Evaluation Summary

International Labour Office

Evaluation Unit

Ensuring food security and nutrition for children 0-2 years in the Philippines - Final Joint evaluation

Quick Facts

Countries: *Philippines*

Mid-Term Evaluation: *Aug 2013*

Mode of Evaluation: *Independent*

ILO Administrative responsibility: *CO-Manila*

Technical Area: *TRAVAIL*

Evaluation Management: *MDG Achievement Fund*

Evaluation Team: *Richard Chiwara, consultant team leader and Ellen Villate*

Project Code: *PHI/09/51/UND*

Donor: MDG-AF *(US$ 3,500,000)* ; UNDP: 4,176,800; UNICEF: 1,620,413; FAO: 222,757; ILO: 287,332 ; WFP: 428,000 ; WHO: 941,498

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Taken from the executive summary of the report

In accordance with the guidelines of the Millennium Development Goals Achievement Fund (MDG-F) M&E Strategy and Programme Implementation Guidelines, the United Nations joint programme partners in the Philippines commissioned the final evaluation of the Joint Programme - "Ensuring food security and nutrition for children 0-24 months in the Philippines, (MDG-F 2030)". The evaluation was undertaken from April 23 to July 5 by a two-member team of independent evaluators with an international team leader and national team member.

The JP intended to contribute to three outcomes; (1) increase breastfeeding in the JP areas by at least 20% annually, (2) reduce prevalence of under-nutrition in children 0-24 months by at least 3%, and (3) improve capacities of national and local governments and other stakeholders to formulate, promote and implement policies and programmes on Infant and Young Child Feeding (IYCF). Seven interventions were implemented:

- ✓ Promoting exclusive breastfeeding (EBF) through communication for behavioural impact (COMBI).
- ✓ Promotion of EBF for workers in the formal and informal sectors (EBF-W).
- ✓ Establishing a human milk bank.
- ✓ Monitoring the milk code.
- ✓ Supply and distribution of micro-nutrient powder (MNP).
- ✓ Recipe trials for complementary feeding using locally available cereals and vegetables.
- ✓ Establishing food security and nutrition early warning systems (FS-EWS).

Summary of key findings

Relevance: The JP was well aligned to the national nutrition policies and strategies, and particularly the Philippines Action Plan for

Nutrition (PPAN, 2008 -10) and the Philippine Development Plan (PDP 2011-2016), both of which prioritised nutrition for children 0-24 months and provided the strategies for reducing under-nutrition. The new PPAN 2011-16 identified six specific challenges and priorities, (1) high levels of hunger, (2) children under-nutrition (stunting and wasting), (3) vitamin A deficiency, (4) Anaemia, (5) Iodine deficiency, and (6) overweight and obesity.

The JP leveraged on existing national systems and structures; such as the Barangay Nutrition Scholars (BNS) and 'Promote Good Nutrition (PGN)' programme of the National Nutrition Council (NCC), which was focused on:

- ✓ Increasing the number of infants 0-6 months who are exclusively breastfed;
- ✓ Reducing the number of infants receiving food and drink other than breast milk;
- ✓ - Increasing the number of infants 6-12 months old who are given calorie and nutrient-dense complementary foods.

Implementation: The JP experienced delays with implementing some of its critical activities, such as for example the baseline studies which were completed in April 2011, almost 15 months after the release of the first tranche of funds. The end line survey was started in October 2012, which effectively meant that available data on the JP's contribution to results only covers a timeframe of 18 months marked by these two surveys.

A Programme Management Committee (PMC) was established with appropriate representation by national and UN agency partners; and was co-chaired by the NNC and UNICEF. The PMC exercised overall management of the JP through the JP Manager who was located at the NNC offices. National Technical Working Groups (NTWG) was also established to coordinate activities under each component, while also local TWGs were established to coordinate activities in the JP areas. Since the NNC was the official national coordination agencyfor nutrition, the establishment of a PMC specifically for the joint programme duplicated already existing national structures. While the JP interventions covered most of the essential components required to address the challenge of food insecurity and malnutrition for children 0-24 months in the Philippines, there was very little lateral convergence between the seven JP interventions, and none of them were collectively implemented in a single municipality. Zamboanga City had 6 interventions implemented, while Naga City and Iloilo City had 5 interventions. The rural municipalities had fewer interventions four each in Aurora and Ragay; and only 3 interventions implemented in Carles.

Effectiveness: The planned results to reduce under nutrition by 3%, and increase EBF for 0-6 months by 20% annually in the targeted JP areas were not achieved. There was no change in the prevalence of wasting during the life of the project and the prevalence of stunting even increased by a most three percentage points. The major contributing factors were (1) the 3-year planned implementing time was not sufficient to effectively change behaviours, particularly on IYCF practices, (2) the interventions were not collectively implemented in the same municipalities, and (3) delayed implement-ation of the JP's critical activities.

Since the JP areas had received additional resources and targeted interventions, it would be reasonable to expect the nutrition indicators in the JP areas to be better compared to the national average. However, the NNC noted that there was a general national improvement on nutrition indicators, but there was no evidence that indicated higher improvement in the JP areas.

There were several factors that contributed to the status of results. First, the use of Peer Counselors to promote Exclusive breastfeeding (EBF) was a very good strategy; the system was however based on volunteer counselors, which limited the programme's ability to exercise authority over their activities. About 20-30% of the trained volunteer Peer Counselors were not active. The JP design did not include Growth Monitoring and Promotion (GMP) as an output, although the GMP card would have been an excellent tool to tie up with the counselling sessions and other information dissemination in the community. With respect to EBF in the workplace, the enforcement of compliance for establishment of lactation stations was vested in the Department of Health (DOH), but labour regulations did not provide the DOH with the authority to access and inspect the companies. This authority was vested in the Department of Labour and Employment (DOLE), who could also award exemptions to the companies.

Based on questionnaires administered to health workers, for example, there were gaps in knowledge of the issues on EBF and IYCF. 20% of Peer Counselors said they had little or no knowledge on their roles and activities as volunteers or counselors; and 30% felt they had little or no knowledge on right message and information if the child was sick.

Efficiency: The JP had a total allocated budget of US$3,500,000. At the time of drafting, the JP had delivered 93% of the budget. Although the evaluation team was unable to compute the JP efficiency in terms of cost of intervention per capita, based on the planned beneficiaries provided in the JP documents (Monitoring Reports) as 187,905 women, the assumed cost efficiency was $18.60 per individual beneficiary impacted by the JP interventions. In the context of the nutrition challenge in the Philippines, this seemed to be a reasonable price to pay for addressing the problems of child under-nutrition and infant mortality; which also has a wider impact on other MDGs. With regards to governance and management efficiency, the JP established institutional mechanisms as required by the MDG-F, including the National Steering Committee (NSC), Programme Management Committee (PMC), and National Technical Working Group (NTWG). However, the NNC was the official coordinating agency for nutrition, and the establishment of a dedicated PMC to coordinate joint programme activities could be regarded as not completely consistent with the principles of the Paris Declaration.

Sustainability: The close linkages of the JP interventions with ongoing government programmes provided a very solid basis for sustainability. For example, Peer Counseling for EBF was very likely to be continued because the activities were implemented through existing structures and systems of the government's localised health care delivery system consisting of BHWs and BNS. By complementing ongoing national programmes, the JP induced significant leveraging of resources both by the national and local governments. Counterpart resources were estimated at $3,016,141 or 86% of the MDG-F contribution. The JP also developed exit strategies and sustainability plans for their respective municipalities. These plans had high potential of continuation because of the effective engagement and support of the local government at the highest levels. At the time of drafting, Some UN agencies had already started developing plans for upscaling the JP interventions, including more specifically the integration of JP components within the regional EuropeanUnion (EU) funded project known as Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA).

Conclusions: The JP contributed to the government initiatives through development

of policies on EBF, IYCF and initiated multi-sectoral participation specifically on the EBF in the workplace and local government involvement. The importance of children nutrition and its impact on social development and to the achievement of the MDGs cannot be overemphasized. The actual contribution of the JP to expected results was however low to medium, as some of the JP areas actually experienced a worsening in their indicators. Given the delays in the JP inception phase in general and specific interventions in particular, the implementing timeframe whose results were actually captured by the baseline and endline surveys were actually only about 15-18 months. Clearly no ignificant results could be expected to be achieved over such a short timeframe. Secondly, the interventions did not have sufficient convergence. There was no single JP area in which all seven interventions were implemented; Zamboanga City had six interventions and all the others had four or less interventions implemented.

It was also noteworthy that Ragay municipality had a better improvement in all its indicators compared to the other JP areas. Ragay municipality only had one JP intervention – the food security early warning system (FS-EWS). However, other interventions were implemented in the municipality, albeit not by the JP. It seemed plausible to conclude that because of the FS-EWS intervention, the municipality undertook evidence-based decisions by providing food insecure households with supplementary feeding and seeds to supplement their food resources, thereby achieving better improvement in indicators. if this were indeed the case, then a major lesson would be on the need to complement nutrition interventions with more specific livelihood and poverty reduction interventions.

Endline survey data also showed illness profiles of the sampled children; 13% had diarrhea two weeks before the interview date. Although nothing in the endline survey report suggested that the diarrhea had anything to do with unsafe water, it would still be interesting to know whether or not results would have been different if complementary interventions such as access to safe drinking water were also implemented in the JP areas. This underscores the importance of addressing child malnutrition from a multi-sector perspective; as well as the importance for building synergies with other joint programmes.

Recommendations

Recommendation 1: The UN should use existing national structures for programme management and coordination.

Recommendation 2: Programme interventions should be based on a clearly defined 'pathway to change model', which takes into account all dimensions and manifestations of the development challenge. Core activities such as baseline surveys should be undertaken well in advance so that they constitute and inform the programme's impact pathway and logic model.

Recommendation 3: Pilot interventions should be linked and implemented jointly in target areas so that their collective impact can be objectively determined.

Recommendation 4: Child nutrition should be addressed in the context of the broader household food security, including access to quality food, and livelihood opportunities.

Recommendation 5: Strengthen follow-up mechanisms in monitoring and evaluation systems.

More details are available in the full report.