



World Food Programme

A Report from the Office of Evaluation



*Full Report of the Mid-Term Evaluation of
the Indonesia PRRO 10069 “Assistance to
Recovery and Nutritional Rehabilitation”*

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Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by WFP of the opinions expressed.

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Acronyms

ADB	Asian Development Bank
BHS	Basic Human Services
BPS	National Bureau of Statistics
BULOG	Badan Urusan Logistik (National Food Logistics Agency)
BV	Bureau Veritas
CD	Country Director
CDP	Community Development Project
CRDNF	Center for Research and Development in Nutrition and Food
CO	Country Office
CP	Cooperating Partner (usually NGOs)
DCD	Deputy Country Director
DDU	Delivery Duty Unpaid
DFID	UK Department for International Development
DOTS	Directly Observed Treatable Schedule
DSC	Direct Support Cost
DSM	Dried Skimmed Milk
EDP	Extended Delivery Point
EMOP	Emergency Operation
FAO	Food and Agriculture Organization of the United Nations
FCA	Free Carrier
FDD	Fundraising Department – Donor Relations
FDP	Final Distribution Point
FFT	Food-For-Training
FFW	Food-For-Work
FRESH	Focusing Resources on Effective School Health
GFD	General Food Distribution
GoI	Government of Indonesia
HKI	Helen Keller International
HNED	Health and Nutrition Education
IDP	Internally Displaced Person
IMR	Infant Mortality Rate
IOM	International Office for Migration
LOA	Letter of Agreement
LTSH	Landside Transport, Storage and Handling
M&E	Monitoring and Evaluation
MBFA	Market-based Food Assistance Pilot Project
MCN	Mother and Child Nutrition (programme)
MDGs	Millennium Development Goals
MOU	Memorandum of Understanding
NBM	New Business Model
NRP	Nutritional Rehabilitation Programme
NSS	Nutrition and Health Surveillance System
NTB	Nusa Tenggara Barat
NTT	Nusa Tenggara Timur (West Timor)
OCHA	UN Office for the Coordination of Humanitarian Affairs
OD	Operations Department
ODB	Operations Department Bureau Asia



ODOC	Other Direct Operational Costs
ODTL	Operations Department Logistics Service
ODTP	Operations Department Transport and Procurement Division
ODTS	Operation Department (Ocean) Transportation Services
OEDE	Office of Evaluation
OPSM	Operasi Pasan Swadaya Masyarakat (subsidized rice programme)
PCU	Programme Coordination Unit
PDPG	Policy, Strategy and Programme Support Division, Gender and Mother and Child Health Service
PDPN	Policy, Strategy and Programme Support Division, Nutrition Service
PDPT	Policy, Strategy and Programme Support Division, Emergencies and Transition Unit
PLWHA	People Living with HIV/AIDS
PMI	Indonesia Red Cross
PPT	Project Planning Tool
PRRO	Protracted Relief and Recovery Operation
PRSP	Poverty Reduction Strategy Paper
RBM	Results-based Management
RDA	Recommended Daily Allowance
RFQ	Request for Quotation
RMS	Resource Mobilization System
SEAMEO	Southeast Asian Ministers of Education Organization
SF	School Feeding
SGS	Société Générale de Surveillance
SO	Sub-office
STI	Sexually Transmitted Infection
TB	Tuberculosis
TEC	Tsunami Evaluation Coalition
TFFR	Targeted Food For Recovery
TLC	Temporary Location Centre (Barracks)
ToR	Terms of Reference
ToT	Training of Trainers
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAM	Vulnerability Assessment and Mapping
VCT	Voluntary Counselling and Treatment
WFP-SS	World Food Programme – Shipping Service, Aceh
WHO	World Health Organization



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Executive Summary

A low-income food deficit country, Indonesia has more than 100 million people living near or under the poverty line. Urban slums proliferate and many rural areas are remote and lack basic infrastructure. Chronic high prevalence of malnutrition persists. WFP's realistic appraisal of where its impact could be greatest has led to an increasing focus on nutritional interventions, especially with mothers and children, combined with innovative approaches to influencing government policy through increasingly sophisticated and robust food security and nutrition mapping. WFP also plays a central role in anticipating and responding to natural disasters.

For the most part, the evaluation found the programme to be efficiently and effectively executed. Local capacity constraints are pervasive and often beyond WFP's expertise and budget; the key to sustainable nutritional intervention, for instance, lies in far greater emphasis on health and nutrition education.

Government and non-governmental organization (NGO) partners in particular have commended WFP's open dialogue with respect to dilemmas inherent in facing widespread chronic poverty and related nutritional problems with limited resources. The evaluation approached the debate over an urban or rural focus – or whether this should be an 'either/or' decision – with a degree of caution. There is strong evidence to support an expansion of programmes in both areas, but the evaluation concluded that a 'frontline' rural emphasis may yield greater returns in terms of encouraging donors and government to resource and build the capacity of a still tenuous decentralized governance system and collaboration with government ministries. WFP is well placed and has been commended for its efforts to increase collaboration between the United Nations and international NGOs.

The protracted emergency in tsunami-affected Aceh had some initial inclusion/exclusion errors in registration and the opening of food-for-work projects. With the peace agreement holding, and needs relatively greater, a shifting emphasis towards inland war-affected areas is recommended. The emergency response to earthquakes in Yogyakarta and West Java was constrained by an over-reliance on micronutrient 'carriers' (biscuits and noodles) rather than staple foods.

Logistics, pipeline and local procurement have been optimal. However, the scale of the programme (more than 5,000 final distribution points) may need to be rationalized, along with a more stringent appraisal of the costs incurred. Some geographical concentration of resources and logistics is suggested, as well as convergence with partner agency programmes.

The challenge remains to persuade donors in particular of the important role WFP plays in addressing and highlighting nutritional concerns. Some donors hold a residual assumption that WFP is primarily an 'emergency food aid' agency and do not recognize the continuous engagement of WFP at all levels of policy, intervention and advocacy.



1 BACKGROUND, PURPOSE AND OBJECTIVES OF THE PRRO

1.1 Socio-economic background of Indonesia

Since the economic crisis and political transformation of 1997-1998, Indonesia has made significant strides in reducing poverty and strengthening democracy. However, a number of problems remain. Over 60 percent of the population lives on less than US\$2 per day and an estimated 37 million people live below the poverty line according to the national definition.¹ The number of the 'near poor' in Indonesia is estimated to be 115 million.² The country is still designated a low-income food-deficit country, ranking 110th out of 173 countries in the United Nations Development Programme (UNDP) Human Development Report, 2005.

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Snapshot of Indonesia

Population, total (millions)	217.59
Annual population growth (%)	1.35
GDP growth rate (%)	5.6
Inflation rate (%)	17.1
Unemployment rate (%)	10.3
Life expectancy at birth, total (years)	67.36
Infant mortality rate (per 1,000 live births)	29.60
Prevalence of HIV, total (% of population age 15-49)	0.09

1.2 Changing emphasis of WFP in Indonesia in recent years

Following adequate recovery from the initial El Nino-induced drought, conflict and economic decline from 1998 onwards led to medium-term food insecurity and longer-term deterioration in nutritional status. WFP responded with Emergency Operation (EMOP) 6006 in 1998 and three consecutive Protracted Relief and Recovery Operations (PRROs) before PRRO 10069.1. The immediate predecessor to the one under examination (PRRO 10069.0, which ran until June

¹ Indonesia uses its own National Poverty line – based on the per capita Rupiah value of an individual's need to fulfil minimum requirements for food (2,100 kcal per day). This is equal to Rp 118.554 per capita per month in 2003 or US\$0.47 per day.

² According to BPS, national statistics office.

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2004, with an extension until December) provided subsidized rice for very poor communities in Greater Jakarta and Surabaya, a nutritional supplement for children aged 6-24 months and community development projects (CDPs). Under the IDP programme, basic food staples were distributed to IDPs and returnees to sustain their livelihoods in acute crises and to foster integration and reconciliation in post-conflict periods. Priority areas have been Central Sulawesi, Maluku, North Maluku, West Kalimantan, Madura, Aceh and West Timor.

Since 1998 there have been two major shifts in emphasis within the WFP programme. The first was from a predominantly rural Food-for-Work (FFW) programme (implemented through BULOG) in 1998-2000, towards an urban-focussed OPSM (subsidized rice) programme. The second, from 2002 onwards, was a shift away from food aid as income support towards a far greater emphasis on targeted nutritional interventions (particularly micronutrients) among vulnerable populations. WFP has continued to respond to emergencies as they arise, the largest being in Aceh/Nias.

Indonesia is a 'wealthy' country in terms of potential budgetary allocations to the poor. The problem has been: (a) decentralization and the lack of capacity/expertise to spend available money and/or to prioritize; and (b) a prevailing 'political' persuasion that assigns financial subsidy, food aid and/or safety nets to an 'equality' of distribution. In other words, even though evidence shows that only 50-60 percent of the very poorest are reached through these programmes, the approach is maintained because of the more powerful political balancing act of ensuring that area coverage (spread) is given greater attention than area targeting (depth).

WFP has been able to some extent to overcome such obstacles through careful evidence-based lobbying for operations within a limited sector (micronutrient interventions in schools and *posyandus*). But the scale and scope of WFP programmes – in 2007 it amounts to no more than about \$25 million (and the actual value of food delivered being considerably less than this) – poses no serious threat to the status quo.

It should also be recalled that WFP's primary counterpart government agencies are not those responsible for the much larger safety net programmes underway. The evaluation notes some lack of appraisal within the Country Office of how WFP's relatively small programme is strategically placed within the Poverty Reduction Strategy Paper (PRSP), for example, other than filling an obvious gap in needs. It would be encouraging to find a broader social analysis within WFP literature, though for whom this would be 'useful' is perhaps a moot point.

1.3 How the PRRO is placed within global priorities

The Government of Indonesia has subscribed to the United Nations Millennium Development Goals (MDGs) and launched a PRSP in 2004. The United Nations Common Country Assessment was undertaken in 2004, with the strategy articulated in the United Nations Development Assistance Framework (UNDAF) for Indonesia (2006- 2010). The three main proposed UNDAF outcomes were:

UNDAF Outcome 1: By 2010, improve life chances and livelihood opportunities for all through enhanced commitment to MDGs, institutional support for MDG implementation and empowered community engagement in the achievement of the MDGs with a special focus on HIV/AIDS.



UNDAF Outcome 2: By 2010, pro-poor democratic governance is realized with enhanced accountability, capacity and participation in the poorest provinces.

UNDAF Outcome 3: By 2010, government and civil society have better policy and legal frameworks and mechanisms to protect vulnerable people and reduce vulnerabilities.

The road to reaching the national MDGs is not without challenges, and the country lags behind with respect to the following key MDG targets:

- The proportion of the population with sustainable access to improved sanitation is only slowly increasing.
- Maternal mortality rates are amongst the highest in Southeast Asia.
- The HIV/AIDS epidemic is accelerating sharply across the country.

The national indicators disguise considerable regional disparities, and even the MDG targets that may be met nationally will be missed in some provinces and districts, particularly in more remote regions.

1.4 How the PRRO responds to nutrition needs

In preparing the PRRO 10069.1 document, WFP noted that the government has embraced ambitious nutrition targets for 2010 to reduce malnutrition and low birth weight and promote breastfeeding. The World Bank's Nutrition Review promotes continued food fortification and supplementation; it carries a campaign on breastfeeding and dietary modification, and calls for less expensive complementary foods to be provided at subsidized prices for low-income households.

A national-level hunger survey was conducted by the government (with support from WFP) through data collection between May 2004 and April 2005⁵ in some selected medium- or high-risk areas in terms of food security.⁶ In this survey, hunger was defined quantitatively as having an energy consumption of less than 70 percent of the recommended intake⁷ and qualitatively as reducing the meal portion and/or frequency together with a reduction in body weight in the previous two months as a result of declining purchasing power and food availability problems. Based on the qualitative measurement, hunger was only found in 2 percent of the households, but when measured in quantitative terms hunger was found to be present among 8 percent of the women of reproductive age and in 10 percent of children under five.

In Indonesia, the prevalence of malnutrition, as indicated by the high prevalence of stunting, underweight, wasting and anaemia among children and women, remains high (for further elaboration see section 4). This reflects a lack of micronutrients, sometimes together with a too-low protein and energy intake as well, and compounded by diseases related to inadequate water and sanitation facilities. Entire areas, particularly in eastern Indonesia, suffer from limited

⁵ With three sub-rounds that covered the fallow season (May-August), famine season (September-December) and harvesting season (January-April).

⁶ GoI & WFP (2005), Hunger Survey of Indonesia, Jakarta.

⁷ The cut-off point of 70% is based on the FAO/WHO/UNU definition that somebody will suffer an energy deficit if his/her consumption is only enough for basal metabolism (the need for energy in a resting situation). Similarly, food insecurity is defined as energy consumption between 70 and 89% of the recommended intake.



availability of local food during lean seasons; elsewhere, food on local markets may be sufficient but access is restricted by limited purchasing power. Overall, dietary habits are inadequate and there is little exclusive breastfeeding. WFP has therefore adopted an integrated response to malnutrition that provides fortified foods, nutrition education and basic livelihood support. In doing so, it is committed to work with the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) to obtain technical support for nutritional rehabilitation programmes.

The seven programme components

There are seven programme components within the PRRO (one of which closed in December 2005):

1. Primary School Feeding
2. Mother and Child Nutrition (MCN)-*posyandu* (local health post)
3. Support to Tuberculosis (TB) patients
4. Acute and protracted relief programme, including short term-assistance (Yogyakarta, West Java) and Targeted Food for Recovery (TFFR, Aceh/Nias only)
5. Food-for-Work (FFW) & Food-for-Training (FFT)
6. OPSM (subsidized rice), closed in December 2005
7. Community Development Programme (from the Trust Fund money generated from OPSM)

Annex 4 provides the working logframes adopted by the WFP country office for the six current components. The analysis presented below for each programme category is a commentary on the primary objectives and the extent to which these have been achieved. The evaluation notes that these logframes were in place only after the programme was underway and were not (in this form) presented in the original PRRO document. It further notes some disparities between the objectives and indicators presented in the Standard Project Report 2005 and these logframes. There are perhaps two explanations for this: first, the programme evolved since the submission to the Executive Board of the PRRO (the time lag can be as much as nine months); second, the expertise of the country office in formulating the logframes was not available at the time.



2 EVALUATION SCOPE AND METHODOLOGY

The Mid-Term Evaluation was commissioned by the Office of Evaluation (OEDE) as an independent analysis of the progress and future orientation of PRRO 10069.1. As such, it comments upon efficiency, effectiveness, coherence, relevance, appropriateness and sustainability of the programme in relation to: (a) the objectives and associated indices outlined in the project documents and working logframe of the Country Office; and (b) the broader policy environment of food security, safety nets and social welfare priorities pursued by government, and multilateral and bilateral donors. The evaluation's focus is on assessing the effectiveness of the shift from relief to (nutrition) rehabilitation and capacity building in the main, and from relief to rehabilitation and recovery in the Aceh part of the operation.

PRRO 10069.1 covers the period January 2005 to December 2007, with the inclusion of Aceh and Nias (through a budget extension) from January 2006 to December 2007. Strictly speaking, the evaluation covers only these periods. However, comment has also been made on the various pilot schemes introduced immediately prior to, and in anticipation of, PRRO 10069.1. Also, since the Aceh and Nias operation under Regional EMOP 10405.0 was subsumed under the PRRO in January 2006, the evaluation inevitably touches upon issues that predate this, including the cash/voucher pilot programme initiated in 2005, and some of the beneficiary selection criteria that are still in use under the PRRO.

In conducting the evaluation, the four-member evaluation team visited project sites for general food distribution/targeted food for recovery (GFD/TFFR), school feeding (SF), MCN (at posyandu), TB, FFW/FFT and community development projects (CDPs). Sites were located in Aceh, Greater Jakarta, Yogyakarta, Surabaya, Madura, Makassar, NTB (Lombok) and NTT (West Timor). Visits took place from 28 August to 17 September.

Before the visits, the team leader made a preliminary one-week visit to Indonesia and Bangkok in early July to set up the schedule, have initial meetings with stakeholders and refine the methodology through an Inception Report shared with the Country Office.

2.1 Methodology

Given time constraints and the impossibility of using an empirical survey-based methodology, the evaluation used inductive reasoning (mapping results from an analysis of data) as well as deductive reasoning (drawing on existing knowledge/hypotheses and testing them against field sample interviews and/or additional data). In line with the Results-based Management (RBM) approach, the team examined the programme objectives as outlined in the PRRO document and its subsequent logframe, and looked at the impact chain, which in its simplest form is:

Inputs → activities → outputs → outcomes → impact

The six programme categories each have a set of performance indicators (see annex 4). The evaluation examined these in relation to:

- progress towards set targets of each performance indicator;



- their internal coherence and relevance;
- the extent to which the indicators were measured by a baseline and follow-up survey within the PRRO timeline;
- the quality of the surveys undertaken and the quality of the institutions contracted;
- whether the PRRO costing and Country Office capacity lend themselves to building an adequate knowledge base in relation to the programme categories – and whether new skill sets are required within the Country Office in order to assess the adequacy of external research, etc, undertaken; and
- the compliance of objectives with WFP corporate objectives.

An Evaluation Matrix appended to the Inception report, combined with the Terms of Reference (ToR), provided a ‘checklist’ for questions regarding the key components of the evaluation. Given that the evaluation immediately precedes the preparation of a likely 2008-2011 PRRO, the mission was also asked to submit recommendations on the direction the programme should be taking in 2007, and necessary adjustments in scale and scope that this may entail. Thus, the evaluation took into account:

- how the programme complements and is informed by the existing large-scale food safety-net programme of the government;
- the extent to which WFP’s advocacy (food insecurity and nutritional mapping, etc.) has influenced government priorities in terms of this safety net and its existing programme portfolio with other agencies;
- the extent to which programme costs have determined geographical choices;
- the extent to which political preferences (donor and/or government) have determined choices;
- the extent to which programme cohesion, both internally and vis-à-vis other agency programmes, has determined choices; and
- the constraints (political, cost, logistics) to either extending or reorienting the programme towards other food-insecure areas of the country.

2.2 Stakeholders interviewed

The following stakeholders were closely involved in the evaluation (detailed list in Annex):

- **Primary stakeholders:** beneficiaries and community leaders
- **WFP:** the Country Office in Jakarta and area/sub-offices (Kupang, Sulawesi, Surabaya, Yogyakarta, Jakarta, Lombok and Aceh), the Regional Bureau in Bangkok and HQ units (OEDE, OD, ODTS, VAM, PDPG, PDPT, PDPN, FDD, ODTP, ODTL)
- **Government:** at country, districts and local levels (including national counterpart agency Ministry for People’s Welfare, MENKOKESRA), the ministries of health, education, social affairs and agriculture, and the National Coordinating Board for Disaster Management and Internally Displaced People (BAKORNAS); BULOG was involved with logistics issues.
- **Research and other technical bodies** focusing on food and nutrition in Indonesia, particularly those commissioned by WFP to undertake primary research (also, two national and one international consultant commissioned as reviewers of the draft evaluation report)
- **International bodies:** UNICEF, UNESCO, FAO, WHO, OCHA, UNHCR, the World Bank, and ADB.



- **National and international non-governmental organizations (NGOs):** particularly those partner agencies of WFP.
- **Civil society and the private sector:** particularly those in partnership/contract with WFP.

Implementing partners accompanied the mission on-site and made their staff available for briefings and debriefings. At the second draft phase, selected partners will also be encouraged to review the evaluation document. Since the end of June 2006, the ToR has been distributed widely to the above stakeholders.

Although not exhaustive, the following primary stakeholders were consulted at Kabupaten (district), Kecamatan (sub-district) and Desa (village) levels:

- Posyandu (sub-village level health post) cadres
- Village midwives and their superiors (Puskesmas or local health centre)
- Focus groups with women recipients on distribution day (Kecamatan and Posyandu)
- Trainers (Kecamatan and Posyandu)
- School teachers and students, including classroom discussions
- For TFFR, attendance at distribution day, and individual/focus group discussions with recipients and local leaders.

Information on beneficiaries' views and perceptions were derived from the following sources:

- Monitoring and evaluation (M&E) data provided by WFP monitors and (where available) implementing partners;
- Secondary data from associated NGOs or government programmes where beneficiary surveys could inform the objectives of the PRRO;
- Beneficiary contacts established by evaluation team members during field visits. At all locations, home, group and/or focus group discussions were undertaken. Approximately 200 beneficiaries were either collectively or individually interviewed.

Evaluation Constraints

There were no major constraints in fulfilling the ToR, and the mission congratulates WFP's Country Office and Area/Sub-offices for the excellent preparation of documents, etc., as well as the total dedication to facilitating and accompanying the mission throughout.

The evaluation was inevitably limited by its geographic coverage. Nevertheless, a reasonable representative sample of projects under each programme category was visited, both in urban and rural areas. CDPs (funded by the Trust Fund) in Sulawesi and Papua were not visited.

The evaluation was able to interview government representatives at national and local levels; however, with the exception of WFP's key counterpart agencies, government officials were not fully acquainted with the WFP programme. This in part reflects capacity constraints, particularly at District levels, but it also points to some lack of perceived ownership of the programme by the government, and has implications for the sustainability and necessary advocacy that the programme entails. It was noticeable, for instance, that government officials (as opposed to health/education staff with direct implementation responsibility) rarely visit project sites, and accompanied the mission on only two or three occasions.



3 CONCEPTUAL FRAMEWORK OF THE PRRO

3.1 Relevance of food aid

The evaluation found the emphasis on nutritional rehabilitation, with the increasing focus on micronutrient intervention, to be in line with the broader aims of the MDGs, and an appropriate niche for WFP. Given the size and complexity of the situation in Indonesia, a wider programme of mitigating food insecurity is, for the most part, beyond the current capacity of WFP. Nevertheless, the increased knowledge base and advocacy demonstrated by the Food Security and Nutrition mapping and early warning systems undertaken by WFP-Vulnerability Assessment and Mapping (VAM) is commendable and of proven value in influencing government policy.

Through the provision of staple foods (rice and oil in the case of WFP Indonesia), food insecurity as well as poverty may be addressed. Food aid can help allay the erosion of household assets, replacing expenditure on basic necessary food items that can then be spent on other foods, education, health care, etc. In the case of general food distribution in emergencies, the impact on poverty reduction may be minimal where people are yet to resume regular work and build up their livelihoods again.

The fortified foods that WFP Indonesia provides (biscuits, noodles and vitamin A fortified vegetable oil) specifically address micronutrient deficiencies, in addition to replacing food expenditure (at least to some extent). Addressing micronutrient deficiencies directly is very important because, amongst others, these deficiencies are grave public health problems as they lower immunity (which results in increased morbidity and mortality), reduce growth, and, in the case of anaemia,⁸ cause lethargy, lessen mental development (iodine deficiency is another important cause), reduce work productivity and increase maternal mortality (vitamin A deficiency also contributes).⁹ In Indonesia, underweight exists among 27.3 percent of the under-fives, 38 percent of children aged 24-59 months are stunted,¹⁰ 48.1 percent of under-fives are anaemic and about 55 percent of those aged less than 24 months are anaemic.¹¹ Anaemia levels are also high among school children, adolescents and women of reproductive age. In order to address malnutrition and its consequences (mental development, economic output,¹² etc.) for the current and future generations, for the benefit of the individuals as well as for the society as a whole, poverty, food insecurity and nutritional problems urgently need to be addressed. Food aid is a suitable vehicle for doing so, as it contributes to addressing all three of these areas.

⁸ Note that anaemia can be caused by iron deficiency, but also can be related to a lack of other vitamins and minerals.

⁹ The Copenhagen Consensus project recognized that providing micronutrients to address hunger and malnutrition has a very positive cost-benefit ratio. In this project, a panel of economic experts set priorities among a series of proposals to confront global challenges, including hunger and malnutrition as well as civil conflict, climate change, communicable diseases, education, water and sanitation, governance, financial stability, migration and trade reform. Reducing the prevalence of iron-deficiency anaemia by means of food supplements was ranked second with a very high ratio of benefits to costs. Measures to prevent the spread of HIV/AIDS were ranked to have first priority. See: www.copenhagenconsensus.com.

¹⁰ Ref Nutrition Map of Indonesia (2006).

¹¹ According to National Health and Household Survey data collected in 2001, quoted by Atmarita (2005). Nutrition problems in Indonesia. Article for integrated international seminar and workshop on lifestyle – related diseases, available from <http://www.gizi.net/download/nutrition%20problem%20in%20Indonesia.pdf>.

¹² It has been estimated that Indonesia every year loses 0.5% of the GDP as a result of the existing vitamin and mineral deficiencies in the country (source: <http://www.micronutrient.org/VMD/Indonesia.asp>).



In early 2006, WHO, WFP and UNICEF issued a joint statement on preventing and controlling micronutrient deficiencies in emergency-affected populations.¹³ Because the consequences of micronutrient deficiency are not very specific, micronutrient deficiencies have been called ‘hidden hunger’. In situations of nutrition insecurity, generally both micronutrient and caloric intake are too low.

With the recent decentralization of government funding and policy platforms, the Nutritional Rehabilitation Programme (NRP) continues to fill a gap, raise local awareness, and add substantively to basic knowledge among the wider population of health and nutrition requirements. It can also act as an entry point to the much broader challenge of nutritional education and dietary habits.

In an average month in 2006, WFP’s NRP and TB programmes combined reached approximately 920,000 beneficiaries (see Annex 2). If the lower estimate of 39.1 million people¹⁴ living below the poverty line can be assumed to be nutritionally vulnerable (and the actual figure is likely to be much higher, including, as it does, those above the poverty line), the WFP programme all but touches the surface of a national plight.

As outlined elsewhere in this report, other donor-supported social welfare and nutrition programmes have the flexibility to encompass institutional strengthening and community-level grant systems, and some of the ‘hardware’ required for addressing chronic nutritional issues. WFP’s constraints in this respect are well known: as a commodity-based organization it depends on a certain scale of operation. Despite WFP Indonesia enjoying some financial flexibility through the Trust Fund, the degree to which it is able to programme beyond the simple delivery of food items nevertheless depends on the quantities that such deliveries entail. Without a certain tonnage of food delivered, and the accrued associated overheads for non-food expenditure, the programme as a whole would be inoperable. Paradoxically, this is also the strength of WFP, for it is one of the few ‘frontline’ international organizations in the country regularly delivering goods and services at this (albeit modest) scale. In doing so, it challenges the government and its donors by drawing their attention to the paucity of institutional support given to rural and urban institutions in poor areas, such as schools and health centres.

Apart from financial constraints, there is an important caveat to the argument for scaling up. Precisely because WFP is at the ‘frontline’ in remote or under-served locations, in these project sites the evaluation found that an often poor supportive environment – infrastructure, human capacities – impaired the ultimate impact of WFP interventions. The answer lies in a judicious balance between, on the one hand, field projects that revitalize services and, on the other hand, evidence-based advocacy at national and sub-national levels to influence key stakeholders – government and donors – that have substantially greater resources than WFP. While the former approach may reveal more problems than it can solve, the latter is a relatively slow process and the impact difficult to quantify. The efficacy of WFP programmes can only be increased through greater convergence with other government, bilateral and multilateral programmes.

¹³ Recognizing that micronutrient deficiencies have severe and long-lasting consequences for individuals and populations and that they easily develop or are made worse during an emergency, the statement stresses that it is essential to ensure that micronutrient needs of people affected by a disaster are adequately met. It recognizes the role of fortified foods in this regard, but also notes that needs of specific vulnerable groups may not be fully met and hence require additional measures. The statement is available from: www.unicef.org/nutrition/files/Joint_Statement_Micronutrients_March_2006.pdf.

¹⁴ BPS (2004) Statistik Kesejahteraan Rakyat : Welfare Statistics 2004. Jakarta: BPS.



Three years ago WFP shifted its emphasis from poverty reduction to nutritional intervention. Yet poverty-related malnutrition (wasting as well as stunting and anaemia), notably in urban areas, has not abated, though it has improved in WFP areas. As further outlined later in this document, the evaluation is aware of the difficulty of making strategic choices over where to place limited resources in a country where chronic malnourishment is so widespread. The evaluation advises that the shift in WFP's focus from urban to rural areas should continue, but that this choice is reflective of capacity and funding constraints and should not detract from WFP's continued monitoring and advocacy role in finding solutions to pervasive and chronic malnutrition in urban areas. Because systemic and infrastructural needs in rural areas are more pronounced than in urban areas, the WFP strategy should be towards greater cohesion between programme categories.

Perhaps the most interesting and challenging aspect of the PRRO is the potential it has for opening a dialogue with the commercial sector on the future fortification of popular products. In using local producers and demonstrating that relatively inexpensive additions to their products are commercially feasible, WFP's long-term influence could be enormous. In general, the approach should be towards partnership as opposed to the current client-supplier relationship, very much on the cutting edge of WFP's role. WFP Indonesia has begun to explore such partnerships: Danone, for instance, already has a commercial fortified product that follows WFP's micronutrient recipe.

Endemic natural disasters in Indonesia – and the efficient and timely manner in which WFP has responded to these – suggest a continuing standby role for the organisation. Within the PRRO period there have been two WFP urgent responses – Yogyakarta and West Java (the latter was not visited by the evaluation). The evaluation notes that many donors channelled resources through UNICEF, IOM and other agencies, and not through WFP, for these emergencies.

3.2 Assessing geographical patterns of food insecurity

In recent years, a range of surveys and studies have been undertaken in Indonesia, some aimed at assessing the magnitude and geographical pattern of nutrition problems in the country, and others more project-related and serving as a baseline, mid-term or end-line assessment of the situation.

3.2.1 “Food Insecurity Atlas” of Indonesia

In 2005, the National Food Security Council and WFP jointly published “A Food Insecurity Atlas of Indonesia,”¹⁵ which provides maps and data at district and provincial levels on food insecurity and underlying factors. The Atlas started with a message from the Vice President of Indonesia, who states that “*In Indonesia, nearly 40 million people are food-insecure. It is an ethical mandate of any government to ensure that its citizens are food- and nutrition-secure.*” The Atlas identifies the worst-off districts in the country and provides insights on district-

¹⁵ June 2005.



specific causes of poverty and food insecurity. The indicators used in the Atlas¹⁶ come from several sources, including the National Bureau of Statistics (BPS) (National Socio-Economic Survey (Susenas) data¹⁷ collected in 2002, Podes data¹⁸ on access to basic infrastructure at village level, the Forestry Department and Meteorology Department, provincial and district-level food security agencies, World Bank (Poverty Map) and UNDP (Indonesian Human Development Report). Based on these indicators, all districts in Indonesia¹⁹ in the Atlas are ranked and the bottom 100 districts are labelled as priority districts. The Food Insecurity Atlas has been very well received by the government, prompting the Central Government in July 2006 to allot a budget of US\$33 million for addressing factors underlying food insecurity in the identified priority districts as selected by the districts themselves.²⁰

In relation to the re-zoning of some of Indonesia's provinces and districts (at the time of the mission, this process had resulted in a governance system with 33 provinces and 443 districts) and the availability of new Susenas data collected in 2005, a second updated edition of the Food Insecurity Atlas is scheduled for release in early 2007.

The National Food Security Agency recognizes that the Atlas does not provide data on urban populations, due to a lack of data disaggregated by socio-economic status of the urban population. According to the 2004 BPS statistics,²¹ 43 percent of the population in Indonesia (220 million people) lives in urban centres. The March 2006 BPS data found that 15.1 percent of the urban population (14.3 million people) lives below the poverty line²² (whereas this is 19.7 percent, or 24.8 million people, among the rural population). The mission thus concludes that more insight into the food security, nutrition and health situation among the urban poor is urgently required. In fact, the recently reorganized National Food Security Agency now includes a section that will specifically focus on food access in urban areas.

A considerable proportion of the urban poor are illegal citizens who are formally registered at another place of residence and therefore do not possess the appropriate family registration card ('kartu keluarga') that provides access to government health insurance for the poor, access to government-provided distribution of food at the posyandu (such as MP-ASI), credit schemes, etc. This proportion is particularly high in Jakarta, Surabaya and Makassar.²³ How strictly

¹⁶ Indicators include food availability (per capita cereal availability); access to food (% of the population living below poverty line, access to electricity, % of villages accessible by 4WD vehicle); health and nutrition conditions (life expectancy at birth, % of under-fives who are underweight (<-2 SD of NCHS median), female illiteracy rate, infant mortality rate, % without access to safe drinking water, % of the population living >5 km from the *puskesmas*); and transient food insecurity (% of geographic area not covered by forest, % of damaged rice fields, areas prone to floods and land slides, and rainfall deviation).

¹⁷ The Survey is conducted at household level by BPS on a yearly basis but with varying data collection modules.

¹⁸ Podes stands for '*Potensi Desa*' and is an index for the development level of the village.

¹⁹ At the time when the 2002 Susenas data were collected (on which the Food Insecurity Atlas is based), the total number of districts was 265, and the total number of provinces was 30.

²⁰ The mission was told by various sources that the districts are expected to spend this extra money mostly on infrastructure and agriculture.

²¹ BPS (2004) Statistik Kesejahteraan Rakyat : Welfare Statistics 2004. Jakarta: BPS.

²² The poverty line for March 2006 was defined as an income of US\$16.8/capita/month (or Rp 152.847). (The Jakarta Post of 2 September 2006 made reference to a recently released BPS report stating that the number of poor has risen to over 39 million). BPS noted that when the government's 'direct cash subsidy' programme, which supplements the income of the poor, was not taken into account, 50.8 million people (22.9% of the total Indonesian population) would fall below the poverty line.

²³ Among the urban poor sample of the NSS, the following proportion of households did not have a family registration card for the city: Jakarta, 51.6%; Semarang, 20%; Surabaya, 55.1%; Makassar, 69.6% (and 58.6% in the 2005 survey).



services are refused to people without appropriate registration is up to the district authorities authorities,²⁴ but certainly the registration issue adds to the vulnerability of the urban poor. This was one of the factors that undermined the smooth hand-over of the OPSM programme to the government's RASKIN programme.

3.2.2 Nutrition surveillance systems

From 1998 to 2003, the Government of Indonesia and Helen Keller International (HKI) implemented the Nutrition and Health Surveillance System (NSS), which collected information from a representative sample of the rural population in seven provinces²⁵ and from urban poor households from slum areas in four main cities (Jakarta, Surabaya, Makassar and Semarang).²⁶ According to the NSS, the sample of urban poor households reflects the situation among approximately 10 million poor urban households living in slums in the main cities of Indonesia.

Table 3 in Annex 1 gives an overview of nutrition data (prevalence of underweight among under-fives) for the seven provinces with the highest prevalence of underweight as presented in the Food Insecurity Atlas plus NSS data for the rural population of seven provinces and urban poor in four cities. This overview shows that NTT, NTB, Central and South Sulawesi, Aceh and Kalimantan are all worse off than provinces on Java and Southern Sumatra. It also shows that for East and West Java the prevalence of underweight among the urban poor is higher than among the rural population of the same or neighbouring provinces. It should be noted that the 2002 Susenas data reported a lower prevalence in terms of underweight than the 2002/2003 NSS data (and also some other nutrition surveys). A discussion on these differences is beyond the scope of this report. Here, the most important information is the picture of relative differences

²⁴ For example, the website of the *Suku Dinas Palayanan Kesehatan Walikotamadya* Jakarta Utara (North Jakarta Health Office) <http://yanke-utara.jakarta.go.id/berita/php> dated 13 February 2006, states that in order to access free medical care, a non-resident of Jakarta must have a KTP-DKI or a temporary KTP-DKI. With the temporary KTP-DKI, the head of the household can apply for a GAKIN BPS which entitles the family (as listed on the *Kartu Keluarga*) to free medical services available from all Puskesmas in DKI, all Army Hospitals in DKI and certain listed private hospitals. Both the KTP and GAKIN cards must be presented when requesting free medical services. There are seven criteria for obtaining a GAKIN BPS. In addition, an article dated 7 June 2005 in KOMPAS notes that most poor undocumented residents in Jakarta do not hold the GAKIN card, as described above, because the KTP-DKI is expensive to obtain (150,000 Rp plus 25,000 Rp for a new *Kartu Keluarga*).

²⁵ Data were collected every three months from a total of 3,600 households with under-fives per province (except for 1,200 in Banten and 7,800 in Central Java). Data collection took place in Lampung, Banten, West Java, Central Java, East Java, South Sulawesi and Lombok. The total annual sample of rural households was approx 107,200. The total population from which the rural sample was taken constituted almost 70% of Indonesia's rural population (note that Java alone is home to more than 100 million people). However, it did not collect data from less densely populated generally worse-off provinces, except for South Sulawesi and Lombok.

²⁶ The sampling of the urban poor, 10,800 households every 3 months, was done as follows. For each city (Makassar, Surabaya, Semarang, and three districts of Jakarta - North Jakarta, West Jakarta and East Jakarta -) the villages (*'kelurahan'*) with slums were listed based on BPS data and BKKBN (family planning department) data. From this list, a random sample of 30 clusters, usually equivalent to a RW (*'rukun warga'*) was drawn. Within each cluster, the slum areas (which the survey team referred to as *'kantong kumuh'*) were listed and households were randomly selected from these slum locations. Selected households were eligible to be included in the NSS sample when they had at least one under-five and matched the defined proxy indicators on poverty level with regard to the location and condition of the house. The house needed to be located along train tracks, rivers, gutters, swamps, underneath toll-road/highways, near 'waste station/dump areas', around small alleys, and/or near the beach, and their physical condition had to be one of the following; 'box house': i.e. made of cardboard, corrugated iron plates, plywood, or bamboo, attached to another bigger house, or had a floor of wood or soil/un-cemented. Selected households that did not fulfil these criteria (this was the case for 10-20% of the selected households) were replaced by another household.



between the provinces and between rural and urban poor populations that emerges from the different sources of data.

Underweight is a composite indicator: a child can have a low weight for her or her age (i.e. underweight), either due to being stunted (low height for age, in which case weight still may be appropriate for height), as a consequence of long-term inadequacy of the diet, or due to being wasted (thin, low weight for height), because of an acute shortage of food and/or disease. From Table 4 (Annex 1) it can be seen that the higher prevalence of underweight among the urban poor as compared to the rural population in the NSS data for the period 2002–2003 is due to a higher prevalence of wasting (presumably because the urban poor were more affected by the economic crisis²⁷) while by 2002-2003 stunting levels were not found to differ much between urban poor and the rural population. Table 3 also shows a higher level of anaemia among the urban poor, indicating that urban poor were consuming a diet of relatively lower quality.²⁸

3.2.3 Other nutrition surveys undertaken in recent years

As part of the tsunami relief response, UNICEF/CNDRF/SEAMEO conducted nutrition surveys in Aceh and Nias in March 2005 and again in September 2005. The March survey was representative for the population in tsunami-affected districts (12 percent of the surveyed households were actually affected by the tsunami), while the survey conducted in September was representative for the entire population of Aceh and Nias. As shown in Annex 1 (Tables 4, 5 and 6), the prevalence of stunting among under-fives was higher in Aceh and Nias than on Java and Lampung, similar to South Sulawesi, and lower than in NTB and NTT (note that most of these data are from 2002-2003). This indicates that the under-fives in Aceh and Nias suffered from chronic malnutrition before the tsunami struck the area. Underweight and wasting among under-fives in Aceh and Nias were similar to or higher than in the other locations, except for NTT where wasting was higher. Mothers in Aceh and Nias had a relatively high prevalence of overweight, while anaemia prevalence in Aceh and Nias was comparable to the rural average reported from the NSS data. The September 2005 survey indicated that areas in Aceh and Nias with a very high stunting prevalence include Simeulue island, Nias island, Aceh Tenggara (not tsunami-affected), Bener Meriah (conflict-affected), and Aceh Singkil.²⁹ From these data it appears that the population of non-tsunami affected districts, some of which were affected by the more than 20-year-old conflict between the Free Aceh Movement and the Government of Indonesia (GoI), is also characterized by a poor nutritional status.

In July/August 2005, WFP commissioned a rapid nutritional assessment in NTB and NTT³⁰ in response to reports of rising numbers of severely malnourished children in these provinces. Tables 4, 5 and 6 (Annex 1) include the findings of this survey. In NTT, wasting prevalence was 11 percent (the WHO threshold for starting up targeted supplementary feeding and therapeutic feeding programmes is 10-15 percent); in NTB it was 5.9 percent. Stunting prevalence was also

²⁷ HKI Crisis Bulletin, yr 1 issue 7. High prevalence of acute malnutrition in urban slums. Jakarta, 1999. Available from www.hki.org/research/icb_storage.

²⁸ See also Bloem MW, de Pee S, & I.Darnton-Hill. Micronutrient Deficiencies and Maternal Thinness. First Chain in the Sequence of Nutritional and Health Events in Economic Crises. In Bendich A, Deckelbaum RJ (Eds) Preventive Nutrition: The Comprehensive Guide for Health Professionals. Third edition. 2005. Humana Press Inc, Totowa NJ.

²⁹ The results of these two surveys, as well as whether the district was affected by the tsunami, were the basis for selecting districts for WFP's NRP-School Feeding and NRP-*posyandu* programmes in Aceh and Nias.

³⁰ WFP, ECHO & SEAMEO TROPED (2005), Rapid Nutritional Assessment among children 6-59 months and women of reproductive age in West Nusatenggara and East Nusatenggara Provinces, Jakarta.



very high in NTB and NTT (42.9 and 45.7 percent, respectively). In April-May 2006, another survey was conducted in Soe district (within NTT) by CWS/HKI, where an even higher prevalence of stunting (57.4 percent, see Table 3) was found.

The urban poor depend on a cash economy and are more vulnerable to sudden price shocks, etc. In Sept/Oct 2005, CWS/HKI collected new data among the urban poor in Makassar (using a similar sampling frame as the NSS used for selecting urban poor in Makassar). This survey showed that since 2003 nutrition conditions of the urban poor in Makassar had stayed more or less the same (ref. Tables 2 and 3), whereas poverty levels were found to have increased and average dietary quality to have deteriorated.³¹ The recent rise in fuel prices³² (which occurred just after the collection of the 2005 Makassar data) undoubtedly will have affected the food security conditions of the population in a negative way, particularly for the urban poor because of their dependence on the cash economy.

Table 5 (Annex 1) shows details for the 12- 23-month age group, which is the most vulnerable age group with regard to malnutrition.³³ The data demonstrate that children in this age group who live in the outer areas (NTB, NTT, Aceh and Nias) and in the urban poor areas, but also those in less isolated areas like Banten and East Java, are very vulnerable to wasting and anaemia. Stunting levels for this age group are also very high in various parts of Indonesia, with the highest levels observed in NTB, NTT, rural South Sulawesi, and in Makassar.

Nutrition data on non-pregnant mothers (Table 6) clearly show that they are affected by the double burden of malnutrition. Many women suffer from micronutrient deficiencies on the one hand (as indicated by the high anaemia prevalence), while overweight on the other hand is also quite prevalent. This means that a focus on providing micronutrient-rich foods is very appropriate and that Health and Nutrition Education (HNED) should emphasize the importance of healthy food choices (micronutrient-rich) and limiting consumption of high-fat foods. Overweight is higher among the poor in urban areas, as their physical activity tends to be lower, but caloric intake (not micronutrient intake) is often higher when compared to the population in rural areas. What stands out is the extremely high prevalence of maternal thinness in Soe district (NTT province), which indicates a very high degree of food insecurity.

A WFP/SEAMEO survey conducted among 1,418 pupils aged 6-12 years from 60 schools participating in the WFP SF programme in Aceh found that: 27 percent suffered from anaemia; 27.2 percent were stunted (22 percent in urban and 32.3 percent in rural areas); 21.2 percent were underweight (16.8 percent in urban and 25.5 percent in rural areas); 7.6 percent were wasted; and 57.7 percent of rural and 49.4 percent of urban children suffered from helminthic infection. For Nias, these figures were 27.8 percent anaemic, 36.1 percent stunted, 22 percent underweight, 2.2 percent wasted, and 74.7 percent with helminth infection. A comparison of these findings among school children to those of the UNICEF/CNDRF/SEAMEO survey in Aceh and Nias among under-fives (Table 4) suggests that nutritional status of school children in

³¹ CWS/HKI. Nutrition and Health Survey among urban poor in Makassar, South Sulawesi – Comparison of situation in Sept-Oct 2003 to Sept-Oct 2005. Jakarta, 2006.

³² In October 2005, the fuel price increased by an average of 126% (source: <http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Indonesia/index.asp>), which led to increased costs of living as the price of many commodities rose due to higher transport costs.

³³ Among children of this age group, the nutritional needs are very high due to their rapid growth and relatively high infection rates, whereas their gastric capacity is relatively small and the nutrient density of the average diet often is not high enough to meet their needs.



Aceh, and also Nias, is better than among under-fives. However, it should be noted that the schools were sampled from only ten districts (eight in Aceh, two in Nias), whereas the UNICEF/CNDRF/SEAMEO survey randomly sampled from all districts of Aceh as well as Nias. Moreover, the surveys were conducted at different times of the year, and the school survey was conducted almost a year after the start of the SF programme (March 2006).

3.2.4 Other nutrition programmes in Indonesia

Asia Development Bank. After the economic crisis in 1997, the Asia Development Bank (ADB) assisted the government's Social Safety Net programme with two social protection sector development programmes, one of which was on health and nutrition through the *posyandu*, directed at poor women and children. In 2005, ADB provided a three-year grant of US\$1.75 million to Indonesia for 'Enriching lives of the Urban Poor,'³⁴ which is focused on micronutrient fortification. The programme includes:

- two pilot studies, one for assessment of the effectiveness of palm oil fortification with vitamin A in Makassar³⁵ and the other for a study of the feasibility of local production of multi-micronutrient fortificants for use in home ('sprinkles') by children 6-59 months old in North Jakarta;³⁶ and
- a study on how to enhance the access to quality iodized salt and fortified wheat flour by the urban poor in North Jakarta and Makassar through the market system.

A second ADB loan under preparation – 'Nutrition Improvement through Community Empowerment' – amounts to US\$50 million (plus a government US\$21 million counter budget) for 2007-2012. This programme will focus on community-based services and social mobilization for better nutrition and hygiene of 1.5 million children and 0.5 million pregnant women and lactating mothers in poor areas in six cities and in 24 rural districts in six provinces in Indonesia. Through this 'on budget' loan, the government aims to scale up the new food fortification methods (vitamin A enriched palm oil and multi-micronutrients) as well as pilot the use of micronutrient powder (sprinkles). It is, however, only in the formative (and pilot) stages, and convergence with WFP operational areas is not expected until 2009 at the earliest.

US Government. The US government has provided US\$311 million for a five-year programme (2004-2008) to improve the quality of and access to basic human services (BHS) in seven provinces through an integrated strategy combining health, food and nutrition with environmental management and water services at district and community levels. With respect to the food and nutrition component, the programme aims to improve the nutritional status of vulnerable groups through targeted supplemental feeding and through nutrition education and behaviour change activities (Positive Deviance programmes). Great emphasis is put on environmental hygiene (public latrines, washing facilities, protected water stations, organized solid waste disposal). Within the health component of the programme, the focus is on maternal and child health (MCH) including reproductive health, nutrition, polio eradication, HIV/AIDS, TB control, and malaria, within the overall setting of a decentralized health sector. This BHS programme is intended to reach over one million people.

³⁴ Financed by the Japan Fund for Poverty Reduction.

³⁵ A trial study will be undertaken in Makassar which will cover approximately 1 million people for 18 months.

³⁶ A pilot study in poor neighbourhoods in North Jakarta that will cover about 5,000 children 6-59 months old.



UNICEF. UNICEF's programme activities in Indonesia deal with health and nutrition, basic education for all, child protection, fighting HIV/AIDS, and water and environmental sanitation. For the health and nutrition programme, UNICEF Indonesia works closely with key Ministry of Health directorates (Community Health, Communicable Diseases, Environmental Health, Research) for a range of activities. These include: provision of technical assistance to government national priority programmes (e.g. the Making Pregnancy Safer initiative); piloting of new alternatives (e.g. District Team Problem Solving); assistance to the government in improving relevant planning mechanisms, monitoring systems and databases; and other activities such as vaccination campaigns. Most of UNICEF's health and nutrition projects focus on poor rural areas. With regard to water and sanitation, UNICEF supports the Indonesian government in developing and implementing strategies that improve drinking water and sanitation conditions across the country. UNICEF is also helping to implement a special Clean Water Supply and Basic Sanitation initiative in Aceh and North Sumatra that includes the rehabilitation and construction of shallow wells, rainwater tanks and gravity pipe systems. This project also includes the construction of toilets, hand washing and waste disposal facilities in schools, health and community centres and religious institutions. The mission, however, found that the construction of these facilities at schools was limited to newly built schools and excluded rehabilitated schools.

3.2.5 Nutrition Map of Indonesia

In response to the awareness raised by the Food Insecurity Atlas, many districts felt the need for sub-district-level data as a basis for designing and targeting interventions and strategies for addressing food insecurity. In 2006, as a collaborative effort involving BPS, WFP and the Coordinating Ministry for Peoples' Welfare and AusAid, the Nutrition Map was published in order to fill this information gap. Based on the small-area estimation technique, the Map shows estimates of nutrition indicators at sub-district level in 30 provinces, 341 districts and 3,688 sub-districts. The core of the applied method is to identify predictive indicators in available 2000 census survey data at sub-district level that could explain the information on malnutrition³⁷ obtained from household surveys (except for IMR) in the 2002 Susenas data collection round. The introduction stated that *'the methodology used and results obtained should be seen as preliminary results, until such time as they can be validated'*. Meanwhile, provincial and district food security agencies are collecting their own data, primary as well as secondary, in order to assess and monitor progress in combating malnutrition and food insecurity.

Recommendation: The evaluation recommends that WFP continue to play a leading role in mapping of food insecurity and malnutrition among the rural population of Indonesia together with government and other relevant stakeholders, and to advocate for more data collection and dissemination on the food security condition of urban poor.

³⁷ Indicators used: underweight, infant mortality rate, and consumption of less than 1,700 kcal/capita/d.



3.3 Scope and scale of WFP interventions

3.3.1 Geographic targeting of WFP food aid programmes

Food aid needs to be targeted to people who suffer from livelihood insecurity and malnutrition problems – chronic, acute or hidden hunger caused by micronutrient deficiencies. Therefore, food assistance should be directed at target groups such as IDPs, households that have lost their house due to natural disaster, people in conflict affected areas, and the very poor and food-insecure; target groups which are present in many parts of Indonesia.

This said, the evaluation found the geographic scope of the PRRO to be over-extended, stretching from NTT in the east to Aceh in the west, covering ten provinces, and over 5,000 final distribution points (FDPs). This is not to suggest that the programme is over-extended financially (in fact, as we shall see, the implementation rate has been in line with financial forecasts), but rather that in a climate of depleting resources, the choice of geographical sites will have to be curtailed, despite strong empirical evidence that would suggest expanding the programme.

PRRO 10069.1 was designed in 2003, and the choice to implement certain programmes in certain provinces was informed by available data collected by BPS and other institutions. Geographic targeting decisions for the various programme components presumably were based on the same types of indicators and data sources as the ones which formed the basis for the Food Insecurity Atlas. The revision of the PRRO at the end of 2005 meant the addition of some provinces (Aceh and Nias) that had been struck by the tsunami, and also a slight geographical reorientation. The revised project document indicates that the NRP should operate in: Aceh & North Sumatra (Nias), Greater Jakarta, East Java, NTB, NTT and South Sulawesi. The selection of provinces differs somewhat from the list in the original PRRO document that was approved in February 2004, which mentioned Greater Jakarta, Central Java, East Java, West Timor, Maluku and Central Sulawesi as target areas for the NRP.

From the data presented above, it can be concluded that both the poor in the slum areas of the largest cities in Indonesia (who constitute about 6.5 percent of Indonesia's entire population³⁸) and the overall rural population in many of the outer provinces (NTB, NTT, Madura in East Java, West Kalimantan, Papua, parts of Sumatra and Sulawesi, etc.) suffer from malnutrition problems. As discussed in the previous section, the patterns with regard to prevalence of acute and chronic malnutrition and prevalence of anaemia are somewhat different from place to place, and in Indonesia there are roughly twice as many rural households living below the poverty line as urban households (24.8 million and 14.3 million households, respectively).

Table 1 in Annex 1 also provides information on the number of districts out of the total number of districts in the particular province that were identified as priority districts in the Atlas, and whether PRRO 10069.1 conducts a programme in this province or not. The four districts constituting Madura (all included in the top 40 priority districts in the Atlas) and very food-insecure parts of Northern Sumatra (Simuelue and Nias, both among the top 20 priority districts) are covered by the PRRO. Meanwhile, there are other provinces where WFP is not present with food aid programmes, although these provinces are characterized by a large proportion of

³⁸ 14.3 million out of 220 million people.



priority districts according to the Atlas (Papua, Kalimantan Barat, Maluku, parts of Sulawesi).³⁹ The Country Office's decision not to cover these outer areas is primarily related to budget constraints (the funding level for the current PRRO is only around 60 percent) and the much higher cost of running an operation in remote and much less densely populated areas.

3.3.2 Urban vs. rural targeting

The subsidized rice programme (OPSM) was the first WFP programme in Indonesia that specifically targeted the urban poor (many of whom are illegally settled households that do not possess an appropriate registration card) who were not well covered by the government's RASKIN subsidized rice programme. The OPSM programme was started in the main cities on Java in response to the economic crisis that hit Indonesia in 1998 and severely affected the purchasing power of the urban poor because of their dependence on the cash economy and lack of an informal safety net (as still exist in rural areas). The programme in Jakarta and Surabaya was continued during PRRO 10069.0, but was phased out during the first year of PRRO 10096.1. At the same time, since mid-2005 WFP has somewhat scaled up its NRP-SF and NRP-*posyandu* in some (sub-) districts in Jakarta and Surabaya. Total coverage for the overall NRP programme in poor urban areas currently amounts to approximately 172,111 beneficiaries,⁴⁰ which comprises 19 percent of the total number of beneficiaries in the NRP programme (see Annex 2 on beneficiary numbers details).

Specific targeting of urban poor households is much more difficult than blanket targeting in rural areas where the population is more homogeneous. From the evaluation team's experience in Jakarta and Makassar, it appears that it has been rather difficult to specifically target the NRP to beneficiaries who really belong to the category 'urban poor'. The targeting criteria for schools and *posyandus* have been based on administrative areas, selected through consultation between WFP and government, and with reference to VAM mapping (district-level). Whereas this works in rural areas, in 'slum areas' targeting becomes more problematic as the urban poor usually live together in the same neighbourhood with less poor households. Because of some self-selection of the urban poor towards the Islamic religious schools (MI),⁴¹ increasing the programmatic focus on these schools offers an interesting option to improve targeting of the NRP-SF to school children from urban poor households.

The NSS found that the size and homogeneity of slum areas vary per location. In North Jakarta, approximately 60 percent of the area of an RT (smallest administrative unit) with slums consisted of households that complied with the NSS criteria for an urban poor household, while this was only about 40 percent in West Jakarta, and 50 percent in East Jakarta, Semarang, Makassar and Surabaya. In other words, the feasibility of targeting urban poor households depends on how concentrated the urban poor are, which is different from city to city. Overall, it seems that some dilution is unavoidable when a programme is meant to specifically target the urban poor.

³⁹ Within the PRRO, there are some CDPs in Papua and Central Sulawesi not involving food aid.

⁴⁰ Urban beneficiaries are found in Jabotabek, Makassar and in East Java. For Jabotabek, the mission has assumed that beneficiaries were 80/20 divided over urban (Greater Jakarta) and rural (surrounding rural areas) beneficiaries, while this proportion was set as 50/50 in the case of East Java. Disaggregated figures on this were not readily available to the mission.

⁴¹ Islamic religious schools include (Islamic) religious education in the standard curriculum, whereas students that go to state schools have to enrol and pay separately for out-of-school religious education. The poor that like their children to have Islamic religious education therefore often prefer the Islamic religious schools.



The evaluation notes the proposed expansion of the cash transfer safety net programme undertaken by the government. The Ministry of People's Welfare (WFP's government counterpart agency)⁴² has indicated that from October 2005 until December 2006 some US\$19.2 million was allocated to household-level grants of 100,000 rupiah/month/household (through the post offices). This was an unconditional grant – i.e. to all registered poor families. In 2007, a new 'conditional' grant system will be introduced in Jakarta and Surabaya, conditional upon households with children being active participants in the *posyandu*. The pilot scheme will be targeted to 1 million households, which will receive a 300,000 rupiah/month/household (US\$30) grant. In addition, a similar grant of 300,000 rupiah will be given to those families with children of 7-15 years who achieve 80 percent attendance at school. Community leaders and village heads will be asked to draw up the target list, but the government recognizes that greater socialization will be required to ensure accurate and fair targeting.

In Surabaya, BAPPEPROP is the provincial-level coordination body for social welfare programmes. It is this body that makes budget allocations to the education and health departments. The evaluation learned that WFP's school feeding programme (and presumably the *posyandu* programme as well) was little known by BAPPEPROP and therefore any reallocation of budget towards those schools and health centres supported by WFP was not under discussion. The 'profile' of UNICEF, ILO, ADB, and IOM within Surabaya government circles was higher than WFP's. There is also an issue of timing: April/May is when government allocations for the following year are made; it is at this time that WFP and its partners should be involved in advocating for greater programme coherence.

Recommendation: The evaluation recommends a more concerted effort by WFP to inform and advocate its programme with provincial authorities in order to lead to greater coherence with existing and planned sub-national social welfare plans.

Anecdotal evidence, confirmed by senior government officials, suggests that the safety net programmes have significant inclusion/exclusion errors, a pattern similar to that of the countrywide RASKIN rice subsidy programme. It was beyond the scope of the evaluation to examine this in detail, but in almost all cases the predictability and regularity of allocated grants was unclear, and could not in themselves be a determining factor in decisions over where there are discernible gaps appropriate for WFP intervention. It was clear, however, that a significant percentage of transmigration from rural areas – and hence 'non-registration' in urban areas – pre-empted these families from receiving regular assistance.

Recommendation: The evaluation recommends that WFP continue to implement the NRP in some selected urban poor areas of Jabotabek, preferable through NGO partners that specifically target this group and that also provide complementary support such as infrastructure, water and sanitation, income-generating activities, etc. By contrast, the NRP programme in rural areas should focus on strengthening systems providing education and health services. This can best be done through integration of WFP food assistance programmes with others such as FRESH, the school-based health system (UNICEF), and, to a lesser extent, the Positive Deviance programme (collaborative international effort in Indonesia funded by USAID) that is implemented through the *posyandu*.

⁴² WFP's chief counterpart agency for the first year of the PRRO was BAPPENAS (*Badan Perencanaan Pembangunan Nasional*); this changed in January 2006 to the Ministry of People's Welfare.



4 PROGRAMME TRENDS AND FUTURE DIRECTION

4.1 Resourcing and funding

The approved budget for the PRRO 10069.1 stands at US\$205 million. On 31 August 2006, some US\$77 million were recorded in the Wings system as confirmed contribution, or some 37.5 percent against the global appeal. The FDD department provides slightly different figures for the same date, taking into account some resource mobilization system (RMS) allocations. These figures are as follows:

Donor	US\$ millions	%
Country donations *	56.74	68.3
Private donations	4,00	4.8
Multilateral contributions allocated by ODMP **	1,56	1,9
Transfers of contributions' cash balances and reprogramming of unspent cash balances ***	19.76	23.8
OPSM Trust Fund by permission of Government	1,00	1,2
Total as of 31 August 2006	83.06	100

* This figure includes a reprogrammed amount of US\$ 13.65 millions donated by Japan under PR10425. Not included here is the additional US\$6 million proposed "contribution" from the Government from the OPSM Trust Fund.

** Funds from the Netherlands and Sweden.

*** From projects: EMOPs 10405.0, 10406.0, 10407.0, 10408.0, PRRO 10069.0, PRRO 06195 and EMOP 06006.0. The breakdown is:

- \$ 17.687.479 transfer of contributions' cash balances in Resource Mobilisation System (RMS) from projects 10405.0, 10406.0, 10407.0, 10408.0, and 10069.0;
- \$ 1.700.000 reprogramming of unspent cash balances in RMS from project 10405.0;
- \$ 373.736 reprogramming of unspent cash balances in RMS from financially closed projects for which the financial SPRs have been issued: PRRO 0169.0 and EMOP 06006.0

Total: 19,76 millions US\$

These figures highlight the fact that the net contributions from public, private and country donors amount to just over US\$60 million, not even 30 percent of the budget requirement. The remaining contribution of US\$23 million are amounts transferred or allocated from other programmes or funds by permission of donor countries, WFP-RMS in Rome or the government. Moreover, PRRO 10069.1 also benefited from the transfer of food stocks with a total value of US\$ 19.59 million.⁴³

Despite the fact that the most optimistic funding forecast for the PRRO (against original budget) was (in September 2006) only 54 percent (three major donors – Australia, Japan, and USA),⁴⁴

⁴³ Transfer of food commodities to project PRRO 10069.1:

31/12/2004 PRRO 10069.0 commodities 8.179,49 MT for US\$ 2.502.834,85 (COMPAS figure is 7.433 MT !)

31/12/2005 EMOP 100405 commodities 37.183,46 MT. for US\$17.085.538,26

⁴⁴ By end-August 2006, the actual funding level was 37.42% of the original PRRO budget; the projected 54% forecast is based on new funds anticipated from ARC, IRC, the OPSM Trust Fund and USAID. Breakdown (in US\$) as follows:

- OPMS Trust fund 6 million
- USA in kind 3 million

(footnote continued)



the implementation rate throughout the preceding 18 months had been in line with forecasts. In Aceh, there is a strong likelihood that substantial financial assistance for 2007 will come from the American Red Cross to support the NRP (MCN and SF) programme.

The 5 percent contribution from private donors is quite significant. The role played by the Country Office and ODB in securing donations is very marked. Close liaison with government officials and with diplomats or development agencies accredited in Indonesia and in the region is gaining a growing importance in securing donations. The approach of the Country Office management has in this respect been exemplary.

Funding shortfalls obviously contributed to the cutting back of original planned beneficiary numbers in all categories (Table 1), though further explanations are given in various sections that follow.

The mission takes note of the important role played by the Country Office and ODB in securing donations either through decentralized donor offices or through the private sector (still a small percentage, but growing). Further collaboration between the Country Office and Rome FDD is encouraged, notably with potential Middle East donors.

The New Business Model

Indonesia has been retained as one of the pilot countries to test out the 'New Business Model' (NBM). One of the important components of this model is the 'Project Planning Tool' (PPT). The PPT displays on one spreadsheet the funding projection (confirmed, high-, medium- and low-probability contributions and anticipated), the food pipeline situation (available stocks, floating and procurement projections) and the costs projection with respect to programme requirements. The objective is to achieve better planning of the requirements (food commodities and funds), better allocation of the available resources and improved forecasting of incomes. This has been achieved in Indonesia. The NBM prioritizes decentralized management of resources (accompanied by appropriate accountability and oversight) as the best incentive to overall improved management. As part of this, Indonesia also programmes its own contributions, and also manages its own landside transport, storage and handling (LTSH); for most countries, these functions are still centralized. This has indeed led to improved planning, reduction of lead times, and overall better supply chain management.

The low funding level of PRRO 10069.1 has partially been off-set thanks to carry-overs from previous operations or re-programmed amounts. In the forthcoming PRRO it would be advisable to ascertain the amount of funds which can eventually be carried over or be re-programmed against the net donor contribution forecast.

- American and International Red Cross	15 million
- Australia	3 millions
- USA	83 milion
Total:	110 million (54% of original PRRO budget)



Beneficiaries

The total number of beneficiaries against revised target for 2006 are given in Table I below. The 2006 figures have been chosen because they are a better gauge of achievements against targets since these exclude OPSM and IDP figures (other than Aceh) – both programmes are no longer operational.

Table 1: Number of Beneficiaries per Month (planned versus actual)

Programme Component	PLANNED		ACTUAL		
	Original PRRO	Budget Revision	Average Number of Beneficiaries Per Month	Percentage Achievement against	
	2005	2006		2006	Original
1. NRP – School Feeding	390,000	826,000	580,000	148%	70%
2. NRP - Posyandu					
# Children	210,000	422,500	280,000	133%	66%
#PWLM	140,000	132,750	72,000	51%	54%
3. TB Programme	42,500	105,000	85,000	200%	80%
4. GFD/TTFR	0	498,750	500,000 140,000 ⁴⁵		100% 78%
IDPs/Returnees/Host Populations	290,000	0	0	0%	0%
5. FFW/FFT	0	156,000	24,784	0%	18%
6. OPSM	1,000,300	0	0		
TOTAL	2,072,800	2,141,000	1,681,784	81%	79%

- FFT Food-for-Training
 FFW Food-for-Work
 GFD General Food Distribution
 IDP Internally Displaced Persons
 NRP Nutritional Rehabilitation Programme
 OPSM Operasi Pasan Swadaya Masyarakat (subsidised rice safety net)
 PWLM Pregnant Women and Lactating Mothers
 TB Tuberculosis
 TTFR Targeted Food-for-Recovery

4.2 Programme direction

In general, the evaluation found that a shift in emphasis from urban to rural areas within the NRP programme, along with greater convergence between programme categories, would address some of the capacity and cost issues surrounding the programme. This would imply a total (phased) closedown of urban programmes in Surabaya and Makassar by mid-2007, and a phased reduction of the urban caseload in Jabotabek from the current figure of 172,111 to approximately 30,000 within the same timescale. The selection of beneficiaries for the remaining urban poor areas should be based on the following broad criteria:

- Initial selection corresponding to sub-district nutritional surveillance “red” areas and priorities set by district authorities (such data are not yet available);
- Based on the economies of scale, SF, MCN and CDP projects should, wherever possible, be in the same sub-village, not just the same district (this would also be true of rural programmes);

⁴⁵ The total number of beneficiaries was 500,000 in January reduced to 140,000 by December.



- The CP should demonstrate capacity and independent funding for complementary programmes in the same area – infrastructure, water and sanitation, income-generating activities, etc.

Recommendation: For reasons outlined in further detail in the report, the evaluation recommends a realignment of the programme by mid-2007, in anticipation of a new PRRO from January 2008, along the following lines:

- A reduction of the TFFR caseload in Aceh, as per the current planning figures, from 300,000 to approximately 80,000 maximum. The TFFR programme should include only those remaining in TLCs/barracks (52,000), plus a new caseload of approximately 12,000-18,000 in conflict-affected inland areas. There should be a more stringent appraisal of FFW/FFT programmes in coastal areas of Aceh. The continuation of NRP programmes (SF and MCN) should be subject only to new funds available through American Red Cross; otherwise it should be closed before mid-2007.
- The closure of all urban NRP programmes in Surabaya and Makassar by mid-2007, and a phased reduction of the NRP programme in slum areas of Jabotabek (Greater Jakarta) to approximately 30,000 beneficiaries by end-2007. TB programmes in these areas should be retained, subject to revised food basket and modalities later in this document.

A phased increase and extended coverage of approximately 25 percent of NRP in Madura (beyond and within the current programme in Sampang District), Central, East and West Lombok, and in NTT. WFP should also further explore extending the programme to Bondowoso District (East Java), subject to resources.



5 PROGRAMME COMPONENTS

In this section, a number of terms will be used throughout that pertain to the administrative system. They are as follows:

Rukun Tangga (RT)	neighbourhood of ~50 households
Rukun Warga (RW)	neighbourhood consisting of a number of RTs, ~100-300 households
Desa or Kelurahan	village
Kecamatan	Sub-district
Kabupaten	District
Propinsi	Province

Terminology pertaining to specific subsections will be defined at the beginning of each subsection.

NRP – School Feeding

Educational System Terminology	
Sekolah Dasar (SD)	Primary school, grades 1-6, enrolment from 5-6 years of age
Sekolah Dasar Negeri (SDN)	State primary school
Sekolah Dasar Swasta (SDS)	Private primary school
Madrassah Iftidayah (MI)	Islamic religious school working towards the same goals as the SDs
Madrassah Iftidayah Negeri (MIN)	State religious schools
Madrassah Iftidayah Swasta (MIS)	Private religious schools
Kukus	Group of 4-7 schools, unit set up by the Department of education for easier coordination and introduction of new systems, etc.
Dinas pendidikan	Department of Education

5.1 Programme design

The School Feeding (SF) programme is targeted at the nutritionally vulnerable group of primary school children, and specifically aims to improve the micronutrient status of the beneficiaries, which is expected to translate into better physical capacity (endurance) and better scholastic performance. The feeding consists of provision of a package per child per day of 50 grams of locally produced biscuits fortified with vitamins and minerals to all children in the selected primary schools, from Grade 1 to Grade 6. The biscuits are consumed every school day, which generally means the children get them six days per week but not during Ramadan⁴⁶ and the school holidays. The biscuits are distributed to the children at the mid-morning or, for those who

⁴⁶ Except for West Timor where the population is predominantly Protestant.



start school at noon, at the mid-afternoon break. The teachers and support staff also receive a daily package of biscuits, for demonstration and as a small incentive. The Cooperating Partners (CPs) are responsible for training of the school teachers on the various aspects of the SF programme. All schools that participate in the programme have received a 'card box' with six mini-posters on key health and nutrition education issues. The schools, except those in Aceh and Nias, have also received height and weight measurement equipment (a microtoise and bathroom scale) and some wall charts with growth curves.

5.2 Programme implementation

For the School Feeding programme, WFP has applied two distinct geographic targeting mechanisms:

The first mechanism is 'targeting based on malnutrition levels', in which schools are selected in the districts and sub-districts with a higher degree of malnutrition. This mechanism has been applied in Aceh,⁴⁷ where UNICEF/CRDNF/SEAMEO nutrition surveys were conducted to assess needs and to monitor the implementation of the tsunami relief operation. The evaluation team agrees with the recent WFP decision to exclude the schools in the district centres because the WFP monitoring data showed that the acceptance of the biscuits was relatively low in urban areas (which tend to be socio-economically better off). One exception was noted by the evaluation team on Simeulue Island where the private schools under the Ministry of Religious Affairs⁴⁸ and the schools in the district centre and the near-city areas had not been enrolled in the programme (this decision was based on the experience in Aceh that needs were much less in the district centres), while the nutritional as well as socio-economic status of the population on Simeulue can be rated as poor throughout. In the meeting of the evaluation team together with WFP Sub-Office (SO) staff and CPs, it was decided that after Ramadan, all schools on Simeulue would be included in the SF programme.

The second targeting mechanism for the NRP–School Feeding is applied in other parts of Indonesia where no up-to-date nutrition data are available at district or sub-district level. Here, 'targeting based on perceived vulnerability' is done by WFP in collaboration with the relevant government officials, usually with the district education office (*Dinas Pendidikan*). In some cases, the issue of physical accessibility of the schools influences the selection.⁴⁹ In rural areas, the SF programme generally covers all schools in the selected sub-districts. In urban/peri-urban areas, the selection is done at the level of individual schools.⁵⁰ In the areas where individual

⁴⁷ In Aceh, the selection was based on nutritional status data for underfives, women and school children as collected by the UNICEF/WFP surveys. Within these districts almost all sub-districts are included (a few more will soon be added in Aceh Barat, Meulaboh SO) and within each sub-district all primary schools have been included.

⁴⁸ These schools are called MIS, '*madrassah iftidayah swasta*' whereas the public schools under the Ministry of Education are called '*madrassah iftidayah negeri*'.

⁴⁹ E.g., in NTT it was decided to focus the SF programme on the more accessible sub-districts in Kupang district and TTS district in West Timor. The SF programme only covers schools in selected sub-districts that are somewhat close to the main road connecting Kupang and Atambua.

⁵⁰ For the SF programme in the urban areas (Greater Jakarta, East Java and Makassar), both phasing-in and phasing-out decisions (the latter so far for Jakarta only) have been made at the level of individual schools. It was remarked by the evaluation mission that no system exists where this is based on a set of selection criteria. The basis for inclusion of some schools and exclusion of others was not entirely clear; the selection process may have been somewhat subjective and/or affected by other factors apart from 'perceived vulnerability' of the population in the particular neighbourhood.



schools are selected, the mission was told there were reports of students having changed school in order to attend a ‘biscuit school’. One school headmaster told the mission that the provision of biscuits was one factor that had made the school more attractive to parents for sending their children.

In practice, the system of targeting based on perceived vulnerability without doubt has resulted in the SF programme being present in poorer urban neighbourhoods and more food-insecure rural areas. However, it is unclear whether the applied targeting mechanism has been effective in capturing the most nutritionally needy. A complicating factor in this respect is that no baseline information has been collected for the SF programme. The original plan was to collect nutritional status information for a sub-sample of school children from every school that is included in the SF programme, and the equipment for this (microtoise and bathroom scales) was distributed to all participating schools.⁵¹ However, WFP decided to implement this later on, as it appeared to be very cumbersome for the school staff to take proper weight and height measurements and to repeat this on a regular basis. The evaluation team agrees that the SF programme should not request the school teachers to collect data on nutritional status of the children, but regrets that no other system has been established to check whether the SF programme is indeed reaching children most in need of nutrition support. Especially in the urban areas where there is higher variability between and within neighbourhoods, it would be useful to check whether the schools covered by the programme are the ones with students who have a relatively lower nutritional status (highest anaemia levels and most stunting).

The evaluation still sees an advantage in collecting data on stunting, and preferably also on anaemia prevalence. Stunting is the result of prolonged deficiencies in terms of food intake of adequate quality, and generally is regarded as a proxy indicator for poor micronutrient status over a prolonged period of time (including young childhood). Stunting is therefore a good indicator for selecting target groups for micro-nutrient interventions, unless there has been a recent deterioration of dietary quality (as was the case among the urban poor due to the economic crisis in Indonesia) where there is low stunting but high anaemia because of the recent considerable deterioration of dietary quality. Anaemia indicates poor micronutrient status, particularly in situations like in Indonesia where anaemia is largely due to a low dietary iron content, which generally coincides with a low intake of other micronutrients as well, and is easier to address with a (fortified) food intervention within a 6- 12-month time span. Regular assessment of anaemia levels would provide an excellent information base for decision making on the NRP, both for scaling up and scaling down of the programme, but admittedly this might not be very practical in the current setting in Indonesia. Therefore, it is proposed that a regular assessment of stunting levels (as a proxy for poor micronutrient status) be undertaken, e.g. focusing on children in Grade 1 only but incorporating all schools included in the SF programme. As explained above, the necessary equipment for this has already been provided to most of the schools in the SF programme. The results could be used for further geographical targeting of the programme within the current PRRO, and also as a benchmark for the next PRRO. If, in addition to this, every now and then height measurements are taken for children in higher grades (e.g. children in Grade 6 who have been covered by the programme for at least 1.5 years), the information on stunting levels per school or (sub)-district could be used for evaluating the impact of the SF programme or similar interventions by the government and other stakeholders.

⁵¹ Note that schools in Aceh and Nias did not receive the microtoise and bathroom scales.



Recommendation: The evaluation recommends that WFP undertakes regular (e.g. twice yearly) assessment of stunting levels among children in Grade 1 for all schools included in the SF programme.

As per the project proposal, all children enrolled in Grades 1 through 6 of the covered primary schools are beneficiaries of the programme. Some children aged four to five or five to six years, in public and religious schools respectively, go to kindergarten (TK-*taman anak-anak*), which would in principle be a good channel to reach them once they are no longer attending the *posyandu* system (age five and above). However, in Indonesia the kindergartens do not fall under the Ministry of Education. While some kindergartens are on the same premises as the primary school, others are separate. Also only a very small proportion of young children in Indonesia go to kindergarten. Overall, the establishment of a system of distribution of supplementary food through kindergartens is not feasible in the Indonesian context. It would only achieve partial coverage, and probably skewed towards the better-off families who are able to send their children to non-compulsory pre-primary education. Nevertheless, in the cases where a kindergarten is under the same roof as a primary school that is already covered by the SF programme, it is difficult to justify why these children should be excluded from the SF programme, also because their total number is relatively small. It was observed by the evaluation mission that some SOs (e.g. Meulaboh) have already expanded the programme to those kindergartens attached to a primary school, whereas others have not (e.g. Aceh Besar and Jakarta).

Recommendation: The evaluation recommends extending the SF programme to children in kindergartens which are attached to a primary school enrolled in the SF programme.

5.3 Appropriateness and relevance

The ration size of 50 grams of biscuits per child per day is in line with the recommendation for early-morning meals (or ‘mid-morning snacks’) for primary schools. Because consumption of biscuits is very much in line with the widespread snacking behaviour among schoolchildren in Indonesia, the use of biscuits as a vehicle for increasing micronutrient intake is seen by the mission as appropriate. In the baseline studies as well as during the evaluation mission, the acceptability of the biscuits generally was found to be good. Sometimes a comment was made that the taste of the biscuit is ‘boring’, and that it would be good to have more variety in terms of flavours, or to introduce an alternating schedule of biscuits and a packaged drink. In the studies, it was found that about 60 to 70 percent of the beneficiary school children consumed all biscuits at school, and that the remainder was usually taken home for later consumption or to share with siblings. This illustrates the comparative advantage of an ‘on the spot’ school feeding system, as all or most of the food is consumed by the intended target population in class at school.

The mission calculates that the ration of biscuits provided to school children has an average total cost of US\$1.72 per child per month (noting that no costs are made for school holiday periods



including Ramadan).⁵² There are no international standards or national guidelines or policies on acceptable costs for a school feeding programme, but some of the heads of the district-level Ministry of Education (*dinas pendidikan*) stated that the cost aspect as such would not be an impediment to their replicating the SF programme approach. Others explicitly stated that their priority is to provide funds for school construction, teaching materials, hiring more teachers, etc. The chances here of adoption of the SF by local government are very small.

When considering nutritional status as such, especially anaemia, almost all school children in Indonesia need additional micronutrients, both children from poor or less poor households, and in rural and urban (slum as well as non-slum) areas. However, for pupils in urban and peri-urban areas who are used to having a choice of many kinds of snacks during the school breaks (this phenomenon is not confined to the better-off only; it also occurs among children from families who are not very well-off in socio-economic terms), providing biscuits at school is not rated as a very suitable programme. The experience within the NRP-SF programme has confirmed that a considerable proportion of the school children in these areas do not consume all biscuits from the package as they become bored with the same biscuits every day and prefer to buy other snacks. The mission is of the opinion that for these children their low intake of micronutrients is not so much a matter of not being able to afford more micronutrient-rich foods, but rather relates to the need to be educated on making better dietary choices.

Recommendation: The evaluation recommends discontinuing the SF programme in urban and peri-urban areas where acceptance is low as school children prefer to buy snacks during the school breaks. The mission suggests that other stakeholders step in to start with nutrition education programmes on how families including children can make better dietary choices and increase availability of foods of better nutritional quality.

5.4 Efficiency

The evaluation found the SF programme to be implemented efficiently as far as the logistics and administrative systems are concerned, but that the CPs have difficulty with regard to the training of the school staff on HNED. Various CPs have mentioned to the evaluation mission that they need further Training of Trainers (ToT) in HNED as their own knowledge in this field is very limited. Many schools were visited by the evaluation mission, and the overall impression was that school children, even when they have been included in the SF programme for a year or more, still have gained very little knowledge on health and nutrition. Their knowledge is generally confined to a listing of the vitamins and minerals in the biscuits and the notion that the biscuits are consumed for better health. The overall impression of the evaluation team was that most of the children did not know which locally available foods are good sources of vitamins and minerals. This finding is confirmed by the two studies on the SF programmes in Jakarta and Aceh that have been commissioned by WFP. WFP Indonesia recently received a grant from the German government⁵³ for improvement of the HNED materials that WFP has introduced within the NRP-SF and NRP-*posyandu*.

⁵² The cost calculation is based on a feeding regime that provides a daily ration of 50 g of biscuits for 26 days per month (total requirement amounting to 1.3 kg per child per month), while the average total price at the FDP for the biscuits is US\$ 1322.93 per MT.

⁵³ This was through the WFP-managed German Quality Improvement Grant.



Recommendation: The evaluation recommends increasing the efficiency of the SF programme through increased focus on health and nutrition education directed at the school children. This should be taken up both through the elaboration of a more detailed Training of Trainers curriculum and through a process of redesign and/or production of additional HNED teaching materials as just has been started by WFP (the German Government grant).

Especially for the SF programme, it was striking that so far there has been little integration with other interventions like water supply and sanitation facilities at schools, de-worming (except in Aceh) and other activities that would support the health and nutrition condition of the students. Water and sanitation as well as de-worming may best be implemented together with UNICEF, such as was done with de-worming under the SF programme in Aceh in September 2006, and in line with global UNICEF/WFP collaboration in the education sector.⁵⁴

After the Tsunami struck Indonesia, UNICEF brought a supply of albendazole into the country for a mass de-worming campaign. It took considerable time to agree with the Ministry of Health on when and where to use it. Eventually, mass de-worming of under-fives in Aceh was conducted during the August campaign for vitamin A capsule distribution. During the negotiations, WFP strongly advocated for de-worming of the school children enrolled in NRP-SF too, which eventually took place in September 2006 in collaboration with the government and UNICEF. At the time of the evaluation (September 2006), it was still unclear whether UNICEF would take responsibility for the next round of de-worming early 2007 and whether that round would include school children or only cover under-fives. Also, it was not clear whether in the future, mass de-worming campaigns could be linked to the system of the *Usaha Kesehatan Sekolah*, the school health unit which in most cases (at least as far as the mission has observed) currently consists of a first aid kit provided to the school by the *puskesmas*.

Recommendation: Where reliable data suggest that there is a high (>50%, the government cut-off for mass de-worming) prevalence of helminthic infections in a particular area (also when this pertains to another group of the population – for example, adults), the evaluation recommends that WFP continue to advocate for mass de-worming interventions at schools covered by the SF programme. Where such data do not exist, WFP should explore how best to advocate for an assessment of helminthic infections prevalence to be undertaken by other stakeholders.

In Aceh/Nias, UNICEF was found to only be involved in putting water and sanitation facilities in place at schools that they had (re-) built from scratch after the tsunami had hit the area. Meanwhile, drinking water was lacking at many schools that were visited by the mission in various parts of Indonesia. The mission was told by many teachers that they advised the pupils to bring a drinking bottle of water from home, so that they could drink some water when eating the biscuits. This indeed appeared to have become common practice in the schools covered by the SF programme, although the mission observed that generally about one-third of the schoolchildren in a class (the majority of whom were boys) did not bring any drinking water to

⁵⁴ Described in WFP. 2005. Global School Feeding Report. WFP, Rome, Italy.



school. The mission noted that hand washing prior to the consumption of the biscuits was hardly practiced, and that latrines were not available at many schools.

Some schools in Surabaya and Madura covered by the SF programme also took part in the UNICEF programme on 'school-based management'. This programme includes a focus on improvement of the sanitation facilities at schools and a component of health and nutrition education through the school system. In the same geographical areas, the mission visited other schools included in the SF programme but also covered by a very successful and innovative⁵⁵ programme operated by various international NGOs. In all cases, the 'overlap' of the programmes was found to be coincidental rather than intentional, and no coordination appeared to have taken place between the different parties involved. In general, targeting decisions for the SF programme were not made with an intention to link up the feeding programme with other initiatives to support the education sector, which absolutely is a missed opportunity, as both the 'school-based management' programme and the FRESH programme offer options for embedding HNED in sustainable system-based approaches.

Recommendation: The evaluation recommends greater convergence, including joint planning and co-ordination, of the NRP-SF programme with interventions conducted by other stakeholders to support the primary education system in Indonesia. Specific focus is required on water/sanitation and health and nutrition education at schools.

5.5 Effectiveness

Effectiveness should be reviewed against output and outcome indicators in the PRRO logframes, recalling that a mid-term evaluation is unable to measure the 'final result' of the programme.

The output indicators for the SF programme are:

- OP-1: Number of schools with high prevalence of malnutrition reached in poor communities, differentiated per year
- OP-2a: Number of school children in targeted schools who have received the biscuits, differentiated by gender and year
- OP-2b: Quantity of fortified food commodities (and non-food items distributed), differentiated by year
- OP-3a: Number of contracts signed with CPs
- OP-3b: Number of persons trained, differentiated by training subject, gender and year

Information on the key output indicators in terms of coverage has been retrieved by the mission based on the Food Release Notes. For example, in August 2006, the SF programme covered 1,608 schools in Aceh / Nias, and 1,061 schools in the other parts of Indonesia. In line with the revised PRRO project document, the SF programme currently covers all of the intended target areas: Aceh/Nias, Greater Jakarta, East Java, NTB, NTT and South Sulawesi. Due to limitations in available resources, the SF programme is currently running at 66 percent of the target

⁵⁵ FRESH stands for 'Focusing Resources on Effective School Health', and is a joint initiative started in 2000 by UNESCO, UNICEF, the World Bank, WHO and Education International, to which WFP since has joined.



coverage. The planning figure in the revised PRRO project document for the SF programme was to cover 826,000 children in 2006.⁵⁶ In September 2006, the total number of beneficiaries for the programme was 548,694.⁵⁷ Annex 2 presents an overview of beneficiary numbers over time, as compiled by the mission based on the Food Release Notes, of whom 306,854 (56 percent) are in Aceh/Nias where the funding situation is relatively better (for example, the forthcoming ARC grant). The mission has not been able to retrieve detailed information on the training that has been undertaken in relation to the SF programme.

The outcome indicators for the SF programme are:

- OC-1a: Prevalence of anaemia among school children in targeted schools is reduced to x%
- OC-1b: Prevalence of malnutrition among school children in targeted schools is reduced to x% for weight-for-age and height-for-age
- OC-2a: Scores in the cognitive performance tests for short-term memory, visual understanding and concentration are increased by x%
- OC-2b: Teachers' ranked perception of children's improved concentration and learning as a result of fortified biscuit intake (% 1 or 2 ranking on a scale of 5)
- OC-3: Attendance rate in targeted primary schools is maintained above x%

With respect to outcome indicators for the SF programme, it should be recalled that school enrolment rates in Indonesia are already quite high (~95% for boys and girls) but attendance and retention rates are lower and vary from one area to another. The overall opinion among the teachers and headmasters interviewed by the evaluation mission was that school enrolment did not really change because of the NRP-SF.⁵⁸ With respect to continuing attendance, the reported perception was that the SF programme reduced absence through sickness and improved concentration and learning. Moreover, it was noted by many that the pupils now attain better examination results and that their overall physical condition has improved (more fit and lively school children). Some teachers also mentioned that parents appreciated the fact that because of the SF programme, children no longer needed to bring pocket money to buy snacks during the break.

The results of the study of the SF programme conducted in Greater Jakarta by SEAMEO suggest that the programme effectively reduces anaemia prevalence levels. This finding is in line with results of other studies⁵⁹ and realistically could be expected because of the dosage of iron (4 mg/day) and the use of the right fortificant which has good bioavailability characteristics (ferrous fumarate). The study also documented a positive impact on cognitive performance, but the mission is not fully convinced of this reported impact, because the same students were assessed one year later in which case changes can be due to the intervention as well as to ageing,

⁵⁶ In the revised PRRO document, the planning figure for the SF programme in 2007 was 840,000 children.

⁵⁷ Figures are based on the WFP system of Food Release Notes; no detailed overviews were readily available for the evaluation team with information on exact beneficiary numbers (which need to be extracted from the monthly reports prepared by the cooperating partners).

⁵⁸ There are some reports of schools in a target area in Jakarta that the mission visited where they were getting more students because of the biscuit distribution.

⁵⁹ Van Stuijvenberg ME, Kvalsig JD, Faber M, Kruger M, Kenoyer DG, Benade AJS. Effect of iron-, iodine-, and β -carotene-fortified biscuits on the micronutrient status of primary school children: a randomized controlled trial. *Am J Clin Nutr* 1999; 69: 497-503, and .Sari M, Bloem MW, de Pee S, Schultink W, Sastroamidjojo S. Effect of iron-fortified candies on the iron status of children aged 4-6 y in East Jakarta, Indonesia. *Am J Clin Nutr* 2001; 73: 1034-1039.



another year of schooling and/or familiarity with the test. The SF programme did not appear to have an impact on nutritional status in terms of underweight, wasting or stunting (nor was it expected to do so). The food ration only provides about 10 percent of the energy requirement for children 6-12 years, and anyway partly replaces snacks (containing energy but no micronutrients) that would have been consumed otherwise.

Recommendation: The evaluation recommends a repeat of the study on effectiveness of the SF programme among school children (included in the SF programme in Aceh), with some improvements with regards to the methodology for testing changes in cognitive performance.

5.6 Sustainability and exit strategy

A note on definitions of sustainability

In Indonesia, as in many parts of the world, food aid activities are implemented in remote areas where infrastructure and social institutions are weakest, where few other development agencies are operational, and political commitment is not strong. Expectations regarding, for example, the anticipated take-over by government and/or the period that assistance is required, may thus be different.

There are different aspects of sustainability that need to be taken into consideration, especially when evaluating programmatic outcomes and the likelihood of an effective exit strategy. For our purposes here, the salient issues are:

Financial and physical sustainability. Fiscal resources available (through government) for projects to continue after the termination of the externally provided funds. This may depend on the establishment of cost recovery mechanisms from project beneficiaries

Social sustainability. Building up and strengthening social capital and social structures (local organizations and institutions, governmental as well as community) and human capital (skills and abilities). Ensuring full democratic participation and decision making among all stakeholders.

Livelihood sustainability. The protection of both the physical environment and a secure livelihood for people involved in the intervention.

It is now common practice to use concepts championed by the World Bank and the UK Department for International Development (DFID) in the late 1990s that define sustainability in terms of capital – (a) social (institutions, networks, norms); (b) human (health, nutrition, education, skills); (c) physical (financial resources, infrastructure); and (d) natural (environmental, natural resources). The shift from a narrow sectoral and economic definition of sustainability to one based on livelihoods and social sustainability implies that continuing the activity itself (the project) is less important than the effect it has (even in the short term) on beneficiaries in terms of their ability to retain, improve and sustain the different levels of capital mentioned above. For example, a school feeding project that ensures adequate micronutrient intake for a child for six years has immeasurable ‘sustainable’ impact on that child for life. Within an even shorter timescale, the introduction of new dietary practices based on an understanding of the importance of micronutrients has lasting benefits for families.



It appears that the NRP-SF programme is much appreciated by education officials at national, district and sub-district levels, and by the district heads (Bupatis). However, the day-to-day implementation of the programme is mainly done by the CPs together with the primary school teachers and headmasters. Up to now, there has been hardly any transfer of ownership of the NRP to the government at sub-district and district levels. The logistics, data collection and overall management of the SF programme are performed entirely through WFP CPs.

The NRP does not yet show signs of being financially sustainable. Until now it depends entirely on external funding by WFP, and it is questionable whether the national or district government are able or willing to take over the programme if WFP leaves. Indeed, WFP had no stated intention of handing over the programme to the government as part of an exit strategy, not least because until recently the programme was conceived as a post-economic crisis, post-El Nino and post-tsunami response. The evaluation was undertaken at the mid-term of the PRRO, and no definitive statements can therefore be made on sustainability. However, NRP sustainability and WFP exit strategies should now be taken into account. Interestingly, the mission learned that the government is in the process of revitalizing an SF programme based on local preparation of healthy snacks or meals (PMT-AS⁶⁰), which will involve the local women's organization for social welfare (PKK⁶¹). A possible option for WFP would be to undertake a pilot study on how multi-micronutrient powder can be added to these snacks or meals. WFP has experience with this so-called 'wet feeding' under its pilot for 'home-grown school feeding programme' in ten countries,⁶² and is designing a pilot for adding micronutrient powder to these 'wet meals' in Tanzania and Cambodia.

Recommendation: The evaluation recommends that WFP undertake some pilot studies (e.g. in Aceh where WFP's funding base is stronger) on school feeding based on locally produced healthy snacks or meals in line with the former PMT-AS, with the interesting option to add multi-micronutrient powder to the snacks.

⁶⁰ PMT-AS stands for 'Pemberian Makanan Tambahan untuk Anak Sekolah'. The programme was piloted in the early 1990s. An evaluation was conducted in Lombok in 1993 (University of Diponegoro. 1994. Final report of the evaluation study of school feeding programme (PMT-AS) in NTB province. University of Diponegoro, Semarang, Indonesia), which found that stunting and underweight were reduced, both in schools with the PMT-AS programme but also in other schools where only de-worming was undertaken but no feeding programme existed. In 1996, the programme was rolled out as a national programme in poor villages and in the school year 1998-99 covered 8.1 million children in 53,000 primary schools across all provinces of Indonesia. The children received a locally prepared nutritious snack, not containing the main staple nor industrially produced foods, three times a week as well as deworming twice a year (Studdert LJ, Soekirman, Rasmussen KM, Habicht J-P. Community-based feeding during Indonesia's economic crisis: Implementation, benefits, and sustainability. Food Nutr Bull 2004; 25: 156-165). For further details, see Appendix 8.

⁶¹ PKK stands for 'Pendidikan Kesejahteraan Keluarga' (family welfare education) and is a community movement headed by the wife of the *Bupati* at district level and the wife of the Minister of Internal Affairs at national level. The organization was formulated in the fifties of the past century with the aim to educate mothers how to better take care of their family (literacy classes, income generating activities, homestead food production, cooking demonstrations etc), but nowadays is less active than it used to be (source : <http://pkk.jakarta.go.id>).

⁶² See WFP. 2005. Global School Feeding Report.



5.7 NRP – posyandu

Health System Terminology

Posyandu: Sub-village-level health post, generally open once per month for growth monitoring, immunization, nutrition education, etc. Operated by volunteers with support from Puskesmas midwife and/or nutrition staff.

Puskesmas: Health clinic, usually serving one to four villages, generally no beds.

Dinas Kesehatan (DinKes): Department of Health, province level

Departement Kesehatan (DepKes): Ministry of Health, central level

5.7.1 Programme design

The NRP-*posyandu* is a Mother and Child Nutrition (MCN) programme that consists of a monthly distribution of fortified foods to children aged 12-59 months, to pregnant women, and to lactating mothers in the first six months after delivery. The children receive 30 packs of 50 grams of fortified biscuits per month (which equals 1.5 kg per beneficiary per month), while the mothers receive 30 packs of 167 grams of fortified instant noodles per month (5 kg per beneficiary per month).⁶³ Although there are some local initiatives, infants aged 6-11 months are not officially targeted by the programme (see Section 6).

Next to these foods, mothers and caretakers receive HNEP on breastfeeding, complementary feeding, nutritional value of the foods received, etc. HNEP is a standard component of the government's *posyandu* programme, but the implementation of this varies greatly. WFP's stated objective is to contribute to government efforts in this field by training of *posyandu* cadres and midwives attached to the *puskesmas*, and through provision of all *posyandus* covered by the NRP with a flip chart as a visual teaching aid on key health and nutrition issues.

In the current PRRO, the targeting of the *posyandu* programme is based on selecting geographical areas that are nutritionally worse off. At the start of the PRRO and the programme revision implemented from January 2006 onwards (i.e. the inclusion of Aceh and Nias), the selection of the areas of the country to be covered by the NRP-*posyandu* was based on the following criteria:

- *Posyandus* in disaster- and conflict-affected areas (Aceh/Nias, NTT) that are entering the recovery phase;
- *Posyandus* in poor urban areas where the OPSM programme was conducted up to the end of 2005 (Jabotabek, Surabaya);
- *Posyandus* in food-insecure rural areas, selecting areas most in need which feasibly can be covered by the programme (Madura, NTB, East Java, Makassar).

Within the provinces or cities selected for NRP-*posyandu*, a further selection is made in

⁶³ In the pilot period, Sep 2004 – Mar 2005, women received either 2.5 kg of instant or 5 kg of dried noodles. From the beginning of the EMOP early 2005 in Aceh, and carried over to the PRRO, the ration has consisted of 5 kg of instant noodles. For the other areas covered by the PRRO from Mar 2005 – Jul 2006, pregnant women and lactating mothers received 5 kg of dried noodles. Since July 06, the noodle rations throughout the country consist of 5 kg of instant noodles (30 packages, each containing 167 g of fortified noodles and a seasoning sachet).



collaboration with the provincial and district department of Health (*'Dinas Kesehatan'*). In rural areas, targeting generally is towards entire districts or sub-districts, whereas in urban and peri-urban areas *posyandus* are selected based on the perceived vulnerability of the population in the neighbourhood. Data used to determine vulnerability at *posyandu*-level vary by district. In Aceh, the NRP-*posyandu* programme is conducted in districts and sub-districts that are covered by the NRP-SF,⁶⁴ but due to resource constraints it is conducted in fewer districts than the NRP-SF.

5.7.2 Programme implementation

The NRP-*posyandu* currently covers around 280,000 children from 12 to 59 months and over 72,000 pregnant and lactating women (see Annex 2 for an overview of beneficiary numbers disaggregated by geographic area and month).

Because the programme is conducted at the *posyandus*, all under-fives and their mothers as well as pregnant women living in the service area of the *posyandu* are eligible to participate. The WFP food allocations are based on attendance projections taken from the actual number of attendees at the previous *posyandu* session. While the expected number of attendees for each *posyandu* in principle can be estimated based on the size of the population of the *posyandu* area (which is usually equivalent to RW, the *'rukun warga'* or second smallest administrative unit), WFP so far has not executed any such check to see whether the reported attendance figures are realistic. To some extent there can be a real increase of *posyandu* attendance (it has been noted that the distribution of supplementary food leads to more regular attendance and increased enrolment rates), but there have also been some case of *'over-attendance'* (particularly in NTT and NTB) where an unrealistically high number of beneficiaries was reported. Where this happened, it was addressed with the implementing partner.

Overall, various sources of HNED materials and training are made available to the *posyandu*, which at national level is coordinated by the government together with UNICEF as part of the *'revitalisasi posyandu'* programme. Under the recent decentralization policy, the role of the districts has become more prominent as they are now responsible for coordination of *posyandu* services and the support to this system from external agencies that contribute to strengthening the services in the districts where they work. The mission observed that HNED at the *posyandu* covers a range of topics including the nutritional quality of the provided food items.

As part of the NRP-*posyandu* programme, WFP has produced flip charts for HNED of mothers during the *posyandu* session. The materials provided by WFP are rated by the mission to be of good quality and informative, but the capacity of *posyandu* staff to deliver the right messages is limited. This is due to the way that the *posyandu* sessions are conducted (not very orderly) and to the limited involvement of health staff (usually the midwife or nutrition staff member from the *puskesmas*). As a result, the effectiveness of HNED in the WFP-supported *posyandus* is rather low, both in terms of increased knowledge and in terms of changes towards, for example, exclusive breastfeeding and sound complementary feeding habits. Likewise, the evaluation found that the message on the nutritional value of the fortified biscuits and noodles was only known by some of the mothers interviewed.

⁶⁴ For NRP-SF, geographical target areas were selected based on nutritional survey data (see chapter 3).



5.7.3 Appropriateness and relevance

With the start of the new PRRO in January 2005, a shift was made away from the blended food DELVITA that was developed by WFP for the nutrition programme in the previous EMOPs and previous PRRO from July 2000 onwards.⁶⁵ DELVITA was a fortified complementary food based on soybean (83 percent) and malt (10 percent), very high in protein and providing more than 100 percent of the RDA for micronutrients⁶⁶ if consumed in the quantities recommended. DELVITA had to be added during the preparation of rice porridge or porridge of another cereal. However, a consumption study undertaken in 2003 indicated that there were serious acceptance problems with DELVITA.⁶⁷

The choice of using fortified biscuits and fortified noodles in the current PRRO has to be seen against this background. Both of these new food items are very acceptable and suitable in the Indonesian context, and the mission found that mothers and children liked them. Most mothers share the noodles with other members of the household, both for cultural reasons and because the daily ration is rather high.

The nutrition objective of the NRP-*posyandu* (and NRP-SF) goes beyond contributing extra energy and protein, as it aims to supply a nutritious complement to the diet in the form of a food fortified with a range of vitamins and minerals. In the Indonesian context, where anaemia due to iron deficiency and other micronutrient deficiencies (iodine, zinc, vitamin A, etc.) are major public health problems, WFP aims to have an impact on micronutrient deficiencies and their consequences. The items in the ration for the NRP-*posyandu* component are different from those of a 'traditional' supplementary feeding programme. For example, the biscuit ration for children provides less than the recommended energy and protein content for dry take-home rations as recommended in the WFP Food and Nutrition Handbook. On the other hand, the ration for pregnant and lactating women is quite close to the recommendation.⁶⁸ Both foods are effective for meeting the goal of reducing the prevalence of micronutrient deficiencies, the predominant nutrition problem in Indonesia.

On the cost side, the rations of biscuits for under-fives have a total cost of US\$1.98 per child per month, whereas the ration for the pregnant women and lactating mothers costs US\$4.81 per woman per month.⁶⁹ Whereas the cost of noodles per MT (purchasing cost, transport to the EDP, LTSH and DSC) amounts to about 75 percent of the costs of biscuits per MT, the ration size of the noodles is bigger (167 versus 50 g/day), making it more expensive. In Makassar, the Dinas Kesehatan (Department of Health) at provincial level showed interest in replicating the

⁶⁵ The DELVITA programme targeted children from 6-23 months old in selected urban areas on Java (Jabotabek, Bandung, Semarang and Surabaya).

⁶⁶ Especially for iron (375%) and vitamin A (265%).

⁶⁷ It was found that only one-third of the mothers prepared DELVITA on a daily basis and that only one-third of the children consumed it in the recommended quantity.

⁶⁸ The recommended ration for dry take-home supplementary feeding according to the WFP Food and Nutrition Handbook should provide 1,000-1,200 kCal and 35-45 g of protein per beneficiary per day. However, the ration of 50 g biscuits per day provides 210 kCal and 6 g protein per child per day, while the noodles ration provides 728 kCal and 36 g protein per women per day.

⁶⁹ The cost calculation is based on a feeding regime of the children that provides a daily ration of 50 grams of biscuits for 30 days per month (total requirement amounting to 1.5 kg per child per month), while for deliveries ordered in 2006, the average total price at the FDP (including purchase cost, LTSH and DSC in case of FCA deliveries and warehousing and distribution costs plus DSC in case of DDU deliveries) has been calculated by the mission to be US\$ 1,322.93 per MT of biscuits. Similarly, the calculation for the noodles is based on a ration of 167 g per day given for 30 days per month, with a total price at the FDP of US\$ 959.69 per MT.



noodle programme but was deterred by the high cost of the food. A possible solution to the high cost is to provide a cheaper staple food (e.g. 5 kg rice and/or 2.5 litres vegetable oil) as incentive for coming to the *posyandu*, combined with distribution of a multi-micronutrient powder (sprinkles) for home-fortification to meet the vitamins and mineral requirements.⁷⁰ Positive experience has been reported with large-scale distribution in Aceh and Nias, and some pilots elsewhere in Indonesia, of a locally produced multi-micronutrient powder (*Vitalita* sprinkles) to children ages six months to 12 years.^{71, 72} With sufficient guidance to implementing agencies and advice to the beneficiaries when the powder is introduced, it has been possible to ensure that the powder is only consumed by the targeted individual and not shared among family members.

Recommendation: The evaluation recommends that WFP continue with the use of biscuits for young children 1-5 years, but consider replacing the noodles for pregnant and lactating mothers with another cheaper food ration (e.g. rice and/or vegetable oil) that can serve as incentive for attendance, combined with a multi-micronutrient powder (sprinkles) to supply the needed micronutrients (thus using two different items to serve the two different objectives of the NRP-*posyandu*).

When the new PRRO was started in January 2005, the government, through an ADB loan, provided children of 6-23 months old (with priority for those aged 6-11 months) with an instant porridge known as MP-ASI.⁷³ It is against this background that WFP decided to target the NRP-*posyandu* programme at children aged 12-59 months. When the provision of MP-ASI was stopped⁷⁴ for a variety of reasons (costs, dislike, etc.), WFP started to provide biscuits for 6- to 11-month old children (except in Aceh/Nias where the NRP-*posyandu* started in January 2006). For these children, mothers would usually soak the biscuits in water or milk. However, in 2005 the government requested WFP to discontinue providing biscuits to this age group because of concerns about providing wheat flour products to young children. An expert committee was formed consisting of government, WFP (Country Office and ODB) and UNICEF to decide on an appropriate food for the children 6-23 months old.⁷⁵ At the time of the evaluation, several options were still under consideration. WFP has, in the meantime, advised the *posyandus* to

⁷⁰ The total costs of providing such a ration per month is estimated at US\$ 2.57 for 5 kg of rice (based on the cost of the rice provision under the TB programme, including US\$ 19 more per MT for higher cost for the CP) or US\$ 2.41 for 2.3 kg of oil (=2.5 litres, cost based on the programme in NTB/NTT that also provides DSM and sugar), plus US\$ 0.96 for 30 sachets of sprinkles (one sachet per day).

⁷¹ De Pee S, Moench-Pfanner R, Martini E, Zlotkin S, Darnton-Hill I, Bloem MW. Home fortification in emergency response and transition programming: Experiences in Aceh and Nias, Indonesia. Food Nutr Bull, accepted for publication. For efficacy data, see Martini E, Foote D, de Pee S, van Hees J, Halati S, Moench-Pfanner R, Yeung D, Kosen S, Bloem MW. Efficacy of 'sprinkles' home fortification to reduce anemia and micronutrient deficiencies in young children in Indonesia. Abstract. INACG Symposium, Peru, 2004.

⁷² The product is produced by PT Heinz ABC Indonesia, registered with BPOM. and composition and packaging can be requested and designed as required. UNICEF Indonesia has placed an order for 21 million sachets to be distributed to underfives throughout Aceh in 2007. The *Vitalita* sprinkles are formulated for underfives, but were also provided to children aged 5-12 years for tsunami relief in order to meet at least part of their needs.

⁷³ The food was first known as Vitadele and later called MP-ASI, which stands for '*makanan pendamping air susu ibu*' or 'food to accompany breast milk', i.e. complementary food.

⁷⁴ The MP-ASI programme consisted of a blended food for children 6-11 months old sold at highly subsidized rates, 500 Rp for a bag of 500 g. It apparently is seen as a poor man's food that is not liked very much and its packaging is not appreciated (unattractive).

⁷⁵ The 12- 23-month-old children were also included because they may not consume the full portion of 50 g of biscuits per day and hence may not receive enough micronutrients, and also because 6-23 months is the normal age group for a complementary feeding programme.



conduct a PMT programme for children under one year old by using the voluntary contribution collected from the centres.

The mission has taken into account that:

- consumption of biscuits is very much in-line with local food habits;
- the biscuits have been proven to reduce anaemia among under-fives and school children;
- consumption of commercial instant porridges is widespread between four and nine months (despite the recently started promotion of exclusive breast feeding until six months instead of four), before mashed family foods are introduced;
- cooking separately for children and the rest of the family is not common practice;
- the government has recently started a programme called 'MP-ASI local'⁷⁶ to which a multi-micronutrient powder will be added that is currently being developed at CNDRF ('Puslitbang Gizi'), Bogor (ADB grant, introduction of the product is expected at the earliest in late 2007).

Recommendation: The evaluation recommends, in line with local dietary habits, providing an adequately fortified instant porridge, similar to those commercially available, for children aged 6-11 months as part of the NRP-*posyandu* programme.

In September 2005, the government raised the alarm for a 'malnutrition crisis' in NTB and NTT. WFP responded with a 'Rapid Rehabilitation Programme' providing monthly food rations for therapeutic feeding of severely malnourished children, which is an additional feeding programme next to the NRP-*posyandu* programme. The commodities to be used include Dried Skimmed Milk (DSM), vegetable oil and sugar, some of which would be consumed at therapeutic feeding centres, but most of which would be in the form of a take-home ration, with families receiving the food ration at the monthly *posyandu* session.

After several months of socialization at province, district and *posyandu* levels, the initial three-month pilot scheme (69 MT) was launched in March 2006 in NTT. This was for 10,787 malnourished children per month.⁷⁷ The ration consisted of 2 kg of DSM, 1 kg vegetable oil and 1 kg sugar per child per month, at a cost level including LTSH of around US\$9.19 per child per month.⁷⁸ If fully consumed by the malnourished child, the food ration translates into a provision of 667 kCal and 24 grams of protein per child per day.⁷⁹

Following a PRRO budget revision in June 2006, the distribution of a further 200 MT was approved, extending the programme to NTB as well as NTT. This second phase entailed only 90

⁷⁶ Locally designed and produced complementary foods, using common recipes, to be provided once per month at the *posyandu* to all children and during 90 days of feeding at the *posyandu* to malnourished children.

⁷⁷ WFP, 'Progress Report on the Rapid Nutrition Rehabilitation Project for Severely Malnourished Children, NTT and NTB' (Undated).

⁷⁸ The cost calculation is based on the following average cost level at the FDPs in NTT and NTB: US\$ 905 per MT of sugar, US\$ 3615 per MT of DSM, and US\$ 1049 per MT of vegetable oil.

⁷⁹ According to the WFP Food and Nutrition Handbook, for phase 2 of a therapeutic feeding programme (the rehabilitation phase after the initial treatment phase under 24-hour control to normalize the metabolic functions - which usually takes 7 days -), the food ration should be based on a mixture of High Energy Milk (providing 100 kcal and 2.9 g protein / 100 ml) and porridge feeds (providing 150 kcal per 100 ml).



MT and is only to be implemented in NTT. In NTB, the final distribution was in November 2006, with no plans to extend in this province.

According to the WFP Food & Nutrition Handbook, and in compliance with international norms, DSM may only be used under strict control in a supervised environment for on-the-spot consumption. The evaluation was not able to visit distribution sites or interview recipients. However, because of the widespread use of the programme over various districts in NTT and NTB, it is highly unlikely that the WFP food monitors attached to the SOs in Mataram and Kupang have been able to sufficiently supervise home-based feeding based on the use of DSM.

Recommendation: The evaluation recommends distributing DSM only in settings where preparation and consumption can be strictly controlled.

5.7.4 Efficiency

Nutrition interventions are most effective under ideal conditions of limited disease prevalence – good sanitation facilities and practices, clean and safe drinking water, and low prevalence and intensity of parasitic infestation. Because this is often not the case, especially not in poor areas where WFP programmes are conducted, these aspects should preferably be addressed simultaneously. However, the NRP up to now has largely been implemented as a ‘stand alone’ programme focussing on food assistance and some basic nutrition education, without a structured approach to ensure regular de-worming of children or for improvement of water and sanitation facilities (note that improvement of hygiene practices is part of HNED, but the ability to put this into practice is determined by availability of facilities). The latter two interventions may best be implemented together with UNICEF, such as was done with de-worming under the SF programme in Aceh in September 2006, and in line with the UNICEF/WFP collaboration in the education sector.

The government will only undertake mass de-worming (which it had never done before August 2006) when survey results indicate that the prevalence of intestinal helminthic infections in an area is higher than 50 percent. Otherwise, treatment will be on a case-by-case basis.⁸⁰ Although some data on prevalence of helminthic infections are available for specific sites, and WFP seeks to collect data for its programme areas, no data are available for national, provincial and/or district levels. A recent small-scale study in Aceh and Nias undertaken in the context of the NRP programme⁸¹ found a prevalence of helminthic infections of approximately 60 percent, with slightly higher rates in rural than in urban areas. UNICEF then provided de-worming medication to all under-fives in Aceh at the time of the vitamin A capsule distribution in August 2006. It is unclear whether UNICEF will also take responsibility for the next round of de-worming early 2007 (in principle, the de-worming should be repeated every six months).

When compared with the nutrition programme in the previous PRROs for Indonesia, the current

⁸⁰ A complicating factor in this respect is that in Indonesia helminthic infections are treated with pirantal, a drug that requires precise dosing based on weight. In Indonesia, albendazole is only used as secondary drug when the first treatment appears not to be effective, while mebendazole is not prescribed at all. However, the 8.1 million school children that participated in the national school feeding program in the school year 1998-99, were to be dewormed twice a year, with actual coverage found to be close to 40% (Studdert LJ, Soekirman, Rasmussen KM, Habicht J-P. Community-based feeding during Indonesia’s economic crisis: Implementation, benefits, and sustainability. Food Nutr Bull 2004; 25: 156-165).

⁸¹ SEAMEO TROPMED & WFP (2006), Health and Nutritional Status Survey for Primary School Children in Nanggroe Aceh Darussalam Province and Nias Island, Jakarta (PowerPoint presentation).



NRP-*posyandu* is a major step forward as it is now run through Indonesia's *posyandu* system and has thus been linked up with the Ministry of Health. The previous nutrition programme was operated by local NGOs through the establishment of '*pondoks*⁸²', each responsible for 20-30 households with children aged 6-23 months and undernourished children from 24 months and older.

In Indonesia, there are various agencies that implement programmes through the *posyandus*, each contributing to strengthening of health services at district level or below. The mission noticed that there is substantial room for improving the coordination between agencies involved in health care at district or sub-district level, as well as for more coordination among involved district and provincial governments. For example, one NGO partner of WFP was found to implement a WFP NRP-*posyandu* programme in one area and a Positive Deviance programme supported by USAID in another, each with its own HNED component, without any effort to link the two interventions in order to achieve optimal results. In part this is due to the tendency of district authorities to 'distribute' projects: a *posyandu* is either marked as under the WFP programme or under another programme. Coherence and convergence are often missed.

WFP has not itself aimed at implementing its programmes in the same villages, which is why so far, for example, the NRP-*posyandu* and NRP-SF have not been linked to each other. The exception is Aceh, where the NRP-*posyandu* has been established only in areas where the NRP-SF is already being implemented, but no programmatic links have been established yet between the two programmes. For WFP's NRP-SF programme, geographic targeting to sub-districts is done jointly with the Ministry of Education, while the NRP-*posyandu* targeting is done together with the Ministry of Health. The selection of FFW sites is again based on other mechanisms. Government line ministries at district levels are not always well coordinated. The result is that the planning system leads to a wide geographical spread of programmes often not linked up at field level, resulting in insufficient convergence of services provided to the community and sometimes targeting of different areas. For these programmes, the implementation in terms of logistics and data collection is done by WFP's CP, but greater sharing and ownership of information by the government at district and sub-district levels are required.

Recommendation: The evaluation recommends greater convergence between WFP programme categories and between similar programmes implemented by government and NGOs at provincial and district levels. One step towards achieving this is to encourage district authorities to map assistance according to levels of coherence rather than geographical equity.

5.7.5 Effectiveness

Effectiveness should be reviewed against output and outcome indicators in the PRRO logframes, recalling that a mid-term evaluation is unable to measure the 'final result' of the programme.

According to the logframe, the output indicators for the NRP-*posyandu* are:

- OP-1a: Number of centres with high prevalence of malnutrition reached in poor communities, differentiated by year

⁸² Little houses in the community.



- OP-1b: Quantity of fortified food commodities distributed, differentiated by year
- OP 2: Number of children who have received fortified biscuits, differentiated by gender and year
- OP 3: Number of pregnant and lactating women who have received fortified food rations, differentiated by year
- OP 4a: Number of contracts signed with Cooperating Partners.
- OP 4b: Number of persons trained, differentiated by training subject, gender and year.

Relevant data on output indicators are collected as an integral part of programme implementation. However, information on the prevalence of malnutrition at the participating *posyandus* is not likely to be very reliable (see also the comment on selection of *posyandus*).

The outcome indicators are:

- OC 1a: Prevalence of anaemia among targeted women and children is reduced to x percent
- OC 1b: Prevalence of malnutrition among targeted children under 5 is reduced to x percent for weight for age and height for age, differentiated by gender
- OC 2a: Percentage of targeted women regularly using the MCH services at the community health posts
- OC 2b: Percentage of targeted women applying improved nutritional and nutrition-related health practices.

With regard to the nutritional outcome indicators, the efficacy and effectiveness of the biscuits and noodles for improving nutritional status is the key issue that needs to be studied. Each 50 g portion the fortified biscuits contains 40-60 percent of the recommended daily allowance (RDA) for 1-3 year olds, 30-50 percent of the RDA for 4-6 year olds, and 20-30 percent of the RDA for 10-12 year olds of 14 vitamins and minerals. For example, they provide 4 mg of iron, which is 50 percent of the Indonesian RDA for 1-3 year olds, 44 percent for 4-6 year olds, and 28 percent for 10-12 year olds,⁸³ which is a substantial contribution to meeting their daily recommended iron intake. The noodles contain a similar proportion of the RDA of micronutrients, with each adult portion comprised of 167 g. Here, iron content is equivalent to 42 percent of the RDA for lactating women and 36 percent for pregnant women. Impact on weight for age (a composite indicator for stunting and wasting) is less certain because an impact on height would take a long time to occur and an impact on weight would require specific nutritious foods that provide more energy, protein and fat per child per day than the biscuit do.⁸⁴ The main impact of the fortified biscuits will be on anaemia and other micronutrient deficiencies. Data on outcome indicator 2b are best collected through a new study on NRP-*posyandu*.

A study was undertaken in Bogor district during the period September 2004 to July 2005 to assess the efficacy of the provided food rations for reducing micronutrient deficiencies, in

⁸³ For iron, the Indonesian RDA (2004) for children aged 10-12 years is 13 mg for boys and 14 mg for girls and for children 4-6 years 9 mg, while the WHO/FAO standards (2002) are 18 mg for children 7-9 years and 13 mg for children 4-6 years. For lactating and for pregnant women, the Indonesian RDA (2004) for iron is 32 mg and 37 mg, respectively. Annex 3 shows for several micronutrients the % of the RDA (Indonesia 2004) met for children by the 50g/d of fortified biscuits and for pregnant and lactating women, the % of Indonesian RDA (2004) and % of safe intake level (WHO, 2002, the standard used by the WFP NutVal programme) met by the 167 g/d of fortified noodles.

⁸⁴ The food ration would need to follow the guidelines in the WFP Food and Nutrition Handbook.



particular anaemia and vitamin A deficiency. For 16 weeks,⁸⁵ participants received a ration of fortified biscuits or noodles⁸⁶ with biweekly home visits to both cases and controls by trained *posyandu* staff.⁸⁷ The assessment found the prevalence of anaemia among children and lactating mothers to have decreased significantly in the intervention compared to the control group. However, vitamin A capsule distribution had masked the effect, if any, of the biscuits and noodles on vitamin A status. Although some remarks can be made with respect to the methodology applied and the way the results are presented, this study provides some evidence of the efficacy of the NRP commodities, biscuits and noodles, to reduce anaemia prevalence. Efficacy of the biscuits was also suggested by the effectiveness study among school children in greater Jakarta.

From the available evidence, the evaluation concludes that both the biscuits and the noodles are efficacious for reducing anaemia when the full ration is consumed by the targeted individuals. As stated above, the latter is the case for most school children and concurs with the results of the school feeding evaluation in Jakarta (although the study has some flaws, see appendix 5). Whether it is the case for the under-fives and for the mothers (and the TB patients) is unclear as there is a lack of data on effectiveness. In addition, the high iron needs during pregnancy can rarely be met by (fortified) foods alone, particularly in a population with a high prevalence of iron deficiency. Thus, based on the likeliness of sharing, particularly of the noodles, the effectiveness of NRP-*posyandu* for reducing anaemia is unclear. For that reason, and to reduce costs, the evaluation recommends a change from fortified noodles to rice or oil + sprinkles (a powder of vitamins and minerals that can be ‘sprinkled’ onto a meal). The sprinkles can be formulated specifically for pregnant and lactating women and are less likely to be shared with other individuals in the family.

Recommendation: The evaluation recommends further study of the extent to which the home sharing of noodles dissipates their effectiveness. Also, government programmes of iron supplementation to pregnant women should be continued whether or not these women receive fortified noodles, because iron needs in pregnancy are very high.

5.7.6 Sustainability and exit strategies

During the evaluation mission, it appeared that the NRP programme was highly regarded by health and education officials at national, district and sub-district levels, and by the district heads (*Bupatis*). However, the collaboration for the day-to-day implementation of the programme is mainly with CP staff, *posyandu* cadres,⁸⁸ and the *Puskesmas* midwives and/or nutrition staff (*tenaga gizi*) who are present at *posyandu* days. Up until now, there has been little transfer of ownership of the NRP-*posyandu* to the government at sub-district and district levels. The logistics, data collection and overall management are completely done through WFP CPs.

⁸⁵ It is noted by the evaluators that the duration of the intervention study, because it was essentially an efficacy study, was long enough and comparable to other iron intervention studies.

⁸⁶ At the time of the efficacy study, the ration consisted of 50 g biscuits per day for the children and 86 g dry noodles per day for the women.

⁸⁷ The efficacy study also collected food consumption figures and found that ~90% of the biscuits and both types of noodles were eaten by the children and mothers.

⁸⁸ *Posyandu* cadres are volunteers from the community who are not paid.



To repeat the finding above (and taking into account our definitions of sustainability) the NRP-*posyandu* does not yet show signs of being financially sustainable. Until now it depends entirely on external funding by WFP, and it is questionable whether the national or district government are able or willing to take over the programme if WFP leaves. Recently, a *Bupati* from the Makassar area showed interest in replication of the supplementation of pregnant and lactating women with fortified noodles using government district funds (which have increased significantly due to the decentralization policy). However, when he learned from WFP about the high cost of the noodles, he appeared not to be interested anymore.

For identifying what interventions and strategies are most suitable for an eventual take-over by the government, a number of issues need to be considered, including:

- cost levels;
- decentralized governance at district level;
- availability of food items (national production); and
- strategies preferred by the government.⁸⁹

With regard to currently preferred strategies, fortification is high on the government's agenda, both with regard to fortification of staple foods (such as wheat flour) and condiments, as well as a mechanism of home-fortification based on distribution of a tasteless multi-micronutrient powder ('sprinkles'). The latter is currently under development using an ADB grant, while a large sprinkles distribution programme was recently implemented in Aceh and Nias as part of the Tsunami relief.⁹⁰

WFP's use of fortified biscuits matches the preference of the government for fortified foods, while the mission's recommendation to replace noodles with a cheaper staple in combination with a multi-micronutrient powder is in line with the home-fortification strategy. Depending on the government's progress towards using a multi-micronutrient powder for home-fortification in combination with 'MP-ASI local', WFP could consider adjusting the ration for under-fives in its next PRRO. However, at this stage, it is recommended that the biscuits be kept because they have been proven to be effective in combating anaemia and are acceptable for the target population. For 6- to 11-month-old children, the mission recommends investigating the possibility of distributing a fortified, commercially available, complementary food. This approach would fit with the local food habits and could be implemented until a government programme for young children has been put in place.

There is a need for districts to prioritize resources for interventions aimed at improving the nutritional status of vulnerable groups (infants, young children, school children, pregnant and lactating mothers). However, awareness of these issues among district-level staff is still rather

⁸⁹ For example, a representative of Menkokesra stated during an interview with the evaluation team that government has no intention of introducing an element of cost recovery for foods distributed through the *posyandu* or the schools.

⁹⁰ More than 200,000 children aged 6 months to 12 years in tsunami-affected areas received a total of 28 million sachets (30-210 per child) of multi-micronutrient *Vitalita* sprinkles for daily use between April 2005 and April 2006. This has also contributed a substantial amount of vitamins and minerals to the diets of many of the children targeted by the WFP programmes (GFD, TFFR, NRP-*posyandu*, and NRP-SF). *Vitalita* sprinkles were distributed to >90% of children affected by the tsunami in 15 districts in Aceh and Nias, but not to children in non-tsunami affected villages in these districts. Therefore, almost all children that received GFD/TFFR commodities would also have received sprinkles. In districts where NRP-*posyandu* and/or NRP-SF were implemented, the children would have received sprinkles if they lived in camps or villages affected by the tsunami.



limited, partly because the decentralization policy was only introduced a few years ago. WFP could play a leading role in this respect, through increased advocacy efforts that emphasize the cost benefit of key nutrition interventions.

Similarly, there is a need for WFP to involve itself in more dialogue with the private sector (especially the food industry) in order to increase understanding of the role that food fortification can play in increasing nutrition and health. The mission learned that one of the suppliers to WFP for the fortified noodles has adopted fortification for its packages of noodles for the commercial market as well. Logically, the need for good HNEP (providing to-the-point information on healthy food choices) will increase when more processed foods with varying (micro-) nutrient content become available on the market.

Recommendation: The evaluation recommends that in preparation for the next PRRO issues of cost and sustainability in the use of a variety of fortified commodities be given high priority. A thorough analysis in this respect will assist WFP in its strategy to persuade public-and private sector partners to adopt similar approaches

5.8 TB programme

5.8.1 Programme design

WFP support to patients undergoing the Directly Observed Treatment Schedule (DOTS) is a relatively small component of the PRRO. The original project document mentions that the TB programme would be targeted to Greater Jakarta and West Timor, with an estimated total coverage of 8,500 patients (42,500 beneficiaries, because of the family ration) per year. In the revised PRRO this was increased to a total intended coverage of 21,000 TB patients (105,000 beneficiaries) per year in both 2006 and 2007. The geographical focus for the TB programme was widened to target patients from poorer communities in Greater Jakarta, East Java, NTT and NTB. The implementation modality for the TB programme is similar to that of the NRP: WFP contracts CPs, who take responsibility for distributing the food to the clinics and for monitoring and reporting.

In the original PRRO document, the food ration for TB patients was set at 20 kg of rice and 5 kg of fortified noodles per patient undergoing DOTS treatment per month. In the revised PRRO document, the food ration was reduced to 10 kg of rice per patient per month.

5.8.2 Programme implementation

Due to budget constraints, the TB programme has been implemented on a smaller scale than was intended in the original PRRO document, although from the start of the programme in 2004 onwards, beneficiary numbers have been steadily increasing. In August/September 2006, the TB programme had attained coverage of just over 17,000 beneficiaries per month average, which is 80 percent of the target number of beneficiaries as mentioned in the revised PRRO (and twice that of the original PRRO target).

Thus far, the programme has only been established in two geographical areas, both urban settings: selected districts in Greater Jakarta and some sub-districts of the city of Surabaya. These areas are characterized by a high number of TB patients, which is due to a combination of



high disease prevalence and high population density. All public and private clinics in the selected areas that implement the DOTS treatment with medicines provided by the government free of charge (as part of the International Programme on TB Control coordinated by WHO) are eligible for the WFP food aid programme for TB patients. When one or more locations of a private clinic are enrolled, their other locations in nearby non-selected areas are also enrolled.

The nature of a TB programme is that targeting can only be done at an individual (patient) level. In theory, registration for treatment implies eligibility for food aid; in practice, food aid is usually provided from the second or third month of treatment, because of the time lag between listing a new patient for DOTS treatment and the next round of delivery of food rations to the clinics. Other than this, there are no issues with beneficiary identification because of the close contact with patients by the TB programmes.

Recommendation: The evaluation recommends starting food distribution to TB patients as soon as the first course of medication is provided. This requires the calculation of monthly food requirements for each clinic, with an allowance for an expected number of new patients who are starting with the DOTS treatment.

In the programme, TB patients have received less than the amount of rice than was originally planned (20 kg); in the period January to October 2005 the patients received 10 kg of rice per month. From November 2005 onwards, WFP increased the monthly ration through addition of 5 kg of fortified noodles. This addition of a fortified food was a response to sharing of the results of a study that provided TB patients with vitamin A (5000 RE/d) and zinc (20 mg/d) and found a one- to two- week quicker conversion to a negative sputum test.⁹¹ The noodles were added in order increase the nutritional benefit, in particular the micronutrients, to the patients undergoing DOTS treatment, while the rice ration was maintained as an incentive to increase case detection and treatment compliance.

5.8.3 Appropriateness and relevance

If the food ration is consumed by the TB patient him/herself, it would provide 1,959 kCal and 77 gr of protein per person per day, and it would cover 20-40 percent of the RDA for most micronutrients. The mission was told by various stakeholders, including the patients themselves, that in practice the rice and noodles provided by WFP are not only eaten by the TB patient but are shared with other members of the households or with relatives. Therefore, it is not realistic to assume that the nutrition support provided to the TB patient is really this high. While the mission sees the addition of the nutrition objective to the TB programme as very commendable, it remarks that the success rates of the TB control programme would be further enhanced when the food ration is combined with micronutrient supplementation (tablets or powder) adapted to the specific needs of TB patients.

⁹¹ Karyadi E, West CE, Schultink W, Nelwan RH, Gross R, Amin Z, Dolmans WM, Schlebusch H, van der Meer JW. A double-blind, placebo-controlled study of vitamin A and zinc supplementation in persons with tuberculosis in Indonesia: effects on clinical response and nutritional status. *Am J Clin Nutr.* 2002 Apr; 75(4):720-7.



The cost of the monthly food ration per TB patient is US\$4.95 (rice)⁹² plus US 4.80 (noodles), for a total of US\$9.75 per patient per month. There are no benchmarks as such on this cost level, but the TB programme is evidently expensive.

Recommendation: The evaluation recommends continuance and further expansion of the TB programme, but a review of the composition of the food basket. For example, certain food commodities (rice or vegetable oil) could meet the incentive objective while micronutrient powder (sprinkles) could be added as a micronutrient supplementation for TB patients undergoing DOTS treatment.

5.8.4 Efficiency

The TB programme is only taken up by WFP at clinics where the DOTS treatment system is well established and where there is good support from Ministry of Health, including supply of drugs. Thus, the WFP TB programme is convergent with the national TB control programme.

5.8.5 Effectiveness

Effectiveness should be reviewed against output and outcome indicators in the PRRO logframes, recalling that a mid-term evaluation is unable to measure the ‘final result’ of the programme.

The following output indicators for the TB programme have been formulated:

- OP-1: Number of TB patients participating in DOTS treatment, differentiated by gender by year
- OP-2a: Quantity of food commodities distributed, differentiated by type and year
- OP-2b: Number of awareness campaigns supported, differentiated by year
- OP-3a: Number of contracts signed with Cooperating Partners
- OP-3b: Number of persons trained, differentiated by training subject, gender and year.

Upon request, WFP Country Office staff were able to provide detailed information to the mission on key output indicators for the TB programme, especially on quantity of food commodities distributed and the number of patients supported by the programme (although not broken down by gender).

The outcome indicators for the TB programme are:

- OC-1: Percentage of cured TB patients, differentiated by gender and year
- OC-2: % of TB case detection rate, differentiated by year.

An impact of the food ration on case detection rates was claimed by all health facilities (private clinics, puskesmas, health centres) visited during this mission. The Country Office was not able to provide detailed information on outcome indicators, on changes in TB case detection rates, or with regard to changes in the percentage of cured TB patients. It appeared to the mission that most of the Ministry of Health staff saw the food ration to TB patients as helpful to increase

⁹² Calculation based on a monthly food ration of 10 kg rice per TB patient, where the 2006 average cost of rice at the FDP is US\$ 495 per MT.



case detection and perhaps treatment compliance, but that they were not yet convinced that the food helped to increase treatment success.

Recommendation: The evaluation recommends that WFP establish a system of regular and systematic compilation of the outcomes monitored by the TB clinics (enrolment figures, conversion rate, adherence/drop-out rates, cure rate, and, if collected, relapses), which preferably should include data from some 'control' clinics not under the WFP programme.

A WFP commissioned study for assessment of the effectiveness of the TB programme was undertaken in Jakarta from March 2004 to January 2005,⁹³ which was before the inclusion of the noodles in the food ration. The case detection rate was found to have increased in both case and control groups, presumably due to various external context factors not directly related to the food programme. The study confirmed that DOTS treatment compliance was higher for patients receiving a food ration, and also found that these patients consumed a diet with higher protein content (higher frequency in eating *tempeh* and *tahu*⁹⁴ and salted fish) which was attributed to the income transfer effect of the food ration. No difference was found between case and control groups with respect to changes in nutritional status. In the study, no information was collected on the effect of the food ration on conversion rates and TB cure rates (important impact measures for a TB control programme).⁹⁵

Interviewed Country Office staff mentioned that the small scale of the TB programme implies that the M&E component of the programme and the possibility to undertake impact studies are rather limited. However, because of the novel approach of the WFP TB programme (to provide food and micronutrients to increase attendance and compliance and improve nutritional status and treatment success) and the increased global commitment to fighting TB, it might very well be possible to link up with (international) research groups specialized in TB for a more comprehensive evaluation of the programme.

Recommendation: The evaluation recommends commissioning a further study of the effectiveness of the WFP TB programme, specifically on the effect of the food assistance on DOTS treatment success rates.

5.8.6 Sustainability and exit strategies

Although not foreseen in the near future, in principle there are good prospects for handing over the TB food aid programme to the government, something for which WFP should increase its advocacy. TB is a priority disease in Indonesia, and there is substantial financial support for TB control programmes through the Global Programme on AIDS, TB and malaria.

⁹³ MoH GoI & WFP (2005), Study on the Effects on WFP Assistance to Tuberculosis Patients in DKI Jakarta Areas, Jakarta.

⁹⁴ Tempeh and tahu are traditional Indonesian products both made of soy beans.

⁹⁵ Another important impact measure for a TB control programme is the prevalence of relapses, usually assessed after two years. However, in the case of Indonesia, this information may not routinely be collected and too cumbersome to be added for evaluation of the WFP-TB programme.



Recommendation: For the next PRRO, the focus should be on an exit strategy for the TB programme, emphasizing the role of national and local government bodies.

5.8.7 HIV/AIDS in Indonesia

By the end of 2005, the total number of people living with HIV/AIDS (PLWHA) in Indonesia was estimated at 170,000.⁹⁶ This is equivalent to 0.1 percent of the adults aged 15-45 years, and accounts for 0.4 percent to the world's total number of PLWHA, which stands at 43 million (with 8.3 million living in Asia). It has been estimated that 29,000 PLWHA in Indonesia are women and that during 2005, approximately 5,500 people died of AIDS-related complications.

Most PLWHA are among groups with high-risk behaviour, particularly sex workers and intravenous drugs users. HIV transmission in Indonesia was initially limited to sexual transmission, but transmission among the intravenous drug users has rapidly increased (eightfold since 1998). The most heavily affected provinces are Bali, East Java, Jakarta, Papua, West Java, West Kalimantan, North Sumatra, North Sulawesi, Riau, West Irian Jaya and West Kalimantan. Among drug injectors at rehabilitation centres in Jakarta, HIV/AIDS prevalence was found to be at 48 percent.

Most of the drug users are youngsters, who are relatively well-educated and usually still live with their parents. Experts warn that if the risky behaviour among drug injectors, sex workers (males, females or transgender) and clients of sex workers doesn't change from the levels observed in surveillance performed in 2003, Indonesia will soon be seeing a far worse epidemic. Prevention among intravenous drug users is complicated by the fact that many injectors are reluctant to carry sterile needles with them for fear that police would treat this as proof that they inject drugs, and similarly, sex workers are reluctant to carry condoms as the police regard that as "proof" of them being involved in sex work.

The new National HIV/AIDS strategy outlines six priority areas: 1) surveillance of the epidemic; 2) prevention; 3) treatment, care and support for PLWHA; 4) research on HIV/AIDS and its impact; 5) human rights of PLWHA; and 6) government coordination at all levels. As of June 2005, in Indonesia 60 sites existed where HIV voluntary counselling and treatment (VCT) were available; among these sites are 25 hospitals that also provide HIV testing services. HIV counselling services form part of the services for management and treatment of sexually transmitted infections (STIs) as well as TB treatment.⁹⁷ Obviously, the number of VCT and testing sites is inadequate for the size of the country, while stigmatization apparently remains a major obstacle for use of the available services. By the end of 2004, the number of patients who had received Anti-retroviral treatment (free of charge) was on the order of 3,000, whereas the goal was to treat 5,000 PLWHA by 2004 and 10,000 by 2005.

⁹⁶ Source of information on HIV/AIDS in Indonesia:

<http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Indonesia/index.asp> accessed on 9 October 2006.

⁹⁷ HIV/AIDS and TB frequently occur together as people with HIV/AIDS, due to their weakened immune system, are more likely to develop TB.



5.8.8 TB programme and HIV/AIDS

WFP Indonesia does not have a specific programme for people living with HIV/AIDS (PLWHA). Some of the TB clinics that implement the WFP programme conduct counselling on HIV/AIDS, often in collaboration with a hospital that provides testing and treatment. In order to increase attendance of counselling sessions, WFP could consider an FFT programme where TB clinics can provide food as incentive for attending counselling sessions. After the session, attendees can decide whether to proceed for voluntary testing. At the moment, HIV infection rates are still very low in Indonesia when compared to other countries (both in Africa and in Asia), and there is no need for WFP to establish a special HIV/AIDS programme. Because of stigma issues, providing food at clinics that provide anti-retroviral therapy may not be easy and it should be noted that, as yet, the number of patients receiving antri-retroviral treatment is probably no more than 10,000-20,000 nationwide. However, WFP should watch the situation and may become involved in HIV/AIDS programming if infection rates go up.

Recommendation: The evaluation recommends that WFP explore the feasibility of providing FFT for TB patients as an incentive for them to join counselling on HIV/AIDS, after which they may decide to be tested.

5.9 Quick-onset Emergency: Yogyakarta

5.9.1 WFP's response to the Yogyakarta earthquake

An earthquake measuring 6.3 on the Richter scale struck Yogyakarta Province and southern Central Java on 27 May 2006, displacing a total of 83,228 people and destroying, or severely damaging, some 294,000 homes. WFP's immediate response from 28-31 May was to deliver 261 MT of fortified biscuits and noodles to about 191,000 people in Bantul District (Yogyakarta) and Klaten District (Central Java), the two worst-hit areas in terms of damage.⁹⁸ In May, an initial district-targeted food 'drop' was implemented; at this stage no ration cards were used, and the food was distributed through the village heads to all families. Formal registration processes were not introduced until the next distribution in June. WFP had a total of seven implementing partners (IRD, CWS, RI, WR, IMC, BMP and NU) in Yogyakarta. The first letters of agreement were signed early June, and commodities distributed in May were deducted from June distribution.

WFP conducted a Rapid Needs Assessment in collaboration with the international NGO, IRD, and the universities of Muhammadiyah and Gajah Mada in the first week of June. The damage assessment itself – a snapshot from randomly selected sites – did not claim to be statistically representative. However, the survey also used data drawn from SATKORLAK and SATLAK suggested that 17 percent of those surveyed reflected low dietary diversity and frequency of food consumption.⁹⁹ Data on population consumption levels were collected based on seven days' recall, post-earthquake and hence the diversity analysis reflected the 'current' situation. To avoid duplication, the assessment team particularly analysed how much of the food was acquired through aid sources. The assessment was not intended to assist in final targeting; rather, its task was to identify the food-insecure households' typologies, using Cluster Analysis.

⁹⁸ These rural areas were also the worst-hit in terms of dead and injured, though the greatest number of initially displaced people was in Yogyakarta District.

⁹⁹ WFP, IRD (June 2006), 'Rapid Food Security Assessment, Java Earthquake, June 2006.'



The analysis did, however, show that Klaten was a relatively worse-off area in terms of transient food security, so it was included as a priority area. Beyond this, targeting was based solely on geographical sub-village destruction levels.

5.9.2 Appropriateness and relevance

There was a certain degree of confusion inherent in the objectives set by WFP. On the one hand, the damage assessment survey succeeded in pinpointing the worst-hit areas. On the other hand, the assessment and the subsequent VAM-led mission suggested a “lack of dietary diversity in certain households” that might justify the use of biscuits/noodles on offer. There is a degree of circular reasoning here. Doubtless, there is a lack of dietary diversity in almost every poor household in Indonesia, and in any case this criterion could not (and did not) inform specifically household targeting in Yogyakarta. The earthquake area was not one of the poorest in the country, and the justification for short-term food aid should be to offset income disruption and market access that may have occurred in the immediate aftermath. That the biscuits/noodles ‘helped’ is not in question; but all stakeholders (including beneficiaries interviewed) would have preferred staple food (rice) for such an objective.

Through BULOG, the government delivered, with IOM as the partner, one distribution of rice in June (10kg/person) and 90,000 rupiah/person. This was promised to be repeated in subsequent months, but was not forthcoming. Meanwhile, the regular RASKIN rice subsidy programme continued without any special adaptation to circumstances. Despite the fact that WFP had rice in stock, the government discouraged rice distribution in view of the aforementioned promise of its own national contribution. Hence, there was an inherent dilemma – rice would probably have been the preferred commodity for the identified problem.

Recommendation: The evaluation recommends a more careful consideration of the ToR for a Rapid Needs Assessment in such a context. If there are restrictions imposed on what commodities to use (in this case a restriction on rice), alternative commodities (in this case biscuits/noodles) should only be used in a restricted manner for their designated purpose and neither as a blanket family ration, nor as a substitute for staple foods.

5.9.3 Efficiency

The evaluation found the timeliness of WFP’s response to be commendable. Particular mention should be made of the immediate offer of trucks and associated expenditure from TNT, together with the free on-carriage transport facility offered by IOM.

Likewise, the evaluation found the efficiency and coordination of the relief operation to be commendable. WFP led the Food & Nutrition inter-agency ‘cluster’¹⁰⁰ – only the second time

¹⁰⁰ The inter-agency approach (nine clusters) includes Food and Nutrition as two separate clusters, but here they were, by mutual inter-agency agreement, combined.



this OCHA-administered system has been used in an emergency¹⁰¹ -- as well as the Logistics cluster (further evaluative comment in Box 1 below). The clusters themselves decided on some key strategic decisions, including: (a) geographic extent of the response and area allocation per agency; (b) the criteria for which sub-villages were to receive assistance (70 percent of houses destroyed within that sub-village); and (c) the reduction of the caseload over time. In WFP's case, the number of households was reduced from 22,848 in June to 14,172 in September, corresponding to a decrease in the number of sub-villages on the distribution list.¹⁰²

Box 1: The cluster model in Yogyakarta

During the earthquake emergency response, WFP led two of the eight inter-agency 'clusters', which met on a weekly basis under the administration of OCHA.¹⁰³ The Food & Nutrition cluster (15 agencies) shared information on food distribution and related issues, resulted in a mapping of distribution in the most affected areas, plus a mapping of 'who's who' in the international and national response. Government involvement in cluster meetings was only occasional, but provincial and district authorities were kept abreast of all decisions and information and provided the baseline data for determining targeting criteria. Through consultation with OCHA and several cluster members, the evaluation found the following issues emerging from the cluster approach in Yogyakarta:

- The additional opportunity costs involved in cluster leadership were perhaps underestimated. Although OCHA posted a liaison officer to each, and issued situation reports emanating from each, administrative needs (minutes, agenda, background papers) were to be met by the lead agency. No additional budgetary provision was made for this in the Appeal document.
- The extent to which OCHA is responsible for information management and analysis is still contentious. The templates for strategic plans and monitoring arrangements for each cluster were presented by OCHA (again, with the associated time-costs of filling these forms),¹⁰⁴ but the quality 'filtering' of information was to be done by cluster members.
- A further direct cost to WFP was the provision of information technology support to the OCHA office (an external consultant for two weeks) to set up the telecommunications systems and ensure MOSS compliance within the system.

Despite the collective decision to close the clusters in September, no clear handover to government was in place, and the usual 'transition to recovery' coordination issues arose.

5.9.4 Effectiveness

The closure of the relief programme in September was appropriate. The evaluation found, however, that with 18 kg biscuits and 25 kg noodles per family, irrespective of family size, the ration size was over-large (and expensive). Distributed as a blanket family ration, it was not

¹⁰¹ The first was in the Pakistan earthquake in 2005. The Cluster Approach was an immediate outcome of the 2005 Humanitarian Response Review initiated by the Emergency Relief Coordinator. At the country level, the objective is to strengthen the coordination framework and response capacity by mobilizing clusters of agencies/organizations/NGOs to respond in particular sectors or areas of activity. It is strategically designed in such a way as to ensure predictable action for needs assessments and analysis; identification of gaps, developing updated and agreed response strategies and action plans through the Common Humanitarian Action Plan. (cf. Bennett, J et al, 2006)

¹⁰² A sub-village would usually comprise 100-150 households.

¹⁰³ Food and nutrition were coupled in this emergency, whereas the September 2005 sectoral division promulgated by the Inter-Agency Standing Committee (IASC) had them as separate clusters.

¹⁰⁴ These are standard reporting requirements agreed at the IASC.



surprising to find smaller families not consuming the total. Indeed, ad hoc inspection by the evaluation found some household storage of ‘excess’ goods, and a widespread sharing with neighbouring villagers (non-target group).

If biscuits and noodles are ostensibly a ‘carrier’ for micronutrients, this large ration could not substitute for caloric needs. WFP was advised not to include rice in the food basket due to the government’s contribution of 10kg/person and 90,000 rupiah/person, though in the event this was only a one-off contribution. The evaluation suggests (and the Country Office concurs) that a family rice ration in the second to fourth month of the operation may have been more appropriate, and that a more pressing dialogue with the government over introducing this (notwithstanding the original request not to do so) would have desirable.

5.10 Quick-onset emergency: West Java

5.10.1 WFP’s response to the West Java earthquake

On 17 July 2006 an earthquake of 7.2 magnitude on the Richter scale occurred in the Indian Ocean south of Java. The earthquake caused a tsunami, which affected about 400 km of the southern coast stretching from Garut district of West Java to Kabumen district in Central Java. The districts affected were Garut, Tasikmalaya and Ciamis in West Java, and Cilacap and Kebumen in Central Java.

WFP joined a nine-member UN team on Tuesday morning, 18 July to assess the situation in the affected areas of West Java. The joint mission assessed the situation in the affected areas – Pangandaran area of Ciamis district and Cipatujah area of Tasikmalaya district – which were reportedly worst hit and identified immediate needs and possible responses for agencies.

In addition to the West Java assessment, on 21 July 2006 WFP-VAM also travelled to the affected areas in Cilacap and Kebumen of Central Java to rapidly assess the damages and the response by the local governments to identify unmet needs, if any. WFP provided first food deliveries within 24 hours, and WFP was the first agency to provide food aid.

5.10.2 Appropriateness, efficiency, effectiveness

Time constraints prevented the evaluation from visiting the sites, but full documentation on distribution lists (disaggregated by sex), waybills and beneficiary numbers were provided. A total of 61.137 MT of biscuits was distributed over two months to 13, 238 persons displaced by the crisis. Distribution was done through the PMI (Indonesia Red Cross). Initially, each household in six sub-districts was to receive six boxes for the two months, but upward revision of figures meant that some (the better-off families as perceived by PMI) received only four boxes. A remaining amount of biscuits (227 boxes) were given to elementary schools and teachers in temporary IDP settlements in Cimerak and Pangandaran administered under a UNICEF/SCF programme.

Apart from some usual problems over initial registration, the Country Office reported no impediments to the otherwise smooth operation and efficient distribution by PMI. As with the Yogyakarta emergency response, the evaluation has some reservations over the commodity used (90g/capita/day biscuits) and notes that the government provided rice and (unfortified) noodles to all affected families in a one-off distribution.



5.11 Protracted relief operation: Aceh

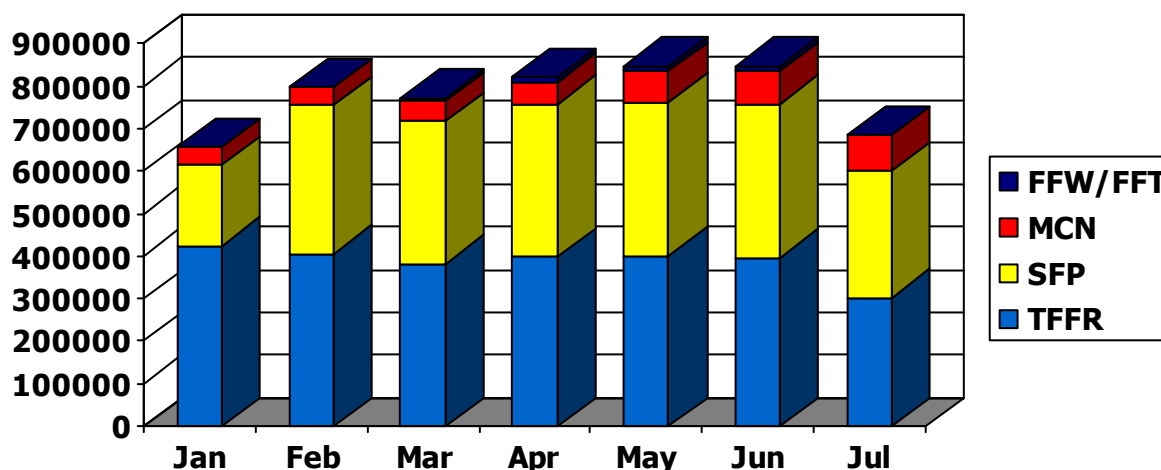
In this section of the report, evaluative comment on the efficiency, effectiveness, relevance, appropriateness and exit strategy will be given only for the TFFR Programme in Aceh/Nias. Comment on other Aceh/Nias programmes (MCN, SF and FFW/FFT) are found elsewhere in the report. However, since the programme design as a whole was undertaken by the WFP Aceh Area Office, including a budget revision to incorporate this under the PRRO from January 2006, we include in the foregoing section a comment on the design of all programme categories.

5.11.1 Programme design

In response to the tsunami on 26 December 2004, WFP established regional EMOP 10405.0; it ended in December 2005. A budget revision to PRRO 10069.1 incorporated the continuing assistance to tsunami and earthquake victims in Aceh and Nias for 2006 and 2007. The budget revision requested to cover an additional 1.2 million beneficiaries in Aceh and Nias (2006), reduced to 934,000 beneficiaries in 2007. In light of the 2005 agreement between the Government and the Free Aceh Movement (GAM), PRRO 10069.1 was also an opportunity for WFP to begin to assist people affected by the conflict.

In 2005, Regional EMOP 10405 comprised three programme components – GFD, SF (began in March) and MCN (began in May). The additional programme category in the transition to PRRO 10069.1 was FFW/T.

Figure 1: Number of Beneficiaries by programme category



Source: WFP Area Office, Banda Aceh

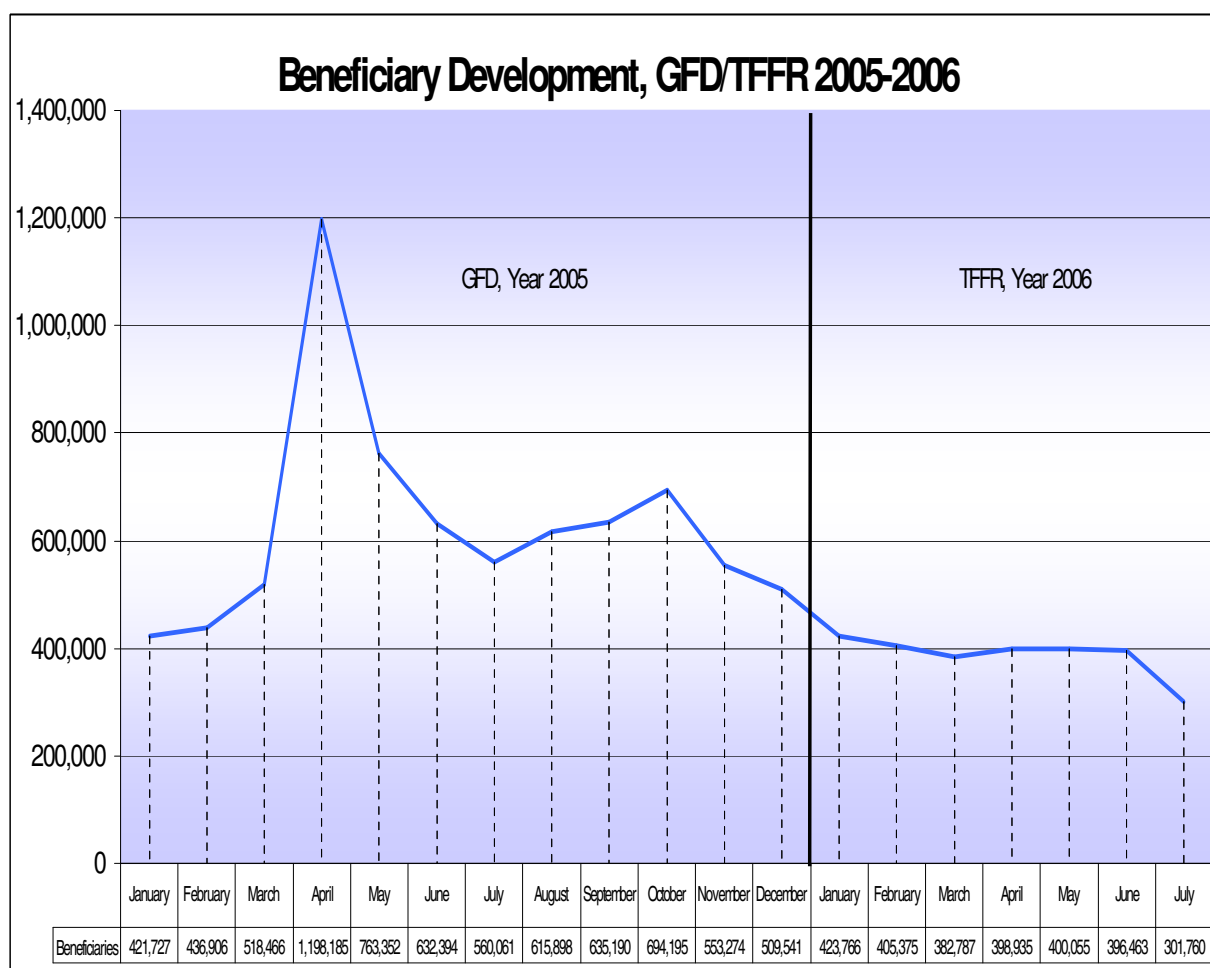
In Indonesia, the largest component of the EMOP was GFD in Aceh/Nias. In terms of tonnage and beneficiary numbers, this also became the largest single component of PRRO 10069.1, though it was now termed TFFR. From January to July 2006, almost 30,000 MT was distributed to an average 350,000 TFFR beneficiaries, most of whom were IDPs still living in temporary camps. The TFFR term was adopted in January 2006 to distinguish a more targeted approach that now comprised: (a) a reduced caseload, excluding (from July 2006) IDPs in host families, considered to be better off; (b) the exclusion of those families (with the exception of



single-female-headed households) who now had permanent housing; and (c) an overall reduction in the food basket.¹⁰⁵

Figure 2 shows the trends in beneficiary numbers over the transition from EMOP to PRRO. At the time of the evaluation (September) the figures were being further reduced, with an actual planned caseload dropping to 133,000 by December (see Figure 3).

Figure 2: Beneficiary development GFD/TFFR 2005-2006



Source: WFP Area Office, Banda Aceh.

The evaluation notes that with all programme categories there is a significant difference between originally planned figures (November 2005 when the budget revision was submitted) and actual or anticipated figures. The Tsunami Evaluation Coalition (TEC) reports of November/December 2005¹⁰⁶ comment on the disappointing rate of new housing construction, with 70,000 people at that time still being in tents. The situation was to change for the better, and by the end of the

¹⁰⁵ In the first quarter of 2005 the 'full' ration comprised rice (400g/person/day), vegetable oil (20), noodles (33), canned fish (50) and biscuits (33). By the last quarter of 2005, fish and biscuits were excluded. In 2006, the rice ration was reduced to 333g/person/day, with a slight increase in vegetable oil (25) and (by June) an increase in noodles (44).

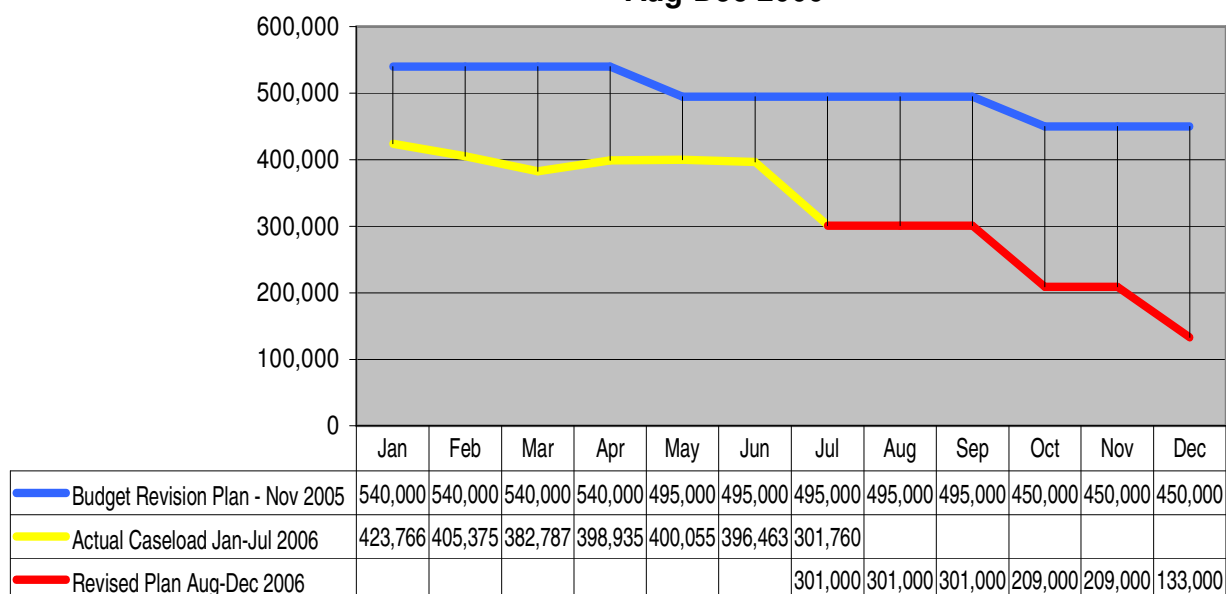
¹⁰⁶ TEC reports are available at [www. http://www.tsunami-evaluation.org/home](http://www.tsunami-evaluation.org/home).



year the pace of construction accelerated to about 5,000 houses finished each month. WFP staff in Aceh depicted food aid as “an underlying safety net,”¹⁰⁷ noting that the profiling of the population for livelihoods was weak; therefore proxy indicators were used by all international agencies in targeting criteria. Moreover, population movement was fluid, and an estimated 20 percent of the beneficiary list was new (changed names and/or increase or decrease) per month.

Figure 3: Comparison of TRRF beneficiary numbers, budget revision plan versus Jan-Jul 2006 actual and revised plan Aug-Dec 2006

Comparison of TFFR Beneficiary Numbers, Budget Revision Plan versus Jan-Jul 2006 Actual and Revised Plan Aug-Dec 2006



Source: WFP Area Office, Banda Aceh.

Nevertheless, there was an over-ambition in figures submitted through the budget revision that cannot always be explained as erring on the side of caution. It is in part a reflection of WFP’s tendency to budget in favour of larger tonnages than are likely to be met. This was starkly apparent in the planning figures for the FFW/FFT component. FFW activities do not go well with GFD/TFFR in the same areas, and despite WFP efforts to instigate FFW, results were limited. Moreover, WFP had anticipated a co-financing partnership with the World Bank’s Kecamatan Development Project, a series of community development projects that would have opened up numerous possibilities for FFW. This has not yet materialized, in part because of WFP’s limited capacity to pursue the issue, but also because of delayed disbursements through the World Bank’ administered Multi-Donor Trust Fund (reported by the TEC, *ibid*). Figure 4 shows planned against actual beneficiary numbers for FFW/FFT.

¹⁰⁷ Interview with senior staff, Aceh, 29/8/06



To a lesser extent the MCN and school feeding programmes were also over-ambitious. The evaluation found the *posyandu* system not to be sufficiently developed to encompass the planned figures for 2006 (see Figure 5). The possibility of extending the PRRO TB programme to Aceh was discussed with the provincial health authorities, but it was felt that the *puskesmas* (health clinics) were already too overstretched.

Figure 4: Comparison of FFW/FFT beneficiary numbers: budget revision plan versus actual Jan-Jul 2006

Figure 4: Comparison of FFW/FFT Beneficiary Numbers, Budget Revision Plan versus Actual Jan-Jul 2006

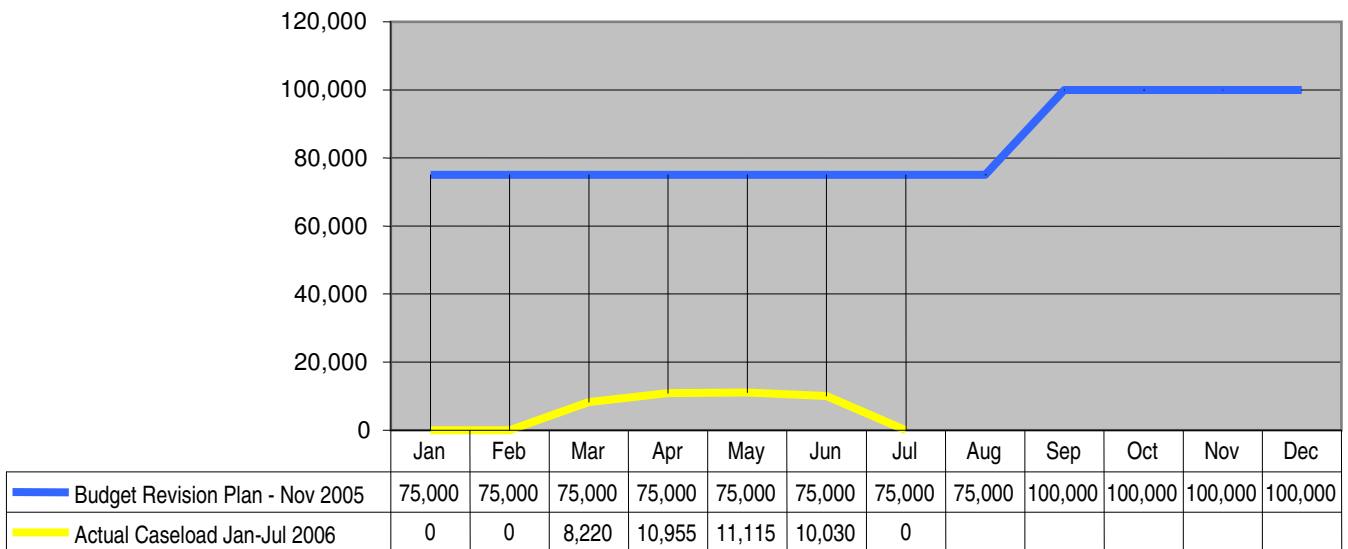




Figure 5: Comparison of MCN beneficiary numbers

**Comparison of MCN Beneficiary Numbers,
Budget Revision Plan versus Jan-Jul 2006 Actual and Revised
Plan Aug-Dec 2006**

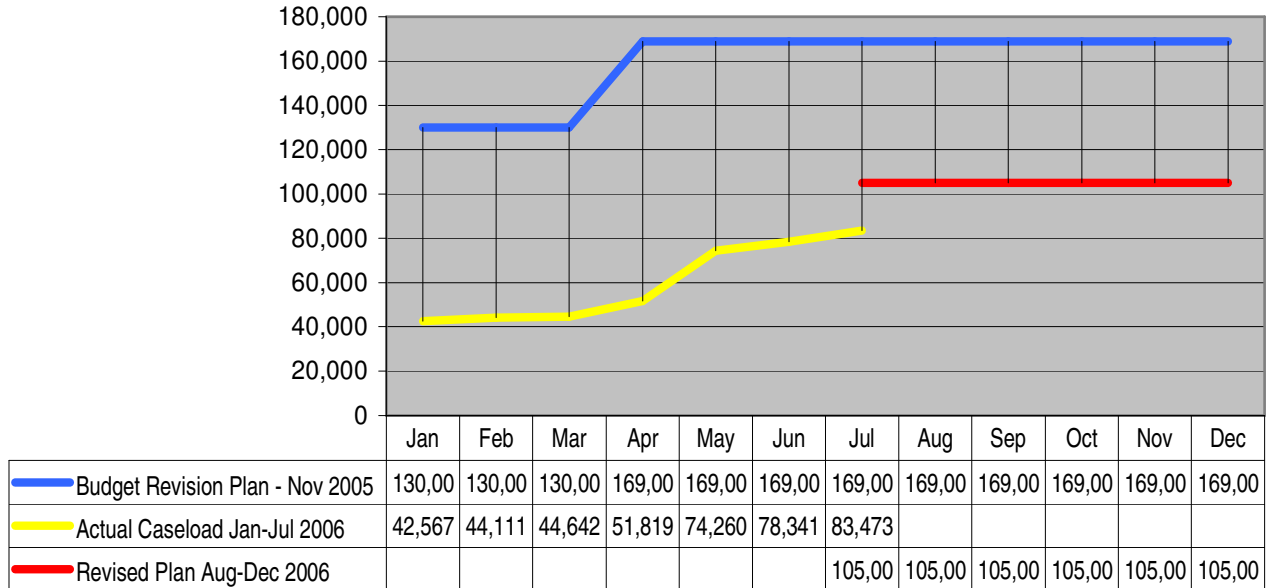
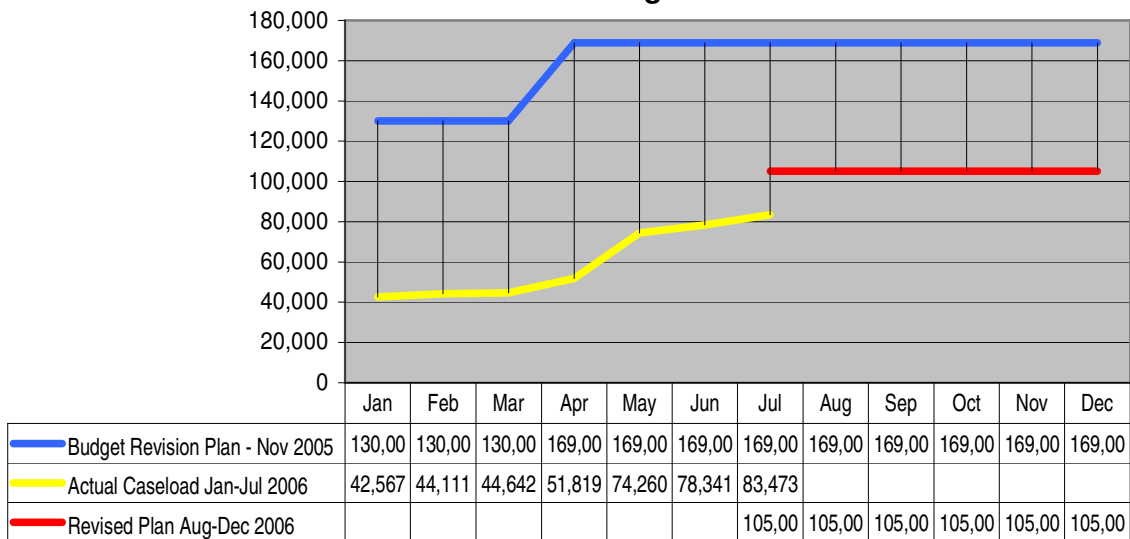


Figure 6: Comparison of beneficiary numbers

**Comparison of MCN Beneficiary Numbers,
Budget Revision Plan versus Jan-Jul 2006 Actual and Revised
Plan Aug-Dec 2006**





5.11.2 Programme implementation: food aid versus cash/vouchers¹⁰⁸

The Terms of Reference for the evaluation included an examination of the food aid versus cash/voucher debate, with particular reference to a pilot scheme initiated by CARE International – the Market-Based Food Assistance Pilot Project (MBFA) – from November 2005 to January 2006 (i.e. at the very beginning of the transition from EMOP to the current PRRO). CARE was (and is) a cooperating partner of WFP for the GFD/TFFR, and hence the pilot project ‘borrowed’ some of the beneficiaries from an ongoing food aid distribution programme. In this respect the findings from the pilot scheme are of more direct relevance to the PRRO evaluation, but one should also recall that numerous other schemes were tested in Aceh in 2005, notably a multi-faceted programme of Mercy Corps.¹⁰⁹

The MBFA provided: a) food in the form of a *voucher* redeemable for 12 kg rice (subsequently reduced to 10 kg), 1 kg sugar, and 1 kg cooking oil at designated shops; and, b) *cash* in the amount of Rupiah 50,000.00/US\$5.26 for each member of a disaster-affected household once per month to a designated household member, preferably female.

The MBFA initially operated in the Ulee Kareng sub-district of Banda Aceh District with ten vendors and a targeted 2,500 beneficiaries per month from November 2005-January 2006 with three distributions. In the last two months (two distributions) it was expanded to include the Kuta Baro sub-district of Aceh Besar District, adding five vendors and targeting 2,500 additional beneficiaries per month.

Vouchers and cash were distributed at a total of 15 points. Fifteen vendors were contracted to redeem the food vouchers from the beneficiaries and were paid a commission of 5 percent of the contracted price of the food redeemed. Restrictions were not placed on items that beneficiaries could purchase with the cash; however, they were encouraged to purchase food. A total of 10,297 beneficiaries (2,914 households) were included in the scheme. Most beneficiary families in Ulee Kareng resided with host families, while those in Kuta Baro lived primarily in refugee (tent) camps and ‘barracks’.

A CARE-sponsored evaluation¹¹⁰ of the scheme identified the following positive aspects of the pilot scheme:

- More choice for the recipients
- Less waiting in line than for direct food deliveries and, allegedly, less poor-person ‘stigma’
- Support to small traders and revitalization of the local commercial sector.

Negative aspects identified were:

- Potential problem of security of cash in transit for the cash element of the scheme
- Likelihood that the full value of the cash/food vouchers was not used to purchase food

¹⁰⁸ The team is indebted to Julian Lefevre (OEDE) for his insights and comment on the CARE evaluation.

¹⁰⁹ Mercy Corps provided Community Cash Grants based on US\$50 per person, the value of which was based on the cost of living and the cost of the basic household items that people might need to buy. In addition, the agency provided cash-for-work to 10,000 beneficiaries, a programme that received particularly positive appraisal from various sources (see, for example, Doocy et al, 2006).

¹¹⁰ CARE International: “Report of Final Evaluation, Market-Based Food Assistance Pilot Project” (unpublished). The evaluation was conducted by an independent analyst in February 2006.



- MBFA vegetable oil was not fortified with vitamins A and D (whereas WFP oil is). The evaluation suggested that cash may mitigate this to some extent by allowing for the purchase of vegetables.

A major objective of the evaluation was to "determine the relative success (efficiency and cost-effectiveness) of the pilot model in providing food assistance using a market-based approach". The team did not have the resources to perform an in-depth cost analysis, and some of the following problems emerge in the conclusions.

The cost of running the food voucher/cash pilot scheme is stated as 40 percent of the total cost (i.e. US\$63,349 out of US\$157,579). Arguably, this is unacceptably high, though since it is a pilot project the economies of scale might be achieved if the scheme is rolled out to a larger number of beneficiaries.

The report appears to claim that the food voucher/cash scheme is less expensive for CARE to run than a direct food distribution scheme. On a per-beneficiary basis, however, the reverse appears to be true. Under the food voucher/cash scheme, the adjusted cost of administration is US\$68,040. Dividing that figure by 10,000 beneficiaries and three months of the pilot scheme gives an average administration cost of US\$2.27 per beneficiary per month. Dividing the US\$355,311 administration costs for the direct food distribution scheme by 39,000 beneficiaries and eleven months gives a per capita beneficiary administration cost of US\$0.82 per month - i.e. only 36 percent of the cost of running the pilot mixed food voucher/cash scheme.

The first step in calculating how large a cash grant should be is to work out what people need, decide how much of that need the cash grant should meet and estimate what that will cost. Similarly, is the grant to cover only food or also some non-food basic needs? In Sri Lanka, WFP's pilot cash project was set very near to the cash equivalent of a food aid ration so that a reasonable comparison of the two approaches could be made. CARE's pilot scheme in Aceh, by contrast, was a mixture of cash and vouchers that amounted to almost double the value of the food aid ration. This was justified on the grounds that the government's cash aid scheme was not working as it should, and the grant should therefore also cover some basic household needs.

Conceptually, some replacement of in-kind food aid by cash transfers can strengthen local demand for goods and services, at the same time as reducing the disruption to local markets that transfers in kind may cause. But there are dangers of their generating inflationary pressure where desired goods and services are in short supply, or failing to have intended effects where the provision of public goods such as health or education is weak. Furthermore, many types of cash transfer can, in principle, complement each other, and can also be complementary to in-kind transfers, as well as to wider public investment.

The CARE scheme was not funded beyond the three-month pilot phase, and the recipients reverted to food aid through the WFP programme. A full examination of the cash versus food aid debate is beyond our scope here, though the issue has provoked interesting wider discussions in recent publications.¹¹¹

¹¹¹ See for example, a special edition of *Development Policy Review*, 2006, 24(5) dedicated to the issue of cash transfers, and the Overseas Development Institute's Humanitarian Policy Group *Issue Papers*, September 2006, also dedicated to the same subject.



5.11.3 Appropriateness and relevance

The Aceh and Nias Reconstruction and Rehabilitation Agency (BRR) has adopted a ‘lost assets’ approach in targeting those receiving the bulk of assistance in the region. Since the majority of those remaining in temporary living centres (TLCs) were previously renting their homes, these people – constituting the majority of the remaining TFFR caseload – are omitted from re-housing projects. A food and labour market analysis and monitoring in Aceh noted that the affected population would require food aid until durable rehabilitation options were found.¹¹² In December 2005, the FAO/WFP Food Supply and Demand mission reported that revised paddy production for 2005 had been estimated at 1.43 million tonnes, implying damage due to the tsunami of only about 7 percent. Rice surplus production in Aceh is expected to be around 200,000 tonnes for the 2005/06 marketing year. But it also stressed that people living in temporary shelters had yet to re-establish their livelihoods, and that therefore cash voucher and food aid programmes were still recommended for the foreseeable future.¹¹³

Anecdotally, the evaluation notes widespread reconstruction programmes in Aceh and the associated labour opportunities. Few men were seen ‘idle’ in the camps during the day; many female interviewees were claiming food rations for mature male family members who had full-time employment. On the basis of food access and affordability, the evaluation agrees that the phasing out of the food aid programme in 2007 is appropriate.

WFP and partners were broadly aware of protection concerns surrounding IDPs, though specific case issues are clearly not within WFP’s mandate. WFP has, however, managed to ensure that interventions are community- and beneficiary-led and are a contribution towards the resumption of livelihoods. WFP’s CPs commended WFP for its emphasis on the broadcasting of distribution methods, for example, which encourages transparency and lessens the risk of corruption.

The evaluation noted that the national NGO partners of WFP were not often aware of the Guiding Principles for IDPs, and they also assumed that local government knowledge of these principles was low. IDPs in the barracks, for instance, still face issues of site proximity to livelihood and education opportunities, and the protection of women and children is not easily guaranteed in such cramped living conditions. It should be noted, though, that no systematic evidence of abuse was brought to the attention of the mission.

5.11.4 Efficiency

In 2005, the WFP programme was implemented by ten international partners (NGOs) and ten national cooperating partners (NGOs and government). In 2006, this has been reduced to three international (CARE International, World Vision and SCF-US) and five national (PMI (Red Cross), Keumang, Muhammadiyah, BASTRA (NGOs) and Dinas Social (GVT)). The longest established partnership has been with Keumang, with which WFP worked in 1996. The most recent partnership has been with PMI, starting in April 2006 with school feeding and extending to TFFR in Bener Mariah.

¹¹² Food and Labour Market Analysis and Monitoring System in Nanggroe Aceh Darussalam (NAD) Province, by the Indonesian Centre for Agro-Socio-Economic Research and Development, May-June 2005.

¹¹³ FAO/WFP Food Supply and Demand Assessment for Aceh Province and Nias Island (Indonesia), 22 December 2005.



The international NGOs have adapted their existing M&E mechanisms to accommodate requirements of WFP, and do joint monitoring with WFP staff. SCF, for instance, has programmes in eight districts, which cannot all be covered exhaustively by WFP monitors, but where beneficiary lists are to be reduced, this is always done in conjunction with camp coordinators and WFP staff. SCF uses ration cards, whereas World Vision and Keumang do not.

In terms of registration, the evaluation notes that whereas comprehensive lists of family members are maintained (and rations issued according to family size), there is no compiled registry of which family member (male/female) actually collects the ration on distribution day, despite their signing for it.

5.11.5 Effectiveness

Effectiveness should be reviewed against output and outcome indicators in the PRRO logframes, recalling that a mid-term evaluation is unable to measure the ‘final result’ of the programme.

The following output indicators for the GFD/TFFR programme are indicated in the WFP logframe:

- OP-1: Sufficient food commodities are provided in a timely manner to highly food-insecure populations in the disaster affected areas
- OP-2: Needs assessment conducted in cooperation with government and other UN agencies
- OP-3: Cooperating partners are contracted and stakeholders’ capacity in assessment, implementation management, logistics, accountability and monitoring and evaluation is strengthened.

The evaluation found the TFFR programme to be effectively executed and in a timely manner. In the sites visited, NGO partners were well equipped, with sufficient personnel, and indicating that the training received was sufficient for the task at hand. Standardized RBM monitoring and evaluation forms were submitted as required.

As noted above, the evaluation found the protracted relief programme in Aceh to be confounded by difficulties of accurate registration of the target population, a problem common to all agencies. Targeting has been loosely based on government data (BPDE), proxy indicators and observational data – IDPs hosted by families (now excluded), those newly housed, and single-female-headed households. The evaluation found that potentially large inclusion errors may have occurred at beginning of the programme (during the regional EMOP in 2005), but as the criteria for targeting became more precise, the ‘all or nothing’ demand for blanket assistance by local leaders was not accepted. Community-based targeting methods have been used elsewhere in the world from which lessons can be drawn.¹¹⁴

¹¹⁴ There is a large literature on this. For example, WFP partners has some success in Tanzania (<http://www.enonline.net/fex/07/fa18.html>) and WFP and IFPRI produced an interesting overview on the subject of community based food aid targeting. (http://www.wfp.org/policies/Introduction/other/Documents/ifpri_briefs/Brief1Targeting.pdf). Reference is also made to WFP’s EB document ‘Targeting in Emergencies’, WFP/EB.1/2006/5-A (<http://www.wfp.org/eb/docs/2006/wfp083629~2.pdf>).



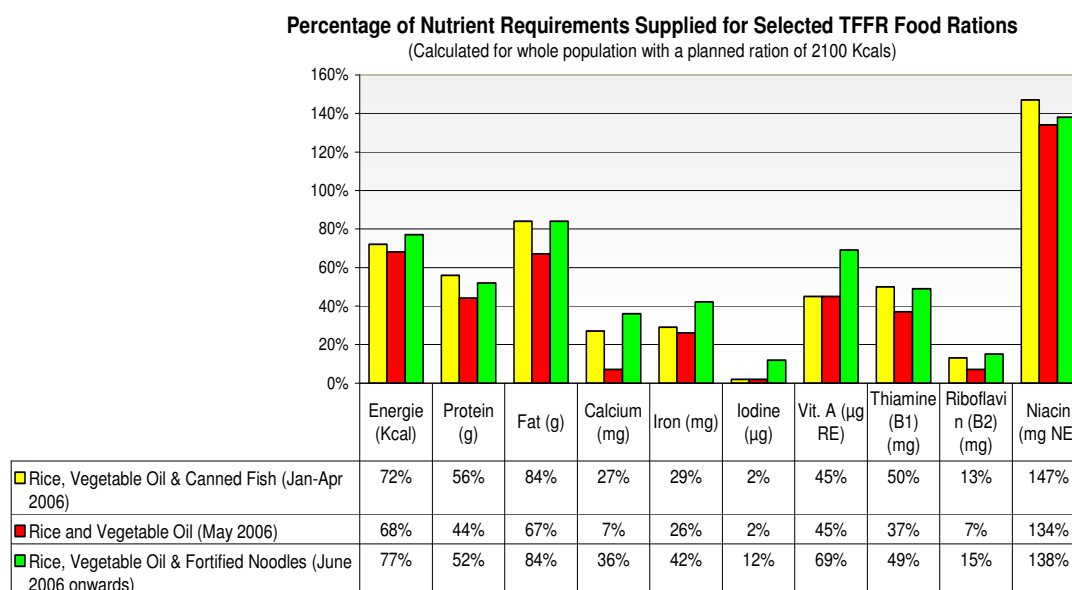
Recommendation: For future practice, the evaluation recommends that the transition from GFD to TFFR be accompanied by greater attention to targeting practices based on a combination of indicator-based and community-based screening processes. This might also help address some protection issues relating to gender, disabilities, etc. within the community. The evaluation found, for instance, that staff constraints of CPs and WFP allowed only irregular post-distribution monitoring.

The outcome indicator for the TFFR programme is:

- OC-1: Nutritional status of disaster-affected targeted population is stabilized.

The evaluation was satisfied that the food basket was appropriate in partly meeting known nutritional needs (Figure 7).

Figure 7: Percentage of nutrient requirements supplied for selected TFFR Food rations



A survey undertaken by UNICEF in March 2005 found that the prevalence of wasting in children under five was 12.2 percent, underweight 43 percent and stunting 38.1 percent, and thus comparable to pre-tsunami rates. The FAO/WFP Assessment (December 2005) attributes this mainly to the large-scale food aid interventions – in other words, the situation was stabilized, though not improved. A further joint Ministry of Health/UNICEF random-sampled nutrition survey was conducted in 23 districts of Aceh and Nias in September 2005. The survey was conducted among resident and displaced (10 percent of survey) households. The nutrition situation was precarious, with a prevalence of acute malnutrition of 9.8 percent, which seemed similar between displaced and resident populations. Sixty percent of displaced and 21 percent of



resident families received food aid. This survey showed a similar nutrition situation to the nutrition survey which was conducted in March.¹¹⁵

The evaluation notes that many of the malnutrition issues in Aceh are similar in severity and demographic spread to those found elsewhere in the country and point to chronic issues of dietary habits and limited health and nutrition education. Attribution of nutritional 'stabilization' to the food aid programme is not easy, since the 'control' population (non-displaced) appears to exhibit similar levels of malnutrition and has, throughout the past 18 months, also been in receipt of various forms of material, financial and food aid.

5.11.6 Sustainability and exit strategies

Concurring with the November CFSAM of November 2005, the evaluation broadly concludes that much of the population in the tsunami-affected areas of Aceh is no longer in need of food assistance.¹¹⁶ Nias and Simeulue are certainly worse-off, both nutritionally and in terms of services and overall aid expenditure.¹¹⁷ In general, the east coast is relatively better off. The exception will be those families remaining in TLCs, plus single-female-headed households. The downward revision of TFFR figures to 133,000 by December should be further reduced in 2007, in line with current criteria.

Recommendation: The evaluation recommends a target reduction to some 80,000 TFFR and FFW/FFT beneficiaries by mid-2007.. The TFFR programme should include only those remaining in TLCs/barracks (52,000), plus a new caseload of approximately 12-18,000 in conflict-affected inland areas.

5.12 Food for Work and Food for Training

The evaluation was able to visit FFW and FFT projects in Aceh (Pidie, Aceh Utara, Lhokseumawe), Madura, Lombok and NTT (West Timor). In most (predominantly rural) areas the evaluation found the FFW projects to be well-conceived and implemented. Take-up from the local population, including additional inputs at sub-village levels, indicated 'self-selection' of the poorest families, and a clear benefit to the local economy. Participation of women in the work schemes was optimal, although not in the organizing committees.

¹¹⁵ Only half of the children less than six months were exclusively breastfed and among the other half, 28.3% had received milk powder. Prevalence of anaemia was significant: 50.2% of the 6-59 month olds were anaemic (Hb < 11 g/dl) as well as 27.9% of non-pregnant women (Hb < 11 g/dl). It seems that children who had received sachets of micro-nutrient supplements (*Vitalita* sprinkles) were 25% less likely to be anaemic than children who had not. vitamin A distribution coverage was 82%, but varied greatly between districts, while measles vaccination coverage (by card or recall) was only 49.7%. Women's BMI were measured and 8.3% of non-pregnant women had a BMI < 18.5, but 29% had a BMI ≥ 25, showing overweight or obesity. Housing and access to safe drinking water were poor. Forty-two percent of the IDP families were sheltered in temporary accommodation such as tents or communal buildings, but 62% had access to a protected water source, while only 28% of the resident families had access to protected water sources. 2005 in 13 districts of NAD. Source: http://www.unsystem.org/scn/publications/RNIS/countries/indonesia_all.htm

¹¹⁶ The revised paddy production for 2005 was estimated at 1.43 million tonnes, implying damage due to tsunami only about 7 percent. Rice surplus production in Aceh was expected to be around 200,000 tonnes for the 2005/06 marketing year.

¹¹⁷ Levels of acute malnutrition among <5 children are the highest in these areas.



Recommendation: The evaluation recommends some streamlining and simplification of the reporting forms for FFW, with due regard for the costs of preparing, completing, submitting, analysing and processing all these forms.

As we previously noted, the take-up of FFW/FFT in Aceh has been disappointing. However, it is very context-specific. Projects currently being prepared by the local NGO Keumang for eight sub-districts of Pidie (Aceh) are well-conceived and represent an opportunity for local farmers to revive communal irrigation schemes that in turn will open up land that has been neglected for five years or more because of the war. Likewise, the circumstances in war-affected inland areas of Aceh make it unsurprising that there is enthusiasm for FFW projects, particularly in the more remote areas where IDPs are now returning. Current work norms include 2.5 kg rice/person/half-day, the market value of which is approximately US\$0.75. An equivalent average half-day's casual wage labour, if available, would be US\$2.50. Many proposals for FFW submitted so far have included a partial cash element to be met by the partner agency, but this is rarely the full US\$1.75 'balance'. The self-selection of FFW for the poorest, then, is based on: (a) genuine subsistence needs; (b) the unavailability of cash-wage alternatives; (c) an understanding that the projects selected are an investment for future livelihoods (mostly farm clearance, irrigation, etc.); and (d) a professed desire to engage in communal work.

Recommendation: The evaluation recommends commencement of the FFW programme in Pidie and in inland war-affected areas of Aceh.

By contrast, the FFT project undertaken by WVI in Meulaboh, which focussed on skills training, had been stopped after an internal review by WVI that found that WVI staff did not have the expertise required to conduct this work (and WFP agreed). Similarly, the FFT project undertaken with the NGO Cordaid in Aceh Utara was of questionable effectiveness and appropriateness for several reasons:

- The coastal area of Aceh has been generally well-served in terms of infrastructure support, creating an upturn in labour opportunities. There has been a corresponding decline in interest for 'baseline' FFW ration payments that do not compare well with the cash labour equivalent.
- In this particular project, women were given two days' FFT for a water/hygiene waste management workshop relating to the free provision of latrines and water holders for their houses (provided by Cordaid). However, food itself was not the incentive to attend.
- The proposed expansion of the project would involve FFW for skilled (with additional wage) and unskilled (only food) workers to construct the latrines. The justification for introducing additional food as an income transfer to this particular community was not clear.
- The actual cost to WFP of the project far exceeded a wage equivalent that would be a small percentage of Cordaid's overall costs and presumably therefore affordable to Cordaid's donors. With reference to the cash/food debate, the evaluation believes that a cash scheme in this case would be more appropriate.

Recommendation: The evaluation recommends that WFP does not expand the Cordaid FFW/FFT programme after the completion of the current phase.



The evaluation mission was able to visit road construction and maintenance FFW projects in Sampang district, Madura, where, under the local NGO YAPSI, the project improved access to their NRP programme in the same area(s).¹¹⁸ Likewise, the mission visited similar project sites in Lombok Timur implemented by the local NGO Yayasan Swadaya Membangun. In each case, the efficiency of the partners in explaining work norms, in assuring community participation in the design and execution, and in delivering a standard payment of 2.5 kg rice and 0.15 kg vegetable oil per working day was commendable. Attendance sheets and bi-weekly monitoring reports were comprehensive. The only shortcoming was the level of female participation (as opposed to presence, usually two out of five persons) on the Food Aid Committee; although the evaluation noted that female participation in the actual FFW activities was as high as 60 percent.

5.13 OPSM Trust Fund

5.13.1 Community Development Projects

By the end of August 2006 a total amount of US\$3.2 million had been paid out of the joint WFP/government Trust Fund (generated by OPSM income) to support Community Development Projects. Thus far, some 144 projects at a total value of US\$1.84 million have been completed. The projects are located in Jabotabek, Bandung, Semarang, Surabaya and Madura. Financial support has been directed at a wide range of projects including: public sanitation, water piping network, community centres, libraries and income-generating programmes. Sixty-six more projects for a total value of approximately US\$2.8 million are still in progress and are expected to be completed by the end of 2006. These projects are located in Papua, Central Sulawesi, East Jakarta, Jatabek and Surabaya and involve the rehabilitation of mosques and churches, the construction of a community centre and different water and sanitation projects.

The Trust Fund has also been an opportunity for WFP to access some additional funds for local food purchase. In 2005, US\$4.5 million was used, and in 2006 a further US\$0.02 million. A second contribution of US\$6 million was under consideration by the government at the time of the evaluation.

A Programme Coordination Unit (PCU) oversees the implementation of the Memorandum of Understanding (MOU) at the Coordinating Ministry for People's Welfare. The cost of this, debited to the Trust Fund, is US\$75,000 to date. A contribution of the government to the PRRO 10069.1 in the amount of US\$1 million was also paid out of the Trust Fund Account.

With some US\$9.4 million remaining in the Fund after recent commitments, the possibility to deposit funds in three- or six-month fixed deposit accounts should be carefully evaluated after receiving expert financial advice.

Recommendation: The evaluation recommends that WFP and the Coordinating Ministry for People's Welfare design a strategic outlook that defines choices and priorities for the medium- and long-term future of the Trust Fund.

¹¹⁸ Likewise, YAPSI undertook FFW in Jember District, East Java from March-April 2006 following flash floods and landslides in the area.



Perhaps inevitably, agreement was sometimes difficult to reach, given the number of partners, over defining what kind of projects were appropriate for Trust Fund support and how project submissions were to be made. With the Coordinating Ministry for People's Welfare now the key counterpart, these problems have subsided, and the evaluation found the Fund to be generally well-used and accounted for.

The quality of projects undertaken appears to be good, and the evaluation welcomes the revised 'Guidelines for Community Project Proposals' (November 2005) allowing the use of funds beyond ex-OPSM areas. Under the new guidelines, about 75 percent of new projects¹¹⁹ are within NRP areas, thus increasing levels of complementarity with other WFP programmes. The new government counterpart has also begun to address the issue of long delays in project approval: the average approval time now is three to four weeks.

There are still some outstanding issues with district authorities who have not fully understood the concept of matching funds, and continue to submit projects for full funding.

Recommendation: The evaluation recommends a 'programme site' approach that allows CDPs to address constraints within the NRP (e.g. water provision and latrines to schools, communal latrines next to health centres).

5.13.2 OPSM handover

The OPSM programme was finally closed in December 2005 after a phased withdrawal from 2002 onwards. The evaluation was therefore unable to visit project sites, and obtained only retrospective analysis and views of the process of withdrawal. From these and stakeholder interviews, the following conclusions are drawn:

- The 'handover' of OPSM beneficiaries to the government RASKIN programme was broadly disappointing, due primarily to: (a) a conceptually different approach towards safety net targeting by RASKIN stakeholders (Bappenas, BULOG, PMD/MOHA, and Menkokesra); (b) limited and sometimes erratic RASKIN allocation in OPSM districts; (c) a pre-allocation of RASKIN budget before the WFP phase-out; (d) a different target group and registration for the RASKIN (e.g. exclusion of those without ID cards); and (e) different implementation modalities for RASKIN (e.g. beneficiary lists not necessarily matching the lists prepared by village heads).
- In terms of actual absorption of OPSM beneficiaries, WFP surveys conducted in Semarang and Bandung (closed in 2002) indicated significant inclusion into RASKIN that may not have been the case elsewhere.
- The same OPSM survey showed that a majority of households were forced to cut their household food budget as a result of the OPSM closure.

The action plan for the phase-out, conducted at provincial, district and village levels by WFP and partners (funded from the Trust Fund), was comprehensive and thorough. This process, and the broadcasting of lessons learned from the OPSM programme, may have ramifications beyond the more limited notion of a 'handover' of beneficiaries.

¹¹⁹ There are 27 ongoing projects in Bekasi, Tangerang and Jakarta that fall under the new guidelines.



An examination of the OPSM itself is beyond the scope of this evaluation. A WFP/Menkokesra (Trust Fund) qualitative evaluation of the phase-out in Jabotabek and Surabaya is currently underway.



6 CAPACITY BUILDING AND PARTNERSHIPS

Despite being one of WFP's strategic objectives, capacity building is often defined in the rather limited sense of building the capability of partner agencies to effectively implement WFP's programme. In Indonesia, some efforts have been made to go beyond this, particularly with regard to government-owned mapping of food security and nutrition, although project and field-level capacity constraints are still an impediment to the success of the programme.

6.1 Building government capacity in food security monitoring and nutrition mapping

As outlined previously, WFP-VAM has played a strong leadership role in mapping of food insecurity and nutrition problems in Indonesia, including its involvement in the monthly Early Warning Bulletin¹²⁰ and with the publication of the Food Insecurity Atlas¹²¹ in August 2005 as major milestones. The process of preparing the Atlas has greatly increased the focus on food insecurity issues, as reflected in the fact that recently the Ministry of Finance has allocated US\$33 million to the 100 priority districts that were identified in the Atlas. WFP-VAM has played a key role in building on existing expertise and stimulating and guiding the use of existing databases as input for mapping of food security patterns. WFP has trained more than 90 provincial staff who are now involved in passing on the know-how to their district counterparts. Many districts also have undertaken similar analysis and mapping at sub-district level. The Country Office is confident that even without any further financial support from WFP the Atlas programme will continue. The majority of the provinces have allocated budget from the state funds to undertake district-level training. There may still be a need for technical support to the newly established 'urban food access' section within the Food Security Agency.

The Food Security Agency has branches at province and district level, which are involved in data collection up to sub-district level¹²² as input for decision-making on where and how to improve food security. In addition to the Atlas – and again to encourage decision making at local levels - a Nutrition Map was published in July 2006, which is based on the small-area estimation technique to estimate prevalence of malnutrition at sub-district level in a number of provinces. Again, the challenge is institutional development. WFP will be providing training and post-training technical support to more than 150 provincial staff on Food and Nutrition Surveillance. And again, it will encourage the provincial departments involved in the project to impart training to their district counterparts. Given the enormous national expertise, the encouragement of academic as well as central ministry-level expertise should, and could, be transferred to district levels.

With regard to contracted services for conducting studies on PRRO programme components, such as baseline, mid-term and/or end-line assessments, WFP has found the capacity of local

¹²⁰ The Bulletin collates relevant information on natural disasters, crop failure etc. that is made available by the Meteorology (data on rainfall, earth tremors, etc.) and the Agriculture Department (harvest assessments, crop stress, etc.).

¹²¹ For further information on the content of the atlas, see chapter 1. The atlas is large in size and bilingual (Bahasa Indonesia and English). Because of the high demand for the atlas, the food security agency has published a smaller version in just the Indonesian language.

¹²² The approach and nature of the data is consistent among sub-districts, but the specific indicators depend on availability.



research partners to be variable. There is a general need for good guidance and ongoing dialogue during both the preparation phase and the execution of the studies.

Recommendation: The evaluation recommends that greater attention be paid to the practical challenges of decentralized capacity building in food and nutrition surveillance and an appraisal of precisely where WFP's remit ends and where, in relation to government, UN, ADB/World Bank and bilateral assistance, a convergence of international programme assistance can take place.

Recommendation: The evaluation recommends the creation of an international position for a nutrition expert within the Country Office. This would serve as a focal point for technical matters related to nutrition and for nutrition-focused discussions with experts of the government and other external partners. The person would also have an important role in training and capacity building on nutrition, and for provision of technical guidance to assessments and research projects alongside the nutrition-related PRRO programme components.

6.2 Supporting community-level structures for health care and education

To date, within the health and education sector, capacity building has been restricted to training of staff as and when needed for PRRO implementation. Training courses have been conducted on how to run the WFP programme in terms of who is eligible, what amount of food should be given, how to use of the HNED materials made available by WFP, and how to use the reporting forms.

The problem is that delivering the food can often assume greater importance than delivering the messages on HNED. Capacities for the former have generally been good (and apparently further improved, when necessary, through on-the-job guidance by the CPs), whereas for the latter, staff capacity was found to be limited throughout, from the Country Office down to the schools and *posyandus*. A general complaint from CPs was that their nutritional training was insufficient, especially given the fact that they are often asked to address questions at schools and *posyandus*, and that finding literate cadres is a common challenge.

Some ToT courses on food and nutrition and aimed at CP staff and WFP food monitors have been held since January 2005, often with the involvement of the nutritionist of the WFP Regional Bureau for Asia based in Bangkok. However, the mission found that the information conveyed to the programme beneficiaries generally is limited to very elementary messages, mainly focusing on the provided commodities (fortified biscuits and fortified noodles). The need to improve the HNED element within the NRP has been recognized by the Country Office, and a German government grant has recently been obtained for a comprehensive review and improvement of existing materials for HNED. In general, the mission found that there is a great need to improve awareness among the Indonesian population about the importance of exclusive breast feeding, appropriate complementary feeding practices and good hygiene, and about the function of and needs for vitamins and minerals, the concept of fortification, etc.



6.3 Capacity building within WFP – Monitoring & Evaluation

The evaluation commends the thorough preparation of two RBM-compliant M&E toolkits prepared and distributed to all area and sub-offices in 2005.¹²³

International NGOs in Aceh often have parallel monitoring systems for complementary programmes and do some joint monitoring with WFP staff, but here, as elsewhere in the country, WFP staff is unable to monitor every distribution. A direct database input has not yet been transferred to Surabaya and Lombok. The evaluation found that despite the rationalization of M&E systems and accompanying training among CPs, there was still an excess of ‘vertical’ reporting whereby data were transferred to Jakarta for compilation and analysis, but the results not always relayed back to the field. There is some lack of ownership by CPs and a rather disjointed discussion at regular CP/WFP meetings, where anecdotal rather than empirical evidence is presented. The analysis/report-generation functions within the new WFP web-based Database enable the area/sub-office to undertake their own analysis and provide feedback to the CPs. Training has already been provided and there are now plans to send some simple guidelines for reference. At local government level, regular food-sector coordination should also include the sharing of WFP data.

Recommendation: The evaluation recommends a regular transference of collated and analyzed data to CPs and local government with ‘pointers’ for discussion and improvements at field level. The CO might also consider strengthening the area office in Surabaya to enable data analysis from NTT and NTB to be done at this level rather than Jakarta.

6.4 Building capacity of collaborating partners

Given the large number of CPs, it is understandable that capacity building has largely been geared towards efficient delivery of services and WFP reporting procedures. The ToT for CP staff – and the onward transfer of knowledge to *posyandu* cadres (done at district level) – has generally been good, although refresher courses are currently required because of the high CP staff turnover.

Capacity building for CPs, including RBM, database entry, nutrition and food, and warehouse management, has been consistent and of good quality. Weekly meetings with programme staff and monitors enable up-to-date overviews for all staff. However, WFP has not been able – and, indeed, has neither the capacity nor expertise – to develop a programme around organizational development of local NGOs,¹²⁴ a precondition to effective long-term sustainability of some of the programmes underway, as well as of great value in retaining and developing more than just a ‘delivery’ partnership with WFP.

¹²³ Results Based Monitoring Toolkit for Regional EMOP 10405 (September 2005) is used for GFD/TFFR and FFW/FFT components of the subsequent PRRO, and a revised Toolkit (June 2005) for NRP and TB programmes.

¹²⁴ The forthcoming agreement with American Red Cross in Aceh to work with the PMI in their organizational development may prove an exception.



Recommendation: The evaluation recommends greater engagement of WFP in capacity building on HNED aimed at its own staff, staff of the CPs, and staff of relevant government institutions at district level and below. This can be done through organizing short training courses, arranging exchange visits, and through developing additional educational materials for the NRP programme that deliver key health and nutrition messages to beneficiaries at the *posyandus* and schools.

Recommendation: The evaluation recommends that WFP seek, where possible, assistance in tending to the organizational development needs of CPs, including investment in broader managerial expertise.

6.5 Collaboration with international partners

The evaluation found WFP's lead role in outlining poverty and nutrition issues within the UNDAF process (begun in 2004; the current cycle runs from 2006-2010) to be exemplary. Donors, however, should task UN agencies to work together more closely; the cluster model in Yogyakarta was a welcome exception. The ADB programme presents an interesting opportunity for collaboration with WFP in NTT and NTB in relation to community development funds assigned to nutritional programmes.

Recommendation: The evaluation recommends that WFP work more closely with ADB and with FAO through the Food Security Forum at national and sub-national levels (notably in NTB). More frequent communication and cooperation between WFP and UNICEF are required, particularly at national level where a common strategic approach to nutritional issues has yet to be developed.

The evaluation notes that a change of counterpart government agency (now Menkokesra) has resulted in increased levels of cooperation, particularly at national level. However, the government's decentralization of budgets and decision making to provincial and district levels makes it all the more important to develop relationships and invest in capacity at these levels.



7 LOGISTICS, PIPELINE AND PROCUREMENT

A comprehensive technical report on logistics and procurement is contained in Annex 5. Here, we present only key findings and recommendations.

In general, the evaluation notes an impressive record for the PRRO. The project experienced no bottlenecks, pile-ups or delays and, with the exception of one short pipeline break for biscuits in January 2006, the logistics department managed to deliver consistently in time and place the quantities of food required. The tracking and the monitoring were excellent, thefts non-existent and breakages or loss of commodities extremely rare, well recorded and accounted for.

7.1 Logistics

The PRRO encompasses a number of unique features:

- Food aid is distributed on a daily or monthly basis in well over 5,000 FDPs in eight provinces spanning three time zones¹²⁵ -- the 'retail' nature of the programme is remarkable;
- The diversity of the programmes and the sheer number of distribution points call for an unusually large number of CPs (31 by September 2006) and intervening parties;
- The nature of the funding and the structure of the various programme components require imported food to be locally processed (milling and baking) before distribution;
- The programme currently procures all its food commodities locally (rice, biscuits, noodles, oil and DSM).

Recommendation: To reduce the cost of secondary transport, the evaluation recommends that the different programmes be conducted, as far as feasible, in the same geographical area. If it is not possible to reduce the number of FDPs, at least they should be located closely together.

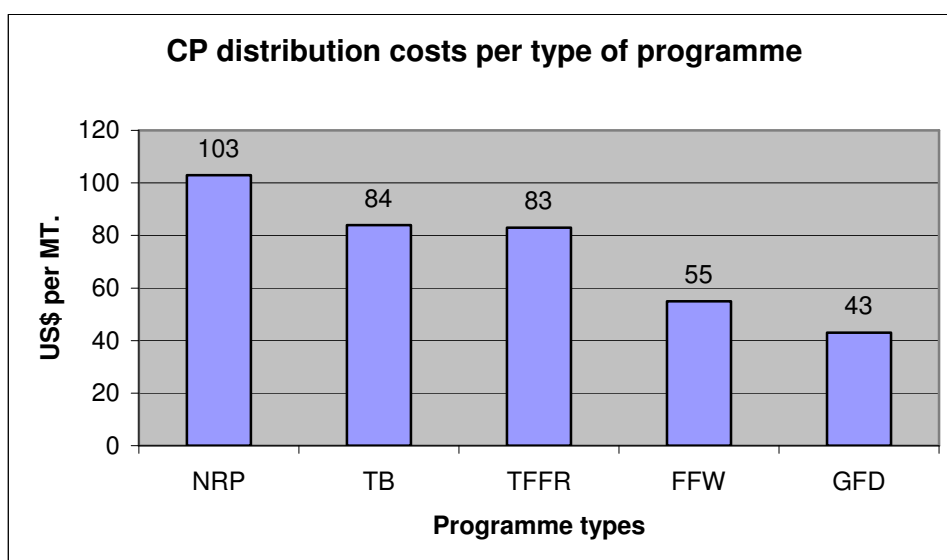
Recommendation: The number of 31 CPs under contract should and can certainly be reduced. To obtain some economy of scale, CPs should be encouraged to combine services. This would reduce their overheads and eventually allow for a better allocation of whatever little ODOC funds are available for training and capacity building.

Recommendation: The approval of the budget submitted by a CP should be conducted as a joint exercise by the WFP programme and logistics services.

¹²⁵ As many as 9,003 FDPs are listed in the M&E database (1,298 in the East, 7,705 in the West). Approximately 5,000 FDPs are considered to be active.



Figure 8: CP distribution costs



Distribution rates paid to CPs according to programme type and modulated for the tonnage volumes contracted. Rates valid for the period July – December 2006.

Table 2: Logistics Overview

Topic	Initial project approved by WFP EB February 2004 (forecast)	Revised project* approved by WFP EB November 2005 and subsequent BRs approved by Chief ODMP (forecast)	Present situation as at 31 August 2006. (reality)
Period	01/07/04 – 30/06/07 36 months	01/01/05 – 31/12/07 36 months	01/01/05 – 31/08/06 20 months
Total food aid commodities	269.568 MT.	316.755 MT.	**81.467 MT
Total WFP cost	115.369.622 US\$	205.270.432 US\$	***67.583.658 US\$
Funding: confirmed contribution	Not applicable	Not applicable	***76.827.936 US\$
Number of beneficiaries:	2.072.800	2.141.000	1.901.000
Number of EDPs	5	12	13

Tsunami Regional EMOP 10405.0 was absorbed into PRRO 10069.1 as from 01/01/06

** Total food commodities: 74.993 MT delivered to CPs over a 20 months period plus 6.474 MT in stock on 31/08/06. Figures from COMPAS.

*** Figures from WINGS as at 04/09/06.



7.1.1 Transport

The organization of the transport posed few problems except in the Banda Aceh, Simeuleu and Nias areas, where dedicated shipping services were organized in the aftermath of the tsunami. WFP organized its own sea transport along the Aceh coast; then from December 2005 to July 2006, WFP took advantage of free sea transport services provided under the MDTF and operated by WFP-SS. Since August 2006, this service has been offered on a cost-recovery basis. WFP has to pay sea freight or charter vessels on an ad-hoc basis. Sea transport along this coast is expensive and should be kept under constant review and monitoring.

Recommendation: The evaluation recommends constant review of sea transport costs; road haulage, when possible, and the use of the government operated ferry services should be evaluated as alternatives to dedicated shipping services.

Secondary transport is, by its nature, expensive and represents a large part of the funds paid out to the CPs. It would be advisable for the CPs to submit in their budget all the details and costs of their transport arrangements – number of trucks rented, anticipated number of days of truck utilization, fuel costs, loading and unloading expenses, trucking schedules and itineraries – in order to have a good understanding of this important cost component.

The evaluation notes very few complaints over procedures in the negotiation and payments under the Letters of Agreement (LOAs) signed with CPs. Given the often substantial amounts of money paid through these contracts, however, it is surprising that for local NGOs it is not a pre-requisite of the LOA that the organization undergo an independent audit.

Recommendation: The evaluation recommends that a requirement of partnership with WFP (included in the LOA) should be that the CP undergoes an independent audit made available to all donors. At the time of entering into a new agreement with WFP, the CPs should be invited to declare all contractual obligations towards other national or international aid agencies.

7.1.2 Warehouse Management

A feature common to all EDPs is the outstanding quality of the warehouse management. Incidents of breakage and petty-theft are almost non-existent. This points to the high standards of storekeeping and security maintained at all times inside and around the EDPs. The management of the warehouses in Jakarta and Pringgabaya has been contracted under a separate contract to the owner of the warehouse.¹²⁶ The rates paid for the management of the warehouse in Jakarta are remarkably innovative and are calculated on the daily quantity of commodities kept in store, the quantity handled in or out and the volume of goods restacked and/or reconditioned. WFP pays only for the services it gets. This approach reduces staff and equipment requirements on the side of WFP to a bare minimum: no warehouse managers, tally clerks, labourers or security guards, and no forklifts, pallets or rack systems. The total transit cost for a 30-day storage period inclusive the handling in and out is US\$15 per MT. This is a

¹²⁶ This is the case with Messrs. PT. Berdikari Logistik - Jakarta and Messrs. PT. Bhandha Ghara Reksa – Jakarta.



comprehensive and very constructive approach which not only keeps WFP involvement low but goes a long way towards capacity building.

Recommendation: The contracting of warehousing management to CPs should be considered as a way to reduce the WFP logistics structure. The organization of training courses for storekeepers and managers on a regular basis should be maintained and be extended whenever possible to CP logistics staff.

7.1.3 Delivery Duty Unpaid (DDU) versus Free Carrier (FCA) supply arrangements

In Indonesia, due to a reliable and secure transport system, DDU deliveries are fully justified and should be encouraged provided the transport costs remain competitive and can be verified. At the same time, DDU deliveries should assist WFP in enhancing the effectiveness of its logistics set-up. It might be interesting to keep track of the transport cost component of DDU supply contracts in order to obtain a better approximation of the true LTSH costing.

7.1.4 LTSH rates

LTSH rates constitute 14 percent of overall programme costs. When comparing the three latest LTSH matrices which were prepared exclusively for the PRRO 10069.1 between December 2004 and June 2006, the matrix calculations indicate that the LTSH rate has risen from US\$71.16 (Dec 2004) to US\$115.89 (December 2005), and then to stabilize at US\$150¹²⁷ in June 2006. This represents a 109 percent increase over a 20-month period. The final transport from the EDP to the FDP and the distribution of the commodities under the care of the CP represents more than 50 percent of the LTSH rate. This is an unusually high percentage and highlights the retail nature of the operation, the difficulty of access and the relatively small number of beneficiaries per distribution site.

The Country Office has stated the following reasons for the increase:

- increase in overall transport costs as a result of fuel price hikes in March and November 2005, affecting the entire transport chain from point of origin to the FDPs;
- higher fixed costs (facility management, storage) for a low tonnage and lower throughput;
- underestimated incidence of high-volume commodities on the transport cost;
- a larger than expected prevalence of biscuit and noodle rations over rice rations;
- merging of the EMOP 10405 with the PRRO 10069.1, with a much higher LTSH rate (US\$189) and discontinuation of the WFP-SS free short sea transport service out of Belawan and Banda Aceh as from 01/08/2006;
- new transport routes as a result of procurement constraints from the Western corridor to the Eastern and Central corridors and vice-versa; and
- annual inflation rate of around 9 percent.¹²⁸

¹²⁷ This US\$150 per MT can be compared with the worldwide global WFP LTSH rate, which for the year 2006 stands at US\$ 147,90 per ton inclusive of extremely costly operations in Sudan and Iraq.

¹²⁸ According to the IMF World Economy Outlook 2006 the annual rate of inflation for emerging market economies is 5 per cent per year for the period 2004 – 2006.



Beyond the fact that all the increases in transport tariffs and distribution costs were entered in the matrix calculations as accurately as possible, the evaluation notes that steep rise in the LTSH rate did not trigger a review, re-alignment or re-adjustment of the PRRO 10069.1 programme. Except for two or three dedicated logistics staff, no other WFP staff members seem to be very familiar with the LTSH calculation matrix. Once the document is prepared it is seldom questioned, challenged, reviewed or effectively used as a management tool. Its primary purpose is apparently to provide guidance and justification for the allocation of donors' funds.

In the same 20-month period, the budgeted average distribution costs quadrupled from US\$21.34 in December 2004 to US\$83.62 in June 2006.¹²⁹ In the Western corridor the increases were much more pronounced. Only a very detailed and comparative study of the CP budgets and rates over the last 24-month period could give a more precise explanation.

Recommendation: The evaluation recommends a detailed analysis of the CPs' budgets over the last 24-month period so as to identify the exact cause of the fourfold rise in distribution costs, which was out of step with the other economy parameters in the country. It also recommends an in-depth analysis of the LTSH rate in order to determine the exact reasons for the steep rise noted since the start of the current project.

7.1.5 Future options

The recommended phased increase of programmes in NTT and NTB (above) should pose no serious logistics problems. NTB and NTT provinces remain within easy reach. However, the roads are narrow in the NTB and NTT provinces and will not allow for high-capacity transport. The extensive use of the smaller Colt-type truck (capacity 5 to 7 MT) will be more appropriate, and will certainly be reflected in the final transport cost. The accurate preparation of the LTSH matrix will shed some interesting light on this and will eventually dictate the most appropriate choices. Storage capacity is in short supply in Lombok and NTT. Rubhalls should provide the solution at little extra cost.

It might be necessary to upgrade Surabaya as a new logistics hub. However, before doing so, Surabaya should be linked to the COMPAS System.

7.2 Pipeline

Despite the low funding ratio, the pipeline quantities have remained adequate during the 20 months that the project has been running. Only one pipeline breakdown occurred in the supply of biscuits, partially disrupting the NRP programmes in January 2006. Production failures at one biscuit factory caused a major delay in the biscuit delivery schedules. Other biscuit factories were unable to step in at short notice. Biscuit supplies to the schools came to a halt for six weeks, but owing to the school holidays schoolchildren missed their biscuits for a period of four weeks only.

¹²⁹ Summary LTSH costs December 2004 US\$ 5.685'703 /. 266.437 MR = US\$21.34.
Summary LTSH costs June 2006 US\$ 18.468.480/. 220.860 MT = US\$ 83.62.



Good use has been made of swap, borrowing or transfer facilities from other projects. The facility to draw consignments of rice from the most nearby BULOG warehouse adds to the fluidity of the pipeline. Indeed, the evaluation found the WFP warehouses in Lombok and Kupang to be overstocked with noodles and biscuits, which creates storage problems in the face of limited warehousing facilities. Otherwise the pipeline situation will remain sound throughout 2006.

7.3 Local Procurement

During the first 20 months of the project, WFP Indonesia procured a total quantity of some 46,900 MT of food commodities locally for a total value of some US\$27.5 millions, made up as follows:

Commodity	Quantity in MT.	Value in US\$ (FCA and DDU)	
Noodles	8.195	6.427.522	
Biscuits	9.082	9.992.495	
Rice	27.650	9.421.895	
DSM	159	554.115	
Sugar	80	54.754	
Vegetable Oil	1.735	1.055.221	
sub total	46, 901	27,506, 002	
Commodity Exchange			
Biscuits	2,873	3,123,000	Derived from in-kind wheat of 9,430 MT (2005) and AU wheat of 7,668 MT (2006)
Noodles	2,682	1,902,386	Derived from in-kind CDN wheat of 11,138 MT (2006)
sub total	5,555	5,025,386	
GRAND TOTAL	52,456	32,531,388	

The evaluation found that guidelines set out in this respect in the MOU signed between the government and WFP have been fully complied with. The processing and production of food aid have at all stages been closely monitored by superintendent companies for quality and quantity. All the WFP procedures in respect of tender and award procedures have been strictly applied throughout. The list of potential local food suppliers is kept sufficiently large so as to guarantee secure and flexible supply channels at all times.

The local procurement policy has at times been questioned by some during the course of the PRRO, on the assumption that commodities could be procured more cheaply overseas. This was mainly the case with biscuits. Considering the provisions of the MOU signed between the government and WFP, there was little justification for such questions to be raised. Given identical specifications, locally procured noodles turn out to be substantially cheaper than imported noodles (e.g. from China).¹³⁰ For biscuits, the difference in price has been steadily

¹³⁰ Noodles procured on DDU Kupang basis from PT Olaga Foods in Medan cost price US\$868/MT against US\$1.260/MT imported from China.



narrowing over the length of the project. In May 2006 there was, depending on the final EDP destination, still a price difference of US\$200-250 per MT in favour of imported biscuits. However, by September 2006 the tender procedures for the procurement of a consignment of 765 MT of biscuits destined for Surabaya and Kupang revealed that the price gap had narrowed to only 1.78 percent in favour of biscuits imported from overseas.¹³¹ The continuous monitoring of the price of noodles and biscuits procured at regional level, and cross-checking these with the price of locally procured commodities, translates into a sound commercial approach on the part of WFP.

Moreover, leaving strict costing considerations aside, there are good reasons for retaining local procurement:

- Fortified noodles, biscuits and vegetable oil must comply with the standards set at national level, same with the '*halal*' certification.
- The specifications for biscuits in terms of fortification and micronutrients have been jointly designed with the Ministry of Health and the WFP nutritionists.
- Local procurement offers the added advantage of DDU delivery savings on transshipment time and warehousing costs, allowing for increased operational effectiveness and 'just in time' deliveries.
- The WFP Indonesia donor community is strongly in favour of local procurement and so is the World Bank, provided that local prices do not diverge too much from international market prices.
- In the event of an exit strategy, local procurement enhances the chances that similar products will one day become commercially viable.
- There is no assurance that commodities imported from overseas will promptly receive the necessary waivers from the authorities, which could result in costly clearance delays at the ports and disastrous consequences for the food pipeline.
- International procurement adds three to four months to the supply chain, whilst local procurement allows for very short lead-time and great flexibility.
- Throughout Java and Sumatra, there is a well-developed and modern food production capacity supported by a transport system (road and short sea) offering excellent transit times at competitive prices.

Finally, a few anomalies between the WINGS and COMPAS tonnage figures are noted in Annex 5.

¹³¹ Average cost price for 765 MT locally procured biscuits from Tiga Pilar factory in Sragen/Solo destined for DDU Surabaya and DDU Kupang : US\$1.164/MT against US\$1.143/MT average cost price for imported biscuits.



8 CONCLUSIONS

The evaluation was impressed by the dedication and professionalism of WFP staff and partners in designing and executing a highly complex programme in such a large country. A realistic appraisal of limitations has led to an increasing focus on nutritional interventions within the scope and funding of WFP, combined with innovative approaches to influencing government policy through increasingly sophisticated and robust food security and nutrition mapping, and WFP's central role in anticipating and responding to natural disasters.

Programme shortcomings noted in this report are already well understood by WFP management. The CPs and government partners in particular have commended WFP's open dialogue with respect to dilemmas inherent in facing widespread chronic poverty and related nutritional problems with limited resources. The evaluation has approached the debate over an urban or rural focus – or, indeed, whether this should be an 'either/or' decision – with a degree of caution. There is strong evidence to support an expansion of programmes in both areas, but the evaluation has concluded that a 'frontline' rural emphasis may yield greater returns in terms of encouraging donors and government alike to resource and build the capacity of a still tenuous decentralized governance system. Key to this will be convergence of programmes and increased cooperation among all stakeholders. WFP is already well-placed and has been commended for its efforts for increased collaboration between the UN and international NGOs.

The challenge remains to persuade donors in particular of the important role WFP plays in addressing and highlighting nutritional concerns. The evaluation found a still-widespread assumption that WFP is primarily an 'emergency food aid' agency whose role in nutritional intervention is marginal. Yet the thorough engagement of WFP at all levels policy, intervention and advocacy belies this notion.



9 RECOMMENDATIONS

9.1 General

1. Retain an emphasis on micronutrient interventions, and corresponding advocacy and training, along with a flexible response to emergencies as they arise.
2. Continue a lead role in mapping of food insecurity and malnutrition among the rural population of Indonesia together with government and other relevant stakeholders, and advocate for more data collection and dissemination on the food security condition of urban poor.
3. Continue to implement the NRP in some selected urban poor areas of Jabotabek, preferably through NGO partners that specifically target this group and that also provide complementary support such as infrastructure, water and sanitation, income generating activities, etc.
4. For the NRP programme in rural areas, focus on strengthening systems providing education and health services. Integrate WFP food assistance programmes with others such as FRESH, the school-based health system (UNICEF), and, to a lesser extent, the Positive Deviance programme implemented through the *posyandu*.
5. Continue to reduce the caseload in Aceh, retaining the TFFR programme in TLCs/barracks and increasing the caseload in conflict-affected inland areas.
6. Continue the NRP programmes (SF and MCN) in Aceh, subject only to new earmarked funds.
7. Close all urban NRP programmes in Surabaya and Makassar by mid-2007, and a phased reduction of the NRP programme in slum areas of Jabotabek (Greater Jakarta) by the end of 2007. TB programmes in these areas should be retained, subject to revised food basket and modalities.
8. Implement a phased increase and extended coverage of approximately 25 percent of NRP in Madura (beyond and within the current programme in Sampang District), Central, East and West Lombok, and in NTT. IN addition, further explore extending the programme to Bondowoso District (East Java), subject to resources.
9. Distribute DSM only in settings where preparation and consumption can be strictly controlled.

9.2 School Feeding

1. Undertake regular (e.g. twice yearly) assessment of stunting levels among children in Grade 1 for all schools included in the SF programme.
2. Extend the SF programme to children in kindergartens that are attached to a primary school enrolled in the SF programme.
3. Discontinue the SF programme in urban and peri-urban areas where acceptance is low and where school children prefer to buy snacks during the school breaks.
4. Increase the efficiency of the SF programme through increased focus on health and nutrition education directed at the school children -- develop a more detailed Training of Trainers curriculum and redesign and/or produce additional HNED teaching materials. Continue to advocate for mass de-worming interventions at schools covered by the SF programme.
5. Promote greater convergence, including joint planning and co-ordination, of the NRP-SF programme with interventions conducted by other stakeholders to support the primary



education system in Indonesia. Maintain a specific focus on water/sanitation and health and nutrition education at schools.

6. Repeat the study on effectiveness of the SF programme among school children (included in the SF programme in Aceh), with some improvements with regards to the methodology for testing changes in cognitive performance.
7. Undertake pilot studies (e.g. in Aceh, where WFP's funding base is stronger) on school feeding based on locally produced healthy snacks or meals in line with the former PMT-AS, with the interesting option to add multi-micronutrient powder to the snacks.

9.3 NRP - posyandu

1. Study further the extent to which the home sharing of noodles dissipates their effectiveness.
2. Continue biscuits for young children one to five years of age, but consider replacing the noodles for pregnant and lactating mothers with another cheaper food ration (e.g. rice and/or vegetable oil) as incentive for attendance combined with a multi-micronutrient powder (sprinkles).
3. Provide an adequately fortified instant porridge for children aged 6-11 months as part of the NRP-*posyandu* programme.
4. Promote greater convergence between WFP programme categories and between similar programmes implemented by government and NGOs at provincial and district levels. Encourage district authorities to map assistance according to levels of coherence rather than geographical equity.

9.4 TB programme

1. Continue and further expand the TB programme, but review the composition of the food basket according to objectives.
2. Start food distribution to TB patients as soon as the first course of medication is provided.
3. Establish a system of regular and systematic monitoring of the outcomes of the TB programme, which preferably should include data from some 'control' clinics not under the WFP programme.
4. Commission a further study of the effectiveness of the WFP TB programme, specifically on the effect of the food assistance on DOTS treatment success rates.
5. Focus on an exit strategy for the TB programme emphasizing the role of national and local government bodies.
6. Explore the feasibility of providing FFT for TB patients as an incentive for them to join counselling on HIV/AIDS, after which they may decide to be tested.

9.5 Emergency/protracted relief programmes

1. Consider more carefully the Terms of Reference for a Rapid Needs Assessment. If there are restrictions imposed on which commodities to use, alternative commodities (e.g. biscuits/noodles) should only be used in a restricted manner for their designated purpose and not as a blanket family ration or as a substitute for staple foods.
2. Accompany the transition from GFD to TFFR with greater attention to targeting practices based on a combination of indicator- and community-based screening processes.



9.6 Food for Work/Food for Training

1. Streamline/simplify the reporting forms for FFW, with due regard for the costs of preparing, completing, submitting, analysing and processing all these forms.
2. Commence the FFW programme in Pidie and in inland war-affected areas of Aceh.
3. Do not expand the Cordaid FFW/FFT programme after the completion of the current phase.
4. Apply more stringent appraisal of FFW/FFT programmes in coastal areas of Aceh.

9.7 CDP-Trust Fund

1. In collaboration with the Coordinating Ministry for People's Welfare, design a strategic outlook that defines choices and priorities for the medium- and long-term future of the Trust Fund.
2. Develop a 'programme site' approach that allows CDPs to address constraints within the NRP (e.g. water provision and latrines to schools, communal latrines next to health centres) and ex-OPSM areas as well as in other areas, as prioritized by community targeting and jointly approved by WFP and the Government of Indonesia (Steering Committee).

9.8 Capacity Building & Partnerships

1. Pay greater attention to the practical challenges of decentralized capacity building in food and nutrition surveillance and an appraisal of precisely where WFP's remit ends and where, in relation to government, UN, ADB/World Bank and bilateral assistance, a convergence of international programmes assistance can take place.
2. Create an international position for a nutrition expert within the Country office, as the focal point for technical matters related to nutrition, including an important role in training and capacity building on nutrition and for provision of technical guidance to assessments and research projects alongside the nutrition-related PRRO programme components.
3. Provide for the regular transfer of collated and analysed data to CPs and local government with 'pointers' for discussion and improvements at field level. The Country Office might also consider strengthening the area office in Surabaya to enable data analysis from NTT and NTB to be done at this level rather than Jakarta.
4. Seek greater engagement of WFP in capacity building on HNED aimed at its own staff, staff of the CPs, and staff of relevant government institutions at district level and below, to be done through organizing short training courses, arranging exchange visits, and through developing additional educational materials for the NRP programme that delivers key health and nutrition messages to beneficiaries at the *posyandus* and schools.
5. Seek, where possible, assistance in tending to the organizational development needs of CPs, including investment in broader managerial expertise.
6. Work more closely with ADB and with FAO through the Food Security Forum at national level and sub-national levels (notably in NTB). Promote more frequent communication and cooperation between WFP and UNICEF, particularly at national level where a common strategic approach to nutritional issues has yet to be developed.



9.9 Logistics, Pipeline and Procurement

1. Conduct different programmes in the same geographical area. If it is not possible to reduce the number of FDPs at least they should be located closely together.
2. Reduce the number of CPs, encouraging them to combine services
3. Assure that budget approval submitted by a CP is conducted as a joint exercise by the WFP programme and logistics services.
4. Review on a regular basis sea transport costs road haulage (when possible) and the use of the government-operated ferry services (to be evaluated as alternatives to dedicated shipping services).
5. CPs, especially local NGOs, should undergo an independent audit made available to all donors. At the time of entering into a new agreement, CPs should be invited to declare all contractual obligations towards other national or international aid agencies.
6. Consider contracting of warehousing management to CPs as a way to reduce the WFP logistics structure. Organize training courses for storekeepers and managers on a regular basis, and extended whenever possible to CP logistics staff.
7. Conduct a detailed analysis of the CPs' budgets over the last 24-month period to identify the exact cause for the fourfold rise in distribution costs
8. Conduc an in-depth analysis of the LTSH rate to determine the reasons for the steep rise noted since the start of the current project.



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Annex 1: Tables relating to nutritional status

Table 3 Provinces with highest underweight prevalence

The seven provinces with the highest prevalence of underweight among under-fives (>30%^a), prevalence of underweight in provinces and urban poor populations where the NSS collected data, the number of priority districts that the Food Insecurity Atlas identified (100 out of the country's 265 districts) among all districts in the province, and whether WFP works in the province.

Province	% of under-fives underweight (Susenas 2002)	Under-fives underweight (NSS Sept '02-Sept '03)	nr of priority districts according to Food Insecurity Atlas	WFP programme in the province or city
<i>Provinces with highest underweight prevalence</i>				
Gorontalo (Sulawesi)	42.0		2 of 2	No
NTT	38.8	44.4 ^b	12 of 13	Yes
NTB	37.8	40.0 ^c ; 41.0 ^b	6 of 6	Yes
Aceh	35.2	49.3 ^d	4 of 11	Yes
Kalimantan Barat	33.2		8 of 8	No
Kalimantan Tengah	31.9		0 of 5	No
Kalimantan Selatan	30.2		3 of 9	No
<i>Rural population of provinces included in NSS</i>				
South Sulawesi	29.1	40.0	4 of 22	No
East Java	25.5	33.1	8 of 29	Yes
Central Java	25.0	29.7	1 of 19	No
Lampung	24.2	31.6	4 of 8	No
Banten	20.5	33.6	2 of 4	No
West Java	21.5	27.2	0 of 16	No
<i>Urban poor population included in NSS</i>				
Jakarta – urban poor	n.a. ^e	35.6	n.a. ^c	Yes
Surabaya – urban poor	n.a.	39.8	n.a.	Yes
Makassar – urban poor	n.a.	48.1	n.a.	Yes, NRP-SF
Semarang – urban poor	n.a.	33.9	n.a.	No

^a National average of underweight among under-fives: 25.8%. Prevalences above 30% are highlighted.

^b Source: WFP/ECHO/SEAMEO. Rapid Nutritional Assessment among children 6-59 months and women of reproductive age in West Nusatenggara and East Nusatenggara provinces, Jun '05. Jakarta, Nov 2005.

^c The NSS collected data on Lombok island only, thus from 3 of the 6 districts, representing 75% of NTB's population.

^d Source: UNICEF/CNDRF/SEAMEO. Second Health and Nutrition Assessment in Nanggroe Aceh Darussalam Province and Nias Island, Sept '05.

^e not available



Table 4: Nutritional status indicators

Nutritional status indicators among children aged 0-59 months, in the NSS sample (average of the period: Sept '02 – Sept '03) and later representative surveys in NTB, NTT, Aceh & Nias, and Makassar^a

		anemia (Hb<11g/dL)	stunting (HAZ<- 2SD)	severe stunting (HAZ<-3SD)	wasting (WHZ<- 2SD)	severe wasting (WHZ<-3SD)	underweight (WAZ<-2SD)	severe underweight (WAZ<-3SD)
Rural	Weighted average, NSS	52.1	32.4	9.0	6.0	0.5	31.2	5.1
	Lampung	52.1	31.8	7.6	5.2	0.3	31.6	4.5
	Banten	62.2	31.0	10.1	8.0	0.5	33.6	7.0
	West Java	52.8	30.2	8.2	5.1	0.3	27.2	4.3
	Central Java	50.9	29.7	7.3	6.2	0.5	29.7	4.3
	East Java	48.4	33.2	9.8	6.7	0.6	33.1	5.7
	Lombok	70.2	48.5	16.0	5.0	0.4	40.0	7.7
	South Sulawesi	54.0	42.1	11.4	5.0	0.3	37.3	6.0
	NTB (Jun '05) ^b	66.3	45.7	16.9	5.9	0.3	41.0	8.1
	NTT (Jun '05) ^b	56.1	42.9	16.7	11.0	1.4	44.4	13.8
	Soe, NTT (Apr- May '06) ^c	55.4	57.4	22.0	9.5	1.6	55.5	13.6
	Aceh & Nias (Sept '05) ^d	50.2	40.2		8.9	0.8	44.2	
Urban poor	Weighted average, NSS	62.1	30.0	7.4	10.2	0.8	37.1	6.7
	Jakarta	63.7	28.1	6.2	9.8	0.7	35.6	6.2
	Semarang	65.1	29.0	7.2	9.1	0.8	33.9	5.4
	Surabaya	56.2	31.4	8.9	12.0	1.0	39.8	8.0
	Makassar	64.0	45.7	14.0	8.8	0.4	48.1	10.0
	Makassar (Oct- Nov '03) ^e	61.9	40.5	12.2	11.2	0.7	47.4	10.9
	Makassar (Sep- Oct '05) ^e	58.6	43.0	12.2	10.7	1.2	47.3	11.0

^a The highest prevalences are highlighted (>60% for anemia, >40% for stunting, >10% for wasting, >1% for severe wasting, >40% for underweight).

^b Source: WFP/ECHO/SEAMEO. Rapid Nutritional Assessment among children 6-59 months and women of reproductive age in West Nusatenggara and East Nusatenggara provinces, Jun '05. Jakarta, Nov 2005. Note that this survey was conducted among children aged 6-59 mo.

^c Source: Survey in Soe, West Timor by CWS/HKI, Apr-May '06.

^d Source: UNICEF/CNDRF/SEAMEO. Second Health and Nutrition Assessment in Nanggroe Aceh Darussalam Province and Nias Island, Sept '05.

^e Source: CWS/HKI. Nutrition and Health Survey among urban poor in Makassar, South Sulawesi – Comparison of situation in Sept-Oct 2003 to Sept-Oct 2005. Jakarta, 2006.



Table 5: Nutritional status indicators among children aged 12- 23 months

Nutritional status indicators among children aged 12- 23 months, in the NSS sample (average of the period: Sept '02 – Sept '03) and later representative surveys in NTB, NTT, Aceh & Nias, and Makassar^a

		anemia (Hb<11g/dL)	stunting (HAZ<- 2SD)	severe stunting (HAZ<-3SD)	wasting (WHZ<- 2SD)	severe wasting (WHZ<-3SD)	underweight (WAZ<-2SD)	severe underweight (WAZ<-3SD)
Rural	Weighted average, NSS	63.1	37.0	10.0	11.5	1.0	38.2	6.5
	Lampung	64.9	36.8	9.0	10.3	0.7	39.0	6.0
	Banten	75.9	32.6	10.2	17.2	1.3	43.6	9.8
	West Java	61.4	33.8	8.8	10.0	0.8	33.3	5.4
	Central Java	63.3	32.3	8.2	11.8	1.2	34.7	5.2
	East Java	59.9	38.7	10.4	12.6	1.1	40.6	7.0
	Lombok	79.4	59.9	22.0	9.0	0.8	50.8	10.6
	South Sulawesi	66.4	51.9	14.9	9.5	0.8	48.2	8.1
	NTB/NTT (Jun '05) ^b	74.1	43.3		16.3		48.0	
	Soe, NTT (Apr- May '06) ^c	60.6	64.6	25.7	14.0	4.1	67.7	17.7
	Aceh & Nias (Sept '05) ^d	60.4	44.6		14.1		49.3	
Urban poor	Weighted average, NSS	69.3	34.7	8.2	19.6	1.8	46.9	9.3
	Jakarta	70.0	33.3	6.8	19.2	1.5	46.3	8.8
	Semarang	73.5	37.0	9.6	15.6	1.9	41.0	6.6
	Surabaya	64.1	31.8	8.1	22.5	2.6	47.6	10.2
	Makassar	77.9	57.3	20.5	19.2	1.0	61.8	16.6
	Makassar (Oct- Nov '03) ^e	79.2	45.2	13.3	25.8	1.1	60.9	16.5
	Makassar (Sep- Oct '05) ^e	65.9	49.8	14.2	21.5	2.4	58.3	15.8

^a The highest prevalences are highlighted (>70% for anemia, >40% for stunting, >12% for wasting, >1% for severe wasting, >50% for underweight).

^b Source: WFP/ECHO/SEAMEO. Rapid Nutritional Assessment among children 6-59 months and women of reproductive age in West Nusatenggara and East Nusatenggara provinces, Jun '05. Jakarta, Nov 2005. Note that the data for this age group were not reported separately for NTB and NTT, nor was the prevalence of severe malnutrition indicated for this age group.

^c Source: Survey in Soe, West Timor by CWS/ HKI, Apr-May '06.

^d Source: UNICEF/CNDRF/SEAMEO. Second Health and Nutrition Assessment in Nanggroe Aceh Darussalam Province and Nias Island, Sept '05.

^e Source: CWS/HKI. Nutrition and Health Survey among urban poor in Makassar, South Sulawesi – Comparison of situation in Sept-Oct 2003 to Sept-Oct 2005. Jakarta, 2006



Table 6: Nutritional status indicators among non-pregnant mothers

Nutritional status indicators among non-pregnant mothers in the NSS sample (average of the period: Sept '02 – Sept '03) and later representative surveys in NTB, NTT, Aceh & Nias, and Makassar^a

		anemia (Hb<12g/dL)	Chronic energy deficiency (BMI<18.5kg/m ²)	overweight and obesity (BMI>=25kg/m ²)
Rural	Weighted average, NSS	24.3	12.4	19.1
	Lampung	28.2	13.2	16.4
	Banten	31.4	12.2	19.4
	West Java	23.5	9.7	22.7
	Central Java	24.3	12.8	17.9
	East Java	21.7	14.3	19.7
	Lombok	29.3	12.8	12.4
	South Sulawesi	27.9	10.5	18.5
	NTB (Jun '05) ^b	30.5	11.1	23.9
	NTT (Jun '05) ^b	26.4	19.3	13.0
	Soe, NTT (Apr-May '06) ^c	28.0	32.0	4.7
	Aceh & Nias (Sept '05) ^d	27.9	8.3	29.0
Urban poor	Weighted average, NSS	27.4	12.6	27.0
	Jakarta	32.9	11.5	26.2
	Semarang	29.1	12.8	28.7
	Surabaya	20.6	12.8	27.3
	Makassar	36.6	14.4	19.7
	Makassar (Oct-Nov '03) ^e	36.7	17.8	21.4
	Makassar (Sep-Oct '05) ^e	34.1	16.0	22.9

^a The highest prevalences are highlighted (>30% for anemia, >15% for chronic energy deficiency, and >25% for overweight and obesity).

^b Source: WFP/ECHO/SEAMEO. Rapid Nutritional Assessment among children 6-59 months and women of reproductive age in West Nusatenggara and East Nusatenggara provinces, Jun '05.

^c Source: Survey in Soe, West Timor by CWS/ HKI, Apr-May '06

^d Source: UNICEF/CNDRF/SEAMEO. Second Health and Nutrition Assessment in Nanggroe Aceh Darussalam Province and Nias Island, Sept '05.

^e Source: CWS/HKI. Nutrition and Health Survey among urban poor in Makassar, South Sulawesi – Comparison of situation in Sept-Oct 2003 to Sept-Oct 2005. Jakarta, 2006



Annex 2: Beneficiary numbers

Table 7: Beneficiary numbers for NRP-SF

Year	Month	Aceh	Jabo-tebek	East Java	Madura	Makassar	NTB (Lombok)	NTT (West Timor)	Total
2005	Jan	0	29,618	0	0	0	0	0	29,618
	Febr	0	29,652	0	0	0	0	0	29,652
	March	0	71,165	13,657	17,862	41,816	40,375	41,958	226,833
	April**	0	29,618	0	0	0	40,375	0	69,993
	May	0	69,496	13,657	17,862	42,932	40,375	37,990	222,312
	June	0	69,823	13,592	18,184	43,558	40,227	37,990	223,374
	July	0	70,423	13,569	19,078	43,131	39,883	37,490	223,574
	August	0	70,932	13,569	19,078	43,986	39,712	38,658	225,935
	Sept	0	71,383	14,151	18,668	43,986	52,349	39,232	239,769
	Oct***	0	0	0	0	0	0	39,291	39,291
	Nov	0	73,038	14,121	18,449	45,245	61,439	36,716	249,008
	Dec	0	73,137	14,129	18,736	45,245	61,439	39,416	252,102
2006	Jan	357,000	73,252	14,189	18,736	45,090	61,386	39,578	609,231
	Febr	357,000	73,554	14,094	18,771	45,508	61,433	39,475	609,835
	March	335,543	74,266	13,839	18,998	45,103	61,621	39,623	588,993
	April	361,535	74,038	13,839	18,998	45,154	61,547	39,656	614,767
	May	350,621	73,849	13,969	18,998	45,159	61,425	39,762	603,783
	June	365,062	73,844	14,069	18,943	45,074	61,690	39,884	618,566
	July	300,146	56,892	14,069	19,020	44,894	36,654	40,469	512,144
	August	300,363	57,568	14,069	19,020	46,083	61,668	40,449	539,220
	Sept	306,854	59,288	14,648	18,117	46,041	62,182	41,564	548,694

* Figures taken from food release notes (50 g biscuit daily ration for students and teachers)

** Positioning for April 2005 was affected by the GoI rice import ban.

*** Schools were closed because of Ramadan; food delivery took only place in NTT (non-Muslim)

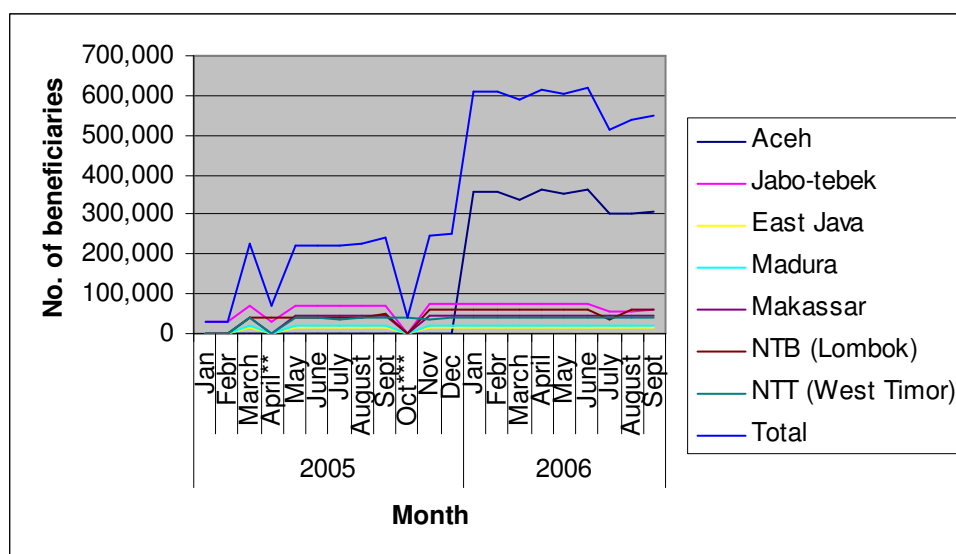




Table 8: Beneficiary numbers for TB programme

Year	Month	Aceh	Jabo-tebek	East Java	Madura	Makassar	NTB (Lombok)	NTT (West Timor)	Total
2005	Jan	0	3,487	0	0	0	0	0	3,487
	Febr	0	3,379	0	0	0	0	0	3,379
	March	0	3,493	0	0	0	0	0	3,493
	April	0	3,363	0	0	0	0	0	3,363
	May	0	7,668	3,470	0	0	0	0	11,138
	June	0	9,348	2,703	0	0	0	0	12,051
	July	0	8,665	2,717	0	0	0	0	11,382
	August	0	10,380	2,773	0	0	0	0	13,153
	Sept	0	10,430	2,711	0	0	0	0	13,141
	Oct	0	11,513	2,999	0	0	0	0	14,512
	Nov	0	12,151	3,208	0	0	0	0	15,359
	Dec	0	12,569	3,192	0	0	0	0	15,761
2006	Jan	0	12,338	5,067	0	0	0	0	17,405
	Febr	0	12,500	2,800	0	0	0	0	15,300
	March	0	12,209	2,858	0	0	0	0	15,067
	April	0	12,865	3,229	0	0	0	0	16,094
	May	0	13,334	3,100	0	0	0	0	16,434
	June	0	13,976	3,138	0	0	0	0	17,114
	July	0	14,816	3,296	0	0	0	0	18,112
	August	0	15,422	3,294	0	0	0	0	18,716
	Sept	0	15,606	3,266	0	0	0	0	18,872

* Figures taken from WFP food release notes

(rations for patients plus staff; addition of 5 kg noodles to the 10 kg rice monthly ration from November 2005 onwards)

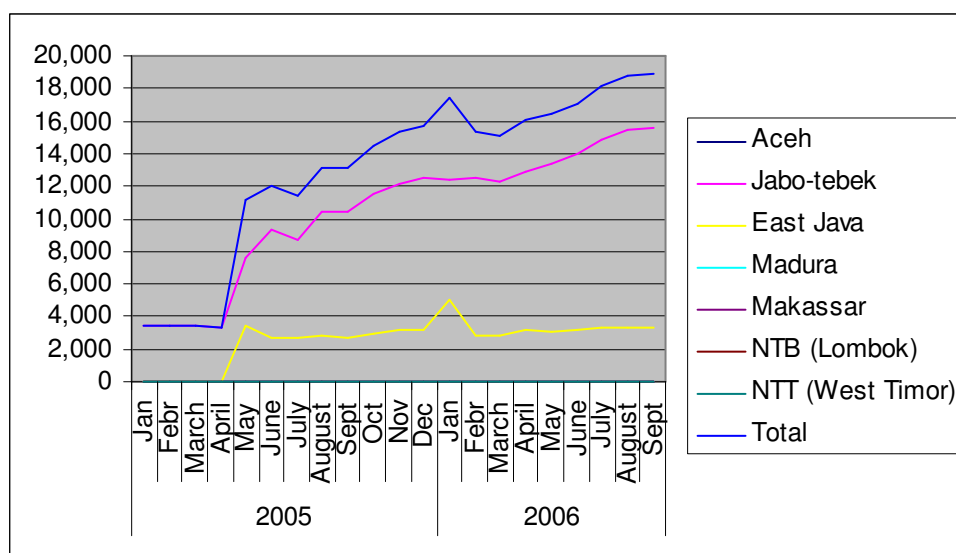




Table 9: Beneficiaries NRP-posyandu, children aged 12-59 months

Year	Month	Aceh	Jabo-tebek	East Java	Madura	Makassar	NTB (Lombok)	NTT (West Timor)	Total
2005	Jan	0	27,801	0	0	0	0	0	27,801
	Febr	0	18,443	0	0	0	0	0	18,443
	March	0	61,213	13,940	29,584	0	20,362	26,098	151,197
	April**	0	31,224	0	0	0	20,259	0	51,483
	May	0	63,662	15,645	30,250	0	21,769	26,097	157,423
	June	0	67,172	17,486	36,386	0	23,211	26,254	170,509
	July	0	66,035	19,084	42,690	0	25,556	25,927	179,292
	August	0	73,455	19,324	48,436	0	25,019	27,777	194,011
	Sept	0	78,478	19,600	53,474	0	34,559	30,027	216,138
	Oct	0	81,950	18,838	52,441	0	42,385	30,060	225,674
	Nov	0	84,594	18,440	53,254	0	47,577	31,566	235,431
	Dec	0	85,964	18,973	53,739	0	47,425	32,939	239,040
2006	Jan	30,765	88,621	17,765	51,255	0	49,911	31,282	269,599
	Febr	38,700	88,481	18,097	54,190	0	50,375	33,091	282,934
	March	33,988	86,824	18,663	54,264	0	52,763	33,587	280,089
	April	62,135	87,535	20,075	53,318	0	53,690	34,178	310,931
	May	70,663	87,731	20,567	54,392	0	54,686	35,059	323,098
	June	59,440	87,704	19,277	49,456	0	55,785	35,247	306,909
	July	66,695	82,790	18,633	47,256	0	56,886	35,940	308,200
	August	63,423	59,180	19,624	46,443	0	57,162	33,156	278,988
	Sept	65,580	59,228	20,717	43,107	0	57,105	32,996	278,733

* Figures taken from WFP food release notes (50 g biscuit daily ration for children)

** Positioning for April 2005 was affected by the GoI rice import ban.

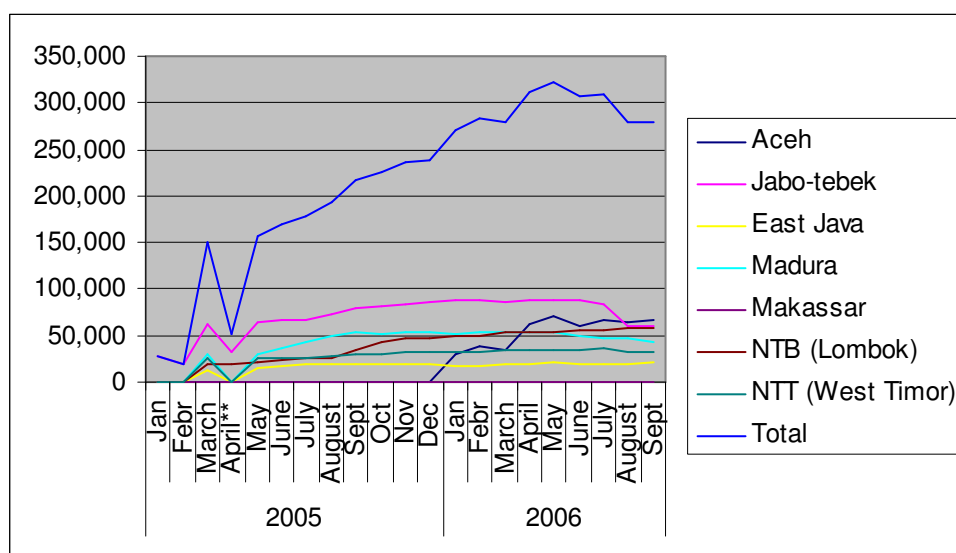


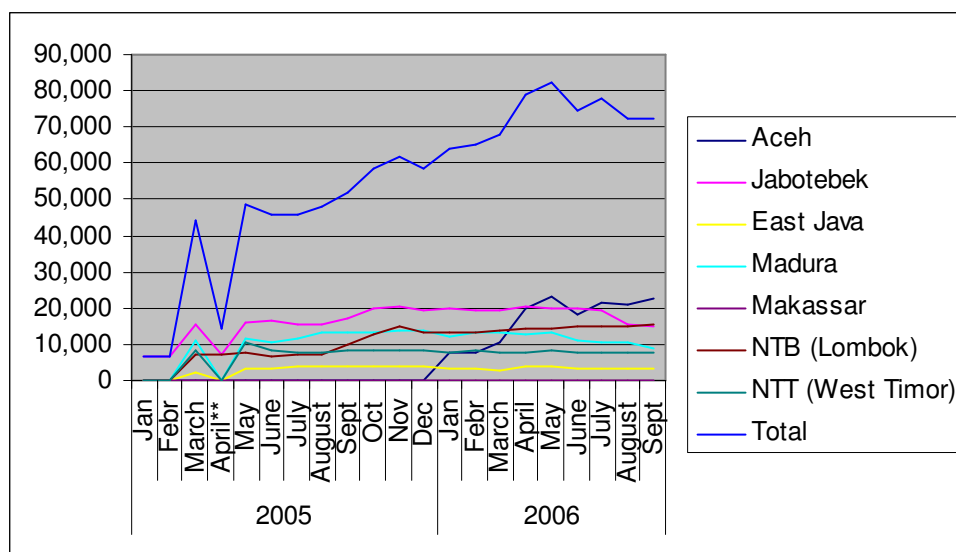


Table 10: Beneficiaries of NRP-posyandu, pregnant women and lactating women within 6 months after delivery

Year	Month	Aceh	Jabotebek	East Java	Madura	Makassar	NTB (Lombok)	NTT (West Timor)	Total
2005	Jan	0	6,703	0	0	0	0	0	6,703
	Febr	0	6,509	0	0	0	0	0	6,509
	March	0	15,277	2,358	10,988	0	7,233	8,368	44,224
	April**	0	7,269	0	0	0	7,233	0	14,502
	May	0	15,801	3,089	11,566	0	7,783	10,286	48,525
	June	0	16,731	3,499	10,487	0	6,675	8,378	45,770
	July	0	15,476	4,004	11,782	0	7,033	7,652	45,947
	August	0	15,732	4,072	13,050	0	7,312	7,870	48,036
	Sept	0	16,941	3,866	13,139	0	9,787	8,083	51,816
	Oct	0	20,084	4,089	13,417	0	12,856	8,227	58,673
	Nov	0	20,287	3,927	13,760	0	15,144	8,461	61,579
	Dec	0	19,130	3,966	13,845	0	13,147	8,313	58,401
2006	Jan	7,691	19,831	3,405	12,148	0	13,285	7,702	64,062
	Febr	7,691	19,436	3,291	13,060	0	13,412	8,367	65,257
	March	10,446	19,548	2,998	13,174	0	13,796	7,869	67,831
	April	19,811	20,537	3,962	12,909	0	14,243	7,742	79,204
	May	22,967	19,887	4,139	13,019	0	14,210	8,095	82,317
	June	17,968	19,784	3,212	10,930	0	14,742	7,701	74,337
	July	21,495	19,501	3,249	10,541	0	14,852	7,985	77,623
	August	20,831	15,190	3,520	10,276	0	14,738	7,635	72,190
	Sept	22,456	15,031	3,099	8,957	0	15,204	7,595	72,342

Figures taken from WFP food release notes (5 kg noodles monthly ration for women and posyandu staff)

** Positioning for April 2005 was affected by the GoI rice import ban.





Annex 3: Contribution of fortified biscuits and fortified noodles to RDA and safe level of intake for children, pregnant women and lactating mothers, as applicable

Figure 9: Proportion of Indonesian RDA (2004) met by 50 g of fortified biscuits, for children aged 1-3 years

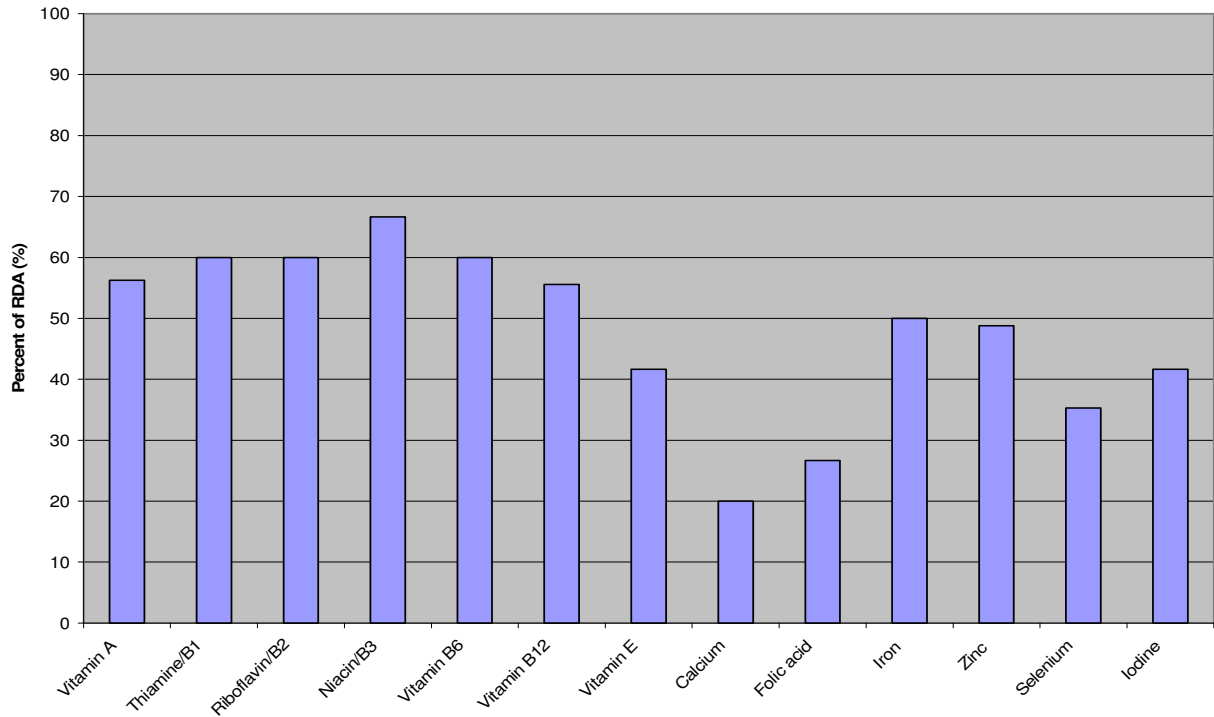




Figure 10: Proportion of Indonesian RDA (2004) met by 50 g of fortified biscuits, for children aged 4-6 years

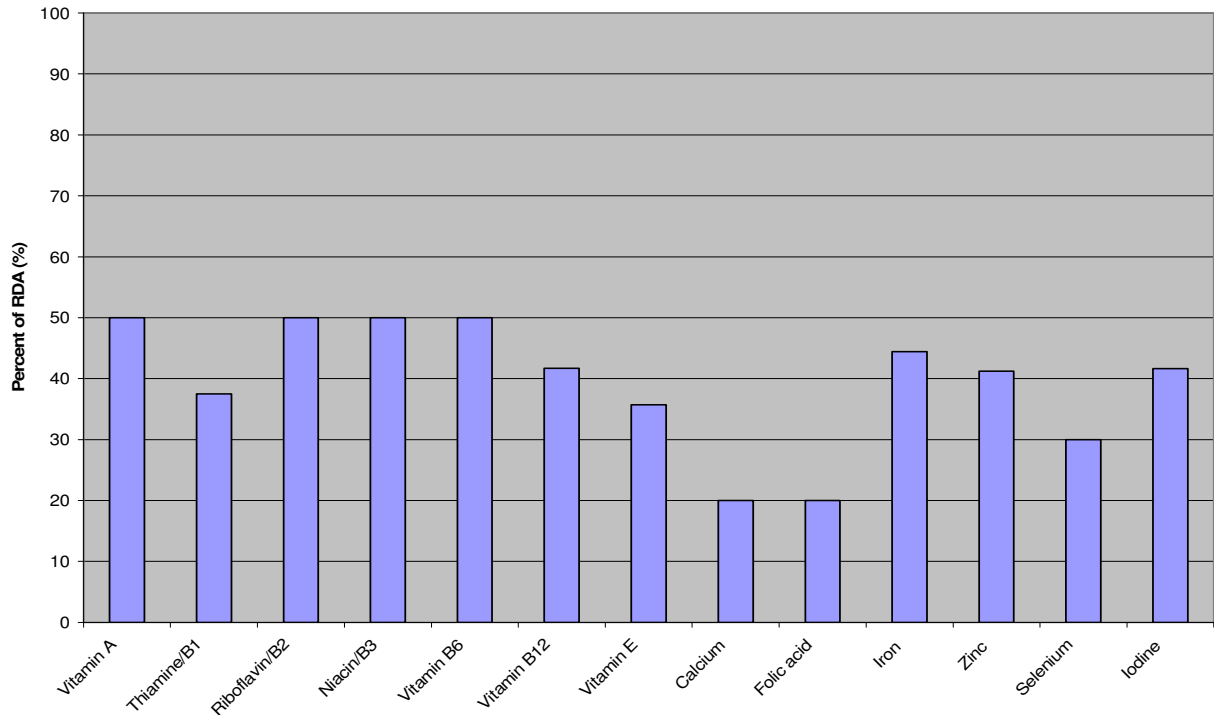


Figure 11: Proportion of Indonesian RDA (2004) met by 50 g of fortified biscuits, for children aged 10-12 years

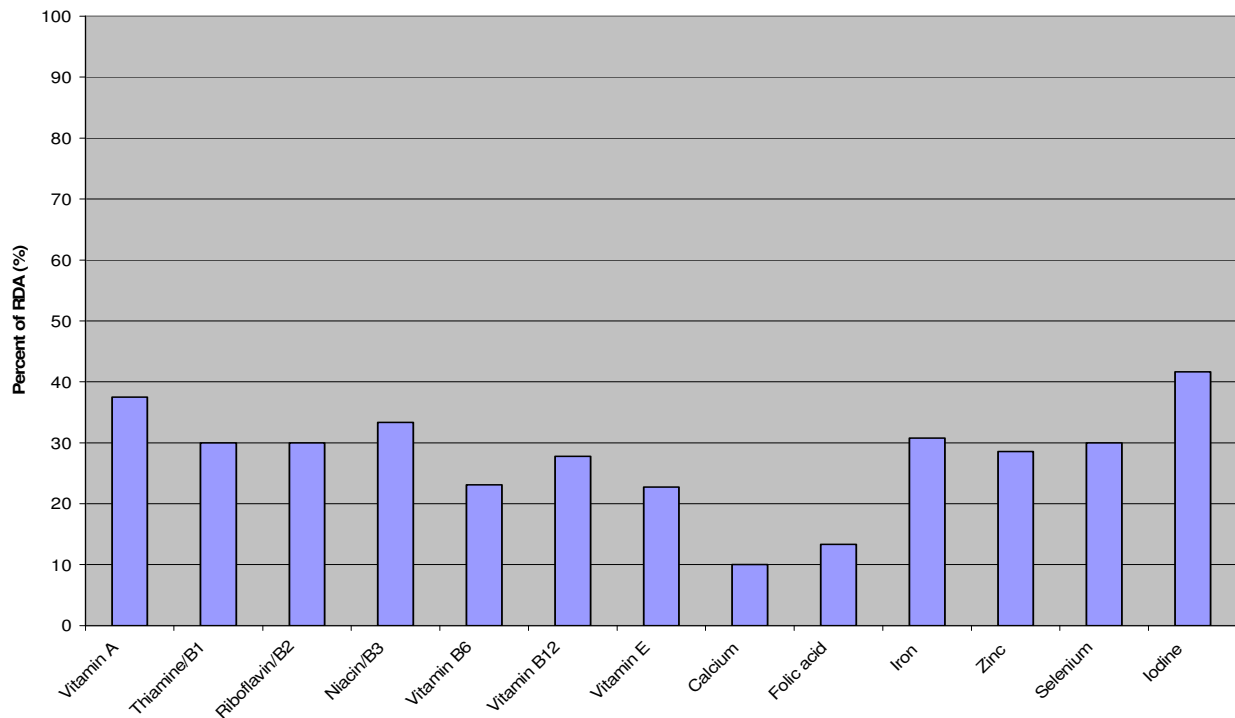




Figure 12: Proportion of Indonesian RDA (2004) and safe intake (WHO, 2002) met by 167 g of fortified noodles, for lactating women

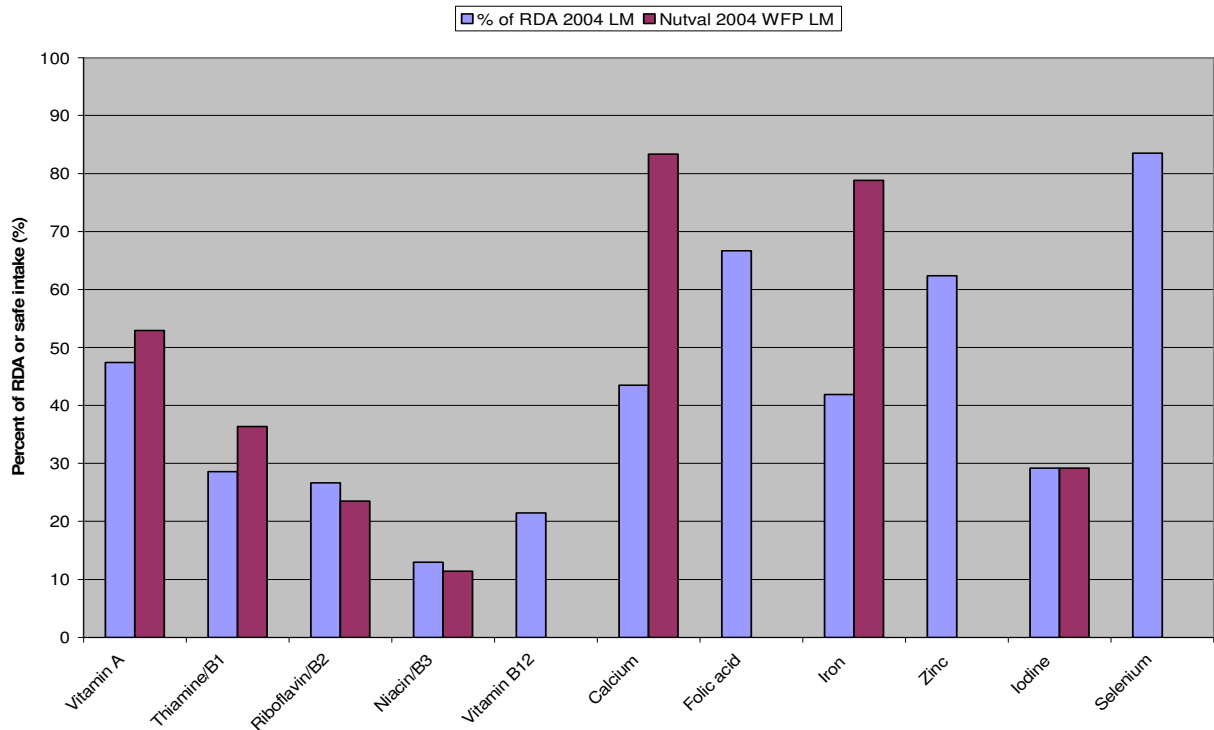


Figure 13: Proportion of Indonesian RDA (2004) met by 167 g of fortified noodles, for lactating women, for nutrients with >100% of the RDA provided

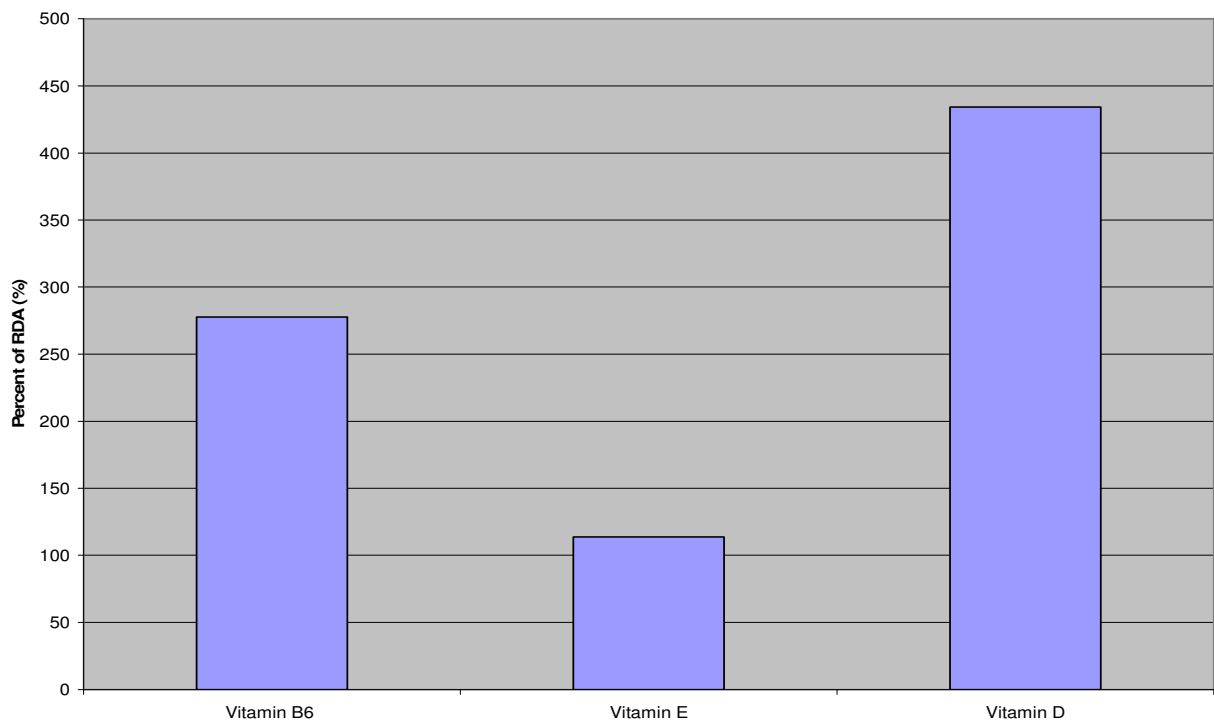




Figure 14: Proportion of Indonesian RDA (2004) and safe intake (WHO, 2002) met by 167 g of fortified noodles, for pregnant women

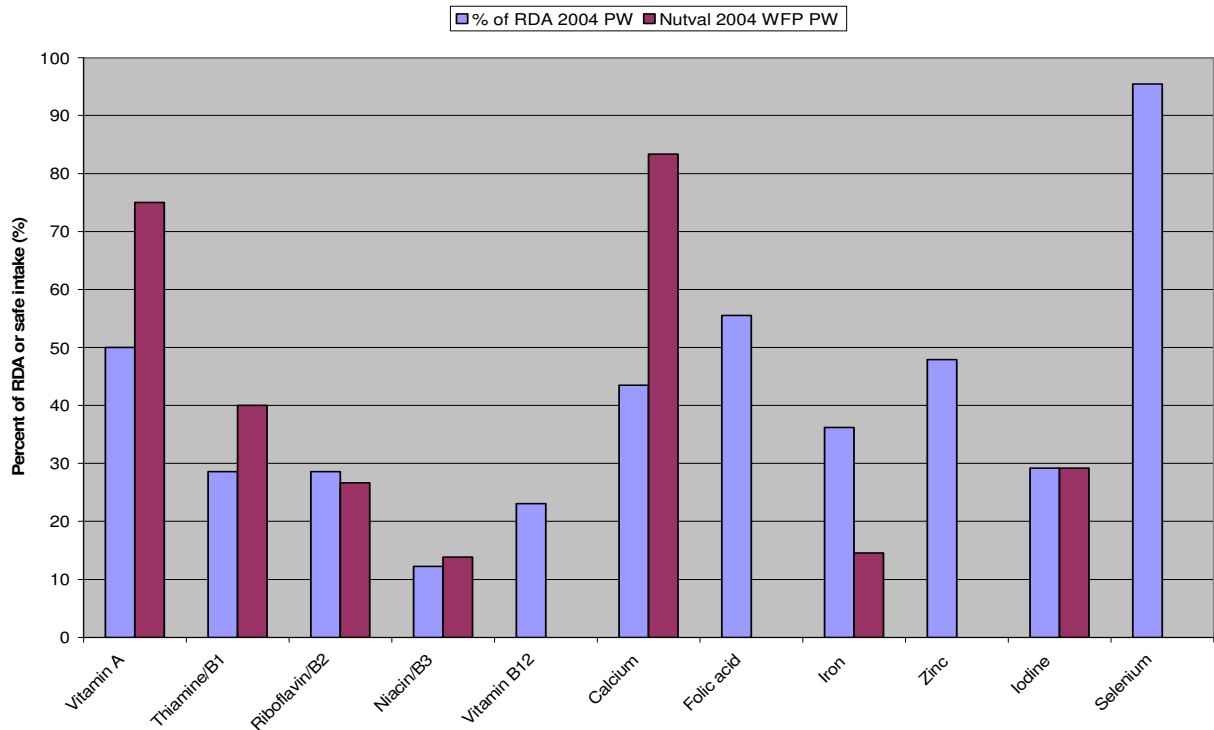
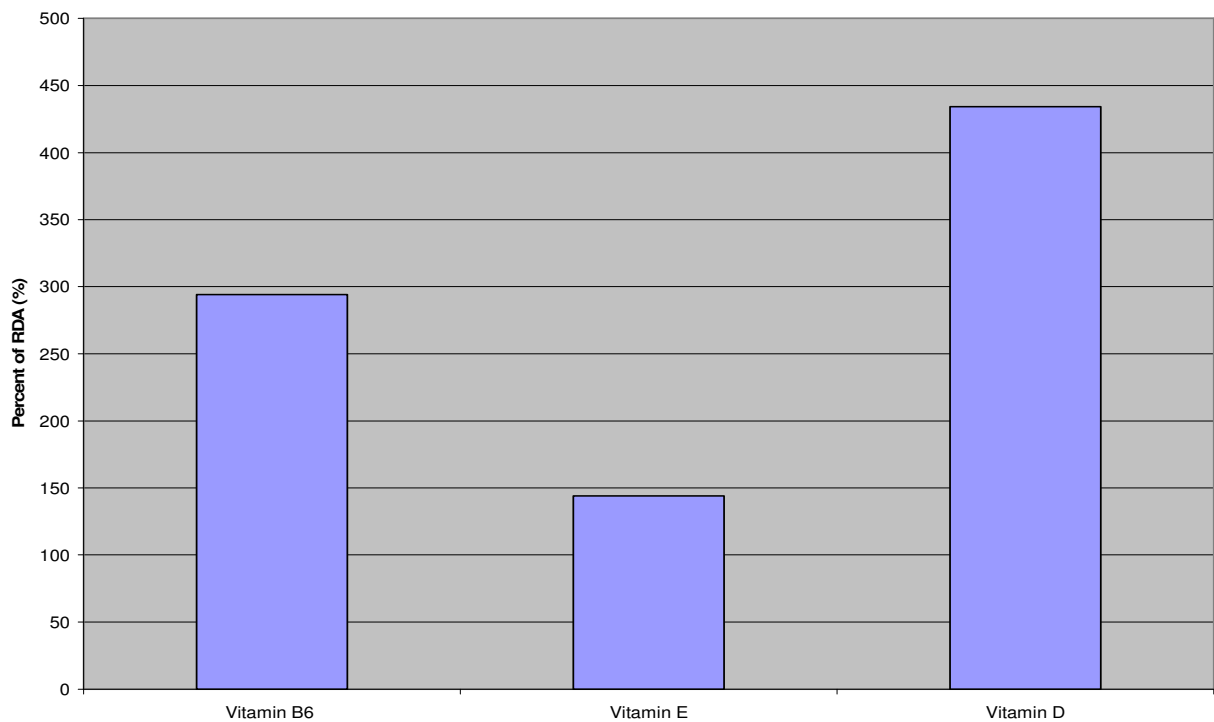


Figure 15: Proportion of Indonesian RDA (2004) met by 167 g of fortified noodles, for pregnant women, for nutrients with >100% of the RDA provided





Annex 4 : Logframe analysis for PRRO 10069.1

GENERAL FOOD DISTRIBUTION/TARGETTED FOOD FOR RECOVERY

	Objectives and Results	Objectively Verifiable Indicators	Data Source / Means of Verification	Assumptions/ Risks
<i>Goal</i>	G-1: Community/households nutrition and health risks are minimized and communities' capacity to sustain and develop themselves is improved, including resilience to shocks.	1.0 Reduced prevalence of malnutrition among targeted women of child-bearing age (assessed using Body Mass Index and or/low birth weight).	Nutrition and Health Surveys	Government's commitment to support the operations in targeted areas remains valid.
<i>Outcome</i>	OC-1: Nutritional status of disaster affected targeted population is stabilized.	n Prevalence of acute malnutrition among under-5s in the targeted population, by gender (assessed using weight for height). n Crude mortality rate among children under 5 years is less than 2/10,000/day.	Nutrition Survey Health Survey and Nutrition Surveillance System	Repeated major disaster of an unprecedented magnitude. Health care, water and sanitation systems are effective.
<i>Output</i>	OP-1: Sufficient food commodities are provided timely to highly food-insecure populations in the disaster affected areas. OP-2: Needs assessment conducted in cooperation with government and other UN agencies. OP-3: Cooperating partners are contracted and stakeholders' capacity in assessment, implementation management, logistics, accountability and monitoring and evaluation is strengthened.	1.1 Quantity of food distributed as a percentage of planned distributions, differentiated by commodity. 1.2 Number of beneficiaries actually receiving food assistance, disaggregated by age group and gender. 1.3 Percentages of women participating in Food Committees and their representation in leadership positions. 2.1 No. / % of recommendations implemented from the needs assessment reports, e.g. on targeting aspects or food rations adjustments. 3.1 Number of contracts signed with Cooperating Partners. 3.2 Number of persons trained, differentiated by training subject, gender, area and year.	Food Release Notes, Distribution Reports from Cooperating Partners, Monitoring Reports Reports, Work plans Programme Records and Reports	Donors provide timely resources and import clearances are granted. Needs assessments are sufficiently resourced and timely implemented. Stakeholders' implementation commitment remains high.
Major Activities	<ul style="list-style-type: none"> Implementation modalities for the general food distribution (GFD) with government and cooperating partners discussed and agreed upon. Operational agreements signed with government and cooperating partners. Continuous needs assessments implemented. Monitoring and reporting procedures developed and implemented. Effective procuring, shipping and delivering of food commodities to beneficiaries through partners established. Results-based monitoring and evaluation activities are conducted by all partners. 		Project documents, work plans, monitoring reports, financial statements, partner reports, baseline and evaluation surveys/reports	Sufficient and qualified staff is assigned. Partners/suppliers provide timely and cost effective inputs



FOOD FOR WORK/FOOD FOR TRAINING

	Objectives and Results	Objectively Verifiable Indicators	Data Source / Means of Verification	Assumptions/Risks
<i>Goal</i>	G-1: Community/household food security risks are minimized and communities' capacity to sustain and develop themselves is improved, including resilience to shocks.	1.0 Benefit assessment of communal/individual assets with regard to secure and reliable access to food (% 1 or 2 of ranking on a scale of 5).	Sample Survey	Government's commitment to support the operations in targeted areas remains valid.
<i>Outcome</i>	OC-1: Communities/households' longer term food security and livelihoods are improved through the creation or rehabilitation of productive and public assets. OC-2: Vulnerable groups improve the utilization of their resources for a better access to food and improved nutrition situation.	1.1 Number / % of supported assets that are in use and maintained; differentiated by type, area and year. 1.2 Local contribution (cash and labour) made for infrastructure projects, differentiated by type, area and year. 2.1 Calorie intake per capita increased by x%. 2.2 Percentage share of household expenditure allocated to food and non food.	Monitoring and Evaluation Reports, Survey Project Records and Reports Sample Survey	Repeated major disasters are not of an unprecedented magnitude.
<i>Output</i>	OP-1: Creation and rehabilitation of small scale agricultural and rural infrastructure assets, including land development, irrigation systems, soil conservation and reforestation are supported. OP-2: Knowledge and skills training activities, especially improved agricultural production techniques are facilitated. OP-3: Short-term food needs of vulnerable persons and communities are met. OP-4: Cooperating partners are contracted and stakeholders' capacity in assessment, implementation management, logistics, accountability and monitoring and evaluation is strengthened.	1.1 No. of projects / schemes supported through FFW; differentiated by type, area and year. 1.2 Number of beneficiaries received food rations; differentiated by gender, area and year. 1.3 Number of committees assisted, with detailed information of woman in decision making positions. 2.0 Number of persons trained through FFT, differentiated by type, gender, area and year. 3.0 Food commodities distributed, differentiated by type, area and year. 4.1 Number of contracts signed with Cooperating Partners. 4.2 Number of persons trained, differentiated by training subject, gender, area and year.	Approved Proposals, Reports from Cooperating Partners, Food Release Notes, Monitoring Reports Training Records, Reports from Cooperating Partners Food Release Notes, Monitoring Reports Programme Records and Reports	Donors provide timely resources and import clearances are granted. Free access to implementation areas is granted. Stakeholders' implementation commitment remains high.
Major Activities	<ul style="list-style-type: none"> • Implementation modalities for FFW and FFT with government and cooperating partners discussed and agreed upon. • Operational agreements signed with government and cooperating partners. • Project proposal screened and letter of agreements signed. • Monitoring and reporting procedures developed and implemented. • Socialization and assessment workshops at different levels organized / facilitated. • Establishment of project committees facilitated. • Results-based monitoring and evaluation activities are conducted by all partners. 		Project documents, work plans, project proposals, monitoring reports, financial statements, partner reports, baseline and evaluation surveys/reports.	Sufficient and qualified staff is assigned. Partners/suppliers provide timely and cost effective inputs.



NRP: LOCAL HEALTH CENTRES (MCN) PROGRAMME

	Objections and results	Objectively Verifiable Indicators	Data Source/Means of Verification	Assupmtions
Goal	G-1: Nutrition and health status of children and women in vulnerable areas is improved.	1.1 Percentages of children entering primary school with normal weight for age and height for age.	Samply Survery	Government's commitments to mitigate malnutrition remains valid
<i>Outcome</i>	<p>OC-1: Micronutrient and macrnutrient deficiencies of pregnant and lactating women and children under 5 are reduced in assisted centers.</p> <p>Oc-2: Knowledge and practive of pregnant and lactating women regarding their nutritional and nutrition-related health needs and those of their children improved.</p>	<p>1.1 Prevalence of anemia amoung targeted women and children is reduced to x%</p> <p>1.2 Prevalence of malnutrition among targeted children under 5 is reduced to x% for weight for age and height for age, differentiated by gender.</p> <p>2:1 Percentage of targeted women utilizing regularly the MCH services at the community health posts.</p> <p>2:2 Percentage of targeted women applying improved nutritional and nutrition-related health practices..</p>	<p>Hemoglobin Survey</p> <p>Panel Survey, Growth Charts, Anthropometric Data</p> <p>Panel Survey</p> <p>Kap Survey</p>	<p>Diseases affecting nutritional status are effectively controlled</p> <p>Economic status quo is maintained</p>
<i>Output</i>	<p>OP-1: Mother –child centers in poor areas with high rates of malnutrition are targeted and their provision of nutrition related health services are strengthened.</p> <p>OP-2: Children under 5 years of age received fortified biscuits.</p> <p>OP-3: Pregnant and lactating women received fortified food ratiosn.</p> <p>OP-4 Cooperating partners are contracted and stakeholders' capacity in managing the nutritional programme, including logistics, ensuring accountability and monitoring is strengthened.</p>	<p>1.1 Number of centers with high prevalence of malnutrition reached in poor communities, differentiated by year.</p> <p>1.2 Quality of fortified food commodities distributed; differentiated by year</p> <p>2.0 Number of children received fortified biscuits; differentiated by gender and year.</p> <p>3.0 Number of pregnant and lactating women received fortified food rations; differentiated by year.</p> <p>4.1 Number of contracts signed with Cooperating Partners.</p> <p>4.2 Number of person trained, differentiated by training subject, gender and year.</p>	<p>Local Government Statistics</p> <p>Monitoring Reports, Food Release Notes</p> <p>Monitoring Reports, Statistics from Health Centers</p> <p>Programme Reports and Records</p>	<p>Donors provide timely resources and import clearances are granted</p> <p>Stakeholders implementation commitment remains high</p>
Major Achievements	<ul style="list-style-type: none"> • Implementation modalities with government and cooperating partners discussed and agreed upon. • Operations agreements signed with government and cooperating partners, • Monitoring and reporting procedures developed and implemented. • Nutrition training material developed and distributed. • Training for implementation partners organized/implemented • Fortified food delivered to respective implementation partners / mother-child centers. • Results-based monitoring and evaluation activities are conducted by all partners 			



NRP: PRIMARY SCHOOL FEEDING

	Objectives and Results	Objectively Verifiable Indicators	Data Source / Means of Verification	Assumptions
<i>Goal</i>	G-1: The improved nutritional status of school children contributes to successive progressing rates by grade.	1.0 % of enrolled students reaching successive grades increased by x%.	Sample Survey, Statistics from School Register	Government's commitment to mitigate malnutrition and to achieve education for all remains valid.
<i>Outcome</i>	<p>OC-1: Micronutrient and macronutrient deficiencies of primary schoolchildren are reduced in assisted schools.</p> <p>OC-2: Improved capacity of boys and girls to concentrate and learn in assisted schools.</p> <p>OC-3: Improved attendance rates of boys and girls in assisted schools.</p>	<p>1.1 Prevalence of anemia among schoolchildren in targeted schools is reduced to x%.</p> <p>1.2 Prevalence of malnutrition among schoolchildren in targeted schools is reduced to x% for weight for age and height for age.</p> <p>2.1 Scores in the cognitive performance tests for short-term memory, visual understanding and concentration increased by x%.</p> <p>2.2 Teachers ranked perception of children's improved concentration and learning as a result of fortified biscuit intake (% 1 or 2 of ranking on a scale of 5).</p> <p>3.0 Attendance rate in targeted primary schools is maintained above x%.</p>	<p>Hemoglobin Survey</p> <p>Panel Surveys, Anthropometric Data</p> <p>Cognitive Tests</p> <p>Monitoring Reports</p> <p>School Attendance Records</p>	<p>Diseases affecting nutritional status are effectively controlled.</p> <p>Economic status quo is maintained.</p> <p>School fees controlled at reasonable levels.</p>
<i>Output</i>	<p>OP-1: Schools in poor areas with high rates of malnutrition are targeted.</p> <p>OP-2: Schoolchildren in targeted primary schools received fortified biscuits.</p> <p>OP-3: Cooperating partners are contracted and stakeholders' capacity in managing the nutritional programme, including logistics, ensuring accountability and monitoring is strengthened.</p>	<p>1.0 Number of schools with high prevalence of malnutrition reached in poor communities; differentiated by year.</p> <p>2.1 Number of schoolchildren in targeted schools received the biscuits; differentiated by gender and year.</p> <p>2.2 Quantity of fortified food commodities (and non-food items distributed); differentiated by year.</p> <p>3.1 Number of contracts signed with Cooperating Partners.</p> <p>3.2 Number of persons trained; differentiated by training subject, gender and year.</p>	<p>Local Government Statistics</p> <p>Monitoring Reports, Food Release</p> <p>Notes</p> <p>Programme Reports and Records</p>	<p>Donors provide timely resources and import clearances are granted.</p> <p>Stakeholders' implementation commitment remains high.</p>
Major Activities	<ul style="list-style-type: none"> • Implementation modalities with government partners discussed and agreed upon. • Operational agreements are signed with government and cooperating partners. • Monitoring and reporting procedures developed and implemented. • Nutrition training aids developed and distributed. • Training for implementation partners organized / implemented. • Biscuits delivered to respective implementation partners / schools. • Results-based monitoring and evaluation activities are conducted by all partners. 		<p>Project documents, work plan, monitoring reports, financial statements, partner reports, baseline and evaluation surveys/reports.</p>	<p>Sufficient and qualified staff is assigned.</p> <p>Partners/suppliers provide timely and cost effective inputs.</p>



	Objectives and Results	Objectively Verifiable Indicators	Data Source / Means of Verification	Assumptions
<i>Goal</i>	G-1: Livelihood situation of TB affected households is improved.	1.0 Percentages of cured TB patients expressing an economic/social benefit derived since the recovery (% 1 or 2 ranking on a scale of 5).	Sample Survey	Government's commitment to combat TB remains valid.
<i>Outcome</i>	OC-1: Improved compliance and cure rates of TB patients. OC-2: Increased participation of TB patients in DOTS treatment programme.	1.0 Percentage of cured TB patients; differentiated by gender and year. 2.0 % of TB case detection rate (CDR); differentiated by year.	Health Center/Clinic Records, Monitoring Reports Health Center/Clinic Records, Monitoring Reports	
<i>Output</i>	OP-1: Registered TB patients received the monthly food ration. OP-2: Food commodities and non-food items (e.g. leaflets, posters) are distributed to targeted health centers/clinics. OP-3: Cooperating partners are contracted and stakeholders' capacity in managing the food programme, including logistics, ensuring accountability and monitoring is strengthened.	1.1 Number of TB patients participating in DOTS treatment; differentiated by gender and year. 2.1 Quantity of food commodities distributed; differentiated by type and year. 2.2 Number of awareness campaigns supported; differentiated by year. 3.1 Number of contracts signed with Cooperating Partners. 3.2 Number of persons trained, differentiated by training subject, gender, area and year.	Health Center/ Clinic Records, Monitoring Reports Food Release Notes, Health Center Records Monitoring Reports Programme Reports and Records	TB drugs are readily available for distribution at the health centers. Donors provide timely resources and import clearances are granted. Stakeholders' implementation commitment remains high.
Major Activities	<ul style="list-style-type: none"> • Implementation modalities with government partners discussed and agreed upon. • Operational agreements signed with government and cooperating partners. • Monitoring and reporting procedures developed and implemented. • Awareness campaigns supported. • Training of implementation partners organized / facilitated. • Food delivered to respective health centers/clinics. • Results-based monitoring and evaluation activities are conducted by all partners. 		Project documents, work plan, monitoring reports, financial statements, partner reports, baseline and evaluation surveys/reports.	Sufficient and qualified staff is assigned. Partners/suppliers provide timely and cost effective inputs.



COMMUNITY DEVELOPMENT PROGRAMME

	Objectives and Results	Objectively Verifiable Indicators	Data Source / Means of Verification	Assumptions/Risks
<i>Goal</i>	G-1: Food security and health risks are minimized and communities' capacity to sustain and develop themselves is enhanced, including resilience to shocks.	1.0 Benefit assessment of communal assets with regard to improved living conditions (% 1 or 2 of ranking on a scale of 5).	Sample Survey	Government's commitment to support the operations in targeted areas remains valid.
<i>Outcome</i>	OC-1: Livelihoods of poor communities are improved through the creation or rehabilitation of communal assets.	1.2 Number / % of supported assets that are in use and properly maintained; differentiated by type, area and year. 1.2 Local contribution (land and labour) made for infrastructure projects, differentiated by year.	Monitoring and Evaluation Reports, Survey Project Records and Reports	
<i>Output</i>	OP-1 Construction and rehabilitation of communal infrastructure funded under the Trust Fund are supported. OP-2 Establishment of implementation and maintenance management groups/committees are supported. OP-3: Skills training courses are facilitated. OP-4: Cooperating partners are contracted and stakeholders' capacity in managing the programme, including logistics, ensuring accountability and monitoring is strengthened.	1.1 No. of projects / schemes supported in poor communities, differentiated by type, area and year. 1.2 Number of household/persons benefiting from the supported assets, differentiated by area and year. 2.0 Number of management groups/ committees assisted, with detailed information of woman in decision making positions. 3.0 Number of persons trained, differentiated by type, gender and year. 4.1 Number of contracts signed with Cooperating Partners. 4.2 Number of persons trained, differentiated by training subject, gender, area and year.	Approved Proposals, Reports from Cooperating Partners, Financial Statements, Reports from Cooperating Partners, Monitoring Reports Training Records, Reports from Cooperating Partners Programme Reports and Records	Funds are timely released. Stakeholders' implementation commitment remains high.
Major Activitiess	<ul style="list-style-type: none"> • Implementation modalities for CDP with government partners discussed and agreed upon. • Operational agreements signed with government and implementation partners. • Project proposal screened and letter of agreements signed. • Monitoring and reporting procedures developed and implemented. • Socialization and assessment workshops at different levels organized / facilitated. • Establishment of project committees facilitated. • Results-based monitoring and evaluation activities are conducted by all partners. 		Project documents, work plans, project proposals, monitoring reports, financial statements, partner reports, baseline and evaluation surveys/reports.	Sufficient and qualified staff is assigned. Partners/suppliers provide timely and cost effective inputs.



Annex 5: Logistics and Procurement

Evaluation Methodology.

A well organised logistic service should provide to the Programme section a comprehensive and uninterrupted logistic support enabling it to deliver in a timely and orderly manner the range of social services the beneficiaries are entitled to. This technical report attempts to establish to what extent the legitimate expectations of the Programme section in charge of Indonesia PRRO 10069.1 have been delivered by the Logistic Services. At the same time the report will try to verify whether the guidelines governing the provision of logistic services inside the WFP system have been complied with and to what extent the guidance so provided has enhanced and improved the quality of the service. The report will also try to identify issues requiring further specific attention and to suggest, where necessary, possible alternatives.

In the field of logistics the evaluation of performances and throughput is best achieved taking the initial “PRRO 10069.1 Indonesia Project Documents” and subsequent amendments or revisions duly approved by the Executive Board as the master reference and measuring the progress made making good use of the numerous data records of the COMPAS and WINGS systems. Random controls of a relevant number of RFQ documents, tender board records, award documents, contractual arrangements for the procurement of food-aid and services from third parties, matrices and budget calculations have been carried out so as to test the overall degree of compliance with the WFP guidelines. Throughout this technical report a consistent effort is made to use facts and figures supported by verifiable documentary evidence. Interviews with the staff and meetings with third party officials and CPs have served to support or to highlight the documentary evidence. Finally the logistic operations are evaluated in the light of good professional practices commonly applied in the transport and distribution industry making due allowance for the constraints imposed by the geography and the available infrastructure.

Aiming at consistency the data and the figures collected for this technical report refer, whenever possible, to the period from 1st January 2005 till 31st August 2006 or a period of 20 months. Assessing the overall performances of the WFP Indonesia Logistic Services good use has been made of the “WFP Transport and Logistics Manual” and “The analysis of WFP cost components¹³²”. This technical report has been drafted taking into account the recommended “Norms and Standards for Evaluation in the UN system¹³³”.

The author of this report has also taken advantage of the information collected in the course of a preceding evaluation mission of the “WFP Shipping Services” conducted in Banda – Aceh – Nias (Indonesia) from 23 July 2006 till 21 August 2005.

General overview of Logistics as a support service to PRRO10069.1

From a logistics point of view the PRRO 10069.1 has a couple of distinctive features which makes the programme rather unique. The focus on assistance to recovery and nutritional rehabilitation makes the programme not only far stretched in terms of geography but also much encompassing in terms of assigned objectives and targeted beneficiaries. Consequently the specific demands imposed by the programme on the Logistic Services offer striking similarities with these expected from a multi-national retail industry operating on the scale of a continent.

¹³² Document “Analysis of WFP cost components” submitted to the consideration of the WFP EB Rome 12 – 16 June 2006.

¹³³ Document “Norms and Evaluation for Evaluation in the UN System” adopted by UNEG Rome 29 April 2005.



Each of the following features calls for a very specific approach by the Logistics Services:

- The PRRO10069.1 does not stand on its own. It supersedes or is linked either directly or indirectly with other aid programmes: PRRO 10069.0, EMOP 100405, PR10425 and the OPSM Trust Fund ;
- The PRRO 10069.1 spans a multitude of different programme components: NRP (MCN and SF), TFFR, FFW, TB, and specific OPSM Trust Fund activities. Each of these projects generates its own specific logistic demands;
- Food-aid is distributed on a daily or monthly basis in well over 5000 different FDPs in 8 provinces spanning three different time zones¹³⁴;
- The diversity of the programmes and the sheer number of distribution points call for an unusually large number of CPs and intervening parties¹³⁵;
- The nature of the funding and the structure of the various programme components require imported food to be locally processed (milling and baking) before distribution;
- The programme has a very large component of locally procured food commodities (rice, biscuits, noodles, oil and milk).

The combination of these features makes the PRRO 10069.1 not only very labour intensive to monitor, but also prone to budget overruns. Hence the successful implementation of the programme requires from the Logistic Services an approach driven by all-round flexibility, proven expertise, in-depth local knowledge of the available transport capacity and a good insight into the functioning of the local food production industry.

¹³⁴ As much as 9003 FDPs are listed in the M&E database (1298 in the East – 7705 in the West) Approximately 5000 FDPs are considered to be active.

¹³⁵ As much as 38 LOAs with 31 different CPs were in force on 31/08/2006.



The PRRO 10069.1 logistics key figures are:

Topic	Initial project approved by WFP EB February 2004 (forecast)	Revised project* approved by WFP EB November 2005 and subsequent BRs approved by Chief ODMF (forecast)	Present situation as at 31 August 2006. (reality)
Period	01/07/04 – 30/06/07 36 months	01/01/05 – 31/12/07 36 months	01/01/05 – 31/08/06 20 months
Total food aid commodities	269.568 MT.	316.755 MT.	**81.467 MT
Total WFP cost	115.369.622 US\$	205.270.432 US\$	***67.583.658 US\$
Funding: confirmed contribution	Not applicable	Not applicable	***76.827.936 US\$
Number of beneficiaries:	2.072.800	2.141.000	1.901.000
Number of EDPs	5	12	13

* Tsunami Regional EMOP 10405.0 was absorbed into PRRO 10069.1 as from 01/01/06

** Total food commodities: 74.993 MT delivered to CPs over a 20 months period plus 6.474 MT in stock on 31/08/06. Figures from COMPAS.

*** Figures from WINGS as at 04/09/06.

PRRO 10069.1 is the logical continuation of the PRRO 10069.0 which it superseded on 01/01/2005. The Tsunami EMOP 10405.0 programme was absorbed into the PRRO 10069.1 as from 01/01/2006. Whilst at the outset the PRRO10069.1 was mainly geared towards nutritional rehabilitation activities in East and West Java, and NTB and NTB, as from January 2006 the bulk of the activities shifted to West Sumatra and the Tsunami affected areas with greater emphasis on recovery activities. This is highlighted by the fact that during the first 8 months of 2006 as much as 59 % of the food-aid covered by this programme was delivered and distributed in the Aceh – Nias area.

Resourcing and Funding.

The approved budget for the PRRO10069.1 stands at US\$ 205 millions. On 31/08/2006 some US\$ 77 millions were recorded in the Wings system as confirmed contribution or some 32% against the global appeal. The FDD department provides for the same date slightly different figures taking into account some RMS allocations. These figures are made up as follows



Donor	US\$ millions	%
Country donations *	56.74	68.3
Private donations	4,00	4.8
Multilateral contributions allocated by ODMP **	1,56	1,9
Transfers of contributions' cash balances and reprogramming of unspent cash balances ***	19.76	23.8
OPSM Trust Fund by permission of GoI	1,00	1,2
Total as at 31 August 2006	83.06	100

* This figure includes a reprogrammed amount of US\$ 13.65 millions donated by Japan under PR10425

** Funds from the Netherlands and Sweden.

*** From projects: EMOPs 10405.0, 10406.0, 10407.0, 10408.0 , PRRO 10069.0, PRRO 06195 and EMOP 06006.0

These figures highlight the fact that the net contributions from public, private and country donors amount to some US\$ 60 millions or not even 30% of the budget requirement. The remaining contribution of US\$ 23 millions are amounts transferred or allocated from other programmes or funds by permission of donor countries, WFP - RMS in Rome or the GoI. Moreover the PRRO 10069.1 also benefited from the transfer of food stocks with a total value of US\$ 19.59 millions¹³⁶

Australia, Japan, Canada and the USA are the four major donor countries. With 5% the contributions from private donors are quite significant. The role played by the Country and the regional office in securing donations is very marked. Close liaison with GoI officials and with diplomats or development agencies accredited in Indonesia and in the region is gaining a growing importance in securing donations. The approach of the CO management has in this respect been exemplary.

Nevertheless the persistent low-level of funding puts the management under continuous strains. Not the least it stands in the way of medium and long term forward planning. At all times the management is forced to strike a difficult balance between the amount of confirmed contributions, the commodity costs and the ongoing running costs. End August 2006 the unspent project balance had narrowed to US\$ 6.6 millions or just enough to conduct the project for two more months¹³⁷. The forthcoming implementation of the Project Planning Tool (PPT) would in this respect be of great assistance to the staff and the management for it is the ideal platform to gauge the interaction between programme requirements and the recurring expenditures on the one hand and the capacities in terms of available food stocks and financial resources on the other hand.

¹³⁶ Transfer of food commodities to project PRRO 10069.1:

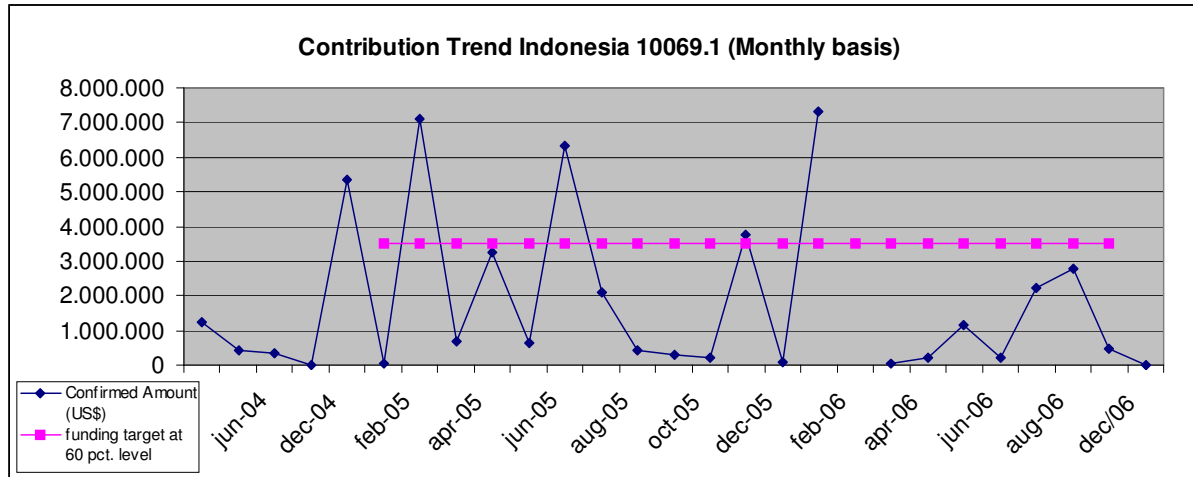
31/12/2004 PRRO 10069.0 commodities 8.179,49 MT. for US\$ 2.502.834,85 (COMPAS figure is 7.433 MT !)

31/12/2005 EMOP 100405 commodities 37.183,46 MT. for US\$17.085.538,26

¹³⁷ Figures from WINGS as at 04/09/2006.



In common with many other projects the rate of funding of the PRRO 10069.1, which was initially set to start on 01/07/2004, was slow as the following graph reveals:



Source: Fundraising and Communication Department WFP – Jakarta – Figures as at 19/09/2006.

Thanks to carry-overs of cash and stocks from previous operations together with re-programmed amounts to the tune of some US\$ 39.35 millions¹³⁸ (not recorded in the graph here above) it has been possible to maintain the desired consistency and continuity for the project. Taking the combined tonnage distributed under PRRO 10069.1 and EMOP 100405.0 together the level of monthly throughput remained pretty much the same during the 20 months period under review as the graph under paragraph 40 reveals.

The WFP Indonesia management is however confident to secure an additional funding of US\$ 27 millions before the year end¹³⁹. This would raise the ratio of confirmed contributions to 51.16%¹⁴⁰. The apparent lack of programme focus may explain to a certain extent the absence of commitment on the part of certain donor countries. A funding level between 50 and 60% must be considered as an absolute minimum to guarantee an operational continuity. It is not evident that the project has at any stage been downsized in the face of adverse funding returns or that the management has envisaged to do so.

- The low funding level of PRRO10069.1 has partially been off-set thanks to carry-overs from previous operations or reprogrammed amounts. It would be advisable, should an extension of the present PRRO be considered, to ascertain the amount of funds which can eventually be carried over or be reprogrammed against the net donor contribution forecast.
- The effective implementation of the PPT is highly recommended in order to steer the project particularly when funding is tight and below expectations.

¹³⁸ See paragraph 6 & 7 - Transfer of contributions and cash balances US\$ 19.76 millions – Stocks carry-overs US\$ 19.59 millions..

¹³⁹ US\$27 millions made of contributions from OPSM Trust Fund US\$ 6 millions (confirmed), from USA US\$ 3 millions (in kind), from American and Int. Red Cross US\$15 millions, from Australia US\$ 3 millions.

¹⁴⁰ Secured contributions US\$ 83.0 (see paragraph 6) plus additional funding US\$ 27millions or US\$110 millions against budget of US\$ 215 millions. or 51.16%.



The Trust Fund.

The proceeds from the sale of OPSM rice are deposited directly in a Trust Fund account which is administered by WFP on behalf of the GoI for the benefit of the project. WFP is answerable to a Steering Committee consisting of representatives of the interested Ministries and WFP and is chaired by a Senior Officer from the Coordinating Ministry for People's Welfare. The Trust Fund is governed by the modalities set out in the MOU entered between the GoI and WFP on 25/04/2005. The remaining balances of Trust Fund under EMOP 6006, PRRO 6195 and PRO 10069.0 have all been deposited in a new Trust Fund Account opened under PRRO 10069.1. The Trust Fund is made subject to regular audits by outside auditors¹⁴¹.

The IDR and US\$ Trust Fund accounts' situation reads as follows as at:

Date	IDR current account		IDR deposit account		US\$ Current Account	US\$ Deposit Account	Total in US\$
	IDR	Equiv. US\$	IDR	Equiv. US\$	US\$	US\$	US\$
31/12/04	590.463.409	65.607	158.500.000	17.611.111	1	3.269.067	20.094.788
31/12/05	1.487.244.268	148.724	122.400.000.000	12.240.000	1	3.323.565	15.712.290
31/08/06	1.201.782.305	133.161	117.000.000.000	12.963.988	25.021	2.325.565	15.447.446

The movements in IDR and US\$ currencies were as follows:

Period	Income			Expenditures			Total Income	Total expenditure
	IDR account		US\$ acct.	IDR Account		US\$ acct	US\$	US\$
	IDR	Equiv. US\$		IDR	Equiv. US\$			
Jan/ Dec 05	27.663.528.835	2.766.352	65.406	62.813.430.056	6.281.343	16.352	2.831.758	6.297.695
Jan/ Aug 06	10.864.405.702	1.203.812	79.266	16.549.867.665	1.833.780	1.052.535	1.283.078	2.886.315

On the income side one can note interests on time deposits (IDR and US\$ accounts) and the proceeds of OPSM rice sales (US\$ 1.740.495 and US\$ 214.295 in respectively 2004 and 2005). This activity has been stopped in December 2005 in line with an agreed phase out strategy. The interest rates are negotiated on the basis of one month deposits¹⁴². It should however be possible to split the IDR and US\$ one month deposit accounts into different 3 or 6 months deposit accounts in order to secure better returns whilst still retaining enough treasury flexibility.

Local food purchases were effected in 2005 for US\$ 4.5 millions¹⁴³ and for US\$ 0.02 millions in 2006. The costs of the Programme Coordination Unit (PCU) overseeing the correct implementation of the MOU at the Coordinating Ministry for People's Welfare, has been debited to the Trust Fund for US\$ 75.069. A contribution of the GoI to the PRRO 10069.1 to the tune of US\$1 million has been paid out of the US\$ Trust Fund Account. A second contribution for US\$ 6 millions was being considered by the GoI at the very moment the present evaluation was being carried out.

As at 31/08/2006 a total amount of US\$ 3.2 millions had been paid out as support to Community Development Project. As much as 144 projects for a total value of US\$ 1.84 millions have so far

¹⁴¹ Latest audit report 31/03/2006 by Messrs. Tanubrata Yogi Sibarani Hananta - Jakarta.

¹⁴² September 2006 rates for one month fixed deposit rates US\$ 4.29% IDR 9.75%

¹⁴³ MCN and SF programme: 350 MT Danone biscuits, 195 MT fortified noodles and the repayment of 15.000 MT rice to Bulog under a 2004 SWAP arrangement.



been completed. These community development projects were located in Jabotabek, Bandung, Semarang, Surabaya and Madura. The financial support was directed at a wide range of projects like: public sanitation, water piping network, community centres, libraries, income generating programmes etc. Sixty six more projects for a total value of approximately US\$ 2;8 millions are still in progress and are expected to be completed by the year end. These projects are located in Papua, Central Sulawesi, East Jakarta, Jatabek and Surabaya and involve the rehabilitation of mosques and churches, the construction of a community centre and different water and sanitation projects.

All these CDPs, though not food related, are closely monitored by a small team of qualified WFP officers. This requires constant travel and a sustained inspection of the different construction sites. A dedicated WFP chartered accountant is doing the book keeping. All the CDP progress reports and financial statements are well kept to the general satisfaction of the GoI officials. The day to day management and accounting of the fund and its auditing are performed in a professional way in line with good practice and with the prescriptions of the MOU.

The implementation of CDPs is conducted in line with the “Guidelines for Community Project Proposals” issued a first time in 2001 and revised in November 2005. Initially the projects were exclusively restricted to OPSM areas. These areas have now been enlarged to areas prioritised and approved by the GoI (steering Committee) and the “Local Government”; this latter requirement is significant and fits totally with the declared decentralisation policy of the government.

From a meeting with the “Coordinating Ministry of People’s Welfare” is not clear whether the Ministry’s and WFP’s views on the future utilisation of available funds are all pointing in the same direction. The evaluation mission has not come across a list or programme for retained CDPs for the year 2007 and beyond. At government level there appears to be no unconditional commitment towards micro-nutrient programmes as suggested by WFP. One official voiced the suggestion of cash programmes for poor and destitute people provided they are duly registered at a health centre. To this effect Pilot programmes will be initiated in 2007 in Jakarta and Sulawesi with monthly allocations of IDR 300.000 per household¹⁴⁴ being paid out via the Post office.

- The management of the Trust Fund and the various community development projects launched under the banner of the Trust Fund deserve unanimous praise. Time has perhaps come for WFP and the GoI to charter out together the medium and long term future of the Trust Fund defining choices and priorities.
- The possibility to deposit funds in 3 or 6 months fixed deposit accounts should be carefully evaluated after gaining expert financial advice.

¹⁴⁴ Some US\$33.00 Rate US\$ 1 = IDR 9.025



Resourcing and local procurement.

As at 31/08/06 a total quantity of approximately 81.000 MT¹⁴⁵ of food-aid had been resourced under this PRRO 10069.1 and distributed or kept ready in stock for distribution. This throughput, some 50% below the target set for this PRRO¹⁴⁶ exemplifies the low funding rate achieved so far. The tonnage recorded in Wings on the same date reads 111.672 MT. Caution should therefore be exercised when commenting on tonnage figures for these are often at variance according to the source. Annex A. gives some background information on how these tonnage figures were arrived at. The food commodities resourced under 10069.1 have three different origins: food commodities carried over from other projects, imported bulk wheat milled locally and processed into noodles or biscuits and local procurement including large consignments of rice procured from BULOG.

Food commodities carried over from other projects.

On 31/12/2004 a stock transaction of 7.433 MT rice took place between PRRO 10069.0 to PRRO 10069.1. Equally on 31/12/2005 a virtual stock transaction of 37.183 MT. of various food commodities took place in the COMPAS system from EMOP 10405.0 to PRRO 10069.1. From this latter amount only 10.314 MT was physically in WFP warehouses on 31/12/2005. The remaining 26.868 MT, already procured under EMOP 10405.0, were at that date still in the pipeline. An unspecified quantity estimated at 16.000 MT was still pending delivery on 31/08/2006.

The bulk of the food-commodities carried over from PRRO 10069.0 on 31/12/2004 were stored in WFP EDPs in East and Central Java whilst the commodities reprogrammed from EMOP 10405.0 were mainly stored in WFP EDPs in the Banda - Aceh and Nias region. It is obvious that these two stock transactions enabled the PRRO 10069.1 to gain and maintain the necessary momentum.

Imported bulk wheat and the processing.

Three shipments of bulk wheat, totalling 28.235 MT., were received in Jakarta. The final yield after milling and processing under barter arrangements was respectively 2.346 MT. of biscuits and 2.682 MT of noodles. The provisions set out under article 6 of the MOU in respect of the processing of bulk wheat were hereby fully complied with.

From the documents submitted to the Evaluation Mission it is clear that both the WFP procurement departments in Rome and Jakarta exercised the utmost caution before finalising the barter and conversion rates with the milling company and subsequently with the biscuit and noodles factories. Expert advice was sought. Mr. John Wood, Australian wheat and milling expert was called in and visited Jakarta between 31/05/2005 and 02/06/2005. He suggested the most appropriate wheat grain extraction rate and the barter values for grain/flour conversion and the subsequent flour/biscuits and flour/noodles conversions given the quality of wheat grain landed in Jakarta, the desired flour quality and the final specifications imposed for the biscuits and noodles. For a grain extraction rate of 74% the barter value grain/flour was set at 61 - 64%.

¹⁴⁵ Total food commodities: 74.993 MT delivered to CPs over a 20 months period plus 6.474 MT in stock on 31/08/06. Figure from COMPAS.

¹⁴⁶ Tonnage figure submitted to WFP EB in November 2005: 316.755 MT x 20/36 months or 175.979 MT.



The FCA barter value of flour was set at respectively 4.20 MT for biscuits and 2.67 MT for noodles.

The entire milling and food production process was closely monitored by qualified surveillance companies from the time the vessels' hatches were opened till the finished products left the factories. Compliance with the specifications set for wheat, flour, biscuits or noodles has been paramount throughout the entire food production process. The entire milling and production process was conducted in a very professional manner. The expertise gained in Indonesia is outstanding and deserves to be put on record and kept in a handy format readily available for application or duplication in other countries.

Taking the landed value of wheat in Jakarta at US\$ 175 per MT. and the average commodity price ex factory for biscuits and noodles at respectively US\$ 1.100 and US\$ 750 per MT. the transformation exercise gives a negative balance of some US\$ 350.000.¹⁴⁷ Given that some contracts for biscuits and noodles have effectively been negotiated on DDU terms, one can reasonably assume that this amount represents the transport costs or the difference between the commodity price ex factory (FCA) and the commodity DDU price.

The barter system retains a certain degree of flexibility considering that all the milling was done at the Bogasari Flour mill division in Jakarta but that the noodles and biscuits were produced at different food factories located on Java and Sumatra.

The idea of monetisation in lieu of barter was briefly considered but abandoned forthwith for the following reasons:

- Contrary to monetisation the barter arrangement for wheat for flour and flour for biscuits and noodles is a natural linear progression in the transformation of a raw material to a finished product based on that raw material;
- The risk of commodity devaluation whilst in storage is virtually nil in a grain importing country;
- The exchange of grain for cash may contravene local currency laws;
- WFP retains at all time control over the commodity exchange process;
- The risk of loss of property is throughout the process duly covered by a performance bond required from the mill and the processing factories;
- The risk of the donor country opposing the barter agreement is negligible.

Local procurement.

The local food producing and processing industry is fairly well developed in Indonesia. In case of need the food industry is capable of meeting the demands of the market at short notice. The GoI has put a control mechanism in place in order to ensure uninterrupted supplies of staple food and basic commodities. This does however not prevent outer regions and islands to face temporary disruptions in the supply. During the first 20 months of the project WFP Indonesia

¹⁴⁷ Approximate commercial value of biscuits ex factory : 2.346 MT x US\$ 1.100per MT. 2.580.600 US\$
Approximate commercial value of noodles ex factory: 2.682 MT x US\$ 750 per MT. 2.011.500 US\$
Less Approximate total value of the wheat: 28.235 MT x US\$ 175 per MT. (4.941.125 US\$)
Negative balance between commodities input and output values: (349.025 US\$)



did locally procure a total quantity of some 46.900 MT of food commodities for a total value of some US\$ 27.5 millions made up as follows:

Commodity	Quantity in MT.	Value in US\$ (FCA and DDU)
Noodles	8.195	6.427.522
Biscuits	9.082	9.992.495
Rice	27.650	9.421.895
DSM	90	554.115
Sugar	79	54.754
Vegetable Oil	1.215	1.055.221

Doing so WFP Indonesia did comply with the provisions of art.6 of the MOU which under paragraph b) and c) stipulate that food commodities are to be produced and purchased locally in the country.. Moreover, the commodities must meet the national standards and be duly “halal” certified. This policy meets also the views repeatedly expressed during the Annual Session of the WFP Executive Board 2006 by many member countries favouring a resolute switch to local, sub-regional and regional food purchases.

BULOG, as a parastatal body, controls the entire rice market in Indonesia. Following contractual arrangements WFP or the duly designated CP were authorised to draw consignments of rice from the many BULOG warehouses located throughout the country in line with agreed delivery schedules This offers WFP the much required flexibility.. The obligation to comply with the BULOG imposed documentation system has not been experienced as a drawback. Over the period under review the price of the rice has increased from US\$294.43 to US\$ 355 per MT. Agreements were often preceded by tight negotiations. The good personal relationship of the CD with the GoI has often been determinant in this respect and resulted in WFP securing rates which were US\$ 20 a 30 below the going market rate.

All the WFP rules and regulations in respect of the local procurement of food commodities are strictly complied with. The evaluation mission had unrestricted access to all the documentary evidence in respect of requests for quotations, local tender board and award procedures and applications for waivers when justified. Where and when necessary prior clearance is obtained from the Procurement department in Rome. For good order sake whenever possible the price of locally procured commodities is compared with similar commodities procured in the region e.g. from India, Thailand or China. Dual FCA and DDU quotations are, as a rule, standard requested. Both quotations are critically analysed and the reasons for the choices made are duly recorded in the minutes of the ad hoc Tender Board Committee.

The local procurement policy has at times been questioned by some during the course of this project on the assumption that commodities could be procured more cheaply overseas. This was mainly the case with biscuits. Considering the provisions of the MOU signed between the GoI and WFP there was very little justification for such questions to be raised. It is however a good practice on the part of WFP for the cost price of locally procured commodities to be continuously and consistently gauged against the price of imported goods.



Given identical specifications locally procured noodles turn out to be substantially cheaper than imported noodles e.g. from China¹⁴⁸. For biscuits the difference in prices has been steadily narrowing over the length of this project.. In May 2006 there was, depending on the final EDP destination, still a price difference of 200 to 250 US\$ per MT in favour of imported biscuits. In June 2006 the price difference had narrowed to 100 to 200 US\$ per MT in favour of imported biscuits. In September 2006 the tender procedures for the procurement of a consignment of 765 MT of biscuits destined for Surabaya and Kupang revealed that the price gap had narrowed to only 1.78% in favour of biscuits imported from overseas¹⁴⁹. The continuous monitoring of the price of noodles and biscuits procured at regional level and cross-checking these with the price of locally procured commodities translates a sound commercial approach on the part of WFP..

Leaving strict costing considerations aside many good reasons militate in favour of local procurement:

- Fortified noodles, biscuits and vegetable oil must comply with the standards set at national level, same with the “halal” certification;
- The specifications for biscuits in terms of fortification and micronutrients have been jointly designed with the Ministry of Health and the WFP nutritionists;
- Local procurement offers the added advantage of DDU delivery savings on transshipment time and warehousing costs allowing for increased operational effectiveness and “just in time” deliveries.
- The WFP Indonesia donor community is strongly in favour of local procurement and so is the World Bank provided the local price do not diverge too much from the international market price;
- In the event of an exit strategy local procurement enhances the chances that similar products will one day become commercially viable;
- No assurance that commodities imported from overseas will promptly receive the necessary waivers from the authorities resulting in costly clearance delays at the ports and disastrous consequences for the food pipeline;
- International procurement adds three to four months to the supply chain whilst local procurement allows for very short lead time and a great flexibility;
- Indonesia has throughout Java and Sumatra a well developed and modern food production capacity supported by a transport system (road and short sea) offering excellent transit times at competitive prices.

Local suppliers are sometime selected not on the basis of the most competitive price but on the basis of their early or even immediate production capacity. This approach is acceptable in case of emergency or unexpected pipeline breaks. Otherwise all suppliers should be given reasonable lead time to plan ahead the production of the WFP awards. Tenders have been awarded with the delivery period starting immediately the day after the award was awarded and notified. If repeated, this way of handling may disguise a lack of forward planning or a cover up for not having to opt for the lowest tender.

¹⁴⁸ Noodles procured on DDU Kupang basis from PT Olaga Foods in Medan cost price 868 US\$/MT against 1.260 US\$/MT imported from China.

¹⁴⁹ Average cost price for 765 MT locally procured biscuits from Tiga Pilar factory in Sragen/Solo destined for DDU Surabaya and DDU Kupang : 1.164 US\$/MT against 1.143 US\$/MT average cost price for imported biscuits.



The packing meets everywhere the specifications and standards requested by WFP. The tender request to supply as much as 5% empty cardboard boxes for the repacking of broken or torn cartons can be reduced to 2%. The amount of broken and torn cartons is indeed truly negligible and a 2% supply of empty boxes will amply suffice. The switch from dry noodles to instant noodles caused problems for the road hauliers. The packing of instant noodles requires some 16 to 20% more volume. Whilst a small COLT truck could load as much as 585 cartons dry noodles it could only load 420 cartons of instant noodles. This happened during the visit of the mission. Most likely the switch of commodity will result in hauliers and CPs pressing for a revision of the transport and distribution rates.

- The tonnage figures as recorded in the WINGS and COMPAS systems are at variance. Most likely the WINGS system does record bulk wheat tonnages as input whilst the COMPAS system will record quantities of noodles and biscuits available for distribution. A procedure should be defined so as to reconcile the tonnage figures in both systems.
- On 31/12/2005 out of a total stock of 37.183 MT a virtual stock transfer of food commodities was effected in COMPAS for a total tonnage of 26.868 MT from EMOP 10405.0 as closing project into the PRRO 10069.1 as receiving project. This quantity was already procured under the EMOP 10405.0 but still in the pipeline and not readily available. It would be advisable to identify and ascertain the exact quantity of food commodities effectively transferred from the closing into the receiving project..
- The monitoring of the wheat transformation process in Indonesia can be considered as a success. The methods and procedures applied should be placed on record and published in a handy format for future use in other countries.
- When a combined milling and food processing exercise is conducted it may be interesting to carry out at the end a small costing analysis in order to ascertain that the total commodity input value is effectively accounted for and is matched by the output commodity value.
- Whilst the local procurement policy is at present giving excellent results, WFP should avoid finding itself completely tied up to the local market. WFP should retain a certain margin of liberty and the flexibility to import commodities from overseas if the conditions so dictate. It would be interesting to keep a comprehensive up-to-date price difference records of locally procured versus imported commodities. This would strengthen the position of WFP in the event of a new round of negotiations with the GoI.
- If a change in a type of commodity is decided, attention must be paid to the possible change in stowage factor. This latter figure has a direct impact on the transport costs.
- The contractual provision to supply 5% empty cardboard boxes in addition and with each consignment of biscuits and noodles can be relaxed and reduced to 2%.

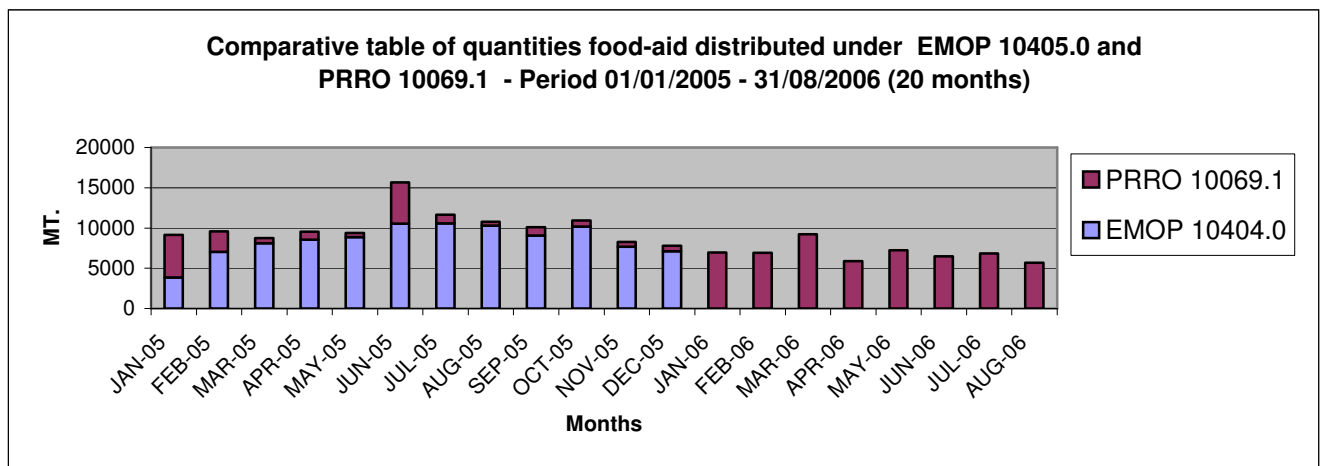
Organization of the transport, deliveries and distribution operations

Though not complicated the national and local transport system for this project is however often a complex one. The inter-modality is definitely the main characteristic of a transport system which frequently involves road haulage, port transit operations, containerisation, short sea transport by means of ferries or regular short sea liner services. Five ports play an important role as gateways for commodities imported from overseas or as entry or exit ports for locally processed or procured commodities: Jakarta, Surabaya, Medan, Banda - Aceh and Kupang.



Most food processing factories are located in the areas of Greater Jakarta, Surabaya, Solo/Sragen and Medan respectively on Java and Sumatra. It is no so that the factories located on Java will only serve the Eastern provinces and the outer islands and the ones on Sumatra the Western provinces and outer islands. Production capacities and commodity costs more than the geographical location often dictate the flow of food consignments from East to West and vice-versa. On the other hand the movement of rice is much more straightforward from conveniently located BULOG main depots directly to the FDPs sometimes bypassing the WFP warehouses altogether.

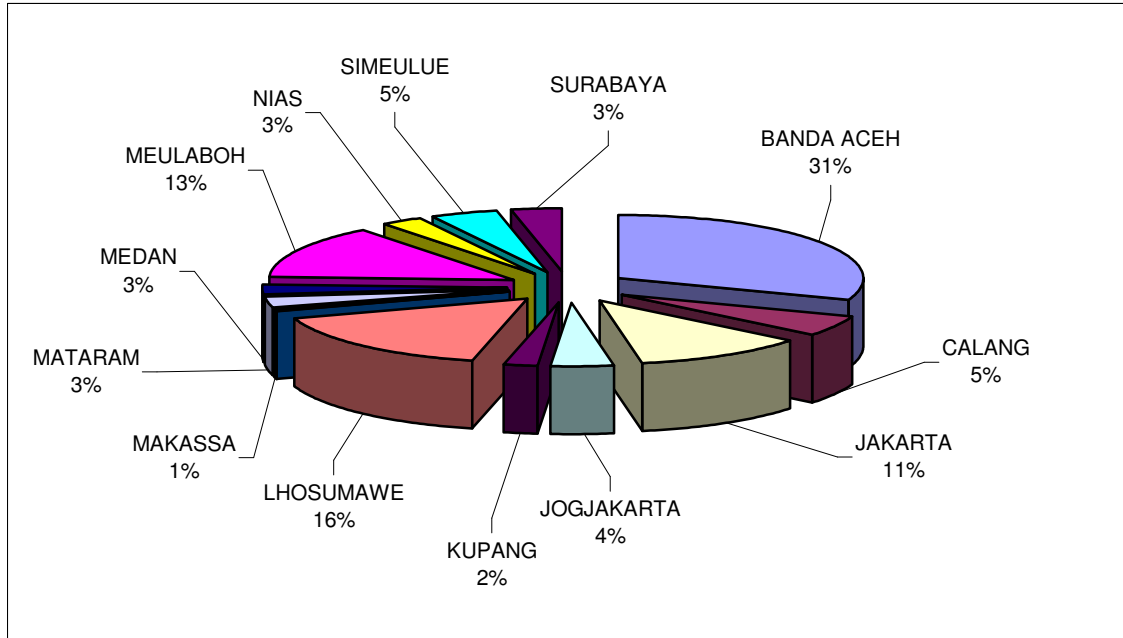
To accommodate this East- and Westbound traffic between the ports, the food processing factories and the BULOG warehouses not less than 13 warehouses or EDPs are managed by or for account of WFP: Medan, Banda Aceh, Calang, Lhoksumawe, and Meulaboh on Sumatra, Gunungsitoli on Nias, Sinabang on Simeuleu, Jakarta, Jogjakarta and Surabaya on Java, Mataram/Pringgabaya on Lombok, Kupang on West Timor and Makassar on Sulawesi. The geographical spread of the various programmes covered by the PRRO10069.1 dictates this multiplicity of EDPs.



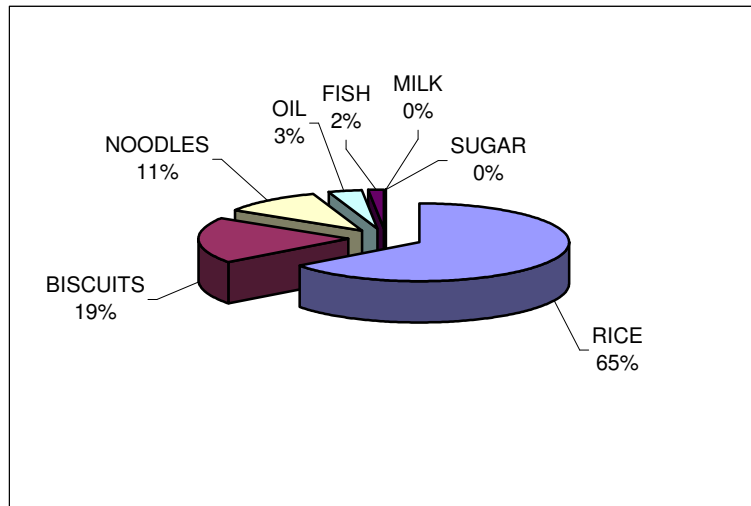
Quantities distributed: EMOP10405: 101.862 MT and PRRO 10069.1: 74.993 MT



**Quantities of food-aid delivered and distributed per EDP under PRRO 10069.1
Period 01/01/2005 – 31/08/2006 Total: 74.993MT.**



**Food-aid delivered and distributed per type of commodity under PRRO 10069.1
Period 01/01/2005 – 31/08/2006 Total: 74.933 MT.**





Port transit operations and primary transport to EDPs.

The situation has, during the period under review, remained fluid throughout at the main ports. At the secondary ports like Gunungsitoli (Nias), Sinabang (Simeuleu) and Betun (West Timor) bunching of vessels has resulted in occasional delays but not to the extent of causing major disruptions of the transport chain.

Three bulk wheat shipments were directed to the port of Jakarta where the ships berthed at the dedicated Bogasari silo berth. The evaluation mission was not much impressed by the maritime expertise displayed by the management of the ships' agency retained by ODTs¹⁵⁰. Some name confusion seems to have arisen with the well known and trusted shipping group of Messrs. Samudera Indonesia Group which is at present providing valuable services for the WFP Shipping Services project in Banda Aceh. This however did not adversely affect the port operations in Jakarta. Documents were timely received and WFP accomplished the customs exoneration formalities (application for waivers) in line with the provisions laid down in the MOU.

In the Tsunami affected areas - Banda-Aceh, Simeuleu and Nias areas (Nanggroe Aceh Darussalam and North Sumatra provinces) the situation has been slightly different. From the moment the EMOP 10405.0 was absorbed into the PRRO 10069.1 on January 2006, the 1st. WFP could enjoy the facility of a free regular shipping services linking the ports and beach heads along the NE and SW coast of the Aceh province and on the islands of Nias and Simeuleu. WFP did make good use of this free service operated by WFP Shipping Services¹⁵¹. Between January and July 2006 WFP – SS carried some 50.000 freight tons of food-aid for account of WFP Indonesia making it the second biggest user of the service. WFP Indonesia had already gained some experience chartering and operating prior to January 2006, the 1st. LCTs¹⁵² for its own account under the EMOP 100405.0. This shipping service proves quite expensive to operate given the many nautical constraints. The free shipping service was however discontinued as per July 2006, 31st for budgetary reasons. The service still operates but on a cost recovery basis. WFP has now the option to charter vessels on a daily basis from WFP-SS or chose liner term conditions and pay the newly published freight rates¹⁵³. Maritime transport operation in the Aceh – Nias area will remain expensive in the future. Such operations require therefore from the logistics department in Banda expertise and a good understanding of all the costing parameters. From the documentary evidence supplied it is clear that all the shipping (road haulage versus sea transport) and the loading (break bulk versus roll-on roll-off) alternatives were each time carefully looked into and evaluated in terms of operational efficiency and costing. Sea transport for the supply of food aid to Lamno and Calang on Sumatra and to Simeuleu and Nias islands will for the time being remain the only alternative.

¹⁵⁰ The services of Messrs. P.T. Benua Samudra Sentosa – Jakarta were retained as ships' agent.. They indicated that the ships' agency work on the dockside was not their core business and was frequently outsourced to a third party or so called free lance agents.

¹⁵¹ The WFP – Shipping Services (WFP – SS) operates as a service totally distinct from WFP – Indonesia. Some back office functions are shared. The WFP- SS is a project funded by the Multi Donor Trust Fund under the supervision of the World Bank. The core function of the WFP – SS is to transport reconstruction material and equipment to the Tsunami affected areas for account of the international donor's community.

¹⁵² LCT: Landing Craft Tank vessel. Small shallow draft vessel with a deadweight capacity of 600 MT or 1200 CM. capable of landing cargoes on undeveloped beaches.

¹⁵³ The daily charter rate amounts to approximately US\$ 5.000 per day. The liner term freight rate ranges from US\$ 75 to 150 per freight ton depending on weight or cubic measurement tons and the route.



For all the other destinations the transport of commodities, supplied or bought under FCA terms, is contracted to genuine road hauliers or to a C&F agent. The latter will combine the road and maritime transport with ferry services or short sea liner services, organise the containerisation if required and oversee the port transit operations. Tenders and RFQ are issued by WFP at regular intervals and transport contracts are awarded conform the laid down WFP procedures. The transport capacity and the infrastructure is adequate and the quality of the service is in general above average.. Haulage operations meet with little or no delays. In the absence of customs formalities shipping documentation is kept simple and easy.

There are no major or supra-national road haulage companies. Most of them are organised at regional level. If need be hauliers rent additional trucking capacity to cope with the demand. Large horse and 40' articulated trailer combinations are rather the exception and are only operated in the vicinity of ports and along main trunk roads. The 12 -15 ton truck with one or two rear axles is much more popular for long distance transport and are ideally suited for the existing road infrastructure. Ferries will accommodate this type of truck without any problem. The trucking capacity has been adequate during the period under review. Two fuel price hikes, respectively in March and November 2005, have severely affected the transport rates.

Warehousing and storage arrangements.

As already indicated as much as 13 EDPs are operated by or for account of WFP. Some facilities are rented from third parties as in Medan, Pringgabaya and Kupang but in most places extensive and very good use is being made of rub halls.

It is interesting to note that the management of the warehouses in Jakarta and Pringgabaya has been contracted under a separate contract to the owner of the warehouse¹⁵⁴. The rates paid for the management of the warehouse in Jakarta are remarkably innovative and are calculated on the daily quantity of commodities kept in store, the quantities handled in or out and the volumes of goods restacked and/or reconditioned. WFP pays only for the services it gets. This approach reduces the staff and equipment requirements on the side of WFP to a bare minimum: no warehouse managers, tally clerks, labourers, security guards and no forklifts, pallets or rack systems. The total transit cost for a 30 day storage period inclusive the handling in and out works out at US\$ 15 per MT. This is a comprehensive and very constructive approach which not only keeps WFP involvement low but goes a long way towards capacity building.

A feature common to all EDPs is the outstanding quality of the warehouse management. The stacking, the partitioning and the stock keeping are second to none. Warehousing training courses have been dispensed at regular intervals by senior WFP logistics officers with very satisfactory results indeed. The senior logistics officer in Banda did issue to the logistics staff in the region a very useful guide note on how “damaged or shelf life expired food commodities” must be disposed off. In the Banda-Aceh and Nias area these instructions were strictly complied with conform the WFP and GoI regulations.

In Gunungsitoli (Nias) the absence of concrete flooring under the rub halls may however cause problems during the rainy season. In Kupang the local shortage of warehousing facilities compels WFP to make use of small retailers' godowns with limited access facilities. In

¹⁵⁴ This is the case with Messrs. PT. Berdikari Logistik - Jakarta and Messrs. PT. Bhandha Ghara Reksa – Jakarta.



Pringgabaya (Lombok) an intermittent shortage of warehousing capacity is experienced. This could be corrected by the transfer of two or three rub halls from Yogyakarta.

Contrary to what happens in other countries WFP Indonesia has not contracted CPs for warehouse management. Whilst this formula is perhaps not recommended in emergency situations like the Aceh – Nias and Yogyakarta areas, it could certainly have been considered for EDPs where the pattern of warehousing operations is more clearly established. This would enable WFP to slim its logistic set-up.

Small quantities of food commodities, usually cartons of biscuits and noodles, are stored in FDPs operated by CPs. Moreover each school and *posyandu* enlisted in the NRP programme has its own small storeroom where commodities are stocked in the interval between two distributions. It was reported to the evaluation mission that at some schools the daily biscuit distribution could not take place for the person in charge of the storeroom (often the headmaster or his alternate) was absent. In Kota and Atambua (West Timor) some larger CPs take the lead and operate FDPs as convenient transit points on behalf of less well developed CPs.

Incidences of breakages and petty-thefts are almost non-existent. This exemplifies the high standards of storekeeping and security maintained at all times inside and around the EDPs. Just a dozen oil stained cartons were noticed as a result of leaking containers.

- Considering that WFP always opts for the best expertise and experience available, there is perhaps a case for ODTS Rome reconsidering the appointment of the ships' agent in Indonesia.
- The sea transport of food aid along the Aceh coast and to Nias and Simeuleu is expensive and is best kept under constant review and monitoring. Road haulage when possible and the use of the government operated ferry services must be evaluated as an alternative to dedicated shipping services.
- The outsourcing of warehousing management in Jakarta has yielded good results and stands to be duplicated wherever possible. The commercial contractual arrangements which have been negotiated by WFP-Jakarta may serve as a model for other countries. The contracting of warehousing management to CPs should also be favourably considered as a way to reduce the WFP logistics structure.
- The organisation of training courses for storekeepers and managers on a regular basis should be maintained and be extended whenever possible to CP logistics staff.

DDU versus FCA supply arrangements.

When food commodities are procured locally the WFP RFQ invites bidders to quote cost prices on both DDU and FCA terms. Some 40 to 50 % of the supplies are accepted by the Tender Board on DDU terms and are thus delivered directly to the designated EDP by the supplier. This entails for WFP advantages in terms of costs' savings and reduced logistical requirements. Food processing factories invariably ship goods in large quantities throughout the country and are therefore in a position of strength to extract attractive rates from hauliers, shipping companies and ferry operators alike. The tender board committee of WFP is attentive to this situation. Both DDU and FCA quotations are therefore carefully considered on their merits and cross-checked with quotations for transport services obtained by the logistics department. The suppliers being reputable the delivery on DDU terms seldom give rise to problems or discussions. The suppliers consider the DDU delivery mainly as a commercial good-will gesture towards WFP and as an



obligation to secure renewed orders from WFP. However the DDU delivery inevitably lengthens the delay for presenting the invoices and obtain final payment. At the same time the required performance bond is tied up for a longer period.

It is also important to note that the DDU transport cost component¹⁵⁵ represents some 50 US\$ to 100 US\$ per MT and sometimes more depending on the final destination. In the WINGS system this DDU transport cost component is lost and booked as a commodity cost. This inflates the commodity cost figures whilst flattering the final LTSH costs.

- Indonesia can proud itself with a reliable and secure transport system. DDU deliveries are therefore fully justified and should be encouraged provided the transport costs remain competitive and can be verified. At the same time DDU deliveries should assist WFP in enhancing the effectiveness of its logistics set-up.
- It might be interesting to keep track of the transport cost component of DDU supply contracts in order to obtain a better approximation of the true LTSH costing.

The secondary transport and the final distribution of food-aid to the beneficiaries.

WFP Indonesia has as much as 9003 “final distribution points” listed in its official data base out of which 1.298 are located in the so-called East corridor and 7.705 in the West Corridor (Aceh and Nias). Some 5.000 sites are believed to be “active”. These figures alone highlight the magnitude and the sheer complexity of getting the food aid to the beneficiaries every day, every fortnight or every month according to the programme. At this stage the logistics take all the characteristics of large scale retailing at almost continental level. The complexity of organising with the CPs the secondary transport from the EDPs to the FDPs and the final distribution to the beneficiaries becomes only too obvious.

On 31 August 2006 WFP Indonesia had 38 LOAs¹⁵⁶ in force negotiated with as much as 31 CPs. All the LOAs are carefully drafted and set out very clearly the respective obligations of partner and WFP. The agreements run usually for a period of 6 months, sometimes shorter. This is apparently an indirect outcome of the tight funding situation which precludes long term commitments on the part of WFP. All the CPs met during the evaluation mission have expressed their satisfaction with the contractual arrangements. Payments by WFP, even if the agreed period of 21 days is occasionally exceeded, give cause to little or no complaints on the part of CPs.

WFP Indonesia having resumed operations since 1998, all CPs are well known to the WFP management each with its capabilities and eventual weaknesses. No gross underperformances by CPs have been reported by the Programme section. The large majority of the CPs have an excellent knowledge of the terrain they are operating on. Some CPs may well lack a comprehensive administrative structure. They may require coaching for the budget preparation and the monthly reporting in the format desired by WFP. Supportive and informal monitoring by WFP Programme and Logistics sections helps the CPs to remain on track. Weekly or fortnightly

¹⁵⁵ DDU transport cost component: transport of the food commodities from the factory to the WFP EDF and can comprise road transport from factory to the port, containerisation, short sea transport, port transit and final road transport to the WFP EDP.

¹⁵⁶ LOA or letter of agreement. Contractual arrangements setting out the services to be provided by both WFP and the CP and the rate to be paid by WFP in respect of the secondary transport and the final distribution of food-aid to the beneficiaries. In some document this rate is erroneously referred as the LTSH rate.



meetings between CPs and WFP at sub-office level assist greatly in keeping all communication channels wide open.

The CPs are expected to take delivery of the food commodities at the WFP EDPs or at the nearby BULOG warehouse, to contract the secondary transport to the FDPs and to organise the final distribution to the beneficiaries. Eventually the entire transport and distribution process must be supported by documentary evidence.

CPs organise the secondary transport with trucks rented on a daily basis. This exercise is much time consuming operation and involves a lot of paperwork. For GFD and TFFR distributions involving large volumes and a reduced number of delivery points the CPs tend to rent 10 to 15 MT capacity trucks if feasible. For NRP, SFP and MCN distributions, often in remote locations and down town areas with limited accessibility often via very narrow and potholed streets and roads and involving a large number of distribution sites, small COLT trucks with a capacity of 5 to 7.5 MT are much preferred. Some CPs do operate these trucks on almost a permanent basis. The small COLT trucks are ideally suited for small scale distribution work though, in view of their small carrying capacity, they are costly to operate.. The secondary transport cost may therefore represent as much as 50 to 70% of the rates paid to CPs contracted for NRP, MCN and SFP distributions and between 30 to 50% of the rates paid to CPs doing GFD (Yogyakarta) and TFFR (Banda Aceh) distributions

As a rule all the distribution sites are visited at least once a month by a CP officer. Often he will travel with the truck delivering the food commodities. For the NRP, MCN and SFP distributions the physical presence of a CP officer is not required. Moreover it would be materially impossible for the CP to attend all the food distributions taking place daily in the schools and monthly at the *posyandus*. The CP must therefore rely heavily on the headmaster or his alternate and on the designated cadre or village welfare officer overseeing the distribution at the *posyandus*. At this level the mutual understanding and support for the programme are considered as extremely good. There is a sense of ownership making beneficiaries, headmasters and *posyandu* officials all adopting a responsible attitude. At the *posyandus* the distribution hinges on the food ration card held by the beneficiary and the distribution record card remaining in the custody of the *posyandu*. The food distributions for the TFFR and Tb programmes are more straightforward. The efficiency of these distributions is largely controlled by the accuracy of the food distribution lists. In the Yogyakarta earthquake affected villages distributions were organised on a more ad-hoc basis as a sense of urgency prevailed. The village chiefs and the CPs played an important role in selecting the beneficiaries. As a rule the number of beneficiaries per distribution site are at all sites rather small which makes the distribution process very manageable.

FFW programmes are mainly confined to West Timor. Some excellent FFW programmes have been carried out: water catchments, preparation of terraces for plantation, new roads etc. The success of FFW projects depends to a large extent on the quality of the preparatory work done by the community chiefs and the CPs. Some FFW projects are covered by two agreements: the first one between the community chiefs and the CP and the second one, the LOA, between WFP and the CP. Some FFW projects are even covered by a tripartite agreement jointly signed by community leaders, CP and WFP. From the onset there must be a clear understanding and a complete agreement on the NFIs required, the volume and type of work to be delivered and the lead time required everything being balanced by a certain quantity and type of food agreed upon



by all parties. Everything hinges on the expertise of the CP and the hold he has on the community chief. WFP has designed a set of forms analysing and recording in minute details all the stages of a FFW project. The complete set is truly impressive goes from a form A to a form K. Some forms are completed at labourers and community chief level, others are jointly prepared by the community chief and the CP, others by the CP and WFP. The methodology applied is not being questioned as such. All the forms are well designed and indeed serve a specific purpose. From visits to various FFW project one may question whether the community chief and the CP truly identify themselves with the forms and the methodology which are somehow extraneous to them. The volume of forms which is procured and prepared by WFP Kupang for distribution to the CPs is, from a stationary point of view, simply staggering. In practice the community chief and the labourers favour a more pragmatic approach striking beforehand a deal over a well defined community project and what they consider to be on balance a fair amount of food. The food distributions are arranged on a monthly basis with the community chief playing a leading role.

- Some excellent courses have been organised for warehousing staff and store keepers with good results and benefits for WFP and CPs alike. Perhaps similar courses should be organised on a regular basis on the correct method to prepare and submit to WFP all the various monthly WFP reporting forms. Given the large number of CPs and the numerous types of programmes the correct and the timely reporting is essential for WFP. Such course would pay huge dividend to WFP whilst enhancing the self confidence and the capacity building of the CPs' staff;
- The secondary transport is, by its nature, expensive and represents a large part of the funds paid out to the PCs. It would be advisable for the CPs to submit in their budget all the details and costs of their transport arrangements: numbers of trucks rented, anticipated number of days of truck utilisation, fuel costs, loading and unloading expenses, trucking schedules and itineraries in order to have a good understanding of this important cost component;
- The reporting forms designed for the FFW programme would benefit from streamlining and simplification having at the same time due regard for the costs of preparing, completing, submitting, analysing and processing all these forms.

Overview of the pipeline situation.

Since the onset of the PRRO 10069.1 no anomalies nor significant breakdowns have been recorded in the pipe-line situation. The food supply has remained during this 20 months period extremely stable and all the programmes could be conducted at an acceptable pace. Only one pipe line breakdown occurred in the supply of biscuits disrupting partially during January 2006 the NRP, MCN and SFP programmes. Production failures at one biscuit factory caused a major delay in the biscuit delivery schedules. Other biscuit factories were unable to step in at short notice. Biscuits supplies to the schools came as a result to a halt for six weeks but thanks to the school holidays schoolchildren missed their biscuits for a stretch of four weeks only.

The pipe-line forecast looks extremely good till the year end 2006 with only an expected shortfall of biscuits occurring sometime in January 2007 This leaves thus ample time for corrective measures to be taken. The pipeline situation has been positively influenced by:

- a large carry-over from PRRO 10069.0 : 7.433 MT



- a large volume of food aid reprogrammed from EMOP 10405 estimated at 10.314 MT in stock as at 31/12/2005 and a volume of 26.868 MT in the pipeline or on order..
- sufficient stocks of rice readily available nationwide at the major BULOG depots ;
- a fairly well developed food industry capable of meeting the requirements of WFP in terms of specifications, quality and quantity;
- state of the art milling facilities;
- a reliable country wide transport system enabling food commodities to be moved at reasonable cost from East to West and vice versa, within acceptable time limits and at little or no risks;
- the availability of a free short sea transport service in the Aceh – Nias area operated by WFP-SS during a full 7 months period from 01/01/2006 till 31/07/2006.;
- a very supportive attitude on the part of the GoI authorities.
- a stable political and economical environment.

All these positive factors did contribute separately and collectively; often reinforcing one another, to a healthy pipeline situation.

The only limiting factor has been the funding which has remained throughout the period under consideration well below the expectations. This forced the WFP management to continuously adjust its programme striking a balance between the available funds and the intrinsic programme costs (commodities and transport costs) and the recurring expenses (ODOC, DSC and ISC).

Looking at the stocks on hand as at 31 August 2006 it looks as if the EDPs on Lombok and West-Timor are slightly overstocked creating a shortage of warehousing space. In Kupang a similar situation is compounded by the presence of a stock of 2.136 MT of rice from the PR (BIL) 10425 taking up precious space.

Transport and related costs.

Costs for the services provided by third parties.

The import of food commodities from overseas being limited to three bulk grain shipments and the rest of the food-aid being locally procured from BULOG and local suppliers the contracting of transport and related services has been a fairly straightforward operation. The fact that rice consignments can be drawn from the most nearby BULOG depot and that as much as 40% of the locally procured food commodities are delivered to WFP warehouses on DDU terms does also help to remain on top of a complex logistic operation. Contracts documents for the supply of surveillance services, long distance intermodal transport, rental of warehousing facilities and warehousing management were kept readily available for consultation by the evaluation mission. Tender procedures, when necessary and compulsory, are strictly complied with. Short lists of transport and service providers are kept under constant review and screened for reliability and quality. Still cases did occur whereby haulage contractors could not meet their obligations under the award. This happened when short sea operators changed their rates for container rental and transport at short notice. Cases of gross miscalculation of the stowage factor of certain commodities also occurred.¹⁵⁷. But still the evaluation mission is satisfied that the

¹⁵⁷ RFQ 001/06 . Transport rate was eventually doubled as a result of gross miscalculation by the contractor of the stowage factor of biscuits. Estimated 20 MT. capacity of biscuits in a 20' container against an effective capacity of only 6,5 MT.

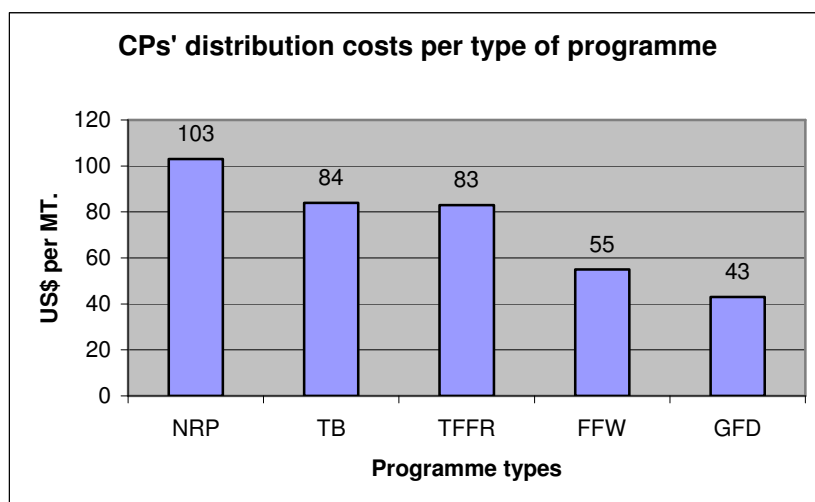


Transport Committee has at all time displayed the necessary caution and expertise when awarding contracts for transport and related services.

The importance of surveillance work should not be underestimated not only for quality controls (milling, and food processing) but also for quantity controls all along the transport chain. The superintendent companies deliver good work in Indonesia. Sucofindo and Bureau Veritas are regularly contracted by WFP via RFQ. The former is agent for S.G.S. in Geneva and Singapore and the latter fits in the French BV international network.

The short sea transport of food-aid from Banda – Aceh to Calang, Lamno and the islands of Nias and Simeuleu will for the time being remain a costly operation. WFP being the second biggest user of the services operated by WFP-SS, WFP – Indonesia is indeed in a position of strength to negotiate attractive shipping conditions.

The distribution of the food commodities is contracted out to CPs. The respective duties and obligations of both the CP and WFP are as a rule covered by a comprehensive LOA. This document is important for it not only specifies the flat rate which WFP undertakes to pay to the CP per ton of food distributed but it also encloses the budget listing the major costs components on which the rate is calculated. More than anything else the programme type and mode of distribution have a significant bearing on the rates paid



Distribution rates paid to CPs according to programme type and modulated for the tonnage volumes contracted. Rates valid for the period July – December 2006.

This graph highlights the comparative distribution costs per programme. The distribution costs under the NRP (school feeding and MCN programmes) are, by the strong retail nature of this programme, twice as costly as the distribution under the FFW and GFD programmes.

For the NRP programmes the secondary transport costs between EDPs and FDPs (included in the rates) range between 31% in the Aceh area climbing to as much as 71% in the Jakarta area. For the TB and TFFR these same costs oscillate between 31 and 60%. From the foregoing it is clear that the distribution costs are high. As such this high level of costs is the direct result of the high degree of targeting and of diversification commanded by the multiplicity of programmes and the geographical spread of a very great number of FDPs.



The budgets submitted by the CPs comprise a section for time bound or fixed costs and one for tonnage bound costs. Often complete details of staff strength are given. But from the budget figures submitted it is not always possible to establish whether a CP is extending similar services to other programmes and, if so, to verify if the fixed costs are correctly apportioned. Budgets submitted are scrutinised separately, the fixed costs by WFP programme and the variable costs by WFP Logistics services. Some CPs budgets are cleared marked “cleared for logistics side” which suggests that a piecemeal approach is applied to budget approval. CPs have most likely their own specific audit procedures but the CPs are, by contract, not made subject to WFP audits for the control of their costing structure and the final utilisation of funds. It is not suggested to create a full fledged WFP/CPs audit section but the LOA could include a provision making the CP subject to random audit controls.

The number of CPs contracted is large. Some CPs have been contracted for two and even three different programmes. This is the obvious choice when the FDPs are located in the same geographical area. Most CPs involved in the SFP are also involved in MCN (posyandu) programme but this is not always the case. Rationalisation and amalgamation of CPs as an alternative to reduced overhead costs do not seem to have been explored or even suggested.

- In order to reduce the cost for secondary transport different programmes should, as far as practically feasible, be conducted in the same geographical area. If it is not possible to reduce the number of FDPs at least they should be located as close as possible;
- In order to obtain some economy of scale CPs should be induced to merge or globalise. The number of 31 CPs under contract should and can certainly be reduced This would bring down their overheads and eventually permit a better allocation of whatever little ODOC funds are available for training and capacity building;
- At the time of entering into a new agreement with WFP the CPs should be invited to declare all their other contractual obligations towards other national or international aid agencies;
- CPs should be made subject to random audit controls.
- The approval of the budget submitted by a CP should be conducted as a joint exercise by the WFP programme and logistics services.

Analysis of the LTSH158 rates (budget versus reality).

Since the onset of the PRRO 10069.1 the LTSH rate and the calculation matrix it is linked with, have been revised on various occasions. The following table recaps the LTSH rates calculated for the PRRO 10069.1 at 4 different intervals, twice before the start date of the project and twice during the course of the project: 11/2003, 12/2004, 12/2005, 06/2006.. For comparison sake the table also indicates the different LTSH rate for the PRRO 10069.0 which immediately preceded the current project, for the EMOP 10405 which was merged with the current project and finally for the PR. 10425 (BIL) which is run in parallel.

¹⁵⁸ LTSH (Landside transport, storage and handling) comprises all the costs to care for and physically deliver commodities from the completion of external transport, or production and purchase point to the final distribution to the beneficiaries.



Projects	10069.1	10069.1	10069.1	10069.1	10069.0	EMOP 10405	PR. 10425 (Bil)
Date matrix prepared	Nov. 2003	Dec. 2004	Dec. 2005	Jun 2006	Feb. 2004	Mar. 2005	Apr.2005
Tonnage MT	269.568	268.437	238.081	220.860	177.180	95.649	7.700
Av. LTSH rate US\$	75.49	71.16	115.89	149.23	23.00	189.25	120.00
Av. distr. Cost US\$	12.83	21.35	56.78	83.56	N.A.	115.44	70.80
Distribution. Cost %	17%	30%	49%	56%		61%	59%

The LTSH rate for the PRRO 10069.0 at US\$ 23 was indeed extremely low. Under that project substantial quantities of rice were distributed, the transport costs being for a large part born by BULOG. The LTSH under the EMOP 10405 was understandably high for WFP was compelled to operate under emergency conditions, lives being at stake. The operating conditions prevailing under PRRO10069.1 are therefore neither identical nor comparable with the conditions prevailing during the previous PRRO10069.0 and the EMOP10405. However when comparing the 3 latest LTSH matrices which were prepared exclusively for the PRRO 10069.1 between December 2004 and June 2006 the matrix calculations indicate that the LTSH rate would rise from US\$ 71.16 over US\$ 115.89 to stabilise at some US\$ 150 in June 2006 or a 109 % increase over a 20 months period. Albeit a major one some good reasons may justify this increase:

- increase of overall transport costs as a result of fuel price hikes in March and November 2005 affecting the entire transport chain from point of origin to the FDPs;
- higher fixed costs (facility management, storage) for a low tonnage and lower throughput;
- underestimated incidence of high volume commodities on the transport cost;
- a larger than expected prevalence of biscuits and noodles rations over rice rations;
- merging of the EMOP 10405 with the PRRO 10069.1 .with a much higher LTSH rate (US\$ 189) and discontinuation of the WFP-SS free short sea transport service out of Belawan and Banda Aceh as from 01/08/2006;
- new transport routes as a result of procurement constraints from the Western corridor to the Eastern and Central corridors and vice-versa;
- an annual inflation rate of around 9%¹⁵⁹;

All these reasons combined explain to a certain extent the doubling of the LTSH rate over a 20 months period. On the other hand the practice to purchase food commodities on DDU terms, whenever justified, has the effect to lower the LTSH rate artificially. Also the project enjoyed during 7 months free short sea transport services out of Belawan and Banda-Aceh. This was definitely a bonus for the project. The main cause and perhaps the problem for the doubling of the LTSH rate is undoubtedly the fourfold increase over the same period of the net distribution costs paid to the CPs as explained under paragraph 76 hereunder.

¹⁵⁹ According to the IMF World Economy Outlook 2006 the annual rate of inflation for emerging market economies is 5 per cent per year for the period 2004 – 2006.



Taking the accounting figures from the WINGS system as at 31/08/2006 the LTSH cost per ton works out at US\$ 132,50 per MT¹⁶⁰. This is some 11% below the estimated LTSH rate indicated by the June 2006 matrix calculation. Whilst acknowledging that these figures can be questioned, one can reasonably assume that the LTSH cost per MT. was, at the time of this evaluation, anything between US\$ 132 and 145. This latter figure can be compared with the worldwide global WFP LTSH rate per MT which for the year 2006 stands at US\$ 147,90 per ton inclusive of extremely costly operations in Sudan and Iraq¹⁶¹. On the strength of this document the Indonesia LTSH rate can be considered as being in the medium bracket. The fact that the Indonesia LTSH rate is at par with the worldwide global WFP LTSH rate authorises some satisfaction. The same document also indicates that the worldwide global WFP LTSH rate increased by some 30% between 2004 and 2006. The doubling of the LTSH rate over the same time span should be a cause of concern and calls for attention.

The CO has dutifully reported all the subsequent LTSH revisions to ODT in Rome and obtained their endorsement and clearance. Beyond the fact that all the increases in transport tariffs and distribution costs were entered in the matrix calculations as accurately as possible, it does not appear that this steep rise in the LTSH rate did trigger a review, re-alignment or re-adjustment of the core objectives of the PRRO 10069.1.

Over the same 20 months period the LTSH rate doubled the budgeted average distribution costs quadrupled from US\$ 21.34 in December 2004 to US\$ 83.62 in June 2006¹⁶². The merge with the EMOP 100405 on 01/01/2006 could be a possible explanation. Also the predominance of the NRP programmes in this PRRO 10069.1 with much higher distribution costs (US\$ 103 per MT – see paragraph 69) could be another explanation. Comparing the contractual rates negotiated with the CPs for the first half of 2006 with the current rates it appears that the rates in the Easter and Central corridor remained stable or increased only slightly. In the Western corridor the increases were much more pronounced. Only a very detailed and comparative study of the CPs budgets and rates over the last 24 months period could give a more precise explanation. Future LOAs with CPs should therefore be made subject to tight budget controls. Considering the large number of CPs contracted by WFP – 31 at the last count – there is certainly room for rationalisation.

The DSC¹⁶³ cost per ton was estimated in the initial budget proposal submitted to the board's approval (05/01/2004) at US\$ 33 per MT or 7.8% of the total project costs. The worldwide WFP DSC rate for the period 2004 – 2005 stands at US\$ 56 per MT. Twenty months in the project the DSC costs still represents some 7.5% of all the costs exposed for this project. Depending on the tonnage figure chosen: 74.992 MT of food effectively distributed or the 110.477 MT recorded in WINGS end August 2006 the DSC cost per MT fluctuates between 45 and 66 MT. This would indicate that WFP management costs are in line with the worldwide WFP DSC average. Remains the fact that here as well a steep rise in DSC costs is recorded. The low

¹⁶⁰ LTSH WINGS figures as at 31/08/05 Actuals and commitments US\$ 9.943.719 ./ 74.992 MT of food aid effectively distributed on 31/08/06.

¹⁶¹ WFP EB document June 2006 Item 6 – Analysis of WFP cost components – paragraph 74.

¹⁶² Summary LTSH costs December 2004 US\$ 5.685.703 ./ 266.437 MT = US\$21.34
Summary LTSH costs June 2006 US\$ 18.468.480./ 220.860 MT = US\$ 83.62

¹⁶³ DSC are the fixed costs directly incurred to support the project and include costs for international staff, national staff, recurring expenditures, equipment and capital costs.



funding rate and consequently the low tonnage throughput achieved are the logic explanation for this increase.

- A detailed analysis of the CPs' budgets over the last 24 months period would be appropriate so as to identify the exact cause for the fourfold steep rise in distribution costs, totally out of step with the other economy parameters in the country.
- There is need to carry out an in-depth analysis of the LTSH rate in order to determine the exact reasons for the steep rise noted since the start of the current project;
- Except for two or three intimici no other members of the staff seem to be very familiar with the LTSH calculation matrix. Once the document is prepared it is seldom questioned, challenged, reviewed or effectively used as a management tool. Its primary purpose is apparently to provide guidance and justification for the allocation of donor funds.

Overall effectiveness and efficiency of the logistics services.

No matter the complexity of the PRRO 10069.1 project spanning a wide range of different programmes and encompassing well over 5000 FDPs the logistics put in place proved to be capable of providing all the necessary support to allow all the programmes to proceed as planned. The import from overseas and the local procurement of food commodities, their inter-modal transport over long distances and the final distribution to the beneficiaries were so many different activities which were conducted as one continuous and truly seamless operation. This is no mean achievement in a country almost as vast as a continent. The project experienced no bottlenecks, pile-ups nor delays and save one short pipeline break for biscuits experienced in January 2006 the logistic department managed to deliver consistently in time and place the quantities of food required by the Programme department. The tracking and the monitoring were excellent, thefts non existent and breakages or loss of commodities extremely rare, well recorded and accounted for.

As a system the logistics retained a high degree of flexibility. If production capacity for biscuits and noodles were tight in one corridor alternative steps were immediately taken to procure food commodities from another source. The way WFP Indonesia has managed the wheat transformation process into biscuits and noodles deserves praise and stands to be copied in other countries where WFP is active. The effectiveness of the response to the Yogyakarta earthquake disaster in March 2006 highlights the degree of prevailing flexibility and competence. Despite the constrains imposed by the transport infrastructure the logistics department did manage to make good use of the available transport capacity. The presence of some extremely capable and highly motivated international and national logistics officer is not extraneous to this excellent performance.

The control over the costing deserves perhaps in the future more attention. It is not so much the level of the costs which should retain the attention than well the steep rise experienced. The costing figures are there readily available or can easily be obtained from different sources. These costing figures have not always been closely monitored, analysed, interpreted and acted upon. With the benefit of hindsight the loose chain of command which has at times prevailed in the Logistics services could perhaps provide a justification. The responsibilities were not always well defined the West corridor being sometimes considered as a loose entity at other times not. The Medam office was at one stage the location of the senior logistic officer at other moments



the control shifted to Jakarta, vacancies were left open for long periods. Each of these elements taken individually are certainly not the cause of a diminished cost control but taken together a climate is created where costs control become diffuse and is not given the attention it merits

For certain lengths of time the PRRO 10069.01 has been conducted in parallel with other projects: EMOP 10405 in the West corridor and PR 10425 (BIL) in the Eastern corridor. Most likely this has permitted certain economies of scale achieving a better spread of the LTSH and DSC costs. Serious efforts have been displayed to make the geographical areas of both the SF and posyandu programmes match, sometimes with very good results. This approach should be pursued and intensified wherever possible.

The tight funding prevented at times long term planning and sound commercial decisions. Decisions, especially in respect of procurement, can only be taken when funds are released or become available. The procurement and the logistics departments have proved to be capable to act at short notice. There is however a danger that the lead time becomes so short for the suppliers that the immediate availability of food production capacity is prevailing over more attractive cost prices.

Sustainability and exit strategy – Organisational changes.

Convergence and bundling should be the principles leading to sustainability and a responsible exit strategy. Continued outsourcing to the local trade and industry is definitely the way forward. The import of bulk wheat for local milling and subsequent processing, the local procurement of food commodities and the practice to purchase such commodities on DDU terms, when justified, are three important component parts of the PRRO 10069.1 All three contribute directly to greater sustainability and self-reliance. WFP has been successful in establishing with the local trading and industrial community a relationship build on mutual trust. The more WFP succeeds in confining itself in the role of programmer, coordinator and monitor the better.

More logistic activities can be outsourced. Warehouse management can be entrusted to commercial operators or to CPs. This has already been done in three different locations with very good results. The number of EDPs should be critically examined. The Medan office and the warehouses (rented from BULOG) yield actually little added value to the project. Measures to scale down the activities in the Medan area are already being considered by the management. In an initial stage the presence of a liaison officer can be considered during the transition period. Equally the EDPs of Makassar, Gunungsitoli and Sinabang could be downsized and the management passed on to a CP provided guidance and back-office support is organised during a transitional period. In a country like Indonesia resources are plentiful and there is ample room for logistic creativity.

CPs should be positively encouraged to merge or to operate for account of WFP as a joint venture. This being done the management of the entire project or one of its programmes in a well defined geographical area could be entrusted to a CP, leaving the responsibility for final supervision to WFP. On islands like Nias and Simeuleu it must be possible to involve a trusted CP more actively in the project, reducing the presence of WFP in accordance.

Such approach would allow WFP to concentrate on its core business functions like the strategy, the fundraising, the programme development, the procurement, the monitoring and the



reporting. Striving towards more convergence and bundling it should be possible to transfer a larger part of the programme implementation to local partners.

The GoI has still an important role to play as the ultimate owner of this project. The MOU provides the framework within which logistic operations can be conducted. The relationship with BULOG has been paying dividend and should be maintained and if at all possible reinforced.

- the existence and the need for 13 EDPs should be critically evaluated. Some EDPs can be closed whilst the management of others, in view of their size, could be managed by a CP on behalf of WFP;
- CPs should be positively encouraged to merge and restructure themselves in a drive to bring down their overheads and to reach a critical mass making them capable of taking over the entire management of the project or a programme within the limits of a well defined geographical area.

Future programme options and impact on logistics.

Defining the options for the pursuit of a project is not the immediate responsibility of the logistics. The question is whether, given certain options being taken, it is possible to provide efficient logistical support. In principle the phasing out of programmes in the Banda-Aceh and Nias areas and the redeployment of projects and facilities in the NTB and NTT provinces should not pose major logistic problems.

Firstly due consideration must be given to the type of programme retained knowing that the distribution costs vary accordingly with a factor ranging from 1 to 2,5. Secondly if different programmes are retained it is advisable to make the geographical area of the programmes match in order to attain a better degree of convergence and bundling.

The NTB and NTT provinces remain within easy reach Regular short sea services operate out of Belawan, Jakarta and Surabaya offering the required flexibility for the sourcing of commodities processed in or procured from the Medan, Jakarta and Solo/Sragen areas. The short sea service to Kupang and Makassar is reliable and regular with good port facilities at both ends. Attention should be paid for the transport of food aid into Lombok islands. Short sea services do not call regularly into Lombok. The regular ferry services operating out of Surabaya are therefore more indicated for shipping goods into Lombok. Commodities procured in Medan may require containerisation in Medan, short sea shipping services between Belawan and Surabaya, devanning in Surabaya and loading break bulk on trucks and use of two ferry services overland Bali island into Lombok. The transport cost may easily reach US\$ 232 per MT. Before making Lombok the centre of gravity of the new or extended programme it is essential to gain a fair approximation of the likely transport costs to be supported.

The roads are narrow in the NTB and NTT provinces and will not allow for high capacity transport. The extensive use of the smaller Colt type truck (capacity 5 to 7 MT) will be more appropriate. This will certainly be reflected in the final transport cost. The accurate preparation of the LTSH matrix will shed some interesting light on this and will eventually dictate the most appropriate choices.



Storage capacity is in short supply in Lombok and NTT. Rubhalls should provide the solution at little extra cost.

If the option for a possible shift of the programme Eastward is retained, it might be necessary to upgrade Surabaya as a new logistic hub. Before doing so Surabaya must be linked to the COMPAS System. The same must apply for the Mataram and Kupang office.

Future programmes may consider the option of substituting certain commodities with sachets of tasteless multi-micronutrient powder ('sprinkles'). The logistics of distributing small sachets to the beneficiaries must be looked into with great care. The arithmetic of a distribution cost per MT does not work correctly. Considering that sachets of 'sprinkles' will not be distributed as a stand alone commodity but in conjunction with staples (rice or oil), it would be advisable to negotiate with the CPs a very small monthly flat fee for the distribution of the sachets¹⁶⁴

New Business Model (NBM) – Project Planing Tool (PPT)

Indonesia has been retained as one the pilot country to test out the "New Business Model - NBM". One of the important component of this model is the "Project Planning Tool – PPT" which has just superseded the "Business Process Review – BPR". WFP Indonesia has already been initiated to the NBM concept. The DCD has been involved with the project since its inception. Also two senior officers of WFP Indonesia attended in July 2006 an NBM workshop. Plans are now in hand for two officers to attend a special workshop in Bangkok in order to familiarise themselves with the PPT

This PPT will display onto one spreadsheet the funding projection (effective, confirmed and anticipated), the food pipe-line situation (available stocks, floating and procurement projections) and the costs projection in regard of the programme requirements. The objective is to achieve: better planning of the requirements (food commodities and funds), better allocation of the available resources and improved forecasting of incomes.

The NBM and its ancillary components like the PPT have not yet reached the full implementation stage. The model is still in a running-in stage with selected staff in the process of being trained.

Undoubtedly the PRRO 10069.1 will benefit from this project once it picks up steam. An improved overview of the available resources versus the demands of the programme will greatly assist the steering of a programme which must permanently face a double challenge: under-funding and sheer logistic complexity.

¹⁶⁴ In various UNHCR refugee camps Maggi cubes are distributed by the CPs together with the monthly rations at no extra cost.



Annex 6: Tentative approximation of quantities of food-aid delivered

Period 01/01/2005 – 31/08/2006.

1) On the strength of COMPAS figures:

- Total amount of food commodities delivered or distributed as at 31/08/2006	74.993 MT.
- Total amount of food commodities held in stock as at 31/08/2006	6.474 MT.
- Total throughput under PRRO 10069.1 – 20 months	81.647 MT.

2) On the strength of Input figures:

- Total amount of food locally procured (figures from WFP Procurement dept.)	46.900 MT.
- 28.235 MT of bulk wheat processed into noodles and biscuits	5.028 MT.
- Stock carried over PRRO 10069.0 on 31/12/04	7.433 MT.
- Stock carried over from EMOP 10405.0 on 31/12/2005	10.414 MT.
- Plus estimated amount of food aid still procured and supplied under EMOP 10405 between 01/01/2006 and 31/08/2006 out of a total amount of 26.868 MT.)	10.000 MT.
- Total throughput under PRRO 10069.1 – 20 months	79.675 MT.

3) On the strength of the WINGS figures:

- Total quantity of food commodities made available for the PRRO 10069.1	111.672 MT.
- Less imported bulk wheat for local processing:	(28.235 MT)
- Plus quantity of noodles and biscuits procured under barter arrangements	.5.028 MT.
- Total throughput under PRRO 10069.1 – 20 months	88.465 MT.

Note: This WINGS tonnage figure is slightly inflated because it comprises the tonnage of consignments not yet up-lifted but for which funds are already committed., e.g. on 31/08/2006 90 MT of biscuits in the pipeline for Kupang and 1760 MT of rice still in the Medan BULOG warehouses pending allocation.

From the foregoing it is established with sufficient accuracy that for the 20 months period under review the total amount of food-aid distributed to the beneficiaries plus the quantities still held in stock under the PRRO 10069.1 amounts to some **81.000 MT.**



Annex 7: Recapitulative table of quantities food-aid distributed

Project 10069.1 Recapitulative table of quantities food-aid distributed per EDP and per commodity.
Period 01/01/2005 – 31/08/2006 - 20 months.

Year	EDP Location	Biscuits	Noodles	Rice	Oil	Milk	Sugar	Fish	Totals	
2005 Distribution	Jakarta	1.771,61	870,22	3.484,71					6.126,54	
	Kupang	471,58	193,39	572,67					1.237,64	
	Makassar	328,19	25;48	121,10	116,72				591,50	
	Mataram	792,84	342,54						1.135,38	
	Surabaya	963,87	557,05	9.137,00	7.05				10.664,97	
2005 Totals		4.328,09	1.998,68	13.315,48	123,77				19.756,02	
2006 – Deliveries	Banda Aceh	2.016,13	971,57	12.541,45	944,48			437,78	16.911,41	
	Calang	126,79	110,81	2.396,40	179,45			93,43	2.906,88	
	Jakaeta	1.435,99	1.112,67	3.759,99					6.308,65	
	Jogjakarta	926;26	1.330,96						2.257,22	
	Kupang	710,47	301,92		133,78	39,44	19,88		1.205,50	
	Loksumawe	1.082,64	507,62	6.690,69	488,30			250,58	9.019,62	
	Makassar	327,66							327,66	
	Mataram	1.007,64	516,82		22,58	13,33	6,67		1.567,03	
	Medam	679,23	70,30	605,53	49,82			35,57	1.449,40	
	Meulaboh	536,33	323,43	5.860,39	446;04			268,52	7.434,70	
	Nias	320,49	103,36	997,74	78,99			64,17	1.564,75	
	Simeulue	118,65	142,11	2.017,34	132,69			83,13	2.493,91	
	Surabaya	943,05	589,05	251,82	5,98				1.789,86	
	2006 Totals		10.231,33	6.089,60	35.121,34	2.482,11	52,77	26,55	1.233,16	55.236,86
	Grand Total		14.559,42	8.078,28	48.436,82	2.605,88	52,77	26,55	1.233,16	74.992,88

Source: COMPAS.



Annex 8 : Stocks on hand as at 31st August 2006

Project 10069.1 - Stocks on hand as at 31st August 2006.

Project	Corridor	EDP Location	Biscuits	Noodles	Vegetable Oil	Rice	Sugar	DSM	Grand Total
10069.1	West	Banda Aceh	174,606	353,200	45,446	502,645			1.075,896
		Calang	17,383	45,030	31,122	441,610			535,145
		Meulaboh	107,565	263,405	73,638	1.053,060			1.497,668
		Medan	503,626	0,005	11,988				515,619
		Nias		39,180	23,513	216,110			278,803
		Lhoksumawe	61,764	353,660	47,250				462,674
		Simeuleu	24,716	36,865	24,102	203,175			288,858
	West Total		889,660	1.091,345	257,058	2.416,600			4.654,663
	East	Jakarta	162,258	255,235					417,493
		Surabaya	46,153	253,865	56,466				356,484
		Makassar	82,899						82.899
		Mataram	131,996	167,690	5,926		3,832	7,67	317,118
		Jogjakarta	116,853	147,420					264,273
		Kupan	98,149	248,740	21,561		4.118	8.567	381,135
	East Total		638,308	1.072,950	83,953		7,950	16,241	1.819,402
Grand total:			1.527,968	2.164,295	341,011	2.416,600	7,950	16,241	6.474,065



Annex 9: Recapitulative table of all food-aid distributed under EMOP 10405, PRRO 10069.1, PR 10425.0

DISTRIBUTION 2005 AND DELIVERY-DIRECT DISTRIBUTIONS JAN-AUG 2006													
Commodity	2005 PROJECTS 10405 - 10402												
	Jan-2005	Feb-2005	Mar-2005	Apr-2005	May-2005	Jun-2005	Jul-2005	Aug-2005	Sep-2005	Oct-2005	Nov-2005	Dec-2005	Total
BISCUITS	103,62	310,16	270,17	130,77	337,59	208,06	292,21	2,106,93	83,94	45,03	140,34	67,73	4,098,55
FISH	164,61	365,50	699,31	579,33	939,69	692,30	1,896,91	589,22	621,42	645,50	449,88	5,11	7,847,79
OIL	214,73	280,27	288,44	355,26	246,08	288,99	365,25	307,51	388,04	472,18	322,25	350,89	3,879,87
NOODLES	340,60	397,64	345,28	87,31	327,54	676,03	1,036,64	502,96	567,72	134,82	47,26	17,66	4,481,64
RICE	3,033,83	5,689,75	6,495,30	7,404,16	7,020,36	8,665,04	6,965,11	6,802,20	7,392,39	8,869,15	6,696,51	6,079,11	81,755,90
Total	3,937,39	7,043,92	8,102,49	8,354,42	8,970,25	10,507,42	10,576,12	10,508,92	10,553,51	10,183,08	7,654,23	7,120,30	107,963,35
2005 PROJECT 10069.1													
Commodity	Jan-2005	Feb-2005	Mar-2005	Apr-2005	May-2005	Jun-2005	Jul-2005	Aug-2005	Sep-2005	Oct-2005	Nov-2005	Dec-2005	Grand Total
RICE	559,02	2,521,37	586,33	14,68	14,91	11,62	209,75	196,70	196,70	276,05	280,51	215,66	1,988,68
BISCUITS	3,367,63	1,377,24	61,19	942,30	492,70	4,991,03	485,52	85,66	291,62	291,62	155,63	128,39	13,315,48
OIL	1,377,24	2,521,37	586,33	14,68	14,91	11,62	209,75	196,70	196,70	276,05	280,51	215,66	4,328,09
Total	5,304,09	6,419,98	1,182,45	1,071,58	1,061,56	6,194,27	7,096,03	7,058,71	7,058,71	7,058,71	7,058,71	7,058,71	32,699,97
2006 PROJECT 10425.0													
Commodity	Jan-2006	Feb-2006	Mar-2006	Apr-2006	May-2006	Jun-2006	Jul-2006	Aug-2006	Sep-2006	Oct-2006	Nov-2006	Dec-2006	Grand Total
RICE	224,31	213,09	213,09	60,48	353,64	560,25	179,79	246,75	246,75	246,75	246,75	246,75	1,838,31
Total	224,31	213,09	213,09	60,48	353,64	560,25	179,79	246,75	246,75	246,75	246,75	246,75	1,838,31
2006 PROJECT 10069.1													
Commodity	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-2006	Oct-2006	Nov-2006	Dec-2006	Grand Total
BISCUITS	891,97	1,333,21	1,926,00	1,223,56	1,253,48	1,061,28	1,318,39	1,223,44	1,223,44	1,223,44	1,223,44	1,223,44	10,231,33
FISH	413,54	355,93	269,04	193,31	1,36	0,47	13,33	1,36	1,36	1,36	1,36	1,36	1,233,16
MILK	10,30	4,49	10,55	13,63	13,63	13,63	13,63	13,63	13,63	13,63	13,63	13,63	52,77
NOODLES	288,97	503,08	469,56	411,38	626,65	1,294,65	1,966,22	1,119,10	1,119,10	1,119,10	1,119,10	1,119,10	6,089,60
OIL	401,64	291,26	348,71	298,24	363,60	265,89	276,71	238,06	238,06	238,06	238,06	238,06	2,482,11
RICE	4,964,86	4,434,55	6,187,52	3,748,33	4,968,46	3,639,46	3,956,36	3,121,80	3,121,80	3,121,80	3,121,80	3,121,80	35,121,34
SUGAR	5,15	2,29	5,15	5,15	5,15	5,15	5,15	5,15	5,15	5,15	5,15	5,15	26,55
Total	6,970,96	8,933,46	9,207,60	5,986,63	7,233,60	6,462,29	6,837,64	5,702,41	5,702,41	5,702,41	5,702,41	5,702,41	55,236,66
Grand Total	16,556,77	18,170,70	18,170,70	15,479,35	16,965,29	22,697,35	18,652,02	16,739,04	16,739,04	16,739,04	16,739,04	16,739,04	178,692,74



Annex 10: Persons Consulted

NAME	ORGANIZATION/ DESIGNATION
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Aceh	Aceh	Aceh
Yusri Yusuf	Director	Keumang
Wahyuni Wowik	Prog. Officer	Cordaid
T. Zulfan		
Eric Morris	Recovery Coordinator	UNORC
Pak Hanif	Head of Dept	Dept. of Social Welfare
Henning Scharpf	Head of Area Office	WFP
Kornelius		
Charlie Higgins	Area Coordinator	WFP
Tania Barendz	Prog. Officer	WFP

Jakarta	Jakarta	Jakarta
Benni Sormin	Assistant Rep	FAO
G. Franco	Rep	UNICEF
Monsoor Ali	Director, Emergency Ops	UNICEF
Jane Wilson	Country Coordinator	UNAIDS
Abdul Haq Amiri	Chief	OCHA
Henrik Nordentoft	Dept. Reg. Rep	UNHCR
Pak Kornhelius		Chakra Mandis (NGO)
Pak Soekirman		BK3D (NGO)
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Annex: 11 Bibliography of key publication

I. Annotated Bibliography of key publication

Telford, J and Cosgrave, J (2006) ‘Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report’, London: Tsunami Evaluation Coalition (TEC).

A joint evaluation effort involving over 40 international humanitarian and development cooperation agencies. Focussing primarily on donor governments and international agencies, the report identifies weaknesses relating to:

- Accountability to affected people, including the timely flow of reliable information;
- International relief and recovery capacities within contributing agencies;
- Funding failures with respect to impartiality and proportionality.

The report suggests a fundamental reorientation of the international community from supplying aid to supporting and facilitating communities’ own relief and recovery priorities. This includes support to pre-disaster capacity preparedness and risk reduction programmes. At community level, greater attention should be paid to cash payments, locally managed trust funds, and better support for host families. Increasing attention should be given to social inequalities, exclusion and hierarchies in disaster responses. Linkages between national and international coordination mechanisms should be explicit. An international accreditation system for NGOs should be considered.

In the recovery period, greater emphasis should be given to re-establishing livelihoods and asset creation, rather than simple asset replacement. In this respect, investments need to be made in national-international participatory assessments of livelihood recovery.

Goyder et al, (2005) ‘Real-Time Evaluation of WFP’s Response to the Indian Ocean Tsunami: December 2004-June 2005.’ Rome: World Food Programme.

WFP’s food aid, promptly mobilized in the days following the tsunami, and implemented by highly committed staff, made a major contribution to the achievement of the objective ‘*to save lives by preventing a deterioration in the nutritional status of vulnerable children and mothers, which could lay them open to disease*’, even though initially WFP was only one of many agencies bringing in food and other supplies. However, it has proven more difficult to achieve the second objective of the EMOP, namely ‘*to promote the rehabilitation of housing, community infrastructure and livelihoods*’, at least within the over-optimistic timescale proposed. Neither WFP nor its partners were able to give sufficient priority to post-distribution monitoring. Nevertheless, food aid has provided a vital safety net and an appreciable income transfer to displaced people.

Specific recommendations relating to nutrition and logistics are dealt with in more detail in the main evaluation.

Health and nutrition in Indonesia



Atmarita (2005). Nutrition problems in Indonesia. Article for integrated international seminar and workshop on lifestyle – related diseases, available from: <http://www.gizi.net/download/nutrition%20problem%20in%20Indonesia.pdf> .

This paper gives a good overview of the nutrition problems in Indonesia. Despite good progress in the last three decades, undernutrition due to a lack of macro- and micronutrients is still widely prevalent, with approximately 50% of the population suffering from iron deficiency, one-third at risk of iodine deficiency disorders, 10 million children affected by vitamin A deficiency disorders, 40% of pregnant women anemic, 7-14% of infants born with low birthweight, and almost 50% of preschool children stunted. On the other hand, the prevalence of non-communicable diseases related to overweight and obesity are increasing and considered an emerging significant public health problem

Survey data used for the Mid Term Evaluation report (see also the tables in appendix 1):

- GoI (MOA) & WFP. (2005) A Food Insecurity Atlas. Jakarta, Indonesia.
- GoI & WFP (2005) Hunger Survey of Indonesia, Jakarta.
- GOI/WFP/BPS/AusAid (2006) Nutrition Map of Indonesia. Small area estimation of nutritional status in Indonesia. Jakarta, Indonesia.
- GOI/HKI Health and Nutrition Surveillance System (NSS), data collected between 1996-2003. Shared on CDROM. Jakarta, Indonesia.
- WFP/ECHO/SEAMEO. (2005) Rapid Nutritional Assessment among children 6-59 months and women of reproductive age in West Nusatenggara and East Nusatenggara provinces, June '05. Jakarta, Indonesia.
- UNICEF/CNDRF/SEAMEO. (2006) Second Health and Nutrition Assessment in Nanggroe Aceh Darussalam Province and Nias Island, Sept '05.
- SEAMEO & WFP. (2006) Health and nutritional status survey for primary school children in Nanggroe Aceh Darussalam and Nias Island. Jakarta, Indonesia
- CWS/HKI. (2006) Nutrition and Health Survey among urban poor in Makassar, South Sulawesi – Comparison of situation in Sept-Oct 2003 to Sept-Oct 2005. Jakarta, Indonesia.
- CWS/ HKI. (2006) Survey in Soe, West Timor, Apr-May '06.

Review of impact studies commissioned by WFP

School Feeding Programme Evaluation Study – SEAMEO-PROPMED.

An evaluation was done to assess the impact of the program, which consisted of a qualitative study and a repeated cross sectional study. The qualitative study aimed to assess the program delivery mechanism and perception from main stakeholders. The repeated cross sectional study was conducted to assess the impact of the program on (1) nutritional (including anaemia and iron deficiency) and health status; (2) cognitive performance; (3) dietary intake; (4) worm infestation; and (5) acceptability and daily consumption of the fortified biscuit. The study was conducted among 16 program schools in Greater Jakarta in Sept '04 and Sept '05.

Anthropometry indicators did not improve, but haemoglobin concentration (Hb) increased from the baseline in all areas (0.3 – 0.7 g/dL), and anemia prevalence reduced from 23.9% to 10.1%, according to the investigators. Median cognitive performance of the children -- expressed as the percentage to the maximum scores—increased significantly from baseline in Tangerang district for all aspects of cognitive performance (i.e. verbal fluency, verbal reasoning, speed of visual processing, concentration, short term memory and visual processing) and in West Jakarta and Tangerang city for all except for verbal reasoning and short term memory. The authors also



recommended that relevant stakeholders' participation be optimized through strengthened health and nutrition education to teachers and food sellers at school, socialization to parents, and greater involvement of local education offices. Availability of printed education materials and basic sanitation facilities as well as deworming program should also improve effectiveness of the program.

However, some aspects concerning the design and nutritional status results need to be considered when interpreting the findings:

1. The absence of a control group is unfortunate. It makes it difficult to assign any improvement to the intervention, particularly because the changes observed are small and could also be caused by changes unrelated to the program.
2. The figures on anemia reduction as summarized in the evaluation report are of unclear origin. The first baseline data found that 16.4% was anemic and that 5.7% suffered from iron deficiency. Because of a problem suspected with the Hb assessment, Hb was assessed again, among a subgroup (53.6% anemic!) and original Hb values were adjusted. No clear data on overall anemia as re-assessed are given. This is also complicated because there was a change of program schools, because some were not so much in need (low levels of anemia) as discovered at BL.
3. Considering that most anemia in this part of Indonesia is due to iron deficiency, what explains the high ferritin values and hence a low prevalence of subjects with low iron stores? Normally, a larger proportion would have low serum ferritin values compared to the proportion with anemia. It might well be that ferritin values were high due to infection, as it is reported that >50% had acute or chronic illness! A biochemical marker of infection would enable distinguishing between subjects with high ferritin values due to infection and those with high values truly reflecting high iron stores.
4. The findings on cognitive performance are interesting and plausible, but the same subjects were assessed a year later, so that the change observed could also be due to ageing and having received another year of education. If a cross-sectional sample was taken of children of the same grade and age at BL as well as EL, and a control group had also been tested, it would have been possible to determine whether the intervention impacted on cognitive performance.

Because the fortification level of the biscuits, 4 mg iron as ferrous fumarate per day, is very likely to impact on iron status (see papers by van Stuijvenberg et al and Sari et al, referenced in the school feeding section in this annex), observing a reduction of anemia prevalence is plausible. However, the design of the evaluation was not well-suited to prove this because of the lack of a control group and the problems with assessment and interpretation of Hb and serum ferritin values. Although we can reasonably assume that the biscuits contribute to reducing anemia, it would be good to know the extent to which they reduce anemia in this target population. For cognitive function, the same design problems apply, and in addition, the study by van Stuijvenberg did not report an impact.

Therefore, it is strongly recommended that the data collected from the SF programme in Aceh are examined for the relationships between total number of biscuits consumed (which is possible because data were collected ~9 mo after the roll-out of the program so that some schools had participated longer than others) and key outcomes, and that the next (endline?) data collection also collects data from children that had not received biscuits (new grades and/or



control schools) and compares cross-sectional data from the same grades (thus, for example, compare the previous grade 2 to the current grade 2).

Bogor Agricultural University (IPB)/WFP/MOH/National Planning Agency (2005) Efficacy study of the WFP fortified biscuit and noodle on micronutrient status of children and mothers.

A study was undertaken in Bogor district during the period September 2004 to July 2005 to assess the efficacy of the biscuits and noodles provided to underfives and pregnant and lactating mothers through the *posyandu* system for reducing micronutrient deficiencies, in particular anemia and vitamin A deficiency. A ration of fortified, or unfortified in the case of the controls, biscuits or noodles with biweekly home visits to both cases and controls by trained *posyandu* staff were provided for 16 weeks. It was found that the prevalence of anemia was reduced among children (57% in intervention vs 20% in control) and lactating mothers (54% in intervention vs 14% in control). Among pregnant women only a small, most likely non-significant, difference was found (30% in intervention vs 20% in control), which is not surprising because of the high iron needs in pregnancy. Vitamin A capsule distribution however had masked the effect, if any, of the biscuits and noodles on vitamin A status.

The major weakness of the study appears to be the way the results have been written up, without identifying whether the differences found were significant. However, because the results are plausible (in the expected direction and with an expected magnitude) and in-line with the results from the school feeding evaluation as well as the findings from van Stuijvenberg et al (see below in school feeding section), it can be concluded that both the fortified biscuits as well as the fortified noodles contribute to reducing iron deficiency anemia.

Puska UI (2006) Evaluation Survey of Nutrition Rehabilitation Program (NRP) Through Posyandu.

Besides the efficacy study reviewed above, an evaluation of the NRP-Posyandu program was conducted to assess impact under programmatic circumstances. However, due to time pressure, the baseline and endline data collection were scheduled 6 mo apart, which was too short for assessment of impact on nutritional status. Therefore, the focus was on acceptance of the foods provided (fortified biscuits and noodles) and food consumption patterns in general. The consumption of food by pregnant and lactating mothers were good, most of them consumed daily and consumed at least 50% of the recommended amount. Compared to this, underfives ate fewer biscuits (49-53% consumed at least 50% of all provided within one month and <45% consume the food every day). This could be caused by the fact that biscuits are considered a snack and hence do not replace meals, while at the same time they don't replace all snacks because other snacks than those biscuits are still desired by the children. An additional positive effect of the program was that the program increased Posyandu visits and brought older children back to Posyandus.

The authors recommended the following for increasing the success of the program:

- The compliance to consume NRP food among children U-5, pregnant women and lactating mother need to be improved through continuous nutrition education, focusing on the right portion and the benefit of regular consumption.



- “Sharing” of the food was un-avoidable so to minimize sharing among family member and increased consumption among underfives, the taste (flavor and texture) of the biscuits need to be explored (note from evaluation team: sharing seems to be more of a problem with the noodles which are a common meal ingredient for all family members and is not addressed by the investigators).
- The provision of the program through Posyandu’s has proven to be positive. It is recommended that this approach be sustained and expanded

The following weaknesses of the BL and EL evaluation of NRP-posyandu were identified:

A. Weak methodology of quantitative work

- Why was sample size doubled for male and female underfives? There is unlikely to be a difference in receipt and consumption by sex, especially not at the magnitude specified for sample size calculations.
- As 24 hr recall was done, it should be possible to assess contribution of biscuits to total intake, and address whether biscuits were supplementing or replacing foods in the diet, unless biscuits were not included.
- Selecting the same subjects for the qualitative work at MT as at BL may overestimate changes when they’ve learned what better behaviour entails.

B. Very poor nutrition knowledge of authors, indicated by the following:

- On vitamin A deficiency the authors state that
 - a) VAC distribution started in ’95, while it started in the 1980’s,
 - b) ‘prevalence of vitamin A deficiency was 0.33% for the whole Indonesia’, which refers to xerophthalmia but not to the prevalence of low serum retinol levels that puts many children at increased risk of morbidity and mortality,
 - c) extremely high VA intakes are reported at midterm, which raises the suspicion that units were not converted correctly.
- The authors say in the BL report that ‘An important indicator of nutrition status is the prevalence of PEM caused by inadequate consumption of calories or protein and reflected in stunting (shorter than normal) and wasting (thinner than normal).’ This ignores the problem of micronutrient deficiencies.
- The authors mention that animal source foods are sources of protein, however do not highlight them as the best source of minerals as well (fruits and vegetables are mentioned as sources of vitamins and minerals, while they are primarily a good source of vitamins).
- For intake, means instead of medians are reported while intake, especially of V&M, is always skewed towards higher values.

MoH GoI & WFP (2005), Study on the Effects on WFP Assistance to Tuberculosis Patients in DKI Jakarta Areas, Jakarta.

WFP commissioned this study to assess the effectiveness of the TB programme, which at that time consisted of 10 kg rice per mo provided to patients receiving DOTS treatment. It was conducted in Jakarta from March 2004 to January 2005, and included an intervention as well as a control group (receiving the same DOTS treatment, but no food aid). The case detection rate



was found to have increased in both case and control group, presumably due to various external context factors not directly related to the food programme. The study confirmed that DOTS treatment compliance was higher for patients receiving a food ration, and also found that these patients consumed a diet with higher protein content (higher frequency in eating *tempeh*, *tahu* and salted fish), which was attributed to the income transfer effect of the food ration. No difference was found between case and control group with respect to changes in nutritional status.

In the study, no information was collected on the effect of the food ration on conversion rates, TB cure rates and relapses assessed after two years (all important impact measures for a TB control programme).

School feeding

WFP. 2005. Global School Feeding report. WFP, Rome, Italy (available from WFP website). This report describes the goals, objectives and diverse characteristics of WFP's school feeding programmes worldwide, including partners, foods provided, organizational set-up, other interventions (e.g. deworming).

ACC/SCN. 2002. School-age children, their health and nutrition. SCN News 2002; 25. (available from SCN website) An entire issue of the SCN News with a very good review article by Drake et al on the nutrition and health problems facing school-age children, the extent of the problem and what programmatic responses can be undertaken to remedy the problem.

Studdert L, Soekirman. School feeding in Indonesia: A community based programme for child, school and community development. SCN News 1998; 16: 15-16. (available from SCN website)

Studdert LJ, Soekirman, Rasmussen KM, Habicht J-P. Community-based feeding during Indonesia's economic crisis: Implementation, benefits, and sustainability. Food Nutr Bull 2004; 25: 156-165. (available from website of Food Nutr Bull)

The above two articles describe the organizational set-up and the findings of an evaluation of the nationwide school feeding program in poor villages, which started in 1996 and involved 8.1 million pupils in the school year 1998-1999. The program provided schools and their communities with funds (250-350 Rp/child/d, equivalent to ~0.10 USD pre-crisis and ~0.05 USD post-crisis) to give children three healthy snacks per week, made of locally grown ingredients (no staples so that it would not be perceived as a meal that could replace a meal provided at home). It was concluded that the school-provided foods contributed to better nutrition because they replaced less nutritious snacks from local vendors and because they provided food during a period of economic stress for households. However, because of the economic crisis, the value of the money became much lower, making it more difficult to provide a nutritious snack. And, working directly with the schools and communities reduced commitment of district and subdistrict authorities, such as of health, which for example hampered the distribution of deworming medication. The program was discontinued in 1999, however, the article does not mention this fact nor its reasons. Management of funds appears to have been part of the reason.



Van Stuijvenberg ME, Kvalsig JD, Faber M, Kruger M, Kenoyer DG, Benade AJS. Effect of iron-, iodine-, and β -carotene-fortified biscuits on the micronutrient status of primary school children: a randomized controlled trial. *Am J Clin Nutr* 1999; 69: 497-503. Efficacy study among school children aged 6-11 y who received a shortbread biscuit fortified with 50% of the RDA of iron, iodine and β -carotene for children aged 7-10 y for 43 wk over a 12 mo period. The iron fortificant used was ferrous fumarate, the same as what is used in the WFP biscuits. In this study, 5 mg iron was provided per day, whereas the WFP biscuits provide 4 mg/d. A placebo group received non-fortified biscuits. Anemia prevalence decreased from 29.6% to 15.6% in the intervention group and low serum ferritin decreased from 27.8% to 13.9% (note that prevalence of anemia and iron deficiency were halved, but not eliminated). No impact was observed on morbidity or cognitive function. However, the number of children in intervention and control group was relatively small, 115 and 113, respectively.

Sari M, Bloem MW, de Pee S, Schultink W, Sastroamidjojo S. Effect of iron-fortified candies on the iron status of children aged 4-6 y in East Jakarta, Indonesia. *Am J Clin Nutr* 2001; 73: 1034-1039. Preschool children received candies fortified with 30 mg iron as ferrous sulphate per week, spread over 3 days, for 12 weeks. In the intervention group, anemia prevalence decreased from 50.9 to 8.8%, and in the placebo group it decreased from 43.3 to 26.7%. The higher decrease in the intervention group was also mirrored in the serum ferritin levels that reflect iron status, which increased much more than in the placebo group.

Micronutrients

Copenhagen Consensus (www.copenhagenconsensus.com). The Copenhagen Consensus project charged a panel of economic experts to set priorities among a series of proposals to confront global challenges, including hunger and malnutrition as well as civil conflict, climate change, communicable diseases, education, water and sanitation, governance, financial stability, migration, and trade reform. The panel recognized that providing micronutrients to address hunger and malnutrition has a very positive cost-benefit ratio and therefore ranked reducing the prevalence of iron-deficiency anemia by means of food supplements as second. Measures to prevent the spread of HIV/AIDS were ranked as first priority.

Joint statement on providing micronutrients in emergencies by WHO/WFP/UNICEF ([www.unicef.org/nutrition/files/Joint Statement Micronutrients March 2006.pdf](http://www.unicef.org/nutrition/files/Joint_Statement_Micronutrients_March_2006.pdf)).

Because micronutrient deficiencies have severe and long lasting consequences for individuals and populations and easily develop or are made worse during an emergency, the statement stresses that it is essential to ensure that micronutrient needs of people affected by a disaster are adequately met. It recognizes the role of fortified foods in this regard, but also notes that needs of specific vulnerable groups may not be fully met and hence require additional measures. It is recommended that pregnant and lactating women receive an additional dose of one RDA per day and young children (6-59 mo) two RDA per week when fortified foods are distributed, and one RDA per day where that is not the case. The preparation to supply these additional micronutrients can be pills or capsules for women and dissolvable tablets, micronutrient powder for home-fortification or spreads for young children.

Nestel P, Briend A, de Benoist B, Decker E, Ferguson E, Fontaine O, Micardi A, Nalubola R. Complementary food supplements to achieve micronutrient adequacy for infants and young children. *J Pediatr Gastroenter Nutr* 2003; 36: 316-28. Article on options for



increasing micronutrient intake of young children through food (food fortification, home fortification, ready-to-use therapeutic foods). The paper states that the concentrations of micronutrients in complementary food supplements (CFSs) should result in a total daily intake of one to two RNIs for all children aged 6-23 months after the amounts already present in breast milk and complementary food are accounted for. In that approach, for each nutrient, the probability of deficiency in a population must be considered. Nutrients with moderate probability of deficiency can be included provided their tolerable upper intake level is considerably higher than the usual intake. An important advantage of CFSs is that they can provide an appropriate amount of nutrients for each child regardless of how much complementary food is consumed. This is important because intakes of processed complementary foods range ten-fold depending on age and breastmilk intake, in which case it is difficult to determine an appropriate fortification level for a complementary food.

Bloem MW, de Pee S, & I.Darnton-Hill. Micronutrient Deficiencies and Maternal Thinness. First Chain in the Sequence of Nutritional and Health Events in Economic Crises. In Bendich A, Deckelbaum RJ (Eds) Preventive Nutrition: The Comprehensive Guide for Health Professionals. Third edition. 2005. Humana Press Inc, Totowa NJ.

This book chapter describes how an economic crisis has a different impact on a population's food and nutrition insecurity and its consequences as compared to a disaster-related emergency. Whereas child wasting and underweight are commonly used to assess vulnerability in times of disaster, in case of a more gradual deterioration, no major changes in terms of hygiene and housing conditions, and a regression of dietary quality, micronutrient status of young children is first and more severely affected whereas maternal thinness is the most sensitive indicator of reductions of total food consumption (i.e. energy deficit). These findings were obtained after the economic crisis in Indonesia.

Zlotkin ZH, Schauer C, Christofides A, Shariieff W, Tondeur MC, Hyder SMZ. Micronutrient sprinkles to control childhood anemia. A simple powdered sachet may be may be the key to addressing a global problem. PLoS Medicine 2005; 2: 21-25. (available from www.plosmedicine.org). Article describing what sprinkles are and what findings with regard to combating anemia have been obtained so far in various trials throughout the developing world.

De Pee S, Moench-Pfanner R, Martini E, Zlotkin S, Darnton-Hill I, Bloem MW. Home fortification in emergency response and transition programming: Experiences in Aceh and Nias, Indonesia. Food Nutr Bull, accepted for publication.

Martini E, Foote D, de Pee S, van Hees J, Halati S, Moench-Pfanner R, Yeung D, Kosen S, Bloem MW. Efficacy of 'sprinkles' home fortification to reduce anemia and micronutrient deficiencies in young children in Indonesia. Abstract. INACG Symposium, Peru, 2004.

Two papers on Vitalita sprinkles used in Indonesia, describing a positive impact on iron deficiency anemia from two efficacy studies as well as experience with programmatic implementation at large scale in Aceh and Nias for tsunami relief.

Tuberculosis and micronutrient supplementation



Karyadi E, West CE, Schultink W, Nelwan RH, Gross R, Amin Z, Dolmans WM, Schlebusch H, van der Meer JW. A double-blind, placebo-controlled study of vitamin A and zinc supplementation in persons with tuberculosis in Indonesia: effects on clinical response and nutritional status. Am J Clin Nutr. 2002 Apr; 75(4):720-7. This is the first study that supplemented TB patients undergoing DOTS treatment with vitamin A (1500 RE, or 5000 IU, per day) and zinc (15 mg/d). A 1-2 week earlier sputum smear conversion was found. A subsequent study has just been completed by Dr E Karyadi of SEAMEO, in collaboration with WVI, and the same finding has been confirmed (personal communication, report pending). The WFP TB program has responded to these findings by adding fortified noodles to the food ration for TB patients. The evaluation team recommends to modify the ration, in order to achieve a higher micronutrient intake (close to one RDA per day) and careful monitoring and evaluation of impact. The latter would best be realized in partnership with a research institute and by acquiring specific additional funding.

The Cash versus Food Aid debate

Cash payments were used in the tsunami response far more widely than in previous emergencies. Some reports raised concerns about the use of cash in a humanitarian context (Ketel et al., 2005, p. 40). However the reports offered evidence that:

- Cash payments did not damage social networks (as people used cash to meet social obligations) (Adams et al., 2005, p. 22).
- Cash for Work payments at the level used did not seem to have any particular inflationary effect (ICASERD, 2005, p. iii; Lee, 2005, p. 23), and a generally positive appraisal (Doocy et al, 2006)
- While cash for work is useful it is not a substitute for livelihood recovery support. (Reed et al., 2005, p. 48)
- Villages receiving demobilised GAM soldiers were going to receive a cash voucher for village projects (Said et al., 2005, p. 55).

Some reports gave examples of where cash payments would have been more useful than in-kind payments. This was particularly the case with non-food items in the later phases which were sometimes sold at very low prices (Bhattacharjee et al., 2005, p. 20 and 24). The market survey in Aceh found that recipients of food aid were selling rice to buy fuel and other commodities (ICASERD, 2005, p. 55). Medair experimented with a shop mechanism where people could select exactly what they needed up to a value of approximately \$100 from a range of 71 different items (Lee, 2005, p. 14).

UNDP spent over \$10 million on cash for work and 29,000 to 35,000 were employed on such projects in Aceh (Said, 2005 #94 @xxi). Vouchers were also used, but not as widely as cash.

Gender issues

In reports on the tsunami response that addressed the topic, the general agreement was that gender considerations were overlooked or that gender analysis was inadequate (Bhattacharjee et al., 2005, p. 19; Ketel et al., 2005, p. 45; UNHCR Inspector General, 2005, p. 4; WHO, 2005b, p. 131). While Gender is not just a women's issue, it was treated as such (Bhattacharjee et al.,



2005, p. 44). Women lost out in several areas, including cash for work projects (Adams et al., 2005, p. 27), compensation for loss of assets and earning, (Bhattacharjee et al., 2005, p. 36; Ketel et al., 2005, p. 14 and 45), and loans for asset creation (Reed et al., 2005, p. 16). Gender stereotyping may be the reason that there do not seem to have been any special programming for the increased number of single-male headed households (IPS, 2005, p. 3; Ketel et al., 2005, p. 14 and 25).

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Annex 12: Core Evaluation Team

Core evaluation team:

- Jon Bennett (team leader)
- Saskia De Pee (food security/nutrition)
- Annemarie Hoogendoorn (food security/nutrition)
- Francois De Meulder (Logistics/procurement)

Indonesia Government involvement – The GoI and its key MoU partner ministry (Ministry for People’s Welfare (MENKOKESRA) - and the ministries of health, education, social affairs and agriculture, and the National Coordinating Board for Disaster Management and Internally Displaced People (BAKORNAS) – were consulted throughout, and their local representatives often accompanied the team in the field.

Evaluation Manager (OEDE) – Katrin von der Mosel

External reviewers

- Prof. Azrul Azwar (Professor in Public Health, University of Indonesia)
- Prof. Soekirman (only at the Aide Memoire stage)
- Ian Christoplos (Director, Glemminge Development Research AB)
- Dr. Drajat Martianto (to be confirmed)

The key focal point in the CO is Janne Suvanto, Head of Programme, WFP Jakarta. The head of sub-office at each location was responsible for providing briefings, logistics backup, etc, and accompanied the mission throughout.

Note: Saskia De Pee was replaced midway through the mission by Annemarie Hoogendoorn, and a joint report submitted by these two evaluators. Francois De Meulder had the benefit of an in-country evaluation of the WFP Shipping Service immediately prior to the PRRO evaluation.



Annex 13: Terms of Reference for the Evaluation

Purpose, Objective and Scope

In line with OEDE's policy¹⁶⁵, the purpose of the mid-term evaluation of the Indonesia PRRO 10069.1 is to contribute to accountability and learning in the context of the provision of an independent evaluation service to the WFP Executive Board (EB). Its objective is to provide the CO with an external view of progress towards expected results which may contribute to improvements in the current operation and which should help the CO in taking a decision about its strategy for the future. Recommendations will be made on how to improve current and potential future operations. Lessons learnt will be disseminated widely to support improved programming and organizational learning.

The evaluation's focus will be on assessing the effectiveness of the shift from relief to (nutrition) rehabilitation and capacity building in the main, and from relief to rehabilitation and recovery in the Aceh part of the operation.

Given that the PRRO has been implemented amid massive (Aceh tsunami and earthquake) and more modest but also major sudden onset disasters (Java earthquake and tsunami), the evaluation will generate lessons learnt on how to manage such an operation in an extremely disaster prone country.

The scope of the evaluation is PRRO 10069.1, its Budget Increase approved by the EB in October 2005 and activities financed by a trust fund. However, operations in Aceh under the regional EMOP 10405.0 should also be taken into consideration when evaluating the PRRO activities in that area, as activities under the PRRO are a logical extension of those under the EMOP. The main period of analysis will be January 2005 to July 2006. However, pilot initiatives undertaken during the second half of 2004 under the framework of the previous PRRO should also be taken into consideration.

Given the geographical size of the operation and the large number of programme components, the evaluation mission will not visit a geographical representative number of field sites but select sites in a way that all programme aspects are covered and in order to be able to analyze good and less good practices which facilitates the generation of lessons for the future.

Background WFP in Indonesia

Indonesia is an archipelago of 17,508 islands situated along the equator. The country has a total population of more than 220 million people with a diversity of religions and ethnic groups. Indonesia developed consistently through the mid-1990s, and this prompted WFP's phase-out in 1996. But in the late 1990s, the country experienced a dramatic deterioration of its social, economic and political base in less than two years, as a result of El Nino-induced drought and a severe financial crisis. WFP responded in 1998 with an emergency operation and continued its support through two Protracted Relief and Recovery Operations (PRRO).

Although the country is gradually recovering from the shocks of the late-1990s, Indonesia is still a low-income food-deficit country ranking 110 out of 173 countries in the UNDP Human

¹⁶⁵ WFP's Evaluation Policy, WFP/EB.3/2003/4-C



Development Index 2005 (it was ranked 96 in the year 1998). Poverty rates are still above pre-crisis levels. Also, a recent fuel price increase has contributed to a high inflation rate of 17 percent in 2005. In general, household food security has gradually improved. But in some structurally food-insecure areas, malnutrition rates remain high.

The Central Bureau of Statistics (BPS) estimated the 2005 GDP per capita at US\$ 3,600. A 2005 BPS Socio Economic Survey estimated the percentage of underweight children under five at 28 percent (30.2 percent in rural and 24.5 percent in urban areas), and the stunting prevalence of two to five year olds at 47.5 percent in rural and 37.3 percent in urban areas. Countrywide, malnutrition has affected urban and rural populations in different ways. Acute malnutrition among children under the age of five in urban slums is over 11 percent, and is twice the rate compared to children in rural areas. On the other hand, chronic malnutrition is higher in rural areas than in urban areas. Infant malnutrition is largely related to maternal anaemia, which affects 63.5 percent of pregnant women. Rice, Indonesia's main staple, is poor in iron. Malnutrition and poverty continue to impede access to education and limit children's learning capacity. Micronutrient deficiencies also exacerbate the risk of diseases such as tuberculosis (TB), and the number of TB cases in Indonesia is the third-highest in the world.

In the past, WFP's assistance to Indonesia was focused on bulk food distribution aiming to address beneficiaries' limited access to food. The assistance benefited mainly the urban poor and people in conflict affected-areas. The current PRRO saw a shift away from bulk food distributions to poor people in urban areas towards nutritional rehabilitation and capacity building.

Background on the PRRO

PRRO 10069.1, "Assistance to Recovery and Nutritional Rehabilitation" was approved by the WFP Executive Board (EB) in February 2004. While pilot projects were ongoing during the second half of 2004 under the previous PRRO 10069.0, the implementation of the successor PRRO began on 1 January 2005 with the WINGS starting date. The MOU with the Government was signed on 25 April 2005.

PRRO 10069.1 will continue for a period of three years, up to 31 December 2007. The total planned number of beneficiaries of the PRRO is 2,072,800 and the total planned project costs amount to some US\$115 million. The US\$ value of the project before last budget revision was US\$103 million, and the current (June 2006) value is US\$196 million.

On 26 December 2004, Indonesia was hit hard by the Indian Ocean Tsunami, and the country suffered over 150,000 fatalities in the province of Aceh. Entire communities were devastated and local economies were disrupted throughout much of Aceh. The Tsunami displaced some 700,000 people, and resulted in the loss of livelihoods of hundreds of thousands. An earthquake in March 2005 displaced 80,000 on the island of Simeulue (Aceh) and 50,000 on Nias (North Sumatra). In response to the Tsunami, WFP established a regional emergency operation, which included assistance to affected people in Indonesia. A budget revision¹⁶⁶ for PRRO 10069.1 was undertaken to incorporate assistance to Tsunami victims in Aceh and Nias. In light of an agreement between the Government of Indonesia (GoI) and the Free Aceh Movement (GAM),

¹⁶⁶ Budget Increase to PRRO Indonesia 10069.1 (WFP/EB.2/2005/8-C/2)



the PRRO could also consider providing assistance to people affected by the conflict and supporting the peace building and reintegration of communities in Aceh. The budget revision covered an additional 1,177,500 beneficiaries in 2006 and 934,000 beneficiaries in 2007 respectively. The total value of the budget increase amounted to some US\$ 86.1 million.

The main goal of PRRO 10069.1 is to support the Government of Indonesia (GoI) in finding durable solutions for people affected by conflict and to achieve the Millennium Development Goals (MDGs) - specifically the nutrition related ones - while being in line with WFP's strategic priorities¹⁶⁷ and its gender policy¹⁶⁸, as well as donor priorities and the Consolidated Appeal Process (CAP) for Indonesia. The operation's focus is, as mentioned above, on nutrition rehabilitation and capacity building. Priority areas at the onset of the PRRO were Central Sulawesi, Madura, Maluku, West Timor and urban slums in Java.

The specific objectives of the PRRO ¹⁶⁹ were set as follows:

- prevent malnutrition and contribute to the nutritional rehabilitation and recovery of the most vulnerable groups – pregnant and lactating women, children between 1 and 5, primary schoolchildren and TB patients,
- contribute to improved food security and social stability in urban areas under the subsidized rice safety-net programme,
- contribute to improved primary-school learning capacities and attentiveness,
- contribute to asset rehabilitation and people's skills improvement in conflict-affected provinces, districts and locations in other provinces and districts where such needs may be identified,
- improve Bulog's¹⁷⁰ capacity to run the Government's subsidized rice safety-net programme more effectively,
- provide immediate relief to people hit by sudden natural disasters,
- contribute to the Government's emergency preparedness, management and response, and
- contribute through all food-assisted activities, especially FFW/FFT, to the process of peace-building and reconciliation in locations in which people resettle or return.
-

Key programme components are:

- general food distribution,
- subsidized rice programme (OPSM),
- nutritional rehabilitation through local health centres,
- food support to TB patients,
- primary school feeding,

¹⁶⁷ Strategic and Financial Plan (2004-2007), WFP/EB.3/2003/4-A/1

¹⁶⁸ Gender Policy (2003-2007) Enhanced Commitments to Women to Ensure Food Security, WFP/EB.3/2002/4-A

¹⁶⁹ The specific objectives and performance indicators listed in the documents for the initial and the revised PRRO are somewhat different, and both also differ from the ones listed in the SPR. At the onset of the evaluation (during or shortly after the preparatory mission), the final list of objectives and performance indicators needs to be shared or established. This will then serve as basis for the evaluation.

¹⁷⁰ National Food Logistics Agency



- Food-For-Work (FFW) and Food-For-Training (FFT) for Internally Displaced People (IDPs), returnees and host communities,
- community development (funded by a trust fund), and
- capacity building (food insecurity atlas, training of local partners to build capacity in civil society regarding nutrition, livelihood surveillance systems, nutrition mapping, hunger surveys, nutrition surveillance and market surveys in the Tsunami-affected areas).

Key Issues, Evaluation Criteria and Questions¹⁷¹

Coherence, Relevance and Appropriateness

The PRRO will be examined for external coherence with the MDG's (considering that the main goal of the PRRO as stated in the project document is the achievement of the MDGs in Indonesia), donor priorities, the Consolidated Appeal Process, the UNDAF (2006 – 2010), Government plans and other key planning documents.

In terms of internal coherence, the PRRO will be examined with reference to WFP's strategic priorities¹⁷² and the consolidated framework of WFP policies¹⁷³ with relevant policies given special attention¹⁷⁴, as well as with reference to the programme and activity logframes.

The evaluation will examine whether the PRRO activities are still relevant and whether food aid is still the most effective tool for achieving the stated objectives. It will analyze whether the operation was relevant from the perspective of beneficiaries, particularly in relation to the aim of targeting the most vulnerable in the most food insecure areas.

The non-Tsunami part of the PRRO has seen a shift in focus from urban to rural areas. The evaluation will assess whether this shift was appropriate and should be continued.

The evaluation will also review the PRRO goals, objectives and activities in view of policy related engagements by the World Bank, ADB, and other significant actors, as well trends in investments by private actors, as these will impact upon the prospects of the PRRO even if these actors are not directly involved in PRRO related activities and discussions.

Evaluation Questions:

- Are the PRRO goals, objectives and activities (including activities funded by the trust fund) coherent with the MDG goals, Government policies, priorities of significant actors such as the World Bank, ADB, donors etc., the Consolidated Appeal Process, the UNDAF (2006 – 2010) and other key planning documents, as well as WFP's strategies, priorities and policies?

¹⁷¹ The evaluation team should complement the evaluation questions listed in the TOR by others as appropriate and needed. In the evaluation matrix to be prepared by the team leader, evaluation questions should be organized in a hierarchy, pointing out main ones and sub-questions.

¹⁷² WFP's Strategic Plan (2004-2007) is the basis of the evaluation as it was in place during the design of the PRRO. When looking into the future, WFP's Strategic Plan (2006-2009) needs to be taken into account.

¹⁷³ Consolidated Framework of WFP Policies, WFP/EB.2/2005/4-D/Rev.1

¹⁷⁴ All relevant policies that need to be taken into account in this evaluation will be shared with the consultants prior to the mission and included in the bibliography.



- Are the PRRO and trust fund activities still relevant for the various stakeholders listed in chapter 4.1 below?
- Are the PRRO goals and objectives still relevant and appropriate considering the political and socio-economic changes, as well as recurrent natural disasters?
- Is food aid the most appropriate tool for achieving the stated objectives?
- Are the tools used the most appropriate ones to address the different types of food insecurity and malnutrition (e.g. acute/chronic), in the different geographical locations, in varying stages of relief, rehabilitation and development, in different socio-economic settings (e.g. urban/rural) and political situations (conflict vs. peace)?
- What is WFP's role in the provision of social protection and safety nets as compared to the GOI and other parties, including the World Bank?
- Were the targeting mechanisms relevant and culturally acceptable?
- Is the focus on rural and urban areas still appropriate or should a shift to either area be considered?

Effectiveness and Efficiency of PRRO Activities

The mission will evaluate the extent to which the objectives of PRRO and trust fund activities have been reached. This will be done on the basis of results and performance indicators outlined in the logical framework summary of the PRRO and Budget Increase documents, or subsequent revisions thereof. It will examine the composition, suitability and acceptability of the food rations under each of the activities. And it will evaluate whether the composition of the food rations and delivery mechanisms used were the best and least costly in order to achieve the desired results. It will also examine whether targeting mechanism were effectively designed and implemented.

During the EB discussion in 2004, the issue was raised that the PRRO was relevant but might lack focus, might be too ambitious and tried to address too many issues. While this was considered understandable given the size of the country and the scale of its problems, it was suggested that a focus on a limited number of topics and high priority areas would likely strengthen the operation. The evaluation will examine whether the wide range of activities has impacted upon the effectiveness and efficiency of programme implementation. And it will analyze whether a shift to nutritional rehabilitation and capacity building has effectively taken place.

The evaluation will assess how effectively a transition from relief to recovery was facilitated and how well the contingency mechanism to cover urgent relief needs has worked.

CO staff reported problems with controlling the number of under-five-year-olds assisted under the nutrition nutritional rehabilitation component, and with ensuring that it does not exceed a certain planning figure. The evaluation will analyze this problem and recommend ways on how to overcome it, in particular how to put effective control mechanism in place.



Evaluation Questions:

Effectiveness

- Are PRRO activities and activities funded from the Trust Fund consistent with the logframe annexed to the PRRO and the Budget Increase documents and/or subsequent revisions thereof?
- To what extent were the PRRO objectives achieved/are likely to be achieved? What were the major factors influencing their achievement or non-achievement?
- Is food aid the most effective tool for achieving the stated objectives?
- Did the large number of activities hamper the effectiveness of single interventions or jeopardize the achievement of objectives?
- What lessons can be learnt on how to manage a PRRO in an extremely disaster prone country like Indonesia?
- How well was direction in the PRRO maintained amidst an ongoing series of large and small natural disasters and conflicts?
- What could be the potential role of the PRRO in promoting disaster preparedness?
- Are food rations used under each activity acceptable and suitable considering nutritional value (taking into account WFP and international standards such as SPHERE), cultural preferences and cost?
- Are the food delivery mechanisms used the most effective in order to achieve the desired results?
- Have other factors that impact upon the nutritional status of beneficiaries, such as water, sanitation and deworming, been effectively addressed, for example through collaboration with partners who work in those areas?
- With regards to the nutrition rehabilitation objective, could best practices from WFP operations in other countries be copied in Indonesia to contribute to its achievement?
- What would be WFP's 'nutritional niche' in the future if it continued its assistance to Indonesia and nutritional rehabilitation remained as a key objective?
- Did the operation correctly identify and reach the most food insecure and vulnerable populations (targeting)? If not, why not?
- Have the nutritionally most vulnerable been reached? If not, why not and how could they be better reached?
- Was seasonality taken into account during programme design, meaning was the need for food aid during lean seasons such as the pre-harvest period, considered during the design of activities?
- How effectively did a transition from relief to recovery and rehabilitation take place, in particular in Aceh? What could be done to strengthen the transition?
- How well did the contingency mechanism work across the Archipelago?
- What is the reason behind the problem encountered with controlling beneficiary numbers under the nutrition rehabilitation component of the PRRO? How can this problem be overcome?

Cost-Efficiency

- Were the PRRO activities and activities funded from the trust fund implemented in the most cost efficient way as compared to alternatives?
- Are the food delivery mechanisms used the least costly in order to achieve the desired results?



Operational Efficiency

- Were the objectives achieved on time?

Effectiveness and Efficiency of Capacity Building Activities

The evaluation will examine whether capacity building objectives as stated in the PRRO document were achieved, namely: (i) building of Government's capacity in the area of emergency preparedness, management and response through the development of early-warning and nutrition mapping systems, and in the area of food security monitoring through an update of the Indonesia Food Insecurity Atlas, (ii) building of community capacity through the creation of community structures, strengthening of local health centers, FFW and FFT, (iii) building the capacity of government counterparts and implementing partners in terms of gender sensitive planning and implementation through training, (iv) building of government capacity to reach nutrition and health related MDGs through organization of regional ministerial conferences, (v) improving the capacity of Bulog and local authorities to take over the beneficiary caseload of the OPSM programme and to run Raskin effectively.

Parallel to WFP phasing out of its assistance to the urban poor rice programme, the Government was supposed to take over ex-WFP beneficiaries into its Raskin programme. CO staff has indicated that this might not have happened to the extent expected. The evaluation will analyze the reasons behind this and identify ways how to make it happen.

Evaluation Questions:

Effectiveness

- What capacity building concepts and practices were used to guide the PRRO?
- Which elements were more effective, and why? What sort of capacity has been transferred to partners?
- Is there evidence that capacity building activities achieved the intended effects at policy and implementation levels?
- What changes from policy to field level have taken place? Are those sustainable? What lessons can be learnt from effective changes?
- Have Bulog and local authorities effectively and, as planned by the end of 2005, taken over WFP's beneficiary caseload under its Operasi Pasar Swadaya Masyarakat (OPSM) programme (assistance to urban poor and displaced people)? If not, why not? And what could be done to make it happen?
- Have unintended effects happened due to WFP's phase-out, such as e.g. population movements?
- Has the Government's capacity to run Raskin, the Government's subsidized rice programme, been effectively strengthened? If not, what were the constraints and how could they be overcome to achieve this objective?
- To what extent do large advocacy initiatives such as the organization of regional conferences contribute to the achievement of PRRO objectives? Are those initiatives cost-effective? What is WFP's comparative advantage vis-à-vis that of partners in undertaken such initiatives?



- Was the CO able to effectively engage in capacity building when local partners had to focus their energy on disaster response? Have appropriate modalities been found to invest in such activities under changed circumstances? What lessons can be learnt from that corporately?
- What is WFP's most appropriate role in Indonesia as it relates to capacity building?

Efficiency

- Were the capacity building activities implemented in the most efficient way?
- Were capacity building objectives achieved on time?

Partnerships and Coordination

Given the large number of activities and the fact that Indonesia is decentralizing, the PRRO has multiple partnerships with the Government, other UN agencies (UNICEF, UNESCO, WHO, OCHA, UNHCR), the World Bank, civil society, the private sector, as well as national and international NGOs. The evaluation will examine the nature and extent of coordination with those partners and, to the extent possible, analyze how partnerships with other agencies have affected the outcomes of activities.

The evaluation will look in particular at the partnership with UNICEF, UNESCO and WHO, as this is of particular importance for the achievement of nutrition objectives and any potential future assistance to the country. Through this partnership, WFP aims to provide a fully integrated response to malnutrition through the provision of fortified foods, nutrition education and basic livelihood support.

Private sector companies are producing fortified biscuits and noodles locally and are responsible for channeling those commodities to literally thousands of distribution points throughout the archipelago. They are therefore important partners, not only now, but also in the future when WFP's assistance will be phased-out at one stage. The evaluation will analyze how well this private sector partnership is working and how it could be further strengthened.

Local NGOs are important implementing partners in basically all activities. The evaluation will analyze the quality of the selection, monitoring and reporting of those partners and identify ways to (further) enhance those areas.

Coordination is required not only externally, but also internally within WFP. The evaluation will assess to what extent the Tsunami response operation in Aceh has been harmonized with and integrated into the management of the main PRRO, as well as identify means and methods on how standardization and harmonization could be (further) improved.

Evaluation Questions:

- What are the results of partnerships in terms of measurable outcomes, including effects on the achievement of PRRO objectives, as well as possible improvement in policy or practice at local, district and/or national level?
- To what extent have PRRO activities been effectively integrated with activities of actors that operate in the same sectors, including other UN agencies, the World Bank and NGO implementing partners?



- How well has WFP's Tsunami response been coordinated with other actors given the strong donor attention and funding?
- What is the role of the various partners?
- How relevant do our partners view the partnerships?
- Was the selection of NGO partners effective? Have criteria such as experience, capacity and commitment to reach and serve the most food-insecure and satisfactory implementation of gender policies been applied effectively in the selection process?
- What role has the trust fund played in strengthening the partnership with the Government, and perhaps other stakeholders such as NGOs?
- What role does the UNDAF and Common Country Assessment play in the coordination of PRRO activities?
- What could WFP do better in the future to strengthen partnerships?
- How well is the Aceh operation coordinated with the main PRRO? To what extent have management practices been harmonized and standardized? What could be done to improve harmonization and standardization of procedures?
- Has the partnership with the private sector fostered the local production of fortified products beyond the life-time and geographical coverage of WFP's projects?

Sustainability and Exit Strategy

The evaluation will assess whether the PRRO has achieved its sustainability objectives, namely (a) to maximize the use of local resources, infrastructures and partnerships with the Government, donors, non-governmental organizations and the private sector to enhance the sustainability of interventions; (b) to build the capacity of the Government, the commercial sector and civil society to take on responsibilities and continue support after a WFP phase-out; and (c) to establish a nutrition rehabilitation network of health centers and primary schools which can be supported by provincial and district governments and the commercial sector after a phase-out.

It will review the commitment and capacity of the Government and civil society at provincial and district levels to successively take over WFP's assistance. It will propose options for WFP's future assistance to Indonesia, including the consideration of a phase-out, by taking into account facts and trends in malnutrition, poverty and food security. It will review whether a clear and explicit phase-out strategy has been developed and implemented, as per the recommendation of the EB.

Evaluation Questions:

Sustainability

- To what extent have the Government, donors, non-governmental organizations and the private sector contributed to the operation and how has the operation contributed to the capacities of these actors to undertake their respective roles?
- Were necessary timeframes for sustainability taken into consideration during programme design? E.g. in the school feeding and MCN interventions, what would be the minimum timeframe in which sustainability could be achieved?
- To what extent are the Government, commercial sector and civil society ready to take on responsibilities and continue support after a potential WFP phase-out?



Exit Strategy

- Has a transfer of ownership to provincial and district level governments been undertaken? If so, how well does it work? If not, what are the constraints and how can they be addressed?
- Is the Government of Indonesia ready to take over the nutrition rehabilitation activities initiated by WFP? If not, why not and when can it be expected to be ready for this?
- Has a clear and explicit phasing out strategy been developed, including a timeframe?
- Is there a niche for WFP/food aid in the field of nutritional rehabilitation, strengthening national disaster preparedness and safety net mechanism in the future?
- How do partners imagine WFP's future assistance to the country?
- When considering geographical concentration, which should be the focus area of WFP assistance?

Funding, Food Procurement and Logistics 175

As per the 2005 Standardized Project Report (SPR), the PRRO was only funded by 60 to 70 percent. However, resources generated through the trust fund do not appear in the SPR and they have allowed for deliveries higher than those reported in the SPR. As per the verbal information received from CO staff, the Aceh operation was over 80% funded while the main PRRO only by about 60%.

Even though imported fortified biscuits are cheaper by estimated 30 percent, WFP purchases this commodity locally and supervises the milling, flour fortification and biscuit production process, which is challenging and costly. The evaluation will assess whether this process should be continued or whether other approaches might be more cost-effective.

Currently, WFP follows a mixed approach, i.e. the DDU (Delivery Duty Unpaid) procedure under the procurement in the non-Aceh areas and the FCA (Free CARRIER) approach in the Aceh areas of the PRRO. Under the DDU approach the producer distributes the commodity up to the extended distribution points (EDP) while under the FCA approach WFP is in charge of the distribution of the fortified biscuits from the factory to the EDP. The evaluation will undertake a comparison of costs and benefits of those two options.

To reduce costs and ensure timely availability of food mainly for WFP projects outside Java, WFP was to negotiate with the Government support for clearing and unloading ships, transporting and storing rice and exchange arrangements between WFP and Bulog rice stocks. The evaluation will analyze how well this has worked and whether the quality of Government provided rice has met this of WFP.

¹⁷⁵ The WFP HQ Ocean Transport Service, WFP office in Aceh or the RB will undertake an evaluation of transport arrangements in Aceh of a WFP-managed and largely World Bank-funded operation to bring rehabilitation material (mostly shelter material) into that area. This is a special arrangement outside of WFP's normal work programme and will therefore not be included in this evaluation but be covered by a separate, OEDE-managed evaluation. However, the field mission for this exercise will be scheduled during first part of August 2006 and be undertaken by the same logistics expert (François De Meulder) as for this evaluation. Lessons learnt may feed into the PRRO evaluation.



Evaluation questions:

- How cost efficient is the operation? (To analyze this, given the size of the country and the wide geographical distance of implementation points, differences in cost in the various field sites need to be taken into consideration.)
- Taking into account WFP's policy on local procurement and cost-efficiency, and considering other factors such as the development of local market or impact on local agriculture, should biscuits in the future be purchased in or outside Indonesia?
- Taking into consideration also levels of implementation of the operation, what did/does the CO do to mitigate the negative effects of the reduced allocations/low funding levels? What role does Government funded food play in this?
- How is the Trust Fund managed including monitoring and recording of activities and results? How do Trust Fund activities relate to PRRO activities?
- How did the food support exchange arrangements with the Government for food deliveries outside Java island work? Should this be repeated in the future? Did the quality of Government provided rice meet this of WFP.
- Is the current DDU mechanism of transporting biscuits to the EDP under the main PRRO working effectively? Should it be maintained considering costs and benefits or be changed to the FCA mechanism?
- Are food distributions to beneficiaries done in an efficient manner? If not, how can it be improved?
- Should the local production of fortified biscuits be continued in the same manner or should other, more cost-effective or sustainable ways be considered?

Cross-cutting issues: Gender, HIV/AIDS, Protection

The evaluation team will review the extent to which the PRRO addresses gender equality and women empowerment issues and the extent to which it complies with WFP's Enhanced Commitments to Women (ECW) policy. The basis for this review is the baseline survey on the WFP Gender policy conducted in 2005. The mission will also review whether HIV/AIDS and protection issues have been effectively taken into consideration during the design and implementation of the operation.



Evaluation questions:

Gender

- To what extent do PRRO activities address gender equality and contribute to women's empowerment? For example, have ration cards been issued in the name of women, what % of Food For Training (FFT) activities have been offered to women, and what is the participation of women in food distribution committees?
- The gender policy states that adolescent girls require special attention, because of the critical period of life from nutritional and social points of view. They could be covered through School Feeding (if secondary education is covered), FFT and nutrition interventions (training and micronutrient supplementation). Is this currently addressed, and if so, how, and how could it be addressed better in future?
- What were the key factors involved in positive achievements to date of the implementation of the gender policy and a gender mainstreaming strategy?
- How would future WFP assistance have to be planned and provided to strengthen women's and girls' participation and benefit from the assistance and compliance with the ECW?
- Specific issues:
 - Do CO situation analysis include the gender perspective and are gender disaggregated data collected (e.g. in VAM analysis, contingency planning, needs assessments, evaluation etc.)? – ECW VI
 - Has the Field Level Agreement (FLA) with partners been updated to include reference to the Enhanced Commitments to Women (ECWs)?
 - Has the CO been involved in capacity building, through training, of partners to ensure that they are capable of providing for example leadership training for women, use participatory approaches etc.?
 - What explains the considerable difference between the baseline survey data and the 2005 SPR data for some of the ECWs (for example ration cards in the name of women, women in food distribution committees)?

Protection

- What WFP's role within the wider framework and efforts to strengthen social protection that have emerged since the financial crisis of 1990?
- Have protection issues been effectively taken into consideration during the design and implementation in particular of the Aceh part of the operation?

HIV/AIDS

- Have HIV/AIDS issues been effectively taken into consideration during the design and implementation of the operation?



Monitoring and Evaluation / Results-Based Management

The evaluation will review whether RBM principles have been applied and whether an effective M&E system is in place. Indonesia being a pilot country of WFP's Business Process Review (BPR), the evaluation will analyze whether this new business model has improved or is expected to improve the operation.

Evaluation questions:

- Has the CO followed a results-based management (RBM) approach when planning for and implementing the PRRO?
- Is the M&E system functioning well? If so, what are the success factors? If not, what can be done in the future to strengthen it, also with having a potential WFP phase-out and GOI phase-in in mind?
- What level of capacity in RBM has been transferred to counterparts?
- Can it be expected that WFP's new business model will improve operations? If yes, in what sense? If not, why not?
- How could M&E be linked to exit strategies in a highly disaster prone country?

When evaluating the above issues, the mission will take into account observations and recommendations made by previous WFP evaluations, including the Real-Time Evaluation of WFP's Response to the Indian Ocean Tsunami¹⁷⁶ and the Evaluation of Emergency Operations in East Timor¹⁷⁷.

Methodology

Evaluation Process and Outputs

The following stakeholders will be closely involved in the evaluation:

- WFP: the CO in Jakarta and sub-offices, the RB in Bangkok and HQ units,
- GoI: at country, districts and local levels, (including national agencies like Bulog, district management bodies, education and health sector),
- other bodies focusing on food and nutrition in Indonesia,
- international bodies including UNICEF, UNESCO, WHO, OCHA, UNHCR, the World Bank,
- national and international NGOs,
- civil society and the private sector, as well as
- community leaders and ultimate beneficiaries.

The stakeholders will be involved in the mission through briefings, debriefings and peer reviews of evaluation outputs (TOR and draft reports).

The main users of the evaluation are the WFP CO, the WFP Executive Board, WFP partners in Indonesia, and the organization as a whole aiming to be a learning organization. Other users

¹⁷⁶ Real-Time Evaluation of WFP's Response to the Indian Ocean Tsunami – December 2004 – June 2005, WFP/EB.2/2005/6-C/Rev.1

¹⁷⁷ Summary Report of the Evaluation of Emergency Operations in East Timor, WFP/EB.3/2001/6/5



may include stakeholders of the Tsunami Evaluation Coalition (TEC) and the Tsunami Recovery Impact Assessment & Monitoring System (TRIAMS)¹⁷⁸.

The evaluation process will start with a three day briefing of all team members at WFP headquarters. Only the team leader will then undertake a one-week preparatory visit to the WFP Indonesia Country Office in Jakarta to prepare for the mission.

After the HQ briefing, a desk review of primary and secondary data and literature will be undertaken and an annotated bibliography prepared. This will present and analyze issues and findings relevant for this evaluation and be annexed to the technical report. The desk review is of particular importance for this evaluation, as there is considerable amount of data and numerous studies have been undertaken, in particular on the Aceh operation, including those of the Tsunami Evaluation Coalition (TEC)¹⁷⁹ and others¹⁸⁰. The desk review will also look into the design and methodologies used in the CO commissioned studies. And it will look at earlier literature on the 'roots' of social protection and safety net programming in Indonesia that came out of the financial crisis in the late 1990s.

A bibliography listing background documents for the evaluation will be prepared at the onset of the evaluation and kept updated by the team leader.

The objective of the preparatory mission is to fully familiarize the CO and key country level stakeholders with the purpose and objective of the evaluation and to prepare for its implementation. During this mission, the team leader will discuss the evaluation objective, focus areas and implementation modalities with the CO and key country level stakeholders. He will collect and review together with the CO the background information, including M&E data, meet key counterparts to get their views and inputs to the evaluation TOR, and develop a draft field mission schedule. No field visit will be undertaken during the preparatory mission. Meetings with stakeholders can be done either one-by-one, or in order to save time, in a group.

After this mission, the team leader will prepare an inception report outlining how the evaluation team will implement the TOR. It will include a summary of the desk review, a stakeholder analysis, the proposed methodology for achieving the evaluation objectives, the criteria for selecting the sample of projects to be evaluated and visited, a detailed work plan for completing the work (including tentative mission schedule), an outline of the technical report (including team members' responsibilities for certain contributions), and listing opportunities, challenges and constraints related to the evaluation process and the fulfillment of the TOR. It should have a length of 20-40 pages and will feed into the final technical report. A format for that report will be given to the team leader.

¹⁷⁸ TRIAMS is a joint agency initiative aiming to assess and monitor the impact of tsunami recovery efforts.

¹⁷⁹ The TEC evaluation covers five thematic evaluations including coordination, needs assessment, capacities, Linking Relief, Rehabilitation and Development (LRRD) and donor response. The final report is expected to be published in July 2006.

¹⁸⁰ In Aceh, studies and data to be reviewed include a joint food supply-and-demand assessment by WFP and the Food and Agriculture Organization (FAO), a nutrition assessment led by the Government and supported by UNICEF, as well as WFP's food-and-labor market analysis and monitoring.



In principle, information on beneficiaries' views and perceptions should be derived from M&E data, cross-checked and supplemented by beneficiary contacts undertaken by evaluation team members during field visits. However, if a need for additional beneficiary contacts becomes apparent during the preparatory mission that cannot be undertaken as part of the main mission, the inception report will propose the rationale for such survey, methodology, number of beneficiaries to be contacted, and a budget. If it is decided to undertake such survey, the team leader will prepare the field visit schedule and questionnaire, and supervise the implementation of the survey during the main mission.

For the development of the methodology, consultants are referred to the norms and standards for evaluation established by the United Nations Evaluation Group (available from the UNEG website: <http://www.uneval.org/>).

The specific objectives and performance indicators listed in the PRRO documents and its budget revision are somewhat different, and both also differ from the ones listed in the SPR. During or shortly after the preparatory mission, the team leader will, in agreement with the CO, establish the objectives and performance indicators that will form the basis for the evaluation.

After the preparatory mission, the OEDE evaluation manager will finalize the TOR based on the team leader's inputs. After the preparatory mission, the team leader will prepare an evaluation matrix in collaboration with other team members. This matrix will include all evaluation questions listed above as well as others, indicators, data required and data sources, and it will indicate each team member's responsibility for addressing respective questions. All indicators to be used in the evaluation should be included in the matrix, and be shared and discussed with the CO well ahead to the mission. The evaluation team should complement the evaluation questions listed in the TOR by others as appropriate and needed. Evaluation questions should be organized in a hierarchy, pointing out main ones and sub-questions. The following matrix format has proven to be effective and is suggested also for this mission:

Evaluation Criteria/Question		
Sub-question	Performance Indicator	Data collection method and information sources

The ultimate four-week in-country evaluation process will commence in the capital, Jakarta, for a couple of days and then proceed on field visits (starting with Aceh) lasting about two weeks. To allow for a wide geographical coverage and to ensure inclusion of all PRRO activities, team members should split into groups for subsequent field visits. Sites to be visited will be selected based on their representativeness vis-à-vis core programming. Upon return, the team will spend another week in Jakarta for final interviews and for the drafting, presentation and discussion of the Aide-Mémoire with WFP stakeholders, Government counterparts, donors and other partners. If deemed necessary and cost allow, one day will be spent in Bangkok for the debriefing of RB stakeholders. Otherwise, this debrief will be done via conference call either from Jakarta or Rome.



During the debriefings for country, RB and WFP HQ stakeholders, findings, conclusions and recommendations will be presented (with the support of PowerPoint presentations). The team leader will compile those based on the inputs of team members.

After the mission has left Indonesia, the team leader will produce a draft technical report with inputs from all team members, as well as a draft EB summary report and a management response matrix. Those outputs will be shared with internal and external stakeholders and peer reviewers. Their comments will be addressed by the team leader in the final technical and EB summary report, as well as the management response matrix. The final reports shall contain the elements specified in the document on standards for evaluation (pp.17-23) developed by the United Nations Evaluation Group.

An external peer review group will be set up for quality assurance purposes. It will consist of national and/or international experts of very high reputation and extensive experience in areas relevant to the PRRO who will provide inputs to the TOR and quality control the draft reports. Comments will be provided to OEDE, and the team leader will address comments as appropriate in the final technical and EB reports.

If the CO finds it useful and has funding for this, a workshop can be organized with key stakeholders some time after termination of the evaluation mission, to discuss the findings, conclusions and recommendations of the technical report to facilitate the planning for the next phase.

Following recently introduced OEDE practice, the team leader will respond to questions on the evaluation report at the WFP Executive Board scheduled during the week of 4th June 2007.

Data Collection Methods

Most of the data to support the evaluation will be generated through the CO's M&E system and CO managed studies. Those data will be made available to the team well in advance to the mission to ensure that it can spend the time in-country with analyzing and validating data with the CO, sub-offices, beneficiaries and partners.

The CO has commissioned a number of studies, which will feed into this evaluation. The mission will review the results of the studies, as well as analyze the design and methodologies used to assess the reliability of the data.

The analysis will build upon triangulating information obtained from the CO and various other stakeholders with secondary data and documentation reviewed by the team. A mix of quantitative and qualitative methods will be used including techniques such as direct observation, informal and semi-structured interviews and focus groups, where feasible. Visits to project areas will help validating findings and triangulating them with beneficiaries' views through household and focus group discussions. The estimated number of beneficiaries to be contacted during the mission will be determined by the team leader during the preparatory mission.

While maintaining independence, the evaluation will seek the views of all parties. It will complement and not duplicate evaluations undertaken by other agencies or programs.



Quality Assurance

The quality assurance components include:

- WFP internal and external peer reviews of the draft TOR and reports,
- adherence to the Norms and Standards for Evaluation established by the UNEG,
- adherence to the quality proforma for evaluation methods and reports developed by the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), which can be downloaded on their website (www.alnap.org).

Evaluation Schedule

The evaluation is scheduled during fall 2006, so that findings, conclusions and recommendations can feed into the preparation of a potential next phase of WFP assistance to Indonesia. The field mission is scheduled so that it finishes before the start of Ramadan, which will most likely to start on 23 September this year. The evaluation report will, as per the EB/s request, be presented together with a proposal on a next phase of WFP assistance to the 2007 Annual EB Session.

The evaluation schedule¹⁸¹ is as follows:

Outputs	Timing
Draft TOR prepared	End of May 2006
Team Leader selected and recruited	Early June 2006
Other team members selected and recruited	Mid-June 2006
HQ briefing undertaken (all mission members)	28-30 June 2006
Preparatory mission undertaken (team leader only), including visit to ODB	3-10 July 2006
Draft Inception Report and draft Evaluation Matrix prepared; comments received from team members on those; final Inception Report and Evaluation Matrix prepared	15 July 2006; 20 July 2006; 23 July 2006
Final TOR prepared	11 August 2006
External peer review group selected and recruited	End of August 2006
In-country evaluation mission undertaken	28 August – 22 September
HQ debriefing organized	4 October 2006
1 st draft technical report (including management response matrix) shared with the CO and OEDE	25 October 2006
CO and OEDE comments on 1 st draft technical report received	10 November 2006
Revised 1 st draft technical report and 1 st draft EB summary report (including management response matrix) prepared and shared with the CO and OEDE	27 November 2006
CO and OEDE comments on 1 st draft EB summary report received	11 December 2006
1 st draft EB summary report revised	18 December 2006
2 nd draft technical and EB summary reports (including management response matrix) shared with other WFP and external stakeholders, as well as external reviewers	22 December 2006
Feedback on drafts from internal and external stakeholders, as well as peer reviewers received	22 January 2007

¹⁸¹ The dates mentioned in the table do not include travel days; those have to be added.



Feedback incorporated into final reports and shared for final review	26 February 2006
EB summary report and recommendations tracking matrix submitted for editing	(Around mid-April; exact deadline to be confirmed)
EB Summary Report presented to EB.A/2007	Week of 4 June 2007 (exact day to be confirmed)

The tentative schedule of the main mission¹⁸² is as follows:

- 28 - 30 August: Meetings with WFP and external stakeholders in Jakarta
- 31 August - 4 September: Visit to Aceh (Banda Aceh and sub-offices)
- 5 - 6 September: Mid-mission discussions/debrief in Jakarta and handing-over from Saskia De Pee to Annemarie Hoogendoorn
- 7 - 18 September: Mission to other PRRO geographical sites (mission to split into groups)
- 19 - 22 September: Mission team together in Jakarta for final discussions with counterparts and CO, internal team discussions, review of draft aide-memoire with CO, and presentation of aide-memoire to the Government and other stakeholders on 21/22 September.

The expected evaluation outputs are:

- Annotated Bibliography (to be included as annex to the technical report)
- Inception Report (20-40 pages)
- Evaluation Matrix
- Presentation of preliminary findings mid-way through the mission (if field visit schedule allows for that)
- Aide-Mémoire (about 10 pages)
- Presentation of Aide-Mémoire to the CO, RB and HQ
- Annex to the full report on logistical issues (maximum of 15 pages or 7,500 words)
- Draft and final technical report, including executive summary (not exceeding 60 pages, excluding annexes) and annexes
- Draft and final EB Summary report, including one-page executive summary (maximum 5,000 words including a one-page summary)
- Draft and final Management Response Matrix
 - Maximum 2,000 words, including management responses
 - Ideally, the number of key recommendations should not exceed a dozen and should be prioritised (hierarchy). Additional subsidiary recommendations can be contained in the full technical report.
- Presentation of the final report to the EB (team leader).

¹⁸² A detailed schedule has been prepared during the preparatory mission.



Reporting Framework

The technical and EB summary report should include the following elements: an executive summary, a profile of the activity evaluated, a description of the evaluation methods used, the main findings, conclusions, recommendations, lessons learned, unit responsible for the implementation of recommendations together with a timeline.

The report structure should follow the logic of the TOR and evaluation matrix. All evaluation questions listed in the TOR and evaluation matrix, as well as additional ones that may come up during the evaluation process, should be addressed in the full report. Progress towards key performance indicators at output and outcome levels should be presented using the PRRO and activity logframes as a basis. This should also be presented in table format.

Conclusions and recommendations should be firmly based on evidence and analysis, be relevant and realistic, with priorities for action made clear. Findings, conclusions, recommendations and lessons learnt should be clearly distinguished. The presentation of conclusions, recommendations, the unit responsible for implementation of recommendations and timeline should also be done in table form for easy reference.

Recommendations given in the technical report should be grouped by intended users, such as the CO, national stakeholders and/or partners, the RB, WFP HQ and donors.

Data should be presented in graphic form to facilitate reading and understanding. Boxes should be used to highlight key issues.

The technical report should include as annexes an annotated bibliography, list of acronyms, the TOR, evaluation matrix, PRRO and activity logframes, list of people met and interviewed (with names and functions), a brief background to evaluation team members and external reviewers, as well as the technical report on logistical issues.

The team leader will ensure that the final technical and EB summary reports read well and in one flow. He will make adjustments of team members' inputs as necessary to achieve that objective. Changes in the content of team members' technical reports will be done only in agreement with those.

Team Composition and Responsibilities

The evaluation team will be composed of four independent international consultants. To facilitate the team's work and promote GoI's support to the evaluation process and findings, a Government representative will join the field mission as an observer. This person will not be a full mission member and not contribute to mission outputs, but participate in all meetings in Jakarta and at field missions. High-level national and international expertise will be sought for the external peer review and quality assurance process.

WFP Country and Sub-Office staff will prepare for and facilitate the mission and participate throughout. A RB representative will participate during either the full or parts of the mission. The OEDE evaluation manager will join the mission during its last week.

The evaluation team is composed of the following experts:

- **Jon Bennett** as team leader for evaluation. He has got extensive experience from working with WFP (including Indonesia) and expertise relevant to this evaluation, including relief and rehabilitation, food aid/security, livelihoods and social development.



He is an experienced team leader, complemented by experience in programme management and strategic planning. He was team leader of the recent TEC thematic evaluation on coordination issues.

- **Annemarie Hoogendoorn** as lead consultant for nutrition/health/school feeding aspects. She was the team leader of the 2005 WFP Thematic Review of Food Aid for Nutrition: Mother and Child Nutrition (MCN) Interventions, which was presented to last Executive Board and very well received. She combines an excellent professional background with thorough knowledge of WFP. Annemarie will also participate in the forthcoming OEDE-led evaluation of SF in emergencies.
- **Saskia De Pee** as second consultant for nutrition/health/school feeding aspects: She complements Annemarie Hoogendoorn's skills and experience with an indepth knowledge and wide network of nutrition and health experts in Indonesia, as well a strong background on micronutrients. She has worked in the country for many years, mainly for HKI. With regards to travels, Saskia will cover Aceh while Annemarie the other parts of the PRRO.
- **François De Meulder** as expert for the logistical aspects. He has done many evaluations for WFP, is very experienced and well respected in the WFP logistics community. He will most likely also be undertaking an evaluation of transport arrangements in Aceh of a WFP managed and largely World Bank-funded operation to bring rehabilitation material (mostly shelter material) into that area. This is a special arrangement outside of WFP's normal work programme and will therefore not be included in this evaluation, but be implemented separately. However, as field mission for this exercise will be scheduled during first part of August 2006, lessons learnt may feed into the PRRO evaluation.

The external peer review group is composed of the following experts:

- **Ian Christoplos**, team leader of the Tsunami Evaluation Coalition (TEC) thematic evaluation on Linking Relief, Rehabilitation and Development.
- **Prof. Azrul Azwar**, Professor in Public Health, University of Indonesia, and previously Director General of Public Health, Ministry of Health, Indonesia.
- **Dr. Drajat Martianto** (to be confirmed), Vice Dean of the Graduate School of IPB and Expert on Food Security and Food Policy at the Department of Community Nutrition.

The table below indicates the primary responsibilities of mission members. A detailed list of responsibilities will be prepared by the team leader in consultation with team members and OEDE after the preparatory mission and included in the Inception Report. This will also provide information on work-sharing arrangements between the two nutrition and health consultants. The evaluation matrix will indicate team members' coverage of certain evaluation questions.



Key Issues	Jon Bennett (Team Leader)	Annemarie Hoogendoorn & Saskia De Peet (nutrition/health/school feeding)	Francois De Meulder (Logistics Expert)
1. Coherence and Relevance			
2. Effectiveness and Efficiency of CP Activities (including targeting)			
General food distribution			(logistics aspects only)
Nutritional rehabilitation through local health centers			(logistics aspects only)
Primary school feeding			(logistics aspects only)
Food support to TB patients			(logistics aspects only)
FFW and FFT for IDPs, returnees and host communities			(logistics aspects only)
Community development			(logistics aspects only)
Capacity building			(logistics aspects only)
3. Effectiveness and Efficiency of Model and Capacity Building Activities			(logistics aspects only)
4. Effectiveness and Efficiency of Advocacy Efforts			
5. Partnerships and Coordination			(logistics aspects only)
6. Food Procurement and Funding			(logistics aspects only)
7. Sustainability and Exit Strategy			
8. Gender			
9. RBM / M&E			

Evaluation topics such as targeting, capacity building, partnerships and coordination, sustainability and exit strategy, gender, RBM, and M&E are cross-cutting themes and will be addressed by all mission members.

Responsibilities of the Team Leader

The team leader will be responsible for the following evaluation outputs:

- implementation of preparatory mission to the CO;
- preparation of Inception Report following the outline provided by OEDE - including evaluation matrix (agreed upon with all team members, finalized and shared with the CO prior to the main mission) and outline of the full technical report;
- overall logistics of the main mission including mission schedule;
- presentation of preliminary findings mid-way through the mission;
- preparation and presentation of aide-mémoire to CO stakeholders at the end of the mission;
- presentation of aide-mémoire (or a revision thereof) to HQ and RB stakeholders;
- preparation of draft and final full technical report (including individual mission members' technical inputs/reports) and EB summary report, including executive summaries of both,



the recommendations tracking/management response matrix (drafted by the CO/OD) and annexes;

- revision of draft reports to address comments provided by WFP internal and external stakeholders, including external reviewers;
- discussion of evaluation report at EB.A/2007.

The team leader will not be responsible for mission members' individual reports, nor for their timely submission, but for putting their inputs together, so that the final reports read and flow well. To facilitate report writing and to support transparency and accountability of each team member, an outline of the full technical report will be prepared at the onset of the mission and certain chapters and annexes be assigned to certain mission members.

While the team members' ultimate accountability will be towards OEDE, they will all report to the team leader during the mission, allowing him to coordinate the team's work well.

Responsibilities of Team Members

Roles and responsibilities of the team members are described below. Further details will be provided in the inception report and evaluation matrix.

Responsibilities of the CO, RB and OEDE

The WFP Indonesia CO will prepare for and facilitate the mission and participate throughout. A Regional Bureau (ODB) representative will participate at parts of the mission, also in facilitation role.

The OEDE evaluation manager prepares the mission, will facilitate its implementation, support the preparation of reports, coordinate the generation of in-house and external feedback, and facilitate the dissemination of evaluation results. She will participate at the last week of the mission to support the completion of the in-country work.

Budget

The estimated evaluation budget covers 130,000 US\$ from the OEDE 2006/7 PSA budget.