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Evaluation of GAIN Programme *Driving Nutrition Impact in Food Security*

Activity Number DDE-525/2012

Ede, the Netherlands, June 2017

Evaluation of GAIN Programme
Driving Nutrition Impact in Food Security.
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Ministry of Foreign Affairs, The Hague

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Abbreviations

AIM	Amsterdam Initiative against Malnutrition
BMGF	Bill and Melinda Gates Foundation
BSCIC	Bangladehs Small Cottage Industry Corporation
BSR	Business Social Responsibility
BSTI	Bangladesh Standard Testing Insitutie
CMAM	Community based Management of Acute Malnutrition
CSB	Corn Soy Blend
CSO	Civil Society Organisation
CWW	Concern Worldwide
FBF	Fortified Blended Food
FDOV	Facility for Sustainable Entrepreneurship and Food Security
GAIN	Global Alliance for Improved Nutrition
GPF	GAIN Premix Facility
GPQS	GAIN Platform for Quality and Safety
HPNSDP	Health, Population and Nutrition Sector Development Programme
HT-TAG	Home Fortification Technical Advisory Group
IEC	Information, Education and Communication
IYCF	Infant and Young Child Feeding
LNS	Lipid-based Nutrient Supplements
MoH&FW	Ministry of Health and Family Welfare (Bangladesh)
MoI	Minstry of Industry (Bangladesh)
MoLE	Ministry of Labour & Employment (Bangladesh)
MNP	MicroNutrient Powders
MFA	Ministry of Foreign Affairs (the Netherlands)
NGO	Non Governmental Organisation
PAMRDC	Multisectoral Plan for Chronic Malnutrition Reduction (Mozambique)
PSI	Population Services International
QA/QC	Quality Assurance / Quality Control
RMG	Ready Made Garments
SBCC	Social Behaviour Change and Communication
SBN	SUN Business Network
SMART	Specific, Measurable, Attainable, Relevant and Timebound
StC	Save the Children
SUN	Scaling Up Nutrition
TVC	TV Commercial
WFP	World Food Programme
WHO	World Health Organisation

Executive Summary

Since 2007 GAIN has been supported by the Government of the Netherlands under the Schokland Agreements. In 2012, this partnership was expanded into the "Driving Nutrition Impact for Food Security" programme (DDE-525-201) combining a complementary set of interventions at global[1] and country[2] level to improve nutrition. The purpose of evaluating this 5-year programme that runs from mid-2012 to mid-2017 with a total budgetary allocation of € 32,171,500, has been two-fold: 1) to assess performance of the programme during the period 2012 – 2016 (i.e. accountability purpose) and 2) to generate insights from past performance and the fit between the Ministry's food and nutrition policy objectives and GAIN's efforts with the aim to strengthen the future cooperation with GAIN (i.e. learning purpose).

GAIN's programme performance was assessed against the following evaluation criteria:

- Relevance in contributing relevant nutrition policy frameworks of the Netherlands and the respective programme countries and in addressing priority nutrition needs.
- Effectiveness at country level in meeting expected results in support of national nutrition policies, nutrition related social and behavioural change efforts and in providing access to improved nutrition to specific target groups.
- Effectiveness at global level in meeting the expected results of the AIM, SBN and GPF programme components.
- Impact on the national nutrition agenda, the enabling environment for nutrition and in reducing malnutrition in the targeted populations[3].
- Efficiency in programme management and delivery.
- Sustainability in terms of the likeliness that achievements will remain functional after the programme has come to an end.
- Coherence and synergy in complementing and building on the efforts of other nutrition actors, paying particular attention to the involvement of Dutch expertise.

Given the prominence of the learning purpose in this evaluation, an approach was adopted with regular interaction between GAIN and the evaluation team. In the inception phase, the Theory of Change of the programme has been reconstructed and an evaluation matrix was developed to operationalise the key evaluation criteria. Data collection took place through an extensive desk-study, telephone and face-to-face interviews with GAIN and partner staff and two country visits to Bangladesh and Mozambique where interviews with key informants and a range of stakeholders were conducted. The subsequent data analysis process included a joint reflection meeting in Geneva with the participation of senior GAIN staff representing all programme components. As a result the following conclusions have been drawn;

Overall, the interventions under the programme are seen as relevant and in design contributing to relevant Dutch and national policy objectives. Many of GAIN's interventions are meant to make a tangible contribution to the operationalisation and implementation of the broader national nutrition agenda, often requested by or in close collaboration with relevant government entities.

The relevance of interventions in meeting nutrition needs is sometimes justified on a limited evidence-base, resulting in adaptations over time as new insights emerge. Nevertheless, GAIN's interventions are widely acknowledged as meaningful contributions to the improved dietary conditions of the targeted groups. Meeting nutrition needs of the more remote and poorer areas remains the most pressing relevance concern.

GAIN's interventions are in majority effective, both, in its country and global programme components. Actual results did manifest themselves differently from what was originally planned. This was however often due to deliberate programmatic adaptations that are inevitable and demonstrate GAIN's adaptive capability in running a complex and largely innovative programme. At the same time it is felt that a more thorough situation analysis could have mitigated the extent to which such adaptations were needed, while the documentation of the nature, needs and lessons learned from

1 Including Amsterdam Initiative against Malnutrition (AIM), SUN Business Network (SBN) and GAIN Premix Facility (GPF).
2 Covering Bangladesh, Ethiopia, Indonesia and Mozambique
3 This last element of impact will be added after the impact studies have become available.

these adaptations remained limited. GAIN has furthermore lived up to the expectation of trying out new hybrid distribution channels, combining market-based and public distribution. The results of these trials are mixed but provide useful insights in the future design of effective distribution channels.

Encouraging longer-term effects can most prominently be found in industry-related fortification efforts that rely on existing distribution channels and are a clear and explicit government priority. In those cases, significant contributions can be observed in creating more nutrition oriented regulatory frameworks and in strengthening the capacity of specific nutrition related government institutes. Effectiveness of GAIN's food supplementation efforts remains a challenge. The innovative nature of GAIN's work carries the potential of more impact if lessons indeed find their way into future policy development and implementation.

Limited (preliminary) impact findings are available about the biological impact of GAIN's efforts. These findings do not show clear statistically significant changes in stunting or anaemia outcomes that can be attributed to the intervention but do show promising findings in changed feeding practices. Despite limited biological impact findings, GAIN's comprehensive food supplementation efforts are considered appropriate by local nutrition stakeholders and are widely acknowledged as such. Given that GAIN's focus is on testing and finding effective and sustainable delivery models to reach the "hard-to-reach" target groups, it is understandable that GAIN decided to concentrate its research efforts on process evaluations rather than on impact studies, in particular when problems with distribution were encountered.

The efficiency of GAIN's efforts is a delicate issue, as budgeting and financial reporting practices are not activity or output based. Existing financial reports to the Ministry only provide insight in planned versus actual expenditures but not in prevailing input-output ratios and trends. Under-expenditure in all programme components is an often recurring phenomenon that can be partly explained by the innovative nature of the programme but also partly by prevailing budgeting practices. Looking at planned versus actual input-output ratios of selected interventions leads to mixed conclusions that seem to say more about budget estimates than about efficiency. Steps are taken to improve GAIN's financial management practices but the effect of this on GAIN's efficiency is not (yet) clear. Nevertheless, a more in-depth review of financial trends related to the Bangladesh office and the SBN programme component do illustrate a pattern of increasing efficiency.

Value for money of GAIN's interventions at first sight appears most convincing in its broadly targeted direct (e.g. food fortification) and indirect interventions (e.g. TV-commercials) as more specifically targeted interventions have higher costs per person and are less likely to succeed. At the same time, it is hard to draw firm conclusions on this, given the varied complexity of GAIN's efforts, the difficulty to quantify and compare the added value of different interventions, the innovative nature of its work and the inherent absence of fair benchmarks.

Sustainability is clearly but implicitly considered in programme design but receives (too) little attention during implementation. As a result, the likeliness of achievements continuing beyond project closure is varied. In cases where GAIN adopts a holistic approach and government ownership and leadership is ascertained, the prospects for sustainability are best though also then not guaranteed. With a recovery rate of over 98%, the sustainability of the GPF revolving fund is largely secured while AIM has successfully adapted practices that prove to be successful in engaging Dutch businesses. The SBN is firmly established as one of the main networks within the broader SUN movement, while the scope and need for continuing efforts towards business engagement remains high.

GAIN can be seen to make significant efforts to achieve coherence and synergy, making use of and contributing to the global nutrition related knowledge base. GAIN's expertise is increasingly recognised at country level and more sought in its people than in its publications. In virtually each country-level intervention GAIN can be seen to seek cooperation with other relevant international actors, which enhances the coherence of GAIN's efforts. GAIN's partners in programme countries in general are positive about the collaboration but regard issues like dependence on Geneva and staff turnover as continuing yet diminishing concerns.

Collaboration with other international actors is a natural part of the global programme components, as in particular SBN and AIM exist for the purpose of creating and convening new partnerships. Apart

from the AIM programme component this however happens without extra-ordinary involvement of Dutch expertise. The fact that the programme is financed centrally may carry the risk of less coherence with other Dutch funded programmes at country level, but regular interaction with embassies helped to mitigate this risk.

The above conclusions illustrate the successful and more critical aspects of GAIN's work. In light of this, the more general recommendation is to consolidate and continue the strong aspects of GAIN's work. This applies in particular to GAIN's efforts to connect and align with government priorities, its relatively holistic approach combining broadly targeted nutrition-specific interventions with policy advocacy, institutional development and SBCC, its apparent efforts to collaborate and synergise with others. In addition, it is suggested to keep using, and contributing to, the global nutrition knowledge base in particular concerning how to sustainably reach specific target groups with high dietary needs.

In addition, eight recommendations have been formulated directed at GAIN to consolidate and improve its programmatic performance in the future. Following this, a final set of four recommendations are geared towards the future collaboration between GAIN and the MFA.

Recommendations directed at GAIN are as follows:

1. **Position GAIN more clearly in the niches of the nutrition sector**

GAIN can be seen playing many roles, all requiring different competencies at organisation and individual level. To optimise GAIN's contribution it is recommended to focus on the role(s) in which GAIN adds most value. GAIN's most obvious comparative advantages lie in its ability to connect and engage the private sector in particular in pursuit of rather specific nutrition policy objectives and new market based distribution models. GAIN's track record and reputation in business engagement in nutrition, combined with its demonstrated capacity to connect and align with government, puts GAIN in a unique and much needed position to help scaling up nutrition with the help of the private sector.

2. **Continue and expand GAIN's contribution to global & local knowledge**

Much can still be learned about effective nutrition efforts as the causes and solutions for malnutrition are highly diverse and contextual, which complicates the design of successful nutrition interventions. It is therefore recommended to put nutrition-related knowledge creation at the core of GAIN's mandate, in particular focusing on finding effective and sustainable distribution models where MNPs are known to be effective. In other words, shift the focus from combating malnutrition to providing governments and nutrition stakeholders with examples of function distribution models to do so. Where non-nutritional factors play a role (e.g. infectious diseases) more research can help finding the best approach in addressing micronutrient deficiency.

3. **Recognise GAIN's innovative character to optimise learning**

Closely linked to the above, it is recommended to make learning a more prominent element in GAIN's project management practices. This means that project monitoring and reporting by definition need to include in-depth reflections on what works and what doesn't, combined with a strong variance analysis that explains and justifies changes. In particular process evaluations of newly established distribution models and the learning potential of GAIN's indirect nutrition-sensitive interventions (e.g. policy advocacy and SBN) needs to be taken more advantage of.

4. **Manage sustainability more deliberately**

Sustainability concerns seem to come naturally but remain implicit in GAIN's project design and lack follow-up action when sustainability challenges are encountered during implementation. It is therefore recommended to make sustainability more explicit in project design to create a basis for more deliberate action in addressing sustainability concerns during implementation.

5. **Determine sphere of control to strengthening project cycle management**

A more elaborate conceptual framework that reflects programmatic hypothesis and distinguishes GAIN's sphere of control would benefit the steering, learning and accountability of GAIN's work. Distinguishing between outputs (within control) and outcomes (beyond control) would help creating more fitting monitoring systems. At output level this would be a system that can rely on SMART indicators to serve accountability and steering needs of projects. At outcome level a more resilient outcome monitoring systems would be needed that is flexible enough to accommodate programmatic

adaptations without the risk of being fixed on planned results that lost relevance whilst missing out on more meaningful but unforeseen results.

6. Decentralise by further professionalizing and stabilizing country offices

It is recommended to continue GAIN's on-going decentralisation process, paying particular attention to the devolution of decision-making power and the recruitment / retention of competent staff balancing nutrition expertise with networking power. A more continuous involvement of GAIN's nutrition experts and network facilitators, will increase the quality of project design and implementation and through that the credibility of GAIN as partner in nutrition in programme countries.

7. Improve transparency in efficiency for steering and accountability

It is recommended to adopt output-based financial management practices. In this way GAIN can get better insight in (trends in) its own efficiency performance and can give external partners the assurance that they are dealing with a conscientious partner that strives for and achieves efficiency improvements.

8. Seek more synergy between programme components

It is felt that better use of the potential for synergy between the various programme components can be made. A more deliberate effort in selected countries to combine AIM, GPF, SBN and /or nutrition interventions can be expected to reinforce the overall effect of GAIN's work and through that strengthen GAIN's position as strong and credible (convening) partner in nutrition.

Recommendations for future cooperation between GAIN and the MFA are as follows:

9. Continue cooperation on SBCC and industry-related food fortification efforts.

Given the continued relevance of nutrition-related SBCC and food fortification efforts, it is recommended to continue cooperation on these successful interventions, provided alignment with national nutrition-related policies remains ascertained.

10. Focus on and be more specific and explicit in testing distribution models.

Given the apparent complexity of food supplementation efforts of 'hard-to-reach' target groups for which new effective and self-sustainable distribution channels have to be invented, it is recommended to label and treat these more explicitly as innovative learning efforts. Such efforts can start at a modest and manageable scale and can be clearly distinguished from MFA's cooperation with agencies like UNICEF and WFP, who take a more hands-on controlled approach in large-scale distribution of food supplements.

11. Agree on output-based budgeting and reporting to monitor value for money.

Ensure that new agreements are based on clear output-based budgets and financial reports. Only in this way will it be possible to monitor value for money of each programme component in its own right and subsequently set realistic performance targets that can be used for future funding decisions.

12. Appreciate the need for stability and maturity for optimal results.

Acknowledge and appreciate the reality that the MFA- GAIN cooperation is best served by a flexible funding arrangement so funding can be used to ascertain the continuation of stable and maturing service delivery. This flexibility may be served by the continuation of central financing, but close consultation with the relevant embassies remains necessary to ascertain continued coherence at country level. Furthermore, this flexibility cannot be considered separate from the need for improved financial accountability systems as suggested before.

1 Introduction

1.1 Background and objective of the Evaluation

This report presents the findings, conclusions and recommendations of the final evaluation of the Driving Nutrition Impact for Food Security" programme (DDE-525-201). This program combines a set of mutually reinforcing interventions enabling GAIN to improve nutrition in four priority countries: Bangladesh, Ethiopia, Indonesia, Mozambique, and to play a catalytic role in shaping the nutrition sector via three enabling global interventions, the Amsterdam Initiative Against Malnutrition (AIM), the SUN Business Network (SBN), and the GAIN Premix Facility (GPF).

The focus of this evaluation is the 5-year programme that runs from mid-2012 to mid-2017 with a total budgetary allocation of € 32,171,500. The evaluation is part of the contractual agreement between the Ministry and GAIN. The purpose of the evaluation is two-fold. Firstly to assess performance of the programme during the period 2012 – 2016 (i.e. accountability purpose). Secondly to generate insights from past performance and the fit between the Ministry's food and nutrition policy objectives and GAIN's efforts with the aim to strengthen the future work of GAIN (i.e. learning purpose).

Given the prominence of the learning purpose in this evaluation, an evaluation approach was adopted to optimise the learning potential of the exercise. A more participatory approach was developed with regular interaction between GAIN and the evaluation team, including a joint reflecting on results after the majority of data collection was completed. Irrespective of the level of participation practised, the evaluation remained an external independent exercise. The Ministry of Foreign Affairs, as formal commissioner of the evaluation, has the responsibility to monitor the quality of the evaluation and will be formal recipient of the deliverables of the evaluation.

1.2 Scope and delineation of the Evaluation

The evaluation covers the evaluation questions mentioned in the TOR, generally making use of both primary and secondary data. Exceptions to this are the nutrition impact related questions that will be answered solely based on a synthesis of already foreseen impact studies (i.e. secondary data). As anticipated, the influence of the programme on the global nutrition was difficult to discern. In this regard, the evaluation collects and reports on signs of significant contribution as perceived by key stakeholders, but without making a comprehensive contribution claim. The impact of the programme on the national nutrition agenda was the focus of attention during the two country visits, based upon which the evaluation formulates a justifiable contribution story. However, it has to be acknowledged that this is largely perception based and depending on the availability of the necessary variety in data sources (i.e. relevant documentation and diverse stakeholders).

1.3 Structure of the evaluation report

In chapter 2 a description of the methodological approach used for the evaluation is provided. This is followed by a short description of the programme and Theory of Change (chapter 3). Subsequently an analytical description of the findings is provided (chapter 4) and finally the conclusions of the study are explained, and recommendations are provided (chapter 5).

2 Methodological approach

2.1 Main evaluation criteria and approach

In response to the TOR (see annex 1) and given the objectives of the evaluation, the work focused on the following key evaluation criteria:

1. Effectiveness relates to the extent to which the intended reach and coverage of the programme in the targeted communities has been achieved. In light of this, the delivery channels used for reaching target groups were reviewed in line with the programme's Theory of Change. Concerning effectiveness of GAIN in the GPF, AIM, and SBN, actual versus planned key deliverables were reviewed taking into consideration relevant changes within the programme's sphere of influence.
2. Relevance relates to the extent to which the project was able to respond to national priorities at policy and community level (i.e. the needs of the target group and the alignment with national policies)
3. Impact relates to two different streams of issues: a) the results achieved by the country programmes in relation to reduction of malnutrition; b) the success of GAIN in influencing the national and global nutritional agenda
4. Efficiency relates the performance of GAIN systems and processes for the implementation of the programme and the delivery of results
5. Sustainability relates 'to the likelihood that the market systems set up by the programme will remain functional and products will remain accessible for the targeted groups after the end of the programme.
6. Coherence refers to logical connection or consistency between GAIN and the various players in the nutrition agenda: national actors, Dutch Government, and global actors (UNICEF, WHO, WFP and international research initiatives)

The evaluation matrix (annex II) illustrates the process used in answering the key evaluation questions, which in turn allowed for an assessment of GAIN's performance against the evaluation criteria. The evaluation questions are translated into more specific sub-questions, followed by signs / indicators that illustrate the type of information that were sought in answering these questions. These signs / indicators were regarded as exemplary as data collection needed to be flexible enough to capture the data that are most relevant to the particular country and project.

The main emphasis of the evaluation is on organisational and institutional aspects. These influence impact and at the same time have a clear effect on the other performance criteria. Therefore, GAIN was assessed on i) the effect that organisational structures, processes, choices and ways of working have on the impact, effectiveness, efficiency and sustainability of GAIN's work and, ii) how institutional aspects like alignment and coherence with other policy frameworks and cooperation with other actors affect GAIN's programme performance.

The impact achieved by the country programmes in terms of reduced malnutrition has been assessed through the impact studies. These were set up as independent processes specifically designed to capture nutrition effects at target group level without addressing the question of attribution. Concerning the nutrition impact of GAIN's country programme, the evaluation did not undertake a separate impact or contribution assessment. Instead, it relies primarily on an evaluation of the existing impact studies.

The nutritionist within the evaluation team assessed and provided feedbacks on the protocols for the ongoing impact studies. She also assessed the design of the impact studies and the methods used in the analysis. Biological impact was evaluated in terms of outcomes related to biological indicators related to stunting, anaemia and/or micronutrient deficiency as specified in the TOR. In addition to looking for statistical significant changes in the intervention as compared to the control group, impact evaluation was evaluated in terms of potential clinical relevance and patterns of differences between groups. As stipulated in the TOR impact evaluation will be considered in light of factors and conditions that played a role in achieving impact and will also consider outcomes that can provide evidence related to whether programme is/is not moving in the expected direction and/or how the impact of the program can be improved.

The evaluation team was supported by interns from the Vrije Universiteit Amsterdam. The interns provided specific support for the desk review, that constituted the starting point for the evaluation and allowed for the preparation of the field visits. The desk review focused primarily on questions related to relevance, effectiveness and coherence.

During the country visits, the significance of GAIN's contribution to the national nutrition agenda has been assessed by putting GAIN's contribution in the perspective of other factors that caused a particular outcome level achievement.

Furthermore, in person and Skype interviews were conducted to assess the effectiveness and relevance of AIM, GPF and SBN. The interviews were instrumental to understanding the variance between set and achieved targets, and the modifications that were made to the programme over the implementation period. This allowed for a more comprehensive assessment that goes beyond the mere achievement of targets capturing the (sometime cumbersome) path to innovation.

2.2 Data processing and assessment

The evaluation findings were subjected to a first level analysis in relation to the evaluation questions, which leads to a preliminary review concerning the various evaluation criteria. To ascertain uniform and transparent data assessment a so-called judgement table was developed for each question, combining the findings from the various steps of the evaluation (desk study, field visits, in person and Skype interviews) to draw overall conclusions concerning the evaluation criteria.

The overview of first "analytical findings" was presented during a participatory sense-making workshop with the involvement of relevant GAIN staff. This workshop served as validation moment of the main evaluation findings and offered an opportunity for joint reflection on the meaning of the evaluation findings. The results of this workshop were used as inputs for the evaluation to formulate conclusions and recommendations in this evaluation report.

3 Programme Description

3.1 Conceptual framework / Theory of Change of the programme

The programme document reflects three distinct yet complementary objectives, all contributing to the desired outcome of reduced malnutrition of 25.5 million children under five, adolescent girls and women of reproductive age. These objectives are:

1. Improve household access to and demand for fortified foods and nutrient supplements in five (later four) countries (Bangladesh, Ethiopia, Indonesia and Mozambique).
2. Reinforce GAIN Premix Facility to expand and sustain global fortification efforts.
3. Set up support mechanisms to engage (Dutch) businesses against malnutrition through the SUN and AIM platforms.

Each objective has its own budgetary allocations and indicators for success. Given the innovative nature of some of the GAIN programmes, details about the expected pathways of change under each objective were not yet included in the original programme document but evolved over time. The evaluation strived to capture the changes that occurred in the programme in relation to the underlying intention of the programme, which was to generate innovative solutions. The study tried to find the appropriate balance between evaluating against agreed upon objectives and targets, and capturing the success of the program in terms of innovation.

For this purpose, a more detailed insight into / overview of the expected programmatic pathways of change (results chain) was deemed important. Firstly, because a common understanding of the conceptual logic behind the programme was needed to make sure the right data were collected, properly interpreted and assessed. Secondly, because the evaluation should be transparent in the way it considers the programme's achievement (i.e. where the line is drawn between outputs under GAIN's control and results beyond GAIN's control). This distinction is particularly important in answering the evaluation questions related to effectiveness and impact.

In light of this and following initial discussions and document review, a simplified visual of the programme's Theory of Change was developed (see figure below). This visual (shared with GAIN in the inception report) reflects the evaluation's understanding of how the various programme components are interconnected, in which way they all contribute to the higher level objective of reduced malnutrition and how the evaluation distinguishes the programme's sphere of control from its sphere of influence and concern. This constituted the starting point for the evaluation to test the synergies among the various components.

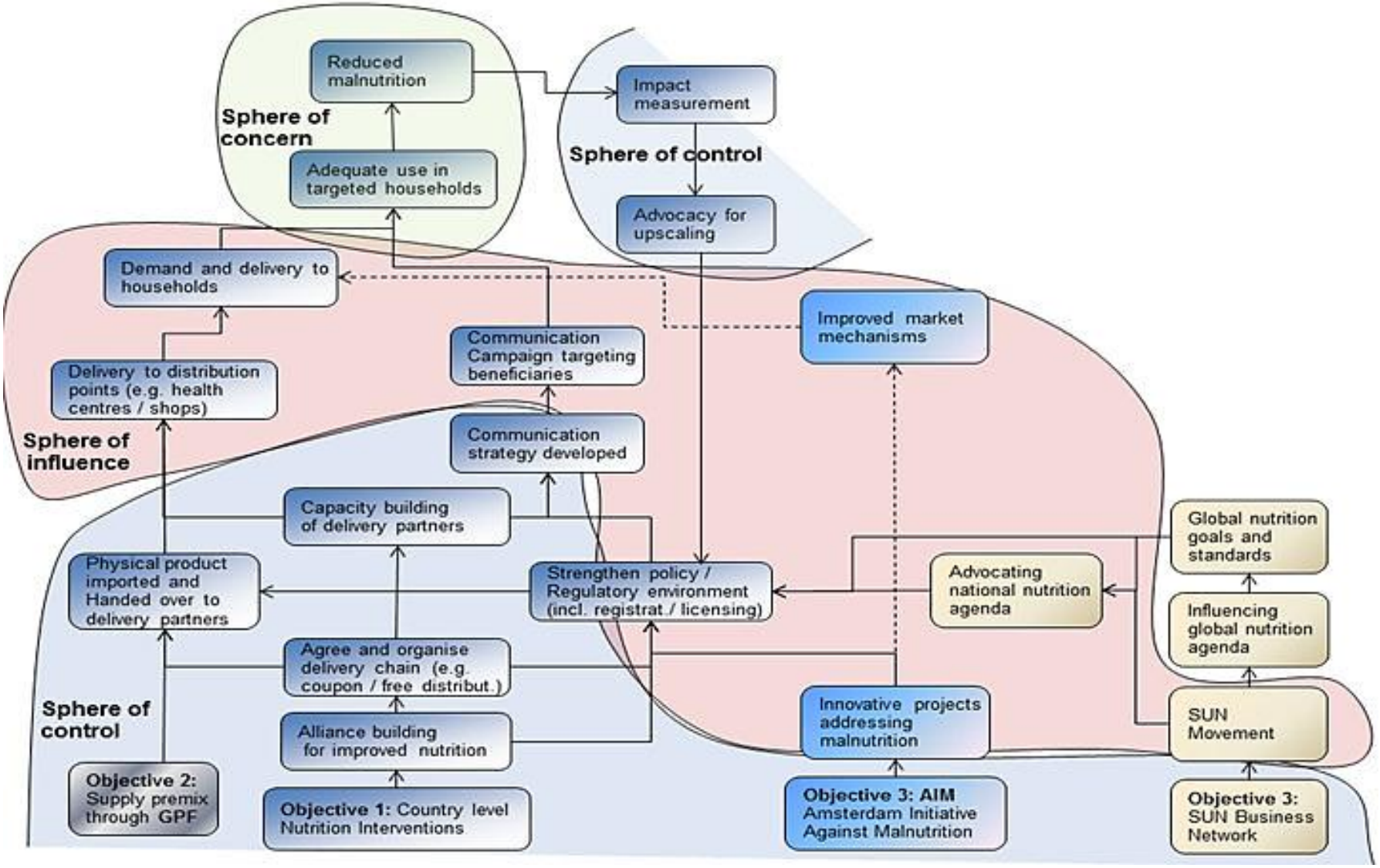

Figure1: Simplified Theory of Change of the programme.

3.2 Facts about the programme

In line with the Dutch Government's policy on Food Security[4], GAIN brings together public health objectives and market mechanisms through public private partnership. The aim of the programme is twofold: 1) mobilise the markets in order to increase availability and access to fortified food and nutrient supplements; and 2) support public sector agencies in influencing consumer priorities and behaviour and to distribute products to the most vulnerable segment of the population.

The country level nutrition interventions (Objective 1) consume around the 70 percent of the budget and the remaining 30 percent is allocated to the support of Premix facility (Objective 2), and SUN, and AIM (Objective 3). Below is a breakdown of the budget allocation for each programme component for the period 2013 -2017 based on the revised budget.

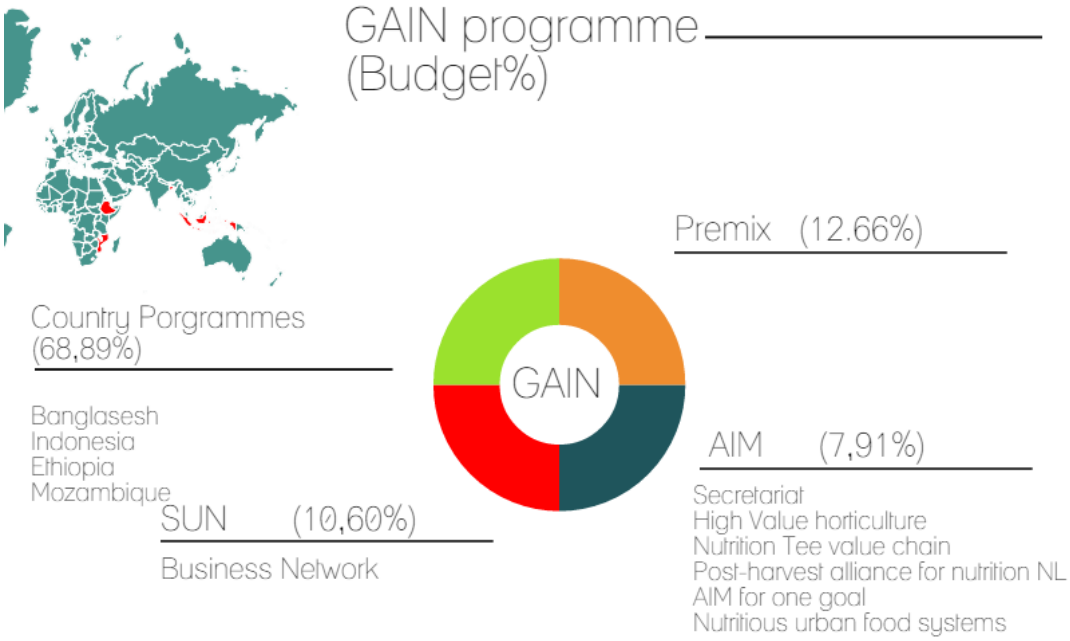

Figure 2: Budget breakdown for programme components

A detailed information on GAIN's four programme components and country programmes is provided in annex II.

3.3 Positioning GAIN in the wider Nutrition agenda

The global challenge to food security is widely recognised as a multifaceted issue that involves many different aspects and challenges. The urgent need to increase food production and expand local, regional, and international trade coexists with the increasing pressure on finite natural resources such as land and water[5].

Thanks to its multi stakeholder approach, building alliances between government, the business sector, and civil society, GAIN is considered to be in a privileged position contributing to the wider nutrition agenda. In this perspective, the evaluation examined to what extent the synergies among the different programme components contributed to strengthening GAIN's position in the wider nutrition agenda.

4 Second sub-objective: improving access to better nutrition for malnourished children under five years and through improved dietary knowledge, and awareness, and consumption of improved and more nutritious products
5 Letter of November 2014 from the Minister for Foreign Trade and Development Cooperation and the Minister for Agriculture to the President of the House of Representatives on the Netherlands' contribution to global food security

4 Analytical findings

This chapter presents the main analytical findings of the evaluation, structured according to the evaluation criteria of the TOR (i.e. Relevance, Effectiveness, Impact, Efficiency, Sustainability and Coherence / Synergy).

4.1 Relevance

In line with the evaluation questions of the TOR, various dimensions of relevance have been reviewed including:

- Contribution to Dutch food security policy objectives
- Alignment with national policy frameworks
- Addressing Nutrition-related priority needs

4.1.1 Contribution to Dutch policy objectives

In assessing the (potential) contribution of the programme to the Dutch food security policy, the objectives of the Dutch Food Security policy of 2011[6] were compared with the objectives of the various GAIN programme components at global and country level.

The Dutch Food Security policy of 2011 consists of four main pillars:

1. Increased sustainable agricultural production
2. Improved access to nutrition of sufficient quality (combined with non-farm income)
3. More efficient markets
4. Improved business climate

When putting the GAIN country programmes in the perspective of these pillars, it becomes clear that they mostly set out to contribute primarily to the 2nd pillar (improved access to better nutrition). The large-scale fortification programs are population based and thus broadly targeted, improving the nutritional quality of food available. Other fortification and supplementation programmes directly aim to contribute to improved nutrition of a particular target group at household or at workforce level. Non-fortification programmes, notably its Policy Influencing and Social and Behavioural Change Communication interventions, pursue similar goals, be it in a more indirect manner (i.e. raise awareness among targeted audience about need and possibilities for improved nutrition). In most cases, a combination of the direct and indirect interventions can be observed with the aim to create synergy between the two components (i.e. one strengthening the effect of the other).

When regarding the 'global' programme components (AIM, GPF and SBN) in light of the Dutch policy framework, the (potential) contribution is more concentrated on the 3rd (more efficient markets) and 4th (improved business climate) pillar. Initially the main purpose of the GPF is to facilitate the access and affordability of high-quality premix supply in countries of need. In this way, the market supply chain of premix becomes more efficient and reliable, while the potential buyers of premix have access to financial services that give them the purchasing power to buy the required premix. The GPF continues to operate as a facility within the new ENABLE Platform.

The contribution of SBN is less direct, but primarily aims to engage business in nutrition-related policy development and implementation in SUN member countries. This engagement is expected to facilitate compliance with legislation (one of the key objectives under the 4th pillar) as the interests of private sector will have been deliberately considered and their awareness raised about the rationale of policy decisions. Business engagement also makes that the active involvement of private sector in nutrition policy implementation is more seriously considered, which fits the public-private partnership principles that underlie the global (2030) nutrition agenda.

6 Food Security Policy Letter of 24 October 2011 (on the period from 2011 to 2015) https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/kamerstukken/2011/10/24/kamerbrief-uitwerking-voedselzekerheidsbeleid/kamerbrief-uitwerking-voedselzekerheidsbeleid.pdf

In addition, the AIM programme component intends to contribute to an improved business climate and better functioning markets, be it in a different way. Public-private partnerships are created to engage in innovative projects often with the aim to solve a particular market deficiency (e.g. reliable testing facilities in Ethiopia) or introduce a new concept that is believed to smoothen supply and demand linkage. Again other initiatives aim to proof the benefits of improved nutrition (e.g. the project for Nutrition in tea supply chain aims to improve the diets of tea families in India and Malawi to proof the point that investing in nutrition is beneficial to the workers and their families, while at the same time could increase their productivity and therefore benefit the companies).

As such, it can be concluded that the GAIN programme is well aligned with the Dutch food security policy, as formulated in 2011 and valid at the time of programme conception, and aims to contribute to three of its four pillars. In addition, according to a recent IOB evaluation (commissioned in 2013) of the Dutch food security policy 2011 – 2015 within the broader context of the Netherlands' "From Aid to Trade" policy, particular emphasis is placed on the role of the private sector. Issues like: partnerships, market driven approaches, access to finance, considering business climate in policy development, innovation and the involvement of the knowledge and expertise of Dutch companies in contributing to food security and nutrition, are highlighted as key-elements of the Dutch policy framework. The GAIN programme touches on all these components, hence in design can be considered relevant for the Dutch food security policy.

Furthermore, in November 2014 a policy letter was sent to the Dutch parliament reconfirming the Ministry's continued contribution to eliminate hunger and malnutrition as one of three main policy objectives, making reference to the on-going collaboration with GAIN. Particular emphasis in this policy is placed on addressing the underlying causes of malnutrition, in particular SRHR of women and adolescent girls. Evidence of alignment with this renewed emphasis can most explicitly be found in Bangladesh and Indonesia, where GAIN initiated dedicated interventions to improve the nutritional status of adolescent girls using additional Dutch funding committed in July 2016. These interventions are specifically designed to improve understanding of the causes for malnutrition, find potential solutions and to influence policy makers responsible for national nutrition policies and plans.

4.1.2 Alignment with national policy frameworks

When reviewing the objectives of GAIN country-level interventions in light of national nutrition policy objectives, it becomes clear that in majority these interventions are well aligned. From the desk study it appears that each of the four programme countries have dedicated national nutrition policies with a set of objectives that are largely or even fully covered by the stated objectives of GAIN's interventions (see tables below).

National Policy Objectives Bangladesh (HPNSDP 2011 – 2016)	Covered by GAIN objectives
1. Improvement of community nutrition	Yes
2. Improving diverse food accessibility	Yes
3. Improving quality control and food safety	Yes
4. Improving clean and healthy lifestyle (PHBS)	Somewhat
5. Strengthening Institutionalization of Food and Nutrition	Yes
National Nutrition Policy August 2015	Yes
National Strategy on Prevention and Control of Micronutrient Deficiencies Bangladesh (2015-2024)	Yes
Fortification legislation includes Food Safety Act 2013	Yes

National Policy Objectives Mozambique	Covered by GAIN objectives
1. Activities with impact on teenagers' nutrition status strengthened	No
2. Interventions with impact on productive, lactating and pregnant women's health and nutrition strengthened	No
3. Child-oriented nutrition activities in the first two years of birth strengthened	Yes
4. Household-oriented activities to improve high nutrition food access and utilization strengthened.	Yes
5. Human Resources capacity in nutrition strengthened	Yes
6. Strengthen national capacity for advocacy, coordination, management and progressive implementation of the Multisectorial Action Plan for Chronic Malnutrition Reduction	Yes
7. Food and nutrition control system strengthened	Yes

National Policy Objectives Indonesia	Covered by GAIN objectives
1. Improvement of community nutrition	Yes
2. Improving diverse food accessibility	Yes
3. Improving quality control and food safety	?
4. Improving clean and healthy lifestyle (PHBS)	Yes
5. Strengthening Institutionalization of Food and Nutrition	Yes

National Policy objectives Ethiopia	Covered by GAIN objectives
1. Improve the nutritional status of women (15-49 years) and adolescents (10-19 years)	Yes
2. Improve the nutritional status of infants, young children and children under 5 years	Yes
3. Improve nutrition service delivery for communicable and lifestyle related / non-communicable diseases affecting all age groups	Yes
4. Strengthen implementation of nutrition sensitive interventions in various sectors	Yes
5. Improve multisectoral coordination and capacity to ensure implementation of the NNP (National Nutrition Program).	Yes

Alignment in the design of country-level GAIN interventions in terms of pursuing objectives that are similar to, and thus in line with, national objectives is therefore clear. However, the extent to which this alignment in stated objectives is also translated in the design and implementation of activities cannot be determined from the desk study. Country visits were used to shed further light on the actual interventions carried out and determine aims achieved in relation to the stated objectives. The results below reflect the consolidated findings of the desk and country visits to Bangladesh and Mozambique.

In Bangladesh, in its overall programme document GAIN aligns its interventions explicitly to the Health, Population and Nutrition Sector Development Programme (HPNSDP, 2011 – 2016), which considers Nutrition primarily under the health sector. Since then, GAIN has continued to contribute to the national nutrition policy debate led by the Ministry of Health that among other things resulted in a new National Nutrition Policy (2015) and National Strategy of Prevention and Control of Micronutrient Deficiencies, Bangladesh (2015-2024) and the draft Second National Plan of Action for Nutrition (2016 -2025). This participation ensures that GAIN, as nutrition policy partner, is aware of on-going policy developments based on which adaptations in action plans of interventions take place to ensure continued alignment in design. A more practical alignment in terms of active cooperation and coordination can be found in its work with the Ministry of Industries, where GAIN's interventions are not just aligned in design but contribute substantially to the shaping of nutrition related policies and regulations. The Oil Fortification act and the development of the new Salt Law are the most striking

examples of where GAIN goes beyond the more passive alignment of programmatic documents and aligns its work in terms of policy operationalisation and implementation as well.

A delicate balance is to be found here however, as alignment implies following national priorities rather than setting them, ideally working in programmes that are government-led. In general, GAIN sticks to this practice, with the only exception seemingly being the Improved Nutrition of Female Garment workers. This intervention is implemented in consultation with the Ministry of Labour and Employment (MoLE) but seems to be more triggered by the overall international attention for improved Occupational Health and Safety in the RMG sector than by national policy priorities. The improved nutrition of female garment workers may certainly be a relevant intervention in terms of nutrition needs of this particular target group. However, this need was not recognised as a national policy priority at the time the project was conceived. This might be explained by GAIN's aspiration to pro-actively influence government policy. Nevertheless, in practice this lack of alignment translates into a visibly less active government engagement and will partly explain the difficulties encountered in getting sufficient RMG factories to get the buy in and participate.

In Mozambique, GAIN has been able to strike a good balance between alignment with national policies and the capacity to work with the government to influence policy development on issues that are relevant to GAIN's mission. This is necessary, because the government has a decisive role in the regulation of food and food supplements, affecting the work of International NGOs and agencies. Although the home fortification program was delayed by the government reclassifying MNP as drugs, the program itself was and is aligned with the stated priorities in national policy documents such as the Multi-sectoral Plan for Chronic Malnutrition Reduction in Mozambique (PAMRDC) 2011- 2014 (2020); and with the National Strategy for Home Fortification. Furthermore, GAIN refers to these two documents in the description of the Home Fortification project[7]. The fact that the PAMRDC specifically mentioned MNP stimulated GAIN to pursue the implementation of the home fortification project.

Additionally, in 2012 the Ministry of Health created a working group on MNPs that led to the development of the National Strategy for Home Fortification, to which GAIN and other actors contributed. In line with this, GAIN was requested by the Department of Nutrition to pilot a delivery model for MNPs in Sofala to test and learn how to best scale up MNP distribution in the country. This obvious alignment with government priorities did not prevent the delays related to government policies with respect to classification of the micronutrient powders in Mozambique.

Finally, GAIN aligned the development of the Information, Education and Communication material (IEC) for the Home Fortification (HF) project with the National Social Behaviour Change and Communication Strategy (SBCC) for reduction of malnutrition. Due to the long and complex, non-standardized approval process of the Ministry of Health, however, these materials could only be approved in late September, 2016.

These examples from Mozambique illustrate both the importance and the complexities of cooperating with government agencies and the challenges of planning and implementing programs that are in line with government policies.

4.1.3 Addressing nutrition-related priority needs

This evaluation focuses only on those nutrition-related priorities that GAIN sought to address in the initial proposal. Overall, these objectives relate to addressing the micronutrient needs of vulnerable groups and child stunting. More specifically, the first main objective (GAIN objective 1 in the proposal) focuses on improving access to (and demand for) fortified foods and nutrition supplements. In meeting this objective, targets were set to reduce micronutrient deficiencies (with vitamin A and iron as proxies) by 15% in children under five, adolescent girls and women of reproductive age and to reduce stunting by 5% in children under 2 years of age by 5% in Indonesia and Mozambique. Additionally, the second objective was to extend coverage of essential micronutrients to vulnerable populations to reach an additional 7.5 million individuals.

7 September 2016 Description of the project provided to the Evaluation team.

In Mozambique, the main objective of the home fortification program is ‘’to reduce anaemia of young children through improved infant and young child feeding (IYCF) practices and MNP intake.” (Project description, Mozambique Home Fortification and Community Mobilization Project, September 2016). However, in the baseline report for Mozambique the prevalence for anaemia in the intervention regions was high, (50-77%) but iron deficiency anaemia was only 7-24% (Baseline report, September 2016, page 6). It is important to note that Mozambique is a malaria endemic area and also that there is no proper study of the aetiology of anaemia in Mozambique.

GAIN interventions address nutrition-related priority needs primarily through food fortification or interventions involving the delivery of MNPs or multiple micronutrient supplements. These intervention approaches are clearly targeted to addressing deficiencies in micronutrient intake, however it is important to consider the country context of micronutrient deficiencies. This evaluation makes use of the examples of Mozambique and Bangladesh as specific case examples and evaluates the stated nutrition related priorities in relation to the context of the country.

During the country visit, this question was presented to key informants working in the nutrition domain in Mozambique. In every case, all key informants responded that malaria is an important explanation of anaemia in Mozambique, but also that the MNPs were needed as well. The justification for the need for the MNPs, locally, was based on the low dietary diversity and poor micronutrient quality in the usual diet, particularly in low-income children in Mozambique. Based on the country interview results, the home fortification program including both the MNPs, together with the accompanying education programs, are important programs seen as addressing nutritional needs in Mozambique.

No specific evidence is available that the home fortification programme has changed the nutritional status. Justification for the study approach is largely based on interventions from other countries, which differ from Mozambique in terms of dietary pattern, nutritional needs, malaria endemicity and food-related cultural beliefs. Even so, local nutrition experts all confirmed that, while studies are lacking to demonstrate the effectiveness, the interventions are needed to address the low dietary diversity and widespread micronutrient deficiency in Mozambique. Thus, even though key informants did not justify the intervention design based on the initial stated aim, they provided other, stronger, justifications for the continuation of the project.

In Bangladesh, a similar issue was found in which the stated aim of the iron supplementation intervention (garment workers) did not clearly fit with the country context. The project justification presented in the programme extension document (July 2016) refers to a 2008 publication of the INFS on socio-economic and nutritional status of selected garment workers indicating a 37 – 52% anaemia prevalence among female garment workers in Dhaka. At the same time reference is made to the National Strategy on Prevention and Control of Micronutrient deficiencies (2015-2024) containing a reference to earlier surveys showing that 90 to 95% of anaemia cases in Bangladesh could not be explained by iron deficiency[8]. In interviews, local nutrition experts confirmed that this can be explained by the presence of iron in the ground water, but this weakens the documented project justification.

In spite of this, all key informants responded that the MNP and supplementation aspects of the GAIN interventions were important and should be continued and that the benefits of the MNPs and supplements were not only in the iron but also in other micronutrients (MNPs) and folate (iron folate supplements) provided. Nutrition experts emphasized the need for further research into the causes of anaemia in Bangladesh and suggested that the anaemia could be explained by deficiencies of other micronutrients (folate, vitamin A etc.) that are also provided by the powders and/or supplements. It is important to note that the findings of the national survey came after the initial proposal and, while new knowledge is taken up locally, there is a need for recording new insights and adjusting the programme documents accordingly.

Although the MNP and supplementation programs ideally would have provided a more complete background on the country context of anaemia, the conclusions of the fortification programmes are similar in both countries. In both Mozambique and Bangladesh, it was clear that the programs

8 Ref. Situation analysis (ch.2.4.2) of National Strategy on Prevention and Control of Micronutrient deficiencies (2015-2024)

involving fortification of foods are both relevant and sustainable. In particular, where the fortification is embedded in law, it is likely to meet the micronutrient needs on a large scale by having fortified products widely available and affordable.

In both countries, respondents did reply that some more remote, rural, populations may be reliant on their own, or locally milled and produced, foods. These populations are not likely to purchase the fortified foods that are produced centrally and available in the (urban) markets. However, in Mozambique, this issue mainly applies to the fortification of maize and wheat flours, whereas fortification of sugar, salt and oil have a broad distribution. It is important to emphasize that in Bangladesh, as the law is for mandatory fortification with Vitamin A for edible oil (except mustard oil that is consumed by less than 5% of the population), the bottom of the pyramid over time will be reached through fortified oil. The same applies for the mandatory law for fortification of salt and iodine. In the meantime, additional interventions may be needed to reach these individuals, who may have the greatest need for the micronutrients that are being provided by the fortification programs.

Even in the absence of studies, it is clear that the provision of micronutrients, whether through fortification, supplementation or MNPs, will help to address micronutrient deficiencies caused by a micronutrient poor diet. Addressing acute or chronic undernutrition in children measured as wasting or stunting respectively, is more complex. Both conditions require the provision of more food and the underlying cause is often related to behavioural and environmental factors. Wasting and stunting can be explained by any number of causes, ranging from acute/chronic lack of food to acute/chronic infection that increase needs or digestive disorders that reduce uptake of available nutrients. Thus, in addition to poverty and lack of food available, child undernutrition can be improved by changing behaviours related to child feeding practices and/or hygiene and sanitation. In this respect, the various interventions carried out by GAIN that include educational programs related to IYCF have a potential impact on stunting and wasting. The impact of specific interventions, such as the SBCC interventions in Mozambique or the IYCF program of the garment workers project in Bangladesh, is however not (yet) known.

4.2 Effectiveness and Impact

In assessing effectiveness (i.e. the extent to which planned programmatic intentions are achieved), the evaluation distinguishes country-level interventions from the more global interventions. At country-level, GAIN's effectiveness has been considered in terms of 1) Delivery of (targeted) outputs including intended reach and coverage and 2) Functionality of distribution channels

4.2.1 Effectiveness at country-level

The programme document and subsequent annual plans all include a results framework that distinguishes the overall objective – *Improve the availability of and demand for good quality fortified foods, multi-nutrient supplements and fortified complementary foods among women and children through market based channels and public distribution channels in four countries* - from results (outputs), key activities and results measurement tool. This framework illustrates GAIN's intervention logic in terms of (shorter term) deliverables that are meant to contribute to (longer term) objectives. This programmatic framework reflects GAIN's intentions and ambitions to deliver a complementary package of fortification and non-fortification interventions (i.e. interventions focused on enabling factors like: policy influencing, improved QA/QC and SBCC) in partnership with Government and other relevant actors.

4.2.1.1 Effectiveness in producing expected deliverables (incl. reach and coverage).

Having a programmatic framework with clear and quantified deliverables should make this effectiveness assessment a relatively straightforward exercise of comparing intended results with actual achievements. In doing so however, a number of complications are encountered; 1) the "SMARTness" of the measurement tool differs significantly per country, whereby the Indonesia results framework includes many quantified targets, while this is much less the case for Ethiopia. 2) no clear demarcation of GAIN's sphere of control, whereby in some cases results refer to direct deliverables for which GAIN can be held accountable (e.g. laboratories equipped, people reached with training or awareness activities) and others refer to results that are well beyond GAIN's control (new regulations / standards developed and implemented, nr. of children consuming fortified food). 3)

multiple changes in the subsequent planned and reported results following adaptations to context in light of the innovative nature of the programme.

Despite these complications and to the extent possible, a comparison of targets with achievements was undertaken and revealed many differences between planned and reported actual results both in name and numbers. According to GAIN's progress report of 2015 for example shows that in Indonesia more people (health workers, cadres, water entrepreneurs) were trained than planned for, a BCC campaign was started in 49 of the 113 targeted villages, while 47 million instead of a targeted 18 million people were reached by at least one TV commercial. Reported achievements in Ethiopia include the procurement of MNPs (but without mentioning quantities), the recruitment of a firm to conduct a baseline study (against the target of having the baseline completed), while a pre-test to integrate Micronutrient powders into the existing health system was initiated in two districts (against a target of having it introduced in 11 districts, reaching 60% of its target population).

This is telling in terms of the effectiveness of GAIN's planning processes, but considering this as a sign of (in)effective performance is premature given the absence of solid evidence for reported results beyond GAIN's control and would not do justice to the complexity of the programme. From interviews with project staff, it appears that the gap between intended and actual results as documented in GAIN's reports, reflect adaptations of the programme that fit the innovative nature of many interventions. As such, this would illustrate GAIN's flexibility and alertness to adjust activities to changing political or economic realities, shifting national priorities and /or emerging new insights in the causes of malnutrition.

The current planning and reporting documents however make it difficult to judge these changes in light of GAIN's effectiveness assessment. This because many unplanned activities are presented that appear sensible (e.g. a digital facebook campaign and a sensory evaluation study to increase message coverage and acceptance in Indonesia or sorting out tax issues to increase affordability in Ethiopia) but often lack a clear variance analysis in the reports that explain and justify these changes. This does not just make it difficult to assess effectiveness for this evaluation, but also makes it unlikely that GAIN programme staff can use the existing planning & monitoring system to steer the progress of its own programme.

Given the above, assessing GAIN's output level effectiveness in this evaluation largely took place based on process evaluation reports[9] and during the two country visits by reviewing the extent to which intentions in terms of reach, coverage and other deliverables were achieved.

Looking at Bangladesh, it appears that the Edible Oil Fortification project, though faced with many contextual challenges, has more or less fully delivered on its expectations. The targeted oil refineries have been reached and supported in integrating the necessary changes in their production processes. The availability of Vitamin A supplement has been ascertained from the GPF through the MoI. The formulation and adoption of the Oil Fortification Bill was successfully supported, including the successful combat of a legal 'stay-order', the capacity of BSTI to test the levels of fortification and through that enforce the fortification was strengthened and an elaborate communication and behaviour change campaign to inform the public was made possible. Key factors of success have been the active engagement of the MoI in project implementation, which was indispensable in getting Oil Refineries on board and in getting the act approved. Furthermore, the fact that the Edible Oil refinery sector is relatively small, allowed for a targeted and manageable intervention through which the entire oil producing sector could be covered as planned (19 refineries currently operating according to BSTI) and the anticipated 75% of the population could be reached.

Less advanced but certainly promising is GAIN's effectiveness in terms realising the increased production and consumption of Iodised Salt building on earlier BMGF financed support in cooperation with UNICEF. Also, here GAIN is providing well-appreciated support to the BSCIC in the revision and implementation of the Salt Law. Finally, GAIN has proven to be effective in supporting the development of national strategies that are close to its own mandate, most notably the National Strategy on Prevention and Control of Micronutrient Deficiencies (2015 – 2024) and in strengthening

9Made available to the evaluation in May 2017

the local knowledge base about the main causes of malnutrition e.g. as co-host of the National Anaemia Consultation in July 2016.

GAIN's effectiveness has been less convincing in the project that pursues Improved Nutrition of Female Garment workers. This project was conceived in the midst of significant international attention to improve working conditions, occupational health and safety of garment workers. In its original design, the project aimed to introduce more nutritious food to 42,000 garment workers and 20,000 children in combination with SBCC efforts that would encourage these workers (mostly young women) to adopt a healthier diet for themselves and for their families. The project aimed to have a demonstration effect on the broader RMG sector that employs millions of young women using rigorous baseline and impact studies to proof the effects of the intervention (in terms of changes in anaemia prevalence and productivity).

At the time of this evaluation it however appears that the ambitions of the project were regularly changed and ultimately are reduced significantly with only two intervention factories (employing between 3,000 female workers) taking part in offering tangible nutrition improvements. Another group of about 20 factories employing over 32,000 female workers do participate but mainly in the SBCC component of the project. The main challenge in this project is to get the active cooperation of factory owners, who are not convinced of the benefits of offering improved nutrition to their workforce as a priority. In addition, government support was sought and given by MoLE in this project but with less vigour than in the cases of Oil Fortification and Salt Iodisation that are more clearly articulated as government priorities.

Looking at Mozambique, it appears that the home fortification project has not been able to meet expectations. This project was designed at the moment when the Ministry of Health included the idea of MNP in Multisectoral Plan for Chronic Malnutrition Reduction in Mozambique (PAMRDC) 2011-2014 (2020). GAIN responded to MoH request to design a project that would pilot home fortification through the distribution of MNP.

The consolidated project proposal indicated a high target in terms of coverage: over half a million children 6 to 59 months of age. It should be noted that *the proposal does not define how this target should be calculated: Is it children receiving the vouchers only once? Children receiving the vouchers several times? Is it the number of children that used the MNPs, children reached through purchase of MNPs sold by PSI etc*. The loose definition of the target makes it impossible to measure the effectiveness of the program. Furthermore, the monitoring data capture the doses (vouchers) distributed (14,436 doses to date). Because of the complexity in the computation of the data coming from different systems (PSI electronic system and Save the Children paper system), at the time of the field visit[10] data on how many children received one or more doses were not available. Therefore, it is difficult to assess the number of children reached by the intervention.

Due to implementation challenges and the consequent limited coverage, the project could not have reached its target in MNP delivery. Actual coverage cannot be assessed without data on how many children 6-23 months old received multiple doses of MNPs. Furthermore, the project could provide only limited follow up to mothers and children that received one dose of MNP to ensure that the information on the correct use of MNP was absorbed. In this regards, the education campaign would have been important to contribute to meet this objective, but this started only in the second part of 2016.

GAIN was one of the first organisations to distribute MNP in Mozambique. As such, the project faced many challenges. These were partially due to the position of the government and the slow development of a national strategy for the use of MNP, to which GAIN contributed, and that was finalised during the period of implementation. Other problems were due to request by the government to modify the area of distribution, followed by the deterioration of security in the Sofala province as well as the financial crisis that the country is currently experiencing. These challenges can explain to some extent the discrepancy between the targets and objectives of the proposal versus the actual achievements. At the same time, the initial target appears largely overestimated in comparison to the demographic of the catchment area. The progress reports do not provide enough insights on these

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points and the lack of clarity in reach and coverage targets undermines GAIN's ability to demonstrate effectiveness.

The project has effectively contributed to the creation of institutional demand at the national level for distribution of MNP. The majority of national and international actors believe that MNP are a valuable option for home fortification. The department of nutrition intends to pursue the distribution of MNP and is interested in finding the most appropriate system. It was not possible to assess whether the institutional demand had been created at the sub-national level and whether there is an effective interest of local authorities and health centres in the promotion of MNPs. On the base of the information collected by the evaluation team, the project is considered less effective in creating capacities for distribution of MNPs. In the current situation, the distribution through public channels is particularly challenging due to the limited capacities of the government. However, the hybrid[11] model of distribution piloted by GAIN also presented many bottlenecks and at the time of the field visit it was not clear what would be the optimal (efficient, effective and sustainable) methods of distribution. In summary, the many challenges faced by the project hampered the effectiveness of the home fortification project. However, some issues relate to the design of the intervention and could have been prevented by a more thorough situation analysis. A better understanding of the area could have helped to set realistic targets, early identification of cultural issues that created bottlenecks in the implementation and affected distribution and redemption of vouchers.

From the above, programme results in terms of reach / coverage can be summarised as follows:

From country visits, annual report and note to MFA 2015.

Country	Intervention / target group	Message coverage	Reach with improved access to better food
Bangladesh	Fortified Oil / country wide population	75% of population (i.e. 60 – 80 million)	75% of population (i.e. 60 – 80 million)
	Garment workers at sampled factories	35,000 (20 factories)	3,000 (2 factories)
Mozambique	MNPs distribution to children		14,436
Ethiopia	MN supplements		1,173 children between 6 – 59 months.
Indonesia	Baduta (2015 report)	47 million (TVCs)	447,314 children 6 – 59 months (SUN porridge)

The preliminary results of the process evaluations and caregiver interviews in Ethiopia and Mozambique concerning the IYCF/MNP programmes are presented in the table below.

11 The hybrid model includes the delivery of vouchers through the public health system, both in health facilities (through either health facility staff or dedicated promoters) and communities (through community activists), and the redemption of such vouchers in outlets that sell fast moving goods, registered with PSI as "Troca Aki". Each voucher – which can either be a paper voucher or an electronic, on-demand voucher requested through short messaging service (SMS) – can be redeemed at Troka Aki outlet registed in Movercado, a platform linked to SMS managed by PSI, for 3 boxes of 20 MNP sachets. Home fortification project description, September 2016

Country	Intervention / Location	Message Coverage	Contact Coverage	Partial Coverage	Effective Coverage
Ethiopia	Rural Amhara	69.5%	59.1%	25.0%	N/A
	Rural Tigray	80.7%	67.8%	37.6%	N/A
	Urban Tigray & Amhara	57.3%	48.9%	22.5%	N/A
Mozambique	Dondo	59.0%	34.9%	17.9%	14.8%
	Beira, Sofala	66.5%	33.5%	10.8%	8.7%

This table shows the coverage of the message as well as the proportion of children reached through GAIN's MNP programs in Ethiopia and Mozambique. Message coverage is the proportion of caregivers of children 6–23 months who have ever heard of MNP. Contact coverage **is** the proportion of children 6–23 months who have ever consumed at least one sachet of MNP. Partial coverage in Ethiopia is the proportion of children 6–23 months who consumed at least one sachet of MNP in the 14 days preceding the survey. Partial coverage in Mozambique is the proportion of children 6–23 months who received MNP in the 2 months and consumed at least one sachet of MNP in the 14 days preceding the survey. Effective coverage is the proportion of children 6-23 months who received MNP in the 2 months and consumed at least 6 sachets in the 14 days preceding the survey (i.e. the amount that needs to be consumed to achieve biological impact).[12]

Looking at the above reach figures, GAIN's effectiveness in this regard seem rather mixed. However when distinguishing types of interventions in terms of direct / indirect[13] and specifically targeted / broadly targeted a clear pattern emerges.

Direct interventions that are broadly targeted appear to have more effect in terms of nutritional outcomes because these interventions involve a tangible delivery of additional nutrients. At the same time they have more reach given that they target a broad part of the population. The edible oil project in Bangladesh is the most striking example in this, indeed resulting in an estimated 75% of the population having access to fortified oil.

Direct interventions that are more specifically targeted (such as the delivery of MNPs in Mozambique and Ethiopia and the food supplementation for female garment workers in Bangladesh) by design have lower reach targets. Many of these targets are not (fully) met caused by a range of legal, social-cultural and economic complications as described above for the MNP project in Mozambique and the Garment project in Bangladesh. The process evaluations in Ethiopia and Mozambique furthermore demonstrate remarkable differences in reach between countries and between regions. Given that these are preliminary findings, no analysis of these figures is available yet, but it seems that reach in Ethiopia has been more successful than in Mozambique[14]. In addition the regional differences in reach figures within Ethiopia are remarkable and certainly worthy of deeper analysis.

Indirect interventions, be it broadly or specifically targeted, have less easily measured effect on nutritional outcomes as they are more directed at changing attitudes, beliefs, knowledge or behaviours. The reach of indirect interventions can only be measured by surveys as done under GAIN's process evaluations in Ethiopia and Mozambique. The reported 'message coverage' in these evaluations is the best proxy indicator measuring the results of specifically targeted indirect interventions. These studies illustrate that the vast majority (60 – 80%) of the targeted population was reached, demonstrating a significantly higher reach than the direct interventions (i.e. food

12 In the report below, a distinction is made between 'food' and 'message' coverage, whereby food coverage refers to all coverage figures that relate to access to improved food (i.e. contact, partial and effective).

13Direct interventions are considered to be those that involve a tangible delivery of additional nutrients, indirect interventions are those that are directed at creating the conditions that would enable the intended delivery and intake of additional nutrients. The interventions that are direct can be specifically targeted to a vulnerable part of the population or more broadly targeted. Likewise, indirect programs can also be either specifically targeted or broadly targeted.

14It is assumed that the targeted population sizes are comparable (i.e. half a million in Mozambique and 1 million in Ethiopia according to original programme document).

coverage). More broadly targeted indirect interventions (e.g. TV-commercials, billboards) have the highest reach, whereby GAIN's reportedly meets or exceeds its targets but with little assurance of behavioural and nutritional impact.

Though separate in terms of action, GAIN recognises that the reach and effect of direct and indirect interventions are closely related and therefore need to be undertaken in combination. For example, given the vital importance of improving child feeding practices in hard-to-reach low income populations, it is important to specifically target mothers from vulnerable groups with educational messages, even though these messages in themselves have less of an effect on nutritional outcomes and will reach only a small group of people.

4.2.1.2 Effectiveness of distribution channels.

In terms of the *effectiveness of distribution channels*, in design GAIN deliberately aims to find a functional balance between market-based channels and public distribution programmes to ascertain that fortified food is and remains accessible and affordable to those with the highest needs. In practice this means that each fortification effort requires the design, testing and implementation of a tailored approach taking into account a multitude of factors including: food patterns and practices, purchasing power, available infrastructure for transportation and distribution, political systems and beliefs and cultural norms and values. Looking at how this works out in the two countries that were visited, the following can be concluded.

In Bangladesh, GAIN is involved in fortification efforts (Vitamin A fortification of edible oil and Salt Iodisation). In both cases, a combination of public and market-based distribution was applied, whereby the premixes (Vitamin A and Potassium Iodate) are imported by government agencies (resp. MoI and BSCIC) and subsequently distributed to the oil refineries and salt mills. The first batches of Vitamin A are purchased using project funds and were distributed for free to participating refineries. Now that oil fortification and salt iodisation are legal requirements in food products that are widely consumed and available through retailers throughout the country, the distribution has become fully market based. Some concerns remain related to the smooth functioning of market channels in this regard. One of them pertains to the risk that producers will try to increase prices of fortified products (beyond the increase in production costs, which in both cases is minimal), marketing them as being of higher quality and through that making them less attractive or even unaffordable to the poorer segments of society. A related second concern, stated in various key informant interviews, is that in more remote and poor areas non-fortified salt and edible oil continues to be sold from reusable bags or drums that cannot be easily controlled.

Nevertheless, using public distribution via 'pump priming' to subsidize initial supplies of premix to get a new initiative going that is then supported by law and becomes mandatory in a self-sustaining market based system, seems to work out well. It only requires that sufficient capacity is established and sustained for effective law enforcement (i.e. institute with adequate testing facilities and authority to impose sanctions that deter companies from breaking the law).

In the project to improve nutrition of female garment workers, initially the distribution of food supplements as part of a wider intervention was sub-contracted to Business for Social Responsibility (BSR), an US-based NGO that already worked with the RMG sector on health projects for female garment workers. The distribution never reached its intended scale largely because factory owners were reluctant to allow for the implementation of any project that would raise the expectations and require additional inputs later. The reluctance was strongest in relation to the distribution of improved food or food supplements but extended to other components of the project. During interviews, informants attributed the reluctance to fear that the factory owners would have to continue this after the project at their own costs, whilst not being convinced of the potential (productivity) gains from offering costly improved nutrition to their workforce. As long as this reluctance among factory owners remains, it will be hard to make this distribution channel function successfully.

As mentioned earlier, in Mozambique a hybrid distribution system has been tried out. On one side a market-based voucher system was set up that relied on the distribution of vouchers by StC community workers to mothers who then could go to kiosks to obtain the MNP sachets. On the other side, a public distribution system was used relying on distribution of MNPs through Government

Health Centres in areas where Save the Children could not access due to security reasons. Given the innovative nature of the project, this hybrid approach in design was a good idea, as it would provide useful insights in the effectiveness of both distribution systems. Unfortunately, this did not work out due to bottlenecks in the distribution system set-up with PSI and the classification of MNP as drug, which made it illegal for PSI to advertise the use of MNPs.

From interviews, it appeared that this was not just a matter of legislation, but also illustrates a deeper belief among government partners that the delivery of MNPs should not be left to the market, as market forces may make MNPs unaffordable for the more remote and poorer segments of society with the highest nutrition needs. However, it is noted that government and donors have no plans to expand or sustain the free distribution of MNPs, which according to GAIN presently covers less than 15% of districts. Besides these issues, other challenges were encountered like: women not wanting to go to the market, vendor stock administration not properly organised, low literacy of the volunteers distributing MNPs, government not having the resources to do their part in distribution and so on. In summary, it can be concluded that the original plan of applying a hybrid distribution system made practical sense in light of finding a cost-effective and sustainable system, but the plan suffered from changing economic circumstances and did not sufficiently fit the local cultural and political ideologies.

In terms of distribution models, it is obvious that food fortification efforts, using existing distribution systems of the food production factories, encounter less complications and stand a better chance of reaching the broadly targeted population. Food supplementation efforts however, targeting specific segments of the population (e.g. infants and young children having specific nutrition needs) often require the organisation of a 'new' distribution model, which is prone to complications and thus has a smaller success rate. At the same time, food supplementation targeting special groups that are hard to reach (remote / low purchasing power) remains essential in combating malnutrition. The 'discovery' of effective sustainable distribution models that can reach those groups is at the core of GAIN's ambition and can only be pursued successfully if the inherent failures are allowed, embraced and shared for learning.

4.2.2 Impact on longer term objectives at country level.

In line with the evaluation questions, the evaluation has reviewed two dimensions of longer-term effects / impact of the programme. First the contribution of GAIN's efforts to the creation of a conducive enabling environment (i.e. policies and practices in support of improved nutrition), including the national nutrition agenda, has been assessed. Second, the nutrition impact of GAIN's interventions at country level is explored based on dedicated impact studies commissioned by GAIN (the latter is largely forthcoming awaiting receipt of GAIN's own impact studies).

4.2.2.1 Contribution to the enabling environment and the national nutrition agenda

Strengthening the enabling environment and contributing to the national nutrition agenda are deliberate objectives beyond the control of GAIN that feature in all four country programmes. In its annual reports the emphasis is on providing an overview of activities and (direct) results that are within or close to the sphere of control of GAIN. Concerning longer term results, annual reports do report on progress, but often without much elaboration or substantiation, e.g. stating that the project is "on track" towards a certain reach or coverage.

The evaluation therefore relies primarily on the findings from the two country visits to Bangladesh and Mozambique in assessing the longer term effects of the GAIN programme in creating an enabling environment and a strong national nutrition agenda.

In Bangladesh, GAIN has contributed to the National Nutrition Policy and in drafting the 2nd National Plan of Action. The significance of GAIN's contribution in this could not be clearly established given that GAIN sometimes plays the role of "silent diplomat" keeping its contribution low-profile and in light of the multitude of actors and committees involved in shaping this overarching policy framework.

Instead the longer term effects of GAIN's work are most strongly visible in its food fortification interventions. In particular the Edible Oil Fortification project has made a significant contribution to Bangladesh' nutrition related policy framework. This started by getting the "enrichment of vitamin A in Edible Oil Bill" passed in parliament (Nov 2013) and later in getting the stay-order repealed (March

2015). As a result, the Oil Fortification Rules were published in the Bangladesh gazetted in November 2015. This piece of legislature can be considered as a specific and essential part of putting Bangladesh's nutrition agenda in practice, given that Edible Oil Fortification features in the National Nutrition Policy as well as the National Strategy on Prevention and Control of micronutrient deficiencies. In the latter, GAIN is recognised as one of only five contributors from Civil Society.

Besides this contribution to the national nutrition agenda, the Edible Oil Fortification project also resulted in the MoI playing a more prominent role in nutrition policy development and enforcement through the BSTI. Illustrative of this are the on-going discussions about the creation of a fortification unit to widen and institutionalise the ministry's central policy-making role on fortification issues that was initiated and stimulated by the project. Another sign related to the creation of a more conducive environment for edible oil fortification is the adoption of a uniform fortification logo by industry.

The Edible Oil Fortification project follows an initial intervention started in 2010 implemented by UNICEF with a grant awarded by GAIN. Since 2013 the project is implemented by the MoI with the support of GAIN and fully funded by the Netherlands. This means that the Dutch contribution to the initial Edible Oil Bill of 2013 may have been limited but has been instrumental in the successful appeal of the stay order and in further up-scaling efforts making Vitamin A fortified edible oil become the standard in Bangladesh. A similar contribution is aspired related to Salt Iodisation, again following previous joint efforts of GAIN and UNICEF, but it is too early to draw conclusions from this.

Also in the RMG sector, GAIN aims to strengthen the enabling environment and create a setting where improved nutrition of the largely female workforce becomes standard practice. The effects to date are however not (yet) convincing. RMG company owners are not ready to embrace workforce nutrition as a sensible investment in the well-being of their staff. The Government has key priorities related to safety and workers' wages in the RMG sector. However, the government (MoLE and Ministry of Commerce) need evidence before they can begin integrating nutrition by pushing BGMEA and BKMEA to take the agenda forward. The up-coming ICDDR,B and IPA endline assessments to be conducted in May / June 2017 may contribute to this evidence based.

Policy influencing work was not part of the original design and these activities were added in 2016 when requesting the additional funding in 2016 to push the nutrition agenda. The SBCC efforts in the RMG sector, involving an elaborate peer learning process among the workers of 20 pilot factories are still on-going, making it too early to see definite impact in terms of employees adapting their nutritional practices.

In Mozambique, GAIN has a long-standing relation with the Department of Nutrition within the Ministry of Health and some other governmental bodies such as SETSAN, particularly through the SETSAN Executive Secretary, former head of Nutrition Department within the Ministry of Health, and one of the authors of the Multisectoral Action Plan for the Reduction of Chronic Under-nutrition in Mozambique 2011-2015. This apparent recognition of GAIN as policy partner offers regular opportunities for GAIN to contribute to the enabling environment and the national nutrition agenda

In 2012 the Ministry of Health created a working group on MNP that led to the development of the National Strategy for Home Fortification with MNP. This was developed based on protocols of the World Health Organization (WHO) and the Home Fortification Technical Advisory Group (HF-TAG) to which GAIN and other actors contributed. In fact, GAIN is one of the members of this global network of stakeholders engaged in home fortification.

In addition, the intended impact evaluation of the GAIN home fortification project[15] would most likely provide valuable information for the government in order to make decisions on whether other similar interventions can be replicated in other parts of the country[16]. Therefore, the project holds the potential to help reinforcing and reviewing the national health community strategy. Due to issues described above (see section 4.3.1), it is unfortunate that GAIN is not able to conduct the impact evaluation for the home fortification project in Mozambique. If a true impact evaluation were possible it would contribute to current information gaps concerning the effectiveness of implementation of

15 Including distribution of MNPs

16 In fact many MNPs intervention are currently being implemented in the country and an impact evaluation would provide valuable information for the government in order to make policy decisions.

MNPs interventions in Mozambique, given the unique context including malaria endemicity, low dietary diversity and a diet reliant on staple foods (maize and cassava) that inhibit the uptake of one or more essential nutrients. Research is needed to test the impact of MNP interventions in Mozambique in order to support the government in making evidence based decisions.

Furthermore, in Mozambique GAIN is implementing the home fortification project through a hybrid model[17]. It is expected that the process evaluation of this project[18] will provide important insights that could be valuable for GAIN and other actors dealing with distribution of MNPs to understand which is the most sustainable model and how the private sector can be optimally involved in the distribution of health and nutrition products. This information is particularly important for the government. In the current situation, the government does not have the financial capacity to implement this type of projects. At the same time, the department of nutrition within the Ministry of Health expressed doubts on feasibility of a pure market based model for MNPs in Mozambique. Because of the adoption of a hybrid model, GAIN's unique experience in the implementation of the home fortification project could be instrumental in identifying the most sustainable and effective[19] model of distribution. In this regards, the market research that GAIN is conducting on MNP could also provide valuable information on which model can be sustainable in Mozambique. Furthermore, GAIN is trying to influence the Ministry of Health for a revision of the national legislation on promotion and commercialisation of nutrition supplement[20]. This is a prerequisite for the distribution of MNP through a market approach.

GAIN is also supporting the Department of Nutrition within the Ministry of Health developing and finalising plans and policies. For instance, GAIN is supporting the department of nutrition in developing an operational plan for the National Social Behaviour Change and Communication Strategy (SBCC) for reduction of malnutrition recently approved in 2016, and in the finalisation of the Healthy Eating and Exercise strategy. In relation to that, GAIN has initiated a campaign called "1 minute of nutrition" to support the government in the implementation of the SBCC strategy.

Overall, it can be concluded that GAIN is well known in the nutrition sector in Mozambique and has a long-standing relation with the Department of Nutrition within the Ministry of Health and some other governmental bodies such as SETSAN. Thanks to these relations, GAIN is seen as a reliable partner that is called upon for support when needed and is able to engage in policy dialogue on issues that are important for GAIN. At the same time, given GAIN's active involvement in various innovative approaches to improve nutrition in the country, there is likely to be scope for more GAIN contributions in the near future that can be valuable for shaping an enabling environment for good nutrition.

4.2.2.2 Impact on nutritional status

The endline results of the biological impact studies were only available from the BADUTA study in Indonesia. This evaluation focused on the results for stunting and anaemia. These findings are based on a preliminary report from the BADUTA program (May 2017). The study evaluated the effects of multiple community level interventions including mass media campaigns, strengthening the infant and young child feeding components of the government health systems, supporting implementation of the Baby Friendly Hospital Initiative, increasing access to water filters, and integrating recommendations related to water and sanitation. These interventions target early child feeding practices and sanitation, key determinants of child growth and child nutrition. Measurements were taken at the community level in the intervention and comparison communities at baseline (February 2015) and follow up (February 2017). Haemoglobin levels were measured, as were the lengths and weights of a sample of children under 24 months of age. These measurements were used to assess anaemia and chronic undernutrition (stunting). Although the preliminary report also includes results for child wasting (acute undernutrition), the evaluation focuses only on focal outcomes from the initial

17 Through private sector with PSI and through subsidised distribution with Save the Children and in one area through the Health Centres (due to restricted access for security reasons).
18 Currently underway
19 Information would have to assess not only the financial sustainability of the model, but also and foremost which strata of the population would be reached by the different models of distribution. Such assessment would have to answer questions such as: Is the private model an effective way to reach the primary target group (most malnourished and poor part of the population)?
20 The current legislation classifies MNPs as drugs and prohibits their commercialisation and promotion.

proposal. However, the results related to child wasting do not change the conclusions about the biological impact of the intervention.

It is important to note that the measurements are taken at the community level at baseline and follow-up. Given that the intervention takes place at the community level, the results do not follow individual children over the course of the study. Instead, a separate sample was taken of children 0-23 months from the intervention and comparison communities in February 2015 (baseline) and two years later a new sample of children 0-23 months were measured for the follow up (taken in February 2017). This methodological approach can be used to evaluate whether the changes that occur over the two years in the intervention group are different from the changes that occurred in the same time period in a relatively similar community. Because these results are preliminary, most findings are based on comparisons between the intervention and comparison group at endline. However, because of differences in the two groups at baseline, our evaluation focuses on the findings in relation to the differences in patterns/trends between the intervention and comparison communities.

The results are difficult to interpret due to the fact that, even at baseline, the intervention communities had a lower prevalence of child stunting than in the control communities. In February 2015, 15.4% of the 0-23 month olds in the intervention group were stunted whereas 21.1% of the control group were stunted. In table 4.1 below the endline stunting prevalences and changes from baseline are shown for the intervention and comparison groups. In addition to the cross sectional results, the change in prevalence from baseline is shown for every age group, showing a negative change, meaning a reduction in the prevalences of stunting at the endline measurement in every group. In addition, a column is added to show the difference between the intervention and comparison groups at baseline, and in the final column the p-value of these comparisons.

Comparisons of Intervention and comparison communities: Stunting and Anaemia				
	Intervention	Comparison	Endline, measurement of comparison between groups	Endline Statistical comparison between groups
Feb 2017 Endline stunting prevalence (Prevalence change from 2015 to 2017)			Difference in prevalence	p-value stunting prevalence
0-23 months	13.1 (-2.3)	14.4 (-6.7)	-1.3	0.50
0-5 months	6.2 (-4.3)	6.8 (-9.6)	-0.6	0.86
6-11 months	6.8 (-7.1)	5.2 (-7.8)	1.6	0.48
12-17 months	15.2 (-2.8)	16.8 (-8.7)	-1.3	0.64
18-23 months	22.6 (-2.9)	30.3 (-4.2)	-7.7	0.04
Feb 2017 Endline anaemia prevalence (Prevalence change from 2015 to 2017))			Adjusted Odds Ratio (OR)	(OR Confidence Interval)
0-23 months	56.4 (-13.9)	60.1 (-9.0)	0.87	(0.70, 1.09)
0-5 months	53.6 (-20.0)	56.8 (-13.5)	0.88	(0.58, 1.34)
6-11 months	65.0 (-11.0)	67.4 (-7.1)	0.92	(0.61, 1.40)
12-17 months	59.2 (-12.9)	60.7 (-7.8)	0.95	(0.68, 1.33)
18-23 months	48.3 (-12.5)	55.2 (-8.5)	0.78	(0.55, 1.10)

A comparison of the results in 2017 vis-à-vis 2015 show a secular trend of a reduction in stunting prevalences in both communities and in all age groups over the study period. These results imply improvements in the nutritional environment for children 0-23 months during the two year study, encompassing both intervention and comparison districts.

Although cross sectional comparisons at endline favour the intervention, with 22.6% versus 30.2% stunting (p=0.04) the change in prevalence from baseline is greater in the comparison group. Namely, the prevalence of stunting in the 18-23 month comparison group was 4.2% lower at the end of two years of the study period, whereas in the intervention group the reduction was 3.1%. While this comparison of crude secular trends may be obscured by confounding factors that are adjusted in the statistical analysis, the true effects of the intervention will only be clear when the results are assessed in terms of change over time rather than the cross sectional comparison of endline results. Although the preliminary report does not show a stunting benefit that can be definitively attributed to the intervention, it is possible that the reductions of stunting prevalence during the intervention time frame could be due to the messages from the intervention districts spreading into other districts.

The results for anaemia prevalence, while not statistically significant, shows a clear pattern in favour of the intervention. Over the course of the two years of intervention, the change in the prevalence of children with anaemia is consistently greater in the intervention group than in the comparison group. These differences can also be seen in the Odds Ratio results, which show children from the intervention group, are just 1.12 times more likely to have anaemia whereas in the endline results all of the odds ratio results are below one, meaning that the intervention children are less likely to have anaemia than the control group. While these differences are small and not statistically significant, the pattern is consistent and the results imply a potential intervention effect at the community level, be it weak.

In all analysis reported above, the results may have been stronger in the children who were exposed to the full intervention. Biological impact measurements could more easily be attributed to the intervention if measurements had been taken in the same individuals at baseline and follow up in both intervention and comparison groups. However, such data collection is challenging given the need to identify and include only the subsample of children who were fully exposed to the intervention. Given the two-year time frame of the study, all of the children would have aged out of the 0-24 month target population by the end of the study. More research is needed to distinguish between the intervention effects over time from other, external, factors.

The conclusions of the preliminary report state that breastfeeding practices are improved, however the odds ratio results show little change from baseline to follow up. The intervention group is 1.34 times more likely to breastfeed within the first hour of birth at endline, but baseline results showed a similar strength of association (OR=1.32). Thus, while the baseline and endline results both show the intervention group being 1.3 times more likely to report healthy feeding practice, it is only statistically significant in the endline measure. However, the interpretation of the results in terms of the strength and direction of the relationship, is not changed by the end of the intervention period.

Another beneficial feeding practice of the intervention group, at baseline and follow up, is that at the end of the study time frame mothers are less likely to give other feeds before initiation of breastfeeding. At baseline, the children of the intervention group are reported as being 0.63 times as likely and at follow up almost half as likely (OR=0.52) to have received other food before initiation of breastfeeding. While the endline measure shows the intervention group is even less likely to give other food before initiating breastfeeding than they were at baseline, statistical significance only measures the cross sectional endline comparisons, not the change in the Odds Ratio over time. Given the fact that both baseline and endline results show similar patterns, it is not clear whether the statistically significant differences at endline can be attributed to the intervention. Findings that are more promising are results which could imply potential beneficial changes in feeding practices in the intervention group. At baseline, caretakers from the intervention group were less likely to report beneficial feeding practices, but at follow up the intervention group is 1.85 times more likely to report exclusively breastfeeding and 1.39 times more likely to report age appropriate breastfeeding. These results are statistically significant and indicate a shift in the pattern of results that are markedly different from the baseline measures.

Because the intervention was at the community level, results could not distinguish which children directly benefited from the intervention. Therefore, all of the results above are likely to underestimate the true impact of the intervention. Thus, in addition to biological impact outcomes, it is important to also consider reported changes in child feeding practices. Given the strong relationship between

child feeding practices and stunting, an intervention that can successfully change these behaviours will have a long-term impact on child nutrition.

In Ethiopia and Mozambique, there are no endline measures for stunting or anaemia. Additionally, in Mozambique, the initial plan was to reach the whole community with IYCF messages and MMPs and to measure change in anaemia and stunting at the community level. However, as described in detail in 4.2.1.1 a number of unexpected events occurred preventing the delivery of MMPs in Mozambique as planned. Thus, there is little reason to expect a biological impact at the community level. Although extensive data was taken at baseline these results were not taken at the end of the study. This decision is appropriate considering the fact that the intervention could not be carried out as planned. In the absence of data on biological impact, it is important to look instead at the reach of the interventions, as undernourished children, in populations with significant micronutrient deficiencies, can be assumed to benefit if they are receiving MMPs. These reach figures are presented in chapter 4.2.1.1 and as a logical result of earlier described complications in delivery, reflect an effective coverage from 8.7% in Beira to 14.8% in Dondo. Given that biological impact can only be expected from effective coverage, it follows that only in 1 out of 7 children in Dondo and 1 out of 11 children in Beira a biological impact might be found attributable to the GAIN programme.

In addition to the impact evaluations described above a qualitative study was done in Ethiopia using a program impact pathway analysis. Preliminary results were made available from caregiver interviews from participants of the Ethiopia integrated home fortification program. The design was such that interviews included only caregivers who agreed to feed MNPs. Given the study design, this analysis could not provide information about why caregivers do not give MNPs. The results of the interviews were useful to understanding why caregivers continue to give MNPs and reasons why they decide to stop giving the MNPs. Similar process evaluations are needed to better understand why caregivers choose not to give MNPs in the first place.

Altogether, these results explore the biological impact of interventions carried out by GAIN in the delivery of nutrition-related interventions targeting hard to reach groups, particularly mothers, infants and children. Women of reproductive age and children have unique nutritional needs that cannot be addressed through broad targeting, such as through wide scale food fortification. Instead, addressing micronutrient deficiencies in these groups requires more intensive targeting and delivery of micronutrient powders (MNPs) or supplements that are designed for the needs of the target group.

GAIN is uniquely positioned to reach the hard-to-reach target populations but delivery of programs such as MNPs and supplements, which are targeted to those who need it most, will cost more money than the less targeted interventions (such as food fortification programs). Behaviour change interventions, particularly related to child feeding practices and sanitation, are particularly important for improving the long-term health of infants and young children. The results above show promising changes from interventions related to child feeding practices. Further research is needed to determine what is the most cost-effective method of delivery and which interventions are most effective in changing behaviours related to IYCF practices. Only once functional delivery methods are established and used, further analysis can identify which interventions result in sustainable behaviour changes and which are most effective in improving biological outcomes such as stunting and anaemia.

4.2.3 Effectiveness at global level (GPF, SBN and AIM)

Besides the country-level programmes, the effectiveness of three global programme components was reviewed in terms of realising their intended objectives. This included the GAIN Premix Facility (GPF) being objective 2 of the programme, the SUN Business Network (SBN) and the Amsterdam Initiative against Malnutrition (AIM). The latter two together represent the 3rd programme objective. The findings with regard to the effectiveness of these three components are reflected below.

4.2.3.1 Effectiveness GPF

One of the objectives of the 2012 project proposal was to reinforce the GAIN Premix Facility to underpin its role in expanding and sustaining global fortification efforts. It was foreseen that this will extend coverage of essential micronutrients to an additional 7.5m children under five, adolescent

girls and women of reproductive age. The proposal identified clear quantitative targets to measure the achievements of GPF in terms of the volume of supply (US$ 24.5 million of premix to be supplied annually), the number of consumers reached (124 million annually), the % of food fortified (20% of LNS, MNP and 42% of CSB+ production amount fortified with micronutrients sourced from GPF annually) and the recovery rate of the revolving fund (above 98% annually).

The GPF has been effective in supporting and underpinning the global fortification efforts. The GPF has played an important role in disrupting the market (positively), increasing competition, and sustaining the availability of quality pre mix at a lower price[21]. As part of GAIN, the premix facility has the unique opportunity to influence the demand for fortification (because of GAIN work and mandate) and at the same time interacting with producers and buyers playing a pivotal role in the system.

Considering all that, measuring the effectiveness of the GPF solely on the base of met targets would not do justice to the program. Nevertheless, when looking solely at the achievement of targets, the judgment on effectiveness would be mixed. As can be seen from the below table, some targets have not been met, while other targets have been met and surpassed.

Target	**Achievement[22]**
Proposal 2012: USD $ 24.5 million of premix are supplied through GPF annually Addendum proposal 2016: By 2016, US$ 10 million of premix are supplied annually through GPF	2013 – 13.7 mill 2014 – 9.3 mill 2015 – 8 mill
Proposal 2012: By 2016, 124 million consumers reached with GPF-sourced premix annually Addendum 2016: By 2016, 124 million consumers reached with GPF-sourced premix annually	2013 – 84 mill consumers 2014 - 158 mill consumers 2015 - 150 mil consumers
By 2016, 20% of LNS, MNP and 42% of CSB+ production amount fortified with micronutrients sourced from GPF annually This **target** was **eliminated** in the **addendum 2016**	2013 – data not available in reports 2014 – data not available in reports 2015 - 48% of CSB materials.
Proposal 2012: Recovery rate of the revolving fund above 98% annually I Addendum 2016: Recovery rate of the revolving fund above 98% annually	2013 – data not available from reports[23] 2014 - 99.3% 2015 – 98%

21 The only exception is the case of the MNP price that remain still high.
22 Data on achievement are taken from annual reports and communications with GPF head quarter
23 In 2013 GPF experienced to two defaults in the recovery of the revolving fund experienced in Syria and Zimbabwe.

Targets added in the **Addendum 2016**	**Achievement**
By 2016, ratio of WFP related procurement is 50% of micronutrients sourced from GPF annually	The overall achieved from Nov 2012 (start of grant) to Dec 2016 is 56%.
By 2016, 4 national premix cost recovery systems established or strengthened[24]	2015: Strengthen two existing premix systems and built one new premix system 2016 Strengthened two systems in Laos and Ghana
By 2016, 6 national food control agencies trained on best practices in regulatory monitoring and external QA/QC	In 2015 GPF collaborate with the Food Fortification Initiative (FFI) to hold a joint workshop. This accommodated participants from 8 countries.
Identify and deliver means to improve production, supply and impact of emergencies products such as Lipid-based Nutrient Supplements (LNS), Micronutrient Powders MNP and Fortified Blended Foods FBFs	Funds meant for this activity were reallocated to an emergency related product in Afghanistan (a containerised unit project for the local production of ready to use supplementary foods using locally sourced nuts and dried fruits in collaboration with WFP)[25].
GPQS fully operational comprising interlinked facilities: GPF, Credit, Audit & Assessment and Capacity Building	GPQS (renamed ENABLE Platform) is now fully operational. (also thanks to additional co-funding from Gates Foundation in November, 2016).
GPQS offering services to local producers of Maternal Infant and Young Child Nutrition (MIYCN) products.	Activities are still being implemented and GPF expects to report on interventions carried out in at least 2 countries in the final report.

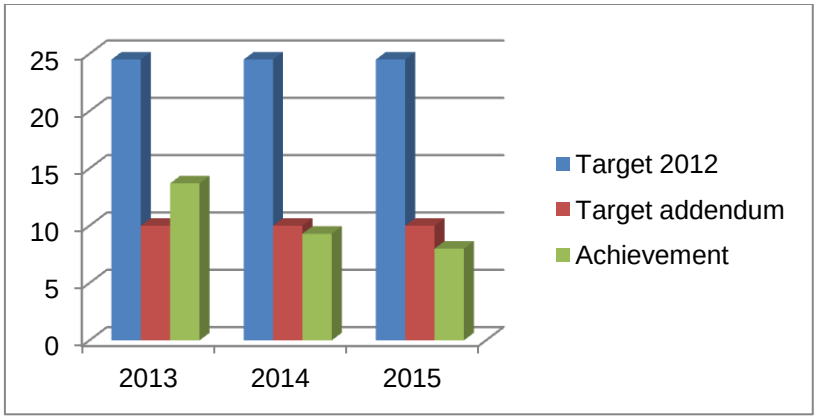

Figure 3: Supply of premix in USD millions – Target 2012 and targets addendum versus achievements

As can be seen from the chart above, the initial target of 24 million USD sales per year was not achieved, and was changed in the addendum 2016 to 10 million per year. The new and more realistic target of 10 million USD sale per year was achieved (when considering the average achievement over the period 2012-2015).

24 This covers both strengthening existing systems and setting up new systems.
25 This was done with the authorisation of the Dutch Ministry Of Foreign Affairs

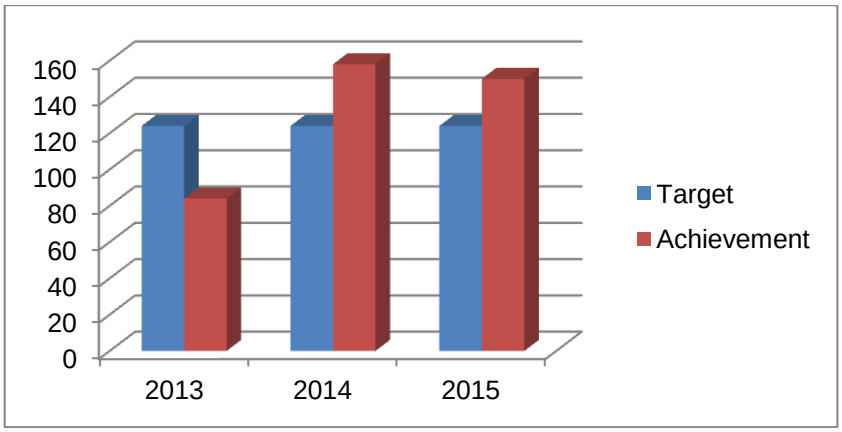

Figure 4: Consumers reached per year- target versus achievements

GPF calculates the number of consumers reached based on production of fortified food estimated from the amount of premix that is supplied. Based on this, as can be seen from the chart above, according to GAIN's own records, the targeted number of consumers was reached (if calculated on average over the period of implementation).

The revolving fund recovery rate is slightly more than 98%. The only defaults experienced were in the case of Zimbabwe and Syria. The revolving fund is one of the higher risks activity implemented by GPF, and the high rate of recovery is due to strict vetting of requests and preventive measures that have been put in place after the two episodes of default.

During the implementation, GAIN realized that the quantitative targets set in the 2012 project proposal were not necessarily the most appropriate way to measure the achievements of the GPF. More important is building quality systems including for premix and ensuring the entire nutrition sector has a trusted facility, which audits premix suppliers and delivers better costs. This is for example the case of the percentages of LNS, MNP, and CSB and the amount of production fortified with micronutrients sourced from GPF. This target was not consistently reported on, and eventually it was removed in the project proposal addendum 2016.

Over the years, the project has been adjusted applying lessons learnt. For example, the review of the GPF by Dalberg Global Development helped the strategic shift from focus on premix to a broader work on quality. Similarly, in 2014, the Schokland evaluation, pointed out that results were achieved not only in the GPF core area of quality and competitive priced premix, but also in the delivery of broader QA/QC technical assistance. Over time, the focus of the GPF shifted to building national quality systems and increasing quality and safety because this would increase the overall value provided by GAIN. In 2015, GAIN's board approved the concept of GAIN platform for quality and Safety (GPQS), which has subsequently been named the 'ENABLE Platform'. This platform keeps the work of GPF but places it in a broader perspective that goes beyond a sole focus on premix. This process is documented and explained in the annual report 2015 and in the project addendum 2016.

It appears that changes in the activities of GPF happened organically as a way to learn from the implementation, and constantly adapting and improving the program in order to ensure that the GPF provides the optimal support to GAIN's overall activities. However, this process of continuous adaptation may be difficult to understand from an external point of view if not properly captured in reports. More details are needed to understand if some of the adjustment were made because of a change of strategy or simply because the targets set at the beginning (as indicated above) were too optimistic / ambitious.

Given the mentioned adaptations in delivery, it is difficult to draw a firm conclusion about GPF's effectiveness in terms of having delivered on intended results. Nevertheless, many of the above-mentioned results would not have been possible without Dutch funding that covered almost 30% of GPF costs between October 2012 and June 2017 (with the BMGF as the other main donor). In this context it is noteworthy that GPF achievements and reach over time have been increasing while

dependence on Dutch funding has been particular strong (almost 100%) in the last 18 months of the programme as renewed funding from BMGF was being negotiated. This illustrates that Dutch funding has been instrumental in assuring that GPF could keep operating at a stable scale, contributing significantly to GPF's increasing delivery and reach over time.

4.2.3.2 Effectiveness SBN

The SBN was meant to offer a platform for meaningful business engagement, considered to be crucial for the success of the wider SUN movement. GAIN and WFP were asked to convene this network, given their prior experience and open mind in working with the private sector. This was an innovative undertaking, given that *business engagement* was a relatively new phenomenon for most conventional development partners in the SUN movement and by many regarded with suspicions about the role of private sector in the nutrition arena.

The overall objective of the SBN at the time of programme formulation (2012) was clear - *mobilising and engaging businesses that can contribute to scaling up Nutrition* – and a number of activities suggested, but an operational strategy and intervention logic were only developed in subsequent years. Quantified targets were however included from the start without clearly distinguishing outputs from outcomes. Such targets include: companies aware (1,000 by 2016), countries actively engaged (20 by 2016), global and country consultations to be held and so on. Similar to assessing country-level effectiveness, also here a straightforward comparison between targets and achievements is possible but would again not do justice to the complexity of this programme component.
Some of the main achievements of the SBN, as confirmed by stakeholders outside the SBN secretariat, include:

- Establishment of the SBN as part of the broader SUN movement in 2012
- Development of a Guide for Business Engagement
- Business Workforce Nutrition toolkit
- Overall 29 SUN countries requested support. Out of this 13 country-level SBNs were established, 10 of which have moved beyond the phase of inception. The remaining 16 are still in a varying preparatory stage.
- 348 companies engaged (of which 281 in SUN countries as local SBN members) and commitments tracked and captured in the Global Nutrition report

In addition, the SBN secretariat highlights as key results:

- SBN recognised as a leading global network for business and nutrition (for example playing a convention role at the International Conference for Nutrition 2014 and hosting a high level event with Business CEOs at the World Economic Forum each year since 2014)
- The number of donors in the network has grown from 2 (Bill & Melinda Gates Foundation & Government of Netherlands) to 5 (now including UK Department for International Development, IrishAid and USAID).
- 10 global consultations and 23 country consultations held since 2013 (January 2017 report)

From this, a gap in name and numbers between original targets and reported achievements can be observed. This gap can be explained by new outputs being added over time in response to emerging needs (e.g. workforce toolkit), some outputs being redefined (e.g. business engagement instead of awareness) and some of the original outputs largely or partially achieved (e.g. global and country consultations). This gap is therefore more illustrative for the complexity and learning that is taking place, than for the effectiveness of the SBN.

Once such complication, as it appears from interviewees and field visits, is that *in theory* the concept of engaging business in scaling up nutrition is widely agreed to but *in practice* this remains controversial. The government of Bangladesh for instance claims to be open to including businesses in nutrition-related policy dialogue, but none of the key principles as reflected in the SBN's guide for business engagement (recognise mutual benefits, develop strategy through inclusive dialogue, clarify possible contributions and identify champions) can be seen to be practiced. In interviews, various other examples were given of this controversy coming to the surface where business membership was questioned / opposed by either government or civil society organisations. Given the apparent consensus that Scaling Up Nutrition must be government-led and business engagement requires active government support, a lot of preparatory work and time is needed before a SBN can sensibly

get started in a country. This time-consuming and unpredictable process depends on available capacities at the side of GAIN and the government and is influenced by political / ideological and economic factors.

In Mozambique SBN was launched by the Minister of Industry and is in the initial phase. However, at the time of the field visit it appeared that various government bodies were scarcely aware of the network and its activities. Currently, the focus of SBN in Mozambique is primarily on the engagement of the private sector in nutrition and less on the collaboration between the private sector and the government. GAIN has secured a $ 10 million investment from DfID for the further development of the SBN in Mozambique.

Given the apparent consensus that Scaling Up Nutrition must be government-led and business engagement requires active government support, a lot of preparatory work and time is needed before a SBN can sensibly get started in a country. This time-consuming and unpredictable process depends on available capacities at the side of GAIN and the government and is influenced by political / ideological and economic factors.

In terms of trends, it has to be recognised that while the number and maturity of SBNs is steadily increasing, the speed in which businesses get engaged has been accelerating over the years, in particular in terms of local companies (starting from 24 mid 2014 to 348 early 2017).

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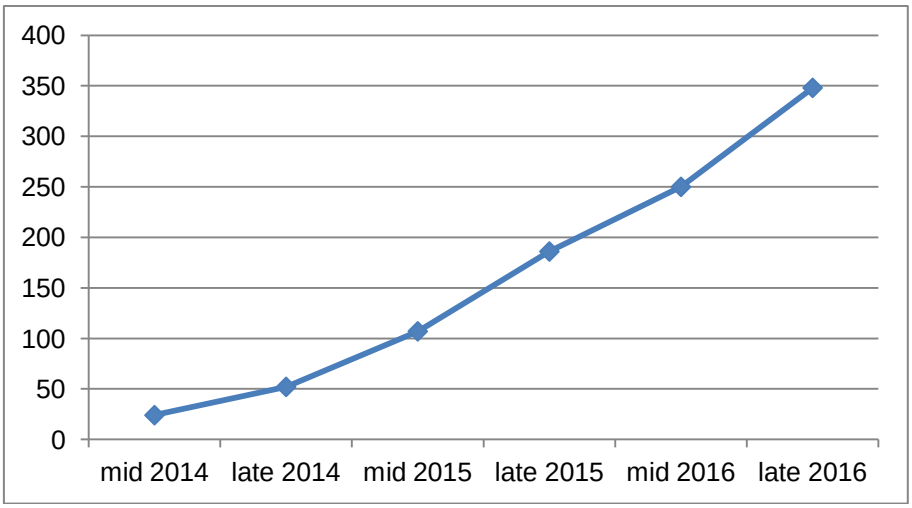

Figure 5: Nr. of SBN member companies over time

Given its innovative nature it is difficult to pass clear judgement in terms of effectiveness of the SBN programme component. Most actors appreciate and applaud the efforts of the SBN secretariat and acknowledge the complexity of their work and the fact that business engagement efforts (and achievements) are difficult to predict, as these have to be responsive and tailored to the specifics of an emerging context.

Looking at the SBN achievement in light of its overall ambition to actively engage business in the SUN movement, having 59 member countries at present, a definite conclusion about the success of SBN is hard to make. Taking a critical perspective and given that reportedly businesses are responsible for 90% of world food consumption, having 350 companies engaged after four years means the SBN has only scratched the surface in engaging the global nutrition-related business community. However, taking a perspective that is more appreciative of the trends in engagement and considers the challenges faced in realising meaningful business engagement, a more positive conclusion can be drawn.

Nevertheless, many lessons could be learned from what worked and what did not work, and some of those lessons found their way into the guides the SBN have produced (e.g. the principles and steps for business engagement, the distinction of five types of business actors to engage, the matching of workforce nutrition measures to company size). At the same time, it appears from interviews that many lessons remain tacit knowledge in the heads of people (SBN secretariat, GAIN and WFP country office staff and other SUN actors) without systematically being captured and documented for use within and beyond the SUN movement. Examples of this include:

- the implication of recognising different types of private sector actors (agricultural producers, fortifiers, transporters and distributors) for the what and how they can be engaged,
- the participation modalities being used for engagement in terms of place, time, shape and duration and the way results are being captured and used in policy development,
- the level of policy making and operationalisation on which more or less meaningful engagement can take place
- the capacity requirements and funding modalities to make the SBN work in countries,
- the cooperation with other actors having a track record in private sector engagement, including the use of Chambers of Commerce and Business Associations,
- the importance of recognising and using the potential of 'buyers' pressure.
- the involvement of global members at country level through their local branches.

This leads to the conclusion that there is more scope for learning from the SBN experiences than what is currently captured and shared, which illustrates that there is scope to further strengthen the effectiveness of the SBN as innovative programme component.

4.2.3.3 Effectiveness AIM

The Amsterdam Initiative against Malnutrition (AIM) was launched in 2009 as a joint initiative between the Dutch Ministry of Foreign Affairs, ICCO cooperation, Unilever, DSM, AkzoNobel, the Wagenigen University and GAIN. AIM delivers innovative and sustainable market based solutions to tackle malnutrition. In the intention of the initiative, an essential component of any AIM project is sustainability in the long term and the ability to scale the project when proven successful.

The objective of the project as indicated in the 2012 proposal was to continue supporting AIM as a lever for Dutch engagement and leadership around global food and nutrition security. A number of quantitative targets were chosen to measure the achievement of this objective including: the development of a governance structure that supports participation of an extended number of partner organizations; the organization of bimonthly engagement sessions with the extended partner network; two annual face-to-face partnership meetings; 100 million people reached with nutritious solutions by end 2015; further scale up plan for sustained business.

In the initial phase, AIM focused on extending the AIM portfolio with new fundable projects. The challenges experienced in getting the projects of GAIN's AIM/FDOV portfolio through the inception took substantial efforts and affected the development of new proposals. This is due to the high risk in the implementation of innovative projects and consequent issue around risk sharing between AIM partners and FDOV. In order to overcome this challenge, AIM adapted its strategy and developed an innovative way of selecting new projects. It became clear that due to the particular nature and high risk of innovative projects, the partners were more comfortable with a phased approach. This required a sort of innovation funnel where assumption were tested, piloted and implemented, and then possibly expanded.

As a result of the introduction of a more phased approach, a range of new innovative pilot projects were initiated (see table below).

AIM projects	Start date	End date	Description
Tea Malawi	Feb 2015	June 2016	Pilot project funded by the Dutch and IDH sustainable trade initiative.
Horticulture Kenya	July 2016	June 2017	Pilot project funded by the Dutch and by in-kind and cash from industry (not quantified).
Tea Farming Families	July 2016	June 2017	A small portion of the overall project, mainly funded by Unilever and IDH, is funded by the Dutch, focusing on learning and evaluation.
Post-Harvest Loss – Indonesia	July 2016	June 2017	Pilot project funded by the Dutch to be extended using additional funding.
Urban Nutrition	July 2016	June 2017	Pilot project funded by the Dutch to be extended using additional funding.
AIM for One Goal	July 2016	June 2017	Pilot project funded by the Dutch

This illustrates that AIM appears to have been successful in finding new ways to engage Dutch business, though all of these projects are still in the initial phase of this innovation funnel. It is not yet clear how effective AIM will be in the generation of follow up sustainable projects and whether the business model of the pilot project can and will be adopted on a larger scale by Dutch businesses.

Another issue has been the engagement of the founding members in the governance of the AIM platform. During the implementation, it became clear that the members preferred to focus on the involvement in their projects rather than engaging in the governance of the platform. This is quite understandable given the particular nature of a platform composed of business partners that were not felt to be in the position to govern AIM. A different way to structure the platform was necessary, where the AIM secretariat can engage with members in an ad-hoc dialogue on concrete issues and possibilities. For this reason, the targets related to the existence and functioning of AIM platform became less relevant over time.

Given the above, it may not be appropriate to assess the effectiveness of AIM purely based on the targets set in 2012. Some targets are not consistently reported on, for example the target to reach 100 million people is not reported in the various annual reports, except in the 2014 annual report, which indicates that AIM partners themselves have doubts regarding how to define and measure the “reach”. In particular some of the southern partners see reaching 100 million people in a short period of time as unrealistic.

Given the evolution of AIM, it would be more appropriate to assess its effectiveness in leveraging Dutch engagement and leadership around global food and nutrition security. In this regards, AIM was effective in adapting to the needs and way of working of the partners, and managed to find an effective way of (re-)engaging Dutch businesses in nutrition projects. In the timeframe of the programme the effectiveness of AIM in generating sustainable projects as a follow up to the small-scale pilots cannot be clearly demonstrated yet. It is clear however that in the absence of Dutch funding, which primarily covered the staff and running costs of the AIM secretariat, it is unlikely that there would still be an active AIM portfolio of projects.

4.3 Efficiency and Value for Money

In reviewing efficiency, the evaluation first looked at the way the organisation as a whole plans, budgets and reports on activities and expenditures under the programme. Subsequently a more detailed review of selected programme components will be presented.

Over time, GAIN has shifted from primarily being a donor organisation funding others to an organisation that increasingly takes on programme implementation responsibility at global and country level. The financial chapters and cost categories used in the original programme design still seem to reflect some of GAIN’s donor practices. For instance, standard costing has been applied that resulted in generic estimates for each of the countries and main programme components. At the same time, the four main cost categories (staff, travel, sub-awards and operational) applied in budgets and reports are rather unusual for a direct implementing organisation as they do not link outputs / activities to financial inputs.

The absence of this link makes it difficult to assess programme efficiency, as neither the planned versus actual input/output ratio nor the trend in input/output ratio over time can be established. Another possible indicator that could help in assessing efficiency concerns the trend in the indirect/direct cost ratio over time. The programme budget does make an explicit provision for indirect costs (9 - 10%) meant to contribute to the sustenance of GAIN's international infrastructure. The indirect costs at country / component level are part of the four cost categories. For instance, staff costs include salaries of indirect country office staff (e.g. secretary, bookkeeper, etc.), while operational expenses include indirect costs like: office rent and utilities. In other words, a clear insight in indirect versus direct programme costs over time cannot be established based on GAIN's regular budgeting and financial reporting.

A special effort was however made to identify the Bangladesh country office costs that are allocated to the Dutch-funded programme (see below in US$))

	Calendar year 2013	Calendar year 2014	Calendar year 2015	Calendar year 2016	Total
Total BD office budget	109,496.24	113,490.75	164,131.69	123,731.12	510,849.80
Office costs allocated to Dutch via monthly journal	43,049.48	71,341.61	50,367.40	85,461.88	250,220.37
Annual ratio operational cost	39%	63%	31%	69%	48%

The above illustrates that the intensity of country effort engagement in programme implementation has been fluctuating, with 2014 and 2016 being the years where activities have been at its peak. It also illustrates that the GAIN country office relied on the Dutch programme to cover almost half of the office costs, reflecting that programmes implemented with Dutch represented about half of the office's programmatic workload. Putting these operational costs in the perspective of the overall financial delivery on the Dutch programme leads to the following.[26]

	2013	2014	2015
% operational costs of programme delivery	27%	18%	7%

This reflects that the operational costs of the Bangladesh country office allocated to the Dutch programme as % of programme funds being delivered is decreasing over time. This can be considered a sign of increasing efficiency of the local country office. This trend seems to be confirmed by more generic figures received from GAIN HQ that illustrate that a decreasing proportion of 'shared'[27] costs at country offices and secretariats is charged to the Dutch grant (on average 5% of total Dutch grant expenditure).

Nevertheless, the regular global programme-wide reporting does not give clarity about GAIN's overall programme efficiency. This of course does not only affect the financial reporting to donors, but also complicates the internal steering of the organisation's own efficiency performance. This does not mean that no efforts were made by GAIN to increase efficiency. To the contrary, GAIN reportedly has made conscious and significant steps towards better cost control and a more transparent financial system but the effects of those efforts on GAIN's efficiency do not become visible in its financial reporting. This includes a.o.: the introduction of time-writing that allows for a more systematic allocation of indirect salary costs to projects, the introduction of output/activity budgeting in GAIN's internal financial systems, the benchmarking of salary costs using surveys of the Birches group[28] and regular cost reviews followed by action like the relocations of offices to save on rent and/or utilities.

Another aspect of efficiency concerns *the organisation's ability to deliver according to planned budgets and time frames*. The earlier mentioned programmatic revisions to respond to changes in

26 Based on annual country office records of expenditures that were available up to 2015.

27 Shared costs refer to indirect (overhead) costs of the various country offices and secretariats, though recognising that the distinction between direct and indirect costs is not clearly defined and not easy to make given that many staff members and office facilities are used for more general and project-specific purposes.

28 See birchesgroup.com

context and emerging realities clearly affect budgetary provisions over time (see tables below based on annual plans) and through that GAIN's 'delivery' on the original budget. In the annual plans, the budgets for closed years are adapted to actual expenditures (see figures in *italics).*

Overall financial budgets / report (in thousands of Euros)						
	2013	**2014**	**2015**	**2016**	**2017**	**Total**
Original budget (programme doc July 2012)	4925	7815	8048	7123		27911
Budget sept 2013	3376	7203	8381	6807		25767
Budget sept 2014	*2318*	6562	8606	7327	954	25767
Budget sept 2015	*2319*	*4917*	8664	8215	1655	25770
Budget July 2016	*2319*	*4916*	*6954*	13718	4267	32174
GAIN figures provided in May 2017	*2319*	*4916*	*6954*	*8730*	3720[29]	26639
Budget delivery (actual / forecast in latest annual plans)	*47%*	*68%*	*81%*	*64%*		

As can be seen from the above, overall budgetary figures have been constantly revised and illustrate an increasing budget delivery of less than 50% in 2013 to 81% in 2015, which in 2016 went down again to 64% (in comparison with extended budget of July 2016). Expenditure figures demonstrate acceleration in programme implementation, but remain well below expectations, illustrating relatively low though increasing time-efficiency. It appears that GAIN constantly has been (too) optimistic in terms of expected delivery, which can be explained by uncertainties in programme delivery for which a budgetary 'cushion' is created and GAIN's ambition to "catch up" on shortcomings in budget delivery over time. This is understandable but doesn't change the fact that the programme has consistently been allocated more funds than needed for programme implementation. This however only says more about the quality of budgeting and GAIN's expenditure discipline than about the efficiency of GAIN's performance (i.e. higher delivery rate doesn't mean higher efficiency).
Looking more specifically at the delivery figures in selected country and global programme components the following picture emerges.

Financial budget and reports Bangladesh (in thousands of Euro)						
	2013	2014	2015	2016	2017	Total
Original budget (programme doc July 2012)	505	560	563	520		2148
Budget Sept 2013	277	822	563	486		2148
Budget Sept 2014	160	474	1048	395	71	2148
Budget Sept 2015	160	404	740	1287	98	2689
Budget July 2016	*160*	*404*	*766*	1598	687	3615

Financial budget and reports Mozambique (in thousands of Euro)						
	2013	2014	2015	2016	2017	Total
Original budget (programme doc July 2012)	229	462	553	444		1688
Budget Sept 2013	511	394	453	330		1688
Budget Sept 2014	*211*	399	609	400	69	1688
Budget Sept 2015	*211*	*322*	585	751	165	2034
Budget July 2016	*211*	*322*	*147*	1237	386	2303

29 Estimated figure, based on a 1.05 US$/€ exchange rate.

Financial budget and reports SBN (in thousands of Euro)						
	2013	2014	2015	2016	2017	Total
Original budget (programme doc July 2012)	770	630	591	563		2554
Budget Sept 2013	770	630	591	563		2554
Budget Sept 2014	*636*	774	696	448		2554
Budget Sept 2015	*636*	589	544	581	91	2441
Budget July 2016	*636*	*589*	*680*	975	655	3535

Financial budget and reports GPF (in thousands of Euro)						
	2013	2014	2015	2016	2017	Total
Original budget (programme doc July 2012)	330	947	1000	952		3229
Budget Sept 2013	80	980	1200	970		3230
Budget Sept 2014	*229*	831	1093	1078		3231
Budget Sept 2015	*229*	*1025*	727	934		2915
Budget July 2016	*229*	*1025*	*459*	1601	91	3405

Financial budget and reports AIM (in thousands of Euro)						
	2013	2014	2015	2016	2017	Total
Original budget (programme doc July 2012)	580	473	471	452		1976
Budget Sept 2013	580	473	471	452		1976
Budget Sept 2014	*435*	659	450	433		1977
Budget Sept 2015	*435*	*539*	387	460		1821
Budget July 2016	*435*	*539*	*330*	641	309	2254

From the above tables it appears that in Bangladesh actual expenditures from 2013 to 2015 were respectively 32%, 72% and 136% of the original budget, illustrating acceleration in programme implementation over time. In Mozambique however the 2013 to 2015 expenditure vs. original budget is 92%, 70% and 27% illustrating a programme that started well but slows down over time.

Similar comparisons can be made for the SBN, GPF and AIM programme components illustrating that the SBN stayed closest to the original budget (83%, 94% and 115%), while GPF seems to be highly fluctuating (70%, 108% and 46%) illustrating a significant 'underdelivery' in 2015.

These deviations can be largely explained by programmatic adaptations, amplified by a reported scaling back of expenditures in 2015 to keep within available resources in response to a 9% devaluation of the Euro. Despite this, it is felt that a more systematic activity based budgeting during the early phases of the programme might have resulted in an actual programme delivery closer to GAIN's own plans. It is in that sense encouraging to see that GAIN has moved in that direction and has an output-based budget in support of part of the programme extension submitted in July 2016.

Looking at more specific programme components (i.e. Edible Oil Fortification and the Improved Nutrition for female garment workers in Bangladesh and the SUN Business Network) some additional efficiency related observations can be made;

In chapter 4.3 it has been established that the Edible Oil Fortification project has met most of its objectives and that Vitamin A fortified oil has become the standard in Bangladesh, available to the vast majority of the population. At the end of 2016 the project spent US$ 1.8 million out of a budget of US$ 2.6 million. For the first half of 2017 a number of follow-up activities have been scheduled primarily to further ascertain the sustainability of project results and in particular the continued enforcement of the Oil fortification bill, but overall the project has delivered on its promises by the end of 2016. Even though it has to be acknowledged that the detailed justification of the project costing cannot be ensured, the project's efficiency in terms of actual versus planned output/input ratio, has been higher than expected.

A similar analysis of the Improved Nutrition for female garment workers project, shows that by the end of 2016 US$ 1.1 million is spent of the budgeted US$ 1.5 million (74%). This project underwent substantial revisions, including cancellation of the distribution of nutritious food to female workers in 30 factories[30], while the productivity and anaemia impact studies are yet to be completed. In other words, the efficiency of this project in terms of actual versus planned input/output ratios is lower than expected. Also this analysis takes place in the absence of a clear output / activity based budget, whereby in particular details about the (planned) use of funds for activities, besides the BSR sub-contract (value US$ 435,000) can't be found from the regular reports.

Concerning the SBN programme component a more detailed output-based budget for the project extension period (July 2016 – July 2017) was made available. This overview provides budget and expenditure figures (till end 2016) for the global SBN as well as for the country level SBNs in Nigeria, Pakistan and Tanzania. The narrative report on 2016 (not available yet to this evaluation) can be expected to provide better insights in the input/output ratios of these various parts of the SBN programme component, and through that an improved insight in the efficiency of the SBN component.

Finally, looking at efficiency in terms of "value for money" it is possible to make a crude calculation of the unit costs per person reached / covered by the various types of interventions financed under the programme (see examples in table below).

Type of intervention	**Intervention**	**Actual costs**	**Reach / Coverage**	**Unit costs**
SBCC (indirect / targeted)	Garment workers, Bangladesh	US$ 1.5 million	35,000 (message coverage)	US$ 43 per person
Food fortification (direct / broad)	Edible Oil, Bangladesh	US$ 1.8 million	± 70 million	US$ 0.03 per person
	GPF 2014 GPF 2015	US$ 1 million US$ 459,000	158 million 150 million	US$ 0.006 per person US$ 0.003 per person
Business engagement (indirect)	SBN (till 2016)	US$ 2.98 million	13 country level SBNs 350 member companies 1.3 billion people (indirect)	US$ 230,000 per SBN[31] US 8,500 per company US$ 0.002 per person
Food supplement. (direct, targeted)	MNP distribution in Mozambique	± US 2 million	14,436 targeted children	US$ 139 per person

The above figures illustrate large differences in value for money between the different types of interventions that can be largely explained by the wide variety in nature and complexity of GAIN's interventions. For instance, a series of TV commercials in Indonesia that reportedly reached millions of people is a more straightforward exercise than the organisation and testing of an innovative hybrid distribution channel to reach a specific remote target group in a turbulent district in Mozambique.

A generic conclusion about the value for money of the programme as a whole is therefore difficult to draw. However, when disregarding differences between interventions and simply looking at costs versus actual effects of the various intervention types, the following can be observed;

- Broadly targeted, direct interventions like the oil fortification have the biggest value for money, as they represent an effective direct tangible contribution to improved nutrition through which millions of people can be reached at a relatively low cost (e.g. US$ 0.03 per person in Bangladesh).
- More specifically targeted interventions (e.g. MNPs Mozambique, Food supplements to Garment workers) proofed to be more difficult and are more expensive as it requires the set-up / organisation of a new distribution system that faced all kind of external complications. Given the less than expected outcomes of these interventions makes that the value for money of these interventions has been less convincing. The value of these interventions lies more in knowledge creation that is less tangible and not easily quantified. E.g. even if one considers the MNP project in Mozambique a failed experiment, the project can provide valuable lessons for the future

30 According to original project grant agreement with BSR (18 March 2014)
31 Against a target of € 130,000 per SBN.

design of effective and sustainable distribution systems in the expectation that GAIN will make deliberate efforts to evaluate and learn from those experiences.
- The value for money of indirect interventions seem highest when broadly targeted (e.g. through TV commercials or billboards) as these a relatively inexpensive ways through which a large group of people can be reached and informed about possibilities to improve their nutrition situation. These interventions are however indirect with the anticipated value in terms of behaviour change being beyond the scope of the intervention (hence difficult to measure and attribute to the intervention).
- More targeted indirect interventions (e.g. SBCC interventions like the peer learning processes in garment factories) tend to be more intense and relatively expensive as they reach only a small group of people. Also these interventions set out to improve the knowledge base and through that the behaviour of the targeted audience, being beyond the scope of the intervention. As a result the value for money per person appears less than in the case of broad indirect interventions.

This last conclusion needs to be drawn with caution in the absence of clear information about the effect on behaviour of targeted vs non-targeted indirect interventions. The hypothesis is that targeted indirect interventions are crucial to really reach and have impact on the behaviour of a specific group that are less easily reached and influenced through broader non-specifically targeted messages. At present this hypothesis is not proven to be true or false. This means that GAIN's current practice to combine the two appears to make sense, but awaits the results of more research into the behavioural effect of targeted versus non-targeted indirect interventions.

Conclusions concerning value for money of individual interventions are difficult to make as well, especially when it concerns innovative efforts with the inherent absence of a fair benchmark. Most informative in this regard is therefore how output/input ratios (i.e. unit costs) evolve over time. In the case of the SBN, the costs for getting the first 50 companies engaged in 2014 was approximately € 24,500 per company, while the costs per company in 2016 had dropped to around € 6,500. In the same way, GPF costs per person reached, has dropped significantly over time. This illustrates that at least for the interventions where trends over time can be discerned, GAIN appears to be able to increase its efficiency and by that its value for money.

The apparent challenge in assessing GAIN's efficiency / value for money in light of the innovative nature and uniqueness of its work, does not release GAIN from external demands for financial accountability and the internal need to pursue efficiency improvements. This only underlines the importance of having a transparent output-based budgeting and reporting system in place as soon as possible.

4.4 Sustainability

The review of the sustainability of GAIN's interventions primarily focused on 1) the extent to which visible measures were taken during programme design and implementation that would strengthen sustainability and 2) the extent to which achievements to date are likely to remain of use and being used as intended after project closure.

Sustainability considerations are clearly part of the design process of GAIN interventions and a range of signs was found that illustrate this, like:
- the deliberate attempt to use of hybrid market mechanisms for the distribution of fortified food (Mozambique)
- the use of market parties to ascertain sustainable supply of water filters (Indonesia)
- training of trainers of health extension workers (Ethiopia)
- strengthening capacity of a national testing and enforcement institute (Bangladesh)
- advocacy and policy influencing to have new practices adopted in national legislative frameworks (all countries)
- complementing tangible distribution of fortified food with SBCC efforts (all countries)
- Deliberate efforts to get buy-in from the diverse target groups (government, companies, households, workers)
- financial sustainability of the GPF through the creation of a revolving fund.

- Shift from FDOV portfolio implementer towards identifying new fundable projects and partners (AIM)
- Insights paper for the 2015-2020 strategy looking at sustainability of AIM in 2015 and beyond.

Added to these specific sustainability measures that are part of project plans, quite a number of GAIN's interventions adopt a rather holistic approach, aimed at organising a large part of the supply chain so that fortification efforts can be sustained by market forces. The overall programme proposals of 2012 and 2016 include explicit sub-chapters dedicated to sustainability, while the annual plans only include a few scattered explicit references to sustainability. Overall sustainability is certainly considered in programme and project design, both in approach and in activity plans, but largely implicit. Sustainability concerns appear to come natural to GAIN in design, whereby in particular the conscious search and application of self-sustaining market-based strategies is a relatively unique feature of GAIN.

Given this rather implicit treatment of sustainability during programme design, it may not be surprising that during programme implementation also relatively little explicit attention is given to the issue of sustainability. On a few occasions, the issue of sustainability is referred to in annual reports (e.g. sustainability of AIM and the Food Fortification project in Mozambique), but not much evidence could be found of sustainability of interventions being systematically monitored. Of course, the progress of above-mentioned sustainability related activities are reported upon but without reflection on sustainability implications. Progress in delivery of outputs and activities (i.e. short term success) seems to be the main consideration for programmatic steering during implementation without much explicit and structural attention for GAIN's longer term success.

This limited apparent attention for sustainability during programme implementation is remarkable given the many challenges that are encountered in putting these (implicit) sustainability measures in practice. For instance; the adoption of hybrid market-based distribution in Mozambique faced many complications (see earlier chapter on effectiveness). In Bangladesh, progress in strengthening the BSTI was made but uncertainties about their future resource base and scale of testing remains, attempts to get buy-in from RMG company owner had limited success, the creation of a self-sustaining water filter supply chain appeared difficult and so on. In other words, quite a number of cases were encountered in which a more deliberate reflection on sustainability would have been justified in light of pursuing the longer term success of the programme.

Finally, when looking at the expected continuation of achieved results, a mixed picture emerges. As explained in more detail in the chapters above, this includes clearly positive examples like: Edible Oil Fortification and Salt Iodisation in Bangladesh. Examples whose sustainability remains more questionable include: the effect of the SBCC component on female garment workers in Bangladesh. Finally, examples with low probability of sustainability include: the hybrid distribution of MNP in Mozambique[32] and the effect on RMG factory owners in Bangladesh. Looking at explanatory factors, it appears that the combination of an holistic approach in an intervention of high relevance (i.e. addressing a real policy priority) executed in close collaboration with a government entity (at senior level) that is able and genuinely willing to subscribe to the importance of an intervention, is key to, but no guarantee for, sustainability.

4.5 Coherence and Synergy

In terms of Coherence and synergy the evaluation has reviewed whether and how the GAIN programme related to other actors or interventions; i.e. involvement of Dutch expertise, use of / contribution to national or international research and the cooperation with other (Dutch-funded) international nutrition related initiatives.

Concerning the involvement of Dutch expertise from the private sector, the most striking example has been the involvement of PT Holland for Water as supplier of drink water filters in the Baduta project in Indonesia. Besides, Dutch expertise features primarily in the AIM programme component, which offers a platform targeting Dutch partners to use their expertise in coming up with bankable

32 The ongoing process evaluation and the market study for MNP will provide a definite answer on the sustainability of GAIN model.

innovative interventions against malnutrition. This initiative was started well before the current programme and has continued as one of the programme components. Since 2012, AIM has generated and discussed many potential ideas for innovative projects[33], and was successful in turning 5 ideas into projects implemented with the engagement of Dutch companies. The Nutrition in tea supply chain represents a good example of how these synergies worked. This project is based on the experience of a GAIN project in Indonesia. The concept was used by AIM to leverage involvement of Dutch companies and pilot the implementation in India and Malawi. In India, the pilot was funded by Unilever and implemented in collaboration with Unilever, local tea and Gherkin suppliers of Unilever and Solidaridad. The same idea was also piloted in Malawi, funded by IDH and AIM and implemented in collaboration with the Ethical Tea Partnership (ETP) and the Tea Association of Malawi (TAML). Another example is the nutrition in the horticulture sector project. This was developed on the base of the blue prints created by experience in the nutrition in the tea sector, adapted to the horticultural sector, and implemented with The Netherlands Trade Union Confederation (FNV) and The Netherlands African Business Council (NABC).

Besides AIM and the fact that three Dutch companies feature on the GPF supplier list, it must be however be concluded that the GAIN programme at large does not make an extra-ordinary appeal to Dutch expertise.

Linkages to international and national research can be in particular found in programme and project design at country level. A range of references to research can be found that explain and justify the focus and shape of country-level interventions. This includes references to research conducted by national governments (e.g. National Micronutrient Survey 2011 – 2012 in Bangladesh and the Indonesia Basic Health Research) and international research publications (the Lancet Child Survival series 2013, the Copenhagen Consensus and so on). In addition, GAIN draws explicitly from its own past research in shaping its future programme (e.g. the Food Fortification programme in Bangladesh is partly inspired by GAIN's experiences in India). These references are documented clearly, illustrating that GAIN actively makes use of and builds on the lessons from earlier national and international research.

In addition, GAIN sets out to contribute to the global nutrition related knowledge base often in the shape of research activities that are part of project interventions (e.g. process evaluations, productivity and nutrition impact studies). In doing so, GAIN actively seeks cooperation with relevant research partners like: icddr,b in Bangladesh. In particular, the nutrition impact studies are expected to make a significant contribution to the existing knowledge base, though these studies will only be available towards the end of the programme period. Besides, GAIN also contributes and benefits from a range of national and international knowledge sharing interventions e.g. as co-host of the National Anaemia Consultation in Bangladesh (July 2016) or as participant in the "Scaling up Home Fortification of complementary foods in East & Southern Africa (November 2015). Also the global, regional, and national consultations organised by the SBN, as well as the mobilisation of private sector participation in wider fora (e.g. ICN2, WEF) can be considered as part of these knowledge sharing efforts.

Looking at signs of others making use of GAIN's expertise and experiences outside the direct scope of GAIN's own programme, a range of nutrition-related actors confirmed calling upon GAIN for expert inputs. In Bangladesh this was confirmed by the Ministry of Health & Family Welfare in the context of the development of the National Nutrition Policy and Action Plan and documented as such in the National Nutrition Survey and the National Strategy on Prevention and Control of Micronutrient Deficiencies (2015 – 2024). In addition international agencies like WFP, UNICEF and the Dutch embassy indicated calling upon GAIN to get access to nutrition knowledge. Similarly, in Mozambique GAIN is widely known and respected in the nutrition sector with both the Ministry of Health and SETSAN looking at the projects implemented by GAIN as a source of reliable information.

In Bangladesh GAIN's partners furthermore indicated that they increasingly recognise GAIN as local knowledge partner that no longer largely depends on Geneva for its nutrition expertise. Another noteworthy shift relates to GAIN no longer being perceived solely as fortification expert but

33 Including for example: MultiMilk, Cassava Bread, Smokeless Stoves, Improved nutrition for cash crop farming families, Small-scale Soy processing Franchise system, fortified rice Indonesia, using football coaches as for dissemination of lifeskills, and sun-powered football pitches.

increasingly as relevant policy partner in a broader life-long nutrition dialogue. Business partners acknowledge that GAIN's added value lies in the high level of expertise in nutrition as well as in the capacity of the organisation to communicate nutrition issues in a culturally sensitive manner In all this, it is clear that GAIN's expertise is more sought in its people than in its publications.

Concerning coherence and synergy with other Dutch or otherwise funded international interventions, numerous references to collaboration and coordination with others can be found throughout the programme proposals, annual plans and reports. From this, it appears that GAIN makes a genuine effort to be informed and link its programme and project design to other on-going interventions. The fact that GAIN is centrally financed, in theory makes it more difficult to ascertain coherence or synergy with other Dutch funded projects at country level. In practice, this is however not experienced as an obstacle. Regular interaction between the embassy and GAIN country offices takes place, whereby GAIN is aware that coherence will only enhance the impact of their efforts, while in project design it is simply a precondition for funding. At the same time, the embassy seeks GAIN's expertise on nutrition. As such, the relationship between GAIN and embassies may even be served by the absence of a direct funding relation, allowing both parties to interact more openly. Another advantage of central financing is that it allows for more flexible use of funds, including the transfer of funds from between countries or programme components whenever needs arise and the funding situation allows for it. This has happened, in consultation with the ministry, on a number of occasions between different programme components but also to finance unforeseen GAIN activities in Afghanistan for which urgent funding was required.

A particularly strong example of synergy is GAIN building on BSR's HERHealth project in shaping a collaborative intervention with BSR and its partners for the Improved Nutrition of Female Garment workers project. Other examples of direct collaboration include GAIN's work on the Salt Law following earlier work done by UNICEF in collaboration with the BSCIC and the joint efforts with WFP to get SBN's up and running. In Ethiopia, GAIN sub-contracted Concern Worldwide (CWW) and in Mozambique People Services International (PSI) and Save the Children (StC) for the distribution of MNPs, making deliberate use of other international players believed to be best placed to do so. Finally in the BADUTA project, GAIN is working through StC to strengthen the capacity of health care providers in the delivery of nutrition services.

In other words, in virtually each country-level intervention GAIN can be seen to seek cooperation with other relevant international actors, which enhances the coherence of GAIN's efforts. This however often takes place through sub-contracts, which fits naturally with GAIN's history as donor agency. This approach can be applauded given that GAIN deliberately calls on the strengths of others rather than doing it all themselves, but it does not necessarily mean that coherence is sought in programmes not financed through GAIN. GAIN's partners in programme countries in general are positive about the collaboration. Comments are however made about GAIN's strong dependence on Geneva for decision-making and its high staff turnover affecting the speed and continuity of collaboration. An interesting observation in this context was made, stating that GAIN's focus is on the collaboration with partners rather than the collaboration among GAIN's (sub-contracted) partners.

Collaboration with other international actors is a natural part of the global programme components, as in particular SBN and AIM exist for the purpose of creating and convening new partnerships.

The SBN is part of the wider SUN movement, contributing to the overall purpose of formulating a more coherent response to scale up nutrition. The Dutch-funded SBN secretariat has the specific responsibility to mobilise and engage the business sector to further enhance the coherence of these efforts at global and country level. This obviously is an enormous responsibility going beyond the capacity of a small secretariat. The efforts of the SBN secretariat are widely appreciated in this, though it is observed by some interviewees that there is scope to make more and better use of others like: chambers of commerce, business associations and specialised NGOs, in particular in SUN countries where the SBN is not (yet) strongly established.

The AIM secretariat exists for the sake of creating new innovative public-private partnerships that design and implement bankable projects that can help in providing better access to nutritious food and better functioning nutrition markets. After initial challenges, AIM has developed a more phased approach for designing, piloting, implementing, testing and scaling up innovative projects. This allows

starting with relatively small-scale projects, keeping risk levels for business partners at more acceptable levels. In this way, AIM succeeds in getting new innovative partners engaged and through that broadens the spectrum of ideas and actors that can contribute to a coherent approach in the combat against malnutrition.

5 Conclusions & Recommendations

5.1 Conclusions

This chapter reflects the conclusions from the evaluation structured according to the various evaluation criteria.

Relevance

Looking at the relevance of the GAIN programme to the Dutch food security policy objective, it can be observed that country-level interventions primarily contribute to *improved access to nutrition of sufficient quality (i.e. pillar two of the Dutch food security policy).* In all GAIN's programme countries, this contribution is realised through a combination of fortification and non-fortification efforts, resulting in a direct and indirect contribution. The global programme components contribute primarily to *more efficient markets* and *improved business climate,* being the 3rd and 4th pillar of the Dutch policy framework. Overall, it can be concluded that the GAIN programme is well aligned with the Dutch food security policy and aims to contribute to three of its four pillars, whilst making explicit efforts to improve understanding and address the causes of malnutrition in line with the Ministry's global food security policy letter of November 2014. This alignment is further strengthened by the programme's attention for private sector engagement, clearly fitting the Netherlands' Aid To Trade agenda.

Alignment with national policy frameworks in programme design is high as significant overlap between programme objectives and national policy objectives can be found in all four programme countries. In programme countries, GAIN is increasing recognised as aligned and knowledgeable policy partner and plays an active role in the national nutrition policy debate. This obviously helps in ascertaining the continued and practical alignment of GAIN's more specific interventions that are carried out under the programme. In the majority of its projects, GAIN can be seen as government-led implementation partner (i.e. alignment in policy implementation) though a few exceptions exist where the initiative lies more with GAIN, outside (or ahead) of national policy priorities. Finally it appears that sustained alignment comes at the price of following the slow pace in which governments develop their own policy / regulatory frameworks, leading to delays in implementation.

Relevance in terms of addressing nutrition-related priority needs is assessed based on findings from the two country visits to Mozambique and Bangladesh. In design, the GAIN interventions in these countries address specific nutrition-related priority needs primarily through food fortification interventions involving the delivery of MNPs or single or multiple micronutrient supplements. These interventions address deficiencies in micronutrient intake, though the evidence-base needed to tailor interventions to a specific country context is often weak at the time of project design. Subsequently, during implementation new insights emerge that challenge the original project justification. This did however not undermine the relevance of these interventions, as GAIN's fortification efforts are widely acknowledged to make a meaningful and much needed contribution to the improved dietary conditions of the target groups. An important challenge however remains ensuring that the more remote and poorer segments of society, often having the highest nutrition needs, are reached, especially when relying on self-sustaining market-based distribution systems.

Effectiveness at country level

GAIN's programme design allows for a straightforward comparison between planned and actual results, which reveals a significant gap between documented aims and achievements. Such a simple comparison however does not do justice to the innovative nature of most of GAIN's interventions that are marked by many adaptations to changing realities. Many of these adaptations can be logically explained and illustrate GAIN's adaptive capabilities but are not well documented in variance analysis, which affects programmatic steering and brings the risk of appearing ineffective.

Looking closer at realities at country level, a mixed picture emerges. In terms of reach and coverage it can be concluded that GAIN has been effective in its broadly targeted direct food fortification efforts, but less so in its more specifically targeted direct interventions (MNP / Food Supplementation). At the

same time, the effectiveness of GAIN's indirect interventions (educational messages) has been high in terms of reaching targeted populations, though the effectiveness of this in terms of behaviour change as precondition for achieving desired nutritional outcomes remains uncertain. The practised combination of targeted direct and indirect interventions proves to be difficult but crucial in pursuing nutritional improvements for hard-to-reach low-income groups with the highest nutrition needs.

Key factors for success of broadly targeted food fortification interventions are the design of a focused intervention of manageable scale that relies on already existing distribution systems and can count on active government engagement at senior level during implementation. Low effectiveness of specifically targeted food supplementation interventions can often be explained by various unpredictable external challenges. Many of these are inherent to GAIN's ambition to find new sustainable distribution systems for which a range of institutional and practical conditions need to be put and remain in place. Nevertheless, some of these challenges could have been prevented by a better understanding of the target area / population, a more thorough design process and a more continuous involvement of staff from project design to implementation.

Using *public distribution channels* to get a new initiative going that is then supported by law and becomes mandatory in an existing self-sustaining market-based distribution system, is an approach that can and has worked successfully when sufficient government backing and capacity was in place. This has proven to be one of the key factors for the effectiveness of GAIN's food fortification efforts that target the broader population. Challenges remain in reaching more specific target groups with special dietary needs (e.g. pregnant women, mothers and young children), especially those in the more remote and poorer segments of society for which new distribution systems need to be established that have the prospect of becoming self-sustainable.

Overall, it can be concluded that GAIN's practice of testing a (hybrid) market-based distribution system makes practical sense in finding cost-effective and sustainable distribution system. At the same time these interventions carry a large risk of failure especially if not resilient to changing socio-economic circumstances and when local cultural habits and / or political ideologies pose unforeseen complications. As such, the distribution system piloted in Mozambique needs further analysis to draw much needed lessons for creating a distribution system that can be applied widely and most remote and lowest income target population.

Impact and Contribution at country level

Conclusions about programme impact on the enabling environment and national nutrition agenda beyond GAIN's sphere of control are primarily based on findings from the country visits, given that available reports largely focus on effectiveness (i.e. shorter term results).

In Bangladesh, GAIN can be seen to contribute to the overarching National Nutrition Policy and Action Plan, though given the many actors involved GAIN's contribution cannot be discerned and reasonably assessed in terms of its significance. Looking more specifically at industry-related implementation processes of the national nutrition policy, the impact of GAIN's efforts becomes more obvious. This applies in particular to GAIN's contribution to the adoption of the Edible Oil Fortification Bill (including the successful appeal of the stay order) and the fact that MoI is now playing a more prominent role in the production side of fortification policy development and implementation. In the RMG sector the impact of GAIN's work is less obvious, which is to be expected given the earlier mentioned challenges in terms of relevance and effectiveness of these efforts.

In Mozambique, GAIN is recognised as a meaningful policy partner and contributed significantly to the development of the National Strategy for Home Fortification with MNP. In addition, GAIN's experience in Mozambique with the home fortification project and the testing of a hybrid distribution model has the potential of providing important insights that can make a significant difference in future national fortification and distribution strategies. This potential depends on the realisation and quality of systematic process and impact studies that can inform such strategies in the future. In this connection, the more general conclusion can be drawn that GAIN could and should play a role in strengthening the currently weak local evidence / knowledge-base for future fortification efforts and deserves support in really making systematic impact studies happen.

In terms of *Impact on Nutrition status*, the preliminary findings from the available impact study in Indonesia do not show clear statistically significant changes in stunting or anaemia outcomes that can be attributed to the intervention. Biological impact may have been more clear if the changes in haemoglobin and growth could have been measured over time in the same children at the start and end of the study. Unlike biological impact, child feeding behaviours cannot be measured in the same children over time because key behaviours related to early child feeding practices are age specific (e.g. breastfeeding practices immediately after birth). The results do show promising findings in the intervention group related to child feeding practices, as measured at the community level. In Mozambique no biological impact study was conducted given problems encountered in the MNP delivery process. The process evaluation however showed that a majority of the targeted caretakers had been reached by nutrition related messages, but that only 9 – 15 % of targeted children were effectively covered by the intervention. This demonstrates the appropriateness of cancellation of the end-line impact study.

Even though the preliminary findings of the impact study demonstrate limited nutritional impact results, the evaluation does not dispute the appropriateness of GAIN's MNP interventions as these are widely recognised to improve dietary conditions when administered effectively. In particular, the comprehensive interventions, that include a combination of SBCC, food supplementation and safe drinking water related actions, are likely to impact nutritional status and health in the targeted communities. GAIN tests new (hybrid) distribution systems, engaging government and businesses, to ascertain effective and sustainable models to reach 'hard-to-reach' groups with special dietary needs. GAIN's strength lies in being able to bring together the necessary partnership to identify functional distribution systems. Only when GAIN has succeeded in doing so does it make sense to measure biological impact and initiate efforts to scale-up.

Effectiveness and contribution of global programme components (GPF, SBN and AIM)

Comparing planned versus actual results of the GPF programme component, a mixed picture of over- and underachievement on particular targets emerges, which can be largely explained by justified adaptations over time. Overall, the GPF is felt to have been effective in supporting and underpinning the global fortification efforts and played an important role in disrupting the market (positively), increasing competition, and sustaining the availability of quality premix at a lower price.

A significant gap can be observed between SBN achievements and its original intentions. Given its innovative nature it is however difficult to pass clear judgement in terms of effectiveness of the SBN programme component. Taking a critical perspective leads to the conclusions that with having 350 companies engaged after four years means the SBN has only scratched the surface in engaging the global nutrition-related business community. However, when joining the perspective of most stakeholders that is more appreciative of the trends in engagement and the challenges / opposition faced in realising meaningful business engagement, a more positive conclusion has to be drawn. Irrespective of this, more lessons can be drawn from SBN experiences than what is currently captured and shared, illustrating that there is scope to further strengthen the effectiveness of the SBN as innovative programme component.

Over the period 2013 – 2016, a pattern of increasing delivery / reach of GPF and SBN can be observed (nr. of consumers reached by GPF, nr. of member companies reached / countries covered by SBN). In particular during the last 18 months of the programme, GPF and SBN largely depended on Dutch funding (while GAIN was negotiation new BMGF funding), which enabled GAIN to continue and mature its GPF and SBN services, which is an important factor in explaining the trend of increasing achievements.

Also the AIM programme component underwent significant changes since the start of the programme, making it difficult to compare targets and achievements as indicators for effectiveness. Given the evolution of AIM, it was felt more appropriate to assess its effectiveness in leveraging Dutch engagement and leadership around global food and nutrition security. In this regard, AIM was successful in adapting to the needs and way of working of the partners and found effective ways of engaging Dutch businesses in nutrition projects. AIM's effectiveness in generating sustainable follow-up projects building upon the experience of small-scale pilots cannot be clearly demonstrated yet.

Overall AIM has not yielded the results in reach as anticipate in the original programme. At the same time AIM has been less dependent on Dutch funding than GPF and SBN, but this funding has been instrumental in realising the restructuring of AIM's operations, which may proof to be the basis for AIM's success in the years to come. In addition, it can be concluded that in the absence of Dutch funding, AIM would certainly have a smaller and less meaningful portfolio of projects.

Efficiency and Value for Money

GAIN's regular financial reporting does not give clarity about the cost-efficiency of the programme. This affects the financial reporting to donors and also complicates the internal steering of the organisation's own efficiency performance. At the same time, GAIN has made conscious and significant steps during the past years towards better cost control and a more transparent financial system. The effects of those efforts on GAIN's efficiency can however not be discerned from its financial reporting.

Efficiency measured in terms of delivery according to plan shows significant under-expenditures, in particular in country programmes in some years going down to around 30%. These deviations may be largely explained by deliberate programmatic adaptations, but can at least partially be attributed to prevailing budgeting practices that did not systematically link activities to resource requirements. It is recognised that GAIN has acknowledged this and has taken steps to introduce more output / activity based budgeting. The availability of more specific financial information from the Bangladesh country office made it possible to identify a trend of increasing efficiency in terms of the ratio indirect country office costs versus overall programme delivery. These figures also revealed a relatively high but fluctuating dependence on the Dutch-funded programme for the sustenance of the office.

Looking at efficiency in terms of planned versus actual input/output ratios of a sample of more specific interventions under the programme a mixed picture emerges, whereby conclusions have to be understood in the absence of detailed activity-based cost projections. Nevertheless, the Edible Oil Fortification project is seen as having largely delivered on its promised outputs consuming around 70% of its projected budget and as such has been more efficient than expected. An opposite conclusion can be drawn when looking at the Improved Nutrition for female Garment workers project that consumed about 75% of its projected resources without being able to deliver on the majority of its original intended results (yet).

This apparent variety in efficiency / Value for Money among GAIN's interventions can be largely explained by their diverse nature and complexity. Putting this diversity aside while focusing on costs versus results only, it can be observed that broadly targeted direct interventions have a bigger value for money than specifically targeted direct interventions. This is not only because the latter is by design more expensive per targeted person, but also because of a higher success rate in broader interventions. The value of targeted direct interventions therefore has to be sought more in the knowledge creation of these interventions than in their nutritional outcomes.

In a similar way, broader indirect interventions appear to have a higher Value for Money (costs versus reach) than more specifically targeted interventions. It has to be acknowledged however that the real value of these indirect interventions lies in their ability to affect nutrition-related behaviour, which is beyond the scope of the intervention, hence difficult to measure and attribute. As such, GAIN's continued efforts to do both makes sense, but would be served by gaining more insight in the behavioural effects of those indirect interventions.

Absolute conclusions concerning value for money of unique innovative interventions like the SBN and the GPF are difficult to draw given the inherent absence of a fair benchmark for those programme components. Looking at trends over time however, a clear pattern of increasing efficiency (costs per business engaged / person reached) emerges. At the same, according to GAIN's own estimates the SBN efforts will help improve nutrition of 1.3 billion people (i.e. less than 0.2 cents per person). Such figures illustrate clearly the potential benefits of business engagement but also that using efficiency as performance criteria for a highly unpredictable SBN-like intervention without precedence will always be difficult and controversial.

The apparent challenge in assessing GAIN's efficiency / value for money in light of the innovative nature, diversity and uniqueness of its work, does not release GAIN from being financially accountable and more transparent about the efficiency (input / output ratio) of its services and deliverables.

Sustainability

Sustainability is clearly considered in programme and project design. Many sustainability-related elements can be found, both in approach and in activity plans. These seem to come natural to GAIN but stay largely implicit. In particular the conscious search and piloting of self-sustaining market-based strategies is a relatively unique sustainability feature of GAIN. The consequence of this largely implicit approach to sustainability in design is that also during implementation limited explicit attention is paid to sustainability concerns. Given the many challenges encountered in putting (implicit) sustainability measures in practice this is seen as a risk in programme management in particular in light of the longer term success of the programme.

Looking at the expected continuation of achieved results in Bangladesh and Mozambique, a mixed range of experiences emerges. On one side, there are interventions that secured their longer term success through supportive legislation and widely adopted new practices that reduce malnutrition. On the other side, there are interventions whose future success is far from secure and even unlikely, while others remain questionable and in demand of close managerial attention.

Overall, it appears that the combination of an holistic approach in an intervention addressing an explicit policy priority, executed in close collaboration with a government entity that at senior level is genuinely able and willing to subscribe to the importance of an intervention, is key to, but still no guarantee for, sustainability.

Coherence & Synergy

Apart from GPF, having major Dutch companies among its suppliers, and AIM, which specifically aims to create new partnerships that include Dutch expertise in the development and implementation of innovative initiatives against malnutrition, the programme does not appear to make extra-ordinary use of Dutch expertise. Linkages to national and international research are evident in the design and planning of GAIN's interventions, illustrating that GAIN actively makes use and builds on lessons from earlier research. At the same time, GAIN can be seen to contribute to the global nutrition-related knowledge base through research activities (process and impact studies) embedded in broader intervention plans and through engagement (as organiser or participant) in a range of national and international conferences. GAIN is appreciated and called upon as valuable knowledge partner by a variety of partners but its expertise is more recognised in its people than in its publications. The on-going process of building its nutrition expertise increasingly at country level and by that reducing its dependence on Geneva, is a step forward in terms of GAIN's credibility as nutrition expert at country level.

In practically every country-level intervention GAIN can be seen to seek cooperation with others, which enhances the coherence of GAIN's efforts. This often takes place through sub-contracts, illustrating a deliberate call on the strengths of complementary partners. This demonstrates an effort to optimise the complementarity of GAIN's interventions, but it does not mean that coherence with partner programmes not financed through GAIN is achieved. GAIN's partners in programme countries in general are positive about the collaboration, though the relatively strong dependency on Geneva and high staff turnover affecting the speed and continuity of collaboration, are seen as weaker elements. GAIN has already acknowledged this and is taking action to address these challenges.

The fact that the programme is financed centrally may carry the risk of less coherence with other Dutch funded programmes at country level, but in practice this risk has not become reality. Regular two-way interaction between GAIN and embassies appears to take place, whereby the absence of a direct funding relation may even have helped in creating a more open partnership.

Collaboration in pursuit of coherence and synergy with other international actors is a natural part of the global programme components, as in particular SBN and AIM exist for the purpose of creating and convening new partnerships. Both secretariats, each in their own way, can be seen to actively pursue this cooperation and are appreciated by partners for the efforts made in this respect. At the same time, it is recognised that in particular for the SBN the scale of expectations / demand goes beyond the capacity of the secretariat while the potential for cooperation with other relevant actors in this is not fully utilised.

Overall Conclusion

Overall, it can be concluded that the majority of interventions under the programme are relevant and contribute to Dutch and national policy objectives. The relevance of interventions in meeting nutrition needs is sometimes justified on a limited evidence-base, resulting in adaptations over time as new insights emerge. Nevertheless GAIN's interventions are widely acknowledged as meaningful contributions to the improved dietary conditions of the targeted groups. Meeting the nutritional needs of the more remote and poorer areas remains the most pressing relevance concern.

GAIN's interventions are for the most part effective, especially if one accepts that running a complex and largely innovative programme inevitably means things do not always work out as expected. At the same time it is felt that a more thorough situation analysis could have mitigated some of those cases and that GAIN could have done a better job in drawing and documenting lessons learned. Encouraging longer-term effects can most prominently be found in broadly targeted industry-related fortification efforts that rely on existing distribution channels and are a clear and explicit government priority. Effectiveness of more specifically targeted food supplementation efforts remains a challenge. The innovative nature of GAIN's work carries the potential of more impact if lessons indeed find their way into future policy development and implementation.

Limited (preliminary) impact findings are available about the biological impact of GAIN's efforts. These findings do not show clear statistically significant changes in stunting or anaemia outcomes that can be attributed to the intervention but do show promising findings in changed feeding practices. Given that GAIN's focus on testing and finding effective and sustainable delivery models to reach the "hard-to-reach" target groups, it is understandable that GAIN decided to concentrate its research efforts on process evaluations rather than on impact studies.

The efficiency of GAIN's efforts is a delicate issue, as budgeting and financial reporting practices are not activity or output based. Existing financial reports to the Ministry only provide insight in planned versus actual expenditures but not in prevailing input-output ratios and trends. Under-expenditure in all programme components is an often recurring phenomenon that can be partly explained by the innovative nature of the programme but also partly by prevailing budgeting practices. Looking at planned versus actual input-output ratios of selected interventions leads to mixed conclusions that probably say more about budget estimates than about efficiency. Steps are taken to improve GAIN's financial management practices but the effect of this on GAIN's efficiency is not (yet) clear. Nevertheless, a more in-depth review of financial trends related to the Bangladesh office and the GPF and SBN programme components do illustrate a pattern of increasing efficiency.

Value for money of GAIN's interventions at first sight appears most convincing in its broadly targeted direct (e.g. food fortification) and indirect interventions (e.g. TV-commercials). At the same it is hard to draw firm conclusions on this, given the varied complexity of GAIN's efforts, the difficulty to quantify and compare the added value of different interventions, the innovative nature of its work and the inherent absence of fair benchmarks.

Sustainability is clearly but implicitly considered in programme design but receives too little attention during programme implementation. As a result, the likeliness of achievements continuing beyond project closure is varied. In cases where GAIN adopts a holistic approach, while government ownership and leadership is ascertained, the prospects for sustainability are best though also then not guaranteed. Finally, GAIN can be seen to make significant efforts to achieve coherence and synergy, making use of and contributing to the global nutrition related knowledge base. Apart from the AIM programme components this however happens without an extra-ordinary involvement of Dutch expertise.

5.2 Recommendations

The joint reflection on initial findings and the conclusions presented in the previous chapter illustrate the more successful and critical aspects of GAIN's work. In light of this, the more general recommendation can be made to consolidate and continue the strong aspects of GAIN's work. This applies in particular to GAIN's efforts to connect and align with government priorities, its relatively holistic approach combining nutrition-specific interventions with policy advocacy, institutional development and SBCC, its apparent efforts to collaborate and synergise with others. In addition, it is suggested to keep using, and contributing to, the global nutrition knowledge base in particular concerning how to sustainably reach specific target groups with high dietary needs. Below a number of more specific recommendations are presented, offering further ideas about how GAIN can consolidate and improve its programmatic performance in the future. Following this, some final suggestions are made to help shape the future collaboration between GAIN and the MFA.

Recommendations specifically targeting GAIN.

1. **Position GAIN more clearly in the niches of the nutrition sector to optimise relevance**

GAIN can be seen playing many roles from donor to implementer, from nutrition expert to network facilitator and from researcher to policy advocate. All these roles require different competencies at both the organisational and individual levels. To optimise GAIN's contribution in an increasingly complex (nutrition) world it is recommended to identify in which role GAIN is most unique and adds most value and deliberately position GAIN in those areas. From the evaluation, it appears that GAIN's most obvious comparative advantages lie in its ability to connect and engage the private sector in the nutrition arena in pursuit of a specific nutrition policy objective (i.e. more in policy operationalisation than in policy development). This applies to GAIN's work related to the SBN at global and country level but also to its GPF work and its fortification efforts at country level. Still only few non-profit organisations feel comfortable let alone competent in taking up this responsibility, while companies are increasingly willing to contribute but not to convene business engagement. This, combined with GAIN's demonstrated capacity to connect and convince relevant government entities at the required senior level to open the door for private sector engagement, puts GAIN in a unique and much needed position to help scaling up nutrition.

2. **Continue and expand GAIN's contribution to global & local nutrition knowledge base.**

Quality nutrition remains a priority issue in the global 2030 development agenda, a.o. in light of the zero hunger challenge (SDG 2), good health (SDG 3) and responsible consumption (SDG 12). Much remains to be learned about effective nutrition efforts as the causes and solutions for malnutrition are highly diverse and contextual, making a successful intervention in one country impractical in another. This complexity is apparent in the documented project justifications and the regular programmatic adaptations. Given GAIN's experience and ability to connect with others, it is recommended to put nutrition-related knowledge creation at the core of GAIN's mandate. Such efforts should in particular focus on the testing of effective and sustainable delivery models to reach the 'hard-to-reach' population with high dietary needs. In other words, we recommend shifting the focus from combating malnutrition to equipping others with the knowledge and expertise to successfully establish and scale up functional distribution systems with the help of the private sector. This means identifying knowledge gaps to prioritise future innovative efforts and continuing and expanding nutrition-related process evaluations to fill knowledge gaps, including the behavioural impact that follows from indirect interventions. Besides, where non-nutritional factors may play a role (e.g. infectious diseases) more research is needed to find the best approach in addressing micronutrient deficiency.

3. **Recognise GAIN's innovative character to optimise learning.**

Closely linked to the previous recommendation is the importance of recognising and strengthening the innovative character of GAIN's work during project implementation. In practice, this means that project monitoring and reporting by definition includes an in-depth reflection on what works and what doesn't, including a strong variance analysis that explains and justifies changes not just for the sake of improved accountability but even more so for learning within and beyond the intervention. This recommendation in particular concerns process evaluations that create insight into the many

preconditions for the successful distribution of food supplements to “hard-to-reach” target groups. In addition, more deliberate learning efforts are recommended for GAIN’s more indirect nutrition-sensitive interventions including policy advocacy and the SBN, where GAIN’s many experiences can be captured, documented and shared more systematically.

4. Manage sustainability more deliberately

Given that GAIN adopts a relatively holistic approach in its country programmes, it was observed that sustainability concerns seem to come naturally but remain implicit in GAIN’s project design. Subsequently sustainability receives too little attention during implementation despite obvious challenges affecting the sustainability of GAIN’s interventions. It is therefore recommended to make sustainability more explicit in project design, whilst ascertaining that more deliberate attention is paid to identifying and addressing sustainability concerns in project monitoring and steering.

5. Determine sphere of control to strengthening project cycle management.

GAIN’s programme documents as a framework for steering, accountability and learning would benefit from a more elaborate conceptual framework (Theory of Change) that reflects GAIN’s hypothesis concerning expected pathways of change. Such a framework would enable GAIN to distinguish more clearly between its sphere of control, influence and concern, which in turn would help in creating sensible intervention logic from outputs via outcomes to impact. This distinction is important as the subsequent results levels differ in complexity and predictability, hence require different monitoring systems that better serve the specific purpose of result measurements.

E.g. for the measurement of outputs, that tend to be more predictable and close to GAIN’s sphere of control, it makes sense to formulate SMART targets that can be reported upon to see and demonstrate the extent to which GAIN’s is delivering as promised. Result measurement at this level serves accountability and steering at project level. However at outcome level (and even more so at impact level) where results are less predictable and often related to behaviour beyond GAIN’s control, measurements primarily serve programmatic steering and learning purposes whereby the organisation can only be held accountable for the extent to which this steering and learning actually takes place. Formulating specific measurable indicators with targets at this result level often does not do justice to the complexity of interventions with the risk of setting the organisation up for apparent failure (on paper) and missing meaningful changes that manifest themselves a bit differently from expectations. Monitoring systems that are particularly designed to also capture unplanned change, based on outcome mapping and harvesting principles, would help to avoid this.

6. Decentralise by the further professionalization and stabilisation of country offices

GAIN has already embarked on a decentralisation process that includes the strengthening of offices in programme countries. It is recommended to continue this process, paying particular attention to the devolution of decision-making power (with the necessary accountability systems) and the recruitment / retention of competent staff balancing nutrition expertise with networking power. This will help in realising a more continuous involvement of competent staff throughout the project cycle, which will increase the quality of decision-making in design (being better able to sufficiently understand needs and context) and implementation (being better able to distinguish proximal from distal causes of problems) and through that the credibility of GAIN as partner in nutrition.

7. Improve transparency in efficiency for internal steering and external accountability.

GAIN has made progress in converting its internal financial management systems to better suit its role and responsibilities as implementing partner, in particular by the introduction of activity/output based financial planning and reporting. The programme proposals and reports submitted to the Dutch government however so far are not (yet) output or activity based and only reflect the consumption of resources without providing insight in GAIN’s efficiency. This limits not only GAIN’s external accountability but is also a missed opportunity in getting and giving insight in the efficiency gains that follow from the measures GAIN took to professionalise its financial management. It is therefore recommended to adopt output-based financial planning and reporting practices in GAIN’s project and programme proposals and reports. In this way GAIN can get better insight in (trends in)

its own efficiency performance and can give external partners the assurance that they are dealing with a conscientious partner that strives for continuous efficiency improvements.

8. Seek more synergy between programme components

Better use can be made of the potential for synergy between the various programme components, in particular at country level. Various examples of complementary programme components were found (e.g. GPF supplying Vitamin A to Bangladesh for Edible Oil Fortification). Nevertheless, the various programme components seem to operate relatively independently. It is felt that a more systematic effort could be made in selected countries to pursue opportunities where a combination of AIM, GPF, SBN and /or nutrition interventions is needed and possible. Such synergy can be expected to reinforce the overall effect of GAIN's efforts and through that strengthen GAIN's position as strong and credible (convening) partner in nutrition.

Recommendations for future cooperation between GAIN and the MFA.

9. Continue cooperation on SBCC and industry-related food fortification efforts.

GAIN has proven to be effective in reaching high message coverage, even under difficult circumstances. Besides, GAIN appears to be successful in food fortification efforts that depended on successfully convening, sometimes opposing, public and private actors. Given the continued relevance of these efforts as reconfirmed in the global 2030 agenda and if aligned with national nutrition-related policies, the continuation of these efforts stands a high chance of making a significant contribution to a further reduction of malnutrition.

10. Be more specific and explicit about innovative nature of efforts.

The current programme includes a range of rather varied interventions that are justified by their potential nutritional impact. Irrespective of the innovativeness, and with that the complexity / predictability of the intervention, expectations are raised about the number of people that will have access to improved nutrition. Given the apparent complexity of food supplementation efforts of 'hard-to-reach' target groups for which new effective and self-sustainable distribution channels have to be invented, it is recommended to label and treat these more explicit as innovative learning efforts. Such efforts can start at modest scale, making it easier to establish, monitor and control essential preconditions and subjected to more deliberate learning efforts and realistic expectations. This furthermore will help distinguish MFA's cooperation with GAIN from its cooperation with agencies like UNICEF and WFP, who take a more hands-on and controlled approach in large-scale distribution of food supplements. These efforts are meant to address urgent nutrition needs for which no self-sustainable (market-based) distribution system is available (yet).

11. Agree on output-based budgeting and reporting to monitor value for money.

Much has been written about the difficulty to assess the efficiency and value for money of GAIN's interventions based on the existing budgeting and reporting mechanisms. It needs to be ensured that new agreements are based on clear output-based budgets and financial reports. Only in this way, it will be possible to monitor value for money of each programme component in its own right and subsequently set realistic performance targets that can be used for future funding decisions.

12. Appreciate the need for stability and maturity for optimal results.

GAIN has demonstrated increasing effectiveness over time made possible by the relatively flexible use of funds that allowed for stable, continued and gradually maturing service delivery. GAIN depends on external funders, each with their own funding cycles and policies, which creates an uncertain funding situation with fluctuating dependence on its funding partners. Central financing of GAIN has contributed to this flexibility, without apparent adverse effects on coherence at the country level. It is therefore recommended to acknowledge and appreciate this need for flexibility in upcoming funding discussions to safeguard the continuation of stable and maturing service delivery. This may imply the continuation of central financing, but in close consultation with the relevant embassies to ascertain continued coherence at country level.

ANNEX 1

Terms of Reference

ANNEX 1: TERMS OF REFERENCE

Final Draft
Scope of Terms of Reference

Evaluation of Driving Nutrition Impact in Food Security
Activity Number DDE-525/2012

Background of grant and programme
The programme “Driving Impact in Food Security” (DDE-525-201), hereafter referred to as “the programme", funded by the Government of the Netherlands comprises a set of mutually reinforcing interventions which enable GAIN to improve nutrition in four priority countries (Bangladesh, Ethiopia, Indonesia, Mozambique), and play a catalytic role in shaping the nutrition sector via three enabling global interventions, the Amsterdam Initiative Against Malnutrition (AIM), the SUN Business Network (SBN), and the GAIN Premix Facility (GPF). The main problem addressed is the high level of micronutrient deficiencies, a widely recognized aspect of malnutrition with consequences on survival, development and productivity later in life. At the country level, the programme activities focus on improving availability of and demand for quality fortified foods, multi-nutrient supplements and fortified complementary foods among children under five, women of reproductive age and adolescent girls through market-based or public channels. The three enabling global interventions are complementary to the country-level ones: the GPF facilitates procurement of affordable and high-quality vitamin and mineral premix to local industries; SBN mobilizes the private sector to increase commitments for improved nutrition at the international and country level; while AIM supports brokering partnerships between the private sector, academia and civil society as an effective way to design and deliver innovative solutions to malnutrition.

The total funding provided to GAIN is **EUR 32,171,500** for the period 2012 – 2017.

Overall Objective (Results Framework)	**Programmes**	
1. Improve the availability of and demand for good quality fortified foods, multi-nutrient supplements and fortified complementary foods among women and children (specifically pregnant and lactating women, and children under five years of age) through market-based channels and public distribution programmes in 4 countries (Ethiopia, Bangladesh, Indonesia and Mozambique)	1.1 Bangladesh	1.1.1 Bangladesh Food Fortification Programme
		1.1.2 Bangladesh Garments Workers Programme
	1.2 Indonesia	1.2.1 Baduta Programme – Integrated Programme to Reduce Maternal and Child Malnutrition
	1.3 Ethiopia	1.3.1Prevention of Micronutrient Deficiencies in Infants and Young Children
		1.3.2 Ethiopia National Fortification Programme
	1.4 Mozambique	1.4.1 Mozambique Home Fortification and Community Mobilization Programme
2. Increase the scale and financial sustainability of the GAIN Premix Facility (GPF) and expand services including credit, audit and assessment and capacity building and products including	2.1 GAIN Premix Facility / GAIN Platform for Quality and Safety	

Lipid-based Nutrient Supplements (LNS), Micronutrient Powders (MNP), Fortified Blended Foods (FBFs) (e.g. CSB+, Super Cereal Plus etc.).	
3. To facilitate and catalyse the role of the private sector in delivering more nutritious foods by establishing a business engagement programme for Scaling Up Nutrition (SUN)	3.1 Scaling Up Nutrition Business Network
4. Continue support to AIM as a lever for Dutch engagement and leadership around global food and nutrition security and pilot innovations via the Amsterdam Initiative against Malnutrition and Innovations.	4.1 AIM Secretariat
	4.2 Nutrition for High-Value Horticulture Export Supply Chains
	4.3 Nutrition in Tea Value Chains
	4.4 Postharvest Loss Alliance for Nutrition – Netherlands (PLAN-NL)
	4.5 AIM for One Goal
	4.6 Nutritious Urban Food Systems
5. To inform future programming, improve the understanding of the nutritional problems of adolescent girls, potential delivery channels to reach them, their aspirations and motivations, and potential impact on nutrition indicators (Bangladesh and Indonesia)	5.1 Improving Nutritional Status of Adolescent Girls in Bangladesh
	5.2 Improving Nutritional Status of Adolescent Girls in Indonesia

Overall objective
The overall objective of this evaluation is summative: to assess the performance of GAIN and the programmes implemented during the granting period from 2012 to 2016. The evaluation also provides insights into the fit of the programmes as designed within the MFA food and nutrition security policy and provides insights and inputs into what areas could be strengthened in future work with GAIN.

Scope of the evaluation
This evaluation will assess progress and results achieved by focusing on organisational set up, processes and adaptations, and institutional outcomes on the one hand, as well as impact at the final beneficiary level in targeted countries on the other hand. Process evaluations are underway in Indonesia (programme 1.2.1), Ethiopia (programme 1.3.1), Mozambique (programme 1.4.1), and Bangladesh (programme 1.1.2), with impact also evaluated in Mozambique (programme 1.4.1) and Indonesia (programme 1.2.1). Reports of the independent impact evaluations will become available early 2017, and will feed as building blocks into this overall GAIN programme evaluation. The ToR for this evaluation thus consists of a major part focusing on organisational and institutional aspects, which can be done in parallel to the country impact studies currently going on, and a smaller part of synthesis focusing on the integration of country impact evaluation results into this overall evaluation.

Evaluation questions
Evaluation questions follow the 5 OECD criteria: relevance, effectiveness, impact, efficiency, sustainability, plus 'coherence'. This set of evaluation questions will be answered by the entire evaluation, including the currently ongoing in-country impact evaluations.

Relevance
1. To what extent does this programme with a major emphasis on food fortification and improved nutrition in the first 1000 days contribute to the Dutch food security objectives?
2. To what extent is this programme aligned with national policies in countries where one or more programmes have been implemented?

3. To what extent does the programme address the needs and priorities of the target groups (male/female/youth)? What is the nutrient adequacy? To what extent are food fortification and improved nutrition in the first 1000 days regarded as the solution?
4. For non-fortification programmes, does the package of interventions respond to the needs and priorities of the target groups (m/f/y)?

Effectiveness

5. At country level:
    a. How many people (m/f/y) of which target groups have been reached by the programme? In which programmes coverage is measured? What can be concluded on achievements in terms of contact and effective coverage for women (w), men (m) and youth (y)[34]?
    b. Through which channels (e.g., public channel, private / market-based channel) have which target groups (m/f/y) been reached and/or covered? How do these different channels function?
    c. What has been the contribution of the programmes to the enabling environment for a food fortification or 1000 day programme in the target countries?
6. At international level: What are the results of:
    a. support to SUN (programme 3.1),
    b. support to the Premix Facility (programme 2.1),
    c. support to AIM (programme 4)?

Impact

Some of the questions related to impact can only be answered when the country impact studies are ready (early 2017):

7. To what extent have the efforts of GAIN financed by this programme influenced the global nutrition agenda?
8. To what extent have the efforts of GAIN financed by this programme influenced and/or contributed to the national nutrition agenda in target countries?
9. To what extent has malnutrition been reduced in those countries for which impact evaluations are available?
    a. Stunting – Baduta programme Indonesia (1.2.1)
    b. Anaemia – Bangladesh garment workers (1.1.2);
    c. Mozambique MNPs (1.4.1)
10. Are the factors and conditions that have played a role in achieving impact well laid out for each programme and have these been used to steer the programmes? Has information been collected related to such factors? Do they provide evidence that the programme is moving in the expected direction in terms of impact?

Efficiency

11. How efficient is the programme organisation as a body of work within GAIN, compared to other organisations managing large international programmes on food fortification and the 1000 days?
12. How efficient is programme organization within 2-3 to-be-selected key programmes?
13. For 2-3 key programmes for which information can be generated, how cost-effective has the programme been, comparing costs per beneficiary with benchmarks from other interventions?

34 Target groups 'reached' and 'covered' are defined as follows:

Reach = availability of messages/ products (e.g., tonnes of fortified food produced; airing of SBCC adds on television)
Contact Coverage = use of services/ products at least once by intended target group
Effective coverage = use of services/ products according to programme design (defined separately for each programme context).

Sustainability

14. Is the programme capable to reach the anticipated millions of people after the end of this funding? What can be said about the numbers in terms of effective and contact coverage and about the distribution of the reach and coverage over target groups (f/m/y)?
15. To what extent are the different (private, public) channels to distribute fortified food likely to continue to function after programme funding stops?
16. For the 1000 day programmes (e.g., MNP in Mozambique and Ethiopia, factory workers in Bangladesh and Baduta Indonesia), have any programme activities been included that would permit the continued investment in these programmes following the end of the grant?
17. To what extent and in which contexts will fortified food remain necessary in the future, and to what extent is it anticipated that fortified food will be replaced by other nutrition sensitive or nutrition specific interventions? Focus on a limited to-be-specified key programmes could form the base for such an assessment.

Coherence

18. To what extent has this portfolio of programmes involved Dutch expertise from the private sector, knowledge institutes or civil society?
19. Is there coherence and synergy between the GAIN portfolio of programmes and the outcomes of national and international research?
20. Is there coherence and synergy between GAIN and other international nutrition initiatives and programmes globally (including e.g. Unicef)?
21. Is there coherence and/or synergy between the GAIN programme and (centrally and/or decentral) Dutch-funded programmes in target countries? Which modality seems to be most effective and efficient in terms of GAIN in-country support: direct contracting of GAIN country offices by embassies or (just has happened so far) contracting of GAIN HQ by MoFA HQ for implementation of in-country programmes?
22. Looking forward: what lessons can be learnt and what recommendations can be made for future food fortification programmes and programmes focussed on the 1000 days?

Timeframe

The evaluation will be conducted in a number of phases:

Phase I: mid-September – mid October 2016:

1. contracting of the consultant; MoFA will assist in collecting letters of interest of consortia with which MoFA has a framework agreement; after a possible selection process, GAIN will contract the selected consultants

Phase II: mid October - mid November 2016: [10 consultancy days]

1. the contracted consultant will write an inception report, including a further developed methodology and workplan in which decisions are made on the focus, to-be-visited countries and the to-be-selected key programmes
2. Reference Group approves the Inception Report

Phase II: mid November 2016 – end of December 2016 [30 consultancy days]

1. Review the protocols and available baselines of the impact studies, and provide recommendations and possibly additional questions for the finalisation of the impact studies, anticipating the synthesis later on.
2. Desk study, interviews, fieldwork focusing on process and institutional issues
3. drafting of draft report taking findings of these assessments into consideration

Phase IV: mid January 2017-March 2017 [10 consultancy days]

1. Reference Group comments on draft evaluation report
2. Contracted consultant receives and analyses country impact studies

Phase V: April 2017 [5 consultancy days]

1. Contracted consultant presents and submits final draft evaluation report
2. Reference group comments and approves final evaluation report

Methodology

- Conduct a desk review of documentation for overall grant and all individual programmes, including (methodology and results to date) of process evaluations, If necessary this might result in some additional questions for the impact surveys that will start in the fall of 2016. Including the drafting of the inception report and draft interim report based upon the qualitative findings on process and institutional issues (22 days)
- Field visit /interviews with in-country stakeholders to be conducted in a minimum of 2 countries (16 days). Countries to be identified in collaboration with MFA and GAIN during the inception phase.
- Programme review meeting in Geneva (with GAIN Global Programme Leads, GAIN NL office etc) (5 days)
- Review of the country process and impact reports, which will become available in first quarter of 2017 (7 days)
- Drafting and Presentation of final comprehensive report (5 days)

Qualifications

For this assignment, we look for 1 or 2 consultants, together having the following qualifications:

- Higher education (MSc, PhD is an advantage) in nutrition, public health , or related field
- Experience in the analysis and interpretation of nutrition related data
- Experience in evaluating large-scale international programmes
- Experience in implementing food and nutrition programmes
- Experience in research in one or several of the GAIN programme target countries is an advantage (Ethiopia, Mozambique, Bangladesh, Indonesia)

To assess the qualifications, the candidate is asked to send:

- a CV (1 or 2), and
- the title of at least one report of a similar assignment, in which the relevant qualifications are shown, to which the candidate has contributed substantially

Annex

Obj.	Programmes		Duration	Budget (EUR million)	Spending up to July 2016 (EUR million)
1. & 5.	**Bangladesh**	Bangladesh Food Fortification Programme (1.1.1)	Jul 2013 – Jun 2017	3.615	1.782
		Bangladesh Garments Workers programme (1.1.2)	Apr 2013 – Jun 2017		
		Improving Nutritional Status of Adolescent Girls in Bangladesh (5.1)	Jul 2016 – Jun 2017		
	Indonesia	Baduta– Integrated Programme to Reduce Maternal and Child Malnutrition (incl. Impact Evaluation) (1.2.1)	Jan 2013 – Jun 2017	9.362	6.759
		Improving Nutritional Status of Adolescent Girls in Indonesia (5.2)	Jul 2016 – Jun 2017		
	Ethiopia	Prevention of Micronutrient Deficiencies in Infants and Young Children (1.3.1)	Jun 2014 – Jun 2017	4.426	2.033
		Ethiopia National Fortification Programme (1.3.2)	Jul 2016 – Jun 2017		
	Mozambique	Mozambique Home Fortification and Community Mobilization programme (incl. Impact Evaluation) (1.4.1)	Jul 2013 – Jun 2017	2.804	1.192
2.	**GAIN Premix Facility / GAIN Platform for Quality & Safety** (2.1)		Jul 2013 – Jun 2017	3.405	2.324
3.	**Scaling Up Nutrition Business Network** (3.1)		May 2013 – Jun 2017	3.534	2.402
4.	**Amsterdam Initiative against Malnutrition**	AIM Secretariat (Proj. 4.1)	May 2013 – Jun 2017	2.254	1.580
		Nutrition for High-Value Horticulture Export Supply Chains (4.2)	Jul 2016 – Jun 2017		
		Nutrition in Tea Value Chains (4.3)	Jul 2016 – Jun 2017		
		Postharvest Loss Alliance for Nutrition – Netherlands (PLAN-NL) (4.4)	Jul 2016 – Jun 2017		
		AIM for One Goal (4.5)	Jul 2016 – Jun 2017		
		Nutritious Urban Food Systems (4.6)	Jul 2016 – Jun 2017		

ANNEX 2

Detailed Description of Programme components

ANNEX 2: DETAILED DESCRIPTION OF PROGRAMME COMPONENTS

Overall Objective (Results Framework)	**Programmes**	
• Improve the availability of and demand for good quality fortified foods, multi-nutrient supplements and fortified complementary foods among women and children (specifically pregnant and lactating women, and children under five years of age) through market-based channels and public distribution programmes in 4 countries (Ethiopia, Bangladesh, Indonesia and Mozambique)	1.1 Bangladesh	1.1.1 Bangladesh Food Fortification Programme
		1.1.2 Bangladesh Garments Workers Programme
	1.2 Indonesia	1.2.1 Baduta Programme – Integrated Programme to Reduce Maternal and Child Malnutrition
	1.3 Ethiopia	1.3.1Prevention of Micronutrient Deficiencies in Infants and Young Children
		1.3.2 Ethiopia National Fortification Programme
	1.4 Mozambique	1.4.1 Mozambique Home Fortification and Community Mobilization Programme
• Increase the scale and financial sustainability of the GAIN Premix Facility (GPF) and expand services including credit, audit and assessment and capacity building and products including Lipid-based Nutrient Supplements (LNS), Micronutrient Powders (MNP), Fortified Blended Foods (FBFs) (e.g. CSB+, Super Cereal Plus etc.).	2.1 GAIN Premix Facility / GAIN Platform for Quality and Safety	
3. To facilitate and catalyse the role of the private sector in delivering more nutritious foods by establishing a business engagement programme for Scaling Up Nutrition (SUN)	• Scaling Up Nutrition Business Network	
4. Continue support to AIM as a lever for Dutch engagement and leadership around global food and nutrition security and pilot innovations via the Amsterdam Initiative against Malnutrition and Innovations.	4.1 AIM Secretariat	
	4.2 Nutrition for High-Value Horticulture Export Supply Chains	
	4.3 Nutrition in Tea Value Chains	
	4.4 Postharvest Loss Alliance for Nutrition – Netherlands (PLAN-NL)	
	4.5 AIM for One Goal	
	• Nutritious Urban Food Systems	
5. To inform future programming, improve the understanding of the nutritional problems of adolescent girls, potential delivery channels to reach them, their aspirations and motivations, and potential impact on nutrition indicators (Bangladesh and Indonesia)	5.1 Improving Nutritional Status of Adolescent Girls in Bangladesh	
	5.2 Improving Nutritional Status of Adolescent Girls in Indonesia	

ANNEX 3

Final Evaluation matrix

ANNEX 3: FINAL EVALUATION MATRIX

	Evaluation question	Sub-questions	Indicators	Information source
Relevance	23. To what extent does this programme with a major emphasis on food fortification and improved nutrition in the first 1000 days contribute to the Dutch food security objectives?	What are the relevant Dutch policy objectives / priorities and to what extent did GAIN contribute to these Dutch food security objectives?	% overlap of GAIN objectives with Dutch food security objectives # of programmes explicitly addressing each objective # of Dutch food security objectives not addressed by the programme	Programme documents Interviews with GAIN and Dutch Embassy programme officials
	24. To what extent is this programme aligned with national policies in countries where one or more programmes have been implemented?	What are relevant national policy objectives and approaches in the four programme countries? Was the programme designed in alignment with national policies?	GAIN efforts are part of national food security/nutrition needs/priorities # of programme objectives aligned with national policies	Programme documents National policies Interview with national government representatives
	25. To what extent does the programme address the needs and priorities of the target groups (male/female/youth)? What is the nutrient adequacy? To what extent are food fortification and improved nutrition in the first 1000 days regarded as the solution?	Are the programs designed to meet the needs of the target populations? What is the use of the nutritional requirements of the nutrients delivered for the target population? (Calculated using requirements estimated by the WHO or national nutrition guidelines) Which programmes target lactating mothers and infancy in the first 1000 days? (in relation to WHO guidelines on early child feeding practices)	# of food fortifying programmatic interventions that explicitly link ot evidence-based nutrition needs. Nutrients of food products proportional to nutritional needs. For programs targeting the first 1000 days, is the programme consistent with WHO guidelines on child feeding practices? # of references illustrating monitoring of continued relevance during implementation.	Programme records and documents, including nutrients provided and impact evaluation.

	26. For non-fortification programmes, does the package of interventions respond to the needs and priorities of the target groups (m/f/y)?	How does each of the non-fortification programs foresee in (or contribute to) energy and nutrients needs (quantities and nutrient values of foods provided)? What are the nutritional requirements in terms of energy and nutrients for each of the target groups? (As estimated by the WHO or national nutrition guidelines).	# of non-fortification interventions that explicitly link ot evidence-based needs. Nutrients provided by non-fortification programmes in proportion to nutritional needs. # of references illustrating monitoring of continued relevance during implementation.	Programme records and documents, including nutrients provided with impact evaluation.

Effectiveness	27. At country level:			
	a) How many people (m/f/y) of which target groups have been reached by the programme? In which programmes coverage is measured? What can be concluded on achievements in terms of contact and effective coverage for women (w), men (m) and youth (y)[35]?	What is the coverage of the programmes? What energy and micronutrients are provided? Which is the target groups for each national program and, (depending on the nutritional targets), what is the relevant nutritional requirements of each target group (based on WHO or national nutrition guidelines)?	Reported # of people reached (m/f/y) Proportion of participants (target goup) achieving nutritional adequacy based on the energy and nutrients provided by the programme.	Programme records and documents, including nutrients provided with impact evaluation.
	b) Through which channels (e.g., public channel, private / market-based channel) have which target groups (m/f/y) been reached and/or covered? How do these different channels function?	Through what communication channels has the target group been informed about the importance and availability of nutrition programmes (TV, radio, schools, billboards, etc.) Which channels were used to reach the targeted communities (private / public)? How do the different channels function?	Proportion of the target population who heard of the programmes and through which sources as captured in programme monitoring reports. Distribution of GAIN efforts over different channels, % of target group reached compared to intended reach, Perception of functionality of different channels by various stakeholders.	Project reports, interviews with GAIN, media channels and key stakeholders in selected GAIN programme areas.

35 Target groups 'reached' and 'covered' are defined as follows:

Reach = availability of messages/ products (e.g., tonnes of fortified food produced; airing of SBCC adds on television)
Contact Coverage = use of services/ products at least once by intended target group
Effective coverage = use of services/ products according to programme design (defined separately for each programme context).

	c) What has been the contribution of the programmes to the enabling environment for a food fortification or 1000 day programme in the target countries?	What were GAIN's intentions in terms of contributing to the enabling environment or a 1000-day programme? Which aspects of the GAIN programmes relate to country targets (related to food fortification or 1000 day programme)? What have been main changes in enabling environment and what did GAIN contribute to this?	Clarity of intentions and # of related actions per country as reflected in action plans. % of actions actually implemented. Perception of significance of GAIN contribution.	Country level documents specifying aims related to food fortification or the first 1000 days. GAIN programme evaluations related to each of these aims.
	28. At international level: What are the results of: a. Support to SUN (programme 3.1) b. Support to Premix Facility (programme 2.1) c. Support to AIM (programme 4)	What is the contribution of GAIN in relation each of the following programmes *In this case indicators can be inferred directly from the sub questions* What are the intended results? What actual results have been reported? What support do the respective secretariats of SUN, PF and AIM report state to have received? To what extent can support achievements be backed up by evidence (incl. triangulated statements)? To what extent is actual support in line with intentions / commitments? How significant is GAIN's support perceived for the success of the three platforms / funds.		Desk research of programme planning and monitoring documents. Interviews with relevant GAIN staff and representatives of the three platforms / funds.

Impact	29. To what extent have the efforts of GAIN financed by this programme influenced the global nutrition agenda?	Due to multiple actors playing a role in shaping the global nutrition agenda, it is acknowledged that a strong contribution claim is unlikely to be made. Sub-questions related to this include: What have been GAIN's main "deliverables" that were meant to influence the national and international agenda? How significant have these contributions been in shaping the current global and national agenda?	# of GAIN deliverables produced to influence the global nutrition agenda # of GAIN objectives reflected in the global nutrition agenda Appreciation/rating of importance of contributions at global level by target audiences / partners.	Programme documents SUN documents GAIN project staff interview Key informant interview

	30. To what extent have the efforts of GAIN financed by this programme influenced and/or contributed to the national nutrition agenda in target countries?	What have been GAIN's ambitions in influencing national agenda's and through what channels / mechanisms did they pursue this? How has this ambition be translated into action? What have been the main changes in the national nutrition agenda over the past 3 years? What has been the significance of GAIN in realising these changes?	# of explicit ambitions and operationalisation in clear and well-considered action (incl. power analysis, stakeholder analysis, alliance forming) # of changes in the national agenda to which GAIN is perceived to have made a significant contribution.	Policy documents from Ministry of Health, UN agencies, and SUN platform, interviews with members of nutrition sector in targeted countries, minutes of nutrition meeting, projects monitoring reports
	31. To what extent has malnutrition been reduced in those countries for which impact evaluations are available? a) Stunting – Baduta programme Indonesia (1.2.1) b) Anaemia – Bangladesh garment workers (1.1.2); c) Mozambique MNPs (1.4.1)	Do impact evaluations studies provide sound and significant evidence of the programmes being effective in reducing undernutrition (stunting, anaemia, and micronutrient deficiency)?	For each programme (a-c) a statistically significant and clinically meaningful change in the prevalence of child stunting (a), anaemia (b) and micronutrient deficiency (c).	Details from programme evaluation, looking at programme effects in changing prevalence and mean values, evaluating results in relation to statistical significance and clinical relevance.
	32. Are the factors and conditions that have played a role in achieving impact well laid out for each programme and have these been used to steer the programmes? Has information been collected related to such factors? Do they provide evidence that the programme is moving in the expected direction in terms of impact?	To what extent are key factors and conditions explicitly considered in programme design, and how well the program is monitored and managed in relation to these factors and conditions? Have factors/conditions been collected? With what results? How has this information been used for steering? What adjustments were made?	# and % of a well laid out and updated Theory of Change covering factors and conditions for success. # and % of projects having a M&E plan # of documented project management decision based on information generated by the M&E system	Programme document Monitoring reports Interviews with programme staff

Efficiency	33. How efficient is the programme organisation as a body of work within GAIN, compared to other organisations managing large international programmes on food fortification and the 1000 days?	We will use the GIZ Capacity Works model to generate sub questions for example: - Are cooperation and implementation modalities considering efficiency in delivery. -Are processes within GAIN ensuring the most efficient programme delivery - Is there a clearly articulated structure / task-distribution / coordination concerning programme delivery - Are systems for learning and innovation in place and functional.	Evidence of managerial decision making deliberately considering efficiency. Evidence illustrating deliberate choice of partners and implementation mechanisms. Trend over time in ratio direct (programme) / indirect (overhead) costs. % of budget spent according to plan (in time and amount) Efforts made to measure, monitor and manage efficiency of programme.	Organisation records Financial records Human resources records Interviews with programme management, staff and representatives of partner organisations / recipient groups.
	34. How efficient is programme organization within 2-3 to-be-selected key programmes?	Similar questions will be asked as under 11 but more specifically for the programmes to be visited in the two case countries.	Evidence of managerial decision making deliberately considering efficiency. Evidence illustrating deliberate choice of partners and implementation mechanisms. Trend over time in ratio direct (programme) / indirect (overhead) costs. % of budget spent according to plan (in time and amount) Efforts made to measure, monitor and manage efficiency of programme.	Programme records Financial records Human resources records Interviews with programme staff and representatives of partner organisations / recipient groups.
	35. For 2-3 key programmes for which information can be generated, how cost-effective has the programme been, comparing costs per beneficiary with benchmarks from other interventions?	As it is unlikely that reliable and sufficient information can be generated related to cost-effectiveness of similar interventions carried out by other organisations, the evaluation will focus on a comparison of cost-effectiveness among GAIN's own interventions.	What have been the costs per beneficiary reach per nutrition specific programme in the two case countries (by design and actual). How do these ratios compare and what are the factors explaining the differences.	Programme design document (intended reach and budget) Programme records on actual reach and expenditures).

Sustainability	36. Is the programme capable to reach the anticipated millions of people after the end of this funding? What can be said about the numbers in terms of effective and contact coverage and about the distribution of the reach and coverage over target groups (f/m/y)?	Which of the existing programmes can continue at the end of this funding cycle? What proportion of the anticipated reach still need to be reached at the end of this funding cycle?	Proportion of the programmes that are likely continue after GAIN funding is ended. Deliberate measures taken to ascertain sustainability (e.g. exit strategies, fund-raising / diversification, institutionalisation efforts, etc.). # of people still to be reached.	Documentation of the programmes, interviews with GAIN and industry representatives.
	37. To what extent are the different (private, public) channels to distribute fortified food likely to continue to function after programme funding stops?	Are there plans and policies in place to ensure that public and private channels continue to distribute fortified food after the program ends? To what extent have these plans been implemented? Is the distribution of fortified food profitable for the private sector? Do a sufficient number of people buy the products?	# of programme interventions deliberately considering the sustainability of delivery channels. # of people buying the products # of private companies that make profit from distribution of fortified food # of programmes that have beenintegrated into public policies	National government plans and policies Interviews with private companies Private companies interviews and records
	38. For the 1000 day programmes (e.g., MNP in Mozambique and Ethiopia, factory workers in Bangladesh and Baduta Indonesia), have any programme activities been included that would permit the continued investment in these programmes following the end of the grant?	To what extent did the 1000-day programmes consider sustainability in programme design? To what extent are these sustainability considerations put in practice?	# of programme activities included that would permit the continues investment in these programmes at the end of the grant # of evidence that sustainability considerations are translated in action.	Project documents Monitoring reports Interview with programme personnel
	39. To what extent and in which contexts will fortified food remain necessary in the future, and to what extent is it anticipated that fortified food will be replaced by other nutrition sensitive or nutrition specific interventions? Focus on a limited to-be-specified key programmes could form the base for such an assessment.	Context analysis aimed at the identification of future need for food fortification.	Available research by GAIN and other relevant organisation (government, UNICEF, WHO etc) in the 4 programme countries related to trends in nutrition needs. Primary data from stakeholders in the two case-countries concerning their (evidence-based) views on future nutrition needs.	Review of relevant studies / reports Interviews with diverse stakeholders (govt, community leaders, experts)

Coherence	40. To what extent has this portfolio of programmes involved Dutch expertise from the private sector, knowledge institutes or civil society?		# of Dutch experts from private sector, knowledge institutes and civil society involved as partner, advisor, co-worker or funder in the design, management or implementation of the various programme interventions.	Interviews with GAIN personnel in the NL, interviews with GAIN programme personnel in the field
	41. Is there coherence and synergy between the GAIN portfolio of programmes and the outcomes of national and international research?	Do GAIN programme feed into other national and international research and vice versa?	# GAIN programmes interventions that are explicitly relying / referring to evidence from national and international research Evidence of national and international research activities that draw upon GAIN's knowledge and experience from the programme.	GAIN portfolio documents Key informants interviews Prominent nutrition related publications or events in which GAIN knowledge and experience is used.
	42. Is there coherence and synergy between GAIN and other international nutrition initiatives and programmes globally (including e.g. UNICEF and WHO)?	Does GAIN's programme knowledge and experience feed into other national and international nutrition initiatives and vice versa?	Existence of mechanisms of interaction between GAIN and other international nutrition initiatives # GAIN objectives that are aligned to outcomes of other international nutrition initiative? # of international nutrition objectives that complement or reinforce GAIN's work.	GAIN strategy document Other nutrition initiative and programmes strategy documents Interviews with representatives of prominent international nutrition initiatives.
	43. Is there coherence and/or synergy between the GAIN programme and (centrally and/or decentrally) Dutch-funded programmes in target countries? Which modality seems to be most effective and efficient in terms of GAIN in-country support: direct contracting of GAIN country offices by embassies or (just has happened so far) contracting of GAIN HQ by MoFA HQ for implementation of in-country programmes? To answer this question we will examine two different concepts: Coherence and Synergy.			
	Coherence: To what extent GAIN programme and centrally/or decentrally) Dutch funded programmes in target countries are logically consistent with each other?	Are the objectives of GAIN and Dutch funded programmes logical and consistent with each other?	# of visible / reported coordination efforts / mechanism. # of GAIN programme objectives that are consistent with and Dutch funded programme objectives. # of GAIN interventions that explicitly complement other Dutch funded interventions.	Project documents Monitoring reports Evaluation reports Interview with GAIN staff, Ministry and Dutch embassy staff.

	Synergy: To what extent the activities and objectives of GAIN programme and Dutch funded programmes are designed and implemented to produce a combined effect?	To what extent the existence, objectives, and approaches of Dutch funded programmes were considered, during the design of GAIN programmes in targeted countries? Was any result of GAIN achieved or strengthened because of specific synergies between the GAIN programme and the Dutch funded programme? To what extent do GAIN results (have the potential) to reinforce / support the effect of other programmes. How active are Dutch Embassies and GAIN in the SUN network at global and country level?	# of meetings between GAIN and Dutch Embassy in the planning phase of GAIN? # of GAIN activities that build on expected or achieved/results of Dutch funded programmes # of SUN platform meetings in programme countries where Dutch Embassy and GAIN participated. # of issues that were actively pursued by GAIN and Dutch Embassy in the SUN platform.	Project documents Monitoring reports Evaluation reports Interviews with key stakeholders (MoFA, Embassies, GAIN HQ, GAIN field
	44. Looking forward: what lessons can be learnt, what recommendations can be made for future food fortification programmes, and programmes focussed on the 1000 days?	What lessons learned from the past and recommendations for the future can be found by the evaluation based on GAIN's own documented analysis as well as the analysis of the evaluation?		Programme documentation related to lessons learned. Research studies Key informants interviews Sense-making event.

ANNEX 4

List of people interviewed

ANNEX 4: LIST OF PEOPLE INTERVIEWED

Topic	Name	Organisation	Position	Date
Mozambique	Katia Santos Dias	GAIN	Country director	06/02/2017
Mozambique	Marla Smith	Save The Children	Health & Nutrition team Leader	06/02/2017
Mozambique	Marla Amaro	Ministry of Health – Department of Nutrition	Head of Department	06/02/2017
Mozambique	Nadia Osman	GAIN	Project Manager	08/02/2017
Mozambique	Berguete E. Mariquele	WFP	Food technologist Quality and Fortification	09/02/2017
Mozambique	Filippo Dibari	WFP	Programme Officer - Nutrition	09/02/2017
Mozambique	Nilsa Miquidade	Ministry of Industry	Directora Nacional Adjunta da Industria	09/02/2017
Mozambique	Edna Germack Possolo	SETSAN	Executive Secretary	06/02/2017
Mozambique	James (Jaime) Browder	USAID	Health, Food seurity and Nutrition Linkages advisor, Integrated Health Office	09/02/2017
Mozambique	Erin Homiak	USAID	Food and Nutrition Security Consultant Integrated Health Office	09/02/2017
Mozambique	Marianne Kjaertinge Faarbaek	UNICEF	Nutrition Officer	09/02/2017
Mozambique	Mathieu Joyeux	UNICEF	Nutrition Specialist	09/02/2017
Mozambique	Felicidade Panguene	FAO	Official de Programas, Ponto Focal de Nutricao, genero, Educacao e HIV Representacao da FAO Mocambique	10/02/2017
Mozambique	Ruth Butao Ayoade	FAO	Food Security and Nutrition Advisor	10/02/2017
Mozambique	Sara Piccoli	EU Delegation	Health nutrition and ECHO focal point	10/02/2017

Mozambique	Ryan Kelly	PSI	Project Manager	10/02/2017
Mozambique	Monique Kamphuis Msc, MPH	Embassy of the Kingdom of The Netherlands	First Secretary – Senior Policy Advisor	10/02/2017
AIM	Herbert Smorenburg	GAIN	Senior Manager	01/02/2017
AIM	Anitra van der Kraan	Netherlands-African Business Council	Program Manager Agribusiness	05/04/2017
AIM	Geertje Otten	SNV Netherlands	Senior Inclusive Business Advisor	04/04/2017
	Hart Jansson	Nutrition Matters	Managing partner	04/04/2017
GPF	Greg Garret	GAIN	Director, Food Fortification	27/02/2017
GPF	Penjani Mkabula	GAIN	Senior Manager, Food Safety Quality and Procurement	27/02/2017
GPF	Vikram Kelkar	Hexagon Nutrition	Owner	05/02/2017
Objectives of Evaluation Presentation by GAIN Bangladesh Country Office	Rudaba Khondker	GAIN	Country director	12/02/2017
	Mahbubur Rashid	GAIN	Head of Programmes	12/02/2017
	Reza Mahmud Al Huda	GAIN	Project Manager, Garment Workers Program	12/02/2017
	Nafis Tashis Islam	GAIN	Intern	12/02/2017
	Moniruzzaman Bipul	GAIN	Project Manager, Agriculture & Nutrition	12/02/2017
	Syed Muntasir Ridwan	GAIN	Program Assistant	12/02/2017
	Debashish Chanda	GAIN	Project Manager Agriculture and Nutrition	12/02/2017
	Sabiba Sultana	GAIN	Technical Specialist Monitoring Learning and Research	12/02/2017

Project update (Oil) by the Ministry of Industries (Moi) Overall food fortification in Bangladesh	Mr. Md. Mosharraf Hossain Bhuiyan,	Ministry of Industries (MoI),	Senior Secretary	12/02/2017
	Mr. Mohammed Tashruf Hossain Farazi,	Ministry of Industries (MoI),	Joint Chief and Project Director,	12/02/2017
	Mr. Anwarul Alam	Ministry of Industries (MoI),	Deputy Chief, Oil Fortification	12/02/2017
Ministry of Labour and Employment	Mr. Khondaker Mostan Hossain	Bangladesh Secretariat	Joint Secretary, Ministry of Labour and Employment (MoLE),	12/02/2017
Discussion with Bangladesh Standards and Testing Institute (BSTI) on Regulatory monitoring of fortification QA-QC		Bangladesh Standards and Testing Institute (BSTI)	Director General, BSTI	13/02/2017
		Bangladesh Standards and Testing Institute (BSTI)	Director, Certification and Marks	13/02/2017
		Bangladesh Standards and Testing Institute (BSTI)	Deputy Director, Chemical	13/02/2017
Bangladesh	Monique Beun	World Food Programme	Head of Nutrition	13/02/2017
Field visit, Garment workers project	Maj (Retd) Md. Imtiaz Islam	Columbia Garments Ltd	General Manager and Head of HR	14/02/2017
Vitam in A project	Mr. Towhidul Islam	Shabnam Oil Refinery Ltd. (TK Group of Industries, Narayngani)	General Manager,	14/02/2017
	Mr. Shahidul Islam	Shabnam Oil Refinery Ltd. (TK Group of Industries, Narayngani)	Manager	14/02/2017
Bangladesh, Adolescent Health and Nutrition	Dr. Shimul Koli Hossain	Directorate General of Family Planning	Program Manager, Adolescent & Reproductive Health	15/02/2017

		(DGFP), Ministry of Health and Family		
Change Associate Ltd. Discussion on Garment Workers' Nutrition Project Partners (BSR. Change, icddr,b and IPA)	Nazneen C.	BSR. Change, icddr,b and IPA	Executive Director, Change Associates Ltd.	15/02/2017
	Dr. Lenin Khan	Change Associates, BSR	Project Manager	15/02/2017
	Abil Bin Amin	BSR	Bangalesh Country, Represntative, HERproject	15/02/2017
	Haribondhu Sarma	ICDDR,B	Head, Nutrition Program Evaluation Unit and Project Coodrinator	15/02/2017
Discussion on Potassium Iodate supply from GPF through GAIN Bangladesh office	Engr Md Shafiquul Alam	Bangladesh Small and Cottage Industries Corporation (BSCIC)	Project Director, CIDD	15/02/2017
Discussion on collaborations and 1000 days programme, Adolescent and School meal	Kaosar Afsana	BRAC	Director, Health and Nutrition,	15/02/2017
Bangladesh	Mr. Laurent Umans	Embassy of the Kingdom of the Netherlands, Dhaka	First Secretary	16/02/2017
Discussion on collaborations with different projects Highlights on Bangladesh National Nutrition Council (BNNC) and 2nd National Plan of Action for Nutrition (NPAN2)	Anuradha Narayan,	UNICEF	Chief, Nutrition	16/02/2017
Fortification • Nutrition landscape Adolescent	Dr. Muttaquina Hossain	ICDDR,B	Research Investigator, Center for Nutrition and Food Security	16/02/2017
	Dr. Tahmeed Ahmed	ICDDR, B	Director, Center for Nutrition and Food Security	16/02/2017

Discussion on different projects of GAIN; Highlights on Bangladesh National Nutrition Council (BNNC) and 2nd National Plan of Action for Nutrition (NPAN2)	Madam Roxana Quader,	Ministry of Health & Family Welfare	Additional Secretary	16/02/2017

ANNEX 5

List of Documents Desk Study

ANNEX 5: LIST OF DOCUMENTS DESK STUDY

1. GAIN Proposal: Driving nutrition impact in food security program. Consolidated Proposal, 28 Sept 2012.
2. GAIN Report: Driving nutrition impact in food security program. Consolidated annual work plan and budget, 30 Sept 2013.
3. GAIN Report: Driving nutrition impact in food security program. Activity number DDE-525/2012. Consolidated annual work plan and budget for 2015, 30 Sept 2014.
4. GAIN Report: Driving nutrition impact in food security program. Activity number DDE-525/2012. Annual progress report to the Government of the Netherlands Ministry of foreign affairs, 30 April 2014.
5. GAIN Report: Driving nutrition impact in food security program. Activity number DDE-525/2012. Annual progress report to the Government of the Netherlands Ministry of foreign affairs, 30 April 2015.
6. The Amsterdam Initiative against Malnutrition: Insights for the 2015-2020 strategy, Schuttelaar and partners.
7. GAIN Report: Driving nutrition impact in food security program. Activity number DDE-525/2012. Annual progress report to the Government of the Netherlands Ministry of foreign affairs, 30 April 2016.
8. GAIN Report: Driving nutrition impact in food security. Activity number DDE-525/2012. Proposed addendum activities. 13 July 2016.
9. GAIN Report: Driving nutrition impact in food security. Activity number DDE-525/2012. 18-month workplan and budget 2016-2017. 26 July 2016.

Ethiopia

1. Abay, A. et al. Baseline Survey Report of an Integrated Home Fortification Project in the Amhara and Tigray Regions of Ethiopia. 2016.
2. Gebreyesus, S.H. et al. Process Evaluation Protocol: Integrated Home Fortification Project in Amhara Region, Ethiopia. 2016.
3. Evaluation for Micronutrient Powder (MNP) Pilot Interventions for Children Aged 6 to 23 Months in Amhara and Tigray Region, Ethiopia. Institute for Education, Health and Development PLC (InEHD) With Global Alliance for Improved Nutrition (GAIN). 2015.
4. Hagos, S. et al. Feeding Infants And Young Children In Desse Zuria District, Northen Ethiopia: Report To Gain On The Results Of The Focused Ethnographic Study. 2014.
5. Ethiopia National Fortification Program (July 2016 – June 2017) Project Implementation Plan and Budget. 2016.
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7. Joint plan of action to strengthen regulatory and industry capacity for salt iodization. November 2016.
8. GAIN. Ethiopia salt iodization: current situation summary for dutch fortification support project. September 2016.
9. Project implementation plan. 2016.

Indonesia

1. Baduta program evaluation: Baduta program impact pathway. 2016.
2. Savica for Global Alliance for Improved Nutrition. Landscape report on adolescent and maternal nutrition in Indonesia. 2014.
3. Blyth, S., GAIN and LSHTM. Project Baduta: A comprehensive approach to maternal and child nutrition in east Java, Indonesia. A report on maternal nutrition communication and activation development. 2015.
4. University of Sydney and GAIN. Effectiveness of an integrated program to reduce maternal and child malnutrition in Indonesia: Study protocol. 2014/2015?
5. University of Sydney and GAIN. Effectiveness of an integrated program to reduce maternal and child malnutrition in Indonesia: Baseline report. (year unknown)

Bangladesh

1. Rabbani, A., Woodruff, C., Miyata, A. Baseline Evaluation of a Nutrition Intervention in the Bangladeshi Garment Industry. July 11, 2016.
2. Current Practices in Food and Childcare-Service Provision in Bangladesh's Ready-Made Garment Factories: A Situational Analysis Report. Octboer 2015.
3. Process Evaluation Report, prepared by Change Associates: Improving Nutrition of Female Garment Workers in Bangladesh, GAIN July - September 2016.
4. HERHealth Nutrition Workshop Summary Report. July 26, 2016.
5. GAIN Progress Report Fortification of Edible Oil in Bangladesh Phase II. June 31, 2016.
6. Rimkus, G. Report on Assessment of BSTI Food Laboratories in Bangladesh in the Scope of Oil Fortification. January 2016.
7. Randall, P. Bangladesh Edible Oil Stakeholder Training and Assessment. May 2016.
8. Singh, K. & Rimkus, G. Training Report: Technical Training on Analysis of Vitamin A in Fortified Oil by UV Spectrophotometer and HPLC for BSTI Personnel. July 2016.
9. Ahmed, N. Inception Report: Landscape Analysis on Adolescent Girls & nutrition in Bangladesh. October 18, 2016.
10. Terms of Reference: Local consultant(s) based in Bangladesh to conduct a Landscape Analysis on adolescent girls & nutrition in Bangladesh. September 25, 2016 -December 31, 2016.

Mozambique

1. Baseline Survey Report for a Micronutrient Powder Intervention among young children in Sofala, Mozambique (DRAFT). September 26, 2016.
2. GAIN and Ministry of Health. Micronutrient Powder Pilot Intervention for Children 6 to 23 months of age in Sofala, Mozambique. August 16, 2016.
3. Picolo, M and Vettersand, J. Project description. September 2016