

Evaluation of European Commission integrated approach of food security and nutrition in humanitarian context

10 July 2013

Version without annexes

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The opinions expressed in this document represent the views of the authors, which are not necessarily shared by the European Commission.

Acknowledgements

The evaluation team would like to express its gratitude to all the DG ECHO staff and DG ECHO partners who participated in this evaluation for the assistance they provided throughout the evaluation process, particularly the DG ECHO teams and DG ECHO partners in Bangladesh, Niger and South Sudan. In Niger, Dr Mahaman Hallarou provided insights into the country context and the problems of undernutrition there. Dr Steve Collins of Valid International provided valuable peer review comments on a first draft of the report. The evaluation team would also like thank Joanna Olechnowicz and Agata Turbanska of the evaluation unit for smoothly managing the process. Finally, the evaluators thank our editor Susan Hoivik for her thoroughness and attention to detail in editing the report.

Acronyms

ACF	Action contre la Faim
BCC	Behaviour change communication
BSFP	Blanket supplementary feeding programme
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CFW	Cash-for-work
CHF	Common Humanitarian Fund
CMAM	Community-based management of acute malnutrition
CoD	Cost of diet
CSB	Corn Soya Blend
CSI	Coping Strategy Index
CTC	Community-based therapeutic care
DDS	Dietary diversity score
DfID	Department for International Development (UK)
DEVCO	Development and Cooperation – EuropeAid
DG ECHO	Directorate-General for Humanitarian Aid and Civil Protection (European Commission)
EDF	European Development Fund
FAO	Food and Agriculture Organization of the United Nations
FBF	Fortified Blended Foods
FCS	Food Consumption Score
FEWS NET	Famine Early Warning System Network
FFW	Food-for-work
FSNSP	Food Security National Surveillance Project
GAM	Global Acute Malnutrition
HEA	Household Economy Approach
HFA	Humanitarian Food Assistance
HIP	Humanitarian Implementation Plan
ICRC	International Committee of the Red Cross
IDDS	Individual dietary diversity score
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
JAM	Joint Assessment Mission
LNS	Lipid-based Nutrient Supplement
MAM	Moderate Acute Malnutrition
MNP	Micronutrient powder
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
NCA	Nutrition Causal Analysis
OFDA	Office of Foreign Disaster Assistance (US)
OTP	Out-patient Therapeutic Programme
PDM	Post-distribution monitoring
PLW	Pregnant and lactating women
PLWHA	People living with HIV/AIDS

RUF	Ready-to-use food
RUTF	Ready-to-use therapeutic food
SAM	Severe Acute Malnutrition
SCUK	Save the Children UK
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SUN	Scaling Up Nutrition
SWD	Staff Working Document
TA	Technical Assistant
TIP	Technical Issues Paper
UK DfID	see DfID
UNHCR	UN Office of the High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHZ	Weight-for-height z-score

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Executive summary

Introduction

1. Poor nutrition has been declared the single most important threat to world health (UNICEF et al., 2012). Globally, around 165 million children suffer from stunting; and around 52 million, or 8 per cent, of the world's under-five children are wasted (ibid). The past ten years have seen a surge in interest in undernutrition from various directions. Alongside several other global actors, the European Commission (EC) has increased its focus on the problem. Within DG ECHO, this began in 2010 with a refinement of its approach to humanitarian food assistance to strengthen the focus on the consumption of sufficient, safe and nutritious food.
2. The present evaluation was commissioned to assess DG ECHO's operational capacity to fund integrated food security and nutrition operations in line with the Humanitarian Food Assistance Communication (2010) and related policies. It asks whether DG ECHO-funded food assistance supports, or perhaps hinders, attention to the relevant immediate and underlying causes of acute undernutrition. It examines whether nutrition objectives have been integrated at all stages of the food assistance programme cycle (situation analysis/assessment, causal analysis, response analysis, targeting and design, implementation and monitoring) and whether food assistance has been linked to direct nutrition interventions, where appropriate. The evaluation covers DG ECHO-funded food assistance from 2009 to 2012, taking 2012 into account where possible. The methodology has involved a document review; 137 interviews at headquarters, regional and country levels; analysis of 50 randomly selected food assistance projects; and three case studies in Bangladesh, Niger and South Sudan.

Findings

3. At present, nutrition is not consistently an objective of DG ECHO-funded food assistance. Fewer than half of the DG ECHO food assistance projects analysed were found to include nutrition-related results or outcomes. Practice varied: projects in Niger had nutrition more in focus, in line with DG ECHO's Sahel strategy to address acute undernutrition, compared to a more limited focus in South Sudan and Bangladesh. In all the case studies, there were food assistance projects which did not acknowledge the problem of acute malnutrition in any way. This seems problematic, given the high baseline Global Acute Malnutrition (GAM) rates in all three contexts.
4. Evidence from the case studies indicates that neither the rates of acute malnutrition nor the speed of onset or duration of the crisis would appear to have significant influence on the integration of nutrition objectives into programmatic response. Such integration seems determined more by the availability of data, access, partner capacity, policy coherence amongst government and other development partners, and broader regional factors. In many contexts, including South Sudan and Bangladesh, GAM rates remain above emergency thresholds for long periods.
5. Increasingly, DG ECHO's food assistance partners are taking into consideration information on acute malnutrition in situation assessments, a practice actively encouraged by DG ECHO. Some partners, in particular a few cross-sectoral INGOs, have developed sophisticated ways of analysing causes and assessing nutrition problems. Overall, partners provide good

information on food availability and food access, including costs – but insufficient information on food intake and food utilisation, despite the relevance of these elements.

6. Partners' analyses of causes of undernutrition are sometimes cursory, with the implicit assumption that food access in itself will ensure adequate nutrition. In contexts where nutrition is clearly in focus, as in Niger, there is a need to look more deeply into the causes of malnutrition, to shed light on types of interventions that might be most effective. This point appeared to be better investigated in South Sudan, albeit on a limited scale.
7. DG ECHO encourages its partners to link response to analysis in a logical way. However, it has been inconsistent in its encouragement of multi-sectoral approaches. In Niger DG ECHO only funds the food assistance and nutrition sectors, whereas in South Sudan it encourages an integrated, multi-sector approach. Globally, DG ECHO lacks clarity around when it will consider certain responses, for example the use of specialised food products and the treatment of moderate acute malnutrition (MAM). The evidence also indicates that DG ECHO is not sufficiently emphasising some types of interventions, such as the promotion of better infant and young child feeding (IYCF); DG ECHO now plans to develop guidance on IYCF, which could help to address this. Some partners felt that DG ECHO was overly encouraging the use of cash responses, even when it was not suitable for nutrition.
8. DG ECHO has encouraged improvements in monitoring the nutrition-specific objectives of food assistance, mainly through the development of operational guidance and the role of the regional advisers. Over half of projects analysed globally included one or more indicators for nutrition in the logframe. However, partners' monitoring varies considerably, from sophisticated to rudimentary. With some exceptions, DG ECHO encourages partners to measure outcomes (e.g. food consumption score, coping strategies index, dietary diversity score) rather than impact (i.e. nutrition status). There is concern that household-level indicators are not adequate for monitoring whether all members of the household (children in particular) have adequate intakes.
9. Some DG ECHO supporting partners have conducted relevant, high-quality operational research which examines good and bad practices and active lesson-learning on integration and linkages. This work could serve as models for others. However, there remain important evidence gaps – for instance, as regards IYCF interventions, the use of specialised foods and blanket feeding. Partners do not always understand why and when DG ECHO supports operational research, indicating the need for greater collaboration with partners on research priorities.
10. DG ECHO has encouraged linkages between food assistance and nutrition-specific interventions. Some DG ECHO-funded food assistance, notably in Niger, has developed good linkages, e.g. through screening food assistance recipients for acute malnutrition, overlapping general food with blanket feeding distributions, and ensuring that families of acutely malnourished children are included in food assistance (when these households are food-insecure). Overall, most linkages involved treatment for acute malnutrition, whereas there were fewer examples of linkages with IYCF or micronutrient initiatives. The global

project analysis found that in less than two-thirds of the projects studied, no mention was made of any operational links to nutrition-specific interventions.

11. Despite a rise in the use of specialised foods, DG ECHO-funded food assistance does not take sufficient account of the nutritional requirements of the target population, i.e. the adequacy of the food basket. In some instances DG ECHO has encouraged its partners (especially WFP) to provide nutritionally appropriate foods – or ensure that those receiving cash or vouchers are able to purchase. These efforts have not always been successful, however, due not least to challenges encountered in simply delivering the staple foods. In particular, transfers (cash and in-kind food) often fail to address meaningfully the specific nutritional needs of children or pregnant or lactating women, even though these additional needs are well documented, particularly in the case of children. DG ECHO is not yet making sufficient efforts to improve in this area.
12. Similarly, neither DG ECHO nor its partners take sufficient account of the degree to which food can be utilised, even though this is a key determinant of food intake. Partners did encounter food utilisation issues in their programming, and many problems related to storage, preparation, fuel access, gender and the division of labour require greater understanding.
13. Partners select works projects (cash or food for work) based on community input; these usually have aims related to livelihoods, disaster preparedness, or water and sanitation. The projects may or may not have an indirect nutritional impact; nutrition impact is generally not explicitly considered. Part of the challenge lies in the wide range of competing priorities with cash and food-for-work projects.
14. There is limited consideration of the possible negative nutrition impacts for vulnerable groups involved. Interviewees indicated that there is some evidence of poor practice in this area and that programmes need to better address this in targeting and design.
15. Many food assistance projects include nutrition-related training for beneficiaries as a condition for receiving assistance. However, this is by no means standard practice; and DG ECHO's largest partner, WFP, has recognised that it could do more to link nutrition awareness with transfers. More work is required to identify situations in which such training or education is most likely to be effective and appropriate.
16. Internally in DG ECHO, awareness varies as to the Communication on Humanitarian Food Assistance (HFA). At the field level in the case studies, there is weak appreciation of the policy. Most field staff understand the spirit or intent of the guidance, but are often unfamiliar with the specifics of the policy itself.
17. Interviewees spoke of several DG ECHO tools and guidance as potentially very useful for programming. In the case studies, some regional advisers used the tools to guide proposals, which probably had a positive impact on response choice and monitoring indicators. Overall, however, awareness of them remains limited, and there is confusion regarding the status of various drafts and how these should be shared with partners. In particular, there is a gap between the guidance and discussion in Brussels and the regional hubs, and what DG ECHO

staff and partners understand at country level. Regional advisers are critical in the dissemination process.

18. The evaluation examined whether certain broader, systemic challenges experienced when creating linkages between food assistance and nutrition have been addressed, including coordination, partner capacity, information and assessment and linkages to development partner mechanisms and policies. It found that while DG ECHO has worked on these challenges, the strategic dialogue with key food assistance actors (notably WFP) has not advanced as far as it could, and better coordination with other key food assistance donors (including USAID) might help this. There is a need for greater emphasis on strategic planning for country-level food assistance and nutrition coordination, country-level capacity building and engaging Development and Cooperation – EuropeAid (DEVCO) to link assistance to food security and nutrition programmes in-country more effectively.

Table: Conclusions and recommendations

Question	Conclusions	Recommendations
EQ1: To what extent have selected DG ECHO-funded Food Assistance projects successfully integrated nutrition objectives?	<p>Partners increasingly consider malnutrition in their assessments, but not in sufficient detail, particularly as to food consumption and utilisation.</p> <p>Project proposals rarely discuss a range of causal factors for malnutrition. More in-depth analysis of the specific causes of malnutrition can be aid in designing better responses.</p> <p>Although their support to cash transfers is widely appreciated, DG ECHO has sometime focused overly on the use of cash-based responses within food assistance, and has been inconsistent in its encouragement of multi-sectoral approaches.</p> <p>DG ECHO is inconsistent in its support for specialised food products in programming and the treatment of moderate acute malnutrition (MAM).</p> <p>DG ECHO has not sufficiently emphasised interventions to</p>	<p>Decide whether it is a priority for DG ECHO partners to ensure that works projects have a nutrition impact, given the competing priorities for food and cash transfers; and place the emphasis accordingly.</p> <p>Conduct a brief review of good practice as regards operational linkages in some contexts, and disseminate this through the food security and nutrition regional advisers. The review could include liaising with TAs for examples of projects where good operational linkages have been made. This could be cross-checked with partners.</p> <p>Urge partners to consistently take into account IYCF issues within food assistance interventions, e.g. to do no harm in terms of breastfeeding and childcare.</p> <p>Work with WFP and others to move away from basing the size of cash transfers on the cost of WFP food basket, and more towards a cost of healthy diet. Consider what people actually buy, not what they should buy.</p> <p>Do not focus overly on cash-based responses, or food assistance in general, in impacting nutrition: be open to emerging evidence on what types of interventions have the greatest effect and at what cost.</p> <p>Consider funding coordinated nutrition causal analyses in countries with high baseline acute</p>

	<p>promote better infant and young child feeding (IYCF).</p> <p>Some DG ECHO-funded food assistance makes good operational linkages to nutrition-specific interventions, but this is not standard.</p> <p>Many transfers (in-kind and cash) do not sufficiently take into account the nutritional requirements of the target population (i.e. adequate food basket), especially children or pregnant or lactating women.</p> <p>Partners do not select work projects (within cash-for-work or food-for-work) based on their nutritional impact.</p>	<p>malnutrition rates and frequent shocks or crises.</p> <p>Consider funding programmes to support IYCF, including breastfeeding, in particular those with an operational research component, to improve the evidence base.</p> <p>Within the limits of DG ECHO's budgeting system, adopt a flexible approach to allow for changes in the amount of cash transfer per household during programming (e.g. to reflect significant changes in market prices).</p> <p>Encourage partners to consider a combination of in-kind food assistance and cash (rather than just one or the other), particularly when appropriate foods (e.g. nutrient rich foods for young children) are not consistently available or accessible.</p>
EQ2: To what extent and which operational tools (e.g. assessment, monitoring, reporting tools) have been used to link food security and nutrition in humanitarian interventions?	<p>DG ECHO has encouraged improvements in monitoring. However, some consumption measures used as a proxy for intake within the household are not sufficient to monitor whether all in the household (particularly children) have adequate intake.</p>	<p>Continue with plans to develop specific guidance on IYCF in emergencies, and ensure that existing guidance tools include IYCF programming and address IYCF.</p> <p>Consider ways¹ to support the development of indicators or monitoring approaches that measure individual dietary intake, especially of children. This could include a feasibility study with one of DG ECHO's main food assistance partners on the use of individual dietary diversity score (IDDS), for example.</p> <p>Consider consolidating technical and generalist guidance into single, user-friendly documents.</p> <p>Where possible, disseminate relevant guidance tools to partners.</p> <p>Consider providing funding to support building partners' capacity around existing assessment tools (this could be carried out either by partners or relevant clusters).</p>
EQ3: To what extent has the guidance of the Communication	<p>There is weak appreciation of the HFA Communication by DG ECHO staff and partners and (with some exceptions)</p>	<p>Develop a new strategy for dissemination of the HFA Communication and related guidance, recognising staff turnover particularly in the field.</p>

¹ In addition to the country-level consultations described under EQ3.

on Humanitarian Food Assistance (HFA) strengthened the integration of nutrition in food assistance actions?	limited use of the operational guidance tools.	<p>Review current DG ECHO staff knowledge and capacity regarding nutrition-sensitive approaches in food assistance, and consider additional training needs.</p> <p>Recognising that partners change and partner staff turnover can be high, continue to conduct country-level consultations with partners to discuss the HFA Communication and how they incorporate into their programmes.</p>
EQ4: To what extent does the specific context (rapid-onset shock, slow-onset crisis and protracted crisis) influence the integration of nutrition aspects in food assistance projects?	The type of crisis (rapid-onset, slow-onset or protracted) does not appear to influence the integration of nutrition as much as do other factors like the availability of data, access, partner capacity, policy coherence amongst government and development partners, and broader regional cohesion. There is a lack of a national-level picture on nutrition status in some contexts, which hinders needs-based responses.	Where basic nutritional data are weak, consider either jointly funding with other humanitarian donors or encouraging development partners to fund improved nutrition information systems and the incorporation of key nutritional data within food security monitoring.
<p>EQ5: To what extent have challenges experienced when creating linkages between food assistance and nutrition been addressed?</p> <p>EQ6: To what extent have DG ECHO partners actively promoted and applied linking food security and nutrition, and what were the reasons if they were not able to do so?</p>	<p>Donors have no forum through which they can regularly coordinate on this issue at global level.</p> <p>Global- and field-level coordination and strategic planning between the food security and nutrition sectors is weak.</p> <p>DG ECHO is not able to support and advocate policy issues directly with the government.</p> <p>Partner capacity in the area of linking food security and nutrition is inconsistent.</p>	<p>Identify a forum to coordinate more with other donors, particularly USAID/Food for Peace, on policy, operational approaches and research into the role of specific nutritional products.</p> <p>At the global level, participate more consistently and strategically in the relevant clusters and cross-sector working group.</p> <p>Conduct a brief internal review of ways in which DG ECHO has conducted effective advocacy on issues related to nutrition with various actors, e.g. in the Sahel, and consider lessons for other contexts.</p> <p>At the field level, consider funding support to improved partner coordination and planning.</p> <p>Encourage partners to consider their field-level capacity as regards integrating nutrition into food assistance, and allow partners to incorporate identified needs into their budgeting and proposals. Encourage partners to engage in cross-agency collaboration in order to build capacity.</p>

1. Introduction

1.1 Objectives and audience of the evaluation

19. The overall purpose of the evaluation is to assess DG ECHO's operational capacity to fund food assistance programming which contributes to addressing acute undernutrition in humanitarian crises. Its specific objectives are:
 1. To update on current practice and discussion with regard to the integration of food assistance and nutrition interventions.
 2. To provide a multi-regional evaluation of the implementation of an integrated approach.
 3. To provide conclusions and operational, strategic and policy recommendations for an improved integrated approach to food security and nutrition, with a view to adapting/adjusting current and future practices, tools and guidelines.
20. The evaluation asks whether DG ECHO-funded food assistance supports (or in some cases hinders) the addressing of the relevant immediate and underlying causes of acute undernutrition. It examines whether nutrition objectives been integrated at all stages of the food assistance programme cycle (situation analysis/assessment, causal analysis, response analysis, targeting and design, implementation and monitoring) and whether food assistance been linked to direct nutrition interventions, where appropriate. The scope of the evaluation is 2009 to 2012, where it is possible to take 2012 into account.
21. The evaluation seeks answers to the following specific questions:
 1. To what extent have projects successfully integrated nutrition objectives?
 2. Which operational tools (e.g. assessment, monitoring, reporting tools) have been used to link food security and nutrition in humanitarian interventions?
 3. To what extent has the guidance, i.e. HFA, strengthened the integration of nutrition in food assistance actions?
 4. Does specific context (rapid-onset shock, slow-onset crisis and protracted crisis) influence the integration of nutrition aspects in food assistance projects?
 5. To what extent have challenges experienced when creating linkages between food assistance and nutrition been addressed?
 6. To what extent have DG ECHO partners actively promoted and applied linking food security and nutrition and what were the reasons if they were not able to do it?
22. The report is organised as follows: Section 2 describes European Commission policy and guidance in this area and examines awareness and broad application of the Commission's 2010 Communication on Humanitarian Food Assistance as well as the challenges faced, and also tools and guidance that serve to support an 'integrated' approach to increase nutrition-sensitive programming.² Section 3 examines the differing contexts and coverage within the case studies. Section 4 considers situation and response analysis, while section 5 looks at response planning and implementation, including monitoring and evaluation. Section 6 considers the challenges that DG ECHO and its partners have faced in seeking to link food assistance and nutrition, and examines how these have been addressed. Sections 7 and 8 offer

² Application of the HFA Communication is also discussed throughout the rest of the report, as the HFA Communication presents a vision for food assistance which has nutrition objectives.

conclusions and recommendations for DG ECHO to consider. The findings of the case studies, interviews and project analysis are woven throughout. Annex 8 summarises some of the debates in this area, and looks at the policy and guidance of key donors and agencies.

23. Among the audiences for this evaluation are Commission staff at headquarters, regional and field level; DG ECHO's implementing partners; and other actors with an interest in the evaluation findings, such as humanitarian donors and aid agencies.

1.2 Methodology and caveats

24. The methodology for the evaluation was determined based on the Terms of Reference provided by DG ECHO (see Annex 1) and input from the evaluation team. It consisted of the following components described below.³ In the report that follows, the source of evidence is generally noted as one of the following components below; where no source of evidence is cited, the information generally came from the global or headquarters interviews. Annex 8 presents the definitions and frameworks used for this evaluation.
25. The evaluation was undertaken by a team of four research consultants drawn from two research organisations, Humanitarian Outcomes and Valid International. A more detailed description of the role of each team member can be found in Annex 2.

Definitions

26. The following terms, drawn from the Communication on Undernutrition (EC, 2013a) and the HFA Communication, are used throughout this evaluation:
- A **humanitarian crisis** is an event or series of events which represents a critical threat to the health, safety, security or wellbeing of a community or other large group of people. A humanitarian crisis may have natural or man-made causes, may have a rapid or slow onset, and may be of short or protracted duration. (EC, 2013a, p.14)
 - **Undernutrition** includes: i) intra-uterine growth restriction which leads to low birth weight; ii) stunting iii) wasting and nutritional oedema; and iv) deficiencies in essential micronutrients (ibid.).
 - **Malnutrition** is a physical condition related to the body's use of nutrients; there are two forms of malnutrition: undernutrition and overnutrition (ibid.).
 - **Food security** exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (ibid.).
27. **Humanitarian food assistance** aims to ensure the consumption of sufficient, safe and nutritious food in anticipation of, during, and in the aftermath of a humanitarian crisis, when food consumption would otherwise be insufficient or inadequate to avert excessive mortality,⁴ emergency rates of acute malnutrition,⁵ or detrimental coping mechanisms. This

³ In addition to the elements below, the team had planned to conduct an online discussion with experts and practitioners, but was unable to generate any responses from postings on the Humanitarian Practice Network (HPN) or 'En-net' (an online resource for practitioners in the field of emergency nutrition). A few topics of relevance to the evaluation were discussed on the Cash Learning Partnership (CaLP) list-serv, however, and were taken into consideration by the evaluation.

⁴ 'Excessive' is considered to combine absolute measures in relation to established emergency thresholds (as defined by the Sphere handbook, UNICEF and the UN Standing Committee on Nutrition (SCN)), and relative measures in relation to context-specific baselines.

includes ensuring food availability, access to nutritious food, proper nutrition awareness, and appropriate feeding practices. Food assistance may involve the direct provision of food, but may also utilise a wider range of tools, including the transfer or provision of relevant services, inputs or commodities, cash or vouchers, skills or knowledge. (EC, 2010a, p.3)

28. The conceptual framework of malnutrition used in this evaluation is presented in Figure 1 in Annex 8.

Document review

29. The document review surveyed important research, global reviews, policy and guidance documents as well as evaluations. The aim was to gain a comprehensive picture of current trends and debates with regard to the policy and practice of integrating nutrition objectives in humanitarian food assistance, and to a limited extent integrating nutrition within international development assistance. The team identified documents from a range of sources, including the European Commission, government donors (e.g. USAID/OFDA and the UK's DfID), UN agencies (notably WFP, FAO, UNICEF and UNHCR), key academic institutions working in this area, global clusters and key international NGOs, particularly DG ECHO partners. The team reviewed all relevant policy and guidance documents produced DG ECHO, as well as documents related to several global-level capacity building projects (WFP; FAO/the Integrated Food Security Phase Classification; and Save the Children). A full list of documents is found in Annex 7.

Interviews

30. The team conducted semi-structured interviews with 45 persons working at the global and regional levels. See Annex 5 for a full list. These included representatives of DG ECHO; other donors; key DG ECHO partners in the areas of food assistance and nutrition; and a small number of external experts. Separate interview guides were developed for DG ECHO, its partners, and representatives of government and donors. These are found in Annex 4. Interviews were conducted on a not-for-attribution basis; with a few exceptions (e.g. WFP), when referring to the opinions expressed by an interviewee the evaluation uses general terms like 'DG ECHO staff' or 'DG ECHO partners' or 'other donors'.

Project analysis

31. The team analysed a randomly selected sample of 50 DG ECHO-funded projects in the 'food assistance, short-term food security and livelihoods support' sector: 16 projects from 2009; 15 from 2010; 17 from 2011 and two projects from 2012. For the 2009 and some of the 2010 projects, these documents consisted mainly of DG ECHO's 'fiches op',⁶ while for mid-2010 onwards the documents were single forms. Drawing on the judgment criteria for the evaluation, the team developed 45 indicators for analysing these projects. Not all of the indicators were used for projects for all the years, because of the different types of documents that were analysed (fiche ops versus single forms). See Annex 3 for further details of methodology as well as a presentation of results.

⁵ As defined by the UN Standing Committee on Nutrition (SCN) and the World Health Organisation (WHO)

⁶ Short for *fiche de suivi d'operation* (operational monitoring document)

Case studies

32. Case studies were conducted in Niger, South Sudan and Bangladesh. The case studies were selected to achieve a mix of regions and contexts (slow-onset food crisis/drought, repeated natural disasters, and protracted conflict) and based on the willingness of DG ECHO country teams to participate. The case studies consisted of:
1. A review of project documents (single forms) for DG ECHO's humanitarian food assistance projects from 2009 to 2012 and an assessment of whether they fit the judgment criteria as described in the evaluation matrix, plus a review of additional relevant documentation
 2. In the capital city, interviews with key informants from DG ECHO's partners in humanitarian food assistance interventions, and in some cases nutrition-specific interventions; DG ECHO staff; representatives of the EU delegation; government representatives involved in food assistance and/or nutrition; and other donors. Ninety persons were interviewed in total in all three case studies (see Annex 5 for full list).
 3. In Bangladesh, a visit to a field site where additional semi-structured interviews with representatives of DG ECHO partners. This was not possible in Niger due to security constraints, or in South Sudan due to logistical difficulties.
 4. A final workshop with DG ECHO, Delegation representatives and DG ECHO partners held in the capital city, discussing the preliminary conclusions of the field mission (see Annex 6 for list of participants).

Caveats

33. The main caveat concerns the nature of the evaluation as global in scope yet limited (for practical reasons) to three case studies only. This is somewhat mitigated by the global and regional interviews conducted as well as the analysis of 50 randomly selected projects. Wherever possible, the team has sought to balance the weight of the findings from the case studies against the evidence available at the global level, explicitly noting where evidence was not conclusive. Second, there were various caveats related to the project analysis; these are further described in Annex 3. The most notable of these are that all 45 indicators could be assessed only for projects in late 2010 or 2011, essentially reducing the size of the sample and making it focused on these two years; and the projects were randomly selected, irrespective of the size of funding, meaning that some of the larger recipients (like WFP) are under-represented. Third, in the case studies, it was not possible to assess the effectiveness of programming in 2012 in the same way as for other years, since some final reports and evaluations were not yet available. Lastly, people living with HIV/AIDS and the elderly have specific nutritional needs which it is important for food assistance to address, but these issues are not given full consideration by the present evaluation.

2. European Commission policy and guidance

34. This section examines the development, awareness and broad application of DG ECHO's policies related to nutrition-sensitive food assistance, in particular the Communication on Humanitarian Food Assistance, as well as the challenges faced. Also analysed and discussed are the development and awareness of related tools and guidance.
35. The HFA Communication is widely recognised as a strong policy, with DG ECHO leading among donors on nutrition-sensitive food assistance. It seeks to address major structural

challenges within humanitarian food assistance, which for many years has not focused on improving nutrition.

2.1 Developments and application of policy

36. Since the transfer of the humanitarian food aid budget from DG AIDCO to DG ECHO in 2007, DG ECHO has attempted to expand the confines of the food aid budget line, including adopting a broader definition of food assistance and increasing support to cash and vouchers as alternatives to in-kind food aid (EC, 2010a; Haver et al., 2012). These trends and the call from the European Consensus on Humanitarian Aid for a policy to be developed in the area of food aid (European Union/Council, 2008a) led to the development and release of the Communication on Humanitarian Food Assistance (HFA Communication) in 2010 (EC, 2010a). This Communication was accompanied by a Staff Working Document (SWD), a more operationally-focused paper (EC, 2010a). The Communication was released in conjunction with Communications on food security and health (EC, 2010b), both calling for more comprehensive strategies to tackle undernutrition and for a strengthening of the link between health and food security, for more efficient responses.
37. The HFA Communication uses a conceptual framework which draws closely on the nutrition causal framework (see Annex 8), placing malnutrition at the end of a series of causal factors of which food insecurity is one. It declares one of the key objectives of humanitarian food assistance to be the avoidance of acute malnutrition, through safeguarding the availability of access to and consumption of adequate, safe and nutritious food. It commits the EU and its Member States to ‘incorporate nutritional perspectives into all food assistance needs assessments and responses, and [to] pay particular attention to the specific nutritional needs of defined vulnerable groups (including children under-two and pregnant and lactating women)’ (EC, 2010a, p.6). To achieve this latter commitment it recognises the need to provide ‘sufficiently nutritious and adapted foods’ (ibid.).
38. The SWD on HFA highlights the importance of considering available nutrition information within needs assessment, in making geographical targeting decisions, and in monitoring. However it stops short of recommending the collection of nutritional information at any stage. This means food assistance interventions can be constrained by the amount of nutrition information available; there is no commitment by DG ECHO to address any nutrition information gaps that are encountered. The SWD also notes the importance of implementing complementary nutrition interventions (therapeutic and supplementary feeding through targeted or blanket approaches, micronutrient supplements) where acute malnutrition or micronutrient deficiencies are a concern. However, it does not specify how to ensure that the design of the food assistance package incorporates that commitment outlined in the HFA Communication to ensure nutritionally adequate diets, i.e. access to appropriate foods for children and other vulnerable groups identified as acutely malnourished, outside of periods of supplementary feeding.⁷

⁷ This comment concerns the design of the package only, not the decision of whether or not to intervene. The commitment set forth in the HFA Communication is that *where* HFA is provided it should always include appropriate food for children – irrespective of acute malnutrition rates – but the SWD does not explain how that should be done.

39. In 2011, the Commission reviewed and formalised its approach to undernutrition, bringing it in line with global developments. A group of nutrition experts (Nutrition Advisory Service or NAS) was established by DEVCO to support the development of the EU Reference Document on Addressing Undernutrition in External Assistance (EC, 2011a). This document provides practical guidance on how nutrition objectives can be incorporated into a range of different sectors, thematic areas and funding modalities. More recently the NAS group supported DG ECHO in developing a Staff Working Document on Addressing Undernutrition in Emergencies (EC, 2013b); this document was followed by a Communication on Addressing Undernutrition in Emergencies, released in March 2013.⁸ The aim was to elaborate ‘a common perspective on principles and priorities that support the integration of nutrition objectives across all the sectors of humanitarian assistance’ (EC, 2013b, p.3).
40. A main strength of the Communication and SWD on Undernutrition in Emergencies is that they were released by the EC as a whole. This reaffirms the Commission’s commitment to address undernutrition with different types of aid. Importantly, it is made clear that the Commission will not necessarily wait for rising rates of acute undernutrition before providing humanitarian food assistance and nutritional support. There is a commitment to working towards a common understanding of the nutrition situation for use as a basis for ‘defining common strategic priorities for programming of humanitarian and development funds’ (EC, 2013a, p.7). The SWD also states the Commission’s commitment to facilitating the application of a nutrition ‘lens’ to assessment, problem and response analysis, as well as to the monitoring and evaluation of all multi-sectoral projects (EC, 2013b, p.19). More specifically it reaffirms the Commission’s support for the integration of nutrition data into other information systems and projects, such as the Integrated Food Security Phase Classification (IPC) project, and its continued support of the Household Economy Approach (HEA) in relation to Cost of Diet (CoD) analysis as tools for facilitating appropriate situation assessment, response analysis and monitoring (see Annex 8 for further details).
41. Although the SWD on undernutrition underlines the Commission’s broad commitment, it does not offer a clear picture of the strategies to be adopted to do this. The section on food assistance poorly reflects the need to address the quality of general food distributions, and provides no clear strategy on blanket feeding or the provision of foods appropriate for children within the general ration. This contradicts previous clear guidance given in the ‘Interim holding lines on the use of specialised nutrition products for the management of moderate acute malnutrition’ (EC, 2012f). The section on micronutrients in the SWD is much clearer on the actions required within the food assistance response, including provision of fresh food items, fortified commodities such as supercereal, LNS, iodized salt and/or micronutrient powders, and special attention to the quality of complementary food for children.
42. In some respects the limitations of the SWD reflect the lack of evidence in this area. As noted in Annex 8, there are known challenges involved in assessing the impact of both in-kind food aid and cash transfers on nutritional status. Many actors are struggling to identify appropriate

⁸ The usual order of a statement of overall policy (a Communication) followed by a more practical guidance document (Staff Working Document) was reversed in this case.

nutritional indicators for food assistance interventions. However, the SWD on undernutrition does not reflect these debates or provide clear guidance in this area. Similar to the HFA SWD and HFA Communication, there is no recognition of the potential for food assistance to support or undermine IYCF practices.

43. If nutritional objectives are taken on board for cash programmes, market assessments must specifically include consideration of foods appropriate for children and other vulnerable groups. DG ECHO's latest guidelines on the use of cash and vouchers include a requirement to assess whether the local market will be able to supply any specific types of food needed for beneficiaries with a particular nutritional requirement (the very young, pregnant and lactating women, the sick, especially those with HIV/AIDS, the elderly, the undernourished) (EC, 2013c). The document stops short of recommending any specific complementary nutrition or in-kind response where those foods are not available, such as blanket feeding or provision of specialised foods within the general ration. Such guidance would serve to link the different approaches together.

Awareness and application of the Communication on HFA

44. While the HFA Communication and related policies are welcome, translating policy to practice has been more challenging. Most persons interviewed for this evaluation consider implementation as a work in progress; there are various difficulties, but awareness of the policy is the first stumbling block.
45. Internally within DG ECHO, particularly beyond those with direct responsibility for its application, there is mixed familiarity with the policy in headquarters and regional offices. At the field level, in the case study contexts examined, there is weak appreciation of the policy by DG ECHO staff. Most staff felt they understood the spirit or intent of the guidance, but lacked awareness of the specifics of the policy itself.
46. Partner appreciation of the policy also varies: it is stronger at headquarters than in the field. Only one NGO had disseminated the HFA Communication and the Staff Working Document to all field staff. Several respondents noted that the shift in DG ECHO policy has not taken place in isolation. For agencies working in food assistance, internal policies and inter-agency collaboration also serve to drive changing approaches. Very few food security or nutrition partners in Bangladesh, Niger or South Sudan are aware of the HFA or its details; this applies also to DG ECHO's largest food security partner, WFP.
47. Several interviewees commented that part of the challenge has been a lack of expertise to support the policy. For example, at headquarters, the HFA Communication had a strong champion at the time of its launch, but that capacity has now moved on; the effect on the policy, interviewees noted, is that it has been accorded a lower profile. DG ECHO has created several regional nutrition adviser posts, as well as organised several missions from the NAS, to help with the integration of nutrition into DG ECHO's humanitarian assistance. Interviewees saw regional capacity as pivotal to the success of the policy, in particular because there is not significant expertise at country level to support policy implementation. That said, nutrition expertise has only recently been established at the regional level, so it has just begun to have sustained, positive effects.

48. In the country contexts examined, the technical knowledge of Technical Assistants (TAs) on the HFA varies. This is partly because most TAs are responsible for a wide range of sectors, making it difficult to be technically strong in all. Furthermore, each sector produces its own range of policy and technical guidance, adding up to a competing and intimidating volume. An additional challenge at the country level is the emphasis placed on budget responsibilities rather than technical know-how. As a result, the regional office plays an important role in supporting the development of technical knowledge on food security/nutrition, through support to programmatic design and common monitoring missions.
49. There is also some scepticism internally within DG ECHO as to the appropriateness of the policy, in particular that including the dimension of nutrition in food assistance shifts the objective away from critical, life-saving assistance to more medium to long-term interventions, which is the responsibility of development partners. This concern is part of a wider debate within the Directorate-General as to whether DG ECHO should scale back and focus on short-term responses only, which could be seen as reflecting their comparative advantage (discussed also in Section 5).
50. Another tension concerns whether to treat nutrition as a specialisation to be mainstreamed cross-sectorally, in order to undertake truly integrated programming, or to be attached mainly to one sector (food assistance). There is no reason why DG ECHO should not also incorporate nutrition-sensitive programming in other sectors, and indeed the 2013 Communication and SWD on Undernutrition in Emergencies commits DG ECHO to do so, but there are programme-related challenges. For example, projects funded under the food assistance budget line can be limited in the extent to which partners can develop cross-sectoral approaches to tackling undernutrition. The research team was told of several instances where it was difficult to get cross-sectoral funding, or to stitch together programmatically. For example, in Haiti one partner had to split its results in terms of WASH, nutrition and food security, which made it difficult for them to design, implement and monitor a fully integrated programme. There are other contexts where integrated programming has been encouraged, but partners lack multi-sector expertise to manage this. Others noted that nutrition is still seen as the provision of health and/or a specialisation in itself and that DG ECHO has not yet made the shift to promote its broader application.

2.2 Developments in guidance and operational tools

51. DG ECHO's goal of ensuring nutrition as 'the responsibility of all, not just left to technical experts' (EC 2011a, p. 8), to be supported by the development of a range of tools and guidance. Various operational guidance tools have been developed in response to this goal (see Table 1).

Table 1: Guidance documents

<ul style="list-style-type: none"> • DG ECHO guidelines on the Use of Cash and Vouchers in Humanitarian Crises (2009, revised 2013) • Staff Working Document on Humanitarian Food Assistance (2010) • EC Reference Document on 'Addressing undernutrition in external assistance' (2011) • Guidance Note on HFA Indicators (2011) • Technical Issues Paper (TIP) on HFA Indicators (2011)
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- Technical Issues Paper (TIP) on CMAM (2011)
- Memo on ‘Applying a Nutrition Lens’ (no date)
- Staff Working Document on Addressing Undernutrition (2012)

52. There are eight or more substantial documents; while impressive, they range between tools targeted for technical specialists and generalists, with some more user-friendly than others. One guidance tool, ‘Measuring better the outcomes of humanitarian food assistance interventions: a guidance note’ provides comprehensive guidance on the monitoring of food assistance (EC, 2011c). It usefully emphasises the importance of indicators other than nutritional status (given the difficulties with measurement) to measure nutrition outcomes, and includes orientation on various tools for measuring household food access and consumption.⁹ It also includes examples of indicators for monitoring child care and IYCF, eating habits, food preparation and intra-household food distribution. However, less is said on what to use in which contexts, or in what combination or on how measurable some of the more complex indicators are.
53. DG ECHO has also developed a simple and clear memo using non-technical language to give guidance on integrating nutrition objectives into interventions in other sectors, including food security: ‘Memo: Applying a nutrition lens. While designing your programme, have you thought about...?’ (EC, undated d). DG ECHO has also produced Technical Issues Papers (TIP), intended for internal reference, on Humanitarian Food Assistance Indicators (2011) and on Nutrition (2008). The TIP on Humanitarian Food Assistance Indicators is the most accessible EC guidance on food assistance indicators, incorporating a nutrition focus. It would be a good basis for providing additional guidance on determining which indicators are the most appropriate in a given context in order to match programme objectives.

Awareness and application of guidance and operational tools

54. Interviewees saw several DG ECHO tools and guidance as very useful for programming and an important contribution to the field. But overall there remains limited awareness of the wide range of tools and guidance, and interviewees questioned the practical application of some documents. All staff and partners – even those with an advanced level of practice in nutrition-focused food assistance – could benefit from further dissemination and training based on the considerable guidance that has been developed at the global level by DG ECHO’s nutrition and food security experts.
55. Tension exists between providing technical contextualised guidance and non-specialist generalist guidance. In particular, several respondents noted the need for more complex guidance to be translated into more user-friendly tools, as well as disseminated through trainings. There is significant variation between countries in the degree of focus on food security and nutrition. DG ECHO TAs covering multiple sectors, as they do in South Sudan for example, struggle to get across the wide range of sector-specific tools and guidance. However in Niger, where the sole focus of the office (and the region) is on addressing malnutrition, there is greater opportunity to specialise.

⁹ HEA, Food Consumption Score (FCS) and the Coping Strategy Index (CSI)), dietary diversity (both household and individual level) and affordability (HEA and CoD).

56. An additional challenge is that not all of the material is in the public domain; as a result, several interviewees noted that it is not always clear what they should and should not disseminate, particularly to partners, and in what form. In general, partners had more limited knowledge of the guidance and tools. Some documents that were seen by staff as useful – like the memo *Applying a Nutrition Lens* (EC, undated d) – are not considered public and are thus not shared with partners by DG ECHO regional staff or TAs. Further, the *Guidance Note on HFA Indicators* (2011) was recognised as very useful but it is not always used by the country TAs; also here, partners could benefit from the guidance. The TIPs related to food assistance and nutrition are used quite widely; however, these were often considered too complicated for generalists, and the need for more accessible material was mentioned.

Humanitarian Implementation Plans and Country-based Operational Recommendations

57. One of the notable and significant strengths of DG ECHO is the way in which it engages staff and partners in a strategic planning process regarding country-based funding priorities for the year ahead, intended to complement, not replace, policy guidance. This is presented in two forms: the Humanitarian Implementation Plans (HIP); and country-based Operational Recommendations, now produced each year by several countries, including South Sudan and Niger. These Operational Recommendations are intended to communicate greater clarity to partners on the kind of activities DG ECHO wishes to fund, beyond the guidance contained in the HIP. Most partners were aware of the Operational Recommendations and gave far greater priority to them as compared to general sector or cross-sectoral policy and guidance from DG ECHO.
58. The design of the HIP and Operational Recommendations differs across contexts. In Niger, for example, DG ECHO has produced *regional* Operational Recommendations. These are intended to promote internal coherence among DG ECHO staff (e.g. with regard to WFP's BSFP, a regional programme) and to inform the approach taken by DG ECHO partners. In South Sudan, the HIP is a consolidated Sudan/South Sudan document, but the Operational Recommendations are specific to South Sudan. Bangladesh has an annual HIP with a single-country focus, but does not produce Operational Recommendations.
59. In Bangladesh and the Sahel, recent HIPs place emphasis on addressing needs in areas with high rates of acute malnutrition. By contrast, DG ECHO's priorities regarding malnutrition in South Sudan are not clearly outlined in the HIP. One interviewee described it as falling short of what 'we might like to do in food security and nutrition' specifically. Food assistance is intended to focus on responding to 'new displacements and to severe, transitory food insecurity' and, as presented, is not prioritised according to high malnutrition rates (EC, 2012a, p.7). The HIP also states that 'when conditions allow, the ground will be laid for a mid-term objective of reducing acute malnutrition through a multi-sector intervention' (ibid., p.8). This does not indicate a sense of urgency as regards dealing with malnutrition – which is surprising, as available GAM rates are among the world's highest. The HIP does, however, encourage integrated approaches in critical geographical areas. In comparison, cross-sectoral programming is not encouraged in the HIP for the Sahel.

3 Context and coverage

60. This section considers the differing contexts in which the European Commission provides humanitarian food assistance and examines coverage within the three case studies.

3.1 Context and the integration of nutrition in food assistance

61. Based on the available evidence, the type of context itself – whether sudden onset, protracted crisis, or conflict – does not appear to significantly influence the integration of nutrition. Various other factors appear to affect the success or otherwise of an integrated approach.

62. The case studies (Bangladesh, Niger and South Sudan) offered a regional mix as well as different types of contexts: repeated sudden onset, protracted crisis, and conflict (internal and cross-border). Yet much of what distinguishes the level of prioritisation of nutrition in each context is not, perhaps surprisingly, rates of acute malnutrition. In two of the case studies, GAM rates have been above emergency thresholds for long periods of time. A range of other factors – like data availability, access, partner capacity, policy coherence amongst government and other development partners, broader regional cohesion,¹⁰ uniformity and predictability of needs across sub-regions, and affected caseload numbers – stand out in explaining why DG ECHO has been successful in integrating nutrition into its food assistance projects.

63. **Good-practice example:** In Niger, collective lesson learning from the 2005 food crisis in the Sahel region is widely agreed to have informed a more pro-active approach to acute malnutrition. In particular, DG ECHO determined that ‘this was a sustained and chronic emergency which required a pro-active rather than re-active approach’ (EC 2006, p.9). Since 2007, DG ECHO has developed a region-wide strategy and has included not only actions to treat and to prevent acute malnutrition, but also support to better assessment and information systems, as well as advocacy aimed at persuading donors and governments to pay greater attention to malnutrition. The result has been the use of ‘short and long term aid instruments to achieve sustainable reduction in malnutrition rates’ (Gubbels, 2011, p.8). Partly as a result of DG ECHO’s efforts, an inter-governmental framework has been developed for action at the national and regional levels in the Sahel, supported by humanitarian and development partners (EC, 2012c).¹¹ Importantly, governments of the region are also reacting sooner to early warning signals and are drawing up response plans jointly with humanitarian partners (Gubbels, 2011; IRIN, 2012b).

64. Neither of the other two contexts examined (Bangladesh, South Sudan) has this level of joint government and donor commitment and policy focus, as well as partner engagement, to the situation of acute malnutrition – despite similarly high rates. South Sudan also has similar rates of acute and chronic malnutrition, yet nutrition is only one of several areas that DG ECHO is focusing on. Part of the challenge is that nutrition data are inadequate in South Sudan, which inhibits a proper understanding of the severity of the situation, as well as the scale and appropriateness of assistance. Coordination between agencies and clusters, and with government authorities on nutrition, has been poor; government capacities are very limited, and there is weak government prioritisation of nutrition. In addition, donors of

¹⁰ as demonstrated in the Sahel

¹¹ In June 2012 the inter-governmental AGIR Sahel initiative was launched in Brussels.

humanitarian assistance have focused on in-kind food aid rather than livelihoods and nutrition interventions; and donors of development assistance lack a commitment to nutrition.

65. In Bangladesh, there are considerably higher levels of development assistance, whereas humanitarian donors and partners are not well established. DG ECHO is often the sole provider of short-term humanitarian funding, and there is little by way of stand-alone humanitarian coordination mechanisms. The Government is acknowledged to be strong and capable in many areas, with some capacity to coordinate and respond to the frequent natural disasters. The entry point for most DG ECHO interventions has not been high levels of malnutrition, but response to shocks like cyclones or flooding. Increasingly, DG ECHO seeks to ensure that its partners' response to natural disasters is nutrition-sensitive (i.e. understanding the baseline malnutrition situation) and to advocate for development actors, including the EU delegation, to provide better support to national nutrition services and a nutrition-sensitive approach across all sectors (ECHO Nutrition Advisory Service et al., 2013).¹² Until now, DG ECHO's food assistance has not been particularly nutrition-sensitive, and advocacy has not yet had an impact on development actors. As in South Sudan, there are also data challenges: nutrition data are not sufficiently localised to enable targeted responses – which is a challenge, given the differing causes of malnutrition in different zones. This situation contrasts to that in Niger, where the causes of malnutrition are relatively uniform amongst the majority of the agricultural population.

3.2 Coverage within the countries studied

66. The evaluation considered whether DG ECHO-funded food assistance made a strong contribution to reaching the populations (age, social, ethnic groups) particularly affected by acute undernutrition. It examined this question in the case-study countries only, not at the global level. First, the evaluation found that it was difficult to gauge levels of coverage, due to the lack of systemic information on undernutrition. This was identified as a challenge in South Sudan and Bangladesh, and less so in Niger. The lack of information made it difficult to say whether limited funds for humanitarian food assistance were going to the most vulnerable populations (see section 6.4 below). Second, available evidence on coverage rates indicates that rates are higher in Niger than in Bangladesh and South Sudan. These inconsistencies illustrate a broader and more systemic challenge facing DG ECHO regarding how structurally high acute malnutrition is addressed globally. In all three contexts, DG ECHO is the first or second largest donor and can play a significant role in encouraging other donors to support improvements in information on coverage levels, and in turn provide funding adequate for the level of need.

4 Situation and response analysis

67. This section examines situation analysis/assessment and response analysis. It considers the degree to which DG ECHO and its partners appropriately assess the situation, choosing

¹² This is in addition to DG ECHO's strategy of targeted life-saving nutrition specific assistance (IYCF, MNS, CMAM) for highly vulnerable populations in crisis situations, subject to assessment based on clear set of preconditions and priority being given to ensuring strategic orientation of actions to support the integration of basic nutrition services within health systems. (ECHO Nutrition Advisory Service et al., 2013)

interventions that address the problem. It also examines whether DG ECHO-funded food assistance makes operational links to nutrition-specific interventions as appropriate.

4.1 Situation and causal analysis

Assessments describing malnutrition

68. The evaluation finds that DG ECHO is generally supportive of assessment, and that it encourages partners to conduct their own assessments. When preparing proposals for food assistance projects, DG ECHO partners are encouraged to include information on the acute malnutrition situation. The global project analysis showed that many projects mention the prevalence of malnutrition, without detailing the nature of malnutrition, its trends or the worst-affected groups. Additional specific indicators related to assessment are shown in Table 3, where results are colour-coded, with green indicating good practice and red indicating bad practice.

Table 3: Results from the global project analysis related to assessments¹³

Indicator	% 'yes'
The single form describes the prevalence of acute undernutrition among children under 5 years old	39%
The single form describes trends in the level of acute undernutrition among children under 5 years old (i.e. 'normal/pre-crisis' and 'current' - getting better or worse) in the project area	22%
The single form describes what are the groups of people (geographical areas or other groupings) worst affected by acute undernutrition	22%
The single form looks at the micronutrient profile of the population (e.g. pellagra, anemia, scurvy, other deficiencies, etc., relevant to food assistance)	13%
The single form describes seasonal patterns in acute undernutrition	4%
The single form discusses food-related causes of undernutrition	52%
The single form discusses care-related causes of undernutrition	17%
The single form discusses health-related causes of undernutrition	22%
The single form references more than one assessment , survey or other study related to nutrition	48%
The partner has conducted or otherwise references primary data collection from key informants and communities related to nutrition	61%
The single form assessment discusses food access , including costs, i.e. not just availability	78%
The single form assessment discusses food utilisation , i.e. storage, processing and/or preparation	22%
The single form analysis of needs/food deficit discusses quality as well as quantity of food intake	61%
The single form discusses seasonality of food intake (access, utilisation, quality)	39%

¹³ Sample size was 23 projects for all indicators in this table: a limited sample.

69. Table 3 shows that less than half the partners described the prevalence of acute undernutrition in their situation analysis/assessment. Even fewer described the specific dimensions of acute malnutrition (whether getting better or worse, etc.). Almost no projects examined seasonal patterns of acute malnutrition, but some partners did discuss the seasonality of food intake. A slight majority described the food-related causes of malnutrition, but far fewer described the care-related and health-related causes. Food access and to some degree food quality were discussed, but much less emphasis was given to questions of food utilisation.
70. In the case-study countries, partners varied in their ability to describe the malnutrition problem adequately. Practice was most advanced in Niger, where the nature and scale of malnutrition is well understood and well documented. Most partners in Niger described the prevalence of acute malnutrition in under-5s as well as the trends. This is partly because partners draw on national, annual SMART surveys. Partners have also been informed by DG ECHO's overall Sahel strategy, which since 2007 has focused on addressing acute malnutrition not only through actions to treat and to prevent acute malnutrition, but also support to better assessment and information.
71. In South Sudan, by contrast, there is no national picture of the nutrition situation, and partners rely on partial nutrition information for the country using SMART surveys. Regarding food insecurity the picture is more comprehensive picture, some nutritional indicators reflected. Several partners commented that while national-level assessments in food security are important, most food security/livelihoods and nutrition NGO partners (with the exception of WFP and UNICEF) tend to assess and respond in the area they already working. In Bangladesh, partners responding to natural disasters (exception: WFP) generally did not make nutrition a core theme of their first-phase emergency food security assessments. Assessments to inform proposals for medium-term recovery activities focus more on nutrition, but in a 'siloed' fashion, with nutrition as a complementary component in analysis and programming, as opposed to an integrated issue. There was a lack of capacity within DG ECHO partners to conduct nutrition assessments for use within food assistance or livelihoods proposals.

Assessments describing food availability, access, utilisation, intake

72. DG ECHO's partner assessments of the food security situation tend to focus on food availability and access (including costs) rather than food utilisation (storage, processing and preparation) or intake (consumption patterns, diet diversity). The lack of information in assessments on food utilisation, diet diversity and consumption is closely connected to the lack of information on the specific nutritional needs of children, as well as other nutritionally vulnerable individuals like pregnant and lactating women. This is a striking gap, particularly for interventions which include the objective of ensuring that children have access to a sufficiently nutritious diet. Many of DG ECHO's food assistance partners, including but not limited to WFP, do not give adequate consideration to children's needs in their assessments. As one interviewee noted, 'you can have situations where adults are overnourished and children are malnourished, because of a lack of quality food. You have to get the analysis right.' At the global level, WFP is seeking to adapt its assessment systems to be more sensitive to nutrition. Currently it conducts market analysis at

the level of household food security, but without examining whether nutritionally appropriate food for children is available in local markets.

73. In South Sudan, both DG ECHO and its partners agreed that a focus on issues like the quality of the general food ration, or foods appropriate for children, or food utilisation issues has been challenging because the operating environment has made it difficult to implement even the 'basic' elements of food assistance. Utilisation issues were perhaps the weakest area of analysis in the single forms, and this was underscored in interviews with partners, including WFP. Most partners acknowledge that questions as to whether food can be safely stored, processed and prepared are not dealt with in assessments, and any findings in this area have come from issues raised in programme implementation. In Bangladesh, assessments to inform proposals for medium-term recovery activities did tend to include a more comprehensive assessment which examined food consumption and dietary diversity within the broader context of coping strategies. This usually included a description of the challenges in infant and child feeding for displaced families. However, these issues were not taken into consideration in assessments for the initial emergency response.
74. In Niger, DG ECHO's partners also showed less attention to issues of food utilisation in their assessments. Food utilisation was addressed through programme activities (e.g. behaviour change communication) and – similar to the South Sudan case – implementation challenges had arisen in the area of food utilisation. Similarly, while partners in Niger demonstrated a good understanding of the basic problem of diets that are insufficient in quality as well as quantity, few partners conducted detailed assessments of whether appropriate foods for small children are available on the market, or what foods are consumed by which individuals, how, and in what quantities.

Causal analysis

75. The evaluation found that partner analyses of the causes of undernutrition are sometimes cursory, with an implicit assumption that food access by itself will ensure adequate nutrition. Care-related and health-related causes tend to receive less attention. The global project analysis found, for example, that out of 23 projects, only two (both of them ACF projects) discussed all the major types of causes of undernutrition – food-related, care-related and health-related. In some cases, good information is available on the nutrition and food security situation, but there is a lack of analysis, particularly as to how food insecurity contributes to undernutrition. Interviewees at the global and regional levels said that where DG ECHO has pushed for a better understanding of causal factors, that has been appreciated and useful.
76. This general weakness in causal analyses can be explained by various factors. Some partners may be weak in assessment and/or situation analysis in general. But there is a more fundamental disconnect between undernutrition as usually having a range of causes, across sectors, whereas (1) partners usually have just a handful of sectors of expertise, which may or may not include sectors where the predominance of causes lie; and (2) partners and/or the donor (including DG ECHO) may have already decided on what the response should be (or at least what in sector: food assistance).
77. Of the case-study countries, in Bangladesh and South Sudan DG ECHO and its partners pay increasing attention to the need to improve causal analysis, while there was less interest in

this in Niger. In Niger, DG ECHO and its partners expressed the view that the causes of malnutrition are well known to be multi-sector and multi-faceted, and that more detailed causal analysis is not usually necessary. Assessments seemed overly focused on the food-related causes of malnutrition, however – perhaps because this was the type of intervention they were seeking funding for. Less than half of the project single forms examined discussed health-related and care-related causes, for example, even though these are known to be critical. It is possible that a more detailed analysis of causes, as well as consideration of the likely impact/cost effectiveness of various types of interventions, could provoke a rethinking of funding strategy.

78. In Bangladesh, ACF had conducted a nutrition causal analysis (NCA) using its global tool, but there was still a very ‘siloed’ treatment of nutrition in assessments overall. Some partners expressed the view that complex assessment tools such as the NCA were possible only for organisations with sufficient core resources available to undertake them prior to submitting a proposal.

79. **Good practice examples:** In South Sudan, there were a few important instances of detailed causal analysis which had served to reframe NGO programmes so as to address the root causes of malnutrition better. For example, DG ECHO and the Swiss Development Cooperation jointly funded an ACF NCA study in 2011 in Northern Bahr El Ghazal state (ACF, 2011b). The study was conducted in an area that had seen very little change in GAM and SAM rates over several years, and was used to enable ACF to intervene more effectively. Another positive step was an FAO-led workshop in Juba in late 2012. This involved the food security/livelihoods and nutrition clusters, examining causality models of malnutrition and solutions for good nutrition for major vulnerable livelihood groups in South Sudan. (Dufour and Jelensperger, 2012)

80. At the global level there is a lack of clarity on what constitutes an NCA (nutrition causal analysis). The ACF has been working on the NCA tool, currently in its second year of development, but there have been challenges in determining how complex the tool should be. The NCA may be best used as a baseline, similar to the household food economy approach. Since NCAs are resource-intensive and time-consuming, they could be conducted at the inter-agency level, with dedicated donor support in contexts with consistently or cyclically high acute malnutrition rates.

4.2 Response analysis

Types of interventions funded

81. Table 4 categorises the 50 projects according by objective: livelihoods, food security, food availability, food access, food utilisation, food consumption and nutrition status. Food access is overwhelmingly the aim of the majority of projects in the sample, with food availability and nutrition status trailing far behind in second and third place.

Table 4: DG ECHO-funded food assistance projects (sample: 50) and aim level

	Livelihoods	Food sec.	Food avail.	Food access	Food utilis.	Food cons.	Nutrition status
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Level of project aim	3	2	7	27	0	5	6
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Making nutrition an objective

82. The evaluation finds that many, but by no means all, of DG ECHO-funded food assistance projects from 2009–2012 include nutrition-related results and outcomes. Of the projects analysed, less than half (21 projects) included one or more outcome(s) or result(s) related to nutrition in the logical framework. More projects proposals¹⁴ discussed how the intervention would address the nutritional needs of the target population. In many instances, nutrition was not a central objective of the project, but partners would include a note to the effect of ‘this intervention will also positively impact on nutrition’, without further details.
83. The global and regional interviewees reported discrepancies between different organisations in their capacity to integrate nutrition. Some, such as the ICRC, carry out food assistance interventions which do not consider nutrition in any substantive way, while others (like ACF, Concern, WFP) have invested significant efforts in recent years (or longer) in approaching their food assistance with a ‘nutrition lens’.
84. The case studies also revealed wide discrepancies in the degree to which partners were undertaking food assistance programming in which nutrition was a stated objective. In Niger, partners made nutrition a declared objective. This reflects DG ECHO’s Sahel strategy, which places treatment and prevention of malnutrition at its core. There, improving nutrition or addressing acute malnutrition stated as the principal or specific objective of the majority of food assistance projects funded by DG ECHO since 2009.¹⁵ Almost but not all projects analysed (13 out of 16) discussed how the intervention would address the nutritional needs of the target population. Several projects where nutrition was not a stated objective nonetheless demonstrated that the nutrition situation had been considered; in fact, only two gave no or minimal consideration to nutrition issues.
85. In Bangladesh, DG ECHO is beginning to encourage its food assistance partners to focus more on nutrition; on the whole, however, food assistance delivered in response to natural disasters has not included nutrition as an objective. Nutrition interventions often appeared to be added on as complementary programming components, not an integrated theme. In South Sudan, good practice is limited to a few experienced agencies which undertake very comprehensive programming that examines the whole conceptual framework of causes of malnutrition, and includes WASH, health and income generation activities.
86. The evaluation also examined whether DG ECHO-funded food assistance projects where nutrition was not a stated objective nonetheless showed that the nutrition situation and causal analysis have been considered. In the global project analysis, it was rare to find such projects. Of the 15 projects which did not have nutrition as a stated outcome or result,¹⁶ four provided information on the prevalence of acute malnutrition in children under the age of five; only two examined trends in malnutrition prevalence; and only one described what groups were

¹⁴ 17 out of 23. These 23 projects were from mid-2010 onwards, whereas the 50 projects were for 2009 onwards.

¹⁵ 10 out of 18; the larger projects and the more recent projects all made nutrition a principal objective.

¹⁶ ... and for which information on the following indicators was available.

most affected by acute malnutrition. In all three case-study countries, there were some partners that did not address the issue of acute malnutrition in any way in their proposals or projects.

Choosing an appropriate response

87. As a recent paper summarised, ‘response analysis means deciding what to do – and making sure you’ve got it right’ (Levine and Chastre, 2011, p.2). In the past, food aid/assistance actors have tended toward ‘the same stereotyped interventions’, which were ‘not based on an understanding of the real needs of people’ (Levine and Chastre, 2004, cover page). Donors and agencies now support a much broader range of interventions, including those which may address specific nutrition needs – and that has made it more important to ‘get it right’ when it comes to assessment and situation analysis (Maxwell et al., 2013).
88. The present evaluation finds that DG ECHO and its partners have mixed and still somewhat limited ability to choose appropriate responses. In some instances, partners appear constrained in their choice of response by their own internal limitations or by DG ECHO itself. Response choices were sometimes overly determined by the capacity or organisational orientation of the implementing partner, the operational challenges of the particular context, or the guidance of DG ECHO – at the expense of realistic options that could have better addressed nutrition objectives. The global project analysis found that most projects (18 out of 23) referred to the analysis to explain why the type of intervention was chosen (e.g. in-kind versus cash). Fewer projects (13 out of 23) referred to the analysis to explain why the *design and level* of the intervention was chosen (e.g. amount of transfer, composition of food basket, including addition of supplements or not, etc.).¹⁷ In interviews, DG ECHO regional and headquarters staff indicated that partners still tended towards ‘generic’ or ‘standard’ interventions. DG ECHO felt that interventions were sometimes still being driven by the availability of a product, rather than analysis.
89. In Niger, although most partners clearly gave consideration to nutrition issues, less than half of the project proposals explained why the type of intervention had been chosen. Generally the partners that opted for a cash intervention, especially in 2010 when cash/vouchers were newer to the region, explained why the situation was favourable for cash. Other proposals included no direct statement of why the action was chosen. WFP’s 2011 proposal for cash-for-work activities does not explain why cash/food-for-work was chosen over unconditional cash or cash for training; this may well reflect the programme’s standard approach at the global level to funding food/cash-for-work in the lead-up to unconditional cash transfers during the hunger gap.
90. In Bangladesh, WFP had the strongest ability of all of DG ECHO’s partners operating in that context to demonstrate a more direct path from causal analysis to response choice. This included a greater use of data and the use of a decision tool concerning moderately acute malnutrition. Other partners did not provide adequate justifications for not focusing on

¹⁷ Even though the single form requests partners to ‘Summarise findings of the assessment... and link these to the Action’, many partners did not explain the link in any way. Thus it may be that a rationale existed but was not well documented in proposals. For all 23 projects, responses refer to the analysis to explain decisions on target group, probably because the format of the single form more directly required partners to explain the beneficiaries targeted and why.

nutrition objectives, given the scale of acute malnutrition. Similarly, in South Sudan, while some partners had clearly designed a response based on a full causal analysis, many others did not consider nutrition at all; thus, it was not clear whether the type of assistance chosen was appropriate.

DG ECHO's role in determining responses

91. Most of DG ECHO's partners do not have the freedom to design whatever action is deemed most appropriate, but are constrained by donor strategies, including DG ECHO's. Interviews with partners at the global level indicated that, on the whole, DG ECHO is appropriately flexible and generally does not dictate what the response should be without sufficient evidence. However, there were a few exceptions. First, several interviewees felt that DG ECHO had been pushing for cash-based responses, irrespective of whether this was most appropriate. Considerable research is underway to investigate the conditions under which cash and vouchers can have an impact on nutrition, and with what relative cost effectiveness compared to other interventions, which should help DG ECHO on this response option (see Bailey and Hedlund 2011; MSF-Epicentre 2012; Bliss 2012). Vouchers may enable a clearer nutrition outcome (Bailey and Hedlund 2011), but they limit dignity and choice; combining cash with nutritional products is also proving a promising option (MSF-Epicentre 2012).
92. Second, there were some instances in which DG ECHO has focused its response on actions in just a few sectors, whereas partners' situation analyses show that programming in other (or multiple) sectors would be more appropriate. In South Sudan, DG ECHO was very supportive of cross-sectoral programming, whereas in Niger DG ECHO was willing to fund actions in the nutrition and food security sectors only. The case study concluded that various prevention measures in the health sector deserve particular attention on the part of DG ECHO. This includes MSF's use of blanket supplementary feeding combined with preventive medical interventions,¹⁸ which appear to have had a marked impact (MSF, 2012; Shepherd, 2012), as well as the more general findings of the *Lancet* study on what caused children's nutrition status to improve so much over the ten-year period through to 2009 (Amazou et al., 2011).
93. Third, some interviewees held that considering the nutrition dimension of food assistance requires medium-to-long term approaches which is inappropriate for an emergency donor. Interviewees indicated that DG ECHO at times has not wished to fund activities to promote milk production in pastoralist societies, despite growing evidence of the impact on child nutrition, for example, or income generation in urban contexts, which (the nutrition-focused NGO ACF believes) may sometimes be the most appropriate short-term response and recovery intervention.
94. Lastly, interviews and the case studies showed that some types of responses are hardly considered at all by DG ECHO or its partners. The most notable gap concerned activities to promote better infant and young child feeding (IYCF). As one DG ECHO regional adviser

¹⁸ MSF's programme in Niger, which is not funded by DG ECHO, has treated 10,000 children since 2011 and been shown to reduce malnutrition and associated morbidity/mortality. The focus is on the first 400–500 days; children are registered at birth and receive a full medical and nutrition package including immunisation, bednets for malaria and treatment if they are sick. From 6 to 24 months they also receive supplementary feeding rations.

noted, a partners' situation analysis may note that breastfeeding rates are very low, yet no action is proposed to deal with this. Although there were a few positive examples, such as support to baby tents to support infant feeding in Haiti, there was a strong view that DG ECHO and partners were 'completely neglecting' this area – partly because 'it is complex and takes energy and patience', in the words of one DG ECHO adviser. A further cause may be that IYCF is seen as crossing the line between short, medium and long-term response. Or it may be seen as an area where more evidence is needed on the potential for short-term results, or better monitoring methodologies to show these results. DG ECHO now has plans for addressing these gaps through the development of operational guidance on IYCF in emergencies.

95. Another response option under-considered by DG ECHO was the treatment of moderate acute malnutrition (MAM). Some DG ECHO staff viewed this activity as ideally involving more linkages with government structures, hence a longer-term approach. WFP was not clear on when DG ECHO is willing to fund its MAM treatment interventions, due to inconsistency in programming decisions in the field. In Niger, DG ECHO did not provide funding for WFP's MAM treatment efforts, whereas in South Sudan DG ECHO funds a range of MAM treatment activities, also to the WFP. DG ECHO's operational guidance for South Sudan as well as interviewees there noted that MAM 'remains a critical gap mainly due to poor programme performance (high defaulter rates, low recovery rates, significantly low coverage rates)' (EC, 2012b).
96. Related to this question, several interviewees felt there were conflicting messages from DG ECHO regarding support to the use of specific nutritional products, in particular as regards testing new MAM or blanket feeding approaches. In particular it seems that in some settings DG ECHO has demanded a higher level of evidence (and performance) for BSFPs as a preventive measure than it does for general food distributions or other types of food assistance programming. In South Sudan, for example, DG ECHO was reluctant to fund a BSFP as a preventative measure, even though it did so in the Sahel. In Kenya, according to one interviewee, DG ECHO was reluctant to fund an RUF blanket distribution (to supplement the inadequate food basket provided by WFP, due to pipeline breakages) because of concerns about evidence base and product confusion with RUTF. Several interviewees, including some DG ECHO regional staff, felt that DG ECHO needed to be clearer about when it will support BSFP.

4.3 Operational linkages

97. The evaluation finds that some food assistance programming is making good operational linkages to nutrition-specific interventions, and DG ECHO is increasingly focused on trying to achieve this, but that this remains an area in need of improvement. The global project analysis found that less than a third of projects (6 out of 23) described operational links to nutrition-specific interventions. Moreover, most linkages were with treatment for acute malnutrition; there were few examples of linkages with IYCF or micronutrient initiatives.
98. One key operational linkage is ensuring that screening of children for malnutrition takes place during food assistance activities. This has been undertaken in various contexts, including Pakistan and Niger.

99. Good practice example: One good example of operational linkages was inserting nutrition messages into the communication strategies used by programming in other sectors (e.g. health, WASH). This was reported as taking place in Pakistan. In South Sudan, some WFP implementing partners identified additional activities to go along with the supplementary feeding which they could do in the short term. For example, ACF and International Medical Corps (IMC) included some IYCF activities which the WFP would like to support. Globally, the UNHCR is seeking a more harmonised approach to its communication with refugees in camps, so that one partner working in any given geographic area can cover nutrition, hygiene, health messaging, etc.

100. There are important questions concerning how to ensure that families with children being treated for malnutrition receive general distributions (food or cash/vouchers), where appropriate. Several interviewees commented that targeting food assistance solely according to whether a family has a malnourished child needs closer examination, as the causes of malnutrition may not be primarily lack of adequate food in the household, and that households with malnourished children were not always the most food insecure. There were also challenges with communities (involved in the targeting of GFD) believing that beneficiaries who receive nutrition support should not also receive GFD, out of a sense of fairness, so that ‘everyone gets something’. In South Sudan, by contrast, one INGO targeted its cash assistance to beneficiaries who were part of the nutrition programme of another INGO. This was done as a means of ensuring a strong link between nutritional programming and food security activities, and offered a way of testing whether the additional cash supported resulted in a percentage reduction in relapse cases in households discharged from MAM treatment centres.

101. Good practice example: In Niger, the WFP (encouraged by DG ECHO) sought to ensure that the recipients of the BSFP in 2012 also received WFP general relief distributions (cash or food). The relief distributions were targeted using household economy analysis (HEA) criteria, i.e. based on indicators of vulnerability and poverty. Thus, it was possible for some households to receive blanket feeding (which was targeted at a geographic level) but not receive the general distribution of cash or food if they were not among the most vulnerable households. The aim was for households classified as extremely poor, with pregnant or lactating women or children under 23 months, to receive both the BSF and the relief distribution.

102. Linking food assistance with nutrition-specific interventions can pose operational and logistical challenges. Sometimes partners are simply not operating in the same areas, or the programmes target different levels: these challenges are evident in DR Congo, Ethiopia, Niger and South Sudan. In South Sudan, the WFP is trying to get SAM treatment projects aligned with their MAM prevention and treatment programming. However, partners have been reluctant to work with the WFP on MAM, due to concerns regarding WFP pipeline breaks, and spoilage of products.

103. In Bangladesh, DG ECHO is actively promoting operational linkages between nutrition and food security. In Satkhira, DG ECHO is supporting an ACF/ WFP integrated CMAM programme, with the possibility of expanding into a wider multi-sectoral approach following

an in-depth analysis of underlying livelihood, WASH and nutrition vulnerabilities. The same CMAM programme also extends to some areas where non-DG ECHO partners are working on livelihoods and food security.

104. There is also evidence of DG ECHO supporting and strengthening one cluster or other with a view to ensuring that stronger operational links are made between the two. This is further discussed in section 6 below.

5 Response planning and implementation

105. This section considers how well DG ECHO and its partners have planned and implemented food assistance projects that make nutrition an objective or otherwise consider nutrition issues.

5.1 Food basket, including children and other nutritionally vulnerable individuals

106. The evaluation finds that, on the whole, DG ECHO-funded food assistance interventions do not take sufficient account of the nutritional requirements of the target population (i.e. adequate food basket). There was evidence from interviews and case studies that DG ECHO has encouraged its partners (WFP in particular) to provide a more nutritionally appropriate food basket. DG ECHO also showed itself to be concerned with whether those receiving cash or vouchers were able to purchase a nutritionally adequate food basket. On the whole, however, there is still a focus on staple foods rather than nutritionally appropriate foods. Only some DG ECHO partners appear to be considering the adequacy of the food basket for covering nutritional needs – both quantity and quality. The global project analysis found that quality and quantity issues were discussed in about half (7 out of 17) of projects involving in-kind food. Nine projects discussed neither quality nor quantity, while one – a project distributing fresh food – discussed quality. The same was roughly true for cash transfers.¹⁹ Just 4 out of 23 projects (both in-kind and cash transfers) discussed how specific micronutrient gaps would be met. Several interviewees felt that there was a need for better ways to assess what a nutritious diet looks like in a particular context, and how affordable this is (e.g. ‘cost of a healthy diet’ methodologies) (see Chastre et al., 2009).
107. More worryingly, it was found that a good deal DG ECHO-funded food assistance did not meaningfully address the specific nutritional needs of children. Aside from blanket and targeted supplementary feeding programmes clearly designed to meet the nutritional needs of children, many food assistance projects do not explain how the intervention will meet the nutritional requirements of children or pregnant and lactating women. In Niger, for example, this was true even for some projects where the objective was to prevent malnutrition among children. Few projects there describe how all people – each individual within the household – will receive nutritious food, including protein, minerals and vitamins. (See Levine & Chastre, 2011, p.4.) The one partner who did examine this question in detail (Concern) found that it was more difficult than anticipated for small children to get a diverse diet. The global project

¹⁹ 7 out of these 15 projects discussed how the size of the transfer was calculated to take into account nutrition needs (quantity/quality). Four of these 15 projects discussed neither quality nor quantity, while four discussed only quantity.

analysis revealed that only one out of 23 projects explained how the special nutritional needs of children would be addressed by the food assistance components of their project, and only one out of 23 projects explained how the specific nutritional needs of pregnant and lactating women would be met. As noted in section 2, there is a sizable gap in practical guidance on how to integrate IYCF into food assistance, which may partly explain the weak practice in this area. One positive step: DG ECHO has plans to develop guidance on IYCF in emergencies.

In-kind food

108. At the global level, the WFP has committed, within general food distribution, to the fortification of foods such as cereals, salt and oil in helping to achieve nutrition objectives ‘... any cereals distributed should therefore be in the form of fortified flour or rice’ (....) ‘vulnerable groups such as children and pregnant and lactating women require supplements or specially fortified products’ (WFP, 2012b, p.17). Where there is an assessment that indicates that fresh food and animal products are available in the markets, cash or vouchers could be used instead. WFP is also trying to use more mixed modalities, by providing, for example, sorghum, pulses and oil as well as a voucher for other foods.
109. The WFP has problems meeting these commitments, however, because it frequently faces pipeline shortfalls. For these reasons it cannot always meet the set 2100 kcal requirements. In some cases donors provide in-kind products, and there is no scope for diversifying. Further, cost limitations can make it difficult to decide whether to provide a diversified ration to 50 per cent of the beneficiaries, or a basic ration to all targeted beneficiaries. Globally, the WFP has admitted that it frequently delivers only 50–60 per cent of the basic ration, ‘missing distribution cycles on a regular basis’, which can make it difficult to justify too much focus on increasing the nutritional diversity of what it does manage to deliver. Such limitations can pose challenges for DG ECHO in deciding how much to press WFP on this issue. In one context, an interviewee said that ‘DG ECHO were at war with WFP as though the funds were there for the full food basket’, but that the pipeline was simply insufficient.
110. Despite these limitations, there has been some progress in making the food basket of GFDs more nutritionally appropriate (see Annex 8). In South Sudan, WFP has been looking into the micronutrient needs of new refugees, and there are plans for adding CSB+ to their food basket or trying the use of multiple micronutrient powders (MNPs). FAO is also currently working on a food basket determination for South Sudan of locally available foods, not related to food aid commodities. Several examples were cited where DG ECHO had usefully supported fresh food vouchers or substituted various supplementary foods in the ration when CSB proved unacceptable to the population (e.g. Ethiopia, Darfur, Jordan). In other contexts, fortified blended food, for example, has been provided.

Cash/vouchers

111. DG ECHO partners varied as to giving full consideration to whether cash-based assistance would provide food of sufficient quality and quantity. Only 7 of the 15 projects in the global analysis discussed both quality and quantity. In some of these cases, programmes are intended to help dietary diversity, but this is often not based on a nutritional or cost analysis as such, merely an assumption that cash will allow people to buy more nutritious foods. In Niger, DG ECHO has made considerable investments in operational research to

demonstrate the impact of cash on nutrition, notably research by Concern (Bliss, 2012; Bennett, 2011). While these studies have shown some impact, other studies seem to have demonstrated a more positive impact through a combination of cash and nutritional products (Epicentre, 2012). Several partners in Niger demonstrated good attention to quality and quantity issues with regard to cash assistance, whereas other partners did not.

112. In Niger it was not clear whether cash/vouchers should cover all the nutritional needs of recipients, or only the kilo-calorie needs (cereals), or only a certain percentage of a diverse diet. Partners were sometimes restricted to using a monetary value of cash that is ‘standard’ among various actors (the government, the UN, NGOs). In both South Sudan and Niger, some partners calculated the value of the transfer based on the equivalent to the food basket provided by the WFP. But it was acknowledged that, since the food basket is limited and not adequate for children, this calculation for cash could result in a similarly limited food basket. In Niger, in addition, a varied diet is not always readily available in rural areas (even with sufficient cash): this applies particularly to adapted foods for children, which made it necessary to look more closely at the kind of diet that cash can provide.²⁰ On the whole, there were indications that cash in Niger may not provide as much nutritional benefit as in-kind food (WFP, 2013c), which should be further investigated. In Bangladesh, where markets tend to function well throughout ‘shocks’, cash has become established as the primary tool for food assistance. As noted below, partners acknowledge a lack of data on the impact of cash, relative to in-kind distributions of food. This is the case in general terms and specifically in respect of nutrition.

113. On the whole, it is increasingly recognised that cash or vouchers can be used instead of expensive commodities when there is a diverse diet available on the market. This can reduce costs, better support markets and promote dignity and choice. In parts of Central Africa, for example, DG ECHO has questioned why the WFP would include CSB in their distributions when there are products with micronutrients (like milk, vegetables and meat) locally available. In refugee settings, UNHCR is seeking to counter the institutional tendency towards in-kind assistance, and is looking into cash or fresh food vouchers, but these efforts are only just beginning. In general, both market and expenditure monitoring is required to ensure that the value of the transfer is nutritionally appropriate. In particular it is necessary to examine not just what people *could* buy but what they *do* buy, and adjust programming as needed, including adding nutrition education for example. As was the case for DG ECHO in South Sudan, partners need to have flexibility during programming to increase the transfer or otherwise alter programming, making it important to build in a contingency for this from the outset.

5.2 Food utilisation

114. The evaluation finds that, by and large, DG ECHO and its partners do not give sufficient consideration to the degree to which food is utilised, even though this is a key determinant of

²⁰ In one instance, Oxfam Novib organised food fairs to ensure a diversified food basket of eight items: millet, rice, oil, sugar, beans, onion, tomatoes and salt. The amounts were calculated using the NutVal software, aiming to provide 60 per cent of the total needs. Onions and tomatoes were included not so much for nutrition reasons but in order to support the local producers, who were suffering from a sudden drop in prices.

food intake. Only a fifth (4 out of 20) of relevant projects analysed globally took into account food utilisation issues in any way.

115. Partners did encounter and address food utilisation issues in their programming, however. In South Sudan, the WFP, for example, noted the need for better support of storage at household level, given the high temperature and humidity and the single growing season. The way food is prepared can have an important impact on the nutrition of children. In both South Sudan and Niger, CSB was hard to prepare. The CSB++ (Super Cereal Plus) is dry and must be prepared 3 or 4 times a day with boiled water. In Niger, however, initial post-distribution monitoring found that in 45 to 59 per cent of cases, the ration was consumed dry (which limits its nutritional value), while in other cases it was prepared using non-boiled water (raising the risk of infection). In South Sudan, a shift from CSB to PlumpySUP improved both the logistics of distribution as well the ease of preparation for families (since it does not require cooking). In addition, post-distribution monitoring demonstrated there was less sharing because the PlumpySUP (in packets), unlike the CSB, is seen as a medicine for malnourished children. In Kenya, DG ECHO suggested there was a need for more understanding of intra-household sharing, because of some evidence that cultural practices result in women and children getting less food, protein in particular.
116. Overall, there are many issues related to the gendered division of labour, demands on women's time, fuel access (e.g. firewood) and cultural practices that would appear to have important impacts on nutrition and therefore require closer understanding. One partner interviewed at the global level mentioned the need to investigate whether fuel-efficient stoves can have an impact on nutrition, since they can mean less time needed to collect firewood and more time for childcare, less risk of violence in some situations, and better food utilisation.

117. **Good practice example:** In South Sudan, one NGO (Oxfam) considered utilisation issues in detail, including fuel access, availability of utensils, and who has control over food and cash in the household. In its cash programme, Oxfam has sought to ensure that fuel is included in the level of the transfer wherever possible.

5.3 Food-for-work or cash-for work programmes

118. The evaluation considered whether partners give consideration to infrastructure/services that can benefit nutrition when delivered as part of food-for-work or cash-for-work. Of the 50 projects examined in the global analysis, just under half (44 per cent) included a work component (FFW or CFW).
119. At present, partners do not select projects on the basis of nutritional impact. Of the 20 projects that could be examined for this indicator, four discussed how the infrastructure/services were designed to benefit nutrition *or* discussed why this was not feasible or desirable. This was also true for all three country case studies, where the selection of infrastructure/services delivered as part of food or cash for work may benefit nutrition, but it was not systematically considered.²¹ Globally, WFP food-for-assets (FFA) activities do not

²¹ However, in its 2013 planning the WFP has taken the need for this on board, and included kitchen garden construction, and food for training on IYCF.

have a straight relationship to nutrition. The WFP has generally focused on community decision-making, and is developing a technique to get communities thinking about undernutrition and how they can prioritise nutrition impacts from the food/cash-for-assets programme.

120. DG ECHO's 'applying a nutrition lens' memo (EC undated d) suggests the following for nutrition-sensitive infrastructure/services: waste disposal, latrines, and working in communal kitchens; it might also be possible to do community mobilisation and screenings for treatment programmes. ACF cited several examples where the results of the work itself were the main focus and not merely a condition for a food/cash transfer.

121. In general, some DG ECHO representatives and partners interviewed were negative to cash/food-for-work, preferring unconditional transfers.

5.4 Appropriateness of work conditionalities for women and/or undernourished individuals

122. The evaluation finds that DG ECHO's partners generally do not focus on the considerations that might need to be made for women and/or undernourished individuals when it comes to food/cash-for-work programmes. Several interviewees at the global or regional level felt that the FFW and CFW programmes failed to take into account the need for childcare and breastfeeding breaks for lactating women, for example, or the need for drinking water provision, or shade to rest. The global project analysis did find that a slight majority of projects (9 of 12) discussed whether the work requirements are feasible for women and/or undernourished individuals. In other regions (e.g. South Asia), DG ECHO is advocating for more cash for training instead of cash for work, noting the need for positive examples to be shared.

123. In the -study countries, partners generally did not explicitly consider possible negative impacts of work requirements with regard to nutrition, but neither was there clear evidence of bad practice. Positively, in both Niger and South Sudan, CFW and FFW took place only in the off season. In Niger, two out of eight proposals for cash-for-work projects discussed whether work requirements would be feasible for women and/or undernourished individuals.

5.5 Promoting nutrition through conditionalities in food/cash transfers

124. The evaluation examined whether DG ECHO funded food assistance projects considered the possibility for food/cash transfers to be conditional upon activities that promote nutrition.²² Many food assistance projects include as a conditionality some training related to nutrition. For example, in South Asia, DG ECHO has reportedly been urging partners to do more cash for training, partly to avoid cash for work for women; and India, Bangladesh, Pakistan, Sri Lanka have all used nutrition training as a conditionality of a cash program. This was also mirrored in Niger and Bangladesh, where many partners included behaviour change communication (BCC) or other nutrition messages alongside cash distribution. In particular DG ECHO's (recently lifted) requirement that all cash transfers over €100,000 include some conditionality had resulted in many partners instituting 'light' conditionalities

²² The evaluation did not examine behaviour change communication as a stand-alone activity. This tends to fall within the nutrition sector.

such as BCC. Evidence on the effectiveness of nutrition awareness or nutrition training is limited, however, and little is known about which situations this is mostly likely to be effective and appropriate. Determining this, however, was outside the scope of the evaluation.

5.6 Monitoring and evaluation

General approaches to monitoring

125. DG ECHO is very supportive of monitoring and has encouraged improvements in monitoring nutrition-specific objectives in its food assistance projects. DG ECHO partners vary considerably in the quality of monitoring. Some do not conduct any monitoring related to nutrition, while others conduct sophisticated and complex monitoring. There is still uncertainty with regard to what indicators are most appropriate for particular types of programming. On the positive side, DG ECHO has provided appropriate support to evaluations as well as operational research relevant to the nutrition objectives of food assistance. Of special importance is the role of regional advisers in improving monitoring.
126. The global project analysis examined whether DG ECHO-funded projects included monitoring indicators that matched project objectives. It found that just over half of all projects in the global analysis (26 out of 50) had an indicator which matched the project aim (see Table 5). This discrepancy can be problematic from a nutrition perspective where, for example, the stated aim of a project is to increase food consumption, but impact is measured only at the level of food access.

Table 5: DG ECHO-funded food assistance projects (sample: 50), levels of project aims and monitoring

	Livelihoods	Food sec.	Food avail.	Food access	Food utilis.	Food cons.	Nutrition status
Level of project aim	3	2	7	27	0	5	6
Level of project monitoring	1	0	5	14	0	22	8

127. Overall, we find diverging practice among DG ECHO partners, with some projects monitoring nutrition status (i.e. rates of acute malnutrition) and others encouraging monitoring with proxy indicators. Monitoring nutrition status requires a considerable expertise and DG ECHO tends to require that partners have a demonstrated capacity to do this. In South Asia, DG ECHO asked partners not to include ‘reduction of malnutrition’ as an indicator because ‘they just can’t achieve it’. In the Sahel, by contrast, some partners include GAM rates as an indicator.

128. Partners have varying capacity in monitoring, and limited access makes this more challenging: in South Sudan, monitoring is very poor in general, due to the high proportion of remotely managed projects, which has made it difficult for the WFP to focus on indicators other than basic ones like number of locations, number of beneficiaries and tonnage. Partners need to give more attention to monitoring in the project design phase.

129. The evaluation was asked to consider whether DG ECHO and its partners were actively identifying (in monitoring and reporting) any challenges related to integrating nutrition objectives into food assistance and linking food assistance and nutrition, and addressing them in project revisions. There were limited instances of this. There were only seven projects within the global project analysis where one or more outcome or result related to nutrition was included in the logframe *and* for which single forms (with intermediate reports) were available. Of these, the intermediate reports for two of these projects discussed the challenges related to nutrition objectives. These same two projects also discussed how the challenges have been addressed in project revisions. In Niger and South Sudan, there are examples of partners carrying out careful monitoring (including nutrition aspects) and adjusting programming accordingly, but this was limited to those partners carrying out extensive operational research. The same level of practice was not observed in Bangladesh.

Indicators used to monitor nutrition

130. Two of the most frequently used indicators, encouraged by DG ECHO, are the WFP’s food consumption score (FCS) and the household dietary diversity score (DDS). These are widely recognised as providing a good broad indication of whether diets have improved. It would be a major improvement if all partners included would actually monitor against these indicators. Many DG ECHO-funded projects still examine only food availability and food access (see Table 4). In South Sudan in 2012, for example, only three NGO food assistance partners used indicators to monitor nutrition, either through measuring food consumption (quantity or quality) or nutrition status. DG ECHO has acknowledged the need to encourage

partners to make investments in monitoring that go beyond availability and access indicators to food consumption level at least.

131. The FCS and DDS indicators are not sufficiently detailed to measure the dietary diversity of children (or other individuals), as they are limited to the household level. This is a significant gap. In Niger, the large majority of DG ECHO-funded food assistance projects monitored results using nutrition-related indicators. Yet partners generally did not pay sufficient attention to what was actually being consumed by children under 5, in particular, appropriate weaning foods the critical 6–23-month age group. For example, WFP monitoring of dietary diversity score for its general food and cash distribution is conducted at the household level, which does not provide enough detail to describe the nutritional adequacy of children's diets.²³

Preventing and monitoring negative effects

132. The evaluation considered whether measures are in place to guard against possible negative effects of the actions on nutrition. It found that most partners do not have specific mechanisms looking at this, but rather aim to identify potential harm (of all kinds) during programme design and then monitor this. Only 5 out of 22 projects examined globally had measures in place to guard against possible negative effects on nutrition. Identifying possible negative effects requires good coordination and feedback between the sectors, not yet always in place. For example, in Haiti, according to an interviewee, one INGO found that mothers were not coming to follow-ups in its CMAM programme because they were involved in cash-for-work activities. Better coordination and collaboration in programme design could have avoided this.
133. It is often assumed that food and nutrition interventions will have a positive impact, or at least do no harm – but this may not be the case. For example, general food distributions may not translate into better nutritional status if the food is sold and not used for other types of food, or requires women, elderly persons or persons living with HIV/AIDS to travel long distances to wait and then carry the food, etc. Similarly, even nutrition education sessions could cause harm if they are not feasible for people to attend or they encourage people to buy products they cannot afford. In Bangladesh, one agency undertook a rigorous 'do no harm' screening as part of the programme design, which examined local markets and environmental degradation, etc. But since this agency had no nutrition capacity, it did not give consideration to any potential negative effects of its programming on nutrition.

Evaluation and operational research

134. There was limited material available as to whether evaluations of DG ECHO-funded food assistance investigated the evidence for or against assumptions that the initiatives contributed to nutrition. Of the 50 projects analysed in the global sample, only five included evaluations that were made available to the team. Three of these examined nutrition in considerable detail; one did so only in a basic way; and one evaluation did not examine nutrition at all. The same three evaluations identified practices that have proven effective in integrating

²³ Unlike individual dietary diversity scores, which have been positively correlated with adequate micronutrient density of complementary foods for infants and young children and macronutrient and micronutrient adequacy of the diet for non-breastfed children. See FANTA 2006 and FAO 2013b.

nutrition objectives into food assistance as well as bad practices, whereas the other two did not.²⁴

135. In the case studies, there was varied emphasis on evaluation in general and with regard to nutrition in particular. Several partners in South Sudan (not the WFP), had conducted evaluations, all of which considered nutrition aspects, although not always in sufficient detail. Partners in Bangladesh provided little evaluation material, and the few evaluations made available did not consider nutrition explicitly. In Niger, several partners had carried out evaluations, with some using rudimentary nutrition indicators and others examining nutrition outcomes with anthropometric indicators. The WFP in Niger had conducted an extremely ambitious PDM of its BSFP that was more like an evaluation (measuring the morbidity and mortality of beneficiary and non-beneficiary cohorts) and was conducting an evaluation of its whole 2012 response, but neither was fully available in time for this report.
136. Generally there is a need for more operational research on making food assistance better suited to nutrition needs. There are good examples where DG ECHO has supported useful operational research in the field (e.g. Niger) but this does not appear to be carried out in a strategic way. Some partners feel that more evidence is needed to bring in funds from other donors or to gather support for certain types of programming. This was especially true for IYCF interventions, the use of specialised foods and blanket feeding. Interviewees suggested that donors could coordinate more on operational research on these topics.
137. Some partners felt that in certain contexts, DG ECHO encourages operational research but does not provide financial support for it. In other instances, DG ECHO appears to require an evidence base that is not realistic. In South Sudan, for example, DG ECHO's decision not to fund BSFP as a preventative measure without an evidence base specific to South Sudan would seem to disregard the difficulties has faced by the WFP in establishing operational basics in this challenging context. It is not always understood by partners why and when DG ECHO supports operational research, which indicates a need for greater collaboration with partners on research priorities.

6 Systemic challenges and how DG ECHO has addressed them

138. This section examines the range of systemic challenges facing DG ECHO's operational capacity to fund food assistance programming which contributes to addressing acute undernutrition in humanitarian crises, and whether and how DG ECHO has addressed those challenges.

6.1 Coherence and coordination among donors

139. There have been limited efforts at coordinating approaches amongst the donor community at the global level. This is reflected at the country level, although there are some important exceptions.

²⁴ This sample is obviously very small, as well as limited to those projects undertaking evaluations; these were more likely to have been of higher quality and tended to have a nutrition focus.

140. Of the donors, the most significant in funding terms regarding food security and therefore with the clearest capacity to influence is OFDA/USAID. USAID has played a key role in the policy debates and in programmatic adaptations to nutrition-sensitive approaches (see Annex 8). Several other donors, including UK DfID, have also been involved in contributing to the policy debate on the nutrition aspects of food assistance in emergencies, but there are few other donors with an explicit policy focus similar to DG ECHO. This inevitably impacts the level of coherence that can be developed at headquarters level. OFDA/USAID and DG ECHO have attempted to collaborate at headquarters on operational research and product testing and standards, but this collaboration has been limited due to capacity constraints and time. More importantly, there is no evidence of donor cohesion in the governing bodies of the main food security actors (Harvey et al., 2010). As its major donor, USAID has placed significant importance on the WFP's commodities (what USAID provides to the WFP and more generally), but less effort in encouraging a wider dialogue with other donor partners, or with other key nutrition players, like UNICEF, or on broader issues such as programmes, operational research and the application of this research (as opposed to simply focusing on the products). As to DG ECHO, interviewees note that opportunities have been missed for coordination with other key donors at the global level. For example, a donor dialogue on nutrition-sensitive food assistance programming could be useful.
141. There are mixed results for donor coordination in the case-study countries. In Niger, coordination was generally perceived as strong between donors. In contrast, in Bangladesh, DG ECHO is often the sole provider of short-term humanitarian funding, as well as funding for 'forgotten crises'. Other donors respond by injecting money into social protection mechanisms, or continuing to focus on longer term objectives. Some other donors, notably UK DfID, can 'call down' money for short-term responses, but responses tend to be determined in isolation. In South Sudan, the three significant donors (DG ECHO, USAID and DfID) have differing approaches to funding responses, and although there is a regular forum for dialogue, the emphasis tends to be on broader issues, like access and security, or administrative arrangements with government, rather than coordinating policy and programming priorities. There is also no evident attempt to make malnutrition a donor priority in South Sudan (as compared to Niger, for example), or to make integrated, nutrition-sensitive programming a priority. Part of the challenge to achieving increased coordination is the differing funding mechanisms utilised. DfID and some smaller donors fund entirely through the Common Humanitarian Fund (CHF), whereas DG ECHO and the US fund bilaterally – and their decision-making is not dependent on projects being reflected in the CAP or other coordinated mechanism.²⁵

6.2 Coherence and coordination among key aid actors

142. Inter-sector/cluster coordination has never been strong. The most recent global cluster evaluation found that inter-cluster coordination was weak, both at the global level and in almost all case-study countries examined in that review (Steets et al., 2010). Most interviewees noted that the global food security and nutrition global clusters continue to be

²⁵ A related challenge with the CHF in South Sudan is that while it is well regarded for its focus on prepositioning of stocks for six pipelines (including nutrition) and frontline service provision, the siloed approach of the CHF (in that it funds sectors, rather than more integrated approaches), and that food assistance sits outside the CHF, is counter to a general trend to more integrated programming.

‘silo-ed’, although there have been a few important initiatives aimed at greater connectedness. The inter-cluster working group for nutrition and food security is an important attempt at greater coherence between the two clusters; but, according to interviewees, there is no strong prioritisation from the relevant institutions of the working group, and progress is seen to be slow.

143. Some donors play an active role in linking the clusters, and DG ECHO in principle and practice supports greater coordination among clusters. Several interviewees commented that DG ECHO could do more in the nutrition and food aid working groups, however, as well as in the global food security cluster itself, to promote nutrition-sensitive approaches. One interviewee held that the only obvious contribution DG ECHO has made to the food security cluster is in the area of cash and vouchers.
144. One area in which DG ECHO has made significant investments is global capacity building, and some partners noted these were key contributions to strengthening institutional capacity for more coherence and coordination. This includes a possible future global grant to build capacity for integrated approaches on food security and nutrition in several African countries, which has been welcomed by partners. The methodology for this is based on work FAO undertook in South Sudan in late 2012, involving FSL and nutrition cluster participants, to examine causality models of malnutrition and solution trees for good nutrition for major vulnerable livelihood groups in South Sudan (Dufour & Jelensperger, 2012). It focused mainly on the contribution of the food and agriculture sector to nutrition with a view to encouraging greater mainstreaming of nutrition in the FAO sectoral strategy, but linkages were also made to other sectors. Although there were mixed reviews of the workshop’s outcomes, the objectives of increasing participants’ understanding of the causes of malnutrition, exploring how situation can be properly assessed, how to target the most nutritionally vulnerable, how to involve communities in the process, and types of nutrition-sensitive activities that could be undertaken – all added up to a much-needed practical exercise in South Sudan.
145. At the regional level, DG ECHO has pushed for coherence among the core mandated agencies, which has been effective in some regions. For example in the Sahel, a regional response framework is seen as critical, as the countries are affected by similar problems. It can provide a more effective and efficient means to share experiences, information and standards such as nutrition protocols, as well as opportunities for collaborative fundraising and advocacy (WFP, 2012c). Partly encouraged by DG ECHO, individual key humanitarian actors, among them the WFP and UNICEF, have taken regional approaches to their operations, as in the Sahel and the Horn. There is also a food security-nutrition Working Group for the Sahel region. These efforts considerably influence the harmonisation of response and improve monitoring and evaluation. However, details can sometimes be lost at the country level. In the Sahel, for example, DG ECHO reported that some WFP programmes were not aware that there was a regional WFP approach.
146. At the field level, the links between the clusters are not considered to be strong in several contexts. In particular the clusters have not sought to support nutrition-sensitive programming. There remains a gulf in language and understanding across the sectors relevant

for nutrition. As one interviewee noted: ‘advocacy that has been produced over the years on the impact of nutrition on economic development still doesn’t seem to be enough for other sectors to take responsibility for nutrition.’ Due to the degree of specialisation often required, INGOs, even large ones, find it difficult to work in more than two or at most three sectors. In South Sudan, DG ECHO is promoting a multi-sector approach through consortiums, or partnership, in particular so that WASH or food security partners can work with and benefit from those NGOs that bring nutrition expertise (which is limited in South Sudan) targeting the same geographic area, as well as allowing for a more efficient use of resources (due to the high costs of operations in South Sudan). It is too early to comment on the effectiveness of this approach however, as only one food security partner had adopted the approach for 2012–2013.

147. Information sharing and mapping are commonly undertaken between the nutrition and food security clusters. But there is a lack of analysis around appropriate planning and responses – for example, consolidated analysis of the information which would inform a joint strategy of action to tackle undernutrition. Interviewees noted that DG ECHO might promote (and possibly fund) workshops on response analysis and planning which could be linked to support for cross-cluster work. Some interviewees noted the critical need for strong coordinator, in order to move beyond information-sharing between the clusters. DG ECHO has taken efforts to address this in some contexts. In South Sudan, for example, DG ECHO started funding the food security cluster coordinator position in 2012 to strengthen the cluster leadership. However, this remains a relatively junior position, and a post with more seniority might have greater impact. In Niger, joint analysis and planning between clusters, although still limited, is facilitated by clear and open communication (including an MoU) between UNICEF, the WFP and various government actors as to their respective roles in the prevention and treatment of MAM and SAM.
148. DG ECHO’s engagement with the WFP, the key food assistance actor in many countries, is generally considered strong in the three contexts examined, but interviewees mentioned other issues that indicate the relationship can be strained. In Niger, there were five or six joint DG ECHO-WFP monitoring missions conducted in 2012, which is an example of collaborative field-based partnerships. In South Sudan, DG ECHO has made impressive efforts in supporting the WFP in addressing the considerable challenges of establishing country-based operations since South Sudan’s independence in 2011; however, there has not been much movement beyond this to nutrition-sensitive programming, because the operating environment has proven so difficult for implementing even the most basic elements of food assistance.
149. Coordination for cash interventions is an area of considerable debate, and in several emergencies has proved challenging to mainstream (Kauffman & Collins, 2012). DG ECHO was noted as good at participating in cash working groups set up at country level, and the question was raised as to whether DG ECHO might play a more active role in bringing other donors into coordination structures, especially as regards ensuring that cash meets nutrition needs, as discussed in Section 4.2.

National governments

150. Government promotion of nutrition-sensitive food assistance programming, in terms of policy development and capacity for operations, is critical for the effectiveness of DG ECHO's policy. This was notably strong in Niger, where there was a high degree of coherence between DG ECHO and the government on nutrition (at least since 2010); by contrast, in South Sudan, nutrition is one of the most underdeveloped areas within the government. In addition to capacity constraints, there are also policy limitations, as malnutrition is perceived by the government as a condition that needs treatment, not as something that is preventable – which suggests emergency conditions will continue to prevail. Moreover, malnutrition is seen as something to be dealt with largely through health measures (although this is weakly prioritised); within the food and agriculture sector there is very limited awareness and ownership of nutrition, and a lack of clarity on what the sector can do. In Bangladesh, despite the high degree of vulnerability to shocks, the government has been reluctant to declare 'emergencies', particularly as regards requesting international assistance; this limits the types of coordinated responses that might be required.

151. DG ECHO faces a broader challenge in its approach to governments. Formally, DG ECHO has no relationship with government, which limits its ability to influence policy (and means that DG ECHO has relatively low visibility despite its significant humanitarian contribution). This is primarily because DG ECHO staff members are appointed as technical assistants – not as diplomats, which is the job of the EU. DG ECHO's only opportunity for dialogue with governments is through cluster and sector working groups. Although there may be a logic to the demarcation of responsibilities, this means a significant lost opportunity for a major humanitarian donor to support and advocate directly with the government on issues of humanitarian policy and practice, particularly in these key areas of food assistance and nutrition.

6.3 Partner capacity

152. One significant challenge facing DG ECHO's programming is the limited expertise at the country level. In several cases where DG ECHO has sought to combine food security and nutrition results, some of the NGOs had no capacity to do food security and others were weak on nutrition. In addition, while a partner may have strong nutrition capacity and strong food assistance capacity, these can still be treated very separately from each other within the organisation. More critically, in some field contexts, as in South Sudan, there is a significant dearth of nutrition skills. And as one interviewee pointed out: 'the use of nutrition indicators is simply impossible in circumstances where there are no partners with nutritional expertise.'

153. Agencies struggle to impart skills. For example, ACF is a leader in nutrition-sensitive programming: all the same, it must struggle to build the skills of non-nutrition staff because further development of skills in their own sector is always prioritised. Where security or difficult living conditions are issues, partners also face a high staff turnover.

154. Some capacity-building efforts have been undertaken, such as funding to Save the Children to train partners on CoD and HEA, but a better strategy is needed to take this forward. In particular DG ECHO may have to require partners to incorporate these needs into their budgeting and proposals.

6.4 Information and assessment

155. Lack of systemic information on nutrition can make it difficult to make decisions on the basis of needs. While this was not identified as a problem in Niger, it has posed challenges in South Sudan and Bangladesh. In South Sudan, there is partial coverage of nutrition information for the country (based on a limited number of SMART surveys), as well as a more comprehensive picture of food insecurity with some nutrition indicators reflected. Some agencies have an integrated way of examining various information sources, but this is not well supported by coordination mechanisms like the clusters which, while actively sharing information, tend to operate in ‘silos’ as regards strategic planning. In Bangladesh, food insecurity and high rates of malnutrition are not often the triggers for emergency intervention. This is partly due to a lack of data disaggregated to a level which might be useful for targeted response. Data on undernutrition are improving, not least through the DEVCO-funded ‘Food Security Nutritional Surveillance Project’ (FSNSP).²⁶ However, FNSP reports do not provide disaggregated data that would allow targeted nutritional intervention in the absence of more specific surveys.
156. The document review and interviews at the global level identified the problem of joint needs assessment across sectors, including rapid assessment. In particular there is debate within the nutrition community regarding what nutrition information can be collected at which stage of a crisis. This debate has slowed progress on initiatives of the clusters to develop rapid assessment tools (see Annex 8 for more detail). It is recognised that nutrition information needs to be better integrated into the food security information systems/surveillance used at the country level for early warning. Where information systems are weak – particularly where there are known high rates of acute malnutrition, but a national picture of the nutrition situation is unavailable – DG ECHO could either fund jointly with other humanitarian donors, or urge development partners to invest more substantially in information systems.

6.5 DG ECHO’s capacity

157. Several interviewees commented that part of the challenge of DG ECHO taking its policy forward is a limited expertise to support the policy. A critical contribution has been the creation of several regional nutrition technical adviser posts, as well as the creation of the Nutrition Advisory Service (NAS), to help with the integration of nutrition into DG ECHO’s humanitarian assistance. This will remain pivotal to the success of the policy, not least because of the lack of significant expertise at country level to promote implementation independently.

6.6 Linkages to development structures and partners

158. A wider challenge with humanitarian coordination for nutrition and nutrition-sensitive food assistance programming concerns whether development donors are giving priority to nutrition, and how this is reflected in their coordination forums and strategies. This was found to be a pressing issue in all the case-study contexts.

²⁶ In 2010, the FSNSP began collecting data using a comprehensive sampling methodology, providing significantly improved data across the seven divisions in Bangladesh.

159. The European Commission has a strong commitment to improving coordination between DEVCO and DG ECHO, but this work has not been very effective so far (EC, 2010a; 2012h; 2013a). During the review period of this evaluation it was evident that DEVCO does not have the same approach to nutrition as DG ECHO in many humanitarian settings. The difference is partly mandate-related: DEVCO focuses on working with governments, whereas DG ECHO focuses on independent, needs-based programming. Further, DEVCO generally has rigid procedures whereas DG ECHO has relatively flexible ones. This makes it difficult to define common priorities and programming approaches. But there are also more specific challenges. In particular, DEVCO's focus on food security and nutrition has been limited thus far. In the 10th European Development Fund (EDF), for example, food security was only chosen as a policy priority by two countries, Niger and Ethiopia. This puts more pressure on DG ECHO funds to solve food crises, even though this is recognised as a structural problem.
160. At the global level there are also some positive examples which signal greater future coordination, in particular the joint investment in the Nutritional Advisory Service (NAS). There are separate NAS services for development and emergency but in some cases they have joined up to support joint missions for linking relief, rehabilitation and development (LRRD) issues, for example, co-funding and co-programming type decisions. DEVCO has also supported lesson-learning on the impact of nutrition-sensitive versus nutrition-focused programming.
161. The case studies showed limited evidence of joined-up programming between DG ECHO and DEVCO. In Niger, DG ECHO has influenced the funding streams of development donors (including DEVCO) to place greater priority on undernutrition, and played a role in the start-up of the inter-governmental AGIR Sahel initiative.²⁷ There is not yet funding for long-term support to the government for the treatment of acute malnutrition, however. In Bangladesh, DG ECHO and DEVCO have a firm relationship. They have, as a first step, started to map out, in geographical and strategic terms, their ongoing and planned interventions, with a view to improving complementarity, but there is only a limited continuum of response in many areas. In South Sudan, resources are only just being consolidated for the EU Delegation, and until recently the capacity to do any complex programming has been lacking. One model would seem to be the risk management approach used in Ethiopia. There, the treatment of malnutrition is part of the general health package with ongoing support, and humanitarian assistance is able to fill an identified gap before an emergency situation escalates.

²⁷ Alliance Globale pour l'Initiative Résilience. The initiative aims to ensure that the people in the Sahel can better cope with future droughts.

7 Conclusions

EQ1: To what extent have projects successfully integrated nutrition objectives?

162. The evaluation found important examples of good practice. On the strategic level, one example of success is DG ECHO's strategy for tackling acute malnutrition in the Sahel, through the use of nutrition-focused food assistance. On the programme level, DG ECHO partners are increasingly considering acute malnutrition in their assessments, and some are using sophisticated ways of analysing various aspects of the problem. On the whole, partners are providing better information on food access, including costs, linked to the growing use of cash transfers. DG ECHO is encouraging the greater use of certain outcome indicators linked to nutrition (e.g. food consumption score, dietary diversity score). And some food assistance programmes are making good operational linkages to nutrition-specific interventions – for example, through screening food assistance recipients for acute malnutrition.
163. Nutrition is not consistently an objective of DG ECHO-funded food assistance, however. Partner analyses of causes are sometimes cursory, with the implicit assumption that adequate food consumption will itself ensure adequate nutrition. DG ECHO is inconsistent in its encouragement of multi-sectoral approaches to tackle undernutrition (rather than only food assistance or nutrition-specific interventions) and there is a lack of clarity as to its willingness to fund certain types of responses, including blanket supplementary feeding and the treatment of moderate acute malnutrition (MAM). DG ECHO does not give sufficient emphasis to some important types of interventions, like the promotion of better infant and young child feeding (IYCF).

EQ2: Which operational tools (e.g. assessment, monitoring, reporting tools) have been used to link food security and nutrition in humanitarian interventions?

164. The evaluation found that DG ECHO has produced an impressive number of operational tools for linking food security and nutrition. These include a Staff Working Document on Humanitarian Food Assistance (HFA) and another one on Undernutrition; a guidance note and a Technical Issues Paper (TIP) on HFA indicators; a TIP on Community-based Management of Acute Malnutrition, and a memo on 'applying a nutrition lens', among others. However, this guidance is weakly understood at the field level – partly because some tools are not very 'user-friendly', especially for non-specialists in food security or nutrition. Moreover, it is sometimes unclear to DG ECHO staff whether and how these tools should be shared with partners. All DG ECHO staff and partners could benefit from further dissemination and training based on the considerable guidance that has been developed.
165. By developing specific tools and guidance, DG ECHO has encouraged improvements in monitoring. Important expertise exists at the regional level to help improve practice in monitoring. One persistent challenge concerns how to monitor the food consumption of all individuals within a household, the children in particular.

EQ3: To what extent has the guidance, i.e. HFA, strengthened the integration of nutrition in food assistance actions?

166. DG ECHO's humanitarian food assistance policy is ambitious, and DG ECHO is a leading actor in this important field. Nutrition-sensitive food assistance is a relatively new shift in the wider humanitarian community, also as regards DG-ECHO-funded partners. This evaluation has revealed mixed results as regards performance in terms of the policy objective of integrating nutrition into food assistance programming.

167. There is variable awareness of the HFA Communication internally in DG ECHO, particularly beyond those who have direct responsibility for its application. At the field level in the case-study contexts, DG ECHO staff show weak appreciation of the policy. Most staff members have an understanding of the spirit or intent of the guidance, and funding decisions to some extent broadly reflect the Communication, but there is less awareness of the specifics of the policy itself. In addition, staff capacity is not always adequate to support implementation of the policy. DG ECHO partners did not demonstrate strong awareness of the policy as set out in the HFA Communication, or how it should be implemented.

EQ4: Does the specific context (rapid-onset shock, slow-onset crisis and protracted crisis) influence the integration of nutrition aspects in food assistance projects?

168. The case studies (Bangladesh, Niger and South Sudan) offered a regional mix as well as different types of contexts: slow onset, repeated sudden onset, protracted crisis, and conflict. Perhaps surprisingly, we found that much of what distinguishes the level of prioritisation of nutrition are not rates of acute malnutrition as such. In two of the case studies, GAM rates have been above emergency thresholds for lengthy periods. A range of other factors – such as access, partner capacity, policy coherence amongst government and other development partners, broader regional cohesion (as demonstrated in the Sahel), uniformity and predictability of needs across sub-regions, and affected caseload numbers – stand out in explaining why DG ECHO has been successful in integrating nutrition into its food assistance projects. In particular there is a lack of a national-level picture on nutrition status in some contexts, which hinders needs-based responses.

EQ5 and EQ6: To what extent have challenges experienced when creating linkages between food assistance and nutrition been addressed? To what extent have DG ECHO partners actively promoted and applied linking food security and nutrition, and what were the reasons if they were not able to do it?

169. At the global level, there have been limited efforts at coordinating amongst donors on this issue. More strategic partnerships with donors as well as other multi-mandated agencies will be critical to food assistance that can integrate nutrition more effectively. The food security and nutrition sectors generally remain in separate 'silos' – at global and field levels – with weak coordination and understanding between the sectors. Partner capacity in this area is one aspect of challenge. But is also a significant lost opportunity for DG ECHO not to be able to support and advocate directly with the government in the key area of food assistance and nutrition.

170. The lack of a national-level picture on nutrition status is a notable challenge in several contexts. This hinders a shared understanding and the ability to strategically plan interventions between the food assistance and nutrition communities, and is an obstacle to response based on need. DG ECHO has not yet made this a priority for its funding or advocacy.

8 Recommendations to DG ECHO

171. The recommendations below are grouped according to the evaluation questions, and then according to which actors within DG ECHO should undertake the action. Indicated in parentheses is the approximate level of importance (‘critical’, ‘important’ and ‘opportunity for learning’)

EQ1: To what extent have selected DG ECHO-funded Food Assistance projects successfully integrated nutrition objectives?

Headquarters level:

1. Work with key food assistance and nutrition actors, including with the WFP, FAO and UNICEF, to develop more consistent approaches towards ensuring the nutritional adequacy of the food basket (especially for young children), BSFPs and the effective treatment of MAM. **(critical)**
2. Decide whether it is a priority for DG ECHO partners to make ‘works’ projects have a nutrition impact, given the competing priorities for food and cash transfers, and emphasise it accordingly. **(important)**
3. Conduct a brief review of good practice with regard to operational linkages in some contexts, and disseminate this through the food security and nutrition regional advisers. The review could include liaising with TAs to provide examples of projects where good operational linkages have been made. This could be cross-checked with partners. **(opportunity for learning)**

Regional and field levels:

4. Urge partners to consistently take into account IYCF issues within food assistance interventions – not least, to do no harm in terms of breastfeeding and childcare. **(critical)**
5. Work with WFP and others to move away from basing the size of the cash transfer on the cost of WFP food basket and more towards a cost of healthy diet. In doing so, consider what people do buy, not what they should buy. **(critical)**
6. Do not become overly focused on the appropriateness of cash-based responses, or food assistance in general, in impacting nutrition: instead, remain open to emerging evidence at the global and local levels on what types of interventions have the greatest effect and at what cost. **(critical)**
7. Consider funding coordinated nutrition causal analyses in countries with high baseline acute malnutrition rates and frequent shocks or crises. **(important)**
8. Consider funding programmes to support IYCF, including breastfeeding, in particular those with an operational research component, to improve the evidence base. **(important)**
9. Within the limits of DG ECHO's budgeting system, adopt a flexible approach to allow for changes in the amount of cash transfer per household during programming (e.g. to reflect significant changes in market prices). **(important)**
10. Encourage partners to consider a combination of in-kind food assistance and cash (rather than only the one or the other), particularly where appropriate foods like.

Nutrient-rich foods for young children are not consistently available or accessible.
(important)

EQ2: To what extent and which operational tools (e.g. assessment, monitoring, reporting tools) have been used to link food security and nutrition in humanitarian interventions?

Headquarters level:

1. Continue with plans to develop specific guidance on IYCF in emergencies and ensure that existing guidance tools include IYCF programming and address IYCF. **(critical)**
2. Consider ways to support the development of indicators or monitoring approaches that measure individual dietary intake, especially of children. This could include a feasibility study with one of DG ECHO's main food assistance partners on the use of individual dietary diversity score (IDDS). **(important)**
3. Consider consolidating the various technical and generalist guidelines into single, user-friendly documents. **(important)**

Regional and field levels:

4. Where possible, disseminate relevant guidance tools to partners. **(important)**
5. Consider providing funding to support building partners' capacity around existing assessment tools (this could be carried out either by partners or relevant clusters). **(important)**

EQ 3: To what extent has the guidance of the Communication on Humanitarian Food Assistance (HFA) strengthened the integration of nutrition in food assistance actions?

Headquarters level:

6. Develop a new strategy for dissemination of the HFA Communication and related guidance, recognising staff turnover particularly in the field. **(critical)**
7. Review current DG ECHO staff knowledge and capacity regarding nutrition-sensitive approaches in food assistance, and consider additional training needs. **(important)**

Regional and field levels:

8. Recognising that partners change and partner staff turnover may be high, continue to conduct country-level consultations with partners to discuss the HFA Communication and how they incorporate into their programmes. **(critical)**

EQ4: To what extent does the specific context (rapid-onset shock, slow-onset crisis and protracted crisis) influence the integration of nutrition aspects in food assistance projects?

Regional and field levels:

9. In contexts where basic nutritional data is weak, consider either funding jointly with other humanitarian donors, or advocating to development partners to fund, improved nutrition information systems and the incorporation of key nutritional data within food security monitoring. **(critical)**

EQ5 and EQ6: To what extent have challenges experienced when creating linkages between food assistance and nutrition been addressed? To what extent have DG ECHO partners actively promoted and applied linking food security and nutrition and what were the reasons if they were not able to do it?

Headquarters level:

1. Identify a forum to coordinate more with other donors, particularly USAID/Food for Peace, on policy operational approaches and research into the role of specific nutritional products. **(critical)**
2. At the global level, participate more consistently and strategically participate in the relevant clusters and cross-sector working group. **(important)**
3. Conduct a brief internal review of ways in which DG ECHO has conducted effective advocacy on issues related to nutrition with a range of actors, e.g. in the Sahel, and consider lessons for other contexts. **(opportunity for learning)**

Regional and field levels:

4. At the field level, consider funding support to improved partner coordination and planning. **(important)**
5. Encourage partners to consider their field-level capacity with regard to integrating nutrition into food assistance, and allow for partners to incorporate identified needs into their budgeting and proposals. Encourage partners to engage in cross-agency collaboration in order to build capacity. **(important)**