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SUMMARY EVALUATION REPORT OF HAITI PRRO 10382.0

**Response to Food-Insecure Persons in Crisis
Situations**

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for consideration.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Protracted relief and recovery operation 10382.0 (May 2005–December 2007) has a provisional budget of US\$40 million, 70 percent of which was financed at the time of evaluation for the distribution of 46,750 mt of food to an average of 550,000 beneficiaries per year. The intervention covers two major components: (1) an emergency component of 15 percent of resources to address crisis situations caused by natural disasters and security problems and (2) a rehabilitation component of 85 percent of resources that includes three areas: asset creation food-for-work activities, support for people living with HIV or tuberculosis and their families, and nutrition for young children and pregnant and lactating women.

The operation addresses the priority needs of the country and targets vulnerable populations. The project design, which combines emergency and recovery components, and the various components are deemed appropriate and relevant. In contrast to the project description, the remedial approach adopted for the nutrition component is largely accounted for by the weak absorptive capacities of partners, who still lack the human resources or storage capacities for preventive actions. The geographic targeting initially planned in the project description was modified during implementation, mainly in the health and nutrition component

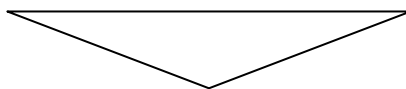
Fortunately, the emergency component was mobilized in a very limited manner because of the reduction in the number of natural disasters during the intervention period. The recovery component on the other hand was fully implemented. Efforts to secure the living conditions of the vulnerable groups are generally satisfactory. Progress in asset creation meets expectations; the choice of participants is in line with the objectives of sharing and equity in terms of access to work and food in the framework of the selected projects. The people targeted by the components of support for people living with HIV or tuberculosis and nutrition are the groups targeted during project design. In terms of nutrition they are still well below the planned objectives, but recovery rates have generally improved.

During the evaluation, which was carried out over three-quarters of the intervention period, implementation of activities was only 47 percent despite adequate funding. This resulted from complex conditions in the field – the socio-political and security context, problems in accessing the many distribution points and weak storage capacity of partners – and problems in managing supplies. The lack of a coordinator responsible for managing and monitoring supplies, lack of coordination between programming and logistics regarding orders and follow-up, errors in registering data in the Commodity Movement Processing and Analysis System and problems in securing supplies on the world market all contribute to this situation. These shortcomings resulted in modifications to the nutrition ration: this was according to plan in terms of size and composition for three months only from the beginning of the intervention; the complete ration planned for people living with HIV or tuberculosis patients was only distributed for two months. All of these elements contributed to difficulties in achieving the set objectives and should be analysed when planning new interventions.

Relations with the Government are deemed excellent, although they are still limited at the national level. Collaboration is being developed locally, mainly in the agriculture and health sectors. WFP regularly collaborates with its United Nations partners at the national level; synergies among the various organizations are still restricted in the field because of their limited presence. Finally, WFP collaborates with 40 partners in the field, a significant number considering the modest food tonnage involved.

The importance of collecting monitoring data is not always fully understood. Substantial modification of the initially planned project in terms of approach was not followed by revised quantified objectives and results indicators.

DRAFT DECISION*



The Board takes note of the information and recommendations contained in “Summary Report of the Evaluation of PRRO Haiti 10382.0” (WFP/EB.2/2007/6-B) and invites WFP to work on the recommendations, taking into account issues raised by the Board during its discussion.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (document WFP/EB.A/2006/15) issued at the end of the session.



AIM OF THE EVALUATION

1. The main objective of the evaluation is to analyse the relevance, efficiency, effectiveness and viability of protracted relief and recovery operation (PRRO) 10382.0 with a view to drawing conclusions and making recommendations on the current operation and identifying lessons learned for designing a future intervention in Haiti.
2. The evaluation mission was in Haiti from 13 November to 6 December 2006, assisted by four independent consultants¹ and one observer from the Office of Evaluation (OEDE) in Rome. The field visits were the main focus of the evaluation, which covered a large sample of activities in the intervention areas.

INTERVENTION CONTEXT

3. Haiti is undergoing a difficult period of political transition. Successive crises in 2004 resulted in the overthrow of the Jean-Bertrand Aristide government and the deployment of a second peace-keeping mission in less than ten years. The atmosphere is still tense, with political protests that sometimes turn violent, social demands, pre- and post-electoral demonstrations and increasing insecurity. After a difficult process, a government was elected in May 2006 that promised to bring about renewed institutional calm.
4. The country is in a precarious socio-economic situation: it is ranked 154th of 177 countries in the Human Development Index of the United Nations Development Programme (UNDP) *Human Development Report 2006*. In 2005, national agricultural production – 41 percent of national requirements – was supported by imports of up to 53 percent and by food aid of 6 percent. National productivity only increased by an average 0.4 percent per year while demand grew by 2 percent, leading to strong pressure on imports. Living standards remain very low: 54 percent of the population live on less than US\$1 per day.
5. Twenty-three percent of children suffer from chronic malnutrition (height/age); one in five children are underweight (weight/age); two-thirds of children aged 6–59 months suffer from anaemia, of whom 34 percent have moderate anaemia and 2 percent severe anaemia. Fifty-five percent of women are anaemic; among pregnant women the figure is 63 percent. The national average of HIV/AIDS prevalence is 2.2 percent. Stigmatization of the disease is considerable, with high risks of social and family rejection.
6. Haitian women are victims of numerous economic and social handicaps: land insecurity, the small size of farms and frequent absence of their partners make them particularly vulnerable.

DESCRIPTION OF THE PRRO

7. In recent years the country office has simultaneously managed a country programme (CP) for 2003–2006, a PRRO for June 2003–April 2005 and an emergency operation (EMOP) for April 2004–April 2005. This accumulation of operations is caused by

¹ Three international consultants – a nutritionist, a logistician and a socio-economist who was head of mission – and a national consultant, a doctor.

degradation of the security situation combined with devastation and 3,000 deaths in the Gonaïve region during tropical storm Jeanne in 2004.

8. In 2005, the country office decided to group together emergency, recovery and development activities – the nutrition and food-for-work (FFW) components of the May 2005–April 2007 CP – into a single two-year PRRO; this was recently extended to December 2007 with a budget of US\$40 million and a planned distribution of 46,760 mt of food to an average of 550,000 beneficiaries per year.
9. The PRRO consists of two components:
 - the emergency component, 15 percent of resources, which responds to immediate needs at the national level through time-limited general distributions; and
 - the recovery component, 85 percent of resources, which integrates activities related to health and nutrition through health centres and institutions for vulnerable groups such as mothers and children, people living with HIV (PLHIV) or tuberculosis (TB) patients and FFW community activities, some of which are covered nationally – HIV/AIDS, TB and FFW – and some at the department level – health and nutrition.

MAIN OBSERVATIONS

Relevance²

10. **Priority needs.** The relevance of the intervention is not in question. Setting up an emergency component was necessary because of the frequent threat of natural disaster, the high-risk location of the country and major deforestation of the watershed. The socio-economic situation and data on malnutrition and mortality among children under 5, pregnant women and PLHIV show that the recovery component is an appropriate option. Support for decentralized state structures facilitates people's access to basic health and agriculture services and contributes to social stabilization in the intervention areas.
11. **Sectoral policies.** The aims of the intervention are relevant to the Government's sectoral policies and respond to WFP's Strategic Objectives; they also address the Millennium Development Goals (MDGs).
12. **Approach adopted in the health/nutrition component.** The project design planned to combine two scenarios – gradual adoption of a preventive approach for infants aged 6-24 months and pregnant and lactating women while maintaining a remedial approach for children aged 25-59 months – but the country office has only adopted the remedial approach. This was done in view of the absorption capacities of partners, who do not always have the human resources or storage capacity for preventive actions. The country office therefore chose to apply individual targeting for all categories of beneficiaries, but without revising the quantified objectives in the project description.
13. **Geographical targeting.** In 2004, a food security and vulnerability analysis was carried out in the departments of Centre, Ouest, Nord and Nord-Est. It was initially planned that the analysis would be based on the results of a nutritional survey by the United Nations Children's Fund (UNICEF), but it was not carried out. Impact was limited because there was neither a nutritional survey nor a draft of the report in English.

² For more details, see PRRO technical evaluation report 10382.0, chapter IV.



14. Geographical targeting was adapted according to the various components. The support for PLHIV and TB patients component, whose coverage could be on a national scale according to the project description, was implemented in the departments of Ouest, Nord, Nord-Est, Centre and Artibonite only. The FFW component was to favour the departments of Nord and Nord-Est, but commitments in terms of aid volume were eventually distributed as follows: 24 percent in Nord, 23 percent in Nord-Est, 25 percent in Nord-Ouest, 15 percent in Artibonite and 13 percent in Ouest. Implementation of the FFW component was governed by the availability of technical partners who could design projects and support beneficiaries. More than half of the food earmarked for the health/nutrition component was distributed in the department of Ouest, thus maintaining and developing a presence in a department that was already receiving assistance; again, according to the project description this component targeted the departments of Nord and Nord-Est.
15. **Types of beneficiaries.** The five groups selected in the PRRO – children under 5 suffering from malnutrition, pregnant and lactating women who are anaemic or show clinical signs of malnutrition, PLHIV, people receiving treatment for TB and food-insecure households – have high priority.

Effectiveness³

Support Populations in Emergency Situations

16. The objective is to give adequate assistance within 72 hours to victims of natural disasters or political instability. Distribution of 7,245 mt of food – 15 percent of resources – is planned for this component to provide immediate food aid for 115,000 beneficiaries for 15 days and post-emergency food aid for 100,000 beneficiaries for two months.
17. Given the lower frequency of natural disasters during the intervention period, it was not necessary to supply immediate food aid except in very limited amounts. With regard to post-emergency, seven agreements were signed with non-governmental organizations (NGOs) for 557 mt of food for 17,976 beneficiaries. The free distributions carried out under these agreements in shanty towns in Port-au-Prince were short-term responses to satisfy the immediate needs of vulnerable groups.
18. WFP is responsible for planning United Nations emergency measures to coordinate logistics and food aid EMOPs; its logistics capacity is universally recognized and appreciated. WFP has organized collaboration with the main United States NGO providers of food aid to update the available stocks in different regions of the country. The agreements allow the use of stocks as close as possible to an event in order to respond as quickly as possible to aid needs. The current network provides for coverage within 72 hours.
19. Because of limited investments in prevention of erosion in Haiti, the damage caused by natural disasters is often serious. Experience shows that significant left-over emergency stocks have been transferred from one intervention to another. The expected stocks of this component, however, could be used in preventive actions through FFW rather than transferred from one intervention to another.

³ *Ibid*, chapter V.

Secure the Living Conditions of Vulnerable Groups

20. The objective is to secure living conditions and to satisfy the food needs of several target groups: (i) food-insecure households through FFW: 4,400 mt, 9 percent of the PRRO, distributed to 16,000 households for the creation of an unspecified number of assets; and (ii) households living with HIV or TB patients: 9,000 mt, 19 percent of the PRRO, distributed to 12,000 households through community health structures. The data related to the direct effects of the PRRO have not been collected by the monitoring and evaluation (M&E) system, so the evaluation focused on the implemented activities.
21. **Asset creation (FFW).** Since the start of the intervention, 3,150 mt have been committed to FFW, 70 percent of the tonnage planned, for 30,884 participants. The distribution and the nature of the intervention depend on absorption capacity and above all on assistance and support for implementing activities. Some partners have set up interesting projects that integrate prevention and production elements. The choice of participants is in line with the objectives of sharing and equity regarding access to work and food in the projects selected.

TABLE 1: IMPLEMENTATION OF FFW ACTIVITIES (May 2005–October 2006)				
Results	Unit of Measure	Planned objectives	Implemented objectives	Percentage of objectives implemented
Rehabilitated or established roads	km	303	225	74
Plantlets	Number	86 000	83 466	97
Rehabilitated or developed saline land	m ³	25 000	25 000	100
Rehabilitated or developed banks	m ³	22 488	21 616	96
Cleaned drains/canals	m ³	91 825	54 275	59
Cleaned canals	m	6 100	6 900	113
Cleaned ravines	m ³	45 974	35 826	78

Source: WFP Office, Haiti, November 2006.

22. **Supporting PLHIV and TB patients.** The target number of PLHIV and TB patients benefiting from food rations was achieved. The annual quota for the two groups was 12,000 participants, 60 percent of whom were women; 14,000 participants were covered, of whom 58 percent were women, giving a total of 44,254 beneficiaries.
23. With the participation of aid associations for PLHIV, WFP has refined a tool combining medical and socio-economic criteria. Initially, the programme had not set a deadline for implementation: the cycle was completely open and people were enrolled for the duration of the programme. Because of limited stocks, the period of implementation was reduced to one year for some institutions in the department of Ouest, but with the possibility of renewal.



Improve the Health and Nutrition of Children and Pregnant and Lactating Women

24. The rate of beneficiaries actually reached compared with the target for this component was 80 percent for children aged 6–24 months, 212 percent for children aged 25–59 months and 80 percent for pregnant and lactating women. Analysis of these data and of the results obtained in nutrition, the most important component of the intervention, was limited because the quantified objectives were not revised and because of the gap observed between the results indicators identified during the preparation of the project description and what was actually recorded and collected. In view of this:

- *Reduction of malnutrition by 5 percent.* This indicator is suitable for the preventive approach; but in the context of the remedial approach the country office must follow the nutritional recovery rate. The results show that the recovery rate improved in the department of Nord from 42 percent to 58 percent and in Ouest from 52 percent to 60 percent, but fell in Nord-Ouest from 56 percent to 49 percent. The recovery rates still fall short of the desired rate of 70 percent in the three departments; this poor result is mainly a result of inadequate quantity or quality of the rations supplied.⁴

TABLE 2. NUMBER AND PERCENTAGE OF RECOVERED CHILDREN							
May–December 2005							
North		North East		West		Total	
Number	%	Number	%	Number	%	Number	%
248	42	299	56	620	52	1 167	51
January–October 2006							
North		North East		West		Total	
Number	%	Number	%	Number	%	Number	%
3 079	58	2 286	49	10 722	60	16 087	58

Note: A recovery rate above 70 percent is sought; a rate below 50 percent is considered alarming.

Source: WFP office, Haiti, November 2006.

The mission observed the following in the implementation of the cohort system in some centres. The quota of beneficiaries attending these centres was most often achieved in the first month of implementation; these cohorts of children or women were maintained while they were eligible, during which time no new admission was possible. As a result, the children identified by their nutritional status could not be enrolled immediately and were therefore placed on the waiting list.⁵ This procedure is not acceptable under the remedial approach, which should enrol young children needing nutritional recovery as soon as possible to avoid irreversible effects on their growth.

- *Reduction of anaemia by 15 percent.* Measurement of haemoglobin rates planned for pregnant and lactating women on admission at the fourth month and on dismissal was

⁴ The factors that account for this inadequacy are shown in the section on the adequacy of food assistance.

⁵ This system shows that the health centres are more sought after than expected. The mission was not, however, in a position to decide whether this quota system was linked with the difficulty experienced by the centres in increasing their absorption capacity or with the limitation of the amounts of food supplied by WFP to respond to needs.

not systematically carried out because of the cost. The data actually available are disparate, which makes analysis impossible. It is in any case unlikely that the intervention had an effect on anaemia in view of the inadequate supplement of iron in the planned rations – the ration provided only 16 percent of iron needs for pregnant women instead of the required 50 percent – and lack of regularity in the distributions.

- *Increase of the rate of exclusive breastfeeding.* This indicator is shown in the second expected result – setting up nutritional education aimed at changing mothers' attitudes and behaviour. In the absence of surveys, improvements in exclusive breastfeeding among beneficiaries could not be analysed.
- *Increased attendance at education sessions.* The evaluation team noted the lack of tools adapted to education sessions such as posters and plastic cards, even though these tools were created expressly for WFP projects – vitamin A cards were printed but not distributed – or by NGOs working in the health and nutrition fields in other departments, such as World Vision. The number and percentage of women who benefited from education were not recorded; the beneficiary records and monthly reports do not include information about the educational sessions.

Efficiency⁶

⇒ *Amount of Intervention Funding*

25. The amount of PRRO funding is adequate: by the end of November 2006, following a 47 percent rate of implementation,⁷ it financially covered 70 percent, with food contributions and benefits reaching US\$28.1 million for an overall budget of US\$39.9 million. Canada was the largest contributor – US\$18 million, 46 percent of the total cost. PRRO 10382.0 also benefited from 5 823 mt of food valued at US\$3.1 million from EMOP 10347 and PRRO 10275. Nevertheless, implementation is only 47 percent, which is accounted for by complex field conditions and problems of supply.⁸

⇒ *Adequacy of Human Resources*

26. In general, the country office has sufficient staff to carry out the project. But although competent monitoring agents were recruited for the fields concerned, there are not enough of them to carry out monthly site visits as planned.
27. The mission noted that (i) no individual was formally responsible for the management and monitoring of supplies, which partly contributed to the pipeline breaks and (ii) there are too few agents trained in logistics to manage the Commodity Movement Processing and Analysis System (COMPAS). The quality of data capture is not always satisfactory, which has a negative impact on the ability to achieve a reliable, complete and up-to-date supply situation.

⁶ For more details, see PRRO 10382.0 Technical Evaluation Report, Chapter VI.

⁷ At the time of drafting the evaluation report, the project was planned for two years, closing in April 2007. The project was subsequently given a six-month extension.

⁸ For more details, see the section on programme logistics.



⇒ *Partnerships*

28. **The Government.** The country office in Haiti operates on the basis of a framework agreement signed with the Government in 1969. PRRO 10382.0 is, however, not covered by a Letter of Intent between the Government and the country office as provided in the framework agreement. At the national level, relations with the Government are deemed excellent, but are limited to communications and routine information to ministries. At the local level, the mission observed close relations between WFP staff and the ministries of health and agriculture. Collaboration started through state technical structures such as the National Agricultural Agencies – the *Bureaux agricoles communaux* (BAC) – and the health centres of the Ministry of Public Health and Population helped to revitalize the state project network in the country. This approach helped to support the structures in the field, which were largely inactive through lack of adequate resources or motivation.
29. **United Nations organizations.** The mission noted some collaboration among United Nations organizations, particularly through the thematic groups, which met at regular intervals. The field visits did not show real synergy among the programmes of the organizations, with the possible exception of FFW, because of their reduced field presence.
30. **Partners in the field.** The country office collaborated with 41 partners in the field with whom 50 partnership agreements were concluded for the distribution of 20,010 mt of food. This figure is significant, given the modest tonnage sometimes observed. The partnership agreements may be described as follows: (i) they address logistics and the means of transporting and distributing food; and (ii) they are less precise or even silent as to collecting monitoring data, the eligibility of beneficiaries and measuring the impact of food aid.
31. The field visits show that food distribution is not always carried out by the partner under contract, but by a third organization. This often occurs when distribution is carried out in a health centre under the Ministry of Public Health and Population. In this case, medical or paramedical personnel are removed from their caring role to organize food distribution. This procedure should be avoided for ethical reasons, even if it has the advantage of reducing distribution costs.

⇒ *Adequacy of Food Aid*

32. **Eating habits.** The rations supplied by WFP conform to the eating habits of beneficiaries. Corn-soya blend (CSB) is accepted in that it is similar to the maize meal used in local cooking. On the other hand, the quality of some deliveries of green beans left much to be desired in that they had to be cooked for very long periods.
33. **Activities.** The ration planned for the nutrition component of CSB, green beans, oil and iodized salt is in line with WFP guidelines: (i) it satisfies 50 percent of the energy needs of children and the supplementary energy needs of pregnant and lactating women; and (ii) it takes into consideration likely ration-sharing in families. But the ration does not cover the iron needs of pregnant women: it provides only 14.4 mg, 16 percent of needs, whereas it should satisfy at least 50 percent.
34. According to WFP guidelines, the monetary value of the FFW ration must reach 80 percent of unskilled workers' salaries. It is not easy to determine whether these guidelines are followed, mainly because of variations in the price of cereals. However, the country office recently launched a relevant FFW project in partnership with the International Labour Organization (ILO) involving mixed payments in money and food. This should make it possible to test workers' reactions to the food ration.

35. **Providing the planned rations.** Serious supply problems hampered distribution of the planned ration. In the nutrition component, the ration was adjusted five times between July 2005 and October 2006, and complied with the requirements for composition and quantity for only three months: CSB was replaced by the same quantity of rice, whose nutritional value is lower, for seven months and again in June 2006. The ration consisted only of green beans and oil for five months, during which beneficiaries received an unbalanced ration in which 55 percent of the energy value came from lipids, whereas the proportion should not exceed 30 percent. The complete ration planned for PLHIV or TB patients could only be distributed for two months. The fact that rations planned for these two components were not fully provided was a major obstacle to achieving project objectives.

	Rice (g)	CSB (g)	Green beans (g)	Oil (g)	Salt (g)	Biscuits	Meat
Planned ration		125	20	15	5		
July–December 2005	125		20	20	5		
January–May 2006			60	25	5		Prompt distribution
June 2006	125		20	20	5		
July–September 2006		125	20	15	5	On-time distribution	
October 2006		125	20	15	5		

Source: WFP Haiti, November 2006.

⇒ *Programme Logistics*

36. Deliveries were not always made in the required distribution time. In addition to serious interruptions in the distribution of dry vegetables and cereals, the operation was hampered by deliveries of oil in large quantities or major delays in delivering CSB, which contributed to repeated pipeline breaks and led to major adjustments to the composition of the ration.
37. There were various reasons for the pipeline breaks: (i) lack of a coordinator in Port-au-Prince in charge of management and supply monitoring; (ii) lack of coordination between programming and logistics in ordering food and in following up orders; (iii) errors in data capture in COMPAS, which did not accurately reflect stocks in the field; (iv) lack of monitoring of current orders at the regional level and at Headquarters; (v) problems in securing supplies on the world market, notably CSB; (vi) poor roads; (vii) the large number of distribution points; and (viii) inadequate storage capacities of partners.



38. The project was implemented within the planned budget. But the landside transport, storage and handling (LTSH) costs, direct support costs (DSC) and other direct operational costs (ODOC) amount to 30 percent of the total project cost. The DSC rate is particularly high; almost double the world average, largely because of the security situation in the country.

⇒ *Follow-up of Activities*

39. The mission observed that partners do not always assess the significance of data that they are responsible for collecting in the monthly activity reports. Given the security regulations covering movements and the importance of the number of sites to be covered, it was not possible for the nine WFP monitoring staff to achieve the objective of a monthly visit to each site.

40. The M&E system defined in the project description was not set up. The data focus mainly on the required indicators for the standard project reports. Coordination between programme managers and monitoring staff is fairly good, but the relations between the programme managers and the data management units are poorly organized. Simultaneous access to data in the WFP Information Network and Global System (WINGS) and COMPAS is almost impossible because the latter are compiled on a different basis.

41. The country office does not have the required real-time monitoring tools for accurate progress reports for each component that address project managers' needs. Information required for routine management was obtained as needed. Although significant adjustments were made to the planned intervention scheme, implementation was not well documented.

CONCLUSIONS

42. Given the context in which this project operates, it may be concluded that it responds to the priority needs of the country and targets the most vulnerable people in terms of food insecurity. The evaluation team confirms the appropriateness of having two components – emergency and recovery – and of different activities but it recommends improved synergy between them. Geographical targeting was nevertheless extended from what had been planned, and the approach of the health and nutrition component was adjusted.

43. The available data concerning monitoring of results enabled the evaluation team to comment on project implementation but not to draw conclusions as to the achievement of expected results. The emergency and asset-creation components are generally satisfactory; the situation is more delicate with regard to the nutrition component, however, for which the only indicator of a result collected –nutritional recovery – shows overall progress but falls short of the expected outcomes.

44. Complex conditions in the field and problems in managing supplies had an impact on the progress of the project (47 percent), although the duration of the intervention was three-quarters completed. This caused frequent and damaging pipeline breaks, which led to counter-productive effects on nutritional recovery.

45. The main recommendations of the evaluation for preparing new aid and follow-up by WFP management are shown in Annex I.

**ANNEX I: FOLLOW-UP BY WFP MANAGEMENT TO RECOMMENDATIONS SET OUT
IN THE SUMMARY REPORT OF THE EVALUATION OF THE PRRO HAITI 10382.0**

Recommendations ¹	Organizations in charge	Follow-up by WFP management
TO STRENGTHEN THE RELEVANCE OF WFP INTERVENTION IN HAITI		
<p>1. Targeting</p> <p>To carry out a food security and vulnerability assessment before the next intervention in partnership with the other food-aid actors through a national food security and vulnerability assessment.</p>	<p>Country office, ODAV (CNSA and expected collaboration with United States NGOs)</p>	<p>Headquarters, the National Agency for Food Security (<i>Coordination nationale de la sécurité alimentaire</i>, CNSA) and various partners are developing a national survey. The collection of primary data will be carried out shortly; a preliminary report should be available at the end of the year.</p>
<p>2. Health and Nutrition Component</p> <p>a) Define with main partners the approach – preventive or remedial – to follow in the next intervention in line with national policies and partners' capacities.</p> <p>b) Redefine the profile of beneficiaries particularly in terms of geographic area, according to the results of the Mortality, Morbidity and Service Utilization Survey (EMMUS IV).</p>	<p>Country office (with the Ministry of Public Health and Population and sector NGOs)</p> <p>Country office (with the Ministry of Public Health and Population and sector NGOs)</p>	<p>The procedures and meetings on this topic with the Ministry of Public Health and Population were constant. Agreement was eventually reached between the ministry, partners and WFP to implement a remedial non-preventive approach; the latter was problematic – even impossible – in the Haitian context.</p> <p>The results of the meeting with the Ministry of Public Health and Population and those of EMMUS IV, published in January 2007, allowed the fine-tuning of beneficiary targeting criteria, particularly for PLHIV.</p>
TO ENHANCE THE EFFECTIVENESS OF WFP'S INTERVENTION IN HAITI		
<p>3. Emergency</p> <p>Carry out preventive protection against water erosion; up to 25 percent of food tonnage is planned for this component. Allot non-utilized stocks from the emergency component pro rata according to time elapsed to additional FFW prevention activities.</p>	<p>Country office</p>	<p>The country office signs agreements on this with ILO, the Food and Agriculture Organization of the United Nations (FAO), and German Agro-Action. Any reallocation of non-utilized emergency stocks to preventive FFW activities would take into account the planned needs for emergency aid according to the imminence of the cyclone season.</p>



¹ The complete evaluators' report proposed a greater number of recommendations. Only the most important were considered here for submission to WFP and the Board.

**ANNEX I: FOLLOW-UP BY WFP MANAGEMENT TO RECOMMENDATIONS SET OUT
IN THE SUMMARY REPORT OF THE EVALUATION OF THE PRRO HAITI 10382.0**

Recommendations¹	Organizations in charge	Follow-up by WFP management
<p>4. Health/Nutrition</p> <p>Periodically re-evaluate the planned number of beneficiaries at health centres in terms of actual needs and partners' capacity in terms of staff and storage capacity. In the case of quotas in the health centres, postpone admission by a month in line with the number of outgoing beneficiaries.</p>	<p>Country office (with the Ministry of Public Health and Population and the sector NGO)</p>	<p>This system is already operational in Port-au Prince and is being implemented in Cap-Haitien.</p>
<p>5. Synergies</p> <p>Establish synergies among the components, particularly between FFW and the emergency component – preventive actions and disaster response – and between FFW and the component supporting PLHIV and TB patients – socio-economic support for families.</p>	<p>Country office</p>	<p>This is already the case for synergy among FAO, German Agro Action and WFP in FFW and the emergency component. Discussions are in progress with Partners in Health about PLHIV. See also Recommendation 3.</p>
TO STRENGTHEN THE QUALITY OF IMPLEMENTATION AND FOLLOW-UP OF WFP INTERVENTION IN HAITI		
<p>6. Enhancing internal capacities</p> <p>a) Increase the number of monitors by increasing the number of units from three to four to carry out a monthly visit to each site as planned.</p> <p>b) Provide in-depth COMPAS training for at least three staff in each office.</p>	<p>Country Office</p> <p>Country Office</p>	<p>Enhancing the monitoring teams is planned in the budget of the new operation. Measures will be taken for this purpose, given adequate resources.</p> <p>Training is in progress.</p>
<p>7. Partners</p> <p>a) Draft with the Government a Letter of Intent for this intervention.</p> <p>b) Set out in the field partnership agreements the following: (i) obligations in collecting data about implementation and the impact of food aid; (ii) the partners responsible for food distribution in order to avoid removing medical staff from their main role².</p>	<p>Country office</p> <p>Country office</p>	<p>The project was approved during the intermediary government, so no Letter of Intent could be signed at the time. Negotiations are in progress to conclude a Letter of Intent with the current Government.</p> <p>The agreements signed with partners already cover these two points. The second point will be emphasized to prevent the removal of medical personnel from their primary function.</p>

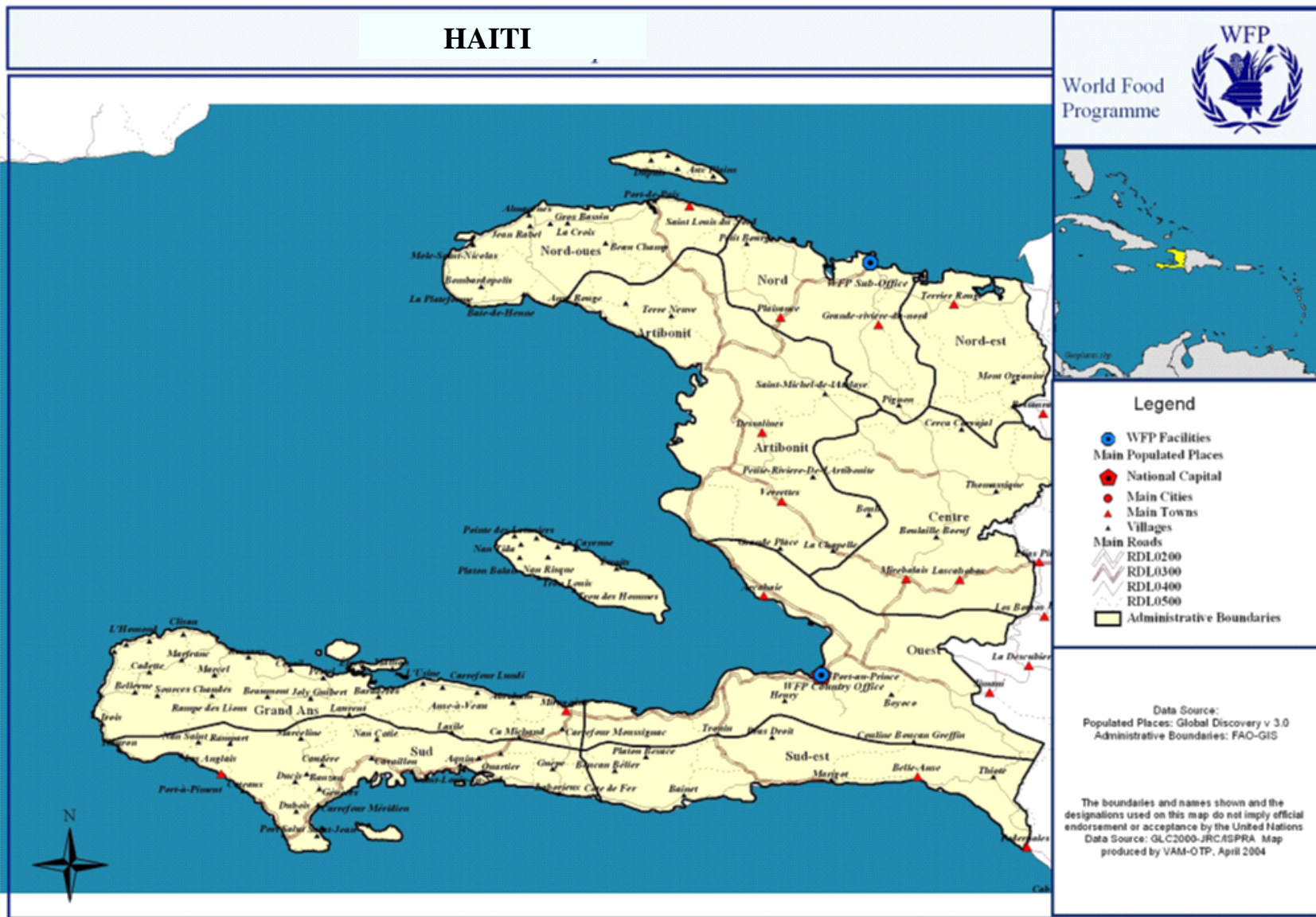


² Recommendations 7b and 7c are part of the overall agreements with field partners established between WFP and its NGO partners.

**ANNEX I: FOLLOW-UP BY WFP MANAGEMENT TO RECOMMENDATIONS SET OUT
IN THE SUMMARY REPORT OF THE EVALUATION OF THE PRRO HAITI 10382.0**

Recommendations¹	Organizations in charge	Follow-up by WFP management
c) In addition to the Letters of Intent developed with the most important NGOs active in emergency situations, establish a letter of intent defining the modalities of access, reciprocity and coordination for using the pre-positioned stocks ² .	Country Office and partners	Measures have already been taken for this purpose; the Letters of Intent for using partners' stocks in case of emergency will be signed as soon as possible. With regard to WFP's pre-positioned stocks, this recommendation is already being applied.
8. Supplies a) Enhance the monitoring of food orders by recruiting a supply manager responsible for monitoring flows and maintaining contacts with the regional bureau and Headquarters. b) Create and disseminate guidelines on the organization of ration distribution by providing measures for distribution and boards with adjustable pictograms that show the composition and size of rations.	Country Office Country Office	Measures have already been taken for this purpose. This recommendation is being developed for partners to provide updated and easy-to-use information on available stocks and rations being distributed.
9. Monitoring Evaluation Adjust the results indicators according to the selected objectives. From the selected indicators, set up a simple, coherent and standardized monitoring system to correlate basic variables such as the number of beneficiaries and quantities of food distributed by activity.	Country Office	The new report forms are being developed.





The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

BAC	<i>Bureaux agricoles communaux</i> (National agricultural agencies)
CNSA	<i>Coordination nationale de la sécurité alimentaire</i> (National Agency for Food Security)
COMPAS	Commodity Movement Processing and Analysis System
CP	country programme
CSB	corn-soya blend
DSC	direct support costs
EMMUS	Mortality, Morbidity and Service Utilization Survey
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FFW	food for work
HIV/AIDS	human immunodeficiency virus/ acquired immune deficiency syndrome
ILO	International Labour Organization
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MDG	Millennium Development Goal
NGO	non-governmental organization
ODAV	Vulnerability Analysis and Mapping Branch
ODOC	other direct operational costs
OEDE	Office of Evaluation
PLHIV	people living with HIV
PRRO	protracted relief and recovery operation
TB	tuberculosis
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WINGS	WFP Information Network and Global System