboration of the MCN key programming principles.

The texts in boxes have received a background colour coding as follows:

- Green: Key parts of this thematic review report
- Yellow: Findings and recommendations of other evaluation studies
- Blue: WFP policy framework
- Pink: External sources

2 METHODOLOGY

2.1 Wider process of strategic focusing and organizational learning

This thematic review of current approaches in WFP MCN interventions is not an evaluation in the classical sense and the main purpose is not to undertake a quality assessment of the implementation of WFP programmes. This review is a formative research project that has been commissioned by the WFP Office of Evaluation (OEDE) with the aim to collect field-level information within four carefully selected country case studies as input for the elaboration of an 'MCN programming tool' that WFP Nutrition Service (PDPN) intends to make available to its country offices.

This thematic review forms part of a wider process of refinement of WFP's strategic focus and organisational learning within WFP. Refer to the Normative Guidance Matrix on the electronic database WFP-GO for a full overview of the elements within this process. In the WFP Strategic Plan 2004-2007, nutrition is included as a high corporate priority (SP 3), with a strategic focus on MCN programmes, nutrition in school feeding and support to nutritional needs of TB and HIV/AIDS patients. As a further step towards stronger anchoring of nutrition perspectives within WFP, the 2004 Food for Nutrition policy identifies a need to enhance the nutrition contribution of non-MCN WFP interventions.

In order to appreciate the place of this MCN review within longer-term strategic refinement processes within WFP, it was agreed to do this review from a perspective of learning organizations (Senge, 1990). As briefly explained in the box below, this theory stresses the need for continuous learning in order to build shared vision, which should be based on strong leadership and systematic patterns of thinking.

Senge's theory of learning organizations

'Generative learning' requires new ways of looking at the world, and is about 'creating', not just 'coping'. Creative tension results from the gap between where we want to be, the 'vision', and where we are, the 'current reality'.

Learning organizations need to be able to build shared vision, to bring to the surface and challenge prevailing mental models, and to foster more systematic patterns of thinking.

Keywords in the theory of learning organizations are: visioning as an ongoing process, blending of extrinsic and intrinsic visions, avoiding too much abstraction, getting away from defensive routines, avoiding symptomatic solutions, thinking in systems with interrelations, and focusing on areas of high leverage.

2.2 Structure of the MCN Thematic Review

The thematic review of mother-and-child nutrition (MCN) interventions was undertaken by KIT, The Netherlands[10] from January to August 2005 through review of relevant literature on success factors for MCN programmes and execution of country studies on WFP support to MCN programmes in India, Madagascar and Zambia. The full and summary report (presented to WFP's Executive Board in February/2006, Ref. WFP/EB.1/2006/7-C) are based on these country studies executed by the contractor in 2005 and a report on a study of WFP's MCN programme in Cuba that WFP commissioned in 2004. See annex A for an overview of the main characteristics of the MCN programmes studied.

The **objectives for the MCN thematic review** are as follows (see ToR in annex B):

- Assess how the four key principles that have been identified to underlie effective nutrition programmes are implemented and their effectiveness;
- Produce recommendations that will help shape implementation of WFP's food for nutrition policy;
- Provide accountability to the Executive Board.

The review of current approaches in MCN interventions by WFP consisted of an in-depth analysis of some best practices that were identified by WFP in the 2002 MCN desk review, as a further step towards the elaboration of a programming framework for WFP MCN programmes. The carefully selected country case studies are not *per* se representative for WFP support to MCN interventions in other countries. In essence, the review has focused on 'what works and why' at country level. The goal of the review was to obtain insight how to scale up MCN programmes and to collect field-level input for the elaboration of a practical guidance tool to support the future programming of MCN interventions by country offices. Specifically, the thematic review has analyzed the field-level applicability of a set of key programming principles (KPP's) for MCN programmes formulated by WFP PDPN based on the results of a desk review executed in 2002.

[10] The thematic review has been undertaken by a core team consisting of Ms. Annemarie Hoogendoorn (team leader), Mr. Wijnand Klaver and Mr. Jurrien Toonen of KIT, The Netherlands. For the execution of the country studies the team has collaborated with Ms. Christine van Nieuwenhuyse (India, Madagascar) and Ms. Tina van den Briel (Zambia) of PDPN, while Mr. Harry Sethi (India), Ms. Catherine Mulikita (Zambia) and Ms. Berthine Razafiarisoa (Madagascar) have taken part as national consultants.

Key programming principles for MCN programmes:

- ✓ KPP 1: Targeting to households where insufficient access to food leads to malnutrition (based on good situation analysis)
- ✓ KPP 2: Community involvement and community-based approaches
- ✓ KPP 3: Partnership and integration with other social care programmes
- ✓ KPP 4: Provision of a quality food ration including micronutrient fortification

The thematic MCN review has been structured in three implementation phases:

- A desk phase from January to March 2005 as introduction into the theme and development of the review methodology. As a start, the review team had a three-day introduction and briefing at WFP Headquarters in Rome. The desk phase was primarily used for review of relevant WFP documents and evaluation reports on policy, technical and project issues, and a short literature study on MCN and on the various parameters within the key programming principles (see annex C for list of documents that were consulted). Together with the KIT Quality Support Group, the team developed an assessment matrix of questions as a basis for the country case studies (see annex D).
- Execution of country studies in India, Madagascar and Zambia from March to May 2005. The purposive selection of these countries by WFP was based on the finding in the 2002 desk review that the MCN programmes in these countries have particularly interesting and/or innovative features. The findings of this thematic review thus are not representative for WFP support to MCN interventions in other countries that were not studied. For each of the country studies, an Aide-Memoire and a country case study report were produced. See annex E for the executive summaries of the four country reports.
- A synthesis phase from May to July 2005 for production of this report and a summary report for presentation to the Executive Board in February 2006 based on the three executed country studies and a similar report on WFP MCN in Cuba produced in 2004 by another consultancy firm contracted by WFP. The KIT review team presented and discussed a draft of this report with WFP HQ staff during a meeting in Rome at the end of June 2005.

The core team for this MCN review consisted of two senior international nutrition experts from the Royal Tropical Institute (KIT) in The Netherlands, who were supported by a

quality support group of three senior experts in international health and rural development from the same institute. The desk phase and synthesis phase have been executed by the KIT consultants with WFP serving as information providers and 'discussants'. Although the Cuba study had already been executed by another agency previous to the contracting of KIT, the synthesis phase has included the findings in all country case studies including Cuba. KIT undertook the country case studies in close collaboration with WFP Nutrition Services and the concerned WFP country offices, wherein KIT was principally responsible for the reporting and drawing of conclusions.

2.3 Assessment framework

The desk phase started with a short literature search to place the set of four KPP's for MCN as identified by WFP within a wider context. This resulted in the identification of some interesting documents with reflections on success factors for mother-and child nutrition programmes: the FAO publication 'Improving Nutrition Programmes' (2002), a draft chapter for the 'Disease Control Priorities Project' by Mason (2004) on community health and nutrition programmes, and articles by Mock & Mason (1999) on child nutrition program design, and by Jonsson (1997) and Sanders (1999) on success factors in nutrition programmes:

Success factors for mother-and-child nutrition programmes as provided in recent literature sources:

FAO (2002) has prepared a methodological guide for **Nutrition Programme Assessment**:
- Assessment of the **macro-environment** (policy environment, inter-sectoral collaboration, Government's resource commitment, the role and contribution of the international community, adequacy of national technical expertise)
- Assessment of the **micro-environment** (extent of diversity, local food economy, levels of community development, access to basic services and technical expertise, adequacy of local development structures)
- Assessment of **programme design** (programme relevance, programme interventions, community activities, effectiveness of community mobilizers, programme management, programme monitoring and , programme linkages)
- Assessment of **sustainability** (programme resources, programme ownership, programme's ability to respond to future felt needs)

Mason (2004) provides and overview of the following success factors for community-based health and nutrition programmes:
- **Programmatic factors**: coverage, targeting, resource intensity, technology, training, supervision, incentives and remuneration, community-level organization, central government support.
- **Contextual factors**[11]: women's status and education, lack of social exclusion, political commitment, community organization, literacy.

Based on the UNICEF Information Strategy, **Mock & Mason (1999)** list a range of **indicators that can serve as input for design and management of child nutrition programs:**
- **Outcome indicators** at population level (behaviour and health/nutritional status changes)

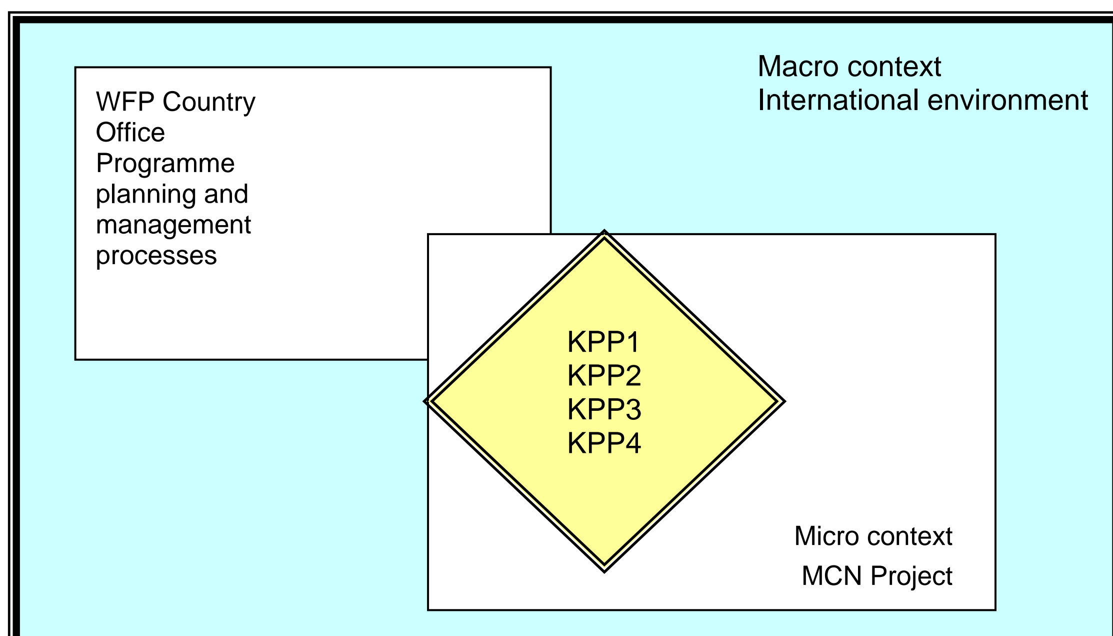
[11] Contextual factors are divided in a) factors that lead to widespread initiation of the community health and nutrition programme, b) factors that lead to sustainability, and c) factors that allow activities to be effective in improving health and nutrition.

- **Process indicators** on targeting, intensity of services, coverage, quality of services
- **Context indicators** that reflect basic and underlying causes not directly targeted by the programme

Jonsson (1997) listed factors, none of them essential but that each can contribute to success of community nutrition programmes:
- **Contextual factors** (political commitment at all levels of society, a culture where people, particularly women are involved in decision-making, presence of community organizations, high level of literacy, infrastructure for basic service delivery, empowered women, a 'local culture' with a 'first call for children', charismatic leaders in the community, parallel poverty-reduction programmes)
- **Programme factors** (creation of awareness in the community, community mobilization and participation, identification and definition of time-bound goals, support to facilitators and community mobilizers, community-based monitoring, community ownership, government ownership, income generating activities, training of community mobilizers and members, good management, cost-consciousness, involvement of NGO's).

Sanders (1999) discerned the following **success factors in community-based nutrition programmes:**
- **Sociopolitical factors**: community participation and political will
- **Technical factors**: programme design (hardware) and management (software)
- **Financial factors**: external and internal sources of funding

For comparison of the scope of the various sets of principles / indicators, the matrix in annex F places the KPP's next to the critical success factors mentioned in the five publications. This matrix has been structured around a division in contextual factors (macro-environment and micro-environment) and programmatic factors (programme design and sustainability), and will be used for analysis of the findings in the country studies in chapter 4. From the matrix it appears that the KPP's focus on programmatic factors (hence the name Key Programming Principles) that are also mentioned by FAO, UNICEF and some other authors as success factors for community-based nutrition programmes. The other publications however complement the KPP-like elements with a focus on (i) a range of contextual factors and (ii) on various aspects of programme management including the availability of resources, monitoring and evaluation and presence of technical capacity. This can be visualized as follows:



Based on these literature findings on success factors for nutrition programmes, KIT in consultation with WFP decided to somewhat widen the scope for this MCN thematic review. The assessment framework thus was structured around the following main assessment questions (see Annex C for the complete framework that was used in the country studies):

Main assessment questions in the MCN thematic review:

- What are characteristics of planning processes for WFP support to MCN programmes?
- What are the main macro- and micro-level context factors for WFP support to MCN programmes?
- How are the four KPP's implemented by WFP in its MCN programmes?
- Which lessons can be learned at country level from WFP support to MCN programmes?

3 DESCRIPTION OF THE FOUR WFP MCN PROGRAMMES STUDIED

This chapter provides a short descriptive overview of the WFP support to MCN programmes in Cuba, India, Madagascar and Zambia. In a detailed matrix, the characteristics of the four MCN programmes are compared based on the WFP policy framework relevant for MCN (from 1997 nutrition policy, 1999 FAAD policy and 2004 Food for Nutrition policy). The four programmes appear to represent a wide variety with regard to the position of MCN within the overall WFP country programme, nutrition capacity within the country office, the choice for curative or preventative approaches, and the appropriateness of the food rations. On the other hand, there appear to be striking similarities among the four programmes, e.g. all programmes are executed in collaboration with the government, and the rather low quality of the M&E system for MCN.

3.1 MCN components of four WFP Country Programmes

Through the four country studies, a wealth of information has become available. For this thematic review, WFP made a purposive selection of four very different WFP MCN programmes in various parts of the world. Each programme has its own unique setting and its own specific characteristics. As a result, each case study highlights other issues, innovative approaches and success factors related to MCN programmes supported by WFP. A quick overview of the activity lines of each MCN programme is given in the box below:

The MCN programmes within the WFP country programmes in the four case study countries:

CUBA:	Nutrition Support to vulnerable groups in five eastern provinces (Cuba 10032 from 2002—2005, with a budget plan of US$ 22.68 million for direct operational costs)
Act 1:	To contribute to the improvement of the nutritional status and reduction of anaemia of 52,133 pregnant and nursing mothers and 128,376 children between 6-24 months in the targeted areas
Act 2:	To help relieve the short-term hunger and increase the learning capacity of 413,130 children in pre-primary and primary schools, and 37,836 children in day-care centres
Act 3:	To contribute to the promotion of nutrition, health and sanitary education in health centres and schools
(add)	Food assistance to 4,133 elderly and disabled people

INDIA: Improving the Nutritional Status of Women and Children – Support to ICDS (Activity 1 in CP 2003-2007, with a budget plan of US$ 50.58 million for direct operational costs)

Act 1: Focus on increased coverage of 2.44 million malnourished expectant and nursing mothers and children up to 6 years of age, with special attention paid to children under three, through the Integrated Child Development Services (ICDS) scheme by providing nutritious and fortified food supplements

MADAGASCAR (previous): Community Nutrition Project (SEECALINE Phase II) (Activity 1 in CP 1999-2003, with a budget plan of US$ 12.2 million for direct operational costs)

Act 1: To improve the nutritional and health status of children and expectant mothers by monitoring growth and promoting more effective use of local weaning products by providing about 20,000 MT of food for the production of 18,820 MT of fortified flour to be distributed to 410,000 malnourished children 6-36 (50% of the total population of children under three years of age suffering from malnutrition) and to 363,000 expectant mothers attending the community nutrition centres of the World Bank supported SEECALINE project[12].

MADAGASCAR (current)[13]: Support for the fight against malnutrition, TB and HIV/AIDS (Activity 3 in CP 2005-2009, with a budget plan of US$ 5.4 million for direct operational costs)

Act 3: To reduce the mortality rate of children under 5, fight HIV/AIDS, malaria and other diseases, and to contribute to improving the nutritional status and health of children, mothers and other vulnerable groups by providing 9,600 MT of food aid for 23,000 (in 2005) to 33,700 (in 2009) malnourished children under 5 receiving treatment in district level ambulatory nutritional rehabilitation centres (CRENA's), and for 8,000-11,700 orphans and vulnerable children (OVC's) being cared for at community or urban centres, and for HIV/AIDS- and TB-patients.

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[12] SEECALINE stands for Surveillance and Education in Schools and Communities on Food and Comprehensive Nutrition.

[13] In the Madagascar case study a notable shift was observed from a community-based project (financed by the Government of Madagascar under a project loan from the World Bank) to service-based activities under the Sector-Wide Approach with World Bank budget support.

ZAMBIA:	Nutrition Programme for Vulnerable Groups (Activity 2 in CP 2002-2006, with a budget plan of US$ 10.54 million for direct operational costs)
Act 2:	To improve the nutritional status of 302,505 beneficiaries: acutely and chronically malnourished children under five, expectant and nursing mothers, and people living with TB and HIV/AIDS To increase participation and capacity of households, communities and service providers in community-based food and nutrition practices To improve nutrition, hygiene and health practices

3.2 The four MCN programmes placed within the WFP policy framework

Before moving to an analysis of the applicability of the KPP's in the next chapters, a short matrix overview is provided here as quick reference on the main characteristics of the four MCN programmes. The overview is structured in line with the assessment framework for this thematic review, i.e. with categories for 'planning processes' and each of the KPP's. For the further elaboration of MCN programming principles, it was felt to be important to place the four MCN case studies in the context of the existing WFP policy framework with relation to MCN. Therefore, the four programmes are compared according to the WFP policy principles that are mentioned in the various WFP policy documents related to mother-and-child nutrition programmes: the 1997 Nutrition Policy, the 1999 FAAD policy and the 2004 Food for Nutrition Policy (see 1.1). As can be seen in the table below, the three WFP policies related to MCN can easily be fitted together in a wider WFP 'policy framework' on MCN. The table below also demonstrates that the KPP's coincide with elements within this 'policy framework' but that the list of principles within the 'framework' contains many other elements related to 'programme planning and management processes'. Together the policies provide an excellent, explicit and detailed framework for MCN programmes. The task ahead for the elaboration of the KPP's, the next step after completion of this MCN thematic review, is to come up with an easy-to-use MCN programming support toolkit that sufficiently reflects the width and specificity of the various WFP policy principles relevant for MCN.

WFP policies related to MCN	Cuba	India	Madagascar	Zambia
Overall planning processes				
1997: Focus on tackling early malnutrition (share of food assistance for MCN)	- high: WFP currently (CP 2002-2005) only focuses on nutritional support to vulnerable groups; the previous CP had only a programme on agricultural production	- high: WFP phasing down but MCN (ICDS) continues as a main focus area in CP 1997-2002 and 2003-2008	- high in previous CP, medium to low in current CP with broadening of targeted 'vulnerable groups' and move towards a more curative approach..	- medium: trend of decreasing focus on MCN but sharply increasing focus on food aid for HIV/AIDS/TB affected people
1999: Design based on FAAD	- coherent with FAAD	- coherent with FAAD	- coherent with FAAD	- coherent with FAAD
1999: Focus on results	- detailed nutritional baseline - nutritional surveillance system (SISVAN) provides data for follow-up nutrition assessments - no data in SPR on service use and nutritional effects on beneficiaries	- results-oriented culture within WFP India - focus on baseline and endline studies - M&E for ICDS support not very strong yet	- main focus is on operational processes - monitoring of nutrition outcomes left to the World Bank	- main focus is on operational processes - up to now no monitoring of nutrition outcomes
1997: Availability of non-food inputs (from WFP or through partnerships) 2004: Complementary resources and skills for optimum package of nutrition services	- use of ODOC funds for nutrition education and training, no focus on other nutrition interventions - no nutritionist within CO	- through some institutional grants and the Generated Fund of the Tribal development project - ICDS is social sector, non-health sector programme - WFP advocating for more counselling of mothers and addressing health and morbidity issues in children - nutritionist within CO	- past CP provided cooking utensils paid for by Japan and Germany - in current CP Government is to provide non-food items - weak link with food production / income generation - SF through non-health sector but with (universal) growth monitoring and nutrition/health education - current CP focuses on recovery centres, one layer of the district health system - no nutritionist within CO	- no non-food inputs, food assistance through health services but with little focus on nutrition education - no nutritionist within CO

WFP policies related to MCN	**Cuba**	**India**	**Madagascar**	**Zambia**
1997: Duration of assistance 1999: Phasing in and out	- services established by WFP are integrated in government programmes; in future will need to be taken over by government or phased out	- because India has moved close to food self-sufficiency, WFP is gradually phasing out, with main focus on qualitative and policy aspects	- open-ended (but only sure for duration of the country programme)	- open-ended (but only sure for duration of the country programme)
1997: Advocacy on prevention of early malnutrition directed at national governments, UN agencies and other stakeholders	- no real advocacy work has been taken up by WFP so far	- major and very strong role influencing policymaking by the Central and various State governments (fortification, Hunger Free India) - limited collaboration with the other main donors to ICDS (UNICEF, World Bank and CARE)	- no strong role -limited collaboration with UNICEF and the World Bank	- no strong role
1997: Cost-effectiveness	(not studied)	(not studied)	(not studied)	(not studied)
1997: Development in relief	- food assistance only in drought-prone areas	- in response to a range of natural disasters in 1997–2002, WFP has built disaster preparedness and response capacity through ICDS	- since 2000 in previous CP an additional component of SF in 17 new disaster-affected districts (Cyclone and Drought Intervention Programme – PICS) - in 2005 WFP and UNICEF assisted jointly in the Emergency Operation due to the rice price crisis	- MCN functions as disaster preparedness and mitigation programme in drought-prone areas

	Cuba	India	Madagascar	Zambia
KPP 1: 1997: Priority groups (geographic and individual targeting, only when there is a lack of sufficient and appropriate food intake) 1999: Only when food consumption is inadequate; geographic targeting, often with individual targeting 2004: Good problem analysis with better geographic targeting and better clustering of activities	- targeted to five eastern provinces selected by VAM for being drought-prone - anaemia and low vegetable/ fruit consumption are the major problems, esp. in young children and pregnant women - inclusion of a wide range of target groups: children under two, pre-school children, primary school children, pregnant and nursing mothers, elderly and disabled people (but children under two are not reached) - only provision of snacks, no integrated approach	- focus on most food insecure States and districts - ICDS primarily is an integrated service for preschool children, but WFP successfully advocated for inclusion of take-home rations for U3's and pregnant and lactating women, and for double rations for malnourished children - gradual shift to area-based approach for convergence of services	- in past CP district and individual targeting to underweight children and pregnant women in 3d trimester only - in current CP geographic targeting of 3 out of 6 provinces with high food insecurity; individual targeting continues to be based on nutritional status - weak in causal analysis - weak data on quantitative food insecurity, under-estimation of micronutrient deficiencies - strong influence by factors like food habits, culture, low literacy levels - little synergy between different WFP activities	- wide geographic dispersion, clustering of target groups but no clustering of services - targeted to areas of chronic food insecurity and/or with risk of food crises., and to children in the main hospitals - focus on malnourished children U5 and pregnant women, no food assistance for lactating women
KPP 2: 1999: Participatory approaches 2004: Increasing focus on preventing malnutrition starting at community level	- WFP works through well-established government channels but with community consultations and active involvement (parents and teachers provide clean drinking water, implement hygiene measures and are planned to take part in nutrition education efforts) - combination of curative and preventive approach	- ICDS is community-based but not community-driven; WFP executed some successful pilots on more (active) community participation - preventative approach with curative elements; starting with targeting of adolescent girls (life cycle approach)	- SEECALINE in previous CP was community-based, but not community-driven - WFP in current CP not directly active in community participation - past CP had a moderate curative approach of SF within a preventative context (nutrition education) - current CP focuses on nutritional rehabilitation with weak link to preventative community activities	- community-based growth monitoring / supplementation of malnourished underfives, food assistance to pregnant women is clinic-based - MCN programme has curative approach

	Cuba	India	Madagascar	Zambia
KPP 3: 1999: Pro-active partnerships	- good partnership with government (education, health, social sectors); - involvement of the national nutrition institute INHA - regular meetings but no formal agreements UNICEF addressing anaemia through iron-fortified fruit compote for children under two and folifer supplementation	- good partnerships with Central/State governments - limited collaboration with UNICEF, World Bank and CARE	- in previous CP good partnership with Central government, but World Bank strongly "in the driving seat"; WFP no direct link with implementing local NGO's - in current CP MoH is the partner and WFP has direct link with good quality national & international implementing NGO's	- partnerships for implementation with MoH and District Health Management Boards (DHMB's) - despite specific references to MCN in the UNDAF framework, limited concrete collaboration with other UN agencies on improving MCN
KPP 4: 1997: Appropriate food rations (preference for locally produced low-cost FBF)	- fortified cereal for children is OK (not yet implemented due to milling problems) - vegetable oil for pre-school and day-care centres (2-5 years) does not address anaemia problem or malnutrition if present - fortified biscuits plus fortified drink (Lactosoy; high sugar content) or oil and fish for primary school children; biscuits appropriate - oil (plus fish for those 'at risk') for pregnant / nursing women does not address anaemia problem - oil and fish for elderly and disabled are appropriate	- Indiamix (fortified) was introduced in 1995, and since 2003 has fully replaced imported CSB	- imported CSB and some locally produced FBF in previous CP - food basket (rice, pulses, vegetable oil, CSB and sugar) in current CP is inappropriate for nutritional rehabilitation and insufficient in micronutrients	- HEPS a suitable and much liked locally produced fortified blended food - recent shift back for nutritional rehabilitation in hospitals from F-75 and F-100 to the traditional therapeutic milk prepared with DSM, oil, sugar and water

4 MAIN FINDINGS OF THE MCN THEMATIC REVIEW

This chapter provides the synthesized results of the four country case studies in the MCN thematic review, which have confirmed the findings in the 2002 desk review. The first paragraph 4.1 describes the processes at WFP country office level for planning and programming of the MCN programme. The next four paragraphs 4.2 up to 4.5 form the main part of this chapter. The findings for each of the four KPP's prove that the programming principles identified in the 2002 desk review serve very well to highlight and structure the discussion on the main issues contributing to the success of WFP-supported MCN interventions. The last paragraph 4.6 affirms the overall applicability of the set of KPP's and proposes some additional issues to be taken into account during MCN programming.

4.1 WFP programming processes and context factors in relation to MCN

As indicated in subchapter 2.1, this MCN thematic review does not comprise an evaluation of the WFP support to MCN programmes but concentrates on the basic question 'what works and why' in practice. Throughout the review, this basic question has been approached through a combination of 'process' and 'result' perspectives, in order to be able to provide optimal guidance to further implementation of SP 3 in the Strategic Plan 2004 – 2007, '*to support the improved nutrition of and health of children, mothers and other vulnerable groups'*. In principle, the country case studies in this thematic review have focussed on MCN programmes since 1997, and the four studies thus permit good insight in the history of MCN programming over nearly a decade. From the findings in the four case studies, key lessons have been drawn how the programming by WFP country offices for its support to MCN programmes can be improved. A summary of the main findings on WFP programming processes for MCN programmes and relevant context factors is provided below.

Overall MCN programme approaches within WFP country offices

- After the introduction of the WFP Enabling Development Policy in 1999, the WFP country offices in all four cases have shifted to a FAAD approach, with MCN activities representing FAAD priority activity A ('*to enable young children and expectant and nursing mothers to meet their special nutritional and health-related needs'*).

- However, the case studies highlighted the existence of a 'missing link' between the introduction of new corporate nutrition policies and actual programming at country office and Headquarters level. The "reception" by the Country Offices of the nutrition policies emanating from WFP HQ is not a straightforward pipeline

phenomenon (HQ sending and CO receiving and perusing them). The process is more diffuse, in several respects. For instance, during the case studies it appeared that, due to staff changes within the WFP country offices, it was often difficult to establish in retrospect which staff member had been responsible for or involved in MCN programming. Most of WFP's staff time and resources are geared towards fulfilling operational responsibilities and there is less focus on more technical issues. For example, although all policy papers can easily be found at the WFP-GO electronic document store, the 2004 nutrition policies did not appear to be common ground for WFP staff in the countries visited. Thus, there seems to be a gap between the perception that the HQ-level policy makers may have on the application of the WFP policy framework, and the realities in the field. More insight could be gained if there were some simple reporting system (incl. feedback from the country offices towards HQ) for the use of WFP policy guidelines.

- The trend of considerable reductions in overall WFP operational expenditures for development as was identified in the Enabling Development Policy evaluation executed in 2003/04, was also found in the case studies for this review. With the exception of Cuba, reduced MCN budgets were encountered in all countries studied. A tendency was observed to put MCN activities in WFP country programmes under the activity line 'supplementary feeding of vulnerable groups'. Under this activity line, also WFP support to HIV/AIDS affected groups (also in the form of household rations) is often taken up. As the latter in many countries is a rapidly expanding activity, this arrangement easily results in a pressure to reduce the amounts of food available for MCN beneficiaries.

- In every food support programme, there is a trade-off between the size and quality of the ration plus complementary inputs (if any) and the number of beneficiaries to be reached. In order to avoid the risk of 'spreading the inputs too thinly', decision makers ideally avail of information that relates expected outcomes (in the case of MCN: the effect on nutritional status and food consumption patterns) to the costs of a minimum set of required inputs. Up to now this information, which goes well beyond the usual calculation of the cost level of the food ration provided per beneficiary, is not available within WFP.

- WFP country offices do not systematically document their considerations, weighing of different options and choices made during the programming process. An example which could be followed by WFP is the World Bank system for project appraisals

(e.g. the Project Appraisal document for the Community Nutrition II Project in Madagascar, later to be called "SEECALINE" (1999-2004)[14]).

- For MCN programmes, additional cash resources are essential to enhance the effect of the food component through training and health and nutrition education and also to test demonstration models and undertake advocacy work. The DSC and ODOC budget mechanisms[15] in WFP are based on tonnage which is relevant in emergency settings but is not favourable to MCN programming. While in a relief context results are usually in direct proportion to the amounts of food distributed, in a development context the inputs required for an MCN programme to achieve results often are much higher. In the MCN programmes studied, WFP availed of some additional financial resources through external grants like the Dutch Quality Improvement Programme (no longer in existence) and the Canadian Impact Grant. WFP India has managed to obtain substantial contributions to the MCN programme from CIDA and various State governments in India, which might be a mechanism that can be replicated in (some) other countries.

- Within this MCN thematic review, the case of Madagascar stands out for a context of strong national policymaking on nutrition within the context of the PRSP and the MDG's. A National Nutrition Policy (that includes nutrition activities at the community level) was drawn up in 2004. Within this policy, the National Community Nutrition Programme was launched as an umbrella over SEECALINE, the UNICEF-supported Community-Based Nutrition Project and the USAID-supported LINKAGES programme. The three programmes now will be coordinated by the new National Nutrition Office. WB financial support will no longer be on a project basis but will be given as budget (programme) support under the Sector-Wide Approach (SWAp). The changeover from a project approach to a programme approach will take place gradually, allowing the old and new models to overlap for a while. Against this background, WFP Madagascar has elaborated it new CP 2005-2009.

- Although until now very few projects for adolescent girls have been established by WFP, the studied MCN programmes were found to clearly reflect the 'life-cycle approach'. All MCN programmes have curative elements providing targeted food support to malnourished children and pregnant women 'at risk'. Another evolving

[14] The World Bank Report n°17507 MAG, 'Project appraisal document on a proposed credit in the amount of SDR 20.4 millions equivalent to the Republic of Madagascar for a community nutrition II project, March 1998' mentions lessons learned from its precursor "SECALINE" (1994-1998) and from local and international experience. It consistently discusses alternatives for programme design aspects that were considered and rejected in the process.

[15] DSC stands for Direct Support Costs, ODOC for Other Direct Operational Costs.

trend was present in the case studies in Asia and Latin America: a shift to more preventative approaches among vulnerable populations in carefully selected geographical areas that address early malnutrition of young children with fortified blended food *before* the children become acutely malnourished. The 2004 WFP nutrition policy documents stress the need to direct MCN programmes at vulnerable children 'at risk' (not only those who are malnourished) in carefully selected geographical vulnerable areas. The exception is Madagascar, where WFP withdrew from a community-based nutrition programme and moved into nutritional rehabilitation at district health service level.

- In Zambia, Cuba and Madagascar (currently), the nutrition programme is directed at a range of vulnerable groups. The combination of various types of target groups results in flexibility to shift between target groups if needed to respond to urgent needs that emerge during the implementation of the country programme. This facilitates LRRD (linking relief, recovery and development) programming, e.g. in relation to the HIV/AIDS crisis or during new droughts. However, experience in both Zambia and Cuba shows that the MCN groups are being relatively less well covered (comparison of actual versus planned) than the other 'vulnerable' groups included in the programme. In Zambia this was caused by the strong nationwide focus on HIV/AIDS programmes compounded by the comparative advantage of HIV/AIDS programmes through NGO's and CBO's which are more efficient than the regular government health system that is being used for MCN. In Cuba it had to do with insufficient milling capacity to produce the enriched cereal.

- In the four MCN programmes, the food assistance is provided through a centre-based (health centre, preschools, schools etc.) or community-centre based approach, with varying levels of outreach and rooting in the community. Children under five and pregnant and lactating mothers are being assisted with take-home rations through MCH clinics (in Zambia and Cuba) or take-home rations or on-the-spot-feeding through preschools or day-care centres (in Cuba and India). In Madagascar (1998-2004), moderately malnourished children under three and pregnant (not: lactating) mothers were being assisted with take-home rations through community nutrition centres. In Madagascar (2005-2009), moderately malnourished children under five will be assisted with take-home rations through ambulatory nutrition recovery centres attached to the district health centre. On-the-spot feeding is also used in the case of hospital feeding of severely malnourished children in Zambia.

- In all four cases studied, the MCN programme appeared to have an important disaster preparedness and mitigation function as 'food-based safety net' during crises. In times of disaster, an MCN programme provides a ready-to-use food

distribution mechanism for reaching the most vulnerable groups (mothers and young children) within the society. For example, vulnerability to natural disasters is incorporated as an indicator in mapping food insecure districts in India and Zambia, and the MCN programmes in Cuba and Zambia are concentrated in drought-prone areas of the country and serve as nutrition safety net during food crises. In Madagascar cyclone and drought-prone districts were included in the MCN programme since 2000. During the 'rice crisis' of 2004/05 in Madagascar, WFP and UNICEF undertook a joint emergency operation targeting malnourished children through the existing network of community nutrition centres in rural and peri-urban areas that were particularly affected by the crisis.

WFP country office structure and staffing

- In line with the current trend of decentralization of national government systems, regional Sub-Offices were opened and/or empowered in three out of the four country cases (Cuba, India and Zambia), as a means to establish closer contact with implementing partners at field level and with other actors in the geographical area that are relevant to MCN. The Sub-Offices usually have been given a day-to-day financial management function vis-à-vis the implementing partners at field level, but decision-making generally still takes place at country office level.

- Except from India where the WFP office avails of national nutrition expertise, WFP country offices in none of the other case studies had any technical nutrition capacity. Supposedly because of their lack of 'demand' for technical nutrition support, these country offices also received little nutrition backstopping from the Regional Bureaux and Headquarters. As reflected in the 2004 Food for Nutrition Policy ('complementary skills'), sufficient human resources and institutional memory within the country office with regard to nutrition is a prerequisite for (scaling up of) quality nutrition programmes.

- In India the WFP country office has established separate technical units (for VAM, health, nutrition, etcetera) which provide support to the programme management unit. This arrangement might be a replicable model for other country offices, which would favour the creation within country offices of (currently non-existing) nutritionist positions with a technical support function, and the appointment of 'focal points' in the programme management units for liaison with implementing partners and other stakeholders within the various programme sectors and/or geographical areas.

Logical framework and Monitoring & Evaluation

- All country programmes studied follow the logical framework programming approach, with a specified list of objectives and well-defined sets of activities. This is reflected in the 'Results' section in the WFP Standardized Project Report (SPR) format for annual reporting. In the SPR format, information is requested on outputs like beneficiary coverage figures, comparison of actual versus planned outputs in terms of beneficiary numbers and commodity distribution, and on outcomes. While the logframe for the current country programme in India specifies outcome targets, target values are not given for the other MCN programmes studied in Zambia, Cuba and Madagascar (current country programme[16]).

- Based on an extensive study in Asia, Mock & Mason (1999) concluded that nutrition-related sectors generally don't have a mature information culture. Outcome information was not consistently available and nutrition objectives usually did not form part of performance criteria for policymakers and programme managers. This finding has been confirmed in the case studies for this thematic review, not only for India (Asia), but also for the case studies in Cuba, Madagascar and Zambia, especially with regard to the use of available data for programme planning.

- As was already highlighted by the recent Enabling Development Policy evaluation, the monitoring and evaluation of WFP MCN programmes tends to be rather weak. The WFP regular monitoring system (Standardized Project Reports) primarily focuses on output figures like the amounts of food distributed and the number of beneficiaries reached. Various initiatives have been taken by the WFP country offices to improve their monitoring & evaluation system. However, in none of the cases studied, WFP country offices availed of a systematic follow-up system based on the output and outcome indicators attached to the logframe in the Country Programme. So far, the main focus in monitoring of MCN interventions has been on 'operational output' measures like distribution/coverage figures. WFP Cuba and WFP India executed extensive baseline studies for the MCN programme. In Madagascar, the World Bank / SEECALINE project monitors and evaluates output and outcome data, and WFP uses the results for its mid-term and final evaluations.

- The Indicator Compendium for Results-based management (RBM) has recently come up with sound indicators for outputs and outcomes of MCN programmes that now need to be incorporated in logical frameworks for WFP country programmes. For MCN programmes, the challenge is to apply sound output / outcome indicators

[16] The previous Madagascar CP (1999-2003) does mention targets, possibly inspired by the World Bank that did the actual programming of SEECALINE

for Strategic Priority 3 "*Support the improved nutrition and health status of children, mothers and other vulnerable people*"[17] based on data sources that can be expected to be available to the WFP country office. If available and of good quality with sufficient detail, this information serves as tailor-made input for further MCN programming and fine-tuning. Moreover, in the light of the Millennium Project, it is important for WFP to be able to demonstrate clear results about achieved reductions in the number of people suffering from hunger and malnutrition (the indicator for achievement of Millennium Development Goal (MDG) 1). In this respect, it remains to be decided how outcome data for MCN programmes (change in nutritional status) will be collected, and whether and how the VAM unit and WFP nutrition staff will be involved in this. In principle, nutrition data collection can be done at service centre-level (clinic or community centre) through analysis of available growth monitoring data, and/or through baseline and mid-term/endline evaluation studies in sentinel sites or through random sample surveys. The latter can be commissioned to an implementing partner or contracted out to a technical agency.

- Building on Mock & Mason's typology of indicators for nutrition programmes, out*come* indicators (population-level changes in nutritional status[18], micronutrient status and caring practices) relate to the immediate causes and consequences in the UNICEF conceptual framework on causal patterns of malnutrition. Out*put* indicators relate to process information on the efficacy and efficiency of transforming inputs into outputs, and thus refer to the host of programme-related activities like targeting, intensity of services, coverage, quality of services etc. Context indicators reflect underlying causes of malnutrition that are not specifically addressed by the nutrition programme, plus constraints or mediating influences on the results of the nutrition programme. As described by Mock & Mason, nutrition programme indicators can come from various data sources and can be used for a range of purposes:

- As can be gathered from the table below, output data for MCN programmes could be collected through programme monitoring by WFP together with the implementing partner, through national sample surveys and through evaluation research (baselines and endlines). Outcome data (such as malnutrition levels and the prevalence of anaemia among children under five and adult women) need to become available through existing systems for growth monitoring and other

[17] See: WFP, 2004, Indicator Compendium.

[18] Mock & Mason advocate for the inclusion of low birth weight (LBW) as a key outcome indicator in a nutrition information system framework, especially for Asia with major problems of poor maternal nutrition. However, from the perspective of WFP food assistance to pregnant mothers, it can be argued that low maternal body mass index (% with BMI < 18.5) is the outcome indicator and low birth weight is the impact indicator.

'clinic-level' data sources, through sentinel sites or through national sample surveys. To avail of the required information input, WFP will need to work in partnership with other organizations, e.g. with the government or with other main donors towards the same MCN project or through contracting of an NGO or technical agency. If WFP works in partnership with a main partner that does the monitoring and evaluation (such as the World Bank in the case of SEECALINE in Madagascar), it is still important that WFP participates in the planning of the M&E system and of any specific surveys to be undertaken, so as to make sure that information that is important from the perspective of WFP is properly included.

Nutrition programme indicators by potential data sources (Mock & Mason, 1999)

	National sample surveys	Growth monitoring data	Programme monitoring data	Evaluation research	Sentinel sites
Indicators on	Outcome Output Context	Outcome	Output	Outcome Output Context	Outcome
Programme design	X	(X)	X	X	
Programme management		X	X		
Policy making	X			X	
Crisis management		X			X

- In order to be able to safely attribute any outcomes to WFP supported interventions or to WFP support *per se*, evaluation designs would be needed that incorporate a control group. For example, in Madagascar there was a trend of decreasing malnutrition in the SEECALINE project sites. This trend also existed in non-project sites but the decrease was not as strong. Thus, while admitting the existence of an overall trend of weight improvement in both groups, it can be concluded that the SEECALINE project has largely eliminated the weight gap that existed at the start of the project between the sites selected for being most affected by malnutrition and sites that were not selected (i.e. least affected by malnutrition). The overall trend of weight improvement cannot be attributed to SEECALINE per se.

The specific case of WFP MCN in India

- India is a specific case different from the other country studies in this thematic review. India is in a fast-moving process of economic transition and has passed the line of food self-sufficiency. India has recently moved to being a donor to WFP for food assistance in other countries. The Central and State governments of India are

more and more taking over from WFP in terms of food supply to ICDS, and have increased the investment in MCN activities from their own budgets.

- WFP India stands out for having shown very strong management and leadership. In the field of MCN, WFP India has followed a partnership approach that achieved close collaboration with the Government of India. There has been extremely successful advocacy by WFP for universal fortification of the blended food used in the ICDS scheme, and WFP has been a motor behind the establishment of the government campaign 'Towards a Hunger-Free India – Countdown to 2007'. The catalytic role of WFP India in the leverage of policies and resources can be seen as a 'prototype' role model for replication in other countries where WFP undertakes MCN programmes. It is recommended to WFP India to share these experiences within WFP worldwide, e.g. through wide dissemination of the brochure 'Tackling Hunger: United Nations World Food Programme's Effort to Help Eliminate Food Insecurity in India' (WFP India, 2002).

- WFP India (and also WFP Madagascar) have benefited from various external grant allocations (especially the former Dutch Quality Improvement Grant and funding from CIDA towards the PQIF, Programme Quality Improvement Facility[19]). This additional cash support has allowed the undertaking of new initiatives and pilot studies on new intervention models as model projects for replication. The MCN programmes in Cuba and Zambia have not availed of such additional funding.

- The collaboration between WFP and the Swaminathan Foundation for the compilation of a series of Food Insecurity Atlases of India is an outstanding example of a structured analysis of food security patterns based on a composite set of indicators. The indicators can be aggregated at State level (as was done for the Atlases), but also disaggregation at district-level or block-level (as has been done in the State of Uttaranchal) is possible. This sort of detailed food security information is ideal input for geographic targeting of development assistance to the poor[20], including for WFP MCN programmes.

[19] "The Programme Quality Improvement Facility (PQIF) was established in 1998 as a multilateral cash fund to enhance the quality of WFP interventions. It is a continuation of the Dutch Quality Improvement Grant based on the recognition that complementary cash or other non-food resources are noticeably required in order to realise the full potential and impact of WFP food assistance. Canada's contribution to the PQIF, named the "Impact Grant", will support activities in the five focus areas of the new "Enabling Development" policy, as well as in Emergency Operations and in Protracted Relief and Recovery Operations. Priority areas are targeting, monitoring and impact measurement in the context of the Results Based Management (RBM) approach. The linkage of food, nutrition and health will receive special attention." (Source: Programme Quality Improvement Facility of WFP. Guidelines on the Use of the (Canadian) "Impact Grant". October 2003).

[20] As most PRSP's (national Poverty Reduction Strategy Papers) have a strong pro-poor focus, policymaking on interventions in e.g. the health and agricultural sectors could very much benefit from a structured analysis of food security patterns in the country.

- To enhance the effectiveness of the MCN support, WFP India has focused on convergence of services (the 'area-based approach') trying to integrate different WFP programmes at district level and below.

- Some studies on the ICDS scheme have documented a positive outcome with respect to reduced prevalence of severe and moderate malnutrition, and even significant impact in terms of bringing down low-birth weight and infant mortality rates. However, with regard to changes in the dietary intake among preschool children, another outcome indicator, no significant changes could be demonstrated.

Summary -WFP programming processes and context factors in relation to MCN-

This MCN thematic review has concentrated on the basic question 'what works and why' in practice. The country case studies focussed on MCN programmes since 1997 and thus permit good insight in the history of MCN programming over nearly a decade.

The main findings on MCN programming processes within WFP country offices include the gap between introduction of new policies by Headquarters and the realities in the country offices, the trend within WFP towards supplementary feeding programmes for 'vulnerable groups' that combine MCN with other target groups (such as people suffering from TB or affected by the HIV/AIDS pandemic), an evolving shift within MCN programmes to more preventative approaches, the functioning of the MCN programme as 'food-based safety net' during food crises (as part of disaster preparedness and mitigation), and the variation among the programmes with regard to its location: centre-based (health centre, school, preschools), community-centre based, take-home rations or on-the-spot feeding.

As for the structure of the WFP country office, it was found that in three case studies Sub-Offices had been opened and/or empowered to establish closer contact with implementing partners at field level. WFP India has implemented an organizational change by which separate programme and technical support units were established within the country office. While sufficient nutrition capacity is a precondition for successful MCN programmes, most of the WFP country offices were found not to avail of any nutritionist among their staff.

Although all WFP country programmes studied are based on the logframe approach, target values for outcomes were hardly ever specified. The review team was not able to determine the impact of the four MCN programmes, because none of the cases availed of a proper M&E system with regular follow-up of the indicators included in the logframe. For monitoring, the focus within WFP is primarily on operational output measures like distribution and coverage figures. Hopefully, the new RBM framework will provide much-needed guidance and support to the CO's how to improve their M&E system which could

build on the typology of output and outcome indicators for nutrition programmes as proposed by Mock & Mason (1999). Output data can be collected through programme monitoring by WFP and the implementing partner, while outcome data need to be generated through e.g. growth monitoring systems and other 'clinic-level' data sources, or through sentinel sites or national sample surveys. The task ahead for MCN programmes is to apply sound indicators based on data sources which are available to the WFP country office, also through partnerships with the government (in all cases the implementing partner for MCN), other donors towards the same MCN programme, or through contracting of NGO's or technical agencies. The obtained information should serve as input for further planning and fine-tuning, and should demonstrate results in terms of achieved reduction in the number of people suffering from hunger and malnutrition (indicator for MDG 1).

Due to the fast-moving process of economic transition, India is a specific case different from the other country case in this thematic review. WFP India stands out for having shown very strong management and leadership, with extremely successful advocacy for universal fortification of the blended food used in the ICDS scheme, being a motor behind the establishment of the Government campaign 'Towards a Hunger Free India – Countdown to 2007', and with the publication of a series of outstanding Food Security Atlases based on structured analysis of food security patterns and poverty. The MCN programme in India has benefited from various external grant allocations that allowed the piloting of new initiatives.

4.2 KPP 1: Targeting to households where insufficient access to food leads to malnutrition (based on good situation analysis)

Reaching the poorest of the poor remains an international challenge. This thematic review on MCN was confined to four selected country case studies, but in order to have a wider geographical perspective, WFP may wish to look into the 'hunger hotspots'[21] that have been identified for the purpose of reaching the Millennium Development Goals (MDG's). This has two implications for the VAM (Vulnerability Assessment and Mapping) system within WFP: (i) it needs to feed such regional information on nutrition conditions into country programming; (ii) its case-studies on vulnerability patterns are an important contribution to pro-poor targeting in relation to the Millennium Project.

Through the establishment of VAM units in WFP country offices, WFP over the past 5 years has advanced to regular and structured analysis of the food security situation. Sometimes the VAM unit is placed within a ministry (Cuba); sometimes the unit is located

[21] Subnational units as defined by the Millennium Project's Hunger Task Force based on a combination of data on the prevalence of underweight among underfives (<-2SD) with data on child population density.

in the WFP country office (India, Zambia). The vulnerability analysis is usually done at provincial/State level; sometimes also at district level (like in Zambia). As WFP impossibly can undertake extensive field data collection, the VAM exercises primarily (but not exclusively[22]) depend on data sources from the government and other bodies (like Demographic Health Survey data, UN joint food needs assessments, FIVIMS[23], Vulnerability Assessments by national VAC[24] committees etc.). The general impression from the case studies is that the real VAM input for geographical targeting of WFP support to MCN programmes was rather limited. Only in one State in India (Uttaranchal), WFP was able to target remote 'backward' areas ('pockets of poverty') at below district-level as food security data were available at block level. In Madagascar, district selection under the previous SEECALINE project was left to the World Bank. In the current CP, 3 out of 6 provinces were selected based on VAM data; the procedure for district selection for MCN (i.c. CRENA's) is not yet clear.

The set of vulnerability criteria used by VAM for temporal and spatial targeting (when and where malnutrition is the result of inadequate food consumption) varies from country to country. It usually consists of some indicators related to levels of food insecurity and disaster proneness. As WFP impossibly can undertake vast data collection efforts, VAM primarily depends on existing data sets from other UN agencies, the government and other sources. Detailed nutritional status data at district level including disaggregated figures on the prevalence of micronutrient deficiencies would provide very useful additional information for targeting, but these are often not available. Most VAM units undertake studies to analyze vulnerability patterns and trends, but in general the use of this information for geographical targeting of MCN programmes is limited. In some of the countries studied, the VAM units have executed extensive baseline studies for MCN programmes that incorporated information on care and health issues related to malnutrition among young children.

In India the WFP support to ICDS focuses on States with chronic food insecurity. In Cuba, the MCN programme is executed in five provinces in the East selected for being drought-prone. The programme is a follow-up to a WFP programme on agricultural production in one of these provinces. In Zambia, VAM uses a set of indicators that combines food

[22] VAM analyses are carried out with results from surveys that collect first-hand information as well as use of secondary sources of information and data (http://vam.wfp.org/main/about.jsp)

[23] FIVIMS (Food Insecurity and Vulnerability Information and Mapping System) is an initiative of the 1996 World Food Summit to support creation and reinforcement of national government capabilities in food security and vulnerability assessment. Where a national FIVIMS group exists, VAM generally is a key member of it or otherwise avoids duplicating functions already provided by existing FIVIMS groups. Where they do not exist, VAM sees its role as a step towards creating such a group. Through the Inter-Agency Working Group on FIVIMS, FAO and WFP jointly develop comprehensive and mutually accessible spatial data including socio-economic data at sub-national level, to assess vulnerability to food insecurity and for poverty mapping.

[24] VAC stands for Vulnerability Assessment Committee

insecurity, drought-proneness and HIV/AIDS prevalence. In Cuba, extensive nutrition data sets were available as baseline for the MCN programme, including detailed information at provincial level on dietary intake and anaemia prevalence disaggregated according to age groups. In the other countries however, nutritional status information from government sources usually is based on weight-for-age (underweight), which implies a combination of stunting and wasting as both lead to reduced weight-for-age. Wasting information was found to be available from VAC assessments and NGO sources for planning and monitoring of drought-related interventions in Zambia. In Madagascar by now also district-level stunting and wasting data are available, as well as a household food consumption survey executed in 2001 that could be used for district targeting under the new CP.

In India, the selection of districts within the food insecure States for the MCN programme was mainly based on criteria like the scope for effective partnerships (e.g. as indicated by requests coming from local government structures), avoidance of duplication of work done by other organizations, good governance, WFP's past experience in the area, and geographic concentration of the WFP FAAD interventions ('area-based approach'). In Cuba, the WFP MCN programme throughout covers the five selected provinces. In Zambia, WFP has chosen for a wide geographical spread with different types of programmes in different parts of the country, with a trend of gradually increasing concentration of the MCN programmes in a smaller number of districts. In Madagascar, WFP has chosen to limit its interventions to the three most food insecure provinces, for reasons of logistical convenience and also in order not to spread its interventions too thinly. The review team suggests that there is scope for using other selection criteria in addition to the basic criterion of food insecurity and problems of access to a balanced diet. Recommended additional criteria are: (i) the presence and capacity of local implementing partners and (ii) the possibility of synergy with other WFP activities, such as school feeding and food-for-work.

KPP 1: Good situation analysis and targeting

Examples from the country studies of what worked well:

- VAM units usually collaborate effectively with national institutions (or other donors like the World Bank). The analysis of patterns of food insecurity and disaster proneness serves as key input for selecting the geographical areas (states or districts, respectively) that will receive WFP support, both for MCN programmes and for other development oriented food assistance.

- In all country studies except Cuba, the selection of districts to be covered by the MCN programme appeared to be based on a combination of selection criteria. Next to the level of 'access to food', other selection criteria are commonly used that contribute to the quality of the MCN programme, like e.g. the scope for partnerships, avoidance of duplication of work done by other agencies, good governance, WFP's past experience in the area, and/or geographic concentration of WFP interventions for the purpose of 'convergence of services'.
- While in Madagascar and Zambia the MCN programmes have a curative focus, the MCN programmes in Cuba and India are based on the preventive life cycle approach that recently has been adopted by WFP (Food for Nutrition policy), with a focus on the inclusion of young children 6-36 months 'at risk' and women early in pregnancy, and with piloting of food rations for adolescent girls.

Examples from the country studies of what was not functioning well:

- While the VAM unit in India has been involved in some detailed studies as a basis for targeting, VAM units have neither been involved in the identification of 'pockets of poverty' at below district levels or other baseline studies for causal analysis of malnutrition patterns including micronutrient deficiencies, nor in the collection of M&E data based on indicators within the logframe for the country programme in order to demonstrate results.
- Except for Cuba where extensive nutrition data sets were available as baseline, in most country studies the available information on nutritional status patterns was found to be limited to weight-for-age data, which is the indicator for underweight that does not disaggregate chronic and acute malnutrition. Information on micronutrient deficiencies is usually drawn from Demographic Health Surveys, but these studies do not provide information at district level.
- In none of the cases studied there was any documented evidence about the process of selection decisions, and alternatives that were considered.

While maintaining WFP support for programmes directed at the treatment of malnutrition, the 2004 Food for Nutrition policy firmly adopts the preventative life cycle approach for MCN programmes. These programmes thus in principle should also address the needs of adolescent girls, reach women early in pregnancy and cover very young children 6-24 months before they become acutely malnourished. All MCN programmes studied were found to cover prime WFP target groups in the life cycle approach. While the programme in Zambia primarily has a curative focus covering malnourished children below 5 years and pregnant women 'at risk' only, the programmes in Cuba and India were found to

follow a more preventative[25] approach including children under two, pre-school children and pregnant and lactating women in selected food insecure areas/districts/ provinces. The MCN programme in Madagascar under the previous CP was curative (malnourished children from 6 to 36 months and pregnant women in their third trimester) but within a preventative community-based context. As of 2005, the MCN programme in Madagascar has got a full curative character (malnourished underfives) with food assistance to the CRENA's attached to health centres. There is a general need for WFP to identify suitable mechanisms to reach adolescent girls. The programme in India has recently started with some pilot projects within MCN that provide food assistance for training of adolescent girls on health and nutrition education and sexually transmitted diseases including HIV/AIDS.

Summary - KPP1: Good situation analysis and targeting -

Establishment from 1999 onwards of VAM units within WFP country offices has facilitated regular and structured analysis of the food security situation. The analyses are usually done at provincial / State level, and - depending on the secondary information that is available to WFP - sometimes also at district level. The set of vulnerability criteria used by VAM varies from country to country. Except for Cuba where extensive nutrition data sets are available, nutritional status information in most countries is limited to weight-for-age (WFA) data indicating underweight. The VAM units within the country offices undertake useful studies to analyze vulnerability patterns as input for planning, but these exercises generally do not provide sufficient input for specific geographical targeting of MCN programmes.

Other factors influencing targeting of WFP support to MCN programmes are the scope for effective partnerships, WFP's past experience in the geographical area, and a trend for geographical concentration of WFP FAAD interventions ('area-based approach').

All MCN programmes target prime WFP target groups in the life cycle approach, some with a curative focus on malnourished underfives and pregnant women 'at risk' (Zambia, Madagascar as of 2005), others with a more preventive approach including children under two, preschool children and pregnant and lactating women (India, Cuba, Madagascar up to 2004).

[25] Supplementary feeding is therapeutic if targeted to severely malnourished individuals and preventive if targeted to those at risk of becoming malnourished. Preventive supplementary feeding can be:
- Targeted on the basis of geographical risk
- Targeted to pregnant women, if a primary objective is to prevent low birth weight (if she is reached early in pregnancy, malnutrition of both her and her child may be prevented.)
- Targeted to adolescent girls (to correct under nutrition before she becomes pregnant)
- Targeted to very young children i.e. 6-24 months
- Targeted to children not yet severely malnourished but with faltering growth

(source: Targeting section in the Supplementary Feeding for Mothers and Children operational Guidelines - http://home.wfp.org/manuals/pg_feeding/4targeting.htm)

In the four case study countries, needs-based targeting was found to be carried out through application of the following types of selection criteria mentioned in WFP's Draft Operational Guidelines on supplementary feeding for mothers and children[26]:

- *Socio-economic status (usually the poorest) (India)*
- *Age (e.g. under-twos, or under-threes) (all)*
- *Gender (e.g. female-headed households) (India)*
- *Physiological status (e.g. pregnancy, lactation) (all)*
- *Nutritional status (e.g. with regard to underweight, wasting or stunting indicators) (all)*
- *Growth status (e.g. with regard to growth faltering) (Madagascar)*

4.3 KPP 2: Community involvement and community-based approaches

All MCN programmes studied appeared to be rather top-down with little room for community involvement in programme design. The experience of various pilot projects alongside the ICDS scheme in India shows that more community participation is certainly possible but that this needs additional funding sources for collaboration with field-level organizations. Both the ICDS in India, the growth monitoring in Zambia and the SEECALINE nutrition activities in Madagascar (previous CP) are based on community-based approaches. The MCN programmes in India and Madagascar are executed through community centres with workers elected by the community who receive a small salary by the programme (in the ICDS in India they are called 'Anganwadi workers', and in SEECALINE in Madagascar 'Community Nutrition Agents'). The services are provided outside the health services within the communities and hamlets. In Zambia, growth monitoring is executed in the communities by village volunteers, but food supplementation is done under the supervision of health centre staff. In Cuba, the MCN services are centre-based; they are provided by government institutions like health centres, day-care centres, pre-schools and primary schools. Across the board, community involvement in the four MCN programmes studied mainly consists of 'functional' participation limited to support during the implementation of the service. In all cases, the mechanism for community involvement was created by the MCN programme and did not build on existing community structures. On the other hand, in many remote villages in Madagascar, the nutrition sites are the only community development structure in place and thus serve as an entry point for other development services.

Generally, the 'ideal' of 'community ownership' is far from being reached. While Cuba stands out for its community consultations to help shape the delivery of WFP-supported nutrition services, the other MCN programmes studied don't appear to have a lot of room for community involvement in programme design. As the level of community involvement

[26] Targeting section in the Supplementary Feeding for Mothers and Children operational Guidelines - http://home.wfp.org/manuals/pg_feeding/4targeting.htm)

in MCN programmes primarily depends on the government policy context, as and when opportunities arise, WFP country offices could actively advocate for higher community involvement in the MCN programmes they support. E.g. in India, a process of decentralisation of government structures is currently underway which is supposed to lead to a greater role for '*Panchayati Raj* Institutions' (self-chosen local government structures at district, sub-district and village level) in the planning and management of government services including ICDS. In Madagascar, the Government invests considerably in community nutrition activities, but the activities are designed in a rather top-down fashion. In many villages, the SEECALINE site represents the only entry point for development services at village level, and forms the only link with the world of donors.

KPP 2: Community involvement and community-based approaches

Examples from the country studies of what worked well:

- The WFP supported MCN programmes studied all operate through government channels reaching down to the lowest service levels, either within the health system (Cuba, Madagascar current country programme, Zambia) or the socio-educational system (Cuba, India, Madagascar previous country programme).
- Community involvement proved to be present in all MCN programmes studied. This usually consisted of 'functional' involvement, e.g. through provision of premises, additional food items, firewood or water, villagers participating as volunteers to facilitate smooth execution of on-the-spot feeding and for growth monitoring. In India, WFP runs an interesting pilot with 'Food for Human Development' where volunteer participation is brought under the scope of 'work' leading to entitlement to food assistance.
- The successful home-based care projects for HIV/AIDS patients in Zambia provide good models on how to increase community involvement by linking up with local NGO's and CBO's.

Examples from the country studies of what was not functioning well:

- None of the supported MCN programmes turned out to be community-driven, as there was found to be hardly any room for community involvement in programme design and management. On the positive side, current decentralization processes in India provide interesting opportunities to increase community participation in the ICDS.
- During the previous country programme 1997-2002, WFP India undertook various interesting and successful pilot projects on promoting community involvement in the ICDS which were funded with extra-budgetary financial resources provided by CIDA. However, the positive experiences with community involvement were not followed up in the current country programme. WFP experienced the pilot projects as rather demanding in terms of required staff levels and skills and necessary cash resources. Due to staff changes within WFP India the momentum in these efforts unfortunately

has been lost, and scaling-up or replication by the Indian government of the successful pilot projects so far has not taken place.

There is a clear need for a transition to more demand-driven MCN programmes based on the needs and wishes expressed by the community. The experience in some pilot projects of WFP India has shown that it is certainly possible to achieve higher community involvement, but this needs additional funding sources for collaboration with field-level organizations. In this respect, it is realized that bringing about increased community involvement is generally a time and labour-intensive process, and that this comes at a cost.

In terms of community involvement, SEECALINE in Madagascar and ICDS in India (both receiving substantial World Bank support) are the most advanced programmes in this review. In India, WFP has benefited from external grant allocations allowing the piloting of new approaches. Nevertheless, also these MCN programmes are marked by limited community outreach and limited attention for health and nutrition education addressing 'care' and 'health' aspects (which, next to 'access to food' within the UNICEF conceptual model usually are contributory causes of malnutrition among young children).

Levels of Community Participation[27]

Typology	**Characteristics of Each Type**
1.Passive Participation	People are told what is going to happen, or participate by answering questions only. *Information being shared belongs only to external professionals.*
2.Participation by Consultation	People express their views, which may be taken into account, but have no share in decision making. *Professionals are under no obligation to take on board people's views.*
3.For material incentives *(Bought Participation)*	People participate in activities in order to receive food, cash or other material incentives. Still no decision making, and participation often ends when incentives end. *Local people have no stake in prolonging technologies or practices when the incentives end.*
4. Functional Participation	People form groups and carry out activities to meet objectives of project, but no involvement in choosing objectives, and minimal involvement in choosing activities. Some groups may in time become stronger and more self-reliant. *Participation seen by external agencies as a means to achieve their goals, especially reduced costs.*

[27] Source: page 33 in: FAO (2002), Improving Nutrition Programmes, an Assessment Tool for Action, Rome. (with additions in italics from the same typology on participation but presented slightly differently by Pretty J & R Hine (1999), Participatory approaches for community assessment: Principles and Methods, Centre for Environment and Society, University of Essex, Colchester).

5. Interactive Participation	People participate in joint analysis and planning, joint decision-making, with project staff. *Learning methodologies used to seek multiple perspectives, and groups determine how available resources are used.*
6. Self-Mobilisation *(and Connectedness)*	People take initiatives independent of project staff. They develop contacts with external institutions to access technical expertise and funding, but retain control over decision-making.

As stated above, community involvement in the MCN programmes studied mainly consists of 'functional' participation (level no. 4 in the typology of community participation as given in FAO's publication 'Improving Nutrition Programmes", see table above) during implementation of the service, e.g. provision or construction of premises for the community centre (Madagascar), provision of food inputs and firewood (India, Madagascar), provision of clean drinking water (Cuba), implementing hygiene measures (Cuba, India), participation in nutritional status assessment to identify cases to be included in the MCN programme (Zambia, India), and organizing mothers' meetings and adolescent groups (India, planned in Cuba). In Madagascar (previous CP), the nutrition education component of the community nutrition activities was taken care of by the Government's SEECALINE project, and home visiting was part of the tasks of the Community Nutrition Agent. In all cases, the community participation is created by the MCN programme (or through the health or socio-educational service facility that encompasses the MCN intervention), and does not specifically build on existing community structures. Throughout, WFP staff agreed that in MCN programmes there should be more focus on home visiting for case identification and follow-up, and on nutrition and health education. With respect to the latter, e.g. it was mentioned for WFP to take up assistance in the development of educational materials (brochures, posters, broadcasting material; as has been done in India), to increase the use of cooking demonstrations (including the use of the fortified blended food), and to organize (more) training sessions on dietary diversity and hygiene. Strengthening of these activities usually is very challenging for WFP in terms of staff levels, skills and human and financial resources.

In most of the MCN programmes supported by WFP, the limited attention for training and nutrition and health education and community outreach activities forms a major bottleneck that restricts the effectiveness of the programmes with regard to sustainable nutrition improvements. As long as the underlying limitations in WFP's staffing levels, nutrition skills and budgetary resources exist, it is very difficult for WFP to overcome this shortcoming within the supported MCN programmes.

A new concept currently promoted by WFP India is "Food for Human Development", where the scope of food-for-work activities is broadened by allowing certain activities that reinforce social sector performance to be brought under the definition of "work" so that the

worker gets an entitlement to food assistance. A particular example is to use food as a resource to improve the ICDS outreach and service delivery through women self help groups in the villages.

Summary – KPP2: Community involvement and community-based approaches-

There is a clear need for more demand-driven MCN programmes based on the needs and wishes expressed by the community, but generally within the MCN programmes studied little room exists for community involvement during programme design (for participatory priority setting and establishment of objectives). Experiences in pilot projects alongside ICDS in India have shown that more community participation is certainly possible but that this requires additional funding sources for collaboration by WFP with field-level organizations.

Across the board, the community involvement in the four MCN programmes mainly consists of 'functional' participation limited to support during implementation of the service. The MCN programmes in India and Madagascar are executed through community centres with workers elected by the community but paid a small salary by the programme. In all cases, the support is created by the MCN programme and does not build on existing community structures. Within all four MCN programmes, a need was identified to focus more on home visiting and on health and nutrition education. Strengthening the latter activities is a challenge for WFP in terms of staff levels, skills and human resources, and can only be executed with additional external funding on top of the country programme.

4.4 KPP 3: Partnership and integration with other social care programmes

WFP food support for MCN programmes always needs partners, and this is also in line with the FAAD policy 'umbrella' overarching WFP MCN interventions, which stresses the need for pro-active partnerships. The four case studies provide an interesting range of integration options of MCN programmes in the health care and socio-educational sector. Partnerships are needed for a range of functions: (a) to provide a programme context where partners provide complementary programme resources, (b) to provide technical assistance, and (c) as implementing partners for the programme. Based on this typology, balanced choices need to be made on how to add value and benefit from synergy effects. This should form the basis for a careful definition by WFP of what it expects from the partner in question.

In all cases studied, the government is the main partner, in a formal contractual relation with mutual benefits. E.g., there is a specific Operational Contract document on the WFP support to ICDS that runs alongside the country programme. Without exception, strong government ownership of the MCN programme was encountered in

all country cases. Basically, the MCN programme is not seen as a WFP programme but as a government programme supported by WFP as a food supplier and to carry out most of the logistics.

A keyword in a good partnership is «mutual trust», which is based on common goals, objectives, values and expected results. It is worthwhile for country offices to invest in trusting relationships and to avoid misunderstandings due to poor communication and the existence of unbalanced expectations. Stakeholder approaches, joint development of logical frameworks and visualization in programme planning are all instrumental for building shared vision. Holding regular meetings with different partners is essential for the exchange of information and to address any tensions that may arise. It is vital for WFP to accommodate Government priorities (e.g. with respect to targeting decisions and ration sizes) as much as possible, and to ensure coherence of WFP support with other (government) food safety nets. Also, it should be ensured that country programme commitments are being respected, which includes avoiding breaks in the pipeline.

The 'added value' of the partnership for both parties basically consists of WFP getting access to beneficiaries for targeted MCN food assistance and the respective government getting material support (food aid) plus possibly some other assistance (complementary inputs, training, other support) to run its MCN programme. Borrowing from the typology for community participation (FAO, 2002; Pretty & Hine, 1999) presented above, for the purpose of this review a tentative classification of partnership was worked out along similar lines, the result of which is given below. In this partnership typology, the WFP support to MCN programmes in the four case studies can be characterized as 'functional partnerships' where the government is the 'leading' party and WFP is 'contracted in' as food supplier and to carry out most of the logistics. From the perspective of the government, this is an appealing arrangement as it reduces costs. Where WFP has become more involved in joint planning and analysis, like in the case of WFP India, the relationship turns more equal and moves in the direction of interactive partnership.

Levels of Partnership

Typology	Characteristics of Each Type
1. Passive Partnership	The 'leading' party has the power over all resources and information, the other party is told what is going to happen, and is only involved in discussions when requested by the 'leading' party.
2. Partnership by Consultation	The 'leading' party consults the other party, whose views may or not be taken into account. The other party has no share in decision making.

3. Bought partnership (for material incentives)	The 'leading party' still takes all decisions, and the other party participates in planning and implementation of activities in order to receive food, cash or other material incentives. The participation of the other party often ends when incentives end.
4. Functional Partnership	The 'leading party' involves the other party to carry out activities to meet objectives of the joint project. Often this is a matter of 'contracting in' of the other party (which is the same as 'contracting out' of activities) in order to reduce costs. The other party has still no involvement in choosing objectives, and minimal involvement in choosing activities. Sometimes, the other party in time becomes stronger and more self-reliant.
5. Interactive Partnership	Both parties participate in joint analysis and planning, with joint decision-making and pooled funding. Learning methodologies are often used to seek multiple perspectives.
6. Full partnership (e.g. mergers)	Each party can take initiatives independent of the other, and maintains contacts with outside organizations to access technical expertise and funding. The control over decision-making is retained by the two parties together.

In India, the partnership with the Central government and various State governments has led to close coordination and ample room for policy discussions. WFP India has taken up a strong advocacy role and has becomes involved in joint planning and analysis, and the relationship with the government has moved towards an 'interactive partnership'. In Zambia, the health reforms have resulted in a 'split' between policymaking at national level and district-level implementation. The District Health Management Boards (DHMB's) in practice have become the implementing partners, and WFP Zambia does not involve itself in advocacy on MCN issues. In Madagascar, WFP has well-established links with the central government (in the current CP with MoH), but World Bank is in the driving seat for the SEECALINE programme, and WFP primarily is a co-financer that does not undertake advocacy on MCN issues.

Within WFP's policy framework for development aid, fruitful collaboration with other international agencies is considered important, but experience has shown that time and again this has been difficult to achieve. Except for India, the reviewed MCN programmes all would benefit from closer links with NGO's and CBO's and with (bilateral) donors present within the country. In most of the country cases WFP appeared to have good links with a national nutrition institute. Evaluation studies in the past years on WFP India support to ICDS have suggested to start with joint programming with World Bank and

CARE (the other main donors to the scheme), to undertake joint implementation of pilot projects, and to maintain close coordination with UNICEF, but in practice these types of collaboration have hardly taken off. In Zambia, health and nutrition is one of the specific focus areas in the CCA/UNDAF framework, but in practice so far little progress has been made in this area. With respect to MCN, there is a clear need for more intensive collaboration between WFP and UNICEF (e.g. on their support to therapeutic feeding which in the MoU between WFP and UNICEF is seen as UNICEF's mandate but is currently being handed over to WFP). In Madagascar, WFP does not appear to have played a significant role in decision-making on approaches within SEECALINE in terms of targeting or the role of the food component in the programme, as most decisions were taken by World Bank together with the national government.

KPP 3: Partnership and integration in other social care programmes

Examples from the country studies of what worked well:

- In all case studies, the government is the main MCN partner. Generally, there appeared to be strong (local) government ownership of the MCN programme. In India, the government is progressively taking over resourcing for the implementation of WFP support to ICDS. As the health reform in Zambia has resulted in decentralization to the district level, the District Health Management Boards nowadays are 'de facto' implementing partners of WFP for the MCN programme, but the level of ownership varies.
- In India, the partnership with the government and the successful collaboration of WFP India with influential nodal NGO's (see below) have led to a major role for WFP in policy discussions and advocacy work for Indiamix and its fortification. In this respect, WFP India stands out for having shown very strong management and leadership, which was not so much the case in the other case studies where WFP primarily functions as a food supplier that carries out most of the logistical work.
- WFP India also is the only example where a WFP country office has well-established relationships with a bilateral donor, namely with CIDA.
- In terms of partnerships with technical agencies, WFP India achieved to establish close strategic links with the Swaminathan Foundation and the Nutrition Foundation of India, and WFP Cuba is in close touch with the Cuban national Nutrition and Food Hygiene Institute. On the other hand, in Zambia, WFP is only loosely linked with the National Food and Nutrition Commission, and in Madagascar technical support is limited to contracted execution of nutrition surveys.

Examples from the country studies of what was not functioning well:

- This review has found that fruitful collaboration with UNICEF is not achieved easily, however logical in itself and even when MCN elements are explicitly incorporated within the UN Development Assistance framework. Both in India and Madagascar, the links between WFP and the World Bank were found to be rather indirect and not very intensive.
- Partnerships with NGO's are a cornerstone of WFP's policy framework, but most cases in this review appeared to be characterized by limited collaboration with (grass-roots) NGO's or CBO's. Madagascar is the exception, as under the previous CP SEECALINE contracted out the community-level implementation of the programme to grassroots CBO's and associations. Under the current CP, WFP assistance to the Day-care Nutritional Rehabilitation Centres will be implemented by a small number of international and local NGO's with a proven track record (their selection being based on an Implementing Partner performance sheet in which scores are gives according to a number of performance criteria).

Partnerships with NGO's form another cornerstone within WFP's policy framework, but in practice there is much room to increase the collaboration with (local) NGO's and CBO's, as especially these organizations can play a major role to enhance health and nutrition education and community involvement, fields in which WFP itself doesn't have a comparative advantage. As mentioned above, the WFP experience in Zambia with home-based care programmes through NGO's and CBO's is very positive. Also some WFP pilot projects alongside the ICDS scheme in India provide interesting models for replication[28]. In Madagascar (previous CP), SEECALINE contracted out the village-level implementation to local NGO's and CBO's, but the quality of some of these NGO's was not up to standard. As of 2005, WFP food distribution will be implemented in collaboration with 17 international and local NGO's with a proven track record[29].

The only example out of the four studied MCN programmes where the WFP country office has a well-established relationship with a bilateral or other donor is the case of WFP India's link with CIDA. The CIDA contribution has enabled WFP to undertake various pilot projects alongside the ICDS scheme. It is through this sort of financial support that WFP India has been able to come up with innovative approaches and to execute advocacy work.

[28] But it was realized here that 'community involvement comes at a cost', it is only possible with additional funding sources.

[29] An Implementing Partner's (IP) performance rating sheet was used in which marks were given to each NGO on criteria like targeting, implementation capacity, capacity-building capability, number of women on the team, integrity, cooperation with international organizations, reporting, etc.

When it comes to partnerships with technical agencies, the picture is more varied. WFP India has close strategic links with the Swaminathan Foundation and the Nutrition Foundation of India, and WFP Cuba is in close touch with INHA, the Cuban Nutrition and Food Hygiene Institute. For Zambia, a stronger link with the National Food and Nutrition Commission (NFNC) would be logical, despite its rather isolated position vis-à-vis the district health management boards. WFP Madagascar does not have a partnership with a local technical agency except for the contracting out of surveys.

Summary –KPP 3: Partnership and integration in other social care programmes-

None of the MCN programmes in the thematic review are stand-alone programmes. The four case studies show that there is a range of functions for MCN programme partnerships, either in the health sector or in the socio-educational sector. Partnerships are needed for a range of functions: (a) to provide a programme context where partners provide complementary programme resources (World Bank, UN agencies, bilateral organisations, national/local governments, private firms), (b) to provide technical assistance (health & nutrition institutes, universities, consultancy firms, ministries), and (c) as implementing partners for the programme (ministries, international and local NGO's, CBO's).

In all cases studied, the government is the main implementing partner, with a formal contractual relation that can be described as a 'functional partnership' where the government is the 'leading party' and WFP is 'contracted in' as food supplier and to carry out most of the logistics. In the new country programme in Madagascar for the period 2005-2009, WFP has shifted to channelling its food assistance through a number of selected international and local NGO's. If like in India WFP becomes involved in joint planning and analysis, the relationship moves in the direction of 'interactive partnership'. The thematic review suggests the 'widening' of KPP3 by addition of some elements on advocacy.

Within WFP's overall policy framework, it is acknowledged that fruitful collaboration with other international agencies and with NGO's is important. The latter organizations can play a major role to enhance health and nutrition education and community involvement, filed in which WFP does not have a comparative advantage. However, experience has shown that effective collaboration is not easy to achieve. Only in India WFP appeared to have a well established relationship with a bilateral or other donor for MCN programmes. Apart from Madagascar, the programmes studied were characterized by limited collaboration with grass-roots NGO's or CBO's. In India and Cuba and to some extent also in Madagascar, WFP appeared to have good links with a national technical agency.

4.5 KPP 4: Provision of a quality food ration including micronutrient fortification

The 2002 desk review makes a case for distribution of fortified food through MCN programmes. Fortified blended food is an effective and efficient vehicle to supplement the micronutrient intake and to provide energy and protein to MCN beneficiary groups. One of the key strengths and specificities of WFP is its pioneering work on and wide experience with local production of fortified blended foods. Local production arrangements are strongly development-oriented in nature, and facilitate the implementation of market-friendly procurement and delivery modes. In collaboration with CIDA, WFP in many countries has provided the financial and technical support to establish or expand the local production of fortified blended food, in many cases not only to supply WFP and the government but also for the consumer market (as in this thematic review appeared to be the case in India and Zambia). Because of chain management problems, local production efforts were less successful in Cuba and Madagascar. In Madagascar (previous CP), small-scale local production was started under SEECALINE, but this did not work well because of slow procurement procedures within WFP[30] and interruptions in the supply of mineral-vitamin premix, and the programme has shifted back to use of CSB. In Cuba local production was planned but never started due to limitation in the milling capacity in the country.

Within Madagascar's SEECALINE project (World Bank funding) there also is a component of home-production of weaning food. Under the guidance of the community nutrition agents and through demonstration in the community centres, mothers learn how to make local flours from ingredients available in their villages. Usually, the flour is made out of one ingredient (e.g. beans or dried shrimps) and the mothers are taught to add this flour to the staple flour (cassava or rice) in order to obtain a composite dish suitable for young children. The flours are not fortified with micronutrients or minerals, but nevertheless greatly improve the nutritive value of the weaning food. The form of these foods (dry flour) represents an important convenience aspect for daily preparation of meals for young children.

The fortified blended food items that are used within MCN programmes (HEPS, Indiamix, CSB, enriched biscuits and drinks in Cuba) are well accepted and appreciated, and are effective and efficient vehicles to supplement the micronutrient intake of the beneficiaries, and to provide preventative nutritional support to vulnerable groups in terms of energy and protein. In Zambia, it was found that the HEPS is so popular that in-house sharing with other family members considerably reduces the effective nutrient supplementation to the

[30] In Madagascar, market prices are very unpredictable and under strong seasonal influence. Therefore, the factories could only hand in offers with limited duration. By the time WFP would confirm the order the factory offer in many cases had already expired and thus was not valid anymore. UNICEF and GRET (French agency funded by the EU) have now taken over local production of blended food, which is sold at subsidized prices in schools and in 'nutrition restaurants'.

targeted beneficiary. In Madagascar, supplementary blended four is highly valued. Most mothers see it to improve the growth of the child, and expectant women report the flour to have improved their state of health.

KPP 4: Quality food ration including micronutrient fortification

Examples from the country studies of what worked well:

- In India and Zambia, WFP successfully established the local production of fortified blended food with regular supply-lines that within the MCN programmes have completely replaced imported CSB. The foods are well accepted and appreciated, and have also been introduced on the general consumer market. An interesting development is the use of new locally available ingredients in the blended food (finger millet in northern India, cassava flour for use in Congolese refugee camps in Zambia).
- In Madagascar, SEECALINE has taught mothers how to produce flour from beans, dried shrimps etc. For the preparation of meals for their young children, they mix this flour into the rice or cassava porridge, which highly improves the nutritive value of the complementary food.

Examples from the country studies of what was not functioning well:

- In Cuba the local production of fortified blended food was planned but never got started due to problems with the milling capacity in the country. In Madagascar, the local production did not work well as WFP tendering procedures were too slow and not adapted to rapidly changing local market prices. Also, there were problems with the regular supply of the vitamin-mineral premix.
- In the case of India, various State governments provide funds to WFP for the delivery of Indiamix with unacceptably high sugar content (up to 25%).

Continuity in food supply is one of the quality criteria of the food ration. In the MCN programmes in India and Zambia, no serious pipeline breaks have occurred in the past years. The case studies in India and Zambia show that local production of blended food can be very successful, with steady supply-lines, also for the general consumer market (social marketing). However, the production of fortified blended food for children under two in Cuba and for children under three in Madagascar (previous CP) was more problematic. In Cuba, the production never got started as the local manufacturing of the product was hindered by a lack of milling capacity in the country. In Madagascar, some local manufacture was realized in 2002-2003, but it was not a smooth process and the production level was much lower than planned (continued CSB imports making up the deficit). Later on local manufacturing was discontinued, and it is not planned to be restarted in the current CP.

With respect to the quantity levels, there is a need to introduce more differentiated ration sizes, taking into account the purpose of the food supplement (nutrition/micronutrient support for vulnerable groups and/or as a catalyst for utilization of services), the role of the food supplement (preventative or nutrition rehabilitation), and the various target groups (children under five, school children, adolescent girls, pregnant women, lactating women). It was noted that none of the MCN programmes avail of specific data on the quantitative food intake of beneficiaries which would allow judging the energy and protein gaps that need to be filled by the supplementary food, and the role of the blended food in the daily diet:

- The feeding of pre-school children, in day-care centres and at primary schools, as can be found in the ICDS scheme in India and in the WFP MCN programme in Cuba, are examples of preventative food support. The food ration in the ICDS scheme in India is considered to be a realistic amount (312 kcal, 16 g protein per day). For the WFP MCN programme in Cuba the country report does not provide details on the specific ration sizes for the various target groups, but it is obvious that the rations for day-care centres and primary school children are of very high quality and rather expensive (fortified biscuits, canned fish and a fortified soy drink). These rations are not in line with the recommendations in the WFP Food and Nutrition Handbook for take-home and on-site supplementary feeding[31]. However, the handbook mainly focuses on targeted programmes in emergency situations, which are less context-specific than food rations for preventive MCN programmes in a development setting.
- For moderately malnourished children, the food rations in the ICDS scheme in India and in the MCN programme in Zambia rations are on the low side, providing 312 kcal (on-the-spot feeding) and 680 kcal (take-home ration) per day. This is considerably lower than the recommendation in the WFP Food and Nutrition Handbook[32]. In the SEECALINE project in Madagascar (previous CP), moderately malnourished children received a weekly take-home ration providing 750 kcal/day. This amount is on the lower side as it only caters for some limited sharing at home. In the new CP in Madagascar, a take-home food basket[33] is planned of almost 1300 kcal/day, which is very high for supplementary feeding.
- The rations for pregnant and lactating women in the ICDS scheme in India and for pregnant women in their third trimester in Zambia and Madagascar provide 624,

[31] The WFP Food and Nutrition Handbook prescribes an on-site SF ration minimum of 500 kcal and 15 g of protein per day (which should be given in two meals), and 1000-1200 kcal and 35-45 g of protein for take-home rations (in order to take into account sharing at home).

[32] See previous footnote.

[33] The food basket (200 g rice, 50 g beans, 30 g vitamin A fortified oil, 25 g fortified CSB and 10 g of sugar) is not appropriate for a nutritional rehabilitation programme for children suffering from moderate malnutrition.

680 and 750 kcal per day, respectively. This is higher than the recommendation in the WFP Food and Nutrition Handbook[34], especially for pregnant women.

- For nutritional rehabilitation of severely malnourished children, most MCN programmes studied use specific therapeutic food products like F-75 / F-100 or therapeutic milk (made of DSM, vegetable oil, sugar and water). Ready-to-eat therapeutic food (made of groundnut paste, DSM and sugar) is currently being piloted in Zambia with support from UNICEF. Within the ICDS scheme in India, therapeutic feeding just consists of provision of double rations of Indiamix, which is not very appropriate for the first phase of nutritional rehabilitation. The supported MCN programme in Cuba refers malnourished children to health centres.

Summary – KPP 4: Quality food ration including micronutrient fortification-

In India and Zambia, WFP has successfully assisted with the establishment of local production facilities which have resulted in steady supply-lines of fortified blended food. An interesting development is the use of locally available ingredients in the blended food (India, Zambia). Local production was also started in Madagascar but did not continue, partly because of slow procurement procedures within WFP. In Cuba local production never got started due to the limited milling capacity in the country. The fortified blended foods were found to have been well accepted and appreciated, and to form effective and efficient vehicles to supplement the micronutrient intake of the beneficiaries, and to provide energy and protein to vulnerable groups.

With respect to ration sizes, a need was identified to differentiate between preventative food support, feeding of moderately malnourished children, food rations for pregnant and lactating women, and rations for nutritional rehabilitation of severely malnourished children. The case studies identified some deviations in ration sizes (some too high, some too low) as compared to the WFP Food and Nutrition Handbook (which were not always found to have been consulted when rations were designed). Sometimes rations were found to have been adapted to fit with national policies and preferences.

4.6 Overall validity and applicability of the set of KPP's

The assessment framework that was constructed for this thematic review on MCN included an analysis of the country-level programming processes for WFP support to MCN programmes and of the context factors related to MCN. This information appears to be very useful for in-depth understanding of the setting in which the KPP's need to be applied, and serves very well to depict the country-specific background of WFP support to

[34] For pregnant women from the third month of pregnancy onwards, the supplementary food should provide 350 kcal per day, for lactating women 550 kcal per day.

MCN programmes. In order not to be 'out of touch' with the macro/micro-environment in which the MCN programmes are executed, a structured analysis of the context of the MCN programme is a precondition before any programming work can start.

The tables in paragraph 3.2 effectively illustrate that the umbrella of WFP policies provides a detailed framework of policy and operational principles, also for WFP support to MCN programmes. The 1997 Nutrition policy, the 1999 Enabling Development policy and the 2004 Food for Nutrition policy together in a way overarch the set of four key principles. All four KPP's can be traced back to elements within these three existing WFP policies. This convergence is also reflected at practical levels, as all four country cases showed that the four KPP's indeed are applicable and relevant for the MCN components within the country programmes studied. Given the high level of coherence between the set of KPP's and the FAAD framework, and the fact that all CP's studied were found to be designed in line with the FAAD policy framework, the relevance and applicability of the KPP's in a way is not very surprising.

The review team found that the set of four principles very well summarizes the key issues pertaining to MCN programmes. They provide a very suitable, concise but comprehensive method to structure the process of identification and comparison of programming options for MCN programmes. In the four case studies, the four principles also proved to constitute a good assessment framework for highlighting the main strengths and weaknesses of on-going MCN programmes, in view of identifying issues that need to be optimized. The close relation between the FAAD and the KPP's evidently does not automatically imply that all four MCN programmes are perfectly in line with each and every element in the KPP principles. The WFP staff involved in programming at the country office level in all four case studies agreed upon the usefulness of a tool based on the KPP's that would help them during MCN programming exercises.

On top of the four KPP's identified in the 2002 desk review, this thematic review has identified a few additional success factors for MCN that are not yet captured by the four KPP's but deserve to be incorporated in the 'final' MCN KPP toolkit. All of these factors are included in the three WFP policies related to MCN, and they also appear to be related to condition (3) 'Intensity of the intervention and the role of local staff' within the WFP review on uses of food in maternal and child nutrition interventions that was executed early 2004[35] (WFP, 2004). As illustrated in the two tables below, it is suggested to expand the set of KPP's through 'widening' of KPP 3 and KPP 4 by incorporating some additional elements, and through the recognition of some specific preconditions pertaining to sound

[35] The other four main conditions that WFP identified to maximize the positive nutrition impact of MCN interventions supported by supplementary feeding overlap with the four KPP's (WFP, 2004).

programme management within WFP that are required for effective WFP support to MCN programmes.

New elements to be included within the Key Programming Principles:

Success Factor	WFP policy umbrella on MCN	MCN Thematic Review Additional success factors on top of the KPP's
	1997 Nutrition policy	
KPP 3	Advocacy on prevention of early malnutrition directed at national governments, UN agencies and other stakeholders	Need for joint advocacy for well-targeted complementary interventions alongside food supplementation to address the main nutrition problems in a country / area (e.g. fortification to address anaemia, crop diversification and income generation programmes to address chronic food insecurity) (all)
KPP 4	Availability of non-food inputs	Considering the quality and quantity of complementary (non-food) inputs besides the food ration (all)
	2004 Food for Nutrition policy	
KPP 3	Complementary resources for optimum packages of nutrition services	Need to better utilize available technical nutrition expertise within the country (Cuba, Zambia) Need to better ensure that food supplementation is accompanied by practical nutrition and health education (India, Zambia, Madagascar)

Sound programme management issues:

WFP policy umbrella on MCN	MCN Thematic Review Precondition for effective use of the KPP's
1997 Nutrition policy	
Focus on tackling early malnutrition (share of food assistance for MCN)	o Need to ensure that nutrition is not completely overtaken by the strong focus on HIV/AIDS in Southern and some other parts in Africa (Zambia) o Need to keep the focus on piloting innovative approaches (India)
Cost-effectiveness	o Need to review alternative products for iron fortification (Cuba)
Development in relief	o Need for in-built flexibility to switch/add resources if needed for LRRD programming (Zambia, Madagascar, Cuba)

1999 FAAD policy	
Focus on results	o Need to be able to demonstrate results through: - further elaboration of MCN outcome indicators in the Results-Based Management framework (all) - good baseline and end-line studies (all) o Need to better utilize existing information systems (Cuba)
2004 Food for Nutrition policy	
Skills for optimum packages of nutrition services	o Need for a minimum of institutional memory, and sufficient nutrition capacity within WFP and its partners (all) o Need for additional cash resources to enhance the food component (India, Madagascar)

In order to serve as a practical framework for country offices, the key programming principles need to be further elaborated in a sort of toolbox with disaggregated checklists for each KPP. This review confirmed the need for strengthening of MCN programming by country offices in order to bring the MCN programmes more in line with the various WFP policies related to MCN. In the four country studies, WFP staff welcomed the idea of an MCN toolbox (yet to be developed) to guide MCN programming by WFP, MCN partners and other stakeholders based on the application of the four key programming principles. Such a toolbox could be made available both in printed form and through the electronic PGM-system. Elements to be covered by the toolbox include: sound programme management, structured context analysis and the application of the set of four disaggregated key programming principles in very practical and concrete terms. Currently available WFP documents that support MCN programming consist of the WFP Food and Nutrition Handbook published in 2000 (which mainly applies to emergency situations and has limited relevance for programming of MCN interventions in a development context) and the rather technical provisional guidance on supplementary feeding for mothers and children written in 1998 that is available through the electronic information base WFP-GO (not consulted by WFP staff in any of the country studies).

Summary –Overall applicability of the set of KPP's-

Policies need to be endorsed and acted upon in order to become effective. The thematic review highlighted a gap ('missing link') between corporate nutrition policies and the actual programming at Headquarters and country office level. As unanimously agreed upon by WFP staff interviewed during the missions for this thematic review, the four key programming principles as proposed by PDPN can offer a concise but comprehensive 'tool' to structure the process of identification and comparison of programming options. The review team has concluded that the KPP's are valid as they are embedded within the wider framework of the three WFP policies related to MCN, and that their application will be a sound way to fill the gap between actual MCN programming by country offices and the WFP policy level.

Through analysis of country-level programming processes and context factors related to MCN the review team was able to appreciate the types of settings in which the KPP's will need to be applied. As the review team noted that the KPP's do not cover the programme management issues that are mentioned within the three policies, it was concluded that the set of KPP's should be used against a background of 'sound programme management' that covers issues like a focus on results and additional cash and human resources.

Another conclusion has been that the set of KPP's provides a helpful reference framework to highlight the main strengths and weaknesses of WFP's support to an MCN programme. Such a framework is not only useful for programming but can also be used during (auto)-evaluations in order to identify issues that require to be optimized.

The review team suggests that the four principles be elaborated into a toolbox as a guide for WFP country offices during MCN programming and evaluation. The toolbox should be integrated into PGM (WFP's electronic Programme Guidance Manual), and should be used together with a framework format for the contextual analysis of the macro- and micro-environment, including issues pertaining to 'sound programme management'. WFP may consider elaborating the toolbox in such a way that it can also be used in emergencies and protracted relief settings, and possibly even for other development activities within the FAAD policy as the programming principles are not only valid for MCN but also for e.g. Food for Education.

5 CONCLUSIONS AND RECOMMENDATIONS

This chapter provides conclusions and recommendations of the MCN thematic review based on the findings in the four WFP MCN programme case studies in Cuba, India, Madagascar and Zambia. The chapter follows the structure of the assessment framework. 5.1 gives a list of issues pertaining to 'sound programme management' as a precondition for the effective use of the KPP's. Chapter 5.2 gives a summary of elements to be included in an analysis of contextual factors for MCN programmes. In 5.3 then, the conclusion is drawn that the KPP's indeed can form a useful tool during MCN programming by WFP country offices, and also to reflect upon existing MCN programmes through identification of the major strengths and weaknesses. Then, an overview is given in 5.4 of the necessary steps for further elaboration of the MCN KPP's in a 'toolbox', while in 5.5 a list of recommendations is presented concerning the further elaboration and application of the four key programming principles, plus some general recommendations how to improve WFP MCN programmes.

5.1 WFP programming processes in relation to MCN

WFP has a strong policy focus on MCN. With the endorsement of the Food for Nutrition paper, WFP has strengthened its corporate policy focus on nutrition issues including mother-and-child nutrition (MCN). Improved nutrition and health of mothers and children is a key theme within the life cycle approach and one of the strategic priorities in the Strategic Plan 2004-2007. Yet, the Enabling Development Policy evaluation executed in 2003/04 and also three of the four case studies in this thematic review show that there is a downward trend in WFP expenditures on MCN, which needs to be reverted urgently. There is a pressing need to harmonize the views and actions of the various WFP departments and organization levels involved in MCN policy development and programming and implementation.

Logically, the final question after the finalization of this thematic review is how WFP PDPN can proceed with the elaboration of the KPP's to obtain an MCN promotion toolbox that will be a useful corporate tool for future MCN programming (planning and fine-tuning) at WFP country office level. The challenge is to come up with an easy-to-use MCN programming support framework (or MCN toolbox) that sufficiently reflects the width and specificity of the various WFP policy principles relevant for MCN. The paradigm that is followed here is that of organizational development, with reference to Senge's theory of learning organizations:

- Drawing from Senge, it is important to build shared vision within the organization on what WFP can achieve with its support to MCN programmes, and to foster more systematic patterns of thinking about this element of WFP development assistance. Point of departure for this exercise has to be the thorough and to-the-point framework of WFP policies that pertain to MCN. However, as has been demonstrated in the country case studies, there is no such thing as a 'policy pipeline' that is filled at headquarters levels and then automatically reaches the WFP staff at the country offices. In this respect, the KPP toolbox will have an important function to bridge the gap between the policy documents and the realities in the field.

- As Senge explains, visioning within learning organizations is an ongoing process. The focus in this process has to be on concrete issues, not on abstractions. Thinking should be based on interrelations, not on isolated issues. Strengthening of MCN is a very suitable topic within WFP for building shared vision among WFP staff at all levels in the organization, also because of the recent strategic choice to mainstream nutrition within WFP. MCN is a cross-cutting topic that encompasses both curative and more preventative approaches and has inter-relations with other development interventions (from health to socio-educational to agriculture) and WFP supplementary feeding in emergencies and recovery situations. It would be a major step forward if WFP were capable to improve the quality of its MCN programmes and were able to demonstrate the high leverage this has on hunger worldwide (MDG 1). As Senge states, organizations should get away from defensive routines but instead should go for real solutions! The aim should be an organization-wide quality improvement process for WFP's food assistance to MCN programmes. Therefore it could be considered to elaborate the MCN toolbox in such a way that it could also be applied to MCN in emergencies and protracted relief settings, and possibly even to other development activities within the FAAD policy.

The review highlighted that there is a general need to improve the way new policy documents are introduced to the country offices. Various WFP staff members stated to the review team that their day-to-day work is so much focused on the practicalities of programme implementation that hardly any time is left for reflection on policy and programmatic issues. The 1997 Nutrition policy, 1999 Enabling Development policy and the 2004 Food for Nutrition policy together provide a detailed framework for MCN programming, but none of the country office staff in the case studies was found to have consulted them. Most of the WFP staff interviewed in the country offices, reacted

positively to the idea of PDPN developing an MCN toolbox; they expect that the tool will provide useful guidance during programme development as an aide to structure discussions among programme staff and MCN implementing partners. In the view of the review team WFP should preferably do its programming in a participatory manner in concert with its MCN partners and other stakeholders.

For MCN programmes, outcome assessments (including baseline, mid-term and endline studies) require specific nutrition expertise. Information on nutritional status could be based on service centre-level data (ongoing reporting system), and/or on contracting of implementing partners or a technical agency to undertake sentinel site monitoring or to execute sample surveys.

In order to be in line with the global focus within WFP on nutrition as one of its Strategic Priorities, it is concluded in this MCN thematic review that the set of KPP's needs to be complemented with a list of issues describing 'sound programme management' performance at country office level and below as a precondition for effective WFP support to MCN programmes. Based on the WFP policy framework related to MCN (1997 Nutrition Policy, 1999 FAAD policy, 2004 Food for Nutrition policy), the success factors for nutrition programmes as mentioned in reviewed publications by FAO, UNICEF and some others, and the findings in the four case studies, the following list has been composed of elements of 'sound programme management':

Suggested elements for a list of 'sound programme management' issues:

- A **strong focus** within the country office on MCN programmes for reversion of the downward trend in WFP development expenditures on MCN.
- Based on RBM including setting of **SMART**[36] **objectives** (further implementation of the results-based management system). WFP to avail of **sufficient information** be able to make **implementation adjustments** if necessary and to **show tangible results** (programme monitoring and evaluation based on specific process, output and outcome indicators).
- Sufficient **programme funding and resources, with a** revision of DSC and ODOC mechanisms based on tonnage as these are not favourable to MCN programming.
- Some basic level of **additional cash resources** and corporate emphasis on the **need for complementary activities** alongside food assistance, including the execution of pilot projects and studies to demonstrate success, and the undertaking of advocacy work.
- Good **coordination and integration** of MCN interventions with other elements within FAAD or funded by EMOP's or PRRO (e.g., appointment of a 'health sector focal point' within the CO to oversee WFP food assistance for MCN and HIV/AIDS programmes in the health sector).
- Sufficient **'intensity of services'** in terms of volume, duration and range of interventions (including attention for health and nutrition education and training alongside food supplementation) in order to have a real impact within acceptable cost-effectiveness ranges.
- Taking up **advocacy roles** when and where required for the necessary improvements of (national) MCN programmes while ensuring coherence with wider national policy frameworks and exploiting synergies with other (WFP) activities.
- Sufficient **human resources in nutrition** and a minimum of institutional memory, with technical support provided by Headquarters and the Regional Bureaux.
- Presence of sufficient **expertise in M&E**, not only capable to deliver the necessary inputs for future planning, but also with a strong conviction about the need to demonstrate results (in line with the logframe approach and RBM), and to show WFP's contribution towards the Millennium Development Goals.
- **In-built programme flexibility** to switch / add resources to respond to future needs as for linking of relief, recovery and development programming.

The country case studies revealed the following issues with regards to 'sound programme management':

[36] SMART stands for specific, measurable, acceptable, realistic and time-bound.

	Cuba	India	Madagascar	Zambia
Sound programme management	- detailed baseline and nutritional surveillance system used for geographic targeting, but no systematic follow-up of output and outcome	- results oriented culture with focus on evaluation research (baseline and endline studies) to assess context factors, output and outcome - CP has logframe with target values for the objectives but these are not systematically followed up. - various studies on ICDS by other agencies to demonstrate results	- main focus on operational processes - M&E left to World Bank, WFP not involved - previous CP had strong focus on tackling malnutrition, in new CP MCN is limited to curative support only	- main focus on operational processes - no systematic follow-up of output and outcome, no demonstration of results
	- MCN is the only activity in the country programme, no additional funding sources	- WFP phasing down but MCN continues to one of the main focus area in CP, with some additional programme funding from CIDA	- decreased funding for MCN, some additional programme funding through Canadian Impact grant	- decreasing focus on MCN, only regular funding sources
	- no nutritionist within CO	- nutritionist within CO	- no nutritionist within CO	- no nutritionist within CO
	- no clustering possible with other WFP activities	- gradual shift to 'area-based' approach for convergence of services	- little synergy between different WFP activities - clustering of 'vulnerable target groups' (new CP)	- wide geographic dispersion, no clustering of services - clustering of 'vulnerable' target groups
	- acceptable intensity of services (health and nutrition education, embedded in education and health system)	- acceptable intensity of services (pre-school health and nutrition education, link with the women's groups)	- previous CP had sufficient intensity of nutrition services, is lost in new CP	- insufficient intensity of services (nutrition education missing)
	- no information on cost-effectiveness - can be linked with drought relief programmes	- no information on cost-effectiveness - disaster mitigation capacity within ICDS	- no information on cost-effectiveness - additional component of SF in disaster affected districts	- no information on cost-effectiveness - MCN in drought-prone areas, can serve as disaster mitigation programme

5.2 Context factors in relation to MCN

Although all MCN programmes within the review proved to have strong government ownership and involvement, MCN activities usually form a minor component in national development frameworks like the UN Common Country Assessments Development Assistance Framework (UNDAF), PRSP's and sector-wide approaches. In two of the cases studied (India and Madagascar), the World Bank is the main donor behind the government MCN programme that receives support from WFP. In general, WFP support to MCN programmes was found to be only loosely linked up with mother and child health and nutrition interventions by other main stakeholders like UNICEF and CARE/USAID.

As all case studies illustrate, WFP's support to MCN programmes should be placed within the wider context setting which consists of a macro- and micro-environment. A structured analysis of the context is a first essential step before any programming work can start. Logically it varies per case study which contextual factors are most relevant, and how they provide opportunities or constraints / challenges for WFP support to the MCN programme. Please refer to the separate country case study reports for more specific details on this.

Based on the literature sources that were used to elaborate the assessment framework, at a more general level, it can be concluded that the following elements could form part of a context analysis:

Contextual factors for MCN programmes:

Macro-environment:

- Government **policy environment** and **government commitment** (e.g. PRSP's, degree of decentralization, commitment to international declarations etc.)
- **Government resource commitments**
- **Role / contribution of international community** (e.g. SWAp's?)
- Adequacy **national nutrition expertise**
- **Inter-sectoral collaboration in nutrition** (government, UN e.g. CCA/UNDAF framework, bilateral donors, NGO's)

Micro-environment:

- **Extent of diversity** (agro-ecology, urban/rural, climate zones, socio-economy, health conditions, ethnicity, culture)
- **Local food economy** (household food production, food and cash transfers, market sales, income generating activities, food processing, household savings and assets, food consumption patterns)
- **Level of community development** including economic conditions, literacy levels, presence of community organizations, presence of charismatic leaders, gender issues
- **Access to basic services** (health, nutrition, water & sanitation, agriculture, education)
- Local culture with a '**first call for children'**
- Presence of parallel **poverty reduction programmes**

5.3 Correspondence between the KPP's and WFP MCN programmes

This MCN thematic review has illustrated that the content of the KPP principles is not new to WFP. In fact the KPP's can be traced back to the 1997 Nutrition Policy (KPP 1 and 4), the Enabling Development policy (KPP 1, 2 and 3) and also to the 2004 Food for Nutrition policy (KPP 1 and 2). Also the additional KPP 5 that was identified in this thematic review is not a new 'invention' as the focus on the need for sound programme management could be traced to the 1997 Nutrition Policy, the FAAD policy and the 2004 Food for Nutrition policy. As the country programmes in all four case studies were designed according to the FAAD policy framework, it is not surprising that the four KPP's all were found to be relevant and applicable.

The review highlighted that in all case studies VAM information was used as input for geographical targeting, primarily based on assessment of the level of food insecurity and disaster proneness. Apart from major relief situations, it is clear that WFP cannot undertake vast data collection efforts and that the VAM system primarily depends on nutrition data collected by other UN agencies, the government and other players. Disaggregated data (e.g. at district level) on nutritional status and the prevalence of micronutrient deficiencies are usually not available as a basis for targeting.

The review team concurs with the practice encountered in the case study countries by which geographic targeting is also based on criteria like the scope for partnerships, avoidance of duplication of work done by other organizations, good governance, WFP's past experience in the area, and geographic concentration of WFP interventions.

Although some of the MCN programmes studied were community-based, none of them was found to be community-driven. There is a clear need for more demand-driven MCN programmes and involvement of community representatives in programme design, for which decentralization processes sometimes offer good opportunities. Across the board, the involvement of the community currently is limited to 'functional' participation to practically support the implementation of the programme.

With regard to strategic partnerships for MCN, in all case studies, the government proved to be the main implementing partner who 'owned' the MCN programme, while WFP was 'contracted in' as food supplier and to carry out most of the logistics. Effective collaboration with UNICEF, World Bank and other international agencies is either missing or not well exploited. Across the board, the MCN programmes availed of effective links with national nutrition agencies that provide technical support, but the programmes turned out to be less successful in linking up with (bilateral) donors and local NGO's / CBO's. The latter category of partnership options is very worthwhile in order to enhance capacity

for implementation of health and nutrition education and to foster higher levels of community involvement, but these can only be exploited with additional cash resources.

In a range of countries, WFP has been highly committed to the establishment or expansion of the local production of fortified blended food. It is a key strength of WFP in relation to MCN programmes, as local production is a market-friendly procurement and delivery mode and blended food is an efficient 'vehicle' to provide vitamins and minerals to target groups who are vulnerable to micronutrient malnutrition. Local production efforts have worked very well in India and Zambia, but in Madagascar blended food production was discontinued as WFP's rigid procurement procedures did not match with the highly volatile market conditions on the island.

The overview of the application of the four KPP's in the four country studies in the matrix below illustrates that the KPP's have served very well to highlight the major strengths and weaknesses of WFP's food assistance to MCN programmes, including identification of issues that need to be optimized. Therefore, it can be concluded that the set of four KPP's also can form a useful tool during MCN evaluations.

	Cuba	India	Madagascar	Zambia
KPP 1: Clear situation analysis and targeting to households where malnutrition is caused by lack of access to food	- targeting at province level for being drought-prone based on VAM - targeting at individual level based on life cycle approach, with preventative focus	- targeting at State level for being chronically food insecure based on VAM, with further targeting at food insecure districts or blocks which also provide scope for effective partnerships, while avoiding duplication and aiming at geographic concentration of all WFP FAAD interventions - targeting at individual level based on life cycle approach, with preventative focus including curative elements	- in past CP geographic targeting of districts by underweight prevalence; individual targeting 6-36 m. (WFA< -2 SD); pregnant women in 3d trimester only - in current CP geographic concentration in 3 provinces with high food insecurity; individual targeting to malnourished U5's referred from community nutrition centres (WFA<-2 SD) or from nutritional rehabilitation centres after first critical phase is over.	- targeting at district level for being food insecure, drought-prone or with high HIV/AIDS prevalence (based on VAM) - targeting at individual level based on life cycle approach, with strict curative focus
KPP 2: Community involvement and community-based approaches	- communist policy framework conducive for community involvement in service delivery - community participation through provision of clean drinking water, assistance during feeding to implement hygiene measures - centre-based (health centres and schools)	- Central government shifting to more decentralization and involvement of local government structures, up to now rather top-down - some WFP pilots on more community involvement in ICDS were successful but show that additional funding sources are a prerequisite - community participation through provision of food inputs and firewood, implementation of hygiene measures, weighing children, organizing sessions for mothers and adolescent girls - community-centre based approach	- Central government is considering decentralization. - in previous CP, the community nutrition centres were entry point for all development services; in new CP link of the CRENA's with community not yet clearly defined - community participation through providing / constructing premises, community nutrition agent, provision of food inputs, participation in awareness raising, co-management and monitoring by village authorities - community-centre based approach with strong motivation by community nutrition agent	- health reforms led to decentralization to district level but not to a lot of room for community involvement - community participation in weighing children - community-based and health-centre based approaches

	Cuba	India	Madagascar	Zambia
KPP 3: Partnership and integration with other social care programmes	- government (health and socio-educational sector) is implementing partner - good link with technical agency INHA - joint planning among UN agencies - no direct link with bilateral or other donors - no collaboration with grass-roots NGO's or CBO's - WFP involved in policy discussions but not with in a strong advocacy role	-government (socio-educational sector) is implementing partner -close partnership with Swaminathan Foundation; Nutrition Foundation of India - weak links with other main stakeholders in ICDS - strong link with CIDA for funding of MCN projects - pilots on collaboration with grass-roots NGO's / CBO's - WFP actively involved in advocacy on MCN	- in past CP World Bank in the driving seat, government was main partner but contracted implementation of community nutrition centres out to local NGO's (no direct link with WFP) - in current CP, under new National Nutrition Policy (2004), MoH is new partner for WFP, CRENA implementation contracted out to good quality NGO's (link with WFP) - WFP participated in GAIN (Intersectoral Nutrition Action Group) that contributed to the new orientation of the new National Community Nutrition Programme	- government (health sector) is implementing partner - weak link with technical agency NFNC - despite CCA/UNDAF framework no joint initiatives with other UN agencies - no direct links with bilateral or other donors - no collaboration with grass-roots NGO's or CBO's - WFP not actively involved in policy discussions on MCN
KPP 4: Provision of quality food ration including micronutrient fortification	- good supply-line of locally produced fortified foods (biscuits and a drink); locally production fortified blended food blocked by insufficient milling capacity - ration size not known, but of high quality and rather expensive food commodities	- good supply-line of locally produced fortified blended food (Indiamix) - piloting on use of finger millet as locally available ingredient - rations OK for preventative food support and for lactating women; not enough for mod. malnourished children; rather high for pregnant women; Indiamix not appropriate for first phase of nutritional rehabilitation	- in past CP mainly imported CSB with some local production of fortified blended food - in current CP a food basket (rice, pulses, vegetable oil, CSB and sugar) that is inappropriate for nutritional rehabilitation and insufficient in micronutrients	- good supply-line of locally produced fortified blended food (HEPS) - piloting on use of cassava four as locally available ingredient - ration size not enough for mod. malnourished children but rather high for pregnant women; nutritional rehabilitation shifted back from F-75/F-100 to use of therapeutic milk; pilot with ready-to-eat therapeutic food

5.4 Steps for further elaboration of the MCN toolbox

This thematic review has identified a need to start with a structured analysis of the macro- and micro-level context in which the particular MCN programme takes place. In this way, the main opportunities and constraints for WFP support to MCN activities will be available as input for the actual programming work for the WFP support to the MCN programme. The MCN toolbox that is going to be made available to WFP country offices is intended to provide guidance for both the contextual and programmatic analysis steps. Refer to chapter 5.2 for an overview of the macro- and micro-level factors that could be included in a context analysis. The box below provides an overview of the five KPP's that in this thematic review have come out as key factors contributing to the success of MCN programmes. The KPP's are disaggregated in specific and straightforward elements which together form the 'content' to be covered by the toolbox:

Specification for the MCN Key Programming Principles:

KPP 1: Situation analysis and targeting

- Analysis of food security patterns (use of VAM and other data, role of the food monitors, formulation of appropriate response options among which supplementary feeding is but one, LRRD issues)
- Coverage / geographic concentration (avoidance of overlap with other programmes; real coverage v/s planned coverage; leakage?)
- Targeting of food-insecure areas and/or individuals (curative focus or preventative based on the life-cycle approach?; coverage of children 6 – 24 months? coverage of specific nutritional problems e.g. for anaemia?)
- Is the programme needs-driven or access-driven?
- Coherence of programme with other interventions and policies?

KPP 2: Community involvement and community-based approaches

- Participation of the community, CBO's and/or local NGO's during project planning and implementation? How can the participation be characterized?
- Extent of community ownership of the programme? Feedback to community about programme performance?
- Centre-based or community-based approaches?
- Training, support and effectiveness of community mobilizers?
- Focus on prevention and integrated approaches? (e.g. nutrition/health education)

KPP 3: Partnerships and integration

- Level of synergy and added value (collaboration leading to increased ability of each partner to achieve its goals) of the partnership arrangement in terms of results?
- Level of trust (based on common goals, objectives, values and expected results) between partners? Formalization of the partnership? Partner's ownership? Stability and sustainability of the partnership?
- Management and coordination arrangements? Joint capacity building efforts?

- Involvement of partners in project planning and implementation? (government, or other partners like UN, NGO's, donors, technical agencies)
- Leadership with an advocacy role for WFP on innovative approaches for prevention of early malnutrition
- WFP to ensure complementary resources and skills for optimum nutrition interventions and convergence of services (integration with health care, education sector or other social care programmes; parallel nutrition improvement or income generating activities); Partner's financial contribution for non-food inputs into the MCN programme (either as donor or as implementing partner)? WFP working through Sector-Wide Approaches (SWAp's, advantages: communication, harmonization, joint activities, pooled funding)?
- WFP working through contracting NGOs and/or in partnership with the government?

KPP 4: Quality ration

- Food comparative advantage: nutrition support, or incentive/enabler?
- Ration size and composition (differentiated for various target groups?) v/s dietary needs in the life cycle (incl. micronutrients) plus intended purpose (curative / preventative food support) v/s ration scale norms WFP Food and Nutrition Handbook.
- Any breaks in the supply-line?
- Local production of fortified blended food? Use of locally available ingredients?
- Acceptability and palatability of food provided by WFP?
- Cost-effectiveness of the food ration?
- Role of the food supplement v/s micronutrient supplements?
- Quality and quantity of complementary (non-food) inputs

Process steps for development of the MCN toolbox

During the execution of the thematic review, some ideas came up for the process steps that need to made in the next phase of further elaboration of the MCN toolbox:

- Establishing an MCN toolbox working group within WFP, with members who come from various levels of the organization: headquarters, the regional bureaux and the country offices. To remain efficient, the working group should not have more than 8 members, e.g. one nutritionist from PDPN, one M&E expert from the RBM-unit, two nutritionists from two different regional bureaux, two programme officers from two selected country offices, plus two external consultants (a nutritionist or public health specialist and an expert in planning and management and/or toolbox development). The working group is expected to be required to be functional during an 18 month period, and will be dissolved once the final MCN toolbox is ready for distribution.

- In order to be appealing to staff at country office level, the toolbox should not consist of pages full of abstract text. Instead, in line with the VIPP concept (visualization in project planning) the toolbox needs to have an attractive format, e.g. with ample use of

spider graphs (as has been proposed by Rifkin for measurement of participation in Primary Health Care), a 'traffic light' system, use of pyramids to identify all relevant issues, Venn diagrams, other schematic figures and drawings, pictures, etc. Also, the toolbox will need to provide guidance how to structure a discussion based on the KPP toolbox. The toolbox should be made available in the form of hard copies and also should be available for electronic access through WFP-GO.

- The tool would have to be pre-tested in two to three country offices in at least two different continents. The toolbox could either be used as input for MCN programming during the elaboration of a new country programme, or as a tool to structure mid-term assessments of WFP support to MCN programmes. Thus, the pre-test should cover both situations to assess whether indeed the questions and element within the toolbox apply to both types of use. Also, it would be interesting to have an additional pre-test of the toolbox in an emergency or protracted relief setting.

- The introduction of the MCN toolbox should be done in close coordination with the roll-out plan for Results-Based management. Even it could be considered to place the responsibility for the roll-out of the MCN toolbox within the RBM-unit based in Rome. Also, it should be ensured that the toolbox is in line with PGM (WFP electronic Programme Guidance Manual).The roll-out of the toolbox is logically to be structured through the Regional Bureaux, as they form the link between the policymakers in Rome and the programme and technical staff in the country offices. Once the toolbox is available, it is suggested to organize a 'Training of Trainers' course for all nutritionists in the Regional Bureaux and PDPN staff, who then are available to support and guide (both from HQ or the Regional Bureaux and through country visits) the MCN programming and fine-tuning processes in the country offices. Further introduction of the toolbox to country office staff could be done during regional meetings, exchange visits to country offices where the toolbox has successfully been used for programming, etc.

- The final use of the MCN toolbox during a programming session should not remain limited to WFP staff, but instead should involve a multi-stakeholder group representing the main actors that are related to the specific MCN programme (or MCN in general) within the country. The toolbox is meant to support a joint structured discussion on the MCN programme that will highlight the main strengths and weaknesses and will result in joint planning. Even if this ideal of joint planning is not fully reached, the fact itself that efforts are made at the WFP country office level to involve a wide group of stakeholders in discussion of the key MCN programming issues is already a major step forward that directly or indirectly leads to improved programming.

5.5 Recommendations

Strategic recommendations on MCN programmes and nutrition:

Strategic Recommendation 1: **WFP should ensure the implementation of the corporate focus on nutrition including the scaling up of MCN interventions and coherence issues.**
1.1. With reference to the Food for Nutrition policy paper (WFP/EB.A/2004/5-A/1) and one of the strategic recommendation of the Enabling Development Policy evaluation (SR 3), it is recommended to Headquarters to monitor the implementation of WFP's corporate commitment to the mainstreaming of nutrition through stronger anchoring of a corporate focus on nutrition in the phase when draft Country Programmes and PRRO's are reviewed by various departments within Headquarters, and through the establishment of a specific tracking system for programming decisions (when, by whom, with what result) that regularly reports back to Headquarters.
1.2. A specific recommendation is to more systematically examine how WFP support to MCN programmes can be used as an entry point in times of disaster, and in practice to swiftly seize the opportunities for scaling up of MCN programmes to serve as a food safety net during crises (disaster preparedness and mitigation).
1.3. WFP Headquarters should continue with the roll-out of the RBM framework, also for MCN programmes, in order to achieve better planning (incl. target setting) and monitoring and evaluation based on clear logical frameworks. In order to obtain more evidence on the effectiveness of MCN programmes, WFP may wish to consider to commission operational research into the effects of MCN food support programmes on 'food gap reductions' and 'nutrition behaviour patterns'.
1.4. WFP country offices with substantial nutrition related activities within their country programme should ensure the presence of sufficient nutrition technical capacity, on top of effectively drawing on the nutrition institute(s) within the country of operation.
1.5. In line with one of the strategic recommendations of the recent Enabling Development Policy evaluation (SR1), it is recommended to WFP country offices to ensure that the support to MCN programmes is sufficiently coherent with the UN Development Assistance Framework, PRSP, sector-wide approaches, national nutrition policies, gender policies, and other existing policy frameworks at national level.

Strategic Recommendation 2: **WFP should improve the quality of its MCN programmes.**
2.1. It is recommended to WFP PDPN to elaborate an MCN programming toolbox that is based on the four key programming principles underlying this thematic review and that incorporates the provisional guidance on MCN that is already available through WFP-GO (e.g. the Programme Guidance Manual PGM). It is suggested to elaborate the toolbox in such a way that it can be used in protracted relief settings as well, and possibly even in emergency settings. It is conceivable that the toolbox will also provide support to programming of other development activities within the purview of the Enabling Development Policy.
2.2. In order to ensure that country offices receive sufficient technical backstopping on nutrition issues, WFP Headquarters should consider to elaborate a pro-active technical support mechanism that goes beyond the current system where technical advice from Headquarters and the Regional Bureaux staff is made available upon demand by the country offices only.
2.3. It is strongly suggested to WFP Headquarters to revisit its budgeting model in order to make more funds available for financing direct support costs for complementary activities alongside food aid for MCN programmes. The strong link with food aid tonnage should be relaxed: in line with the rationale of RBM the budget amounts to be allocated should rather be based on expected results.
2.4. It is suggested to WFP Headquarters to commission operations research on some carefully selected projects to obtain more evidence and insight in the outcome and cost-effectiveness patterns of the food rations provided (and of any complementary inputs, if applicable).

Implementation recommendations concerning the key programming principles:

Implementation Recommendation 1: **WFP should improve targeting mechanisms for support to MCN programmes.**
1.1. The VAM system has an enormous potential as a data source facilitating a better focussing of development interventions on poverty and hunger (related to MDG 1) and for better targeting of the poor. This potential should be reaped through further improvement of the quality and scope of the VAM system, e.g. through collaboration with World Bank and UNICEF as part of the 'Ending Child Hunger and Undernutrition Initiative' and/or through collaboration with WHO, bilateral donors like USAID, DFID and DGIS.
1.2. Although VAM in practice is often highly dependent upon available information sources, VAM systems in principle should strive to incorporate nutritional status data, food consumption data and disaster proneness information, preferably at provincial and/or district level. In order to assess food insecurity in terms of food gaps, it is suggested that

the VAM units in the country offices increasingly define 'access to food' not only in terms of access to food items to meet energy and protein requirements, but also in terms of access to a diversified diet (proxy for micronutrients).

1.3. It is strongly recommended that programming frameworks and baseline studies (which may or may not be executed with the involvement of VAM units) include nutritional status data and additional indicators on care and health aspects related to malnutrition patterns among young children (based on UNICEF's Conceptual Framework on Malnutrition).

1.4. WFP's Policy Department should further examine how to reach adolescent girls as part of the preventative life cycle approach for MCN programmes, e.g. through a link with existing school feeding programmes or through food-for-training programmes specifically targeting adolescent girls.

1.5. At country office level, there is scope for more explicit use of other selection criteria for geographical targeting in addition to food insecurity, notably (a) the presence and capacity of local implementing partners, and b) the possibility of synergy and/or complementarity with other WFP activities like school feeding and food-for-asset creation.

Implementation Recommendation 2:

In order to put in place MCN food assistance programmes with stronger community involvement, WFP should collaborate more closely with CBO's / NGO's.

2.1. If within MCN programmes the focus on prevention is taken seriously, more funds and other resources should be made available for community-based approaches, training and health and nutrition education. WFP continues to have a clear role in the nutritional rehabilitation of moderately and severely malnourished beneficiaries, but this has to be linked as closely as possible to community-based preventative activities. For effective MCN programmes, WFP should consider to engage CBO's and local NGO's in addition to continued collaboration with governmental structures.

2.2. Within the international development community, there is a recognized need for more development from below. WFP Headquarters may wish to consider undertaking a pilot project in some countries on a new allocation mechanism for "Food Aid for Development" through a Call for Proposals to major NGO's and governmental organizations at intermediate (e.g. district) level based on a limited menu of options ("cafeteria model") how to use the food aid provided by WFP. The mechanism could also include the establishment of discretionary funds / umbrella grants to involve grass-root organizations at their turn.

Implementation Recommendation 3:

WFP should have a more strategic approach towards its partnerships for MCN programmes.

3.1. WFP (both at Headquarters and in the country offices) should make balanced choices how to add value and to benefit from partnerships for its MCN programmes. At country level, improvement of the effectiveness of MCN programmes can be attained through partnerships with local NGO's and CBO's next to continuation of the collaboration with government bodies, and through effective collaboration with national nutrition institutes. WFP country offices should try more actively to raise funds from donors present at country level in order to be able to undertake pilots to demonstrate success and do operations research for the improvement of MCN interventions. In this respect it is suggested that WFP India shares its successful experiences in fundraising for MCN activities with other interested WFP country offices.

3.2. There is a need to strengthen strategic cooperation and coherence with international organizations like UNICEF and World Bank. Elaboration of a cooperation model with the World Bank is specifically suggested. This could for instance comprise MCN and school feeding interventions, or the whole range of food aid for development programmes.

Implementation Recommendation 4:

WFP should further expand its role in the establishment of local production of fortified blended foods.

4.1. As a contribution in the world-wide fight against micronutrient malnutrition, WFP should urgently aim to revive/maintain and further expand its key role in the local production of fortified blended food. It is suggested that a compilation of WFP's wide experience in this area be prepared, and research be commissioned on chain management issues (to avoid unnecessary and unacceptable breaks in the pipelines) in some selected countries where WFP has established local production facilities (both successful and not successful).

Annex A: Key elements of WFP policies related to MCN

The **1997 nutrition policy paper** recommends **eight policy and operational principles** that reflect a range of policy issues and operational challenges for WFP:

1. **Greater focus on tackling early malnutrition:** The need to increase the share of food assistance for MCN.

2. **Advocacy:** The need for WFP to advocate for a focus on prevention of early malnutrition within the CCA/UNDAF framework and Country Strategy Note and to enter in a dialogue with national partners to act as an advocate for malnourished children and mothers. Effective food assistance programmes require government commitment, policy support, and a minimum level of administrative capacity and complementary inputs from the government or in partnerships with other UN agencies, bilateral assistance and NGO's.

3. **Priority groups:** The need to analyse the food security situation in light of the relevance of supplementary feeding or other possible interventions. WFP should target women and children whose nutritional vulnerability is directly linked to a lack of sufficient and appropriate food intake. Beneficiary selection should be based on a combination of geographic targeting to the most vulnerable areas within the countries and individual screening for malnutrition / undernutrition. WFP will give priority to the rehabilitation of malnourished children and undernourished expectant and nursing mothers. Food assistance with a focus on the prevention of early malnutrition will be recommended to the Executive Board when analyses verify that food rations are indeed the best means of achieving this objective. Food delivery performance, birth weight and child growth are the key indicators for monitoring progress.

4. **Food rations:** A preference for local production of low-cost blended foods. If needed, costs for local fortification are to be included under direct support costs. Viable factories in countries such as Ethiopia, India, Kenya, Malawi and Nepal have benefited from WFP's pioneering role in the development of local production of blended foods and its support with technical information, investment and market development. The cost of locally produced blended foods, fully fortified, is usually in the range of 350 to 450 dollars a ton and thus competitively priced.

5. **Cost-effectiveness:** Judgement of the appropriateness of the food aid intervention on the basis of its targeting and transfer efficiency. It is accepted that in LDC's programmes involve higher costs. There are thresholds beyond which individual targeting may not be appropriate or cost effective. For example, in areas with very high LBW rates, the provision of a nutritional supplement to all expectant mothers during at least the last trimester of pregnancy would combine prevention and treatment of malnutrition.

6. **Safeguarding the effectiveness of food assistance:** Funding of non-food complementary inputs may only be possible if WFP can provide its assistance in collaboration with others that provide parallel financing beyond what is feasible and appropriate to be funded under the direct support costs category. WFP should strive for increased flexibility to meet a minimum of non-food expenditure from its own resources under the category of direct support costs.

7. **Duration of assistance:** Food assistance to mothers and children is an investment bringing enduring and lasting benefits for individuals and society as a whole. In most cases, WFP provides this food aid support in an open-ended way as needs continue to persist and options for phasing out to the government often are limited.

8. **Development in relief:** Supplementary feeding programmes can very well act as a safety net during phasing out of general relief programmes, and as instrument for early warning on evolving food security problems of vulnerable populations. WFP will encourage the alignment of financial, technical and administrative resources in relief situations with the longer-term strengthening of MCH services for populations in remote, food-insecure areas.

The **Enabling Development Policy** (WFP, 1999) gives the following **policy recommendations**:

- Only to provide food assistance when and where **food consumption is inadequate** for good health and productivity. Food assistance should encourage investment and leave behind a **lasting asset.** These assets should benefit **poor, food-insecure households.**

- WFP to limit itself to the **five Enabling Development priority objectives**. **New approaches** will be tried and monitored, and results will be used for wider programming. WFP will apply **more rigor in design** to raise the quality of WFP-assisted projects.

- **Geographic targeting** should lead to concentration of resources on food-insecure areas within recipient countries. In many case, **further individual targeting** will be undertaken to identify potential participants. **Timeliness** (including taking into account seasonal fluctuations) is treated as an aspect of targeting. WFP needs to use clear and objective **indicators for phasing in and phasing out** of food assistance.

- WFP will normally make use of **participatory approaches.**

- WFP will be proactive in seeking out **partnerships**.

- WFP will emphasize **cost-effectiveness** with a **focus on results** rather than delivery costs. Cost-effectiveness involves more than just assessing the cost per ton of delivering food and should include the cost per beneficiary of providing a development opportunity. What counts is selecting the right people and then deciding on the most cost-efficient way to achieve desired results. WFP has demonstrated that cost-effective food strategies can be developed which address early malnutrition using alternative approaches.

The **Food for Nutrition** policy document (WFP, 2004) provides three **programme design principles** for enhancement of MCN effectiveness:

- **Good problem analysis** to clarify the role food aid can play. Vulnerability analysis and mapping (VAM) and emergency needs assessments have resulted in better geographic targeting and better clustering of activities in order to better combine food with non-food resources.

- Availability of **complementary resources and skills** to achieve an optimum package for nutrition comprising supplementary feeding, nutrition education, health services, vitamin/mineral supplementation, de-worming and disease control.

- Increasing **focus on preventing malnutrition**, not just treating it. Prevention has to start at community level, which requires communities to be involved in problem analysis and a focus on nutrition education.

Annex B: Terms of Reference

TERMS OF REFERENCE
for the
Evaluation of Current Approaches in
WFP Nutrition Interventions

I. Background

The 1997 evaluation of ICDS (Integrated Child Development Services) schemes in India and the thematic evaluation of WFP nutrition programs resulted in the formulation of the nutrition policy (EB3-1997) which committed WFP to give a greater importance to nutrition interventions. Many interesting community nutrition initiatives have been implemented and strengthened since then.

The 1997 policy focused on the nutritional needs of young children and pregnant mothers at critical time of their lives. Under the new Strategic Plan, WFP wants to move further in this direction and will seek to reinforce and expand its nutrition activities. The new Strategic Plan (2004-2007) recognizes the importance of Nutrition to be addressed in crisis as well as in chronic hunger situations and makes it one of the five strategic priorities of the organization to contribute to achieve the Millennium Goals. However, there is still considerable debate concerning the most appropriate and effective policies and programs for improving nutritional status and preventing its adverse consequence.

To help refining WFP strategic vision of how to best reach mother and children through provision of food and nutrition services and expand its nutrition interventions, WFP has undertaken in 2002 a desk policy review of experiences in food-assisted mother and child nutrition (MCN) programmes. The review summarized recent experiences of WFP, but also those of other agencies and NGOs analyzing major new trends in MCN programmes. It also synthesized current thinking in reaching mother and children through different channels looking at the efficacy of key "nutrition intervention" for preventing or alleviating malnutrition. The findings of the review have important policy implications, highlighting some key principles that are required in order to design and implement efficiently a nutrition programme and that the new generation of nutrition programs will need to include.

However this first stage of looking at nutrition interventions would not be enough to determine the opportunities to improve nutrition of women and children. It further requires a complementary practical and in depth analysis of best practices identified by the desk review. The findings of this thematic evaluation should help to refine WFP's strategic vision of Mother and Child Nutrition programmes (MCN) and to give direction for a better geographic and programmatic focus of nutrition interventions.

II. Evaluation scope

Today most WFP Country Programmes have a nutrition component, normally through support for maternal child health programmes to recuperate children suffering from severe malnutrition, prevent malnutrition among pregnant, lactating women and pre-school children and encourage women to use health and nutrition services. About 20 percent of WFP's overall development resources support nutritional activities, which are in place in 30 countries covering about 5.7 million children and women.

The evaluation will be shaped around the key principles identified by the 2002 desk study as essential for successful nutrition interventions. These principles are: i) clear situation analysis and targeting situation where food access at household level is the main element causing malnutrition; ii) involvement of the community and community-based approach; iii) partnership and integration with other social care programmes; and iv) quality ration, including micronutrient fortification.

III. Evaluation objective

The evaluation will focus on innovative and interesting approaches in WFP nutrition interventions. The evaluation will i) assess how the four key principles that underlie effective nutrition programmes are implemented and their effectiveness, ii) produce recommendations that will help shape implementation of WFP's food for nutrition policy and iii) provide accountability to the Executive Board.

IV. Methodology

Very little data is currently available and there is a need to further build on the findings of the 2002 desk study and assess whether: (a) food assisted nutrition programmes contribute to the recovery of malnourished children, (b) enough and quality food is incorporated into these programmes to enable beneficiaries to recuperate within twelve months, (c) incorporation of food aid into nutrition programmes indeed increase participation and contribute to the improved nutrition status of the community, (d) WFP is targeting the appropriate group and finally, (e) what patterns of problems were encountered in the implementation of each nutrition programmes.

The evaluation will include four case studies in countries where the implementation of the key principles will be assessed. A detailed draft methodology is to be established during Phase I to be then finalized prior to the visits to the case studies countries. The methodology will be tested in the first country and eventually modified/adjusted according to the experience gained during the first country case study.

The evaluation work will be contracted out to an experienced group/firm (or independent consultants) and it will be managed by the WFP Office of Evaluation (OEDE) with the technical support of the WFP Nutrition Service (PDPN).

The evaluation will be carried out as a three-phase exercise:

Phase I. Documentation – The desk

During this phase all relevant documents will be reviewed by the team and interviews held with stakeholders at HQ level. This step will also serve to finalize the methodology for the second phase of the review.
Duration: 15 days
Output: Methodology and detailed plan of action for Phase II.

Phase II. Country case studies – The field

The evaluation would assess WFP experience in four countries (Cuba, Madagascar, India and Zambia) identified by the 2002 desk review as having interesting features and mixed approaches: community participation, integration with school feeding, cost effective food baskets, sound monitoring systems and strong partnerships to potentially enhance the impact of these nutrition programmes. The Cuba study was undertaken by OEDE in March 2004. The final selection of the country case studies will be made after the preliminary results of the ongoing FAAD evaluation will be made available.
Duration: 15-20 days in each country
Outputs: Aide-Memoire for the WFP Country Office and case studies reports.

Phase III. The reports

The evaluation will produce a full report based on the four country case studies and a summary report for presentation to the WFP Executive Board.

Duration: 20 days
Outputs: Full and summary evaluation reports.

V. Key issues

In the absence of reliable data which would allow evaluating the impact of WFP nutrition programmes, the evaluation mission will need to assess how the different key principles that are essential for a nutrition intervention have been applied in the different interventions. For each principle the evaluation team will address the following key issues and any other issues identified as relevant by the evaluation team:

- **Clear situation analysis**

a) To what extent have the causes of malnutrition been properly analysed;
b) To what degree WFP nutrition interventions address adequately the problem(s) identified;
c) To what degree the problem of malnutrition is linked to inadequate access to food or inadequate feeding;
d) To what extent the operation reaches the poor amongst whom the problems of malnutrition and food access are greatest.

- **Community based approach**

a) To what extent has the intervention shifted from a clinic/centre based approach to a larger involvement of the community;
b) Has the above resulted in a better focus on prevention and integrated response;
c) How has WFP applied the consultative process with the community in the different phase of the project;
d) How did the programme endeavour to accomplish the communities' involvement in the programme implementation;
e) To what degree the community-based approach has created and sustained a nutrition-improving process;
f) Have other components such as health, water and sanitation been included in the project;
g) What are the human and financial resource committed;
h) It the project sustainable in the long-term.

- **Partnership and integration with other social care programmes (WHO, WB, UNICEF)**

a) To what extent the food component is integrated with other social care programmes;
b) Was it done at the inception of the programme or was it progressively added on?
c) Was the project the result of a multi-agency assessment/planning;

d) Was the partnership formalized and what was the contribution of the other partner particularly in terms of financial support;
e) What are the coordination arrangements with other agencies/programmes?

- **Quality ration and micronutrient fortification**:

  a) Has the project a component aimed at improving micronutrient deficiencies?

  b) Has the problem of micronutrient deficiencies been addressed through fortification and complementary activities?

  c) Was the food basket designed to address a specific malnutrition problem?

  d) Were women educated on the quality aspects of the food basket?

For each of the countries visited, on the basis of an agreed upon definition of these principles the team will:

- Assess whether and how the four principles are being applied to the country effectively (not only on project document);
- Define the different stages required to develop these principles;
- Highlight the constraints faced by CO to implement these principles;
- Estimate cost involved in terms of cash, time and resources;
- Define possibilities for scaling up the project and provide suggestion for replication.

Some additional issues will have to be looked at particularly in view to refine new programmes or to replicate existing one:

- An area in which WFP nutrition programmes will likely evolve and replicate is "Nutrition and HIV/AIDS": nutrition care and support, mother-to-child transmission and food and nutrition security implication of the epidemics. How can these concerns be integrated in a nutrition intervention with a community based focus.
- Some of the programme may be a transformation of relief activities into development. Many projects may have started to serve severely malnourished through rehabilitation programme and evolve to address chronic causes of malnutrition. How has the transition been done, did it reflect adequately the concerns of the community and did it get the required support.

For each case study, specific issues will be addressed and assessed by the evaluation teams. These country-specific issues will be identified by the team during Phase I of the review together with OEDE, PDPN, WFP Country Offices and whenever possible with local nutrition/health Institutions.

VI. Timetable

OEDE and PDPN will provide the required support to the evaluation team throughout the evaluation period. Together with the concerned WFP Country Offices they will be responsible for assembling key information and relevant documents to be made available to the team during Phase I of the Evaluation.

The evaluation will be carried out according to the following timeframe:

Circulate TOR in HQ and COs for comments	22 Jan. 2004
Finalize TOR	28 Jan. 2004
Identification of possible firm/consultants	31 Jan. 2004
Circulation of TOR among identified firm/consultants for comments and expression of interest	1-15 Feb. 2004
First case study (Cuba)	Mar-Apr 2004
Remaining case studies	
Phase I of Review (15 days)	Jan-Feb 05
Phase II of Review	Mar–May 05
Phase III of Review	May-Jun 05
Circulation of reports for comments	Jun-Jul 2005
Finalization of reports	Jul 2005
Submission of summary report to RECC (for EB3-2005)	Aug 2005*
Presentation of evaluation summary report to EB3-2005	Nov 2005*

VII. Team composition

Two international nutrition specialists (including the team leader) and one national consultant (public health/nutrition/socio-economist) in each country. The teams may also be accompanied by WFP staff member from OEDE and/or PDPN.

Expertise on the team should also include development food aid experience; prior experience with WFP programmes; good grasp of rapid rural appraisal; language skills (English, French and Spanish).

If possible, in each country the evaluation will be prepared and carried out in collaboration with the local Nutrition Institutes. In Cuba for example, the evaluation was coordinated and implemented in close collaboration with the National Institute of Nutrition and Food Hygiene.

VIII. Reports

The following reports will be produced by the evaluation team under the overall coordination and responsibility of the team leader:

a) Methodology paper
b) Cuba case study (Spanish and English version) – max 15 pages - completed
c) Zambia case study (English version) - max 15 pages
d) Madagascar case study (English and French version) - max 15 pages
e) India (English version) - max 15 pages
f) Full report (max 50 pages)
g) Summary report (max 5,000 words) for the Executive Board

PM/OEDE - 7 Feb. 2005

* For reasons beyond the review team and OEDE, the evaluation summary report will now be presented to EB.1/2006.

Annex C: Assessment Framework

WFP MCHN Food Aid for Nutrition Evaluation Matrix

Final version 24-02-2005

Evaluation Questions	Indicators (indicative list to be used flexibly)	Data coll. methods	Information sources
Planning processes of MCHN programs			
1. What is the history of the MCHN programs?	1.1. Situation before the MCHN programs existed 1.2. History how the MCHN programs came into being (partner + WFP) 1.3. Specific issues of program development over past 3-5 years	> document analysis	> WFP docs: CP, CSO, SPR's, trip reports > MTR's, evaluation reports, consultancy reports > national consultants' reports for this evaluation
2. What were characteristics of the planning process for the MCHN programs in the past 3-5 years?	2.1. Overview of main features MCHN program planning processes 2.2. Extent of involvement of various stakeholder groups during project formulation, planning, implementation and M&E 2.3. Programming criteria that were applied by WFP for existing MCHN programs 2.4. Extent of SMART-ness of the objectives for MCHN programs 2.5. Availability of logframes for the MCHN programs 2.6. Constraints faced by WFP CO in MCHN planning process 2.7. Level of integration with other WFP activities and operations 2.8. Collaborative links with other relevant programs in the geographic area 2.9. Mainstreaming of HIV/AIDS considerations in MCHN programs 2.10. Application of LRRD principles to MCHN programs 2.11. Mainstreaming of gender considerations in MCHN programs 2.12. Existence and quality of use of MCHN program baseline data 2.13. Existence and quality of use of outcome and impact monitoring data for the MCHN programs 2.14. Donors satisfaction with WFP MCHN programming	> interviews > project visits	> WFP HQ and CO staff > national consultants for this evaluation > MCHN program staff > Donors' in-country representatives, partner agencies, government bodies > Beneficiary communities
3. What has been the availability and quality level of required inputs for planned MCHN programs?	3.1. Level of food and other resources allocated to MCHN programs v/s plans (targeted, committed, realized) 3.2. Timing of resource delivery v/s plans (pipelines issues) 3.3. Skills levels of involved WFP CO staff on MCHN programming 3.4. Capacity building of staff involved in the MCHN programs		

Context factors for the MCHN programme:

4. What is the international, country-level and program level context of the MCHN programs?	4.1. Consistency of MCHN programs with MDG priorities 4.2. Consistency of MCHN programs with policies and programs of other international stakeholders (donors, UN-agencies) 4.3. Consistency of MCHN programs with national food and nutrition policies and government resource commitments 4.4. Consistency of MCHN programs with the PRSP and other national strategies 4.5. Degree of integration of the MCHN programs within the CCA/UNDAF framework 4.6. Extent of intersectoral collaboration to address MCHN issues 4.7. Involvement and adequacy of in-country technical nutrition expertise	> document analysis > interviews	> UNDAF framework, PRSP papers, national policy frameworks > WFP policy docs > WFP CP, PRRO's, EMOP's, CSO > WFP MCHN program docs and reports, evaluation reports > Staff at WFP HQ, CO > Staff from partner agencies and MCHN program staff > Technical key informants, donor's in-country representatives > Staff from relevant UN-organizations and (I)NGO's
5. Are the MCHN programs consistent with the overall WFP policy framework and country programs?	5.1.Coherence with overall WFP policy framework 5.2. Synergy and consistency of MCHN programs with other WFP programs in the country (EMOP, PRRO, CP)		
6. What is the micro-level local context of the MCHN programs?	6.1. Extent of geographic, socio-economic and cultural diversity within the country 6.2. Extent of vulnerability of the local food economy (production and consumption patterns, seasonality) 6.3. Overall development level of the community (literacy level, gender issues, economic conditions, community groups) 6.4. Extent of access to basic services and technical expertise (health, nutrition, eduction, agriculture)	> document analysis > interviews > project visits	> Country background info > WFP CP, CSO, project docs and reports, evaluation reports > WFP CO, SO staff > MCHN program staff and local staff from partner agencies > Local government staff > Beneficiary communities > Local key informants, staff from relevant UN-organizations and (I)NGO's present in the area

Key WFP MCHN Programming Principles:

A. Clear situation analysis and targeting to households where malnutrition is caused by lack of access to food

7. Has WFP executed a clear situation analysis for its MCHN programs?	7.1. Extent to which VAM data are used for needs assessment and planning of MCHN programs 7.2. Extent to which WFP uses other information sources for analysis of the causes of malnutrition 7.3. Existence of a causal model / clear causal analysis for the malnutrition problem	> document analysis > interviews, focus groups > project visits	> VAM reports, needs assessment reports, > MCHN program docs and reports > Staff at WFP HQ, CO, SO > MCHN program staff and partner agencies' staff > Donors' in-country representatives, staff from relevant UN-organizations and (I)NGO's > Technical key informants > National, local government staff > Beneficiary communities > Local key informants
8. Do WFP MCHN programs target food-insecure areas of the country?	8.1. Geographic concentration of MCHN programs v/s geographic food security patterns in the country 8.2. Extent to which the MCHN programs properly take into account the specific conditions of vulnerable groups (nutritional needs, health status, socio-economic, ethnic and cultural characteristics) 8.3. Extent to which WFP MCHN programs are needs driven v/s access driven 8.4. Undercoverage and/or leakage related to targeting practices		
9. Do WFP MCHN programs target food-insecure / malnourished individuals/households?	9.1. Mechanisms through which the MCHN programs target individuals: malnourished children and 'needy' pregnant/lactating women v/s a more preventative approach targeting individuals (e.g. adolescent girls) who are not yet malnourished (admission and discharge criteria in practice) 9.2. Extent to which WFP food monitors review/update targeting practice 9.3. Comparison of actual beneficiaries v/s vulnerable groups as identified by the communities themselves		

B. Community involvement, community-based approaches

10. Has WFP achieved involvement of the target communities in the MCHN programs?	10.1. Extent to which participatory techniques and tools have been used during project planning and implementation 10.2. Extent of community involvement in needs assessment, leadership, organization, resource mobilization, management and M&E 10.3. Extent to which beneficiary communities experience ownership of the MCHN program	> document analysis > interviews, focus groups > project visits	> MCHN program docs and reports, evaluation reports > - interviews with same people as under A -
11. Does WFP apply community-based approaches in the MCHN programs?	11.1. Extent to which the MCHN program has shifted from a clinic/centre based approach to more community-based approaches 11.2. Extent to which the MCHN program has a focus on prevention and integrated responses 11.3. Degree to which the MCHN program has created and sustained a community-based nutrition improving process		

C. Partnerships and integration with other social care programs

12. How did WFP arrive at the chosen integration option(s) for the MCHN programs?	12.1. History of development of the collaboration with the partner(s) 12.2. Nature and extent of involvement of partners during project formulation, planning, implementation and M&E 12.3. Partner's financial contribution to the MCHN program over the past 3-5 years 12.4. Level of formalization of the partnership	> document analysis	>WFP MoU's, policy docs > WFP CSO's, CP, program docs and reports > Partnership / collaboration agreements, joint documents / reports, minutes coordination meetings
13. What has been the partner's involvement in the project cycle for the MCHN programs?	13.1. Extent to which partners share common goals, objectives, values and expected results 13.2. Level of synergy: extent to which the collaboration increases the ability of each partner to achieve their goals 13.3. Level of trust between partners 13.4. Management and coordination arrangements for the collaborative work (incl. M&E), and level of communication between partners 13.5. Capacity building among staff of the partnering agencies 13.6. Extent to which the collaboration improves allocative and/or technical efficiency 13.7. Level of stability and sustainability	> interviews > project visits	> - interviews with same people as under A -
14. Has WFP achieved to establish effective partnership arrangements for its MCHN programs? (differentiate between partners for funding and for implementation)	14.1. Extent to which various integration options (both for interventions like GM, IEC, micronutrient supplementation and deworming, and for service delivery modes like ante/postnatal care, early child development considered in MCHN programming (inception, implementation) 14.2. Extent to which the food component is integrated with other social care programs		

D. Quality ration, including micronutrient fortification			
15. What is the quality of the provided food ration, including micronutrient fortification?	15.1. Nutritional value v/s dietary needs in the life cycle 15.2. Extent to which MCHN programs have a micronutrients component 15.3. Acceptability and palatability of food provided by WFP 15.4. Extent to which MCHN program includes women's education on the quality aspects of the provided food aid	> document analysis	> WFP CSO's, CP, MCHN program docs and reports, evaluation reports > Literature on local diet/food consumption
	15.5. Place of provided food within the breastfeeding/ complementary feeding continuum 15.6. Role of the food supplement vs. micronutrient supplements	> interviews > project visits	> - interviews with same people as under A -
Applicability of the KPP's			
16. Can MCHN programming by WFP CO's benefit from the application of KPP's?	16.1. Extent to which existing effective MCHN programs adhere to the KPP's 16.2. Use of the KPP's in the MCHN programming process stages (including M&E)	> document analysis	> MCHN program docs and reports, evaluation reports
	16.3. Feasibility and acceptability of the KPP's for WFP CO's 16.4. Required changes to improve overall MCHN programming process	> interviews > project visits	> - interviews with same people as under A -

Lessons to be learned from existing MCHN programmes

Question	Indicators	Methods	Sources
17. What can be learned about relevance from existing MCHN programs?	17.1. Consistency of the MCHN progam objectives with beneficiary community views on the specific needs of the beneficiaries 17.2. Consistency of the MCHN program objectives with service packages provided by other actors 17.3. Consistency of the MCHN program objectives with government views on specific needs of the country/state 17.4. Consistency of the MCHN program objectives with WFP organizational priorities 17.5. Consistency of the MCHN program objectives with the partner's priorities 17.6. Consistency of the MCHN program objectives with the donor's priorities	> document analysis > interviews > project visits	> MCHN program docs and reports, trip reports, evaluation reports > WFP policy docs > Staff at WFP CO and SO's > MCHN program staff and staff from partner agencies > beneficiary communities, local key informants > Donors' in-country representatives, national/local government, other MCHN actors, technical key informants
18. What can be learned about effectiveness from existing MCHN programs?	18.1. No of children in the MCHN program that recovered from acute malnutrition 18.2. Decline in LBW of those attending the MCHN program 18.3. Decline in iron deficiency anaemia prevalence in women and young children attending the MCHN program 18.4. Extent of change in the acute and chronic malnutrition rate in the beneficiary communities 18.5. Improvements in health status of the target population as perceived by recipients and other stakeholders 18.6. Level of satisfaction of beneficiaries about the provided food aid in relation to their specific needs	> document analysis > interviews, focus groups > project visits	> MCHN program docs and reports, trip reports, baseline studies, endline studies, evaluation reports > - same people as under 17 -
19. What are the critical resource needs and minimum intensity levels for effective MCHN programs?	19.1. Critical resource requirements for MCHN programs 19.2. Existence of minimum intensity level for MCHN programs	> interviews > project visits	

20. What can be learned about efficiency from existing MCHN programs?	20.1. Are MCHN program budgets realistic or not 20.2. Cost of items/service delivered v/s local market prices 20.3. Comparative costs with respect to other food-based approaches in non-WFP operations with similar objectives as the MCHN programs (NGO's, government, other international agencies) 20.4. Comparative costs with respect to non food-based approaches with similar objectives as the MCHN programs (-idem-)	> document analysis > interviews > project visits	> MCHN program docs and reports, trip reports, evaluation reports > - same people as under 17 -
21. What can be learned about sustainability from existing MCHN programs?	21.1. Degree to with funding arrangements for the MCHN program are sustainable 21.2. Availability of continued technical and logistic support 21.3. Ownership of the program / level of institutionalization 21.4. Capacities at community level to manage the activities promoted by the MCHN programs 21.5. Availability and quality of exit strategies for WFP support to the MCHN programs	> document analysis > interviews > projects visits	> MCHN program docs and reports, trip reports, evaluation reports > - same people as under 17 -

Annex D: List of documents consulted

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Annex E: Executive Summaries of the four country studies

I. Executive Summary India case study

Thematic review MCHN

In 2004-2005 the WFP Office of Evaluation, in coordination with the WFP Nutrition Service, commissioned a thematic review of WFP-supported mother and child nutrition (MCN) interventions, including case studies of innovative and/or successful MCN programmes in Cuba, India, Madagascar and Zambia. The overall objectives were to assess the applicability of four key programming principles (KKPP's) for MCN that were identified in a desk review (2002) by WFP, and to collect lessons learned for scaling up and replication of successful programmes. This is the country report of the case study of WFP MCN support to India. It is based on the findings of a team of the Royal Tropical Institute that visited the country from 28 February to 11 March 2005.

Profile of WFP's nutrition programmes in India

The ICDS programme was started in 1975 to provide children below 6 years to provide them with food supplements, preschool education, and elementary basic health services. Later on, pregnant / lactating mothers and adolescent girls have been added as target groups. The coverage of the scheme has progressively increased, and since some years ICDS is operational in all States. The current goal is to universalize the scheme throughout India.

WFP has been involved in the ICDS scheme since 1976. The Country Programme (CP) 1997-2001 provided food for 2.7 million ICDS beneficiaries in six States, whereas the new CP 2003-2008 is smaller just provides food for 865,536 ICDS beneficiaries. As India's goal of achieving self-sufficiency came closer, WFP moved from providing large quantities of internationally donated food to local procurement and qualitative and policy aspects around food and nutrition security.

Achievements of the WFP support to ICDS since 1998

In response to the Food Aid and Development (FAAD) policy that was adopted by WFP's Executive Board in 1998, WFP India, based on strong leadership and management and in good partnership with the Government of India (GOI, has achieved major improvements in the quality of its programmes. This resulted in commendable results, like:

- Successful advocacy to the Indian Central Government on food and nutrition security, resulting in the adoption of the 'Hunger-free India – Countdown to 2007' goal
- Successful introduction of Indiamix (local blended food) for the ICDS scheme

- Successful promotion of micronutrient fortification of Indiamix
- Successful advocacy for increased outreach to vulnerable groups and to scheduled castes and tribes (SC/ST), with take-home rations for U3's and pregnant/lactating women.
- A range of pilot projects testing modalities for provision of complementary inputs
- New model of resource contribution by GOI to WFP India
- Reorganization and decentralization of WFP India

Overall applicability of the KPP's in India

The set of Key Programming Principles for MCHN programmes has appeared to be very useful to highlight the main strengths and weaknesses of the WFP support to the ICDS scheme in India. Thus it is also logical that the KPP's will be a valuable tool during the programming stage of the next phase in the ICDS support by WFP.

Application of KPP1: Clear situation analysis and targeting to households where malnutrition is caused by lack of access to food

The new CP 2003-2008 is in line with the 2004 food for nutrition policy focus on enhancement of WFP's role as a partner in the fight against malnutrition. Also, the CP is in line with WFP Strategic Priority (SP) 5 to help governments to establish and manage national food assistance programmes. The targeting of the ICDS component based on the preventive life cycle approach is in line with WFP's corporate policy framework including the new nutrition policies adopted in 2004.

The spread of the WFP support to ICDS over selected districts in several Northern States is well appreciated by the mission. The VAM unit has been involved in the selection of the States to work in. The district selection has been done by the WFP State Offices, with no direct involvement of the VAM. It was based on criteria like the scope for partnerships, avoidance of duplication of work done by other organizations, good governance, WFP's past experience in the area, and geographic concentration of the WFP FAAD interventions.

The prime WFP target groups in the life cycle approach are reached through the ICDS. As attendance at the ICDS 'anganwadi' centre (AWC) is based on self-selection, the 'most needy' (at least in nutritional terms) might not be reached. Establishment of 'poriawadi' sub-centres in hamlets has helped to achieve better outreach in remote areas. The proportion of severely malnourished children in grade 3 and 4 in the AWC's was found to be rather small. It should be noted here that the Indian malnutrition classification system leads to 'false negatives' for severe malnutrition. WFP justifiably advocates for a change within ICDS to the international WHO/NCHS malnutrition classification system.

Application of KPP2: Community involvement, community-based approaches

The ICDS is a community-based (away from the hospital) system, but is not community-driven. Community involvement is limited to participation in selection of the location for a new centre and in implementation of the actual service delivery. The current decentralization of the GOI provides opportunities to involve the Panchayati Raj Institutions (PRI; self-chosen local government at district, sub-district and village level) in the ICDS scheme. Another opportunity for more community involvement is the 'Mission Shakti' programme that supports women self-help groups.

Under the previous CP 1997-2002, various innovative approaches to community involvement were piloted. However, these pilots were not replicated in the current CP. New concepts that are promoted in the current CP are "Food for Human Development" (FFHD) where food-for-work is used for better outreach of the ICDS and service delivery by women Self Help Groups in the villages, and food for training of adolescent girls in NHED and HIV/AIDS.

Community involvement is time and labour-intensive, which complicates replication and scaling up of successful experiences. Increasing community participation in the wider sense does not appear to be the strength of WFP India. What WFP nevertheless should continue to do is to keep advocating for community participation, and to aim for increased community involvement in ICDS in the WFP-supported districts.

Application of KPP3: Partnerships and integration with other social care programs

GOI is the main partner for WFP's food for nutrition programme in India. WFP has good openings for policy discussions on ICDS at Central and State levels. There has been very successful collaboration of WFP with the GOI Planning Commission for preparation of the national consultation 'Towards a Hunger Free India'.

No proper joint programming or implementation of pilots has taken place so far, and there is only loose coordination with UNICEF, CARE and the World Bank, the other main organizations supporting the ICDS scheme. WFP has a strong donor relationship with CIDA, and successful strategic partnerships with nodal NGO's like the Swaminathan Foundation and the Nutrition Foundation of India, but limited links with grass-roots NGO's at project level.

Application of KPP4: Quality ration, including micronutrient fortification

Indiamix is an effective and efficient vehicle to supplement the intake of vulnerable groups including for micronutrients. However, the nutritional rehabilitation of moderately and severely malnourished children is less successful. With the change to Indiamix in the WFP-supported districts, no more serious pipeline breaks have occurred.

The quantity of the ration of Indiamix (80 g per day, 312 kcal, 16 g protein) is less than what is prescribed in the WFP Food and Nutrition Handbook for take-home and on-site supplementary feeding in emergency situations. There are no recent data on the quantitative food intake of beneficiaries that allow judging the energy and protein gaps that need to be filled by the supplementary food, and the role of the blended food in the daily diet.

The current initiative in Uttaranchal to use locally available ingredients as a basis for Indiamix adds to its sustainability and forms a good basis for an exit strategy for WFP. However, the increasing use of sugar in Indiamix batches (up to 25%) ordered by the different States is reason for worry.

Recommendations

1. The KPP's should be further developed for use by WFP India as basis for programming of further WFP support to the ICDS scheme.
2. For WFP data collection the emphasis should be on data that are useful for M&E rather than very refined baseline data merely for targeting purposes.
3. To improve the transparency of the process, for selection decisions at district level and below it is suggested to prepare a document that provides an overview of the reasons for the selection and alternatives that were considered. The selection should be based on a set of well-defined indicators including the prevalence of Low Birth Weight and malnutrition rates for children.
4. WFP should lobby for micronutrient fortification of the PMGY food as well, especially since this food often replaces the ICDS food rations for this age group.
5. WFP should keep advocating for community participation in ICDS, e.g. through increased focus on practical NHED towards women and adolescents, new pilots with women self-help groups locally producing blended food for ICDS (a.o. through links with micro-credit schemes), and local dissemination of study results etc. for empowerment of the community.
6. This mission recommends a more synergistic approach for WFP, CARE, UNICEF and WB, especially in the area of advocacy, but also for operational issues like capacity building, data collection etc. There should be at least a minimum of communication at both CO and SO level. It could be considered to make a joint selection of States and districts and to develop an integrated program of work supporting the ICDS scheme. Because of complementarity of their support to ICDS, a sound strategic option exists for CARE and WFP to jointly support ICDS in some selected districts.
7. While it is recognized that WFP has a strategic interest to continue its partnerships with nodal NGO's, it is recommended to seek more collaboration with grass-roots NGO's, especially to enhance HNED activities in ICDS.

8. As the guidelines in the WFP Food and Nutrition Handbook mainly apply to emergency feeding programmes, specific WFP guidelines should be developed for food rations in preventive MCHN programmes.
9. There is a need to focus on the improvement of the therapeutic feeding of severely malnourished children through the ICDS scheme.
10. This mission recommends to WFP to focus on promotion of proper hygiene in food preparation and consumption, and to cook the Indiamix before consumption and not to use it as a ready-to-eat (RTE) food like the traditional '*panjeeri*'.

Lessons learned for scaling up and replication of WFP support to the ICDS scheme

1. WFP India has been able to advocate for major policy changes within ICDS nutrition programming. This requires an ability to demonstrate good results, and a good sense of what possibly can be achieved.
2. There is a risk of loosing credibility if WFP support to ICDS goes into too many directions and different activities, particularly if there is a shortage of human resources and a lack of cash (support cost). This requires a commitment from the management towards programme issues (i.e. devoting time and resources).
3. HQ policies should develop flexible funding mechanisms for nutrition activities, and specifically support crossing-over funding mechanisms within FAAD.
4. Additional cash resources are essential to enhance the food component with complementary inputs, and also for implementation of demonstration models. Also the capacity of WFP to contribute to partnerships relies heavily on these cash resources.

II: Executive Summary Madagascar case study

Thematic review MCHN

In 2004-2005 the WFP Office of Evaluation, in coordination with the WFP Nutrition Service, commissioned a thematic review of WFP-supported mother and child nutrition (MCN) interventions, including case studies of innovative and/or successful MCN programmes in Cuba, India, Madagascar and Zambia. The overall objectives were to assess the applicability of four key programming principles (KKPP's) for MCN that were identified in a desk review (2002) by WFP, and to collect lessons learned for scaling up and replication of successful programmes. This is the country report of the case study of WFP MCN support to Madagascar. It is based on the findings of a team of the Royal Tropical Institute that visited the country from 17 to 29 March 2005.

Profile of WFP's nutrition programmes in Madagascar

From 1994 onwards, the Government of Madagascar has taken a loan from World Bank to finance a project on Food and Nutrition Security. First this project was called SECALINE; later on in 1998 reformulated as SEECALINE: Surveillance and Education in Schools and Communities on Food and Comprehensive Nutrition. WFP has been assisting one of its main project components, the Community Nutrition Project. WFP's Country Programme 1999-2004 allocated US$ 12.2 million for provision of 18,820 MT of fortified blended food for distribution to 410,000 malnourished children (6 - 36 months) and to 363,000 expectant mothers attending Community Nutrition Centres in districts with a prevalence of underweight higher than 43%.

The community nutrition project within SE(E)CALINE was implemented by 203 local NGO´s and local associations, and worked through an elected Community Nutrition Agent who was paid a token small salary. Activities comprised monthly growth monitoring, nutrition/health education and cooking demonstrations. Much emphasis was laid on the use of flours from local foods in the complementary feeding of young children. Over a cycle of three months, WFP provided a weekly take-home food ration amounting to 750 kcal a day to moderately malnourished children (WFA<-2SD), which was renewable if the child had not gained weight. Expectant mothers (third trimester) also received a weekly take-home food ration of 750 kcal per day. One of the great innovations of the WFP project was to use a fortified blended food (FBF) produced by two local production companies which were equipped by WFP. In the years 2002-2003, 2,150 MT of such blended food was produced. Between 2001 and 2004, WFP also distributed some 10,000 MT of imported CSB.

In 2003, the fight against malnutrition became one of the priorities of the PRSP. A National Nutrition Policy was drawn up, and a National Nutrition Office was created. A

National Community Nutrition Programme was launched that incorporated the different approaches to community nutrition that have evolved in Madagascar (SEECALINE, UNICEF and LINKAGES/USAID). In the new country programme 2005-2009, MCN is part of Activity 3: "Support for the fight against malnutrition, TB and HIV/AIDS", with a budget plan of US$ 5.4 million for direct operational costs. The aim is inter alia to improve the nutritional status and health of children, mothers and other vulnerable groups by providing 9,600 MT of food aid for 23,000 (in 2005) to 33,700 (in 2009) malnourished children under 5 receiving treatment in newly established district level ambulatory nutritional rehabilitation centres (CRENA's) attached to district Basic Health Centres, and for 8,000-11,700 orphans and vulnerable children (OVC's) being cared for at community or urban centres, and for HIV/AIDS- and TB-patients. WFP Madagascar has shifted to a curative approach in MCN food assistance.

Overall applicability of the KPP's in Madagascar

It was found that the Key Programming Principles for MCN programmes are valid and applicable, because they support very concrete programming decisions through the provision of a framework to consider alternatives and to make reasoned choices.

Application of KPP1: Clear situation analysis and targeting to households where malnutrition is caused by lack of access to food

In the SEECALINE II project, geographic targeting was done on the basis of the prevalence of malnutrition at village level, with individual targeting to underweight children. What was lacking was a conceptual analysis concerning the causes of malnutrition at individual, household and/or village level (food insecurity, lack of care, or poor health conditions and services).

Under the current country programme, WFP has decided to limit its geographic targeting for the MCN component to 3 provinces (out of 6 in total) with high food insecurity. This spatial concentration is for reasons of logistical convenience and also in order not to spread its interventions too thinly. The selection of the 3 provinces was based on VAM data (food insecurity, drought-proneness, vulnerability to natural disasters like cyclones and flooding). The selection of intervention districts within the 3 provinces took little account of other WFP activities like food for education and food-for-work.

In the previous country programme, the anthropometric index used in the SEECALINE II project was weight-for-age (WFA) <-2SD, which combines the effects of chronic and acute malnutrition. The exit criterion was a resumption of weight gain at two consecutive weighings. For the nutritional rehabilitation in the CRENA in the current country programme, the entry criterion is moderate wasting (weight-for-height between 70 and

80% of the median) or weight-for-age in the red zone (i.e.<-2SD). The exit criterion is weight-for-height > 85% with the weight curve increasing at two successive weightings.

Application of KPP2: Community involvement, community-based approaches

The Community Nutrition Project under SEECALINE II used a community-based, preventative approach, with community nutrition centres covering a population of about 2,000 inhabitants (on average about 5 hamlets). Thus, the project design ensured sustainability by making communities more responsible vis-à-vis infant and young child malnutrition and by encouraging positive changes in food practices.

The community was not involved in the planning of the programme: community involvement was limited to participation in selection of the location for a new centre and in implementation of the actual service delivery. In the two beneficiary evaluations of the CNP undertaken by the World Bank and WFP, it was found that communities had a keen interest in SEECALINE’s activities. Generally, the communities actively took part in the entire project implementation and positively evaluated the programme’s benefits.

In the new National Nutrition Programme, the World Bank, SEECALINE and a number of NGO’s preferred not to use food aid anymore in the preventative community-based activities. In the current CP (2005-2009), WFP therefore has shifted to food assistance for acutely malnourished children in the CRENA.

Application of KPP3: Partnerships and integration with other social care programmes

The World Bank is the main partner of the Government of Madagascar for the conception and implementation of the Community Nutrition Project. While WB was clearly “in the driving seat”, WFP was more of a co-financer in the project than a real partner of the World Bank, and no formal partnership agreement was signed with the Bank. For WFP to be involved in such a flagship project that operates according to the state-of-the-art in international nutrition, more nutrition expertise should have been present in WFP’s country office, and more guidance should have been given by PDPN. An example of the dependent position of WFP was e.g. that in 2004, when there was a delay of 8 months in World Bank disbursements to the SEECALINE project, WFP food was accumulating in SEECALINE’s provincial warehouses and got unfit for human consumption and thus had to be discarded.

Under the previous country programme, WFP was not involved in the selection of the local NGO´s implementing the community nutrition project, and WFP had no role in food management monitoring once the food had be deposited in the SEECALINE warehouses. The partnership with SEECALINE was more at national level and not at the level of the provincial offices in charge of project execution. A better division of tasks between WFP

and SEECALINE could have lightened the reporting load at central level. In the absence of clearly-defined relations between WFP and the NGO´s, WFP had no control over food management in the field. Despite the training in food management provided to the implementing partners, inconsistencies were reported in terms of beneficiaries' targeting and food distribution. The review mission had difficulty to obtain food utilization reports from the field that were both timely and correct. This difficulty was due to operational and logistic problems and also to SEECALINE's lack of capacity to manage food aid in an efficient and transparent way.

Under the new country programme 2005-2009, WFP food distribution for MCN through CRENA will be implemented through direct collaboration by WFP with a small number of international and local NGO´s as implementing partners. The selection of the partners was based on an Implementing Partners performance rating sheet with criteria like: targeting, implementation capacity, capacity-building capability, number of women on the team, integrity, cooperation with international organizations, reporting, etc.

Through participation in the national discussion group GAIN (Intersectoral Nutrition Action Group), WFP has contributed to the establishment of the National Nutrition Programme. WFP has now come under the auspices of the Ministry of Health and Family Planning (MINSAN-PF). Although WFP within GAIN works together with other UN agencies like FAO and UNICEF, so far there has been no joint programming or implementation of pilots, except for the emergency operation jointly with UNICEF in 2005 due to the rice crisis. WFP provided CSB and rice to 'emergency' CRENA's in areas particularly affected by the crisis, including peri-urban ones. The mission observed that some inter-sectoral collaboration exists at field level, but that this is often limited to joint monitoring of field activities. Follow-up of children detected as malnourished is not done consistently.

Application of KPP4: Quality of the food ration, including micronutrient fortification

Within the previous country programme, there was a very interesting evolving role of supplementary feeding. The food ration was designed for nutritional rehabilitation and as an incentive for mothers to visit the nutrition sites and attend the nutrition education sessions. From the start of the project, supplementary feeding with blended flour ran into logistical problems both at the level of resources mobilization and at the level of production and transport of the blended food to the nutrition sites. Yet, the appeal of the food to the community, even in reduced quantities, was obvious. Interestingly, when the food aid was disrupted or came to an end, attendance rates did not diminish substantially or diminished only temporarily and then caught up again. The "dependency" on food aid among the target group apparently was minimal. This can be attributed to the strong motivating role of the community agents, who managed to mobilize the mothers to

continue to come and attend the activities on the sites. However, during this mission mothers have pointed out that food aid is still welcome, especially during the lean season. Supplementary feeding activities under SEECALINE II have served principally as a support for educating mothers. Mothers have learned how to make local flours from ingredients available in their villages. WFP's blended flour, produced with local ingredients, served as a model of a suitable food for young children.

Since the beginning of SE(E)CALINE, there has been an unfortunate misunderstanding between the World Bank and WFP about the quantities of food to be distributed and the number of beneficiaries. WFP based its annual provisions on the number of new nutrition centres to be created per year and failed to include the old centres. WFP's underestimation of food aid requirements was further aggravated by lack of resources and delays in deliveries. The problem was "solved" by reducing the duration of the rehabilitation period from 17 to 13 weeks, by doubling the number of cycles in year 1, and by reducing the coverage of a Community Nutrition Centre to one year instead of three years

One of the great innovations of the WFP project in the past country programme was to use a locally-produced fortified blended food and the according equipping of two local companies. The blended flour was made from local ingredients (sustainability!) and fortified according to Codex Alimentarius norms, and had the same nutritional value as CSB. In addition to its nutritional value, it had a valuable demonstration effect. However, WFP was handicapped by the rigid procedures involved in purchasing the local ingredients for the fortified blended food. By the time WFP would confirm the order, the factory offer already had expired and the prices on the local market had increased considerably due to the unpredictable market in Madagascar which is under strong seasonal influence. There were also long delays in the delivery of Mineral-Vitamin Premix ordered by WFP from Roche Inc. in South Africa, which was another factor delaying the production of the blended flour by the factory. Other Agencies have now taken over the job. With financing from the European Union and French Development Cooperation, GRET continues to produce the blended food at reduced cost. It is sold at subsidized prices in schools and in "nutrition restaurants" in some urban areas and also UNICEF uses the formula in its programmes. The GRET project uses an intensive social marketing campaign.

The weekly take-home ration under the previous country programme amounted to 1.5 kg per beneficiary (providing 750 kcal/day). This amount is considerably lower than the recommendation for a take-home ration in the WFP Food and Nutrition Handbook, which recommends 1000-1200 kcal to account for sharing at home. In the current country programme, the food basket is radically different from the preceding one, favouring the energy aspect of the supplementary food to the detriment of the micronutrients. This is a regrettable regression in the quality of the ration. The micronutrients are essential to

remedy nutritional deficiencies and contribute to resolving the problem of stunted growth among children. The food basket is not in line with the protocols adopted for this purpose by WFP, WHO and UNICEF.

Recommendations

1. To assure proper follow-up of children treated in the CRENA, WFP should advocate that the implementing NGO´s work from two sides, as follows: (i) from the side of the CRENA and/or the CNC, regular home visits should be arranged and (ii) on the side of the client, support from the community should be mobilized to support the mother/family in sustaining appropriate feeding and caring behaviour and in early recognition of growth faltering or relapse into malnutrition of young children. WFP could reinforce this by requiring proper reporting on follow-up activities and, if possible, by some complementary training activities.
2. With the WFP involvement in the CRENA, flexibility in the modus operandi is required. The sustainability of nutritional benefits to a large extent depends on the successful upward and downward referral in the nutritional rehabilitation structure.
3. The food basket should follow internationally recognized protocols adopted for this purpose by WFP, WHO and UNICEF (see WFP's Nutrition Handbook).
4. Now that WFP is working with a new main partner (viz. the Ministry of Health), energy has to be invested in building good relationships with that Ministry.
5. WFP could use a performance rating sheet to judge the feasibility of implementation of the proposals to be submitted by its partner NGO's for WFP support.
6. Through its VAM, WFP should play a more prominent role in targeting those geographical areas where the problem of malnutrition is closely linked to problems of access to a sufficient quantity and quality of food (i.e. food insecurity). This requires a good causal analysis and an increased emphasis on food consumption data and on micronutrient intakes. Additional criteria for province and district selection are: (i) the presence and capacity of implementing NGO's and (ii) the possibility of synergy with other WFP activities, such as school feeding and FFW.
7. WFP Madagascar should more properly apply the principles of results based management in formulating its specific objectives for MCN.
8. It is important for WFP to take part in the conception phase of the various national surveys so as to ensure that they include a component specifically relating to food consumption and diet quality.
9. In order to understand the link between food aid and nutritional change, it would be interesting for WFP to take part or be associated in the World Bank evaluation study on the impact of SEECALINE and/or to undertake or commission an appropriately-designed separate in-depth study.
10. UNICEF's role in purchasing commodities for emergency operations (oil, sugar and local flour) should be clarified because it is not in line with what was agreed in the Memorandum of Understanding between WFP and UNICEF.

11. The principle of early prevention of malnutrition according to the life cycle approach asks attention for vulnerable groups hitherto not targeted by WFP Madagascar: adolescent girls and lactating women.
12. WFP should seize any opportunity to promote the quality of the diet and the proper intake of micronutrients through an appropriate food basket and the use of food aid as a vehicle for increased access of vulnerable populations to those micronutrients.
13. There is scope for intensifying the link between MCN nutrition intervention and the issues of food production and food access.

Lessons learned for scaling up and replication of WFP MCN support in Madagascar

1. One of the great successes of the SEECALINE Community Nutrition project lies in the transition from the distribution of blended food to the promotion of the production of local flours at home. WFP food assistance fully played its educational role thanks to sound and strong follow-up by the community agents. Food distribution was being used to show mothers that a proper diet adapted to a child's needs can promote growth and protect the child against malnutrition.
2. There should have been a more effective collaboration with UNICEF and the World Bank in programming, piloting, M&E and in fine-tuning joint operations.
3. More support to SE(E)CALINE, a flagship project in international nutrition, should have been given by WFP Headquarters and the Regional Bureau in terms of (i) seizing the opportunity to collaborate actively with the World Bank, (ii) providing regular technical support and (iii) creating a staff position for a nutrition programme and policy adviser in the country office.
4. Bringing about active participation of the community in project development and implementation generally lies beyond the means of WFP and thus requires effective partnership with local NGO´s that have a track record in designing and implementing projects with active community involvement.
5. It is vital for WFP to ensure that Country Programme commitments are being respected and to avoid breaks in the pipeline. Therefore, funding has to be both adequate and predictable for the long term.
6. In order to develop "new-generation" MCN activities and to enhance "demonstration through results", WFP needs to be able to do its own food aid monitoring, to focus more on food consumption data (besides nutritional status data), to undertake or commission in-depth studies on the causes of malnutrition and on the impact of food assistance, and to implement pilot activities in such areas as social marketing, community involvement related to food assistance, practical ways for households to increase their food access and dietary diversification
7. The emergency operation due to the rice crisis in 2005, mounted jointly by WFP and UNICEF, demonstrated SEECALINE's ability to move rapidly and showed the

flexibility of the system of Community Nutrition Centers to provide for a food-based safety net at short notice.

III: Executive Summary Zambia case study

Thematic review MCN

In 2004-2005 the WFP Office of Evaluation, in coordination with the WFP Nutrition Service, commissioned a thematic review of WFP-supported mother and child nutrition (MCN) interventions, including case studies of innovative and/or successful MCN programmes in Cuba, India, Madagascar and Zambia. The overall objectives were to assess the applicability of four key programming principles (KKPP's) for MCN that were identified in a desk review (2002) by WFP, and to collect lessons learned for scaling up and replication of successful programmes. This is the country report of the case study of WFP MCN support to Zambia. It is based on the findings of a team of the Royal Tropical Institute that visited the country from 10 to 26 April 2005.

Profile of WFP's nutrition programmes in Zambia

Since long, MCN activities have been a component of the WFP assistance in Zambia. In the CP 1998-2002, MCN feeding was executed in remote drought-prone rural areas and in three major hospitals in Zambia. It formed part of the supplementary feeding activity that also included beneficiaries affected by TB/HIV/AIDS. In the current CP 2002-2006 MCN is included under the Nutritional Programme for Vulnerable Groups, which again combines MCN beneficiaries and TB/HIV/AIDS-affected people target groups. However, with the shift to the new CP, the total number of MCN beneficiaries and the proportion of MCN within the umbrella activity have substantially decreased. In 2002, there were 89,366 MCN beneficiaries that formed 66% of all beneficiaries covered by the supplementary feeding activity (SPR 2002), while in 2005 there are 13,375 MCN beneficiaries, who form 37% of all beneficiaries of the NPVG (distribution list for March 2005). This means an 85% reduction of the number of MCN beneficiaries. It was noted that MCN in the current CP 2002-2006 covers malnourished children under five and pregnant women, while the previous CP also included lactating women as a target category for MCN. The emphasis in the new WFP nutrition policy (WFP, 2004) on preventative approaches has not yet been incorporated in WFP's MCN programme in Zambia.

Overall applicability of the KPP's in Zambia

The Key Programming Principles for MCN programmes find their roots in the FAAD guidelines, which since 1999 have formed the direct basis for WFP's Country Programmes in Zambia. The set of KPP's appears to be a useful tool to highlight the main strengths and weaknesses of WFP's MCN activities in Zambia. Thus, the KPP's can provide valuable guidance during programming by WFP for the next phase in MCN support to Zambia.

Application of KPP1: Clear situation analysis and targeting to households where malnutrition is caused by lack of access to food

The VAM unit of WFP Zambia analyses vulnerability patterns in the country based on indicators for chronic food insecurity (highly prevalent in rural areas across the country), the risk of food crises (VAC assessments pointing to Southern and parts of Western Province), the prevalence of underweight children (HMIS data point towards Southern, Western, Northern and Luapula Provinces), and HIV/AIDS prevalence (the population along the railway down to Livingstone and in the main urban areas). High scores on these four criteria most of the times do not coincide geographically, and WFP thus has chosen to be present in various parts of Zambia with different types of programmes.

In Zambia, malnutrition is mainly a stunting problem caused by chronic food insecurity. This problem is addressed by WFP in its CP 2002-2006 under the food-for-assets activity that focuses on crop diversification and IGA programmes in the northern part of the country. The WFP MCN support to District Health Management Boards (DHMB's) is primarily a disaster preparedness and mitigation measure related to recurrent droughts, with a geographic focus on Southern Province and to a lesser extent Eastern Province. Also, the MCN component includes curative therapeutic feeding in the main hospitals throughout the country.

As a result of the high numbers of HIV/AIDS affected people in Zambia, the government, donors and aid organizations all have a strong focus on HIV/AIDS and TB programmes. This is reinforced by the comparative advantage of HIV/AIDS programmes working through relatively efficient NGO's/CBO's instead of through regular health system channels like for MCN. However, in line with WFP Strategic Priority No. 3 ("Support the improved nutrition and health status of children, mothers and other Vulnerable People"), WFP Zambia will need to take up the challenge to ensure that nutrition is not overtaken too much by AIDS/HIV related programmes, especially as WFP nowadays is the only donor organization supporting MCN in Zambia. Given the limitations in WFP resource levels, there is a need to strike a fine balance between achieving substantial coverage (both geographically and in terms of numbers of beneficiaries for each of the programmes), and making a difference in the nutrition of carefully selected beneficiaries for a sound period of time.

Application of KPP2: Community involvement, community-based approaches

The Zambia CP's 1998-2002 and 2002-2006 both reflect a strong orientation towards community participation and community-based approaches. In the case of MCN, this builds on the community-based growth monitoring system implemented by health centres. However, within this system, the main focus is on weighing children, with limited attention for health and nutrition education. None of the visited health facilities appeared to avail of any nutrition promotion poster or booklet or other educational material.

Application of KPP3: Partnerships and integration with other social care programmes

It is a positive finding that both Zambia CP's 1998-2002 and 2002-2006 show government ownership and involvement. The decentralization as a result of the health reforms has led to a central role for the District Health Management Boards (DHMB's), which thus have become the key implementing partners for WFP for its MCN work. Unfortunately, the health reforms in Zambia have created some sort of policy development gap, as the National Food and Nutrition Commission (just like other MoH bodies) nowadays has very limited options to involve itself in the programmes under the DHMB's, including the MCN activities supported by WFP.

Despite the strategic focus within the CCA/UNDAF framework on health and nutrition, little progress has been made in practice with improvement of MCN programmes. It is a challenge for WFP Zambia to take up an advocacy role for MCN improvements and to address MCN issues at national policy level, e.g. through a closer link with UNICEF and the National Food and Nutrition Commission, but also involving WHO and others who are involved in the nutrition field in Zambia.

Application of KPP4: Quality ration, including micronutrient fortification

HEPS is a suitable locally produced blended food based on 70% maize, 20% soy bean and 10% sugar, since 1995 fortified with a vitamin/mineral premix. Therapeutic feeding in the hospitals recently has shifted back from F-75 and F-100 provided by UNICEF to the 'traditional' preparation of therapeutic milk based on DSM, sugar, oil and a vitamin/mineral premix. Hospital-based nutrition rehabilitation in Zambia has variable but generally rather low success rates, and the community-based therapeutic care with RUTF, currently being introduced in Zambia by Valid International, is a promising alternative that deserves to be supported by WFP as appropriate within its mandate.

As the HEPS is usually shared with other household members, the ration scales for take home rations for the nutritionally vulnerable MCN beneficiaries should at least follow the recommendation in the WFP Food and Nutrition Handbook. This means that the ration provided in health centres to malnourished children (especially if WFH would be introduced as indicator for wasting alongside the current selection system based on WFA) should be increased to the level of the previous CP (from 5.4 kg to 7.5 kg HEPS per month).

For the HIV/AIDS related beneficiary groups under the NPVG, the food supplement acts as 'treatment incentive/enabler' or as 'income transfer'. In these cases, the ration scale cannot be checked against dietary needs and is more flexible. The size of the household

rations could be scaled down in the near future to keep the programme feasible when massive scaling up of HBC programmes occurs in Zambia.

Recommendations

1. The KPP's should be further elaborated for use by WFP Zambia as basis for MCN programming.
2. Next to continuation of its other programmes, WFP Zambia should consider to expand its MCN programmes. These programmes should at least include the provision of targeted food aid for treatment of severe and moderate malnutrition of children under five and as in-kind nutrition support to selected 'at risk' pregnant and lactating women up to six months after delivery, and preferably also comprise elements of a more preventative character like including other target groups like adolescent girls and providing support to nutrition and health education alongside food supplementation.
3. It is suggested to WFP to clearly differentiate 'food for nutrition' in the form of MCN programmes from 'food as incentive/enabler' and 'food as income transfer' programmes for HIV/AIDS affected people. This will help to keep a clear focus on the objectives of the various programmes, which facilitates the elaboration of specific results-based management frameworks including the selection of indicators for each type of feeding programme.
4. The UNHCR/WFP (2004) analytical framework for integration of food and nutrition support and HIV/AIDS activities can very well be applied by WFP Zambia to non-refugee settings as well. It is a very useful tool to identify activity options that link nutrition and HIV/AIDS.
5. To improve community involvement and to adopt a more preventive approach to nutrition, WFP could advocate for more involvement of CBO's like 'mother support groups' and of local NGO's, and for production of educational materials on healthy nutrition habits for use by health centres and hospitals.

Lessons learned for scaling up and replication of WFP support to MCN activities

1. Coordination of various health-sector related interventions like nutrition and HIV/AIDS can be better ensured through the appointment the a 'WFP health sector focal point' as 'front office' for liaison with implementing partners and other health sector agencies.
2. In the light of the strategic focus within WFP on nutrition and the intention to expand MCN programmes in the countries where WFP operates, the WFP country offices need to ensure that they avail of sufficient nutrition capacity.
3. The home-based care programmes in Zambia are very positive experiences with community involvement which provide good models for replication in MCN programmes.

4. For MCN programmes where the regular health system is WFP's implementing partner, especially in the case of countries that have undergone a health reform, the challenge for WFP is to complement the work relations with decentralized health management boards with sufficient 'liaison' with national level entry points to address MCN at policy levels.
5. WFP country offices should regularly check if their MCN programmes are still in line with the organizational guidelines, e.g. the ration scales in the WFP Food and Nutrition Handbook and the new WFP nutrition policy papers.
6. With massive scaling up of home-based care programmes (in Zambia or in other countries), a challenge for WFP is to keep their food support programme feasible, especially with regard to the size of the household rations.

Annex F: Comparison of the KPP's with success factors for MCN programmes as provided in five literature sources

<table>
<tr><th></th><th>WFP (2004)</th><th>FAO (2002)</th><th>Mason (2004)</th><th>Mock & Mason (1999)</th><th>Jonsson (1997)</th><th>Sanders (1999)</th></tr>
<tr><td>Macro-environ-ment</td><td>(not covered by KPP's)</td><td>- policy environment
- inter-sectoral collaboration
- Govt. resource commitment
- role/contribution international community
- adequacy national expertise</td><td rowspan="2">- women's status and education
- lack of social exclusion
- political commitment
- community organization
- literacy</td><td>(causes not directly addressed by the programme)</td><td>- political commitment</td><td>- political will</td></tr>
<tr><td>Micro-environ-ment</td><td>(not covered by KPP's)</td><td>- extent of diversity
- local food economy
- levels of comm. development
- access to basic services
- adequacy local development structures</td><td></td><td>- presence community organizations
- infrastructure for basic service delivery
- women involved in decision making
- high literacy level
- empowered women
- local culture with 'first call for children'
- charismatic leaders in the community
- parallel poverty reduction programmes</td><td></td></tr>
</table>

Programme design and sustain-ability	KPP 1: Targeting (good situation analysis)	- programme relevance (problem analysis, targeting)	- coverage - targeting	- targeting - intensity of services	X	X
	KPP 2: Community involvement	- programme relevance (participatory problem analysis) - community activities - effectiveness community mobilizers - programme ownership	- organization at community level	X	- awareness creation in the community - community mobilization and participation - support to facilitators and community mobilizers - community ownership - training of community mobilizers and members	- community participation
	KPP 3: Partnership & integration	- programme linkages - programme interventions (in line with offered basic nutrition services?) - programme ownership	- central government support	X	- government ownership - income generating activities - involvement of NGO's	- political will - external funding sources
	KPP 4: Quality food ration	- programme interventions	X	X	X	- programme design
	(not covered by KPP's)	- programme relevance (SMART objectives) - programme management (system, staff, management training, financial transparency) - programme monitoring and evaluation - programme resources - ability to respond to future needs	- resource intensity - application of technology - training / supervision - incentives and remuneration	- intensity of services - quality of service - change in behaviour and health / nutrition status	- identification and definition of time-bound goals - good management - cost-consciousness	- programme management - internal funding sources