

Strengthening World Food Programme's measures to address malnutrition in Sudan

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Highlights

Evidence impact

- The 3ie-supported evaluation was used to improve the content of trainings imparted to implementation staff and volunteers by WFP Sudan and the Federal Ministry of Health (FMoH).
- Evaluation findings strengthened the case for WFP Sudan and FMoH to fund and expand the use of mass media to improve coverage of SBCC.
- WFP Sudan recognised the need to improve programme monitoring in order to improve its coverage, and made it a central feature of programming.

Factors that contributed to impact

- Extensive engagement with the implementing agency, WFP Sudan, resulted in effective advocacy within WFP and uptake of the study findings.

Impact evaluation details

Title: [Impact evaluation of the World Food Programme's moderate acute malnutrition tr...](#)

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Context

Acute malnutrition is a key driver of child mortality in low- and middle-income countries, and is a result of the interplay of underlying factors, such as insufficient food, as well as poor childcare practices or poor water, sanitation and hygiene conditions.

The under-five population of Sudan faces an extreme burden of malnourishment. The challenge is grave, with 151 of 184 localities assessed in the 2013 Sudan National Nutrition Survey found to have an above 10 per cent prevalence of global acute malnourishment, a measure that provides a combined picture of the prevalence of severe and moderate acute malnutrition. In the past two decades, the World Food Programme (WFP) has focused on treatment of moderate acute malnourishment (MAM). However, there are significant knowledge gaps relating to the impact and cost-effectiveness of various components and delivery mechanisms of existing MAM prevention and treatment programmes.

To address some of these knowledge gaps, 3ie supported researchers from Valid International, as well as individual consultants, to evaluate the effectiveness of the WFP's MAM prevention and treatment programmes. The study investigated the impact of the intervention package on rates of MAM, severe acute malnourishment and global acute malnourishment among children and pregnant and lactating women. In addition, the study assessed the number of participants at risk of malnutrition.

The mixed methods evaluation compared a treatment group that received both MAM treatment and prevention with a control group that received MAM treatment only. In particular, participants in the treatment group received a food-based prevention for MAM programme alongside the existing targeted supplementary feeding programme. The control group had exposure only to the targeted supplementary feeding programme. Prevention elements evaluated

included a social and behaviour change communication (SBCC) component, for which participants in the treatment group received information in the form of key messages and health consultation through various modes, such as mother and care groups, home visits by implementing partners of WFP, and traditional and folk media.

Evidence

Evaluation findings showed that despite 10 per cent coverage, the intervention package with prevention components added to treatment components decreased the prevalence of children at risk of acute malnourishment by 12 per cent. However, the package did not reduce the incidence of MAM or global acute malnourishment. The study researchers thus recommended an increase in coverage that could contribute significantly to a greater reduction in areas with MAM and severe acute malnourishment prevalence at population level. The evaluation found no difference in outcomes by gender. A similar pattern of results held for participating pregnant and lactating women.

The researchers identified several possible reasons for the apparent contradiction of a decrease in the number of at-risk children not translating to a decrease in prevalence of MAM, severe acute malnourishment or global acute malnourishment. They highlighted that there is a time lag between risk reduction and prevalence reduction, and the findings may also be linked to the short duration and low coverage of the food-based prevention for the MAM programme. They also claim that a rise in discharged recovering severe acute malnourishment patients could be a potential explanation for the lack of reduction in the prevalence of MAM. Evaluation findings revealed a coverage gap. The coverage of the prevention programme was as low as 10% in treatment groups, while the coverage of the treatment programme was close to 50% in some localities and close to 28% overall. The researchers also noted low coverage and a decrease in participation in SBCC activities such as community sensitisation.

Evidence impacts

WFP Sudan decides to improve programme monitoring

Evaluation findings about the coverage gap highlighted the importance of collecting and monitoring programme data and prompted WFP Sudan and the Federal Ministry of Health (FMoH) to focus efforts toward improved programme monitoring and coverage, given that coverage is a critical indicator of programme performance and an important determinant of nutritional situation in target areas.

Implementing agencies focus on improving training to raise coverage

The study findings on the need to improve coverage of both treatment and prevention activities prompted WFP Sudan and FMoH to increase the focus on volunteer and staff training, in order to improve case identification and coverage. WFP conducted refresher training on data management, supported the Kassala State Ministry of Health to undertake supervision missions and provided on-the-job training to nutrition centre staff.

Leveraging mass media to raise nutrition awareness

The study findings on low coverage and barriers to participation in prevention interventions reinforced the need to strengthen the SBCC component. The findings and research engagement contributed to increased funding for the mass media component in order to strengthen the SBCC approach. The evaluation results were leveraged to validate the ongoing discussion about the redesign of SBCC approach to lower participation costs by, among other things, placing mass

media centre-stage and designing appropriate messages for it. WFP Sudan has already initiated a radio show, a TV show, mobile cinema and SMS messaging in Kassala state. The implementation team has also planned a roll-out of these in the other states subject to funding from FMoH and WFP.

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