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DECENTRALIZED EVALUATION FOR EVIDENCE-BASED DECISION MAKING

Decentralized Evaluation

Midterm Evaluation of Nutrition Activities in The Gambia

2016-2019

Evaluation Report

March 2021

WFP The Gambia

Evaluation Manager: Mam-Yassin Ceesay

Prepared by

Tamsin Walters, Team Leader

Dawda M. Joof, Senior National Evaluator

Elizabeth Njie Moore, National Evaluator



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Acknowledgements

The evaluation team would like to thank WFP The Gambia Country Office for their supportive and efficient facilitation of the evaluation process. The staff generously afforded their time to support the team through excellent planning and logistics and timely provision of relevant information. We extend particular thanks to Omar Camara for organization and scheduling of appointments, Biran Jobe for setting up remote meetings and facilitating the technology, Lamin Cham and the WFP drivers for accompanying the team throughout the field visits, Dawda Samba for planning of the field visits and engaging with the team's numerous questions and clarifications, and Mam-Yassin Ceesay and Nuha Nyangado for overall organization and management of the evaluation.

Our gratitude also goes to all stakeholders - the beneficiaries, Government authorities, health and school staff and volunteers, donor community, United Nations agencies and implementing partners - who dedicated their time to participate in informative discussions and contributed significantly to the findings of the evaluation.

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Executive Summary

1. This midterm evaluation of World Food Programme (WFP) nutrition activities in The Gambia covers the period January 2016 to December 2019. It includes all the nutrition activities implemented across the four provincial regions of the country under three sequential programmatic frameworks, including the current Country Strategic Plan (CSP) (2019–2021). The activities are: Prevention of Stunting/Blanket Supplementary Feeding (BSF) for children aged 6–23 months in the Lean Season; Therapeutic Supplementary Feeding (TSF) for treatment of children aged 6–59 months with moderate acute malnutrition (MAM), pregnant and lactating women/girls (PLW/G) and people living with HIV; capacity strengthening of government and partners; social behaviour change communication (SBCC) activities to influence positive behaviour change related to nutrition and care practices in communities; Active Screening and Registration of Beneficiaries; Cost of Hunger in Africa (COHA) Study 2018; Local Production of Fortified Blended Food (FBF) through Private Sector Engagement; Scaling Up Nutrition (SUN) Business Network (SBN); Nutritional benefits of the Home-grown School Feeding Programme (SFP).
2. The evaluation was commissioned by WFP in The Gambia. It was approved and started in January 2020. The main objectives of the evaluation are accountability and learning, including a focus on assessing gender equity considerations and empowerment of women. The evaluation findings will contribute to decisions on the implementation of nutrition activities in the CSP (2019–2021) for its remaining duration and influence the design of the next CSP.
3. The expected users of this evaluation report are the Country Office (CO) of WFP in The Gambia and the members of the Evaluation Reference Group, which includes representatives from the CO, the WFP Regional Bureau, the Government of The Gambia, Food and Agriculture Organization of the United Nations (FAO), United Nations Children’s Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and implementing partners: The Gambia Red Cross Society (GRCS) and Gambia Horticulture Enterprises (GHE).
4. The Gambia has an estimated population of 2.3 million and is one of the poorest countries in the world.¹ Food insecurity measured 8 percent in 2016² and remains at 7.8 percent in 2019,³ disproportionately affecting households residing in rural areas. Global Acute Malnutrition (GAM) prevalence was 5.1 percent in children under 5 in 2019/20⁴ with prevalence higher in boys (boys 5.9 percent; girls 4.1 percent), a considerable improvement from the 12 percent reported in the 2013 Demographic and Health Survey (DHS).⁵ Just 14 percent of children aged 6–23 months receive a minimal acceptable diet (MAD),⁶ while more than a third of children aged 6–59 months suffer from iron deficiency anaemia. High

¹ Human Development report (HDR). 2019.

² WFP CFSVA 2016

³ The Republic of the Gambia, Joint Gambia Government/AATG/AAH/FAO/CILSS and WFP Preharvest Assessment 2019/2020 cropping season.

⁴ The Gambia Demographic Health Survey (DHS) 2019/20.

⁵ Ten percent is deemed high or serious. <http://www.who.int/nutrition/team/prevalence-thresholds-wasting-overweight-stunting-children-paper.pdf>

⁶ DHS 2019/20. MAD measures both the minimum feeding frequency and minimum dietary diversity as appropriate for various age groups. Minimum dietary diversity is when a breastfed child consumes food from 5 out of 8 of the food groups during the previous day. Minimum meal frequency is when a child receives solid, semi-solid or soft foods (which includes milk for non-breastfed children) the minimum number of times or more over the previous day: two times for breastfed infants aged 6–8 months; three times for breastfed children aged 9–23 months; fourth times for non-breastfed children aged 6–23 months. https://apps.who.int/iris/bitstream/handle/10665/43895/9789241596664_eng.pdf;jsessionid=3EFA739C8BC0C9715D01CE88D3A49781?sequence=1

levels of overweight and obesity (29.4 percent) and underweight (15 percent) in women aged 15-45 years,⁷ illustrate the triple burden of malnutrition⁸ in The Gambia.

5. Gender parity in primary and secondary education has been achieved, but only 63 percent of adult men and 48 percent of adult women⁹ are literate. The completion rate for primary education in 2016 was 71.7 percent for girls and 66.9 percent for boys.¹⁰ Despite universal access to pre-primary and primary education, the quality of education and retention are concerns.¹¹
6. The Gambia is among the top 20 most vulnerable countries to climate change due to its low-lying topography, reliance on subsistence agriculture and poor drainage systems.¹² Parts of the country are prone to hazards, particularly from flash floods in communities close to the River Gambia with limited resilience capacity to cope. Women's empowerment is a government focus area but sociocultural norms and practices and discriminatory provisions in customary law¹³ continue to disadvantage women and girls. Twenty-one percent of households are headed by females¹⁴ and 25.7 percent of women aged 20–24 were married before the age of 18¹⁵.
7. **Methodology:** The evaluation was designed to assess the nutrition activities against the evaluation criteria of relevance, effectiveness, efficiency and sustainability. Eighteen questions were elaborated under these four criteria. In response to the COVID-19 pandemic, the evaluation team adopted a hybrid approach: national stakeholder interviews were conducted remotely by three Evaluation Team (ET) members, after which the two national consultants travelled to the regions to conduct focus group discussions and key informant interviews. The data collection phase was conducted over three weeks from 27 August to 15 September 2020. A participatory, gender-sensitive, mixed-methods approach was followed, comprising two key phases:
 - **A desk review of documents.** Existing quantitative and qualitative data were analysed, and findings disaggregated by gender wherever possible.
 - **Qualitative data collection.** semi-structured approaches were employed using pre-prepared questionnaires as a guide to conduct interviews and focus group discussions. Following two briefing meetings with the CO and the Evaluation Reference Group (ERG) respectively, 22 national-level interviews were conducted, involving 31 stakeholders, followed by 25 Focus Group Discussions (FGDs)/Key Informant Interviews (KIIs) at sub-national level. Direct site observation complemented these discussions.
8. Limitations included limited opportunity to observe active programme implementation. Field work was conducted during 2020 which is outside the period under evaluation and some activities were no longer being implemented. Further, schools were closed and TSF was experiencing stock-outs. The FBF activity, SBN and COHA rollout had also all been delayed due to the COVID-19 pandemic, so progress was difficult to measure. However, it was possible to gain wide stakeholder views on progress to-date through in-depth discussion. The hybrid approach lessened the opportunity for regular informal discussion with CO staff. In the field however, the ET was accompanied by a nutrition team member and WFP CO staff and the evaluation team used email exchanges to verify data, discuss findings and clarify concerns.

⁷ Classified as body mass index less than 18.5.

⁸ The triple burden of malnutrition refers to the coexistence of undernutrition (stunting/wasting), overweight/obesity and micronutrient deficiencies in the same populations.

⁹ MICS 2018.

¹⁰ World Bank sourced from UNESCO data. <https://data.worldbank.org/indicator/SE.PRM.CMPT.FE.ZS?locations=GM>

¹¹ Ibid.

¹² ACR 2019

¹³ UNDAF 2017-2021.

¹⁴ The Gambia Population Census 2013

¹⁵ MICS 2018.

9. **Key Findings:** The key findings of the evaluation team are summarised below, structured according to the main evaluation questions and indicating the type and strength of evidence supporting each finding.

Evaluation question 1: Relevance

- Nutrition activities were in line with the needs of the most vulnerable groups identified by surveys and assessments, focusing in areas of the country with high undernutrition rates and on the critical lean season. Responses aimed to address identified low dietary diversity and poor infant and young child feeding practices (IYCF). Urban areas are now emerging as an area for additional consideration.
- Nutrition activities were well aligned with The Gambia policy framework. The only area where WFP has not yet explicitly engaged is in the area of addressing overweight/obesity.
- Stakeholders consider WFP to be a strong and pivotal partner in supporting the national policy agenda for nutrition. WFP's support to the COHA has notably worked to boost nutrition further up the nutrition agenda and its leadership of the SBN, at the request of The Gambia National Nutrition Agency (NaNA) has potential to further the SUN agenda.
- Activities are all well aligned and largely implemented in partnership with other actors and the government. However, there is scope to further examine opportunities for improved synergies and economy of effort with other initiatives, especially in SBCC and screening for acute malnutrition.
- There has been no gender analysis to inform the design of the nutrition activities. Activities have reached boys and girls equally, evidenced by reporting, but a strong focus on women for SBCC and engagement in activities has overlooked the importance of men's roles in advancing women's empowerment.

Evaluation question 2: Effectiveness

- Minimal outputs were achieved in 2016 and 2017, with activities only starting to be fully implemented in the final months of 2017 due to lack of funding in 2016 and programming delays following the change of government in 2017. In 2018 and 2019, activities met or exceeded attainment of outputs.
- Most outcome indicators pertain only to TSF, so it is difficult to fully evaluate the effectiveness of the other activities. MAM treatment recovery rate target has been met overall; but narrowly missed for boys in 2019, according to WFP reporting.
- GAM rates have reduced over the past 6-7 years, as evidenced by national surveys, and in 2019, the GAM prevalence nearly reached programme targets of <5 percent. An important factor in achievement of reductions in GAM rates is the synergistic approach of various programmatic elements targeting the same communities.
- WFP does not have a clear capacity strengthening strategy in place for nutrition, so while partners have been effectively trained on specific activity implementation, limited attention has been paid to longer-term capacity and systems development.
- The absence of a gender analysis has meant that men have been 'tagged on' and opportunistically engaged in SBCC rather than purposively targeted, potentially reducing the effectiveness of the SBCC.
- WFP's effective coordination and collaboration with government, UN and other partners was praised by stakeholders and has contributed to improvements in the nutritional status of the population.
- The school meal is no doubt playing a role in improving the nutritional status of children through the provision of a daily menu comprised of a diversity of nine locally sourced food items. There remains scope to improve nutrition education and the effectiveness of school gardens.

- Sphere standards for management of MAM were largely met. WFP’s corporate gender and equity commitments were partially met, while WFP’s commitments on accountability to affected populations have not been adequately achieved¹⁶.

Evaluation Question 3: Efficiency

- The ET could not make a conclusive statement on the cost-efficiency of the nutrition activities with the financial data available.
- In both 2016 and 2017, BSF was implemented late, missing the hunger gap of July/August. TSF only started in October 2017. Activities were largely delivered in a timely manner after that, with one significant pipeline break in 2019.
- Technological advances, such as use of tablets for data collection and reporting and WhatsApp communication groups, improved programme efficiencies. There were some areas in which improved synergy between programmes with other stakeholders would likely have improved efficiency of the nutrition activities, particularly for SBCC, active screening for identification of MAM and school gardens
- Improvements in supply chain management systems would have improved efficiency, particularly for TSF.

Evaluation Question 4: Sustainability

- The implementation-related training activities have been carried out largely in consideration of ensuring partners can implement WFP’s nutrition activities well. An approach to capacity development with a systems-strengthening vision would have greater potential to leave behind sustainable improvements.
- There is no overall strategy for WFP’s capacity strengthening efforts for nutrition that articulates goals and objectives and links together the national level support with the implementation-level activities.
- The GAM rates at national level and in all of WFP’s targeted regions have seen a positive downward trajectory over the past 6-7 years, to which WFP activities have very likely contributed. However, the impact of COVID-19 has changed the outlook, with modelling projecting a doubling of the burden of GAM in The Gambia by the end of 2020 if no action is taken to prevent and treat malnutrition.
- Significant cultural and structural barriers remain to women’s empowerment in remote areas and these continue to adversely affect nutritional status of women and children.
- WFP’s capacity development efforts at the national level, including the FBF activity and strengthening learning in food fortification, bringing the private sector together around the SBN and the anticipated impact of the COHA in encouraging further prioritisation and resource mobilisation for nutrition have a significant likelihood of generating longer-term benefits beyond the timeframe of active WFP support.

10. **Overall conclusions:** In response to the first evaluation criteria (relevance), the evaluation team concluded that the nutrition activities were highly relevant to the Gambian national context at the

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