WFP EVALUATION

Decentralized Evaluation of The First 1000 Days Programme in Egypt 2017 to 2021

Decentralized Evaluation Report

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Disclaimer

Contents

List of figures

List of tables

Executive Summary

1. This report presents the findings, conclusions, and recommendations of the Decentralized Evaluation (DE) of the First 1000 Days Programme in Egypt from 2017 to 2021. The evaluation was commissioned by the World Food Programme (WFP) Egypt Country Office and completed by International Advisory, Products and Systems (i-APS). The evaluation was conducted in line with WFP's Decentralized Evaluation Quality Assurance System (DEQAS) standards, and humanitarian principles and ethics.

2. The purpose of the evaluation is to assess the Relevance, Effectiveness, Efficiency, Sustainability, and Coverage of the First 1000 Days Programme in Egypt that falls within Activity 4 of WFP's Country Strategic Plan (CSP): "Support and complement the Government's programs in nutritionally vulnerable communities (with a focus on pregnant and lactating women and children aged 6-23 months) and support related activities such as awareness raising."

Context

3. Since 2011, Egypt's economy has suffered from a series of external and internal shocks. Poverty rates for 2019/2020 were recorded at 30 percent. An estimated 28 million out of a population of 102.2 million experience moderate or severe food insecurity.[1] Young Egyptian children are particularly vulnerable, with the prevalence of either stunting or being obese and overweight reaching 20 percent in children aged 6–59 months. The prevalence of overweight and obesity for women of reproductive age and young mothers stands at 80 percent across all wealth groups and educational levels, while the prevalence of anaemia for the same group is estimated at 29 percent[2].

4. WFP's First 1,000 Days Programme aims to respond by increasing the resiliency of poor and vulnerable households to alleviate poverty, social vulnerability, economic shocks, and to address recent challenges posed by COVID-19.

Evaluation features

5. The DE had two core objectives:

- **Accountability:** The evaluation document programme identifies achievements and areas of improvement to contribute to the discussion on WFP's strategic and operational direction in Egypt.
- **Learning:** The evaluation provides evidence-based findings to inform operational and strategic decision-making and contributes to the formulation of the upcoming WFP Egypt CSP.

6. This DE focused on implementation activities from mid-2017 to mid-2021, including activities under WFP's current CSP (2018-2023). It covered 14 governorates in Egypt. It examined the modalities of Conditional Cash Transfers (CCT) as well as the Unconditional Cash Transfer (UCCT) adopted nationwide in response to the COVID-19 pandemic. The primary beneficiaries targeted were Pregnant and Lactating Women (PLW) and their children.

7. The users of this evaluation are WFP's Egypt Country Office, the Regional Bureau, Cairo and Office of Evaluation. External stakeholders include donors, the Government of Egypt (GOE), the UN country team and other organizations, cooperating partners, service providers, and beneficiaries.

8. The evaluation applied mixed qualitative and quantitative methods to collect and analyse data to objectively assess project performance and identify learning. This included a review of WFP's programme documentation, secondary literature, and collection, analysis and triangulation of qualitative and quantitative primary data. Data collection included 699 surveys with beneficiaries using simple random sampling, in-depth interviews (IDI) with WFP, GOE, UN Egypt personnel and donors, and IDIs and Focus Group Discussions (FGDs) with field level health unit personnel, retailers, GOE personnel, and UCT and UCCT beneficiaries.

[1] FAOSTAT, 2021. Available at: http://www.fao.org/faostat/en/#country/59

[2] UNICEF, 2019 State of the World's Children.

Key findings

Relevance:

9. KEQ 1. To what extent is the design of the First 1,000 Days Programme relevant to the local context over its lifetime, and is it contributing to a larger safety net of healthcare and social protection as intended?

- The programme aligns well with the WFP Country Strategic Plan and Health pillar of Egypt Vision 2030. It complements key GOE initiatives toward nutrition provision and social protection objectives.
- The pivot to UCCT was highly relevant to the GOE agenda during the COVID-19. Despite funding shortages, both WFP and its donors demonstrated remarkable flexibility in re-allocating funds in response to GOE priorities, yet the shift weakened strategic partnerships with GOE institutions; this removed the link in programme logic between delivered assistance and programme's nutrition objective.
- Use of social media as nutrition awareness channel was a partial success; most targeted PLW by the cash assistance cited other used channels.
- The CCT modality was affected by capacity challenges, including inconsistent cross-ministry data-sharing. This impacted working synergies as well as access and reach.
- The UCCT modality closely matched the MoSS capacities and integrated into Takaful and Karama systems, utilizing MoSS database resources and distribution channels.
- The programme lacked an initial gender analysis at design, yet the program's nutrition objectives were relevant in specifically addressing the needs of PLW.

Efficiency

10. KQ.2. To what extent was the program implemented in the most efficient way to deliver its objectives?

- Significant funding and operational challenges impacted efficiency; the programme redesign because of COVID-19 similarly affected a fair evaluation of the program's efficiency.
- The full amount of funding needed to fulfil the overall need-base plans were not secured. This forced drastic reductions in levels of implementation and led to a repositioning of the logical rationale and implementation of the program.
- WFP achieved activities are different than those in the work plans. Planned activities lacked targets and details, which limits determination of the timeliness of the program.

Effectiveness

11. KQ.3. To what extent were the intended objectives of the Program achieved (or are likely to be achieved), and did it result in unintended outcomes?

- The programme managed to achieve a documented level of implementation; meanwhile, due to challenges stemming from COVID-19 and chronic funding shortages, the top-line objectives of the programme were not achieved.
- The limited availability of performance data and lack of clear deviation narratives to explain and understand progress per output indicator prevented a conclusive evaluation of quantitative outputs.
- Documented monitoring towards achievement of programme outcomes was negatively impacted by a) the absence of a Theory of Change, b) a proper MEL framework and supporting systems,, c) removing the conditionality element of the program.
- Conditionality was not fully enforced under the CCT model, and the intensity and frequency of the delivered nutrition awareness sessions differed from one HCU to another.
- 87 percent of the CCT respondents rated the type of assistance as satisfactory, while 59 percent stated that they did not receive the assistance on a regular basis.

- CCT beneficiaries suggested receiving the food commodities from the HCU, rather than from retailers as a trusted near-by entity.
- UCCT beneficiary perceptions and utilization of the cash assistance was largely positive. The end beneficiaries valued the cash disbursement channels and used the cash to obtain food and other household needs.
- CCT respondents identified challenges with engagement and trust with retailers, quality of the food provided, and the far location of retailers.

1. Introduction

1. This report presents the findings of the Decentralized Evaluation (DE) of the First 1000 Days Programme in Egypt from 2017 to 2021, commissioned by the World Food Programme (WFP) Egypt Country Office (CO).

2. The purpose of the evaluation was to assess the relevance, effectiveness, efficiency, sustainability, and coverage of the First 1000 Days Programme in Egypt that falls within Activity 4 of WFP's Country Strategic Plan (CSP): 'Support and complement the Government's programs in nutritionally vulnerable communities (with a focus on pregnant and lactating women and children aged 6-23 months), and support related activities such as awareness raising'.

3. The evaluation had dual objectives of accountability and learning, although for reasons related to funding gaps and the redesign of the programme as a result of COVID-19, this DE placed more weight on the learning objective (see Evaluation Features). The primary users of the evaluation are the WFP Country Office (CO), Regional Bureau, Cairo (RBC), WFP HQ Nutrition Unit and WFP Office of Evaluation (OEV), as well as donors, Government of Egypt (GOE), UN Egypt country team, cooperating partners and service providers, and beneficiaries.

4. In keeping with WFP's Decentralized Evaluation Quality Assurance System (DEQAS) standards, this evaluation provides evidence-based findings and recommendations. It does so by analysing findings based on international evaluation criteria of Relevance, Effectiveness, Efficiency, Sustainability, and Coverage.

5. The key evaluation questions were:

- **Relevance:** KEQ 1. To what extent is the design of the First 1,000 Days Programme relevant to the local context over its lifetime, and is it contributing to a larger safety net healthcare and social protection as intended?
- **Efficiency**: KEQ 2. To what extent was the First 1,000 Days Programme implemented in the most efficient way to deliver its objectives?
- **Effectiveness:** KEQ 3. To what extent were the intended objectives of the First 1,000 Days Programme achieved (or are likely to be achieved), and did it result in unintended outcomes?
- **Sustainability:** KEQ 4. To what extent are the benefits of the First 1,000 Days Programme expected to last after major assistance ceased?
- **Coverage**: KEQ 5. To what extent did the First 1000 Days Programme reach and meet the needs of key target groups?

6. For a more detailed description of the purpose, objectives and scope of the evaluation, see the Terms of Reference (ToR) in Annex 1. The detailed Evaluation Matrix is provided in Annex 4.

1.1. EVALUATION FEATURES

7. **Purpose and Rationale:** The multi-sectoral First 1000 Days Programme implemented by WFP between 2017 and 2021 is part of Activity 4 of WFP's CSP and aims to improve the nutritional status of vulnerable groups by supporting the prevention of chronic malnutrition. The primary beneficiaries are pregnant and lactating women (PLW) and children aged 6-23 months. The evaluation covered the period from the start of the programme in 2017 until June 2021, including activities implemented as part of the current CSP from July 2018.

8. The evaluation had two core objectives:

- **Accountability:** The evaluation findings will document programme achievements and identify improvement areas to contribute to the discussion on WFP's strategic and operational direction in Egypt. The dissemination of these findings serves a twofold purpose. First, it will increase WFP's accountability to donors. Second, it will enhance its accountability to beneficiaries toward gender equality and their protection, as well as promote their individual safety, dignity, and integrity.
- **Learning:** The evaluation will provide evidence-based findings to inform operational and strategic decision-making and contribute to the formulation of the upcoming WFP Egypt CSP. The evaluation will

draw out lessons by determining reasons why certain results occurred and others did not. In doing so, it will identify and document good practices.

9. The information in this DE will be used to document results and support changes in the design and targets, as set in the current CSP. In addition, the evaluation results will be used to inform the Government of Egypt's (GOE) development of the upcoming National Five-Year Plan, as well as informing the WFP Country Office in its development of the 2023-2028 Country Strategic Plan.

10. Consistent with the ToR (Annex 1), the evaluation gave more weight to the learning objective, considering that implementation of the First 1000 Days Programme has not, to date, been in full accordance with its design as stated in the CSP. The was due to the lack of necessary funding resources throughout the programme covered by the evaluation period, and the impact of the COVID-19 pandemic in 2020. Both led to the removal of the conditionality aspect of the programme and delayed capacity strengthening and awareness raising activities provided by the Ministries of Social Solidarity (MOSS) and Health (MOH).

11. **Scope:** This evaluation focused on implementation activities occurring from mid-2017 to mid-2021, including the implementation of the activity under the current CSP (2018-2023). Geographically, the evaluation covered the areas where the programme has operated to-date, 14 governorates. It examined the modality of conditional restricted transfers (CCT) used prior to the COVID-19 outbreak as well as the unconditional unrestricted transfer modality (UCCT) adopted in response to the COVID-19 outbreak. In the case of the UCCT, the evaluation expanded its coverage nationwide.

12. Consistent with UN norms and standards regarding evaluations and DEQAS guidelines, respect for human rights was considered across all phases of the evaluation. This includes a detailed stakeholder analysis (Annex 8 of Inception report) during the inception phase, development of field guidelines and training modalities to ensure that informed consent was captured prior to participation in surveys and FGDs, and implementation of measures to protect privacy and security of the collected data. The latter included maintaining secure beneficiary lists provided by WFP behind privacy firewalls and ensuring that data contained no personal identifiable information (PII).

13. **Intended Users:** The primary stakeholders of the evaluation are WFP's Egypt CO, the Regional Bureau, Cairo (RBC), and Office of Evaluation (OVE). The external stakeholders include donors (USAID, Sawiris Foundation and Egyptian German Debt swap), the Government of Egypt (GOE) including MoHP, MoSIT and MoSS, as well as the United Nations country team and other organizations, cooperating partners, and service providers (e.g., health care units and retailers), and beneficiaries.

14. **Evaluation Team (ET):** The i-APS ET was led by a gender-balanced team of Egyptian national experts knowledgeable about the country context, familiar with local operating conditions, and who have extensive experience conducting evaluations for food security and livelihoods programs. Core members of this team included Ms. Noha Hassan, Team Leader, supported by Dr. Essam Ghoneim, National Nutrition Expert and Mr. Ehab Zaghloul Kotb, Country Coordinator. Outside specialists, Ms. Anbrasi Edward, Nutrition and Food Security Expert, PhD, and Ms. Yunhee Kang, Nutrition Specialist, PhD, both from Johns Hopkins University, assisted the ET in the inception phase provided quality assurance.

1.2. CONTEXT

15. The Arab Republic of Egypt is a middle-income country and is the most populous country in the Arab world with over 102.2 million inhabitants.[3] Since the January 2011 revolution, Egypt's economy has suffered from a series of external and internal shocks. Poverty rates for 2019/2020 were recorded at 30 percent,[4] and the country's labour force participation and employment rates stand at 42 percent and 39 percent, respectively. Disparities in poverty follow geographic and gender lines, with urban centres and frontier governorates experiencing higher levels of poverty than other areas. Rural Upper Egypt hosts 51 percent of Egypt's poor people and 74 percent of extremely poor people. Extreme poverty is highest in Upper Egypt, affecting 16 percent of the population.[5]

16. As documented in a 2021 FAO report, Egypt has seen key achievements in reducing maternal (106 to 33 deaths /100,000 live births) and infant mortality (63 to 20 deaths / 1000 births) over the past few decades. However, an estimated 28 million of a population of 102.2 million experience moderate or severe food insecurity.[6] Ranking 60 out of 113 countries in the Global Food Security Index,[7] Egypt faces the challenge of a 'double burden' of the presence of both undernutrition and overnutrition (i.e., overweight or obese) with prevalence of 22 percent showing stunting, 9 percent showing wasting, yet also a prevalence of 37 percent overweight among school age children,[8] and 32 percent obesity prevalence among the adult population. The prevalence of overweight and obesity stands at 80 percent for women of reproductive age, across all wealth groups and educational levels,[9] and the prevalence of anaemia is estimated at 29 percent among women of reproductive age (15-49 years). In addition, the prevalence of either stunting or obesity and overweight reaches 20 percent in children aged 6–59 months, with 10 percent being severely stunted. In contrast, 15 percent of children aged 6–59 months, and 36 percent of girls and 29 percent of boys between 15 and 19 years old, were either overweight or obese. Evidence from recent national surveys indicate that breastfeeding rates are declining, with only 40 percent of infants being breastfed for the first six months in 2014, compared to 53 percent in 2008.[10]

17. The Global Gender Gap Index ranks Egypt at 102 out of 156 countries. Egypt also ranks 105 out of 156 countries in educational attainment.[11] The Sustainable Development Strategy (Egypt's Vision 2030) addresses the importance of economic and social empowerment of women and youth, particularly those with special needs. Egypt's Nutrition Landscape Analysis of 2012 was the first study to shed light on the importance of addressing the existing gaps in the nutrition system and call for short-, medium-, and long-term actions to build capacity to respond to the challenge of malnutrition. In 2015, the Government of Egypt launched Egypt Vision 2030, a sustainable development strategy and plan to promote food security, nutrition, gender equality, women's empowerment, and sustainable agricultural growth.[12] In 2017, GOE developed a national strategy for women's empowerment that focuses on political, economic, and social empowerment, leadership promotion and protection.[13]

18. Although the evidence of conditional and unconditional cash transfers on child nutrition is mixed,[14] fostering households' abilities to access food and health care through these interventions is considered by

[3] Central Agency for Public Mobilization and Statistics. Egypt 2020 Population Census.

[4] Central Agency for Public Mobilization and Statistics (CAPMAS) household survey results for October 2019–March 2020.

[5] Central Agency for Public Mobilization and Statistics. Egypt 2017 Population Census.

[6] FAOSTAT, 2021. Available at: http://www.fao.org/faostat/en/#country/59.

[7] Country Brief, WFP, July 2021. Available at: https://docs.wfp.org/api/documents/WFP0000131131/download/?_ga=2.117867849.1706775515.1629736421-1645553391.1629736421.

[8] UNICEF 2019. *State of the World's Children*.

[9] Herbst, Christopher H., Amr Elshalakani, Jakub Kakietek, Alia Hafiz, and Oliver Petrovic, eds. 2020. *Scaling Up Nutrition in the Arab Republic of Egypt: Investing in a Healthy Future. International Development in Focus.* Washington, DC: World Bank. doi:10.1596/ 978-1-4648-1467-9 License: Creative Commons Attribution CC BY 3.0 IGO.

[10] Egypt Demographic and Health Survey (2014). Available at: https://dhsprogram.com/pubs/pdf/OF29/OF29.pdf

[11] Global Gender Gap Report, March 2021-World Economic Forum, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf.

[12] Ministry of Planning, Monitoring and Administrative Reform. 2016. Vision 2030.

[13] National Council for Women. 2017. National Strategy for Empowerment of Egyptian Women 2030.

[14] Herbst, Christopher H., Amr Elshalakani, Jakub Kakietek, Alia Hafiz, and Oliver Petrovic, eds. 2020. *Scaling Up Nutrition in the Arab Republic of Egypt: Investing in a Healthy Future. International Development in Focus.* Washington, DC: World Bank. doi:10.1596/ 978-1-4648-1467-9 License: Creative Commons Attribution CC BY 3.0 IGO.

GOE to be an important strategy for improving maternal and child nutrition.[15] The Egyptian Takaful (Solidarity) and Karama (Dignity) cash transfer programs were developed to provide social safety networks aimed at protecting households in poverty through income support. These programs represent one of Egypt's largest investments in human capital development and now reach over 2.247 million households.[16]

19. The flotation of the Egyptian pound in 2016 contributed to soaring food prices, resulting in rising food insecurity across the country. Staple commodity and agricultural prices are equally volatile, impacted in part by recent and current international instability. Egypt's large immigrant and refugee populations bring an additional, non-indigenous, strain on the fragile healthcare and educational systems that bring additional tensions with the host communities.

20. The First 1,000 Days Programme aims to respond to these triggers persistent in Egypt's socio-economic conditions by increasing the resilience of poor and vulnerable households, thus alleviating pressure from poverty, social vulnerability, economic shocks, and, since 2020, address challenges posed by the COVID-19 downturn. The programme falls in line with WFP's CSP and is integrated into Government of Egypt national objectives and broader initiatives that respond to the post-2014 constitutional commitments to ensure the right of all Egyptians to secure access to food and nutrition free of discrimination, gender inequality, and discriminatory social norms.

1.3. SUBJECT BEING EVALUATED

21. The scope of the DE of the First 1000 Days Programme was limited to the time between July 2017 to June 2021, including the provision of conditional food baskets (CCT) in 2017 and 2018 under the partnership between Ministry of Social Solidarity (MoSS), Ministry of Health and Population (MoHP) and Ministry of Supply and Internal Trade (MoSIT), as well as the provision of unconditional cash transfers (UCCT) implemented as a response to COVID-19 in 2020 and 2021 by MoSS.

22. The evaluation covered the full geographical area where the programme has operated until mid-2021, the three Upper Egypt governorates (Assuit, Suhag, and Qena) where the CCT modality was implemented, and the nationwide coverage of the UCCT model in 2020 in response to COVID-19, including Upper Egypt, Giza, Lower Egypt, Red Sea, and North Sinai.

23. The evaluation methodology is outlined in detail under Section 3 of this report, and the evaluation matrix is provided in Annex 3.

24. **Strategic Objective of the First 100 Days Programme:** The First 1,000 Days Programme was introduced by WFP in partnership with the Ministry of Health and Population (MoHP), the Ministry of Social Solidarity (MoSS), and the Ministry of Supply and Internal Trade (MoSIT) in Egypt in 2017. The strategic objective of the programme is to contribute to national nutrition objectives of the GOE by addressing chronic malnutrition through value vouchers of six USD per person per month, as a top up to the national food subsidy cards for 100,000 vulnerable Pregnant and Lactating Women (PLW) and their children aged 0 to 23 months. The First 1000 Days Programme operates under Activity 4 of the WFP CSP which specifies, "Support and complement the Government's programs in nutritionally vulnerable communities (with a focus on pregnant and lactating women and children aged 6-23 months) and support related activities such as awareness raising."

25. **First 1,000 Days Programme Outputs and Outcomes:** Review of essential programmatic documentation identified that the programme does not have an established Theory of Change (TOC). Nonetheless, Figures 1, 2, and 3 below provide a summary of expected outputs and outcomes of the programme, the geographical range of the programme, and implementation phases of the programme.

[15] Ruel, M. T., and H. Alderman. 2013. "*Nutrition-Sensitive Interventions and Programmes: How Can They Help to Accelerate Progress in Improving Maternal and Child Nutrition?*" Lancet 382 (9891): 536–51. https://doi.org/10.1016/S0140- 6736(13)60843-0.
[16] World Bank. *The Story of Takaful and Karama Cash Transfer Programme* https://www.worldbank.org/en/news/feature/2018/11/15/the-story-of-takaful-and-karama-cash-transferprogram - 8 September 2021

Figure 1.Outputs – Activity 4

Output A: Pregnant and lactating women and children aged 6–23 months receive conditional food assistance and benefit from essential maternal and child health services to meet their basic nutritional needs

A.1: Number of women, men, boys and girls receiving food/cash-based transfers/commodity vouchers/capacity strengthening transfers.

A.4: Total value of vouchers (expressed in food/cash) distributed to targeted beneficiaries.

A.9: Number of women, men, boys and girls with disabilities receiving food/cash-based transfers/commodity vouchers/capacity strengthening transfer.

Output C: Targeted communities benefit from literacy education, and social and behavior change communications to reinforce positive behavioral change for better nutrition

C.4: Number of people engaged in capacity strengthening initiatives facilitated by WFP to enhance national food security and nutrition stakeholder capacities (new).

C.5 Number of capacity strengthening initiatives facilitated by WFP to enhance national food security and nutrition stakeholder capacities (new).

C.6 Number of tools or products developed or revised to enhance national food security and nutrition systems as a result of WFP capacity

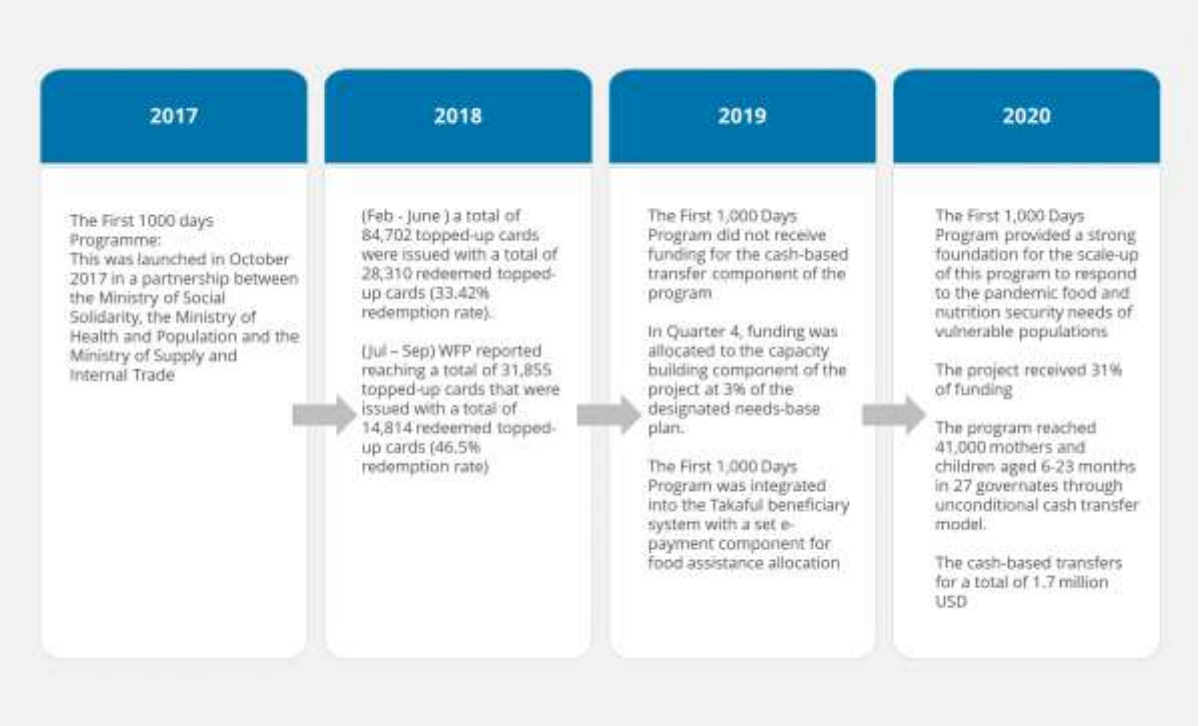
Output E: Targeted communities benefit from literacy education and social and behaviour change communications to reinforce positive behavioural change for better nutrition

E. 4 Number of people reached through interpersonal SBCC approaches.

E.5 Number of people reached through SBCC approaches using media.

Figure 2. Programme Target areas

Figure 3. Programme Phases



26. **The conditional food basket (CCT) model** was implemented in the governorates of Sohag, Assiut, and Qena, in Upper Egypt. This involved the allocation of conditional cash transfer of 94 Egyptian Pounds (EGP) monthly in the form of food baskets, received through food subsidy ration cards to be redeemed at approved retailers against an approved list of food items. This value was agreed upon in consultation with the Ministry of Health and Population, the Ministry of Social Solidarity, and the Ministry of Supply and Internal Trade.

27. The project registration began in November 2017 at the Health Centers in the three governorates with the support of the trained Health Care Providers (HCPs) and the close supervision of WFP's Field Coordinators. The trained Community Health Workers (CHWs) started a project awareness campaign at community level. Each CHW visited an assigned household to promote the project and to advise eligible PLW to visit the Health Center (HCU) for registration and to receive baseline health check-ups for themselves and for their new-born children.

28. Upon meeting the condition of regular attendance at health centres for monthly check-ups and nutrition counselling, women were registered to receive the food subsidy ration card. Each beneficiary presented her ID number, Takaful card number, subsidy card number, and mobile number. Upon receipt of an SMS transmitted by MoSS, the women beneficiaries would then travel to their respective approved retailer, present the food subsidy card for verification, and receive the food baskets by selecting from a given list of items. This list included beans, lentils, molasses, white cheese, and milk. The programme aimed to provide a dignified choice of items to beneficiaries who could select approved items of food up to a total value of 94 EGP.

29. **From January to June 2018**, using funds from the Egyptian-German Debt Swap programme, the First 1,000 Days Programme carried out a six-month long pilot project that provided assistance to 24,425 PLW and mothers of children aged 0-24 months. Out of 17,008 topped-up food subsidy cards allocated, only 5,748 (34 percent) were redeemed by April 2018. A Rapid Review conducted by WFP in May 2018 identified multiple challenges associated with the introduction of the First 1,000 Days Programme, including a) Incorrect records of beneficiary information, b) Distances between beneficiaries and assigned retailers limited recipients' ability to travel and to afford the process required to redeem the food baskets, c) Low levels of awareness and understanding of the programme and its eligibility criteria that limited enrolment and participation, d) Identified problems with national food subsidy cards, milk spoilage, and low-quality beans, e) Operational challenges, resulting from the exclusion of some households that were not part of the assistance and others found not to be the primary owner of the beneficiary card for their family, e) Registration and data

documentation efforts by health centres were limited by training, access to computers, and discrepancies in the government ministry communication system. As for the food retailers, 60 percent were not oriented to the project prior to beginning services. Additionally, retailers complained about delays in food supplies and lack of clear communication with administrative partners.

30. **In July 2018**, WFP took on direct funding of the programme, specifically the monthly cash transfer to beneficiary cards. WFP, MoHP, and the National Nutrition Institute (NNI) developed information, educational and communication (IEC) materials at Primary Health Care (PHC) units. In collaboration with MoHP, MoSS, and private sector partners, WFP took the lead in 2018 to implement joint national social and behavioral change communication activities through different social media and offline awareness-raising communication channels to improve nutrition-related knowledge, attitudes, and practices among the population nationwide. After Phase 1, WFP began discussions with GOE to incorporate the 'First 1,000 Days' programme into the 'Takaful' national social protection programme. The programme also provided training for Health Care Providers (HCPs) and equipment to the primary health units, including computer desktops, and Home Visit Kits (HVK), in addition to distributing IEC materials in health clinics for the awareness-raising sessions. Training involved capacity development for MoHP and MoSS physicians, nurses, and local HCPs in the Sohag, Assiut, and Qena governorates. The objective was to train the HCPs on the project modality, inclusion criteria and the redemption cycle. Similarly, they were trained on the importance of the 1,000 Days' timelines and in delivering nutritional messages for PLW. Simultaneously, the First 1,000 Days focal persons in MoHP trained its IT personnel in these three governorates on the project modality, registration, and data entry, and provided associated materials that were revised by WFP and MoSS. A total 3,199 persons were trained (1,034 in Assiut, 1,316 in Suhag, and 849 in Qena). MoHP received 200,000 brochures and 1,230 posters to be distributed to participating health centres, for subsequent distribution to the beneficiaries. WFP and NNI finalised a national nutrition curriculum targeting primary school children through the home visits conducted during the programme implementation.

31. **From July to December 2018**, WFP reached 96,862 PLW and children aged 0-24 months, with nutrition messaging, thus making them eligible for the food subsidy cards (vouchers). Of those, 29,673 beneficiaries redeemed their food vouchers to receive food baskets that were worth a total of EGP 2.9 million. Not all eligible PLW received or redeemed their food vouchers due to challenges in verifying names on the subsidy cards that required revising to remove multiple households from one card, and logistical challenges in distributing the food, among other issues.

32. **In 2019**, funding was a major limitation of the programme. The Programme did not receive funding for the cash-based transfer component of the programme during 2019. In Quarter 4 of 2019, only restricted private sector funding was received for capacity strengthening activities. The allocated funds for activities to be implemented in 2020 only amounted to three percent of the designated needs-based plan. Due to this lack of sufficient donor funding to cover the CSP target for cash-based transfers under this Strategic Outcome, WFP was only able to implement activities that did not require specific allocations, i.e., community interventions including capacity strengthening activities.

33. Following WFP's contribution to MoHP's national Prematurity Roundtable discussion, a high-level policy recommendation was issued to integrate the First 1,000 Days Programme into Egypt's National Plan for Child and Maternal Health. WFP and NNI updated national nutrition guidelines in line with Codex Alimentarius and global nutrition guidelines for children aged 0-36 months, school-age children, and adolescents.[17] WFP and MoSS started collaboration in 2019 to update Takaful's e-payment solution system to ensure that the First 1,000 Days programme is fully integrated within the Government's social safety and MoSIT retailers' systems. In addition, WFP supported the development of capacity strengthening packages for MoSS and MoHP staff on data validation and use for evidence-based decision making. MoHP delivered specialised training events to 25 Maternal and Child Health district and primary health care unit staff on Infant and Young Children Feeding (IYCF) counselling guidelines for enhancement of their knowledge and capacities to conduct awareness sessions and nutrition counselling at community hubs in Luxor.

[17] See Codex Guidelines on Formulated Complementary Foods for Older Infants and Young Children. CAC/GL-8-1991, 2013, retrieved from http://www.codexalimentarius.org/download/ standards/298/CXG_008e.pdf

34. However, the subsequent **second phase** of the project was delayed until mid-2020 due to a continued lack of funding. WFP continued to support improved food security and nutrition in Egypt through several other capacity-building advocacy and programming efforts.

35. The onset of the COVID-19 pandemic in 2020 exacerbated Egypt's development challenges on poverty, food security, malnutrition, and gender-based inequalities. In response, Egypt launched a comprehensive COVID-19 response package valued at 6.39 billion USD that provided for economic stimuli, expansion of social safety nets, and the provision of cash to vulnerable groups. WFP allocated an additional 31 million USD to its Response Plan to complement the CSP Budget Revision for the year.

36. **In 2020**, the project received 31 percent of planned funding, the largest 'by year' amount of funding the First 1,000 Days programme had received since its inception. This included a significant multi-year contribution received under the German-Egyptian Debt Swap programme, the main contributor to WFP's nutrition programme in 2020. The multi-year contribution also secured some funds for the beginning of 2021, ensuring the continuity of needed CBT assistance. Other major donors included USAID and the Sawiris Foundation for Social Development. The programme reached 41,000 mothers and children aged 6-23 months in 27 governorates, far exceeding the target of 15,000 recipients in three governorates. The cash-based transfers totalled 3.1 million USD for 2020. Despite this increase in funding, the programme was only able to expend just over 28 percent of the received funds in 2020. This expenditure rate improved in 2021, when just under 12 percent of required funds were received, and WFP expended 86 percent of those funds. Table 1 below provides a breakdown of funding received and expenditures versus the need-based plans.

Table 1. Budget planned and allocated

Year	Need based Plan (in USD)	Allocated Resources (in USD)	% received against plan	Expenditures (in USD)	% expended against available funds	Balance of Resources (USD)
2018	7,650,631	151,246	2%	124,215	82%	27,031
2019	23,069,631	565,144	2%	124,290	22%	440,854
2020	15,215,448	4,448,865	29%	1,324,702	30%	3,124,163
2021	15,231,151	4,846,145	31%	3,931,279	81%	914,866

37. The CCT involved the provision of monthly commodity food vouchers, each for 94 EGP to support provision of nutritional food baskets. Upon achieving the condition of regular attendance to health centres for monthly check-ups and nutrition counselling, women were registered via health units for food subsidy card and a national assistance card. Redeemable at approved retailers, the food subsidy card enabled beneficiaries to select a food basket from a list of items that included beans, lentils, molasses, white cheese, and milk.

38. In 2020, the impact of the COVID-19 pandemic resulted in a modification of the First 1,000 Days Programme to allocate unconditional (UCCT), rather than conditional, cash transfers to an increased number of mothers and children. Conditionality was removed to reduce beneficiary risks of contracting COVID-19 at point-of-receipt, while also allowing for immediate access to critically needed food and nutrition assistance. According to secondary data reviews, cash-based transfers could now be obtained at 4,000 different collection points throughout the country via the national Post Office. This increased beneficiaries' accessibility to a service point near them. The average travelling time to a collection point was 30 minutes or less, which was greatly appreciated by the beneficiaries, meaning that i) they didn't have to travel far, and ii) it greatly reduced their transportation fees. The programme continued with WFP support under the social safety nets programming implemented by the Government of Egypt. Cash-based transfers were provided in the form of a top-up of EGP 200 / 13 USD per beneficiary by MoSS.

39. In addition, WFP partnered with MoSS to improve upon the monitoring system for the First 1,000 Days Programme. WFP provided technical support for the strengthening of the Government's SMS notification system, maximising the redemption rate of targeted mothers of children aged 6-23 months. WFP collaborated with Sawiris foundation on a 'First 1000 Days' social media campaign reaching 80,000 people. According to consultations with WFP staff, the programme did not launch blanket social media campaigns to target all PLW women, but rather only PLW women who were already users of social media. Neither did WFP target specifically those PLW in the initial First 1000 Days programme in vulnerable targeted communities.

40. No gender analysis was conducted to inform programme design and no specific gender indicators were included for implementation and monitoring. Similarly, due to critical funding shortages, no gender and age disaggregated monitoring took place in the First 1000 Days Programme until 2019. The social behavioral change in nutrition awareness and education activities in 2020 included a strong emphasis for inclusion of fathers, men, and the overall community to ensure that mothers are empowered to make the right choices and are supported to care for their health and that of their children and family. The nutrition awareness raising programs targeting adolescents and school age children focused on adolescent girls as an important group within the 'life cycle' that contributes to intergenerational malnutrition.

41. **Between November 2020 and June 2021**, the programme recorded 122,099 redemptions, worth 1,573,593 USD, compared to planned transfer of 151,202 redemptions (performance at 81 percent of target). Moreover, under the Social Behavioural Change Communication component of the programme, WFP and MOSS continued to send awareness-raising SMS messages to the beneficiaries of the First 1000 Days programme. These messages provided gender sensitive tips to mothers, fathers, and families as well as MoSS's community workers and staff, on optimal IYCF practices, pregnancy nutrition, lactation, antenatal care and well-baby and primary health care visits.

42. Furthermore, to strengthen the monitoring system and ensure the sustainability of the programme, WFP purchased 1,800 mobile tablet devices to be used by MoSS's community workers and staff for monitoring, reporting, and providing counselling to First 1000 Days and Takaful and Karama beneficiaries. This was done based on the GOE's request to support the digitalization of monitoring.

43. **Between April and June 2021**, WFP and MoSS, in collaboration with NNI, continued to provide the three-day 'Training of Trainers' and two-day training to MoSS's community workers within the targeted governorates. WFP worked with MoSS on the development and testing of digitized monitoring tools for uploading to tablet devices. By mid-2021, four out of the five planned TOT trainings were conducted in the targeted governorates. A total of 77 community workers were trained as master trainers. In addition, two step-down trainings were conducted by master trainers in Cairo and Giza, targeting a total 145 community workers. NNI experts delivered the TOT training and supervised the step-down training to ensure quality and consistency.

44. No structured collaboration with other United Nation agencies or international development organizations was initiated despite the similarities in the local partner organizations, delivered activities and target groups (e.g., UNICEF).

45. **Stakeholder engagement and analysis:** As part of the inception phase for this evaluation, the ET conducted a detailed stakeholder analysis. This expanded on the initial analysis provided in the ToR (Annex 8 of IR) with the objective of ensuring that a diverse range of perspectives and interests were considered from the onset, including direct beneficiaries, PLWs and mothers of children younger than 24 months. The stakeholder analysis and active engagement throughout the evaluation contributes to the impartiality, credibility and quality of the evaluation as well as strengthening stakeholders' ownership of the evaluation results.

1.4. EVALUATION METHODOLOGY, LIMITATIONS AND ETHICAL CONSIDERATIONS

Disclaimer: *"WFP decentralized evaluations must conform to WFP and UNEG ethical standards and norms. i-APS, the contracting party providing this evaluation report is responsible for safeguarding and ensuring ethics at all stages of the evaluation cycle. This includes, but is not limited to, ensuring informed consent, protecting privacy, confidentiality, and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities."*

46. **Methodological Approach:** The i-APS evaluation team applied mixed qualitative and quantitative methods to collect and analyze data to objectively assess project performance and identify learning. Gender Equality and Women's Empowerment (GEWE), Protection, and Accountability to Affected Populations (AAP) principles and approaches were featured throughout the evaluation and addressed in the disaggregated data analysis.[18]

47. Against a detailed review of the key Evaluation Questions and Sub-questions, a mixed methods approach involving analysis of primary data and secondary literature was employed to ensure first, the triangulation of information and second, that all aspects of the evaluation question matrix (see Annex 4) were addressed as per the tool design. This included the following components:

- **Desk review** of available project information from the programme, provided by WFP. The ET reviewed all data received from WFP to understand activity processes, performance, and achievements on outputs. This review allowed the evaluation team to identify information gaps, which were then used to inform development of the primary data collection plan and accompanying tools (Annex 4).
- **Data Quality Assessment (DQA):** The ET conducted a DQA on the received output indicator monitoring sheets to:
    - Assess data availability and reliability, which informed primary data collection.
    - Systematically check accuracy, consistency, and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions from the data.
    - Identify eventual data gaps at the inception phase and design data collection tools accordingly to be able to collect the needed indicators for the evaluation matrix.
- **Trend analysis of secondary data from the programme monitoring and reporting system with relevant input, process, and output indicators.**
    - The evaluation team received output indicator monitoring sheets from WFP categorized by years. However, it must be noted that, per review and analysis of WFP documentation, outcomes have not been reported throughout the programme. The ET built a sheet across all four reporting periods that included period targets and actuals achieved, plus life of programme totals (See Annex 7). The ET noted that targets were missing from several reported datasets, making the analysis of indicator progress challenging. For some indicators, the targets were the same as the actual reported figures.
- **Tool design:** The ET developed draft data collection tools, led by experts in Food Security and Nutrition (Anbrasi Edward, Ph.D.), and in-country Team Leader Expert (Noha Hassan), alongside the local national technical expert (Essam Ghoneim). The drafts were submitted with the inception report to and approved by WFP. Review criteria included elements to ensure protection of sensitivities, sequence, translation, and timeliness. All tools were pilot tested during the enumerator training by Egyptian national team members and edits were provided to WFP for final approval. See Annex 5 for all approved data collection tools.
- **Sampling:** The ET reviewed two WFP databases to generate the quantitative sample, including a database consisting of 21,807 beneficiary households (HHs) who benefited from the CCT model in

[18] For More detail see Annex 3: Methodology.

2018 from Assiut, Suhag, and Qena as well as another database consisting of 26,253 beneficiary HHs who benefited from the UCCT model up until 2021 nationwide. Based on the available beneficiary database and the nature of the service beneficiaries received, the quantitative portion of this evaluation covers both the CCT and UCCT modalities.

48. Sampling for respective CCT and UCCT beneficiary populations was achieved through the following processes:

49. **CCT sampling approach:**

- Set sampling parameters for confidence and margin of error.
- Identify full populations per governorate.
- Calculate overall sample size required.
- Distribute sample size proportionally across governorates.

Table 2. Sampling parameters for WFP CCT population

Sampling Parameters	
Margin of Error	0.05
Confidence Level	0.96
Response distribution	0.5
Total population	**21,807**
Required sample	**378**

Table 3. Sampling frame for WFP CCT BNFs per Governorate

Governorate	Number of WFP BNFs	Sample Required
Assuit	9,500	139
Suhag	9,290	164
Qena	3,017	77
TOTAL	**21,807**	**380**

50. The evaluation identified challenges in obtaining a clear valid universe from which to sample beneficiaries, as a result of the number of incorrect entries in the CCT database. This database included duplicate mobile numbers and names, with 3,879 mobile numbers and 1,865 names (in Assuit) marked as such in MS-Excel. In addition, there were also 195 invalid mobile numbers. Once these were removed, the remaining unique entries were 17,741. The ET then adjusted the sample per governorate accordingly and rounded the required sample up from 378 to 380 CCT beneficiaries.

51. **UCCT sampling approach:**

- Set sampling parameters for confidence and margin of error, identify full populations per governorate and calculate overall sample size required.
- Discuss with WFP sampling scenarios based on either governorate level stratification or regional level stratification.
- Apply sampling parameters proportionally at the regional level, as the model agreed by WFP is best suited for the programme.

Table 4. Sampling parameters for WFP UCCT population

Sampling Parameters	
Margin of Error	0.05
Confidence Level	0.96
Response distribution	0.5
Total population	**26,253**
Required sample	**380**

52. Upon review of the beneficiary database for the UCCT beneficiaries, the evaluation team identified the inclusion of 60 males. This intervention targeted women beneficiaries only. Upon further investigation, the data collection team found out that those were PLWs' husbands with mobile phones who received the SMS messaging. Upon verification, the evaluation team was able to retrieve and register women under their own names. Thereafter, the PLW remained the direct beneficiaries of the assistance. As such, the evaluation sample consisted only of women beneficiaries.

53. After consultations with WFP, the evaluation team conducted the UCCT sampling based on a distribution across those regional governorates with the highest number of beneficiaries that were located in a specific geographical region, rather than proportionally across all governorates per region where the programme had been implemented.

54. The evaluation team subsequently added the Governorates of North Sinai and of the Red Sea to the selected regional UCCT sampling, due to the development work currently taking place in Sinai region and because both governorates are frontier governorates. Half of both governorates' population were targeted under this sampling. Not all governorates are represented.

Table 5. Sampling frame for UCCT WFP BNFs by Governorate

Unconditional Cash Transfer BNFs sample distribution across governorates (regional basis)			
	Governorate	**Number of WFP BNFs**	**Sample required**
1	Giza	1089	19
2	Suhag	1887	33
3	Menia	5141	89
4	Qena	2049	35
5	Assuit	3980	69
6	El-Beheira	1349	23
7	El-Dakahlia	1195	21
8	El-Fayoum	961	17
9	Damiett	326	6
10	Matrouh	252	4
11	El-Munofia	492	8
12	Luxor	425	7
13	Red Sea	42	20
14	North Sinai	71	30
Total		**19259**	**380**

55. The evaluation team focused on the direct PLW beneficiaries as respondents to the survey instruments, but data analysis identified an average of more than 4 members within the household of these respondents, as indirect beneficiaries. This contrasts with an average family size in Egypt of 3.6. As a result, the PLWs surveyed may not necessarily constitute a representation of a typical Egyptian household.

56. **Enumerator selection and training:** All field data collection team members reviewed the tools to ensure vocabulary was appropriate to the context, and that questions were interpreted by all parties as intended. Egyptian-national Arabic-speaking enumerators received a two-day training to ensure the project, evaluation matrix and operational plan were understood. Data collectors were selected among a pool of experienced individuals who were already skilled in conducting both in-person and online surveys.

57. The training was conducted in person in Cairo, with specific training for members conducting data collection for CCT and UCCT. During the training, the data collectors were introduced to the programme and its methodology, including the target group, sample size, and data collection plans. Part of the training included participatory exercises where the team leader/trainer monitored role plays of monitors conducting interviews, and observed the time that it took to finish the survey. At the end of the training session, all data collectors underwent a test (5 surveys with actual beneficiaries) to evaluate their work. Additional training was provided to ensure that participants properly understood and internalized i-APS, UN, and WFP guidelines regarding ethics of evaluations, code of conduct, safety, and Do No Harm principles, as well as COVID-19 protections.

58. Between 17 and 27 May 2022, the evaluation team travelled to the Assuit, Suhag and Qena governorates to conduct face-to-face IDIs with local Government of Egypt representatives, health care unit staff, retailers and FGDs with CCT and UCCT end-beneficiaries. The evaluation team conducted phone surveys with UCCT

and CCT end-beneficiaries nationwide to capture the change in behaviors, consumption, and knowledge across modalities and geographies.

59. **Primary data collection**: Data collection was framed against the key evaluation questions listed in the ToR. See Annex 4 for the full evaluation matrix by stakeholder type across each question.

60. **Qualitative data collection** was conducted in the Cairo, Suhag, Assuit, and Qena governorates using both online and in-person approaches based on the nature of interviewees, potential social constraints, availability of persons, and COVID-19 restrictions. The evaluation team conducted In-depth interviews (IDIs) with the WFP team, the Government of Egypt, the UN country team, and programme donors online via Zoom to respond to the interviewees' busy schedules, ensuring meeting slots were booked during the data collection timeframe.

61. At the governorate level, the evaluation team conducted in person IDIs/FGDs with health unit management, retailers, local Government of Egypt representatives, and FGDs with CCT and UCCT women beneficiaries. The targeted governorates were selected based on the availability of data for both CCT and UCCT beneficiaries; the presence of stakeholders who benefited from the CCT model, such as the health care units and retailers in the three Upper Egypt governorates; and the availability of interviewees who are familiar with the programme and willing to participate in the DE interviews from the selected governorates. FGDs and IDIs sampling was random. The three governorates (Suhag, Qena and Assuit) were selected by the evaluation team because these are the only governorates where both CCT and UCCT modalities were applied jointly, thus providing an opportunity to survey HCUs, retailers, and both UCCT and CCT beneficiaries. In-person IDIs and FGDs were conducted. FGDs provided beneficiaries with an opportunity to openly discuss and share their experiences with the evaluation team.

62. The remainder of the UCCT-covered governorates nationwide were covered through qualitative phone surveys to capture the UCCT end-beneficiaries' opinions from all selected geographical locations. The online surveys allowed the evaluation team to reach beneficiaries in 14 governorates, including frontier governorates which were inaccessible. Qualitative data collection included a range of stakeholders identified in the stakeholder analysis.

63. **Quantitative data collection** applied simple random sampling methodology to the targeted governorates using a list-based approach from the beneficiary lists registered in the CCT and UCCT programs, to produce a sample size of 380 households from the conditional cash transfer beneficiaries and a sample size of 380 households from the unconditional cash transfer beneficiaries, further described below. As such, a sample of **760 PLW** were identified for surveys.

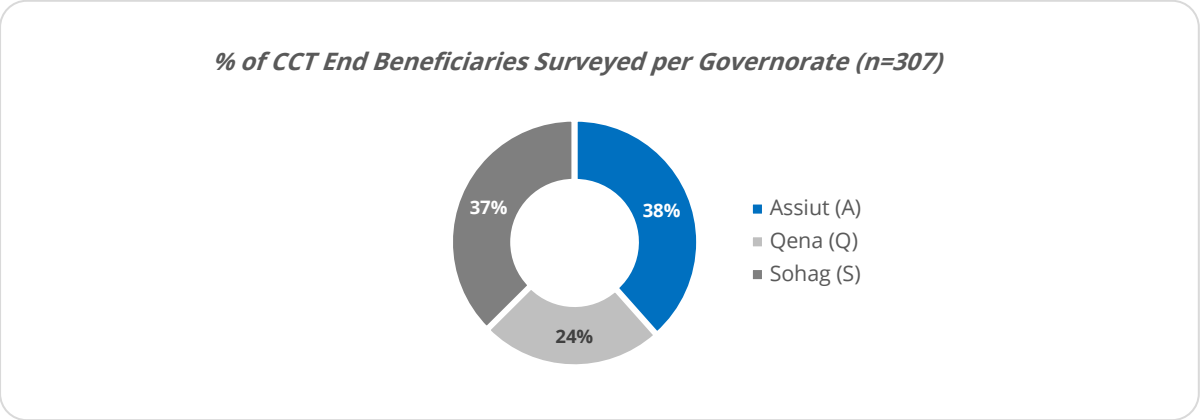
64. All beneficiaries of the CCT are female. Therefore, data collection was based on a **female-only sample**.

65. The evaluation team conducted primary data collection using both quantitative and qualitative methods, through phone surveys and 'Zoom' In-Depth Interviews (IDI), and offline IDI/focus group discussions (FGD). FGD beneficiary participants were randomly selected per district by the evaluation team. HCU nurses then called and invited the selected women for participation in the data collection activity.

66. **Demographic profile of respondents:**

67. **CCT Beneficiaries**

Figure 4. % of CCT End BNFs surveyed per Governorate (n=307)



68. A total of 307 women CCT beneficiaries were surveyed by the evaluation team, based on a sample selected from the WFP database.

Table 6. Demographic data – three Governorates

Demographic Data (n=307)		Assiut (n=118)	Qena (n=74	Sohag (n=115)	Total
Age Composition	18 – 35 Years Old				
	35+ Years Old	15%	18%	11%	14%
Total		100%	100%	100%	100%
Education	Higher				
	Intermediate	49%	49%	48%	48%
	Illiterate	47%	49%	46%	47%
Total		100%	100%	100%	100%
Number of Children	1 Child				
	2 Children	20%	22%	11%	17%
	3 Children	43%	45%	52%	47%
	3+ Children	36%	32%	35%	35%
Total		100%	100%	100%	100%
Family Type	Extended Family				
	Simple Family	63%	72%	68%	67%
Total		100%	100%	100%	100%

Table 7. UCCT respondents demographics (n=392)

Age (n. 392)	Assiut (n=60)	Dakahlia (n=23)	Damietta (n=6)	El Beheira (n=23)	Faiyum (n=17)	Giza (n=20)	Luxor (n=7)	Matruh (n=3)	Menofia (n=10)	Minya (n=98)	North Sinai (n=22)	Qena (n=33)	Red Sea (n=20)	Sohag (n=41)	Total (n-392)
18 – 35 Years	66	19	5	20	14	19	7	3	8	96	17	33	17	30	354
Less than 18 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
More Than3 5 Years	3	4	1	3	3	1			2	2	5		3	11	38
	69	23	6	23	17	20	7	3	10	98	22	33	20	41	392

Education level (n=392)	Assiut (n=60)	Dakahlia (n=23)	Damietta (n=6)	El Beheira (n=23)	Faiyum (n=17)	Giza (n=20)	Luxor (n=7)	Matruh (n=3)	Menofia (n=10)	Minya (n=98)	North Sinai (n=22)	Qena (n=33)	Red Sea (n=20)	Sohag (n=41)	Total (n-392)
Higher	2	3	1						2	1	3	2		3	17
Illiterate	31	7		14	12	11	4	3	4	50	11	17	10	20	194
Intermediat	36	13	2	9	5	9	3		4	47	8	14	10	21	181
Grand Total	69	23	6	23	17	20	7	3	10	98	22	33	20	41	392

Number of children (n=392)	Assiut (n=60)	Dakahlia (n=23)	Damietta (n=6)	El Beheira (n=23)	Faiyum (n=17)	Giza (n=20)	Luxor (n=7)	Matruh (n=3)	Menofia (n=10)	Minya (n=98)	North Sinai (n=22)	Qena (n=33)	Red Sea (n=20)	Sohag (n=41)	Total (n-392)
More than	8	4		7	4	2	1	3	2	10	4	3	6	3	57
One	4	4			2	4	1		2	18		4	5	7	51
Three	21	8	4	11	5	7	2		2	16	10	9	2	12	109
Tow	36	7	2	5	6	7	3		4	54	8	17	7	19	175
Grand	**69**	**23**	**6**	**23**	**17**	**20**	**7**	**3**	**10**	**98**	**22**	**33**	**20**	**41**	**392**

Type of family (n=392)	Assiut (n=60)	Dakahlia (n=23)	Damietta (n=6)	El Beheira (n=23)	Faiyum (n=17)	Giza (n=20)	Luxor (n=7)	Matruh (n=3)	Menofia (n=10)	Minya (n=98)	North Sinai (n=22)	Qena (n=33)	Red Sea (n=20)	Sohag (n=41)	Total (n-392)
Simple Family	35	17	6	16	14	14	4	3	7	56	14	19	15	17	237
Complex Or Extended Family	34	6		7	3	6	3		3	42	8	14	5	24	155
Grand Total	**69**	**23**	**6**	**23**	**17**	**20**	**7**	**3**	**10**	**98**	**22**	**33**	**20**	**41**	**392**

Ethical Concerns

69. All quantitative data (CCT and UCCT surveys) were collected by the enumerators and uploaded into the KOBO data collection platform in real time. The field data supervisor checked data quality daily, flagging any inconsistencies, errors, duplications, and logic skips. In such a case, enumerators called back beneficiaries to obtain clarifications of earlier responses that were incorrectly received, missing, or inaccurate. The national technical expert completed a second round of quality checks for a random sample of the filled surveys and provided a two-hour long coaching and refresher session in the middle of the data collection to enumerators.

70. All survey data was kept in MS-Excel sheets accessible only to the team leader, field supervisor, and i-APS data management unit member. Data analysis was conducted by i-APS data management unit and findings were analysed by the team lead person. Enumerators did not have access rights once submitted to the KOBO platform.

71. All IDIs and FGDs were attended by an evaluator with note takers in attendance. The note takers transcribed the notes during the interviews and shared them with the evaluator, who then reviewed the content and shared feedback with the note takers for edits/clarifications. All IDIs/FGDs notes were then shared with the team lead who reviewed and coded the transcriptions via online coding software (Taguette.com) and later used the developed coding sheets to build the report findings.

72. All interviewees were informed about the identity of the interviewer, the purpose of the interview, the voluntary nature of the participation, and their right to not answer any of the questions that they did not want to provide, and/or leave the interview at any point of time. Interviewees' verbal informed consent was documented by the evaluation team. To avoid disclosing the identity of the interviewees, all data was treated anonymously. For security, quotes were assigned to interviewee categories, rather than individuals.

Data management and analysis:

73. **Limitations and mitigation approaches:** The i-APS evaluation team identified the following limitations:

74. **At the Programme Level:**

- No Theory of Change (TOC) has been developed for this programme to date. This presents challenges, first in testing the internal logic of the programme and second, in evaluating whether specific programme inputs led to specific, planned (or unplanned) outputs and outcomes.
- The DQA focused on the output indicators related to programme implementation. The evaluation team identified the following gaps:
    - No Performance Indicator Reference Sheets (PIRS) were available for the evaluation team to fully understand the indicator definition, disaggregation of gender and geography, targets, methods of calculation, data source, and data limitations among other details. This affects data validity, precision, and reliability across teams and time periods.
    - The targets for Activity 03 (1000 Days programme output indicators) under 2020 and 2021 are the same as the achieved figures. This could suggest that some indicators had targets calculated after the implementation of the activity, which could indicate that the unlikelihood that the programme achieved its intended targets.

75. **Evaluation Limitations and Challenges**

- **CCT database:** Data collectors logged a total of 2,362 calls, of which 352 were wrong numbers, 255 switched off numbers, 19 respondents who were not interested to participate, and 126 who were not aware of the programme and/or received any services. Against a target sample of 380, the evaluation team collected data from 307 CCT respondents.
- **UCCT database:** The evaluation team identified duplicate beneficiary names, and mobile phone numbers. Data collectors logged a total of 887 calls, of which 25 were wrong numbers, 157 respondents who had switched numbers, 2 beneficiaries who were not interested to participate, and 3 beneficiaries who were not aware of the programme or had not received any services. Against a target sample of 380, 392 UCCT beneficiaries completed the survey.

76. **Field Limitations**

- **Qualitative Data Collection Limitations:**
  - The evaluation team selected for survey those retailers in the districts with the largest number of beneficiaries. Despite this, difficulties arose in reaching the selected retailers in the field, as the evaluation team could not reach their locations. After several tries, the evaluation team managed to reach only three retailers to conduct IDIs.
  - The evaluation team was not able to include the trained governmental staff and trained health care staff in Phase I in the primary data collection, due to the unavailability of data.

Table 8. Qualitative Data Collection Activities

#	Stakeholder	Tool	Achieved	Target	% of Achievement
1	WFP Country Office (CO) -Egypt (Country/Deputy Director/ Head of Programme/ Nutrition Unit/ Gender Unit Officer)	IDI	4	5	80%
2	WFP CO Evaluation manager	IDI	1	1	100%
3	Government of Egypt (MoSS, MoSIT, MoHP, NNI, Egyptian National Post Office Services Authority)	IDI	4	5	80%
4	UN Country team (UNICEF, Regional coordinator UN)	IDI	2	2	100%
5	Donors (USAID, Sawiris Foundation, German Egyptian Debt Swap)	IDI	3	3	100%
6	Cooperating Partners /Service Providers (Retailers)	IDI	3	8	38%
7	Cooperating Partners /Service Providers (Health facility providers Staff, Raedat Refeyat, HCU heads)	FGD	16	6	267%
8	Local WFP coordinators	IDI	2	2	100%
9	Local Government of Egypt representatives (Social Solidarity and Health directorates)	IDI	5	3	167%
10	Beneficiaries CCT	FGD	21	8	263%
11	Beneficiaries UCCT	FGD	16	8	200%
12	Male indirect beneficiaries (CCT/UCCT beneficiaries' husbands)	FGD	4		
Total		**IDI**	**24**	**29**	**83%**
		FGD	**57**	**22**	**259%**

- **Quantitative Data Collection Limitations:** The CCT and UCCT quantitative survey data collection also faced challenges.

Table 9. Details these challenges and the mitigation strategies used.

Limitations	CCT/UCCT	Mitigation strategy
Beneficiaries' names in the submitted databases were registered under their husbands' phone numbers. This affected access to female beneficiaries.	CCT & UCCT	The evaluation team developed shorter, focused call scripts when talking to husbands / family members to reach the direct beneficiary faster; referring the uncooperative husbands to a female data collector for easier acquisition of the wife's number. Monitoring rescheduled calls to beneficiaries whose husbands were absent or out of the village, in those cases when husbands' phones are the only means to reach them.
Beneficiaries' names were registered under family members' phone numbers: sometimes the team had to call over five numbers to reach the beneficiary listed in the shared database.	CCT & UCCT	
Bad reception in North Sinai and Matrouh.	UCCT	The evaluation team sent text messages to the beneficiaries, introducing themselves, relating the purpose of the call, and asking beneficiaries to return the call, either through landline number, or filling out the survey via WhatsApp.
Beneficiaries were unaware of the criteria of the programme or why they received or didn't receive the service. Some were suspicious of the nature of the call, the questions, and some refused to fill the survey (21 end-beneficiaries).	CCT & UCCT	The evaluation team developed a list of guiding questions to help the beneficiaries remember if they participated in the First 1000 Days activities. Ensured consistent messaging by data collectors to beneficiaries on the purpose of the call, how data will be used, and assured beneficiaries that their responses will not affect their future eligibility to any GOE programme.
UCCT beneficiaries were worried that the data they were providing could affect their eligibility to T&K.	UCCT	
There were 137 beneficiaries in the CCT database who had not heard about the programme.	CCT	

77. **Data Analysis:**

- Once data collection began, i-APS Data Analysis Unit begins the process of data review prior to conducting quantitative and qualitative analysis of the data. During the data collection process, as data is uploaded on a safe/secured server, i-APS team members from the Data Analysis Unit and the Team Leader conducted data testing for quality to ensure that proper data is being collected.
- For **qualitative data**, detailed field notes and other observations was taken during and after each interview. Due to the semi-structured nature of the data collection instruments, a codebook was developed to reflect key themes and sub-themes from the transcripts. These codes were applied to each interview and focus group transcript and outputs were produced by location, group and by code. Qualitative data analysis software taguette was used in the process of data management and analysis.
- The collected data was analysed using thematic analysis, a qualitative analysis method 'for identifying, analysing, and reporting themes within the data' (Braun & Clarke, 2006:79; Howitt & Cramer, 2016:163). The data analysis procedures of thematic analysis are similar to grounded theory (Corbin & Strauss, 2014), although thematic analysis is not bounded theoretically (Braun & Clarke, 2006:81), but is particularly emphasized for searching themes in the data set (Braun & Clarke, 2006).
- **Quantitative data** was analysed. Statistics helped the evaluation team to turn quantitative data into useful information to help with the learning objective. The team used statistics to summarise the collected data, describing patterns, relationships, and connections. The evaluation team did a further layer of analysis across geographical locations to understand differences between different served locations by the programme.
- The evaluation team applied **mixed methods triangulation** as the integration of quantitative and qualitative research gave us a broader understanding of the evaluation findings. Quantitative research described magnitude and distribution of change, whereas qualitative research gave us an in-depth understanding of the social, economic, and cultural context. Mixed methods research allowed us to triangulate findings, which strengthened validity and increased the utility of the evaluation study findings.
- A data collection dashboard was created to monitor the progress of the evaluation and updates were shared with WFP team mid-data collection.

2. Evaluation findings

2.1 RELEVANCE

78. **KEQ 1: To what extent is the design of the First 1000 Days Programme relevant to the local context over its lifetime, and is it contributing to a larger safety net programme as intended?**

79. **Finding:** The programme's design is aligned with WFP's Country Strategic Plan, and it reflects current evidence on maternal and child nutrition. In addition, it also complements key GOE initiatives towards nutrition provision and social protection safety net provision. The shift from CCT to UCCT programming, whilst providing relevant response to the impacts of COVID-19, however reduced the link between cash transfer provision and intended nutritional outcomes for PLWs and their children. The shift to UCCT modality also weakened the tripartite Ministry partnership model of the programme's design that had successfully marked the initial CCT design approach. The programme has contributed to the GOE's larger safety net provision.

80. According to interviews conducted with WFP staff, the initial design of the programme provided ready-to-use supplementary feeding relevant to the WFP agenda, integrating nutrition in its CSP strategy. The evaluation team found that the First 1000 Days Programme follows current medical evidence, such as the Lancet Global Health series on maternal and child nutrition. Such studies show that the first 1,000 days in a new-born child's life constitute a critical time to intervene and prevent irreversible consequences of malnutrition from poor nutritional status of individuals.[19] The team's review of available documentation identified that the programme is in alignment with, and builds upon, policy recommendations within Egypt's Sustainable Development Strategy. These are: Egypt Vision 2030, Sustainable Development Goals Agenda, and other key studies, Egypt's Landscape Analysis, the Nutrition Agenda of Action, and Egypt's Nutrition Stakeholder and action mapping.

81. From primary data interviews, the team identified that the CCT modality facilitated a three-ministry partnership action between MoSS (responsible for the targeting the beneficiaries), MoHP (responsible for the provision of health care support and monitoring conditionality) and MoSIT, (responsible for channelling the food baskets to beneficiaries).

82. Interviewed WFP staff stated that in 2020, the First 1000 Days programme was redesigned to stay relevant to the needs and priorities of the GOE during the COVID-19 pandemic. Despite funding shortages, both WFP and donors demonstrated remarkable flexibility in re-allocating funds to respond to the new priorities of GOE. For instance, the Sawiris Foundation reallocated 220,000 USD out of the 250,000 USD initially planned for awareness raising campaigns towards 4000 children under the UCCT activity for three months. The programme's initial planned activity was the Community Awareness and Advocacy activity targeting mothers, and families attending primary health care units. This was subsequently folded into the wider social media awareness raising campaigns.

83. In response to the COVID-19 pandemic, WFP pivoted to the UCCT modality. This was highly relevant to the GOE priorities and agenda during the COVID-19 pandemic. MoSS was closely consulted by WFP during the new modality design. This removed the need for PLW to travel to HCUs before collecting the cash assistance.

84. At the same time, the design of the UCCT adapted model excluded those key stakeholders who were involved in the original project design (MoHP, MoSIT), while adding the Egyptian Post Office Authority (POA) as the new logistical partner.

85. Respondents noted that the adapted UCCT model weakened the link between cash assistance and the programme's nutrition objective, especially with the absence of targeted awareness and nutrition sessions under this new modality.

[19] For an example see, Omar Karlsson et al., "Child Wasting before and after age two years: A cross-sectional study of 94 countries," in *The Lancet*, 46, April 2022, available at https://www.thelancet.com/action/showPdf?pii=S2589-5370%2822%2900083-9

86. To effectively target needs, MoSS identified PLW as a priority vulnerable group for support during the COVID-19 pandemic, and selected Takaful and Karama as the targeted bases for the programme beneficiaries. MoSS also determined the amount of cash to be transferred to PLW, and identified local post offices as appropriate distribution channels. MoSS updated the agenda, advising on programme activities as the programme began to provide training to MoSS female pioneers.[20] MoSS plans to further expand the number of female pioneers from a current 2,700 to 20,000 at the national level and enhance their capacity to deliver awareness messages to women beyond the monitoring progress.

87. **SQ.1.1 To what extent is the First 1000 Days Programme in line with the needs of beneficiaries (men and women, boys, and girls) and partners, including government?**

88. Finding: Under the CCT modality, the provision of the cash assistance to purchase the food baskets was against certain conditions, such as attendance at nutrition and health awareness sessions met the needs of targeted beneficiaries to a large extent; the evaluation team recorded high levels of agreement among interviewed beneficiaries that the assistance met their needs and was sufficient. The pivot to the UCCT modality was considered by all external stakeholders to be appropriate to meet the needs of beneficiaries. It reduced the levels to which WFP met the informational needs of beneficiaries. The use of social media to transmit appropriate health and nutrition messages was a partial success, but most beneficiaries cite family members as their most common means of learning about healthy diets and health care. That said, both CCT and UCCT beneficiaries indicated that the assistance met their needs.

89. The provision of conditional food baskets was relevant and sufficient to meet end-beneficiaries' needs.

> "Yes, it [the food basket] was important for our needs, as the carton contains nutrients (honey, milk, beans, and lentils). All are important nutrients for us and the child." Female beneficiary, village of Om Doma, Suhag Governorate.

90. As evidenced by beneficiaries surveyed, conditional food baskets were highly relevant to the end-beneficiaries needs, along with the nutrition and health awareness session.

> "The awareness sessions were relevant to our needs as we learned how to stay healthy [and] take care of our children's hygiene. [W]e did not actually know about microbes and harmful bacteria." Female beneficiary, Baweet, Assuit Governorate.

91. End-beneficiaries confirmed that although the cash assistance helped women with their expenses, it did not cover all their children's food or health care needs. Among the UCCT surveyed beneficiaries, 75 percent 'somewhat agreed' that the received amount of cash was sufficient. Of the surveyed UCCT beneficiaries, 73.5 percent 'somewhat agreed' that the cash assistance met their needs (see graphs 5 and 6 below).

92. Among CCT beneficiaries, 86 percent agreed either 'somewhat' or 'strongly' that the assistance met their needs. A similar 85 percent of CCT respondents somewhat or strongly agreed that the received assistance was sufficient.

[20] Female pioneers refer to young women hired and equipped by the MoSS to visit women in their homes, share awareness messages, monitor the women's behaviour and conditionality application.

Figure 5. % of CCT BNFs for each Governorate agreeing to assistance meeting needs

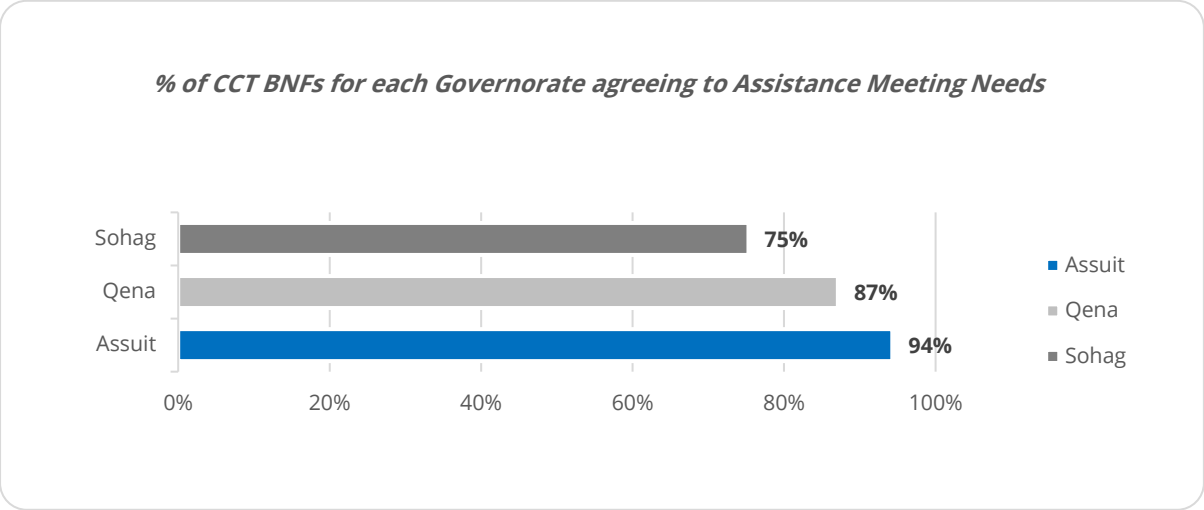
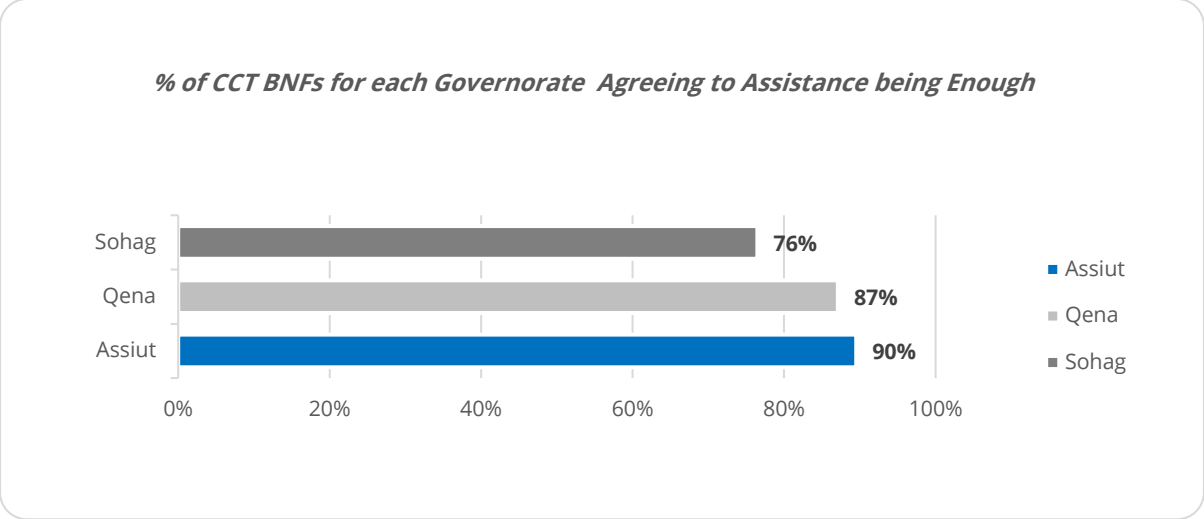


Figure 6. % of CCT BNFs for each Governorate agreeing to assistance being enough



93. The cash assistance was confirmed by the end-beneficiaries as sufficient to meet their urgent needs.

> "The cash-transformation model met the needs of families, as women were guaranteed to buy for their children … food, medicine and diapers."- Health Care Unit staff member, Suhag governorate.

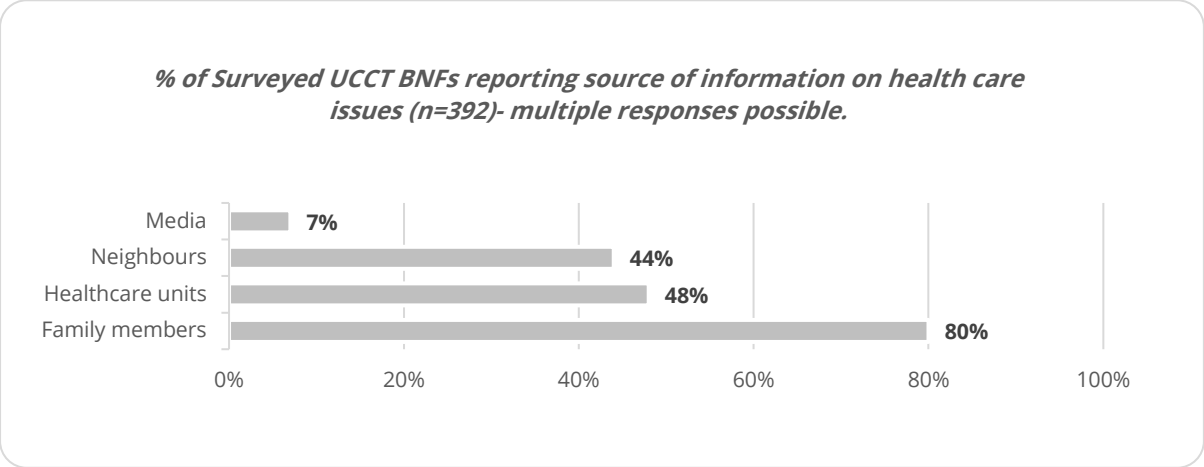
94. The HCU staff described the food baskets as a needed and valuable assistance, as it continued to provide high-quality food.

95. The UCCT was confirmed by multiple external stakeholders as an appropriate emergency response mechanism to support vulnerable women who were highly affected by the COVID-19 pandemic.

96. To address social distancing restrictions placed by the GOE in response to the COVID-19 pandemic, the programme avoided face-to-face, in-person activities and pivoted to use of social and mass media channels in promoting nutritional awareness messages. This was less successful as a strategy, as among those who were surveyed, only 7% of the UCCT beneficiaries specified the internet, television, or radio as channels they use to learn about healthy diets and pregnancy care. Most (80 percent) specified family members as their main source of information on these topics, with 48 percent specifying health care units and 44 percent specifying neighbours as their source of this type of information (See Figure 7).

97. Beneficiaries of unconditional cash assistance confirmed during the FGDs that the social media awareness campaigns were not relevant or accessible to them, as most of the beneficiaries neither own a smartphone nor have internet in their villages. The awareness messages delivered via the phone were also challenging for women with low literacy, with 28 percent of the UCCT surveyed sample reported to be not be literate.

Figure 7. % of UCCT BNFs reporting source of information on health care issues .



98. **SQ1.2. To what extent are the programme objectives aligned with the policies and priorities of WFP, Government partners, UN agencies and donors at the time of design? And are they still relevant?**

99. **Finding:** The Programme is well aligned with the Health pillar of Egypt Vision 2030, that aims for improvement of the health of citizens within a framework of justice and equity guaranteed by the new Egyptian Constitution of 2014. It also contributes to WFP's Strategic Result 2. Strengthened ability to monitor outputs more systematically, and to monitor outcomes related to nutrition, would increase relevance to both WFP's strategic objectives and GOE initiatives related to nutrition outcomes at the national level. Greater clarity of the links between WFP objectives and WFP inputs, expected outputs and outcomes, through an intentionally designed and evidence-based Theory of Change, would similarly increase the relevance of the programme to WFP strategic objectives and those of other external stakeholders.

100. The original CCT modality was in line with other national programs, e.g., "Decent Lives Initiative," (ar.) Hayah Karama, which distributes food items to people in need. PLW is a MoSS target group under the Social Protection pillar. In addition to WFP, UNICEF has also implemented its own First 1000 Days programme on young child survival and development in partnership with MoH.[21] UNICEF's programming aims to reduce neonatal mortality and child malnutrition by improving the quality and accessibility to essential maternal, neonatal and child health services in disadvantaged areas by promoting health, nutrition and hygiene awareness. WFP and UNICEF's programs are complementary. However, while UNICEF's programme focuses primarily on strengthening local MoH capacities in these areas through the utilisation of data in decision making, raising the capacity of health care providers, and mentoring/on the job coaching of HCU's staff, WFP focuses on the provision of direct assistance (food baskets or cash) to PLW. While some elements of these programs overlap (nutrition awareness-raising), other distinct areas of each programme are complementary. For instance, UNICEF provides data management and capacity-building of HCPs, while WFP provides food baskets or cash transfers. Intentional collaboration at the design phase of future programs with similar goals would strengthen that complementarity, increasing efficiency and effectiveness.

[21] https://www.unicef.org/egypt/young-child-survival-and-development

101. **SQ.1.3. To what extent was the intervention based on a sound gender analysis?**

102. **Finding:** The programme design focusing on the "First 1000 Days" nutrition objectives proved to be relevant in addressing specifically the needs of Pregnant and Lactating Women (PLW) and mothers with children younger than 5 years old. However, the evaluation team did not find that WFP conducted any specific gender analysis, needs assessment or nutrition analysis during the design of the programme. No men were included directly in the programme as target beneficiaries in the CCT or UCCT models.

> "Social media and mass media might not be the best channels to reach the poor families in remote areas. We did not measure if the messages reached the targeted women," External Stakeholder.

103. **SQ.1.4. To what extent did the design and implementation of the programme consider the available capacities?**

104. **Finding:** While the programme sought an innovative three-ministry partnership between MoSS (responsible for the targeting the beneficiaries), MoHP (responsible for the provision of health care support and monitoring conditionality) and MoSIT, (responsible for channelling the food baskets to beneficiaries), there were challenges with available capacities.

105. The CCT modality did not fully consider existing GOE system capacities of data management. This affected both the initial targeting and the coverage of the most vulnerable groups due to mismatched lists of beneficiaries between MoHP and SMART (MoSIT lists) and poor distribution of food baskets across beneficiaries' locations. Further, the programme assumed strong data sharing and matching datasets across the three relevant ministries, which was found to be false. The UCCT level of assistance matched existing GOE provisions. Its design included MoSS primarily to ensure that MoSS systems and capacities were fit for purpose.

106. The conditional food baskets modality was relevant to the end-beneficiaries' needs, but not reflective of the GOE local administration capacities, given the incompatible systems, suboptimal data management, and limited data sharing practices among the various offices of partner ministries. For instance, the reform in the MoSIT food subsidy system was slower than the MoSS targeting. MoSIT was responsible for distributing the food baskets to subsidy card owners. However, the system of issuing and maintaining the subsidy cards was out of date, full of data entry errors, and had not been revised or updated in years. MoSIT was working to reform and modernize the process and its supporting systems to ensure a more efficient and accessible registration for beneficiaries and their onward receipt of the food baskets. This affected the programme's targeting strategy and the coverage of the most vulnerable groups early in the programme. This issue is supported by reports that retailers were provided with two different lists of beneficiaries, one from the MoHP with the names of end-beneficiaries, and a second list from SMART MoSIT with a shorter list of names. Beneficiaries would go to a retailer who would refuse to provide food baskets, as their names were not on the MoSIT lists. WFP worked to reduce these inefficiencies brought by challenges to GOE interdepartmental sharing of data, but the programme lacked specific resources to address this more fully.

107. The cash amount of the UCCT was determined by MoSS to match the GOE capacity to sustain the support provided to the women beneficiaries as a government budget line. The planned amount, however, did not, reportedly, fulfill all the needs of the targeted women. For instance, end-beneficiaries confirmed that although the cash assistance did help with their expenses, it was not sufficient to cover all their children's needs with either basic food or medicine. The evaluation team notes that the programme did not aim to meet all beneficiary needs. It, however, accepts that beneficiaries' ability to analyse and dissect specific provisions of assistance by the programme is limited.

108. The adopted UCCT modality closely matched the MoSS capacities in place, as it was integrated into Takaful and Karama systems and utilized existing MoSS database resources and awareness channels. MoSS is much more adept and efficient with data management and data quality, as evidenced by the operationalization of the Takaful and Karama systems. Linking these two systems to cross-check beneficiaries' names needs strengthening. Given disparities in capacities across the three key line ministries,

WFP tried to enhance the communication between the agencies. However, since data management and sharing were not the focus areas of the programme, there were no efforts to improve the data sharing across ministries.

109. **SQ.1.5. What have been the synergies between the programme and other WFP programs?**

110. **Finding:** WFP has integrated aspects of the First 1000 Days programming into wider WFP programs and has widened eligibility criteria of other WFP programs to include PLW. It is not clear as to the evidence base that WFP drew upon to inform such integration of the PLW approach into other WFP programs. Opportunities for stronger collaboration with other agencies exist, and there is potential for stronger engagement with agencies working in the same technical areas to reduce duplication or as a cost effectiveness strategy.

111. The WFP team added a Livelihood component to targeted PLW to respond to the impact of the COVID-19 pandemic on vulnerable women in Minya and Assiut governorates. This consisted of training PLW on entrepreneurship, business, and marketing. In addition, it also offered micro business loans to women to address their economic needs.

112. The First 1000 Days Programme worked in synergy with other WFP programs that extend support to PLW in other target groups like refugees, farmers, and livelihood beneficiaries. There is an emerging trend to integrate the programme across WFP activities. The CCT end-beneficiaries received cash along with nutrition and healthcare support.

113. No structured collaboration with other UN agencies or international development organizations was initiated based on the evaluation team's review, despite the similarities in the local partner organizations, delivered activities and target groups.

> "MoSS has the full capacity as they do CBT already. [W]e are adding to an existing system which is transfer through postal services." WFP Staff member.

2.2 EFFICIENCY

114. **KQ.2. To what extent was the programme implemented in the most efficient way to deliver its objectives?**

115. **Finding:** It is difficult to assess the efficiency of the First 1,000 Days Programme, given the significant redesign of the project and the funding insecurity over the implementation period. At the same time, there were significant operational challenges which would impact efficiency.

116. Evaluation of the 2018 Phase 1 of the project showed shortcomings in the operational success of the programme, which ultimately impacted both enrolment and effectiveness. The operational challenges were confirmed by WFP and by local GOE stakeholders, HCUs, local directorates staff, and retailers. Errors in beneficiaries' names on databases, unmatched lists from MoHP and SMART programs, and challenges for beneficiaries in reaching the retailers directly affected the efficient utilization of the programme resources. These include the distance to travel to, and transportation fees to reach, the retailers' location, incorrect information received through SMS, road closures, etc.22 Inefficiencies in the food baskets distribution plan and poor data management between the Egyptian ministries' offices made it difficult for end-beneficiaries to collect the food baskets. Therefore, in 2018, only 29,673 beneficiaries received assistance against the targeted 100,000 beneficiaries.

[22] For more detail see "Effectiveness" below

"I received 2000 food basket for my village and the surrounded villages, but no end-beneficiaries collected them. The food baskets stayed in my shop till they got spoiled." Retailer, Suhag Governorate.

117. Efficient mobilization of resources was challenged by the fact that the social media channels used to launch awareness campaigns did not necessarily reach the targeted beneficiaries. The Takaful & Karama social protection programs' beneficiaries faced difficulties in accessing the internet or reading messages transmitted via mobile phone. The limited data regarding how cash was spent and how far-reaching awareness campaigns were, challenged the evaluation of the programme's efficiency.

"WFP can share more data and results with the donors. We did not get engaged with any stakeholders. We were not invited and did not get updates on the performance of other stakeholders." – External Stakeholder.

"Capacity strengthening is important but monitoring the training effectiveness is essential. WFP does not have the tools to assess the training results." WFP staff

118. In 2019, the programme only delivered capacity building activities, and no direct assistance was distributed to end beneficiaries, due to funding limitations. Under-resourcing in the UCCT modality makes definitive findings about efficiency difficult, but likely led to under-achievement against programme targets. In 2020, the programme reached 40,000 PLW against a targeted 100,000 PLW, and in 2021 reached 26,253 PLW against a targeted 100,000 PLW.

119. **SQ.2.1. Was the programme cost-efficient?**

120. **Finding:** According to both secondary source analysis and primary data collected, the programme experienced severe shortfalls of resources each year of implementation. Shortfalls each year impacted efficiency, given the stop-start nature of implementation. WFP worked hard to secure greater levels of funding each year and showed resourcefulness in reallocating funds into the First 1000 Days programme where possible. Limited contributions may also have restricted efficiency, directing limited funds to areas that may not have been the highest priority.

121. The full amount of funding needed to fulfil the overall need-based plans was not secured. In July 2018, the Egyptian-German Debt Swap Fund was closed. The WFP's Egypt's Government Counterpart Contributions (GCC) were reallocated temporarily, thereby sustaining the monthly cash transfers on subsidy cards for beneficiaries, costs for programme monitoring, and in support of capacity-strengthening activities. In 2018, the programme received only two percent of the overall need-base plan funding, of which some 82 percent was spent.

122. In the fourth quarter of 2019, only restricted private sector contributions to resource capacity strengthening activities were received. This accounts for only three percent of the overall need-based plan and expenditures to be implemented from 2020 onward. In 2020, funds received included a significant multi-year contribution under the German-Egyptian Debt Swap programme, the main contributor to WFP's nutrition programme for that year. This multi-year contribution also secured some funds at the start of 2021, ensured the continuity of needed CBT assistance. Other major donors included USAID and the Sawiris Foundation for Social Development. In 2020, Outcome 3 achieved a substantial level of funding (31 percent) when compared to previous years. Yet, total expenditure accounted for only 28 percent of the received funds.

The evaluation did not identify a clear rationale for this underspending at a time of very reduced funding against expected levels of resources.

123. In 2021, out of the needs-based plan 53,512,431, the programme received only 12 percent, or 6,295,137 USD in funding, of which some 86 percent was spent. This demonstrated a higher efficiency in expending available funds.

124. However, when the programme received adequate funding and coordination for the initiation of Phase 2 in 2020, the onset of the COVID-19 pandemic forced the elimination of CCT and changed the design of the programme to the UCCT modality. Consequently, the First 1,000 Days Programme demonstrates neither the funding nor the implementation consistency necessary to confirm the efficient allocation and utilization of resources.

125. **SQ.2.2. Was the programme implemented in a timely way?**

126. **Finding:** Following the review of WFP work plans, the evaluation team found discrepancies between the planned and the implemented activities at the end of each year. Some planned activities lack clear targets, while other details make it hard to assess whether the programme fully achieved the planned activity within the planned timeline (see table 10). The funding limitations each year meant that activities were implemented depending on the funding received which meant that significant elements of the programme were not implemented.

127. The project started in October 2017, with registration taking place in November 2017 at the Health Center level in the three targeted governorates, with the CCT model implemented to November 2018. In 2019, due to the lack of sufficient funding to cover its CSP target for cash-based transfers, WFP was only able to implement community interventions, including capacity strengthening activities that did not require allocation of specific resources. The CCT model was initiated in 2020 and, running up to 2022, provided cash and other technical support to MoSS through the COVID-19 period, as a timely and appropriate response to this emergency.

128. The COVID-19 response in 2020 appears to have been agreed to in a timely manner to maximize provision to those vulnerable persons affected by the pandemic.

Table 10. Annual Performance Plan (2018-2020) Planned versus Achieved activities.

Year	Planned (as per Annual Performance Plan)	Status	Achieved
	In collaboration with the MoSS, MoSIT, and MoHP, WFP will provide food assistance through CBT to 40,000 PLW as well as children aged 6-23 months in the poorest and most vulnerable targeted areas.	Partially Achieved	29,673 beneficiaries redeemed their food vouchers and received food baskets worth a total of EGP 2.9 million
2018	A comprehensive Social and Behaviour Change Communication package will be developed, including the provision of nutrition awareness sessions and materials.	Not Clear	WFP and NNI finalized a national nutrition curriculum targeting primary school children through home visits during programme implementation. MoHP received 200,000 brochures and 1,230 posters to be distributed to participating HCUs for subsequent distribution to the beneficiaries.
	WFP will provide technical assistance to enhance capacities of the Government and other stakeholders to design and implement gender-transformative, nutrition-sensitive programs including the development of robust monitoring and reporting systems.	Not Clear	A total 3,199 persons were trained (1,034 in Assiut, 1,316 in Suhag, and 849 in Qena).
2019	WFP plans to build on its strategic partnership with the three key ministries (MoSS, MoHP, MoSIT) to continue implementing and scaling up the "First 1000 Days" programme targeting 8,000 of the most vulnerable PLWs and children 0-24 months, with the aim of integrating the First 1000 days within the national safety nets. The beneficiary numbers can be raised	Not Achieved	The First 1,000 Days Programme did not receive funding for the cash-based transfer component of the programme during 2019.

Year	Planned (as per Annual Performance Plan)	Status	Achieved
	to 15,000 depending on the funding availability.		
	WFP will provide technical support to update and operationalize the national nutrition policy framework,	Not Clear	MoHP delivered specialised training events to 25 Maternal and Child Health district and primary health care unit staff on Infant and Young Children Feeding counselling guidelines to enhance their knowledge and capacities to conduct awareness sessions and nutrition counselling at community hubs in Luxor.
	WFP will develop and implement a social and behavioural change communication strategy including capacity strengthening for nutrition counselling, targeting health care and community workers.	Not Clear	WFP and NNI updated national nutrition guidelines in line with Codex Alimentarius and global nutrition guidelines for children aged 0-36 months, school-age children, and adolescents.
	WFP will work with its government counterparts to strengthen and link national information systems, for improved monitoring of nutrition interventions, and to inform decision making.	Not Clear	WFP supported the development of capacity strengthening packages for MoSS and MoHP staff on data validation and use for evidence-based decision making.
	WFP will collaborate with the GOE to support the review of the national fortification programme, to determine existing capacities and gaps.	Not Achieved	

Year	Planned (as per Annual Performance Plan)	Status	Achieved
2020	26,000 Takaful registered PLW and children 0-23 months will be provided with conditional food vouchers in selected targeted areas in coordination with the government in Assiut, Souhag, and Qena upon fulfilling the health and nutrition conditionality at the MoHP's PHC units.	Not achieved (Activity shifted from CCT to UCCT)	In response to the COVID-19 challenges, and in alignment with government priorities, WFP implemented the First 1000 Days programme for 40,000 Takaful and Karama beneficiaries nationwide. The CO used unrestricted CBT to address immediate food and nutrition security needs of these vulnerable families.
	300 health care workers will be trained on the information management and monitoring system developed for use and reporting of indicators.	Not Achieved	
	Health care system data visualization tools including GIS to support decision making will be developed.	Not Achieved	
	Capacity strengthening of 500 health care workers and community health workers on nutrition counselling in the first 1000 days'.	Not Achieved	
	Community awareness and advocacy activities targeting mothers, and families attending primary health care units.	Not Achieved (community awareness was shifted to social media awareness activities)	WFP collaborated with Sawiris foundation on a 'First 1000 Days' social media campaign reaching 80,000 people.

129. **SQ.2.3. Was the programme implemented in the most efficient way compared to alternatives?**

130. **Finding:** The original CCT modality was designed to capitalize on WFP's nutrition expertise and local partners' capacities. This includes coordinating with MoSS for outreach and targeting, MoHP for health care provision and monitoring, and MoSIT for logistical capabilities in delivering the food baskets to local distribution sites in a known and efficient manner. The challenge with leveraging these existing capacities, was that the programme was met by un even and relatively not up to date communication systems in the partner ministries. For example, there was a lack of synchronization of systems that affected collaboration and dialogue. In turn, these had an impact on the programme. For example, GOE data entries were dated and beneficiary records needed to be updated. WFP continued to make stringent efforts to realign capacities.

131. Under Phase I, WFP worked on building synergies between the three partner ministries MoSS, MoHP, and MoSIT, to share a clear understanding on the partners' roles and responsibilities. Nonetheless, early challenges to coordinate between the three ministries and the data management affected the efficiency of the piloted model.

132. **SQ. 2.4. Did the targeting of the programme mean that resources were allocated efficiently?**

133. **Finding**: Targeting under the CCT model was clear and reflected the programme's plan, but under-resourcing through 2019 suggests that resources could not be targeted efficiently. The funding crises that the programme endured forced drastic reductions in levels of implementation activity and led to a repositioning of the logical rationale and implementation of the programme. While the pivot to UCCT expanded the reach of the programme nationwide, administrative and operational disconnects between the GOE line ministries required for successful and efficient implementation in 2020 and 2021 brought significant underachievement against approved output targets.

134. The First 1,000 Days Programme CCT design model initially targeted vulnerable mothers in three governorates of Egypt, namely Assuit, Qena, Sohag. In 2020, the shift to UCCT due to COVID-19 expanded the programme to cover women and child beneficiaries nationwide, in all governorates of Egypt.

135. During the CCT phase delivered in 2018, the programme reached 96,862 PLW and mothers of children aged 0–24 months. Of that total, 29,673 received food baskets. According to FGDs and surveys, end beneficiaries stated that the assistance improved their daily nutritional status and enhanced their nutritional behavioural practices for themselves and their children.

136. As mentioned in findings related to question 2.3, the poor data management and data sharing between the three government ministries and the lack of compatible systems resulted in the poor targeting of eligible women. Outdated and inaccurate records to reach out to these beneficiaries impeded efficiency efforts.

137. The eligibility of beneficiaries appears to be simple since it incorporated the First 1,000 Days Programme into the Karama and Takaful social safety net system and expanded systems for monitoring the implementation procedures. The shift from CCT to UCCT via the Takaful and Karama programs, however, did highlight differences in eligibility criteria.

- CCT eligibility: PLW and mothers of children aged 0–24 months, meeting the conditions of regular attendance in monthly check-ups at primary health care (PHC) units, PLWs who arrived at HCUs were checked for the eligibility by the trained nurses, sent to health check-ups and registered for the project. Each beneficiary registered her ID number, Takaful card number, subsidy card number and mobile number.
- UCCT eligibility: Vulnerable mothers and their children (6-23 months) registered under MoSS's Takaful and Karama social protection programme with a maximum of two children.

138. In 2020, the programme covered 40,000 PLW out of the planned 100,000 PLW (40 percent coverage achieved) and in 2021 26,253 out of the planned 100,000 PLW (26 percent coverage achieved) despite the funding shortfalls.

2.3 EFFECTIVENESS

139. **KQ.3. To what extent were the intended objectives of the Programme achieved (or are likely to be achieved), and did it result in unintended outcomes?**

140. **Finding:** The First 1000 Days programme managed to achieve a documented level of implementation, under challenging conditions including significant underfunding and a shift in modalities from CCT to UCCT due to the COVID-pandemic. The programme, however, was not able to meet its stated objectives in terms of the targeted numbers of beneficiaries reached due to these challenges, neither achieve the planned health objectives due to the shift from CCT to UCCT model

141. According to the CSP detailed logframe, the First 1000 Days Programme contributed to Objective 2 Strategic result 2.2 / Strategic Outcome 03 "Targeted populations in Egypt have improved nutritional status by 2030." Activity 04 "Support and complement the Government's programs in nutritionally vulnerable communities (with a focus on pregnant and lactating women and children aged 6-23 months), and support related activities such as awareness raising."

142. Outcome achievement was challenged by the programme shift from CCT modality to UCCT because outcome indicators are directly dependent on the conditionality and the type of assistance. As women under the conditional food basket model had to visit the HCUs, allowing for nutrition-data collection, monitoring this outcome was not sustained during the unconditional cash transfer model. As the outcome achievement was not monitored throughout the project, the intended objectives achievement assessment was not possible under this evaluation.

143. **SQ.3.1. To what extent were (are) the outputs and outcomes achieved (likely to be achieved)?**

144. **Finding:** Limited availability of performance data and lack of consistent and clear reporting, including deviation narratives against under/over performance for relevant indicators during each year of implementation, prevent a conclusive evaluation of measurable quantitative outputs and programme performance. Lack of deviation narratives in the Annual Country Report (ACR) inhibits an understanding of the reasons behind under- or over-performance.

145. Originally, the First 1000 Days Programme reported under the Output "Pregnant and lactating women and children aged 6–23 months receive conditional food assistance and benefit from essential maternal and child health services to meet the basic nutrition needs" during 2018, 2019, and 2020.

146. The Output had three key indicators:

- Number of women, men, boys, and girls receiving food/cash-based transfers/ commodity vouchers/capacity strengthening transfers.
- Total value of vouchers (expressed in food/cash) distributed to targeted beneficiaries.
- Number of women, men, boys, and girls with disabilities receiving food/cash-based transfers/commodity vouchers/capacity strengthening transfers.

147. No progress against those output indicators was reported in the COMET output sheet that had been shared with the evaluation team.

148. In 2018, the ACR recorded 29,673 of the targeted number of beneficiaries and 162,000 USD achievement of the total value of vouchers distributed to beneficiaries. Targets for both indicators are not clear in ACR 2018.

149. In 2020, the ACR recorded 41percent achievement of the targeted number of beneficiaries (100,000) and 14 percent achievement of the total value of cash distributed to beneficiaries. In 2021, the ACR recorded 26 percent achievement of the targeted number of beneficiaries (100,000) and 17 percent achievement of the total value of cash distributed to beneficiaries (see data tables below).

150. A second output was added to Activity 04 "Targeted communities benefit from literacy education and social and behaviour change communications to reinforce positive behavioural change for better nutrition" with five key indicators:

- Number of people engaged in capacity strengthening initiatives facilitated by WFP to enhance national food security and nutrition stakeholder capacities.
- Number of capacity strengthening initiatives facilitated by WFP to enhance national food security and nutrition stakeholder capacities.
- Number of tools or products developed or revised to enhance national food security and nutrition systems as a result of WFP capacity strengthening support.
- Number of people reached through interpersonal SBCC approaches.
- Number of people reached through SBCC approaches using media.

151. The CSP output indicators monitoring sheets 2018-2021 and ACR 2019, 2020, 2021 shows the progress of the five newly added indicators. All five indicators fall within the acceptable variance of over/under achievement of 10 percent from approved target performance.

152. Initially, there were discrepancies between the different monitoring sheets received by the evaluation team. For example, the COMET sheets showed different percentages under the output indicator Number of tools or products developed in years 2019 and 2020, compared to the CSP output indicators monitoring sheets 2018-2021 and the ACR 2019 and ACR 2020. The direct end-beneficiaries support indicators (1) Number of women, men, boys, and girls receiving food/cash-based transfers/ commodity vouchers/capacity strengthening transfers, (2) Total value of vouchers (expressed in food/cash) distributed to targeted beneficiaries are reported under ACR 2018, 2020 and 2021.

153. Review of an updated COMET sheet provided by WFP showed consistent reporting of the indicators Number of tools or products developed with the ACR, yet the other output 1 indicators.

- Total value of vouchers (expressed in food/cash) distributed to targeted beneficiaries) were not reflected in the COMET updated sheets so the evaluation team could only verify the indicators reported figures from the ACRsThe First 1000 Days Programme lacked a documented TOC or a discrete programmatic level Monitoring, Evaluation and Learning Plan (MELP) to underpin its ability to determine progress against that plan. This initial omission affected WFP's ability to monitor effectively, to use monitoring data to inform data-driven learning and adaptation, or to provide data-informed learning opportunities. Annual reporting was at the output level and lacked clear deviation narratives to explain and understand under- or over-achievement per indicator.

154. The evaluation team's review of the M&E plan for the programme included the following observations:

- No gender and age monitoring took place in 2019, reportedly due to the critical funding challenges WFP faced. This explanation however needs greater detail to be understood as a monitoring limitation, given the best practice of routine data aggregation along age and gender lines. The output indicator monitoring sheets that the evaluation team received did not include gender or age disaggregation for reported figures throughout the four reporting periods.
- No relevant national data available was used as a reference baseline or for triangulation of WFP data as part of WFP monitoring efforts (as per the TOR).
- No Performance Indicator Reference Sheets were available for the evaluation team to fully understand the indicator definitions, required disaggregation of data per indicator, targets, methods of calculation, data source, or data limitations. The programme's output monitoring sheets correspondingly lacked this detail; this can affect data validity across teams and time periods.
- Similarly, the output indicator monitoring sheets do not include disaggregation on gender and geography for any of the reported data over the programme lifetime.
- The shared targets for Activity 03 (First 1000 Days programme output indicators) under 2020 and 2021 are the same as the achieved figures. This is challenging as for some indicators it may not be feasible to achieve the exact number of targets.
- There is no narrative explanation that informs target setting per indicator per year of implementation.

155. The following section includes observations on WFP reported monitoring data for each indicator that the programme listed.

156. Indicator: Number of women, men, boys and girls receiving food/cash-based transfers/ commodity vouchers/capacity strengthening transfers.

157. This indicator falls significantly beneath the standard deviation of +/- 10 percent of target performance. For the years when data are available, 2019 attained a performance of just over 40 percent of the target, and for 2020 attained a performance of just over 26 percent of the target. The indicator target for year 2018 is not clear in the ACR 2018 and is not listed in the shared COMET sheets. In 2019, due to the lack of sufficient donor funding to cover WFP's CSP target for cash-based transfers under the Strategic Outcome, WFP was only able to implement community interventions. This also included capacity strengthening activities that did not require allocation of specific resources. These reasons mitigated against reporting targets/actual figures in 2019 for the direct assistance indicators.

2018		2019		2020		2021		Total LOP	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
-	29,673	-	-	100,000	40,548	100,000	26,253	-	-

Indicator: Total value of vouchers (expressed in food/cash) distributed (USD) to targeted beneficiaries.

158. This indicator also falls significantly beneath the standard deviation of +/- 10 percent of target performance. For years where data are available, 2018 had no target value of vouchers distributed, so no performance comparison is possible. For 2020, the programme attained just over 7 percent of target performance, and in 2021 attained six percent of target performance. The indicator target for year 2018 is not clear in the ACR 2018 and it is not listed in the shared COMET sheets.

2018		2019		2020		2021		Total LOP	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
-	162,000	-	-	12,000,000	1,677,854	12,000,000	1,977,710	-	-

Indicator: Number of women, men, boys and girls with disabilities receiving food/cash-based transfers/commodity vouchers/capacity strengthening transfers.

159. No data were available for this indicator in the ACRs or the COMET sheets.

2018		2019		2020		2021		Total LOP	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
-	-	-	-	-	-	-	-	-	-

Indicator: Number of government/national partner staff receiving technical assistance and training.

160. Performance data for this indicator exactly matched the target data. While possible, it is unlikely to be so across each year where data are available. The way in which this data has been reported suggests that targets were documented after performance data had been collected. No gender disaggregation was reported under CSP output indicators monitoring sheets 2018-2021 or COMET sheets for the individual indicator.

2018		2019		2020		2021		Total LOP	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
-	-	243	243	25	25	919	919	1187	1187

Indicator: Number of tools or products developed.

161. Performance data for this indicator matched the target data. While possible, it is unlikely to be so across each year where data are available. The way in which this data has been reported suggests that targets were documented after performance data had been collected. Actual performance for life of the programme was 100 percent of target. The reported data under this indicator was originally not consistent across the reporting documents. The COMET sheets report the number of tools and products developed in 2019 as 0, in 2020 as 1 and in 2021 as 10. The ACR 2019, ACR 2020 and ACR 2021 are reporting the number of tools and products developed in 2019 as 3, in 2020 as 22 and in 2021 as 10. After discussion between WFP and the evaluation team, WFP shared an updated COMET sheet, which showed consistency between both reporting documents.

2018		2019		2020		2021		Total LOP	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
-	-	3	3	22	22	10	10	35	35

Indicator: Number of people reached through interpersonal SBCC approaches (female).

162. Data were available for two years only, 2019 and 2021. Performance for 2019 was 106 percent of target, within a standard deviation of +/-10 percent of target performance. Performance for 2021 matched the target exactly, noting the same possibility as for other indicators that the target may have been documented after performance data was collected. Life of programme performance was 106 percent of target, within a standard deviation of +/-10 percent of target performance.

2018		2019		2020		2021		Total LOP	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
-	-	4000	4263	-	-	419	419	4419	4682

Indicator: Number of people reached through SBCC approaches using mass media (i.e., national TV programme).

163. Data were available for only one year. Performance was gauged at 113 percent of target, above the standard deviation of +/-10 percent of target. No deviation narrative was available to explain the over-performance.

2018		2019		2020		2021		Total LOP	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
-	-	1,400,000	1,576,000	-	-	-	-	-	-

Indicator: Number of people reached through SBCC approaches using social media (i.e. Twitter, Facebook).

164. Data for 2019 showed performance at 152 percent of target, above the standard deviation of +/-10 percent of target. No deviation narrative was available to explain the over-performance. Performance for 2020 was marginally lower than target, at 98 percent, within a standard deviation of +/-10 percent of the target. Performance for 2021 matched the target exactly, noting the same possibility as for other indicators that the target may have been documented after performance data was collected. Overall, total performance for the implementation period was gauged at 101 percent of target, within a standard deviation of +/-10 percent of target.

2018		2019		2020		2021		Total LOP	
Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
-	-	176,300	268,700	30,700,000	30,073,800	7,089,000	7,089,000	37,431,500	37,965,300

165. **SQ.3.2. What major factors influenced the achievement or non- achievement of the outcomes?**

166. Finding: The shortage of funding available and COVID 19 influencing the shift from CCT to UCCT programming inhibited the programme's ability to monitor nutritional outcomes. WFP was unable to continue outcome monitoring and corresponding analysis to determine the programme's contribution to outcomes observed. Qualitative research provided some evidence that the shift to UCCT programming may have weakened the link between the assistance and positive nutrition behaviours. Beneficiaries used the cash to obtain food and to meet other household needs.

167. The indicators measure SO3 at outcome level are (1) Proportion of eligible population that participates in programme (coverage), (2) Proportion of children 6-23 months of age who receive a minimum acceptable diet and (3) Minimum Dietary Diversity – Women. The programme operated under some challenging conditions of significant underfunding and during the COVID-19 pandemic, hence, the First 1000 Days program did not meet its expected outcomes.

168. Although a first baseline was conducted in February 2018, and a second mid-year baseline was conducted in March 2021, when measuring the outcome indicators (Minimum Acceptable Diet (MAD) for children 6-23 months and the Diet Diversity for Women (DDW) for PLW), no outcome assessment was implemented because outcome indicators are directly dependent on the conditionality and the type of assistance. As women under the conditional food basket model had to visit the HCUs, allowing for nutrition-data collection, monitoring this outcome was not sustained during the unconditional cash transfer model.

> "We started working towards [...] changing behaviour of beneficiaries, but we cannot claim [a] change at this stage. [A] longer time is needed to achieve this, [but] we are on track. Nutrition status of children and women is not a feasible result to be achieved at this stage." WFP staff member

> "Money is better, I can change the food items, other than the food basket, buy medicine for my children, cover house[hold] expenses and diapers." FGD, Sohag Governorate

169. The WFP team conducted qualitative research (FGDs with end beneficiaries) to gather data to measure results. Beneficiaries were using the money to diversify their food intake, but also to pay for their necessities at that time, whether these were bills, new clothes, appliances, medicine, and baby diapers among other items.

170. **SQ. 3.3. Were there unintended (positive or negative) outcomes of assistance for participants and non- participants?**

171. **Findings:** Sudden cessation of the programme coupled with limited explanation for the reasons behind the end to the programme, led to tensions between some beneficiaries of the CCT programme and HCU staff.

172. HCU staff reported that one of the unintended results was that although the programme attracted women to the HCU and enabled the HCU staff to extend more healthcare services to women during their visit, the reduced implementation of the activities because of the mismatched data between different

ministries and the sudden cessation of the assistance because of the funding shortage disappointed women beneficiaries. This led to some reported tension between these beneficiaries and HCU staff. As a result, following the end of assistance, the vulnerabilities of the beneficiaries increased. The testimony below provides an example of the beneficiary experience post-programme.

> "After we [PLW] attended the health unit for follow-up and attended seminars several times in the hope of obtaining the food basket, but did not receive it, we stopped attending the health care unit except to receive children's vaccinations, due to the lack of credibility and the lack of incentive." FGD, Tahta district, Suhag Governorate.

173. **SQ.3.4. Is the achievement of outcomes leading to/likely to lead to meeting programme objectives? What major factors influenced this?**

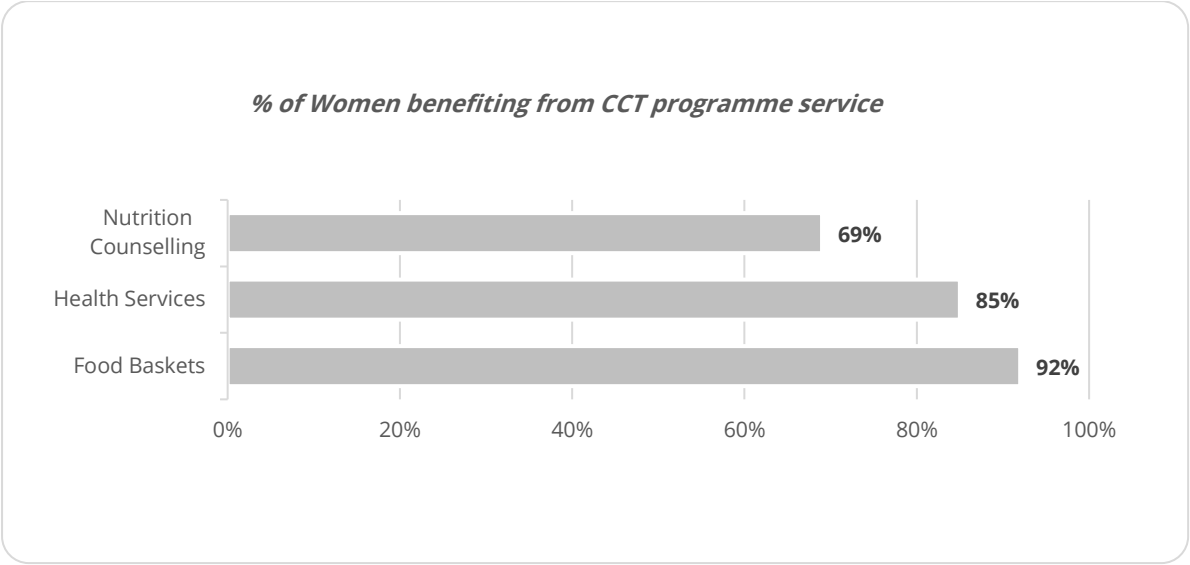
174. **Finding:** Achievement of programme outcomes was affected by several factors. Internally, the programme lacked a clear TOC that articulated logical links between inputs, outputs, outcomes, and objectives, as well as a Monitoring, Evaluation and Learning framework and supporting systems, including progress reporting that included deviation narratives against any over- or under-achievement in the reporting period. Significant changes to the implementation model, namely the pivoting from the CCT to UCCT modality and the removal of the requirement for beneficiaries to attend health units before receiving cash assistance, were necessary responses to the COVID-19 pandemic. This affected WFP's ability to monitor the programme's outcomes.

175. **SQ.3.5. Were results delivered for men, women, boys, and girls?**

176. **Findings:** The programme targeted pregnant and lactating women and their children, and as such there were no adult men beneficiaries. Women expressed high levels of satisfaction with the assistance provided but identified challenges in receiving all aspects of the package of provision in a timely manner, and timely information related to the provision of the assistance. Both CCT and UCCT respondents were largely unaware of WFP complaints' mechanisms.

177. **CCT findings:**

Figure 8 % of Women benefiting from CCT programme service



178. **Levels of assistance received:** Of the surveyed CCT end-beneficiaries, 69% confirmed receiving nutrition counselling, 85 percent received health services, while 92 percent received food commodities. During the FGDs, women explained that they were not required to visit the HCU or attend nutrition sessions to receive the food voucher. This suggests that conditionality was not fully enforced, as some women in Assuit

and Suhag did not attend HCU sessions but received the food baskets. Similarly, others attended nutrition sessions but did not receive food baskets.

> "I did not receive any services, whether food baskets or awareness sessions" - CCT end beneficiary," Bahgoua village, Qena governorate.

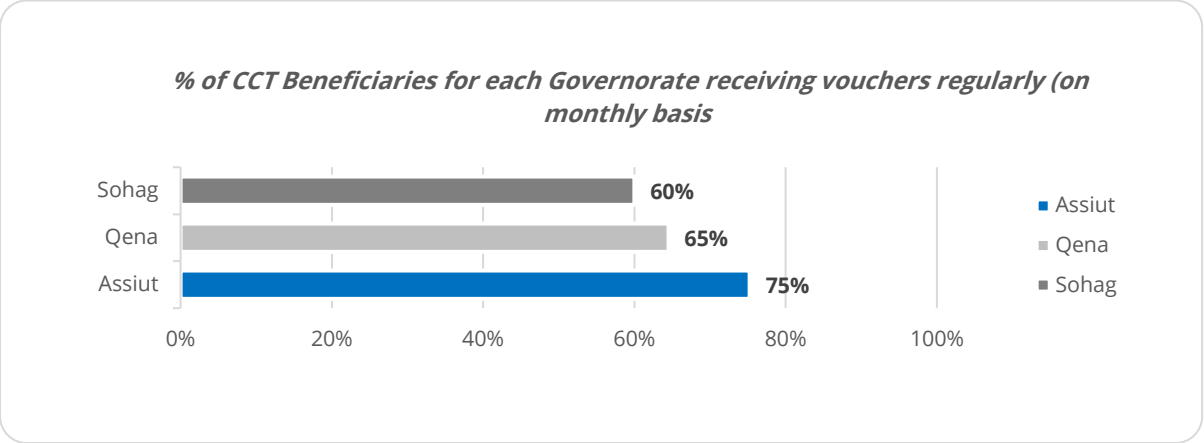
> "Food vouchers, the food basket was disbursed only once and through a message in the name of the retailer, and there are families who registered and followed up but did not receive." CCT end beneficiary," Suhag Tunis village.

179. **Level of satisfaction with the assistance received:** 87 percent of the CCT respondents rated the type of assistance as satisfactory. However, 57 percent indicated that they had to travel a significant distance to receive this assistance, while 59 percent stated that they did not receive the assistance on a regular basis.

180. **Total assistance received**: PLW beneficiary respondents reported receiving an average of three food baskets during the time of the programme.

181. **Frequency of receiving the assistance:**

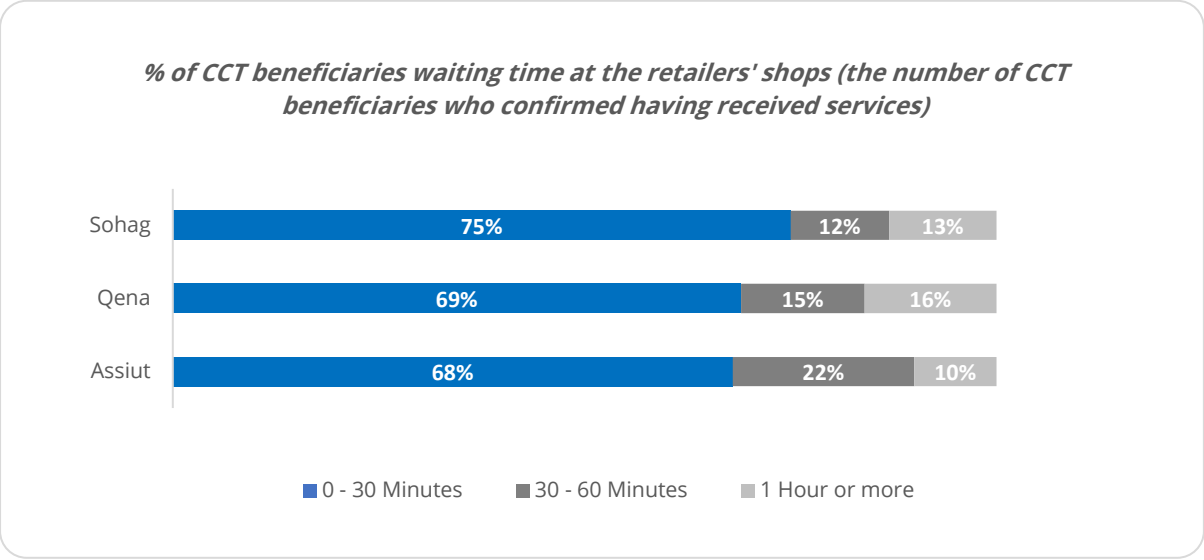
Figure 9. % of CCT BNFs for each Governorate receiving vouchers regularly



182. **Communication related to the assistance provided:** Respondents indicated that they did not receive SMS messages informing them about the location of the retailer on a regular basis. FGD respondents explained that they would receive the message, but retailers would then refuse to give them the food basket. In other instances, they did not receive the message but visited the retailer and collected the food baskets.

183. **Accessing the assistance:** The CCT end-beneficiaries described their experience with the retailers as tiring and complicated. Respondents noted that they did not know the retailer's location, that it took a long time to get there, and that some of them were treated disrespectfully by retailers, or that they had to pay large amounts of money to reach the retailers' shops. Respondents experienced frustration when they found the retailer's shop may be closed or, when open, their names were not on the approved beneficiary list. Across the 307 CCT respondents, 13 percent reported having to wait over an hour at the retailer shop to receive the food basket. During the FGDs, women mentioned that it took a longer time to reach retailers. Reported transportation fees to reach the retailers and collect the food basket averaged between 40 to 60 EGP.

Figure 10. % of CCT BNFs waiting time at the retailers' shops



184. Reviewed programme documents shed further light on challenges reported by end-beneficiaries in their interaction with the retailers. Reported issues include retailers enforcing obligatory fees, ranging from 5 to 10 EGP, as Point of Sale (POS) initiation fees, which are not part of the programme. Other reported issues with retailers included beneficiaries receiving one basket when eligible for two, retailers' refusal to provide redemption receipts upon their request; and confusion related to retailers' allocation due to changes proposed by MOSIT/Masreya, which led to confusion among beneficiaries, and low redemption rates.

185. For example, although the programme managed to reach reached 96,862 PLW and mothers of children aged 0–24 months with nutritional messages, WFP provided a total of 29,673 food baskets each with a value of EGP 111 (USD 6) per month through the programme, topped up to their national food subsidy card. Low food quality and food safety challenges were also reported, as well as delays in redemption start and logistical challenges for perishable items. The PLW complained about the quality of some items in the food basket, noting that the milk provided had expired and women did not always receive all approved items in the food basket. In some cases, women received only milk. Most women respondents reported that they liked the molasses and milk, as they used it in their children's breakfast. After the assistance ended, some women with sufficient means continued buying the molasses and milk for its high nutritional value.

> "We [the PLW] faced inconsistenc[ies] [at]the place of dispensing the food basket, which exhausts mothers. [There is also a low] quality of products." FGD CCT beneficiary participant, district of Beni Muhamadeyat, Assuit Governorate.

186. Given the reported challenges by women to obtain food baskets from the retailers, most women FGD respondents asked to receive the food commodities from the HCU, which was more trusted. An additional reason is the reported proximity of the HCU to the beneficiaries' homes, compared to the retailers' shops. However, at the time of data collection, only 29 percent of the surveyed CCT end-beneficiaries suggested receiving the food baskets from the HCUs. This may have been because they did not realize it as a possibility, given that the HCU is best known to provide health care, not food assistance.

187. **Retailers feedback on the provision of assistance:** Retailers also complained about the poor operating system of the food basket disbursement, including observations that the lists of beneficiary names could often not be matched on the MoHP lists and the SMART lists. According to the programme documents such as the First 1000 Days Life of Project Rapid Review, 60 percent of the retailers did not take orientation sessions by Masreya Co./MoSIT prior to the start of the programme. Indeed, only one orientation session was completed by MoSIT and Masreya representatives in the three governorates before the programme started.

Moreover, 84 percent of the retailers did not receive any alerts prior to the redemption dates, which negatively impacted the efficiency of the redemption process. Retailers reported a lack of consistency in the allocated list of retailers to the programme. They stated that Masreya Co./ MoSIT changed the list without prior notification, which created further confusion for retailers.

> "No one received any food basket from me although I had got 2000 food basket to distribute, and it got spoiled in my store." Retailer, district of Tahta, Suhag Governorate.

> "There were defects in the system in the registration, where only about 1700 beneficiaries were registered on the device and on the SMART programme, about 17 only." Retailer, Suhag Stakeholder

188. **Health Center Unit staff feedback on the programme:** During the FGDs, the HCUs staff explained their role as supporting the PLW registration at the start of the programme, raising awareness about the programme, recording data of mothers visiting the HCU, delivering awareness sessions with women and mothers, and periodically submitting data to the health administration, as well as delivering the required follow-up work for the mother or child.

189. HCU staff added that they attended a training in the Maternal and Child Care Department in the Health Directorate at the beginning of the programme to understand the programme modality and criteria. The HCU staff in Suhag and Qena confirmed that they used their existing knowledge to deliver awareness sessions to PLW. They also reported the ability to identify improvements in the health of the mother and child participants in the program. The evaluation team did not review the follow-up records of the children's weight and health conditions to verify this outcome, as reported by HCU staff.

190. **Provision of IEC materials related to the programme:** According to the project documents, MoHP received 200,000 brochures and 1,230 posters to be distributed to participating health centres to be distributed to the beneficiaries. The HCU confirmed receiving promotional bags and awareness materials to be delivered to the beneficiaries. Some computers were distributed to several departments to support their regular work, not specifically to support First 1000 Days Programme activities. Few end-beneficiaries confirmed receiving brochures; those who did, found the materials beneficial and still have them at their homes.

> "The rural women pioneers did not receive any programme-specific courses but delivered the messages using the skills they acquired from UNICEF training." HCU, Qena Governorate

191. The end-beneficiaries and HCU staff shared during the FGDs that the intensity and frequency of the delivered nutrition awareness sessions differed from one HCU to another. The nutrition awareness sessions varied from between one session to ten sessions, which was reflected in the level of end-beneficiaries' knowledge and behavioural change on aspects of nutrition.

"Definitely there is a huge difference between the governorates which the programme was targeting, regarding the human power, the available data, following up on the beneficiary families as well as the needs of the families are different in each governorate." GOE stakeholder.

192. **CCT beneficiaries' perception of HCU service provision:** The CCT end-beneficiaries rate the HCU services mostly in positive terms. Of the 307 CCT beneficiary respondents, 99.6 percent mentioned that they were treated with respect from the HCU staff, and 52 percent of respondents rated the maternal and child health care provided by the health care units as good, with a further 28 percent rating it as 'very good'. Meanwhile, 44 percent rated the nutrition care provided by the health care units as 'good', 28 percent as 'very good', while 18 percent did not receive any nutrition care from the HCUs.

Figure 11. % of CCT BNFs for each Governorate responding Good /Very Good to maternal and child health care at HCUs

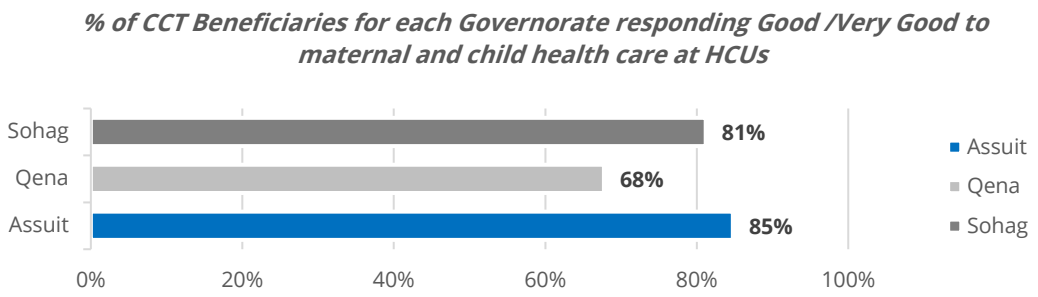
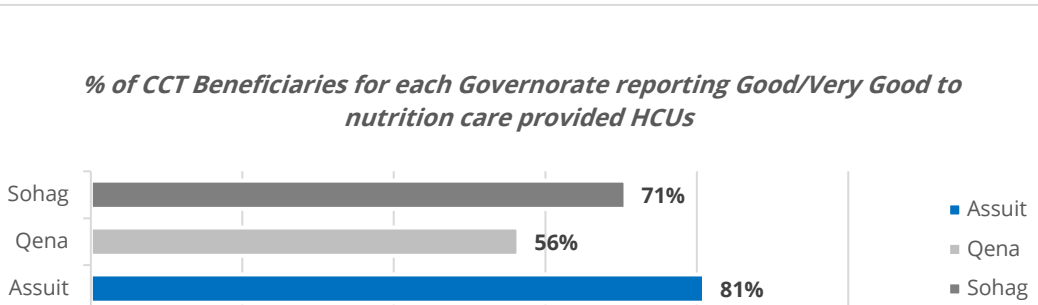


Figure 12. % of CCT BNFs for each Governorate reporting Good/Very Good to nutrition care provided HCUs

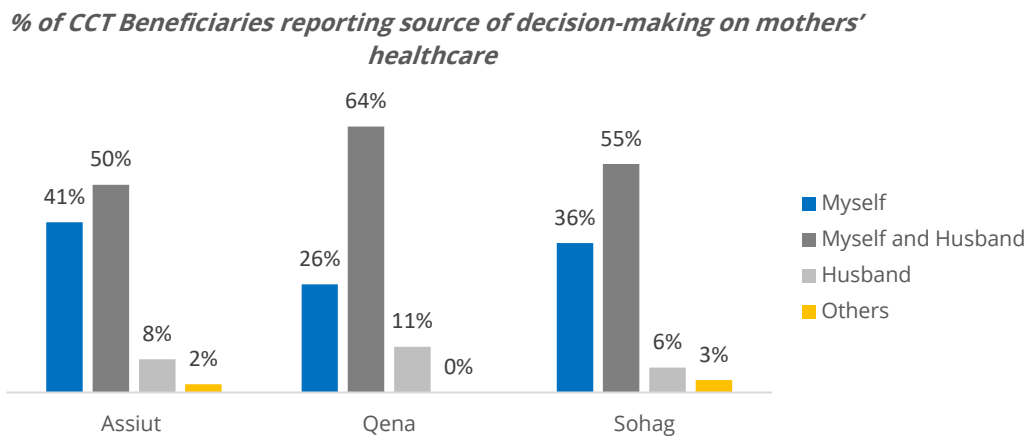


193. During the FGDs, women explained that they usually visited the HCU to receive family planning methods, children's vaccinations, and if their children got sick. Most women were satisfied with the HCU support services, while three groups in Assuit complained that the HCU is under renovation and does not have enough staff.

"I received special feeding sessions for myself and my child, once a week. I benefited a lot from it and continue to apply the learning." FGD, CCT beneficiary, Qena Governorate.

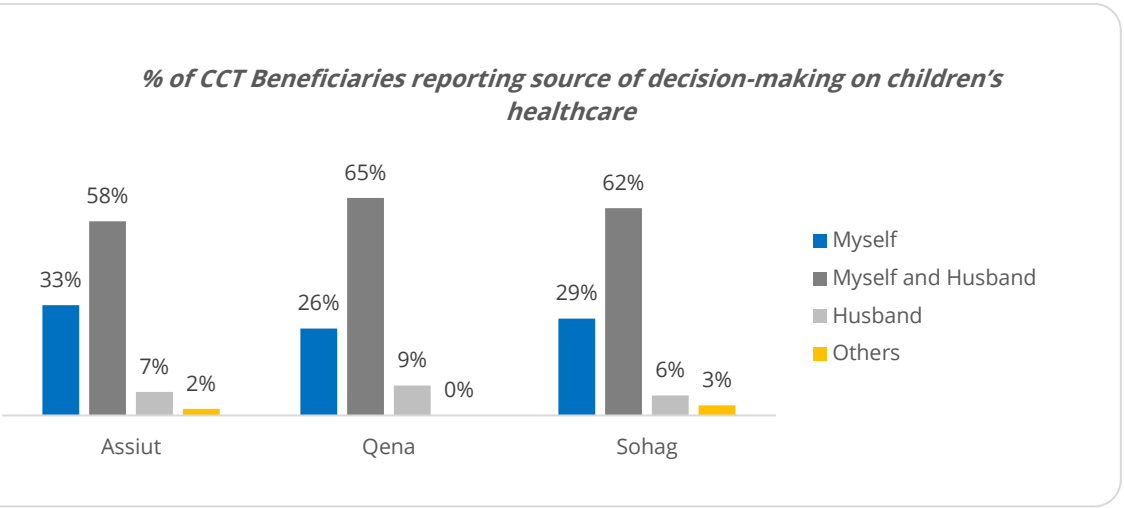
194. The majority of all CCT surveyed women reported that household healthcare decisions for PLWs and mothers are either made jointly (55 percent of respondents across all three governorates), or women make their own decisions (35 percent of respondents across all three governorates).

Figure 13. % of CCT BNFs reporting source of decision-making on mothers' healthcare



195. A similar dynamic is also reported on decisions made on children's healthcare.

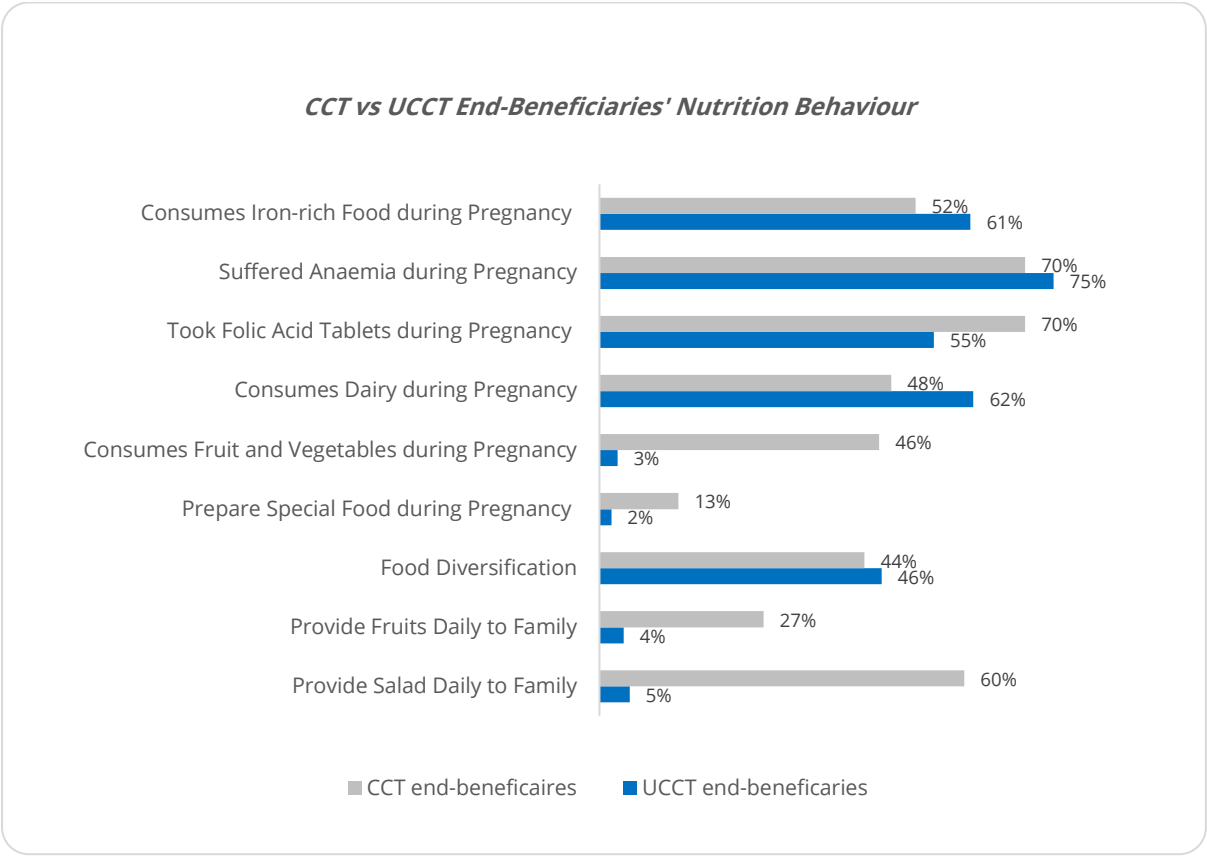
Figure 14. % of CCT BNFs reporting source of decision-making on children's healthcare



"There were awareness sessions about proper nutrition and the diversity of meals, and we benefited greatly from them. We knew that breakfast is the most important meal for a child, and fruit and salad are important ingredients." FGD participant, Suhag Governorate.

196. As the table below shows, While CCT beneficiaries holds better nutrition knowledge in some areas, UCCT beneficiaries hold better nutrition knowledge in other areas.

Figure 15. CCT vs UCCT End-BNFs' Nutrition Behaviour



197. The change in end-beneficiaries nutrition behaviour was also shown in the women's ability to prepare complementary foods, diet content and management, diversity, etc. Some 44 percent of CCT respondents confirmed that their complementary food preparation behaviours changed after the programme. During the FGDs, women who received nutrition awareness explained that they learned more about food diversification, children's hygiene, the importance of breakfast meals, and breastfeeding.

Table 11. No. of CCT BNFs who changed the preparation of complementary foods changed after programme participation

Did your preparation of complementary foods (including diet content, diversity etc.) changed after programme participation? **(n=252 CCT beneficiaries who confirmed receiving the assistance)**	**Assiut** (n=105)	**Qena** (n=62)	**Sohag** (n=85)	**Grand Total**
No	56 (53%)	40 (65%)	44 (52%)	140
Yes	49	22 (35%)	41 (48%)	112
Grand Total	**105**	**62**	**85**	**252**

198. 44 percent of the CCT surveyed end-beneficiaries confirmed that they changed their preparation of complementary food practises after the program. Taken in consideration the short time frame of faced limitations of the programming the reported percentage shows the potential of behavioural change the programme can lead to if full length efficient implementation is in place.

199. The CCT beneficiary respondents stated that they used the milk provided in the food basket to make new meals for their children, and that they tried to apply the knowledge they gained during the programme for their children's diets. HCU staff confirmed these findings during their follow-up examination of the children's weight, conversations with women about nutrition, and their engagement and participation during the awareness sessions.

200. The limited implementation of the planned model, programme limitations and challenges, the short timeframe available for delivering services, and the lack of close monitoring of the results, all make it challenging to identify evidence-based long-term results of the received support under the CCT model.

Beneficiary quotes related to provision of assistance:

"We need to work across all sectors, access to food, awareness, and health services. The three components need to be there and give time to see results." WFP Staff

"After the beneficiaries received the established awareness, their nutritional choices and knowledge started developing, but there should be a measuring mechanism to consider measuring the impact before, during and after the project." GOE Stakeholder.

201. The irregularity of provision affected the satisfaction levels of the PLW and their ability to identify any changes in their nutrition status. The conditionality aspect was not fully implemented across HCUs. Some beneficiaries received neither nutrition awareness sessions nor regular food baskets, making any identification of clear measurable changes to household nutrition behavior difficult.

"I received educational seminars on how to properly breastfeed, proper nutrition, personal hygiene. My food preparation methods have completely changed, as I have become more aware of the optimal healthy meals for my child and how to prepare them. I am very happy with that" – FGD – Women – Qena Governorate.

"I did not feel the change because I only got the food basket once and this was not enough to be affected by it" – FGD, Qena Governorate

"There has been a change in the level of educational awareness for women because they have access to awareness sessions, but there has not been a change in the level of spending because they have only obtained the food baskets once." HCU, Qena Governorate

"There was a positive change as carton contributed to providing part of the children's food, the milk was very good, and molasses is important in treating children's anaemia." FGD, Suhag Governorate.

"The women were affected by the suspension of the service, because the food basket was an important part of feeding their children." HCU, village of Om Doma, Suhag Governorate.

202. 80 percent of the CCT surveyed end-beneficiaries knew about the programme from the HCU staff, while 12 percent knew about the programme from community members.

203. It appears that only a minority (17 percent) of the surveyed respondents did not know why the assistance stopped. Most explained the cessation of assistance in simple terms of it being the end of the programme. The quote below provides testimony by FGD respondents in Assiut. Among the 83 percent of CCT respondents who knew of the reasons why the assistance stopped, 60 percent reported that they did not contact anyone to complain about the end of services, while 32 percent complained about it to the HCU staff. The latter category provided no detail as to the nature of their complaint. FGD respondents who said that they did complain to HCU staff noted that their complaint received a response that the staff could not do anything materially to assuage the complainants' issues.

"Services were only applied for a maximum of 6 months, and we don't know the reason why it stopped. When we asked the retailers and the health facilities, we were told that it was a gift from government or God, and we don't have the right to complain because it's gone." FGD, CCT end-beneficiaries, Assuit Governorate.

Table 12. No. of CCT BNFs that prefer receiving cash instead of a food basket n =252

Do you prefer to receive a cash rather than food basket? **(n=252 CCT beneficiaries who confirmed receiving the assistance)**	**Assiut (n=105)**	**Qena (n=62)**	**Sohag (n=85)**	**Grand Total**
No	75 (71%)	46 (74%)	54 (64%)	175 (69%)
Yes	30 (29%)	16 (26%)	31(36%)	77 (31%)
Grand Total	**105**	**62**	**85**	**252**

204. **Preferences of CCT beneficiaries for type of assistance**: Across the 252 CCT survey respondents who confirmed receiving food assistance, 69 percent preferred to receive food commodities rather than cash. In contrast, most CCT FGD respondents reported a preference for cash because of their mistrust in retailers, the ability to cover other important expenses like medicine and to purchase types of food not included in the food basket, for payment of debts, and the ability to afford private lessons for their children. Women who preferred food baskets explained that they benefited from such assistance because they lack financial management skills, and the cash was useful to spend on buying basic food items for their children. These differences in preferences, therefore, appear to be a function of education and economic status.

"The programme created a conflict within the community due to the lack of information about the selection criteria." GOE Stakeholder, Assuit Governorate.

"Money is better, I can change the food items, other than the food basket, buy medicine for my children, cover house expenses and diapers." FGD Suhag Governorate.

"The cash transfer saves us from going to the grocer in another village and paying an amount of up to 50 EGP (as transportation) to receive the food basket." FGD, Suhag.

205. **WFP staff preferences for type of assistance:** WFP staff preferred the cash, seeing it as capable of being effectively integrated into the government system and utilizing MoSS capacities and, therefore, more sustainable as an implementation approach. According to WFP staff interviewed, this was reflected in the smooth operations, handling, and wider coverage of existing GOEs central and local level authorities, including the *Takaful and Karama* social protection scheme. In contrast, GOE representatives and HCUs preferred the conditional food baskets since they held that women beneficiaries lack an awareness of what constitutes a healthy diet and nutrition outcomes and lack financial management skills to ensure that the cash is properly directed towards meeting nutrition needs in the household. For GOE and the HCU, these cannot be addressed through the UCCT modality. Central GOE respondents noted that a return to the CCT model is on the government's agenda as part of the Egyptian family development national programme. Indeed, MoSS stakeholders reported that they plan to work on aligning data between different relevant entities, the MoHP and the National Council for Women, operating under the Egyptian family development national programme.

> "The food basket was a good incentive for mothers, better than cash support, but with better product quality. - It is preferable to improve the quality of the food provided, as well as not to contain substances quick in spoilage." Local GOE Authority, Qena Governorate.

> "Some families believe that the cash transfer is more useful because some women do not know the components of a healthy meal." Local GOE Authority, Suhag Governorate.

206. Challenges with the CCT model include coordination between the three ministries, coordination of each ministry system and capacities, and poor data management and delayed data sharing. These challenges affected operationalization of the planned CCT model and led to some levels of dissatisfaction amongst end-beneficiaries.

207. **UCCT Findings**:

208. A total of 392 women UCCT beneficiaries were surveyed by the evaluation team, selected from among 27 governorates according to the density of beneficiaries in these governorates. Of this sample group, 9 1percent of women are between 18 and 35 years old at their first pregnancy. The remaining 9 percent of the sample age group is less than 18 years, most of whom are concentrated in Sohag governorate. The proportion of women older than 35 is a negligeable 0.5 percent, or 2 women out of the sample group of 392.

Figure 16. % of UTCC BNFs by Governorate

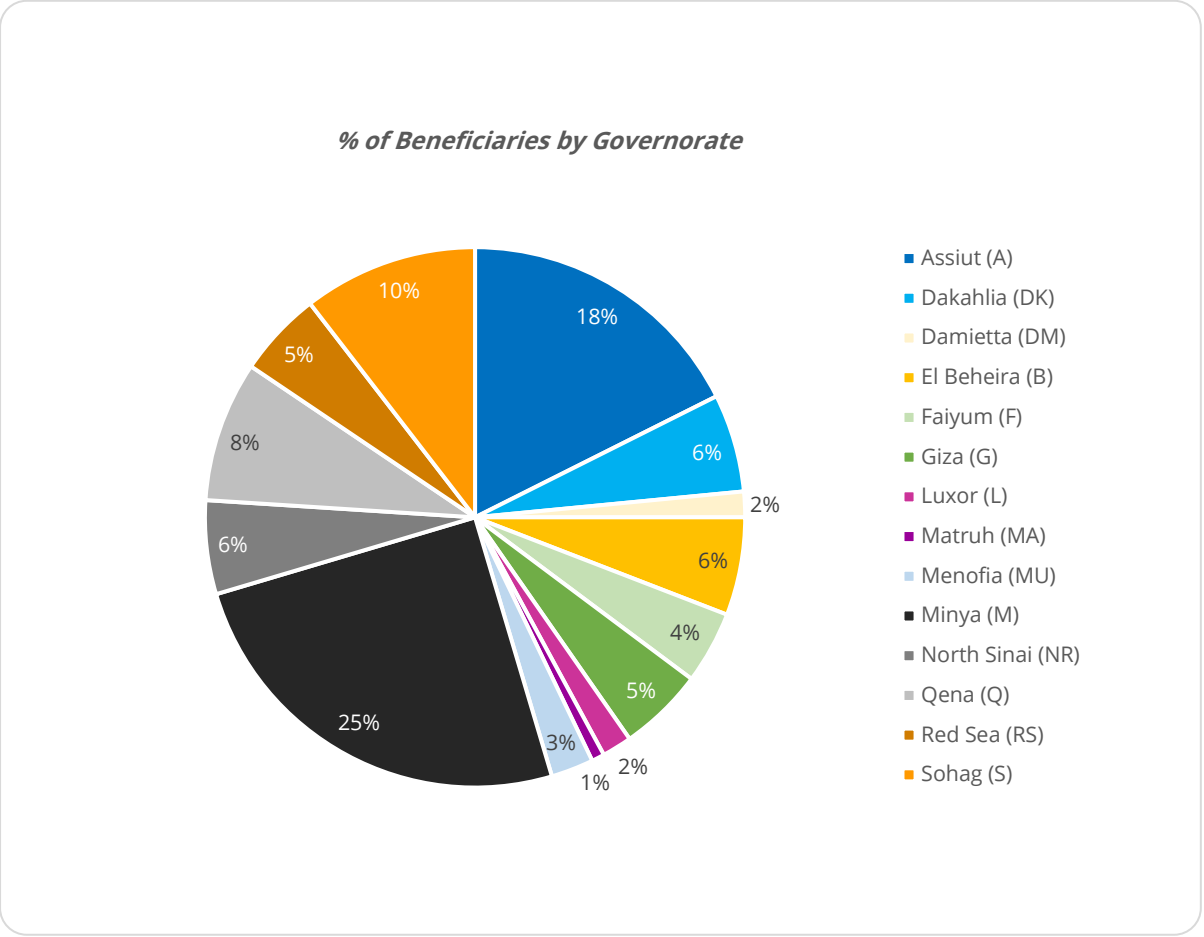


Table 13. No of UCCT BNFs disaggregated by age at first pregnancy, by Governorate

Governorate	18 – 35 Years Old	Under 18 Years Old	Over 35 Years Old	Grand Total
Assiut (A)	65	4		69
Dakahlia (DK)	18	5		23
Damietta (DM)	6			6
El Beheira (B)	18	4	1	23
Faiyum (F)	14	3		17
Giza (G)	19	1		20
Luxor (L)	7			7
Matruh (MA)	2	1		3
Menofia (MU)	10			10
Minya (M)	88	9	1	98
North Sinai (NR)	20	2		22
Qena (Q)	30	3		33
Red Sea (RS)	19	1		20
Sohag (S)	41			41
Grand Total	**357**	**33**	**2**	**392**

Figure 17. % of UTCC BNFs by Governorate by education level

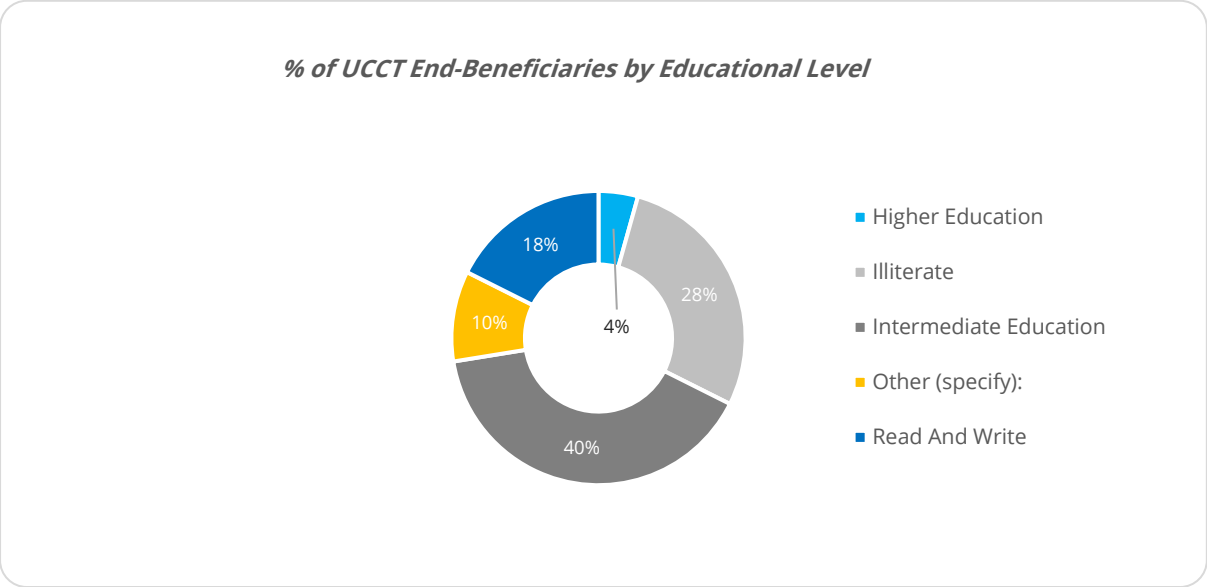
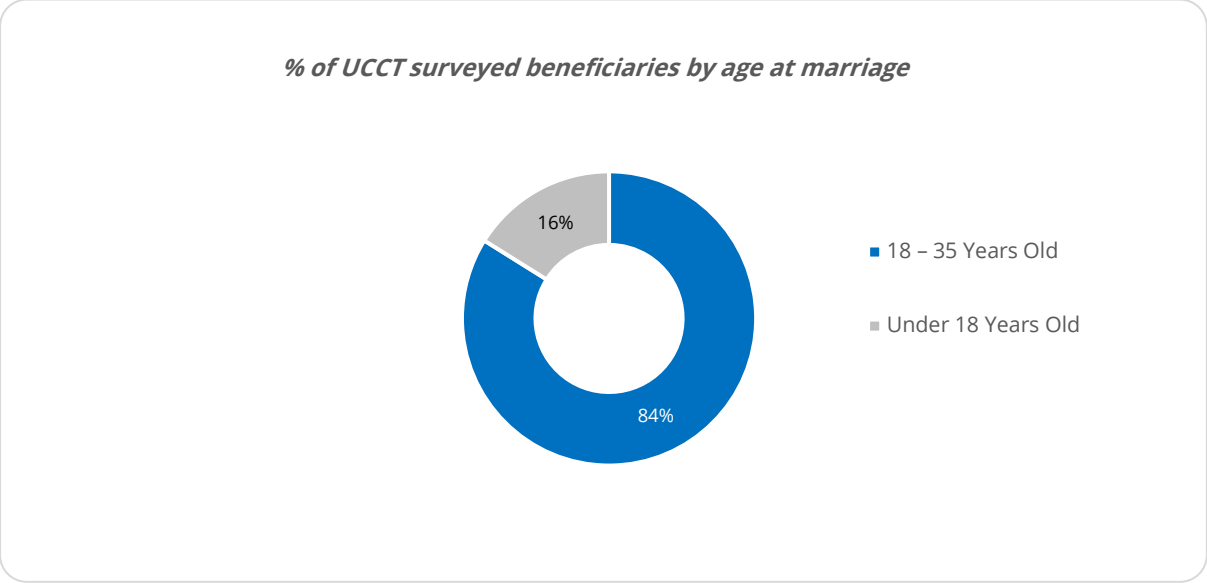


Figure 18. % of UCCT BNFs by age at marriage



209. **UCCT FINDINGS**

210. **Level of assistance provided:** About half of the surveyed UCCT beneficiaries received a total of 2,400 EGP during their 12-month participation in the programme. Across the 392 UCCT beneficiary respondents, 94 percent reported that they received the cash monthly. According to the WFP's process, all women with children less than 2 years' old were entitled for monthly cash distributions. Women beneficiaries were entitled to receive up to a total of 24 transfers, depending on the age of their children. However, this was not necessarily the case and most women received only 12 transfers. This is supported by women beneficiaries who reported that although they did receive monthly support regularly, they did not necessarily receive it for the entire duration of the programme. For their part, the WFP team stated that the assistance went on as planned and that some women may have received the full 24 months of the assistance. In contrast, the collected field data suggests that all women participants into the programme stopped receiving the cash assistance in March 2022, even those women whose children were still under 2 years old. WFP data systems did not adequately track entry, provision and exit per beneficiary for the evaluation team to determine how many beneficiaries received their due allocation within the period they fell into the eligibility criteria, before graduating out of the programme during the period of this evaluation.

211. **Communication related to the assistance provided:** FGD participant beneficiaries reported being alerted by SMS messaging to go and redeem their food vouchers starting mid-2020. Cash transfers were not distributed monthly between November 2021 and March 2022. Coordination appears to have been disorganized in some cases, they received an SMS but did not receive the cash at the post office. In other cases, they went directly to the post office, having received no SMS but received the cash, nonetheless. The SMS and cash stopped from April 2022 onward.

Figure 19. % of UCCT BNFs who received Cash Transfers

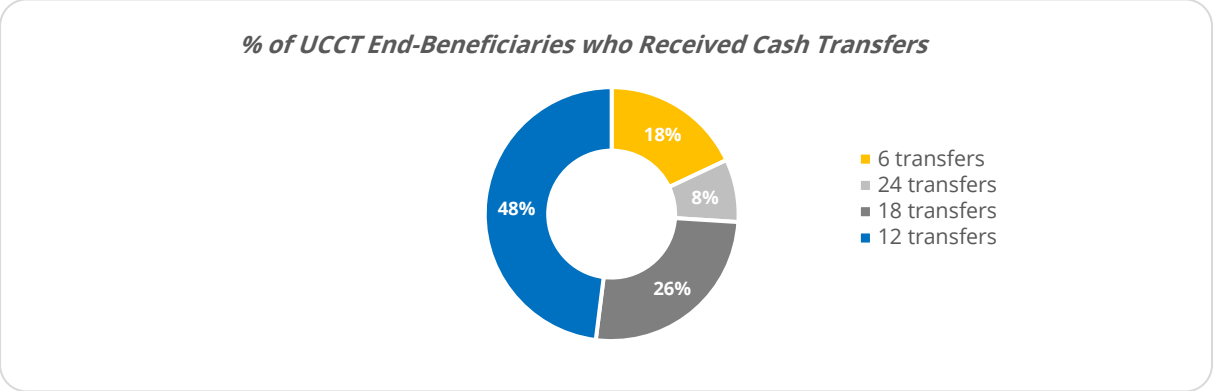
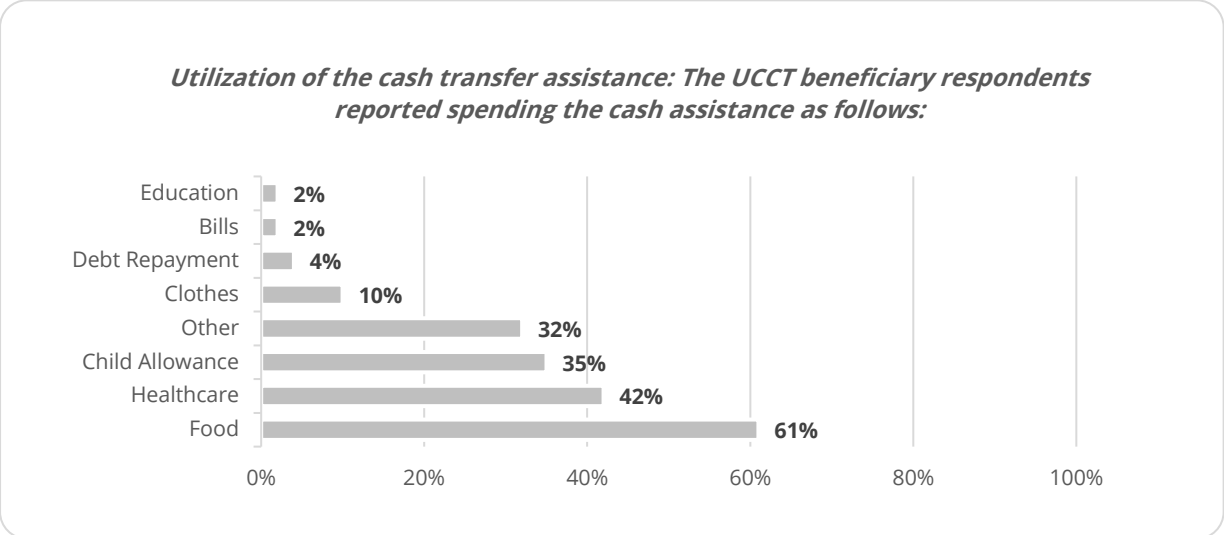


Figure 20. % Utilization of the cash transfer assistance: The UCCT BNFs respondents reported spending the cash assistance



212. "Other," a category accounting for a substantial portion of expenses, included routine household expenditures, but also items for young children such as diapers, milk, formula powder and a contribution to rent costs. As reported, 62 percent spent the cash assistance on fruits and vegetables, 80 percent on milk, 47 percent on eggs and meat, and 14 percent bought other food items, such as rice, flour, and snacks for the children.

213. In addition, 42 percent spent part of the extra cash on healthcare services, primarily for children under five years old. Lower numbers of respondents reported using the cash assistance to purchase private lessons for their children, and towards household expenses, such as gas cylinders. Mothers also reported that they used the cash to pay for doctor visits and medications.

214. Accessing **the assistance:** UCCT beneficiary respondents reported that they collected the cash from the post office and were treated respectfully, despite the relatively long waiting time, averaging one hour. At an average of 15 minutes away from respondents' households, post offices are generally close to the beneficiaries' residences, and transportation was conducted either by foot or by tuk-tuk. The latter costs on average about 10 EGP. Among the reported challenges to obtain the cash transfers, 22 percent of the UCCT beneficiary respondents cited road closures as an access challenge, while 36 percent reported encountering busy offices. End-beneficiaries reported during the FGDs that they are currently using the visa card to collect their *Takaful* and *Karama* money.

215. The main challenge with the UCCT model reported by beneficiaries is the nature of cash transfer as a separate grant rather than part of the *Takaful* cash. This complicates the redemption process as women must visit the post office twice each month, first to receive the *Takaful* cash and then, a few days later, they receive the top-up of 200 EGP. If a beneficiary did not receive the message (due to outdated and incorrect contact information in the *Takaful* and *Karama* database), she would then miss going to the post office to collect the money altogether and cannot do so until the following month.

216. Some women also reported errors in their information in the *Takaful* and *Karama* system (ID numbers and names), which prevented them from collecting the cash from the post office.

217. **UCCT beneficiary preferences on type and delivery channels of assistance:** The end beneficiaries valued the cash disbursement channels and the nature of assistance. Of these respondents, 99 percent strongly liked the type of assistance they received, 75 percent liked that they received the cash through the post office, 75 percent somewhat agreed that the received amount was sufficient, 49 percent strongly agreed that they do not have to travel long distances to receive the assistance, and 35percent strongly agreed that they received the cash within their child's first 1000 days.

218. **Accountability to Affected Populations:** Less than half of the surveyed women, 46 percent of respondents, asked the GOE local authorities when the cash and messages stopped, while the rest (54 percent) reported not being familiar with any complaint mechanism.

219. **Nutrition messaging:** Some FGD participants reported that they had received between two to four nutrition awareness SMS messages encouraging them to visit the doctor, exercise, and to care for their children's nutrition.

220. **SQ.3.6. Were relevant assistance standards met?**

221. **Finding**: While the majority of both CCT and UCCT beneficiary respondents felt the assistance was sufficient and the provision satisfactory, there were shortcomings in both modalities. For CCT respondents, there were challenges with engagement and trust with retailers, quality of the food provided, and the location of retailers relative to beneficiaries' homes. For UCCT respondents, challenges included system confusions and administrative errors in name lists and lack of coordination and complementarity between the WFP provision and GOE provision that led to PLW being required to visit the post office twice each month for their assistance. While the level of WFP assistance matched what was defined, the process for accessing that assistance was suboptimal. For both sets of beneficiaries, there was no clear communication regarding complaints mechanisms, nor clear communication / explanation in advance of the cessation of the programme.

222. While 87 percent of the CCT beneficiary respondents rated the type of assistance as satisfactory, 57 percent indicated that they had to travel a significant distance to receive this assistance, while 59 percent of the CCT beneficiary respondents did not receive the assistance on a regular basis.

The CCT end-beneficiaries' experiences with the retailers were not fully positive for the following reasons:

- Beneficiaries explained that they did not know the retailer's location.
- 68 percent reported paying on average 20 EGP to reach the retailer, i.e., on transport.
- Respondents on average took 30 minutes to reach the retailer's shop.
- 13 percent reported having to wait over an hour at the retailer shop to receive the food basket.
- Retailers charged obligatory fees as points-of-sale ranging 5-10 EGP.
- Beneficiaries reported poor food quality and food safety challenges; delays in redemption start, and logistical challenges for perishable items like expired milk.
- FGD respondents reported preferring and trusting HCUs more than retailers as distributing points for the assistance

223. For UCCT beneficiaries:

- 99 percent of respondents 'strongly liked' cash as the preferred assistance modality.
- 75 percent of respondents 'liked' cash being distributed through the post office.
- 75 percent of respondents 'somewhat agreed' that the received amount was enough.
- 49 percent of respondents 'strongly agreed' that they do not have to travel long distances to receive the assistance.
- 35 percent of respondents 'strongly agreed' that they received the cash within their child's first 1000 Days.

2.4 SUSTAINABILITY

224. **KQ.4. To what extent are the benefits of the Programme expected to last after major assistance ceased?**

225. **Finding**: Primary data collected by the evaluation team indicated that programme-level provision of the CCT assistance ended in November 2018, whilst UCCT provision ended in March 2022 for the interviewed PLW targeted under the UCCT model. Beneficiaries reported that they are no longer in receipt of assistance, however WFP maintains that the UCCT is continuing.

226. Notably, the PLW that the evaluation team surveyed and those who participated in the FGDs graduated from the programme as their registered child on the system had already reached the 2 years threshold. 48 percent of the surveyed UCCT end-beneficiaries reported receiving a total of 12 cash transfers before the assistance stopped. This means that they did not receive the cash assistance during the first two years of their child as planned in the programme design, but, rather starting from the date when their child was registered into the system until they reached the age of 2 years. As the T&K database does not show pregnant women and based on the confirmed lengthy process to register new-born to T&K database, the assistance provided to the targeted PLW won't cover the full duration of critical 1000 days' timeframe targeted by the programme.

227. At the individual level, some beneficiary respondents reported behavioural change in household diets stemming from the programme's awareness-raising. This outcome, however, lacks rigorous monitoring data to definitively confirm sustainability of new behaviours.

228. At the health unit level, facilities received minimal assistance during the CCT model that ended in November 2018. Reportedly, benefits did not continue. The programme provided capacity development to physicians, nurses, and community health workers of MoHP and MoSS in Sohag, Assiut, and Qena governorates. These HCPs were trained on the project modality, inclusion criteria, and the redemption cycle. They were also trained on the importance of the 1,000 Days' time bracket and important messages for PLW. It is assumed that such training and knowledge may be retained in the future, including the Trainer of Trainers cadres, by the programme. However, this assumption needs to be tested longitudinally.

229. At GOE level, in 2019, the Government officially integrated WFP's First 1,000 Days into *Takaful's* conditional CBT programme, thus reflecting strong Government ownership of the programme's objectives.

WFP's provision of mobile tablets to GOE also ensured that some benefits will be retained beyond the life of the programme. The evaluation team did not seek evidence that such tablets remain on locations, were still functional, and whether they were still being used by HCP staff. At WFP level, although the evaluation team found no distinct evidence of planned and intentional learning from the First 1000 Days to inform and/or integrate into wider WFP programming approaches. WFP has built similar implementations into other programs and the commissioning of this evaluation with a focus on learning suggests that such learning will be integrated going forward.

230. The First 1,000 Days Programme's long-term unsustainability was confirmed by end-beneficiaries of both CCT and UCCT modalities at the time when the services stopped. At the conclusion of services provided, CCT end-beneficiaries reported that they still visit the HCU to obtain vaccinations, family planning methods, and when their children become sick. This shows that the CCT modality imparted useful knowledge.

231. On the improved nutritional outcomes, the Phase 1 component of the project[23] could also have potentially lasting benefit toward improving both nutritional knowledge and the decision-making process of PLWs and mothers in Egypt. Most women who received the awareness sessions reported changes in their household members' eating habits. However, due to the lack of resources, outcome monitoring could not be sustained by WFP.

> "We [women] applied the knowledge gained from the awareness sessions in our daily life for a brief period, but then we stopped due to lack of resources." Women, village of Rifa, Assuit Governorate.

232. End-beneficiaries reported that absence of cash/food baskets made it difficult to diversify food for their children. Few mothers reported that they did manage to continue buying molasses and milk after the programme support ended.

> "When the cash payments were still ongoing, there has been a chance to diversify the food for the child, but not anymore." Woman, Mudmar village, Suhag Governorate

233. The application of UCCT model excluded the MoHP, which affected the ministry's buy-in and support into the programme. MoHP staff members described the programme as incomplete and lacking the prerequisite means to ensure sustainability.

> "The loss of trust between the pioneers/nursing staff and the women, due to the sudden cessation of the service." HCU Staff, Suhag Governorate

234. MoSS is a key advocate and supporter of the First 1000 Days programme. The ministry's buy-in into the programme objectives enhanced the potential for sustainability. However, HCU staff reported that changes in their practices and knowledge were minimal due to the limited timeline of the CCT approach.

235. **SQ.4.1. To what extent did the programme implementation consider sustainability, such as capacity building of national and local government institutions, communities, and other partners?**

[23] Phase 1 included nutritional counselling as a condition for cash transfers

236. **Finding**: WFP made significant efforts to work with GOE partners and include them across the programme. This included provision of initial capital equipment as a one-off support, but principally working with HCUs and MoSS community workers to strengthen their knowledge, as well as to upgrade technology used. Training, and Training of Trainers were key approaches, as was working with NNI to monitor quality of training as a sustainability strategy. The programme, however, lacked a designated exit strategy, including a clear transfer of responsibilities over the years of implementation, and corresponding resourcing for the longer term GOE partner. Retention of knowledge imparted at WFP-supported training events is assumed, as is the longer term and consistent utilization of knowledge gained. A longitudinal study would provide more conclusive evidence on the sustainability of WFP training approaches and results.

237. Under the CCT model, the programme delivered minimal capacity building to the HCU staff, while under the UCCT the programme focused on capacity-building activities for MoSS social workers, where WFP provided equipment in the form of mobile tablets. The evaluation team considers that the investment in the MoSS human capacities and the provision of equipment will lead to positive future results that cannot be verified at this time. Knowledge retention from WFP-supported training is assumed and cannot be proven in this evaluation.

238. WFP purchased 1,800 electronic tablets to be used by MoSS community workers and staff for monitoring, reporting, and providing counselling to the *Takaful* and *Karama* beneficiaries during the First 1000 Days programme. In addition, WFP and MoSS, in collaboration with NNI, continued the implementation of the three-day 'Training of Trainers' and the two-day step-down training to MoSS's community workers within the targeted governorates. NNI experts delivered the TOT and supervised the step-down training to ensure quality and consistency of these projects.

239. The programme succeeded in integrating the UCCT into the *Takaful* and *Karama* systems, working with the active MoSS targeting and disbursement system rather than creating a parallel system.

> "We [WFP] have achieved a lot in terms of policy makers awareness and interest in the 1000 days programme. The decision makers level buy in is a great achievement. We advocated well for the importance of this age bracket (1000 days)." WFP staff member

240. **SQ.4.2. To what extent is it likely that the programme benefits continue after WFP's work is ceased?**

241. **Finding**: Aspects of the First 1000 Days programme appear to have been included in a forthcoming Egyptian Family Development Project. In the absence of evidence that confirms explicit collaboration between WFP and the new project's design and implementer teams, it cannot be determined conclusively whether this is by design or coincidence. Benefits at household level, as identified by respondents, are partial and not open to longer term monitoring; some behavioural change may be prolonged and enduring. Cessation of the core package of provision of support at a time of global food price volatility may curtail those behaviours, as economic pressures at household, community, and national level bear negatively.

242. Despite WFP efforts to integrate the First 1000 Days programme into the national safety net programme (Takaful and *Karama*), the Ministry of Social Solidarity stated that the UCCT model was an exceptional emergency response model, and it will not be sustained. Instead, MoSS is planning with MoHP and MoSIT to provide a food basket of 120 EGP and will expand the targeted beneficiary pool beyond *Takaful* and *Karama* recipient families to include 'Decent Life' initiative targets. Other beneficiaries may include vulnerable families not in the *Takaful* and *Karama* databases.

243. MoSS plans to integrate the First 1000 Days programme into the Egyptian Family Development Project, funded by GOE and targeting 150,000 PLW. The Egyptian Family Development Project consists of five pillars; (1) an Economic Empowerment pillar, (2) Healthcare services pillar, focusing on pregnant women and family planning to be included in the First 1000 Days programme food basket and equipping 300 HCU owned by NGOs, (3) Awareness Pillar, enhancing women's awareness of different topics including the 1000 days, (4) Policy pillar, and (5) Data Management pillar.

244. MoSS is still in the process of launching the Egyptian Family Development Project, expected to start in July 2022. Once the Egyptian Family Development Project is launched, the conditional food basket model will be reintroduced, and the UCCT will stop. Under the Egyptian Family Development Project, the MoHP will provide health care services and data on health improvement, MoSS will do the targeting, and MoSIT will set up a points system to provide specific goods on the subsidy cards.

> "Longer-term collaboration between ministries would enhance the sustainability and add higher value to the beneficiaries." WFP staff member

2.5 COVERAGE

245. **KQ.5. To what extent did the First 1000 Days Programme reach and meet the needs of key target groups?**

246. **Finding**: Despite initial significant administrative challenges to identify and verify eligible beneficiaries, and then inform potential beneficiaries at programme start-up on their selection into the programme and the basic process of provision, the First 1000 Days Programme clearly targeted and reached PLWs as a known vulnerable group. Adult males were not included as direct beneficiaries. The programme did not specifically target persons with disability (PWD) and no deliberate provision was designed to support their enrolment, participation, and assistance from the data reviewed by the evaluation team. IEC materials were not designed with different needs in mind. PWD beneficiaries constituted two percent of the overall sample for the evaluation.

247. The evaluation team identified that the selected channels of TV, internet, and other social media channels were not preferred or used by many respondents, in part because of high levels of illiteracy. While WFP noted that the social media approach was an adaptation to COVID19 restrictions on originally planned face-to-face awareness activities and it did not specifically target PLW who receive the cash assistance, but rather general PLW target, the evaluation team noted for learning purposes that it was not effective in reaching PLWs in targeted vulnerable communities.

248. One of the main programme eligibility criteria in Phase I was for beneficiaries to possess a valid subsidy card for the redemption of the monthly food basket. Most of the subsidy cards are owned by a male family member (i.e., a husband, father, or father-in-law). Due to lengthy procedures and bureaucratic lag in issuing subsidy cards, beneficiaries were not able to use them for the programme. Another issue for the exclusion of eligible PLW was the duplication of cards, since the subsidy card is considered to belong to the family, rather than a beneficiary. Indeed, some cards are used by more than one beneficiary within the same household. Duplicated cards represent approximately ten percent of the eligible beneficiaries. Complicating matters, the SMART Company system refused to upload the card for more than one beneficiary.

249. In 2018, the Ministers of MoSS and MoSIT reached an agreement to facilitate issuing subsidy cards for these vulnerable households. This agreement, however, was never put into effect, despite repeated calls by beneficiaries who are eligible for subsidy cards.

250. HCUs in the Qena and Assuit Governorates reported that the programme did not reach those most in need, as the registration of PLW beneficiaries took place several times and within a short time window, thus not allowing the HCU staff to register all women in need. In contrast, Suhag HCUs reported that they managed to register all women in need.

251. End-beneficiaries of CCT baskets learned about the programme from the MoHP rural women pioneers' home visits and HCU staff when receiving vaccinations. Others, as in the Abnoub district, Assuit, found out about the programme from neighbours or friends. The end-beneficiaries believed that the food basket was a subsidy from the GOE.

252. While 98 percent of the UCCT surveyed end-beneficiaries knew about the programme through SMS prompts to collect the money at the post office, participating women had minimal information about the eligibility criteria, purpose of cash, or the issuing funding agency. Of UCCT beneficiary respondents, 85

percent reported that they received the cash because it targeted women with children below 24 months, while three percent correctly cited the nutrition purpose of the received grant. End-beneficiaries believed that the 200 EGP is a top up from *Takaful* and *Karama*.

> "Awareness was not done long enough before the start of the programme for the lower levels of administration, but the knowledge of the project's objectives was at the level of ministries and directorates. Awareness that took place at the beginning of the project led to awareness of participants in the programme from different parties, but there should have been more training as well as financial compensation and more incentives to encourage the participants." WFP staff member.

253. The coverage of differently-abled beneficiaries is not clear. The number of beneficiaries with disabilities receiving food/cash-based transfers/commodity and vouchers/capacity strengthening was not reported in the programme documents and the UCCT sample survey included only two percent of differently-abled beneficiaries.

> "There were defects in the system in the registration, where only about 1700 beneficiaries were registered on the device and on the SMART programme, about 17 only." Retailer, Suhag Stakeholder.

254. Despite the wide coverage of social media awareness campaigns, further analysis of the target groups interacting with the campaigns is needed to check for the representation of the programme targeted groups into the social media coverage. Only 7 percent of the UCCT surveyed beneficiaries reported internet, television, and/or the radio as channels they use to learn about healthy diets and pregnancy care, whereas 80 percent specified family connections, 48 percent reported HCUs, and 44 percent listed neighbours as their main source of such information. End-beneficiaries shared during the FGDs that they do not have internet access or a smartphone. Similarly, the SMS campaign for nutrition awareness was reported by some end-beneficiaries to be beneficial. 28 percent of the surveyed sample of UCCT end-beneficiaries are illiterate and found it difficult to interact in the sessions.

255. The UCCT model targeting took place through the *Takaful* and *Karama* database. The database of the beneficiaries was shared to WFP by MoSS. WFP and MoSS's teams worked on data validation, correcting, and adding any missing information. The process went through several stages to ensure all required information was made available to the post offices and to ensure assistance reached the beneficiaries efficiently.

256. Although the *Takaful* and *Karama* database ensured a wide coverage of targeted women, interviewees raised concerns about the quality of targeting. The *Takaful* and *Karama* database is out of date and does not include PLW or households with children below two years old. Mothers cannot register their new-born into the *Takaful* and *Karama* programme. Local GOE respondents reported that there are other vulnerable groups still included in *Takaful* and *Karama* databases, but do not fulfil the *Takaful* and *Karama* criteria.

> "MoSS has a big database and the T&K system which is a good resource in place so transfer can be smooth as it just integrates into the system. On the other hand, focus on extreme poor rather than poor which was not necessarily included in T&K database." Donor

"Beneficiaries and MoSS employees don't know how to register newly born children!" GOE official

"T&K database did not see the pregnant women which is a gap, MoHP could not provide data on the pregnant women under the UCCT model. Registering new children to T&K database is an issue as women won't be able to receive the cash if they did not register their newly born child in T&K system. beneficiaries should be able to register the new children in social *solidarity directorate*." GOE Stakeholder

"WFP integrating their assistance within the system instead of making a parallel system. Yet, the level of confidence of T&K need to be high." External stakeholder

257. **SQ.5.1. To what extent did the programme design take geographical disparities in Egypt into consideration?**

258. **Finding**: In its CCT modality, the programme targeted mothers in three particularly vulnerable governorates of Egypt, Assiut, Sohag, and Qena. In the UCCT, starting in 2020, the programme expanded to cover women and children beneficiaries nationwide, in all governorates in Egypt.

259. From the data reviewed and collected by the evaluation team, it is not clear why WFP selected three governorates for the CCT programme, but those governorates are notable for the high levels of household vulnerability. Under the pivot to the UCCT approach, the integration into the *Takaful* and *Karama* programs allowed nationwide coverage. the programme was integrated into the MoSS's distribution plan and utilized Post Offices. Their presence at national scale allowed wire distribution of the money to the beneficiaries.

260. **SQ.5.2. To what extent were different groups targeted or included?**

261. **Finding**: The programme included a clear key target group, PLW and their children. The qualification of beneficiaries was simple since it incorporated the First 1,000 Days Programme into the *Takaful* social safety net system and expanded systems for monitoring the implementation procedures. The programme did not include PWDs under either CCT or UCCT, while the *Takaful* and *Karama* programs do not focus specifically on pregnant women. Men were not included in the programme.

262. **SQ 5.3. To what extent did the programme reach PLW and infants?**

263. **Finding**: The programme's CCT phase was delivered in 2018 and reached 96,862 PLW and mothers of children aged 0–24 months, improving their daily nutritional status and behavioral practices. Of these, 29,673 received food baskets. The programme's UCCT phase reached 40,000 PLW in 2020 out of the planned 100,000 PLW (40 percent coverage achieved) and 26,253 out of the planned 100,000 PLW (26 percent coverage achieved). As reported, the programme did not reach other vulnerable groups that were not registered in Takaful and Karama databases. Administrative and funding challenges limited WFP's ability to reach targeted beneficiaries who met essential criteria. Internal limitations related to the monitoring of the programme prevented the evaluation team from making definitive and verifiable conclusions as to the actual reach of the programme.

264. A sizeable minority of 24 percent of the surveyed CCT beneficiaries reported that they did not receive the food basket, even though they fulfilled the selection criteria, had registered into the programme, and attended the HCU awareness sessions. All interviewed women were registered in the beneficiaries' database shared by the WFP team, yet many women reported not receiving food baskets.

265. Coverage of the vulnerable PLW was also challenged by the poor data management between ministries and the poor data validation between MoSIT and MoSS.

3. Conclusions and Recommendations

266. Based on the findings presented above, an overall assessment that addresses the evaluation categories is provided below. This is followed by recommendations for WFP and other actors, including GOE, to take action to build on the lessons learned.

3.1 CONCLUSION

267. **Relevance**

268. Strategically, the First 1000 Days Programme was relevant in meeting the needs of PLW and children in addressing chronic malnutrition. The ready-to-use supplementary feeding is relevant to WFP's global agenda, reflected by the integrating of nutrition in the WFP Egypt CSP. In addition, it is also well aligned with International and Egyptian programs and standards on maternal and child nutrition, and it builds upon policy recommendations that seek to guarantee and advance Egypt's framework of social justice, gender equity, and health improvement.

269. The pilot project for the First 1000 Days of Life, using the CCT modality, was an innovative, cross-sectoral, and collaborative initiative between three key Egyptian ministries of Health and Population (MoHP), Social Solidarity (MoSS), and Supply and Internal Trade (MoSIT).

270. The CCT modality facilitated a positive example of inter-governmental collaboration, with MoSS assuming responsibility to target the beneficiaries, MoHP responsible for the provision of health care support and monitoring conditionality, and MoSIT responsible for channelling the food baskets to beneficiaries via nominated retailers.

271. Overall, the assistance met the needs of beneficiaries. 86 percent of the surveyed CCT beneficiaries reported that the assistance met their needs either 'somewhat' or 'strongly.'

272. The CCT modality, however, was not designed with known limitations of GOE local capacities in mind, whereby coordination between ministries was found to be limited by incompatible data management and data sharing systems.

273. In 2020, COVID-19 prompted WFP to redesign the programme, to reduce social in-person interaction in all elements of the chain of provision to the beneficiaries. The conditionality element was removed, which was a positive adaptation to emergency conditions and one that led to beneficiaries being integrated into the GOE social protection systems. Beneficiaries retained high levels of satisfaction with the programme, with 73 percent of UCCT beneficiaries surveyed reporting that the cash assistance met their urgent needs.

274. The redesign, however, reduced the relevance of the programme's activities to its core objectives, by losing the link between cash assistance and nutritional support to PLWs and their children.

275. The UCCT model demonstrated flexibility and adaptation to challenges, while retaining the ability to implement emergency response assistance.

276. **Efficiency.**

277. An overall evaluation of the efficiency of the programme is complicated by the changes in design caused by the COVID-19 pandemic, as well as funding insecurity that prevailed throughout much of the programme.

278. The full amounts of funding needed to fulfil the need based plans was not secured between 2018 and 2021. For example, in 2018, the programme received two percent of the overall need-base plan and expenditures accounted for 82 percent of the received funds. In 2020, the programme achieved a higher level of funding, but still only 31 percent of the need-base plan. Yet, only 28 percent of those received funds were expended within the funding period. This inevitably points to a high possibility of inefficiency in the activity pipeline that prevented WFP from expending at levels closer to the total of funds received.

279. The onset of the COVID-19 pandemic forced a design shift from the CCT modality to the UCCT modality. The UCCT promised greater synergy with GOE local capacities and was integrated into the ongoing Takaful and Karama GOE social protection schemes, offering potential gains in efficiencies.

280. Although WFP worked to build synergies between the three partner ministries MoSS, MoHP, and MoSIT, under Phase I, early challenges on coordination between the ministries and uneven relatively not up to date communication systems affected efficient implementation of the pilot, with significant effort required to align beneficiary databases.

281. Operational challenges affected efforts for greater collaboration between WFP, GOE institutions, and distribution partners. These included data entry errors in beneficiary names and unmatched lists from MoHP and SMART programs, which led to inefficiencies in the core element of the cash transfer provision. Additional efficiency challenges arose in promoting nutrition awareness campaigns through mass and social media. Such approaches did not enable focused targeting towards First 1000 Days PLW beneficiaries.

282. Output or outcome indicators in WFP's CSP designed at the start of the programme were not revisited to account for changes that occurred over the years. It is therefore challenging to be conclusive about the efficiency of the implementation against targets set by WFP for both outputs and outcomes. Outcome monitoring was not possible once the pivot to UCCT removed those elements and activities of conditionality.

283. **Effectiveness.**

284. Similarly, effectiveness at the output level cannot be appropriately determined because of the targets that matched performance data exactly, suggesting that targets were possibly set after implementation, not at work plan stages. Data was not appropriately disaggregated (age, gender).

285. The output data presented showed significant under-achievement in many indicators (>10percent below target), or exactly matched with target data. The latter may be accurate, but this observation raises questions as to whether targets were set post-implementation. This, too, prevents conclusions about the programme's effectiveness.

286. For CCT implementation:

- The evaluation team concluded that conditionality was not fully enforced; 69 percent of beneficiary respondents confirmed having received nutrition counselling, 85 percent received health services, and 92 percent received food items. Health Units showed no consistent provision across units for nutrition awareness sessions, for instance, in the number of sessions required as a condition to receive the food subsidy card.
- While beneficiary respondents reported high levels of satisfaction with the CCT assistance (87 percent), a notable percentage (57 percent) had to travel a significant distance to the retailer, while 59 percent did not receive the assistance as per agreed timelines. This impacted programme effectiveness negatively.
- SMS messaging was irregular; beneficiary respondents stated that they would sometimes receive the message and would travel to a retailer, but in some cases, retailers refused to give them the food basket. Respondents confirmed that retailers were not trained effectively to support the programme comprehensively. The limited number of retailer respondents confirmed challenges with tallying beneficiary names with the lists provided, leading to confusions at the retailer locations.
- Variable quality of the assistance may diminish beneficiaries' perceptions of that assistance. Some beneficiaries reported low food quality. Food safety challenges and logistical challenges were also reported for perishable items like milk that had expired, as reported by a number of respondents.
- CCT beneficiary respondents reported preferring/trusting HCUs more than retailers as distributing points for the assistance. Stronger and earlier engagement with retailers, with greater efforts to induct them into the programme, may also strengthen the customer relationship with beneficiaries at point-of-sale.

287. For UCCT implementation:

- Although WFP prefers the cash UCCT modality to the CCT modality, given its integration into GOE systems and MoSS capacity, beneficiaries favoured the CCT provision.
- However, beneficiary perceptions of the UCCT cash assistance were largely positive. The distributed cash filled multiple needs; beneficiaries spent it on food items, including fruits and vegetables, and milk despite the absence of targeted nutrition messaging at Health Units.
- Provision of unconditional cash does not enable WFP to influence purchasing decisions; beneficiaries used the UCCT money to purchase private educational lessons for their children, pay for rent and other household items such as gas cylinders.
- The use of broad social media platforms to disseminate nutrition messages among a population that has high levels of illiteracy and the reported low levels of ownership of smartphones (required to access social media) among beneficiaries, does not provide sufficient targeting of those messages to the most in need. Alternative approaches, such as development of specific IEC materials disseminated in a known and trusted location such as a Health Unit may offer more leverage for WFP to influence key behaviours among beneficiaries. Stronger needs assessment may have identified this issue and led to more appropriate methods to send targeted messaging.

288. **Sustainability.**

289. The programme's long-term lack of sustainability for the immediate beneficiaries of the First 1000 Days programme was confirmed by end-beneficiaries of both conditional (CCT) food baskets and unconditional (UCCT) cash transfer model when the services stopped, and they no longer received either food baskets or cash. WFP clarified that all UCCT surveyed beneficiaries are graduates of the UCCT assistance programme, as their registered child passed the 1000 days threshold. When the assistance stopped, vulnerabilities increased, as now former PLW beneficiaries reported that they started borrowing more cash to meet their basic needs.

290. During the CCT phase, WFP did not routinely track nutritional outcomes in a systematic or rigorous way. This may be because, under pressure from limited funding and COVID-19, the timeline for the CCT phase was reduced to such an extent that clear outcomes may not have been expected by the premature end of the CCT modality. The evaluation team is unable to conclude whether outcomes are sustainable. However, the conditional attendance at nutritional counselling sessions may have a lasting benefit of improving the decision-making process of PLWs and mothers, as these create knowledge-based understanding of nutritional standards. Nonetheless, an accurate assessment would require monitoring over time. Transition to the UCCT phase led WFP to determine that it was no longer relevant to measure the initial expected outcomes, given the shift to UCCT that delinked assistance to any nutrition conditionality.

291. The causal link between provision of nutrition awareness sessions to changed eating habits was self-reported by some CCT end-beneficiaries. The lack of a detailed Theory of Change and close monitoring hinders effective conclusions as to the sustainability of any beneficiary changes evidenced.

292. Provision of 1,800 electronic tablets for MoSS's community workers and staff for monitoring, reporting, and providing counselling to the Takaful and Karama beneficiaries during the First 1000 Days programme brought efficiency and coordination gains. However, aspects of support in the longer-term maintenance and upgrading of these electronic devices, as well as asset management requirements for these items were not examined in this evaluation.

293. WFP's provision of three-day 'Training of Trainers' and the two-day step-down training, jointly with MoSS and NNI, which targeted MoSS's community workers, was a successful and sustainable approach. Effective monitoring of the step-down training events was an additional sustainability measure, to ensure embedded quality and consistency of the provision of training by MoSS.

294. The 2019 integration of the First 1000 Days programme elements into GOE's Takaful conditional CBT programme reflected GOE's strong ownership of the programme's objectives, both present and those of future planned initiatives. After the programme redesign from CCT, UCCT was also integrated into the Takaful and Karama framework, benefitting from the MoSS existing targeting and disbursement systems, rather than

creating a parallel one, a positive sign for longer term sustainability, if not necessarily for the direct beneficiaries of the First 1000 Days programme themselves, but for wider PLW.

295. Stronger partnership engagement efforts during the shift from CCT to UCCT programming could have led to less negative feedback from MoHP. MoHP staff members described the programme as incomplete, and lacking the prerequisite means to ensure sustainability. However, it obtained the participation of the Egyptian Post Office Service Authority, whose branches acted as distribution channels to the UCCT assistance.

296. However, for longer term sustainability of the approach, MoSS's future agenda includes integration of the First 1000 Days programme into a GOE-funded family development initiative, expected to start in July 2022, targeting 150,000 PLW.

297. Under this Egyptian Family Development Project, the MoHP will provide health care services and data on health improvement. MoSS will do the targeting and MoSIT will set up a points system or specific goods on the subsidy cards; employing similar approaches gives a nod to sustainability of the WFP approach. It is not clear as to whether the design of the new project included intentional collaboration with WFP, using documented learning from WFP implementation across the two implementation approaches.

298. **Coverage.**

299. Under the CCT modality, the programme showed clear targeting of PLW and their children in three vulnerable Egyptian governorates of Assiut, Qena, Sohag. Administrative challenges related to the issuance of food subsidy cards and a sense of programme start-up being hasty, led to some dissatisfaction among beneficiaries and Health Unit staff that not all those PLW in need were included in the programme. In addition, 24 percent of the CCT beneficiary respondents reported that they did not receive any food baskets, despite being enrolled into the programme.

300. The pivot to UCCT modality widened geographical coverage of the First 1000 Days programme that was incorporated into the Takaful social safety net system. This included an expansion of systems for monitoring the implementation procedures and leaned on the existing GOE systems for implementation and monitoring. It brought with it, however, challenges of inheriting the errors within the respective Takaful and Karama databases.

301. However, continued poor monitoring of the programme outputs, plus significant funding shortfalls, meant that WFP reported significant underachievement against targeted levels of coverage. This combined with a lack of monitoring data for coverage for a specific target group, persons with disability, led the evaluation to conclude that the programme did not attain planned levels of coverage for all targeted vulnerable groups.

3.2 LESSONS LEARNED

302. This DE was commissioned with an explicit learning focus, given the known and wide challenges WFP faced during implementation of both the CCT and UCCT phases of the First 1000 Days programme, and adaptations made in response to funding shortfalls and COVID-19. In reviewing the data from all of the sources reviewed and triangulating this information , the evaluation team identified a number of learning points that may contribute to wider organizational learning in WFP beyond the context of this evaluation.

#	Lesson learned	Recommendation	Target audience
1	The GOE's ownership of programs is crucial in ensuring programme alignment with GOE's changing priorities and agenda, sustaining programme credibility and national leverage. This is particularly critical when implementing during moments of national crisis such as COVID-19. However, the capacity of GOE ministries as key stakeholders responsible for implementation should be considered prior to implementation.	1. Detailed capacity assessments to be conducted as part of programme information-gathering and design. 2. Concrete measurable capacity-strengthening action plans agreed with key relevant stakeholders, with planned intentional periodic reviews against agreed actions to be maintained.	WFP GOE
2	For efficient programming, relevant databases containing information that is key to implementation needs to be regularly updated and routinely verified; this includes beneficiary databases. Pre-existing databases, such as those developed by GOE offer potential cost-efficiencies as well as sustainability gains and engagement with key governmental partners, but need to demonstrate routine verification practices if programmatic decisions are to be based upon their content.	1. Routine data checking and verification mechanisms to be designed to ensure that WFP has accurate, timely information upon which to base implementation decisions. 2. Key participants in data verification activities should include the primary holder of the database, such as GOE health unit staff, MoSS social workers, and database developers to ensure suitable validation rules are used to minimize error at data entry, and programmatic monitoring and evaluation teams. 3. Routine programme meetings by implementers should be data-driven and course corrections made upon identification of any error that could affect progress. These meetings should be cross-agency wherever possible, to promote performance discipline and accountability for results.	WFP GOE

#	Lesson learned	Recommendation	Target audience
3	Beneficiary participation from the design phase, through to implementation, and monitoring and evaluation phases enhances end-recipient understanding of the aims and objectives, eligibility criteria, key activities, key stakeholders / providers and expected outcomes of the programme, as well as exit strategies for the programme. This, together with a functional complaints and response mechanism that has closed feedback loops, ensures beneficiary voices remain core to the programme.	1. Meaningful inclusion of beneficiaries at programme design phase may be achieved by targeted FGDs of representative beneficiary members, using known and trusted access points such as Health Care Units to mobilize this representation. 2. Beneficiary representation to be based against the key characteristics of all beneficiary target groups rather than to assume homogeneity across beneficiaries. This will require reflection of the different needs of beneficiary groups to participate meaningfully (location of consultation, means of engagement, timing of consultation events etc.). 3. Accessible complaints and response mechanisms to be established at programme start-up, suitably resourced to receive, document, and process complaints, and to run periodic trend analysis to then inform programme course correction as part of intentional learning.	WFP
4	Programme design should be explicitly evidence-informed and should include an overall Theory of Change that cascades the expected results down to outcomes, outputs and activities. Investment in monitoring and evaluation from the outset brings clear gains in efficiency and effectiveness of the programme. Gender analysis should inform implementation from a GEWE perspective and appropriately challenge existing negative gender norms wherever identified. Inclusion of other vulnerable targets besides PLW in the programme's activities is an area of development.	1. Programme sign-off criteria to include evidence of logical TOC and corresponding Results Framework detail. 2. All programme staff to be trained in key monitoring activities and tools etc. using global data quality standards to measure data quality against (precision, validity, reliability, integrity, timeliness) 3. Monitoring and evaluation staff to flag performance deviations (+/-10% from target) and to require explanatory deviation narratives every reporting period from implementation teams; alert senior managers and develop action plans to bring performance in line with expected results. 4. Conduct or reference updated and available gender assessments / analysis and use to inform every programme design. Where programs are intentionally focused on women, examine options for meaningful male involvement in a way that addresses negative normative behaviours within families, households, and communities. 5. Conduct a disability audit against the implementation plan to address identified access barriers for persons with disability.	WFP GOE WFP development partners

#	Lesson learned	Recommendation	Target audience
5	Coordination between different actors and identification of Standard Operational Procedures (SOPs) with clear roles, responsibilities, clear governance, accountability, monitoring, and decision-making mechanisms can smooth the communication between actors, especially governmental partners, to enhance the overall efficiency of the programme.	1. Consider appropriate means of strengthening the governance and accountability structures that enable coordination between governmental partners at national and local levels. 2. Establish a technical high-level steering committee to monitor implementation within the proposed time frame, communicate with partners on the challenges, with the aim of operationalizing and documenting the SOPs at the structural and operational levels. 3. Conduct resource and stakeholder mapping as part of programme design and development. Coordination between development actors and other governmental initiatives with the same targeting and partner organizations can allow complementarity among the provided support to the GOE and end-beneficiaries like integrating economic support and data alignment support (e.g., UNICEF 1000 days programme, MoSS FORSA programme).	WFP GOE WFP development partners
6	Demonstration of the success of a programme requires evidence at all levels within the Results Framework. While routine monitoring efforts are focused at the output level, planned and intentional tools, processes and level of effort needs to be factored in to conduct outcome monitoring at an appropriate stage of implementation. The TOC requires an assessment of risks and assumptions including the funding thresholds that will justify continuation of the programme.	1. The programme Annual Monitoring, Evaluation and Learning Plan (AMELP) should include a learning agenda and planned and resourced outcome monitoring activities. This provides excellent opportunities for meaningful beneficiary participation, and sense-checking of the programme's Theory of Change. 2. Planned and systematic review of the TOC and AMELP (annually or upon identification of a change in programming context or external environment (such as COVID-19) will inform revision of the TOC as part of adaptive management. 3. Programme risk matrix to include a resource threshold whereupon a programme's continuance will be considered against an agreed threshold in the funding envelope per year / over the life of programme, or that will promote a documented revision of the TOC and expected results.	WFP
7	Technological innovation (either prompted by a change in external environment such as COVID-19) or by internal reflection / learning needs to be 'proof-tested' with beneficiary groups for accessibility and acceptability. Technological innovation at programming level may bring efficiencies to bear but needs to consider longer term sustainability, including planning for cyclical maintenance and upgrade (software and hardware) of devices.	1. Consultations with beneficiary representation at design phase to include discussion of the nature of technology to be required by the beneficiary and tested for acceptability and accessibility. 2. Technological innovations for internal programmatic implementation to include longer term sustainability planning and to include aspects of maintenance plans, software licensing upgrade costs and mechanisms etc.	WFP GOE WFP development partners

3.3. RECOMMENDATIONS

303. **Programme design recommendations:**

- **Develop a more structured approach to programme design supported by a well-developed Theory of Change (TOC)** that produces a Logframe of measurable, achievable, and attributable, (i.e., SMART) indicators within an overall Results Framework. The TOC should include evidence-based links between inputs, activities, outputs, and outcomes, and include a risk assessment against this logic model. All indicators should include Performance Indicator Reference Sheets that provide a definition of the indicator, its link to the Results Framework, unit of measurement, data type (integer, decimal, percentage) disaggregation(s), data source, methods and frequency of data collection, rationale for target calculation and date for data quality assessment, together with any data limitations expected. Future design of similar programs should also centrally include the views of targeted beneficiaries, as a central aspect of Accountability to Affected Populations.

- **Put in place data monitoring tools, mechanisms and plans at programme start-up, designed against the programme's TOC and Results Framework,** and then implement to ensure that high quality data is collected in accordance with global data quality standards. Systematic data monitoring would ensure the enforcement of any conditionality aspect of provision, delivery of assistance, and assessment of any knowledge and behavioural change. This can be through local implementing partners after appropriate capacity building. The programme may continue its support to MoSS social workers to deliver awareness activities, data monitoring and supervision. Planned intentional periodic data review efforts should be built into the work plan to offer 'course correction' opportunities.

304. **Implementation recommendations**

- **Conduct a stronger assessment to better understand the channels that beneficiaries typically use to obtain health care information;** this would lead to improved behavioral change communication (BCC) campaigns targeting audiences with high levels of illiteracy and who do not possess the necessary devices to access social media campaigns. Testing of IEC materials prior to inclusion within the implementation would also offer learning points to finesse messages to specific audiences.

- **Examine how to better synchronize the receipt of assistance at the distribution point with the messaging to beneficiaries that confirm the availability of this assistance.** This should eliminate beneficiary trips to the distribution point (post office/retailer's point of sale) only to find out that assistance is not available. In addition, improved communication to beneficiaries should enable them to understand what they are entitled to receive, how they will receive it, why they have been deemed eligible for the assistance (or indeed ineligible, for non-beneficiaries), how long the assistance will last and what to do if they are not satisfied with the assistance itself or the process in receiving the assistance.

- **Select distribution points that more closely correspond to geographical clusters where target communities reside.** This should be done to avoid confusion, and correct issues in supply and demand, set realistic goals of a determinate number of beneficiaries obtaining a determinate level of assistance. Another way of improving the proximity of distribution points is to explore more delivery points of affiliated organizations like MoSS local NGOs, MoHP HCU besides the MoSIT retailers. Participation of beneficiaries at design phase would also aid identification of local perceptions of retailers and start the programme, with assured levels of trust between beneficiary and end-provider.

- **Factor in the transaction costs incurred by beneficiaries to receive the assistance.** Given the poverty and socio-economic level of beneficiaries, the need for beneficiaries to spend between 10-60 EGP to receive the assistance each cycle is a considerable sum. Assistance contents and values should be more explicitly linked to an externally valid metric, such as the Minimum Expenditure Basket, to bring transparency to the agreed levels of assistance to be provided.

305. **Communication and collaboration recommendations:**

- **Plan and conduct joint awareness sessions that bring together beneficiaries and retailers.** This should serve to introduce beneficiaries to the channels/venues through which they are to obtain their assistance, familiarize both parties with their rights, tasks, and the programme's objectives, rules, and guidelines, and increase the potential for harmonious relationships between the retailers and beneficiaries.
- **Strengthen beneficiary complaints and response mechanisms.** In adherence to Accountability for Affected Populations, every programme should include clear beneficiary complaints mechanisms that are communicated regularly to beneficiaries, including at point-of-access of assistance. These complaint mechanisms should be monitored, and feedback loops closed to ensure that every complaint is managed transparently. A trend analysis of complaints should be periodically conducted, and action plans against findings developed against that analysis.
- **Strengthen coordination and communication systems between stakeholders, programme implementers, and development actors and national institutions at all levels,** given the First 1000 Days programme alignment with broader national Egyptian initiatives. This will support the integration of capacities, streamline processes, marshal resources, and focus implementation both strategically (per its design) and operationally (per its field activities) to achieve intended goals. Basic or more detailed capacity assessments of any partner as needed, including GOE, should inform implementation approaches, and capacity strengthening plans included within a phased timeline of implementation to ensure that relevant stakeholders possess the required capacity when the programme goes 'live' to beneficiaries. This will also strengthen complementarity of provision for the same target populations and will include development of a planned exit strategy at design stage (e.g., UNICEF 1000 days programme, MoSS FORSA programme).

#	Recommendation	Recommendation grouping (3 options): By type By theme Short/medium/ long-term	Responsibility (one lead office/entity)	Other contributing entities (if applicable)	Priority: High/medium	By when
1	**Develop a more structured approach to programme design supported by a well-developed Theory of Change (TOC) that produces a Logframe of measurable, achievable, and attributable, (i.e., SMART) indicators within an overall Results Framework.** The TOC should include evidence-based links between inputs, activities, outputs and outcomes, and include a risk assessment against this logic model. All indicators should include Performance Indicator Reference Sheets that specific a definition of the indicator, its link to the Results Framework, unit of measurement, data type (integer, decimal, percentage) disaggregation(s), data source, methods and frequency of data collection, rationale for target calculation and date for data quality assessment, together with any data limitations expected. References to global best practice should inform activity selection at implementation level. Future design of similar programs should also include centrally the views and perceptions of targeted beneficiaries, as a central aspect of Accountability to Affected Populations.	Medium-term	WFP	-	High	CSP 2023

#	Recommendation	Recommendation grouping (3 options): By type By theme Short/medium/ long-term	Responsibility (one lead office/entity)	Other contributing entities (if applicable)	Priority: High/medium	By when
2	**Put in place data monitoring mechanisms and plans at programme start-up, designed against the programme's TOC and Results Framework, and then implemented to ensure that high quality data is collected in accordance with global data quality standards**. Quality data monitoring would ensure the enforcement of any conditionality aspect of provision, delivery of assistance, and assessment of any knowledge and behavioural change. This can be through local implementing partners after appropriate capacity building. MoSS Social workers can be utilized to play a larger role in monitoring expected outputs and outcomes of the programme. The programme may continue its support to MoSS social workers to deliver awareness activities, data monitoring and supervision. Planned intentional periodic data review efforts should be built into the workplan to offer 'course correction' opportunities, as well as intentional learning moments.	Medium-term	WFP	MoSS	High	CSP 2023

#	Recommendation	Recommendation grouping (3 options): By type By theme Short/medium/ long-term	Responsibility (one lead office/entity)	Other contributing entities (if applicable)	Priority: High/medium	By when
3	**Conduct stronger assessment to better understand the channels that beneficiaries typically use to obtain health care information.** This would lead to improved behavioral change communication (BCC) campaigns targeting audiences with high levels of illiteracy and who do not possess the necessary devices to access social media campaigns. Testing of IEC materials prior to inclusion within the implementation would also offer learning points to finesse messages to specific audiences.	Medium-term	WFP	-	High	CSP 2023
4	**Examine how to better synchronize the receipt of assistance at the distribution point with the messaging to beneficiaries that confirm the availability of this assistance.** This should eliminate beneficiary trips to the distribution point (post office/retailer's point of sale) only to find out that assistance is not available. In addition, improved communication to beneficiaries should enable them to understand what they are entitled to receive, how they will receive it, why they have been deemed eligible for the assistance (or indeed ineligible, for non-beneficiaries), how long the assistance will last and what to do if they are not satisfied with the assistance itself or the process in receiving the assistance.	Short-term	WFP	MoSS	Medium	Next 3-6 months

#	Recommendation	Recommendation grouping (3 options): By type By theme Short/medium/ long-term	Responsibility (one lead office/entity)	Other contributing entities (if applicable)	Priority: High/medium	By when
5	**Select distribution points that more closely correspond to geographical clusters target communities.** This should avoid confusion, and correct issues in supply and demand, set realistic goals of a determinate number of beneficiaries obtaining a determinate level of assistance. Another way of improving the proximity of distribution points is to explore more delivery points of affiliated organizations like MoSS local NGOs, MoHP HCU besides the MoSIT retailers. Participation of beneficiaries at design phase would also aid identification of local perceptions of retailers and start the programme with assured levels of trust between beneficiary and end-provider.	Medium-term	WFP	MoHP, MoSIT, MoSS	High	CSP 2023
6	**Factor in the transaction costs incurred by beneficiaries to receive the assistance.** Given the poverty and socio-economic level of beneficiaries, the need for beneficiaries to spend between 10-60 EGP to receive the assistance each cycle is a considerable sum. Cash transfers may be calculated so as to include a transportation allowance, or alternatively, and probably more realistically,programme implementers must organize distribution points that are closer to clusters of beneficiary populations. Assistance contents and values should be more explicitly linked to an externally valid	Short-term	WFP	MoSS	Medium	Next 3-6 months

#	Recommendation	Recommendation grouping (3 options): By type By theme Short/medium/ long-term	Responsibility (one lead office/entity)	Other contributing entities (if applicable)	Priority: High/medium	By when
	metric such as the Minimum Expenditure Basket to bring transparency to the agreed levels of assistance to be provided.					
7	**Plan and conduct joint awareness sessions that bring together beneficiaries and retailers.** This should serve to introduce beneficiaries to the channels/venues through which they are to obtain their assistance, familiarize both parties with their rights, tasks, and the programme's objectives, rules and guidelines, and increase the potential for harmonious relationships between the retailers and beneficiaries.	Medium-term	WFP	MoHP, MoSIT, MoSS	High	CSP 2023
8	**Strengthen beneficiary complaints and response mechanisms.** In adherence to Accountability for Affected Populations, every programme should include clear beneficiary complaints mechanisms that are communicated regularly to beneficiaries, including at point-of-access of assistance. These complaints mechanisms should be monitored, and feedback loops closed to ensure that every complaint is managed transparently. A trend analysis of complaints should be periodically conducted, and action plans against findings developed against that analysis.	Short-term	MoSS	WFP	High	Next 3-6 months

#	Recommendation	Recommendation grouping (3 options): By type By theme Short/medium/ long-term	Responsibility (one lead office/entity)	Other contributing entities (if applicable)	Priority: High/medium	By when
9	**Strengthen coordination and communication systems between stakeholders, programme implementers, and national institutions at all levels, given the First 1000 Days programme alignment with broader national Egyptian initiatives.** This will support the integration of capacities, streamline processes, marshal resources, and focus implementation both strategically (per its design) and operationally (per its field activities) to achieve intended goals. Basic or more detailed capacity assessments of any partner as needed, including GOE, should inform implementation approaches, and capacity strengthening plans included within a phased timeline of implementation to ensure that relevant stakeholders possess the required capacity when the programme goes 'live' to beneficiaries. This will centrally include development of a planned exit strategy at design stage through to implementation and end-of-project stages (e.g., UNICEF 1000 days programme, MoSS FORSA programme).	Medium-term	WFP	MoHP, MoSIT, MoSS	Very High	CSP 2023

#	Recommendation	Recommendation grouping (3 options): By type By theme Short/medium/ long-term	Responsibility (one lead office/entity)	Other contributing entities (if applicable)	Priority: High/medium	By when
10	**Strengthen the intentional coordination between development actors and other governmental initiatives with the same target groups to enhance complementarity of provision.**	Medium-term	WFP	UNICEF, MoSS, MoHP	High	CSP 2023

Annexes

Annex 1. Summary ToR

Link to the ToR

Annexes 2. Evaluation Timeline

Activity	Implementation Period	No. Days
Inception Phase		
Inception Meeting: • Introduction meeting with the Evaluation Team Leader • Meeting with DCD of CO • Meeting with Programme manager • Meeting with Evaluation Team Leader	16 /11/ 2021 29 /11/2021 5 /12/ 2021 9 /12/2021	
Acquisition and Desk Review of Key documents	11 – 12 - 2021	30
i-APS conducts Data Quality Assurance (DQA) of data, to support inception report	25 /02 to 6 /03/2022	10
Draft Inception Report	7 /03/2022	10
Review by Evaluation Manager		
Review IR and Submission of revised Inception Report based on comments received	29/03/2022	
Review by DEQS	19/03/2022	
Review IR and submission of revised Inception Report based on comments received	21/03/2022	
Review by EC/ERG	26/03/2022	
Review IR and submission of revised Inception Report based on comments received	04/05/2022	
Submission of final revised Inception Report	04/05/2022	
Approval of Final IR	05/05/2022	
Data collection Phase		
Training for field data collectors and Tools Testing (started during Inception Report phase)	1st - 2nd week – 05/2022	6
Data collection	15 /05 – 16/06/2022	39
Data quality assurance/real-time data quality checks (simultaneous with data collection)	15 /05 – 16/06/2022	39

Activity	Implementation Period	No. Days
Data Analysis and Reporting phase		
Data analysis	19 /06 - 10/07/2022	15
In-country exit debriefing(s) on preliminary finding and initial insights) with CO and EC	13/07/2022	1
Draft evaluation report	10 – 31/07/2022	20
Sharing of draft ER with Evaluation Manager	31/07/2022	
Review by evaluation manager	1st week – 08/2022	4
Revise draft ER based on feedback received	1st week – 08/2022	1
Submission of revised ER	04/08/2022	
Review by EC/ERG - DEQS	2nd – 3rd week - 08/ 2022	10
Review ER and submission of revised ER based on comments received	4th week - 08/ 2022	5
Circulate draft ER for review and comments to EC and ERG, RB and other stakeholders	4th week - 08/ 2022	
Submission of final Evaluation Report	25/08/2022	
Approval of Final Evaluation Report	4th week - 08/ 2022	5
Dissemination and Follow-up Phase		
Debriefing for WFP/invited stakeholders (if it is requested)	09/ 2022	1
Provision of summary findings for publication to WFP	09/ 2022	3

Annex 3. Methodology

Overview of the Methodological Approach

The evaluation methodology assessed the Relevance, Effectiveness, Efficiency, Sustainability, and Coverage of the "First 1000 Days" Programme, following the OECD DAC Network of Development Evaluation model. These provide a normative framework to determine the merit or worth of an intervention and serve as basis upon which evaluative judgements are made.

The evaluation team applied mixed qualitative and quantitative methods to collect and analyze data to objectively assess project performance and identify learning in line with the objectives of this evaluation as required by the programme's Terms of References (TOR).

Note: The criterion of Impact was not evaluated. As per the TOR, an impact assessment is beyond the scope of this evaluation. Chronic shortages in funding experienced in 2019, followed by the need to remove conditionality because of the impact COVID-19 in 2020, did not allow for Impact to materialize. This makes it impossible to offer an accurate or objective assessment of this criterion. Although the TOR did refer to the outcome level results of the programme for 2018, the evaluation team found no outcome indicators measured throughout the project.

GEWE and AAP principles and approaches featured throughout the evaluation and are addressed in the disaggregated analysis. i-APS ET includes female members, gender experts and data collectors experienced in designing gender sensitive tools and in conducting gender-sensitive training, throughout all data collection phases and their integration in the data analysis plan

i-APS employed a mixed methods approach of the KEQ and Sub-questions. This includes a desk review of available documents measured against the secondary data from the programme monitoring and reporting system, and the quantitative and qualitative data collection conducted by i-APS. This methodology ensured the triangulation of information in all its programmatic aspects, as per the **Evaluation Matrix** - Annex 4.

Methodological Approach

The methodological approach that follows took in consideration the social and demographic composition of the programme for **female-only** end beneficiaries. The mixed methods approach adopted by the ET relied on the following steps:

- **Desk review** of available project information from the programme was provided by WFP. i-APS' ET reviewed all data and documentation received from WFP to understand activity processes, performance, and achievements on outputs. From the desk review, the ET identified information gaps, which then were used to inform development of the primary data collection plan and accompanying tools.
- **Data Quality Assessment (DQA):** i-APS conducted a DQA on the received output indicator monitoring sheets to a) Assess data availability and reliability, which informed primary data collection, b) Systematically check accuracy, consistency, and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions from the data, and c) Identify eventual data gaps at the inception phase and design data collection tools accordingly to be able to collect the needed indicators for the evaluation matrix.
- **Trend analysis:** i-APS conducted a trend analysis of the secondary data from the programme monitoring and reporting systems with relevant input, process, and output indicators. The ET received output indicator monitoring sheets from WFP categorized by years, but found that outcomes have not been reported throughout programme's lifecycle. To remedy this limitation, the ET built an accumulated sheet with the four reporting periods, accumulated actual figures, and accumulated targets. The ET noted that targets were missing from several reported datasets, making the analysis of indicator progress challenging. For some indicators, the targets were the same as the actual reported figures. This raises questions as to whether targets were set post-implementation to match actual results.

Quantitative Sampling: Considering that the Programme consists of two modalities, the CCT and the UCCT, the i-APS ET requested and reviewed two WFP databases to generate the Quantitative Sample. The CCT database consisted of 21,807 beneficiary households (HHs) in Assuit, Suhag, and Qena who benefitted from the assistance in 2018. The UCCT database consisted of 26,253 beneficiary HHs who benefited from this modality until 2021. In contrast to the CCT database, which is restricted to the three governorates mentioned above, the UCCT consists of a nationwide sample, i.e., it applied to all governorates of Egypt.

Based on these two available beneficiary HHs WFP databases and the nature of the services provided, the Quantitative Sample of this evaluation is detailed as follows:

CCT sampling approach:

- determined sampling parameters to account for confidence and margin of error.
- identified full populations per governorate based on each database provided by WFP.
- calculated overall sample size as required.
- data collection distributed sample size proportionally across governorates.

Table 1. Sampling Parameters for WFP CCT population

Sampling Parameters	
Margin of Error	0.05
Confidence Level	0.96
Response Distribution	0.5
Total Population	19,259
Required Sample	380

Table 2: Sampling Frame for WFP Database CCT Beneficiaries per Assessed Governorate

Governorate	WFP BNFs	Sample Required
Assuit	9,500	139
Suhag	9,290	164
Qena	3,017	117
Total	21,807	380

There were some notable impediments that led to internal **limitations**. Thus, the evaluation identified challenges in obtaining a clear and valid pool from which to sample beneficiaries. This was a result of the number of incorrect entries in the WFP's CCT database, and consisted of duplicate mobile numbers and names, i.e., 3,879 mobile numbers and 1,865 names in Assuit. In addition, there were also 195 invalid mobile numbers that were removed. The remaining unique entries were 17,741. The ET then adjusted the sample per governorate accordingly and rounded up the selected sample from the initial 378 to 380 CCT beneficiaries.

UCCT sampling:

- set sampling parameters for confidence and margin of error, identified full populations per governorate based on WFP provided database, and calculated overall sample size required.

- discussed with WFP sampling scenarios based on either governorate level stratification or regional level stratification.
- applied sampling parameters proportionally at the regional level as the model agreed to by WFP as best suited for the programme.

Table 3. Sampling parameters for WFP UCCT population

Sampling Parameters	
Margin of Error	0.05
Confidence Level	0.96
Response Distribution	0.5
Total Population	26,253
Required Sample	380

After consultation with WFP, the ET determined the **UCCT sample** based on a distribution across governorates with the highest number of beneficiaries located in a specific geographical **region**, rather than sample proportionally across all governorates where the programme had been implemented. All regions are represented under this sampling approach, including Upper Egypt, Delta, Greater Cairo, Lower Egypt, and the frontier governorates. This regionally levied sample was considered, and agreed upon with WGP, to best suit UCCT programming.

Subsequently, and in agreement with WFP, the ET added the Governorate of North Sinai and of the Red Sea as a representation of frontier governorates, given first, the development work currently taking place in Sinai region and second, because both governorates are frontier governorates. Half of both these governorates' population were targeted under this sampling. Here, not all governorates are represented.

Table 4. Sampling frame for UCCT BNFs across Gov.

Governorate		WFP BNFs	Sample Required
1	Giza	1,089	19
2	Suhag	1,887	33
3	Menia	5,141	89
4	Qena	2,049	35
5	Assuit	3,980	69
6	El-Behaira	1,349	23
7	El-Dakahlia	1,195	21
8	El-Fayuom	961	17
9	Damietta	326	6
10	Matrouh	252	4
11	El-Munofia	492	8
12	Luxor	425	7
13	Red Sea	42	20
14	North Sinai	71	30
Total		**19,259**	**380**

Qualitative Data Collection for both the CCT and UCCT modalities, was conducted in the Cairo, Suhag, Assuit, and Qena governorates using both online and in-person approaches based on the nature of interviewees, potential social constraints, time availability of persons to be interviewed, and respectful of COVID-19 restrictions. The ET conducted **FGD** and **IDIs** with WFP team, Government of Egypt, UN country team, and donors online via Zoom.

At the governorate level, the ET conducted IDIs/FGDs with health unit management, retailers, local Government of Egypt representatives, and FGDs with CCT and UCCT women beneficiaries. The targeted governorates were selected based on the availability of data for both CCT and UCCT beneficiaries; the presence of stakeholders who benefited from the CCT model, such as the health care units and retailers in the three Upper Egypt governorates; and the availability of interviewees who are familiar with the programme and willing to participate in the Decentralized Evaluation interviews, from the selected governorates.

FGD and IDI sampling was random. The three governorates Suhag, Qena and Assuit were selected by the ET because these are the only governorates where both CCT and UCCT modalities were applied jointly, thus providing an opportunity to survey HCUs, retailers, and both UCCT and CCT beneficiaries. Both FGDs and IDIs were conducted using an **inclusive participatory** approach to capture not only the original voices of the beneficiaries, but also integrate potentially disparate experiences across the assessed localities.

The remainder of the UCCT-covered governorates nationwide were covered through qualitative phone surveys to capture the UCCT end-beneficiaries' opinions across all selected geographical locations. Qualitative data collection included a range of stakeholders identified in the stakeholder analysis.

Table 5. Qualitative Data Collection Activities

#	Stakeholders	Tool	Achieved	Targets	Achievement Percent
1	WFP Country Office (CO) -Egypt (Country/Deputy Director/ Head of Programme/ Nutrition Unit/ Gender Unit Officer)	IDI	4	5	80%
2	WFP CO Evaluation Manager	IDI	1	1	100%
3	Government of Egypt (MoSS, MoSIT, MoHP, and NNI)	IDI	4	4	100%
4	UN Country team (UNICEF, Regional coordinator UN)	IDI	2	2	100%
5	Donors (USAID, Sawiris Foundation, German Egyptian Debt Swap)	IDI	3	3	100%
6	Cooperating Partners / Service Providers (Egyptian National Post Office Services Authority)	IDI	0	1	0%
7	Cooperating Partners /Service Providers (Retailers)	IDI	3	8	38%
8	Cooperating Partners /Service Providers (Health facility providers Staff, Raedat Refeyat, HCU heads)	FGD	16	6	267%
9	Local WFP coordinators	IDI	2	2	100%
10	Local Government of Egypt representatives (social solidarity and health directorates)	IDI	5	3	167%
11	CCT BNFs	FGD	21	8	263%

#	Stakeholders	Tool	Achieved	Targets	Achievement Percent
12	UCCT BNFs	FGD	16	8	200%
13	Male indirect BNFs (CCT/UCCT BNFs husbands)	FGD	4		
TOTAL		**IDI**	**24**	**29**	**83%**
		FGD	**57**	**22**	**259%**

The **evaluation Matrix table** in Annex 4 provides further detail on the integration of data collection qualitative and quantitative tools across the programme evaluation.

The ET focused on the direct PLW beneficiaries as respondents to the survey instruments, but data analysis identified an average of more than 4 members within the household of these respondents, as indirect beneficiaries. This contrasts with an average family size in Egypt of 3.6 and the PLWs surveyed may not be representative more widely of Egyptian households.

Table 6. Qualitative Data Collection Activities - FGD

FGDs				
Governorates	**BNFs**	**HCU staff**	**local GOE representative**	**Total**
Assuit	122	11	20	153
Qena	57	20		77
Suhag	95	37		132
Total				**362**

Enumerator selection and training: The ET conducting a training for all field monitoring on the scope of the evaluation, review of all tools and review of the language to ensure the vocabulary was appropriate for the context, and that questions were interpreted by all parties as intended. Local, Arabic-speaking, enumerators underwent a two-day training to ensure the project, evaluation matrix and operational plan were understood and reviewed COVID-19 protocols. Data collectors were selected among a pool of experienced individuals already skilled in conducting both in-person and online surveys. Nonetheless, these received further, additional, training on data quality assurance, and on how to plan and operationalize data collection.

The training was conducted in person in Cairo, where the data collectors were split into two groups, one for the CCT and the other for the UCCT. The data collectors were introduced to the programme and its methodology, including the target group, sample size, and data collection plans. Part of the training also included participatory exercises where the team leader/trainer monitored roleplays of monitors conducting interviews, and the time it took to finish the survey. At the end of the training session, all data collectors underwent a test (a simulated 5 surveys with actual beneficiaries) which served to evaluate their work quality. All monitors were required to submit their completed surveys to the field supervisor who assessed them and then shared feedback to both data collectors and the ET. Additional training was provided to ensure that participants properly understood i-APS, UN, and WFP guidelines regarding ethics of evaluations, code of conduct, safety, and Do No Harm principles, as well as COVID-19 protections.

Between 17 and 27 May 2022, the ET travelled to the Assuit, Suhag and Qena governorates to conduct face-to-face IDIs with local Government of Egypt representatives, health care unit staff, retailers and FGDs with CCT and UCCT end-beneficiaries. The ET conducted phone surveys with UCCT and CCT end-beneficiaries nationwide to capture the change in behavior, consumption, and knowledge across modalities and geographic locations.

Gender and age Monitoring did not take place in the Programme until 2019, due to the critical funding challenges faced. Considering that the programme had no established Theory of Change and no gender-

specific indicators, no such analysis was conducted to inform programme design for implementation and monitoring. The nutrition awareness raising programs targeting adolescents and school age children focused on adolescent girls as an important group within the 'life cycle' that contributes to intergenerational malnutrition.

Limitations

t the programme level, **no Theory of Change** has been developed for the" programme to date. This presents challenges, first in testing the internal logic of the programme and second, to in evaluating whether specific programme inputs led to specific, planned (or unplanned) outputs and outcomes.

The **DQA** focused on the output indicators related to programme implementation. The ET identified the following gaps:

a) No **indicator definition** sheets were available for the ET to fully understand how these defined, and how they impacted disaggregation of gender (if any), geographical locations, targets, methods of calculation, data source, and data limitations. This hampers data validity, precision, and reliability across teams and time periods.

b) The targets for **Act. 03** (1000 Days programme output indicators) under 2020 and 2021 are the same as the achieved figures. This suggests that some indicators had targets calculated after the implementation of the activity, which, in turn, indicates the unlikelihood that the programme achieved its intended targets.

The CCT database, contained multiple incorrect entries. **D**ata collectors logged a total of 2,362 calls to individuals, of which 352 were wrong numbers, 255 had switched off their numbers, 19 were not interested to participate, and 126 were not aware of the programme and/or received any services. Against a target sample of 380, the ET collected data from 307 CCT respondents.

The UCCT database, contained multiple serious double entries of beneficiary names and of mobile phone numbers. Data collectors logged a total of 887 calls, of which 25 were wrong numbers, 157 switched numbers, 2 beneficiaries were not interested to participate, and 3 beneficiaries were not aware of the programme or had not received any services. Of the participants reached, 392 UCCT beneficiaries filled the survey.

To collect **Qualitative data**, the ET filtered the number of retailers to be surveyed to visit those in the districts with the largest number of beneficiaries. Difficulties arose in reaching the selected retailers in the field, as the ET could not reach their locations. After several tries the ET managed to reach only three retailers, one of them over the phone, to conduct the planned IDIs. Similarly, the ET was not able to include the trained governmental staff, and trained health care staff in Phase I in the primary data collection, due to the unavailability of data.

The **CCT and UCCT Qualitative Survey** data collection also faced some challenges.

a. In the WFP provided database, phone numbers did not belong to the intended female beneficiaries but rather male family members, most often a husband. This affected **access**, until the ET managed to retrieve and register women under their own names, not their spouses.

b. Poor cellular phone and internet **connection** in remote and/or rural areas, as in North Sinai and Matrouh affected the ability of data collectors to reach out and conduct surveys in person, instead relying on text messages, WhatsApp, or landline calls if available.

c. UCCT beneficiaries were reluctant to participate in surveys and they worried that the data they were asked to provide could affect their eligibility in the Government of Egypt's Takaful and Karama social protection programs. As the Programme heavily relies on the T&K databases for beneficiaries' selection, this shows **poor awareness** and suggests that beneficiaries were not properly informed about their rights and privileges.

d. Similarly, there were 137 beneficiaries in the CCT database who had not heard about the programme, also suggesting poor **awareness campaigns** in the early phases of the programme.

Data Analysis

1. Once data collection began, i-APS DAU begins the process of data review prior to conducting quantitative and qualitative analysis of the data. During the data collection process, as data is

uploaded on a safe/secured server, i-APS team members from the DAU and the Team Leader conducted data testing for quality to ensure that proper data is being collected.

2. For **qualitative data**, detailed field notes and other observations was taken during and after each interview. A codebook was developed to reflect key themes and sub-themes from the transcripts. These codes were applied to each interview and focus group transcript and outputs were produced by location, group and by code. Qualitative data analysis software taguette was used in the process of data management and analysis.
3. The collected data was analysed using thematic analysis, a qualitative analysis method 'for identifying, analysing, and reporting themes within the data. The data analysis procedures of thematic analysis are similar to grounded theory although thematic analysis is not bounded theoretically but is particularly emphasized for searching themes in the data set.
4. **Quantitative data** was analysed in the form of statistics. Statistics helped the ET to turn quantitative data into useful information. The team used statistics to summarise the collected data, describing patterns, relationships, and connections. The ET did a further layer of analysis across geographical locations to understand differences between different served locations by the programme.
5. The ET applied **mixed methods triangulation** as the integration of quantitative and qualitative research gave us a broader understanding of the evaluation findings. Quantitative research described magnitude and distribution of change, for instance, whereas qualitative research gave us an in-depth understanding of the social, economic, and cultural context. Mixed methods research allowed us to triangulate findings, which strengthened validity and increased the utility of the evaluation study findings.
6. A data collection dashboard was created to monitor the progress of the evaluation and updates were shared with WFP team mid-data collection.

Annexes 4. Evaluation Matrix

Evaluation Key Question: To what extent is the design of the First 1000 Days Programme relevant to the local context over its lifetime, and is it contributing to a larger safety net programme as intended?				Criteria: RELEVANCE
Sub Questions	**Indicators**	**Data Collection methods**	**Sources of data/information**	**Data analysis methods/triangulation**
To what extent is the First 1000 Days Programme in line with the needs of beneficiaries (men and women, boys, and girls) and partners, including government?	The degree to which beneficiaries feel/perceive that the service was tailored to their needs % of beneficiaries who say that service met their needs	Focus Group Discussions (FGD) In-Depth Interviews (IDI) Beneficiary Surveys	National and regional WFP leadership and staff, government, partner, community, and donor entities. Programme beneficiaries	Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geographical locations
To what extent are the programme objectives aligned with the policies and priorities of WFP, Government partners, UN agencies and donor at the time of design? And are they still relevant?	Stakeholder perceptions regarding the alignment of the programme objectives to different parties such as WFP, Government partners, UN agencies and donor	Annual Country Report (ACR) National strategies, CSR. IDI	National and regional WFP leadership and staff, government, partner, and donor entities	Thematic analysis of secondary data Context analysis of primary data (interviews/ focus groups)
To what extent was the intervention based on a sound gender analysis?	% of women beneficiaries who say that service counted for their gender related risks and limitations	FGD IDI Beneficiary Surveys	National and regional WFP leadership and staff, government, partner, community, and donor entities. Programme beneficiaries	Context analysis of primary data Interviews/ FGDs Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geographical locations
To what extent did the design and implementation of the programme consider the available capacities?	Stakeholder perception on the in-place capacities at design and during implementation	IDI	National and regional WFP leadership and staff, government, partner, and donor entities	Context analysis of primary data (interviews/ focus groups)

What have been the synergies between the programme and other WFP programs?	National and regional WFP leadership perception on the similarities and collaborations between the programme and other WFP programs operating under the same strategic objective.	IDI	National and regional WFP leadership and staff	Context analysis of primary data (interviews/ focus groups)
Evaluation Key Question: To what extent was the programme implemented in the most efficient way to deliver its objectives?				**Criteria: EFFICIENCY**
Sub Questions	**Indicators**	**Data Collection Methods**	**Sources of Data/Information**	**Data Analysis, Methods, Triangulation**
Was the programme cost-efficient?	Analysis of budgets and different activities spendings National and regional WFP leadership and Stakeholder perception on the spendings per activity and across time periods	Monitoring Records Project Reports IDI	National and regional WFP leadership and staff, Government, Partner, and Donor entities	Thematic Analysis of Secondary Data Context analysis of primary data (interviews/ focus groups)
Was the programme implemented in a timely way?	Analysis of the implementation time plan National and regional WFP leadership and Stakeholder perception on the timeliness of implemented activities Beneficiaries' perception about the timeliness of payments and its influence on the family budget planning	Monitoring records Project Reports IDI Beneficiary Surveys	National and regional WFP leadership and staff, Government, Partner, and Donor entities	Thematic analysis of secondary data Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geography)
Was the programme implemented in the most efficient way compared to alternatives?	National and regional WFP leadership and Stakeholder perception on the alternative implementation models and the performance of the adopted model	Monitoring Records Project Reports IDI	National and regional WFP leadership and staff, Government, Partner, and Donor entities	Thematic analysis of secondary data Context analysis of primary data (interviews/ focus groups)

Did the targeting of the programme mean that resources were allocated efficiently?	The degree to which National and regional WFP leadership feel/perceive the programme targeting efficiently	Monitoring records/project reports, IDI	National and regional WFP leadership and staff.	Thematic analysis of secondary data Context analysis of primary data (interviews/ focus groups)
Evaluation Key Question: To what extent were the intended objectives of the Programme achieved (or are likely to be achieved), and did it result in unintended outcomes?				**Criteria: EFFECTIVENESS**
Sub Questions:	**Indicators**	**Data Collection Methods**	**Sources of Data/Information**	**Data Analysis, Methods, Triangulation**
To what extent were (are) the outputs and outcomes achieved (likely to be achieved)?	Analysis of the outputs monitoring sheets and level of achievements for each activity % of beneficiaries who say that the programme achieved its outcomes (access to food, improved nutrition status and enhanced capacities)	Monitoring Records Beneficiary Surveys	Programme Beneficiaries	Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geography)
What major factors influenced the achievement or non- achievement of the outcomes?	Beneficiaries / National and regional WFP leadership and stakeholder perception on the key factors supported/hindered the programme outcomes attainment	Beneficiary Surveys FGD IDI	National and regional WFP leadership and staff, government, partner, community, and donor entities. Programme beneficiaries	Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geography)
Were there unintended (positive or negative) outcomes of assistance for participants and non- participants?	Beneficiaries / National and regional WFP leadership and stakeholder communication of unintended results the programme may have created	Beneficiary Surveys FGD IDI	National and regional WFP leadership and staff, government, partner, community, and donor entities. Programme beneficiaries	Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geography)

Is the achievement of outcomes leading to/likely to lead to meeting programme objectives? What major factors influenced this?	% of beneficiaries who say that received support resulted in programme outcomes attainment and will lead to objectives achievement in the future. Beneficiaries can explain the paths to change they expect to achieve in the future because of the programme	CCT Beneficiary Survey IDI	National and regional WFP leadership and staff, Programme Beneficiaries	Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geography)
Were results delivered for men, and women, boys and girls?	% of beneficiaries confirming reaching the intended results of the received services (by group) Beneficiaries perception about the usage of assistance and its results among the household members (men, women, boys and girls)	Beneficiary Survey FGD IDI	Community entities. Programme beneficiaries	Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geography)
Were relevant assistance standards met?	Beneficiaries / National and regional WFP leadership and stakeholder perception on the received assistance quality and level of their satisfaction of the received support.	Beneficiary Survey IDI	National and regional WFP leadership and staff, government, partner, and donor entities. Programme Beneficiaries	Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT beneficiaries/ UCCT beneficiaries / geography)
Evaluation Key Question: To what extent are the benefits of the Programme expected to last after major assistance ceased?				**Criteria: SUSTAINABILITY**
Sub Question	**Indicators**	**Data Collection Methods**	**Sources of Data/Information**	**Data Analysis, Methods, Triangulation**
To what extent did the programme implementation consider sustainability, such as capacity building of national and local government institutions, communities and other partners?	National and regional WFP leadership and stakeholder perception on the received capacity building from the programme and its contribution to results sustainability	FGD IDI	National and regional WFP leadership and staff, Government, Partner, and Donor entities	Context analysis of primary data IDI FGD

To what extent is it likely that the programme benefits continue after WFP's work is ceased?	Stakeholder perception regarding their capacities and in-place resources to sustain the programme results	FGD IDI	National and regional WFP leadership and staff, Government, Partner, and Donor entities	Context analysis of primary data IDI FGD
Evaluation Key Question: To What Extend did the First 1,000 Days Programme reach and meet the needs of key target groups?				**Criteria: COVERAGE**
Sub Question	**Indicators**	**Data Collection Methods**	**Sources of Data/Information**	**Data Analysis, Methods, Triangulation**
To what extent did the programme design take geographical disparities in Egypt into consideration?	Locations the programme target with different activities and channels the programme used to reach end-beneficiaries	Monitoring records/project reports	NA	Thematic analysis of secondary data
To what extent were different groups targeted or included?	Number of beneficiaries from diverse groups (local citizens/refugees, age groups, differently abled, gender)	Monitoring Records Project Reports Beneficiary Surveys FGD	Community entities, Programme Beneficiaries	Thematic analysis of secondary data Context analysis of primary data (interviews/ focus groups) Data disaggregation (CCT /UCCT beneficiaries / geographical locations)
To what extent did the programme reach PLW and infants?	The percentage of coverage of beneficiaries served who are PLW and infants	Monitoring records/project reports, Surveys	Community entities, programme beneficiaries	Thematic analysis of secondary data Data disaggregation (CCT /UCCT beneficiaries / geographical locations)

Annexes 5. Data collection Tools

QUANTITATIVE – TOOLS - Unconditional Conditional Cash Transfer

I. COVER PAGE

WOMEN MASTER ID (LL – NN – NNNN): □ - □ - □□□ *Instructions to create a Master ID:* 1. Reign Name: ***Said Egypt, Giza, North Egypt, Red Sea, North Sinai*** 2. Governorate name: Sohag (S), Assiut (A), Qena (Q), Luxor, Giza, Beheira, Dakahlia, Fayoum, Damietta, Menoufia, Matrouh, Red Sea, North Sinai 3. Indicate survey type: **M**ale (**M**), **F**emale (**F**) ***(1 Letter: M,F)*** *4.* Indicate identification number starting with 0001 ***(4 digits)*** *5.* **Example: S-F-0001** [Sohag Female 0001]
Household Master ID (Copy from HH Survey): □□ - □□ - □□□□ Governorate name: District name: City/village name: Name and line number of woman: Line number: □□

Start time: □□:□□ 00:00-24:00
*****ALL ELIGIBLITY QUESTIONS MUST BE ASKED AND RECORDED***** ***Eligibility Screener*** *(Eligible women include women who are currently pregnant or have delivered during the previous two years)* 1. Are you between the ages of 15-49 years? Yes □ No □ 2. Have you delivered during the previous two years? Yes □ No □ 3. Are you a caretaker of children under five? Yes □ No □

Instructions to interviewers:

For ALL questions, read aloud each question option, except "Don't know" ***unless otherwise instructed****. For your response, select only one option per question* ***unless otherwise instructed****. Do not read instructions in italics aloud.*

NO.	QUESTIONS AND FILTERS
000 c	Throughout the survey you will see the symbol next to a question. This refers to a ***STOP AND CHECK*** point for the survey and will require the surveyor to check on a previous question. ***DO NOT LEAVE THIS PART BLANK***. Surveyors must answer this question.

Module 1: Female Respondents' Background and Reproductive History

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
101	Date of Birth:		
102	Mother's education	Illiterate Read and writ Intermediate education Higher education Other	
103	Mother's work	A housewife A fixed-wage worker an irregular labourer free work Other	
104	What is your current marital status?	Currently married 1 Divorced 2 Separated 3 Widowed 4	
105	At what age did you get married?	Less than 18 years 18 – 35 years More than 35 years	
106	Age at first pregnancy	Less than 18 years From 18-35 years More than 35 years	
107	Age at last pregnancy	Less than 18 years From 18-35 years More than 35 years	
108	Number of children	None One Tow Three More than three	>end the survey

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
109	Family type	Simple family Complex family Extended family	
110	Family size	Two Three Four Five More than five	
111	Do you have any disabilities?	Yes, please specify No	
112	Are you pregnant now?	Yes No	
113	Did you deliver between 2017 - 2021?	Yes No	
114	How old is your most recent birth (in months)?	..... Months	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
Now I will ask you about food habits of family			
201	Does the family eat breakfast daily?	Yes No	
202	Is a family member distinguished by certain foods?	Yes No	
203	If the answer is yes, what are these foods?	Protein group Fruits & veg Carb. Group Fat group	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
204	Who is the special person? (Rank them from the most special to the least special)	Husband Child Pregnant woman Lactating woman Eldest son Grandfather Grandmother	
205	Are you keen to provide a salad dish to your family daily?	Yes No	
206	Are you keen to provide fruit to your family daily?	Yes No	
207	Are you keen on diversifying the food for your family in one meal or in the day?	Yes No	
Maternal nutritional habits during pregnancy and lactation			
208	How do you learn about healthy diets and pregnancy care? **More than one answer is possible**	Internet Television Radio Health social workers Health care units Family members Neighbours and friends Other, specify	
209	Do you eat family food during pregnancy and breastfeeding	Yes No	
210	Are you keen to prepare special foods during pregnancy and lactation?	Yes No	
211	If the answer is yes: What types of food do you focus on? **More than one answer is possible**	Protein group Fruits & veg Carb group . Fat group	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
212	Are you keen to eat vegetables and fruits daily during pregnancy?	Yes No	
213	Were you keen to take folic acid tablets during pregnancy?	Yes No I do not remember	
214	Did you have anaemia during pregnancy?	Yes No	
215	Are you keen to eat dairy and dairy products during pregnancy?	Yes No	
216	Do you know what foods are rich in iron?	Yes No	
217	If the answer is yes: What foods are rich in iron?		
218	Did you make sure to eat iron-rich foods during pregnancy?	Yes No	
219	Did you go to the health unit for follow-up after birth?	Yes No	>220
220	If not, why? **More than one answer is possible**	Didn't think it was necessary Transport too expensive Too far, No transportation Services too expensive No female provider Inconvenient service hours	
221	When did you start your baby's first feeding after birth?	1 hour after birth 6 hours after birth 12 hours after birth Other	
222	Did you make sure to give your child colostrum milk?	Yes No	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
223	Did you give your child any food or drink while breastfeeding in the first 6 months?	Yes No	
224	When did you start giving the baby extra food besides breastfeeding?	After 4 months After 6 months After 12 months Other ……	
225	What kind of extra food did you give the child?	Semi-solid solid liquid	
226	Why did you give him to eat and drink other than breast milk during the first 6 months? **More than one answer is possible**	To get used to food To be stronger Breast milk is not enough Other ……	
227	when do you intend to stop breastfeeding your child?	After 1 year After 18 months After 2 years Other ……	
228	Has your child taken all the vaccinations on time?	Yes No	
229	For you, is it easy or difficult to diversify your child's eating every day (read alternatives)?	Very easy Easy Difficult Very difficult Not determined	
230	Who usually makes decisions about major household purchases?	Respondent Husband Respondent and husband jointly Other (Specify)	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
231	Who usually makes decision about healthcare for yourself?	Respondent Husband Respondent and husband jointly Other (Specify)	
232	Who usually makes decisions about your child's healthcare?	Respondent Husband Respondent and husband jointly Other (Specify)	

Now, let me ask you about the additional cash transfer you received from Takaful & Karama			
301	Did you receive a cash transfer in the past two years?	Yes No	->End survey
302	Did you receive a cash transfer from any of these places? (Check all that apply)	Health facility.....a School.....b Post office.....c Other specify.....e	
303	where did you learn about the cash transfer mechanism?	SMS notification Healthcare unit Community member Family member Post office School Other, specify	
304	Did you fully understand the redemption process when it was explained to you?	Yes No	>306

305	If not, do you fully understand the redemption process now?	Yes, participants helped me.....1 Yes, chews helped me.....2 No, I'm still confused.....3 I don't know.....4	
306	Do you know the selection criteria for receiving this cash from the post office?	Yes No	>308
307	What are the selection criteria?	Pregnant women .....1 Women with kids below 36 months .....2 Takaful & Karama beneficiaries ..3 Other, specify .....4 Other, Specify 5	
308	Do you think the selection of programme participants was fair?	Yes No	>310
309	If no, why not? **More than one answer is possible**	Most chosen.....1 Only certain tribes/groups.....2 Only friends/family of leaders.....3 In need, not included .....4 Other (specify) 5	
310	Did you experience any security threats because of the programme, including theft, intimidation, threats, etc.?	Yes No	>312
311	If yes, please explain what happened:	Theft.....1 Intimidations.....2 Threats.....3 Jealousy.....4 Others.....5	

312	Did the programme cause any conflict in the community?	Yes No	>314
313	If yes, please explain:	Jealousy.....1 Intimidations.....2 Hatred.....3 Others.....4	
I am going to ask you a few questions about utilization of the cash transfer.			
314	How much extra cash have you received?	..... Egp	
315	Who make the decision about the spending of the extra cash received?	Respondent Husband Respondent and husband jointly Other (Specify)	
316	How did you spend the extra received cash? (Multiple choices allowed)	Food Healthcare services/medicine Repayment of debts Clothes Kids allowance Education related expenses Savings Started income generating activity Paying bills (electricity, water) Other, specify	
317	Did you use the cash to purchase food?	Yes No	>332
318	On average, how much did you spend of the cash to purchase food per month?	..... EGP	
319	Was this food purchase mainly for:	Woman.....1 Child under five.....2 All children.....3 Whole family.....4	

320	Did you use the cash to purchase fruits and vegetables?	Yes No	>323
321	How much of the cash did you spend to purchase fruits and vegetables per month?	..... EGP	
322	Was this food purchase mainly for:	Woman.....1 Child under five.....2 All children.....3 Whole family.....4	
323	Did you use the cash to purchase milk?	Yes No	>326
324	How much of the cash did you spend to purchase milk per month?	..... EGP	
325	Was this food purchase mainly for:	Woman.....1 Child under five.....2 All children.....3 Whole family.....4	
326	Did you use the cash to purchase eggs and meat?	Yes No	>329
327	How much of the cash did you spend to purchase eggs and meat per month?	..... EGP	
328	Was this food purchase mainly for:	Woman.....1 Child under five.....2 All children.....3 Whole family.....4	
329	Did you use the cash to purchase other foods?	Yes 1 Like what? ..... No..... 2	>332
330	How much of the cash did you spend to purchase other foods per month?	..... EGP	

331	Was this food purchase mainly for:	Woman.....1 Child under five.....2 All children.....3 Whole family.....4	
332	Did you use the cash to purchase health service(s)?	Yes No	
333	How much of the cash did you spend to purchase health service(s) per month?	..... EGP	
334	Was this service purchase mainly for:	Woman.....1 Child under five.....2 All children.....3 Whole family.....4	
I am going to ask you a few questions about perception of the unconditional cash transfer programme from the post office.			
335	Who went to collect the cash transfer from the post office?	Me .....1 spouse.....2 Son/daughter 3 Grandson/granddaughter.....5rrelatives .....4 Neighbours.....5 Others (specify).....6	
336	Were you treated with respect by agents at the post office?	Yes No	
337	How long did you have to wait to receive your cash at the post office?	.....Minutes	
338	Are you satisfied with the amount of time you spent waiting at the post office?	Yes No	
339	What is your travel mode to get to the post office to receive your cash?	By foot.....1 Buses/mini-buses.....2	

		Motorbike.....3 Car.....4 Animals.....5 (Toktok) Auto rickshaw Other	
340	How long did it take you to get to the post office to receive your cash?	.....Minutes	
341	How many trips did you make to the post office to receive your cash on monthly basis?	.....Trips	
342	Did you receive the cash transfer regularly?	Yes No	
343	How often did you receive the cash transfer?	Every month.....3 Every 2-3 months.....4 Every 4-6 months.....5	
344	Who did you contact if you did not get the full cash transfer?	Government officer.....1 Health centre staff.....2 Community leader.....3 Other , specify 4	
345	Did you spend money for your travel to get to the post office to receive your cash?	Yes No	>347
346	If yes, how much did it cost you to get to the post office to receive your cash in one trip?	..... EGP	
I am going to ask you a few questions about transparency and household- or community-tensions			
347	Did receiving cash from the post office changed your relationship with your partner?	Yes, my relationship has deteriorated (conflict).....1 No, my relationship has remained the same.....2 Yes, my relationship has improved.....3 Not applicable (single headed household).....4	

348	What do you suggest for improving cash transfers from the post office?	More agents.....1 More cash.....2 More frequent transfers.....3 More targeted beneficiaries.....4 Other, Specify 5	
349	What were the barriers you faced in obtaining the cash transfer from the post office? **More than one answer is possible**	Security.....1 Covid restrictions transport.....2 Road access.....3 Permission from husband.....4 Escort by male family member....5 Other specify _____6	
350	What were the barriers you encountered during the cash transfer process from the post office? **More than one answer is possible**	Balance not confirmed on request.....1 Finger prints not verified.....2 Transaction declined.....3 Bad treatment from agents .....4 Busy offices .....5 Other specify _____6	
Kindly rate the following statements (1 being strongly agree and 5 being strongly disagree)			
351	I like the type of assistance I receive (i.e., Cash Transfer)	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
352	I like the way I receive assistance (i.e., post offices)	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
353	The assistance I received met my needs	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3	

		Somewhat disagree .....4 Strongly disagree 5	
354	The amount of assistance I receive is enough	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
355	I do not have to travel too far to benefit from the assistance.	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
356	I received the assistance on regular basis till my child was 1000 days old	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
End time: □□:□□ 00:00-24:00			

END: Please thank the respondent for their time.

QUANTITATIVE – TOOLS - Conditional Cash Transfer

I. COVER PAGE

WOMEN MASTER ID (LL – NN – NNNN):	□ - □ - □□□
Instructions to create a Master ID: 6. Governorate Name : Sohag (S), Assiut (A), and Qena (Q) ***(1 Letter: S, A, Q)*** *7.* Indicate identification number starting with 001 ***(3 digits)*** *8.* **Example: S-W-001** [Sohag Women Household 1]	
Governorate name:	Code : □□
District name:	Code : □□
City/village name:	Code : □□
Name of woman:	Line number:

Interviewer code: □□
Start time: □□:□□ **00:00-24:00**
*****ALL ELIGIBLITY QUESTIONS MUST BE ASKED AND RECORDED*****
Eligibility Screener *(Eligible women include women who are currently pregnant or have delivered during the previous two years)*
4. Are you between the ages of 15-49 years? Yes □ No □
5. Have you delivered during the previous 5 years? Yes □ No □
6. Are you a caretaker of children under five? Yes □ No □

Instructions to interviewers:

For ALL questions, read aloud each question option, except "Don't know" ***unless otherwise instructed****. For your response, select only one option per question* ***unless otherwise instructed****. Do not read instructions in italics aloud.*

NO.	QUESTIONS AND FILTERS
000.c	Throughout the survey you will see the symbol next to a question. This refers to a ***STOP AND CHECK*** point for the survey and will require the surveyor to check on a previous question. ***DO NOT LEAVE THIS PART BLANK***. Surveyors must answer this question.

Module 1: Female Respondents' Background and Reproductive History

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
115	Date of Birth:		
116	Mother's education	Illiterate Read And Write Intermediate Education Higher Education Other, please specify:	
117	Mother's work	A Housewife A Fixed-Wage Worker An Irregular Labourer Other Free Work Other, please specify:	
118	What is your current marital status?	Currently Married 1 Divorced 2 Separated 3 Widowed 4	
119	Do you have any disabilities?	Yes, Please Specify No	
120	At what age did you get married?	Less Than 18 Year 18 – 35 Years More Than 35 Years	
121	Age at first pregnancy	Less Than 18 Years From 18-35 Year More Than 35 Year	
122	Age at last pregnancy	Less Than 18 Years From 18-35 Year More Than 35 Year	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
123	Number of children	None One Tow Three More than three	>end the survey
124	Family type	Simple Family Complex Family Extended Family	
125	Family size	Two Three Four Five More Than Five	
126	What is the name of the child registered in the 1000 days programme in the health unit ?		
127	What is the age of the child now?	..... Months	
128	What is the gender of the child	Male Female	
129	Are you pregnant now?	Yes No	
130	How many times did you go to the health unit to monitor pregnancy while participating in the programme	Every Week Every Month More Than That Less Than That	

Module 2: Antenatal, Delivery and Postnatal Care

Now, I would like to talk about your most recent pregnancy that resulted in a live birth during your participation into the programme

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
201 .	Did you deliver between 2017 - 2021?	Yes No	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
202	How old is your most recent birth (in months)?	..... months	
203	Who makes the decision about whether to go for follow up in health unit?	Respondent Husband/partner Respondent and husband/ partner jointly Other	
204	Where did you deliver?	Govt/Social security hospital Private clinic hospital Health unit Home Other (Specify)	
205	Who was the main person to help you during the birth of the project child?	Doctor Health unit official Nurse Midwife Relative / Neighbor / Friend / Nobody Else Other	
206	If not giving birth in a clinic, governmental or private hospital, or health unit, what is the reason? It is allowed to choose more than one answer	Didn't think it was necessary Transport too expensive Too far, No transportation Services too expensive No female provider Inconvenient service hours Does not apply	
207	Did you go to the health unit for follow-up after birth?	Yes No	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
208	If no, why? More than one answer is possible	Didn't think it was necessary Transport too expensive Too far, No transportation Services too expensive No female provider Inconvenient service hours other	

Now, I would like to talk about (NAME), your most recent birth.

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
301	Has your child taken all the vaccinations on time?	Yes No Do not remember	
Now I will ask you about food habits of family			
302	Did you take advice from the health unit on proper nutrition during pregnancy?	Yes No	
303	Is a family member distinguished by certain foods?	Yes No	>go to 312
304	If the answer is yes, what are these foods? It is allowed to choose more than one answer	Protein group Fruits & veg Carb . group Fat group	
305	Who is the special person? (Rank them from most special to least special)	Husband Child Pregnant Woman Lactating woman Eldest Son Grandfather Grandmother	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
306	Are you keen to provide a salad dish to your family daily?	Yes No	
307	Are you keen to provide fruit to your family daily?	Yes No	
308	Are you keen on diversifying the food for your family in one meal or in the day?	Yes No	
Maternal nutritional habits during pregnancy and lactation			
309	Do you eat family food during pregnancy and breastfeeding	Yes No	
310	Are you keen to prepare special foods during pregnancy and lactation?	Yes No	>go to 318
311	If the answer is yes: What types of food do you focus on? **More than one answer is possible**	Protein group Fruits & veg Carb group Fat group	
312	Are you keen to eat vegetables and fruits daily during pregnancy?	Yes No	
313	Were you keen to take folic acid tablets during pregnancy?	Yes No	
314	Did you have anemia during pregnancy?	Yes No	
315	Are you keen to eat dairy and dairy products during pregnancy?	Yes No	
316	Do you know what foods are rich in iron?	Yes No	
317	If the answer is yes: What foods are rich in iron?		
318	Did you make sure to eat iron-rich foods during pregnancy?	Yes No	
Mother's nutritional awareness			

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
319	In your opinion, who are the most in need of milk and milk products in your family? **More than one answer is possible**	Husband Children Pregnant Woman Wife Other	
320	What are the most important nutrients that we take from milk and its products? **More than one answer is possible**	Protein Vitamins Iron Calcium Fats Do not know	
321	What are the most important nutrients that we take from vegetables and fruits? **More than one answer is possible**	Protein Vitamins Minerals Sugars Fiber	
322	For you, is it easy or difficult to diversify your child's eating every day, is it easy or difficult (read alternatives)?	Very easy Easy Difficult Very difficult Not determined	
323	Who usually makes decisions about major household purchases?	Respondent Husband/partner Respondent and husband/ partner jointly Someone else Other (Specify)	
324	Who usually makes decision about healthcare for yourself?	Respondent Husband/partner Respondent and husband/ partner jointly Someone else	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
		Other (Specify)	
325	Who usually makes decisions about your child's healthcare?	Respondent Husband/partner Respondent and husband/ partner jointly Other (Specify)	

Now let me ask you about WFP 1000 days programme the one that provided food voucher at the retails shops			
401	Have you heard about the 1000 Days Project? Did you receive food vouchers to purchase food from listed items at the retailers shops?	Yes No	>End the survey
402	If yes, How did you know about the project?	- Community member - Community leader - Family member - Media (online/offline) - Health care facilities - Other, ...	
403	Are you currently subscribed to the nutrition services of the 1000 Days Project?	Yes No	>go to 405
404	If no, what are the reasons for stopping your participation?	- My child is now older than 36 months (1000 days) - I gave birth to my fourth child - My ID got expired / was lost - I lost my Takaful and Karama blue Card - Other	
405	When was the last time you received services from the project?	Month , Year	
406	Which services have you received from the project? (you can choose more than one option)	Nutrition counselling Health services Other, ... Commodities from the retailer	

Kindly rate the following statements (1 being strongly agree and 5 being strongly disagree)			
501	I like the type of assistance I receive (i.e., food voucher **Commodities from retailer).**	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
502	I like the way I receive assistance (i.e., health care units, retailers)	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
503	The assistance I received met my needs	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
504	The amount of assistance I receive is enough	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
505	I do not have to travel too far to benefit from the assistance.	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	
506	I received the assistance on regular basis till my child was 1000 days old	Strongly agree.....1 Somewhat agree.....2 No opinion/Neutral.....3 Somewhat disagree .....4 Strongly disagree 5	

507	Were you treated with respect by health personnel?	Yes No	
508	How long did you have to wait to receive commodities at retailers' shops?	.....Minutes	
509	Are you satisfied with the amount of time you spent waiting at retailer's shops?	Yes No	
510	How long did it take you to get to the retailer shop to receive your commodities?	.....Minutes	
511	Did you receive the food vouchers regularly?	Yes No	
512	How often did you receive it?	Every month Every 2-3 months Every 4-6 months Other:	
513	How many transfers have you received in total?	..... transfers	
514	How old was your child when you received the first transfer (in months)?	..... months	
515	**Who did you contact if you did not get the transfer?**	Government officer.....1 Health centre staff.....2 Community leader.....3 No one .....4 Other 5	
516	Did you spend money for your travel to get to the retailer shop to receive the food commodities?	Yes No	>go to 519
517	If yes, how much did it cost you to get to the retailer shop to receive the food basket?	..... EGP	
518	For goods you purchase from the received assistance who in the house determines the method of their use?	Respondent Husband Respondent and husband jointly Other (Specify)	

519	What is your evaluation of the maternal and child health care provided by the health care units?	- Very good - Good - Neutral - Bas - Very bad - Not determined - Did not receive any	
520	What is your evaluation of the nutrition care provided by the health care units?	- Very good - Good - Neutral - Bas - Very bad - Not determined - Did not receive any	
521	Did your preparation of complementary foods (including diet content, diversity etc.) changed after programme participation?	Yes No	>go to 524
522	Do you know the selection criteria for receiving this assistance?	Yes No	
523	If yes, what are the selection criteria? **More than one answer is possible**	Pregnant women .....1 Women with kids below 36 months .....2 Takaful & Karama beneficiaries ..3 Visit the health care unit regularly ....4 Attend awareness events .....5 Attend counselling sessions .... 6 Other, Specify 7	
524	Did receiving assistance change your relationship with your husband?	Yes, my relationship has deteriorated (conflict).....1 No, my relationship has remained the same.....2 Yes, my relationship has improved.....3 Not applicable (single headed household).....4	
525	What do you suggest for improving assistance from the retailers' shops? **More than one answer is possible**	More retailers .....1 More items.....2 More frequent transfers.....3 More targeted beneficiaries.....4 Other.....5	

		Other specify_____6	
526	What were the barriers you faced in obtaining the assistance from the retailers' shops?	Security.....1 Covid restrictions transport.....2 Road access.....3 Permission from husband.....4 Escort by male family member....5 Other.....6 Other specify_____7	
527	On a scale of 5, how do you rate the assistance procedures from the retailers' shops?	Too difficult.....1 Difficult.....2 Average.....3 Easy.....4 Too easy.....5	
528	Would you prefer to receive a cash rather than food basket?	Yes No	
529	if yes, why?		
530	Would you prefer to receive the food commodities from somewhere else rather than the retailers' shops?	Yes No	
531	If yes, which channel you want to receive the food commodities from?	Health clinic Local NGO Post office School Other:	
532	Interviewee notes and comments		
End time: □□:□□ 00:00-24:00			

END: Please thank the respondent for their time.

QUALITATIVE - TOOLS

Note to facilitator applied to each Tools

Before beginning, make sure the participant has provided informed consent and thank the participant for agreeing to participate. Introduce yourself as working on behalf of the World Food Programme. The probes are provided for guidance. Try to elicit response from the interviewee without suggesting answers.

Name of Interviewer:

Date of Interview:

Start Time:

End Time:

Participant Gender:

Title:

Introduction

Good morning/afternoon/evening. My name is _____ and I am working with i-APS on behalf of the World Food Programme to perform a decentralized evaluation. I would like to get your views and perspectives on the 1000 days Programme implemented by WFP, between 2017-2021, to improve the nutritional status of pregnant and lactating women and children 6-23 months.

Tool #1

Country Office (CO) -Egypt
Country/Deputy Director/ Head of Programme

Criteria	Question	Response
Introductory question	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	To what extent was the programme designed to respond to the needs of the women and child beneficiaries? Did the programme design include various voices from government to the grassroot groups?	
	From your point of view, do you consider the programme in its current form the most appropriate to meet the needs of the beneficiaries?	
	Can you reflect on the tripartite nature of the initial project design involving three ministries and how this approach developed over time?	
	How the cash-based transfer model responded to the local context and capacities?	
	What have been the synergies between the programme and other WFP programs?	
Efficiency	From your point of view, did the programme achieve the economic return compared to the cost (good use of the inputs - community benefit from the programme) ? If yes: Does this mean that you consider the programme have been implemented using the most efficient alternative?	
	From your point of view: Do you think that all the stakeholders played their roles in the best way? What can be improved?	
Effectiveness	To what extent were the intended objectives of the Programme achieved (or are likely to be achieved), and did it result in unintended outcomes? Are there any differences across geographic areas or socio-economic groups?	
	What have been the main contributing (enabling factors of success) and challenging factors towards project's success in attaining its targets-including COVID-19 pandemic and how they dealt with?	
Coverage	Did the programme achieve coverage for the target population and included different groups? Did the extremely vulnerable get targeted in proportion to their need? What evidence do you have to support this statement?	
Sustainability	Do you think the gains achieved from the programme can be sustained? Which aspects of the programme do you think can be sustained over the long term? Why? What are the constraints in achieving sustainability?	

	Is there a potential to scale up the project in other areas in the country? What resources in place that can support scalability?	
	To what extent did the programme implementation consider sustainability, such as capacity building of national and local government institutions, communities, and other partners?	
Lessons learned	What would you consider a good practice/ lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Tool #2

Gender Unit Officer

Criteria	Question	Response
Introductory question	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	To what extent was the intervention based on a sound gender analysis?	
	To what extent did the intervention identify the specific nutrition needs of male and female children?	
Efficiency	From your point of view: Do you think that all the stakeholders played their roles in the best way? What can be improved?	
Effectiveness	Were there differences in achieving outcomes between male and female children?	
	What do you perceive are the challenges to improve household food security and nutritional status of women and children	
Coverage	Did the programme achieve coverage for the target population and included different groups? Did the extremely vulnerable get targeted in proportion to their need? What evidence do you have to support this statement?	
Sustainability	Do you think the gains achieved from the programme can be sustained? Which aspects of the programme do you think can be sustained over the long term? Why? What are the constraints in achieving sustainability?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Tool #3

CO Office of Evaluation (OEV) – Evaluation Manager

Criteria	Question	Response
Introductory question	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	As of the project design, who is responsible for the monitoring and evaluation activities of the programme (central or local level)?	
	How the project M&E system/indicators stayed relevant to the changes in the project design?	
Efficiency	How the programme allocated strategically the available resources (local capacities, partnerships) to implement the project's M&E plan?	
	How did the budget cuts, especially in 2019, affect the project implementation and timeline and M&E activities? For example, no outcome monitoring for outcome 3 was conducted in 2019.	
	How appropriate and useful are the indicators in assessing the projects' progress? Are indicators gender sensitive? Are the means of verification for the indicators appropriate? Are the assumptions for each objective and output realistic?	
Effectiveness	To what extent were the intended objectives of the Programme achieved (or are likely to be achieved), and did it result in unintended outcomes? Are there any differences across geographic areas or socio-economic groups? What is the evidence in place supporting your findings?	
	What have been the main contributing (enabling factors of success) and challenging factors (at the community level, the household level, and the government level) towards project's success in attaining its targets-including COVID-19 pandemic, and how they dealt with?	
	How were the non-participants involved in the project? What benefits did the non-participants receive?	
	Were there unintended (positive or negative) outcomes of assistance for participants and non- participants?	
Sustainability	Do you think the gains achieved from the programme can be sustained? Which aspects of the programme do you think can be sustained over the long term? Why? What are the constraints in achieving sustainability?	
	Is there a potential to scale up the project in other areas in the country? What resources are in place that can support scalability?	

	To what extent did the programme implementation consider sustainability, such as capacity building of national and local government institutions, communities, and other partners?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Tool #4

GOE (MoSS, MoSIT, MoHP, NNI) & Local Government

Criteria	Question	Response
Introductory question	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	To what extent were the transfer modalities of 1000 Days Programme based on an analysis of beneficiary needs?	
	To what extent are the transfer modalities aligned with the policies and priorities of the government, WFP, and other development or humanitarian actors in the country?	
Effectiveness	To what extent were the intended objectives of the Programme achieved (or are likely to be achieved), and did it result in unintended outcomes? Are there any differences across geographic areas or socio-economic groups?	
	What have been the main contributing (enabling factors of success) and challenging factors towards project's success in attaining its targets?	
	What do you think of the shift from CCT to UCCT and how would you assess both models result?	
	From your point of view, what are the key returns of the other project's institutional activities (e.g., communication plan, national nutrition curriculum, policy recommendations, etc.)?	
	From your point of view, what are the key returns of capacity building activities to your staff and systems strengthening (e.g., data management, e-payment, SMS notification systems)?	
	Through the monthly reports on the purchases of beneficiaries submitted by the MoSIT to WFP, what are the items that the beneficiaries focused on, and do you think that there has been a change in the choices and what the reason for this change?	
Coverage	Did the programme achieve coverage for the target population and included different groups? Did the extremely vulnerable get targeted in proportion to their need? What evidence do you have to support this statement?	
Sustainability	Do you think the gains achieved from the programme can be sustained? Which aspects of the programme do you think can be sustained over the long term? Why? What are the constraints in achieving sustainability?	

	Is there a potential to scale up the project in other areas in the country? What resources are in place that can support scalability?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Additional Questions per Ministry

Ministry	Question
MoSS	What are the tools used to reach targeted beneficiaries of CCT and UCCT? What challenges have you faced with the used outreach methods and mitigation strategies?
	Are there reports or statistics on the monthly participation rate of the targeted beneficiaries under CCT and UCCT? Did it differ from one governorate to another? Any identified trends?
MoSTI	Did MOSTI had the needed capacity to provide food on regular bass under the CCT model applied by the project? What are the key challenges and mitigation strategies?
	Through the complains hot line managed by MOSTI, how many complains did the hotline receive from beneficiaries? What was the mechanism in-place to deal with those complains?
	Are there reports or statistics on the monthly redemption rate of the targeted beneficiaries under CCT? Did it differ from one governorate to another? Any identified trends?
	What are the criteria for selecting retailers? What is the average distance that beneficiaries walk to obtain support? What is the ratio of retailers to beneficiaries? Did it differ from one region to another?
MoHP	What was the ministry's role during the programme design?
	As part of the project's support to the health system of the health units, did the health units provide electronic registration to beneficiaries with a medical record of received services?
	What is new in the quality of health services that the programme adds?
	What is the key added values and results from the awareness component the programme participated to?
	What was the programme's contribution to the Ministry's M&E Capacitates and the key results?
	What was the role of rural health Raetat in the programme? What kind of CB they received and how they were monitored during implementation?

Tool #5

UN Country team (UNICEF, Regional coordinator UN)

Criteria	Question	Response
Introductory question	Does your organization participate in managing cash/voucher allocations? If yes, how?	
	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	From your point of view, what aspects of the 1000 Days Programme was appropriate to the local context?	
	To what extent is the First 1000 Days Programme in line with the needs of beneficiaries (men and women, boys, and girls) and partners, including government?	
	To what extent are the 1000 Days Programme objectives aligned with the nutrition policies, nutrition programs and priorities of WFP, Government partners, UN agencies, and donor at the time of design? Are they still relevant? For example, to what extent was the 1000 Days Programme in line with government national nutrition programme?	
Sustainability	To what extent did the programme implementation consider sustainability, such as capacity building of national and local government institutions, communities, and other partners?	
	Which programme components have the highest potential of sustainability after the project ceased?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations / other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Tool #6

Donors (USAID, Sawiris Foundation, German Egyptian Debt Swap)

Criteria	Question	Response
Introductory question	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	Why was your organization interested in funding the 1000 days programme in Egypt?	
	To what extent was the programme designed to respond to the needs of the women and child beneficiaries? Did the programme design include various voices from government to the grassroot groups?	
	How the cash-based transfer model responded to the local context and capacities?	
Efficiency	Do you think the project utilized wisely the available resources to achieve the intended results?	
	From your point of view: Do you think that all the stakeholders played their roles in the best way? What can be improved?	
Effectiveness	To what extent were the intended objectives of the Programme achieved (or are likely to be achieved), and did it result in unintended outcomes? Are there any differences across geographic areas or socio-economic groups?	
	What have been the main contributing (enabling factors of success) and challenging factors towards project's success in attaining its targets-including COVID-19 pandemic and how they dealt with?	
Coverage	Did the programme achieve coverage for the target population and included different groups? Did the extremely vulnerable get targeted in proportion to their need? What evidence do you have to support this statement?	
Sustainability	Is there a potential to scale up the project in other areas in the country? What resources are in place that can support scalability?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Tool #7

Cooperating Partners – Health Facility providers

Criteria	Question	Response
Introductory question	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	To what extent was the programme designed to respond to the needs of the women and child beneficiaries?	
	How the cash-based transfer model responded to the local context and capacities?	
	What do you think of the shift from UCCT to CCT? Also, changing modality from food vouchers to cash?	
Effectiveness	Has there been change in the availability (quality and quantity) of nutritional food for target populations?	
	Are these changes linked to improved purchasing power, and/or nutrition education/behaviour change programming?	
	Has there been a change in expenditure on: household health and sanitation, access to health services, uptake of treatment and preventative services?	
	What key nutrition messages were integrated into the cash-based programme? What messages do you think have worked well? What have not worked as well? Why? What messages do you think should be integrated into future programming?	
	What nutrition services were integrated with this programme? What services do you think have worked well? What have not worked as well? Why? What services do you think should be integrated into future programming?	
Coverage	Did the programme achieve coverage for the target population and included different groups? Did the extremely vulnerable get targeted in proportion to their need? What evidence do you have to support this statement?	
Sustainability	Do you think the gains achieved from the programme can be sustained? Which aspects of the programme do you think can be sustained over the long term? Why? What are the constraints in achieving sustainability?	
	To what extent did the programme implementation consider sustainability, such as capacity building of national and local government institutions, communities, and other partners?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Tool #8

Cooperating Partners – Egyptian National Post Services Authority

Criteria	Question	Response
Introductory question	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	How the cash-based transfer model responded to the local context and service providers capacities? What are the needed documents to receive the cash?	
Effectiveness	What do you think of the applied mechanism (transferring money through post offices) for unconditional cash transfer by the programme?	
	What are the enabling factors and key challenges that could affect the model effectiveness?	
	Do you have data that shows the redemption rates among beneficiaries? If yes, can you spot differences between geography and socio-economic conditions of end-beneficiaries?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Tool #9

Cooperating Partners – CCT Retailers

Criteria	Question	Response
Introductory question	What is the nature of your involvement with the 1000 days programme in Egypt and for how long?	
Relevance	How the food vouchers model responded to the local context and service providers capacities? What are the needed documents to receive the food basket?	
Effectiveness	What do you think of the applied mechanism (collecting food baskets from retailers) for conditional cash transfer by the programme?	
	What are the enabling factors and key challenges that could affect the model effectiveness?	
	Do you have data that shows the redemption rates among beneficiaries? If yes, can you spot differences between geography and socio-economic conditions of end-beneficiaries?	
Coverage	Did the programme achieve coverage for the target population and included different groups? Did the extremely vulnerable get targeted in proportion to their need? What evidence do you have to support this statement?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Tool #10

Beneficiaries (FGDs) with females used conditional CT/ counseling services, FGD with female used UCCT,

Criteria	Question	Response
Introductory question	For how long have you been involved in the programme? What are the services that you received from the programme (food vouchers, cash, counselling, etc.)	
Relevance	Why were you interested in participating in the programme? How did you know about it?	
	Do you find the programme offered services relevant to your needs? If yes, how so?	
Effectiveness	What changes did your household perceive or experience during programme participation? What do you think of this change? Is it positive? Or negative? (e.g., in household income, including income stability, and effects/impacts on beneficiary households/members; types of changes generated, causes and views of these changes?	
	(For UCCT FGDs) How did you use the cash that was given to you? What was this money for? Why did you use this money for this kind of expenses? Was the spent amount enough? who decided about the use of this money for the various expenses that you mentioned? (Women, husbands, mothers-in-law…)	
	(For UCCT FGDs) What type of training or guides did you receive on how to use the cash from WFP (or the implementation organization)?	
	How has your preparation of complementary foods (including diet content, diversity etc.) changed after programme participation or after receiving cash? How did you feel about this new knowledge and new consumption practices?	
	What do you think of the UCCT modality versus CCT modality? Why?	
	What do you think of the cash versus food vouchers models? Why?	
	Did you have any regular support services from the implementation (e.g., counselling services)? If so, how often did you receive or use it? To what extent were you satisfied with the service you received? Was the support service helpful for you to continue healthy behaviours and have family support?	
	What do you think of the transfer mean (CCT retailers/ Post offices) that was used? What are the advantages? What are the disadvantages?	
	How would you rate the operating partners (e.g., health facilities, CCT retailers, Post offices)? Are there other partners who would have made the transfer model more feasible/accessible for you?	
	Who decides whether financial services will be used, and from which sources, most of the time? Who decides most of the time how	

	much of your generated income will be spent for food purchase in your household?	
	Who in your household has access to, or has knowledge of, technology/materials?	
	During the non-transfer period, did you face any difficulty? If yes, which ones?	
Sustainability	Are you still receiving services? Do you still receive cash from the post officer, counselling from the health facilities? Food baskets from the CCT retailers? If no, why not?	
Lessons learned	What would you consider a good practice/lesson learned?	
Recommendations/ other comments	What recommendations or suggestions do you have to improve the 1000 days programme?	

Annexes 6. Fieldwork Agenda

Day	No. of day	Activities	Governorate	Village	Team/Group
4 /05	1	Data collectors Training	Cairo		All Team
5 /05	1	Data collectors Training	Cairo		All Team
8 /05	1	Quantitative tools Testing	Cairo		All Team
9 /05	1	Quantitative tools Testing	Cairo		All Team
10 /05	1	Quantitative tools Testing	Cairo		All Team
11 /05	1	Quantitative tools Testing	Cairo		All Team
12 /05	1	Quantitative tools Testing	Cairo		All Team
13 /05	1	Testing – BNF survey CCT – UCCT	Online		All Team
14 /05	1	Testing - BNF survey CCT – UCCT	Online		All Team
15 /05	1	BNF survey CCT – UCCT	Online		C - D
16 /05	1	BNF survey CCT – UCCT	Online		C - D
17 /05	1	BNF survey CCT – UCCT	Online		C - D
18 /05	1	BNF survey CCT – UCCT	Online		C - D
19 /05	1	BNF survey CCT – UCCT	Online		C - D
20 /05	1	BNF survey CCT – UCCT	Online		C - D

Day	No. of day	Activities	Governorate	Village	Team/Group
		FGD - CCT BNF	Assuit	Sawalem ElBahareya	A
		FGD - CCT BNF	Assuit	Bani Muhamadeyat	B
		FGD - UCCT BNF	Assuit	Bani Muhamadeyat	B
21 /05	1	BNF survey CCT – UCCT	Online		C - D
		FGD - CCT BNF	Assuit	Awlad Ibrahim	A
		FGD - UCCT BNF	Assuit	Awlad Ibrahim	A
		FGD - MoSS districts representatives	Assuit		A
		FGD - UCCT BNF	Assuit	Mosha	A
		FGD - UCCT BNF	Assuit	Mosha	A
		FGD - UCCT BNF	Assuit	Rifa	A
		FGD - UCCT BNF	Assuit	Rifa	A
		FGD - CCT BNF	Assuit	ElShaghaba	B
		FGD - CCT BNF	Assuit	ElHamam	B
		FGD - UCCT BNF	Assuit	ElMabda	B
		FGD - CCT BNF	Assuit	ElMabda	B
22 /05	1	BNF survey CCT – UCCT	Online		C - D

Day	No. of day	Activities	Governorate	Village	Team/Group
		FGD - CCT BNF	Assuit	Gharb	B
		FGD - CCT BNF	Assuit	Rayat tefl	B
		FGD - CCT BNF	Assuit	Bawed	A
		FGD - CCT BNF	Assuit	Amshol	A
		FGD - UCCT BNF	Assuit	Amshol	A
23 /05	1	BNF survey CCT – UCCT	Online		C - D
24 /05	1	BNF survey CCT – UCCT	Online		C - D
		IDI GOE - Head of Health Directorate - plus Introduced the team and evaluation scope and plan	Qena		A -B
		IDI - GOE - Head of Mother and child Health Directorate - plus Introduced the team and evaluation scope and plan	Qena		A -B
		FGD - CCT BNF	Qena	Samhoud	B
		FGD - UCCT BNF	Qena	Samhoud	B
		FGD - HCU	Qena	Samhoud	B
		FGD - UCCT BNF	Qena	Abou shosha	B
		FGD - HCU	Qena	Abou shosha	B

Day	No. of day	Activities	Governorate	Village	Team/Group
		IDI - retailer	Qena	Abou shosha	B
		FGD - UCCT BNF	Qena	Bahgoura	A
		FGD - CCT BNF	Qena	Rahmaneya	A
		FGD - CCT BNF	Qena	Bahgoura	A
		FGD - CCT BNF	Qena	Awlad Negm	A
		FGD - HCU	Qena	Rahmaneya	A
		FGD - HCU	Qena	Bahgoura	A
		FGD - HCU	Qena	Awlad Negm	A
25 /05	1	BNF survey CCT – UCCT	Online		C - D
		IDI GOE - Head of mother and child department - Health directorate plus Introduced the team and evaluation scope and plan	Suhag		B
		IDI GOE - Deputy Director - MoSS directorate - plus Introduced the team and evaluation scope and plan	Suhag/Tema District/Om Doma	Om Doma	A
		FGD - CCT BNF	Suhag	Om Doma	A
		FGD - UCCT BNF	Suhag	Modamer	A
		FGD - CCT BNF	Suhag	Modamer	A

Day	No. of day	Activities	Governorate	Village	Team/Group
		FGD - UCCT BNF	Suhag	Modamer	A
		FGD - HCU	Suhag	Om Doma	A
		FGD - HCU	Suhag	Tunis	A
		FGD - HCU	Suhag	Awlad Azaz	B
		FGD - HCU	Suhag	Awlad Azaz	B
		FGD - UCCT BNF	Suhag	Tunis	B
		FGD - UCCT BNF	Suhag	Tunis	B
		FGD - CCT BNF	Suhag	Tunis	B
		FGD - UCCT BNF (male)	Suhag	Tunis	B
		FGD - CCT BNF (male)	Suhag		B
26 /05	1	BNF survey CCT – UCCT	Online		C - D
		IDI - WFP Nutrition Unit /Programme Manager	Online		
		IDI - WFP Head of Programme	Online		
		FGD - CCT BNF	Suhag	Safeha	B
		FGD - UCCT BNF	Suhag	Safeha	B
		FGD - HCU	Suhag	Safeha	B

Day	No. of day	Activities	Governorate	Village	Team/Group
		IDI - Retail shop owner	Suhag/Tahta/Safeha	Safeha	B
		FGD - UCCT BNF	Suhag	Banga	B
		FGD - HCU	Suhag	Banga	B
		IDI - Male (BNF husband - UCCT)	Suhag/Tahta/Banga	Banga	B
		FGD - CCT BNF	Suhag	Tahta	B
		FGD - UCCT BNF	Suhag	Tahta	B
		FGD - HCU	Suhag	Tahta	B
		IDI - Retail shop owner	Suhag/Tahta/Tahta	Tahta	B
		IDI - Male (beneficiary husband - CCT)	Suhag/Tahta/Tahta	Tahta	B
27 /05	1	BNF survey CCT – UCCT	Online	NA	C - D
		FGD - HCU	Assuit	Musha	B
		FGD - HCU	Assuit	Rifa	B
		FGD - HCU	Assuit	Awlad Ibrahim	B
		FGD - HCU	Assuit	Shaghaba	B
28 /05	1	BNF survey CCT – UCCT	Online		C - D
29 /05	1	BNF survey CCT – UCCT	Online		C - D

Day	No. of day	Activities	Governorate	Village	Team/Group
30 /05	1	BNF survey CCT – UCCT	Online		C - D
		IDI- UNICEF - Nutrition officer	Online		A
		IDI - Repprentative of German Egyptian Debt Swap	Online		B
		IDI - Head of Office/Regional coordinator UN	Online		A
31 /05	1	Quantitative data collection (CCT)	Online		C
		IDI - WFP Evaluation Team leader	Online		A
		IDI - WFP - Local Coordinator	Online		B
1 /06	1	IDI - WFP - Local Coordinator	Online		B
		IDI - Head of the social empowerment sector in Sawiris Foundation	Online		A
		IDI - Gender Unit Officer	Online		A
2 /06	1	BNF survey CCT	Online		C
		IDI - Representative USAID	Online		B
		IDI - WFP Cairo office Deputy	Online		A
3 /06	1	BNF survey CCT	Online		C
4 /06	1	BNF survey CCT	Online		C
5 /06	1	BNF survey CCT	Online		C

Day	No. of day	Activities	Governorate	Village	Team/Group
6 /06	1	IDI - Head of Wae'y Programme and 1,000 Days Programme focal person - Ministry of Social Solidarity (MoSS)	Online		A
		BNF survey CCT	Online		C
7 /06	1	BNF survey CCT	Online		C
8 /06	1	IDI -Head of Institute of the National Nutrition Institute (NNI)	Online		B
		IDI - Advisor to Minister of Supply and Internal Trade MoSIT	Online		B
9 /06	1	BNF survey CCT	Online		C
10 /06	1	BNF survey CCT	Online		C
11 /06	1	BNF survey CCT	Online		C
12 /06	1	IDI - Minster's Technical Office – Ministry of Health and Population (MoHP)	Online		B
		BNF survey CCT	Online		C
13 /06	1	BNF survey CCT	Online		C
14 /06	1	BNF survey CCT	Online		C
15 /06	1	BNF survey CCT	Online		C
16 /06	1	BNF survey CCT	Online		C

Day	No. of day	Activities	Governorate	Village	Team/Group
39					

Group A: Noha Hassan & note taker
Group B: Essam Gohien & note taker
Group C: 3 enumerators & Data Quality supervisor (CCT team)
Group D: 3 enumerators & Data Quality supervisor (UCCT team)

Annexes 7. Findings Conclusions Recommendations Mapping

Recommendation [in numerical order]	Conclusions [by number(s) of conclusion]	Findings [by number of Finding]
Recommendation 1: Develop a more structured approach to programme design supported by a well-developed Theory of Change (TOC)	Conclusion 7	The redesign from CCT to UCCT reduced the relevance of the programme's activities, by losing the link between cash assistance and nutritional support to PLWs and their children
	Conclusion 22	Given the absence of TOC, the causal link between provision of nutrition awareness sessions to changed eating habits could not be confirmed.
Recommendation 2: Put in place data monitoring tools, mechanisms and plans at programme start-up, designed against the programme's TOC and Results Framework.	Conclusion 14	Output indicators in WFP's CSP designed at the start of the programme were not revisited to account for changes that occurred over the years.
	Conclusion 17	Output data show under-achievement in many indicators (>10% below target), raising questions on whether targets were set post-implementation to match actual results. This prevents conclusions on effectiveness.
	Conclusion 29	Under CCT modality administrative challenges related to the issuance of food subsidy cards and a sense of programme start-up being hasty, led to dissatisfaction among beneficiaries and HCU staff about those PLW not included in the programme.

Recommendation 3: Conduct stronger assessment to better understand the channels that beneficiaries typically use to obtain health care information	Conclusion 13	Operational challenges and inadequate awareness promotion campaigns affected efforts for greater collaboration between WFP, GOE institutions, and distribution partners. Data entry errors in beneficiary names and unmatched lists from MoHP and SMART programs lead to inefficiencies in the cash transfer provision.
	Conclusion 18.c., and e.	SMS messaging was irregular. Beneficiaries stated that they would sometimes receive the message, but in some cases, retailers refused to give them the food basket. Respondents confirmed that retailers were not trained effectively to support the programme comprehensively. The limited number of retailer respondents lead to confusions at the retailer locations. This led to greater trust in HCUs as more informed parties to deliver the assistance following the redesign to the UCCT modality
	Conclusion 19.d.	The use of social media platforms to disseminate nutrition messages among a population with high levels of illiteracy and the reported low levels of ownership of smartphones, does not provide sufficient targeting of those messages to the most in need.
Recommendation 4: Examine how to better synchronize the receipt of assistance at the distribution point with the messaging to beneficiaries that confirm the availability of this assistance.	Conclusion 3	The CCT modality facilitated a positive example of inter-governmental collaboration, with MoSS assuming responsibility to target the beneficiaries, MoHP responsible for the provision of health care support and monitoring conditionality, and MoSIT responsible for channeling the food baskets to beneficiaries via nominated retailers.
	Conclusion 12	Despite WFP efforts to build synergies between the three partner ministries MoSS, MoHP, and MoSIT, early challenges to coordinate between these and incompatibility of data management systems affected efficient implementation of the pilot, with significant effort required to align beneficiary databases.

	Conclusion 19.d.	Given high levels of illiteracy and low levels of smartphone ownership, alternative approaches, i.e., development of specific IEC materials disseminated in a known and trusted location such as a HCU may offer more leverage for WFP to influence key behaviors among beneficiaries. Stronger needs assessment may have identified this issue and led to more appropriate methods to send targeted messaging.
	Conclusion 30	The shift to UCCT modality widened geographical coverage of the programme that was incorporated into the Takaful social safety net system. Such integration included an expansion of systems for monitoring the implementation procedures and leaned on the existing GOE systems for implementation and monitoring. However, this inherited the errors within the respective *Takaful* and *Karama* databases.
Recommendation 5: Select distribution points that more closely correspond to geographical clusters where target communities reside.	Conclusion 18.b., and e.	While beneficiary respondents reported high levels of satisfaction with the CCT assistance (87%), a notable percentage (57%) had to travel a significant distance to the retailer, while 59% did not receive the assistance as per agreed timelines. This impacts programme effectiveness negatively. This led to greater trust/preference to UCCT HCU distribution channels that are closer to home and communities of residence.
	Conclusion 26	Stronger partnership engagement efforts during the shift from CCT to UCCT could have obviated MoHP description of the programme as incomplete and lacking the prerequisite means to ensure sustainability. However, it obtained the participation of the Post Office Service whose branches acted as distribution channels to the UCCT assistance.

Recommendation 6: Factor in the transaction costs incurred by beneficiaries to receive the assistance.	Conclusion 20	Following the end of services and beneficiaries no longer received either food baskets or cash, vulnerabilities increased, as now former PLW beneficiaries reported started borrowing more cash to meet their basic needs.
Recommendation 7: Plan and conduct joint awareness sessions that bring together beneficiaries and retailers.	Conclusion 18.a., c., and e.	While beneficiary respondents reported high levels of satisfaction with the CCT assistance, of those who reported dissatisfaction (87%), a notable percentage (57%) had to travel a significant distance to the retailer, while 59% did not receive the assistance [from them] as per agreed timelines. Also, upon receiving SMS messaging, beneficiaries that they would sometimes receive the message, but in some cases, retailers refused to give them the food basket. Respondents confirmed that retailers were not trained effectively to support the programme comprehensively. Problems with retailers, led beneficiaries to prefer/trust HCUs more s as distributing points for the assistance.
Recommendation 8: Strengthen beneficiary complaints and response mechanisms	Conclusion 18.b.	In adherence to Accountability for Affected Populations, every programme should include clear beneficiary complaints mechanisms that are communicated regularly to beneficiaries, including at point-of-access of assistance. These complaints mechanisms should be monitored, and feedback loops closed to ensure that every complaint is managed transparently. A trend analysis of complaints should be periodically conducted, and action plans against findings developed against that analysis.
	Conclusion 19.d.	Output indicators in WFP's CSP designed at the start of the programme were not revisited to account for changes that occurred over the years. It is therefore challenging to be conclusive about the efficiency of the implementation against targets set by WFP.

Recommendation 9: Strengthen coordination and communication systems between stakeholders, programme implementers, and national institutions at all levels	Conclusion 11	Strengthening coordination with GOE partners will support the integration of capacities, streamline processes, marshal resources, and focus implementation both strategically (per its design) and operationally (per its field activities) to achieve intended goals. Basic or more detailed capacity assessments of any partner as needed, including GOE, should inform implementation approaches, and capacity strengthening plans included within a phased timeline of implementation to ensure that relevant stakeholders possess the required capacity when the programme goes 'live' to beneficiaries.
	Conclusion 25	
	Conclusion 30	
Recommendation 10: Strengthen the intentional coordination between development actors and other governmental initiatives	Conclusion 25	Programme is well aligned with a series of ongoing and future GOE initiatives. Strengthening coordination within a collaborative framework and the same target groups will enhance complementarity of provision, and to develop a planned exit strategy at design stage (e.g., UNICEF 1000 days programme, MoSS FORSA programme).
	Conclusion 26	
	Conclusion 28	
	Conclusion 31	

Annexes 8. List of People Interviewed

Day	N0. IDI	Position	Organisatiom	Gov/district/Village	Team/Group
24/05	1	GOE Local representative- Head of Health Directorate	Health Directorate	Qena	A -B
	1	GOE Local representative- Head of Mother and child unit	Health Directorate	Qena	A -B
25 /05	1	GOE Local representative- Head of mother and child department	Health Directorate	Suhag	B
	1	GOE Local representative- Deputy Director MoSS directorate	MoSS directorate	Suhag/Tema District/Om Doma	A
26 /05	1	Nutrition Unit /Programme Manager	WFP	Cairo/Online	A
	1	Head of Programme	WFP	Cairo/Online	A
	1	Retail shop owner		Suhag/Tahta/Safeha	B
	1	Beneficiaries		Suhag/Tahta/Banga	B
	1	Retail shop owner		Suhag/Tahta/Tahta	B
	1	Beneficiaries		Suhag/Tahta/Tahta	B
30 /05	1	Nutrition officer	UNICEF	Cairo/Online	A
	1	Representative	German Egyptian Debt Swap	Cairo/Online	B

Day	N0. IDI	Position	Organisatiom	Gov/district/Village	Team/Group
	1	Head of Office/Regional coordinator	UN	Cairo/Online	A
31 /05	1	Evaluation Team leader	WFP	Cairo/Online	A
	1	Local Coordinator	WFP	Cairo/Online	B
1 /06	1	Local Coordinator	WFP	Cairo/Online	B
	1	Head of the social empowerment sector in Sawiris foundation	Sawiris Foundation	Cairo/Online	A
	1	Gender Unit Officer	WFP	Cairo/Online	A
2 /06	1	Representative	USAID	Cairo/Online	B
	1	WFP Cairo office Deputy	WFP	Cairo/Online	A
6 /06	1	Head of Wae'y Programme and 1,000 Days Programme focal person	MoSS	Cairo/Online	A
8 /06	1	Head of Institute	NNI	Cairo/Online	B
	1	Advisor to Minister of Supply and Internal Trade.	MoSIT	Cairo/Online	B
12 /06	1	Minster's Technical Officer	MoHP	Cairo/Online	B

Group A: Noha Hassan & note taker – Group B: Essam Gohien & note taker

Annexes 9. Bibliography

WFP shared documents

- *Country strategic plan document (including line of sight)*
  - Egypt Country Strategic Plan 2018 – 2023
  - Country Office Egypt Annual Performance Plan 2018
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  - Country Brief, WFP, July 2021. Available at: https://docs.wfp.org/api/documents/WFP0000131131/download/?_ga=2.117867849.1706775515.1629736421-1645553391.1629736421
- *Annual country reports*
  - Egypt Annual Country Report 2018: Country Strategy Plan 2018-2023
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  - Egypt Annual Country Report 2020: Country Strategy Plan 2018-2023
  - Egypt Annual Country Report 2021: Country Strategy Plan 2018-2023
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- *Sectoral country strategies*
  - Country Strategic Review, 2017: Egypt on the Road to Achieve SDG-2 Country Synthesis Report
  - Egypt's Voluntary National Review 2018 – Ministry of Planning and Economic Development
  - Leveraging National Capacity through Partnerships for Food and Nutrition Security (2013-2017): A Mid-term Evaluation of WFP's Operation from August 2015-July 2016
- *Rapid- needs assessments*
  - 1000 Days Rapid Assessment Report May 2018
  - 1,000 Days Review Assessment Report Oct 2018
- *Country/internal situation report*
  - 1000 Days Rapid Assessment Report May 2018
  - Food for Education through a Life Cycle Approach - Project Update and Request for Extension, January 2018
  - The 1,000 Days Programme - WFP and MoSS collaborate to support mothers and children under 2 years- 4th Cycle Report – November 2020
  - Training of Trainers programme - Supporting the integration of technology and digital transformation Within the National First 1000 days program (maternal and child health and nutrition)
- *Field visits, oversight mission reports by RB and other units*
  - Focus Group discussion report for qualitative results monitoring of activities under SO1 and SO3 of Egypt SCP (2018-2023) December 2021.
- *Food distribution and post-distribution monitoring reports*
  - SO3 1000 Days WFP Cash-out Reconciliation Report (November 20 Cycle)
  - 1000 Days Redemption Report May- June 2018
  - 1000 Days Redemption Report Sep- Oct 2018

- 1000 Days Redemption Report Nov 2020

- *Monthly monitoring reports*
  - COVID-19 Emergency Response Activity - Quarterly Report January/01/2021 To March/31/2021
  - COVID-19 Emergency Response Activity - Quarterly Report April/01/2021 TO June/30/2021
  - COVID-19 Emergency Response Activity - Quarterly Report Nov/03/2020 TO December/31/2021
  - COVID-19 Emergency Response Activity - Quarterly Report Nov/03/2020 TO November/02/2021
  - Sawiris Foundation 1000 Days programme progress report
  - KFW project update and request of extension (January 2018)
  - Fourth cycle progress report (November 2020)
- *Beneficiary verification reports*
  - 1000 Days beneficiaries data compiled BPL October 2021
  - Beneficiaries Database 2018
  - MOSIT stores database
  - Suhag, Assuit and Qena training plans 2018
- *Dashboards*
  - Output indicators progress CSP 2018-2021
  - COMET output progress sheets 2019-2021
- *Actual and planned beneficiaries by sex, activity, district/ location and by year*
  - 1000 Days Redemption Report May- June 2018
  - 1000 Days Redemption Report Sep- Oct 2018
  - 1000 Days Redemption Report Nov 2020
  - 1000 Days beneficiaries data compiled BPL October 2021
  - Beneficiaries Database 2018
  - SO3 1000 Days reconciliation report (November 2020)
- *Activity guidelines*
  - Programme Standard Operating Procedures - EGYPT Country Office - Beneficiary Registration, Transfer Management and Reconciliation for CBT interventions during COVID-19 response
  - TOT MoSS community workers concept note
  - CSP detailed log frame date as of 02 June 2022
  - 2017-2021 programme indicator compendium (Updated October 2020)
- *Other performance assessment/review-related documents*
  - 1000 Days Rapid Assessment Report May 2018
  - 1,000 Days Review Assessment Report Oct 2018
  - WFP Egypt 1000 days Baseline Report M&E – WFP Egypt Co January-February 2018
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Annexes 10. Evaluation Team

Team Member	Expertise / Qualification	Role
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Ms. Chiara Carli	Programme Design and Management	Regional Manager and Coordinator
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Ms. Yunhee Kang	Nutrition Specialist	Evaluation Quality Assurance Officer
Ms. Luljeta Gashi	Data Analysist expert	Data analysist Coordinator
Egypt based		
Mr. Ehab Zaghloul Kotb	Coordination and Management	i-APS country coordinator
Ms. Noha Hassan	Monitoring and Evaluation	In-country Team Leader
Mr. Essam Ghoeim	Nutrition and Food Security Expert	National Expert intermediate level
Ms. Menna Mohamed Mourad	Research	Note Taker and Field supervisor
Ms. Alla Fathy Mohamed	Research	Note taker
Ms. Nahla Mohamed Abdien	Research	Note Taker
Ms. Saher Samir Sami	Research	Note Taker
Ms. Mahasen Sameh haussen	Research	Data collector
Ms. Essaa Zenhom Adel rahman	Research	Data collector
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Ms. Lobna Radwan Hamed	Research	Data collector
Mr. Mhomed Alaa Embarez	Research	Data collector
Ms. Essra Ahmed Youssef	Research	Data collector
Ms. Rania Magdy Abdel Rahman	Research	Data collector

Annexes 11. Acronyms

ACR	Annual Country Report
BNF	Beneficiary
CBT	Cash-Based Transfer
CCQM	Client Cantered Quality Management
CCT	Condition Cash Transfers
CHW	Community Health Workers
CO	Country Office
COVID -19	Coronavirus Disease 2019
CSP	Country Strategic Plan
CT	Cash Transfers
CV	Curriculum Vitae
DAC	Development Assistance Committee
DAU	Data Analysis Unit (i-APS)
DCD	Deputy Country Director
DE	Decentralized Evaluation
DEQAS	Decentralised Evaluation Quality Assurance Service
DDW	Diet Diversity for Women
DQA	Data Quality Assessment
EC	Evaluation Committee
EDHS	Egyptian Demographic and Health Survey
EGP	Egyptian Pound
EM	Evaluation Manager
EQ	Evaluation Questions
KEQ	Key Evaluation Questions
EQAS	Evaluation Quality Assurance Service

ERG	Evaluation Reference Group
ET	Evaluation Team
FAO	Food and Agriculture Organisation
FGD	Focus Group Discussion
GCC	Government Counterpart Contributions
GDP	Gross Domestic Production
GEWE	Gender Equality and Women's Empowerment
GHI	Global Hunger Index
GOE	Government of Egypt's
GPS	Global Positioning System
HCPs	Health Care Providers
HCU	Health Care Unit
HQ	Heat Quarters
HR	Human Resources
HVK	Home Visit Kits
i-APS	International, Advisory, Products and Systems Ltd.
ID	Identity Card
IDI	In-Depth Interview
IEC	Information, Educational and Communication
IFPRI	International Food Policy Research Institute
IR	Inception Report
IT	Information Technology
IYCF	Infant and Young Child Feeding
KFW	Kreditanstalt für Wiederaufbau
KQ	Key Question
LTA	Long- Term Agreement
MAD	Minimum Acceptable Diet

MDDW	Minimum Diet Diversity for Women
MEL	Monitoring, Evaluation Learning
MELP	Monitoring, Evaluation and Learning Plan
MENA	Middle East and North Africa
M&E	Monitoring and Evaluation
MIS	Management Information System
MoHP	Ministry of Health and Population
MoSIT	Ministry of Supply and Internal Trade
MoSS	Ministry of Social Solidarity
NGO	Non-Governmental Organization
NNI	National Nutrition Institute
ODA	Official Development Assistance
OE	Office of Evaluation
PhD	Doctor of Philosophy
PHC	Primary Health Care
PIRS	Performance Indicator Reference Sheets
PLW	Pregnant And Lactating Women
POC	Protection of Civilians
QA	Quality Assurance
RB	Regional Bureau
RBC	Regional Bureau in Cairo
SBCC	Social and Behaviour Change Communications
SDG	Sustainable Development Goals
SMART	Specific, Measurable, Attainable, Relevant and Time-bound
SOP	Standard Operating Procedures
SQ	Sub-Question
T&K	Takaful and Karama
TOC	Theory of Change

ToR	Terms Of Reference
TPM	Third Party Monitoring
UCCT	Unconditional Cash Transfer
UNCT	United Nations Country Team
UE	Upper Egypt
UN	United Nations
UNEG	United Nations Evaluation Group Ethical Guideline
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for The Coordination of Humanitarian Affairs.
USAID	United States Agency for International Development
USD	United States dollar
VA	Virginia
WFP	World Food Programme
WHO	World Health Organization

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