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**Executive Board  
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## **EVALUATION REPORTS**

*Agenda item 7*

*For consideration*



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## **SUMMARY REPORT OF THE EVALUATION OF PRRO INDONESIA 10069.1**

**Assistance to Recovery and Nutrition  
Rehabilitation**

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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

In Indonesia, a low-income food-deficit country, more than 100 million people live near or below the poverty line. There are numerous slums; many rural areas lack basic infrastructure; high levels of chronic malnutrition persist. WFP's realistic appraisal of where its impact will be greatest led to an increasing focus on nutritional interventions, especially for mothers and children, combined with innovative approaches to influencing Government policy through sophisticated and robust food security and nutrition mapping. WFP also plays a central role in anticipating and responding to natural disasters.

In general, the evaluation found the operation to be efficient and effective. Local capacity constraints are pervasive and often beyond WFP's expertise and budget: the key to sustainable nutritional intervention, for instance, is greater emphasis on health and nutrition education.

Government and non-governmental partners have commended WFP's dialogue with respect to the dilemmas inherent in dealing with widespread chronic poverty and malnutrition with limited resources. The evaluation was cautious in considering the debate as to whether the focus should be urban or rural: there is strong evidence to support expansion of operations in both areas, but the evaluation concluded that a mainly rural focus may yield greater returns in terms of encouraging donors and the Government to provide resources and build capacities to develop the decentralized governance system and enhance collaboration among ministries. WFP is well placed to increase collaboration between United Nations agencies and international non-governmental organizations.

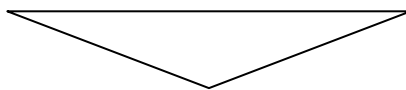
There were some initial inclusion/exclusion errors in registration and food-for-work projects in the protracted emergency in tsunami-affected Aceh. Given that the peace agreement is holding and that needs are greater, a shift of emphasis to inland areas affected by conflict is recommended. The emergency response to earthquakes in Yogyakarta and West Java was constrained by over-reliance on biscuits and noodles fortified with micronutrients rather than staple foods.

Logistics, the pipeline and local procurement have been optimal. But the scale of the programme, which has more than 5,000 final distribution points, may need to be rationalized, and costs will need to be appraised more accurately. Geographical concentration of resources and logistics and convergence with the programmes of partner agencies are suggested.

The challenge remains to persuade donors of WFP's importance in addressing and highlighting nutritional concerns. Some donors still assume that WFP is primarily an emergency food aid agency and do not recognize its continuous engagement at all levels in policy development, intervention and advocacy.



## DRAFT DECISION\*



The Board takes note of “Summary Report of the Evaluation of PRRO Indonesia 10069.1” (WFP/EB.A/2007/7-C) and encourages further action on the recommendations, taking into account considerations raised by the Board during its discussion.

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\* 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/2007/15) issued at the end of the session.



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## EVALUATION PURPOSE, OBJECTIVES AND SCOPE

1. A mid-term evaluation of protracted relief and recovery operation (PRRO) 10069.1 initiated by the Office of Evaluation (OEDE) was undertaken by four evaluators<sup>1</sup> supported by WFP offices in each province and by local partners. The team leader visited the Indonesia country office and the Asia Regional Bureau (ODB) in Bangkok for a week in July 2006 to set up the schedule, meet stakeholders and refine the methods on the basis of an inception report shared with the country office. Field work was carried out from 28 August to 17 September 2006.
2. The evaluation assessed the effectiveness of shifting from relief to nutrition rehabilitation and capacity-building in the main operation, and from relief to rehabilitation and recovery in Aceh. The PRRO runs from January 2005 to December 2007; Aceh and Nias were included through a budget extension from January 2006 to December 2007. Evaluation results aim to contribute to accountability and learning, particularly to inform the design of any future phase.
3. Logframes were provided for each of these components, against which outputs and outcomes were evaluated. There were no major constraints in fulfilling the terms of reference of the evaluation; the country office and sub-offices provided excellent documentation and facilitation. Projects in each programme category were visited in towns and rural areas; community development programmes funded by the Trust Fund generated by sales of WFP-subsidized rice in Sulawesi and Papua were not visited. The evaluators were able to interview government representatives at the national and local levels, but except for WFP's main national counterpart agencies, officials were not familiar with the PRRO. This reflects government capacity constraints, particularly at the district level.
4. The evaluation conducted semi-structured interviews with beneficiaries, government counterparts, non-governmental organizations (NGOs), partners and WFP staff; they reviewed documents, observed activities and interviewed 550 stakeholders and 350 beneficiaries.

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## OVERVIEW OF PRRO 10069.1

5. There have been two major shifts of emphasis in the WFP programme since the WFP office was reopened in 1998: (i) from a predominantly rural food-for-work (FFW) programme in 1998–2000 to a subsidized rice programme focused on towns; and (ii) from food aid as income support to greater emphasis on targeted nutritional interventions, particularly micronutrients, among vulnerable populations from 2002 onwards. WFP has responded to emergencies as they arose; the largest was in Aceh/Nias.
6. In 1998, emergency operation (EMOP) 6006 responded to drought induced by El Niño, conflict and economic decline, and to the associated medium-term food insecurity and longer-term deterioration in nutritional status. Three consecutive PRROs preceded PRRO 10069.1.
7. The crisis of the late 1990s created a huge population of internally displaced people (IDPs) and large-scale migration to towns. Despite attempts to ease congestion on

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<sup>1</sup> An economist as team leader, two international consultant nutritionists and an international consultant logistics expert.



Java, Bali and Madura through the transmigration programme, 60 percent of Indonesians live on these islands, which constitute only 7 percent of Indonesia's land surface. As a result, slums have grown and environmental degradation has increased, reflecting people's inability to afford adequate housing and the low level of resource development and education, leading to a decline in social standards. Over 60 percent of the population live on US\$2 per day or less; an estimated 37 million people live below the national poverty line. The number of "near poor" is estimated at 115 million. Indonesia is a low-income food-deficit country, ranking 110<sup>th</sup> of 173 countries in the United Nations Development Programme (UNDP) 2005 Human Development Report.

8. According to the United Nations Common Country Assessment (CCA), the major causes of poverty and hunger are insufficient budget allocations for human development, unemployment, poor nutrition, unfulfilled basic rights, lack of livelihood opportunities, gender and culture disparities, and over-exploitation of natural resources. The extent of these varies: there are as a result significant variations in poverty levels in the provinces and districts.
9. In preparing the PRRO 10069.1 document, WFP noted that the Government had launched a Poverty Reduction Strategy Paper (PRSP) in 2004 and embraced ambitious nutrition targets for 2010 to reduce malnutrition and low birthweight and promote breast feeding, in line with the Millennium Development Goals (MDGs).
10. High prevalence of chronic malnutrition, evident in stunting, underweight, wasting and anaemia, particularly among children and women, mainly reflects a lack of micronutrients, sometimes combined with low protein and energy intake and compounded by diseases related to inadequate water and sanitation facilities. Entire areas, particularly in eastern Indonesia, suffer from limited availability of local food during lean seasons; elsewhere, food in markets may be sufficient but access is restricted by limited purchasing power; 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 which it is committed to working with the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) to obtain technical support for nutrition rehabilitation programmes.
11. The PRRO has six current components; one was closed in December 2005:
  - (i) mother-and-child nutrition (MCN) *posyandu* (local health posts);
  - (ii) primary school feeding;
  - (iii) support for tuberculosis (TB) patients;
  - (iv) the acute and protracted relief programme, including short term assistance in Yogyakarta and West Java, and targeted food for recovery (TFFR) in Aceh/Nias;
  - (v) FFW and food for training (FFT);
  - (vi) *Operasi Pasar Swadaya Masyarakat* (OPSM) for subsidized rice, closed in December 2005; and
  - (vii) the community development programme funded from the Trust Fund generated by OPSM.



## MAIN FINDINGS AND CONCLUSIONS

### General

12. The evaluation found the emphasis on nutritional rehabilitation and increased focus on micronutrient interventions to be in line with the MDGs and an appropriate area of intervention for WFP. Given the scale and complexity of the situation in Indonesia, a wider brief to mitigate food insecurity is beyond the current capacity of WFP. However, WFP's commendable work on early-warning systems and on mapping for the *Food Security Atlas* and nutritional surveillance is demonstrably valuable and contributes to an increased knowledge base and advocacy to influence government policy.
13. The fortified foods provided by WFP – biscuits, noodles and vegetable oil fortified with vitamin A – address micronutrient deficiencies and to some extent replace food expenditure. With the decentralization in 2003 of government funding and policy platforms, WFP's Nutritional Rehabilitation Programme (NRP) continues to fill a gap, raise local awareness and add to basic knowledge about health and nutrition requirements; it can also be an entry point to the larger challenge of addressing the need for nutritional education and improved dietary habits.
14. The Trust Fund gives the country office some financial flexibility, but the extent to which it can programme beyond delivery of food depends on the quantities to be delivered. The PRRO could not be implemented unless a certain tonnage of food and the associated non-food costs were delivered. Paradoxically, this is also the strength of WFP, which is one of the few international organizations regularly delivering goods and services: it challenges the government and donors by drawing attention to the paucity of institutional support for institutions such as schools and health centres in poor areas.
15. The evaluation found that because WFP works in remote or under-served locations, the impact of its interventions was often impaired by poor infrastructure and lack of human capacities. The effectiveness of WFP programmes can only be increased by encouraging greater convergence with related national programmes for health, education and infrastructure supported by bilateral and multilateral donors.
16. The evaluation found that the geographic scope of the PRRO was over-extended: it covers ten provinces from Nusa Tenggara Timur (NTT) in the east to Aceh in the west and has over 5,000 final distribution points (FDPs). The implementation rate has been in line with financial forecasts, but given the fact that resources are declining the number of sites will have to be curtailed in spite of strong evidence in favour of expanding the programme.
17. The evaluation agrees that the change of focus from urban to rural areas should continue; this reflects the constraints in implementation capacity and funding. WFP should continue its monitoring and advocacy to counter widespread chronic malnutrition in towns. Capacity and infrastructure needs are more pronounced in rural areas than in towns. Overall nutritional needs would be better served by greater cohesion between WFP programme components.
18. The most challenging aspect of the PRRO is the need for dialogue with the commercial sector on fortification of popular food products. WFP's exclusive use of local producers demonstrates that inexpensive additions to their products are commercially feasible. WFP has begun to explore partnerships in this field.
19. WFP's efficient and timely responses to natural disasters in Indonesia suggest that it should maintain its presence in case of further disasters.



## Funding Trends

20. The approved budget for PRRO 10069.1 is US\$205 million. On 31 August 2006, US\$77 million was recorded in WINGS as confirmed contributions, 37.5 percent of the global appeal; this includes contributions of US\$23 million transferred or allocated from other programmes or funds by permission of the donors. The most optimistic funding forecast for the PRRO against the original budget was only 62 percent in September 2006. In Aceh, it is likely that substantial financial assistance for 2007 will come from the American Red Cross to support the NRP programmes for MCN and school feeding.

## Beneficiaries

21. Achievements against the revised target for 2006 are shown in the table below. The 2006 figures have been chosen because they are a better gauge of achievements against targets in that they exclude figures from OPSM and numbers of IDPs other than for Aceh.

NUMBER OF BENEFICIARIES PER MONTH (PLANNED VERSUS ACTUAL)					
Programme category	PLANNED		ACTUAL		
	Original PRRO	Budget revision	Average beneficiaries/month	Achievement (%) against	
	2005	2006		Original	Revised
<b>NRP – school feeding</b>	390 000	826 000	580 000	148	70
<b>NRP – <i>posyandu</i></b>					
Number of children	210 000	422 500	280 000	133	66
Number of pregnant and lactating women	140 000	132 750	72 000	51	54
<b>TB programme</b>	42 500	105 000	85 000	200	80
GFD <sup>*</sup> /TFFR	0	498 750	500 000 140 000 <sup>2</sup>		100 78
IDPs/returnees/host populations	290 000	0	0	0	0
FFW/FFT	0	156 000	24 784	0	18
OPSM	1 000 300	0	0		
<b>TOTAL</b>	<b>2 072 800</b>	<b>2 141 000</b>	<b>1 681 784</b>	<b>81</b>	<b>79</b>

\* GFD: General food distribution.

<sup>2</sup> The number of beneficiaries was 500,000 in January, falling to 140,000 by December.





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## PROGRAMME COMPONENTS

### Nutritional Rehabilitation Programme—School Feeding

22. The school feeding programme targets primary schoolchildren, a nutritionally vulnerable group, to improve their micronutrient status with a view to improved health and better performance in school; a secondary objective is to improve attendance. The programme provides a daily packet of fortified biscuits for each child, to be eaten at the school. Beneficiary numbers in 2006 averaged 580,000 per month.
23. Delivery systems were efficient: there was only one short stoppage in January 2006. Targeting is based on food-insecurity data in poor urban neighbourhoods and rural areas; in Aceh, it was based on a nutrition survey. However, it is unclear whether the targeting mechanism captured the most nutritionally needy people; one complicating factor was that no school-based nutritional baseline information was collected for the school feeding programme on the grounds that it would be extra work for school staff. WFP-sponsored research on improved cognitive performance has been inconclusive; improved methods are required. But WFP research shows that school feeding reduces anaemia among schoolchildren.
24. The evaluation team agrees that the school feeding programme should not request school teachers to collect nutritional data, but regrets that no other system has been established to check that the programme reaches the children most in need of nutrition support. Stunting is a good indicator for selecting target groups for micronutrient interventions; this data is not available at the district level, but regular collection of this and data on anaemia prevalence should be promoted at WFP-assisted schools under the government surveillance system.
25. In towns and adjacent areas where schoolchildren are unwilling to accept fortified biscuits and prefer to buy snacks during breaks, the evaluation recommends discontinuing the school feeding programme. Other stakeholders should be encouraged to offer nutrition education programmes on improved choices of diet for families and children and to increase the availability of nutritious food.
26. Health and nutrition education (HNED) has not been particularly efficient or effective: a more detailed training-of-trainers curriculum is needed. Redesign and/or the production of additional teaching materials is encouraged; WFP has started this process, supported by a grant from the German Government.
27. To date there has been little integration with other interventions such as those providing water supplies and sanitation facilities at schools and deworming (except in Aceh), and those supporting the health and nutrition of schoolchildren. Where programmes overlapped, it was found to be coincidental rather than intentional; there appeared to be no coordination among the parties involved. The school-based management programme and the innovative Focusing Resources on Effective School Health (FRESH)<sup>3</sup> programmes offer options for embedding HNED in sustainable approaches. Water, sanitation and deworming projects would be best implemented in partnership with UNICEF, as with deworming under the school feeding programme in Aceh in September 2006.

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<sup>3</sup> FRESH is a joint initiative started in 2000 by UNESCO, UNICEF, the World Bank, WHO and Education International; WFP is a member.



28. Increased school attendance is another objective of the programme. Enrolment rates in Indonesia are high – 95 percent for boys and girls – but attendance and retention rates are lower and vary from one area to another. In the opinion of teachers and school heads, retention of students from year to year has not changed since the introduction of school feeding, though in most areas the programme has not been running long enough for this to be significant. The Government is piloting a nationwide financial incentive for poorer families contingent on 80 percent school attendance.

### Nutritional Rehabilitation Programme – *Posyandu*

29. NRP *posyandu* is an MCN programme consisting of monthly distribution of fortified biscuits to children of 12–59 months and fortified noodles to pregnant and lactating women for the first six months after delivery. Mothers and caregivers receive education on breastfeeding, complementary feeding and the nutritional value of the food received. Beneficiary numbers in 2006 averaged 280,000 children and 72,000 women.
30. First-stage targeting uses vulnerability analysis and mapping (VAM) data to select areas that are nutritionally worse off or are affected by disaster. In towns, further selection is made in collaboration with provincial and district departments of health; in rural areas, entire districts or sub-districts are targeted. WFP food allocations are based on actual attendance at *posyandu* sessions; the availability of food has in some cases increased attendance. The WFP programme has in many places revitalized the *posyandu* itself.
31. The evaluation found that the fortified biscuits help the children and that the noodles for pregnant and lactating women are a useful incentive to attend *posyandu* – but because the food is often shared in families, it is doubtful whether it is effective as an individual micronutrient supplement. The evaluation recommends that WFP explore other local foods that can be fortified, perhaps with sachets of micronutrient powder or sauces, or increased levels of fortification.
32. In 2005, the Government requested WFP to discontinue providing biscuits for children of 6–11 months because the nationwide *Makanan Pendamping Air Susu Ibu* (complementary feeding) (MP-ASI) programme for this age group had started. This was a positive development in government ownership of the programme, but coverage was not achieved as a result of intermittent supplies of food, poor management and lack of budget allocations at the district level.
33. The HNED materials provided by WFP are of good quality, but the evaluation found that their usefulness was restricted by the limited capacity and involvement of local health workers. There is substantial scope to improve coordination among the agencies involved in healthcare at the district or sub-district levels and to extend coordination among district and provincial governments. Opportunities for convergence with other aid programmes are often missed.
34. In September 2005, the Government raised the alarm for a “malnutrition crisis” in Nusa Tenggara Barat (NTB) and NTT, but there is evidence that this was not a new emergency so much as heightened awareness of emerging data on chronic malnutrition. WFP responded with a rapid rehabilitation programme, providing monthly rations that included dried skim milk (DSM) for therapeutic feeding of severely malnourished children, a programme in addition to the NRP *posyandu* programme. The DSM was a take-home ration that was not prepared in a controlled environment, which was not in line with international standards; the evaluation recommends no further use of such DSM.



35. Apart from the above reservations, the evaluation found that the programme was efficiently implemented. The costs and sustainability in terms of take-up by local authorities will continue to be of concern, however, as with the NRP school feeding programme. One solution is increased dialogue with the food industry with a view to providing affordable fortified products for local outlets.

### **Tuberculosis Programme**

36. In line with the WHO-recommended directly observed treatment short course (DOTS) for TB patients, WFP has provided rice and fortified noodles for patients in poor urban communities. In August and September 2006, the TB programme reached an average 85,000 beneficiaries per month, 80 percent of the target in the revised PRRO and twice that of the original PRRO. The programme has so far been confined to greater Jakarta and some sub-districts of Surabaya. It is aligned with the national TB control programme.
37. A family rice ration is the incentive for a person to enrol for treatment. In view of delays between registration and delivery of food the following month, the evaluation suggests that assistance could begin in the first month if patient numbers and monthly food requirements for each clinic are calculated beforehand.
38. The health facility staff interviewed by the evaluation team claimed that the food aid had a positive impact on initial attendance and hence on detection rates; no data were available on its impact on completion rates and percentages of cured patients. A more thorough impact assessment would require a system to compile the outcomes monitored by the TB clinics – enrolment figures, conversion rates, adherence/drop out rates, cure rates and relapses – that should include control data from clinics that are not in the WFP programme. But this is probably beyond the current capacity of WFP.
39. TB is a priority disease for the Government, so there are good prospects for handing over the food incentive programme; an exit strategy should be prepared accordingly. The programme could be extended in the new PRRO phase to include FFT incorporating HIV/AIDS education and/or testing and treatment; this could avoid the stigma that could attach to patients in a stand-alone HIV/AIDS programme.

### **Quick-Onset Emergency – Yogyakarta**

40. WFP's rapid response to the May 2006 earthquake, its immediate work on damage assessment and its leadership of the inter-agency food/nutrition and logistics clusters were commendable. Distribution of four months' food aid was handled efficiently – 18 kg of biscuits and 25 kg of noodles per family, irrespective of family size, were delivered to 22,848 households in June, falling to 14,172 households in September.
41. The evaluation team was aware that the Government had itself distributed rice in the first month and had discouraged WFP from doing so. But it found problems with the distribution of biscuits and noodles at two levels: (i) the ration was too large, which led to sharing beyond the target population and possibly wastage; and (ii) these commodities are primarily micronutrient carriers and cannot substitute for caloric needs or offset short-term financial difficulties. Yogyakarta is well served with basic food and was not extensively damaged by the earthquake. More urgent dialogue with the Government over rice distribution from the second month might have been appropriate.



## Protracted Emergency - Aceh

42. A budget revision to PRRO 10069.1 in January 2006 incorporated continuing assistance for tsunami and earthquake victims in Aceh and Nias, where TFFR became the largest component in the PRRO. From January to July 2006, 30,000 mt of food was distributed to an average 350,000 TFFR beneficiaries, most of whom were IDPs in temporary camps; this figure was reduced to 140,000 by the end of 2006 as the pace of new housing construction increased and IDPs moved out of the camps into regular livelihoods. Since early 2006, targeting – based on a combination of government data, proxy indicators and observational data – had excluded IDPs in host families.
43. The evaluation found that TFFR was implemented effectively and in a timely manner. At the sites visited, NGO partners were well equipped, had sufficient personnel and indicated that training was sufficient for the task at hand. A problem common to all agencies was accurate registration in a mobile population: the evaluation suggests that community-based targeting could be tested in future registrations.
44. In Aceh, the actual numbers of TFFR and FFW beneficiaries were significantly lower than those planned in the budget revision. Livelihood profiling of the population was weak, but the reduction of the caseload was appropriate given the buoyancy of the local economy and the fact that the area produces a rice surplus. In coastal areas, FFW lacked relevance and targets were over-ambitious because wage labour was available; in rural and inland areas, FFW is likely to be more successful in 2007.
45. Post-war returnees in inland Aceh are worse off in many respects as a result of years of developmental neglect and conflict. The evaluation recommends concentrating the whole range of WFP programmes in these areas, even though the caseload may not exceed 18,000.

## Food for Work and Food for Training

46. FFW projects visited by the evaluation team were well conceived and executed; in several cases the cooperating partners were able to offer incremental cash payments. Self-selection of the poorest people was optimal; women participated fully in the work schemes but less in the organizing committees. An average 24,784 people per month participated in FFW projects and received WFP food aid.
47. The evaluation found that the FFT programme in Aceh Utara was inappropriate given the significant assistance available through Cordaid, the cooperating partner. The justification for food aid as an income supplement or an incentive to attend water/hygiene waste-management workshops was unclear.

## *Operasi Pasan Swadaya Masyarakat (subsidized rice safety net) Trust Fund* Community Development

48. OPSM, the WFP-subsidized rice programme, generated US\$23 million over six years, which was placed in the Trust Fund. WFP is a partner in the Programme Coordination Unit (PCU), which oversees the management of the Trust Fund at the Coordinating Ministry for People's Welfare. Community development projects – 144 had been completed by September 2006 and 66 are in progress – account for US\$4.6 million; food purchases account for a further US\$10.6 million. The cost of running the PCU – US\$75,069 to date – is debited to the Trust Fund; the Government paid US\$1 million from the Trust Fund to PRRO 10069.1. In November 2006, the balance of the account was US\$8.9 million.



49. The evaluation found that the Trust Fund was well used and accounted for; it welcomes the November 2005 revised *Guidelines for Community Project Proposals*, which allows the use of funds beyond ex-OPSM areas. The need now is to define choices and priorities for the Trust Fund in the medium term and long term. In project areas, a “programme site” approach should allow projects to address constraints in other programme areas, for example providing water and latrines for schools and communal latrines next to health centres.

### ***Operasi Pasan Swadaya Masyarakat (subsidized rice safety net) Handover***

50. The OPSM programme was phased down from 2002 and ended in December 2005. The evaluation found that the handover of OPSM beneficiaries to the Government’s Subsidized Rice for the Poor (RASKIN) programme was disappointing because: (i) government RASKIN stakeholders had a different concept of safety-net targeting; (ii) RASKIN allocation in OPSM districts was limited and sometimes erratic; (iii) the RASKIN budget was allocated before the WFP phase-out; (iv) RASKIN had a different target group and registration that excluded people without identification cards; and (v) RASKIN used different means of implementation: for example beneficiary lists did not necessarily match the lists prepared by village heads. A WFP/OPSM survey showed that most households were forced to cut food budgets as a result of the OPSM closure.

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## **LOGISTICS**

51. The evaluation noted the impressive logistics record of the PRRO. The project experienced no bottlenecks or delays and with the exception of one brief pipeline break for biscuits in January 2006 the logistics department delivered the quantities of food required consistently, on time and in the right places. Tracking and monitoring were excellent and there were no thefts; breakages or losses of commodities were rare and accurately accounted for.
52. The evaluation found that the “retail” nature of the programme was effective: it had 5,000 FDPs in eight provinces in three time zones and used 31 cooperating partners. The team suggests that the different PRRO components should, as far as possible, be implemented in the same geographical areas; the FDPs can be reduced in number or located more closely together. In some cases, cooperating partners might combine their services.
53. Landside transport, storage and handling (LTSH) rates, which account for 14 percent of programme costs, rose from US\$71.2/mt in December 2004 to US\$115.9/mt in December 2005 and to US\$149.2/mt in June 2006. Difficult access and the small number of beneficiaries at each distribution site mean that 50 percent of LTSH is absorbed by local transport, storage and cooperating partner costs. There have been substantial increases in the price of fuel, but the evaluation recommends an in-depth analysis to establish why LTSH costs rose fourfold in 24 months; in the absence of individual cooperating partner audits, it is not possible to identify the reasons.
54. During the first 20 months of the operation, the country office procured 46,900 mt of food locally, valued at US\$27.5 million. The cost ratio between imported and locally procured biscuits was significantly reduced in the last two years: imported biscuits are now only 1.78 percent cheaper. The evaluation finds that the justifications for local purchase – timeliness and encouragement of local industries to include micronutrients – outweigh marginal cost issues.



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## RECOMMENDATIONS

55. The evaluation recommendations and the corresponding management responses are given in the following matrix.

**ANNEX: MANAGEMENT RESPONSE TO THE RECOMMENDATIONS OF THE SUMMARY REPORT OF  
THE EVALUATION OF PRRO INDONESIA 10069.1**

Recommendation to WFP (September 2006)	Action by	Management response and action taken or planned (February 2007)
<b>General</b>		
<p>Make greater efforts to advocate WFP's programme with provincial authorities to ensure coherence with existing and planned sub-national social welfare plans. For instance, make regular transfers of collated and analysed data to cooperating partners and local governments, with suggestions for improvements at the field level. Encourage district authorities in particular to map assistance according to levels of coherence rather than geographical equity.</p>	Country office	<p>1. The work is ongoing: we expect the situation to improve with development of our monitoring and evaluation (M&amp;E) and database system; development depends on available resources. We expect the system to be operational by the end of 2007.</p>
<p>Create an international position for a nutrition expert in the country office.</p>	Country office	<p>2. We agree. The vacancy announcement is part of the ongoing mid-year WFP reassignment exercise. The post should be filled by the middle of 2007.</p>
<p>A requirement in the Letter of Agreement for partnership with WFP should be that cooperating partners are independently audited, with results made available to all donors. At the time of a new agreement with WFP, cooperating partners should be invited to declare their other contractual obligations with other aid agencies. Greater attention should be given to establishing a realistic – and lower – LTSH rate based on local costs.</p>	Country office External Relations Division (PDE)	<p>3. Current WFP rules do not require independent audits of cooperating partners or that results should be available to donors. This recommendation reflects a view of cooperating partners as primarily sub-contractors, which is inconsistent with WFP policy that treats NGOs as full partners. WFP supports the idea of developing better systems to ensure transparency in cooperating partner expenditures, particularly with regard to LTSH. Any changes in the standard field level agreement (FLA) require discussion with our major NGO cooperating partners. Requiring independent audits is only one possibility to be considered; other options may be preferable in addressing the evaluators' concerns.</p>





**ANNEX: MANAGEMENT RESPONSE TO THE RECOMMENDATIONS OF THE SUMMARY REPORT OF  
THE EVALUATION OF PRRO INDONESIA 10069.1**

Recommendation to WFP (September 2006)	Action by	Management response and action taken or planned (February 2007)
<b>Nutritional Rehabilitation Programme (general)</b>		
<p>Close all urban NRPs in Surabaya and Makassar by mid-2007 and reduce NRP in phases 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. A phased increase and extended coverage of 25 percent of NRP in Madura (within the current programme in Sampang District), Central, East and West Lombok and NTT. Explore extension of the programme to Bondowoso District (East Java), subject to availability of resources.</p>	Country office	<p>4. Phase out of NRP in Makassar is planned after the school term in June 2007; the same is being considered for urban Surabaya. Increased coverage depends on resource availability.</p> <p>The TB programme continues in Jakarta and Surabaya. The fortified noodles have been taken out of the food basket.</p>
<p>Greater engagement in HNED capacity-building for staff of WFP, cooperating partners and relevant government institutions at the district level and below by organizing short training courses, arranging exchange visits and developing additional educational materials for NRP to deliver health and nutrition messages to beneficiaries at <i>posyandu</i> and schools.</p>	Country office	<p>5. Agreed; a company has been hired to study the NRP communication strategy to develop new approaches and materials and to recommend ways forward in the sector; the updated strategy will be finalized in March, but it is recommended that we pilot it and the associated materials before full implementation. We have budgeted a knowledge, attitude and practice (KAP) survey in early 2008 to enable us to see the results.</p>
<b>Nutritional Rehabilitation Programme – School Feeding</b>		
<p>Discontinue the school feeding programme in towns and adjacent areas where acceptance is low because school children prefer to buy snacks during the school breaks.</p>	Country office	<p>6. The recommendation assumes that acceptance of the school feeding programme is low in towns and adjacent areas, which is not necessarily the case. We agree that the situation needs to be monitored; the country office is taking action in line with the recommendation.</p>
<p>Extend the school feeding programme to children in pre-schools attached to primary schools enrolled in the programme.</p>	Country office	<p>7. This is subject to the funding situation.</p>



**ANNEX: MANAGEMENT RESPONSE TO THE RECOMMENDATIONS OF THE SUMMARY REPORT OF  
THE EVALUATION OF PRRO INDONESIA 10069.1**

Recommendation to WFP (September 2006)	Action by	Management response and action taken or planned (February 2007)
<b>Nutritional Rehabilitation Programme – Posyandu</b>		
Continue to provide biscuits for children aged 1-5, but consider replacing the noodles for pregnant and lactating women with a cheaper food such as rice and/or vegetable oil that can be an incentive to attend, combined with a multi-micronutrient powder to supply micronutrients – thus using two different items to serve the two objectives of NRP- <i>posyandu</i> .	Country office	8. The country office agrees with continued provision of biscuits for 1-5 year olds. The recommendation to discontinue the noodles and find an alternative will be looked into.
Provide an adequately fortified instant porridge, similar to those commercially available, for children of 6–11 months.	Country office	9. In the latest discussions with the Government, WFP was requested to focus on the 2–5 years age group; the Government has full responsibility for supporting the 0–24 months age group.
<b>Tuberculosis Programme</b>		
Start distributing food to TB patients as soon as the first course of medication is provided, and review the composition of the food basket. For example, rice or vegetable oil could meet the incentive objective; micronutrient powder could be added as a supplement for TB patients undergoing DOTS.	Country office	10. This is ongoing: noodles were removed from the food basket in March 2007. Micronutrient powders are a costly option: WFP will continue to observe the Government's policy in this matter; production of micronutrient powder will be developed in-country. The utilization of micronutrient powders needs further study, including availability, procurement, distribution modalities and WFP policy.
Explore the feasibility of providing food for training for TB patients as an incentive to accept counselling on HIV/AIDS, after which they may decide to be tested.	Country office	11. The country office is in contact with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO. A pilot programme is scheduled for 2007 with UNAIDS, which coordinates with the National AIDS Council.
<b>Operasi Pasan Swadaya Masyarakat (subsidized rice safety net)/Trust Fund/Community Development</b>		
WFP and the Coordinating Ministry for People's Welfare (MENKOKESRA) define choices and priorities for the medium-term and long-term future of the Trust Fund. This should include a "programme site" approach that allows CDPs to address constraints in NRP, for example providing water and latrines for schools and communal latrines next to health centres.	Country office	12. This process is ongoing: WFP's NRP and community development project (CDP) teams are carrying out joint monitoring with MENKOKESRA to identify such sites for the steering committee's decision.



## ACRONYMS USED IN THE DOCUMENT

AIDS	acquired immune deficiency syndrome
CCA	Common Country Assessment
CDP	community development project
DOTS	directly observed treatment short course
DSM	dried skim milk
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FDP	final distribution point
FFT	food for training
FFW	food for work
FLA	field level agreement
FRESH	Focusing Resources on Effective School Health
GFD	general food distribution
HIV	human immune-deficiency virus
HNED	health and nutrition education
IDP	internally displaced person
KAP	knowledge, attitude and practice
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MCN	mother-and-child nutrition
MDG	Millennium Development Goal
MENKOKESRA	Coordinating Ministry for People's Welfare
MP-ASI	<i>Makanan Pendamping Air Susu Ibu</i> (complementary feeding)
NGO	non-governmental organization
NRP	Nutritional Rehabilitation Programme
NTB	Nusa Tenggara Barat (Lombok)
NTT	Nusa Tenggara Timur (West Timor)
ODB	Asia Regional Bureau
OEDE	Office of Evaluation
OPSM	<i>Operasi Pasan Swadaya Masyarakat</i> (subsidized rice safety net)
PCU	Programme Coordination Unit
PDE	External Relations Division
PRRO	protracted relief and recovery operation



PRSP	Poverty Reduction Strategy paper
RASKIN	Subsidized Rice for the Poor
TB	tuberculosis
TFFR	targeted food for recovery
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WHO	World Health Organization