

OPERATION EVALUATION

Malawi Country Programme 200287 (2012-2016):

A Mid-term Evaluation of WFP's Operation from
January 2011-March 2014

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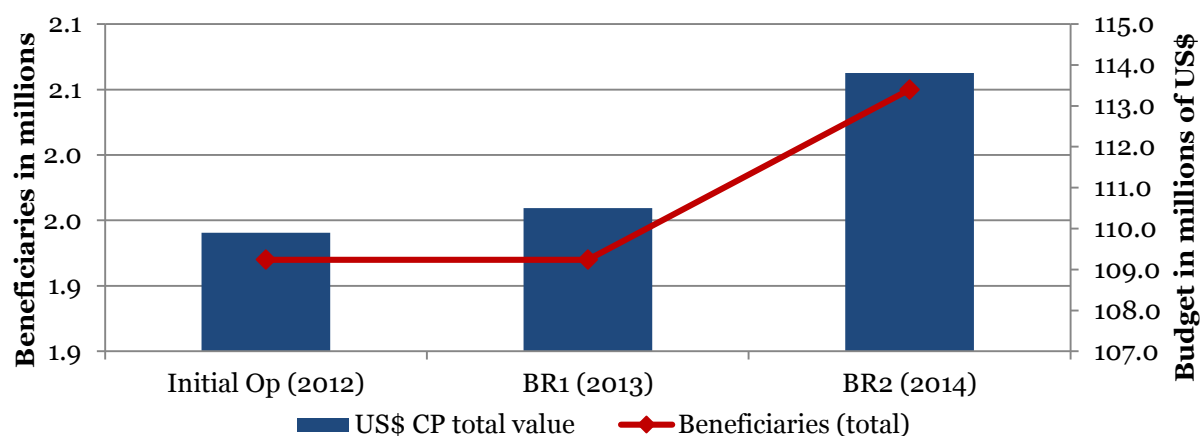
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Operational Fact Sheet

Operation	
Type/Number/Title	Malawi Country Programme 200287 (2012-2016)
Approval	The operation was approved by the Executive Board in February 2012.
Timeframe	Initial: five years (1 March 2012-31 December 2016); revised: N/A; note: evaluation includes formation period from January 2011 to March 2013.
Planned beneficiaries	<p>Total planned beneficiaries: Initial: 1,926,400; revised (July 2014): 2,058,674</p> <p>Planned beneficiaries by component: Initial Component 1 Support to education: 1,284,000; revised: 1,342,093 Initial Component 2 Nutrition support: 544,400; revised: 618,581 Initial Component 3 Disaster risk reduction (DRR) for food security: 97,955; revised: 98,000</p>
Planned food requirements	<p>Total planned food requirements: Initial: In-kind food 122,948 metric tonne (mt); revised (July 2014) 123,403 mt</p> <p>Planned tonnage by component: Initial Component 1 Support to Education: 76,132 mt; revised: 77,299 Initial Component 2 Nutrition Support: 25,734 mt; revised: 26,072 Initial Component 3 DRR for Food Security: 21,082 mt; revised: 20,332</p>
US\$ requirements	Initial: US\$109.9 million; Revised (November 2013): US\$110.6 million; Revised (July 2012): US\$113.9 million. This budget comprises 53.0 percent of the Malawi country portfolio. ¹

Budget revision: There were two budget revisions (BRs) to the initial operation. See chart below for the evolution of the total number of planned beneficiaries and the budget requirement.



Description of BRs:

- The initial BR1 was approved in November 2013 to increase the external transport costs and reduce the landside, transport, storage, and handling (LTSH) costs. This resulted in an overall budget increase of US\$679,622, representing a total increase of 0.6 percent in the Country Programme (CP) value. New budget: US\$110,572,734.
- The BR2 was approved in July 2014 to increase the total budget by US\$3,313,920, representing a total increase of 3.0 percent in the CP value. BR2 was necessary because of the changes in government leadership, changes in WFP protocol requirements, the introduction of the cash and voucher modality under the DRR component, and climate impacts on agriculture and food supply since the inception of the programme. This has resulted in an increase of 132,274 beneficiaries and 755 mt in food tonnage. New budget: US\$113,886,654.

Other ongoing WFP operations:^{2,3}

- Assistance to Food-Insecure People Suffering from the Effects of Natural Disasters and HIV/AIDS (PPRO 105860) helped to meet the emergency food needs and prevent the deterioration of the food security situation and livelihoods of 1.9 million people during the lean season in 2013, and following the floods in

¹ WFP Malawi. 2013d. Executive Brief: Operational Issues, Price Volatility and Shortfalls.

² WFP Malawi. 2013k. Standard Project Report (SPR).

³ WFP Malawi. 20114b. Current operations.

the south of the country early in 2013. The operation ended in the first half of 2013 and was succeeded by interim emergency operation (IR-EMOP) 200600 and then by EMOP 200608. EMOP 200608 continued until November 2014 due to prolonged food insecurity due to delayed crop harvest.

- Food Assistance to Refugees in Malawi (PRRO 200087) helps the government in the provision of food assistance to over 16,000 refugees residing in the Dzaleka refugee camp and Karonga Transit Shelter. This operation ended in the first half of 2013 and was succeeded by PRRO 200460, which plans to continue providing assistance to an estimated 23,400 camp-based refugees. This operation also addresses the deforestation around Dzaleka camp due to fuel demands of the population.

Objectives and Activities⁴

	CP component	CP objectives	Activities
Millennium Development Goals 1, 2, 4-7; UNDAF priorities 1, 2, 3; and aligned with Enhanced Commitments to Women	Corporate Strategic Objective (SO)#4 Reduce chronic hunger and undernutrition		
	SO#5 Strengthen the capacity of countries to reduce hunger, including through hand-over strategies and local purchase		
	1 Support to education	<ul style="list-style-type: none"> • Contribute to increasing the proportion of boys and girls accessing and completing pre-primary and primary education in WFP-assisted schools • Enhance the capacity of the government to design and implement a sustainable school meals programme 	<ul style="list-style-type: none"> • School meals (primary school and early childhood development centres), including pilot of Home Grown School Meals (HGSM) • Take-home rations • Capacity development
	2 Nutrition support	<ul style="list-style-type: none"> • Contribute to the reduction of chronic⁵ and acute malnutrition among children, women, and Tuberculosis (TB) patients • Enhance the capacity of the government to design and implement nutrition solutions 	<ul style="list-style-type: none"> • Supplementary feeding programme for the treatment of moderate acute malnutrition for children under 5 years,⁶ pregnant and lactating women, and TB patients • Capacity development
	SO#2 Prevent acute hunger and invest in disaster preparedness and mitigation measures		
SO#5 Strengthen the capacity of countries to reduce hunger, including through hand-over strategies and local purchase			
3 DRR for food security	<ul style="list-style-type: none"> • Contribute to increased and sustained food security and community resilience through investment in disaster preparedness, prevention and mitigation measures • Enhance the capacity of the government to design and implement disaster preparedness systems 	<ul style="list-style-type: none"> • Food for assets • Capacity development⁷ 	
Main Partners			
Government	Department of Disaster Management Affairs; Ministry of Agriculture and Food Security; Ministry of Education, Science and Technology; Ministry of Gender, Children and Social Welfare; Ministry of Health		
United Nations	Food and Agriculture Organisation (FAO), United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), and World Health Organisation (WHO)		
Non-governmental organisations (NGOs)⁸	International NGOs: Concern Worldwide, Valid International National NGOs: Development Aid from People to People, Malawi Lake Basin, Mary's Meals		

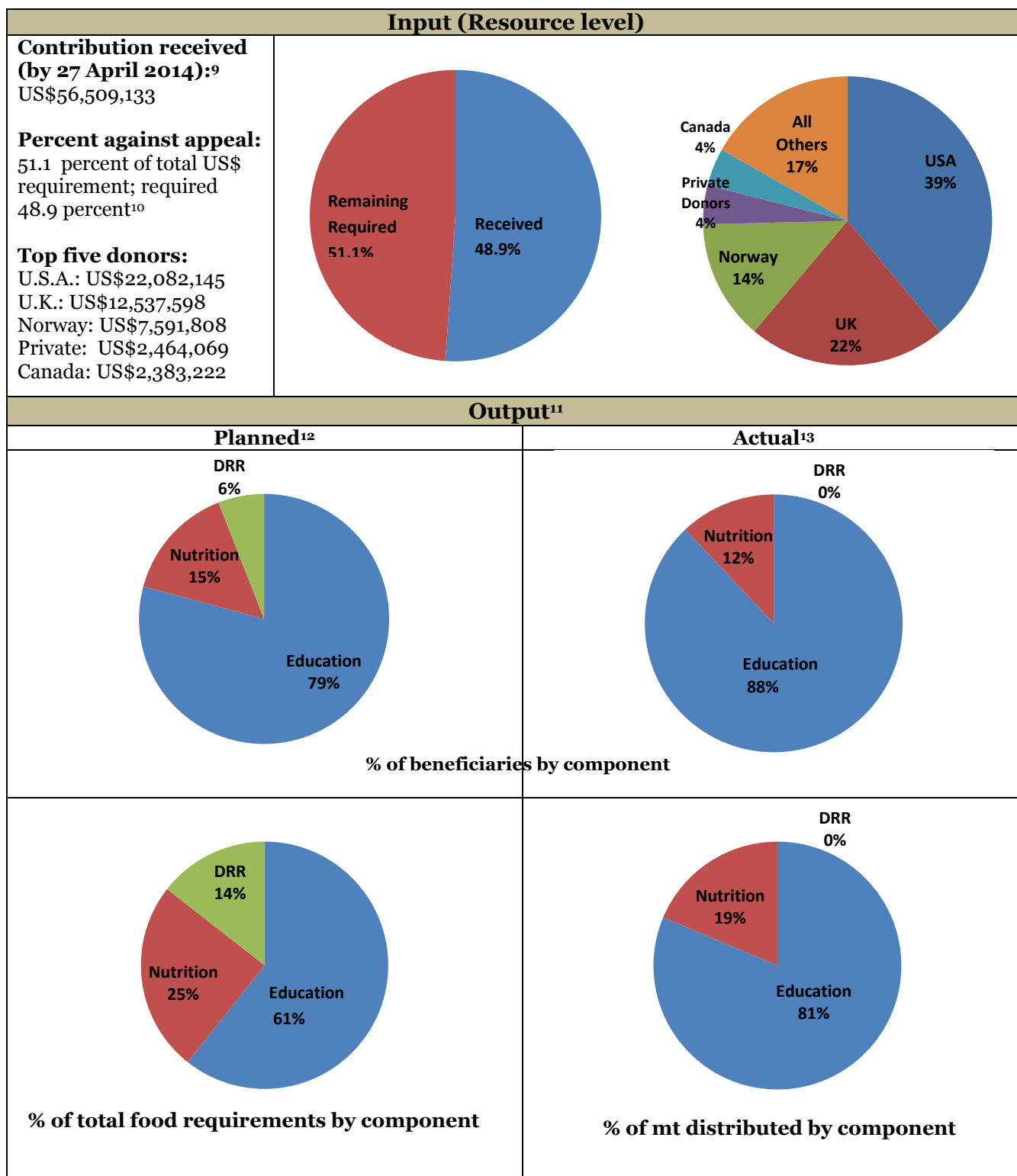
⁴ This is based on the original logical framework of the programme which covers the MTE. The ET recognises that the log frame was revised in 2014.

⁵ This is a pilot programme and was not included in the CP, thus, not included in the MTE.

⁶ As per the national CMAM strategy put in place in 2012, programming also needs to cover children between 5 and 12 years.

⁷ In partnership with UNDP, WFP participated in the Africa Adaptation Programme. WFP's primary role was in capacity development.

⁸ It should be noted that NGOs are not implementing CP activities, and have only an indirect role in the CP.



⁹ Note: Resource levels and outputs of this operation factsheet only cover the evaluation period.

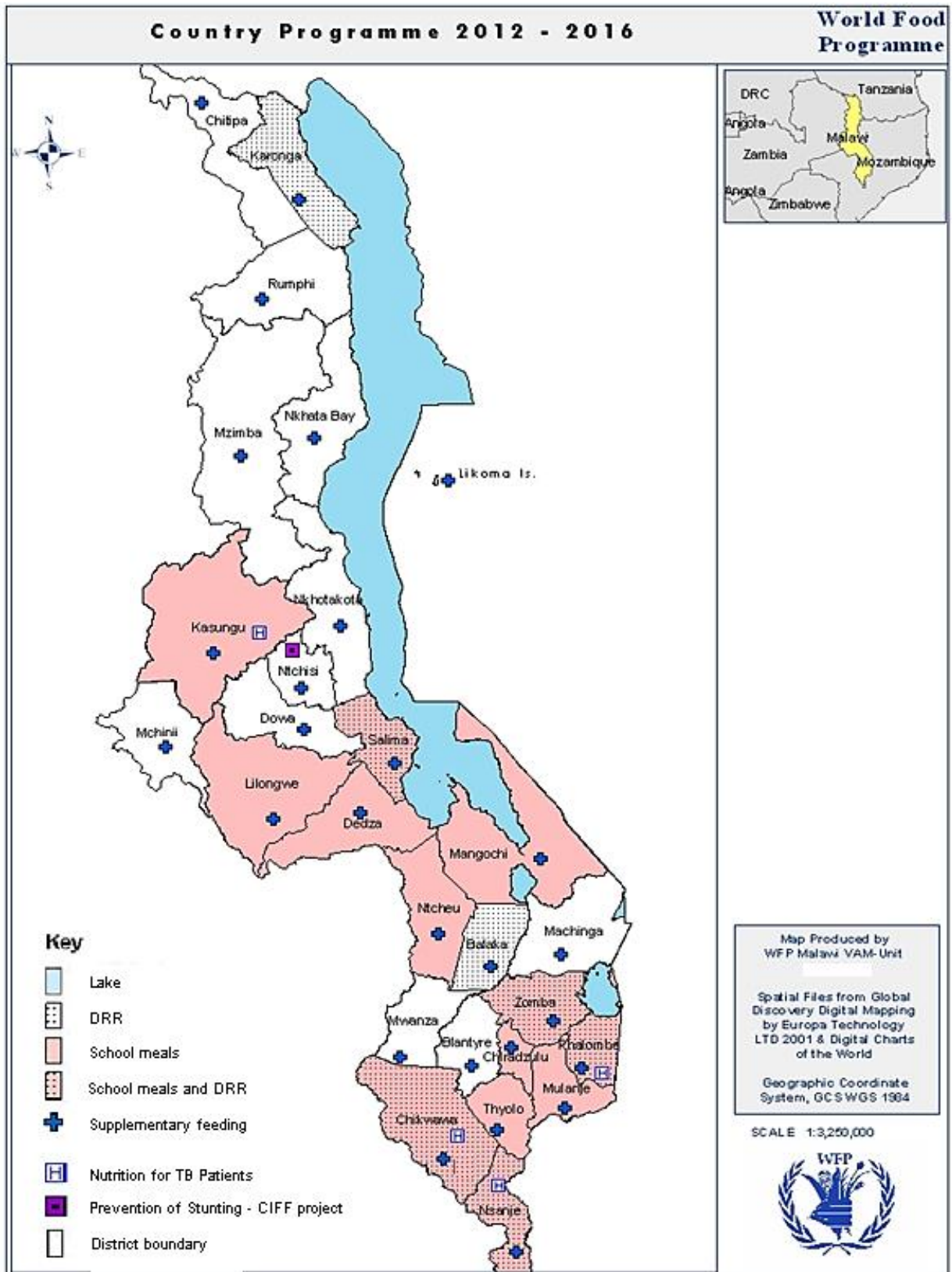
¹⁰ It should be noted that while 51.1 percent of the full requirement is funded, the total value of the operation has a timeframe of five years. Current funding received based on the value of the operation for the evaluation period (24 months, or US\$44,229,099) shows 39.9 percent funding against the appeal and a 60.1 percent shortfall. Calculation by TANGO.

¹¹ The planned coverage of CP beneficiaries in relation to estimated need in the country is: WFP reaches one of five primary schools (WFP Malawi, 2013 SPR) for the education component, and WFP covers approximately three-quarters of GAM need through the nutrition component (DHS 2010 data. Calculated by TANGO).

¹² WFP Malawi, 2013k. SPR.

¹³ DRR activities were launched in March 2014, so no beneficiaries are reflected in current reporting. WFP Malawi, 2013k. SPR.

Map



Executive Summary

1. The independent mid-term evaluation (MTE) of Malawi Country Programme (CP) 200827 was commissioned by the World Food Programme (WFP) Office of Evaluation (OEV) to provide accountability and learning, as per corporate emphasis. TANGO International conducted the MTE. The CP is comprised of three components: support to education, nutrition support, and disaster risk reduction (DRR) for food security. The overall purpose of the MTE is to assess and report on performance and mid-term results and provide evidence-based findings to inform operation and strategic decision making. The MTE covers all activities and processes relating to the CP's formulation, implementation, resourcing, monitoring and reporting from January 2012 to March 2014. The intended audience and users of MTE results are internal stakeholders: Country Office (CO) and sub-office staff, Regional Bureau, and OEV; and external stakeholders: beneficiaries, non-governmental organisations (NGOs), United Nations partners, bilateral donors, and Government of Malawi representatives.

2. **Country context.** Malawi has experienced a steady population growth. The current population is 16 million; 85 percent resides in rural areas and 51 percent of that population lives below the national poverty line. Those in the poorest wealth quintile are more likely to be food-energy-deficient and have children who are malnourished. Almost half of all households face food shortages at some point during the year, more so in the Southern Region, with underlying causes including lack of farm inputs, natural hazards, small landholdings, high market prices, chronic poverty, limited educational attainment, and disease.^{14, 15} Food security concerns are further compounded by the recent withdrawal of large amounts of donor aid.¹⁶

3. Since the design of the CP in 2011, Malawi experienced significant events that affected the CP's implementation, including large-scale emergencies in 2012 and 2013, a 50 percent devaluation of the *kwacha*, a government corruption scandal that left millions in donor funds unaccounted for,¹⁷ and the election of a new government that has yet to set policy directions. The evaluation team (ET) took these changes in the country context into consideration when assessing performance.

4. **Methodology.** The ET employed a mixed-methods approach to address the three main evaluation questions: 1) how appropriate is the operation; 2) what are the results of the operation; and 3) what factors affected the results? Methods included a comprehensive literature review, direct observation of 26 schools, 18 health centres and one DRR site, in-depth structured and semi-structured interviews with 170 key informants, and 119 focus group discussions with 529 beneficiaries and village leaders (242 women and 287 men).¹⁸ Data collection took place in nine districts with a wide geographical spread: Chikhwawa, Blantyre, Phalombe, Zomba, Mulanje, Kasungu, Lilongwe, Ntchisi, and Mzimba. The ET selected this sample of districts in consultation with the CO, based on criteria agreed by the ET and CO (Annex 3).

5. **Appropriateness of the operation.** The CP's objectives and design are appropriate to the country context, to the needs of the target population, and to address the need to strengthen government capacity. The programme aligns with the WFP Corporate Strategic Objectives 2, 4 and 5 and WFP Strategic Plan 2008-2013.¹⁹

¹⁴ NSO. 2011. Malawi DHS 2010.

¹⁵ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

¹⁶ Guardian. 2014b. Malawi aid freeze could hit health and education sectors.

¹⁷ Guardian. 2014a. Malawi's cashgate corruption scandal highlights importance of accountability.

¹⁸ See Supplemental Annex 7-10 for the list of interviews and participants, topical outlines, and fieldwork schedule.

¹⁹ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

Additionally, the CP integrates many government strategies that support education, health, nutrition, food security, DRR and gender, and works synergistically with partners and NGOs in the United Nations Development Assistance Framework.

6. *Education.* School feeding has increased access to education and human capital development through the provision of school meals and take-home rations (THR) to primary and pre-primary children from food-scarce households as an incentive to attend and remain in school. This is an appropriate objective to meet the needs of the population, contributing to reduced food insecurity and poverty. The fortified corn-soya blend (Supercereal) provided by WFP for school meals is a culturally-appropriate food choice well-received by children and parents. WFP also provides THR to girls and orphan boys in Standard 5-8 during lean periods. The CO is piloting school feeding for pre-primary children, and a Home Grown School Meals (HGSM) model that provides schools with cash to purchase food locally; both are appropriate designs to support access to education. Geographic targeting appropriately focuses on areas with high food insecurity and low education performance.

7. *Nutrition.* The supplementary feeding programme (SFP) is an appropriate activity for reducing chronic and acute malnutrition among vulnerable populations. This component consists of three activities: SFP for treatment of moderate acute malnutrition (MAM) in pregnant and lactating women (PLW) and children through 12 years; dietary supplements to tuberculosis (TB) patients; and a pilot for the prevention of chronic malnutrition.²⁰ These activities are well designed and have high coverage, though the MAM/SAM treatment for TB patients is unclear as planned.²¹ The transfer modality of Supercereal is appropriate, and alternative modalities such as food vouchers may be explored to ensure availability is timely and cost-efficient and to promote local production.

8. *DRR.* The objectives and design of the DRR component changed after the CP began to reflect WFP's recognition of the need for coordinating DRR efforts across many interventions underway with various agencies. WFP's Seasonal Livelihood Programming (SLP) works to coordinate all stakeholders to ensure a government-centric, multi-sectoral approach to district DRR efforts. WFP directly funded projects in seven disaster-prone districts for integrated climate adaption measures under the Africa Adaption Project (AAP). However, FFA activities outlined in the CP design were delayed due to a lack of donor support. This change in focus is appropriate.

9. Results: Outputs and outcomes. *Education.* School meals reach approximately 25 percent of all primary schoolchildren. Beneficiary targets were exceeded in the first two years; however, only two-thirds of tonnage targets were met due to problems with transporters, shipment delays, and limited funding. Due to resource shortfalls, THR and ECD did not meet targets for 2012 and 2013. The HGSM pilot is a good initiative, though it has reached fewer schools than planned and schools experienced delays receiving funds due government bureaucratic delays.

10. School meals are valued by students, teachers, and parents, and likely had a protective effect for children during the 2012 and 2013 shocks. Stakeholders confirm that school meals increase attendance and performance of students, thus, ensuring daily food availability is key to achieving overall education outcomes. The CP achieved this target 62 percent in the two years. The ECD centres and HGSM pilots are relatively new so it is early to assess their long-term impact. Initial feedback is

²⁰ The evaluation of the pilot is not part of the MTE so not discussed in detail in this report.

²¹ MAM treatment for TB patients is not detailed in the CP design, and SAM is the mandate of UNICEF per MOU.

positive, though both have experienced gaps in the receipt of food or cash. Targets for handover of school feeding to government will not be met due to changes in the political context, including government financial constraints due to the withholding of donor funds, and a new government that has yet to set policy directions.

11. **Nutrition.** The number of beneficiaries reached was lower than the targets in 2012 but improved in 2013. Tonnage targets were not met in either year. Consistent errors in admission and discharge, partially related to the ongoing rollout of new CMAM guidelines,²² pose challenges to the SFP's effectiveness, as do poor supervision and limited training of health surveillance assistants (HSAs). Outputs related to food supplementation for TB patients were less clear due to the programme—as implemented—not targeting appropriately, and having no quantitative data collected on treatment adherence or nutrition recovery to evaluate performance.

12. Although direct attribution on maintenance or improvement in malnutrition rates for SFP cannot be made, key informants believe it plays an important role in protecting nutritional status of the population. Results show that the mid-term outcome indicator results have met WFP's targets and Sphere Standards for these indicators (recovery, death and default rates). Yet, the provision of food alone has limited impact because malnutrition is multi-causal with other factors such as caring practices contributing to nutritional recovery and status. For the TB activity, objectives will not be realised because it is currently implemented outside of the design, and the CO awaits the delayed final review of national guidelines. The hand-over of MAM treatment to the government will also not be met due to government delays and changes after the financial crisis. However, there is government readiness for partial handover with the inclusion of HGSM in the 2014/15 budget, where funds will be decentralized to be managed by District Education Managers.

13. **DRR.** Food-for-assets (FFA) activities were not implemented in 2012-2013 due to lack of funding based on donor perceptions that DRR is not a comparative advantage of WFP. WFP supported 31 community-based climate adaptation activities under the AAP. The CO initiated SLP activities, and while the process took more time than anticipated, SLP fills a critical gap for district-level coordination across multiple stakeholders. It is too early to assess DRR outcomes due to delayed implementation of activities and late funding.

14. **Factors affecting results.** *Internal factors.* WFP provides training and technical support to government counterparts and jointly designed a school feeding capacity development plan with government. Yet, there is no comprehensive capacity development strategy in place. Furthermore, while the number of CP activities expands, the number of professional staff is modest, resulting in overstretched staff. Obtaining primary data in a timely manner for the monitoring and evaluation (M&E) system is also challenging, and the workload of the programme staff means the systematic usage of this data is limited. With too few Field Monitor Assistants (FMAs), their time constraints compromise the quality of monitoring. The M&E system overall is effective for WFP to track and improve performance, but information-sharing with district and field-level partners is insufficient. Additionally, logistic challenges, inadequate supplies, and high competition for transporters contributed to delays, and funding shortfalls hampered effective implementation.

15. *External factors.* Due to dramatic economic declines in recent years, a newly elected government, donors withholding support from government, and recurrent

²² Government of Malawi. 2012a. Guidelines for Community Management of Acute Malnutrition.

emergencies, the CP is being implemented in a dynamic and challenging context. External supply chain issues created delays in food delivery. Challenges with government systems and capacity have contributed to the CP performance, and WFP is striving to provide training, technical support, and policy input where possible.

Recommendations: The target group for all recommendations is WFP Malawi.

Strategic recommendations (to incorporate into current CP and next CP)

1: Design a comprehensive capacity development strategy. The strategy should be grounded in a systematic assessment of capacity building needs of government counterparts within the relevant systems and personnel that support CP delivery. Capacity building activities should be outside the traditional lens of group trainings.

2: Enhance the strategy for treatment and prevention of malnutrition. First, improve the effectiveness of acute malnutrition treatment by complementing SFP with a holistic approach, with stronger partnerships, and nutrition-sensitive programmes. Second, focus on the prevention of chronic malnutrition, using the pilot to inform future programming, and WFP should support the government to translate policy into practice.

3: Reassess coverage, plans and handover targets for school feeding. In light of contextual challenges since the CP inception, WFP should reassess handover targets and ensure that it is able to deliver the full ration throughout the school year.

Operational recommendations: short-term (to incorporate into current CP)

4: Enhance communication, feedback, and accountability. WFP should improve timely communication to partners and beneficiaries about changes, delays, and gaps in implementation, and WFP should continue to ensure data collected from districts are fed back in a useful form for programme learning and management.

5: Improve the timeliness and consistency of food deliveries. The CP needs to address internal factors that influence delays, particularly the management of transport contractors and synchronisation of distribution plans, and continue to enact measures to improve the efficiency of the supply chain to ensure timely food delivery.

6: Review nutrition support to TB patients. The review includes objectives, the role of the ration, gathering data for nutritional status, and appropriate food commodities. Alignment with national guidance on nutrition care support and treatment for the chronically ill and corporate WFP guidance and indicators should be ensured.

7: Intensify field monitoring. WFP Malawi should invest in more intensive field monitoring by adding more FMAs and advocating for greater government involvement.

8: Strengthen community outreach for nutrition. WFP should strengthen government support to design and implement outreach to enhance defaulter follow-up and screening, and to address intermediate causes of malnutrition in collaboration with stakeholders; greater attention should be paid to routine screening of children 5-12 years.

Operational recommendations: medium-term (to incorporate into next CP)

9: Explore the feasibility of alternative delivery modalities. Alternatives may include cash and voucher transfers to complement the food delivery modality.

10: Develop greater synergies between programmes. WFP Malawi should draw on its long FFA experience to more explicitly link DRR activities with emergency programmes and PRRO activities. The next CP should also pursue greater synergy with national social protection interventions.

1 Introduction

1.1 Evaluation features

1. *Purpose.* The independent mid-term evaluation (MTE) is commissioned by the World Food Programme (WFP) Office of Evaluation (OEV) to address the corporate emphasis on providing accountability and evidence for programme results. The Malawi County Programme (CP 200287) was selected for evaluation based on utility and risk criteria.²³ The MTE was conducted by Technical Assistance to Non-Governmental Organizations (TANGO) International. The timing at the CP midline allows findings to inform future implementation, design and country strategy.

2. *Objectives and scope.* The primary objectives of the MTE are accountability and learning, specifically to assess and report the performance and mid-term results of the operation, and to provide stakeholders and users with evidence-based findings to inform operational and strategic decision-making. The period covered by the MTE is from January 2012 to March 2014.²⁴ The scope of the evaluation is all activities and processes related to the formation of the CP and its implementation, resourcing, monitoring, and reporting. The key evaluation questions are: 1) How appropriate is the operation? 2) What are the results of the operation? 3) Why and how has the operation produced the observed results?²⁵

3. *Stakeholders and users.* The primary internal stakeholders and intended audience are: WFP Country Office (CO) and sub-office staff, who will directly operationalise this information; WFP Regional Bureau (RB), which will apply the findings to other COs; and WFP OEV, which will continue to improve evaluation processes and compile the findings into an annual synthesis that will go to the Executive Board in 2015. The primary external stakeholders are beneficiaries, implementing partners (IP), bilateral donors, and Government of Malawi representatives.^{26, 27}

4. *Methods.* The evaluation team (ET) applied Organisation for Economic Co-operation and Development (OECD) principles²⁸ in the design of the evaluation tools, incorporating the main standards of relevance, effectiveness, efficiency, impact and sustainability. The ET used a mixed-methods approach to ensure data triangulation. This included a desk review of secondary data and literature, direct observation at activity sites, and collection of qualitative data. Beginning in the inception phase, the team reviewed over 100 documents relevant to national strategies and policies, external reports, and WFP corporate guidance.²⁹ During the field mission, the team observed activities at 26 schools, 18 health centres, and one disaster risk reduction (DRR) site. Qualitative methods employed included in-depth structured and semi-structured interviews: the ET conducted 170 key informant interviews (KII) with WFP, government, and IP staff, and donors, and 119 focus group discussions (FGD) with 529 beneficiaries and village leaders (242 women and 287 men).³⁰ To understand the dynamics of gender equity and to verify the nature and extent of women's participation in the CP, the team aimed to interview an equal

²³ The utility criteria looked both at the timeliness given the operation's cycle and the coverage of recent/planned evaluations. The risk criteria was based on a classification and risk ranking of WFP COs taking into consideration a wide range of risk factors, including operational and external factors as well as COs' internal control self-assessments.

²⁴ Note: The TOR states these dates incorrectly.

²⁵ WFP OEV. 2014. Terms of Reference.

²⁶ WFP OEV. 2014. Terms of Reference.

²⁷ See p. ii of the Operation Factsheet for a listing of the main partners.

²⁸ OECD. 1991. Development Assistance Committee (DAC) Principles for Evaluation of Development Assistance.

²⁹ See Annex 2 for the full bibliography.

³⁰ See Supplementary Annex 7 for interview lists and Supplementary Annex 9 for topical outlines

number of female and male participants in FGDs (FGD participation: 46 percent female). The ET ensured that marginalised groups were included by interviewing people with tuberculosis (TB), and by visiting schools in remote areas and interviewing orphans and students from the poorest households. Data were analysed per component for consistency across sources, patterns or deviations in reported outcomes, and with the aim of triangulating data from different sources and capturing diverse stakeholder and beneficiary viewpoints.^{31, 32} Budget limitations precluded the collection of primary quantitative data; this constraint was addressed by consulting available secondary quantitative information.

5. The fieldwork took place 3-25 June 2014. Field sites were selected in consultation with the CO, based on criteria agreed by the ET and CO.³³ The ET selected nine of 28 districts to assess progress of programme components: Chikhwawa, Blantyre, Phalombe, Zomba and Mulanje in Southern Region; Kasungu, Lilongwe, and Ntchisi in Central Region; and Mzimba in Northern Region.³⁴ The fieldwork ended with a debrief presentation with the CO and stakeholders.³⁵

6. *Expertise and quality assurance.* The ET is comprised of three TANGO consultants with expertise in food security, nutrition, cash-based programming, DRR, and resilience.³⁶ The MTE followed the OEV Evaluation and Quality Assurance System standards. The ET maintained impartiality and transparency during data collection. To ensure quality, the ET analysed the data regularly, implementing systematic checks on accuracy, consistency, reliability, and validity of the data through regular communication with WFP.³⁷ The two international team members were assisted throughout fieldwork by two interpreters.

7. *Limitations.* The ET notes several external and internal challenges to data collection and validity. First, the evaluation was conducted immediately after national elections, and thus at a time when the programme was operating amidst a lack of clarity about the newly elected government's policy direction, as well as uncertain resource levels, as donors continue to withhold central funding. The timing made it difficult for the ET to provide recommendations for the future. The ET addressed this by taking the current context into account when looking forward, which is important to consider when interpreting the results. Secondly, the ET had limited hours to view school meals activities at primary schools, as classes end in the early afternoon. The ET mitigated this challenge by arriving very early to the schools to observe the meals. Internal limitations include delays in obtaining basic operational documents in advance of the MTE, making it difficult for the ET to prepare adequately. To address this, TANGO worked closely with the CO to collect the documents and maximise the ET's time while in country. These limitations ultimately did not affect data quality and results.

8. Further, the ET took into consideration how changes in country context affected implementation, and the extent to which this warranted adjustments to how it would assess the programme in line with the scope of the evaluation. To address this, the evaluation covers the CP per the TOR and describes significant changes and events in Malawi that have affected implementation since the CP was designed in 2011 (see

³¹ See evaluation matrix in Annex 4.

³² WFP OEV. 2014a. Operation Evaluation Inception Package.

³³ See the sampling frame and site selection criteria in Annex 3.

³⁴ See Operation Map and Supplementary Annex 10: Fieldwork schedule.

³⁵ See Supplementary Annex 8: Debrief participants.

³⁶ See Supplementary Annex 11: Team composition.

³⁷ WFP OEV. 2014b. Terms of Reference.

Sec. 1.2). The report takes the impact of these events into account when assessing performance, but the focus of the MTE remains on the CP components. A more comprehensive analysis of the impact on WFP of changes in the country context requires a portfolio review, which is outside the scope of this evaluation. A final challenge is that primary quantitative data were not collected, which limits the ET's ability to validate data showing progress toward outcome indicators at the household level and to draw conclusions regarding impact. As this is an MTE of progress toward objectives, the ET finds its chosen approach to be appropriate, with such limitations nonetheless.

1.2 Country context

9. Malawi has experienced a series of significant events in recent years that have affected CP implementation since its design. Among these events are two large-scale emergencies in 2012 and 2013, a 50 percent devaluation of the *kwacha*, and a financial scandal in which millions in donor funds were unaccounted for by government. This context is important to the interpretation of evaluation findings, and is taken into consideration in the analysis.

10. *Population overview.* As of 2013, the population of Malawi is over 16 million, with a steady population growth rate of 2.8 percent.³⁸ Malawi's current population density is 126 people/kilometre² and is among the highest in Africa. It is projected to grow six-fold to 803 people/kilometre² by 2050.³⁹ About four in five Malawians reside in rural areas, mostly in the Central and Southern Regions.⁴⁰ Two-thirds of the population is under 25⁴¹ and life expectancy at birth is 55 years.

11. *Economy and poverty.* After reaching 8.9 percent growth of gross domestic product (GDP) in 2009, Malawi's growth rate decreased the following year before climbing back to 1.9 percent in 2012.^{42, 43} GDP growth is forecasted to stabilise at 5.5 percent by 2015.⁴⁴ Half of the population (51 percent) live below the national poverty line (2010), a quarter of which is "ultra-poor."⁴⁵ Of the poor population, nearly all (95 percent) live in rural areas and almost half in the Southern Region.⁴⁶ More than half (57 percent) of the rural population live below the national rural poverty line.⁴⁷

12. *Food security.* Malawi ranked 40th (of 120 countries) on the 2013 Global Hunger Index.⁴⁸ Household food security is affected by multiple variables. Households in the poorest wealth quintile are most likely to be food-energy-deficient, have low dietary diversity, have poor or borderline food consumption scores (FCS), and have malnourished children. Almost half of households (47 percent) face a food shortage at some point during the year, particularly in the Southern Region (57 percent) compared to the Central (51 percent) and Northern (39 percent) regions.⁴⁹ The majority of the population that experienced food shortages during 2010 (41 percent)

³⁸ World Bank. 2014b. The World Bank DataBank: World Development Indicators.

³⁹ United Nations (UN) Population division. 2011. World Population Prospects, the 2010 Revision. New York

⁴⁰ National Statistical Office (NSO). 2011. Malawi Demographic and Health Survey (DHS) 2010.

⁴¹ United Nations Educational, Scientific, and Cultural Organisation (UNESCO). 2014. Country Profile: Malawi.

⁴² Government of Malawi. 2011a. Annual Economic Report 2011: Budget Document no. 2.

⁴³ World Bank. 2014b. The World Bank DataBank: World Development Indicators.

⁴⁴ World Bank. 2014a. Global Economic Prospects.

⁴⁵ National Poverty Line: Below MK37,002 is considered "poor"; below MK22,956 is considered "ultra-poor". Source: NSO. 2012. Malawi Integrated Household Survey (IHS) 2010-2011.

⁴⁶ NSO. 2012. Malawi IHS 2010-2011.

⁴⁷ World Bank. 2014b. The World Bank DataBank: World Development Indicators.

⁴⁸ The Global Hunger Index is a tool created by the International Food Policy Research Institute (IFPRI) to measure hunger made up of a composite average of undernourishment, child underweight and child mortality; a higher ranking reflects a more positive situation. Source: IFPRI. 2013. Global Health Index.

⁴⁹ WFP Malawi. 2012c. CFSVA and Nutrition Assessment: Malawi.

reported that the underlying cause was lack of farm inputs. Natural hazards, small landholdings, and high market prices for food were additional key contributors to food insecurity.⁵⁰ Chronic poverty, limited educational attainment, and disease have also had detrimental effects on food security.⁵¹ Food security concerns are compounded by the significant withdrawal of donor aid resulting from government corruption: several international partners pulled out aid in 2012 and again in 2013 after news of millions of dollars from government funds went unaccounted for.⁵²

13. *Education.* Educational attainment is very low, despite Malawi achieving nearly universal access to primary education. While about two-thirds of men and women have some primary education, less than 10 percent have completed Standard 8, and only about six percent have completed secondary school.⁵³ Only half of students who enter the first grade of primary school are expected to reach the last grade. School enrolment rates have steadily increased over the last decade and net enrolment has remained mostly steady since 2004 at 97 percent (2009). From 2006 to 2012, the primary completion rate climbed from 58 percent to 71 percent.⁵⁴

14. *Nutrition and health.* Although the prevalence of underweight children decreased from about 21 percent in 2006 to 14 percent in 2010, stunting rates remain high: 48 percent of children under age five (CU5) are stunted and seasonal wasting is common. Four percent of CU5 experience wasting. Almost 40 percent of children aged 6-59 months are either moderately or severely anaemic, although this percentage decreases with age. Iodine deficiency is less severe, as 97 percent of children live in a household that uses iodised salt. Also, 86 percent of children receive vitamin A supplements.⁵⁵ A wide variety of factors contributes to malnutrition in Malawi including health issues, such as TB, HIV/AIDS, diarrhoea, and respiratory infections, lack of knowledge about child care, poor diet, poor socio-economic status, and poor nutritional conditions of mothers.^{56, 57} Among mothers, more than 17 percent have a body weight below normal body mass.⁵⁸

15. *HIV/AIDS and TB.* Over the last decade, adult HIV/AIDS prevalence has decreased by more than half. Antiretroviral therapy coverage reached 76 percent among adults but only 36 percent among children.⁵⁹ People living with HIV (PLHIV) prevalence is about 11 percent overall; HIV prevalence in women is more than 50 percent higher than for men. PLHIV in the Southern Region (18 percent) is almost twice that in the Northern (seven percent) and Central (eight percent) Regions.⁶⁰ TB prevalence is 140/100,000 of the population.⁶¹ This is a 50 percent decrease from 1995-2010. HIV/TB co-infection rates decreased by 18 percent from 2000- 2012.⁶²

16. *DRR.* With most of the population involved in agriculture, weather variability presents the greatest risk for shocks and disasters. Even in years when national-level conditions are favourable to crop yield, certain districts face droughts or flooding that lead to local crop failure, resulting in household food and financial insecurity.

⁵⁰ NSO. 2012. Malawi IHS 2010-2011.

⁵¹ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

⁵² Guardian. 2012. Malawi's Joyce Banda discards presidential jet and luxury car fleet.

⁵³ NSO. 2011. Malawi DHS 2010.

⁵⁴ UNESCO. 2014. Country Profile: Malawi.

⁵⁵ NSO. 2011. Malawi DHS 2010.

⁵⁶ United Nations International Children's Emergency Fund (UNICEF). 2014. Malawi: Health and Nutrition.

⁵⁷ WFP Malawi. 2012e. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

⁵⁸ Excludes pregnant women and women who gave birth in the two months preceding survey. NSO. 2011. Malawi DHS 2010.

⁵⁹ Joint United Nations Programme on HIV/AIDS (UNAIDS). 2013. *Global Report*.

⁶⁰ NSO. 2011. Malawi DHS 2010.

⁶¹ World Health Organisation (WHO). 2012. Tuberculosis Country Profile: Malawi.

⁶² WHO. 2014. Country Cooperation Strategy at a Glance: Malawi.

From 2001-2010, the number of districts classified as flood-prone increased from nine to 14.⁶³ The top seven natural disasters (by number of people affected) the country faced over a century are droughts, most recently in 2012 that affected nearly two million people, preceded by major droughts in 2007, 2005 and 2002.⁶⁴

17. *Gender*. Since 2006, Malawi showed the 10th-best improvement in the Gender Gap Index, mostly owing to advances in labour force participation among women, resulting in the current top ranking globally in that category.⁶⁵ Gender disparities in economic life are still prevalent. Decision-making authority and income control are heavily skewed in favour of men. Among married women who are employed, two out of five reported that their husbands have the most control over how her income is spent, and just 17 percent are the primary decision maker for her own health care.⁶⁶

18. *Government strategies*. The Government of Malawi has implemented or supported many programmes and policies that address education, health, nutrition, food security, DRR, and gender. For a full listing of policies with which the CP is aligned see Sec. 2.1. A government strategy with special relevance to the CP is that the Ministry of Gender, Children and Social Welfare (MoGCSW) supports approximately 10,200 community-based childcare centres (CBCC) where children aged three to five attend a volunteer-run half-day programme and receive porridge wherever possible. Finally, national policies and strategies to address malnutrition, food insecurity, and gender disparities generally integrate HIV/AIDS components and utilise agricultural and food production as a catalyst for solving these challenges.

1.3 Operation overview

19. The CP 200287 (2012-2016) was approved on 14 February 2012. The implementation period is from March 2012 to 31 December 2016. The CP aims to enhance national capacity and provide support to improve primary education outcomes, reduce malnutrition among vulnerable groups, increase food security, and build resilience to shocks at the household and community levels. The resource requirement at design was US\$109.9 million, revised in November 2013 to US\$110.6 million to accommodate external transport costs. The budget is funded at 51.1 percent⁶⁷ across 11 donors.⁶⁸ The value of the CP is approximately 53.0 percent of the Malawi country portfolio.⁶⁹ See the Operation Factsheet for a programme overview.

20. The programme is comprised of three main components: education, nutrition, and DRR for food security, with national capacity building activities included across components. The main activities under each component are:⁷⁰

- 1) *Education*: Provision of on-site school meals for primary schoolchildren and take-home rations (THR) for primary schoolgirls and orphaned boys;⁷¹ early childhood development (ECD) support for children 3-5 years in pre-school; capacity development and training for government partners.

⁶³ WFP Malawi. 2012c. CFSVA and Nutrition Assessment: Malawi.

⁶⁴ Emergency Database (Em-Dat). 2014. Malawi Country Profile-Natural Disasters.

⁶⁵ World Economic Forum. 2013. Gender Gap Report 2013.

⁶⁶ NSO. 2011. Malawi DHS 2010.

⁶⁷ It should be noted that while 51.1 percent of the full requirement is funded, the total value of the operation has a timeframe of five years. Funding received based on to-date value of the operation through the evaluation period (24 months, or US\$44,229,099) shows 39.9 percent funding against the appeal and a 60.1 percent shortfall.

⁶⁸ Additional BRs occurred outside the scope of the MTE in July 2014: Revision to US\$113.9 million.

⁶⁹ WFP Malawi. 2013d. *Executive Brief: Operational Issues, Price Volatility and Shortfalls*.

⁷⁰ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

⁷¹ Note: WFP defines school feeding to refer to both school meals and THR activities.

- 2) *Nutrition*: Supplementary feeding programme (SFP) to treat acute malnutrition for TB patients, CU5 extended to 12 years, and pregnant and lactating women (PLW); capacity development and training for government partners.
- 3) *DRR for food security*: Food-for-assets (FFA) and community asset creation; capacity and tools development and training for government partners.

2 Evaluation Findings

2.1 Appropriateness of the operation

21. This section describes evaluation findings and conclusions relating to the first evaluation question, “How appropriate is the operation?” It addresses the appropriateness of operation objectives and design to population needs, including the appropriateness of the activities, transfer modality, and geographic targeting by component, and the internal and external coherence of the programme.

22. *Overview*. The CP objectives and design as a whole are appropriate to the needs of food insecure and vulnerable households in areas where WFP works. The education, nutrition and DRR programmes are appropriate, implemented in a country that has worked for years to reduce malnutrition, improve education outcomes, and mitigate shocks. The CP objectives are coherent with strategies and policies of WFP, the government, United Nations, and partners. The CP design, including activities and geographic targeting, is generally relevant to population needs with high coverage in relation to estimated country need, and it is in line with development practice. The ET finds that deviation from the original design for the provision of food to TB patients needs review, while the DRR component was refocused from the original design to better align with government and development partner needs and strategies. Current modalities are appropriate and beneficial to local communities; however, WFP could continue to expand alternative modalities.

23. **Operation objectives.** *Overview*. In all, the CP objectives⁷² are appropriate to the needs of vulnerable populations and emergency-affected households in the target regions, and to the need for capacity building with government partners. Note that CP alignment with corporate strategic objectives (SO) and country strategy is discussed later in this section. The relevance of each CP objective is discussed below.

24. *Support to education (SO#4 and 5)*. This CP objective aims to “contribute to increasing the proportion of boys and girls accessing and completing pre-primary and primary education in WFP-assisted schools; and enhance the capacity of the government to design and implement a sustainable school meals programme.” The ET concludes the education objectives reflect population needs and the need to further strengthen government capacity. Relevant to the first objective, Malawi has nearly achieved universal access to primary education, yet completion rates remain low.⁷³ Children from poor families and orphans are at risk for poor attendance and drop-out because of malnourishment, resulting in lack of concentration.⁷⁴ Malawi also has one of the highest girl drop-out rates in the world due to early marriage, prompted by social pressure or poverty.⁷⁵ Accordingly, the education component focuses on areas with high food insecurity and low educational attainment.⁷⁶ Relating to the second education objective, the government’s long-term vision is to provide

⁷² WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

⁷³ NSO. 2011. Malawi DHS 2010.

⁷⁴ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

⁷⁵ Human Rights Watch. 2014. “I’ve Never Experienced Happiness”: Child Marriage in Malawi.

⁷⁶ See geographical targeting discussion later in this section.

school meals to all primary schoolchildren in the country. Yet, the government is unable to adequately support its school feeding programme due to budget constraints and limited management capacity.

25. *Nutrition support (SO#4 and 5)*. This CP objective is to “contribute to the reduction of chronic and acute malnutrition among children, women and TB patients.” The nutrition component objectives reflect the needs of the target populations. At the time of CP development, rates of child stunting were high, yet stable, and the country has struggled for years to reduce the prevalence of malnutrition (see para. 9).⁷⁷ Studies have shown that dietary supplementation for children and PLW contributes to optimum foetal and child nutrition, development, and growth.⁷⁸ In addition, the provision of dietary supplements to TB patients is appropriate given the request for WFP’s assistance from the government, the national government’s current deficiency to provide nutritional assistance to TB patients, and the compounding effect of malnutrition on this chronically ill population.⁷⁹ It should be noted that while the CP nutrition objective does not state the aim to build government capacity, the logical framework includes SO#5 indicators for this component and this aim is described in the Project Document.⁸⁰

26. *DRR for food security (SO#2 and 5)*: This objective is to “contribute to increased and sustained food security and community resilience through investment in disaster preparedness, prevention and mitigation measures.”⁸¹ The DRR objective is appropriate to the needs of emergency-affected households and to the need to build disaster risk management (DRM) capacity with government partners. The objective is justified because in the years following the CP design Malawi faced a series of shocks including massive deflation, increased food prices, and poor agricultural seasons, which strained vulnerable populations and required expanded relief efforts by WFP. The recurring need for emergency relief highlights the need for investment in approaches that promote community resilience. In this regard, WFP’s support to reduce the risk of environmental disasters through the Africa Adaptation Project (AAP), though relatively small in scale, is appropriate to population need. In addition, WFP’s Seasonal Livelihoods Programming (SLP) works to coordinate all stakeholders at the district level to ensure they are working in a multi-sectoral, complementary fashion. If coordinating resilience-building efforts is successful, it will reduce disaster risks and the need to provide recurring relief.

27. ***Operational design***. This discussion explores the extent to which the design is based on appropriate analysis of population needs – including gender analysis – and reflects appropriate choices of activities, transfer modalities, and geographic targeting.

28. *Overview*. WFP based the CP design on context analysis that was appropriate at the time of the design in 2011. The design is based on WFP’s own situational analysis informed by the Malawi Portfolio Evaluation (2009), appraisal missions, and the subsequent Malawi Country Strategy (2012-2016) in consultation with the government. This analysis is elaborated below, by component.

29. *Gender*. The CP design is based on a sound gender analysis in programme areas and in line with WFP gender and nutrition policies;⁸² a few examples of this follow.

⁷⁷ GAM 3.5% (MICS 2006) to 4% (DHS 2010); Stunting 46% (MICS 2006) to 47.1% (DHS 2010)

⁷⁸ Black, R.E, C.G. Victoria, S.P. Walker, and the Maternal and Child Nutrition Study Group. 2013. Maternal and Child Undernutrition and Overweight in Low-income and Middle-income countries.

⁷⁹ Government of Malawi. 2014. National Guidelines on NCST for Adolescents and Adults with Diseases.

⁸⁰ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1). See para. 44, 47, 48.

⁸¹ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

⁸² See more on WFP policies and the discussion of internal coherence later in this section.

The education component targets all primary schoolchildren in selected schools with the widest gender disparity and targets are set by gender.⁸³ In the nutrition component, the design integrates gender into food and nutrition activities, in line with WFP nutrition and gender policies.⁸⁴ The SFP considers the intra-household dimension of ration sharing, as women are responsible for making food-related decisions. The programme acknowledges that training and education for women, as well as education of and participation by male heads of household, are important for improving household nutrition and gender equity outcomes. Overall, WFP Malawi aims, when appropriate, for gender parity of female beneficiaries across programmes.⁸⁵ Although the CP design does not detail how to reach this goal, the planned number of beneficiaries for each component reflects that a conscious decision was made to achieve gender parity within all components.⁸⁶ The CP monitoring and evaluation (M&E) framework clearly disaggregates targets by gender,⁸⁷ and the revised logical framework (2014) further outlines gender equity and empowerment indicators as a cross-cutting theme.⁸⁸

Appropriateness of activities, transfer modalities, and geographic targeting

30. Education: Activities. The education component provides on-site, warm school meals to attract children from food-scarce households to enrol in school, attend on a regular basis, and stay in school. The fortified corn-soya blend (Supercereal) served as a porridge, provides a nutritious meal that supports a child's ability to pay attention in school and to learn. THR serves as an additional incentive for vulnerable girls and orphaned boys in Standard 5-8 during lean periods, based on 80 percent monthly attendance. In a pilot initiative,⁸⁹ school meals are provided to young children (three to five years) enrolled in early childhood development (ECD) centres. This complements the primary school meals programme, and if expanded, can make an important contribution to ECD. Capacity development and training for government partners is the final activity in the pilot. A subcomponent is the Home Grown School Meals (HGSM) pilot project, which provides cash to schools to purchase food locally for school meals. The CP's education activities are appropriate to population needs because the activities are identified best practices for providing an incentive for poor and vulnerable children to attend school. These interventions are widely supported by research as mitigating drop-out rates, improving attendance, and diminishing gender disparity is expected to contribute to reducing poverty and food insecurity.⁹⁰

31. Transfer modalities. The Supercereal provided by WFP is used to make warm porridge, which is a culturally appropriate food choice well-received by children and parents. Most Supercereal is procured locally, though local suppliers and production are not sufficient to meet all WFP's needs, requiring Supercereal to be procured regionally or through in-kind donations (e.g., via McGovern Dole).⁹¹ Some of the maize used in the school meals and THR is purchased from local farmer organisations participating in WFP Malawi's Purchase for Progress (P4P) programme. WFP plans to pilot THR through cash transfers but has not yet started this new modality.

⁸³ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

⁸⁴ WFP. 2012a. Nutrition Policy (WFP/EB.1/2012/5-A). and WFP. 2009. Gender Policy (WFP/EB.1/2009/5-A/Rev.1).

⁸⁵ WFP Malawi. 2013i. M&E Report Quarter 3.

⁸⁶ WFP Malawi. 2012i. SPR. And WFP Malawi. 2013k. SPR.

⁸⁷ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

⁸⁸ As mandated in the WFP Strategy 2012-2016.

⁸⁹ The ECD school meals pilot intervention brings these children into an appropriate learning environment for their age while providing them a nutritious meal and preparing them for primary school.

⁹⁰ International Food Policy Research Institute. 2008. How Effective are Food for Education Programs?

⁹¹ As clarified by the Regional Bureau, although an import from RSA and Lusaka was required at the end of 2013, WFP Malawi buys the majority of its Supercereal locally through three local suppliers.

32. The HGSM pilot gives cash to schools through the District Councils⁹² to purchase ingredients for the school meal directly from local farmers. HGSM appears to be a promising modality that is appropriate in food secure areas. HGSM is appropriate in that it harnesses local production for the benefit of the local economy, provides nutritious locally available food at schools, and helps enhance nutrition knowledge among students and their families. That said, KIIs note that HGSM is a complex intervention with some risks in terms of ensuring adequate local supplies of the right foods, that cash is used correctly by school officials, and that community is involved and committed to the programme. It is more labour-intensive for schools,⁹³ but can also allow schools and communities to assume more responsibility and ownership.

33. *Geographic targeting: Overview.* The targeting is appropriate. Geographic targeting is determined by identifying areas with high levels of food insecurity and low educational performance, in consultation with the government. WFP is the largest provider of school meals in Malawi, reaching nearly one in four primary schools in the country in 13 of the most chronically food insecure districts.⁹⁴ However, in some districts, school meals have been provided since the early 2000s and may now have improved food security and educational status; WFP support could be transferred to more vulnerable areas. While the government currently lacks capacity to take over school meals, such areas could be reviewed and if they have improved, be prioritised by WFP for eventual hand-over to government.

34. Targeting of the other education activities was found to be appropriate in design. ECD is implemented in two districts (Nsanje and Chikhwawa) and CBCCs participating in the ECD school meals were selected by the MoGCSW based on their commitment and a joint assessment by MoGCSW, WFP, and United Nations Children's Fund (UNICEF). ECD centres were selected in part based on their proximity to WFP-supported schools. THR were provided in only two districts in 2012 and 2013 (13.1 percent and 22.3 percent of target, respectively) due to resource restrictions, and so prioritised the two districts with the worst attendance indicators.⁹⁵ Target districts have the worst attendance indicators. The HGSM pilot targets the higher-producing areas of Phalombe and Mangochi districts.

35. *Nutrition: Activities.* The nutrition component consists of three distinct activities: SFP for treatment of moderate acute malnutrition (MAM) in PLW and CU5 (extended to 12 years),⁹⁶ dietary supplements to malnourished TB patients, and a pilot for the prevention of chronic malnutrition.⁹⁷ The ET finds the nutrition activities well designed and based on context analysis, with high coverage of overall need.

36. SFP is a relevant and appropriate response and meets the needs of populations facing chronic and acute malnutrition because, while national wasting rates remain below emergency thresholds, the intermediate and underlying causes of malnutrition are stagnant, such as caring practices at the household level and continued poor availability and/or access to food. In this context, SFP functions as an important part of a community management of acute malnutrition (CMAM) framework that pairs community outreach with treatment of both MAM and severe acute malnutrition (SAM) to ensure early identification, early treatment, and control of SAM.

⁹² The CO notes that cash is sent through District Councils, which transfer the funds to school accounts within two days.

⁹³ The HGSM model serves several foods that take more time to prepare, making time management of the meals a challenge.

⁹⁴ WFP Malawi. 2013k. SPR.

⁹⁵ WFP Malawi. 2013k. SPR.

⁹⁶ As per the national CMAM strategy put into place in 2012, SFP programming needs to cover children six months to 12 years.

⁹⁷ The prevention of stunting pilot is described in Annex 5 because the pilot is not included in the MTE

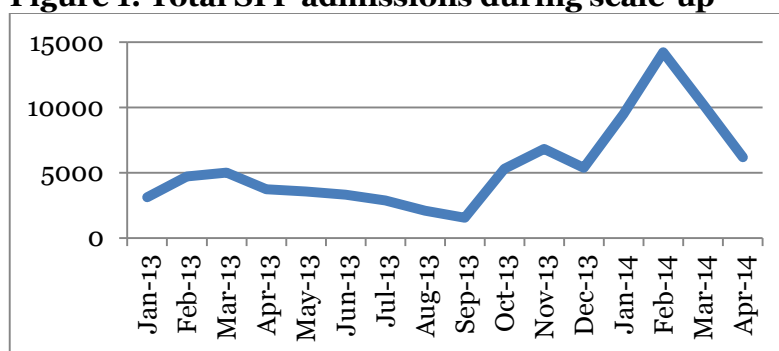
37. For the TB activity, the CP design document mentions rations for the treatment of MAM/SAM for TB patients.⁹⁸ CP planning documents only provide ration details for the treatment of SAM with ready-to-use therapeutic foods (RUTF) in the four districts (Kasungu, Chikhwawa, Nsanje, and Phalombe) with the highest TB rates and existing treatment programmes. While in theory this activity, including transfer modality and geographic targeting, is appropriately designed, there are two main issues: 1) as per the MOU between WFP and UNICEF the treatment of SAM is under UNICEF's mandate; and 2) the activity is implemented outside the original design (see para. 79).

38. *Transfer modalities.* The primary transfer modality for this component is food, specifically Supercereal and Supercereal plus. Given that the main objective of WFP's food procurement is to ensure that appropriate food commodities are available to beneficiaries in a timely and cost-efficient manner, alternative modalities for commodity transfer may be explored (see Rec. 9). While WFP's policy is to purchase food at the most advantageous price inclusive of transport, preference is given to purchasing from developing countries.⁹⁹ The use of food vouchers for the Supercereal ration could further promote local production, thereby stimulating local markets and livelihoods, and reducing the associated delays with food delivery.¹⁰⁰ This alternative modality would be in line with the WFP corporate nutrition policy, which calls for using a variety of delivery modalities and increasing local purchasing and processing of effective and safe foods.

39. *Geographic targeting.* The WFP CP nutrition component covers approximately three-quarters of the total country needs for addressing global acute malnutrition (GAM).¹⁰¹ The ET finds the geographic targeting to be appropriate.

40. SFP targeting for MAM treatment carried over from the previous operation¹⁰² and was scaled up according to the national plan of 100 percent coverage of health centres. By January 2014, WFP and the government increased the number of SFPs at health centres from 358 to 530.¹⁰³ This likely contributed to the dramatic increase in admission numbers to SFP starting in October 2013 and culminating in February 2014 (Figure 1), the same period as the increase in the number of health centres.¹⁰⁴

Figure 1: Total SFP admissions during scale-up



Source: WFP M&E data provided to the ET in country.

41. FGDs with health surveillance assistants (HSAs) at health centres revealed that this scale-up has been crucial to increasing the reach of the MAM treatment as it has

⁹⁸ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1). See para. 54.

⁹⁹ This is because of the benefits to local economies, reduced transport times and costs, more effective pipeline management, and a reduced carbon footprint. Source: WFP. 2012a. Nutrition Policy (WFP/EB.1/2012/5-A).

¹⁰⁰ The ET recognises that Supercereal+ (used for the treatment of MAM in CU5) as a local option may not be feasible,.

¹⁰¹ This is an estimate of coverage comparing population estimates of GAM from DHS data (2010) to total targeted beneficiaries under the CP nutrition component; calculated by TANGO.

¹⁰² PRRO 105860 nutritional support

¹⁰³ WFP M&E data provided to the ET in country.

¹⁰⁴ It should be noted that not all of the increase in admissions can be attributed to the scale-up because this time period also corresponds to the lean season and a seasonal increase in programme numbers.

made the programme available to a wider geographic area, increased the number of service delivery points, and reduced caregivers' travel time. Similarly, KIIs note that the scale-up increased the numbers of malnourished people reached for treatment.

42. **DRR for food security: Appropriateness overview.** The start-up of planned activities has been delayed largely due to a lack of donor support, thus, DRR is covered only briefly in this report. After the CP was initiated, WFP realised there were already many DRR interventions underway with various agencies, but that these activities were poorly coordinated with district development plans. WFP therefore changed its focus to where it could add the most value: to facilitate planning and coordination of DRR efforts at the community and district level. This is done through the SLP, a capacity-building approach that places government at the centre of district DRR efforts. In addition, WFP used its own funds to provide support to local-level climate change adaptation activities in seven disaster-prone districts under the Africa Adaptation Programme (AAP).¹⁰⁵

43. WFP's change in focus for this component is appropriate. The change allows WFP to better align with partners, build capacity and coordination at the district level, and provide a complementary response to the need for DRM and community resilience. Similarly, the CP's focus on the most chronically food-insecure, disaster-prone districts for AAP is appropriate; however, difficulty in obtaining funding hampered completion of many of the projects. It was noted that some disaster-prone areas have had a school meal since 1999. These areas offer an opportunity for WFP to develop greater synergies between the DRR and school feeding components and with other programmes (such as the PRRO) to help reduce chronic vulnerability.

Internal coherence

44. **Coherence with WFP corporate strategy:** The CP is based on three corporate strategic objectives (SO#2, 4, 5) from the WFP Strategic Plan 2008-2013.^{106, 107} As elaborated below, the CP design is internally coherent.

45. SO#2: *Prevent acute hunger and invest in disaster preparedness and mitigation measures* is supported by CP Component 3: DRR for food security (Outcomes 6-7), addressing the need for reducing hazard risks and creating food-for-assets (FFA) at the community and household levels.

46. SO#4: *Reduce chronic hunger and malnutrition* is supported by CP component 1: support to education (Outcome 1), and by CP Component 2: health and nutrition support (Outcomes 3-4), which address the nutritional needs of vulnerable populations.¹⁰⁸ SFP activities for PLW and the expansion to children under 12 years are operating per standard procedure and are aligned with both WFP corporate guidance and national CMAM guidance.

47. SO #5: *Strengthen the capacities of countries to reduce hunger* is supported across all components (Outcomes 2, 5, 8) aiming to build capacity with government institutions and staff and to make progress towards nationally-owned hunger solutions.

¹⁰⁵ WFP Malawi. 2013k. SPR.

¹⁰⁶ Note: The CO will realign the logframe with the new Strategic Plan (2014-2018) and new Strategic Results Framework for the year 2014. However, given that the MTE covers 2011-2014 (first quarter), reference is made to the Strategic Plan (2008-2013).

¹⁰⁷ Since the initiation of the CP, WFP adopted Strategic Plan 2014-2017 with revised SOs. At the time of the evaluation, WFP Malawi had completed the realignment of the CP to the new corporate objectives and indicators.

¹⁰⁸ WFP Malawi. 2011a. Country Programme Malawi 2008-2016 (WFP/EB.1/2012/7/1).

External coherence

48. *Government policies and strategies.* The government has initiated several reforms aimed at better policy and planning for development. The CP aligns with relevant government policies and strategies, detailed in Table 1. One of the key policies is the Malawi Growth and Development Strategy II (MGDS II), which is the national development blueprint. MGDS II aims to promote wealth creation and poverty reduction. Other government policies and strategies related to education, nutrition, and DRR are supported under this overarching framework.

Table 1: CP alignment with government policies and strategies

Government policy	CP alignment	Description	CP component
MGDS II (2011-2016)	Theme 2, social development; Sub-theme 3, education	Ensures better access and equality in education; promotes women's equality and empowerment; promotes a nutritious meal for schoolchildren	Education
	Theme 6, gender and capacity	Gender parity in primary school; promotes access to quality education for girls	Education/ Gender
	Nutrition key strategy	Improve access to nutrition supplements; strengthen capacities for nutrition services delivery	Nutrition
	Theme 3, social support and DRM; Sub-theme 2, DRR	Provides roadmap for improved food security and DRR linked to climate change; to reduce the impact of disasters and strengthen preparedness	DRR
National Education Sector Plan (2008-2017)	Priority 2-governance, guiding principle	Aims to provide school meals in primary schools, benefiting 635,000 children from 2008 onwards	Education
ECD National Policy/ Strategic Plan (2003)	Supports school meals to ECD centres	Seeks to expand access to ECD programmes, ensure the policy is effectively implemented, and empower local communities to manage them	Education
National Social Support Policy (July 2012)	School feeding is one of five pillars	Shifts focus from safety nets to social support with the three priority areas: provision of social welfare, protection of assets and promotion of productivity	Education
National Nutrition Policy/ Plan (2013-2018)	Strategic Objectives 1 and 2	Aims to prevent and control malnutrition in vulnerable groups; scale-up care; nutritious meals and health/nutrition services for schoolchildren	Nutrition/ TB/ Education
SUN ¹⁰⁹ and 1,000 Special Days ¹¹⁰ Initiatives	MAM prevention and treatment	Scaled-up model for promoting community health and nutrition, especially for children and mothers, through Care Groups ¹¹¹	Nutrition
Malawi Health Sector Strategic Plan (2011-2016)	Promoting health/nutrition practices for women and children	Aims to reduce health risks through behaviour changes; improve coverage and quality of essential health package through increased staffing, basic supplies, training, and infrastructure	Nutrition
National HIV/AIDS Policy/ Strategic Plan (2011-2016) ¹¹²	Nutrition support to PLHIV	Builds on successes reducing HIV prevalence and expanding testing /treatment; providing care and empowerment for PLHIV and their communities	Nutrition ¹¹³
DRM Act of 2013	Awaiting approval by Parliament	Provides a comprehensive and integrated DRM system and addresses needs of affected populations	DRR
National Gender Policy 2011 ¹¹⁴	Policy theme 1: education; 3: food security/nutrition	To mainstream gender in the national development process; enhance male and female participation for sustainable and equitable development	Gender

¹⁰⁹ Scaling Up Nutrition. 2014. Accessed 7.15.2014 at <http://scalingupnutrition.org/sun-countries/malawi>

¹¹⁰ WFP Malawi. 2011a. Country Programme Malawi 2008-2016 (WFP/EB.1/2012/7/1).

¹¹¹ Government of Malawi. 2013e. Scaling Up Nutrition (SUN) Key Messages and Other Resources.

¹¹² Government of Malawi. 2011b. Malawi National HIV and AIDS Strategic Plan, 2011-2016.

¹¹³ The government provides food to patients on anti-retroviral treatment (ART), but is not yet covering TB patients, most of co-infected with HIV. The government plans to include TB patients, but at request in the interim WFP provides this assistance.

¹¹⁴ Government of Malawi. 2011c. National Gender Policy.

49. *Partners.* The CP aims to “promote interactions among its components and with the programmes of United Nations agencies and NGOs in the United Nations Development Assistance Framework (UNDAF).”¹¹⁵

50. The United Nations coordinates all responses according to the strategic priorities of the Government of Malawi. This is reflected in the UNDAF (2012-2016), which is fully aligned with the government’s priorities and timeframe. The ET finds the CP components are aligned with the UNDAF, explained as follows:

- The education component contributes to Outcome 2.4, which aims to enrol, retain and ensure learning for boys and girls in low-performing school districts. School meals directly support Output 2.4.1 to implement the Child Friendly School approach by improving school infrastructure, and Output 2.4.4 to scale up school meals to primary schoolchildren in 13 districts. The ECD activity supports Output 2.4.3 to provide quality ECD services in vulnerable rural areas.
- The nutrition component contributes to two outcomes. First, the SFP is aligned with Outcome 2.2, and in particular Output 2.2.2, for “management of acute malnutrition programmes” through “relevant healthcare providers trained in food storage management and supplementary food provided in 100 percent of CMAM sites in 15 districts.” Second, the nutrition component contributes to Outcome 3.3 (Output 3.3.2) for “TB patients provided with nutrition support,” (though treatment of SAM is UNICEF’s mandate (see para 37).
- The DRR component supports multiple Outcome 1 indicators: the AAP projects support Outcome 1.3 (Output 1.3.3), for the effective management of environmental and climate change risk. SLP and AAP activities support Outcome 1.4; specifically, Output 1.4.2 to promote adoption of risk reduction measures and Output 1.4.3 to strengthen multi-stakeholder emergency planning and response capacity at district and community level to reduce the impact of disasters.

51. *Donors.* The ET’s consultations with a range of donors indicate support for WFP operations. The majority of donors note that the CP is concentrated on core business areas of WFP operations (SFP and school meals) and perceive that WFP therefore has the skills and mandate to implement these programmes effectively. WFP also reports a positive shift in donor perceptions and buy-in since the CP began regarding the appropriateness of WFP’s role in DRR outside of emergency response. WFP attributes this increased buy-in to extensive consultation and dialogue.

52. *NGOs.* International and local NGOs have had a limited role in the CP and their engagement depends on the need for their technical expertise.¹¹⁶ For example, with respect to nutrition, Concern Worldwide provided technical support in the development of and training on CMAM guidelines, and have phased out of this role. Valid International’s role is the production of RUTF used for treatment of SAM.¹¹⁷ Mary’s Meals, which also provides school meals, coordinates with WFP on coverage and provided input for the related government policies and practices. DRR engages a number of NGOs during vulnerability committee assessments. The school feeding component is working with one NGO in the implementation of HGSM and is developing partnerships with local NGOs for ECD and social mobilization.

¹¹⁵ WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

¹¹⁶ The evaluation does not cover Development Aid from People to People, which is noted in the IP but the ET did not identify this group as an active partner through fieldwork. Malawi Lake Basin is an organisation partnering through P4P, which has an indirect relationship to the CP for school meals.

¹¹⁷ Source: Email correspondence between CO and TANGO. May 10, 2014.

Appropriateness: key findings and conclusions

Appropriateness of the operation overall. The education, nutrition and DRR components are appropriate, implemented in the context of a country that has been struggling for years to reduce the prevalence of malnutrition, improve education outcomes, and mitigate shocks. The focus on capacity development for nutrition needs to be strengthened to facilitate eventual hand-over and sustainability.

Operation objectives. The operation objectives reflect longstanding population needs and development priorities by supporting improved access to education and learning in food insecure areas with low educational attainment; contributing to the reduction of chronic and acute malnutrition among children, women and TB patients; and improving food security and community resilience through better disaster preparedness, prevention and mitigation measures and strengthening local coordination of DRR efforts.

Operation design. The SFP design is appropriate and in line with population needs and WFP policies. For nutrition support to TB patients, the treatment of MAM is not clearly planned; the treatment of SAM is planned – yet this is UNICEF’s mandate, and the activity is implemented outside of the original design and needs review. The DRR component was appropriately refocused from the original CP design to better align with government and development partner needs for capacity and coordination and strategies.

Geographic targeting. Geographic targeting of the education, nutrition and DRR activities is relevant to programme objectives and population needs. This targeting is linked to opportunities for hand-over strategies to the government, particularly for SFP.

Transfer modality. Current modalities are appropriate and beneficial to local communities; however, WFP may be able to explore and continue to expand alternative modalities, such as vouchers for THR, while expanding food delivery through HGSM. While access to dietary supplements is a cornerstone of the nutrition programme functionality, it is possible in the Malawi context to explore alternative modalities for Supercereal commodity transfer.

Internal coherence. The CP components are aligned with the strategic priorities of the WFP corporate strategy 2008-2013. Since the initiation of the CP, WFP adopted Strategic Plan 2014-2017 with revised strategic objectives. At the time of the evaluation, WFP Malawi had completed the realignment of its CP to the new corporate objectives and indicators.

External coherence. The CP components are well aligned with government policies and strategies to support primary and pre-primary education, reduce malnutrition, and reduce the impact of disasters. There are strong synergies between the CP and the UNDAF (2012-2016). Donors see WFP CP activities as being in line with WFP’s core business and congruent with individual donor objectives. WFP also plays a strategic role by helping to implement aspects of the government social safety net services to vulnerable populations.

2.2 Results of the operation

53. This section provides findings and conclusions regarding the second evaluation question, “What are the results of the operation?”¹¹⁸ General findings are presented on the attainment of planned outputs and then discussed by component. Specific analysis includes the extent to which assistance was provided to the “right” beneficiaries, and whether the assistance was timely and of sufficient quantity and quality. This is followed by an assessment of the progress toward achieving outcomes and objectives¹¹⁹ and the contribution to higher-level development results.

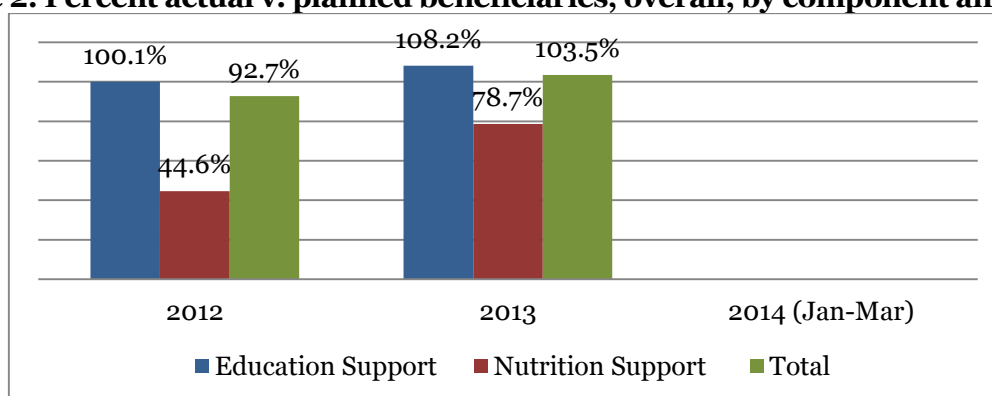
¹¹⁸ WFP OEV. 2014b. Terms of Reference.

¹¹⁹ Note: Sec. 2.3 offers further discussion of structural factors (internal and external) affecting the results.

54. *Overview.* At mid-term the CP¹²⁰ reached 92.7 percent of planned education and nutrition beneficiaries in 2012 (780,778/842,668 beneficiaries) and 103.5 percent in 2013 (912,944/882,118 beneficiaries)¹²¹ (Figure 2). Annual beneficiary targets were exceeded for the education component, which means the targeted schoolchildren were reached at least once. Attainment of the nutrition beneficiary target was low in 2012, as implementation only occurred for six months, and improved in 2013. The DRR component planned to reach 98,000 FFA beneficiaries, but due to the revised focus and delayed start, the original outputs are not included in the following discussion.

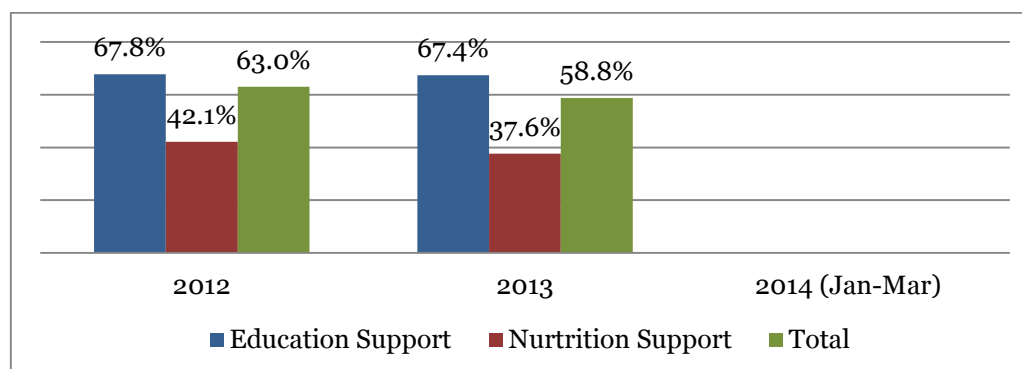
55. For the overall commodity distribution outputs in 2012, the CP distributed 63.0 percent of planned food metric tonnage (9,257/14,688 mt) and 58.8 percent of planned tonnage in 2013 (14,038/23,890 mt), as shown in Figure 3. The tonnage targets were not met for the education and nutrition components in 2012 and 2013, which is attributed to limited available funding and weather-related road conditions.¹²² These output results and key reasons that outputs were not attained are explained and assessed in detail by component in the forthcoming sections.

Figure 2: Percent actual v. planned beneficiaries, overall, by component and year



Note: The CO notes that for 2012, some beneficiary figures were reported under PRRO 10586; data from Q1 2014 were made available to the ET for analysis.

Figure 3: Percent actual v. planned food distributed, overall, by component and year



Note: DRR component is not included because refocus after design differs from the planned outputs. Source: WFP Malawi. 2012 & 2013. SPR; data from Q1 2014 were not made available to the ET for analysis.

56. *Gender: Overview.* For both components, approximately equal numbers of female beneficiaries have been reached at mid-term. It should be noted that nutrition percentages reflect that the programme targets women and CU5. As shown in Table 2, 51.0 and 52.5 percent of beneficiaries were female in 2012 and 2013, respectively.

¹²⁰ Note: DRR component not included due to re-design and no beneficiary activities in 2012 or 2013.

¹²¹ Data for the first quarter of 2014 requested but not available at the time of the report.

¹²² WFP Malawi. 2012i. SPR. And WFP Malawi. 2013k. SPR.

57. Gender-disaggregated data compiled for the three components help to monitor and evaluate gender equality. Malawi is one of five pilot countries in a joint global WFP/Institute of Development Studies project, begun in 2013, to learn and share what works to mainstream gender equality in WFP programmes. In a continued effort for gender equality, the CP reports working to reduce women’s burdens and redistribute care work from women to men as per the WFP Gender Policy;¹²³ however, the ET found no description of this initiative in programme documents. WFP recognises that the CP relies heavily on female volunteers to provide nutritional and education support. To reduce the risk of gender-based violence, the timing of SFP distributions enables women to return home in the daylight. The ET observed that predominantly female school cooks travel to the schools for meal preparation before sunrise, which may pose a safety risk. More discussion of gender-sensitive approaches is included by component.

Table 2: Percent of male v. female beneficiaries, by component and year

Activities	2012		2013		2014	
	male	female	male	female	male	female
Education support	50.0%	50.0%	49.9%	50.1%	nd	nd
Nutrition support	34.6%	65.4%	29.8%	70.2%		
Total beneficiaries	49.0%	51.0%	47.5%	52.5%	nd	nd

nd= No data for first quarter of 2014 were provided to the ET.

Source: WFP Malawi. 2012. SPR.; WFP Malawi. 2013. SPR.

Attainment of planned outputs, by component

58. **Education: Outputs. Overview.** The CP exceeded the annual beneficiary target for school meals, but distributed about two-thirds of planned food tonnage in 2012 and 2013; these activities correspond to Output 1.1 (see Table 3, Annex 6). Tonnage targets and the target number of schools were not attained due to funding limitations.¹²⁴ In all, WFP reached 100 percent of planned beneficiaries but did not provide foods to schools on a consistent basis.

59. WFP has also made important contributions to education support through improvements to school infrastructure, though these are not part of logframe outputs. WFP constructed or rehabilitated 76 kitchens, food storerooms and feeding shelters for children in 2013 and 154 in 2012. Most schools visited during fieldwork had WFP-provided infrastructure. The ET observed that schools with improved infrastructure have good facilities for preparing and serving school meals, and the students have a clean and protected space in which to eat. The presence of these newer, well-constructed buildings contributes to the overall quality of school facilities as well as staff and community morale. WFP staff report that the CP plans to construct 158 new storerooms, feeding shelters and kitchens in 2014.

60. The Output 2.2 indicator for building government and national partner staff capacity was largely reached in 2013, training 305 staff, 42 percent of whom are women. In all, WFP provided technical assistance and training related to school meals and nutrition interventions to about 1,400 representatives in 2013.¹²⁵

61. **Beneficiary selection: Overview.** The ET finds that targeting for school meals and THR is largely accurate. WFP-supported primary schools are selected with the government based on food insecurity and poor educational attainment.

¹²³ The WFP Gender Policy (WFP/EB.1/2009/5-A/Rev.1) states, “WFP will continue to collaborate with partners to: involve men and boys in activities to raise awareness of Maternal and Child Health and Nutrition, improve their knowledge of and commitment to maintaining the nutrition and health of mothers and children, and increase their participation in childcare.”

¹²⁴ WFP Malawi. 2012i. SPR. And WFP Malawi. 2013k. SPR.

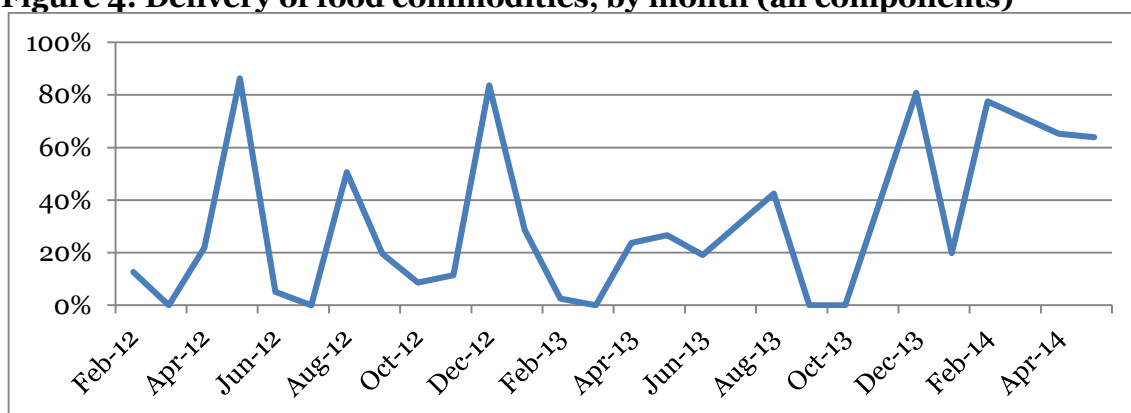
¹²⁵ WFP Malawi. 2013k. SPR.

62. THR are targeted to girls and orphan boys in Standard 5-8 as an incentive to continue attending school instead of marrying early (girls) or going to work (boys). These students tend to be from the poorest families in districts with the lowest school attendance, where dropout rates accelerate in Standards 7-8.¹²⁶

63. WFP is piloting pre-primary school meals through 35 ECD centres with 7,128 children (56 percent girls) in two districts. The pilot supports a critical period in child development that often lacks support, and helps address the issue of underage attendance at schools offering school meals. The ET observed a few underage children taking meals at schools; no data are available to assess the true scope.

64. *Timeliness, frequency, and duration: Overview.* WFP Malawi primarily uses a centralised delivery model that delivers Supercereal to schools from main warehouses. The centralised delivery is an efficient approach for delivering small quantities of Supercereal to large numbers of highly dispersed and often remote sites. WFP has faced logistics challenges delivering a consistent and timely supply of Supercereal, with 62.6 percent of food deliveries on time (Figure 4). Timeliness and consistency of delivery to schools have been problematic, especially in the southern districts during the lean season (November to February). For instance, in December 2013, 84.7 percent of school meals tonnage was delayed (see Figure 8, Annex 6). In interviews in Phalombe, education officials estimated that half of the schools had not received Supercereal since January 2014, and did not have information on when delivery would resume. In many cases of delays, food was available in WFP’s warehouses but did not reach beneficiaries, or was delivered late. Refer to Sec. 2.3 for a more comprehensive discussion of the issue of transporter delays.

Figure 4: Delivery of food commodities, by month (all components)



Source: WFP logistics data as provided to ET in country.

65. In 2012, monthly THR of 10 kg maize per child was provided for one month, instead of three as planned, in three out of 13 districts. THR in 2013 was provided for two months instead of four, in two districts. This limited beneficiary reach was due to limited funds.¹²⁷ ECD centres visited in Chikhwawa district told the ET that, since the pilot began in 2013, Supercereal was provided for two terms (out of three) in 2013, and not at all in 2014. Schools were in their second term during the MTE.

66. The CP made progress in Output 2.1 in establishing the HGSM pilot in three schools in 2012, and expanded to 10 schools in the 2013/2014 school year (see Table 3, Annex 6). The pilot reached fewer than the 35 schools planned due to funding

¹²⁶ NSO. 2011. Malawi DHS 2010.

¹²⁷ WFP Malawi. 2013k. SPR.

limitations. School officials reported that sometimes funding for the HGSM pilot arrived late, causing breaks in food supply. Late reporting by schools and logistics are cited as the main reasons for delays of food and funds. This had the unintended consequence of creating tension with teachers; in one school, teachers told the ET they thought the school administration misappropriated the money. During a meeting in May 2014 with WFP and the Phalombe District Council it was agreed that all parties must be timelier.

67. *Quantity and quality of food rations: Overview.* In 2012, 73.7 percent of planned Supercereal and none of the planned maize¹²⁸ were distributed for the education component. For 2013, the commodities were Supercereal (79.8 percent) and maize (15.2 percent). WFP provided school meals to fewer schools than planned (681/713) in 2013 due to the persistent problems of funding shortfalls and supply chain. This is especially an issue during the lean season, with logistical challenges raised due to high competition for transporters. In total 690 schools are supported, with 680 receiving Supercereal, nine in the HGSM pilot, and one school participating in both.

68. WFP's standard for school meals is 100 grams per child per day to all children attending Standard 1-8. However, the United States Department of Agriculture (USDA) standard for the McGovern-Dole programme, which provides major support to the school meals, is 60 grams. This necessitates that WFP supplement the McGovern-Dole contribution. The percentage of McGovern-Dole commodities is projected to increase in 2014, and so will require WFP to find ways to correspondingly increase its contribution.

69. *Gender:* The ET finds the goal of gender parity for school meals was met. This is reflected in sex-disaggregated data on recipients of school meals. School meals are equally distributed to primary schoolgirls and schoolboys. Of the THR, 25 percent is allocated for males and 75 percent for females, in line with its primary goal of retaining girls in school. In 2012 and 2013, respectively, 80 percent and 89 percent of the THR beneficiaries were female.¹²⁹

70. WFP further promotes gender equity in education by encouraging girls to attend regular sensitisation meetings on the benefits of education and to discuss issues around early marriage. In 2013, WFP provided schools with programme manuals that educate on harassment and abuse and provide reporting and contact procedures for victims. The combination of these activities raises awareness of gender equality and reduces the risk of sexual and gender-based violence for young girls.¹³⁰

71. Women comprised a larger proportion of leaders than men on food management committees at WFP-supported schools in 2012 and 2013. Women's participation was double that of men during food management committee trainings conducted in 2013, although equal participation of both genders is emphasised by WFP for effective implementation. In reality, the volunteer cooks are almost exclusively women due to cultural roles. Within the capacity development efforts, a larger proportion of male government and national partner staff received technical assistance and training. Comparing planned versus actual figures for 2013, only 93.4 percent of the target was reached for females and 101.7 percent was reached for males.¹³¹

¹²⁸ 116 mt of maize meal was distributed, though not planned.

¹²⁹ WFP Malawi. 2012i. SPR. And WFP Malawi. 2013k. SPR..

¹³⁰ WFP Malawi. 2013k. SPR.

¹³¹ WFP Malawi. 2013k. SPR.

72. Nutrition: Outputs: Overview. Overall, the number of actual beneficiaries reached significantly improved from 2012 to 2013, while food tonnage distribution remained low or worsened. Less than half of CU5 targeted for SFP were reached in 2012, with a major improvement in 2013 (102.1 percent)(see Table 4, Annex 6). In 2012 beneficiary figures were about half of planned because the programme was only implemented for six months,¹³² and some beneficiary figures for 2012 were reported under PRRO 10586.

73. Difficulties reaching beneficiaries and tonnage targets for nutrition activities in early 2012 were due to challenges in planning for the transition from PRRO 10586 to CP 200287.¹³³ In 2013 the number of health centres that began implementing the SFP continued to increase and with it the number of beneficiaries. The ET concludes that failure to meet targets could be related to poor initial planning figures, occasional halting of activities due to stock-outs of commodities, exclusion errors related to inappropriate application of admission and discharge criteria, and errors in monthly reporting. Given the large disparity in planned versus actual, the MTE advises that the CO review and revise planning figures based on current realities.

74. Beneficiary selection: Overview. The ET finds several problems with SFP beneficiary selection that are tied to misunderstanding or lack of dissemination of CMAM guidelines and admission or discharge criteria, inclusion error, lack of measurement tools at health centres, and the need for community outreach with screening. The rollout of new CMAM guidelines, which was ongoing at the time of the MTE, has contributed to some of these selection errors. For the TB activity, the targeting criteria and screening are not operating as planned, diminishing the anticipated positive results of effectively targeting SAM patients.

75. For SFP, there are various misunderstandings related to the new (2012) CMAM guidelines, admission, and discharge targeting criteria, with rollout still underway. First, the ET reports the need for wider education on the new guidelines and admission criteria, and routine screening for the 5-12 years age group.¹³⁴ Normally the target age group is CU5, but the target population for this CP aligns with the national CMAM guidelines from 2012.^{135, 136} FGDs with HSAs reveal that they are familiar with the inclusion of PLW and CU5, but there is less understanding of the inclusion of children 5-12 years. Second, there is misunderstanding among caregivers. FGDs with caregivers indicate they understand that sick and thin children are selected for the SFP and “better” children are discharged; however, they do not seem to understand that admission and discharge are based on measurements or criteria. The ET identifies the need to improve messaging on targeting criteria and identification modalities, particularly for caregivers, in order to strengthen transparency and improve accountability to beneficiaries.

76. Nearly one in five health centres visited by the ET struggles to properly follow admission and discharge criteria for SFP. A major cause is the lack of knowledge regarding the process. In many cases, health centre staff have not been trained in over five years.¹³⁷ The rollout of the new CMAM guidelines, including adjusted admission and discharge criteria for SFPs, is on-going and contributes to the

¹³² WFP Malawi. 2012i. SPR.

¹³³ WFP Malawi. 2012f. M&E Quarterly Report: Quarters 1 and 2.

¹³⁴ E.g., they are not captured through the largest intake functions, namely under-five health clinics or screening by volunteers.

¹³⁵ Government of Malawi. 2012a. Guidelines for Community Management of Acute Malnutrition.

¹³⁶ The new guidelines are part of an effort to focus on the lifecycle approach to combating malnutrition and treatment of acute malnutrition in adolescents and adults.

¹³⁷ WFP Malawi. 2012g. M&E Report: Quarter 3

difficulties. FGDs with HSAs revealed that often one or two of them have been trained in the new guidelines per health centre. Often health workers taking anthropometric measurements, calculating nutritional indices, and/or recording in the registers have not been trained. Furthermore, FGDs highlight that there is not sufficient monitoring or in-service capacity building from the district-level nutrition coordinators or from WFP field monitor assistants (FMAs), which contributes to poor programme implementation.

77. As a result of these targeting problems, there are extensive errors in the application of admission and discharge criteria, as confirmed in the ET's review of SFP registers. With rates hovering around the 85 percent mark with higher or lower peaks, the data confirm that there is a programmatic flaw in consistent and accurate beneficiary selection (see Figure 9, Annex 6). Of particular importance is the prevalence of children with SAM enrolled in the SFP. It is crucial that action is taken to ensure SAM cases are not included in the SFP: they should be immediately referred to SAM treatment programmes due to increased risk of mortality from inappropriate treatment. It is of note that the initial trend of 2014 shows steady improvement in applying targeting criteria, and the CO has already identified these issues; it is currently implementing mitigating measures such as joint monitoring exercises with the MoH and supporting refresher training on SFP protocols.¹³⁸

78. Another factor contributing to targeting and measurement error is that health centres often lack adequate measuring equipment (MUAC tapes, height boards, scales). In addition, reference and resource materials to calculate nutritional indices are inadequate or lacking in some health centres. Although these items are supposed to be provided by other partners, in an effort to address the problems, the WFP CO has already begun supporting the printing of reference documents and procurement of necessary non-food items. Greater advocacy with partners (i.e., UNICEF and the Ministry of Health (MoH)) could facilitate adequate access to equipment and basic training for all SFP staff, which is part of the ET recommendations (see Sec. 3.2).

79. For the TB activity, the programme is currently being implemented outside the original design, and thus, without clear programme objectives. As implemented, all TB patients in the four target districts who registered to receive TB treatment were also eligible for the food distribution. This is not in compliance with the original CP design whereby malnourished patients (whether MAM or SAM) within the TB programme receive specialised food in order to improve their nutritional status, and the programme has not collected data on nutritional status or adherence. There is also lack of alignment of the TB treatment with the national-level Nutrition Care Support and Treatment (NCST)/Nutrition Assessment, Counseling and Support (NACS) guidelines under prolonged review by the MoH.¹³⁹ While the implementation has been flawed, the WFP CO has been supporting the integration of nutrition into national guidelines on the care of chronically ill patients including supporting the government with a working sessions on reviewing the NCST guidelines; consultative meetings on the same and validation workshop with plans to support printing and distribution of the guidelines and training of service providers after endorsement.

80. *Timeliness, frequency, and duration: Overview.* Qualitative information collected by the ET shows that timely delivery of food is a problem, especially in the southern districts. This results in stock-outs that continue for numerous distribution cycles, thereby interrupting the cycle for treating malnutrition and preventing the

¹³⁸ WFP Malawi, 2014h. Nutrition Unit Annual Performance Workplan.

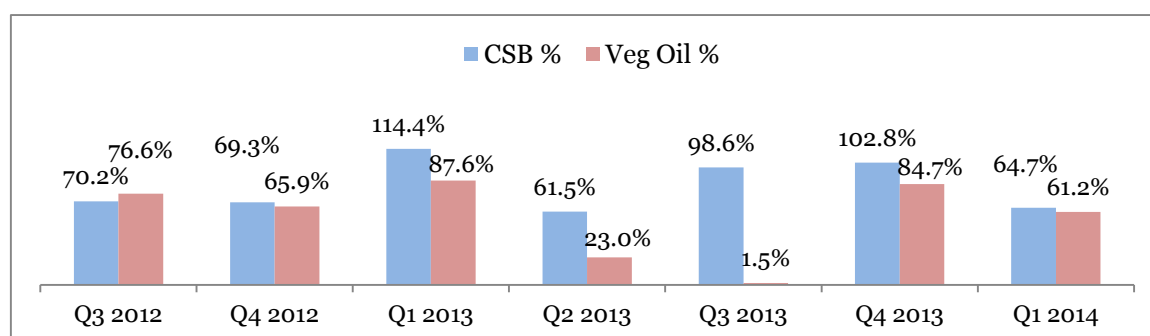
¹³⁹ According to CO comment, this is the reason for the TB misalignment with the original design as the CO awaits MoH review.

enrolment of new patients. FGDs with HSAs reveal that these interruptions contribute to an increase in defaulters during these delays. Untimely or inconsistent delivery may also lead to an increased caseload in the therapeutic feeding programmes because lack of effective intervention could cause a proportion of children to progress from moderately acute to severely acute malnourished. Due to the delays, some facilities allow patients enrolled in the therapeutic programme to remain longer to protect their nutritional status.

81. For the MTE period, the nutrition commodities were dispatched late about one-third (32.5 percent) of the time. It was not uncommon for health centres to run out of food commodities for one or more distribution cycles. This often corresponded with the lean months or just after,¹⁴⁰ meaning that malnourished populations often did not receive supplementary foods at the time they needed it most.¹⁴¹ This is visualised in Figure 5: commodities were delayed about 80 percent of the time in March-May 2012, and again in November-February 2012/13 and October-May 2013/14.¹⁴²

82. The untimely delivery of commodities, especially when compounded by repeated months of delay, negatively affects the output indicators for tonnage of food delivered versus planned. For example, the 69 percent distribution of Supercereal for quarter four of 2012 correlates with the delays seen in the same period (Figure 5).

Figure 5: Tonnage distributed vs. planned (nutrition components)



Source: WFP M&E data as provided to ET in country.

83. *Quantity and quality of rations: Overview.* The ET finds that the quantity and quality of SFP rations are in line with policy, yet, there are concerns regarding the impact of ration sharing and the accountability to partners and beneficiaries. The TB rations are not aligned with programme objectives and corporate ration guidelines.

84. The quantity and quality of SFP rations are in line with national and corporate policies. The planned daily ration of 300g Supercereal and 30ml oil for the treatment of MAM among children and PLW is in line with the national guidelines.¹⁴³ Per WFP corporate guidance the commodity for the SFP is in the process of being changed from Supercereal to Supercereal plus. A concern for SFP is the inappropriate usage of the ration at the household and individual level. Discussions with caregivers reveal that children are allowed to eat until full and that a ration intended to last for two weeks is consumed within five to seven days on average. The supplementary nature of the child ration is not understood by caregivers, and the ET finds that frequently it is not understood by the HSAs distributing the commodity. FGDs and interviews with HSAs and district officials indicate wide acknowledgement that sharing of a

¹⁴⁰ The lean months, tied to the seasonal calendar, are approximately November through February.

¹⁴¹ Also due to transporter competition and seasonal poor road conditions to be discussed more in Sec. 2.3.

¹⁴² Also see Figure 8: Seasonal calendar of distribution delays and external factors affecting transport (Annex 6).

¹⁴³ Government of Malawi. 2012a. Guidelines for Community Management of Acute Malnutrition.

beneficiary's ration within the household is common. Strengthening messages for HSAs to communicate to caregivers on appropriate usage of the ration is crucial.

85. Another significant and current concern is the change in SFP commodity from Supercereal and oil to Supercereal plus. This change is per corporate WFP policy, but it has not been well communicated at the district level and at food distribution points (FDPs) via the health centres. This has programmatic implications in terms of ration distribution.¹⁴⁴ Health centres visited by the ET had not been informed of the difference between Supercereal and Supercereal plus and very few could explain why the quantity was reduced. The ET finds the poor communication and accountability to the health centres (as service delivery partner) and beneficiaries to be notable, and the resulting ration size and preparation mistakes preventable.

86. For the TB activity, the ET found through review of monitoring documents, KIIs, and visits to TB treatment sites that the ration being distributed to TB beneficiaries is a one-month supply of supplementary food (CSB and oil) for the full duration of the treatment programme. RUTF is not being supplied as planned. Rations need to be reviewed in order to bring them in alignment with programme objectives. As per corporate WFP guidance, beneficiaries of HIV and TB programmes are frequently provided with a household ration as an enabler for treatment adherence as well as a specialized nutritious food for treating malnutrition.¹⁴⁵

87. *Gender*: Targets for the nutrition component are set by nutritional status rather than by equal proportion by gender. Nonetheless, the results show an equal number of females/males are reached for most activities. CU5 accounted for 59.2 percent of total SFP beneficiaries and distribution was even across males and females, reflective of national trends.¹⁴⁶ Of the children five to 12 years, which accounted for only 3.9 percent of the total beneficiaries, a larger proportion of female children (93.1 percent) were provided nutrition support; the ET did not find this to be part of a design or strategic targeting decision, but it may be attributable to the lack of systematic screening for this age group, as discussed under beneficiary selection. Nutrition support for TB patients amounts to only 1.5 percent of total beneficiaries and was evenly distributed between males and females.¹⁴⁷

88. ***DRR for food security: Outputs: Overview.*** The DRR component of the country strategy focused on using FFA to build community assets to mitigate climate change and reduce risk, and to strengthen capacity building with the government for disaster preparedness. The CO was unable to obtain donor funding for FFA, and targets for community asset construction were not met (55,708 planned beneficiaries of FFA for each year 2012-2013).¹⁴⁸ The lack of funding for FFA was mainly due to a perception among donors that WFP's comparative advantage lies in emergency response rather than in DRR. In the absence of FFA funding, DRR activities focused on capacity building of Department of Disaster Management Affairs and the Ministry of Agriculture and Food Security (MoAFS) and NGO officials in eight pilot districts most affected by natural disasters, and on the implementation of AAP activities. From 2012-2014, WFP provided financial and technical support for implementation of 31 AAP activities in seven districts, including community afforestation projects at

¹⁴⁴ Some health centres were still distributing 4.5kgs instead of the new ration size of 3kgs and some health centres were still pre-mixing with vegetable oil.

¹⁴⁵ WFP. 2013c. Managing the Supply Chain of Specialised Nutrition Food.

¹⁴⁶ According to the Malawi DHS 2010, boys and girls are equally likely to be wasted (4 percent each).

¹⁴⁷ WFP Malawi. 2013k. SPR.

¹⁴⁸ WFP Malawi. 2013k. SPR.

schools, dam construction, irrigation, and community fish ponds.¹⁴⁹ WFP also played an instrumental role in reviewing the National Disaster Risk Management policy.¹⁵⁰

89. In 2013 and early 2014, DRR activities focused on technical assistance for SLP to improve district and community-level disaster management planning. The SLP began in 2012 and combines integrated context and stakeholder analysis with coordinated planning for interventions that complement existing or planned DRR activities. WFP is supporting community-based participatory planning to feed into district development plans, and in early 2014, conducted integrated analysis exercises with five Group Village Heads (GVH) each in Balaka and Zomba districts.

Achieving outcomes and objectives

90. This section discusses the extent to which the achievement of outputs and outcomes led to measurable changes and the realisation of operation objectives. Table 5 (Annex 6) shows a summary of outcome indicators at mid-term.

91. *Overview.* Given the multiple crises in 2012-2013, the provision of food through the CP education and nutrition activities likely had some protective effect on food insecure, highly vulnerable households. The ET finds that the school meals are valued by the students, teachers, and parents. Stakeholders confirm that school meals increase attendance and performance of students, and when not available, both decline. Ensuring daily food availability at schools is key to achieving overall education outcomes. The CP achieved this target 62 percent of the time in 2012-2013. For the THR and HGSM pilot, the ET finds that outcomes cannot be assessed due to poor or late execution of these activities. Targets for handover of school feeding to government are not likely to be met due to government funding constraints. The nutrition component has also made progress toward outcomes and objectives. Although direct attribution on maintenance or improvement in malnutrition rates for SFP cannot be made, key informants believe it plays an important role in protecting nutritional status of the population. Results for key indicators (recovery, death and default rates) show that mid-term outcomes have met WFP's targets and Sphere Standards. Yet, the hand-over of MAM treatment to government will not be met due to government delays and changes after the financial crisis. For the TB activity, objectives will not be realised because it is currently implemented outside of the programme design and without data gathered on nutritional status outcomes. DRR activities overall were limited by lack of funding. The CO assisted 31 communities with climate change adaptation activities and initiated the SLP process to coordinate multiple stakeholders involved in district-level DRR activities. SLP activities address a critical gap in coordination for district-level DRR coordination.

92. **Education achievements: School meals overview.** While many factors influence the quality of learning, and direct attribution of education outcomes to the WFP programme cannot be made, progress toward achieving Outcome 1 was achieved despite contextual challenges. The attraction of school meals is one factor contributing to achievements in enrolment, attendance, retention and graduation rates, and gender parity across these outcomes. Enrolment figures for all classes were examined during the ET's school visits, and all schools reflected equal enrolment of girls and boys, which meets WFP's goal for gender parity.¹⁵¹ As of 2013, enrolment

¹⁴⁹ WFP Malawi. 2012i. SPR.

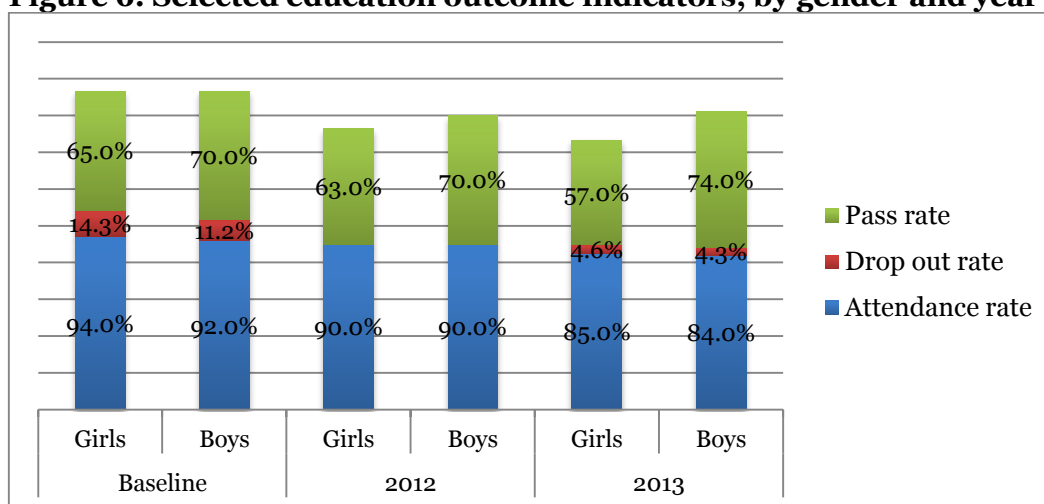
¹⁵⁰ WFP Malawi, 2013k. SPR.

¹⁵¹ WFP Malawi. 2013i. M&E Report: Quarter 3.

increased by 15 percent in the targeted CBCCs and five new HGSM schools.¹⁵² Schools serving meals show an improved gender ratio: the ratio of girls to boys enrolled in WFP-assisted primary schools is at parity (1.0).

93. Attendance rates suffered a small decrease through difficult years (2012-2013), and notably, attendance rates for girls compared to boys during those years were largely sustained (Figure 6). Despite the decline, attendance rates in WFP-supported schools are reportedly 10 percent higher than a sample of non-supported schools. Drop-out rates for boys and girls decreased since baseline. There is higher retention of girls in WFP-supported schools: dropout rates are about five percent compared to national dropout rates of 15 percent.¹⁵³ Finally, while the pass rate of girls from primary to secondary school is seven percent higher in WFP-supported schools compared to non-supported schools, the pass rate for girls has decreased since baseline in WFP-supported schools (65.0 to 57.0 percent), as there are many social and economic factors that determine if a girl graduates primary school.

Figure 6: Selected education outcome indicators, by gender and year



Source: WFP Malawi. 2012 & 2013. SPRs.
 Note: Dropout rate data were not reported for 2012.

94. Feedback from all schools visited by the ET indicates that the school meal attracts children who are otherwise reluctant to attend, or whose parents may not value education. School officials state that because of the meal provided children are more energetic and attentive, healthier, and able to remain at school after classes for play and social interaction. Parents report that children often do not need lunch when they return home. Given the widespread shocks in 2012 and 2013 that increased the vulnerability of poor households, school meals likely had a protective effect for children, shielding them to some degree from even greater food insecurity.

95. While many inputs are required for improved education outcomes, school meals clearly play an important role. All stakeholders confirm that school meals increase attendance and performance and that when food is not available, both decline. Student FGDs reveal that when no food is available, many still come to school out of a desire to learn, but have difficulty concentrating due to hunger. The school meals pilot in the ECD centres attracted many more students than projected. Thus, the degree to which WFP is able to ensure that food is available at the schools on a daily

¹⁵² WFP Malawi 2013k. SPR.
¹⁵³ WFP Malawi 2013k. SPR.

basis consistently over the course of the school year is a key indicator of its contribution to overall education outcomes. The CP achieved this target approximately 62 percent of the time in 2012-2013 (refer back to Figure 4).¹⁵⁴

96. Students receiving the THR report that the food is an important supplement to poor families. However, the limited and inconsistent delivery of the THR, particularly during the lean season, undermines its usefulness as an incentive.

97. It is too early to assess outcomes of the HGSM pilot. The HGSM model aims to provide a decentralised, sustainable and scalable model for eventual government ownership of the programme. P4P supports the HGSM component of the CP by linking farmers with schools in Mangochi and Phalombe districts, and by training schools on how to make their own procurement arrangements with local P4P-supported farmers' organisations. The approach has some challenges in terms of farmers meeting quality standards and not defaulting on supply agreements. These risks are seen as lower for HGSM because there are fewer intermediaries between producer and consumer and the transaction follows normal patterns of local trade.

98. The CP design corresponding to Outcome/SO#5 to facilitate hand-over of 100 (15 percent) of WFP-supported schools to the government school feeding programme by 2016 is a reasonable goal. This plan for phased handover supports the sustainability of the programme. However, discussions with Ministry of Education, Science and Technology (MoEST) officials and other KIIs indicate that this target will not be met, in large part due to the funding shortfalls experienced by government. The government has included some funds for HGSM in the 2014/15 budget. However, KIIs during field interviews stated that government support to HGSM is for one season, after which communities are expected to implement the programme on their own. Communities in Kasungu district reported struggling to afford inputs for HGSM. In the interim, WFP continues to build the capacity of MoEST staff in monitoring and management of the programme to improve implementation, and to prepare for eventual complete handover. To date, WFP has trained 1500 people, exceeding its target of 1,026 people by 32 percent. The National Capacity Index (NCI) for education increased since baseline (11 to 14/out of 20).¹⁵⁵

99. **Nutrition achievements:** *SFP overview:* While direct attribution of maintenance or improvements in malnutrition rates to the WFP SFP cannot be made, the SFP has made important progress toward outcomes and objectives in targeted areas.¹⁵⁶ KIIs believe that the SFP plays an important role in protecting the nutritional status of the population through early detection and treatment of MAM before it deteriorates into SAM with a higher risk of mortality and a longer and more costly pathway to recovery. FGDs with HSAs who deliver the SFP at health centres indicate that they saw the SFP having a protective effect on the nutritional status of the population, and thereby decreasing the numbers of children with SAM. FGD participants note that the number of children with SAM entering into outpatient therapeutic programmes (OTP) and nutrition rehabilitation units (NRU) increased when SFP was interrupted, which is qualitative evidence of SFP's protective effects.

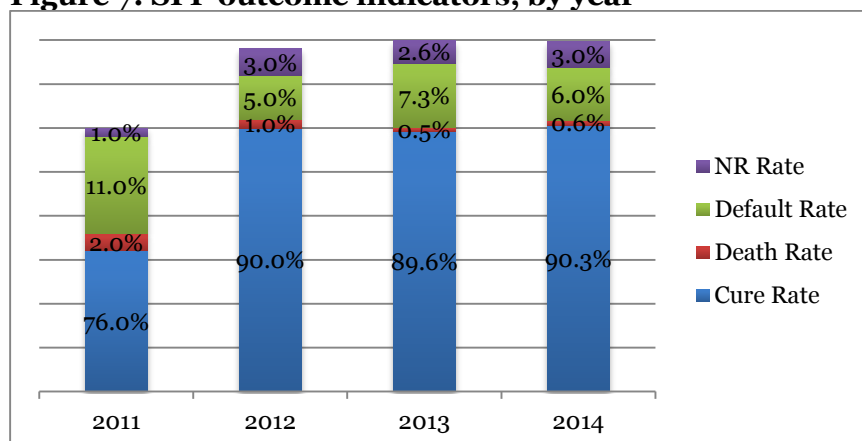
¹⁵⁴ Data on the number of days school meals were received have been requested but not received at time of report.

¹⁵⁵ WFP Malawi 2013k. SPR.

¹⁵⁶ The release of national Multiple Indicator Cluster Survey (MICS) results in 2014 will help inform the understanding of the trends in national nutritional status and contribute to assessing whether WFP is making good progress towards meeting the outcome target for national prevalence of acute malnutrition in CU5.

100. The SFP performance for Outcome 3 has improved over time. The results are in line with the Sphere Standards¹⁵⁷: as shown in Figure 7, the proportion of deaths in SFP is less than three percent (at 0.6 percent), recovery is over 75 percent (90.3 percent), and default is less than 15 percent (6.0 percent).¹⁵⁸ The WFP end line target of 90 percent for the SFP recovery rate outcome has been met at programme midline. As discussed, the NRs to the SFP may be identified through community outreach. Moreover, the scale-up of SFP sites in 2012 and 2013 saw no loss in quality of programming as indicated by the improvement in cure, death, and default rates. This is an achievement in itself.

Figure 7: SFP outcome indicators, by year



Source: WFP M&E data provided to ET in country; 2014 data only encompasses January-April.

101. The effectiveness and sustainability of treatment and prevention of MAM and the likelihood of achieving SO#4¹⁵⁹ through provision of food alone is limited. Undernutrition has a range of immediate, underlying, and basic causes that require a multi-disciplinary, multi-stakeholder response.¹⁶⁰ Given the multi-sectoral causes of malnutrition such as poor care practices and birth spacing, provision of food should be complemented with an improved holistic approach and with strengthened partnerships for expanded programming (see Sec. 3.2).

102. Achievements in the prevention of chronic malnutrition pilot will not be covered here as it is outside the scope of the CP evaluation. It can be noted, however, that the work on a nutrition behaviour change and communication strategy and the lessons learned will be useful to inform and improve the SFP (see Annex 5).

103. The initial programme objective of treating SAM (and/or MAM) in TB patients will not be realized as it is implemented outside the design,¹⁶¹ and the Outcome 4 indicators for nutritional status remain unclear. Anthropometric measurements are not collected and nutritional indices are not calculated for outcome indicators. Qualitative information on adherence to treatment is not available in order to determine if the food ration served as an incentive. KIIs indicate perceived improvement of nutritional status of the beneficiaries and a belief that the food distribution improves patient adherence to the TB drug treatment programme, but there is no additional supporting evidence. The TB programme objectives, delivery, and ration should be reviewed and realigned.

¹⁵⁷ The Sphere Project. 2011. The Sphere Handbook.

¹⁵⁸ Data provided to the ET by WFP Nutrition Unit, Malawi.

¹⁵⁹ Reduce chronic hunger and malnutrition.

¹⁶⁰ WFP. 2012a. Nutrition Policy (WFP/EB.1/2012/5-A).

¹⁶¹ The CO notes that this is because it awaits the delayed review of national guidelines by the MoH.

104. The ET finds that the CP has a weak focus on capacity development, corresponding to Outcome/SO#5; this is also noted in the MTE recommendations (see Sec.3.2). The CP plan envisioned that the MoH would take over treatment of MAM in 50 percent of districts, with technical support from WFP, starting with those with the greatest improvement in acute malnutrition indicators during the CP.¹⁶² The ET established through KIIs that this hand-over target would not be met, partially due to setbacks and issues experienced with the government funding crisis.¹⁶³ The NCI for nutrition support reported a 2013 baseline measure of 15 (out of 20), which is considered high and from which the CP will continue to build capacity.¹⁶⁴

105. In order to align with WFP corporate policy of MAM programming in areas with levels of GAM of at least five to nine percent, but with recognition of the contextual long-term need for population based programmes that treat MAM, WFP Malawi should strengthen its focus on capacity development in order to facilitate eventual hand-over and overall sustainability of the supplementary feeding programmes.

106. **DRR achievements: Overview.** Under the DRR component, FFA activities were planned but not funded. DRR activities therefore focused on the SLP and on support to the government's Malawi Climate Change Programme through the AAP.

107. The SLP process fills a critical gap by providing a framework to develop and coordinate multi-year plans and consolidate resilience building and social protection efforts at the district level. Coordinating all actors¹⁶⁵ has taken longer than expected and funding has only recently been received, so it is too early to assess outcomes.

108. Related to the AAP, the ET visited one community implementing an integrated response to climate change through a variety of soil and water conservation measures. The community has put much effort into reducing risks from floods and soil erosion. Communities are reportedly pleased with WFP support and the results; however, in WFP's own assessment, delayed funding has had a significant impact on communities' ability to continue AAP projects. District officials expressed frustrations that no specific explanation was provided for funding delays and that no specific guidance was given for district-level actions.¹⁶⁶ The AAP also provided funding to set up District Climate Change Centres, which provide local climate and weather information to the public and disseminate best practices to address climate change risks through community-based programmes. However, the Department of Environmental Affairs does not have funding to continue support to the centres.

Contribution to higher-level development results

109. The ET finds that through education, nutrition, and DRR activities, given WFP's size and strategic role in the country, the CP clearly contributes to higher-level development goals in Malawi. WFP has contributed to the country's education goals in several ways, evidenced in part by better education outcomes in WFP-supported schools than non-supported ones. WFP contributed to the overall quality of school facilities through improvements to infrastructure for the school meals programme, and built capacity among government and national partner staff to manage the programme. WFP has also made an important contribution to Malawi's improvements in nutritional status. The SFP is an important part of an overall

¹⁶² WFP Malawi. 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1).

¹⁶³ The CO notes that progress in this area may be made by the government in the coming year of the programme.

¹⁶⁴ WFP Malawi 2013k. SPR.

¹⁶⁵ This included United Nations Development Programme (UNDP), Food and Agriculture Organisation (FAO), MoEPD, MoA, Environmental Affairs Department, UNICEF, local government, and NGOs.

¹⁶⁶ WFP Malawi. 2012a. Africa Adaptation Project: September – December 2012 Monitoring Reports.

strategy to treat and prevent acute malnutrition among vulnerable families. Stakeholders and donors consistently stated that SFP is an important part of the continuum of food security and nutrition programmes in Malawi.¹⁶⁷ Under the CMAM programme, concerted efforts by WFP, the MoH and partners have helped to maintain national GAM rates below World Health Organisation emergency threshold levels of 15 percent despite two consecutive years of widespread food insecurity when one would expect GAM to increase.¹⁶⁸ Through the DRR component, WFP provided policy input through its review of the National Disaster Risk Management Policy and strengthened the long-term capacity of government counterparts, and WFP supported district-level coordination and implementation of adaption measures through the AAP and SLP.

Results: key findings and conclusions

Outputs:

Education. School feeding reaches approximately 25 percent of all primary schoolchildren.¹⁶⁹ The SFP exceeded beneficiary targets but did not attain tonnage targets or reach the target number of schools, delivering slightly over two-thirds of planned rations due to resource limitations. Take-home rations were provided in only two districts.

WFP has launched promising pilot initiatives: HGSM and school meals support to ECD centres. Both are good initiatives, but delays in setting up accountability systems for HGSM and in providing food to ECD centres have made assessment of progress difficult.

Nutrition. Consistent errors in application of admission and discharge criteria are a significant challenge for the effectiveness of the SFP. Limited training of HSAs is compounded by poor supervision. Timely delivery of food was a problem, especially in the southern districts. Inappropriate usage of the supplementary feeding ration is common due to low awareness at the household level of how the ration should be used.

DRR. WFP DRR activities are filling critical gaps in planning and coordination at the district level. The SLP assists district governments to coordinate DRR activities by multiple stakeholders for greater impact. As of July 2014 WFP was supporting community-based participatory planning sessions to feed into district development plans.

Outcomes: Given the multiple crises in 2012-2013, the provision of food through the education and nutrition activities under the CP likely had some protective effect on food insecure, highly vulnerable households.

Education. Overall, outcome indicators for WFP-supported schools in Malawi show better results than non-supported schools. Attendance rates in WFP-supported schools are reportedly 10 percent higher than a sample of non-supported schools. There is higher retention of girls and lower dropout rates for girls and boys in WFP-supported schools compared to non-supported schools. WFP-supported schools have a higher pass rate for girls from primary to secondary school, though the pass rate for girls has decreased since baseline. THR for girls and orphan boys in Standard 5-8 in two districts are an incentive to attend school for the poorest children. However, a consistent supply of school meals on a daily basis throughout the school year is critical to achieving outcomes at end of programme, and this has not been the case.

Nutrition. The SFP performance outcomes have improved and surpass the Sphere minimum standards for humanitarian response as well as WFP targets. Moreover, with the scale up of SFP sites in 2012 and 2013 there was no loss in quality of programming which is an achievement in itself. No outcome data were collected for the TB programme.

¹⁶⁷ See Supplementary Annex 7 for list of stakeholders and donors consulted.

¹⁶⁸ WFP Malawi. 2013k. SPR.

¹⁶⁹ Note: Change made per CO comment. SPR 2013 reports 20 percent of all schools.

DRR. WFP provided policy input through its review of the National Disaster Risk Management Policy, and strengthened the capacity of government counterparts. The AAP mobilised communities to undertake local-level adaptation measures that have shown some positive outcomes, though further progress has been stalled by a lack of funding. The SLP activity has a unique focus among DRR in Malawi and has the potential to strengthen district-level coherence and coordination in DRR and community risk reduction planning, but since it has only recently begun implementation, it is too early to assess its overall contribution to the outcomes.

Progress toward higher level results

WFP programme achievements clearly contribute to higher-level development results in Malawi. WFP-supported schools show improved education outcomes, and the programme contributed to the overall quality of school facilities and increased management capacity among government and national partner staff. The SFP is an important part of a continuum of food security and nutrition programmes in the country and overall strategy to treat and prevent acute malnutrition among vulnerable families. Through the DRR component, WFP provided policy input and is supporting district-level coordination and implementation of multiple stakeholders engaged in DRR.

2.3 Factors affecting the results

110. This section addresses the third evaluation question, “Why and how has the operation produced the observed results?”¹⁷⁰ While some factors affecting the results have been discussed by component (Sec. 2.2), this section discusses the main structural or internal issues and external factors that affected the operation’s performance. Internal factors include WFP capacity development strategy, staffing, M&E, accountability, supply chain, supplies, and resources. External factors relate to a changing context, donor strategy, government capacity, and national supply chain.

Internal factors

111. *Capacity development strategy.* It is crucial WFP develop a capacity building strategy for government counterparts to map out the steps for achieving this objective. WFP has carried out considerable training to government counterparts on food management and SFP protocols, and provided technical support through engagement in multiple national technical working groups. Capacity development activities are on-going across components, and WFP and government have jointly designed a school feeding capacity development plan. However, despite the recommendation in 2009 that the next country strategic plan should emphasize integrating a capacity development strategy,¹⁷¹ this is not in place. Without a clear strategy, it is unclear how training needs are identified, prioritised, and carried out according to a timetable that efficiently addresses programme needs. The 2013 SFP evaluation has similar recommendations.¹⁷² The ET reiterates the need for a full capacity needs mapping and comprehensive capacity development plan.

112. *Staffing.* The ET finds that while most positions for the CP are filled, staff are overstretched due to the modest staff size. Staff size has not increased as the number of activities continues to expand. For example, nutrition has one staff person at CO level to support all activities. At the field level, the CP has five FMAs to monitor all programme components at more than 600 FDPs across 13 districts; the implications of this are discussed below. The impact of understaffing is that staff must devote

¹⁷⁰ WFP OEV. 2014b. Terms of Reference.

¹⁷¹ WFP OEV. 2009. Country Portfolio Evaluation of WFP Assistance to Malawi (OEDE/2009/009).

¹⁷² Government of Malawi. 2013d. Supplementary Feeding Programme Evaluation Report. The evaluation has a similar recommendation that on-the-job support from district and regional officers to health facilities be enhanced and systematised to encourage improvements in SFP practices, with an initial focus on facilities with poor effectiveness indicators.

their energy to implementation and have limited time to systematically use M&E data for learning and adaptation, especially on larger programme issues. Programme staff have high workloads, especially when large relief operations run simultaneously to the CP. The ET recognises that increasing staff size has cost implications.

113. *M&E*. The ET finds that the current M&E structure, coupled with continuous improvements over the span of the CP, has resulted in an effective, functioning system that contributes to the ability of the CO to track and improve performance, though not without challenges. In 2012, the M&E team developed and instituted new quality control checklists for use by the FMAs during their regular monitoring visits. This standardised list ensures that all FMAs apply the same standards and that data are comparable across sites and districts to improve data management and analysis. In 2013, a new database was developed to streamline all monitoring into digital formats, which made field data more accessible to M&E, programme staff, and management.^{173, 174} Additionally, M&E streamlines gender, and as such, from mid-2013 onwards, quarterly reports have more substantial data regarding gender empowerment and protection across all programmes.¹⁷⁵ In late 2013, a panel survey approach with schools and health centres was introduced to further strengthen the data output of the M&E system.¹⁷⁶ M&E produces quarterly output reports for use by staff and management, and in 2014, overview and analysis of outcomes were included to provide a more complete view of performance. The ET confirms that programme data are available, retrievable, and presented by the M&E section upon request. In spite of the many improvements made in recent years, the M&E system still faces challenges, elaborated below.

114. The ET finds opportunity for improvement in the capacity and coverage of field monitoring. Currently, there are too few FMAs per geographic area and per FDP. Given the large number of sites to monitor and long distances to travel, FMAs work under constant time pressure. Interviews with FMAs reveal that, on average, they spend one hour on-site per visit, during which they are required to monitor a wide range of factors. This has an impact on the time the FMA has to resolve operational issues with schools and district officials. In addition, most outcome indicators are supplied by FDPs and collected by FMAs; as the CO has noted that district-level data collection needs to be more rigorous,¹⁷⁷ greater FMA coverage would allow more time to ensure accurate data collection and timely reporting.

115. For the nutrition component, FMAs are also required to review SFP registers. This is a complicated and time-intensive process, and the quality of monitoring suffers if time is constrained. The ET learned from stakeholders that direct field-level engagement is highly valued and would serve as an excellent platform for hands-on capacity development of programme staff. Part of a defined capacity development strategy to empower the FMAs could include participating in skill-building of HSAs through regular supervision of distributions and review of SFP registers; this includes discussing identified errors and addressing challenges in application of SFP protocols. Even WFP quarterly M&E recommendations state, “where gaps in funding, implementation, and distribution (of new CMAM guidelines) exist, additional supervision by FMAs is required.”¹⁷⁸ In all, enhanced monitoring,

¹⁷³ WFP Malawi. 2013i. M&E Report: Quarter 3.

¹⁷⁴ The database referred to here is MOREDA, which is CO-specific. At the time of the evaluation, COMET, which is a corporate M&E tool, had not been introduced and is now being piloted by the CO.

¹⁷⁵ WFP Malawi. 2013h. M&E Report: Quarter 2.

¹⁷⁶ WFP Malawi. 2013i. M&E Report: Quarter 3.

¹⁷⁷ WFP Malawi. 2013. M&E Report Quarter 3.

¹⁷⁸ WFP Malawi. 2013h. M&E Report: Quarter 2.

particularly on distribution days, would be useful to address challenges related to anthropometric measurements and analysis, as well as communication around distributions and commodities (see para. 117). The ET notes that the CO recognises and has taken action to address these issues and their implications for data collection. The M&E unit recommends that “in order to ensure the validity and relevance of the data, improvement of the overall data collection processes and tools needs to take place on three spectrums: data quality and accuracy, timeliness of report submission, and sample size.”¹⁷⁹

116. *Communication and accountability.* The ET finds that WFP’s accountability to its district partners is poor. District-level KIIs reveal a gap between WFP and the DEMs and district health offices (DHOs) whereby consultation is limited and joint decision-making infrequent. There is no sharing of data or information from consolidated WFP M&E reports, and joint monitoring is limited. This results in district staff having limited capacity to engage in performance analysis or joint action planning. This is a consistent systemic problem, as feedback loops for disseminating programme outcomes back to district sites are underdeveloped, which was noted from as far back as 2002.¹⁸⁰ The ET includes this in Recommendation 4. A review of the 2013 SFPs led to a similar recommendation.¹⁸¹ WFP staff informed the ET that plans are underway to begin sharing quarterly consolidated M&E reports with districts as of July 2014, which is a proactive first step for sharing information,¹⁸² as well as a catalyst for government to play a more significant role in monitoring. This is paramount for successful handover. However, resources for monitoring activities remain the biggest challenge for government to effectively fulfill this role.

117. At the field level, FGDs with school administrators and HSAs consistently revealed that limited or no information is shared with the schools and health centres regarding upcoming delivery delays or the duration of delays. This results in weak accountability to beneficiaries and increased defaulting, and undermines community ownership of the programmes. In addition, requests by HSAs, education officials, or participating schools for the replacement or repair of equipment have not received responses (see para. 124). The information flow is hampered in part by insufficient government funding allocated to monitoring. While district education officials have the skills to monitor school feeding activities, they often lack the modest resources (i.e., fuel or motorbike transport) required to visit schools independently, and must rely on accompanying WFP FMAs on their visits. If government is to take over full responsibility for a portion of the school meals programme by 2016, it will need to provide resources to enable its staff to adequately monitor activities at the schools.

118. In interviews with donors, the ET was told that many donors consider WFP to be transparent in terms of sharing programme information and implementation challenges. Donors also value WFP as an important source of reliable and current data on food security conditions in Malawi.

119. Another communications issue, affecting internal synergy and noted in interviews and discussions with CO staff, is some conflicting understandings of roles and responsibilities among programme sub-units and other units. This contributes to delays in food movement and poor programme linkages, and reduces information

¹⁷⁹ WFP Malawi 2013i. M&E Report: Quarter 3.

¹⁸⁰ WFP OEV. 2009. Country Portfolio Evaluation of WFP Assistance to Malawi (OEDE/2009/009).

¹⁸¹ Government of Malawi. 2013d. Supplementary Feeding Programme Evaluation Report.

¹⁸² The CO quarterly M&E Bulletin for Q3: 2013 notes, “All programme sub units, along with M&E, is recommended to plan joint monitoring visits together with relevant partners in order to improve buy-in of all stakeholders. Particularly of importance is establishing strong feedback loops and information exchange with district-level government counterparts.”

available for sharing with district partners. These constraints have also been identified through M&E, resulting in an internal recommendation to improve coordination, communication, and general information sharing between M&E and programme sub-units. This is to ensure that feedback from the field is acted on in a timely and efficient manner, but requires more effort from programme officers to respond to input from the field.^{183, 184}

120. *Supply chain and logistics.* Problems arose from significant delays in food deliveries by WFP-contracted transporters. Improved management of transporter agreements is critical to efficiency. WFP does not have a system to track timeliness of deliveries, and so did not have immediate information about delivery delays.

121. One of the major factors in late food deliveries has been the capacity and willingness of private transporters to move WFP food for school meals. Private transporters, due to high competition for deliveries, are reluctant to move small quantities of food to dispersed schools, often over unimproved roads, and the small tonnages are not profitable to transport. WFP commodities must compete with larger-scale, more profitable activities such as fertiliser and seed deliveries. The emergency operation (EMOP) reportedly did not experience similar problems, as it was delivering larger tonnages of food. These reasons are confirmed through analysis by the ET showing school feeding delivery delays during months of drought and floods, as well as directly after the months of fertiliser distributions (see Figure 8, Annex 6). In addition, if a transporter delayed delivery, resulting in a gap in school meals, there is no system by which WFP is immediately informed of this problem.

122. This was flagged as a challenge to scaling up the SFP before the current CP was designed.¹⁸⁵ This logistical challenge also results in the nutrition programme having the highest delivery costs at USD\$77/mt as compared to USD\$36/mt for the school meals and USD\$22/mt for the relief programming that run concurrently. As an added challenge, transport of food rations is conducted separately for the SFP and not always integrated with the distributions for school meals or relief.¹⁸⁶ The implications of these logistics challenges are serious: the time lag between programme admission and food distribution should be decreased. Currently, even a small delay is not acceptable for vulnerable populations, as rations should be pre-positioned and available when a child or mother is identified (see Sec. 3.2).¹⁸⁷

123. The ET recognises various steps taken by the CO as a start to improved management of on-time food delivery. In December 2013, WFP contracted a private partner logistics firm to analyse CP logistics in what is expected to be an ongoing partnership.¹⁸⁸ The CO is also working with the government to revise transporter contracting arrangements, including matters of incentives and the enforcement of penalties, before the next contracting round in late 2014. The CO is also assessing the cost effectiveness of increasing the number of permanent delivery points. Given the large number of FDPs and logistical constraints, CO staff have also worked with the Logistics Unit to synchronise distribution plans across components. These plans

¹⁸³ WFP Malawi. 2013i. M&E Report: Quarter 3.

¹⁸⁴ In the southern districts, communication from WFP to the districts about food movements is lacking; food goes directly from WFP warehouses to the schools, and while FMAs share the food distribution plan with districts, MoEST staff do not receive verification of deliveries to schools.

¹⁸⁵ WFP OEV. 2009. Country Portfolio Evaluation of WFP Assistance to Malawi (OEDE/2009/009).

¹⁸⁶ WFP Malawi. 2013j. Optimisation of the Current Logistical WFP Strategy in Malawi.

¹⁸⁷ WFP. 2013c. Managing the Supply Chain of Specialised Nutrition Food.

¹⁸⁸ Logistics and Programmes have organised a task force to examine synchronising deliveries for June-July 2014 and engaging the MoH to take responsibility for the final leg of distribution to health centres, with technical and financial support from WFP.

should increase efficiencies, thus helping to counteract reluctance from transporters, improve on-time deliveries, and reduce costs.

124. *Supplies and equipment.* The ET finds that inadequate quality or quantity of supplies, including cooking equipment at schools and measuring equipment at health centres, leads to poor data and delays in service provision. Broken stoves at the majority of schools visited are a major hindrance to meeting the 10:00 a.m. deadline for concluding the school meal distribution, and volunteers were observed cooking the porridge on three-stone fires. School staff shared their willingness to repair the stoves if given the training. The ET was informed by WFP that training in stove repair is scheduled for the second half of 2014, which indicates that the CP is taking action to address this issue in particular.

125. The effective execution of the SFP is limited by the lack of cooking supplies and inadequate measuring equipment. FGDs with HSAs revealed that cooking demonstrations for caregivers were carried out irregularly; one of the main constraints cited was a lack of cooking pots, measuring cups, and utensils. Requests for supplies made to WFP have not been addressed. Furthermore, measuring equipment is inadequate in most health centres visited. District-level KIIs revealed that procurement of anthropometric supplies is challenging for the government and that responses to requests to UNICEF are often slow.

126. *Resource level.* A key challenge is the CO's lack of flexible and predictable funding, which is a major contributing factor to its inability to fully support the school meals and nutrition components during the lean season. Reliable and timely sources of funding would allow the CO to plan for the lean season by prepositioning food and would help to resolve the challenge of high competition for transporters. As of May 2014, midway through its implementation, approximately half of the CP's gross needs are funded.¹⁸⁹ However, in 2012-2013, all components experienced funding shortfalls that hampered effective implementation.

External factors

127. *A dynamic context.* Conditions in Malawi have changed dramatically since the CP was designed in 2011, from one of steady economic growth in 2006-2011 to a series of natural and fiscal disasters in 2012-2013. Malawi has had three changes of government since 2011, each with a different character. This has placed WFP in a difficult, dynamic context that requires continual change management. Many functions that are normally fulfilled by government are now reportedly supported by external agencies. There has been little improvement in key development indicators and poverty levels, indicating that the factors underlying high levels of food insecurity and malnutrition remain largely unchanged. At the time of the evaluation, the new government (elected in May 2014) had yet to announce its policy direction.

128. *Donor strategy.* Donors continue to withhold central funding from the government. Since 40 percent of Malawi's annual budget is funded by donor contributions, this severely constrains government capacity to support programmes and affects WFP's ability to implement through the government. It is expected that the government will face large budget deficits in 2014-2015.

129. *Government systems and staff capacity.* The CP's education and nutrition components are implemented through national systems designed to build and strengthen those systems and enhance government leadership. WFP, the MoEST,

¹⁸⁹ WFP Malawi. 2014g. Resource Situation. Internal report, 5 May.

and the MoH have jointly planned their respective activities and agreed on objectives, programme strategy, and operations; the relationship is one of interdependence. WFP delivers inputs (food, non-food, and technical assistance) into government systems, but the government has very limited implementation and M&E capacity. MoEST and MoH have relied on WFP inputs and implementation support to establish and sustain programmes. This close alignment with the government means the outcomes achieved with WFP inputs are largely determined by the ability of government systems to perform.¹⁹⁰

130. An example of a challenge related to government systems is the lack of school infrastructure and the inability to ensure crucial resources for meals, such as an adequate supply of water. Although school infrastructure is the government's responsibility to maintain, WFP has worked to improve infrastructure because it affects CP outputs. Staff capacity, training, and accountability issues such as poor recordkeeping of stocks and pilferage by school personnel have also resulted in shortfalls in the quantity of Supercereal prepared relative to the number of students in need. Engaging the head teacher, school staff and community is key to accountability, however, information and guidelines about the programme are frequently not shared. The ET also notes variation in the quality of implementation at the school level despite guidance from the DEMs and FMAs.

131. To address some of these issues, WFP is reinforcing capacity through training, which includes refresher training for district officials and school managers in school meals procedures, including time management of the meals. WFP is also providing technical support to the drafting of the new National School Health and Nutrition Policy, providing assistance to develop an M&E framework for school meals, and providing computers and printers to district MoEST offices to help manage data. Late submission of reports by schools also interrupts the timely flow of food to FDPs. At the national level, the MoEST maintains an Education Management Information System (EMIS) database which collects the main education indicators annually. Data is supplied by schools but the quality and timeliness of information is a challenge; for example, many schools do not update attendance registers, a key indicator, regularly and FMAs need to verify its accuracy when they visit. Data analysis is slow in the EMIS system; WFP received 2012-2013 data from EMIS in March 2014. Baseline data for the education component exists but has not been analysed. The capacity constraints of the government M&E system need to be addressed by government prior to handover.

132. For the nutrition component, the structural system of delivering the SFP by government staff through the health centres compromises the quality of service delivery. HSAs are frontline medical attendants at these health centres and have many competing and diverse responsibilities in addition to SFP. Nominally, there is a dedicated SFP focal person at each site. Through FGDs, the ET found that the level of responsibility and capacities varied among SFP focal persons. Furthermore, there is high turnover of HSAs, and new staff lack specific training for their job. This undercuts efficiency in food distribution management and in applying SFP protocols.

133. KIIs and review of the nutrition support architecture indicate that nutrition programming is very well organised at the national level and that both the government and WFP are fully engaged. However, the programme's weakness lies at the district level, with varying levels of capacities and motivation that affect the quality of nutrition programming. Furthermore, constraints due to a limited budget

¹⁹⁰ Finding from the Country Portfolio Evaluation of WFP Assistance to Malawi 2009 (WFP OEV. 2009. Country Portfolio Evaluation of WFP Assistance to Malawi (OEDE/2009/009). The finding holds true for the current evaluation.

and inadequate access to transportation mean that monitoring and supervision at the health centres are limited: FGDs with HSAs revealed that supervision from the district level was infrequent and WFP FMAs only monitored when there were food commodities in stock. There was a general desire for improved supervision.

134. *Supply chain and logistics.* The main external logistics challenges include late arrivals of shipments from the US, port congestion and delays, and wet-season road conditions. Most of the US-donated food for the school meals programme is imported through Beira, Mozambique. The Beira port serves multiple countries, and port congestion periodically delays food delivery to Malawi. In July 2013, the Government of Mozambique changed customs clearing procedures, which delayed deliveries from July to December. Although country and field agents had notice of the changes, they were ill-prepared when the system, which was plagued with problems, was put in place. Delays may be attributed to inadequate staffing at the Ministry of Trade and Industry to authorise the approval of food import permits. In addition, shipment delays due to from large quantities of some US foods called forward and imported result in food reaching its best use date a short time after delivery.

135. Delays in funding by a few large donors resulting in late procurement and shipment have had a significant negative impact on the CP. WFP has been working on diversifying its donor base in order to achieve more timely deliveries. It has also suggested to certain donors that it is willing to join efforts with them to advocate for a block waiver for WFP import permits.

Factors affecting the results: key findings and conclusions

Internal factors

Resources and staffing. The CP is fully staffed and recruiting additional staff in M&E and DRR, though nutrition, a key cross-cutting programme, has only one staff person to support all activities. As the CP expands, staff levels need to keep pace to ensure efficiency. The number of FMAs is not adequate to allow in-depth monitoring and follow-up of all sites.

Capacity building. The CP has a strong focus on capacity building for eventual hand-over of programmes. It is therefore crucial that WFP develop a capacity building strategy to map out the steps to achieving this goal.

M&E and quality assurance. The M&E system is effective, enabling the CO to track and improve programme performance, including performance on outcomes and gender equity. Programme data are available, retrievable, and compiled in a reader-friendly format by the M&E section in regular quarterly reports.

Communication and accountability. While working relations with government partners are good, communication needs to be improved, particularly with regard to pipeline breaks. WFP is providing material support to district government offices to facilitate improved communication. Donors consider WFP a reliable source of current data on food security.

Supply chain and logistics. Problems with transport contractors and delays in donations and shipments caused substantial delivery shortfalls, particularly during the critical lean season in the south. WFP has commissioned a private logistics firm to help analyse the issues and has taken some preliminary steps to implement past recommendations.

Supplies. Inadequate quality and quantity of supplies has delayed service provision. Specific issues are unrepaired stoves in schools and the absence of materials needed for health demonstrations and routine tasks at health centres, such as growth measurement.

External factors

Changes in context. There have been dramatic declines in the economy, in relations between

donors and government, and in food security since 2011, as well as three different governments. WFP must manage in a complex and uncertain environment while responding to recurrent large-scale disasters.

Donor position on funding. Donors continue to withhold support to the government due to financial mismanagement. As a result, it is likely that the government will have large budget shortfalls in the near future, which will negatively affect its ability to fulfil its commitments.

Government systems and staff capacity. The outcomes achieved with WFP inputs are largely dependent on the performance of government systems. While there are positive achievements in all CP components, it is unlikely that government will have the financial and technical capacity to take over a portion of CP activities in the next two years. In the interim, WFP is assisting with capacity building to help ensure the eventual handover.

Supply chain and logistics. Late arrival of food and delays in school and health centre reporting compromised consistent and timely food supply to beneficiaries. WFP is working to reduce delays, and is seeking to join with donors to streamline government processes.

3 Conclusions and Recommendations

3.1 Overall assessment

136. The box below summarises the key findings and conclusions of the evaluation. It is organised by relevance, coherence, and appropriateness; efficiency; and effectiveness and corresponding sub-topics.

Relevance, Coherence and Appropriateness

Aligning with peoples' needs: The CP is well aligned with the needs of highly vulnerable, food insecure households in the areas where WFP works. The CP components address persistent problems related to poor educational attainment, especially for girls, and chronic malnutrition that impede optimum individual growth as well as national achievement of long-term development goals. The provision of food through the education and nutrition components helps counter the negative aspects of poverty that keep children undereducated and malnourished. Both components also provide a direct income transfer to poor households, and are important sources of food during lean periods. DRR activities are designed improve household and community resilience and strengthen government capacity to reduce the impact of disasters.

Alignment with policy and programme context: The CP as designed is well aligned with the strategic priorities of WFP at the global and CO levels, government priorities and policies, and the priorities of the Malawi UNDAF. Though the context has deteriorated dramatically, the CP remains aligned with long-term policies and priorities. However, these same contextual changes render some goals, most notably the handover of responsibilities to government, unachievable by the end of the CP. WFP has provided technical assistance and training to strengthen the capacity of government to better implement its responsibilities under the CP, and to facilitate the eventual transfer of CP components to government. Linking P4P with local producers to supply the pilot HGSM activity helps increase local markets for smallholder farmers and thus contributes to economic growth in rural areas.

Overall relevance: The CP retained its relevance during the dramatic changes in 2013 and 2013 as poor households became increasingly vulnerable and in greater need of food assistance. As the economic and food security situation worsened, WFP's role in helping to maintain social safety nets for vulnerable children and women through food assistance to schools and clinics was increasingly important.

Efficiency

Efficiency of implementation: Efficiency and timeliness of delivery was poor in 2012-2013 due to funding shortfalls, delays in food shipments and problems with transporters

who deliver food to distribution points. Consistency in delivery of food is critical to meeting programme goals, particularly during the lean season, and addressing these issues must be priorities for WFP. Transfer modalities are largely appropriate and beneficial to local communities but given delivery problems, the CP could build on recent experience with other programmes to improve efficiency and expand alternative modalities, such as introducing the use of cash and vouchers for THR and SFP. The HGSM pilot required additional time to set up the necessary accountability measures, and food deliveries to this and the ECD centre pilot have been inconsistent.

Targeting strategy: The targeting of low-performing schools in food insecure areas is appropriate, as is the focus on retaining girls and orphan boys in school with THR. The improvements in education outcomes are evident among WFP-supported schools versus non-supported schools. Targeting for SFP is appropriate, but the application of correct targeting criteria for SFP and TB patients needs significant improvement. In particular, inclusion error of children with SAM in SFP puts those children at risk by not receiving proper treatment. DRR appropriately targets the most disaster-prone districts.

Changes in efficiency resulting from internal and external factors: WFP has had to implement the CP in a context that is dramatically different from the one that prevailed during design. The context remains highly dynamic, requiring WFP to employ a change-management approach. External factors including changes in government, massive currency devaluation, donor withholding of funds to government, and repeated large-scale emergencies have undermined government capacity to implement programmes and presented a challenging operating environment. Obtaining sufficient funding for the CP has been a constraint, affecting the scope of THR coverage and implementation of DRR plans. Delays in food shipments and by transport contractors have created large gaps in consistent and on-time delivery performance, which is critical to achieving programme objectives. The CP is working with an international logistics firm to streamline internal delivery systems.

The CP's overall staffing level is low in comparison to workload, and does not allow enough time to carry out implementation and capacity-building duties, let alone permit time for reflection and learning. The human resources required to monitor field operations in depth and follow up on problems are insufficient. The M&E system is well organized and quite efficient, and allows the CO to track and improve programme performance, including outcome and gender equity data, in a timely manner. The CP has a strong focus on capacity building for eventual hand-over of programmes, and therefore needs to develop a guiding strategy for these activities.

Cost of the operation: The nutrition component has the highest cost of all components due to the challenge of delivering small quantities of food to a large number of FDPs spread over a large geographic area. The CO is assessing the cost effectiveness of a recommendation to increase the number of permanent delivery points. CO staff are working with the logistics unit to synchronize distribution plans and frequency across the components to help overcome reluctance from transporters, improve on time deliveries, and reduce overall costs.

Effectiveness

Expected changes in targeted populations: Progress was made on education achievements despite the contextual challenges. Attendance rates in WFP-supported schools are higher than non-supported schools and drop-out rates are lower. Attendance rates dropped slightly during the difficult years of 2012-2013 but for girls were largely steady, which is quite positive. While food is a strong incentive for attendance, it is only one input to a quality educational environment, and pass rates, especially for girls, remain low. The HGSM pilot is a good initiative, which is linked to the P4P initiative, and in support to pre-primary school meals through ECD centres, though it is too early to assess their progress.

The SFP is seen by partners as playing an important role in protecting nutritional status and decreasing the numbers of severely malnourished children. The recovery, default, and death rates in SFP are all in line with Sphere standards, and WFP has met its endline target for the

SFP recovery rate. However, food alone is not sufficient to prevent undernutrition, and as such needs to be complemented with a holistic approach that includes strong partnerships for expanded programming. The TB activity is not collecting information on adherence to treatment and nutritional status, so the ration's role cannot be determined.

DRR implementation has been largely delayed due to lack of funding, and activities have only recently been funded. The SLP activity fills a critical gap by providing a framework to develop and coordinate multiple stakeholders at the district level. Getting the process underway has taken longer than expected and it has only recently been launched so it is too early to assess its effectiveness. DRR activities under the AAP assisted some communities to undertake integrated adaptation measures and set up district climate change information centres, but delayed funding had a significant impact on the ability to continue the projects.

Impact: The CP has contributed to the attainment of WFP objectives in Malawi, helped to reduce hunger and protect vulnerable populations during difficult times, taken steps to build government capacity, and facilitated WFP engagement in policy and higher-level programme issues. School feeding and nutrition have contributed to the long-term improvement of the country's human capital. Impact could be enhanced through improved supply chain management, better communication and information-sharing with district government counterparts, and additional capacity building, all of which WFP has underway.

Sustainability and connectedness: The capacity of government and communities to assume fiscal and implementation responsibility for CP components is very limited. The CP's goal is to hand over 15 percent of the school feeding programme and 50 percent of the nutrition programme to government by 2016. At the time of the evaluation, it did not appear that government can assume this responsibility. This is due to a number of changes in the operational context, such as a significant decrease in donor financial support to government. Government budget allocations for the coming financial year and priorities have not yet been announced, and handover of WFP-supported activities depends on the government's ability to take responsibility for the programmes in its national budget. If the government is unable to fulfil this responsibility, WFP will be required to re-evaluate its plans and targets for handover. WFP is emphasizing capacity building over the next two years so that when the government is fiscally able, it will have greater capacity for implementation. Greater awareness-building among communities is also needed as part of capacity building, as some communities see school feeding as a WFP or government programme and are not willing to fulfil their required contributions, weakening the programme's sustainability.

Gender: The CP's contribution to reducing gender inequities in Malawi through its programme components is clear. The school feeding component supports gender parity in education and by doing so, helps provide girls with equal opportunities in education and contributes to the empowerment of women. The SFP component contributes to breaking the intergenerational cycle of poverty, which starts with an adequately nourished child. DRR activities are community-based and demonstrate active participation of women and men, and the SLP analyses gender considerations in programme responses.

3.2 Recommendations

137. There are two years remaining in CP 200287. Therefore, short-term operational recommendations apply to the remainder of this CP, while medium-term recommendations can be viewed as looking forward to the next CP. Work on strategic recommendations should begin during the current CP and incorporated, if appropriate, into the design of the next. The target group for all recommendations is WFP Malawi.

Strategic recommendations

1: Design a comprehensive capacity development strategy. WFP needs to design a comprehensive capacity development strategy that is grounded in a systematic assessment of capacity building needs within the relevant systems and personnel that support the delivery of the CP. Furthermore, for longer-term

sustainability, capacity development needs to be viewed outside the traditional lens of group trainings. A needs-based strategy with a variety of entry points such as in-service training, mentorship and exchange programmes, curriculum development support for national training colleges and expanded monitoring activities are potential areas for exploration.

2: Enhance the strategy for treatment and prevention of malnutrition. First, improve the effectiveness of treating and preventing acute malnutrition by complementing the provision of nutritious supplementary food with a strengthened holistic approach to tackling malnutrition, with stronger partnerships and more focus on nutrition-sensitive programmes. Advocating for consistent supply of routine SFP supplements and drugs, improved application and integration of nutritional behaviour change and communication messaging in SFP, and strengthening linkages to longer-term food security initiatives would all improve the effectiveness of WFP's nutritional programming. Second, focus on the prevention of chronic malnutrition. While the pilot project can help inform future programming, given the burden of stunting and micronutrient deficiencies in Malawi, it is imperative WFP focus considerable additional attention to the prevention of chronic malnutrition. This can be achieved via multiple simultaneous efforts such as supporting the national government to translate its nutrition policy regarding the use of micronutrient powders into practice, advocating for legislation of national fortification schemes and providing technical support in developing the accompanying systems.

3: Reassess coverage, plans, and handover targets for school feeding. In light of contextual challenges since the inception of the CP, the education component should reassess its handover targets, and ensure that it is able to deliver the full ration to WFP-supported schools throughout the school year. The degree to which WFP is able to ensure that food is available to the same schools on a daily basis consistently over the course of the school year is a key indicator of its contribution to overall education outcomes. If WFP cannot fully resource its targeted schools, as was the case in 2012-2013, it should prioritise the schools that require the greatest assistance and reduce the number of schools it supports. WFP should also reassess its handover strategy and targets for 2016, as it is unlikely that government will have the financial resources to take over 15 percent of the current programme. WFP should continue its work to strengthen implementation skills at the district and school levels, and support education officials in expanding community participation and ownership.

Operational recommendations: short-term

4: Enhance communication, feedback, and accountability. WFP should improve timely communication to partners and beneficiaries about changes in programme modalities and activities, delays and gaps in food deliveries, and ensure that data collected from district officials is fed back to them in a useful form for programme learning and management. The ET notes WFP is taking steps to improve communication infrastructure and data sharing.

5: Improve the timeliness and consistency of food deliveries. The CP needs to address internal factors that influence delays, particularly the management of transport contractors, and enact measures to improve the efficiency of its supply chain so that food is delivered on time. WFP is implementing recommendations from its 2013 logistics research project. The CO should also ensure that distribution plans are synchronized, and that call forwards of US shipments are done early enough to ensure timely delivery.

6: Review nutrition support to TB patients. WFP should review the nutrition support to TB patients, including the objectives, the role of the ration, the gathering of data on nutritional status, and the appropriate food commodities. Alignment with national guidance on NCST for the chronically ill and corporate WFP guidance and indicators should be ensured.

7: Intensify field monitoring. WFP Malawi should invest in more intensive field monitoring in order to improve programme delivery. The geographic spread and number of sites for each FMA should be reduced by adding more FMAs, though it is recognised that this has cost implications. The CO should advocate for greater government involvement and support on monitoring activities, especially for the nutrition component, and more commitment in the school feeding component.

8: Strengthen community outreach for nutrition. WFP should strengthen government capacity to design and implement community outreach to enhance defaulter follow-up and screening, and to address intermediate causes of malnutrition such as caring practices. Greater attention should be paid to ensure that children five to 12 years are routinely screened. Linkages between programme components could be made by promoting screening of primary schoolchildren where school meals are provided. This could also build a body of evidence for the possible nutritional impact of school meals. Greater advocacy with partners (e.g., UNICEF and MoH) could facilitate adequate access to equipment and training for SFP staff.

Operational recommendations: medium-term

9: Explore the feasibility of alternative delivery modalities. WFP Malawi should explore the feasibility of introducing alternative delivery modalities, such as cash and voucher transfers, to complement the food delivery transfer modality. The option of food vouchers should be explored with careful market and supply chain cost-effectiveness analysis to ensure the modalities are the most appropriate given the specific seasonal or geographic characteristics of need across areas. It is recognised that the introduction of Supercereal plus complicates the possibility of local purchase, which underlines the importance of the market and supply chain analyses. WFP can build on its recent experience with mobile money to explore the use of cash and voucher modalities in DRR when seasonally appropriate.

10: Develop greater synergies between programmes. The recurring need for emergency relief highlights the need for investment in approaches that promote community resilience. WFP Malawi should draw on its long experience in FFA to more explicitly link DRR activities with emergency relief programmes and PRRO activities. This could include strengthening community assets that contribute to risk reduction, recovery, and greater resilience, and stressing long-term efforts to reduce dependence on food assistance. This should also encompass developing clearly defined parameters for an eventual exit strategy. The next CP should design stronger links between beneficiary populations engaged in DRR activities and emergency relief programmes and pursue greater synergy with national social protection interventions. It should emphasize SLP activities, which are viewed favourably by donors and provides an opportunity for WFP to build support to obtain funding for DRR activities. WFP should work to inform donors about the expected and real outcomes of linking program activities in relief, the PRRO, and DRR in the CP to demonstrate its capacity to strengthen resilience and reduce future emergency needs, in order to persuade donors to support these efforts.

Annexes

List of annexes

Annex 1: Term of Reference

Annex 2: Bibliography

Annex 3: Sampling Frame

Annex 4: Evaluation matrix

Annex 5: Nutrition pilot for chronic malnutrition prevention

Annex 6: Additional tables and figures

Acronyms

Supplemental annexes (see attached document)

Annex 7: List of persons and institutions interviewed

Annex 8: Debrief participants

Annex 9: Interview topical outlines

Annex 10: Fieldwork schedule

Annex 11: Team composition

Annex 1: Terms of reference



EVALUATION QUALITY ASSURANCE SYSTEM

Office Of Evaluation

Measuring Results, Sharing Lessons

[FINAL, 21/02/2014]

TERMS OF REFERENCE OPERATION EVALUATION MALAWI COUNTRY PROGRAMME 200287 (2012-2016)

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1. Introduction

1. These Terms of Reference (TOR) are for the mid-term evaluation of Malawi Country Programme 200287 (2012-2016). This evaluation is commissioned by the WFP Office of Evaluation (OEV) and will take place from March to July 2014. In line with WFP's outsourced approach for operations evaluations (OpEvs), the evaluation will be managed and conducted by an external evaluation company amongst those having a long-term agreement with WFP for operations evaluations.
2. These TOR were prepared by the OEV focal point based on an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold: 1) to provide key information to the company selected for the evaluation and to guide the company's Evaluation Manager and Team throughout the evaluation process; and 2) to provide key information to stakeholders about the proposed evaluation.
3. The TOR will be finalised based on comments received on the draft version and on the agreement reached with the selected company. The evaluation shall be conducted in conformity with the TOR.

2. Reasons for the Evaluation

2.1. Rationale

4. In the context of renewed corporate emphasis on providing evidence and accountability for results, WFP has committed to increase evaluation coverage of operations and mandated OEV to commission 12 Operations Evaluations (OpEvs) in 2013; 24 in 2014 and up to 30 in 2015.
5. Operations to be evaluated are selected based on utility and risk criteria.¹ From a shortlist of operations meeting these criteria prepared by OEV, the Regional Bureau (RB) has selected, in consultation with the Country Office (CO) the Malawi Country Programme (CP 200287) for an independent evaluation. In particular, the mid-term evaluation has been timed to ensure that findings can feed into future decisions on programme implementation and design.

2.2. Objectives

6. This evaluation serves the dual and mutually reinforcing objectives of accountability and learning:
 - **Accountability** – The evaluation will assess and report on the performance and results of the operation. A management response to the evaluation recommendations will be prepared.
 - **Learning** – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems.

2.3. Stakeholders and Users

7. **Stakeholders.** A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and many of these will be asked to play a role in the evaluation process.

¹ The utility criteria looked both at the timeliness of the evaluation given the operation's cycle and the coverage of recent/planned evaluations. The risk criteria was based on a classification and risk ranking of WFP COs taking into consideration a wide range of risk factors, including operational and external factors as well as COs' internal control self-assessments.

Table one below provides a preliminary stakeholders' analysis, which will be deepened by the evaluation team in the inception package.

Table 1: Preliminary stakeholders' analysis

Stakeholders	Interest in the evaluation
INTERNAL STAKEHOLDERS	
Country Office (CO)	Responsible for the country level planning and operations implementation, the CO is the primary stakeholder of this evaluation. It has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries, partners for the performance and results of its operation.
Regional Bureau (RB) in Johannesburg	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices.
Office of Evaluation (OEV)	OEV is responsible for commissioning OpEvs over 2013-2015. As these evaluations follow a new outsourced approach, OEV has a stake in ensuring that this approach is effective in delivering quality, useful and credible evaluations.
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings will feed into an annual synthesis of all OpEvs, which will be presented to the EB at its November session.
EXTERNAL STAKEHOLDERS	
Beneficiaries	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.
Government	The Government has a direct interest in knowing whether WFP activities in the country are aligned with its priorities, harmonised with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest. Various Ministries, including the Ministry of Agriculture and Food Security, the Ministry of Education, Science and Technology and the Ministry of Health are partners in the design and implementation of WFP activities (see table 2 for more details).
UN Country team	The UNCT's harmonized action should contribute to the realisation of the government developmental objectives. It has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level (see table 2 for more details).
NGOs	NGOs are WFP's partners for the implementation of some activities while at the same time having their own interventions. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships. (see table 2 for more details).
Donors	WFP operations are voluntarily funded by a number of donors. They have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. (see table 2 for more details).

8. **Users.** The primary users of this evaluation will be:

- The CO and its partners in decision-making related notably to programme implementation and/or design, country strategy and partnerships.

- Given RB’s core functions of strategic guidance, programme support and oversight, the RB is also expected to use the evaluation findings as well as the office responsible for support to RBs under the Chief Operating Officer.
- OEV will use the evaluation findings to feed into an annual synthesis report of all OpEvs and will reflect upon the evaluation process to refine its OpEv approach, as required.

3. Subject of the Evaluation

9. Malawi is a low-income country and ranks 170 out of 187 countries in the 2013 UNDP Human Development Index. Over 40 percent of the populations live on less than US\$1 per day (2010 Government of Malawi MDG Report). Malawi faces a number of challenges, including chronic food insecurity among poor and vulnerable households; recurrent natural disasters such as drought and floods; high cost of living; high prevalence of chronic malnutrition and widespread micronutrient deficiencies; high rates of dropping out, repetition and absenteeism among primary school children from food-insecure households; and low income for smallholder farmers due to poor agricultural market structures and policies. Since 1990, Malawi has been hosting refugees, mainly from Burundi, the Democratic Republic of Congo, Ethiopia and Rwanda.
10. WFP has been present in Malawi since 1965. Between January 2008 and March 2013, WFP has implemented a protracted relief and recovery operation (PRRO 105860) “Assistance to Food-Insecure People Suffering from the Effects of Natural Disasters and HIV/AIDS”, complemented by a development project 105810 “Support to Education” which covered the period 2008-2011.
11. CP 200287 was launched in 2012 for a five-year period in line with the new United Nations Development Framework. The objective of CP 200287 is to support the development of sustained food and nutrition security programmes; it supports pre-school and primary-school children through on-site meals, provides nutrition interventions for children under 5, pregnant and lactating women and tuberculosis (TB) patients, and builds the resilience of chronically food-insecure households through food for assets. In 2014, WFP also implements an emergency operation (EMOP 200608) targeting 2 million persons affected by natural disasters and a (PRRO 200460) targeting 18,600 refugees. Under the Purchase-for-Progress (P4P) pilot initiative, Malawi CO has been using its purchasing power (under its ongoing operations including the CP) to facilitate increased agricultural production and sustained market engagement and thus increased incomes and livelihoods for participating low income smallholder farmers.
12. The project document including the project logframe, related amendments (Budget revisions) and the latest resource situation are available by clicking [here](#).² The key characteristics of the operation are outlined in table two below:

Table 2: Key characteristics of the operation

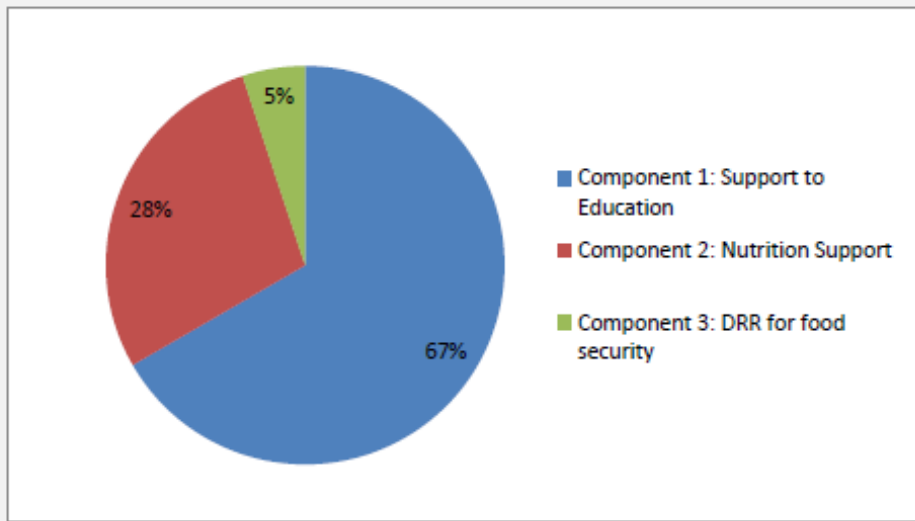
Approval	The operation was approved by the Executive Board in February 2012	
Duration	Initial: 5 years (2012-2016)	Revised: N/A
Amendments	There has been one amendment to the initial project document. BR 1 was approved in November 2013 to increase the external transport costs and reduce the landside, transport, storage and handling (LTSH) cots. It resulted in an overall budget increase of US\$ 679,622.	
Planned beneficiaries	Initial: 1,926,400	Revised: N/A
Planned food requirements	Initial: In-kind food: 122,948 mt of food.	Revised: In-kind food: N/A

² From WFP.org – Countries - Malawi – Operations.

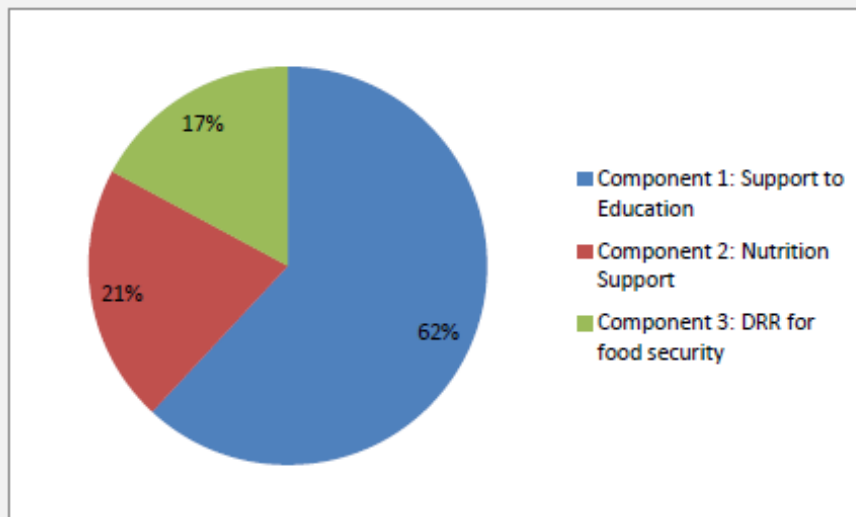
Cash and vouchers: -

Cash and vouchers: N/A

Planned % of beneficiaries by component



Planned % of food requirements by component



Main Partners	<u>Government:</u> Department of Disaster Management Affairs, Ministry of Agriculture and Food Security, Ministry of Education, Science and Technology, Ministry of Gender, Children and Community Development, Ministry of Health.	<u>United Nations agencies:</u> FAO, UNDP, UNICEF, WHO	<u>NGOs:</u> International NGOs: 2 (Concern Worldwide, Valid International) National NGOs: 3 (Development Aid from People to People, Malawi Lake Basin, Mary Meals)
	US\$ requirements	<u>Initial:</u> US\$109.9 million	<u>Revised:</u> US\$110.6 million

Contribution level (by 2 Feb 2014)	The operation received US\$47.1 million i.e. 43% of the total project requirements.
Top five donors (by 2 Feb 2014)	USA (28% of total contributions); UK (27%); Norway (16%); Canada (5%) and private donors (5%).

13. Table three below summarizes the operation's specific objectives and corresponding activities:

Table 3: Objectives and activities

	Corporate Strategic objectives*	Operation specific objectives	Activities
MDGs 1, 2, 4, 5, 6, 7 UNDAF outcomes 1, 2, 3	Strategic Objective 4	Increased access to education and human capital development in assisted schools	<ul style="list-style-type: none"> School meals and take-home rations
		Improved nutritional status of women, boys, girls and men	<ul style="list-style-type: none"> Treatment of moderate acute malnutrition for children under 5, pregnant and lactating women and TB patients
		Improved success of TB treatment for targeted cases	<ul style="list-style-type: none"> Nutrition support to TB patients
	Strategic Objective 2	Reduced hazard risk at community level in target communities	<ul style="list-style-type: none"> Food for Assets
	Strategic Objective 5	Progress made towards nationally-owned hunger solutions	<ul style="list-style-type: none"> Capacity development

* The CO will realign the logframe with the new Strategic Plan (2014-2018) and new Strategic Results Framework for the year 2014. However, given that this evaluation will cover the period 2011-2013, reference is made to the Strategic Plan (2008-2013).

4. Evaluation Approach

4.1. Scope

- The evaluation will cover Malawi CP 200287 including all activities and processes related to its formulation, implementation, resourcing, monitoring, evaluation and reporting relevant to answer the evaluation questions. The period covered by this evaluation is January 2011- March 2013, which captures the time from the development of the operation until the start of the evaluation.
- The context has changed since the CP was designed in 2011, with the Government and partners in Malawi and WFP corporately putting more focus on designing interventions that contribute to communities' resilience-building. The evaluation should also closely look at handover and capacity development issues which cut across all three components of the CP.

16. The component 2 of the CP originally included both the treatment of acute malnutrition (wasting) and the prevention of chronic malnutrition (stunting). However, the stunting prevention activities have been removed from the CP to be implemented under a trust fund, which will be evaluated separately. Hence, the mid-term evaluation of the CP should not cover the implementation of the stunting prevention activity but rather look at its linkages with other CP interventions.

17. The CO has been one of the pilot countries under the Purchase-for-Progress (P4P) initiative. P4P aims to use WFP purchasing power in order to facilitate increased agricultural production and sustained market engagement and thus increased incomes and livelihoods for low-income smallholder farmers. Given that this initiative, funded through a separate trust fund, is not part of the CP, evaluating the P4P pilot is not part of the scope of this evaluation. However, the evaluation will analyse the extent to which synergies have been sought between the P4P pilot and the various components of the CP and identify the resulting effects.³

4.2. Evaluation Questions

18. The evaluation will address the following three questions:

Question 1: How appropriate is the operation? Areas for analysis will include the extent to which the objectives, targeting, choice of activities and of transfer modalities:

- Are appropriate to the needs of the food insecure population, including the distinct needs of women, men, boys and girls from different groups, as applicable.
- Are coherent with relevant stated national policies, including sector policies and strategies and seek complementarity with the interventions of relevant humanitarian and development partners as well as with other CO interventions in the country (EMOPs, PRRO, P4P pilot).
- Are coherent with WFP strategies, policies and normative guidance.

Question 2: What are the results of the operation? While ensuring that differences in benefits between women, men, boys and girls from different groups are considered, the evaluation will analyse:

- the level of attainment of the planned outputs (including the number of beneficiaries served disaggregated by women, girls, men and boys);
- the extent to which the outputs led to the realisation of the operation objectives as well as to unintended effects highlighting, as applicable, differences for different groups, including women, girls, men and boys;
- how different activities/components of the operation dovetail and are synergetic with other WFP operations and with what other actors are doing to contribute to the overriding WFP objective in the country.
- The efficiency of the operation and the likelihood that the benefits will continue after the end of the operation;

Question 3: Why and how has the operation produced the observed results? The evaluation should generate insights into the main internal and external factors that caused the observed changes and affected how results were achieved. The inquiry is likely to focus, amongst others, on:

- Internally (factors within WFP's control): the processes, systems and tools in place to support the operation design, implementation, monitoring/evaluation and reporting; the governance structure and institutional arrangements (including issues related to staffing,

³ As part of the strategic evaluation of the P4P initiative, a field visit in Malawi is tentatively scheduled from 23 June to 4 July 2014.

capacity and technical backstopping from RB/HQ); the partnership and coordination arrangements; etc.

- Externally (factors outside WFP's control): the external operating environment; the funding climate; external incentives and pressures including recurrent natural disasters that have led to the launch of successive EMOPs that may have overshadowed the implementation of the CP; etc.

4.3 Evaluability Assessment

19. Evaluability is the extent to which an activity or a programme can be evaluated in a reliable and credible fashion. The below provides a preliminary evaluability assessment, which will be deepened by the evaluation team in the inception package. The team will notably critically assess data availability and take evaluability limitations into consideration in its choice of evaluation methods. In doing so, the team will also critically review the evaluability of the gender aspects of the operation, identify related challenges and mitigation measures.
20. In answering question one, the team will be able to rely on assessment reports, minutes from the project review committee, the project document and logframe, a 2009 country portfolio evaluation, a 2011 appraisal mission as well as documents related to government and interventions from other actors. In addition, the team will review relevant WFP strategies, policies and normative guidance.
21. For question two the operation has been designed in line with the corporate results framework (SRF) and selected outputs, outcomes and targets are recorded in the logframe. Monitoring reports as well as annual standard project reports (SPRs) detail achievement of outputs and outcomes thus making them evaluable against the stated objectives.
22. However, answering question two is likely to pose some challenges owing in part to: i) the absence of baseline data for the activities, which will need to be reconstructed using findings from various assessment reports and ii) data gaps in relation to efficiency.
23. Another evaluability challenge is linked to WFP's transition from Strategic Plan (2008-2013) to Strategic Plan (2014-2017) which resulted in the adoption of a new Strategic Results Framework and changes in some indicators. The evaluation will look retroactively to the 2011-2013 project implementation with reference to the Strategic Result Framework (2008-2013). However, by the time the evaluation mission will take place, the operation's logframe, monitoring plan and data collection mechanisms will have been realigned to the new Strategic Result Framework (2014-2017).
24. For question three, the team members will have access to some institutional planning documents and is likely to elicit further information from key informant interviews.
25. Presidential elections are planned on 20 May 2014. The evaluation mission has been timed immediately after so that potential disruptions do not jeopardize the mission. However, the schedule may need to be revisited depending on the security situation.

4.4. Methodology

26. The methodology will be designed by the evaluation team during the inception phase. It should:
 - Employ relevant internationally agreed evaluation criteria including those of relevance, coherence (internal and external), coverage, efficiency, effectiveness, impact, sustainability (or connectedness for emergency operations);
 - Use applicable standards (e.g. SPHERE standards);
 - Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and using mixed methods (e.g. quantitative, qualitative, participatory) to ensure triangulation of information through a

variety of means. In particular, the sampling technique to select field visit sites will need to demonstrate impartiality and participatory methods will be emphasised with the main stakeholders, including the CO.

- Be geared towards addressing the key evaluation questions taking into account the evaluability challenges, the budget and timing constraints;
- Be based on an analysis of the logic model of the operation and on a thorough stakeholders analysis;
- ensure through the use of mixed methods that women, girls, men and boys from different stakeholders groups participate and that their different voices are heard and used;
- Be synthesised in an evaluation matrix, which should be used as the key organizing tool for the evaluation.

4.5. Quality Assurance

27. OEV's Evaluation Quality Assurance System (EQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for quality assurance, templates for evaluation products and checklists for the review thereof. It is based on the UNEG norms and standards and good practice of the international evaluation community (DAC and ALNAP) and aims to ensure that the evaluation process and products conform to best practice and meet OEV's quality standards. EQAS does not interfere with the views and independence of the evaluation team.
28. At the start of the evaluation, OEV will orient the evaluation manager on EQAS and share related documents. EQAS should be systematically applied to this evaluation and the evaluation manager will be responsible to ensure that the evaluation progresses in line with its process steps and to conduct a rigorous quality control of the evaluation products ahead of their submission to WFP. OEV will also share an Orientation Guide on WFP and its operations, which provides an overview of the organization.
29. The evaluation company is ultimately responsible for the quality of the evaluation products. If the expected standards are not met, the evaluation company will, at its own expense, make the necessary amendments to bring the evaluation products to the required quality level.
30. OEV will also subject the evaluation report to an external post-hoc quality assurance review to report independently on the quality, credibility and utility of the evaluation in line with evaluation norms and standards.

5. Phases and deliverables

31. Table four below highlights the main activities of the evaluation, which will unfold in five phases.

Table 4: Activities, deliverables and timeline by evaluation phase

Entity responsible	Activities	Key dates
	PHASE 1 – PREPARATION	February/March
OEV	Desk review, consultation and preparation of TOR	01-10 Feb
CO / RB	Stakeholders comments on TOR	10-19 Feb
OEV	❖ Final TOR	24 Feb
OEV	Evaluation company selection and contracting	18 March
	PHASE 2 – INCEPTION	March/April
OEV	Management hand-over to the EM (including briefing on EQAS, expectations and requirements for the evaluation).	19-26 March
CO	Consolidation and sharing of operational documents	

EM	Evaluation team briefing on EQAS, expectations and requirements for the evaluation.	
ET	Desk review, initial consultation with the CO/RB, drafting of the Inception Package (including methodology and evaluation mission planning)	26 March-17 April
EM	Quality Assurance of the Inception Package	22-28 April
EM	❖ Final Inception Package	28 April
	PHASE 3 – EVALUATION MISSION	June
CO	Preparation of the evaluation mission (including setting up meetings, arranging field visits, etc)	19 May-1 June
ET	Introductory briefing	2 June
ET	Interviews with key internal and external stakeholders, project site visits, etc	2-23 June
ET	Exit debriefing / workshop	23 June
ET	❖ Aide memoire	23 June
	PHASE 4 – REPORTING	July-August
ET	Evaluation Report drafting	24 June-24 July
EM	Quality Assurance of draft Evaluation Report	24-29 July
EM	❖ Draft Evaluation Report	29 July
CO/RB/OEV	Stakeholders comments on Evaluation Report	29 July- 12 August
EM	❖ Final Evaluation Report + comments matrix	12-31 August
	PHASE 5 – FOLLOW-UP	Varies
RB	Coordination of the preparation of the Management Response	
	❖ Management Response	
OEV	Post-hoc Quality Assurance	
OEV	Publication of findings and integration of findings into OEV's lessons learning tools.	
OEV	Preparation of annual synthesis of operations evaluations.	

32. **Deliverables.** The evaluation company will be responsible for producing as per the timeline presented in table 4 above the following deliverables in line with the EQAS guidance and following the required templates:

- **Inception package (IP)** – This package focuses on methodological and planning aspects and will be considered the operational plan of the evaluation. It will present a preliminary analysis of the context and of the operation and present the evaluation methodology articulated around a deepened evaluability and stakeholders' analysis; an evaluation matrix; and the sampling technique and data collection tools. It will also present the division of tasks amongst team members as well as a detailed timeline for stakeholders' consultation.
- **Aide memoire** – This document (powerpoint presentation) will present the initial analysis from the data stemming from the desk review and evaluation mission and will support the exit-debriefing at the end of the evaluation phase.
- **Evaluation report (ER)** – The evaluation report will present the findings, conclusions and recommendations of the evaluation. Findings should be evidence-based and relevant to the evaluation questions. Data will be disaggregated by sex and the evaluation findings and conclusions will highlight differences in performance and results of the operation for different beneficiary groups as appropriate. There should be a logical flow from findings to conclusions and from conclusions to recommendations. Recommendations will be provided on what changes

can be made to enhance the achievements of objectives. Recommendations will be limited in number, actionable and targeted to the relevant users. These will form the basis of the WFP management response to the evaluation.

33. These deliverables will be drafted in English.

34. The evaluation TOR, report and management response will be public and posted on the WFP External Website (wfp.org/evaluation). The other evaluation products will be kept internal.

6. Organization of the Evaluation

6.1 Outsourced approach

35. Under the outsourced approach to OpEvs, the evaluation is commissioned by OEV but will be managed and conducted by an external evaluation company having a long-term agreement (LTA) with WFP for operations evaluation services.

36. The company will provide an evaluation manager (EM) and an independent evaluation team (ET) in line with the LTA. To ensure a rigorous review of evaluation deliverables, the evaluation manager should in no circumstances be part of the evaluation team.

37. The company, the evaluation manager and the evaluation team members will not have been involved in the design, implementation or M&E of the operation nor have other conflicts of interest or bias on the subject. They will act impartially and respect the [code of conduct of the profession](#).

38. Given the evaluation learning objective, the evaluation manager and team will promote stakeholders' participation throughout the evaluation process. Yet, to safeguard the independence of the evaluation, WFP staff will not be part of the evaluation team or participate in meetings with external stakeholders if the evaluation team deems that their presence could bias the responses.

6.2 Evaluation Management

39. The evaluation will be managed by the company's Evaluation Manager for OpEvs (as per LTA). The EM will be responsible to manage within the given budget the evaluation process in line with EQAS and the expectations spelt out in these TOR and to deliver timely evaluation products meeting the OEV standards. In particular, the EM will:

- Mobilise and hire the evaluation team and provide administrative backstopping (contracts, visas, travel arrangements, consultants' payments, invoices to WFP, etc).
- Act as the main interlocutor between WFP stakeholders and the ET throughout the evaluation and generally facilitate communication and promote stakeholders' participation throughout the evaluation process.
- Support the evaluation team by orienting members on WFP, EQAS and the evaluation requirements; providing them with relevant documentation and generally advising on all aspects of the evaluation to ensure that the evaluation team is able to conduct its work.
- Ensure that the evaluation proceeds in line with EQAS, the norms and standards and code of conduct of the profession and that quality standards and deadlines are met.
- Ensure that a rigorous and objective quality check of all evaluation products is conducted ahead of submission to WFP. This quality check will be documented and an assessment of the extent to which quality standards are met will be provided to WFP.
- Provide feedback on the evaluation process as part of an evaluation feedback e-survey.

6.3 Evaluation Conduct

40. The evaluation team will conduct the evaluation under the direction of the evaluation manager. The team will be hired by the company following agreement with OEV on its composition.

41. **Team composition.** The evaluation team is expected to include 3 to 4 members, including the team leader and 2 to 3 national and international evaluators. It should include women and men of mixed cultural backgrounds and nationals of the country. Past WFP experience would be an asset.

42. The estimated number of days is expected to be in the range of 45-55 for the team leader; 25-40 for the evaluators.

43. **Team competencies.** The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in:

- School feeding;
- Food security/ Agriculture;
- Nutrition (treatment of acute malnutrition);
- Food-for-Assets interventions in the context of resilience building;
- Institutional support and capacity development; and
- Gender expertise / good knowledge of gender issues.

44. All team members should have strong analytical and communication skills; evaluation experience and familiarity with the country or region.

45. The team members need to be fluent in English, both orally and in writing.

46. The Team leader will have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations. She/he will also have leadership and communication skills, including a track record of excellent English writing and presentation skills.

47. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team during the evaluation process; iii) leading the evaluation mission and representing the evaluation team in meetings with stakeholders; iv) drafting and revising, as required, the inception package, aide memoire and evaluation report in line with EQAS; and v) provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.

48. The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.

49. Team members will: i) contribute to the design of the evaluation methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s) and v) provide feedback on the evaluation process as part of an evaluation feedback e-survey.

7. Roles and Responsibilities of WFP Stakeholders

50. **The Country Office.** The CO management will be responsible to:

- Assign a focal point for the evaluation to liaise with the OEV focal point during the preparation phase and with the company evaluation manager thereafter. Elie Iyakaremye, Head of Programme will be the CO focal point for this evaluation.
- Provide the evaluation manager and team with documentation and information necessary to the evaluation; facilitate the team's contacts with local stakeholders; set up meetings, field visits and the exit briefing; provide logistic support during the fieldwork; and arrange for interpretation, if required.

- Participate in a number of discussions with the evaluation team on the evaluation design and on the operation, its performance and results. In particular, the CO should participate in the evaluation team briefing and in various teleconferences with the evaluation manager and team on the evaluation products.
- Organise two separate debriefings at the end of the field mission - an internal one (possibly done in the form of a workshop) and a subsequent one with partners.
- Comment on the TORs and the evaluation report.
- Prepare a management response to the evaluation.
- Provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.

51. **The Regional Bureau.** The RB management will be responsible to:

- Assign a focal point for the evaluation to liaise with the OEV focal point during the preparation phase and with the company evaluation manager thereafter, as required. Silvia Biondi, Regional M&E Adviser will be the RB focal point for this evaluation.
- Participate in a number of discussions with the evaluation team on the evaluation design and on the operation, its performance and results. In particular, the RB should participate in the evaluation team debriefing (possibly done in the form of a workshop) and in various teleconferences with the evaluation manager and team on the evaluation products.
- Provide comments on the TORs and the evaluation report.
- Coordinate the management response to the evaluation and track the implementation of the recommendations.
- Provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.

52. **Headquarters.** Some HQ divisions might, as relevant, be asked to discuss WFP strategies, policies or systems in their area of responsibility and to comment on the evaluation TOR and report. These include: Operations Department (OS), Policy, Programme and Innovation Division (OSZ), Emergency Preparedness (OME), Procurement Division (OSP), Logistics Division (OSL), Government Partnerships Division (PGG).

53. **The Office of Evaluation.** OEV is responsible for commissioning the evaluation and Julie Thoulouzan, Evaluation Officer is the OEV focal point. OEV's responsibilities include to:

- Set up the evaluation including drafting the TOR in consultation with concerned stakeholders; select and contract the external evaluation company; and facilitate the initial communications between the WFP stakeholders and the external evaluation company.
- Enable the company to deliver a quality process and report by providing them with the EQAS documents including process guidance and quality checklists as well as orient the evaluation manager on WFP policies, strategies, processes and systems as they relate to the operation being evaluated.
- Comment on, and approve, the evaluation report.
- Submit the evaluation report to an external post-hoc quality assurance process to independently report on the quality, credibility and utility of the evaluation and provide feedback to the evaluation company accordingly.
- Publish the final evaluation report on the WFP public website and incorporate findings into an annual synthesis report, which will be presented to WFP's Executive Board for consideration as well as in other lessons-learning platforms, as relevant.
- Conduct an evaluation feedback e-survey to gather perceptions about the evaluation process and the quality of the report to be used to revise the approach, as required.

8. Communication and budget

8.1. Communication

54. Issues related to language of the evaluation are noted in sections 6.3 and 5, which also specifies which evaluation products will be made public and how and provides the schedule of debriefing with key stakeholders. Section 7 paragraph 52 describes how findings will be disseminated.

55. To enhance the learning from this evaluation, the evaluation manager and team will also emphasize transparent and open communication with WFP stakeholders. Regular teleconferences and one-on-one telephone conversations between the evaluation manager, team and country office focal point will assist in discussing any arising issues and ensuring a participatory process.

8.2. Budget

56. **Funding source:** The evaluation will be funded in line with the WFP special funding mechanism for Operations Evaluations (Executive Director memo dated October 2012). The cost to be borne by the CO, if applicable, will be established by the WFP Budget & Programming Division (RMB).

57. **Budget:** The budget will be prepared by the company (using the rates established in the LTA and the corresponding template) and approved by OEV. For the purpose of this evaluation the company will:

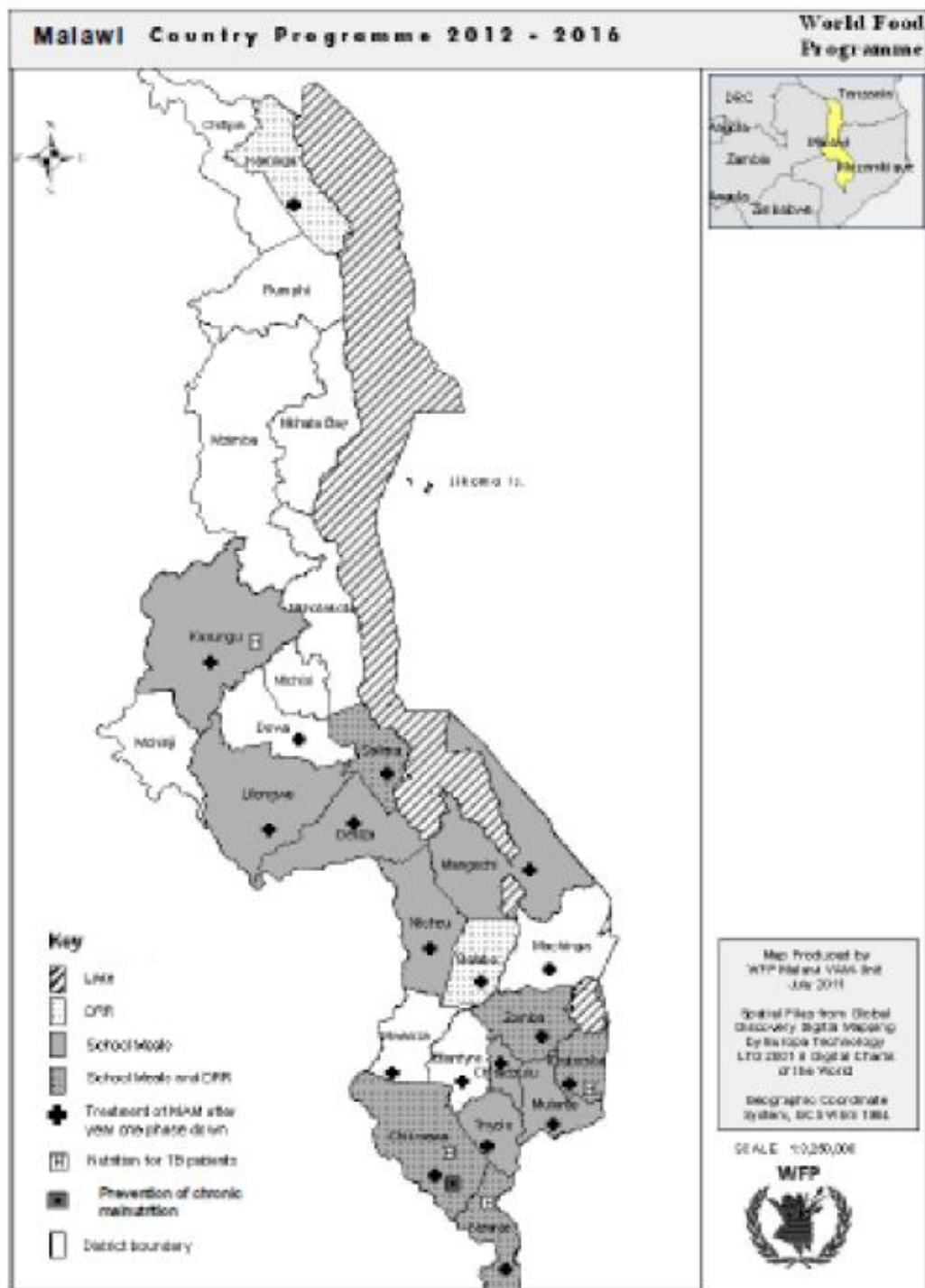
- Use the management fee corresponding to a medium operation.
- Take into account the planned number of days per function noted in section 6.3.
- Not budget for domestic travel.

Please send queries to Please send queries to Julie Thoulouzan, Evaluation Officer:

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Phone number: + 39 06 65 13 35 04

Annex 1: Map



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

Acronyms

BR	Budget Revision
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
CO	Country Office (WFP)
DAC	Development Assistance Committee
EB	(WFP's) Executive Board
EQAS	Evaluation Quality Assurance System
EM	Evaluation Manager
ER	Evaluation Report
ET	Evaluation Team
HQ	Headquarters (WFP)
IP	Inception Package
LTA	Long-Term Agreement
NGO	Non-Governmental Organisation
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
Mt	Metric Ton
OEV	Office of Evaluation (WFP)
OpEv	Operation Evaluation
RB	Regional Bureau (WFP)
TOR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
WFP	World Food Programme

Annex 2: Bibliography

- Black, R.E, Victoria, C.G., Walker, S.P. & the Maternal and Child Nutrition Study Group.** 2013. Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries. *Lancet* 328 (9890): 427-451.
- Bundy, D., Burbano, C., Grosh, M., Gelli, A., Jukes, M. & Drake, L.** 2009. *Rethinking School Feeding: Social Safety Nets, Child Development and the Education Sector*. Executive Summary. Washington, D.C., World Bank.
- Burbano, C. & Gelli, A.** 2009. *School Feeding, Seasonality and Schooling Outcomes: A Case Study from Malawi*. UK, Institute of Development Studies.
- Chinsinga, B.** 2009. *Political Economy of Cash Transfers in Malawi*. London, Overseas Development Institute (ODI).
- Emergency Database (Em-Dat).** 2014. Malawi country Profile-Natural Disasters. Posted at: <http://www.emdat.be/result-country-profile>.
- Famine Early Warning Systems Network (FEWS NET).** 2014a. Malawi Food Security Outlook April 2014 – September 2014: Persistent dry spell results in significant crop failure in Karonga district. Washington, D.C., United States Agency for Internal Development (USAID). Posted at: <http://www.fews.net/print/southern-africa/malawi/food-security-outlook/wed-2014-04-30-tue-2014-09-30>.
- FEWNET.** 2014b. Malawi Food Security Outlook January 2014: Delayed rainfall likely to result in poor harvest in the south of Malawi. Washington, D.C., USAID.
- FEWNET.** 2013. Malawi Food Security Outlook October 2013 – March 2014: Humanitarian assistance to start in worse affected areas despite inadequate funding. Washington, D.C., USAID.
- Food and Agriculture Organisation of the United Nations (FAO) & World Food Programme (WFP).** 2004. *Crop and Food Supply Assessment Mission to Malawi*. Special Report. 8 July.
- Geleta, B.** 2012. *Reducing the Risk of Food and Nutrition Insecurity among Vulnerable Populations*. Washington, D.C., International Food Policy Research Institute (IFPRI); Geneva, International Federation of Red Cross and Red Crescent Society (IFRC).
- Gentilini, U.** 2007. *Cash and Food Transfers: A Primer*. Rome, WFP.
- Government of Malawi.** 2014. *National Guidelines on Nutrition Care, Support and Treatment for Adolescents and Adults with Diseases*. Draft. Lilongwe, Ministry of Health. March.
- Government of Malawi.** 2013a. *Disaster Risk Management Act*. Draft. Lilongwe. February.
- Government of Malawi.** 2013b. *Market Assessment Report*. Lilongwe, Malawi Vulnerability Assessment Committee (MVAC).
- Government of Malawi.** 2013c. *National School Health and Nutrition Policy*. Lilongwe, Department of Health and Nutrition HIV and AIDS.
- Government of Malawi.** 2013d. *Supplementary Feeding Programme Evaluation Report*. Lilongwe, Department of Nutrition and HIV/AIDS. June.

Government of Malawi. 2013e. *Scaling Up Nutrition (SUN) Key Messages and Other Resources.* Lilongwe. Posted at: http://scalingupnutrition.org/wp-content/uploads/2013/03/Malawi_IYCN_KeyMessages-for-1000-Special-Days.pdf.

Government of Malawi. 2012a. *Guidelines for Community Management of Acute Malnutrition.* Lilongwe, Ministry of Health.

Government of Malawi. 2012b. *National Climate Change Policy.* Lilongwe, Environmental Affairs Department.

Government of Malawi. 2012c. *National Contingency Plan Malawi, 2012-2013.* Lilongwe, Department of Disaster Management Affairs. November.

Government of Malawi. 2011a. *Annual Economic Report 2011: Budget Document no. 2.* Ministry of Development Planning and Cooperation. Lilongwe.

Government of Malawi. 2011b. *Malawi National HIV and AIDS Strategic Plan, 2011-2016.* Lilongwe, National AIDS Commission. 31 December.

Government of Malawi. 2011c. *National Gender Policy.* Lilongwe. Posted at: <http://www.ndr.mw:8080/xmlui/bitstream/handle/123456789/986/Nationa%20Gender%20Policy-%20Submitted%20to%20OPC%20Final%20Version%20JUNE%202011.pdf?sequence=1>

Government of Malawi. 2011c. *National HIV and AIDS Policy, July 2011- June 2016: Sustaining the National Response.* Lilongwe, Department of Nutrition, HIV and AIDS.

Government of Malawi. 2010. *Malawi CAADP Compact: To Support the Successful Implementation of the Agricultural Sector Wide Approach.* Lilongwe.

Government of Malawi. 2009a. *National Nutrition Policy and Strategic Plan.* Lilongwe, Department of Nutrition, HIV and AIDS. 24 March.

Government of Malawi. 2009b. *National School Health and Nutrition Strategic Plan: School Health and Nutrition Response in the Education Sector, 2009-2018.* Lilongwe, Ministry of Education, Science and Technology.

Government of Malawi. 2008a. *HIV and Syphilis sero-survey and National HIV Prevalence and AIDS Estimates 2007.* Lilongwe, Ministry of Health.

Government of Malawi. 2008b. *National Education Sector Plan, 2008 – 2017: A Statement.* Lilongwe, Ministry of Education Science and Technology. June.

Government of Malawi. 2006. *Malawi's National Adaptation Programmes of Action (NAPA).* First Edition. Lilongwe, Environmental Affairs Department.

Government of Malawi & WFP. 2014. *Seasonal Livelihood Programming: Balaka District, Republic of Malawi, 28 April to 2 May 2014.* Internal report, unpublished. May.

Government of Malawi & WFP. 2012a. *Memorandum of Understanding: Regarding the Transfer of WFP Funds to DNHA for Technical support Activities in Support of Government.* Internal report, unpublished.

Government of Malawi & WFP. 2012b. *Memorandum of Understanding: The ECD Center/CBCC/School Meals Programme.* Internal document, unpublished.

Government of Malawi & WFP. 2008. *Development Programme Action Plan 10581.5 (2008-2011).*

Government of Malawi, WFP, & United Nations High Commissioner for Refugees (UNHCR). 2012. *Joint Assessment Mission Report: Dzaleka Refugee Camp, Malawi*. Lilongwe.

Guardian. 2014a. Malawi's Cashgate corruption scandal highlights importance of accountability. 28 February. Posted at: <http://www.theguardian.com/global-development/poverty-matters/2014/feb/28/malawi-cashgate-corruption-scandal-accountability>.

Guardian. 2014b. Malawi aid freeze could hit health and education sectors. 14 January. Posted at: <http://www.theguardian.com/global-development/2014/jan/14/malawi-aid-freeze-health-education>.

Guardian. 2012. Malawi's Joyce Banda discards presidential jet and luxury car fleet. 1 June. Posted at: <http://www.theguardian.com/world/2012/jun/01/malawi-joyce-banda-discards-presidential-jet>.

Human Rights Watch. 2014. *"I've Never Experienced Happiness": Child Marriage in Malawi*. March.

Internal Monetary Fund. 2012. *Malawi: Poverty Reduction Strategy Paper*. IMF Country Report No. 1. Washington, D.C. August.

International Food Policy Research Institute (IFPRI). 2013. *Global Health Index: The Challenge of Hunger: Building Resilience to Achieve Food and Nutrition Security*. Washington, D.C.

IFPRI. 2008. *How Effective are Food for Education Programs? A Critical Assessment of the Evidence from Developing Countries*. Authors: Sarah W. Adelman, Daniel O. Gilligan, and Kim Lehrer

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2013. *Global Report: UNAIDS Report on the Global AIDS Epidemic 2013*. Geneva.

National Statistical Office (NSO). 2012. *Malawi Integrated Household Survey (IHS) 2010-2012*. Zomba, Malawi.

NSO. 2011. *Malawi Demographic and Health Survey (DHS) 2010*. New York, USA.

NSO & United Nations International Children's Emergency Fund (UNICEF). 2008. *Malawi Multiple Indicator Cluster Survey 2006*. Final Report. Lilongwe.

Organisation for Economic Cooperation and Development (OECD). 1991. *Development Assistance Committee (DAC) Principles for Evaluation of Development Assistance*. <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Purchase from Africans for Africa (PAA Africa). 2013. *PAA Africa in Malawi*. Posted at: <http://paa-africa.org/wp-content/uploads/2013/12/malawi.pdf>.

Scaling up Nutrition. 2014. *Malawi-Scaling Up Nutrition*. Posted on: <http://scalingupnutrition.org/sun-countries/malawi>.

The Sphere Project. 2011. *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*.

United Nations Educational, Scientific, and Cultural Organisation (UNESCO). 2014. *Country Profile: Malawi*. UNESCO Institute for Statistics. Posted at: <http://www.uis.unesco.org/DataCentre/Pages/country-profile.aspx?code=MWI®ioncode=40540>.

UNICEF. 2014. *Malawi: Health and Nutrition.* Posted at: http://www.unicef.org/malawi/health_nutrition_3951.html.

UNICEF & WFP Malawi. 2013. *Malawi Emergency Food Security Assessment (EFSA).* Lilongwe, MVAC.

United Nations System. 2012. *United Nations Development Assistance Framework (UNDAF) in Malawi 2012-2016.* Lilongwe.

United Nations Population Division. 2011. *World Population Prospects, the 2010 Revision.* New York, United Nations Department of Economic and Social Affairs, Population division.

World Bank. 2014a. *Global Economic Prospects.* 2014: Volume 9. Washington, D.C.

World Bank. 2014b. *The World Bank DataBank: World Development Indicators.* Posted at: <http://databank.worldbank.org/data/views/reports/tableview.aspx>.

World Economic Forum. 2013. *Gender Gap Report 2013.* Geneva.

WFP. 2013a. *Managing the Supply Chain of Specialised Nutritious Foods.* Posted at: http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp259937.pdf.

WFP. 2013b. *Southern Africa Quarterly Output Report: October – December 2013.* Internal report, unpublished.

WFP. 2013c. *Southern Africa Quarterly Output Report: April – June 2013.* Internal report, unpublished.

WFP. 2013d. *State of School Feeding Worldwide 2013.* Rome.

WFP. 2013e. Strategic Plan: 2014-2017 (WFP/EB.A/2013/5-A/1). Executive Board document.

WFP. 2012a. Nutrition Policy (WFP/EB.1/2012/5-A). Executive Board document. Posted at: <http://documents.wfp.org/stellent/groups/public/documents/eb/wfpdoc061668.pdf>.

WFP. 2012b. *P4P, Purchase for Progress: A Primer.* A P4P Coordination Unit Publication. Rome.

WFP. 2009. Gender Policy (WFP/EB.1/2009/5-A/Rev.1). Rome, Policy, Planning and Strategy Division. Posted at: <http://documents.wfp.org/stellent/groups/public/documents/communications/wfp203758.pdf>.

WFP. 2003. Exit Strategies for School Feeding: WFP's Experience (WFP/EB.1/2003/4-C). Executive Board document.

WFP. *Home-grown School Feeding: A Framework to Link School Feeding with Local Agricultural Production.* Rome.

WFP. Malawi: Laying Foundations for Handover. In *WFP Learning from Experience: Good practices from 45 years of School Feeding*, pg. 50-52. Rome.

WFP Malawi. 2014a. *Budget revision 2 to Country Program: Malawi 200287.* Internal report, unpublished. 17 July.

WFP Malawi. 2014b. *Current Operations.* Posted at: <http://www.wfp.org/countries/malawi/operations/current-operations>.

WFP Malawi. 2014c. *Funding Proposal: CBCC Infrastructure Development*. Submitted to PostNL. Internal document, unpublished.

WFP Malawi. 2014d. *LTI Overview: Summary of Delays 2012-2014*. Internal document, unpublished.

WFP Malawi. 2014e. *Purchase for Progress – P4P Malawi*. May.

WFP Malawi. 2014f. *Report on UKaid-Supported School Meals Programme*. Internal report, unpublished. 31 March.

WFP Malawi. 2014g. *Resource Situation*. Internal report, 5 May.

WFP Malawi. 2014h. *Nutrition Unit Annual Performance Workplan*. Internal report, unpublished.

WFP Malawi. 2013a. *Annual Report on Irish Aid Support to WFP's Supplementary Feeding Programme (WFP Country Programme 200287)*. Internal report, unpublished.

WFP Malawi. 2013b. *Budget revision 1 to Country Programme 200287: Malawi 200387*. November.

WFP Malawi. 2013c. *Capacity Development Action Plan: School Meal Programme*. Internal report, unpublished.

WFP Malawi. 2013d. *Executive Brief: Operational Issues, Price Volatility and Shortfalls*. Internal report, unpublished. 23 December; 27 November; 22 October; 17 September; 19 August; 22 July, 26 June; 20 May.

WFP Malawi. 2013e. *Final Report on UKaid-Supported School Meals Programme*. Internal report, unpublished. 31 December.

WFP Malawi. 2013f. *Impact Evaluation of the Targeted Food and Cash Transfer Programme (August 2013-March 2013) and Summary of Evaluation Study on the Impact of Emergency Cash Transfers on the Local Economy*. Final Evaluation Report.

WFP Malawi. 2013g. *M&E Quarterly Output Report: Quarter 1 (January - March)*. Volume 1, Issue 3.

WFP Malawi. 2013h. *M&E Quarterly Output Report: Quarter 2 (April – May)*. Volume 2, Issue 2.

WFP Malawi. 2013i. *M&E Quarterly Output Report: Quarter 3 (July – September)*. Volume 2, Issue 3.

WFP Malawi. 2013j. *Optimisation of the Current Logistical WFP Strategy in Malawi*. PostNL Final Presentation. December.

WFP Malawi. 2013k. *Standard Project Report (SPR) Malawi*.

WFP Malawi. 2012a. *Africa Adaptation Project: September – December 2012 Monitoring Reports*. Internal report, unpublished.

WFP Malawi. 2012b. *Comprehensive Food Security and Vulnerability Analysis (CFSVA) and Nutrition Assessment: Malawi*. Draft report. Lilongwe.

WFP Malawi. 2012c. *Country Office Annual Performance: MYR Summary Report*. Draft for Discussion. Internal report, unpublished. 4 September.

WFP Malawi. 2012d. *CP 200287 Logical Framework*. Internal report, unpublished. 14 February.

- WFP Malawi.** 2012e. *Executive Brief: Operational Issues, Price Volatility and Shortfalls*. Internal report, unpublished. 13 August; 9 May; 6 April; 7 March.
- WFP Malawi.** 2012f. *M&E Quarterly Output Report: Quarter 1 and 2 (January – June)*. Volume 1, Issue 1.
- WFP Malawi.** 2012g. *M&E Quarterly Output Report: Quarter 3 (July – September)*. Volume 1, Issue 2.
- WFP Malawi.** 2012h. *Resource Mobilisation Strategy, 2012-2016*.
- WFP Malawi.** 2012i. *Standard Project Report (SPR) Malawi*.
- WFP Malawi.** 2012j. *World Food Programme Support to Childhood Development Activities in School Meal Programme, 2012-2016, Chikhwawa and Nsanje District*. Concept Note. Internal report, unpublished. July.
- WFP Malawi.** 2011a. Country Programme Malawi 200827, 2012-2016 (WFP/EB.1/2012/7/1). Executive Board document. December.
- WFP Malawi.** 2011b. *Scale Up Modality of Sustainable School Meals Program: Home Grown School Meals (HGSM)*. Conceptual framework. Internal report, unpublished.
- WFP Malawi.** 2011c. Strategic Review Committee Meeting, Note for the Record. 15 June.
- WFP Malawi.** 2010. *Country Programme Development Mission Report*. Lilongwe, HIV/AIDS Technical Support Team. May.
- WFP Malawi & TANGO International.** Email correspondence. 10 May 2014.
- WFP Office of Evaluation (OEV).** 2014a. *Operation Evaluation Inception Package: Malawi Country Programme 200287, 2012-2016*. Tucson, USA, TANGO International. 26 May.
- WFP OEV.** 2014b. *Terms of Reference-Operation Evaluation: Malawi Country Programme 200287 (2012-2016)*. Evaluation Quality Assurance System. 21 February.
- WFP OEV.** 2009. *Country Portfolio Evaluation of WFP Assistance to Malawi (OEDE/2009/009)*. Final Report. 17 September. Posted at: <http://documents.wfp.org/stellent/groups/public/documents/reports/wfp225421.pdf>.
- World Health Organisation (WHO).** 2014. *Country Cooperation Strategy at a Glance: Malawi*. Posted at: <http://www.afro.who.int/en/malawi/country-cooperation-strategy.html>.
- WHO.** 2012. *Tuberculosis Country Profile: Malawi*. Posted on: <http://www.who.int/tb/country/data/profiles/en/>.

Annex 3: Sampling frame

The ET and the CO agreed upon the following criteria to select site visits:

- Ability to view different operations in one location (district);
- Duration of WFP food assistance – length of time of WFP assistance during evaluation period;
- Accessibility: quality of infrastructure (roads/markets, etc.), good versus difficult access, including remote locations;
- Historical spread of operations over 2011-2013; and
- Practical considerations for reaching sites within 21 days, e.g., accessibility and within budget.

The ET initially selected the districts where they would conduct their evaluation from the above criteria and that covered all CP components (Education, Nutrition and DRR). The WFP CO worked with the local ET consultant to further narrow down sites from the range of schools/health centres/communities available within these districts. The CO made arrangement for the ET to conduct their KIIs with the Government District Education and Health Officials. The ET found that the site sampling was appropriate and displayed a complete overview of the CP per each component.

Annex 4: Evaluation matrix

Key Question 1: How appropriate is the operation?					
Sub-question	Measure/Indicator	Main sources of information	Data collection methods	Data analysis methods	Evidence quality
<p>1.1 Relevance (existing need)</p> <p>Are the objectives of the CP relevant to the needs of the food insecure population?</p>	<p>Baseline and/or monitoring data on primary school enrolment and attendance rates (disaggregated by gender)</p> <p>Baseline values and/or monitoring for nutritional status of children under 5 (including stunting rates, GAM, MAM, SAM, anaemia, etc.)</p> <p>Baseline and/or monitoring data on nutritional status for PLW</p> <p>Baseline and/or monitoring data on nutrition outcomes for TB patients and adherence to treatment</p>	<p>Malawi DHS (2010)</p> <p>WFP Comprehensive Food Security and Vulnerability (CFSVA) and Nutrition Assessment (2012)</p> <p>Malawi Emergency Food Security Assessment (2013)</p> <p>Project documents and logframe</p> <p>SPRs 2012-2013</p> <p>2009 evaluation of WFP Malawi country portfolio</p> <p>WFP appraisal mission, 2010</p> <p>Minutes from project review committee</p> <p>Nutrition surveillance/monitoring data</p>	<p>Review of secondary literature and data</p> <p>Review background/project documentation</p> <p>Interviews with WFP CO, RB staff</p> <p>Interviews with key government stakeholders (MoH, MoEST, Ministry of Agriculture and Food Security (MoAFS), MoH, MoGCSW)</p> <p>Interviews with FAO, UNDP, WHO, UNICEF staff</p> <p>Interviews with partner NGO staff</p> <p>FGDs with beneficiaries</p> <p>Direct observation</p>	<p>Qualitative analysis: content analysis of documents, consistency evaluation across sources, assessment of KII and FGD data.</p> <p>Analysis disaggregated by CP objectives</p>	High
<p>1.2 Relevance (existing need)</p> <p>Is the geographic targeting of the CP appropriate to the food</p>	<p>Current total number of targeted beneficiaries</p> <p>Changes and trends in total number of targeted</p>	<p>WFP Comprehensive Food Security and Vulnerability (CFSVA) and Nutrition Assessment (2012)</p>	<p>Review background/project documentation</p> <p>Interviews with WFP</p>	<p>Qualitative analysis will relate changes in targeting strategies to changes in beneficiary</p>	<p>Medium to high. Confidence is built upon a process of triangulation of results at different</p>

<p>insecure population?</p>	<p>beneficiaries since project inception</p> <p>Number of beneficiaries by activity (disaggregated by gender)</p> <p>Transparency of targeting criteria for beneficiaries</p> <p>Coverage of therapeutic/preventative nutrition programs within areas of WFP intervention.</p>	<p>Malawi Vulnerability Assessment Committee Food Security Assessment (2013)</p> <p>WFP Southern Africa Regional Food Security Update: MALAWI (2013, 2014)</p> <p>Minutes from project review committee</p> <p>Project documents and logframe</p> <p>Livelihood reports, VAM mapping information</p> <p>SPRs 2012-2013</p> <p>WFP targeting guidance</p> <p>TSFP monitoring data</p>	<p>CO, RB staff</p> <p>Interviews with key government stakeholders (regional, local)</p> <p>Interviews with FAO, UNDP, WHO, UNICEF staff</p> <p>Interviews with partner NGO staff</p> <p>FGDs with food assistance beneficiaries</p> <p>FGDs with former beneficiaries no longer being served</p>	<p>numbers.</p> <p>Quantitative analysis of beneficiary and population numbers.</p>	<p>scales (levels) and across the range of stakeholders.</p>
<p>1.3 Relevance (existing need)</p> <p>Is the CP design based on appropriate context analysis?</p> <p>Does it incorporate gender considerations adequately?</p>	<p>Numbers of beneficiaries by intervention modality</p> <p>Share of beneficiary population receiving multiple interventions</p> <p>Level of food assistance diverted to local markets</p> <p>Gender distribution of beneficiaries</p> <p>Measure of change in nutritional status for populations of concern.</p>	<p>SPRs 2012-2013</p> <p>Malawi DHS (2010)</p> <p>Project documents and logframe</p>	<p>Review background/project documentation</p> <p>Interviews with WFP CO, RB staff</p> <p>Interviews with key government stakeholders (regional, local)</p> <p>Interviews with FAO, UNDP, WHO UNICEF staff</p> <p>Interviews with partner NGO staff</p>	<p>Qualitative analysis</p>	<p>Medium to high...Confidence is built upon a process of triangulation of results at different scales (levels) and across the range of stakeholders.</p>

			FGDs with food assistance beneficiaries Interviews with beneficiaries, including those with multiple intervention benefits		
<p>1.4 Relevance (existing need)</p> <p>Are the activity and transfer modalities of the CP interventions the right choices?</p>	<p>Beneficiary perceptions of effectiveness of different transfer modalities</p> <p>Appropriateness of food assistance delivered</p> <p>Distance to TSFP and frequency of distribution</p>	<p>SPRs 2012-2013</p>	<p>Review background/project documentation</p> <p>Interviews with WFP CO, RB staff</p> <p>Interviews with key government stakeholders (Regional, local)</p> <p>Interviews with FAO, UNDP, WHO UNICEF staff</p> <p>FGDs with food assistance beneficiaries</p> <p>Post-distribution Monitoring (PDM) records</p>	<p>Qualitative analysis:</p> <p>Assess the information of the beneficiary and staff with regard to the targeted districts</p>	<p>Medium to high...Confidence is built upon a process of triangulation of results at different scales (levels) and across the range of stakeholders.</p>
<p>1.5 Relevance (external coherence)</p> <p>Does the CP support the goals and efforts of government, donors and United Nations agencies?</p>	<p>Government of Malawi Food and Nutrition Security Objectives</p> <p>Strategic Objectives of contributing donors</p>	<p>Malawi Growth and Development Strategy (2011-2016)</p> <p>Malawi National Education Sector Plan (2008-2017)</p> <p>Malawi National Nutrition Policy and</p>	<p>Review background/project documentation</p> <p>Interviews with WFP CO, RB staff</p> <p>Interviews with key government stakeholders (regional,</p>	<p>Qualitative analysis will assess relevant interviews to achieve triangulation of different stakeholder viewpoints</p>	<p>High</p>

		<p>Strategic Plan (2011)</p> <p>National Guidelines on Nutrition Care, Support and Treatment for Adolescents and Adults with Disease (2014)</p> <p>Malawi HIV and AIDS Policy Framework and National Action Framework</p> <p>Malawi National School Health and Nutrition Policy (2013)</p> <p>SUN Key Messages and Other Resources (2013)</p> <p>Malawi National Social Support Policy</p> <p>National Adaptation Programmes of Action</p> <p>Agriculture Sector-wide Approach</p> <p>Malawi Disaster Risk Management Act (2013)</p> <p>Common planning tools</p> <p>UNDAF (2012-2016)</p> <p>External partner documents</p> <p>WFP Internal Project Documents</p> <p>WFP Malawi Country Strategy 2012-16</p>	<p>local)</p> <p>Interviews with FAO, UNDP, WHO, UNICEF staff</p>		
1.6 Relevance (internal	The extent to which the CP	WFP Malawi Country	Review	Qualitative analysis	Medium to high

<p>coherence)</p> <p>Is the CP consistent with the WFP country strategy and with WFP corporate strategies and policies?</p>	<p>aligns to WFP strategies, policies and normative guidance, particularly the new WFP Strategic Plan (2014-2017).</p>	<p>Strategy 2012-16</p> <p>WFP Malawi Country Portfolio</p> <p>UNDAF (2012-2016)</p>	<p>background/project documentation</p> <p>Interviews with WFP CO, RB staff</p> <p>Interviews with key government stakeholders (regional, local)</p> <p>Interviews with FAO, UNDP, WHO, UNICEF staff</p> <p>Interviews with partner NGO staff</p>	<p>Synthesis of interview data</p>	
<p>Key Question 2: What are the results of the operation?</p>					
Sub-question	Measure/Indicator	Main sources of information	Data collection methods	Data analysis methods	Evidence quality
<p>2.1 Effectiveness – Achievement of outputs and outcomes</p> <p>What is the level of attainment of the planned outputs, including the number of beneficiaries?</p>	<p># of women, men, girls and boys receiving assistance by category and as % of planned figures</p> <p>Tonnage of food distributed, by type, as a % of planned distribution</p> <p>Staff and beneficiary perception of deliverables.</p>	<p>Monitoring/output reports</p> <p>SPRs</p>	<p>Desk review</p> <p>Secondary sources</p> <p>FGDs with beneficiaries</p>	<p>Analysis by programme component, disaggregation by women, girls, men and boys</p>	<p>Medium – relies on accuracy of CO monitoring/output reports</p>
<p>2.2 Education Component</p> <p>Did beneficiary selection include the “right” target beneficiaries?</p>	<p>Net enrolment, attendance rates, drop-out rates, pass rates</p>	<p>Education Management Information System (EMIS) report</p> <p>School feeding survey report</p>	<p>FGDs with teachers and school masters, students and parents</p> <p>Interviews with WFP field staff</p>	<p>Analysis is disaggregated by gender</p>	<p>Medium to high – depends on availability, access and accuracy of information on school outcomes</p>

<p>Were activities delivered in a timely manner with adequate frequency and duration?</p> <p>Have the school feeding meals increased net enrolment, attendance and pass rates of children in WFP-assisted pre-primary and primary schools?</p> <p>Have THR increased attendance and decreased drop-out rates among older girls and orphan boys?</p>		<p>Educational outcomes reports, school data on attendance</p> <p>Monthly monitoring reports</p>			
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<p>2.3 Nutrition Component</p> <p>Did beneficiary selection include the “right” target beneficiaries?</p> <p>Were activities delivered in a timely manner with adequate frequency and duration?</p> <p>Has the CP made progress toward the desired reductions in acute and chronic malnutrition rates among children of concern?</p> <p>Has the CP made progress toward desired reductions in acute and chronic malnutrition rates among PLW?</p> <p>Have food supplements improved the nutritional status of TB patients?</p> <p>Have food supplements improved the treatment rate of TB patients?</p>	<p>Changes in prevalence/incidence of malnutrition among children.</p> <p>Planned vs. actual beneficiaries</p> <p>Changes in prevalence/incidence of malnutrition among PLW.</p> <p>Changes in MAM death, defaulter, recovery and non-response rates</p> <p>Planned vs. actual beneficiaries</p> <p>Perceived changes in health</p> <p>Perceived changes in health</p> <p>Prevalence of infection</p> <p>TB treatment nutrition recovery rate.</p>	<p>Nutritional surveys</p> <p>SPR 2012-13 for output monitoring</p> <p>Monthly monitoring reports</p> <p>FGDs with beneficiary population</p>	<p>Interviews with implementing staff, FGDs with mothers, health care providers</p> <p>Interviews with WFP field staff, implementing partner staff, health officials</p>	<p>Analysis by district (as possible) and intervention; comparison of base and actual values</p>	<p>Evidence assessed through triangulation, review of methodologies for data collection, sampling, etc.</p> <p>High given the quantitative monitoring data</p> <p>Medium, concern about lack of secondary reports</p> <p>Medium, concern about lack of secondary reports</p>
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<p>2.4 DRR for food security component</p> <p>Did beneficiary selection include the “right” target beneficiaries?</p> <p>Were activities delivered in a timely manner with adequate frequency and duration?</p> <p>Has the CP made progress toward nationally-owned hunger solutions?</p> <p>Does the CP provide a clear vision for the transition of the food insecure population to food independence?</p>	<p>Hand-over strategies developed and/or implemented</p> <p>Training in monitoring and management of school feeding programme, including home grown school meals (HGSM)</p> <p>Training and monitoring in district/community level maternal and child health centres</p> <p>WFP transition plan from therapeutic to preventative nutrition programming</p>	<p>Monitoring reports</p> <p>Documentation</p> <p>CP 200287</p> <p>2012-2013 National Contingency Plan</p>	<p>Interviews with staff from MoH, MoEST, MoGCSW, and MoAFS</p> <p>FGD with implementing partners, parent/teacher associations (PTA), health centre staff and coordinators</p> <p>Interviews with education managers, school feeding coordinators</p> <p>Interviews with CO staff, government staff, implementing partners</p>	<p>Qualitative assessment of processes</p>	<p>Medium to high</p>
<p>2.5 Effectiveness: Achievement of Objectives</p> <p>To what extent did the outputs lead to the realisation of the operation objectives, as well as to any unintended effects?</p> <p>Specifically, are recovery activities building long-term resilience?</p>	<p>Beneficiary, staff, and government perceptions of the level to which CP interventions have contributed to household FCS, CSI, and the NCI.</p>	<p>Qualitative data</p> <p>Secondary data in SPRs 2012-2013.</p> <p>Assessment reports</p>	<p>FGDs with beneficiaries, interviews with WFP staff, and government participants in the CP’s capacity development efforts.</p> <p>Direct observation</p> <p>Desk review</p>	<p>Disaggregated by CP objectives, and noting differences for different groups, including women, girls, men and boys, as applicable.</p>	<p>Medium to high</p> <p>Relies on CO delivery of output values and methods of computation</p>

<p>2.6 Coordination & collaboration</p> <p>What synergy exists between the CP and other WFP operations?</p>	<p>The extent to which WFP is successful in coordinating efforts to enhance complementarity and reduce overlap.</p> <p>Types of programme changes to improve coordination.</p> <p>References made to other programmes in programme documentation (complementarity)</p>	<p>Primary qualitative data</p> <p>Country strategy</p> <p>Country programme 200287 document</p>	<p>Interviews with WFP staff (country programme, technical sector leads)</p> <p>Desk review</p>	<p>Qualitative assessment - triangulation of primary and secondary data</p>	<p>Medium to high</p>
<p>What synergy and complementarity exists between the CP and the efforts of other actors to contribute to the overriding WFP objective in the country?</p> <p>What is the gap between resources/ expertise mobilised and resources/ expertise required?</p> <p>- what is resource mobilisation capacity?</p> <p>- what is level of donor satisfaction towards WFP?</p> <p>What level of resource optimisation has been undertaken/ was required?</p> <p>- Evidence available</p>	<p>The extent to which WFP is successful in the partnerships and implementation arrangements:</p> <ul style="list-style-type: none"> ○ # of MOUs, ○ # of joint meetings and assessments, ○ types of programme changes to improve coordination. <p>WFP staff, partners and donors' and Government of Malawi perceptions</p> <p>Staff lists WFP and partners</p> <p>Procedures in place for administration, human</p>	<p>Primary qualitative data</p> <p>Partner MOUs</p> <p>FAO/WFP Crop and Food Security Assessment Mission to Malawi.</p> <p>Minutes of project management team</p> <p>Project progress reports and minutes of meetings</p> <p>Annual performance reviews</p>	<p>Interviews with WFP staff, implementing partners, Government of Malawi, UNCT Humanitarian Cluster members</p> <p>Desk review</p>	<p>Analysis disaggregated by CP objectives</p> <p>Qualitative assessment - triangulation of primary and secondary data</p>	<p>High, assuming adequate number of interviews</p> <p>Medium assuming adequate number</p>

<p>What is the performance of WFP Malawi - CO plus other offices? -Decision-making/ HR/ coordination & communication</p> <p>What is the quality of implementation partnerships? - Appropriateness of criteria and processes to select partners/ adherence to these criteria - quality of support to partners - level of engagement, communication with, and decision-making by partners</p> <p>What is the capacity to adapt and mitigate external factors? - adaptation to financial opportunities and risks - ability to monitor and make changes</p>	<p>resources, finance</p> <p>Engagement with donors</p> <p>Budget revisions undertaken</p> <p>Support programmes (including training for WFP partners and government)</p>	<p>Trainings for partners- type of training and frequency, number of trainees, etc.</p>			<p>of interviews plus supporting documentation available.</p>
<p>2.7 Efficiency: Achievements</p> <p>How efficient is the operation?</p> <p>How efficient is the CP in geographic targeting and identification of most vulnerable groups?</p> <p>How efficient is M&E generating regular information from community and household surveys, etc.</p> <p>How transparent (accountable) is WFP in the operations?</p>	<p>Perceptions of staff and stakeholders on efficiency (cost, systems, staff, alternatives, etc.).</p> <p>Performance monitoring system refined</p> <p>Frequency and depth of data disseminated from community and household surveys.</p>	<p>SPRs 2012-2013</p> <p>Output databases</p> <p>Primary qualitative data</p>	<p>Interviews with WFP staff, implementing partners, Government of Malawi staff, United Nations partners</p>	<p>Disaggregated by CP objectives, and noting differences for different groups, including males and females.</p> <p>Qualitative assessment - triangulation of primary and secondary data</p>	<p>High, assuming adequate number of interviews</p>

<p>2.8 Sustainability and connectedness</p> <p>What is the likelihood that any benefits accrued by the CP will continue in future portfolios?</p> <p>What is the contribution of the CP to higher level development/ humanitarian results pursued by WFP in Malawi?</p> <p>Considering the factors affecting CP progress, what is the significance of the CP to achieving overall country strategy?</p>	<p>The extent to which activities under the CP increased capacity of key partners.</p> <p>Partner perceptions of capacity to continue activities on own.</p> <p># of handover strategies, trainings and related communications on sustainability with beneficiaries.</p> <p>Options for connectedness of emergency response to national emergency preparedness and response policy and programme/ social safety net</p>	<p>UNDAF (2012-2016)</p> <p>USAID Feed the Future</p> <p>CAADP</p> <p>Millennium Development Goals</p>	<p>Interviews with WFP staff, implementing partners, Government of Malawi staff, United Nations partners</p> <p>Interviews with beneficiaries, local officials</p>	<p>Analysis disaggregated by CP objectives</p> <p>Qualitative assessment - triangulation of primary and secondary data</p>	<p>Medium to high, assuming adequate number of interviews</p>
<p>Key Question 3: Why and how has the operation produced the observed results?</p>					
Sub-question	Measure/Indicator	Main sources of information	Data collection methods	Data analysis methods	Evidence quality
<p>3.1 Discussion of mid-term results (internal)</p> <p>What impact does the internal delivery structure and institutional organisation have on the documented results, including specific attention to staffing and staff capacity development, institutional governance mechanisms, and the monitoring and evaluation of inputs, outputs, outcomes, and impacts</p>	<p>Pipeline integrity</p> <p>Quality of monitoring and evaluation reporting</p> <p>Flexibility in adjustment to available information from monitoring and assessments</p> <p>Quality of staff</p> <p>Effectiveness of communication between</p>	<p>SPRs 2012-13</p> <p>Monthly monitoring reports</p> <p>Primary qualitative data</p>	<p>Interviews with WFP staff, implementing partners and government counterparts, United Nations partners</p> <p>Desk review</p> <p>Direct observation</p>	<p>Process evaluation, qualitative institutional analysis</p>	<p>Medium to high, assuming adequate number of interviews</p>

Factors within WFP control include the processes, systems and tools in place to support the operation design, implementation, monitoring/evaluation and reporting; the governance structure and institutional arrangements (including issues related to staffing, capacity and technical backstopping from RB/HQ); the partnership and coordination arrangements; etc.	CO and field				
How has the CP assured that gender balance is incorporated into the programme?	<p>Gender balance in staffing (WFP and implementing partners)</p> <p>Equitable roles, responsibilities, and opportunities for male and female CP staff</p> <p>Equitable inclusion of female and male beneficiaries in CP activities</p> <p>Active participation of women on the food management committees</p>	<p>Primary qualitative data</p> <p>SPRs 2012-13</p>	<p>Desk review</p> <p>Interviews and FGDs with male and female staff and beneficiaries (e.g., food staff committee)</p> <p>Direct observation</p>	Gender analysis	Medium – not all data are disaggregated by activity, area, etc.
<p>3.2 Discussion of mid-term results (external)</p> <p>What external factors caused</p>	The extent to which the CP resource situation is reflective of the larger	<p>Primary qualitative data</p> <p>SPRs 2012-2013</p>	<p>Desk review</p> <p>Interviews with WFP staff, implementing</p>	Process and institutional analysis	High

<p>the observed changes and affected how results were or were not achieved?</p> <p>How have external challenges such as transport logistics, road and communication infrastructure, insecurity, funding been managed so as to mitigate negative impacts?</p> <p>What are the reasons that FFA initiatives were not implemented on time?</p>	<p>funding trends.</p> <p>The extent to which market trends affected the deliverables.</p> <p># of logistics problems during operational period</p> <p>Actual food deliveries vs. planned</p> <p>Timely adjustment of project to changing circumstances</p> <p>The extent of government capacity to adequately take over the management of acute malnutrition programming.</p>	<p>Budget amendments</p>	<p>partners, Government of Malawi staff, United Nations partners</p>		
<p>3.3 How have partnering agreements and interaction with implementing partners and the government counterparts contributed to programme results?</p>	<p>Regularity of communication among stakeholders</p> <p>Presence and functioning of nutrition Coordination forums</p>	<p>Partnering documents, government policy documents on food and nutritional security and social policy</p>	<p>WFP staff interviews at CO and field level, interviews with implementing partners and government counterparts</p>	<p>Process and institutional analysis</p>	<p>High</p>
<p>3.4 How has the CP been designed and implemented so as to provide for flexibility, rapid response, and other adjustments to unforeseen circumstances?</p>	<p>Timely adjustment of project to changing circumstances</p>	<p>Budget amendments</p>	<p>WFP staff interviews at CO and field level, interviews with implementing partners and government counterparts</p>	<p>Process and institutional analysis</p>	<p>High</p>

Annex 5: Nutrition pilot for chronic malnutrition prevention

Although prevention of chronic malnutrition is an objective of the CP, this component has received no direct funding and no activities or results are presented in the annual SPRs or other CP reporting documents. However, a pilot operational research project is being implemented in partnership with the Government of Malawi and the Children Investment Fund Foundation (CIFF). This activity aligns with the Malawi country strategy for nutrition support through complementary feeding of children under 2 years of age¹⁹¹ and the Government of Malawi's strategy for preventing child stunting.¹⁹² Overall, the pilot project's findings and lessons learned will serve to inform the CP's future activities in tackling stunting. An independent evaluation of this research project is planned outside the scope of the CP mid-term evaluation.

The pilot operational research project for the prevention of chronic malnutrition programme is being implemented in one district with an attempt to reach 100% coverage for maximum effect of the intervention. The pilot project is using a food transfer modality of a specialised nutrition commodity, NutriButter, appropriately targeting children between 6-59 months of age. Evidence shows that inadequate nutrition in early years of development leads to irreversible impairment of physical and cognitive growth.¹⁹³ The Department of Health and Nutrition, HIV & AIDS in the Office of President and Cabinet (DHNA/HIVAIDS-OPC) led the assessment to determine the district to be targeted. Structured conversations with numerous stakeholders over three months ensured that the current programme concept best reflects realities on the ground and the Malawi context overall. The project design team (Government, WFP, Stakeholders, NGOs) used the following criteria to determine which district to target: food security levels/stunting rates; World Bank SUN presence; district coverage; and cost considerations. The project team conducted key analyses that resulted in the selection of Ntchisi district in central Malawi selection.¹⁹⁴ In addition to this pilot, WFP is partnering with the MoH, Ntchisi district government, World Vision, UNICEF and others to scale up 13 core nutrition interventions in the Ntchisi district. This includes the provision of safe and complementary feeding, management of acute malnutrition, and safe hygiene practices.

Since the pilot project can help inform future programming in the prevention of chronic malnutrition, given the burden of stunting and micronutrient deficiencies in Malawi, it is imperative the WFP focus considerable additional attention to prevention of chronic malnutrition. An example of existing successes in this area which can be built upon is WFP's technical assistance to the government's Nutrition Policy, resulting in a stronger focus on micronutrients in Malawi.¹⁹⁵ Fortification of commonly consumed foods is an effective way of increasing the micronutrient intake of different population groups.¹⁹⁶

¹⁹¹ Malawi Country Strategy 2012-2016, p.9

¹⁹² SUN: 1000 Special Days National Nutrition Education and Communication Strategy (2011-2016)

¹⁹³ Bhutta et al. *What works? Interventions for maternal and child undernutrition and survival*. Lancet 2008.

¹⁹⁴ WFP Concept Note Prevention of Stunting.

¹⁹⁵ WFP Malawi 2013 SPR

¹⁹⁶ WFP Nutrition Policy 2012

Annex 6: Additional tables and figures

Table 3: Summary of education output indicators, by year

Output performance indicators	2012	2013	2014 ¹⁹⁷
SO#4: School meals			
Output 1.1: Wet feeding rations provided to pupils in WFP assisted schools			
% of boys and girls receiving food vs planned in WFP assisted primary and pre-primary schools	G: 100.1%	108.4%	
	B: 100.1%	107.9%	
% tonnage of food distributed vs planned	67.8%	67.4%	
# of months of THRs distributed per year <i>Target: 3 (2012), 4 (2013)</i>	1	2	
# of WFP assisted (pre) schools by type <i>Target: Primary schools = 681 (2012), 713 (2013); Pre-schools = 169</i>	Primary: 683	681	
	Pre: 0 ¹⁹⁸	35	
Output 1.2: THR provided to targeted pupils in WFP assisted schools			
% of girls receiving THRs against planned	13.8%	26.7%	
% of OVC (boys) receiving THRs against planned	11.0%	9.2%	
% of actual tonnage of food (mt) distributed against planned	Disaggregated data not available		
SO#5: Capacity development: Strengthening national capacities¹⁹⁹			
Output 2.1: Capacity developed for the government institutions²⁰⁰			
# of hand over strategies developed			
# of WFP-assisted schools handed over to Government SFP			
# of schools benefiting from HGSM pilot programme	-	5	10
Output 2.2: Training MoEST on monitoring and management of the school feeding programme provided			
# of MoEST staff trained in project management		128 W; 177 M	
% of reports submitted on time by DEMs as percentage of planned			
Half-yearly and yearly reports submitted on time by the school feeding coordinator			

Source: WFP Malawi. 2012 & 2013. SPRs.

¹⁹⁷ Analysis for January-March only. First quarter data requested from CO, but not available at time of report.

¹⁹⁸ Preparatory phase for pre-schools in 2012.

¹⁹⁹ Note: The team found that most education component Output 2 indicators are not reported in the SPRs.

²⁰⁰ Output 2.1 activities are expected to begin after mid-term.

Table 4: Summary of nutrition output indicators, by year

Output performance indicators	2012	2013	2014 ²⁰¹
SO#4: Health and nutrition			
Output 3.1: Supplementary feeding provided to moderately acute malnourished CU5,²⁰² PLW			
# of PLW, girls and boys receiving food as % of planned	PLW: 38.4%	Not planned ²⁰³	
[Note: gender disaggregated data not available for children 5-12 years.]	U5 G: 46.3%	U5 G: 102.1%	
	B: 46.2%	B: 102.1%	
	5-12yrs: 0%	5-12yrs: not planned	
% tonnage of food distributed vs planned, by type	63.0%	50.3%	
Output 3.2: Complementary feeding provided to children under-two of age and their mothers (Note: This is part of the pilot not reported within the CP)			
Output 4.1: Care and treatment provided to TB patients			
# of TB clients who receive only an individual nutritional food supplement <i>Target: 1,593 (2012), 1,512 (2013) 7,385 (cumulative)</i>	1,877	1,654	
% tonnage of food distributed vs planned, by type <i>Target: 100%</i>	Not available ²⁰⁴		
SO#5: Capacity development: Strengthening national capacities			
Output 5.1: Capacity developed for the government institutions			
# of hand over strategies developed <i>Target: >15</i>			
# of WFP-assisted supplementary feeding districts handed over to Government <i>Target: 17</i>			
# of WFP-assisted supplementary feeding centres handed over to Government <i>Target: 150</i>			
Output 5.2 Training MoH on monitoring and management of the supplementary and complementary feeding programme provided			
% of planned training sessions on project management conducted <i>Target: 100%</i>		4/4: 100%	
% of planned MoH staff trained <i>Target: 100%</i>	100%	Female: 94.5% Male: 87.3%	
% of planned reports submitted on time by district MCH coordinators <i>Target: 100%</i>			

Source: Malawi CP 200287 Logical Framework; WFP Malawi SPR 2012 & 2013

²⁰¹ Analysis for January-March only.

²⁰² It should be noted that the programme expanded supplementary feeding to children 5-12 years.

²⁰³ The ET does not find any supporting evidence as to why planned figures are not provided for 2013.

²⁰⁴ Food tonnage data disaggregated by type and nutrition activity not available.

Figure 8: Seasonal calendar of distribution delays and external factors affecting transport

[See color-code key that follows]

	2012 Country Programme 200287											
	January	February	March	April	May	June	July	August	September	October	November	December
Lean season												
Market volatility						Food and fuel price increase following devaluation of MWK						
Emergencies				Death of Malawi president				Drought impacts 1.9 million				Flooding
Fertilizer distribution												
% of total CP tonnage delayed		12.6	0.0	21.9	86.3	5.1	0.0	50.6	19.6	8.7	11.4	83.7
% of CP SMP tonnage delayed		0.0	0.0	24.2	86.3	0.0	0.0	53.5	19.5	8.7	0.0	84.7
% of CP nutrition tonnage delayed		12.6	0.0	8.5	0.0	29.1	0.0	23.4	100	0.0	11.4	5.1
2013 Country Programme 200287												
	January	February	March	April	May	June	July	August	September	October	November	December
Lean Season												
Market volatility	Food and fuel price increase following devaluation of MWK											
Emergencies	Flooding in south											
Fertilizer distribution												
% of CP tonnage delayed	28.6	2.6	0.0	23.7	26.7	19.1	no data	42.5	0.0	0.0	no data	80.9
% of CP SMP tonnage delayed	19.5	2.6	0.0	19.5	26.7	2.3	no data	42.5	0.0	no data	no data	no data
% of CP nutrition tonnage delayed	85.2	0.0	0.0	40.9	8.6	40.3	no data	46.9	no data	0.0	no data	80.9
2014 Country Programme 200287												
	January	February	March	April	May							
Lean Season												
Emergencies				Flooding								
Fertilizer distribution												
% of CP tonnage delayed	19.8	77.5	no data	65.2	63.9							
% of CP SMP tonnage delayed	19.7	77.5	no data	no data	61.7							
% of CP nutrition tonnage delayed	19.9	no data	no data	65.2	87.2							

	n/a	Pass rate in assisted primary schools. (Target: none listed in logframe) ²⁰⁹	Girls: 65.0% Boys: 70.0%	Girls: 63.0% Boys: 76.0%	Girls: 57.0% Boys: 74.0%
	1	Percent of first-grade primary schoolchildren in assisted schools, with official age for enrolment, by gender. (Target: girls 85 percent; boys 85 percent)	Girls: 78% Boys: 78%	n/a	n/a
	3	Prevalence of stunting (HAZ <2) among children under 2 in targeted district. (Target: 30 percent)	49%	n/a	n/a
	3	Prevalence of acute malnutrition (WHZ <2) among CU5 (Target: <2 percent) ²¹⁰	4%	n/a	n/a
	3	Treatment of MAM death, defaulter, recovery and non-response rates for PLW and CU5 (Target: recovery rate 90 percent; death rate <1 percent; defaulter rate <3 percent; non-response rate <1 percent)	Recovery: 76%	Recovery: 90%	Recovery: 89.6%
Death rate: 2%			Death rate: 1%	Death rate: 0.46%	
Defaulter: 11%			Defaulter: 5%	Defaulter: 7.3%	
Non-response: 1%			Non-response: 3%	Non-response: 2.6%	
	3	TB treatment nutritional recovery rate (Target: 80 percent)	n/a	89% ²¹¹	n/a
	4	TB treatment success rate. (Target: 90 percent)	83%	n/a	n/a
SO5	<i>Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.</i>				
	2, 5	Hand-over strategy implemented [1 =not implemented; 2 = partially implemented; 3 = implemented]. (Target: 3) ²¹²	n/a	n/a	n/a
	8	Risk reduction and disaster preparedness and mitigation systems and guidelines in use. (Target: 5 national contingency plan updates; 4 humanitarian assistance monitoring tools; food and cash programming guidelines) ²¹³	1 National Contingency Plan	n/a	n/a
	8	Disaster preparedness index. (Target: 3)	n/a	n/a	n/a
	n/a*	NCI: School Feeding NCI	11	n/a	14
	n/a*	NCI: Nutrition programmes NCI	n/a	n/a	15
	n/a*	NCI: Food security programmes NCI ²¹⁴	11	11	n/a

*n/a: Neither the PRRO SPRs nor the SPRs indicate the outcome to which these indicators are attached. The ET will seek to clarify this in its initial in-country sessions with the CO.

Note: Data are presented as reported in the SPRs with varying formats and rounding of figures.

²⁰⁹ This indicator is listed in SPR 2012 with baseline and measurements. However, it is not listed in the original logframe, and therefore no target measurements are available.

²¹⁰ Per CO, this information not collected. Available info from 2010 DHS. No more current data available.

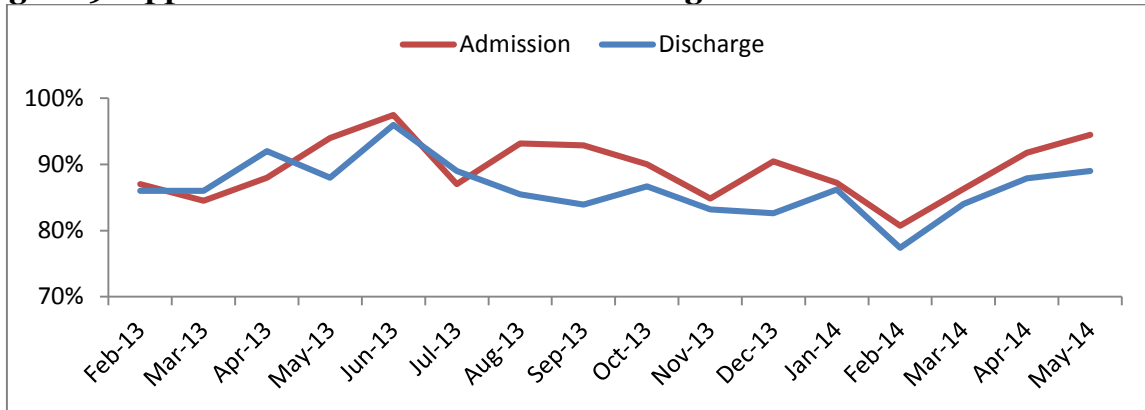
²¹¹ WFP Malawi. 2012i. SPR.

²¹² Per CO: Not done, change of direction.

²¹³ Per CO: Contingency Plans were updated every year—to share copies.

²¹⁴ WFP Malawi. 2012i. SPR.

Figure 9: Application of admission and discharge criteria



Source: WFP M&E data sourced from FMA reporting, as provided to ET in country.

Acronyms

AAP	Africa Adaptation Programme
BR	Budget revision
CBPP	Community-based participatory planning
CMAM	Community management of acute malnutrition
CSB	Corn-soya blend
CU5	Children under five years of age
CO	Country Office
CP	Country Programme
DEM	District education managers
DHO	District health offices
DHS	Demographic and Health Survey
DRR	Disaster risk reduction
DRM	Disaster risk management
ECD	Early childhood development
EMOP	Emergency operation
ET	Evaluation team
FAO	Food and Agriculture Organisation
FCS	Food consumption score
FDP	Food distribution point
FFA	Food for assets
FGD	Focus group discussion
FMA	Field Monitor Assistant
HGSM	Home Grown School Meals
HSA	Health Surveillance Assistant
g	Grams
GAM	Global acute malnutrition
IPs	Implementing partners
KII	Key informant interviews
M&E	Monitoring and evaluation
MGDS	Malawi Growth and Development Strategy
MCH	Maternal and child health
MoAFS	Ministry of Agriculture and Food Security
MoEST	Ministry of Education, Science and Technology
MoGCSW	Ministry of Gender, Children and Social Welfare
MoH	Ministry of Health
MOU	Memorandum of understanding
mt	Metric tonne
MTE	Mid-term evaluation
NCI	National Capacity Index
NCST	Nutrition Care Support and Treatment
NGO	Non-governmental organisation
NR	Non-responders
NRU	Nutrition rehabilitation units
OECD	Organisation for Economic Co-operation and Development
OEV	Office of Evaluation
OTP	Outpatient therapeutic programme
P4P	Purchase for Progress
PLHIV	People living with HIV
PLW	Pregnant and lactating women
PRRO	Protracted Relief and Recovery Operation

PTA	Parent/teacher association
RB	Regional Bureau
RUTF	Ready-to-use therapeutic foods
SAM	Severe acute malnutrition
SFC	School feeding committee
SFP	Supplementary feeding programme
SLP	Seasonal Livelihoods Programming
SMC	School Management Committee
SO	Strategic objective
SPR	Standard Project Report
SUN	Scaling-Up Nutrition
THR	Take-home rations
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USD	United States Dollar
USDA	United States Department of Agriculture
VH	Village head
WFP	World Food Programme
WHO	World Health Organisation

Office of Evaluation

www.wfp.org/evaluation



World Food Programme