



World Food Programme

A Report from the Office of Evaluation



*Full Report of the Mid-Term Evaluation of
the Southern Africa Protracted Relief and
Recovery Operation (PRRO 10310.0)*

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Members of the evaluation team visited Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia, and Zimbabwe in the Southern Africa Region, from 11 November to 15 December 2006. This document was prepared by the evaluation team leader on the basis of the team's work in the field and written contributions.

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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

AAH	Action Against Hunger
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
BCM	Beneficiary Contact Monitoring
BMI	Body mass index
CAP	Consolidated Appeals Process
CBO	Community Based Organization
CCA	Common Country Assessment
CCF	Christian Children's Fund
CD	Country Director
CERF	Central Emergency Response Fund
CFSAM	(FAO/WFP) Crop and Food Supply Assessment Mission
CFW	Cash-for-Work
CIDA	Canadian International Development Agency
CHS	Community and Household Surveillance
CO	Country Office
COMPAS	Commodity Tracking System
COR	Consolidated Outputs Report
CP	Cooperating Partner (formerly Implementing Partner)
CCP	Country Cooperation Partner
CMEA	Common Monitoring and Evaluation Approach
CSB	Corn-Soya Blend (a micronutrient fortified milled and blended food product)
CSI	Coping Strategies Index
CTD	Commodity Tracking Data
CVA	Comprehensive Vulnerability Assessment
DDRC	District Drought Relief Committee (Zimbabwe)
DDU	Delivery Duty Unpaid
DFID	Department for International Development (UK)
DHS	Demographic and Health Survey
DMA	Disasters Management Authority
DMMU	Disaster Management and Mitigation Unit (Zambia)
DP	Distribution Point
DPDMA	Department of Poverty and Disaster Management Affairs
DSC	Direct Support Costs
EB	Executive Board
ECHO	European Community Humanitarian Office
EC	European Community
ECW	Enhanced Commitments to Women
EDP	Extended Delivery Point
EMOP	Emergency Operation
FAM	Food Aid Monitor
FAO	United Nations Food and Agriculture Organization
FCA	Free Carriage at Delivery



FDC	Food Distribution Committees
FDP	Final Distribution Point
FEWSNET	Famine Early Warning System Network
FFA	Food-for-Assets
FFE	Food-for-Education
FFI	Food-for-Infrastructure
FFS	Food-for-Skills
FFT	Food-for-Training
FFW	Food-for-Work
FGD	Focus Group Discussions
FLA	Field Level Agreement
FMC	Food Management Committee
FNCO	Food and Nutrition Coordinating Office (Lesotho)
FSM	Food Security Monitoring
GAM	Global Acute Malnutrition
GAV	Vulnerability Assessment Committee (Mozambique)
GD	General Distribution
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, TB and Malaria
GMO	Genetically Modified Organisms
GoL	Government of Lesotho
GRN	Government of the Republic of Namibia
GoS	Government of Swaziland
GMB	Grain Marketing Board
HAI	HelpAge International
HBC	Home-based Care
HEA	Household Economy Approach
HDR	Human Development Report (UNDP)
HEPS	High-energy/protein supplement (fortified blended food produced in Zambia)
HH	Household
HFE	Household Food Economy
HIV	Human Immunodeficiency Virus
IASC	Inter-agency Standing Committee
IDD	Iodine Deficiency Disorders
IDP	Internally Displaced Person/People
IFRC	International Federation of the Red Cross and Red Crescent Societies
IOM	International Organisation for Migration
IRA	Immediate Response Account
ISP	Institutional Strategic Partnership (DFID)
ITSH	Internal Transport, Storage and Handling
LoA	Letter of Agreement
LTSH	Landside Transport, Storage and Handling
LVAC	Lesotho Vulnerability Assessment Committee
MAP	Multi-Country AIDS Programme of the World Bank
M&E	Monitoring and Evaluation
MACO	Ministry of Agriculture and Cooperatives (Zambia)
MCDR	Monthly Consolidated Distribution Reports



MDR	Monthly Distribution Report
MICS	Multiple Indicator Cluster Survey
MINOPS	Minimum Operating Standards
MoA	Ministry of Agriculture
MoEC	Ministry of Education and Culture
MoF	Ministry of Finance
MoH	Ministry of Health
MoHCW	Ministry of Health and Child Welfare
MoHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding
MT	Metric Tons
MVAC	Malawi Vulnerability Assessment Committee
NBM	New Business Model
NFI	Non Food Item
NRU	Nutritional Rehabilitation Unit
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
ODJ	Southern Africa Regional Bureau (Johannesburg)
ODOC	Other Direct Operational Costs (a WFP budget category)
OEDE	Office of Evaluation
OMS	Operational Management System
OVC	Orphans and other Vulnerable Children
PCA	Project Cash Account
PDM	Post-Distribution Monitoring
PEPFAR	United States President's Emergency Plan for AIDS Relief
PET	Programme for Enhanced Targeting
PMTCT	Prevention of Mother-to-Child Transmission (of HIV and AIDS)
PRRO	Protracted Relief and Recovery Operation
PRSP	Poverty Reduction Strategy Paper
PVA	(World Bank) Poverty and Vulnerability Assessment
RBM	Results Based Management
RB	Regional Bureau
RRA	Rapid Rural Appraisal
RPO	Regional Procurement Office
RTE	Real-Time Evaluation
RVAC	Regional Vulnerability Assessment Committee
SADC	Southern Africa Development Community
SADC-FANR	Southern Africa Development Community- Food Agriculture and Natural Resources
SAFEX	South Africa Foreign Exchange
SAHIMS	Southern Africa Humanitarian Information Management System
SETSAN	National Executive Secretariat of Food Security and Nutrition (Mozambique)
SF	School Feeding
SFP	Supplementary Feeding Programme
SG	Secretary-General
SGR	Strategic Grain Reserve



SO	Special Operation
SPR	Standardised Project Report
SPP	Social Protection Programme
TA	Targeted Assistance
TB	Tuberculosis
TDY	Temporary Duty
TFD	Targeted Food Distribution
TFP	Therapeutic Feeding Programme
ToR	Terms of Reference
ToT	Training of Trainers
UEW	Unallocated Emergency Window (of resources)
UN	United Nations
UNAIDS	Joint UN Programme on HIV and AIDS
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNDG	UN Development Group
UNEG	United Nations Evaluation Group
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
USD	United States Dollar
USDA	United States Department of Agriculture
VA	Vulnerability Assessment
VAC	Vulnerability Assessment Committee
VAM	Vulnerability Analysis and Mapping
VCT	Voluntary Counseling and Testing
VGf	Vulnerable Group Feeding
WB	World Bank
WCF	Working Capital Finance
WFP	World Food Programme
WHO	World Health Organisation
WINGS	WFP's corporate information network (global system)/SAP-based
WVI	World Vision International
ZVAC	Zambia Vulnerability Assessment Committee
ZIMVAC	Zimbabwe Vulnerability Assessment Committee



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Executive Summary

Background

1. The southern Africa regional Protracted Relief and Recovery Operation (PRRO) 10310.0 was approved by the WFP Executive Board in mid-2004 and initiated in January 2005.¹ The PRRO aimed to improve food security, livelihoods and productive capacity among the vulnerable poor, including HIV and AIDS infected and affected people in five southern African countries through the following objectives:
 - Increase household food access and ability to manage shocks;
 - Reduce the impact of HIV and AIDS² on food security among vulnerable populations in high-priority districts for HIV and AIDS;
 - Meet the nutritional needs of vulnerable groups;
 - Achieve a sustainable increase in school enrolment, attendance and ability to learn and concentrate, while reducing gender disparity.Underlying assumptions included promoting gender equity in terms of access to WFP resources, managing community food-aid structures and providing an integrated inter-agency response.
2. The Mid-term Evaluation (MTE)³ of the PRRO and its six budget revisions provides an external view of progress towards expected results as of October 2006. The evaluation mission assessed a variety of evaluation criteria including effectiveness, efficiency, coherence and relevance, and other related aspects such as coordination and partnerships, and sustainability and exit strategies. It examined funding, procurement and logistics; assessment and targeting; programming for health and nutrition and school feeding, and monitoring and evaluation systems. The MTE assessed two crosscutting issues, HIV and AIDS and gender, identified best practices and lessons learned, and developed recommendations for improving current programming and determining future strategies.
3. Targeting an estimated 5.5 million beneficiaries, for a total cost to WFP of US\$404.5 million, the PRRO initially aimed to deliver 656,573 metric tons (MT) of commodities to Lesotho, Malawi, Mozambique, Swaziland and Zambia. Zimbabwe benefited during mid-2005 from an Unallocated Emergency Window (UEW) of resources and was formally included in the PRRO in late 2005. Namibia was integrated in January 2006.

Assessment of Evaluation Criteria

Effectiveness and Efficiency

4. WFP's food support notably increased access to food for a monthly average of 9.3 million people during the difficult 2005-2006 lean season. During 2005, the percentage of planned versus actual beneficiaries varied amongst countries, ranging from a low of 67.8 percent in Lesotho to 133.8 percent in Zimbabwe. By the end of 2006, the food security situation in the region also improved because of adequate rains and better harvests. Beneficiary numbers declined as agricultural

¹ Document WFP/EB.3/2004/8-B/7 dated 9 September 2004 and entitled "Assistance to Populations in Southern Africa vulnerable to food insecurity and the impact of AIDS".

² Original PRRO document cites "HIV/AIDS"; the acronym is now presented as the accepted version: "HIV and AIDS"

³ MTE Terms of Reference (TORs) can be found in Annex I.



production conditions within the region improved, and only 4.3 million people were predicted to require food assistance during the coming lean season in 2006-2007.⁴

5. WFP programme efficiency varied considerably amongst the seven countries. Sixty six percent of resources were confirmed in late 2006, but donor support appeared to be declining, with insufficient funds to maintain staffing levels and obtains supporting assets beyond early 2007. The PRRO funding mechanism needs reviewing, in order to maintain a viable operating presence and to meet peaks in demand expected after poor rains.
6. WFP reached large numbers of people affected and infected by HIV and AIDS, with COs reporting that nearly all beneficiaries had been touched by the epidemic.
7. WFP addresses nutrition needs by fortifying milled cereals, providing micronutrient-fortified commodities such as vitamin A- and D-fortified vegetable oil, and including Corn-Soya Blend (CSB) in the food basket of targeted assistance. At least half of cereal distributions in 2005 (188,930 MT of fortified maize meal out of 317,116 MT) consisted of a fortified product.⁵
8. Beneficiaries did not always receive a complete food basket or the entire planned amount of each commodity, however, mainly due to pipeline breaks. In 2005, most countries either reached or exceeded the planned number of School Feeding (SF) beneficiaries. WFP-Zimbabwe reached over a million students, twice as many children as planned. In some SF programmes, beneficiaries received only a partial food basket, which prevented them from benefiting fully from the programme. Expected outcomes and impact may not be reached unless WFP ensures the distribution of correct quantities.
9. While enrolment and attendance rates have increased for a number of reasons, including the introduction of free primary education and, in some schools, the availability of SF, classrooms in some areas have become overcrowded as a result. The MTE observed school facilities that are inadequate to handle the increased numbers of students drawn to school by free education and /or meals. WFP's current partnerships with governments, UNICEF and NGOs should serve as a platform for developing and implementing practical solutions to resource constraints to quality basic education. Parents and teaching staff praised SF programmes, particularly in community schools in areas where little government support is available.
10. A new programming strategy for social protection, already under development in the region, may assist WFP to address food insecurity and related nutritional concerns stemming from the growing proportions of populations infected by HIV and AIDS in the region. Such a "Social Protection Programme" (SPP) would need to address the issue of uncertain funding and establish ways for WFP to solicit resources for longer-term activities.
11. WFP requires additional technical support for newer programming areas. This could be acquired either by strengthening in-house capacity, by establishing deeper partnerships with technical agencies or by a mixture of the two approaches. In view of funding constraints, developing stronger technical partnerships may be the most viable option. CPs' current capacity in technical areas varies widely,

⁴ Trip Report, Special Envoy for Humanitarian Needs in Southern Africa, WFP Rome: 7 – 15 December 2006.

⁵ WFP 2005 SA PRRO SPR: WFP Rome: 2006.



however, affecting both the outcomes and impact of programming. Technical support from the RB to COs is not sufficiently robust, because of the limited number of programme advisers.

12. The regional approach permitted COs to benefit from existing support functions in procurement and logistics. The RB provides centralized logistics management, and efficient and cost-effective food procurement, located geographically at the centre of operations. The RB did not achieve optimum coherence between finance, procurement and logistics, however, leading to inefficiencies
13. The RB provides strong inputs to the coordination of vulnerability assessments, including VAC, and regional monitoring and evaluation. The coordination of some key programme areas was limited, however, due to insufficient human and financial resources at ODJ. Programming issues, especially for recovery activities, were found to be more appropriately addressed at individual country-level. At the same time, policy-level concerns requiring high level technical skills would benefit from increased regional inputs. COs continue to seek regional support for information and experience sharing, policy advice, and other support functions, while maintaining that country-level approaches would be more appropriate in the next phase of operations.
14. The donors' directed contribution strategy somewhat diminished the effectiveness of WFP's regional approach, offsetting the advantages of flexible pipeline management that should be a feature of regional operations. Country Directors (CDs) spend significant amounts of time seeking resources at country level. Better-informed decision-making, which should also have been a result of regional management, was not always evident. After the current PRRO ends in 2007, country-specific PRROs, rather than a regional operation, are likely to be more appropriate and are currently being considered.

Coherence and Relevance

15. The PRRO is externally coherent, and in line with regional and country plans of UN agencies and Consolidated Appeals Processes (CAP). At country level, the PRRO is implemented according to national plans and policies of governments. WFP actively supports the development and/or finalisation of such documents.
16. The PRRO is internally coherent, contributing to all of WFP corporate Strategic Priorities. Internal coherence amongst various programme components is weak in some countries, however, as sectoral activities are often implemented in a parallel, rather than convergent, manner and different CPs do not always target the same districts, communities or populations. Beneficiaries of home-based care (HBC), SF and therapeutic feeding programmes (TFP)/supplementary feeding programmes (SFP), and their household members who are in need of recovery measures and longer-term solutions provided by Food for Work/Assets (FFW/A) are seldom offered the chance to participate in such activities. Activities could be developed for household members whilst beneficiaries attend selective feeding programmes, or established for selected groups of beneficiaries upon their 'graduation' from such activities, when health and nutritional status has improved. Examples of integrated/successive programming for people who are HIV positive exist in numerous WFP countries, such as Rwanda and Uganda.
17. When carefully targeted, food aid is a relevant in traditionally food secure areas where people are affected by HIV and AIDS. In urban, as in poor rural settings in most PRRO countries, increasing numbers of households are affected by the pandemic, and thus prone to poverty and food insecurity as treatment and care expenses rise, and assets, income and production capacities decline. Food assistance could also be procured locally, providing a stimulus for local production and potentially



affecting markets in a positive way. Some partners increasingly question the relevance of food rather than cash distributions to alleviate food insecurity for vulnerable, poor beneficiaries, however. Hence, conducting market analysis to assess the availability and accessibility of food is crucial prior to any intervention. WFP is an active participant in discussions and a partner in some pilot activities. Feedback indicates that in most cases of acute and chronic food insecurity, food aid is a suitable measure, although cash or a combination of cash and food may be more appropriate in some circumstances, particularly where internal food markets are functioning well.

Coordination and Partnerships

18. Regional coordination of UN, governmental and non-governmental agencies and organisations is currently strong. The location of eight UN organisations in Johannesburg has been a key factor in enabling sister agencies to work jointly both prior to and during the PRRO. The UN Regional Inter-Agency Coordination and Support Office (RIACSO) developed during the emergency period and currently chaired by WFP, has been active throughout the PRRO.
19. Inter-agency National Vulnerability Assessment Committees (NVACs) have been established and operate in all PRRO countries, with support from the Southern African Development Community's (SADC) Regional Vulnerability Assessment Committee (RVAC), of which WFP is a member. As a result of the VAC system, food security data collection, analysis and dissemination and, to some extent, decision-making has considerably improved at regional and country levels. The VAC system works in tandem with the Southern Africa Humanitarian Information Management System (SAHIMS), a web-based coordination unit for disaster response led by RIACSO.
20. Inter-agency coordination mechanisms vary considerably from country to country. The Joint Emergency Food Aid Programme (JEFAP) in Malawi, which promotes information and experience exchange, and encourages joint planning, programming, monitoring and assessment, presents a positive model for other countries in the region.

Sustainability and Exit Strategies

21. WFP envisages a medium- to longer-term presence in the region and therefore, with the exception of Namibia and Lesotho, which, according to the RB has established a nascent exit strategy, most WFP COs have not yet established exit strategies. Targeted activities are still in the pilot or early expansion phases and government-supported social protection programmes are either non-existent or in the initial stages of development. In light of the burgeoning HIV crisis and ever-increasing numbers of chronically ill and OVCs, WFP will most likely remain active in the region for some years to come.
22. In early 2006, WFP Namibia initiated a programme of food support to OVCs, incorporating strong partnerships with government and NGOs, building capacity in social protection, and offering a time-bound and pragmatic exit strategy. A number of programme components developed and used in Namibia, such as a baseline/needs assessment exercise; community-based targeting framework and tools; integrated health and nutrition, education and social welfare service approach; and the staged transfer of beneficiaries from food assistance to government-provided cash allowances, may be appropriate for other countries in the region. Because of insufficient donor response and an internal prioritisation of limited un-earmarked resources to other COs, the modest needs of approximately 110,000 orphaned and other vulnerable children benefiting from the Namibia OVC programme might go unmet in 2007. This dilemma exemplifies the fact that the expectations of people infected with and affected by HIV for food assistance have been raised, and should not be disappointed.



23. Existing funding and programming mechanisms, which base available cash resources for staffing and other operating costs on food tonnages rather than on programming needs, seriously limit WFP's capacity to implement sustainable recovery strategies. When large-scale relief distributions cease and beneficiary numbers decline, food tonnages decrease dramatically, along with funds for staff and operating costs. Sub-offices, generally based in more remote field locations, become less operational with fewer staff and diminished cash resources, and, in some cases, close.
24. WFP is often unable to retain existing staff or to recruit new staff as recovery activities expand. Furthermore, the staff profile required for emergencies, including pragmatic and short-term problem solving skills, may be inappropriate for recovery activities, which require staff with strategic planning, programme planning and related technical skills. Under the PRRO, WFP is challenged with shifting expertise from relief to recovery as operations evolve. Furthermore, tonnage-linked funding structures hinder the WFP engagement in long-term initiatives and are a constraint to the organisation in retaining high quality staff.

Funding, Procurement and Logistics

25. The PRRO supply chain had inherent weaknesses. Donor funding was available late and efforts to borrow funds were not entirely successful, resulting in a slow start to procurement. Some in-kind donations were late in arriving and the delays increased costs. Deliveries were later than planned, competing with other demands on transport and/or taking place during the rains.
26. WFP HQ's assumption that the PRRO would be adequately funded was based on past donor performance. Donor funding of the PRRO was shrinking in late 2006, possibly forcing significant operational cutbacks in the early months of 2007. Should rains prove satisfactory, major donors may be unwilling to continue support of the PRRO for the chronic HIV and AIDS caseload.
27. The RB bought only from regionally based suppliers due to the Genetically Modified Organism (GMO) issue, with maize sourced almost entirely in southern Africa, reaching 486,882 MT at the end of 2006. Commodities were purchased in small lots, to prevent any influence on the market, and to minimize delivery time. Milling of in-kind donations was also continued, resulting in all local maize meal and blended food being fortified with micronutrients.
28. As agricultural patterns are similar and predictable across the region, the response to the poor rains in 2004/5 should have set in motion a domino effect of funding, followed by procurement and delivery. Instead, a delayed logistics operation ran into several problems: handling and delivery during the rains; competition from the annual round of fertiliser import; and holiday period delays. The tendency of finance, logistics and procurement units to work in isolation was exacerbated by a serious fraud case in the RB during late 2005.⁶ Despite enormous efforts, the 2005-06 lean season distributions were only fully operational in January 2006, when both procurement and delivery had escalated.

Assessment, Targeting and Food Security

Assessment and Targeting:

29. Prior to the PRRO, WFP promoted the coordination of assessment activities such as FAO/WFP Joint Crop and Food Supply Assessment Missions (CFSAMs), the SADC regional and national VACs, and household data collection and analysis through the WFP/C-SAFE Community and Household

⁶ The fraud case has been the subject of extensive internal audit and inspection visits and reports.



Surveillance (CHS) system. SADC/VAC advanced from analysing short-term food aid needs to carrying out deeper analysis of longer-term issues (livelihoods, poverty, poor macro-economic conditions and HIV and AIDS), while CSFAM and national VAC assessments provided information to establish the PRRO.

30. When the PRRO began, Community and Household Surveillance (CHS) had already resulted in the use of social and economic criteria to select beneficiaries. The PRRO continued multi-tier assessments initiated under the EMOPS, strengthening community and household needs-assessment structures for improved targeting and programming. Each country under the PRRO (except Namibia) has staff participating in the national VAC process while the RB has three representatives on the Regional VAC. Despite considerable advances in assessments, VAC methodologies are still not harmonised. Due to a lack of institutionalization (except for Mozambique) and a lack of funding and full-time VAC members, the national VACs still have their limitations.
31. In terms of capacity building for assessments, the Emergency Food Security Assessment (EFSA) training was conducted for WFP staff in November 2005, led by the regional VAM team. National level trainings for WFP staff and partners are planned for early 2007 in Zambia, Malawi and Mozambique. The RVAC (with WFP RB support) also implemented a thematic training for national VAC teams early in 2006.
32. Targeting practices also vary widely among PRRO countries. In some COs, all CPs use clear criteria established for targeting beneficiaries in different project types (e.g. Zimbabwe). In others, WFP has not established criteria, and targeting practices depend on individual CPs' capacity, compromising WFP's capacity to monitor beneficiaries. Lesotho, Malawi and Mozambique, where the Programme for Enhanced Targeting is being implemented, could provide valuable information to countries with limited capacity through a systematic mechanism for sharing best practices.

Food Security:

33. WFP's shift from relief to recovery and development programming is appropriate, although the RB predicts that this shift may be reversed by the current food-security outlook for the final year of the PRRO. Weaknesses in the funding and programme cycle indicate that WFP and its donors are not fully prepared to undertake this programmatic shift, however.
34. Food security analysis and livelihood programming technical expertise is often limited at CO and SO levels. Until recently the understanding of the concept of food security and related measures was limited to acute food insecurity rather than longer-term and sustainable food and livelihood security. WFP and its partners must continue to work towards improving techniques for identifying chronically food insecure population groups, before an emergency arises.
35. WFP focuses on food and nutritional security at the household level and emphasizes appropriate targeting to reach all members of the household, with some variations amongst countries (see above). Some programmes, however, directly target individuals. The PRRO employs a needs-based approach to food security, rather than promoting the right to food and a rights-based approach, in keeping with current thinking on food security. The organisation's best practice standards are indicative of an evolution towards operating on a rights basis, although continuing resource constraints may slow WFP's progress. A thematic evaluation of WFP's corporate food security policies and practices may be warranted.



36. Some food security objectives of the PRRO Logframe are inadequately defined, and the indicators are not always SMART (Standardised, Measurable, Accurate, Realistic and Timely). PRRO objectives include addressing integrated HIV and AIDS and food security issues, yet the programme does not support appropriate activities and methodologies to do so (such as labour saving methodologies and projects for HIV and AIDS affected and infected households).
37. At CO and SO level there was clearly a need for more technical guidance and coordination of food security activities (other than the VACs) from the RB. Insufficient coordination from the RB led to sporadic, rather than systematic collaboration and experience-sharing amongst the COs. The establishment of a more formal regional food security programming coordination mechanism might permit countries with important initiatives to convey best practices and lessons-learned with those whose capacity and/or resources are more limited.
38. Food aid transfers are relevant for creating assets at community level. In Mozambique, Malawi and Namibia, beneficiaries stated that they prefer food to cash, confirming that they were more likely to consume food, whereas it was unlikely that cash transfers would be used only to purchase food. Recent data collection in Lesotho and Swaziland show that the majority of beneficiaries in both countries prefer food rather than cash,⁷ and further analysis will be available soon for other PRRO countries.

Nutrition and Health

39. Activities targeting HIV and AIDS patients and other chronically ill people are increasing, compared to those addressing malnourished vulnerable groups. Although under five-year-old malnutrition in the southern Africa region is relatively low and micronutrient deficiencies less severe than other parts of Africa and Asia, rates of chronic malnutrition in the region, as indicated by stunting, are amongst the highest in the world. The relative scarcity of resources for programmes other than large-scale general distributions during peak periods of food insecurity has forced COs to prioritise resources for targeted activities and as a result, programmes targeting chronic malnutrition are relatively rare. The majority of beneficiaries of SFP and TFP are people with chronic illnesses, including HIV and AIDS, sometimes resulting in insufficient attention being paid to identifying and addressing problems of malnutrition. On the other hand, WFP's and its CPs practice of offering food and nutrition support to beneficiaries infected with HIV through general SFP, TFP, maternal and child health clinics, or outpatient clinics, has reportedly resulted in reduced stigma, and subsequently improved attendance.

Monitoring and Evaluation

40. The RB has developed results-oriented M&E and harmonized outputs and outcomes of monitoring systems, while COs have successfully implemented the systems despite limited human and financial resources and limited CP capacity.
41. The RB's online outputs monitoring system has facilitated regional reporting by contributing to fast data processing, improved data accuracy and timely reporting of information from COs to the RB. While the tool has enhanced PRRO reporting to meet WFP HQ and donor requirements, the evaluation found that its benefits for COs, however, as they have developed their own outputs monitoring and reporting systems. Such systems employ Excel spreadsheets or Access databases, and are implemented in parallel with the regional tool, often resulting in double data entry.

⁷ Focus Group Discussions, CHS Round 8, WFP Regional Bureau, South Africa: 2006



42. CHS has helped systematizing and facilitating outcome data collection, assessing targeting efficiency and providing a better understanding of vulnerability.
43. Indicators used to monitor progress towards achieving PRRO objectives are fairly similar to those used for food security assessments. For instance, in Lesotho, Malawi and Swaziland, M&E data from CHS have been used to update or refine VA. In other countries, however, (e.g. Zambia), information sharing between M&E and VAM staff is limited. Information collected on outcomes is often similar to the parameters considered in vulnerability and food security assessments. M&E data, in particular from CHS, have not been used to update or refine VA, which is a missed opportunity.
44. Data collection by WFP and CPs' to monitor the efficacy and impact of food aid to HIV positive people is variable and inadequate overall. While CPs in clinical and HBC settings often collect, organise and report on measurements of beneficiaries, few carry out substantial analysis and reporting. Thus, WFP is unable to evaluate the extent to which food aid affects the well-being of beneficiaries. Monitoring and reporting must improve to inform WFP and its partners on outcomes and impacts. Some COs collect evidence on the impact of food aid on reducing vertical transmission by increasing adherence to Prevention of Mother to Child Transmission (PMTCT), and improving the wellbeing and productivity of infected people. WFP needs a more immediate and cohesive assessment system to strengthen WFP's position and convince donors to support food aid. Field-level Agreements (FLAs) may need review, and guidelines on data collection should be harmonised across countries. WFP Lesotho has carried out a baseline survey, and employs a regular data collection method for HIV and AIDS programming, setting an example for other PRRO countries.

Crosscutting Issues

HIV and AIDS

45. WFP's provision of food aid is a crucial aspect of the integrative response to the HIV epidemic, given its scale and dynamics in the region. The constellation of weak governance, social inequalities, chronic poverty and food insecurity drives the epidemic and is in turn exacerbated by it. Without assured access to food, the most disadvantaged people may resort to negative strategies to meet basic food needs. Impacts of the rollout of Anti-Retroviral Therapy (ART) are constrained by inadequate food and nutrition, which decreases tolerance of, and adherence to drug regimens. This positive integration at the input level needs to be expanded by establishing links with livelihoods initiatives that have the potential to enable HIV and TB patients to support themselves once their condition stabilises.
46. According to WFP RB, the newly developed social protection framework has incorporated this concern, however, and will mandate WFP to improve the level of complementarity with partners when the new strategy is in place.
47. Some donors consider responding to the epidemic to be outside WFP's core business. A few COs collect evidence on the impact of food aid on reducing vertical transmission by increasing adherence to Prevention of Mother to Child Transmission (PMTCT)⁸, and improving the wellbeing and

⁸ In response to drug resistance associated with single-dose nevirapine, WHO recommends in resource-poor settings more efficacious three dose ARV regimens. Its basic recommendation for HIV+ve mothers is: AZT from week 28 of pregnancy, AZT+lamivudine+nevirapine at delivery; AZT+lamivudine for seven days post-partum. Infant regime: single dose nevirapine + AZT for seven days. In locations where single dose regimes are still used, food aid has a value as it encourages diagnosed



productivity of infected people. WFP needs a more immediate and cohesive regional effort to strengthen its position and to convince donors to support continuation and scaling-up of food as an integral component in the fight against the epidemic.

48. WFP's HIV and AIDS prevention activities vary in terms of quality and coverage. For example, while some CPs offer condom distribution as part of the overall package, others do not.
49. Responsibilities of the RB and its advisory staff for providing technical oversight and support to COs in HIV and AIDS programming were unclear. In light of the considerable requirements for technical support expressed by COs, HIV and AIDS advisory staffing at regional level needs to be strengthened and/or strategic partnerships with other agencies capable of providing such support need to be enhanced or built. A positive step in meeting the needs for technical support has been the strategic partnership with ActionAid, established in mid 2006 to bolster HIV and AIDS capacity in the RB. A full-time ActionAid staff member with expertise in HIV and AIDS was seconded to WFP ODJ at that time, who currently provides support to COs and the RB.

Gender:

50. In almost all PRRO countries, girls outnumber boys in SF. Zimbabwe is the exception where an even number of boys and girls benefit from the programme. At the start of the PRRO, no gender gaps were found in school enrolment, except in Malawi where SF has successfully corrected the imbalance.
51. With the exception of Swaziland, involving a majority of women in food for training (FFT) activities has presented a challenge. FFW/FFA projects, despite large numbers of female participants, have paid insufficient attention to women's needs, and access to and use of assets created. These parameters are not included in the PRRO Logframe, but are nonetheless important to consider both from a gender and from a food security perspective. WFP has modified work norms to ensure that women can participate without overburdening them, and issues ration cards in the name of the participant. Women are generally well represented in food distribution committees (FDCs), despite cultural barriers.
52. A review of gender responsiveness in all the PRRO countries except Namibia in 2004 provided baseline data for monitoring results. In compliance with the WFP corporate Enhanced Commitments to Women (ECW), COs gather and report on gender-disaggregated output data every month and most have reviewed M&E tools for gender sensitivity. All COs are involved in UN Gender Theme Groups within the UNDAF process.
53. WFP strongly encourages partners and communities to recruit and involve more women, yet some COs fail to apply these principles within their own offices. With limited choice of CPs in some countries, the selection of partners based on gender performance is a challenge. FLAs signed with CPs refer to the ECW, however with limited choice of CPs in some countries, the selection of partners based on gender performance is a challenge.

pregnant women to give birth in medical facilities where they and their infants might also receive available ART, and supports women to receive additional components of PMTCT programmes, including VCT, health and nutrition advice, and care.



54. Furthermore, high staff turnover, short duration of contracts and lack of resources have hampered WFP's ability to conduct ECW training for CPs and government partners. While the RB and COs have successfully implemented the first three phases of the regional gender programming initiative, failure to conduct the Leadership Skills, Gender and HIV/AIDS training at community level (the programme's final phase) due to lack of funding, will diminish the potential outcome of investments to date.
55. Gender mainstreaming has been hampered by the lack of staff dedicated to the process, with limited time devoted to gender activities. Gender focal points normally have other terms of reference which take up over 90 percent of their time, leaving very little time available to respond to gender issues. Senior staff in the COs rarely hold focal point positions, making decision making difficult. Strong senior management commitment is also a key factor in the success of gender mainstreaming.
56. Women's empowerment may have been over-emphasized at the expense of gender-balanced approaches, as some men feel that they have been excluded from WFP activities. Promoting male involvement in HBC (as volunteer caregivers) may counteract this trend. Gender balanced approaches are essential to ensure that the interpretation of gender programming does not discriminate against households single-headed by men, which, in many cases, CHS shows are more prone to poor nutrition

Conclusions:

57. At the time of the evaluation team's visit to the region, a combination of factors had helped to avert further crisis in southern Africa, including improved rains, better harvests and food aid. Nonetheless, a chronic emergency persists, fuelled by the HIV and AIDS epidemic, continuing poverty, poor governance and insufficient resources for services for those most affected by the 'triple threat.'⁹
58. WFP will need to refine its strategies in southern Africa, and is encouraged to implement the new programming format that the RB has developed to address longer-term social protection needs on an individual country, rather than regional basis, in a sustainable way.
59. As expanding staff numbers during a period of financial constraints may not be a viable option, the organisation needs instead to enhance its technical capacity in other ways, such as through enhancing the training of existing staff, and by expanding or strengthening strategic partnerships with agencies such as the World Bank, UNAIDS, technical NGOs and others.
60. WFP must continue to strengthen evidence-based programming, documenting current experiences in food for HIV and AIDS, determining best practices, and adapting traditional nutrition, health, food security and education programmes to meet new challenges. Food security activities need revamping, in order to reflect the most current thinking in terms of a rights based approach, and to ensure that beneficiary targeting links appropriate food for work/assets with care and treatment programmes for HIV positive people and their households.¹⁰ WFP should continue to assess the relative benefits of cash transfers, and provide food assistance in accordance with findings. Gender-sensitive programming measures should continue, in order to find sustainable responses to issues faced by the

⁹ "Triple Threat" refers to a UN concept of a combination of food insecurity, weakened governance capacity and HIV and AIDs in Southern Africa (Source: *Organizing the UN Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS, particularly in Southern and Eastern Africa*: August 2003).

¹⁰ In addition to people who are HIV positive, other chronically ill people benefiting from WFP programmes, such as recovering TB patients, should also be linked with appropriate FFW/FFA programmes.



most vulnerable populations. Improved use of M&E information and further operational research under the PRRO should provide more reliable information on outcomes and outputs, and ultimately raise donor awareness of and support for WFP's continuing important role in the region.



I. INTRODUCTION

1.1 Context and Evolution of WFP Assistance in Southern Africa

1. The World Food Programme (WFP) has been present in many southern African countries since the mid-1960s, though, until the present decade, primarily with relatively small-scale development or acute emergency relief programmes. Zimbabwe was historically a source of food for procurement by WFP (mostly maize), however, rather than a regular recipient country, as is the case today.
2. Prior to November 2001, WFP was present in only five of the six emergency operation (EMOP) countries, as the WFP Country Office (CO) in Swaziland had already closed. In 2001, WFP Zimbabwe consisted of a small procurement office, while Malawi and Mozambique had implemented short-term flood-related EMOPs. During this period the southern Africa region was part of a larger southern and east Africa region which was managed by a Regional Bureau (RB) in Kampala (ODK). During this initial period, before the magnitude of the food shortages were fully assessed, ODK recommended the establishment of individual country EMOPs, with broad supervision of some countries in the sub-region being provided by the Mozambique cluster office.
3. In 2002, Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe experienced widespread crop failures as a result of unfavourable weather conditions that brought both floods and droughts to the region. In response, WFP approved regional EMOP 10200, and a number of supporting Special Operations (SOs).¹¹ The FAO/WFP Crop and Food Supply Assessments Missions (CFSAMs) had concluded that approximately 1.2 million metric tons (MT) of emergency cereal food aid would be required between April 2002 and March 2003 in the six countries. WFP agreed to provide two-thirds of the required food aid cereal needs identified in the CFSAM reports, or 809,463 MT to some 10 million beneficiaries from July 2001-March 2002, at a total cost of just over US\$507 million, of which food costs were to be approximately US\$193 million. At the height of the ensuing food crisis, approximately 13 million people were at risk of severe food shortages.
4. A real-time evaluation (RTE), managed by the Office of Evaluation (OEDE), was conducted over a period of one year from mid-2002 to mid-2003 and provided a large number of recommendations for improvements to the first EMOP. The report was presented to the Executive Board in October 2003.¹²
5. In July 2003, a second southern Africa Regional EMOP was launched, targeting 6.5 million people over a period of 12 months. The same six countries were included, with particular emphasis on Mozambique and Zimbabwe, where the most acute food shortages were experienced. The second regional EMOP planned to reach the bulk of the targeted populations through general ration distributions, while the most vulnerable families were to benefit from targeted safety net activities. Net food aid requirements were estimated at some 538,000 MT, a figure that excluded carry-over stock from the first EMOP of approximately 214,000 MT. WFP sought cash resources to procure commodities within the region, including all of the cereal needs, in order to prevent possible distribution shortfalls in September 2003. South Africa expected agricultural surpluses of at least 2.2 million MT of maize, which were expected to permit regional procurement of EMOP requirements.

¹¹ EMOP 100200 was followed by EMOP 10290, which covered the period from July 2003 to December 2004. The current three year PRRO 10310 followed the second EMOP.

¹² Report WFP/EB.3/2003/6-A/1 refers. It includes the matrix of main recommendations of the evaluation.



6. Non-governmental organisations (NGOs) and other United Nations (UN) agencies also provided food and non-food assistance during both EMOP periods, and some governments increased food and agricultural imports. As a result of the combined efforts and their own coping mechanisms, affected populations avoided a humanitarian catastrophe, though not without significant strain on peoples' well-being and livelihoods.
7. In 2003, in response to the critical needs of people affected by HIV and AIDS, WFP's Executive Board (EB) established a policy and related set of programming guidelines for addressing food insecurity brought on by HIV and AIDS. The documents outlined the use of food aid and nutrition interventions to provide a safety net to catch families before they became destitute and hence even more vulnerable to the risk of infection. WFP planned to mainstream HIV and AIDS in all of its programming categories, targeting women, orphans and affected children, and displaced persons. The organisation also agreed to adjust programming tools such as needs assessments, vulnerability analysis and mapping (VAM), rations design and other nutrition-related activities in accordance with upgraded information and lessons learned. Activities to be implemented included, amongst others:
 - Establishing alternative school feeding (SF) programmes
 - Diversifying livelihoods to increase household food security (HFS)
 - Reducing the vulnerability of families by ensuring good nutrition, home-based care (HBC), and preventing parents-to-child transmission.

Situation Assessment for the on-going three year PRRO 10310.0 (2005 to 2007)

8. Despite overall improvements in food security after the 2003/2004 harvest, over six million people still required emergency food aid in 2004. The United Nations Development Programme (UNDP) 2003 Human Development Report (HDR) for southern Africa noted that the region was affected by both rising poverty and soaring levels of HIV and AIDS. Almost 70 percent of populations in Malawi, Mozambique and Zambia were surviving on less than US\$2 per day, while two-thirds of the people in Lesotho and Swaziland lived below the poverty line. More than half of the population in the five countries lived in rural areas and depended on small-scale rain fed agriculture. The most food-insecure rural households were those located in drought-prone areas subject to large variations in crop production. Whilst remittances from urban relatives and migrant workers were an important source of income for many rural households, economic decline had resulted in high unemployment as work opportunities in mines and industry dwindled. The HDR found that families had increasingly resorted to "negative coping mechanisms such as selling assets, withdrawing children from school or prostitution" in the region,
9. In October 2003, with over five million new infections worldwide that year alone, WHO declared HIV and AIDS to be a global health emergency.¹³ Three-quarters of the estimated 40 million people globally living with HIV and AIDS (PLWHA) – a figure between 25 and 28.2 million people – were found in sub-Saharan Africa. Of the 14 million AIDS-related orphans worldwide, 12 million resided in southern Africa. By the end of the second EMOP, HIV prevalence rates in Lesotho and Swaziland were the highest in the world, surpassing 25 percent.

¹³ Actual figures are thought to range between 4.2 and 5.8 million. Source: UNAIDS epidemic update, Geneva: December 2003.



10. The region was thus found to be vulnerable to a “Triple Threat” – a UN-coined term denoting the combined negative effects of food insecurity, HIV and AIDS and weakened governance capacity, which, in addition to severe and chronic poverty, had contributed to a serious decline in development indicators. In 2004, for example, life expectancy in the six countries covered under the EMOPs had declined by an average of 22 years. The number of educated and productive adults had been severely reduced as a result of unprecedented deaths of adults due to AIDS, and it was predicted that at least one child in five would be an orphan by 2010.
11. In terms of programming for HIV and AIDS infected and affected people, WFP’s progress at the onset of the PRRO was uneven. Measures to address HIV and AIDS-related food and nutrition needs were still being developed or adapted and were largely implemented as pilot programmes. Internally, human resources policy had not yet been adapted to address the effects of HIV and AIDS on WFP staff members, nor to provide systematic orientation to HIV and AIDS in the workplace.
12. While the 2004 CFSAMs and national VAC assessments found significant improvements in production in some countries, they predicted continuing household food shortages in the region. In 2004, cereal production levels in Lesotho were less than half of the year before, and one third of the average for the previous five years. Because of inadequate, late and poorly distributed rainfall, reductions in cultivated area, and inadequate use of fertilizer and improved seed, nearly a million people in Lesotho required food assistance in 2004–2005. In Malawi, 2004 maize production fell by about 14 percent compared with 2003, and 17 percent compared with the five-year average. About 1.3 million people — 11 percent of the population — were at risk of food shortages between June 2004 and the April/May 2005 harvest. In Mozambique and Zambia, although cereal production had improved in 2004, many households remained food insecure as a result of floods and droughts, and from the devastating effects of HIV and AIDS. Nearly 200,000 people in Mozambique were estimated to require cereal food aid in 2004–2005.¹⁴ In Swaziland, maize production was 13 percent below 2004, and 30 percent below the five-year average. A quarter of a million people were predicted to face food and income deficits in 2005/2006. The Zimbabwe VAC predicted that 2.3 million people in rural areas – or almost 30 percent of the population – would be unable to meet their annual cereal requirements during 2004/2005.
13. PRRO 10310.0 was thus intended to serve as a framework for programming multi-sectoral activities that would target households and individuals whose food security was affected by one or more of several factors – the erratic climate, extreme poverty and HIV and AIDS. The programme targeted Lesotho, Malawi, Mozambique, Swaziland and Zambia, with the possible inclusion of Zimbabwe if and when necessary, using an unallocated emergency window (UEW) of 100,000 MT to maintain needed flexibility.

Objectives of the PRRO:

14. The main goal of the PRRO is to contribute to “improved food security, livelihoods and productive capacity among the vulnerable poor, including HIV and AIDS-infected and affected people in five southern African countries.” The four key objectives defined under corresponding thematic areas — food security, HIV and AIDS, health and nutrition, and education, respectively, are as follows:

¹⁴ No comprehensive data for Zambia was available, because the VAC examined only flood-affected populations.



- a. Increase household food access and ability to manage shocks;
 - b. Reduce the impact of HIV and AIDS on food security among vulnerable populations in high-priority districts for HIV and AIDS;
 - c. Meet the nutritional needs of vulnerable groups; and
 - d. Achieve a sustainable increase in school enrolment, attendance and ability to learn and concentrate, while reducing gender disparity
15. Underlying assumptions of the PRRO include the promotion of gender equity in terms of access to WFP resources, the management of community food-aid structures and the provision of an integrated inter-agency response.

I.2 Objectives of the Evaluation and Scope of Work

16. In keeping with WFP's corporate evaluation policy,¹⁵ the purpose of the Mid-Term Evaluation (MTE) of the southern Africa regional PRRO 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 Regional Bureau (RB) in Johannesburg and COs in southern Africa with an external view of progress towards expected results which may contribute to improvements in the current operations and which should help the RB/COs in taking a decision about the strategy for the future. Recommendations on improving current and potential future operations have been developed and are presented in the report, along with lessons, in order to support improved programming and organisational learning.
17. The scope of the evaluation was the three-year PRRO 10310.0 and its several budget revisions, including the major budget increase approved by the EB in November 2005.¹⁶ The main period of analysis for the MTE was January 2005 to September 2006. The evaluation included an examination of documentation pertinent to the predecessor EMOPs (from July 2002 to end 2004) in regard to their use in the preparation of the PRRO.
18. In light of the considerable geographical size of the operation and the large number of programme components, the evaluation mission selected sites for field visits that allowed all programme aspects to be covered. All seven countries currently covered by the PRRO were visited by at least two members of the evaluation team.¹⁷ The team concentrated on Malawi, Mozambique, Zambia and Zimbabwe, however, where almost ninety percent of the PRRO resources were allocated, and spent relatively less time in the remaining three countries (Lesotho, Namibia and Swaziland).

I.3 Methodology

19. The evaluation methodology consisted of a variety of approaches to information-gathering. These included participatory methods such as briefing sessions and discussions with stakeholders - beneficiaries, cooperating partners (CPs), government officials, donors, UN agency and WFP staff members and consultants - focus group discussions, and semi-structured interviews with individuals. The MTE included visits to numerous food distribution sites, feeding activities,

¹⁵ WFP's Evaluation Policy, WFP/EB.3/2003/4-C

¹⁶ Document WFP/EB.2/2005/8-C/1, Rome HQ: 22 September 2005.

¹⁷ Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe.



including Food-for-Work (FFW), Food-for-Assets (FFA), Home-based Care (HBC) activities, and food warehouses across the region.

20. A number of stakeholders were closely involved in the evaluation mission interviews, through briefings and debriefings, including:
 - WFP: the RB; seven COs and sub-offices; HQ Divisions/units;
 - National governments: at central and districts levels;
 - Other regional bodies focusing on food, nutrition and food security; SADC-N/RVAC, Regional Directors' Team;
 - Donors;
 - International bodies (UNICEF, WHO, FAO, UNAIDS, UNFPA, and RIACSO);
 - National and international NGOs, in particular the C-SAFE consortium;
 - Civil society;
 - Community leaders and beneficiaries.
21. The main intended users of the MTE are the WFP Executive Board, the Regional Bureau and the seven southern Africa regional PRRO COs, WFP partners, including governments, and the organisation as a whole.
22. An evaluation matrix, developed to provide a framework to guide data collection, fieldwork and analysis, was prepared by the team members (See Annex 2). The matrix linked key issues to relevant sub-issues, performance indicators, data collection methods and information sources. In developing the evaluation matrix, the evaluation team was able to examine the relationship between objectives or expected output and outcome level results and the situation analysis, as presented in project documents.
23. Most of the data to support the evaluation was generated through the RB and CO's M&E systems and CO managed studies. Although some documents and data were made available to the evaluation team well in advance of the mission visits, in other cases it was only during field visits that mission members were able to obtain necessary documents and information.
24. Time in-country was largely spent gathering and validating secondary data with the COs, sub-offices, beneficiaries and partners. When possible, the analysis carried out by the team built upon triangulating information obtained from the RB and Country Offices (COs). The team employed a mix of quantitative and qualitative methods, including direct observation, informal and semi-structured interviews and focus group discussions. Visits to activities and beneficiary interviews provided opportunities to confirm findings and to triangulate them with beneficiaries' views through household and focus group discussions.



I.4 Constraints

25. The evaluation team encountered a number of constraints to carrying out the MTE. First and foremost was the limited amount of time available for team members in each of the PRRO countries. With only five working weeks to cover seven countries and the RB, all of the team members could not visit each country. The team was therefore split, and responsibilities for information-gathering divided. Because country visits were very brief – usually between four to seven days, with only two days in Swaziland and Lesotho – team members were unable to assume additional tasks beyond their own terms of reference. For this reason, the findings for each topic are generally limited to those countries actually visited by the consultants, along with a brief regional overview. As a result, the Full Evaluation Report does not present information on each theme for all PRRO countries. Instead, the report generally reflects team members' visits, and is limited by the extent to which each member was able to gather information.
26. The team members were also constrained to cover all of the topics in an in-depth manner. In order to compensate for limited time in each country, most COs organised large, general meetings of CPs and partner agency staff. Although useful to the team members, more focused meetings on specific areas or topics would have been beneficial.
27. The team member responsible for assessment and food security was only available for three of the five weeks of the evaluation mission, and therefore only visited two countries, Zimbabwe and Mozambique, in addition to the RB in Johannesburg. The team member was able to review documentation from all of the PRRO countries except Namibia and Swaziland, however, and benefited from information gathered by other team members.
28. Because the trips were planned without free days between county visits for reading and/or reflection, the team found insufficient time for covering the considerable amount of documentation, and little or no time for writing during the mission. In some countries, a briefing package had been prepared and was presented to the team members upon arrival. In others, several days were spent gathering information that had been requested long before the mission started. In a few cases it proved impossible to attain the required information. Although most COs had prepared in advance for the evaluation team's visits, in a few cases meetings had not been scheduled when the team arrived.
29. Due to high staff turnover and downsizing at the RB, some key ODJ staff members had already left the Bureau, leaving resource and information gaps. Many RB staff members were travelling outside of ODJ during the evaluation mission's initial briefing and subsequent visits, making it difficult to carry out face to face interviews. The evaluation team greatly appreciated the willingness of many RB programme staff to meet with them during weekends and holidays throughout the mission period, when the team returned briefly to Johannesburg. In the case of the logistics unit, regional staff members devoted considerable time to the MTE, organising field visits for the responsible team member, and accompanying him to a number of sites.



II. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

II.1 Assessment of Evaluation Criteria

II.1.1 Effectiveness and Efficiency

30. The MTE was conducted at the mid-point of the PRRO, in the last quarter of 2006. At the time, the 2005 Standardised Project Report presented the most updated information on overall results and performance indicators. In general, food security had improved because of better rains in 2005/2006 and a subsequently better harvest in most parts of the region in 2006. While the number of beneficiaries reached, or in some cases exceeded, the numbers planned, evidence suggests that WFP food distributions were late and missed the period of greatest need. The PRRO did not expect to reach all of its objectives by such an early date; however, the evaluation team found that results were mixed.

Findings and Conclusions:

Objective 1: Increase Household Food access and ability to manage shocks

31. Access to food increased throughout the region, in part due to the success of WFP's efforts in reaching over nine million beneficiaries – well over the intended 5.5 million planned in the PRRO document - during the 2005/2006 lean season. At the end of 2005, the SPR reported that the PRRO beneficiaries were just over eight million, or 106 percent of the planned figure of 7.7 million. By country, the percentage of planned vs. actual beneficiaries ranged from a low of 67.8 percent in Lesotho, to 133.8 percent in Zimbabwe. The data demonstrates considerable revisions over the period, nearly doubling the original PRRO budget from USD 404,468,960 to USD 731,781,513. The bulk of the increase, however, was aimed at Zimbabwe, where continuing food insecurity demanded increasingly greater resources over the first half of the PRRO.
32. The original budget of approximately USD404 million was intended to cover distributions of 656,573 MT of commodities. The subsequent increase to about USD731 million for double the tonnage - some 1,317,004 MT, in November 2006, reflected the unexpectedly high number of beneficiaries in early 2006. The number had been significantly reduced by year's end, and a predicted 4.3 million people were to require food assistance at the height of the 2007 lean season.¹⁸

Objective 2: Reduce impact of HIV and AIDS on food security amongst vulnerable populations in high priority districts for HIV and AIDS

33. In southern Africa, WFP activities largely target people affected by HIV and AIDS. This result is an indicator of the extent to which the epidemic touches every community, and in some communities, every household. In all six countries the SPR notes that all of the beneficiaries of WFP food assistance were 'impacted by HIV/AIDS.'
34. The extent to which the impact of HIV and AIDS on food security was reduced amongst vulnerable populations was difficult to discern from general reports at country and regional level. Rounds 6 and 7 of the CHS, however, presented findings by programme activity, showing a reduction in the impact of HIV and AID on food security. An ongoing study is currently reanalysing CHS data to create profiles of OVC and HIV positive beneficiary households to improve targeting. Evaluation

¹⁸ Special Envoy for Humanitarian Needs in Southern Africa, Trip Report 7 – 15 December 2006.



team visits to SF programmes benefiting OVCs, and to HBC providers distributing take home rations to chronically ill people confirmed that food assistance was a critical factor in encouraging people to take part in available programmes. In Malawi, for example, ART programme staff told the evaluation team that the drugs would serve no purpose without WFP food as “Patients would not be able to stand their drugs without food”. Zambian NGOs providing HBC services reported that WFP food enticed many HIV positive people to seek their services. HBC patients confirmed that food distributions for people infected with HIV decreased stigma, as patients were once again able to contribute to their family’s resources. In Namibia, a great grandmother with five orphaned children who received take-home rations stated, ‘Without WFP food distributions, there would be nothing to eat in my house.’”

Objective 3: Meet nutrition needs of vulnerable groups

35. Commodities and food baskets used in the PRRO were generally uniform in size and quality across the region, with three key advantages for improving nutritional status, as follows:
- As a result of the widespread rejection of genetically modified grain imports, WFP was obliged to mill a good portion of the maize received in in-kind donations. WFP decided to combine micronutrient fortification with the milling process, resulting in at least half of 2005’s cereal purchases (188,930 MT of fortified maize meal in 2005) being fortified.¹⁹
 - Fortified blended food was produced within the region and distributed widely. Since maize is the predominant staple food in the region, corn soya blend was highly acceptable to beneficiaries. With high micronutrient content, CSB provided a health-giving combination of high energy, high protein and essential micronutrients, and was thus well-established across the region as the ideal food for chronically ill people.
 - Throughout the region, WFP provided vitamin A and D fortified vegetable oil, an important measure and one required by WFP global regulations. In light of the needs of chronically ill people for nutrient dense foods, this measure, and others taken by WFP to ensure adequate nutrition, including micronutrients, strongly supported the third objective of the PRRO.
36. Beneficiaries did not always receive a complete food basket or the entire amount of each commodity if all commodities were available. In Namibia, for example, one CP distributed only half of the planned rations, as the number of beneficiaries registered exceeded twice as many planned. Although the additional beneficiaries met criteria for distribution, a lack of resources on the part of WFP had resulted in a cap being placed on the number of beneficiaries included in the OVC programme. The NGO worked in communities with large numbers of OVCs, and felt obliged to register all eligible families, dividing the rations in order to give each family a portion of food.
37. Throughout the region, the family ration size consisted of food for five or six people. The average household size, as reported by beneficiaries, CP and WFP staff members to the evaluation team, and observed during field visits, was often higher, in the absence of parents who had migrated or were deceased and as a result of ever-increasing numbers of OVCs under the age of 18 becoming dependent on a single elderly relative. WFP RB reports, however, that in Lesotho the average household size is 4.6, suggesting that wide variations in family size may exist in the region.

¹⁹ WFP 2005 SPR



Objective 4: Sustainable increase in school enrolment, attendance and ability to learn and concentrate, while reducing gender disparity

38. School feeding generally took two forms in the region: 1) Emergency School Feeding (ESF), covering children during peak periods of food insecurity in vulnerable areas, and 2) support to OVCs through regular SF programmes, provided throughout the school year. In some countries, both school-based programmes were implemented through the PRRO, while in others, ESF was carried out through the PRRO and regular SF through the Country Programme. The 2005 SPR reported that most countries either met the planned number of school children or exceeded it. WFP-Zimbabwe, for example, reached twice as many children as planned, with a total caseload in 2005 of well over one million students. The MTE found that in some countries, the SF food basket was often incomplete, and consisted of only one or two items, with a full food basket available only an occasional basis.
39. WFP generally lacked an exit strategy for its support to community schools in Zambia, which were highly dependent on WFP food supplies. As schools benefiting from WFP food assistance achieve the objectives of increased enrolment and attendance, some classrooms are becoming overcrowded and meagre school facilities and equipment are inadequate for the increased numbers of students drawn to school by free meals. In the case of community schools in Zambia, for example, some school staff noted that it was difficult to maintain a high quality of education as learning resources required for learning such as books, paper, pens and other educational materials were not available (over and beyond infrastructure and WFP food). In Malawi, school officials reported that quality of education suffers due to diminishing numbers of teachers, a negative outcome of the HIV pandemic, and existing teachers' struggle to cope with too many students and insufficient resources.

II.1.2 Coherence and Relevance

Findings and Conclusions:

40. The PRRO is externally coherent and found to be in line with regional and country plans of sister UN agencies and Consolidated Appeals Processes (CAP). At country level, the PRRO is implemented according to national plans and policies of governments in the areas of food security, nutrition, gender, HIV and AIDS and school feeding. In areas where national policies are being established, WFP contributes to the development and/or finalisation of such documents. In Malawi, WFP contributed to the development of the National Nutrition Policy; while in Zimbabwe and Zambia, WFP was an active participant in efforts to develop nutrition guidelines for people with HIV and AIDS.

Coherence and Relevance:

41. The PRRO is internally coherent, contributing to all five of WFP corporate Strategic Priorities. In some countries, internal coherence amongst various programme components is weak, however. Sectoral activities are often implemented in a parallel, rather than convergent, manner and different CPs do not always target the same districts, communities or populations. Few programmes offer household members and/or recovering beneficiaries of HBC, SF and therapeutic feeding programmes (TFP)/supplementary feeding programmes (SFP), who are in need of longer-term solutions provided by Food for Work/Assets (FFW/A), the chance to participate in such activities.
42. Beneficiaries perceived WFP programmes to be highly relevant. In Namibia, for example, beneficiaries reported that food assistance was relevant, even though under 'normal' circumstances, food secure and would not be eligible for food aid. HIV and AIDS had rendered many such



households highly vulnerable as wage earners fell ill and died, care and treatment costs rose, family resources dwindled and elderly family members took on the responsibility of raising large numbers of orphans. Grandparent/great-grandparent-headed households with numerous orphaned children in both rural and peri-urban areas were found to be extremely vulnerable.

43. Some partners increasingly question the relevance of food, rather than cash distributions, to alleviate food insecurity for vulnerable, poor beneficiaries, however. NGOs and governments in the region are piloting various schemes using cash-for-work (CFW). WFP is an active participant in discussions and a partner in some pilot activities, and in response to the debate, has established the Special Initiative for Cash and Voucher Programming to address these particular concerns. Feedback from beneficiaries, CPs and governments indicates that in most cases of acute and chronic food insecurity food aid is a suitable measure. Cash or a combination of cash and food may be more appropriate in some circumstances, particularly where internal food markets are functioning well.
44. The four main components of the PRRO are relevant and appropriate in the context of national development priorities, UNDAF (where it exists) and sector investments prioritised by other international agencies in most PRRO countries.
45. The regional approach, carried on from the EMOP, was relevant at the onset of the PRRO, as countries facing the “Triple Threat” emerged from successive acute food security crises. Accordingly, the pooled funding mechanism was expected to permit the more difficult-to-fund countries, such as Namibia and Swaziland, to benefit from resources allocated to the entire southern Africa region. Most of the resources acquired for the PRRO were earmarked for specific countries, however, eliminating the notion of a “regional pool.” WFP country-level managers spend considerable time meeting with donors and seeking funds locally, evidence that donors’ interests are increasingly ‘country-specific’ rather than focused on the region as a whole. Consequently, a move to country-specific programming may have greater success in the area of fund-raising.
46. In some countries, internal coherence between the programme components was found to be insufficient. Different CPs implementing WFP activities do not always target the same operational districts and food insecure communities, preventing needy people from benefiting from an integrated approach to resolving food insecurity. Convergence of components such as FFW/FFA with HBC, SF and/or therapeutic/supplementary feeding programmes is rare. Although food aid coordination committees or task forces exist in all PRRO countries, some are just being established and will require additional time to address coordination issues.
47. Systematic targeting practices in some countries (e.g. Zimbabwe) helped to avoid overlapping of resources (i.e. households receiving double or triple rations through concurrent programmes). On the other hand, programme planning generally takes place through the line ministries or CPs, with little opportunity for WFP to influence decisions regarding inputs to the same geographic areas. Institutional arrangements at the central level are also generally different for various activities, with FFW receiving technical and administrative support from the Ministries of Agriculture (MoA) and Rural Development (MoRD), HBC and SFP from Ministry of Health and Social Welfare (MoHSW), and support to SF for OVCs from the Ministry of Education (MoE). Mechanisms at national or sub-national levels intended to bring together the key actors to take stock of food safety net provision through WFP’s various programme components have only recently been established in many PRRO countries. As a result, WFP activities are generally implemented in a parallel, rather



than convergent manner. More time and intensified efforts to coordinate the implementation of various activities is needed to ensure that those in need of more than one intervention are able to participate in complementary programmes.

Coherence and Relevance Case Study: WFP Programming for HIV and AIDS

The PRRO was coherent as regards the Consolidated Framework of WFP Policies (WFP/EB.2/2005/4-D/Rev.1), in particular its policy on HIV and AIDS, which suggest that the following principles should be applied to WFP programming:

- *The entry point for WFP involvement will always be situated in nutrition and food security. WFP's interventions will target beneficiaries based on their food security status, not on their HIV status.*
- *When and where appropriate, WFP will take HIV and AIDS into account in all of its programming categories and in all assessments of needs.*
- *WFP's HIV/AIDS response in specific countries will depend on the national strategy and will always fit within the given government's framework for action.*
- *In order to minimize the debilitating stigma and discrimination often associated with HIV and AIDS, WFP will support local non-governmental organizations (NGOs) and community-based organizations, including associations of people living with HIV/AIDS.*
- *WFP will use food aid to complement and scale up existing government, United Nations and NGO partner activities in prevention, mitigation and care for HIV-infected and HIV-affected individuals and families.*
- *WFP food assistance will place special emphasis on women and vulnerable children, in particular orphans, and will support the broader national and international response to HIV and AIDS to ensure that food is part of a larger package provided to HIV affected households and communities.*

The WFP HIV and AIDS policy, "Programming in the Era of AIDS: WFP's Response to HIV/AIDS," approved in 2003, describes WFP's role in the response to HIV and AIDS as mainly one of support to larger 'mainstream' HIV and AIDS activities. UNAIDS' and the Global Fund's strategies focus on improving access to services for medical care and treatment, with food and nutrition receiving less attention. Some Global Fund grants in the southern Africa region include food security and nutrition, although few provide resources for food aid for people on Anti-retroviral therapy (ART), and/or for hospitalised patients. UNAIDS policy documents briefly mention food and nutrition, although guidance documents for planning include considerable budgets for these crucial needs. As food is a relatively new component in the provision of comprehensive care and treatment, WFP has an important role to play in the development of HIV and AIDS strategies. It is clearly the main UN agency providing food assistance to people who are HIV positive, and one of the few partners developing food and nutrition policy for them.

Most WFP-supported activities fall within the framework outlined in the HIV and AIDS policy. In terms of improving and maintain human capital, for example, several PRRO countries implement school feeding (SF) programmes, often in coordination with UNICEF and NGOs such as Care International and World Vision, to promote universal basic education. Viewed by WFP as a "key to stemming the spread of HIV/AIDS," COs actively facilitate children's access to education by assisting orphans and vulnerable children through SF. In some areas, the support is limited to cooked meals served to schoolchildren; in others, students from particularly vulnerable families receive take-home rations, in addition to school



lunches, offering an added incentive to families to send their children to school. The team visited a variety of WFP-supported Food for Training (FFT) activities, aimed at diversifying livelihoods and increasing food security. Through a programme for orphaned youth in Malawi, for example, young people receive family rations during training in vocational skills (such as carpentry).

Food support to the chronically ill, including TB patients, has been established in some countries, with reported success in ensuring compliance with treatment protocols. Anecdotal evidence suggests that CSB is especially effective in assisting patients to recover, and thus sustaining adherence to treatment sessions. The numbers of patients enrolled in such programmes throughout the region is small compared to the potential number of beneficiaries, limited by both NGO/CP capacity and available resources from WFP. CPs do not systematically measure and analyse data on cure rates for TB and opportunistic infections, however. Other information, such as Body-Mass Index (BMI) was recorded in a few activity sites, but follow-up on results was generally lacking.

If a food commodity was missing due to pipeline disruptions, for example, WFP did not offer a substitute or compensate with an increased amount of another commodity. If they had sufficient resources, some CPs purchased food items from their own budgets during pipeline breaks. The evaluation team raised concerns that chronically ill people vulnerable to food insecurity might not have the means to compensate for missing commodities or skipped distributions. In some countries (Namibia, for example) if a distribution did not take place due to transportation difficulties or inaccessibility of a distribution site, it was generally not re-scheduled. Thus, while reducing the vulnerability of people with HIV is of concern, WFP's programmes may not necessarily address specific nutritional and dietary needs of people living with and affected by HIV and AIDS. The PRRO was coherent in attempting to provide food and nutrition to the most vulnerable; it may not have been so successful in doing so due to resource constraints. During pipeline breaks WFP prioritised programmes for the chronically ill, women and children over other beneficiaries.

WFP policy suggested a revision in its position regarding institutional feeding. In southern Africa, most food distributions took place outside formal hospitals or as take home rations to patients seeking routine ART or other medications. Some WFP-supported therapeutic feeding programmes for the severely malnourished included a large portion of HIV infected individuals. As mentioned above, the erratic provision of food commodities was unacceptable in such cases as medical care facilities had little or no other resources when WFP supplies were unavailable.

Prevention activities were sometimes included in WFP programmes, carried out by CPs, but not systematically, due to lack of funds and/or lack of skills and expertise on the part of CP staff. During food distributions to the caregivers of OVCs in Namibia, for example, the evaluation team noted CPs did not provide information to attendees. Periods spent waiting (up to several hours) to receive rations, might have been used by CP staff to inform beneficiaries and their household members of HIV prevention, health, hygiene and nutrition. They could have also used this time to gather information on risks and threats facing targeted populations. WFP policy states, "Cooperation with partners in education and prevention should be linked to all of WFP's programming categories" but this is not always the case.

As recommended in 2003, the PRRO has incorporated HIV and AIDS concerns, and in some areas, attempted to address food insecurity driven by the epidemic. Food for work, food for training, supplementary feeding for pregnant and lactating mothers affected and infected by HIV and AIDS, and food for education for OVCs are all examples of this.



Most of WFP's PRRO activities targeting chronically ill people, including Home-based Care, support to pregnant and lactating mothers, and programmes for people under treatment for TB, were either in the pilot phase or had not yet gone to scale. In some countries (Zambia, Malawi, Swaziland), nutrition guidelines for chronically ill people had been developed, and were being promoted through CPs. Yet, due to insufficient technical staff in the relatively recent programming area of HIV and AIDS, WFP and its CPs often provide food assistance without adequate technical expertise and guidance to address nutritional concerns.

WFP's collaboration with local and international partners, NGOs, governments and the UN agencies to incorporate food and nutrition into HIV activities when and where appropriate is mixed, and largely dependent on the technical capacity of available staff members. Without sufficient high-level technically skilled staff, some WFP COs are ill-placed to seek and establish fruitful partnerships. Relations between WFP and the staff of UNAIDS were adequate in all countries visited, but markedly stronger in small countries with fewer layers of hierarchy (Swaziland, Lesotho and Namibia).

The number of specialists in HIV and AIDS amongst WFP staff in the region was limited, and many of the HIV and AIDS focal points in the COs were at low levels (UN Volunteer, Junior Programme Officer, General Services staff), in contrast to sister UN agencies where expertise in relevant areas was at a considerably higher level. WFP managers reported that they expected other agencies to provide technical guidance for policy development. Since WFP is one of the few organisations providing food, and other agencies are largely involved in health and medical programmes with no food or nutrition components, there is a dearth of specialists in HIV and nutrition available in the region generally, and in WFP specifically. This fact limits the organisations' capacity to participate in high-level policy discussions at national and/or regional level. Consequently, when it comes to programming and defending budgets for adequate resources for food and nutrition in multisectoral HIV and AIDS programming, food and nutrition are often not considered priorities, taking a back seat to issues considered more urgent by other agencies. One of the reasons for the relatively low priority given to food and nutrition in HIV programming amongst the HIV and AIDS partners is the lack of high-level technical staff at the country level that are capable of bringing adequate attention to the issue, at what tend to be medically-focused discussions and strategy-building sessions.

Most HIV-programming tools - needs assessments, vulnerability analyses, the design of rations, etc. were similar to those for activities targeting other vulnerable and food insecure people. Through the PRRO, however, WFP has increased its involvement in operational research through partnerships with academic and specialist institutions, as described in the June 2006 Executive Board Update. WFP needs to disseminate the findings from such research into action as soon as possible, and to continue to facilitate and encourage intra-regional sharing of best practices and lessons learned. WFP HQ, rather than the RB, more often plays this role, due to insufficient staff at regional level.

COs recognize that when HIV and AIDS threatens food security and influences mortality in ways similar to other disasters, the epidemic should be considered as a basis for a PRRO (consistent with WFP policy on PRROs). Donors, on the other hand, tend to recognise only the more traditional, acute causes of food insecurity such as droughts or floods related to weather patterns. Funding and commodity shortfalls are consequently experienced in the periods between crop failures, negatively affecting recovery and non-drought/flood related feeding programmes. In fact, food assistance needs for the chronically food insecure vary little from season to season.



The most recent EB document on HIV and AIDS, “Five Years Later – An Update on WFP’s response to HIV and AIDS” from 2006, recommends that even greater emphasis be put on “assisting governments to strengthen national HIV/AIDS responses and implement the Three Ones principles.” WFP is to “increase its advocacy with governments and donors, urging them to recognize the critical role of food and nutrition in treatment and care programmes in their strategic plans and to assign adequate resources to execute them.” In order to do so, WFP will need to increase its technical capacity, and institute or support operational research to strengthen the evidence basis for its promotion of food and nutrition in support of HIV and AIDS.

II.1.3 Coordination and Partnerships

Findings and Conclusions:

48. The PRRO promotes strong partnerships with national governments, other UN agencies and civil society, as well as national and international NGOs. The location of eight UN organizations in Johannesburg and their liaison through the Regional Inter-Agency Coordination and Support Office (RIACSO), which is currently chaired by WFP, has enhanced the development of joint strategies and the implemented of better-coordinated programmes. Until recently, RIACSO facilitated links with the Consortium for Southern Africa Food Security Emergency (C-SAFE) partners (World Vision, Catholic Relief Services, CARE, Save the Children and Oxfam). During 2005, collaboration was largely focused on food aid, rather than food security. While the WFP – C-Safe partnership resulted in region-wide coordination of VGD and TA, by the mid-point of the PRRO, WFP’s relationship with this United States Agency for International Development (USAID) – supported NGO alliance declined in 2006 as C-SAFE was in the process of being transformed into another entity.
49. Inter-agency National Vulnerability Assessment Committees (NVACs) have been in place since the late 1990s and operate in all PRRO countries, with support from the Southern African Development Community’s (SADC) Regional Vulnerability Assessment Committee (RVAC) of which WFP is an active member. The partnership cultivated amongst a broad range of stakeholders, including donors, has greatly enhanced the credibility of the VAC process, which works in tandem with the Southern Africa Humanitarian Information Management Network (SAHIMS), a web-based coordination unit for disaster response led by RIACSO. SAHIMS aims to improve and widen the knowledge base of humanitarian operations in the region through an information-rich web-site. As a result of the VAC system, food security data collection, analysis and dissemination and, to some extent, decision-making has considerably improved at regional and country levels.
50. The Regional Directors Team (RDT) and other partnerships with sister UN agencies at country-level are generally dynamic, although variations exist across the region. The role of the RDT in food security programming was stronger in the area of food security during the emergency period and transition to the recovery phase. At present, the cohesive, high level group focuses more on HIV and AIDS. The UN RIACSO, the Office for the Coordination of Humanitarian Affairs (OCHA), the UN Disaster Management Team, the SADC and UN Resident Coordinators in each country are responsible for coordinating the efforts of UN agencies, international and national NGOs and governments. UN or other agencies assume responsibility as lead agencies for various sectoral issues at regional level, with while various departments or key personnel within governments coordinate activities and information-sharing at national level.



51. According a statement made by James Morris, (former) Executive Director of WFP and UN Special Envoy to Southern Africa, following his end-2006 visit to the southern Africa Region, FAO, the International Fund for Agricultural Development (IFAD) and WFP, “have a central role in supporting governments to improve food security policies such as price controls and the use of strategic grain reserves, and to use a variety of social protection methods to rebuild peoples’ livelihoods and stimulate local markets.” He added that partnerships to promote food security were less advanced than those that addressed the HIV and AIDS pandemic and thus needed strengthening.
52. During the first two years of the PRRO, technical staff were seconded to WFP RB from partner NGOs, namely CARE ²⁰and Action Aid. COs greatly appreciated the technical support provided by secondees. The overall objective of secondments of technical staff to WFP-RB from NGOs is unclear, and as such, these technical experts may be underutilised. The practice should be assessed, and if deemed to be positive, expanded at regional and country-office levels.
53. At country level, WFP maintains partnerships with many UN agencies both to support the PRRO, and, more generally, to meet overall objectives of poverty alleviation. In Zambia, for example, WFP contributes to a joint UNICEF/FAO/WFP school nutrition programme promoting school gardens, and ultimately aimed at alleviating household food insecurity. WFP, FAO and Swaziland’s Ministry of Agriculture and Cooperatives work together to support school gardening activities, neighbourhood care points (NCPs) for orphans and other vulnerable children, and home-based care.
54. Through the umbrella of UNAIDS, WFP collaborates closely with WHO, UNFPA, FAO and UNICEF in most PRRO countries. In Malawi, for example, a joint food and nutrition security programme exists between WFP, FAO, UNICEF and WHO, who work together in the same catchment area. UNFPA, WFP, UNICEF and UNAIDS jointly train trainers of NGOs involved in food distribution and Ministry of Health staff on the prevention of sexual exploitation and abuse. At the onset of the PRRO, a joint UNICEF, WHO, UNAIDS, and FAO working group provided resources for the government’s roll-out of ART. Under the most recent UNDAF (2004), the UNAIDS theme group devised a comprehensive plan to support Malawi’s national strategic framework.
55. The most fruitful interagency partnerships appear to: a) be based upon written Memoranda of Understanding (MoU) with clearly outlined responsibilities and expectations; b) include joint planning as well as implementation, and c) evolve, as implementation of joint activities progresses. A two-year memorandum of understanding (MoU) between UNICEF and WFP in Malawi, outlining joint responsibilities and division of tasks, was established in 2005. The MoU has resulted in very good collaboration, according to the WFP Malawi CO. The UNICEF-WFP partnership initially addressed emergency feeding programmes, and later expanded to include SF and eventually HIV and AIDS programming.

²⁰ The CARE secondee is now a WFP staff member; the ActionAid staff member provides linkages with HIV and AIDS technical and coordination activities.



56. Inter-agency coordination mechanisms vary considerably from country to country. Coordination amongst CPs was problematic in some countries, mainly due to inadequate communication amongst various actors, some NGOs' limited experience as CPs of WFP, and the operational difficulties that CPs faced due to the uncertain and short-term nature of WFP financial and technical support. The Joint Emergency Food Aid Programme (JEFAP) in Malawi, which promotes information and experience exchange, and encourages joint planning, programming, monitoring and assessment, presents a positive model for other countries in the region. Some COs, such as Swaziland, planned visits of CPs to Malawi in order to learn from their positive JEFAP experience.

Recommendations:

WFP should:

- Promote improved partnerships with IFAD, FAO and other appropriate agencies, in order to address food security issues holistically, in the same way that agencies have come together on the HIV and AIDS issue.
- Identify best practices, in terms of inter-agency collaboration (for example, JEFAP), through coordination groups and/or technical working groups, and NGO secondments of technical assistance to the organisation; document these for sharing throughout the region and globally; and expand upon experiences as needed.

II.1.4 Sustainability and Exit Strategies

Findings and Conclusions:

57. The regional PRRO has been the main programming mechanism for WFP's HIV, TB, OVC and other activities for people affected by AIDS and infected with HIV. Most such activities are highly dependent on continued funding and food support from WFP, creating an issue of concern as food security improves in southern Africa, and resources dwindle. In Namibia, however, WFP's support to OVCs has a clear exit strategy of evolving from external food assistance to government sponsored social protection after WFP withdraws assistance. Ironically, the programme nearly closed in late 2006, a year before its completion, due to inadequate WFP resources. Because of a limited donor response, a failure on WFP's part to persuade donors of the merits of its approach in Namibia, and an internal prioritisation of limited un-earmarked resources to other COs in the region, there was a high risk that the modest needs of approximately 110,000 destitute children would go unmet in 2007. The situation presents a quandary for WFP.
58. In most PRRO countries, a mid-term phase out programmes has not yet begun, largely because many of the targeted activities are still in the pilot or early expansion phases. In light of the burgeoning HIV crisis and expanding need for support to ever-increasing numbers of chronically ill and OVCs, WFP does not foresee exiting from any of the PRRO countries in the near future.
59. The short-term funding mechanisms inherent in the PRRO approach present constraints to the implementation of appropriate longer-term food and nutrition interventions. WFP may need to develop its capacity to address longer term social protection needs emerging in southern Africa. If adapting the PRRO to longer-term chronic 'emergency' needs created by the HIV and AIDS continues to be unfeasible, the evaluation strongly suggest that WFP should consider developing a new, region-specific programming mechanism and was pleased to learn that a programme is currently being designed by the RB in collaboration with COs. A southern Africa-focused Social



Protection Programme (SPP) would necessarily include mechanisms for addressing the current issue of uncertain funding and encompass a strategy for longer-term resourcing.

60. There is no current evidence that any other mechanism, agency or facility has the capacity to assume a role in medium-term food and nutrition programming for HIV and AIDS in southern Africa. The WFP Namibia programme offers a model for meeting chronic food and nutrition emergencies related to the HIV epidemic. It has the potential to provide important regional lessons and guidance.



Recommendations:

WFP should:

- Consider developing a region-focused social protection strategy, based on plans currently being designed by ODJ in collaboration with COs, that could serve as the basis for piloting a new programming category known as the Southern Africa Social Protection Programme. (SA-SPP) The SA-SPP would initially be aimed at meeting the unprecedented food and nutrition needs of eligible beneficiaries in countries in the southern Africa region.
- Develop country-specific programmes, based on a region-focussed SPP strategy would allow a greater weight to the moral argument for a steady flow of resources to COs. The SPP would necessarily incorporate strong partnerships with government and NGOs, building their capacity in the area of social protection, and providing clear exit strategies, in which governments and/or other entities would eventually assume responsibility for the mid- and longer-term needs of highly vulnerable families and individuals. A SA SPP would provide a modest base of operations to meet the ongoing needs of the chronically food insecure, from which it could, when necessary, rapidly scale-up to meet any acute, emergency needs related to drought or floods.
- Consider expanding its Cooperating Partner (CP) system to a Country Cooperating Partner (CCP) for smaller countries, where resources are minimal but the need for a social protection programme is nonetheless evident. WFP would operate through an NGO, or a consortium of NGOs, without a Country Office structure, and under the management of the RB or a neighbouring CO.
- Ensure, through existing funding mechanisms, that priority is given to continuing planned programming for OVCs in Namibia, where WFP has established a potential model for SPP aimed at meeting chronic food and nutrition emergencies related to the HIV epidemic.
- Reflect upon and begin to identify options for exiting existing PRRO activities, and, as initiatives are developed throughout the region to support national social protection programmes, glean and apply lessons from Namibia.

Best Practice: WFP-Namibia's Social Protection Programme and Exit Strategy

Namibia is the seventh and last country to enter the PRRO, and did so under a budget revision to the PRRO in late 2005, made under the Executive Director's delegated authority. Accordingly, resources and modalities were sanctioned for including 111,000 OVCs from Namibia into regional PRRO 10310.0 from 1 January 2006 until 31 December 2007. An extension from January to March 2008 will take the intervention to the end of the Namibian financial year 2007/08. In addition to WFP's contribution, the Government of the Republic of Namibia (GRN) agreed to provide an estimated USD 800,334 for the provision of regional warehouses, warehouse labour and security, and 50 percent of transport costs beyond extended delivery points / regional warehouses (EDPs). The GRN also committed resources for adequate management staff to oversee the implementation of the intervention.

The WFP Namibia programme permitted the organisation to extend support to OVCs previously targeted under EMOP 10334.0 "Targeted Food assistance for Drought-Affected Orphans and Vulnerable Children in Namibia" implemented from 1 July 2004 to 31 August 2005. In December 2004, the GRN and WFP agreed to reopen a CO in Windhoek. The main objective of the programme was to strengthen support to OVCs struggling with chronic food insecurity and disintegrating family support mechanisms due to the HIV and AIDS pandemic.



In line with the GRN's vision 20/30, and linked directly with the Joint National Action Plan for OVCs, UNDAF and WFP's Strategic Priorities, the OVC programme was based on a study, carried out for WFP in November 2004, to review food-based OVC interventions in Namibia. In September 2005, a follow up study examined specific issues of programme design, targeting and potential delivery mechanisms. In October 2005, a group of stakeholders developed the conceptual framework and Log frame for the OVC intervention. This process, which established four entry points to deliver food assistance, offers a potential model for other countries both within and outside the region.

Developed with an exit strategy, food assistance for OVCs is to contribute towards the GRN's initiative to absorb all OVCs into the national social safety net system. The food package represents an income transfer to families hosting orphans, thus protecting livelihoods during acute food insecurity situations for OVCs. At the same time, it contributes to the nutritional wellbeing of malnourished children to age 18 years, including those affected by HIV and AIDS.

The solid exit strategy of the Namibia OVC programme was noteworthy. WFP developed a strong partnership with the Ministry of Gender Equality and Child Welfare (MGECW), which oversees implementation of the programme. Cooperating partners included the Namibian Red Cross and two church-based NGOs (Catholic Aids Action and the Evangelical Lutheran Church in Namibia – ELCIN), using community-based associations and volunteer networks to provide services to beneficiaries. As WFP identified beneficiaries are offered food support through CPs in the field, the GRN prepared to assume responsibility progressively for OVCs through expansion of the GRN safety net scheme in 2007/2008. The link between food assistance and social grants for OVCs is central to WFP's exit strategy and aims to facilitate the process of OVC integration into GRN safety nets. Accordingly, WFP's food assistance could provide much needed relief while helping to mitigate the HIV and AIDS pandemic and improving livelihoods for OVCs. To monitor programme outcomes the Community and Household Surveillance (CHS) was modified to monitor the specific context in Namibia and implemented in July 2006.



II.2 Funding, Procurement and Logistics

Background:

61. The PRRO planned to continue regional procurement of food commodities based on favourable crop projections for the 2004/5 growing season that indicated that most cereals and CSB would be available. At the same time, WFP proposed to advocate for in-kind contributions. As WFP was unable to purchase oil, dried skim milk and pulses economically within the region, all in-kind donations were to be sought or purchased outside the region. The PRRO estimated that 60 percent of pulses and 70 percent of oil would be provided in-kind, with the balance purchased internationally, or regionally. In-kind contributions budgeted under the PRRO represented 30 percent of the food requirement, reflecting the preference for local and regional purchases, particularly in Mozambique, Malawi and Zambia.
62. The PRRO was intended to benefit from the logistics operation that had been established to serve the previous regional EMOPs, using existing ports and extensive transport networks in southern Africa including the Maputo corridor, the railway line from Nacala to Malawi, and the rail connection through Beitbridge to Zambia. Arrangements for logistics contracts were outlined in the PRRO, using direct transport to extended delivery points (EDPs). The PRRO pointed out that regional landside transport, storage and handling (LTSH) rates were based on a weighted average of the rates in each country. It predicted that the planned 30/70 ratio between rail and road might change in favour of rail transport if railways became more reliable. Concerns were raised regarding the high costs of internal transport in Zambia and Mozambique. Overland transport of regional purchases was to be covered by the external transport budget, and with no predicted need for additional trucking.

Summary of Resources, Food Procurement and Logistics:

63. During the course of PRRO 10310.0, countries across the region implemented effective distribution programmes that reliably met the needs of large numbers of beneficiaries. The most important test of the regional operation, however, was in its response to the lean season demands of 2005/6. While the timing of all actions in the supply chain was the key to meeting planned distribution needs at the most reasonable cost, this aspect of the response to the peak demand in this period exposed important weaknesses in the supply chain.
64. Distribution during the lean season of 2005/6 in the region was generally delayed, and did not peak until the mid point of the lean season in January 2006. Donor funding was not available early enough and subsequent efforts to borrow funds were not entirely successful, with the consequence that maize procurement in the region was slow to start. Deliveries were then made later than planned, and as a result were in competition with other predictable demands on transport and took place during the rains. There were a number of important failures of financial and resources intelligence. Some in-kind donations were not available on time and the delays increased costs.
65. The above-mentioned weaknesses were experienced despite the advantage the Regional Bureau (RB) had of purchasing the most important commodity, maize, in the region and the existence of a high-cost infrastructure that had been built up in response to the emergencies of the previous years. The evaluation mission acknowledges that WFP is addressing these weaknesses; however, it is concerned that some corporate systems may not be flexible enough or sufficiently user-friendly to deploy quickly and operate in relief conditions.



66. The current three-year PRRO, initiated in January 2005, followed two successive EMOPs. The evaluation found the timing of the transition from the last EMOP to this PRRO over the 2004/5 lean season to be unfortunate, as this could have hampered an adequate response to relief needs. The importance of adequately timing interventions is an important lesson to carry forward to the transition that will take place in late 2007.
67. The original PRRO targeted an estimated 5.5 million beneficiaries and the total cost to WFP was USD404.5 million for the delivery of 656,573 MT of commodities. Since then there have been several budget revisions, some of them major. The original PRRO excluded Zimbabwe, as the Government of Zimbabwe (GoZim) did not request further food aid at the time of preparation of the programme document. An unallocated emergency window (UAW) of 100,000 tons of cereals, pulses and corn-soya blend (CSB) was included in the original PRRO document, however, as a contingency, in part to cover unplanned needs in Zimbabwe.
68. Namibia, earlier covered under its own stand-alone EMOP, was integrated into the PRRO in January 2006, with the PRRO now covering seven countries of the southern Africa region. The number of beneficiaries grew to a peak monthly average of 9.3 million in the 2005/6 lean season and confirmed contributions in December 2006 stood at 859,938 MT. The theoretical total required tonnage was 1,317,004 MT at the time of the evaluation. With 66 percent of resources confirmed and a further 23 percent forecast to be resourced in theory, the resource position looked healthy in October 2006. In reality, however, donor support may be falling off long before the completion of the PRRO. This situation could leave the entire region in a difficult situation, with insufficient funds to maintain staffing levels beyond the early months of 2007, and necessitating plans for cutbacks.
69. In 2005, the donor response to the PRRO requirements was initially slow until it became clear that the poor rains of 2004/5 would result in a drastic decline in food production in 2005. At that point, donor contributions surged and the PRRO received almost USD284 million in new contributions that year. The major part of these resources was pledged in the latter part of the year and the majority of in-kind donations made in 2005 were unable to reach the region in time for the lean season. WFP's response was to use the Immediate Response Account (IRA), the UN's Central Emergency Response Fund (CERF) and multilateral allocations to initiate food purchases of mainly maize in southern Africa, to build a pipeline during 2005, and to establish stocks at country level prior to the rains and the lean season at the end of the year. In a new initiative for WFP, the RB also used the Business Process Review (BPR), quadrupling available loans²¹ under the HQ-managed Working Capital Finance (WCF). The RB also borrowed smaller amounts from the Project Cash Account (PCA).
70. Despite this mix of loans and other measures, sufficient financial resources were not available to initiate procurement at the optimal time. Largely because of this resourcing shortfall, distributions at the end of 2005 were lower than planned and did not pick up to peak planned levels until January 2006, during the lean season. The delay in reaching targeted performance illustrates systemic

²¹ The Central Emergency Response Fund (CERF) USD3.6 million; The Immediate Response Account (IRA) USD6.3 million; the WCF USD34.5 million.

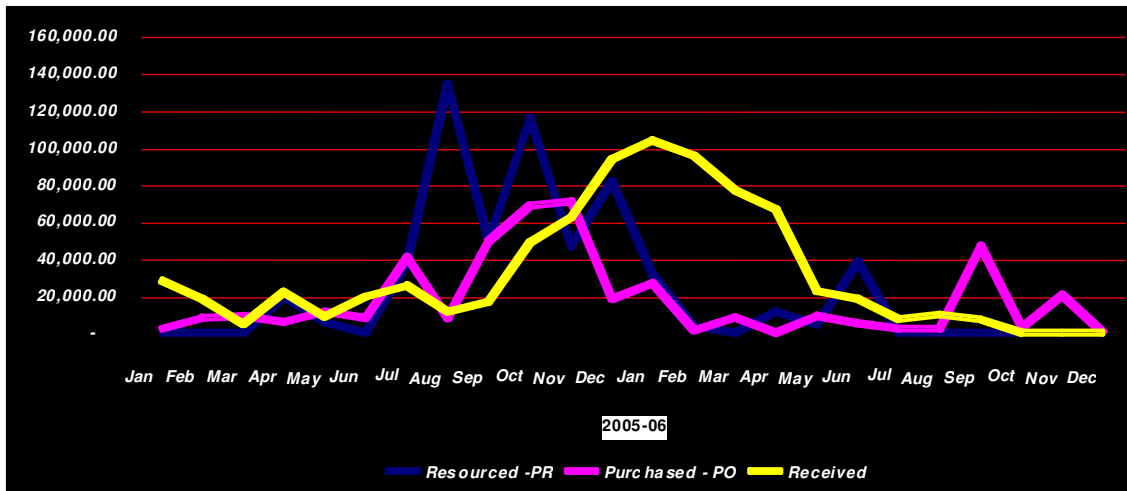
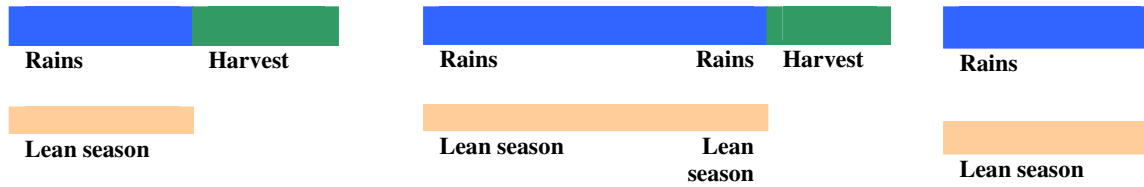


problems within WFP in dealing with an anticipated peak delivery period despite having an apparently reasonable lead-time to scale up operations.

71. To complicate financial issues, the RB borrowed from Landside Transport Storage and Handling (LTSH) under the PCA. Due to an unclear picture of the overall financial position of the regional PRRO, the RB in fact partly borrowed from funds that had already been committed. A complex mix of the above practice and over-expenditure on LTSH resulted in a major LTSH deficit in mid-2006, although serious attempts to resolve this problem were being made by the RB at the time of the mission's visit.
72. The pattern of rainfall, harvest and lean season is similar and predictable across the region and largely determines relief requirements and the optimum timing of regional procurement and logistics to meet them. Rains in southern Africa normally fall between November and March, while harvests come in during April and May, and the lean months are from December to March. The 2004 harvest was reasonable and food aid stocks and distribution were therefore limited during the 2004/5 lean season. A response to the poor rains at that time in 2004/5, however, should have set in motion a domino effect of funding, followed by procurement and delivery that ideally would have had procurement and transport contracts and stocks in position, and at the lowest market rates, prior to the rains and lean season of 2005/6. Delayed funding, despite the new BPR loans that were taken to finance procurement, but which took some weeks to process and were first available only in July, started the supply chain off slowly. In theory, funds should have been identified early in 2005, regional procurement should have started immediately, with prices at their lowest, in June and sufficient deliveries should have been made by October, well before November, when the rainy season started, with all of its logistical problems.
73. At the end of the domino effect, a delayed logistics operation ran into the usual problems of handling and delivery during the rains, competition from the annual round of fertiliser imports and the general slow down over the year-end holiday period. Delayed procurement also restricted the flexibility of logistics to deliver along the least expensive corridors, particularly shipping from Durban to Beira for inland transport to Zimbabwe and Malawi. There was little time, and a legal dispute, limiting the use of the slow and cumbersome railway systems and the inspection procedures that were in place for Zimbabwe, in response to the GMO issue, were ongoing constraints. Further adding to the problems of the RB was a tendency of finance, logistics and procurement units to work in isolation, which was then compounded by a serious case of fraud that emerged in the Regional Bureau at the same period. Despite the enormous efforts of all concerned, the 2005/6 lean season distributions did not pick up until January 2006 and the cost of both procurement and delivery had escalated.
74. The Supply Chain Chart below presents the timings of the peaks in resource availability, procurement and receipts in country to illustrate the domino effect of delayed resources. The chart illustrates graphically the less-than-ideal timing of these peaks, compared with the harvest, the rains and the lean season.



Figure 1: SA Regional PRRO Supply Chain Chart





Resources and Funding

75. At the onset of the PRRO, the majority of the commodities required for the programme, mainly whole maize and some maize meal, was to be purchased regionally, and the balance, principally of sorghum, maize meal, blended food, pulses and vegetable oil, to be provided as in-kind donations. As noted above, funds were made available for regional and local procurement, and loans were taken against future donations. A limiting factor to the justification for financial loans to initiate early procurement, however, was that the financing of the transport and in-country management of the bulk of the in-kind donations was on a shipment-by-shipment basis, and thus was not sufficiently flexible.

Recommendation:

WFP should reinforce the responsiveness and robustness of the system of financial loans intended to speed up resources in the supply chain.

76. Discussions with major donors in the region indicate that they will support relief interventions, but are less willing to fund WFP's recovery activities and many are not convinced that WFP has a cost-effective role in HIV programming. There seemed to be some flexibility regarding the definition of relief that could be expanded to include critical social protection, although the NGOs were seen as more appropriate partners in this arena.
77. The major donors seemed unwilling to continue with wholehearted support of the PRRO should the current rains prove satisfactory, although they made it clear that WFP should be ready for any eventuality, particularly in Zimbabwe.
78. Some donors perceive WFP to be a more expensive agent to deliver food aid compared with NGO or government mechanisms; for example, the fertiliser and seed distribution mechanism supported by DFID in Malawi. WFP's current total average delivered cost for the region, including overheads, is USD511 per MT. The figure in Zimbabwe is over USD600 per MT, a critical figure as donors there are comparing costs between WFP and C-SAFE, a consortium of US-based NGOs involved in food aid distributions, in a current study of food aid in Zimbabwe. Initial figures, however, indicate that NGO costs may not be lower than those of WFP.

Food Procurement

79. Partly in response to restrictions on the importation of genetically modified (GM) maize, southern Africa continues to be one of WFP's largest procurement hubs, where it purchased a total of 486,882 MT, of which over three-quarters was whole maize, for the PRRO by the end of 2006.²² Prior to the PRRO, WFP had already switched from imports to local purchases in the face of the GM issue, partly overcoming constraints to GM maize acceptability through a milling programme, and expanded its local and regional purchases of maize meal and blended foods.
80. The RB continued to buy only from regionally-based suppliers. Maize was sourced almost entirely in southern Africa, a region that enjoyed a bumper crop in 2005. China and Brazil were the only international sources of non-GM maize purchased outside the region, in smaller quantities than previous years. Non-GM maize could only be purchased in some areas of South Africa. In other

²² Of this, 335,418 MT of all commodities valued at USD68.2 million were purchased in 2005 and 130,185 MT valued at USD32.4 million in 2006. Source: WFP global database.



countries in the region, commodity purchases in 2005 were more limited than in 2006. Restrictions on the importation of GM food applied to all countries in the PRRO except for Lesotho or Swaziland. Generally WFP purchased South African Grade 1 or Grade 2 yellow or white maize, with very little difference between the yellow and white prices. Non-GM maize, however, was generally USD3 to USD8 more expensive per MT than GM.

81. Whole maize was the primary commodity procured by the RB with blended food and maize meal as second and third, respectively, representing around eight percent of all procurement. Acceptance on the part of beneficiary countries that maize meal did not bring GM risks increased the in-kind donation of maize meal. All maize meal and CSB was fortified with the latter recognised as a particularly appropriate food for beneficiaries suffering from HIV. Some pulses and vegetable oil were also purchased regionally.
82. The RB did not ask for international tenders, as it deliberately purchased commodities in small lots. This was a matter of policy, aimed at preventing any influence on the market, and because international deliveries would take too long to deliver. The practice clearly had cost implications but the RB was able to make early deliveries, backed by performance bonds.
83. The WFP Regional Procurement Office (RPO) in Johannesburg took very effective advantage of a well-developed maize marketing system in southern Africa, purchasing from pre-qualified suppliers through a competitive, email-based, tendering process. Competitive tendering was a reasonable guarantee that the best prices, at the time, were obtained and that the purchase was carried out in a transparent manner. The location of the purchase and the efficacy of the points of delivery for contracts were coordinated with regional logistics. Donor or recipient countries' conditions and restrictions on origin, destination, quality, packing and marking often limited the flexibility of a purchase, and complicated the BPR loan arrangements. Purchases made in the region, but outside of South Africa, were all made by the RPO. The RB's purchases were relatively small at 2.5 percent of South African grain production in 2005²³ and would have had, therefore, little influence on prices. In Malawi grain purchases were 0.9 percent, and in Mozambique 0.5 percent of local grain production.

General Logistics

84. The movement of maize dominates logistics operations in southern Africa as maize purchased in the region constitutes more than half of all the commodities in the PRRO. Most maize has been bought from the northern and north-western provinces of South Africa, with over fifty percent of the maize destined for Zimbabwe. The core of the regional logistics operation is the contracting of commercial road transport from silos in South Africa, and to a lesser extent, from ports and other local purchase suppliers for delivery into receiving countries. Purchases can be arranged for delivery by the supplier into recipient countries, or for transport by WFP road contractor. Port operations are outsourced to Ship's Agents, Superintendents and Clearing and Forwarding Agents supervised by WFP offices. Private companies perform quantity and quality control and WFP tracks all commodities through its own system.
85. At country level, logistics is also dominated by the contracting of road transport up to the point of handover to NGOs, who are responsible for final distribution and the contracting and management

²³ Ibid.



of warehousing. Some NGOs also handle secondary transport and warehousing. There is limited direct management of trucking by WFP, and rail transport has not been as significant as anticipated. International shipments of in-kind donations enter through the four main regional ports of Durban, Maputo, Beira and Dar-es-Salaam. Overland transport from Beira, the most important entry port, and Maputo were arranged by the RB until October 2005, when it was handed over to Mozambique logistics, while WFP-Dar es Salaam handled the relatively small quantities on that corridor. Air cargo transport is unnecessary in a region served by a network of excellent main roads.

86. During the first EMOP outsourcing and subcontracting were seen as being very effective in taking the pressure off WFP staff and allowing them to concentrate on supervision. The experience has soured somewhat over time, however. Rail outsourcing proved to be problematic. In contrast, one clearing and forwarding (C&F) company operating out of Durban has kept the long-term contract to clear and forward cargoes below 2,000 MT, and has been successful in most cases of tendering for the larger cargoes.
87. Logistics officers argue that they should be as hands-on as possible in order to control the movement of stocks and they believe that subcontracting entails higher prices and lack of control. Balanced against this is the reality that some operations have been put under enormous strain during peak demands for delivery and WFP COs do not have the flexibility in personnel and funding of contractors and agents. C&F agents were agreeable to leave transport contracting for the bigger cargoes to WFP considering the risks involved in currency fluctuations, transport prices and general cross-border difficulties.
88. Closely related to outsourcing, the issue of Delivery Duty Unpaid (DDU) procurement contracts for maize, in which the supplier delivers to the recipient country from its silos, has generated some debate with around 20 percent of deliveries during the PRRO made on this basis. The alternative is Free Carriage (FCA) at delivery, in which the cargo is transported by WFP from the supplier's silo or warehouse. It is generally thought that DDU is an appropriate mechanism in circumstances where needs can be anticipated well in advance and deliveries are not required urgently. In these circumstances DDU was probably less expensive than FCA and certainly required less WFP staff-work. Under DDU delivery terms the supplier sourced his commodity wherever it was convenient to him, which did sometimes complicate delivery timings, and although DDU contracts were carefully detailed as to delivery points and timing they probably did not contain sufficiently rigorous penalties in the event of under- performance.
89. For urgent deliveries, FCA was felt to be a more appropriate mechanism. For example, it allowed logistics officers to control the cargo and speed up deliveries where necessary, although there is no gap between procurement and starting delivery in DDU arrangements as there is in FCA. Many suppliers prefer FCA because they can claim payment immediately after they have loaded the cargo and do not have to wait while the difficulties of cross-border transport are overcome. Small suppliers may not be able to raise sufficient funds to enter into DDU deliveries and all suppliers would have to increase their prices to take cross-border difficulties into account, and to be able to agree to WFP's performance bonds.

Road Transport and LTSH

90. Prior to the PRRO, the RB had a single regional average LTSH rate that applied to all countries and all origins of cargoes. In order to reflect the significant differences in costs involved following international shipment, regional procurement and local procurement was changed to a three-tier



LTSH in December 2004. The new system established the same three rates for all countries, depending on the origin of the cargo. Following donor pressure in Malawi to recognise their specific country circumstances, the system changed to a calculation of three levels of LTSH for each of the seven countries of the region. This multi-tier LTSH of twenty-one rates came into effect in August 2005.²⁴

91. Three-tier and multi-tier LTSH rates were partly donor-driven in response to the funding of regional purchases in South Africa and to releases from the SGR in Malawi. An average LTSH appeared to be weighted in favour of in-kind donations, which inevitably incurred higher overland costs through Durban and Beira. At the same time that the RB introduced the multi-tier rate it also lowered Zimbabwe's LTSH rates.²⁵
92. During the period of August/September 2005, at the same time that Zimbabwe's LTSH rates were lowered, plans were made for dramatic increases in distribution during the 2005/6 lean season. Regional plans for distribution went from 20,000 MT to 70,000 MT per month, in the space of two months. This was accompanied, unfortunately by a major increase in transport rates, created by a number of factors including a weakening of the Zimbabwe long-haul road transport industry, the fluctuating exchange rate between the rand and the dollar, increased fuel prices and competition with the other, predictable annual demands. Attempts to increase the off-take from Nacala had been ineffective. The result was that contractors, unprecedented in South Africa, were demanding rate increases before contracts were half completed. Faced with urgent demands for delivery WFP had no choice but to agree to overland cost increases. WFP's options were limited particularly because the main alternative of shipping from Durban to Beira was not possible, as many procurement contracts had already been concluded from up-country silos in South Africa.
93. To the problem of a steep increase in delivery targets and escalation of road transport costs was added the fact that deliveries in general (and particularly to Zimbabwe) were falling seriously behind. WFP's response to the urgent demands of Zimbabwe, and also to a lesser degree, Malawi, was to contract dedicated road transporters to operate from South African silos, Durban and Beira whose trucks only worked for WFP and who returned empty to cut down the turn-around time. This was, however, at a contract price from South Africa of an average USD125/MT, responding to rising transport rates and stiff competition for capacity, and much in excess of the recently re-budgeted overland rate of USD47 per MT. It also reflected WFP's desire to keep rates down and an unfulfilled hope that more use would be made of rail transport.
94. These new rates attracted transporters to WFP, but also had the effect of pushing up prices on long-haul transport from South Africa and were thus disadvantageous to small general commercial importers. Two dedicated maize transport contracts were concluded from South Africa for a total of 82,000 MT, creating a deficit in excess of US\$6 million against the budgeted LTSH. Transport rates from Beira moved only modestly upwards in comparison. The decision to hire the dedicated fleets was taken at management committee level in the RB in an operationally appropriate response

²⁴ The single rate was USD151 per ton. The three tier rates, brought into effect in May 2005, were USD178 for international shipments, USD157 for regional purchases and USD106 for local purchases. (For comparison purposes the weighted average of the multi-tier rate, calculated in August 2005, was USD185 for international shipments, USD167 for regional purchases and USD88 for local purchases).

²⁵ Zimbabwe's three-tier rate for regional purchases of USD183 per ton was lowered to the multi-tier rate of USD155 per ton.



to the enormous pressure from COs for delivery. The delays in the supply chain had left the RB with no choice.

95. In parallel with these developments, the COs responded to logistics demands for internal transport, warehousing and FLAs at the current market rates. They were not, however, entering the cost of these contracts in the system until they were invoiced, or even not then, as they first required RB authorisation. The complex funding issue seriously distorted the overall picture of available funds and the RB, presented with inflated figures of the funding position, actually borrowed from the PCA in order to procure maize from non-existent funds. Some COs unrealistically assumed that they would obtain the fully- budgeted ITSH. Thus, in making financial decisions on the basis of estimates of future donations that then did not materialise, they further aggravated the overall financial problem. One CO was unable to obtain the current LTSH matrix, and as a consequence did not have a clear picture of its ITSH or the overland budget. A further significant distortion of the picture of available ITSH to a CO was that any over-expenditure on overland transport, which was not under their control or necessarily with their knowledge, automatically reduced CO availability of ITSH.

Recommendation:

WFP should devise a method for entering ITSH costs into the financial system as they are concluded, rather than waiting for RB authorisation, in order not to distort overall financial information

96. In theory, CDs should not have been able to move food in the absence of the RB's financial authority, and this action would have exposed the LTSH problem at a much earlier stage. It would have, however, most certainly led to unacceptable delays in the delivery of food at a critical time.
97. After the LTSH revision of August 2005 there was a very long stretch of time, during the peak delivery period when everyone was concentrating on moving cargo and had little time for anything else, until May 2006 when rates were once again revised. The net result was that neither at regional level in logistics or finance or at country level was it possible to see financial deficits building, until it became very obvious in mid-2006 when an analysis of the situation identified an overall USD17.6 million gap in LTSH funding.

Recommendations:

WFP should:

- Regularly review its LTSH rates, especially in high cost, volatile pricing situations. In theory this is undertaken every six months but a simpler real-time control mechanism could be designed.
- Given the almost total domination of relief in WFP's operations and considering the rather complex, cumbersome and user-unfriendly nature of its current automated systems, WFP should consider simplifying its processes and developing more flexible, easily-used systems that are appropriate to relief environments

98. In order to compare LTSH expenditure with budgeted expenditure it was necessary to see real-time LTSH expenditure easily and clearly. The automated systems in place across the region simply failed to provide this. Most staff, including those in finance has a limited knowledge of WINGS and most find it user-unfriendly. The overspending was due partly to a combination of a lack of clarity of what funds were available, at times misleading information for the inexperienced user, insufficient



training and a poor understanding of complex financial systems and a lack of staff to handle the workload.

Railways

99. The railway system across southern Africa has generally concentrated on more reliable and long-term clients than WFP, and simply no longer has sufficient rolling stock to meet demand. While the PRRO benefits from an established logistics operation, inherited from the predecessor EMOPs, improvements are foreseen, including a possible increased use of rail transport, where feasible. Whilst rail is cheaper than road it is considerably slower, and losses are higher and more difficult to apportion in cross-border movement. Bagged offloading and loading is slow, as the silos and the rail prefer to handle in bulk, except where there are several silos on the same rail line and control of cargo temporarily lost.
100. Throughout the region, rail wagons crossing frontiers inevitably become delayed, slowing turn-around time and creating a pattern of delivery that can start well, for example, in direct delivery from a ship, but that slows down seriously as wagons are not returned. In order to more effectively use the South African rail system, the RB contracted a commercial company with deep roots in the railway system to facilitate loading, wagon availability and other operationally vital aspects.
101. In principle, the arrangement was a sound one as it could take action at the station level and was relatively effective at getting wagons moving and pushing cargo. A payment dispute erupted in 2004, however, that seriously effected rail movement, making this arrangement ineffective.²⁶ At that time transferring to road was a reasonable alternative as road rates were competitive.
102. On WFP's major corridors, where road transport competition is high, road rates generally compare favourably with those of rail, taking into account the advantages of speed, flexibility and relative control of road transport. The exception to this was during the critical lean season period of 2005/6 when road rates escalated. Given the almost inevitable structural delays in funding and procurement, the fastest means of delivery was usually insisted on by the receiving country. Although slow, rail is utilised from Beira to Zimbabwe, and in a few years it may be possible to use rail into Malawi from Beira. The RB recently brought the Trans-Capriivi Corridor to Zambia from Walvis Bay back into use, which incorporates a rail element, and is considerably less expensive for ships calling at West African ports. Rail movement to Malawi and Zambia from Tanzania was not considered to be a viable alternative. Despite earlier Special Operation investments in the Nacala railway line to Malawi during the EMOP phase, it will not be a serious alternative to Beira for another seven or eight years, or until the major investment currently being planned is undertaken. WFP has considered contracting the railways without a C&F agent in order to reduce some costs. The C&F agents argue, however, that they are cost-effective as their pricing reflects the bulk handling discounts they obtain from the railways. Direct contracting would place high demands on logistics staff and raise issues of advance payments, minor facilitation fees and losses, all of which are more easily handled by C&F agents.

²⁶ This was created by WFP giving advance payments of around \$3m to the company against unprocessed invoices eventually leading to a dispute over what WFP claimed was a \$1.2m over-payment, the argument went to arbitration and the tribunal finished its proceedings, apparently to WFP's satisfaction, during the mission's visit in December.



Recommendation:

WFP should keep rail under constant review as improvements come into effect, following the reorganisation of rail management, for example, from Beira and in the long term the rehabilitation of rail links into the region from Beira.

Ports

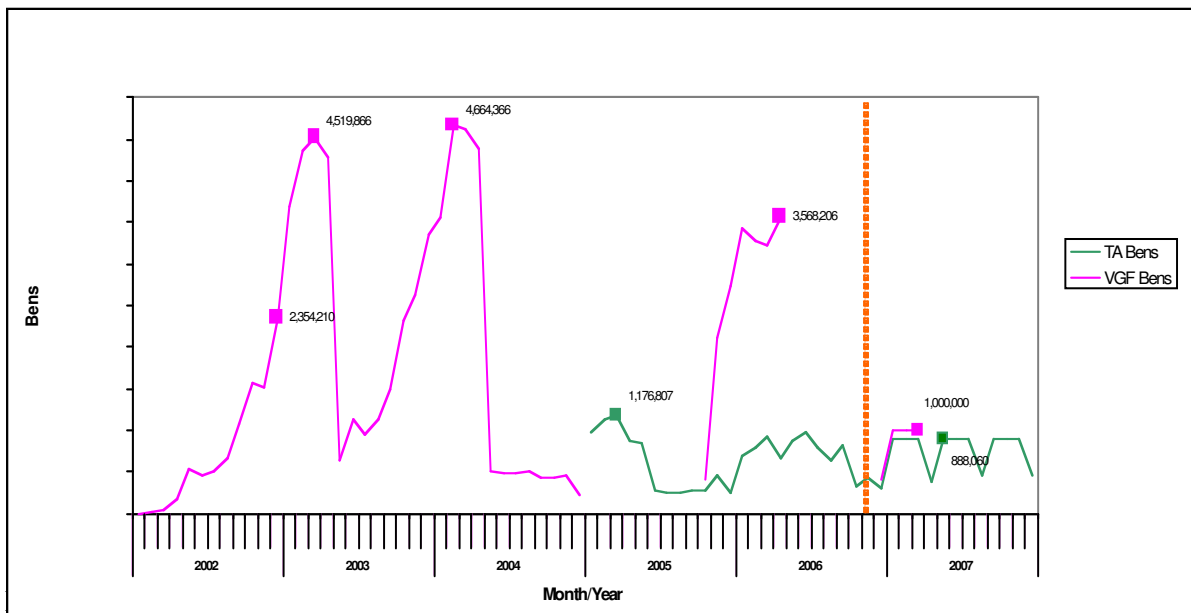
103. WFP has maintained a strong and well-informed presence in the two most important ports of Beira and Durban. Due to the regional purchase operation, however, only about one third of PRRO commodities came through the ports, with Durban handling roughly 50 percent of that handled by Beira. WFP expects the volumes through both ports to decline even further in the future, due to increased local purchases in Zambia and Malawi.
104. The evaluation team considers the early decision to not utilise the port of East London to be a sensible one, although it was a much underutilised South African port in contrast to Durban. Considering the greater distance involved in deliveries to Zimbabwe and Zambia and the reliance from East London on the railway network for delivery, the other ports were wiser options. The reintroduction of Walvis Bay as an entry port for Zambia in 2006 now also provides a competitive option to Beira for cargoes destined for Zambia, particularly for vessels calling at West African ports.
105. Durban is an efficient port with a wide range of facilities for both large-scale import and export in bags or bulk. It is generally perceived as more expensive than Beira, although the gap in cost has narrowed, particularly following Mozambique's recent decision to security-scan cargoes. Beira intends to scan all cargoes, rather than a sample, at a very high cost. Durban it is still at a disadvantage to Beira over distance and road rates to Zimbabwe and Zambia. The limitation on draft into Beira (which often means that larger vessels can only call at Durban or must call first at Durban) may be increased through dredging in the near future. The RB's inexpensive option to use Durban for the shipment of regional purchases to Beira for onward transport was limited by the demands of the receiving countries for very rapid deliveries. The regional burden of port operations, at Maputo and Nacala in addition to Beira, falls on Mozambique. Off-take from Nacala in particular continues to be a problem.

Peak Deliveries in Zimbabwe

106. In the lean periods of 2002/3 and 2003/4, the WFP-Zimbabwe CO scaled up its deliveries to well-over four million beneficiaries, only to fall back to less than a million for a few months during mid-year periods. The 2004 harvest was reasonable and the lean season of 2004/5 coincided with the transition from the EMOP to the PRRO. The transition took place during a period when the government was very late in recognising the need for assistance, but despite the harvest, the CO distributed some stocks and relief needs did not escalate. The figure below shows the numbers of beneficiaries in Zimbabwe since 2002, illustrating the peak distributions to vulnerable group feeding (VGF) beneficiaries, in contrast with the low plateaus to targeted assistance (TA) beneficiaries that the CO has to deal with
107. Monthly distributions have been as high as 30,000 MT and as low as 2,000 MT. The CO has benefited from only modest donor support for its targeted programme, which appears to be weakening at present.



108. Zimbabwe is expected to maintain an infrastructure that is strong enough to react to any future emergency peaks. In Zimbabwe's current circumstances, a widespread distribution programme to the most vulnerable population may be required in the 2006/7 lean season that will be limited by the current resource situation. The adequacy of the rains starting in December 2006 will largely determine beneficiary needs for relief activities in 2007/8. It was already clear at the close of the mission that in a situation of fading donor support, the CO would be obliged to reduce its infrastructure and staffing. In the event of poor rains in the coming months, however, the cycle would possibly start all over again. Such challenges are met in a volatile environment. Information on the government's food import programme is lacking and a parallel market enormously distorts costs.
109. Apart from the difficulty of scaling up and down to respond to lean season demand, the central logistics issues in Zimbabwe have been the availability of fuel for transport and fluctuating exchange rates and prices in hyper-inflationary circumstances where real costs are based on a parallel market rate. The recent move to USD payments has stabilised transport rates but the availability of trucks in Zimbabwe is now steadily decreasing due to the generally difficult economic situation. WFP may soon be obliged to provide a fuel contingency for its transporters. Earlier long bureaucratic delays in obtaining import permits and inspection, often of several weeks, have been somewhat eased. Currently, the CO provides the external currency required for government officers to undertake grain inspection visits to silos and ports. Funds are also provided for an innovative system for other commodities of advance delivery of a significant portion of any cargo to the Trans-shipment Point (TSP), where it is then sampled before the balance is called forward.



110. The logistics operation in Zimbabwe, taking advantage of the developed infrastructure, is a well functioning mixture of outsourcing to commercial contractors, managing primary transport and TSPs themselves and agreement with CPs for secondary transport, warehousing and distribution. So



far, the formula has been able to adjust to the fluctuations of deliveries, but will be under a different type of strain if resources become too volatile. Field Level Agreements (FLAs) with CPs will be particularly difficult to manage in a situation where it is difficult to forecast tonnages and where even those forecast do not materialise. The RB arranges Overland Transport and regional purchases with a well-practiced delivery by road and rail from silos in South Africa and the ports of Durban and Beira. Despite this, its proximity to maize supplies in South Africa, and a 50,000 MT carry-over into 2006, full-scale distributions in Zimbabwe during the 2005/6 lean season did not pick up until January 2006.

111. WFP finished its peak season delivery to vulnerable groups in April 2006, reducing operations to meeting the needs of 900,000 people in its planned targeted activities. Current resource constraints have already obliged WFP to cut this figure back to around 330,000 beneficiaries and, at the time of the evaluation, 2007 resources were still unclear.

Logistics Costs and Management in Mozambique

112. The working environment in general and the logistics infrastructure in Mozambique are less developed than its neighbours in the regional PRRO, and its internal distances are much longer, adding inevitable difficulties and delays. Internal distribution is largely managed directly by the CO, utilising 37 CPs. The partners deliver directly to a myriad of small FDPs, entailing an extraordinarily time-consuming workload in manually checking waybills and in the administration of the FLAs.
113. In October 2005, implementing a long-held objective and partly in order to take some pressure off regional logistics, which was struggling with deliveries to Zimbabwe, Maputo was formally delegated the responsibility for contracting overland transport from its ports. The decision added responsibilities for contracting C&F Agents, warehouse services, payments to contractors and operational reporting and coordination with the receiving COs. The supply chain in the region was already late in responding to the peak season. In a similar pattern to that of the rest of the region, the urgency of the demands on the CO from receiving countries to move cargo forward increased. Given the excessive workload and in the absence of any reappraisal of the design of the internal operations, there was an imbalance between the huge amounts of LTSH funds passing through the CO and the logistics staff available to manage them. Beira is the most important port in the region, handling twice as much cargo as Durban. The WFP office staff in Beira is strong and experienced, yet the CO could not obtain additional international or experienced, trained national staff for the extra logistics workload, despite its pleas.
114. In April 2006 Mozambique had already discontinued the outsourcing of the Norwegian trucks due to multiple management and safety issues. The CO incurred a cost overrun of USD2 million, and was obliged to take on additional storage for around another USD1million. It also took on an accounting cost in unshared port costs, etc. for yet another USD1 million. Together with some telecommunications equipment, unbudgeted Value Added Tax (VAT) payments, extra local staff salaries and vehicles, the LTSH expenditure eventually outstripped the budget by over USD4.16 million. Mozambique logistics was never able to find out what its LTSH budget was and had difficulty, along with the rest of the region, in easily and accurately accessing information in WINGS.



Recommendation:

WFP should consider 1) consolidating and outsourcing warehousing and 2) consolidating CP activities under umbrella NGOs in Mozambique, in order to relieve the considerable pressure currently experienced by an over-burdened Logistics Unit.

115. Given the pressure on the CO and the shortage of experienced staff in Maputo, together with the confusion surrounding LTSH, it was not surprising that this gap developed. However, following the delegation of authority to manage overland transport from Beira, in contrast to escalating road rates from South Africa, road transport rate increases from Beira were modest. It had been impossible to estimate an exact LTSH rate in advance, with the almost inevitable result of over-expenditure that was not offset by a RB review of the rate until May 2006.

Logistics in Malawi

116. Malawi has the important advantage of a Strategic Grain Reserve (SGR), from which WFP withdrew 38,000 MT of maize in 2005 and a further 10,000 MT in 2006. The maize was donated by the Government of Malawi and twinned with cash donations from WFP to provide ITSH. Overall supplies of maize were also increased through the Option Contract mechanism. Despite such measures, Malawi suffered pipeline breaks in November 2005 and in February 2006. In theory, WFP could have borrowed from the SGR against a guarantee of replenishment. In practice, however, it did not have the donor commitments to do so.
117. The high likelihood of WFP-Malawi receiving incoming donations was not sufficient as a guarantee for the office to borrow funds. Dependence on Beira left WFP-Malawi vulnerable to competing demands from Zimbabwe, both from Beira and from South Africa. During peak times, transporters preferred to deliver to Zimbabwe, where there are less borders to cross and faster turn-around times. At critical times waivers were negotiated at government level on the limitation on road transport created by the Third Country Rule, which limits the use of trucks depending on their registration. This remains, however, a limiting factor in off-take from Beira.
118. Deliveries into Malawi are made to three major EDP warehouse locations, where WFP directly manages virtually all final transport to around 1,500 FDPs. Whilst Malawi's principal road network is good, and the country is well served with long haul transport, secondary roads become very difficult in the rains. Distances are very short on the secondary roads, in comparison with neighbouring countries, yet there are limited numbers of commercial truckers offering short haul capacity. In these circumstances Malawi has made longer and more effective use of the Norwegian Red Cross (NRC) trucks than other COs and has used an innovative system of transport brokers for the short-haul business.
119. WFP Malawi contracts service providers for loading and offloading and for fumigation at EDPs and directly hires management staff, tally clerks and other staff. It also hires the EDP warehouses from government agencies. Commodity Tracking Data (CTD) is consolidated at Lilongwe. Waybills can be delivered directly to WFP offices in Lilongwe and Blantyre, which have CTD capability, and the third EDP scans and sends its waybills for manual entry at Lilongwe.



120. WFP-Malawi has instituted a system of a “6th waybill”²⁷ as a security measure, which is returned by the recipient independently of the transporter, who returns with the original to justify his invoice. WFP has three confirmations of delivery, all of which are cross checked before payment is made – the original invoice that comes back with the transporter, the sixth copy and the report from the CP on receipts and distribution. The return of the 6th waybill works in cases where the CP has to invoice WFP but is less effective where distribution is through the government, such as in schools for example, where no reimbursement is claimed.
121. During the 2005/6 lean season, the donor-supported Malawi National Logistics Unit, normally engaged in a government-sponsored fertiliser and seed distribution programme, was contracted to distribute maize and pulses in areas not covered by WFP. Largely a donor initiative, the government’s food distribution programme was partly intended to settle the argument over costs (referred to in the earlier section on LTSH). The government operation was completed at USD70 per MT, the same rate as WFP’s local multi-tier rate which had been in effect since the previous May. This rate was far lower than the single regional average rate of the previous year, when the project was probably conceived. The National Logistics Unit did not have a field monitoring system, however, and its delivery cost did not include storage costs in government warehouses, or the redistribution costs from Lilongwe required for the Option Contract deliveries. On the other hand, the Logistics Unit had the benefit of an already well-established beneficiary database and an enviable system of vouchers to target distribution, issuing well over two million vouchers through NGOs in the course of the operation.
122. Drawing its stocks from the SGR and distributing through largely the same NGO partners as WFP, the Logistics Unit distributed over 125,000 MT in the same period that WFP distributed 111,000 MT. WFP had agreed to concentrate on those areas that had to be reached quickly, zones in the south and the more difficult areas to reach, while the National Logistics Unit targeted the remaining vulnerable zones. Eventually, WFP assisted the Unit to complete its food distributions.

Field Level Agreements

123. Although there is a standard template for the construction of FLA costs, there is no standard regional approach to the utilisation of CPs, with whom the agreements are made. There are 92 FLAs in Mozambique, but only nine in Malawi. Some COs use small NGOs to manage distributions; others consolidate them into groups. A few offices use NGOs both as distributors and secondary transporters and EDP managers. The logistics and administrative workload thus varies significantly from country to country.
124. Whilst FLAs are valuable tools they are difficult to administer in their present form, particularly because: 1) COs are under the impression that the guidelines published with the FLA are merely guiding principles whereas the major NGOs, whose HQs were involved in the original FLA negotiations with Rome, see the provisions in the guidelines, specifically the management fee and advance payments, as their entitlements; 2) COs question why WFP is apparently paying some HQ costs for large international NGOs; 3) Misunderstandings exist at country level as to how to cost FLAs, as it is not clear what portion of the FLA cost should be attributed to LTSH and what portion

²⁷ The WFP waybill is normally in an original and four copies. The original goes with the transporter, who returns it to justify his invoice; the first copy remains with the recipient; the second is for the CTS; the third remains with the despatching warehouse and the fourth is the waybill book copy. Malawi prints an extra recipient copy.



to Other Direct Operating Costs (ODOC), and whether or not a portion should be considered a Direct Support Cost (DSC).

125. FLAs are based on a "per ton" rate that is inclusive of NGO fixed costs. The formula provides for inevitable problems of application when tonnages drop to levels where CPs cannot meet their fixed costs. Although there is a provision in the FLA for payment of fixed costs for up to two months of zero tonnage this arrangement puts CPs at serious financial risk if they attempt to compensate by overstating their management costs. NGOs complain that this, together with COs overestimating the likely tonnage, currency fluctuations and slow payments (although the FLA says that WFP will pay within 21 days, it does not impose a penalty) has led to their losing money on FLAs.
126. In a situation of declining resources (and thus declining tonnages), it is particularly difficult for the CO to make financial commitments to FLAs and for CPs to take the risk that the tonnages they have estimated, and will depend upon for their operations, do not materialise.
127. In a high tonnage operation, limits on any funding advance that can be made, and which must be cleared before any further advances can be made, weakens CP response capacity.
128. Partly to avoid the risk of currency fluctuation, the WFP Zimbabwe CO has agreed to pay CPs in foreign exchange. Receiving foreign exchange is not feasible, however, for small NGOs that do not have a foreign exchange facility. In Zimbabwe, the parallel rate at which expenses are incurred is many times the official rate of exchange.
129. Despite the fact that FLA payments are subject to WFP's receipt of monthly CPDRs (Cooperating Partner Distribution Reports), some partners do not submit their reports on time.

Recommendation:

WFP HQ should issue unambiguous FLA guidelines to both the CPs and the COs.

Commodity Tracking and Final Delivery in Zimbabwe/CP Delivery Reports

130. COMPAS (WFP's Commodity Tracking System) reliably provided essential commodity tracking in Zimbabwe and throughout the region. As it was difficult to avoid delayed data entry at any particular time, however, considerable tonnages could not be shown as having been distributed. Zimbabwe abandoned attempts to enter COMPAS data at FDP level as it was impractical to staff 32 FDPs that were operated by CPs and were unable to effectively enter and transmit the data. COMPAS data are instead entered at the four Transshipment Points (TSPs) composed of warehouses that receive the overland cargo from South Africa and Mozambique. TSPs are rented storage operated by private concerns under contract to WFP but which are managed by WFP staff, including a COMPAS data entry clerk. From the TSPs, Zimbabwe CO logistics staff arranges delivery to all EDPs and receipt is entered into COMPAS upon return of the waybill. As the transporter works directly for the CO, and wants to be paid as soon as possible, this information is available relatively rapidly.
131. The EDPs are managed by CPs, who arrange transport to final distributions. The CPs confirm despatches from the EDP to FDPs in their monthly CPDR. This is on a spreadsheet, which is both



evidence of transport from the EDP to FDP and final distribution. Larger CPs – such as CARE in Zimbabwe, which has four EDPs - consolidate their information first. The CPDR is the substantiating document for FLA reimbursement and thus in principle should be available rapidly upon completion of an operation. Due to the time taken to complete the FLA invoice and other inherent weaknesses in the FLA system, CPDRs are rarely submitted in a timely manner. Individual SIs can only be fully tracked to final distribution following the receipt of the CPDR. Final entry into COMPAS and the availability of this information to managers is therefore often delayed.

132. In general, evidence of delivery to the FDP is the double signature on the waybill of the CP field officer and a community representative, which is returned to WFP by the transporter. Awareness on the part of beneficiary communities of their entitlements is an additional check on proper delivery. Malawi has added a further check by printing a “6th waybill”, which is returned to WFP independently of the transporter. Waybill evidence of delivery is also crosschecked against CPDR reports. This system, whilst being practical and sound in theory, is also open to abuse.

Recommendation:

WFP should continue to investigate and eventually implement more secure methods of confirmation of final delivery. The thumbprint-reading “Smart Card”, readable by a portable machine with similar characteristics to a credit or electronic identity card, that is currently being trialled for cash distribution in Malawi, is of particular interest.

Norwegian Red Cross Trucks

133. Of the original two hundred NRC trucks that were brought in for the EMOP, only around fifteen remain in operation, all of them in Malawi. In Zambia, the vehicles were sold as scrap; Lesotho no longer operates them; and Mozambique is in the process of decommissioning the remaining vehicles after suspending their operation in May 2006 due to safety and management concerns.
134. The M6 trucks received as a donation are ex-military 6x6 vehicles, and although multi-fuel, are very basic and have proven relatively easy to maintain and repair. Spare parts are readily available in South Africa and from “cannibalising” other vehicles, even though the trucks were manufactured in 1968 and 1969. Diesel consumption is well over twice that of a comparable commercial vehicle. The normal load is four MT and they can operate in four- or six-wheel drive. The trucks have been at their most useful in the rainy season, which is also the lean season. At an estimated cost of over USD0.40/MT/km, operation costs are high even compared with very difficult terrain costs in other countries. Even then, it is not a strict comparison, as this type of capacity simply does not exist on the normal transport market.
135. Despite early reservations, the deployment of the Norwegian trucks turned out to be a success. The trucks considerably extended distribution capacity, and were a very visible demonstration of the cooperative effort of WFP and the International Federation of Red Cross and Red Crescent (IFRC) societies. They were driven to the end of their working lives and Malawi plans to replace the remaining fleet with new vehicles by March 2007. WFP COs were tempted to keep the trucks in operation, despite their age, cost and management difficulties because they filled a vital gap in the availability of commercial transport. A better policy for WFP would have been to replace the vehicles with modern trucks of similar utility, as is foreseen in Malawi, at an earlier stage.



136. The early success of the operation was largely attributed to the strategy of outsourcing the principal elements of the operation. The IFRC provided experienced management; hired local technicians and subcontracted the maintenance, the fuel supply and the employment of drivers. When the IFRC withdrew, WFP contracted a commercial company to hire the drivers, mechanics and guards and an administrator in each location where trucks were based. Outsourcing such services was not considered a success, however, and the remaining fleet in Malawi will be managed directly by WFP-Malawi. Such a bold decision was taken to ensure deliveries to the most difficult areas in the current lean season, given the risk to reputations involved in managing fuel and spare parts (particularly the former for these ancient trucks) and in the continued absence in the Transport Manual of guidance on fleet management. Malawi was initially reluctant to take the trucks, but in the end that is where they were most utilised.

Recommendation:

WFP should incorporate fleet management guidelines into the WFP Transport Manual as soon as possible, using experiences and lessons-learned from the PRRO experience.

Guaranteeing Maize Deliveries to Malawi through Insurance or Advance Purchases

137. In the light of prospects for a good 2005 maize harvest in South Africa and possible food shortages in Malawi, a type of insurance known as an Option Contract was taken out by the Government, with World Bank (WB) assistance. The Option Contract guaranteed Malawi a fixed tonnage of maize at a fixed price for delivery prior to and during the 2005/6 lean season. Should Malawi have not needed the maize, it would not have taken up the option of delivery. In this situation, the total cost of the Option Contract to Malawi would have been the insurance premium. The arrangement had an advantage over holding maize stocks in the SGR, in excess of stock needed to fill immediate needs until imported stocks arrived, if the cost of the insurance premium was less than the cost of storage. It also had an advantage over holding cash in that the price was fixed during a possible food shortage period, and transport costs were also fixed in advance. Should prices have actually been lower at the time the option was taken up, Malawi could have chosen to not use the option, thus losing the premium, and buying at the lower price.
138. The arrangements made were very transparent and largely avoided the delays inherent in the traditional ways of tendering. The experience confirms the evaluation teams' premise that getting the timing right in procurement is the key to eventually delivering at the most effective time and lowest cost.
139. The government requested assistance from the World Bank to explore arrangements for the Option Contract but given its innovative nature, considerable time was taken up in agreeing to the modality. The option agreement, signed on 15 September 2005, was for 60,000 MT of maize at the December 2005 price on the South African Exchange (SAFEX), with delivery to Malawi included in the contract at a price of US\$285 per ton. The contract was split into two 30,000 MT lots with separate delivery periods and the contract could be taken in 5,000 MT lots. The contract permitted two delivery periods: the first, from 5 November to 31 December, had to be decided upon by 15 October in order to allow sufficient time for delivery; and the second, from 5 December to 15 February, which had to be exercised by 15 November. On 7 October, the government decided to exercise the first tranche of the option. The second tranche was exercised on 15 November.
140. The cost of the option contract of USD285/MT included the SAFEX ceiling price of USD128/MT and the transport cost to Lilongwe of USD157/MT. The insurance premium was



slightly less than USD25/MT. Transport and delivery was largely the responsibility of a major international trader and over 70 percent was delivered within the contracted period. Half of the maize was eventually sourced in Tanzania and half in South Africa. USAID financed the premium for the Option Contract and the eventual purchase of the maize was made by the government.

141. Whilst the Option Contract project in Malawi was a very valuable demonstration of the potential of this sort of procurement, its utility would have been clearer if the contract had been taken out much earlier in the year. The option was purchased in September, only to be confirmed in October and November. By September it was probably already clear that the tonnages being contracted would be needed. An earlier purchase of the contract would also have been cheaper, with the benefit of hindsight, from the point of view of the SAFEX price and also the shorter the time between the contract and delivery the higher the price. The consequently high option premium of USD25/MT is greater than the annual cost of holding bulk maize in stock in silos and approximates the cost of commercial storage. Despite these reservations, the experience of an Option Contract should give the government, which recently banned exports despite a record harvest, the confidence to allow exports. In effect, this would give the reserve an element of a regional asset, and allow the government to consider reductions in the current level of an unnecessarily large SGR.
142. WFP was not involved in the Option Contract at field level, although it did play a part at HQ. Involvement of CO staff, however, would have been valuable as WFP-Malawi could have readily pointed out that direct delivery to a number of warehouse locations would have been a logistically more inexpensive arrangement, in the circumstances, than contracting all services to Lilongwe. The additional cost involved in redistribution from Lilongwe was over USD13 per ton.²⁸
143. In 2006 WFP HQ and the RB considered, but did not take up a similar project based on a different contractual arrangement with SAFEX. The proposed arrangement would not have required an advance premium payment, but instead have built the cost of the risk into the contract price, which would therefore be paid only if delivery was eventually necessary.²⁹ The arrangement did, however, require WFP to meet a capped payment in the event that prices fell beyond a certain point at the time of delivery. In an emergency situation, when prices generally rise, a Hedging Contract is likely to economise WFP resources, and in fact would almost certainly have done so if it had been taken out in 2006.

Recommendation:

WFP should further study this 'pilot' Option Contract arrangement and price hedging of WFP's purchases as a means of partly overcoming the delays and costs inherent in WFP's traditional purchasing and as a means of reducing reserve stock levels.

Informal Cross-border Trade

144. In the absence of data on informal trade, import requirements within the region may have been overestimated at times. In an important initiative, WFP and FEWS NET have been monitoring the situation since July 2004 since the direction and volume of trade changes from year to year.

²⁸ Source: Final Report of the Implementation of the Government Voucher System Free Food Programme 2005/6 by the Logistics Unit. (This Unit handled the logistics for the distribution of the Option Contract maize).

²⁹ In effect an advance purchase with the certainty of delivery and price but no obligation to actually take delivery if not needed.



Informal cross border trade, especially in maize, is common, particularly across the Mozambique/Malawi border and the Mozambique/Tanzania border. Households on both sides of these borders are believed to benefit from the trade, which is thought to contribute to food availability in Malawi. The trade typically involves many traders carrying unrecorded small quantities of food in trucks and on bicycles; however, the cumulative quantities are often significant.

145. Analysis from the monitoring system has shown that during the 2005/6 marketing season, about 100,000 MT of food, mostly maize, was informally imported into Malawi from Tanzania and 71,000 MT from Mozambique. Northern Mozambique is generally believed to be a food-surplus region. As it is poorly connected with the south of Mozambique, it tends to seek markets in neighbouring countries, notably southern Malawi, Zambia and Zimbabwe. Tanzania and Mozambique are normally the major sources of informal maize export and Malawi is the main destination of this trade although recent shortages in eastern Africa have already drawn informal trade northwards with a noticeable drop in the trade from Tanzania to the south.
146. Analysis of import parity for one ton of maize delivered in Blantyre through informal import was calculated by WFP/FEWSNET to be approximately USD165/MT. This compares favourably with the estimated cost of official imports from South Africa of USD250/MT although there are considerable differences in the processing quality.

Best Practices Project

147. The “Best Practice Project” (BPP) is still under development by southern Africa COs and the RB. The project was initiated during the 2003/4 EMOP, when WFP management acknowledged the need to improve supply chain processes at both CO and regional levels. BPP has not yet been adopted corporately as reservations about it persist in the COs. There is currently confusion about whether or not COs are obliged to implement the BPP.
148. The BPP has analysed and computerised the routine monthly activity cycle of management, programme, finance, pipeline, logistics, sub office, cooperating partner, and other functions of a WFP field office from initial preparation and preparedness, through planning, implementation, and final closure of a project. It details the complete range of activities in a WFP office, and the relationship of one activity to another, together with job descriptions and a set of key performance indicators. By systematically planning, acting, checking and adjusting activities in response to this information, a CO should be able to produce the next month’s operational plan for distribution, delivery and financial commitment. The BPP is intended to eventually link with Compass.
149. The 2005 SPR states that the BPP, “Allows additional tonnage to be managed with lower proportional increases in staffing and other support costs.” The BPP has also been claimed to make commodity tracking timelier, to reduce invoicing lead times, thus cutting costs, and to reduce losses and the need for transfers between projects. Such comments are based on the experiences of offices going through the BPP process manually, as the computerised system is not actually in use in any country.
150. The BPP process, as opposed to the computerised system, undoubtedly provides a commonly understood supply chain model at CO level, a common understanding of roles and responsibilities, and should, eventually, systematically provide up-to-date operational information. Field staff feel that it has formalised a common language, and in the future, will help to avoid overlapping of tasks



and lead to greater understanding and collaboration between staff in a field office. What is questioned is whether the supporting technology, designed to computerise the monthly cycle, can practically and cost-effectively put this into operational practice.

151. Whilst the BPP processes are often described as “new processes,” they are in fact those normally found in a CO, but which were managed differently in each, in response to differing circumstances. The efficiency of office processes should theoretically increase with automation and standardisation, provided that the system is flexible enough to meet different circumstances and the ever-increasing elastic demands placed on COs. This is, however, the potential weakness inherent in computerising BPP. CO reactions to BPP have not been altogether positive, as staff do not feel their work can easily be plugged into a ‘one size fits all’ system. Because different approaches are based on unique operational conditions in each CO, there are doubts about the flexibility of the software programme and its usefulness. Even agreement on common language and terminology may not be as simple as it seems. In logistics, for example, the equivalent of an EDP in Malawi is a Transshipment Point in Zimbabwe and for good reason because WFP Zimbabwe manages internal transport totally differently from other COs in the region. Field staff cited difficulties with BPP in handling loans and borrowings, FLAs and sub-district activities. Consequently, some reported that the BPP adds to the already heavy office workload, rather than alleviating it.

152. The literature on BPP is difficult to comprehend, and its relationship to the Operational Management System (OMS) is generally poorly understood. According to the Business Process Review (BPR) evaluation carried out in April 2006, however, WFP plans to integrate the field level BPP with other corporate initiatives (BPR, RBM and the Common Monitoring and Evaluation Approach - CMEA) and with corporate resource forecasting, pipeline, logistics, commodity tracking, budget finance and reporting.³⁰

Recommendation:

WFP should review the practical utility of BPP in its automated form before considering its widespread implementation. The first step in clarifying issues of concern with BPP is a clear description of the initiative.

Staffing

153. The increasing compartmentalisation of WFP staff, which creates specialists in logistics, programming, procurement and other fields led to a situation of mild competition and strained collaboration over resources in the RB between logistics, finance and procurement. Field officers indicated that compartmentalisation had also tended to inflate staffing levels, whereas multipurpose field officers could have had the opposite effect.

154. HR systems do not appear to be designed to meet the needs of flexible deployment of staff in EMOP and PRRO situations at a reasonable cost. To meet operational needs during emergencies

³⁰ WFP plans to automate the information required to finance operations on the basis of forecast contributions (see MTE comment on resource forecasting) and approve the incurring of expenditure during project preparation to fill the pipeline in advance of the project starting date (a key strategy in the light of the performance of the PRRO). This integrated approach is the New Business Model (NBM) that will be preceded by the Project Planning Tool (PPT). The NBM seeks to address the type of problems identified in the implementation of this PRRO such as monitoring fund balances, accessing fund mechanisms and forecasting the timeliness of funding. Source: Full report of the Evaluation of the Business Process Review, OEDE April 2006.



and peak periods of PRROs, international staff members are either deployed on TDY or assigned on transfer, instead of using a more flexible mechanism in between the two options. The evaluation team heard concerns that staffing policies do not ensure, in fact, that a core of staff rising through the system have solid field experience.

155. In Zimbabwe, WFP-Harare's HR Unit made considerable efforts to address similar issues for hiring short-term national staff. To meet high needs rapidly during peak distribution periods, the office developed rosters of locally available staff as soon as peaks had subsided and before contracts had ended. Short-term staff lists included names, contact addresses and qualifications. Prior to peak periods, the HR Unit contacted individuals to determine their availability, and thus was able to establish an informal 'on-call' system for quickly re-hiring at least a portion of the short-term staff during large-scale distributions. The office noted that the most qualified individuals were often lost to longer term positions with NGOs. The roster system nonetheless saved time and effort in recruitment overall.
156. A common issue of concern in all aspects of operations is the destructive effect of high staff turnover, apparently even more evident in WFP's CP operations.
157. An image is developing of WFP staff who, faced with an overload of intensive, automated management demands, are obliged to spend a disproportionate amount of time sitting at their computers in high tech offices. Most would prefer to be out in the field where real life problems persist or indeed have multiplied.

The Regional Bureau and Future Operations

158. The core dilemma facing WFP at both regional and country level is how to maintain sufficient staff and supporting assets to deal with the dramatic fluctuations in demand for food and donor interest between the normal and lean months. The issue is further exacerbated by a pervasive donor attitude in the region that increasingly will not support any WFP programme that is not relief. The countries vary in the strength of their argument for food assistance, but all have an undisputed core of chronically food insecure in critical need of social protection, all of whom could fall victim of emergencies generating short-term acute hunger.
159. The RB provided centralised logistics management, and efficient and cost-effective food procurement, located geographically at the centre of operations. It did not, however, achieve optimum coherence between finance, procurement and logistics. Furthermore, these functions could have been performed from other locations. The regional approach was weakened by the directed contribution approach of the donors, which offset the advantage of flexible pipeline management that should be a feature of regional operations. Better-informed decision making, which should also have been a result of regional management of resources and funding, failed in key areas.



II.3 Assessment, Targeting and Food Security

Background

160. In order to assess beneficiary needs during the southern Africa EMOPs, WFP established a multi-tier process based on a variety of information from national, district, community and household levels. Prior to the PRRO, WFP had promoted the coordination of assessment sources such as CFSAMs, the Southern Africa Development Community (SADC) Regional and National VACs, and household data collection and analysis through the WFP/C-SAFE Community and Household Surveillance (CHS) system. C-SAFE, however, discontinued its involvement in CHS following Round 5. WFP has tried to ensure that the information was consistent and enhanced perceptions of the evolving food-security situation.
161. Through donor support WFP contributed to strengthening regional and national VAC processes. As a result, the SADC/VAC had advanced from analysing short-term food aid needs to carrying out deeper analysis of longer-term livelihood programmes. It was also capable of addressing chronic issues such as poverty, poor macro-economic conditions and HIV and AIDS. During the EMOP period, CSFAM and national VAC assessments provided the information base to guide WFP programming, and to establish the new PRRO. The 2004 assessments concluded that at least five million people continued to face critical food shortages during 2004-2005.
162. Macro-level information from CFSAMs and VAC assessments was supplemented with CHS data, which assisted WFP and its partners to develop more finely-tuned recovery activities for communities and households negatively affected by severe food insecurity and HIV and AIDS. The PRRO intended to continue multi-tier assessments and to strengthen community and household needs-assessment structures in order to ensure that targeting and programming matched reality. At the onset of the PRRO, CHS had already resulted in the use of social and economic criteria to select beneficiaries.

Regional Bureau Assessment and Targeting

Findings

163. When the PRRO began, Community and Household Surveillance (CHS) had already resulted in the use of social and economic criteria to select beneficiaries. The PRRO continued multi-tier assessments initiated under the EMOPS, strengthening community and household needs-assessment structures for improved targeting and programming. Each country under the PRRO (except Namibia) has staff participating in the national VAC process while the RB has three representatives on the Regional VAC. Despite considerable advances in assessments, VAC methodologies are still not harmonised. Due to a lack of institutionalization (except for Mozambique) and a lack of funding and full-time VAC members, the national VACs still have their limitations.
164. Capacity building for assessments, the Emergency Food Security Assessment (EFSA) training was conducted for WFP staff in November 2005, led by the regional VAM team. National level trainings for WFP staff and partners are planned for early 2007 in Zambia, Malawi and Mozambique. The RVAC (with WFP RB support) also implemented a thematic training for national VAC teams early in 2006.
165. Targeting practices also vary widely among PRRO countries. In some COs, all CPs use clear criteria established for targeting beneficiaries in different project types (e.g. Zimbabwe). In others,



WFP has not established criteria, and targeting practices depend on individual CPs' capacity, compromising WFP's capacity to monitor beneficiaries. Lesotho, Malawi and Mozambique, where the Programme for Enhanced Targeting is being implemented, could provide valuable information to countries with limited capacity through a systematic mechanism for sharing best practices. In Lesotho, for example, the CO has established standardised selection criteria based on household vulnerability-assessment and institutional-based processes.

Conclusions

166. Experience-sharing regarding targeting within the PRRO could be improved with potential for quality improvement within these areas, especially for countries with less capacity in these areas. Examples of good practice exist however, such as the Programme for Enhanced Targeting in Lesotho, Malawi and Mozambique.

Recommendations:

WFP RB and COs should:

- Update or document standardised targeting criteria and procedures for all project/activity categories. The findings and recommendations of the Programme for Enhanced Targeting should be shared with and implemented in all PRRO countries.
- Share experiences in terms of targeting methodologies.

Regional Bureau Food Security

Findings

167. Implemented after two successive EMOPS, the PRRO represents a major shift for WFP both in terms of programming of recovery and development activities, rather than relief, and of focusing on long-term food security through livelihood recovery and security, rather than on acute food security and the saving of lives.
168. In the light of the chronic nature of many food security problems in southern Africa, the evaluation team supports WFP's shift to longer-term programming under the PRRO. WFP and its donors, however, do not appear to be fully prepared to undertake this programmatic shift, as the MTE observed some weaknesses in the implementation of crucial steps of the project cycle: planning, implementation and monitoring.
169. Technical expertise in food security/livelihood programming is limited at RB, CO and SO levels, and those designated as food security focal points mainly work in the VAM unit on assessment exercises, rather than in programming. Within the SA PRRO, four food security specialists are currently employed. These specialists have been seconded to WFP by various donors and their continued employment hence depends on the donor's willingness to extend the secondment. Food security analysis and livelihood programming technical expertise is often limited at CO and SO levels. In addition, a series of information sessions and training exercises have been undertaken within the COs related to CHS and EFSA and nutrition training. Lesotho CO has two staff members who held tertiary qualifications in food security, setting an example to other COs for enhanced technical expertise.
170. In some countries, the MTE team found that WFP-COs' understanding of the concept of food security and related measures is limited to acute food insecurity rather than longer-term and



sustainable food and livelihood security. In addition, the PRRO does not systematically distinguish between acute and chronic food insecurity in its causal analysis, and, to some extent, with regard to measurements. While the evaluation team acknowledges the difficulties in distinguishing between acute and chronic food insecurity during emergencies, it maintains that identifying transitory versus chronic food security population groups should be in place before an emergency arises. According to the RB, a clear mechanism was established for the identification of chronic vulnerability, as outlined in the Lesotho CO report: “Uncovering Chronic, Persistent Vulnerability to Hunger in the Southern Lowlands and Senqu River Valley”. In other southern Africa countries where WFP has worked for over three decades, WFP and its partners must continue to work towards improving techniques for identifying chronically food insecure population groups, before an emergency arises. WFP focuses on food and nutritional security at the household levels and emphasizes appropriate targeting, with some variations amongst countries. The PRRO employs a needs-based approach to food security, and does not yet promote the right to food and a rights-based approach. The organisation’s best practice standards are indicative of an evolution towards operating on a rights basis, although continuing resource constraints may slow WFP’s progress.

171. The evaluation team recognises that operating with a rights-based approach is very demanding in terms of technical capacity for advocacy and mobilization. It also acknowledges that the rights-based approach requires a relatively long and stable presence in a country to work with the duty bearers and right holders. While operating with a rights-based approach might not be feasible at present WFP, as a UN organisation should operate on a human rights basis as FAO is doing, as expressed in the UN Covenants. The International Covenant on Economic, Social and Cultural Rights, citing the right to food, is one such human rights tool (see box below).



UN Committee on Economic, Social and Cultural Rights

The right to food:

“The right of physical and economic access of food of adequate quality and quantity, and having the means to obtain it, including access to food via means of production and procurement” (General comment 12, adopted in 1999 by the UN Committee on Economic, Social and Cultural Rights).

The rights-based approach:

The state is the primary duty bearer and has the primary **obligation to respect, protect, and fulfil** human needs of its citizens:

Respect: the state must not interfere with the individual’s livelihood

Protect: requires regulations against poor conduct by non-state actors, who could hinder people from acquiring adequate food

Fulfil: identify vulnerable groups and to design policies that improve their access to food-producing resources or income.

The right to food should be understood primarily as the right to feed oneself, rather than the right to be fed. It is not the responsibility of the state to feed its people, but it is the responsibility of the state to respect and protect people’s right to feed themselves through sustainable livelihoods. The role of the state is therefore to promote policies that secure access to these rights through the market, civil society and the state. This means that direct food assistance is only called for in emergency situations. All human beings bear the responsibility to respect the rights of others and to claim and uphold their own rights. People, who are deprived of a dignified life, who have no access to information and education, are often not in a position to claim their rights. The role of development organizations is consequently to assist poor and marginalized people in claiming and upholding their human rights.

In the rights-based approach, advocacy is used to target the duty bearers (addressing the structural barriers of food security) and mobilization is used to target the right holders (to claim and uphold the right to food).

172. Despite WFP’s theoretical shift to recovery activities aimed at saving livelihoods rather than lives, in general the RB, CO and SOs’ understanding of the livelihood approach appears to be limited, as also indicated in the WFP Policy Issues paper: “Food Aid and Livelihoods in emergencies: Strategies for WFP” (2003).
173. Food security objectives of the common Logframe for all PRRO countries are not well-defined, and the indicators are generally not SMART (Standardised, Measurable, Accurate, Realistic and Timely). Some countries have developed their own Logframe, providing additional detail and precision. The MTE found coordination of food security programme activities by the RB to be limited, and evidence of rather sporadic collaboration between different COs in this area. It also found that project activities varied considerably in the field, although most COs used the same Logframe. The PRRO Logframe might not be adapted to specific projects implemented in each country.
174. The situation varies from country to country, but the MTE found that in general WFP offices in the region generally have limited technical capacity in food security/livelihood programming; in assessing implementing partners’ technical capacity; in supervising partners’ activities, and in monitoring projects/activities at all levels (RB, CO and SO). This appears to be a reflection of



the WFP's previous focus on emergency activities. Limited technical capacity in longer-term food security at RB and CO levels was found to result in difficulty contextualising food security (for example, the interrelatedness of HIV and AIDS and food security). In some PRRO countries, government partners and donors lack evidence supporting the link between food aid and HIV and AIDS programming, and as a result, appear to be reluctant to provide WFP with resources for food for HIV and AIDS.

175. PRRO objectives aim to address integrated HIV and AIDS and food security issues. However, appropriate activities and methodologies such as labour-saving agricultural methods, on-farm income-generating activities, etc. targeting people who do not have access to ARV/ are recovering from sickness have not been included as part of the PRRO. Labour-saving projects and methods are also highly relevant for elderly/chronically ill/disabled persons who are often among the most food insecure and hence beneficiaries of the PRRO.
176. Sharing experiences on successful food security activities (FFW, FFA, FFT) and working with a livelihood approach seem to be limited amongst COs, and between COs and the RB. However, a number of initiatives exist. The Mozambique CO has commissioned a consultancy to prepare a manual aimed at providing technical support for quality improvement of FFW and FFA, which will eventually be used in the entire region. WFP Zambia is currently conducting an evaluation of its FFA programme that will identify project types with greater impact on food security and potential for replication and scaling up. Such information would be useful to other countries within the regional PRRO.
177. The Regional VAM Unit coordinates assessment activities and benefits from the presence of a nutrition and food security information specialist. For longer-term food security/recovery programming, however, there is no food security/livelihood expert at RB level. Important initiatives are carried out by COs, yet are rarely shared amongst the PRRO. The countries with very limited capacity in this field such as Zimbabwe could benefit considerably from increased technical support and sharing of experiences and best practices.
178. The development of the Community and Household Surveillance (CHS) in 2003 and the continuous upgrading of the system is a major achievement with regard to monitoring food and livelihood security in the Southern Africa region. Despite the improvements of the monitoring system, some weaknesses still exist. It is difficult to evaluate, for example, whether some types of projects are more likely to enhance food security based on the CHS. It is also not possible to evaluate whether beneficiaries of FFW or FFA (or other projects types) have developed more sustainable livelihood systems on the basis of the analyses of the CHS Fact Sheet, as it does not provide data on asset creation and livelihood strategies. This kind of information would have been relevant as the household's asset base and livelihood strategies are very important for the resilience to withstand shocks, which is one of the main objectives of the PRRO. The sheets provide data on livelihood sources of beneficiary groups, in comparison to non-beneficiary groups, demonstrating that the beneficiary groups are more dependent on food aid, which is self evident, and that different types of beneficiaries depend on different livelihood sources. Although this is valuable information, it does not indicate whether more resilient and sustainable livelihood systems have been developed. The MTE notes that CHS reports regularly provide information on asset holdings and livelihood strategies,



179. Food aid transfer was found to be a relevant tool for creating assets at community level. In some places, such as Mozambique, Malawi and Namibia, food was appreciated by the beneficiaries over cash. In cases with well-functioning markets and traders, which can respond to an increasing demand, a cash transfer or a combined cash and food transfer could be appropriate, however. In areas with low stocks and weak market performance, food aid transfer remains the most relevant aid instrument.

Conclusions³¹

180. WFP's current technical capacity at RB, CO and SO levels in longer-term food security programming, assessment of implementing CPs' technical capacity, supervision of CPs' activities, and food security project/activity monitoring is insufficient to carry out effective recovery and longer-term food security activities. Inadequate funding during non-crisis periods, when longer-term food security and livelihoods activities are particularly appropriate and more feasible in many countries, prohibits some COs from scaling up appropriate FFW, FFT and FFA activities. Staff cuts following the termination of lean season food distributions also negatively affect WFP's implementation capacity. Until WFP's role in longer-term food security activities is recognised by donors, and supported with sufficient resources, funding problems during non-crisis periods will continue to hamper the implementation of recovery projects of the PRRO.

181. Given the current limited technical capacity in longer-term food security/livelihood programming and unreliable donor funding for recovery activities, the MTE concludes that it may be unrealistic for WFP to operate with a full-scale rights-based approach to addressing food insecurity. Operating from a needs-based approach is a short-term solution, however, that the MTE feels may be insufficient to address chronic and long-term food security problems in the region.

³¹ Assessment and Targeting and Food Security Team Member was only able to provide inputs to the evaluation on five PRRO countries, in addition to the RB: Lesotho, Malawi, Mozambique, Zambia and Zimbabwe. Of these countries, the team member visited Zimbabwe, Mozambique and the RB; the evaluations of Lesotho, Malawi and Zambia are based on desk studies of documentation, and inputs/feedback from the other team members who visited the countries.



Recommendations:

WFP RB, COs and SOs should:

- Increase technical capacity in longer-term food security programming, ideally employing food security/livelihood experts at the CO level and RB level.
- Provide broad staff training in more recent food security theory and practice, including the right to food and the livelihood approach, to staff at RB, CO and SO levels to enhance capacity for longer-term food security programming and recovery activities.
- Enhance experience sharing on the use of FFW and FFA amongst the RB and COs. Ongoing initiatives should be followed up by the RB and disseminated widely. An example is WFP Mozambique, which is preparing a manual aimed at improving FFW and FFA, with follow-up by the RB for experience sharing region-wide.
- Disseminate information and guidelines on different tools for identifying and addressing chronic food security needs of people infected with and affected by HIV and AIDS, and other chronically ill people, including better targeting methods, labour-saving agricultural methods and on-farm income-generating activities to the COs and SOs.³²
- Disseminate the lessons learned from the Special Initiative on Cash and Vouchers Programme (SICVP) based in Lesotho and various country-level projects (Zambia and Malawi) focusing on cash transfer or combined food and cash transfer to other PPRO COs and SOs. The RB, together with COs and with HQ guidance, should develop guidelines for the use of the two aid instruments in different situations.
- Develop a sustainable livelihood index as part of the CHS in order to render possible assessment of whether more sustainable and resilient livelihood systems have been developed. Distinguish more clearly between the outcomes of different project types in the analyses.

³² Preceding the mission the team was informed about the existence guidelines regarding the relationship between food security and HIV/AIDS. There was, however, no sign of use of these guidelines in the COs and SOs visited.



Lesotho Assessment and Targeting

Findings

182. The Lesotho Vulnerability Assessment Committee (LVAC), previously housed, albeit on an ad-hoc nature, in the Ministry of Agriculture and Food Security, was institutionalised with the Disasters Management Authority (DMA) in October 2006, partly in order to build the capacity of LVAC. The LVAC consists of government departments, NGOs and UN agencies relevant to vulnerability analysis. WFP is a core member of the LVAC, which is conducted on an annual basis.
183. The methodology employed by the 2005 VA was community-level interviews in 60 villages using the Household Economy Approach (HEA) on the following subjects:
- Current production shocks
 - Changes in access to markets and
 - Changes in prices (food commodities and livestock).
184. Written reports from the interviews form the basis of discussions of the vulnerability context by livelihood zones. The *RiskMap* computer programme was used to simulate the impact of the fall in staple maize prices during the 2005/2006 consumption year.³³
185. With regard to the LVAC 2005, WFP attempted to ensure that future LVACs took into account chronically vulnerable groups such as people living with HIV and AIDS and/or TB, OVCs, and malnourished mothers, and indicated that it was already responding to the needs of these groups. According to the LVAC, however, it is not possible to “pick out” such categories of vulnerable households as the LVAC focuses on the area level of vulnerability. The LVAC 2005 estimated that between 541,000 and 741,000 persons were food insecure in 2005/2006.³⁴ The CFSAM 2005 estimate of people experiencing food deficits corresponded to the lowest LVAC estimates (548,800 people) (FAO/WFP 20 June 2005). Both assessments identified the southern lowlands and the Senqu River as the areas most vulnerable to food deficits.
186. In February 2006, LVAC conducted an HEA baseline assessment covering all six livelihood zones of the country. The baseline includes detailed information on household income and expenditure (also known as livelihood profiles), and a new categorisation of wealth (very poor, poor, middle and better-off).. According to the LVAC 2006, the most vulnerable households (“very poor”) were found in the southern lowlands and the Senqu River Valleys. The estimated number of food deficit in the 2006/2007 season is 245,739.³⁵
187. Another important development during the period from 2005 to the 2006 LVAC was updating of the livelihood zone maps by the Lesotho Bureau of Statistics in order to make livelihood zone and administrative maps compatible. A nutritional assessment in each of the livelihood zones was carried out by LVAC in collaboration with the Food and Nutrition Coordinating Office (FNCO), Ministry of Health and Social Welfare (MoHSW) and WFP and funded mostly by WFP.

³³ LVAC 2005. Lesotho Vulnerability Assessment Committee (LVAC). Annual Vulnerability Monitoring Report. May 2005 (Publication date July 12, 2005).

³⁴ Ibid: 5.

³⁵ LVAC 2006. Lesotho Food Security and Vulnerability Monitoring Report May-June 2006.



188. WFP collaborates with the Government of Lesotho (GoL) in all activities; including capacity building of the government. According to ODJ, the WFP CO had an excellent relationship with its government partners and regularly engaged and worked with the Ministry of Agriculture and Food Security (MoAFS), Disasters Management Authority and the FNCO to undertake regular assessments and surveys. Where information was available, the ministries were willing to share this information with WFP. The WFP CO reported to the MTE, however, that it generally found it difficult to obtain information from government sources, and also found data such as harvest assessment, for example, to be less reliable. WFP Lesotho expressed a desire to develop closer collaboration with government partners, in particular with the local areas representatives of the MoAFS.
189. The evaluation found that the linkage was strong between assessments and M&E largely because outcome monitoring, PDM and VAM are in the same unit. Currently, WFP geographical targeting is based on LVAC and CFSAM, whereas targeting of beneficiaries relies mostly on CHS. Beneficiary targeting is also based on the following methodology (See Best Practices: Re-targeting Exercise in Lesotho).

Best Practices: Re-targeting Exercise in Lesotho:

CHS 2005 found that there was room for improvement of the targeting as the number of asset-poor households was higher among the non-beneficiaries than among the beneficiaries. To address this problem, a WFP technical group was formed and re-targeting exercise was initiated. The targeting exercise was based on the following methodology:

Community level: Exploration of community-level hazards and threats; Community wealth ranking and analysis of vulnerable households within the community. Output: list of vulnerable HHs.

Household level questionnaire. Public verification exercise for each HH level selected during the community wealth ranking exercise.

Significant efforts were made by WFP Lesotho and partners to improve the targeting of vulnerable households. At the time of the CHS 2006 (March 2006), WFP was in the process of implementing the new locally driven targeting structure.

WFP and the GoL undertook a large-scale survey of rural communities in 1,520 villages and identified more than 39,000 households vulnerable to hunger and poverty, totalling approximately 195,000 people. The households were identified using a community-level wealth-ranking method. Almost 31,000 of the households were interviewed in order to verify their vulnerability. The results of the Targeting Exercise showed that: livelihoods of poor rural-households are compromised and there is evidence of widespread livelihood failure that impacts household income, health and nutritional security, Livelihood systems appear to have become more structurally vulnerable to shocks as a result of declining agricultural capacity, loss of economic activities, high prevalence of chronic illness, and erratic, irregular and unevenly distributed rainfall affecting agricultural production.

Nearly 60 percent of interviewed poor-rural households were considered to be experiencing severe food-insecurity at the time of the survey. Most poor rural-households are unable to access adequate food, and their daily diets lack quality and diversity. The majority of poor rural-households in the Southern Lowlands and Senqu River Valley areas have difficulty sustaining their livelihood and food security.



DMA-WFP recommended that targeted social-protection programmes such as food aid or cash-transfers should be implemented to ensure that groups vulnerable to chronic hunger and poverty in Lesotho are provided with the means to ensure their survival and to enhance their livelihoods.

A sub-regional initiative known as the Programme for Enhanced Targeting (PET) is currently being prepared with funding from DFID to be implemented in Lesotho, Malawi and Mozambique. Lesotho is taking a lead in the initiative. The objectives of the initiative are to: 1) Examine current targeting and selection procedures, and 2) develop targeting and selection guidelines ensuring effective and efficient beneficiary selection using appropriate targeting criteria.

Conclusions

190. In the past, the LVAC methodology has generally been weak. With progress in focusing on livelihood profiles in the 2006 LVAC, the methodology has greatly improved and now seems to be more reliable for PPRO planning. A new project integrating the CHS and the LVAC will be launched in 2007, anchoring the CHS in the DMU/LVAC national framework. This will enhance the probability of an effective national tool for monitoring food assistance.
191. Important initiatives have also been taken to improve targeting, in particular the re-targeting exercise mentioned above, but also the sub-regional Programme for Enhanced Targeting. Implementation of the new targeting structure and PET will help to improve PPRO targeting.

Recommendation:

WFP should enhance and harmonize targeting at country and regional levels; for instance through giving serious weight to the dissemination of the findings and recommendations of the Programme for Enhanced Targeting to the regional PPRO countries

Lesotho Food Security

Findings

192. The use of food assistance is controversial in Lesotho, especially since there are two pipelines in the country – WFP and C-SAFE. A number of government institutions and private sector actors have expressed concern about the high levels of food aid distributed in the country. The national Poverty Reduction Strategy Paper (PRSP) also mentions the danger of food aid leading to the development of a dependency syndrome. WFP has expressed its desire to challenge the concept, stating that it is “often used to mask the reality that poor populations do not have realistic opportunities to engage in economic activities.” The GoL policy on utilisation of food aims to bridge gaps that food imports cannot cover, in particular during crises. The government is thus concerned about the potential negative impact of poorly programmed food aid interventions on local food production and markets. In response to the critique of food aid, WFP conducted a market study of the impact of food aid.³⁶ The next step was to prepare a strategy paper on “WFP Engagement in Lesotho, 2007 – 2015,” which articulates the role of food aid in Lesotho and priorities for the future. WFP Lesotho also undertook with DFID/PSP and the DMA a short study intended to support a constructive dialogue on the current nature of the coordination of food and

³⁶ WFP 2006. “Food Aid, Food Production and Food Markets in Lesotho – An Analytical View”. Prepared by Mukeere B. & Dradi, S. Rome/Lusaka. January 2006.



non-food humanitarian assistance in Lesotho. The study provides a framework for decision-makers to assess the current coordination gaps and to chart the way forward for improvement of humanitarian delivery in Lesotho.

193. The Lesotho PRSP prioritises the implementation of the following activities for enhancing agricultural production and food security: appropriate farming practices, irrigation, agro-forestry, extension services, efficient and standardised land tenure system, animal husbandry, enhanced food marketing, and lastly improved disaster preparedness for emergency food distribution to the most vulnerable groups.³⁷
194. A National Food Security Policy was released in April 2006 and an Action Plan is about to be released. WFP has been involved in the preparation of Programmes 3 and 4: Safety Nets and Social Protection under the Food Security Strategy. Programme 3, which focuses on Cash-for-Work (CFW) and humanitarian assistance is particularly important in relation to this section. Based on the findings of the LVACs showing that food availability even in remote villages is not a problem, a pilot CFW programme is being launched. The programme will learn from previous CFW programmes implemented by Ministry of Forestry and Land Reclamation (addressing land degradation) and the Lesotho Fund for Community Development. The CFW projects will be based on community initiatives, targeting a total of 21,000 households in the southern lowlands and Senqu River.³⁸
195. Cooperating partners reported that relationships with WFP were generally good. They reported problems with pipeline breaks, however, caused by inadequate resources compared to needs, which negatively affected the work of CPs. CPs expressed the need for programmes to be tailor-made, with very good targeting to make the best use of scarce resources. They also felt the strong need for WFP to update targeting continuously due to the high death toll caused by AIDS, and in order to get information on new cases of vulnerable households.
196. WFP-Lesotho is currently undergoing a shift in programming emphasis towards livelihood and agricultural projects through FFW. Many CPs and NGOs are also involved in this type of activity. These partners have identified the need to address land degradation and land reclamation, possibly through FFW. WFP activities continue to focus mainly on immediate household level food production, and have largely neglected the long-term aspects and sustainability. The CPs suggested that WFP should carry out operational research, beyond assessments, on mitigation activities like land degradation/reclamation.
197. CPs expressed concern regarding the limited capacity of beneficiaries to express their needs for livelihood projects and FFW. CPs found that planning skills were very limited and that beneficiaries had difficulty designing appropriate strategies to address poverty and food insecurity. According to CPs, beneficiaries were badly in need of empowerment. CPs also indicated that food aid distributions were useful in terms of identifying vulnerable through targeting procedures, and in meeting immediate food needs at HH level, particularly in the case of orphans. At the same time, however, they found it difficult to address chronic vulnerability through these same mechanisms. CPs also found that the GoL's input and achievements in this area were limited.

³⁷ Kingdom of Lesotho PRSP, cited in WFP 2006.

³⁸ Executive Summary of the Food Security Programme; Programme 3 & 4.



Conclusions

198. The shift from relief to recovery activities is highly relevant considering the chronic nature of the food security problems and the extremely high HIV and AIDS prevalence. In particular the focus on HIV and AIDS activities and the use of FFW/FFA to support agricultural activities is pertinent.
199. Food availability through importation rather than production is generally not a problem in Lesotho, with the exception of peripheral rural areas. For this reason, the use of food aid for FFW or FFA may be less relevant than in other southern African countries with less efficient food markets. Moreover, the use of food aid is controversial in Lesotho and a pilot project with CFW is currently being launched as part of the Food Security Strategy with WFP as a collaborating partner.

Recommendation:

WFP and its partners should continue to explore, through pilots, the role of CFW/Cash-for-Assets and /or the combined use of cash and food, possibly benefiting from the experience in Malawi.

Malawi Assessment and Targeting

Background

200. Over the past ten years, poverty levels in Malawi have remained stagnant, with 52 percent of the current population or 6.2 million people living on less than USD1.00/day. Over 1.4 million people are considered ultra poor – and survive on less than USD0.20/day, unable to afford even the minimum food requirements. Many poor people are women, with poverty rooted in unequal power relations between women and men that augment their vulnerability to poverty, hunger and illness.³⁹
201. As a landlocked, resource-poor country, with limited arable land, Malawi has many disadvantages. The population growth rate is high, and most Malawians are poor farmers living in rural areas. Over 44 percent of children under five are chronically malnourished, and almost every family is affected by disease. Malaria and HIV and AIDS are two of the worst threats. The World Bank Poverty and Vulnerability Assessment (PVA) reports that progress towards the Millennium Development Goals (MDGs) is mixed. Child malnutrition remains extremely high; child and maternal mortality are amongst the highest in the world, and little progress has been made in reducing poverty. Key improvements have been made in enrolment in primary education and access to clean drinking water, however.
202. Food security⁴⁰ in Malawi relies on the development of the agriculture sector which contributes to over 40 percent of the country's gross domestic product and 80 percent of its labour force. Although Malawi produces a variety of crops, maize is the most widely grown staple covering over half the cultivated land. Maize production levels are low and most smallholders do not produce enough to feed their families throughout the year. Around one third of small farmers are extremely food insecure. There is also extreme seasonal variation with peak periods of food insecurity affecting some 50 percent of rural households over the 'hungry period' in March just before the main maize harvest.

³⁹ Sources: UNDP Human Development Report, Malawi: 2006; Gender Needs Assessment of the Malawi Growth and Development Strategy (MGDS), July 2006.

⁴⁰ The main source of information for this section is the UNDAF Situational Analysis document



203. Malawi has experienced food deficits over the past decade, relying on food imports and food aid⁴¹. The 2006 World Bank Poverty and Vulnerability Assessment (PVA) reports that over one-third of households, both urban and rural, in Malawi do not obtain sufficient calories. In the Southern Region, the percentage of those households rises to 40 percent. More than half of rural households run out of food between four and six months after the harvest and have to earn additional income to purchase food. Opportunities for earning wages are very limited and only account for about 13 percent of the total income generated. The social, human capital and income indicators in Malawi are among the lowest in the world.
204. Low soil fertility, heavily degraded soils, seasonal weather fluctuations and regularly occurring droughts, depleted dry season water availability, lack of access to inputs, weak markets, high net population growth and a cultural preference for one or two staples are amongst the many factors influencing food security in Malawi.

Findings

205. The MVAC, Malawi's main source of information for programme planning is composed of national and international agencies with a mandate to coordinate vulnerability and livelihood assessments. WFP is a core member of MVAC, which conducts annual assessments in April-May during the post-harvest period, and focuses on harvest, income and expenditure. The VA and a nutrition survey were conducted at the same time in a few livelihood zones as a pilot project in 2006. Following a successful result, the VAC is consequently planning to expand the nutrition study to more areas in 2007. WFP, through the RVAC organized training for VAC teams in February 2006 to prepare them for post-harvest assessments. The focus was on integrating thematic areas into their activities, including markets, GIS/spatial analysis, health and nutrition, improved methods and integrated spreadsheet. Nearly all VACs have thus incorporated nutrition into their work and some managed markets and better methods. The RB should be acknowledged for this work in capacity building of the VACs, which was driven by the Regional VAM advisor as a member of the RVAC.
206. The MVAC also uses the HEA methodology which involves developing a series of livelihood profiles depicting how households are meeting their primary food requirements, including their sources of food and livelihood income, as well as the expenditure patterns. The MVAC analysis then refers to various scenarios depending on prices and other factors, and presents a forecast of vulnerability based on different variables. Towards the end of the year, MVAC conducts a review, for example, of price data from MoA. If primary data are needed, VAC sends a team to the field to collect information, as was the case in November 2005. Based on the reviews, VAC produces an updated report.⁴²
207. The MVAC has a reputation of being relatively weak and relying on full-time international consultants funded first by DfID and later by the EC. There is an urgent need to institutionalize MVAC within the Government of Malawi.

⁴¹ Contrary to this long-term trend, Malawi was anticipating a significant maize surplus in 2007, at the time of finalizing the report.

⁴² MVAC 2005. Malawi Vulnerability Assessment Committee. Food Security Update Report Malawi November 2005.



208. The WFP/FAO CFSAMs (Crop and Food Supply Assessment Mission) are conducted upon the request of government. CFSAM was conducted in 2005 but not in 2006, as the government did not think there was a need for it. In 2005, the CFSAM and VAC had fairly similar findings.⁴³
209. The WFP-Malawi CO VAM Unit is insufficiently staffed, and plans are in place for an international professional staff to improve their technical capacity. The capacity of the VAM Unit for conducting market surveys and analyses, for example, is very low. In order to address the problem, WFP Malawi collaborates with the Famine Early Warning System Network (FEWSNET), with whom it jointly carries out several different types of surveys, FEWSNET Malawi, as the leading partner, is very proactive and the staff travels often to the field to collect data, which is not the case in other countries. FEWSNET and WFP conduct field surveys every three months, and more frequently during crisis periods, to collect data on key food security indicators, to visit district-level agricultural officers and extension planning areas, and to visit markets and talk to traders and purchasers. There are no data collection activities at household level. Surveys are conducted by four people, two from WFP VAM and two from FEWSNET, and last about a week. WFP and FEWSNET also monitor informal cross-border trade, including informal exports and import of commodities such as maize, fertiliser, pulses, rice and flour. Enumerators collect information on a weekly basis (such as quantities imported and exported), produce monthly reports and report information to Lilongwe by telephone. In addition, the CO has benefited from market analysis carried out by the WFP Regional Markets specialist based in Lusaka.
210. In addition to the surveys carried out in collaboration with FEWSNET, WFP carries out ad hoc assessments in collaboration with the Department of Poverty and Disaster Management Affairs (DPDMA) and others from MoA and NGOs whenever there is a flood or other major event that affects food security. The objective of such assessments is to verify information provided by local authorities, and no specific methodology is used.
211. VAM and M&E units generally work closely and collaborate in a number of areas, such as in developing M&E systems. To date, the VAM has not used CHS, although there is a plan to integrate CHS and VAC. In 2006, the VAM Unit was involved for the first time in primary data collection in relation to the CHS. The objective was to integrate CHS with the Comprehensive Vulnerability Assessment (CVA). In order to do so, specific questions were added to meet CVA requirements, resulting in one primary data collection exercise with two analyses. CVA included qualitative data through community focus-group discussions, while CHS included data on wasting, stunting and underweight for <5's and body mass index (BMI) for women. The WFP-Malawi VAM Unit receives technical assistance from the regional VAM unit. VAM produces maps on rainfall performance data, prices, WFP activities, and others. VAM also produces maps for other stakeholders including the government and UN organizations.
212. Due to time constraints, it was not possible for the evaluation mission to assess the targeting principles and practices. The CHS 2005 and 2006, however, found that there was room for improvement with regard to targeting, particularly of asset-poor households, who were found to have a higher coping strategy index and a higher percentage of households with inadequate food consumption. Asset poor household are defined as households with zero to four assets. The CHS

⁴³ FAO/WFP 2005. Special Report. FAO/WFP Crop and Food Supply Assessment Mission to Malawi. 20 June 2005.



2006 also identified a need for consistency in terms of the targeting of partners in various districts⁴⁴ (CHS 2005, CHS 2006).

Conclusions

213. VAM collects a large variety of information, but the evaluators could not confirm that these data are being used for programming purposes. The VAM unit is generally weak, but WFP Malawi has tried to compensate for this problem and, for this reason, collaborates closely with FEWSNET. This, along with the plan to recruit new international staff, constitutes a sound strategy, as it presumably is difficult to get experienced VAM staff in Malawi. WFP Malawi appears to receive sufficient assistance from the RB for VAM.
214. As the MVAC is generally weak, its role in determining needs for emergency and food security interventions negatively affects all interventions, including those of WFP. The insufficient capacity of the MVAC should be addressed as soon as possible

Recommendations

WFP should:

- Enhance the WFP Malawi VAM unit through follow up on the various initiatives. Actions should be followed up and supported by the RB
- Enhance the capacity of the MVAC by seconding/employing a competent person for the committee.

Malawi Food Security

Findings

215. Notwithstanding a predicted bumper 2007 maize harvest, both donors and Malawian society acknowledge the enormous, chronic food security issues facing the country. Donors appear to be uncertain, however, as to whether or not WFP's programme is the right means to address problems of chronic food insecurity. At present, the donor community is questioning the use of food aid and is looking for alternatives.
216. WFP and other UN agencies collaborate on a pilot basis with small projects. As an example, the Junior Life Schools Life Skills Project is implemented by WFP, UNICEF and FAO. The project targets OVCs in eight schools. WFP contributes with SF, UNICEF focuses on life skills and FAO provides technical support. Funding is provided through a joint budget. Moreover, WFP coordinates with FAO with regard to irrigation schemes constructed through FFA.
217. Some UN partners expressed the opinion that WFP should scale down and implement more targeted activities, focusing only on emergencies. It was suggested that WFP limit its involvement in development activities, as food aid distributions could be damaging to farming systems. Critiques were also made of the use of FFA (for constructing projects such as irrigation schemes, etc.), noting that such projects had previously been carried out without participants receiving food or cash

⁴⁴ CHS 2005. Malawi Sheet Fact. Community and Household Surveillance, October 2005; CHS 2006. Malawi Sheet Fact. Community and Household Surveillance. March 2006.



support in exchange for work. It was mentioned that people consequently objected to working on a project unless they were paid for the work.

218. WFP provides cash to CPs to test livelihood improvement programmes for beneficiaries of HIV and AIDS activities, as a form of “exit strategy.” There appear to be limited resources to implement these activities.
219. The government, together with development partners, is currently testing cash-based support to households. Cash-based social protection schemes for the ultra poor are being launched in seven (out of 28) districts, implemented by the government, with partners such as UNICEF. The schemes will target about ten percent of the population in these areas. There is no exit strategy for these schemes.
220. In 2006, cereal prices were very low; thus food aid may have increased supply on the market and possibly acted as a disincentive to local production. The WFP Malawi questioned the cost effectiveness of providing food aid when prices are very low in some areas (e.g. Palombe, Machinga). WFP Malawi consequently investigated the alpha value of the food aid and examined whether food or cash was the best option. In response, WFP Malawi decreased the cereal ration and increased vegetable oil. In other districts, food availability was limited, prices were high, and the rations were consequently distributed as planned.

Conclusions

221. Several interesting initiatives are being tested in Malawi, for instance livelihood programmes for beneficiaries of HIV and AIDS programmes. The integration of livelihood and HIV and AIDS programmes is of utmost importance due to the high prevalence of HIV and AIDS and the need for affected families and infected individuals to improve their livelihoods.
222. The current discussion of food aid versus cash is also highly relevant and should be followed closely by WFP Malawi. As was done in 2006, WFP should continuously examine the prices of food at local markets in order to establish whether food aid transfers are the most appropriate form of aid. A recent evaluation of Concern Worldwide’s Food and Cash Transfer project concluded that the combination of food and cash transfers (half/half) was very effective as the food met subsistence needs directly, whereas the cash allowed beneficiaries to cover non-food needs. The misuse of cash by some male beneficiaries was, however, worrying, and hence it was recommended to deliver cash transfer directly to female beneficiaries when possible.⁴⁵
223. The 2005 and 2006 CHS reports provided evidence of the impact of the programme activities on food security based on the specific indicators. Beneficiaries had a lower coping strategy index (CSI) than non-beneficiaries indicating a lower level of stress on the household. The CSI measures the frequency and severity of action taken by households in response to the presence or threat of a food crisis. The use of coping strategies is normally higher during the lean season (December to March).⁴⁶

⁴⁵ Devereux, S. et.al. 2006. “After the Fact. An Evaluation of Concern Worldwide’s Food and Cash Transfers Project in Three Districts of Malawi, 2006.” June 2006.

⁴⁶ CHS 2005. Malawi Sheet Fact. Community and Household Surveillance. October 2005; CHS 2006. Malawi Sheet Fact. Community and Household Surveillance. March 2006.



Recommendations:

WFP should:

- Share lessons learned with regard to livelihood programmes for beneficiaries of HIV and AIDS programmes within the region. As the resources provided for these types of project seem to be limited, WFP should mobilise additional funds to carry out such activities systematically, given that the integration of livelihood and HIV and AIDS programmes is of utmost importance in this highly HIV and AIDS-affected country and in the region in general.
- Continue to follow price developments at local markets in relation to distribution of food aid and thus determine whether, in certain conditions, food aid should be dropped in favour of cash transfers.

Mozambique Assessment and Targeting

Findings

224. The evaluation team found that WFP-Mozambique collaborates closely with the Government of Mozambique, and that the PRRO is generally in line with the various policies of the country. The National Executive Secretariat of Food Security and Nutrition (SETSAN) is the main food security body and includes sub-committees/task forces responsible for Vulnerability Assessments (VA), preparation of national food security strategies, and development of national guidelines for improved targeting and vulnerability in terms of the link between HIV and AIDS and food security. WFP participates actively in and provides technical support to different groups under SETSAN, for example the Vulnerability Assessment Committee (GAV in Portuguese).
225. Currently, SETSAN has contracted a group of consultants to prepare a new Food and Nutrition Security strategy. The previous food security strategy, which dates back to 1998 (in Portuguese; translated into English in 2002), focuses on enhancing the food economy, i.e. the transformation of agricultural husbandry and fishery products into food products. It also focuses on systems of disaster management and development, however, and on the adoption of rules for importers and distributors of food aid, in order to maximise the efficiency of food aid and minimize the impact on domestic markets. The rules should favour non-gratuitous distribution of food aid.⁴⁷
226. In the Mozambique, the PRRO is generally in line with the current food security strategy, for instance through its involvement in disaster management. The evaluation team noted, though, that WFP's use of VGF does not entirely mesh with the strategy's emphasis on non-gratuitous forms of food aid distributions.
227. Two types of assessments constitute the basis for decision-making in relation to targeting the food insecure: CFSAM conducted by FAO and WFP and the VA conducted by the GAV, under the SETSAN, the National Executive Secretariat of Food Security and Nutrition.
228. The CFSAM of July 2004 predicted that 49,000 MT of cereal food aid would be needed for approximately 187,000 people recovering from a succession of emergencies, such as floods and droughts, in combination with the impact of HIV and AIDS for the season 2004/2005.⁴⁸ The CFSAM of June 2005 estimated a worsening of the situation of the previous year, requiring 70,000 MT of cereal food aid for 587,500 food insecure people during the period July 2005 to March 2006.

⁴⁷ SETSAN. 2002. "Food and Nutrition Security Strategy. Mozambique". Republic of Mozambique.

⁴⁸ FAO/WFP Crop and Food Supply Assessment to Mozambique. 14 July 2004: 1.



In addition, 44,000 MT of food aid for recovery, rehabilitation and development activities were planned.⁴⁹ In comparison, in October 2005 SETSAN/GAV monitored the food security situation and estimated that 801,655 people would be in a situation of extreme food insecurity during the period and would need food aid until March 2006. The immediate food aid needs were estimated at 83, 000 MT.⁵⁰ The 2005 assessment of the SETSAN/GAV hence indicated a slightly higher number of food insecure people than the CFSAM.

229. Most WFP-Mozambique PPRO activities focus on the food insecure districts identified by SETSAN/GAV, located mainly in the central and southern part of the country. Nutritional support to people receiving treatment for HIV and AIDS will follow the national roll-out plan, however, with priority given to districts with high HIV and AIDS prevalence.
230. With regard to targeting and selection criteria for beneficiaries of the different project types, guidelines apparently exist at WFP-Mozambique CO. The guidelines were not easily accessible, however, and most SO staff met by the evaluation team were unfamiliar with them. Due to the lack of knowledge and use of WFP targeting guidelines, criteria and procedures, the practices and principles of the CPs generally determined which ones were applied. As a result, there were large variations between different partners and projects depending on their capacity and targeting principles and practices, which rendered monitoring by WFP even more difficult.
231. In August 2006, the GAV carried out a 6,000 household survey to provide a baseline of information representative at the provincial level as the SETSAN/GAV are in the process of decentralizing their activities to the provinces. WFP CO and RB provided extensive technical support to the design, implementation (they used PDAs programmed from the RB) and analysis of findings. In addition, the RB secured funds to implement the WFP Emergency Food Security Assessment (EFSA) training at sub-national levels within the country, to be conducted in 2007.

Conclusion

232. The evaluation team did not have access to WFP Mozambique's targeting principles/guidelines, and therefore was unable to assess the targeting methodology. As the SO staff members were unaware of the principles and procedures, the evaluation team noted that they were not implemented in the field. Consequently, WFP's targeting procedures/principles depended to a large extent on the practices and capacity of the CPs.

Recommendation:

WFP Mozambique should develop clear and well-defined procedures for targeting and selection of beneficiaries, including selection criteria. WFP Zimbabwe CO has viable targeting guidelines that could easily be adapted to the Mozambique programme.

⁴⁹ FAO/WFP Crop and Food Supply Assessment to Mozambique. 20 June 2005: 1.

⁵⁰ SETSAN Inforflash. Publication nr.o6. 30 November 2005.



Mozambique Food Security

Findings

233. In 2006 the food security situation improved as the drought subsided and WFP Mozambique shifted from supporting a high number of beneficiaries in a short-term survival response to assisting fewer beneficiaries with a longer-term livelihood perspective.

Best Practice: Technical Support to Improve FFW/FFA Activities in Mozambique

In order to enhance the shift to longer-term projects with a livelihood focus, WFP Mozambique hired a consultant to provide technical support to improve the quality of FFW/FFA activities. Following an assessment of the quality of WFP's FFW/FFA activities, the consultant conducted two consultative workshops with CPs. The results pointed to a number of technical, operational and social concerns regarding the FFW/FFA implemented by WFP and its CPs.

Some of the technical issues were:

limited use of work norms and standards for the work

limited/lack of technical monitoring and

Low quality of built assets.

The consultant identified the following operational and social shortcomings:

No clear definition of stakeholders' responsibilities

Limited integration of FFW/FFA in District Planning Processes

Lack of WFP monitoring and evaluation during the project cycle and a lack of indicators for project sustainability.⁵¹

The principles of the shift from short-term survival response to long-term livelihood support are described in the external WFP paper: "A way forward: VGF/FFW/FFA activities from August to December 2006."

The time span for FFA activities is five months, with activities focusing on developing assets at community level such as wells/irrigation systems, access roads, social service buildings, etc. All activities should be in line with community and district plans and/or programmes that are already in place.

FFW/FFA activities should be closely linked with HIV and AIDS activities such as HBC, OVC support or other care or support programmes. FFW/FFA rations are family rations, consisting of a daily ration for one person of 400g of cereals, 50g of pulses, and 25g of vegetable oil, multiplied by the number of household members. A month includes a maximum of 25 working days, with participants required to work four hours a day in order to receive a daily ration for each of the 25 days worked during the month.

While the principles VGF/FFW/FFA are well presented in the paper, it is noteworthy that there is no mention of targeting and selection criteria for participants of the FFW/FFA activities.

234. The evaluation team visited two FFA projects in the field, both of which were relevant, based on expressed community interest and the fact that activities were in accordance with community plans. Food aid was moreover found to be a relevant tool for asset creation at community level. Food, rather than cash, generally seemed to be appreciated by the beneficiaries.

⁵¹ WFP Mozambique PowerPoint Presentation, 30 August 2006.



Conclusions

235. WFP's shift from short-term emergency support to longer-term livelihood support is a very important step forward in addressing the chronic nature of the food security problems of Mozambique. Food aid used to support various livelihood activities or community asset activities is relevant, from the perspective of the beneficiaries, and likely to be an effective tool for achieving the objective of enhanced capacity of communities' to manage shocks. The pace of implementation and the scale of projects continue to be limited by insufficient resources, however. The evaluation team has the impression that the end of drought in Mozambique has decreased programming possibilities to address chronic food security problems because no mechanism exists to fund expanding food security activities.
236. Linking the FFW/FFA activities to HIV and AIDS activities such as support to HBC and OVC, as outlined in the PRRO planning document is pertinent, in light of the impact of the epidemic on food security and the high prevalence in the country. As also noted in the Consultative Workshop, WFP-Mozambique's technical capacity for planning, monitoring and evaluating FFW and FFA is limited, with the result that the quality of the assets created to a large extent depends on the implementing cooperating partners' capacity in this field. Implementation is uneven as a result, with outputs differing between different partners and in different areas.
237. WFP is a key player within the GAV and has provided substantial technical support to the implementation of their assessment and analysis activities. In addition, a WFP regional assessment officer has been based in Maputo since 2005.

Recommendations:

WFP should:

- Upgrade the technical capacity for FFW/FFA activities at both CO and SO level, in order to continue the commendable shift toward livelihood support (linked to HIV and AIDS activities). Ideally, one food security/livelihood expert should be available at each level, and standards set for technical requirements of CP. In light of current funding constraints, secondments from partner agencies, or other such arrangements for technical support may be more feasible than recruitment.
- Share lessons learnt from the consultancy focusing on technical, social and operational aspects of FFA/FFW projects, providing a quality assessment of assets created through this type of programme, within the regional PPRO countries. The study (according to the PowerPoint Presentation) provides an assessment of very specific details of the FFW/FFA projects such as work norms and standards, offering more detailed recommendations than most other studies.

Zambia Assessment and Targeting

Findings

238. The Zambia Vulnerability Assessment Committee (ZVAC) that conducts the Vulnerability Assessment in Zambia involves a number of stakeholders, including WFP, bilateral donors such as DFID, FEWSNET, and international NGOs. The Government of Zambia is also very actively involved, particularly the Ministry of Agriculture and Cooperatives (MACO). The ZVAC falls under the supervision of the Disaster Management and Mitigation Unit (DMMU), a body that oversees food deliveries and ensures geographical coordination and targeting. DMMU has taken the initiative of conducting Comprehensive Vulnerability Assessment (CVA) with some funding support from WFP. The CVA, which will be carried out at district level, aims to assess potential



hazards in each district and provide baseline data to be used for programme planning. DMMU plans to create a database called the “ZAMVAC”, using DevInfo, to store Vulnerability Assessment (VA) data and other information such as nutrition data. The objective of CVA is to provide a national baseline during a normal year, although the concept of “normal years” has become questionable the last couple of years. While the initiative is important, the project is hampered by a lack of capacity and resource constraints.

239. The ZVAC is partly funded by the government and partly by cooperating partners such as Oxfam, the UN organizations and agencies, and bilateral donors. ZVAC is the main source of information for assessments in Zambia, including for WFP. Apart from the annual VAC, other types of needs assessments are conducted when needed under the ZVAC umbrella (see for example ZVAC October 2005, ZVAC March 2006, ZVAC June 2006).⁵²
240. The ZVAC has a very strong reputation amongst various stakeholders. The 2005 VA, for example, was praised for accurately reflecting the situation on the ground and for identifying the needs for emergency food assistance. It is noteworthy that the 2005 VA was coordinated with the CFSAM, with both missions presenting very similar results. This was not always the case, as in 2003. Due to the wide membership of ZVAC, there is a great deal of ownership among the stakeholders.
241. According to the members of the ZVAC, certain problems exist. ZVAC does not have an institutionalized budget, and thus needs to appeal for funds every time it wants to conduct an assessment. All ZVAC members are part-time members, which is sometimes a constraint as all have their own priorities. Recently, a workshop was conducted to assure that all ZVAC members had basic knowledge of all issues (HIV, nutrition etc.). Occasionally, however, there are still gaps in ZVAC reports due to members’ lack of expertise. Generally, considerable time is spent on methodology and agreeing on results. WFP, UNICEF (to a certain extent) and FAO are the most active members of the ZVAC, compared to other UN agencies. The coordination of responding to the VAC creates problems at times, as not all members adhere to the VAC recommendations and it is difficult to harmonize the food rations distributed.
242. In 2005, Zambia was strongly affected by drought. The ZVAC 2005 predicted that 1,233,000 people were likely to be food insecure during the period from July 2005 to February 2006 in 27 districts including Lusaka, Central, Southern, Western and Eastern Provinces. The food deficit was estimated to be 111,335 MT.⁵³ In 2006, the harvest prospects for districts affected by the 2005 food crisis were quite good, although there were potential food security problems in specific areas. The 2006 VA estimated that six critical areas, including parts of Livingstone, Kazungula, Sesheke, Shang’ombo, Chama and Lundazi would require relief assistance for two months in 2006.⁵⁴ It was not possible to compare these data with the number of WFP beneficiaries as only WFP figures for 2005 were available at the time of the evaluation. These figures should be compared with figures of the ZVAC 2004, which was, however, not made available for the evaluation team.

⁵² See for example ZVAC October 2005, ZVAC March 2006, and ZVAC June 2006.

⁵³ ZVAC 2005. 2005 Vulnerability and Needs Assessment. June 2005. Lusaka: vii.

⁵⁴ Zambia Vulnerability Assessment Committee (ZVAC) 2006. “Analysis Report on the Phase Out/Scaling Down of Emergency Relief Programme”. March 2006: 3.



243. In Zambia, the WFP CD's office directly supervises the VAM unit, in contrast with other COs where it falls under the Programme Unit. The VAM unit is better staffed, in terms of numbers and technical capacity, in comparison to other offices in the region. The VAM unit includes a meteorological specialist, a nutritionist specialised in HIV, a GIS specialist, and a unit head with a background in policy and programme design.
244. The VAM unit makes use of a wide range of information sources such as meteorological data, pricing information from SOs, qualitative data from CPs and SOs, information from MoA regarding the distribution of inputs, HIV data from NAC/UNAIDS, and lastly CFSAMs. In addition to VA reports, based on price and rainfall data, ZVAC used to produce monthly updates. ODJ currently provides a format and VAM will submit monthly food security data based on the format.
245. VAM has tried to harmonise targeting criteria across programmes and to ensure that rations are harmonised. HCB programmes use same criteria across the country, for example. Geographic targeting is carried out on basis of "hot spots" identified through the VA and include areas selected based on various indicators such as HIV prevalence, number of OVCs, food security levels, etc.
246. Overall, the linkages between the VAM units, needs assessments and M&E appear to be weak, especially in terms of information sharing. The information gap works both ways: VAM does not make use of CHS reports, and some of the reports submitted by VAM are not used by M&E. One of the main reasons for the information gap is time constraints, preventing adequate access to the data.
247. Sub-Offices (SOs) play an important role in triangulating information from needs assessments and are WFP Zambia's main link with communities and partners. Most SOs, however, do not have sufficient capacity in all needed technical areas because their limited staff are generally overburdened. If VAM gets ad hoc reports on particular issues affecting food security, they request that SOs follow up on the situation. There are no guidelines, however, on specific methodology and SO staff has not been trained. Information on food security comes from WFP Food Aid Monitors' reports and SOs' monthly reports. Apparently, SOs do not produce specific food security reports or provide regular updates on food security.
248. VAM recently developed a checklist for SOs to collect food security data; the checklist is already in use by the SOs. To date, however, VAM has not received the information. SO staff members have been trained in Nutrition and HIV, but have not yet received training in food security. In January 2007, VAM plans to conduct emergency food security assessment training, which has been requested by the SOs.

Conclusions

249. Overall, information gaps exist regarding food security, although much information is gathered and the mechanisms for doing so have greatly improved. For example, although VAM receives and analyses secondary meteorological and price data, there is no system in place for food security monitoring by (WFP or CP) field staff. VAM does not appear to produce regular food security updates, which could be used as basis for programme planning.
250. The position of the VAM Unit directly under the CD's office, rather than under the Programme Unit, is both an advantage and a drawback. One of the key constraints is the division between the Programme Unit and VAM, a split that makes information sharing and communication more difficult between the two units. On the positive side, being directly under the CD's Office is an



advantage for the VAM unit, due to the increased attention and support it receives from senior managers.

Recommendation:

WFP should strengthen the linkages between VAM and the Programme Unit, including M&E, at CO level. The WFP-Zambia CO should ensure that data from assessments inform programming by using regular updates on food security. The VAM Unit should be closely involved in the CHS process, and use CHS to inform the assessments.

Zambia Food Security

Findings

251. The food crisis of 2004/2005 affected two thirds of southern Zambia. In response, the Government of Zambia and a number of partners, including WFP, implemented a drought-relief programme from July 2005 to March 2006, delivering food, cash and inputs to the most vulnerable groups affected by crop failure. At the peak of the crisis, 1.4 million people were targeted with food assistance. The major stakeholders of the programme were the DMMU at various levels, WFP, the USAID Consortium of NGOs (C-Safe), and Oxfam (supported by DFID). WFP and others distributed food in the form of cereals and pulses, while Oxfam, for the first time during an emergency, implemented a cash transfer programme. The programme targeted the most vulnerable households in two districts.

252. From December 2005 to April 2006, a number of donors conducted an evaluation of the drought-relief programme in the form of a Real-Time Self-Evaluation (RTSE). The RTSE addressed targeting, implementation and impact of the programme. Among the results, the most relevant for the current evaluation is the conclusion that both food and cash transfers achieved the goal of reducing hunger and protecting/promoting livelihoods. More specifically, the RTSE found both cash and food distributions to be appreciated by the targeted population and to be appropriate, although in different contexts. Cash transfers were appropriate in areas with functioning markets where the traders could respond to an increase in demand; food transfers, on the other hand were found to be appropriate in areas with low stocks and weak market performance. Not surprisingly, the RTSE advised that the needs of chronically food insecure should be addressed through long-term social protection rather than a relief response.⁵⁵

⁵⁵ DMMU/DFID/WFP/USAID 2006. Real-Time Evaluation (RTE) of the Response to the Food Crisis in Zambia 2005/06. Final Report May 2006.



Best Practices: FFA in Zambia

WFP Zambia has put great focus on Food for Assets (FFA), partly because the government does not allow free food distribution. FFA was used during the relief operation of 2005/2006, combined with vulnerable group feeding (VGF). FFA is currently being implemented in 14 districts, while in 2005 25 districts were targeted. The districts were selected based on the ZVAC.

The objectives of FFA are to:

- Increase poor and vulnerable HHs' access to food
- Improve their ability to cope with shocks (natural disaster), and
- Develop sustainable livelihoods by establishing and maintaining productive and human assets.

FFA is implemented by NGOs in cooperation with District Councils and line ministries of Community Development and Agriculture at district level. Moreover, WFP cooperates with FAO on Farmer Field and Life Schools and conservation farming. Examples of activities implemented through FFA are conservation farming, crop diversification, bee-keeping, construction/maintenance of fishponds and construction of goat shelters

WFP Zambia is currently conducting an evaluation of the FFA programme in order to assess and improve its relevance, effectiveness and sustainability. One particularly important issue examined in the evaluation is the identification of projects that have a greater impact on food consumption and income levels, and of those with potential for replication and scaling up.⁵⁶

Conclusions

253. Because food insecurity in Zambia is related to access constraints in part, and more specifically to a poorly performing market, food aid is found relevant in both the short and medium-term. The provision of food aid is relevant in the context of FFA/FFW, VGF, and of programmes for PLWHA and OVCs
254. Activities selected for FFA, such as conservation farming, construction of fish ponds (which has proved to be very successful in Zambia in the Dambo area) and crop diversification to include more drought resistant crops, rather than maize, are all relevant and can contribute to achieving the objective of building sustainable livelihoods if properly implemented. Conservation farming using FFA/FFW has been implemented on a relatively large scale in Zambia, replacing free food distribution during the emergency for able-bodied people. In principle, the FFA projects are likely to achieve their objectives. Unfortunately, the evaluation team was unable to visit FFA sites during the mission and could not confirm that objectives were met due to lack of data. An evaluation of the FFA should be undertaken.

⁵⁶ United Nations. World Food Programme. 2006. Evaluation of Food for Asset Programme. Research Design. November 2006.



Recommendations:

WFP should:

- Use the RTSE findings, which were timely and appropriate, with regard to the use of food aid and cash transfers, respectively, to develop the PRRO strategies and to adjust implementation practices in this field.
- Use the experiences of the Zambia CO and SOs in FFA and many different livelihood and food security projects to update and develop FFA projects and, more generally, food security/livelihood projects within the PRRO.

Zimbabwe Assessment and Targeting

Background

255. The Food and Nutrition Council coordinates food security and vulnerability assessments. A sub-committee, the Zimbabwe Vulnerability Assessment Committee (ZimVAC), under the Poverty Eradication and the Social Services Delivery Development Action Committee, has been set up to conduct and coordinate these assessments. Assessments started in August 2002, receiving technical support and funding from SADC-Food Agriculture and Natural Resources (SADC-FANR), the Regional Vulnerability Assessment Committee (RVAC), UN agencies, and NGOs. Since 2002, five rural and one urban food security and vulnerability assessments have been conducted. The assessments have become important instruments for policy making and planning and implementation of humanitarian and development interventions.

Findings

256. Many multi/bilateral donors and NGOs were sceptical of the findings of the ZimVAC as the Government of Zimbabwe, on several occasions, has attempted to control the findings of the assessments. The government, for example, has not yet released the main report of the June 2006 assessment, and has only released the summary report. The international community's lack of trust in the vulnerability assessments is aggravated by the fact that no comprehensive comparative assessments have been carried out since 2004. Thus, FAO's request to the government to conduct its annual crop production assessment was not successful.⁵⁷

257. The Rural Food Security and Vulnerability Assessment of June 2005 (ZimVAC 2005) estimated that 2.9 million people, or 36 percent of the population, would be food insecure during the 2005/2006 marketing year following prolonged dry spells during the 2004/2005 cropping season. The shortfall was expected to be 225,445 MT of maize. The acute food insecurity resulting from dry spells was aggravated by chronic food insecurity caused a high HIV and AIDS prevalence, leading to shortage of labour at household level, periodic shortage of certain basic commodities, hyper-inflation and three consecutive years of low harvests.⁵⁸

258. The May 2006 ZimVAC assessment showed an improvement, compared to 2005, as it estimated that only 1.4 million people were food insecure with a deficit of 91,000 MT of maize during the 2006/2007 agricultural year.⁵⁹ Although FAO was not permitted to carry out the CFSAM, the

⁵⁷ Zimbabwe Consolidated Appeals Process (CAP). Mid-Term Review 2006.

⁵⁸ ZimVAC 2005. Zimbabwe. Rural Food Security and Vulnerability Assessments – June 2005. Report.

⁵⁹ ZimVAC 2006. Zimbabwe. Rural Food Security and Vulnerability Assessments – May 2006. Summary Report.



organization made an estimate of the 2006 cereal harvest. FAO's estimate was 1 to 1.2 million tonnes as compared to the government's estimate of 1.8 million MT. The US Department of Agriculture (USDA) estimated a maize production of 900,000 tonnes.⁶⁰ As noted above, no comprehensive comparative studies have been carried out by other agencies. FAO and USDA estimates indicated, however, that ZimVAC's projections of people in need might be low. It should be noted that the ZimVAC's 2500 HH survey activity received substantial technical support from the regional bureau VAM unit in terms of design, sampling, analysis and some reporting.

259. In 2005, WFP provided food aid to 2.8 million people through VGF. In addition, about one million beneficiaries received food through targeted activities (SF, SFP, food for internally displaced people). The actual number of beneficiaries was some 134 percent of those planned.⁶¹ The ZimVAC 2004 estimated that 2.3 million people would not be able to cover their food needs in 2004/2005.⁶² It is difficult to compare the figures of the ZimVACs and the number of beneficiaries supported by WFP as the assessment refers to agricultural years, whereas the WFP figures refer to calendar years. There is evidence that WFP fed slightly more people than the number estimated to be food insecure according to the ZimVAC.
260. During the period January to April 2006, WFP and cooperating partners distributed 150,931 tonnes of food to a total of 4.3 million people through vulnerable group feeding and various targeted programmes (SF, urban feeding and home based care for HIV/AIDS infected and affected). VGF ended as planned at the end of April 2006, with the start of the harvest, reducing WFP's beneficiary numbers from 4.4 million to about one million people.
261. While the evaluation team was unable to assess whether or not the most vulnerable and food insecure groups were actually targeted, due to insufficient information, it was possible to discuss whether WFP's targeting procedures and criteria were likely to be effective in reaching the most vulnerable. The flow chart below (for VGF) developed by the WFP Zimbabwe M&E Unit shows the processes of assessment, targeting and selection of beneficiaries, from the ZimVAC to the process of verification of whether the appropriate persons are being targeted.

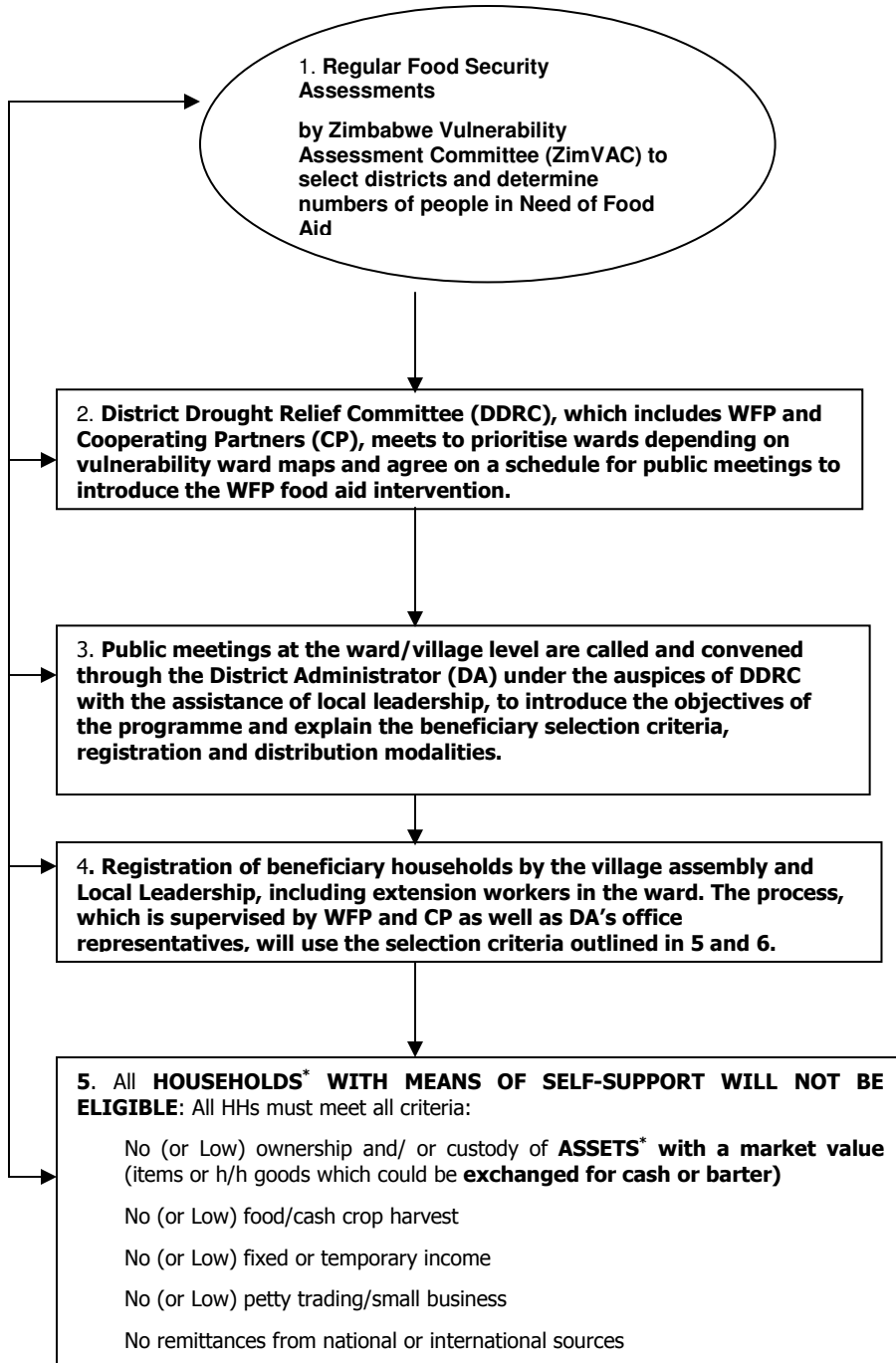
⁶⁰ UN World Food Programme Zimbabwe Country Office. Briefing Note. November 2006.

⁶¹ World Food Programme. Standardised Project Report 2005.

⁶² FAO Special Report. Zimbabwe 5 July 2004: 1.



VGF Targeting, Selection & Registration Process Flow Chart November 2006



Notes:

1. **National Assessments** are conducted, by the Zimbabwe Vulnerability Assessment Committee (ZimVAC). The ZimVAC report determines the level of harvest, deficit areas by ward according to the Food Economy Zones, districts in need of food aid, the period of assistance, numbers of people and % of population in need.

2. **Stakeholder mobilisation:** DDRC meeting is called to determine the wards to be targeted and explain the registration and distribution modalities.

3. **Community Mobilization stage:** WFP/CP/DDRC members to provide full information on the PRRO 10310 VGF programme to all levels. The local community leadership (Chiefs, Headmen, Councillors and village heads), are consulted and a schedule of public meetings agreed upon. They in turn mobilize the communities with the assistance of the CP. Local leaders are encouraged to use schools, churches, funeral groups, posters and other local means to ensure thorough information dissemination.

4. All **Village Heads** to attend together with members of HHs in their villages to fully participate in the selection and identification of most vulnerable households using the selection criteria described herein. The Chief or Headmen, Ward Cllr, CP Snr staff, WFP & other DDRC stakeholders are expected to be present to monitor the process as the Help Desk.

5. Selection Criteria **Step One** is done at the village level to analyse all HHs to determine HHs **without**



→ 6. All Households left WITH NO MEANS OF SELF-SUPPORT, and ranked according to the local characteristics of vulnerability, to be registered in the Master Register, recording to their DEMOGRAPHIC STATUS of the household, according to 8 categories which could be multiple for an individual household.

- Chronically ill headed H/H
- Child headed H/H
- Elderly headed H/H
- Single-parent (widow/er) headed H/H
- Disabled headed H/H
- H/Hs with mentally or physically disabled member(s)
- H/Hs with orphans
- Households with high dependency ratio



← 7. WFP/CP to decide cut-off on the village/ward Master Register depending on food availability and taking guidance from the ZIMVAC vulnerable food insecure population for the respective ward and the other food aid programmes already in place. It's a process where 20% of villages and 20% of HHs are to be verified. If 80% of verified HHs meet the criteria, distributions should continue, otherwise re-registration should be done if the verifications show less than 80% of HHs meeting the criteria.

means of self support for registration into a village/ward Master Register and all village HH members present (minimum of 80%) should participate.

6. Step Two deals with the selection and ranking of HHs already selected as those without means of self-support into a vulnerability ranked Master Register using demographic status of each selected HH. The HH without means of self support as categorised, most of which are social welfare cases and the most vulnerable amongst the most food insecure villagers – should get priority for food assistance.

7. Step Three will ensure that verifications, double-dipping and food availability issues are considered before a final ranked and verified register of beneficiaries are listed in a **Distribution Register** with cut-off levels effected by WFP/CP and publicly verified. Purposive sampling to deal with difficult villages rushed registrations should be employed; and otherwise a random sampling approach is the standard. WFP Zimbabwe, November 2006



262. ZimVAC identifies the most food insecure districts based on this assessment and Food Security Monitoring (FSM) reports, which is an internal WFP monthly exercise conducted by the VAM Unit. WFP, in collaboration with District Drought Relief Committee (DDRC) and cooperating partners, selects the wards for interventions. The objective of the FSM is to generate early warning data and inform senior management on food security. FSM is conducted in 20 districts on a monthly basis and every third month in 48 sites in 47 districts. The Rapid Rural Appraisal (RRA) methodology is used, including community focus group discussions. Furthermore, weekly price monitoring is conducted by the VAM Unit and a brief, “WFP VAM Weekly Maize Grain and Maize Meal Price Collection,” for use by managers and others, is published. The price monitoring exercise takes place both in rural and urban areas. District profiles are produced as internal WFP documents for decision-making on targeting.
263. Household surveys are carried out bi-annually for CHS by the M&E Unit. Household data should feed into the VAM assessment, but apparently this does not take place. There appears to be limited collaboration between the M&E and VAM Units, both of which have been severely affected by the staff cuts due to funding problems.
264. Criteria for selection of beneficiaries are well defined and feasible, and include three steps. Firstly, at a village meeting with attendance of the village heads, the most vulnerable households - defined as the ones without self-support (as defined in 5) - are identified, while WFP and the CP are monitoring the process. At least 80 percent of the village members should participate in the meeting. Step two involves the registration of the most vulnerable of the households already selected as those without self-support. These households are selected and ranked according to demographic criteria (cf. 6). In the last step, the Distribution Register including a register of final ranked and verified beneficiaries is prepared. Verification of whether the most vulnerable persons have been targeted (according to the selection criteria) takes place during and after the food distribution. At least 80 percent of the selected beneficiaries should fulfil the selection criteria; if not, the registration has to be carried out again.

Conclusions

265. Collaboration between the VAM unit and the M&E department was limited and hence opportunities for information-sharing were missed. The fact that the VAM unit is not using CHS is one example. In addition, both units appeared to be suffering from a shortage of staff.
266. In 2005 and particularly in 2006, WFP provided food aid for a greater number of people than that estimated by the ZimVAC.
267. The questionable reliability of the ZimVAC findings, and the lack of comprehensive comparative data, largely because FAO/WFP were not authorised to carry out the CFSAM, make it difficult to determine whether there has been an excessive use of food aid.
268. Targeting is well-designed and implemented, with WFP benefiting from useful targeting procedures, including selection and registration of the beneficiaries as well as feasible targeting criteria. CPs indicated that the prescribed procedures are generally followed.



Recommendations:

WFP should:

- Strengthen the collaboration between the VAM and M&E units in order to enhance the coherence and feedback mechanisms in the programming cycle from assessments and targeting to final evaluation.
- Continue to advocate for transparency in the food security assessment process, for the release of findings from government sources, and for the implementation of comparative assessments, such as CFSAM.
- Share WFP-Zimbabwe's targeting guidelines with the RB, for dissemination to other countries with less developed targeting tools, such as Mozambique.

Zimbabwe Food Security

Background

269. The food security situation improved from 2005 to 2006, and the current situation (as at the end of 2006/early 2007) is one of structural and chronic food insecurity rather than an emergency. The HIV and AIDS pandemic is one of the major causes of the structural food insecurity as it leaves many households short of labour and unable to cultivate the land, which is otherwise plentiful. Due to the political situation and hyper-inflation, farmers' access to markets and agricultural inputs is limited; moreover, purchasing grain from the Grain Marketing Board (GMB) is hardly an option. Farmers are dependent on subsistence low-input farming, a type of agriculture in which many farmers have limited experience. Agricultural production in Zimbabwe prior to the current crisis was largely based on modern high-input agriculture both at commercial farms and for small-scale farmers.

270. The SADC report released in 2006 by Zimbabwe's Central Statistics Office indicated that Zimbabwe produced a cereal harvest of about 1.7 million MT in 2005/06. According to FAO, however, improved rainfall resulted in maize production between 1 and 1.2 million MT. The USDA estimated maize production to be 900,000 MT in February 2006. Accordingly, FAO predicted a maize import requirement for Zimbabwe for the 2006/07 marketing year of about 300,000 MT, a quarter of that required in 2005, when Zimbabwe did not produce enough cereal to meet consumption needs.

271. The preliminary findings of the 2006 Zimbabwe Vulnerability Assessment Committee (ZIMVAC) survey found that 1.4 million people in rural areas (17 percent of the rural population) required food support to meet their basic food requirements, especially in the critical 'lean' period from December 2006 to March 2007. Malnourished children and mothers, displaced people and people affected by HIV and AIDS were targeted as those most likely to need food support throughout the year.

272. According to WFP Zimbabwe, "carefully targeted food aid plays an important role in sustaining vulnerable, food-insecure households, to protect lives, safeguard the nutritional status of vulnerable groups and mitigate the further depletion of assets."⁶³ At the time of the MTE, WFP provided food assistance to beneficiaries through urban feeding, assistance for mobile and vulnerable persons,

⁶³ UN WFP Country Brief: Zimbabwe, Harare: August 2006



home-based care (HBC) for the chronically ill, support for orphans and vulnerable children, SF and family child health and nutrition support.

Findings

273. WFP Zimbabwe, at both CO and SO levels, has limited technical capacity with regard to longer-term food security/livelihood and programming of these areas, with no such food security specialists and no staff appointed as focal points for this area. The lack of staffing hampers the planning and implementation of projects as well the assessment, supervision and monitoring of projects implemented by CPs. In general, the quality of activities is dependent on the capacity of the implementing agency.
274. Food security is mainly dealt with as an emergency issue despite the chronic nature of the food security situation.⁶⁴ Currently, however, a pilot project implemented jointly by WFP, FAO and World Vision is testing conservation farming, which is expected to lead to a dramatic increase in yield. The project applies an integrated approach through a combination of Food for Work (FFW), agricultural inputs and extension programming.⁶⁵ The lessons learnt from this project will be important in identifying ways of addressing chronic food security problems in Zimbabwe.
275. Despite the chronic nature of the food security problems in Zimbabwe and high rates of HIV and AIDS, no livelihood project activities targeting people living with HIV and/or affected by the epidemic, and other chronically ill people are currently being implemented. The shortage of labour has become a major barrier for achieving food security in these households, and hence implementation of labour-saving agricultural methods and on-farm income-generating activities would be highly relevant.
276. With regard to implementation of long-term food security and livelihood projects, however, the crucial question is whether donors will be committed to fund WFP non-emergency project interventions. Several of the major donors, seem to be of the opinion that WFP does not have the technical capacity to participate in non-emergency activities and that WFP's comparative advantage is uniquely in relief food distribution.
277. On a more general note, there seems to be a general recognition within the donor community in Zimbabwe that it is time to look into alternatives to food aid, for example long-term development project programmes for the population groups who are affected by the food security problems caused by the political crisis. In this respect, three of the major donors, i.e. DFID, USAID and EC, have launched an independent evaluation of food aid interventions in Zimbabwe from 2002 to 2006. The interventions were mainly made from WFP, but also through the C-SAFE pipeline and directly through some NGOs. More specifically, the review aims at studying the role, effectiveness and impact of food aid since 2002 and to assess the future role and relevance of food aid in the light of the protracted humanitarian situation in Zimbabwe. It also aims to provide guidance on appropriate future humanitarian and relief interventions in the short, medium and long term.⁶⁶

⁶⁴ One of the reasons why WFP Zimbabwe has been hesitant to implement FFW in Zimbabwe is the risk of being associated with the government implemented FFW/public works programme.

⁶⁵ WFP/FAO/World Vision. "Integrated Conservation Farming for Food Security Pilot Project." Harare, Zimbabwe (no date).

⁶⁶ ToR for Joint Donor Review of Food Aid in Zimbabwe (USAID/DFID/EC).



Conclusions

278. In light of the chronic nature of the food security problems in Zimbabwe, there is a need to shift from emergency activities to those addressing the structural barriers to food security when and where possible. Due to the current political situation, it is difficult to influence the policy level, whereas it is highly relevant to implement activities aiming at building capacity at the household level to improve livelihoods. While it may save lives, relief food aid does not address the chronic food security problems. WFP has a key role to play in providing food aid to support well-planned activities aimed at promoting agricultural development and improved livelihoods, such as conservation farming, training in sustainable agricultural methods and vocational training.
279. Food for work, training, and assets in Zimbabwe has been seriously questioned, and suggestions made that cash disbursements would be more appropriate for the beneficiaries and more cost-effective. Given the economic and political situation in Zimbabwe, the issues of hyper-inflation and the difficulties in purchasing maize on the commercial market, in part due to the role of the marketing boards, food aid in support of agricultural and livelihood activities continues to be an appropriate option, for the time being.

Recommendations:

WFP should:

- Upgrade its technical capacity in food security/livelihood development at CO level
- Expand the integrated approach of collaboration with FAO and NGOs, whose expertise in farming is highly relevant. Community and household level capacity must be enhanced, in order to develop more sustainable livelihood systems, including farming methods, which can function independently of currently highly unreliable government inputs. WFP could provide food aid to support the implementation of the agricultural activities implemented with FAO funds. The ongoing pilot project implemented in collaboration with FAO and World Vision should be scaled up, taking into account the lessons learned from the project, and increasing WFP's involvement.
- Develop integrated HIV and AIDS and livelihood projects. Beginning with a study to assess the viability of proposed activities, WFP should launch a livelihood project targeting PLWHA and other chronically ill people. Africare, the Zimbabwe Red Cross Society and local CBOs implementing activities such as bee keeping, goat, poultry, rabbit and guinea fowl-keeping projects should be consulted for advice and partnerships. Home gardening of nutritious fruits and vegetables could also be considered.



II.4 Programmes

Background and WFP Approaches to Programme

280. At the end of 2003, a series of interagency appraisal missions was carried out together with national governments, UN and civil society representatives, followed by consultations on possible approaches at country level. Consultations with stakeholders permitted the programming process to stay country, rather than region, driven. According to the PRRO document, nutrition rehabilitation and safety-net activities were to be implemented as relief programmes, while family and community-based programmes and SF were considered to be recovery activities. The document also described a major shift from large-scale general food distributions to a more targeted approach in the following areas:

- Food security
- HIV/AIDS care and support for affected households, including OVCs
- Health and nutrition
- Education.

281. Tackling food insecurity and increased vulnerability due to HIV and AIDS were considered to be the main entry points in the PRRO, with the WFP 2003 policy on HIV/AIDS serving as the basis for programme implementation for the latter. WFP COs were committed to select appropriate Cooperating Partners (CPs) with adequate understanding of gender issues to carry out recovery activities. The PRRO aimed to address all five of WFP's corporate strategic priorities, as follows:

SP1: Save lives in crisis situations;

SP2: Protect livelihoods in crisis situations and enhance resilience to shocks;

SP3: Support improved nutrition and health status of children, mothers and other vulnerable people;

SP4: Support access to education and reduce gender disparity in access to education and skills training; and

SP5: Help governments to establish and manage national food-assistance programmes.

282. The main goal of the PRRO was to contribute to "improved food security, livelihoods and productive capacity among the vulnerable poor, including HIV and AIDS infected and affected people in five southern African countries." The four key objectives were defined under corresponding thematic areas — food security, HIV and AIDS, health and nutrition, and education, which were implemented either as relief or recovery activities.

Identified Risks

283. In order to shift from relief to recovery, the PRRO recognized that considerable material and technical assistance from specialised agencies, from governments and from the commercial sector would be required.

284. A key risk identified in the PRRO preparation process was the need for joint programming in all sectors, particularly in the area of HIV and AIDS. Because the availability of services such as home-based care, and medical care, including treatment, is so uncertain, concern was expressed regarding the need for WFP to ensure the availability of adequate resources for the PRRO. The need for considerable technical capacity, human resources, the availability of guidelines and the delivery of services by external partners was noted as essential for programme implementation.



Food security: relief aid and safety-nets

285. The relief component of the PRRO was aimed at addressing unmet food needs of the most vulnerable people, particularly during lean seasons and as a result of high rates of malnutrition and disease. The PRRO did not specifically aim to save lives, but rather contribute to improved survival and recovery from illness. A total Unallocated Emergency Window (UEW) of 100,000 MT of commodities was set aside as a buffer to cover unexpected relief requirements for up to two million people for three months, including, for example, climate-related emergencies.
286. The PRRO aimed to provide relief food through social support mechanisms implemented by a variety of actors including NGOs, faith-based/community organisations, and governments, through targeted food distributions or vulnerable group feeding programmes during lean seasons (SP1). The 2004 VACS and CFSAMs predicted an elevated need for targeted food distributions during the first half of 2005, to be delivered through targeted food distributions and recovery mechanisms such as FFW, health and nutrition programmes and HIV/AIDS household and OVC support, which were to be expanded, at least temporarily, for this purpose.
287. This component included mother-and-child health (MCH) and prevention of mother-to-child transmission (PMTCT), therapeutic and supplementary feeding (TFP and SFP), hospices and home-based care (HBC) for the chronically ill, tuberculosis treatment and ART. Targeted populations were malnourished children, pregnant and lactating women and chronically ill people in care-and-treatment programmes. Health and nutrition activities were to provide food supplements together with prevention awareness in malnutrition and HIV and AIDS, forming a holistic care-and-treatment package under the umbrella of WHO's "3 by 5" initiative. The PRRO also intended to link food aid with national HIV and AIDS care and treatment programmes.

Recovery and Livelihood Development

288. Recovery activities aimed to provide opportunities to rehabilitate livelihoods and to strengthen coping mechanisms. Food assistance was therefore intended to meet immediate food needs in order to enable people to participate in recovery activities.
289. FFW and FFT activities were aimed at establishing and maintaining productive and human assets (SP2), with livelihood insecurity serving as the main criterion for identifying beneficiaries. The PRRO recognized that in light of the high levels of HIV and AIDS in many target communities, livelihood activities had to be of low labour intensity, with benefits for the entire community, and not just those affected by chronic illness. Examples of potential FFW activities included bee-keeping, fruit growing and preserving, small animal husbandry, fish farming, conservation farming, irrigation and water harvesting, and small gardening. The document suggested that some activities could be implemented simultaneously with road, dam and storage facility construction in order to benefit targeted people, and their communities. Proposed FFT activities included vocational skills training, income-generating activities, agriculture and HIV and AIDS-related care and peer-counselling.



Education

290. School Feeding (SF) activities under the PRRO aimed to distribute on-site meals or take-home rations to school-aged children as an incentive to encourage them to enrol and attend school, and to address problems of short-term hunger (SP4) through primary and pre-primary education and vocational training facilities. Take-home rations were to be given to vulnerable children in order to reduce gender disparities, or to alleviate hardship related to HIV and AIDS and orphan status. The PRRO also intended to address seasonal fluctuations in vulnerability, in an attempt to improve targeting. It was committed to involving parent-teacher associations (PTAs) and food-management committees in targeting exercises, and ensuring that school needs were accurately represented at the community and local government levels. It aimed to establish ‘innovative programmes’ that could reach out-of-school children in need of assistance.
291. Criteria identified for WFP’s selection of SF activities included basic food-security indicators, enrolment and attendance rates and the possibility of meeting minimum standards for educational activities. In order to avoid the creation of “supplementary” feeding programmes, the PRRO established the pre-requisite of a minimum of school infrastructure, and additional partnerships with CPs to address areas with high needs and inadequate resources. WFP’s partners proposed complementary activities such as nutrition education, micronutrient supplementation and deworming; HIV and AIDS awareness and prevention, and water, sanitation, agricultural and environmental programmes.

Intended Beneficiaries and Food Baskets

292. Food aid activity plans were to be developed at country level, using information from CFSAMs and VAM to identify the most vulnerable households and individuals, and taking into consideration the feasibility of implementation. Vulnerability indicators outlined by the PRRO document included land ownership and access; livestock and assets, food production, employment and income, and access to markets. A variety of socio-demographic and economic indicators were also to be identified to identify those most vulnerable to food insecurity. Priority groups identified by the PRRO included:
- Households in drought or flood-prone areas whose harvest and/or income is inadequate to meet annual food needs, identified by economic and demographic indicators
 - Nutritionally vulnerable women and children
 - PLWHA⁶⁷ supported through PMTCT, TB and ART programmes
 - OVC, child-headed households, and those hosting orphans
 - School-age children in food-insecure areas
 - Households headed by elderly people
293. Ration sizes and composition were to be based on the role of food in the activities and differences in availability of local foods, ability of households to meet their own food needs and agreements with partners and governments. As recommended by WHO’s Technical Advisory Committee (TEC) on HIV and AIDS and Nutrition, food rations for HIV patients aimed to meet increased energy requirements of ten to 30 percent for adults, with a proportionally increased protein intake. The PRRO recognised that diets in southern Africa were dominated by starchy foods, and suggested that an overall increase in cereals would not guarantee adequate nutritional

⁶⁷ PLWHA- Person/People Living with HIV and AIDS



intake. Oil and pulses were to be distributed, therefore, in addition to cereals, to meet the needs of poor and vulnerable households. In order to combat widespread micronutrient deficiencies, the PRRO suggested including fortified products (fortified blended foods, such as CSB, vitamins A and D fortified oil and maize meal) in the food basket. As during the EMOPS, the PRRO was committed to providing fortified flour to beneficiaries, if possible. Training for CPs and beneficiaries on storage, preparation, diet and sources of micronutrient-rich foods was planned.

II.4.1 Mother and child nutrition and health:

294. WFP has made advances in improving existing social protection schemes related to nutrition, particularly those aimed at enhancing community involvement and improving behaviours related to cultural practices of caretakers and mothers. It works through CPs to operationalise innovative programmes and with governments, at the policy level, to ensure that food and nutrition figure strongly in national level policies and strategies. In Zambia, for example, WFP contributed to ensuring that food and nutrition considerations were integrated into the Fifth National Development plan and national health strategic plan, through stakeholder consultative forums.
295. WFP's support to improved nutrition and health status of children, mothers and other vulnerable people was provided in most countries through the relief component of the PRRO. Vulnerable groups were identified according to standard criteria, such as enrolment in MCH care programmes for pregnant or lactating women, and under-five year old children. In some cases, blanket SFPs were provided (Swaziland) with all under-five year olds residing in food insecure zones eligible for programmes. In other cases, children identified as acutely malnourished were eligible for supplementary food. In some countries, SFP and TFP in areas with food insecurity operated as needed during the lean season only, rather than year-round.
296. In general, the MTE found that MCH programmes are increasingly being taken over by HIV and AIDS-related activities. In a region with the highest stunting rates on the continent, critical levels of anaemia and vitamin A deficiency, and unacceptably high levels of underweight, the MDGs are still far from being reached. While COs indicated that selective feeding programmes were a high priority, it was apparent that most countries were unable to meet all of the needs for SFP and TFP, due to resourcing constraints and overwhelming needs for food and nutrition for HIV patients.
297. In an effort to avoid stigma, MCH clinics provide people infected with HIV with food assistance support through regular nutrition programmes, rather than specialised services targeting HIV and AIDS patients. In some cases, such as Zambia, the practice is dictated by formal government policy. In others it is more of a "common sense" approach, aimed at encouraging people who are HIV positive to seek and benefit from all available food assistance and health services, while minimising their concerns about stigma and respecting their right to confidentiality. On one hand, the practice of including malnourished individuals in feeding programmes without distinguishing HIV as a cause of malnutrition has proven to have positive benefits, facilitating better coverage and ensuring regular distributions of food, as stigma and possible discrimination are reduced. On the other, this phenomenon may render traditional feeding programme objectives obsolete, as HIV positive individuals may not respond as positively to the programme, at least in terms of weight gain, as those who are not chronically ill.



298. In general, the MTE found that the emphasis of MCH in PRRO countries appears to have shifted from providing health and nutrition services for at-risk or malnourished individuals to supporting nutrition needs of chronically ill, malnourished patients. This shift not only reflects the increasing numbers of people with HIV and AIDS who are at-risk or suffering from malnutrition, but also a heightened corporate interest on the part of WFP in addressing food and nutrition concerns of HIV positive people. The evaluation mission was concerned, however, that burgeoning concerns of HIV and AIDS were detracting from much-needed efforts to address critical nutrition problems that persist in most parts of the region, and are themselves exacerbated by the AIDS epidemic, in terms of fewer household resources, lower purchasing power, and the absence of mothers and fathers as primary caregivers of young children. The situation is even more serious in light of dwindling resources for WFP programmes, as acute food insecurity declines and donor interest fades. Faced with insufficient resources, and the choice of continuing programmes for traditional vulnerable groups or meeting the basic needs of people who are malnourished and ill, COs may be forced to perform programmatic ‘triage’ in favour of HIV programmes. Discussion and reflection is needed at all levels to determine how WFP will respond to the HIV crisis, without neglecting the considerable nutritional needs of people who are not HIV positive.
299. While food-based treatment of moderate and severe malnutrition is the same for individuals at the symptomatic/disease level, the outcomes of treatment may differ widely amongst patients who are HIV positive or who have AIDS, and those who are acutely ill or malnourished without chronic illness. At the programme level, objectives for improving nutritional status may become increasingly difficult to achieve as the proportion of beneficiaries who are malnourished due to HIV-related opportunistic infections grows. Programme objectives may therefore need to be adjusted to focus more on secondary outcomes, such as improved adherence to ART, and trends in weight gain and weight stabilisation, for example, used as indicators of progress, rather than traditional measures of attendance and weight gain, for example.
300. Programme modalities in terms of commodities, ration sizes, and duration of feeding may also need adjustment, and WFP should support and promote operational research through CPs to determine best practices for addressing the nutritional needs of HIV positive people.
301. In terms of management and supervision, HIV and AIDS and nutrition programmes overlap in most southern African countries, falling under the technical supervision of a single nutrition and HIV-AIDS unit in most COs. In most offices, these units are generally staffed with one employee, who combines responsibilities for nutrition and HIV (Malawi and Zimbabwe are exceptions). While the strategy of combining health, nutrition and HIV and AIDS programmes is positive in some ways, as mentioned above, the MTE team recognised the potential for difficulties in management of diverse programmes and partners. As nutrition and HIV are relatively new programming areas, WFP may need to take a lead role amongst UN agencies in advancing both programming and policy agendas. Ensuring adequate technical competency of WFP staff and CP, through regular in-service training, programme exchanges, and other means to develop capacity in this new area of programming, are essential.



Malawi

302. Malawi is one of the most critically affected countries, with about 25 percent of under-five year old children found to be underweight, 42 percent stunted, and 4.4 percent wasted. Acute malnutrition rates rose to 10 percent in December 2005, during a crisis period. The nutrition surveillance system shows rates of acute malnutrition remaining stable during 2006, between 5.7 and 6.6 percent. About 60 percent of under-five children are Vitamin A deficient, and 80 percent are anaemic. Only 12 percent of women received iron-folate tablets during pregnancy, and about half of all households were found to use adequately iodised salt. Breastfeeding rates were relatively high, with well over half of all infants exclusively breastfed until six months of age. In 2006, food production was greater than annual national requirements; however, about 800,000 people remained food insecure, with another 150,000 at risk, particularly if maize prices were to escalate during the 2006/2007 lean season. Of the estimated 32,500 MT required for early 2007, the government pledged to cover 10,000 MT, whilst WFP agreed to supply the remainder. The government agreed to cover WFP's expected pipeline breaks in December 2006 of approximately 12,000 MT.⁶⁸
303. WFP Malawi provides most support to nutrition through the relief component of the PRRO. For example, WFP supplies food to therapeutic feeding in Nutritional Rehabilitation Units (NRUs), targeting up to 51,000 severely malnourished children under the age of five, as well as a similar number of caretakers of severely malnourished children. Children are admitted into the NRUs following National Guidelines for Therapeutic Feeding. The Ministry of Health (MoH) and UNICEF complement nutritional assistance with additional interventions such as the treatment of common illnesses, de-worming and the provision of antibiotics, vitamin A and folic acid supplements.
304. For the severely malnourished, WFP initially procured "Plumpy Nut", a high energy therapeutic food, but eventually was replaced by the government in procuring the product. WFP continues to provide food for the care providers of severely malnourished children, in order to improve their nutrient intake and reduce defaulting rates. Caregiver rations also encourage families to bring severely malnourished children to the NRUs for treatment when resources are scarce and few can afford to give up work to stay with the malnourished child. The evaluation team visited an NRU in Blantyre, where staff noted that malnutrition cases were on the rise in December 2006, in association with the impending lean season. The NRU did not have data on HIV prevalence, but noted that a large proportion of patients were either orphaned or the children of mothers infected with HIV.
305. Under the recovery component, WFP also provides food for 20,000 chronically ill patients receiving TB treatment and ART, and HIV positive pregnant and lactating mothers enrolled in the PMTCT programme.⁶⁹ The objectives of food assistance for chronically ill patients are to improve the nutritional status of patients and encourage them to comply with treatment guidelines and to complete their full regimens. WFP's food thus complements medical therapy and drug provision, in coordination with WHO and UNICEF. Upon completion of pilot programmes for TB patients and mothers enrolled in PMTCT, nutrition guidelines, rations and strategies for people infected with HIV were developed and expanded to some PRRO targeted areas, depending upon the availability

⁶⁸ Nutrition data is from the UNICEF Malawi Nutrition Fact Sheet, October 2006.

⁶⁹ Beneficiary numbers are expected to rise to 87,500 over the three-year period.



of additional financial and in-kind resources and the existence of ongoing community-based food security interventions.

306. Beneficiaries receiving medical care receive 600 g of fortified blended food per person per day for 30 days, while family members (up to five people) are given 240 g of cereals, 40 g of pulses and 20 g of oil per person per day for 30 days per month. WFP regularly reviews the rations in light of assessments and monitoring on the impact of food aid on AIDS patients.
307. The evaluation mission visited the warehouse of an NGO providing food for TB patients. In an effort to reduce waiting time for patients, the CP pre-packed commodities at the warehouse prior to distribution by MoH staff at clinic level (see HIV and AIDS section for details). The programme originally aimed to link food distributions with income-generating and food raising projects, such as pig farming, poultry rearing and communal vegetable and maize gardens. The team did not find evidence that such activities were being scaled up, and found that many CP implementing feeding programmes do not have sufficient technical competencies to offer such programmes at present.
308. Supplementary feeding programmes are carried out jointly by WFP and UNICEF, providing CSB, vitamin A and de-worming (Mebendazole) to all children aged six to 59 months. They also provide CSB and education on health and care issues to all pregnant and nursing women in specific food insecure districts. A review of lessons learned carried out by a consortium of NGOs and UN agencies in six PRRO countries ⁷⁰ found that the collaboration between WFP and UNICEF in Malawi is “a model of inter-agency collaboration and programming.” Action Against Hunger (AAH) also worked closely with UNICEF and WFP to develop the Nutrition Information System. Although beneficiary numbers were expected to decrease over the PRRO period (from 30,000 to 20,000), as beneficiaries became self-sufficient and the crisis subsided, dips in beneficiary numbers were thought to relate more to seasonal improvements, and pipeline breaks. SFP included a ration of 200g/person/day of fortified blended food during the lean months Namibia, childhood malnutrition continues to be unacceptably high, despite relative economic between October and March, when target groups were at greater risk.

Namibia

309. The latest Demographic and Health Survey (DHS 2000) reported that one in four Namibian children was either stunted or underweight and just under ten percent acutely malnourished or wasted. The highest rates were found in the far north of the country where WFP’s OVC programme was implemented, with 36 percent underweight in Ohangwena. Poor child care, poverty, lack of access to health services, environmental factors and HIV and AIDS were leading causes of malnutrition.
310. Anaemia and vitamin A deficiency figures were not available, but iodine deficiency disorders (IDD) continue to be a problem with 28.7 percent of school age children with urinary iodine concentrations below 10 ug/dl. ⁷¹Exclusive breastfeeding rates are low, with only one in four infants exclusively breastfed until four months of age. Only a third of mothers received vitamin A

⁷⁰ Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe from “Summary Review of Lessons Learned in the Southern Africa Crisis Humanitarian Response, 2003-2005”, OXFAM (Great Britain), World Vision International, CARE, RHVP and OCHA¹ and UNICEF, UNICEF ESARO, Nairobi: January 2007.

⁷¹ UNICEF-Namibia Nutrition Fact Sheet October 2006



postpartum, while 38.1 percent of children under five received a high dose capsule. About 57 percent of households were found to consume adequately iodised salt.

311. WFP Namibia has developed a programme to assist OVCs, in particularly food insecure regions of the country. Using a multi-pronged approach, the programme consists of a combination of targeted distributions of rations to OVCs, food support to the host families, supplementary feeding of children under-five found to be malnourished through health clinics, and micro-projects to improve livelihoods and family income. General food distributions consisted of fortified maize meal, micronutrient-fortified CSB, vitamin A and D-fortified oil and pulses. The evaluation team noted that fortified maize meal was processed locally and contained vitamin A, vitamins B01, B2, B-6, niacin, folic acid, iron and zinc.
312. After four months of programme implementation, the CHS, which was led by the RB in collaboration with the MGE CW, provided insights into progress towards achieving objectives of improved food and livelihood security at household level, and nutritional status of individuals. The first follow-up CHS reported that children benefiting from the programme had slightly better nutritional outcomes, with only seven percent of under-five year-olds suffering from acute malnutrition compared to ten percent of non-beneficiary children. The results were not conclusive, but nonetheless demonstrated the potential for WFP food distributions to affect nutritional status in a positive way.
313. The CHS results showed that amongst beneficiary households, a greater share of income was spent on education than in non-beneficiary households, and food consumption was higher. CHS demonstrated that orphans in Namibia were more likely to be cared for by households with larger incomes, who hence had the means to address the needs of additional family members. The results showed that many of the primary caregivers were elderly relatives, however – grandparents and even great-grandparents – leaving children at risk if these people die.
314. Women, many of them older adults, were the main recipients of food assistance in distributions that the MTE observed in the field. During a distribution in November 2006, the CP distributed only two of four commodities (fortified maize meal and oil); although the CP reported that the rations had been complete the previous month, with pulses and CSB. Due to insufficient resources, WFP was unable to provide additional quantities of available commodities to compensate for missing items. In some sites visited, beneficiaries only received half of each commodity because the NGO had registered twice as many beneficiaries as planned. Due to resourcing constraints, WFP was unable to absorb the additional beneficiaries and, rather than turning needy people away, the CP had decided to halve the rations and inform half of the beneficiaries that they would not be able to return in future for food assistance. The CP reported that it would rely on local officials to determine which beneficiaries were no longer eligible.
315. Vitamin A and D fortified soya bean oil, with the fortification noted on the label, was distributed, in conformity with WFP regulations. Other information, such as quantity and expiration date, however, was not listed on the label.
316. WFP worked with only three implementing partners, an arrangement that simplified administration for WFP, but at the same time created a dependency on a very limited number of CPs, whose technical capacity in the areas of health, nutrition and social welfare varied



considerably. According to WFP, the lack of NGOs working in Namibia was the main reason for such a small pool of partners.

317. A remarkable feature of the OVC programme in Namibia was its rapid start up and implementation. By mid-November 2006, nearly all beneficiaries were identified and enrolled in the programme, and the GRN's Ministry of Gender Equity and Child Welfare (MGECW) had begun to register some OVC into the child welfare grant scheme. The Evaluation team noted, however, that registration was likely to be very slow and labour intensive, and as such might not reach completion within the remaining period (12 months until the end 2007). Due to financial constraints, WFP was unable to provide additional support to fast track the process, although discussions with UNICEF indicated strong interest in supporting OVCs and the potential for partnership in 2007.

Swaziland

318. The nutrition situation in Swaziland, though previously one of the least problematic in the region, has worsened in recent years, with nearly 15 percent of under-fives underweight, 35 percent stunted, and 7.6 percent of children wasted.⁷² According to recent surveys, rates of malnutrition have risen sharply since 2000. At the time of the MTE, about 20 percent of the population in the Lowveld, Middleveld and peri-urban regions or 250,000 people faced severe food insecurity. Increasing levels of poverty, high HIV prevalence rates, food insecurity and poor feeding practices, combine with overburdened health care services to exacerbate the nutrition situation. Only about one third of infants were reported to be exclusively breastfed up to four months of age, and while half of all children received vitamin A, only five percent of mothers received supplements after giving birth. Twelve percent of mothers received folic acid, and about 60 percent of the population consumes adequately iodised salt.⁷³
319. WFP Swaziland's nutrition and health programmes, implemented under the relief component of the PRRO, aim to safeguard dietary intake and preserve livelihoods through three basic programmes: targeted food aid distributions; support to patients on ARV and TB treatment; and supplementary feeding to pregnant and breastfeeding mothers and children under five. SFPs provide beneficiaries with a daily supplement of CSB, under the supervision of qualified medical personnel or auxiliaries at clinics and health centres. In addition to food, caregivers receive information on health, nutrition and hygiene through modules developed by WFP and its partners.
320. The evaluation mission visited Swaziland briefly (two days), observing only two programmes providing food for pregnant and lactating women; one hospital-based, targeting HIV-infected and other chronically ill mothers and infants; another clinic-based, targeting pregnant and lactating mothers and under-five year old children. Pregnant women received 6 kg of CSB, lactating mothers, 12 kg (6 kg for the mother; 6 kg for the breastfed infant) and children six to 59 months, 6 kg/month. Before the PRRO, WFP support had been provided only to malnourished children. Clinic staff remarked that some women had tried to keep their children 'thin' in order to continue benefiting from the food, when weight gain resulted in discharge from the programme. Consequently, the PRRO activity targets all under-5 children residing in food insecure locations.

⁷² Data are not available for micronutrient deficiencies.

⁷³ UNICEF Swaziland Nutrition Fact Sheet, October 2006



321. Anthropometric data were gathered by clinic staff and used to assess individuals' nutritional status, but no data analysis was carried out to discern overall programme progress or trends, an outcome of the 'blanket' nature of the programme, in which no children were excluded because of adequate nutritional status.
322. According to staff, hospital-based SFP, available to all mothers, but targeting specifically those infected with HIV, "survived only because of WFP." Prior to receiving WFP's support, the activity was dependent on sporadic voluntary donations. As a result, scarce resources were made available only for people who tested positive for HIV, creating considerable stigma for programme beneficiaries. With PRRO resources, all food insecure women during pregnancy or lactation, regardless of their HIV status, were eligible for the supplement, and received a ration card without mention of their HIV status. Attendance at the clinic includes counselling, and beneficiaries are strongly advised to get tested for HIV and other chronic illnesses.
323. The hospital maintained records of anthropometric data and some clinical data on beneficiaries, but without HIV status of all beneficiaries, staff were unable to analyse feeding programme results or draw conclusions on the relative benefits of food assistance. Hospital staff maintained that six months of participation in SFP was sufficient to improve nutritional and status and well-being for HIV-positive adults, although individual outcomes differed according to each person's nutritional and health status upon entry into the programme. Patients complained that 6 kg/month ration of CSB was insufficient to meet nutritional needs, especially as the ration was shared with other household members.
324. Beneficiaries of ART, DOTS (TB drug treatment consumed daily) and HBC programmes receive essentially the same ration as SFP beneficiaries. For ART and DOTS, adherence to the programme and completion of drug regimes are the main goals, while for HBC, general recovery of strength, appetite and stamina are emphasised over weight gain.

Zambia

325. Agriculture, education, HIV/AIDS care and support for affected households; and health and nutrition were identified as key priorities for action under the SA PRRO. WFP Zambia CO, in consultation with stakeholders, categorized HIV mitigation and nutritional support activities as 'relief' and safety-net enhancing and agriculture projects as 'recovery.' The PRRO portfolio includes five activities under 'HIV/AIDS supplement and household support' aimed at supporting the government's efforts to mitigate the adverse effects of the HIV epidemic. Food insecurity is the entry point for beneficiaries, while proxy indicators of chronic illness identify beneficiaries and households affected by HIV and tuberculosis. WFP targeted about 350,000 beneficiaries through HIV-related activities in the first year of the PRRO, and subsequently provided dietary supplements to food insecure people a) currently receiving ART, b) enrolled in PMTCT programmes, and c) in need of home-based care. In addition, WFP provides household rations to households whose major wage earner cannot work due to chronic illness.
326. Since most PRRO relief activities rely on home-based caregivers, WFP CPs provide appropriate training to caregivers. The WFP HIV/AIDS unit's food and nutrition protocols and guidelines for HIV affected individuals, families and communities, detail ration composition and provide advice on nutritional support at household level.



327. WFP Zambia targets over 100,000 people living with HIV and AIDS living in 72 districts, aiming to integrate nutritional support into the AIDS treatment package for patients receiving ART from low-income, food-insecure households. The ART programme, initiated in April 2004, grew from four to nine centres by the end of 2005. WFP's support to ART, which is currently provided free of charge in Zambia, aims to support the integration of nutritional support into the AIDS treatment package. US government PEPFAR funds cover the costs of clinical support and expertise, ART and supervision by government staff.
328. WFP's PMTCT programmes provide supplementary food to expectant or lactating mothers, who are at risk of HIV and AIDS. Women are offered voluntary testing and counselling services (VCT) in routine antenatal care, and assessed for micronutrient deficiencies, undernutrition and household food insecurity. Women who are food insecure, anaemic or malnourished receive individual WFP food rations, regardless of their seropositive status, as a dietary supplement.
329. In addition to encouraging positive living and preventing opportunistic infections, the HBC programme aims to promote improved nutrition for people infected with HIV. The Zambia staff and partners confirmed that HBC programmes are an effective targeting mechanism for TB patients, ART recipients and orphaned children, as well as other population groups made vulnerable by HIV. The Zambia HBC programme also seeks to link beneficiaries nutrition and HIV programmes, identifying vulnerable children of women in PMTCT programmes who are not attending school, for example. WFP-Zambia has selected areas with the highest food insecurity and prevalence rates to expand HBC, based on recommendations from VAM. HBC beneficiaries receive 180 g of a locally-produced micro-nutrient fortified blended food, known as HEPS (High-energy and protein supplement), or CSB and 10 g of oil/person/day. Primary breadwinners also receive a family ration, consisting of 200 g of cereals, 200 g of HEPS, 20 g of pulses and 10 g of oil/person/day.

Recommendations

WFP should:

- At the high level, urgently seek sustained donor support for rapidly expanding, critical nutrition problems in southern African, including malnourished HIV positive people, and those affected by the epidemic.
- Advocate amongst WFP CDs and Programme Coordinators, government partners and other key decision makers at CO level to continue to prioritise nutrition programmes for vulnerable groups, by allocating sufficient resources to meet the needs of malnourished children and women.
- Continue to discuss and seek programming solutions for the added nutritional burden of HIV/AIDS in the region, combining the inputs of nutrition and HIV and AIDS experts on the problem. As the first step, review MCH programmes guidelines and operating modalities, in the light of increasing numbers of HIV positive women and infants benefiting from the programmes, and consider revising programme objectives, identifying new targeting criteria, and if necessary, amending food baskets and feeding protocols (e.g. establishing systematic take-home family rations for food insecure households of malnourished and/or chronically ill wage earners.) ; Develop more appropriate indicators to monitor and assess programme and individual progress and impact.



II.4.2 School Feeding

330. Due to time constraints, the mission limited its review of the SF component of the PRRO to one country, Malawi, where a visit was carried out by the team member responsible for SF. Implemented in all countries except Namibia, SF activities aim to promote school attendance, reduce the number of dropouts and increase promotion rates.⁷⁴ School-based activities take several forms, including mid-day meals for school children; take-home rations for orphans and other vulnerable children attending school, and community care points for OVCs

Malawi

Findings and Conclusions

331. In Malawi, most SF resources were channelled through the Country Programme rather than the PRRO. During the lean season of 2004/2005 and again in 2005/2006, however, WFP distributed food for mid-day meals to school children in food insecure areas through the PRRO under a programme of Emergency School Feeding (ESF). The WFP Malawi CO initially hoped that distributions at EMOP-supported schools would gradually be transformed into regular SF, with food prepared by members of the community. Approximately 150,000 primary pupils in southern and central provinces were to receive assistance. Data from the Ministry of Education (MINED) showed that daily SF increased both enrolment and attendance rates, particularly for girls. The daily food basket was to consist of 150g of cereals, 25g of pulses and 10g of oil per pupil. MINED budgetary support to schools was to cover the local purchase of iodised salt (3g per pupil per meal).
332. According to CO staff responsible for SF, food is one of the greatest needs in communities where the programme is implemented. Targeted communities are amongst those identified as most in need by the M-VAC, in terms of food insecurity and poverty. In addition to improving school enrolment, attendance and performance, the ESF aims to provide children with lifeskills education as part of the curriculum. ESF also aims to create an awareness of the importance of education amongst both the younger and the older generations. The programme permits the creation of parent committees, which serve as a channel for communication with rural communities, and potentially, as a starting point for other initiatives such as livelihoods promoting activities.
333. While nutrition is not a stated objective of ESF programmes, WFP and SF partners recognise the importance of nutritious food to children who are likely to be malnourished. During the first two years of the EMOP, the ESF food basket was composed of CSB, providing energy, protein and essential micronutrients to beneficiaries.

Targeting

334. Beneficiary targeting of ESF in Malawi is based on M-VAC information, with food insecurity serving as the most important criteria for school selection. M-VAC identifies the neediest districts, while within the districts, traditional authorities are consulted, and together with local representatives of the MINED, select specific communities and schools to be included in the

⁷⁴ School Feeding Handbook, WFP UNESCO WHO, 1999



programme. In essence, WFP selects educational zones and schools within the most food insecure zones. In some cases, an area might be in need of food for education, but might not have the required infrastructure to adequately support education. At a minimum, schools providing ESF must be able to offer basic education and appropriate feeding facilities. Recognising the magnet effect of implementing feeding programmes in one or two schools amongst many in one geographic zone, WFP aims, as much as possible, to target clusters of school in food insecure areas.

335. Reaching a large number of children, and identifying those most in need has presented MINED and WFP with a considerable challenge. WFP has attempted to resolve these issues by sharing targeting tasks with government partners; gradually increasing the government's involvement, and putting other conflicting activities, such as school workshops and training courses on hold during the period of ESF. By limiting other activities, at least until assessments are made, ESF can be put into place and started on time, usually in January each year. Since the 2002 EMOP, the ESF programme has followed this pattern, and usually ends in April each year.

Implementation Issues

336. If facilities or infrastructure are in disrepair or entirely lacking in schools, WFP works together with MINED and UNICEF to address and respond to such needs. UNICEF cannot address the needs in all schools in Malawi, due to resource and time constraints, but nonetheless responds rather quickly to schools identified as eligible for ESF, which are fewer in number than those receiving regular SF.
337. In the past, WFP provided the food basket consisting mainly of blended food, a product that has traditionally been a part of regular SF, and which is entirely acceptable served as a sweetened porridge. Occasionally, some districts provided sorghum, but bulgur wheat was found to be unacceptable. Imported pea wheat blend (PWB) was also provided for some time, but was not well accepted by school children.
338. In 2007, WFP will begin to provide biscuits for ESF. Efforts have been made to discern possible reactions from children, parents and teachers to the new, more convenient form of ESF. WFP has addressed parents' key concern, the nutrient value of biscuits compared to CSB, by ensuring that biscuits are fortified with micronutrients. The biscuits will be manufactured either locally in Malawi, or regionally, most likely in South Africa. The shift in commodities resolves several issues of concern for ESF: biscuits are clean, packaged, easy to distribute, and do not require cooking, service and clean-up; parents are not required to assist with meal preparation during peak agricultural seasons; NFI needs are eliminated, and the problem of disparities amongst schools in terms cooking equipment and expertise, and eating utensils is avoided. While fuel efficient stoves are used in SF provided through the CP, it is much less practical to install such equipment during crisis periods, and fuel procurement is always an issue of concern, both financially and environmentally.
339. In addition to lightening the burden of food preparation, a shift to biscuits will hopefully assist school staff in rapidly closing the short-term ESF at the end of the lean season, as serving biscuits requires considerably less investment, infrastructure and organisation. On the other hand whereas the biscuits are logistically easier for WFP, according to ODJ, some governments in the region expressed concern that children would be introduced to 'bad habits' as they will not be able to distinguish the biscuits provided by WFP with those purchased from shops. Some parents and school children prefer a hot meal, especially those that walk long distances to school each day.



340. The annual ESF period coincides with the rainy season in Malawi, making transport a key issue of concern. Many schools in isolated rural areas are difficult, if not impossible to reach, as roads become flooded and areas are inaccessible. WFP-Malawi contracts private transporters or uses its own fleet – private companies do not find delivering relatively small quantities of food to many school locations attractive, and their costs are high. Although no strategy had been determined at the time of the MTE to resolve problems of poor road access, WFP was considering prepositioning food for January and February 2007, during the peak of the rainy season. This innovation required the MoE to develop adequate storage capacity in rural areas, a solution that had already received some support from WFP in the form of investments in warehousing.
341. Another area of concern for WFP was the lack of sufficient staff and other human resources involved in SF. Because of the annual build-up of activities during peak agricultural seasons, the work load is extremely heavy during certain periods. At the same time, the number of WFP and partner staff involved in SF remained the same, creating an extremely heavy work burden. In 2006, for example, 200,000 school children were to receive meals, but instead the programme was scaled up and actually reached 400,000 within 3 months, using the same number of staff. When one of the few WFP staff went on maternity leave, no replacement was recruited for the four-five month period, mainly due to resources constraints.
342. In the absence of a regional adviser dedicated to SF, this important WFP programming area received little support in terms of capacity-building and technical guidance. At the time of the MTE, there had been no training and no opportunities for experience exchanges with other programmes in southern Africa or elsewhere, through regional workshops, for example. The only CP at present was the Malawian government, whereas involving NGOs with some expertise in SF could alleviate some of the burden on WFP for implementation and, in particular, for programme monitoring. The only non-food partners in ESF were UNICEF, which provided support for water and sanitation, teaching/learning materials, desks, teacher training, curriculum reform, and some construction of schools/classrooms as mentioned above, and GTZ, which provided support to curriculum reform, teacher training and school gardens in some parts of the country. Although the partnerships were appreciated by WFP, there were constraints such as different funding mechanisms or procurement procedures that were extremely lengthy. WFP had been member of an interagency School Health and Nutrition Technical Group since 2005.
343. Overall, resources for ESF in Malawi are inadequate – with human resources capacity and financial resources too low to cover identified needs., There is only one counterpart - a SF focal point within the MoE who responds to a number of other partners in addition to WFP. District education managers require orientation, which is generally carried out by WFP, with limited input from the national focal point, who is more involved in the planning process than actual programme implementation.
344. At the time of the MTE, MoE school health and nutrition partners were establishing a new management structure to implement a large World Bank school health and nutrition programme. The project, which includes a general SF component, and has established a nutrition indicator for SF, would benefit from a government official dedicated to SF for the five-year period (2005 -2009). The programme will provide micronutrient supplements and de-worming to school children up to 10 years of age. WFP will assume responsibility for school children up to 15 or 16 years old.



Recommendations:

WFP should:

- Assess SF and ESF staffing needs within the CO and SOs; develop realistic staffing plans; And build SF programme staff and government partners' capacity to implement SF and ESF programmes and to monitor them. An annual schedule for periodic skill-strengthening to meet identified training needs should also be established.
- Institute a means to request and receive regular technical guidance from the RB or Headquarters, either through a dedicated regional adviser, or using an inter-country on-call resource mechanism.
- Improve SF and ESF programme exchange within the region to promote organisational learning and experience-sharing, and to provide guidance for future programming.
- Identify a funding mechanism to rapidly increase resources during emergency periods for ESF, in order to address the phenomenon of rapidly expanding enrolment as the programme is implemented, creating needs which are usually not met by corresponding increases in human and financial resources.
- Evaluate the implementation of the new ESF biscuit programme, including a nutrition indicator, and widely disseminate findings and recommendations.
- Transfer ESF activities into the Country Programme's SF programme, depending on available resources and funding mechanism, in order to improve SF sustainability.



II.5. Monitoring and Evaluation (M&E)

Regional Background

345. The PRRO foresaw the original five countries using a regionally harmonised results-oriented M&E system consisting of the following components:

- Monthly Consolidated Output Reports (COR), which would collect corporate output indicators from each country;
- Post-distribution monitoring (PDM), to be conducted monthly by COs and collated quarterly by ODJ, measuring access to, use of and satisfaction with food aid, and
- Community and Household Surveillance (CHS) to capture short-term and long-term effects of food aid on households and provide early-warning data. CHS was to be a critical tool in RBM, using a quarterly household questionnaire on food availability and access, and a monthly community-based instrument on food availability, for use by both by WFP and C-SAFE. CHS was to provide disaggregated information on beneficiaries and non-beneficiaries of WFP food aid activities, including OVC status, HIV/AIDS indicators, food consumption, coping strategies and education.

346. The above systems were to be complemented by data from ad hoc surveys and reviews of secondary data. The VAC surveys were intended to provide additional information for M&E, while baseline surveys on FFE (school feeding), and gender in 2004 were already available. M&E information was intended to inform management and feed into annual Standardized Project Reports (SPRs). M&E focal points in each country and sub-office had been identified and trained, and a database for CHS and PDM had been established at national and regional levels. The PRRO foresaw periodic training to enhance M&E analysis and database management throughout the implementation period. Mid-term and ex-post evaluations were to be undertaken by OEDE, ODJ and COs. The PRRO Logframe provided outcomes and output indicators, with WFP taking on responsibility for proposed achievements as part of its commitments to the Millennium Development Goals (MDGs). The PRRO also proposed “continuous self-evaluation and tracking of best practices and lessons” as a way to enhance programme design and implementation in new programming related to HIV and AIDS.

Lesotho

Findings

347. WFP Lesotho has established monitoring systems for process, outputs and outcomes monitoring. The CO reports on outputs monthly in accordance with corporate requirements, based on distribution data provided by CPs (in Excel).⁷⁵ Analysis of outputs emphasizes monitoring of achievements vs. targets, identification of operational constraints and recommendations for action. Output data feeds into CO Situation Reports (Sitreps), Standardised Project Reports (SPRs) and ODJ’s online output reporting system.

⁷⁵ Output data includes food quantities distributed by commodity, number of beneficiaries by gender and age group and comparison of achievements vs. targets, by district and programme activity.



348. Food Aid Monitors (FAMs) carry out process monitoring regularly, which consists in observations of the registration process (on a spot-check basis), verification of beneficiaries - jointly with CP staff - and monitoring of food distributions and project sites. For the latter, Food Aid Monitors (FAMs) fill in questionnaires based on observations and interviews with stakeholders.
349. FAMs conducted Beneficiary Contact Monitoring (BCM) – using quantitative methods - at household level regularly during the first year of PRRO implementation. This activity was terminated due to technical problems with the database used to store and analyse the data. Since then, PDM has been conducted at household level twice a year during implementation of CHS. In addition, FAMs hold focus group discussions with communities every two months (before or after food distributions); this is aimed at assessing people’s knowledge of WFP’s targeting and food distribution processes and beneficiaries’ satisfaction with food aid.
350. FAMs’ supervisors in SOs review the information collected through process monitoring and BCM/PDM and provide feedback and/or take action (if required). Only issues that require the CO’s attention are mentioned in SO reports sent to the CO monthly.
351. For outcome monitoring, WFP mainly relies on CHS (implemented bi-annually), the results of which are reflected in summaries of findings (Fact Sheets) and comprehensive reports – produced by the CO, and presented regularly to partners. WFP also relies on secondary data (e.g. DHS) to monitor nutritional outcomes.
352. In addition, the CO has conducted special studies (e.g. market analysis to assess the effects of food aid on domestic markets and food production). WFP Lesotho is also leading the regional Programme for Enhanced Targeting aimed at examining current targeting procedures and developing guidelines for effective beneficiary selection within the region.

Conclusions

353. WFP Lesotho has performed well in monitoring outputs and using the information for timely operational decisions. The office also improved the timeliness of reporting, despite limited CP and government capacity.⁷⁶
354. SOs carry out process monitoring, and to a lesser extent BCM, on a regular basis, and discuss findings at SO level. There is no mechanism, however, to systematically consolidate and analyse monitoring data, other than CHS, and report on findings to the CO. Establishing such systems could increase CO’s awareness of operational constraints and programming issues, thus providing valuable information for COs support to programme implementation.
355. CHS has been instrumental in evaluating and shaping WFP Lesotho’s programmes, especially targeting approaches, in the context of limited secondary data. CHS provided valuable information on vulnerability patterns and targeting efficiency, which resulted in WFP’s decision to undertake an in-depth re-targeting exercise in collaboration with partners. The CO also incorporated CHS findings into food security analysis. Strong in-house capacity in data analysis, interpretation within

⁷⁶ WFP built CP capacity and, in the same time, made processing of CP invoices conditional on timely reporting.



the CO⁷⁷ and management's commitment to evidence-based programming have facilitated this process.

356. There is little evidence that WFP Lesotho has been monitoring specific outcomes of FFA, FFW and FFT, such as the use and benefits of assets/skills created, and of HIV and nutrition programmes, in particular the effects of food aid on beneficiaries' wellbeing. These parameters are not included in the PRRO Logframe, yet are important to consider. The outcome indicators for FFA, FFW and FFT are important in relation to longer-term food security, while indicators on the outcomes of HIV and nutrition programmes relate to evidence-based programming. Some CPs reported that they collect this type of information, but it is not reflected in WFP reports. In addition, qualitative data to triangulate findings and to complement other information gathered is lacking.

Recommendations:

WFP Lesotho should:

- Consolidate and analyse process monitoring and PDM data, using, for instance, simple Excel spreadsheets or Access, and produce regular reports on M&E findings.
- Ensure that BCM is conducted regularly based on clear guidelines. FAMs should continue using qualitative methods for this purpose.
- Liaise with CPs to monitor specific outcomes of FFA/FFW/FFT (at least on a spot-check basis, using qualitative methods) and HIV and nutrition programmes. The RB should provide technical support if required.

Malawi

Findings

357. The Malawi CO developed RBM-oriented M&E systems for all stages of the results chain. WFP and CP staff conduct process monitoring and BCM (PDM) on a monthly basis and often jointly. Process monitoring consists of registration monitoring and verification to assess adherence to targeting guidelines, and on-site monitoring to assess the efficiency of programme implementation. Findings from process monitoring are reflected in SO weekly reports and CO monthly/quarterly on-site monitoring reports. BCM aims at assessing intermediate outcomes (access to, use of and satisfaction with food aid) through community focus group discussions, household or key informant interviews. BCM data is captured by CPs into a database and submitted to WFP for inclusion into monthly/quarterly PDM reports.⁷⁸ PDM is also conducted bi-annually at household level through CHS, using quantitative methods.

358. The CO monitors outputs and produces monthly reports (quantitative and narrative⁷⁹) based on distribution data⁸⁰ captured by CPs and partner institutions and consolidated at CO level in MS Access. Output data feed into SPRs, COMPAS and ODJ's online output reporting system.

⁷⁷ Note that the unit responsible for CHS has dedicated staff for assessments and analysis and does not handle output and process monitoring.

⁷⁸ The CO produces separate reports for different activities.

⁷⁹ Reports compare achievements in food distribution and number of beneficiaries vs. targets and provide information on implementation.

⁸⁰ CP reports include food quantities distributed by commodity, number of beneficiaries by gender and age group. For supplementary and therapeutic feeding, number of readmissions, cures, defaulting and deaths are also captured.



359. CHS is conducted bi-annually and is the main outcome-monitoring tool for Targeted Food Distributions (TFD), FFW and HIV and AIDS activities. For HIV and AIDS programmes, including support to patients on TB treatment and ART, CPs recently started recording patients' weights. The data have not yet been analysed however, as CP staff were only advised to collect information. For SF, monthly output reports and ARGOS provide data on attendance, enrolment and other outcomes. The CO also relies on secondary data⁸¹ to monitor nutritional outcomes.
360. To complement the above-mentioned monitoring activities, the Malawi CO has conducted several self-evaluations, including one on targeting, jointly with CARE-USA, several studies on HIV and AIDS programmes and an appraisal on food security.
361. The CO has built government M&E capacity through training and staff secondment.

Conclusions

362. WFP Malawi has made appreciable efforts to develop comprehensive and well-organised M&E systems in collaboration with partners, thereby generating useful information for timely decision-making in the field, SOs and CO. The following measures have facilitated this process:
- Involvement of CPs in the development of monitoring tools, thereby contributing to ownership and common understanding;
 - Storage of monitoring data into databases, which has facilitated access to, consolidation, analysis and timely reporting of monitoring information;
 - Joint monitoring by WFP and CP staff leading to corrective measures “on the spot”; and
 - Regular meetings to discuss monitoring findings and actions required.
363. Nevertheless, given the large amount of data being collected, it is not clear to what extent all the information gathered is actually analysed and used by WFP and CPs to improve programme quality and guide strategies. The following shortcomings may have hampered optimal use of M&E data for programming adjustments:
- M&E findings are not consolidated into a single report;⁸²
 - Processing and consolidation of qualitative data is weak and not always timely;
 - Multiple databases based on different software programmes hamper data aggregation and analysis;⁸³
 - In SOs, time allocated to M&E data analysis and reporting is limited due to multi-tasking;
 - Quantitative data collection has been emphasized at the expense of qualitative monitoring and supervision of project quality.
 - Programming implications of M&E findings are not always clearly stated.
364. While the CO has performed well in monitoring programme efficiency and outputs, monitoring of longer-term outcomes of FFA/FFW/FFT activities (e.g. access to and benefits of assets created) and nutrition and school feeding programmes (not covered under CHS) could be improved. For

⁸¹ NGOs and the Ministry of Health conducted several nutrition surveys in 2005/2006.

⁸² There are various reports depending on the monitoring/programme activities (e.g. FFW and HIV PDM report; Assistance to Malnourished Groups PDM Report; FFW, TFD and HIV/AIDS Onsite Monitoring Report; Monthly Output Report).

⁸³ WFP Malawi: Monitoring and Evaluation Strategy, 2006 – 2008.



HIV programmes, efforts to monitor clients' weights are a step in the right direction but further elaboration of the data collection, analysis and reporting process is needed.

Recommendations:

WFP Malawi should:

- Integrate all M&E reports into a single (monthly/quarterly) report, emphasizing data interpretation and implications for programming.
- Focus on qualitative methods and outcomes monitoring (as stated in the CO M&E strategy document) and take the following actions:
 - Train CO and SO staff in qualitative methods (action by M&E Unit)
 - Pursue plans to implement qualitative PDM and liaise with the RB, which is currently developing PDM tools (action by M&E Unit)
 - Develop qualitative tools to monitor FFA/FFW/FFT outcomes (on a spot-check basis or once/twice a year through surveys) and, to the extent possible, enhance outcome monitoring for nutrition and SF programmes (action by M&E Unit, with technical support from RB if required);
 - Ensure that outcome data (on client's weight) are collected in a standardised manner, for HIV and AIDS/TB programmes, and that the data are analysed and used for evidence-based programming (action by M&E and HIV/AIDS Unit);
 - Ensure that its M&E unit pursues its plans to develop a comprehensive database to consolidate data from all programme activities, facilitate access to information and standardise reporting.
- Carry out plans to allocate one full-time M&E staff member to the Blantyre SO.

Namibia

Findings

365. During the first six months of programme implementation, WFP staff's attention was focused on establishing the new OVC programme, at the expense of developing a monitoring system. Since October 2006, process monitoring has been conducted regularly using newly developed registration and distribution monitoring forms, and a checklist to review CP performance monthly, in particular with regard to the beneficiary screening process.

366. Output monitoring systems have been in place since the beginning of programme implementation (April 2006). The CO has been monitoring and reporting monthly on actual food quantities and number of beneficiaries reached vs. planned (as per corporate requirements), based on CPs Consolidated Output Reports.⁸⁴ In addition, the CO developed tables and graphic tools to monitor progress towards overall programme targets and keep track of numbers of children who (i) have applied for government grants and (ii) have started receiving grants. Monthly output reports have been shared with relevant stakeholders (government and CPs) to discuss performance and address operational issues. Output data is also entered online monthly in ODJ's output reporting system and feeds into SPRs.

⁸⁴ CP output reports include data on food quantities distributed by commodity and numbers of beneficiaries by gender and age group.



367. CHS was conducted in July 2006 in order to provide baseline data and information on the characteristics of households hosting OVCs to inform targeting and monitor CP performance. CHS also included a PDM component, but PDM data have not yet been analysed.⁸⁵

Conclusions

368. During the first six months of programme implementation, overall monitoring of the OVC programme was weak. However, Namibia CO performed well in monitoring outputs for management purposes. WFP's ability to conduct monitoring was compounded by the following constraints:

- Insufficient staff⁸⁶
- Lack of experience in food aid programming⁸⁷
- CPs and government's limited capacity and resources, which resulted in WFP staff focusing efforts on capacity building and addressing operational issues.

369. WFP Namibia CO has recently made progress towards institutionalising M&E with the development of data collection forms for process monitoring. Data consolidation, analysis and reporting on M&E findings at CO level has so far been lacking; yet, it could further enhance access to information and use of monitoring data for programming guidance.

370. The CO recently took measures to improve information flow between stakeholders (at, and between, regional and national level), thereby enhancing timeliness of corrective measures.

371. The absence of BCM has left a major information gap regarding intermediate outcomes. Indeed, WFP has had little direct contact with beneficiaries and communities and has had no regular access to information on food aid utilization or targeting efficiency for instance. This is a particular concern as WFP provides individual rations, which are likely to be shared among many household members.

372. The information collected through the M&E systems currently in place is mostly quantitative. The use of qualitative methods would provide contextual information and help triangulate and interpret quantitative data.

373. CHS has informed targeting strategies, both for the WFP programme and the Government's grants scheme, and triggered relevant programme adjustments. The survey provided a wealth of data relevant to WFP and government OVC activities.

⁸⁵ ODJ has taken responsibility of CHS data analysis. The main findings of the survey have been shared publicly; however, the final report was still in draft form when the mission visited Namibia.

⁸⁶ Largely dependent on tonnage, which is small for the Namibia operation.

⁸⁷ There is little history of food aid in the country; in addition, the OVC programme is new.



Recommendations:

WFP Namibia should:

- Conduct BCM regularly, preferably using qualitative methods. The CO should liaise with the M&E Unit in the RB, which is currently developing PDM tools.
- Develop systems to consolidate and analyse process-monitoring data; this can be done using simple Excel spreadsheets or Access databases (as in Zimbabwe or Malawi). The CO reported that this process has just been initiated.
- With support, if possible, from the RB, conduct monitoring training for WFP and CP field staff upon finalization of all monitoring tools.
- Summarise monitoring findings from process, outputs monitoring and BCM into a regular (monthly or bi-monthly) M&E report. The report should include conclusions and recommendations for action and should be shared with partners.

WFP RB (M&E Unit) should:

- Ensure that CHS reports are submitted on a timely basis. If still deemed feasible by the CO, the RB should proceed with the analysis of the PDM data from the CHS survey.

Zambia

Findings

374. The Zambia CO has taken several steps towards RBM oriented M&E, including the development of M&E plans and mid-term reviews to compare programme achievements vs. targets.

375. In addition, the CO has emphasised quality output monitoring based on the following reports:

- **Monthly Distribution Reports (MDR)**, produced by CPs and submitted to SOs/CO. MDRs include corporate output data⁸⁸, and information on logistics/operational issues. MDRs feed into the Activity Status Report updated every month.⁸⁹
- **Monthly Summary Sheets** submitted by WFP SOs and consolidated by the CO. They include output data⁹⁰ by activity, area and CP; and feed into ODJ's online outputs reporting system.
- **Monthly Cooperating Partner Distribution Report**, on food stock movements and food distribution data, submitted by CPs to WFP (SOs/CO) for data entry in COMPAS.

376. FAMs have been conducting process monitoring regularly. Monitoring checklists are available, however, the mission found little evidence that they are being used.

377. BCM/PDM has not been conducted regularly. The CO developed household questionnaires and is responsible for analysing PDM data submitted by SOs. Due to time constraints, however, analysis has not been carried out and as a result, some SOs lost motivation and did not conduct PDM in 2006.

⁸⁸ That is to say, food quantities distributed by commodity; planned number of beneficiaries, actual number of beneficiaries by gender and age group, number and type of assets created under FFA and number of training conducted under FFT.

⁸⁹ This report keeps track of the type and number of assets created and training conducted under FFA/FFT.

⁹⁰ Food quantities distributed by commodity and number of beneficiaries by gender and age group.



378. Information gathered through process and post-distribution monitoring is summarized in the FAM's field trip reports, which feed into SO Monthly Situation Reports sent to the CO.
379. For outcomes monitoring, WFP Zambia conducts CHS bi-annually. MDRs also include information on CPs' perceptions on programme outcomes (quarterly); and through PDM, FAMs gather data on school feeding outcomes⁹¹. The Zambia CO has conducted several evaluations:
- Real Time Self Evaluation of the response to the food crisis in 2005/2006, conducted jointly by DFID, the Government of Zambia, USAID and WFP (see box below).
 - Evaluation of the OVC programme, which provided information on food aid outcomes, targeting efficiency and recommendations for improved targeting.⁹²
 - Evaluation of the FFA programme (ongoing), aimed at assessing and improving the relevance, effectiveness and sustainability of the programme.⁹³

Best Practice: The Multi-Stakeholder Real-Time Self Evaluation (RTSE)

DFID, the Government of Zambia, USAID and WFP conducted a joint Real Time Self-Evaluation of drought relief activities in 2005/2006. The RTSE focused on targeting, implementation and impact issues and enabled WFP and partners taking corrective measures in real time, thereby largely contributing to the success of the drought response. It also generated lessons for future emergency interventions, for instance with regard to targeting and ration sizes.

Conclusions

380. Limited CP capacity has been a constraint to the implementation of M&E by WFP. WFP staff spends considerable time performing quality control of CP output reports, both at SO and CO level, resulting in duplication of tasks. Despite WFP's efforts to build capacity within CPs and SOs (through training), reporting quality remains a challenge and affects CO staff's ability to focus on other important M&E tasks, such as data analysis and report writing. As a result, there is no systematic consolidation, analysis and reporting on M&E findings to guide programming and provide the basis for evaluation and learning.
381. CO's efforts to improve M&E have resulted in several revisions of the M&E tools.⁹⁴ The succession of different tools employed for monitoring has been exacerbated by a lack of guidance from the CO on which tools should be used. The situation has caused confusion among SO and CP staff and inconsistency of the M&E data collected
382. Despite the above-mentioned shortcomings, the mission found evidence that monthly output monitoring has resulted in timely corrective measures. In addition, CHS, complemented by self-evaluations (e.g. OVC evaluation), have informed targeting strategies. Furthermore, the RTSE

⁹¹ Enrolment, attendance, drop outs and teacher's perceptions of pupils' ability to concentrate and learn in class.

⁹² D. Lee, R. Siamwiza "Orphan and Vulnerable Children in Zambia: Beneficiary Profiles and Refined Targeting Criteria" November 2006.

⁹³ WFP: Evaluation of Food for Assets Programme: Research Design, November 2006.

⁹⁴ A major revision of M&E tools was undertaken in 2005 followed by minor revisions throughout the remainder of reporting period based on CP and SO feedback.



enabled WFP and partners taking corrective measures in real time, thereby largely contributing to the success of the drought response in 2005/2006.

383. The evaluation mission identified information gaps within the current M&E set-up. First, given that BCM has not been conducted regularly, WFP has had no regular access to information on “leading” indicators (use of, access to and satisfaction with food aid). Second, during the first year of PRRO implementation, nutrition information for outcomes monitoring was lacking. However, WFP has recently made commendable efforts to fill the gap.⁹⁵ Third, data on the longer-term outcomes of FFA (e.g. benefits of assets created) are scarce. The self-evaluation recently undertaken by the CO should enable this shortcoming to be addressed.⁹⁶ Finally, outcome data specific to HIV and AIDS programmes (i.e. on the effects of food aid on the nutritional and health status of beneficiaries) are very limited.

Recommendations:

WFP Zambia CO should:

- Pursue efforts to build the capacity of CP and SO staff - in particular for output monitoring, through on the job training, and decentralise M&E tasks accordingly. The CO could also make payment of CPs’ invoices contingent upon timely submission of quality output reports and establish a recognition system, whereby SOs submitting output reports without errors are acknowledged in CO monthly M&E reports.
- Ensure that BCM is conducted regularly. The M&E Unit should liaise with the RB, which is currently developing PDM tools.
- Disseminate clear guidelines on M&E data collection and reporting formats and conduct training for all WFP field staff based on the final versions of the monitoring tools.
- Systematically consolidate, analyse and interpret M&E data; this might imply streamlining the amount of data collected to minimize workload. The product should be a monthly or bi-monthly consolidated M&E report including main findings from process, outputs (Comparison of planned vs. achieved food quantities and no. of beneficiaries. and post-distribution monitoring, implications for programming and recommendations for action.
- Pursue efforts to gather information on FFA outcomes and, within HIV and other health-related programmes, on the effects of food aid on beneficiaries’ wellbeing. The RB should provide technical support if required.
- Considering the multi-stakeholder RTSE’s proven effectiveness, provide guidance to other WFP COs in order to facilitate the replication of this experience in future operations.

⁹⁵ Through support to two nutrition surveys and inclusion of anthropometric indicators in CHS.

⁹⁶ One of the objectives of the evaluation is to help develop tools to monitor the effectiveness of FFA activities.



Zimbabwe

Findings

384. Zimbabwe CO has established comprehensive M&E systems, which include process, outputs, post-distribution and outcomes monitoring activities. Process monitoring consists of monitoring beneficiaries' registration, conducting verifications⁹⁷ and monitoring food distributions, including food basket monitoring.⁹⁸ Through PDM, WFP collects information on "leading" indicators - i.e. access to, use of and satisfaction with food aid, other support received and food aid outcomes. Process and post-distribution monitoring data are collected using standard questionnaires, and are subsequently entered and analysed in MS Access or Excel spreadsheets. Zimbabwe CO has also established reporting and investigation procedures on incidents of political interference.
385. Output monitoring is based on monthly Consolidated Output Reports (CORs) as per corporate requirements⁹⁹ and Monthly Consolidated Distribution Reports (MCDRs),¹⁰⁰ which feed into SPRs and Sitreps. Output data is also entered online in ODJ's output reporting system. Findings from regular monitoring activities are summarized into monthly M&E briefs.
386. The WFP-Zimbabwe CO conducts CHS bi-annually, thereby providing regular information on food aid outcomes. In addition, WFP monitors SF outcomes (enrolment, attendance, dropout rates and teacher/pupil/community perceptions of the benefits of the programme) monthly. The CO also relies on secondary data to monitor nutritional outcomes. Finally, WFP Zimbabwe is currently conducting evaluations of pilot projects¹⁰¹ to inform decisions on whether to pursue and expand activities.
387. By establishing comprehensive monitoring systems, a strong presence in the field and reporting and investigation procedures on food aid related incidents, WFP has built donor confidence in the transparency and fairness of food assistance in Zimbabwe.

Conclusions

388. M&E Access and Excel databases have facilitated access to, consolidation and analysis of quantitative data.
389. Qualitative data are scarce,¹⁰² but it could provide useful contextual information and help WFP to triangulate and interpret quantitative data.
390. SO and CP staff have relied on process and post-distribution monitoring data to take remedial action in the field. Regular joint monitoring visits with CP staff have facilitated this process. Output

⁹⁷ This is carried out under the VGF programme through public meetings and household visits.

⁹⁸ Exit surveys are conducted for HBC/OVC and VGF programmes.

⁹⁹ CORs include: No. of recipients, planned no. of beneficiaries (total), actual no. of beneficiaries by age group and gender, planned and actual ration size and composition, and total quantities of food distributed by commodity. Information is disaggregated by programme activity and by district.

¹⁰⁰ MCDRs include data on actual number of beneficiaries and food quantities distributed by commodity; organised by programme, province, district and CP

¹⁰¹ Pilot programmes include Family and Child Health and Nutrition Support programme, Food for Tillage programme and food assistance for people receiving ART.

¹⁰² Qualitative methods are only used by VAM for monthly food security monitoring.



monitoring information has also informed operational decisions both at SO and CO level. However, the use of M&E information (other than output data) to guide programming at CO level has been hampered by the following shortcomings:

- Data quantity has been emphasized at the expense of quality, analysis and interpretation;
- Linkages between information and implications for programming are not well articulated;
- The information collected is not attuned to strategic requirements;
- Communication between Programme and M&E staff needs enhancement.
- There is little information available on the effects of food aid on beneficiaries' health and nutritional status in HIV and nutrition programmes.

Recommendations:

WFP Zimbabwe CO should ensure that:

- Its M&E Unit in the CO streamlines M&E tools, reduces the amount of data collected in light of CO priority information needs and reports in a timely manner on key performance indicators, including trends, on a monthly basis. The CO indicated that this process is about to be initiated.
- All M&E reports include conclusions, recommendations for programming and, if possible, follow-up on actions taken, based on previous M&E reports,
- CO programme staff meet regularly - and when required, with logistics staff - to discuss M&E findings and determine action to be taken. M&E findings should also be discussed regularly with CPs, and form the basis for programme adjustments and learning.
- The CO M&E Unit pursues efforts to monitor outcome indicators (in addition to CHS), including on the effects of food aid on beneficiaries' health and nutritional status in HIV and nutrition programmes, and on the longer-term outcomes of Food for Tillage – and other FFW/FFA/FFT programmes, using qualitative data.
- The CO M&E Unit employs qualitative monitoring methods to complement quantitative data.
- The CO M&E Unit builds on the existing Access (or Excel) databases to develop monitoring tools for new programmes (including the Mobile Vulnerable Programme and pilots to be expanded).

Regional Bureau for Southern Africa

Findings

391. The RB has developed systems to monitor PRRO outputs and outcomes in all countries.
392. For outputs monitoring, ODJ established a web-based automated reporting system allowing COs to report in real time on monthly corporate outputs¹⁰³. Validations eliminate common data entry errors and tables and figures on output performance on output are generated through automated reporting functions. . Based on the data entered by COs, the RB produces regional output reports focusing on achievements vs. targets.

¹⁰³ Output data includes food quantities distributed by commodity and number of beneficiaries by gender and age group (planned and actual figures).



393. To monitor food aid outcomes, ODJ developed CHS which provides information on “leading” indicators (access to, use of and satisfaction with food aid) – since October 2005, targeting efficiency and medium to long-term outcomes¹⁰⁴. Data collection is carried out at household level¹⁰⁵ in randomly sampled sites¹⁰⁶ twice a year¹⁰⁷. CHS data is directly collected and stored in Personal Digital Assistants (PDAs). Analysis emphasizes comparisons between WFP beneficiaries and non-beneficiaries and to a lesser extent trends on key indicators. Based on comparisons between the two groups, ODJ draws conclusions on the effects of food aid. The information generated by CHS is to be used to:

- Assess programme performance
- Inform operational decisions and guide programming
- Inform on the overall food security situation and flag worsening of food security
- Feed into corporate reporting systems¹⁰⁸

394. Country-specific CHS findings are presented in “Facts Sheets”, PDM updates, presentations and comprehensive reports in some countries.

Conclusions

395. The RB has made appreciable efforts to develop results oriented M&E and harmonize outputs and outcomes monitoring systems regionally. COs also deserve recognition for successfully implementing the systems despite limited human and financial resources and limited CP capacity.

Outputs Monitoring

396. The RBs online outputs monitoring system, which was meant to replace existing systems within COs has facilitated regional reporting by contributing to fast data processing, data accuracy and timely reporting of information from COs to the RB. The tool has enhanced PRRO reporting to meet WFP HQ and donor requirements, yet has limited benefit for COs as they have continued using their own systems in parallel with the regional tool to meet their information and reporting needs. Nevertheless, major efforts are under way to adjust the regional output database to countries’ needs.

Reasons given by COs for not using ODJ’s tool include:

- The system does not provide sufficiently detailed information for decision-making at country-level and for corporate reporting (e.g. SPRs);
- COs are not always able to access the web-based application and/or retrieve the data in a timely manner.¹⁰⁹

¹⁰⁴ Data collected includes household food sources, dietary intake, coping strategies, asset ownership, debt, expenditure devoted to food, crop production and, since recently, anthropometric indicators (in some countries).

¹⁰⁵ Households are selected based on stratified (beneficiaries/non-beneficiaries) random sampling.

¹⁰⁶ The same sites are monitored over time.

¹⁰⁷ Data are collected during the lean season in March and a few months after the main harvest, in October

¹⁰⁸ ODJ. Outputs and Outcomes Monitoring Systems, November 2006.

¹⁰⁹ Note, however, that according to the RB, an analysis by the ICT unit indicated that the online system is down less than five percent of the time. Furthermore, the RB indicated that despite the constraints mentioned by COs, reports are normally completed on time.



Outcomes Monitoring

397. CHS has provided a means of systematizing and facilitating data collection on outcomes within the region. The tool has been effective in assessing targeting efficiency and providing a better understanding of vulnerability. In some countries, such as Lesotho and Malawi, CHS has been essential in shaping and adjusting programmes, with targeting benefiting in particular. In others however, there is little evidence that CHS findings have informed programming decisions. This can be partly explained by the fact that data interpretation is sometimes weak and linkages between monitoring findings and programming implications are not well articulated. ODJ has developed a strategy to improve the link between CHS and CO programming for the final year of the PRRO. This will imply recommending programming adjustments based on results from CHS's latest results, which is a step in the right direction.
398. CHS provides a wealth of information, but part of the data collected has not yet been analysed. Recently, however, the RB has made efforts to conduct in-depth analyses on specific topics (e.g. OVCs) and to share CHS information with research institutions.
399. The use of PDAs for CHS data collection has largely contributed to efficiency and effectiveness by saving costs (i.e. no need to hire data entry clerks), ensuring data quality (by minimizing data collection and entry errors) and reporting timeliness. The use of the device for other monitoring activities could contribute to greater M&E performance overall. So far, however, COs have been fully dependent on the RB for conversion of CHS data from PDAs to Excel or SPSS for analysis. The RB is currently in the process of developing user-friendly applications to enable CO staff to develop their own PDA data entry programmes, This is a positive step, since greater capacity to handle PDAs within COs should reduce the workload on the RB and, more importantly, permit COs to use PDAs for other monitoring activities.

Information gaps

400. The PRRO Logframe (see Annex 3) includes a limited number of outcome and output indicators, most of which are relatively easy to measure or obtain through other sources as secondary data. Some indicators are missing, however, from the monitoring and information systems established by the RB and COs¹¹⁰
401. The project document stipulated that PDM would be conducted monthly and collated quarterly by ODJ; however, the RB has not established systems to ensure that this is achieved. In some countries, this has resulted in a major gap in BCM/PDM and lack of regular contact with communities, which may have hampered timely response to problems identified.
402. CHS was designed to monitor the effects of household rations on food security and nutritional outcomes at household level. This leaves a gap in outcome monitoring for programmes that are institution-based and/or provide individual rations. The RB has recently taken steps to fill this gap by piloting CHS in Namibia – where WFP provides individual reactions – and in Angola for the SF programme.

¹¹⁰ For instance, ECW indicators and assets created under FFA/FFW are not captured in a systematic way at regional level. In addition, data is lacking on several outcome indicators, including changes in community assets and changes in communication on HIV/AIDS.



403. Data on the effects of food aid on beneficiaries' wellbeing in HIV and AIDS programmes (i.e. support to HBC, TB and ART treatment) are scarce. Monitoring weight gain among beneficiaries and treatment adherence rate¹¹¹ would provide a valuable source of information for evidence-based programming in the region.
404. Data are lacking on FFA/FFW/FFT specific outcomes, such as skills developed, access to, use and benefits of the assets created, and more generally on households' ability to manage shocks.
405. Monitoring in the region is largely based on quantitative approaches, which often employ participatory techniques are used less frequently, and only in some countries (e.g. Lesotho.) Yet. Qualitative data are a valuable complement to quantitative data; for instance they provide contextual information, and facilitate interpretation and triangulation. ODJ has developed a qualitative monitoring framework, which has been implemented in Lesotho and is currently under revision.
406. The mission found little evidence that feedback to communities on monitoring findings is provided regularly. Giving communities an opportunity to discuss and reflect on findings would facilitate data interpretation and contribute to adequate programming adjustments.
407. There are few data available on the relevance of food aid in the region; yet it would contribute to evidence-based programming and address donor concerns regarding the role of food aid in southern Africa.
408. In some countries, routine monitoring has been emphasized at the expense of other essential M&E activities. Indeed, baseline studies and self-evaluations have not been given the attention they deserve within M&E. Some COs conducted programme specific baseline surveys; however, the timing of these studies was not always appropriate¹¹². Self- evaluations have been scarce in some countries. Nevertheless, evaluations and appraisals conducted in Zambia and Malawi have been very useful in guiding programming and strategy, and generating lessons learned for future programmes.

Lesson

Enabling RB programme staff to stay in their posts for several years has facilitated the development of, and follow-up on, major regional M&E initiatives, such as CHS.

Linkages between M&E and Assessments

409. Indicators used to monitor progress towards achieving PRRO objectives are fairly similar to those used for food security assessments. In Lesotho, for instance, M&E data from CHS have been used to update or refine VA. In other countries, however (e.g. Zambia) information sharing M&E and VAM staff is limited.

¹¹¹ As prescribed in the Corporate Indicator Compendium.

¹¹² School feeding baseline surveys were conducted in Zimbabwe from February – May 2005 and in Zambia in October 2003. WFP Zambia also conducted a FFA baseline survey in early 2004 and WFP Malawi carried out a baseline survey for HIV/AIDS programmes in May 2006. Gender baseline surveys were conducted in all countries except Namibia in 2004. For some programmes, CHS conducted in February – March 2005 could be used as baseline if no other data is available.



Recommendations:

Outputs Monitoring

WFP RB should:

- Together with COs, determine appropriate ways to minimise workload related to data entry, analysis and reporting on output indicators, continuing the customization that was undertaken during 2006, and aiming to adjust the output database to individual country's needs.
- Pursue current plans to modify the output monitoring system so that CPs upload output data directly into the database, avoiding the current duplication of efforts for data entry and permitting output data to be captured with a greater level of detail.
- Together with COs, address connectivity and technical issues related to the web-based output monitoring system and enable COs access to the system at most times.

Outcomes Monitoring

WFP RB should:

- Ensure that CHS reports clearly state programming implications of CHS findings and recommendations for programming adjustments. Pursue efforts to ensure that WFP learns from its achievements in the field. The decision to implement the Programme for Enhanced Targeting, in light of CHS findings, is a step in the right direction.
- Continue building COs' M&E capacity and pursue efforts to enable CO staff developing their own PDA data entry programme.
- Pursue in-depth analysis of CHS data. ODJ should also develop a livelihood index (using existing CHS data), which could be used to monitor the outcomes of FFW/FFA/FFT in relation to the PRRO objective of increasing households' capacity to manage shocks.
- Continue rationalising CHS data collection tools leaving out information that has proven to be of little use thus far.

Recommendations:

Information Gaps

The WFP RB should:

- Modify M&E systems so they provide information on all Logframe indicators.
- Pursue efforts to develop and implement PDM tools for all programme activities.
- Consult with the HIV/AIDS Unit at WFP HQ on appropriate ways to monitor the effects of food aid on beneficiaries' wellbeing in HIV and AIDS and TB programmes, and provide technical support to COs for data collection and/or for analysis of existing data. In doing so, WFP should learn from previous studies conducted in Malawi and Zambia.
- Provide technical support for monitoring specific outcomes of FFA, FFW, and/or FFT. Qualitative methods for data collection would be appropriate.
- Continue to include a greater qualitative emphasis in monitoring. Work in progress on the development of PDM tools using qualitative methods is a major improvement.
- Pursue efforts to develop outcomes monitoring systems for programmes that are institution-based or provide individual rations.



- Ensure that COs consult with CPs to identify appropriate ways of involving communities more actively in reflecting on feedback and findings from monitoring activities.
- Together with COs, ensure that baseline studies and evaluations are systematically integrated in M&E plans and activities. In doing so, WFP should learn from previous experiences in the region, such as the baseline surveys and self-evaluations conducted in Zambia and Malawi.

Linkages between M&E and Assessments

WFP RB should:

- Strengthen linkages between M&E information systems and other information tools, including assessments and early warning systems. Plans to integrate VAC and CHS in Swaziland, and possibly in other countries, should be pursued.

Evaluation Constraints: The team member responsible for M&E was unable to visit Swaziland and Mozambique. Other team members examined M&E issues in these two countries, though in less depth.



II.6. Cross-Cutting Issues

II.6.1 HIV and AIDS

WFP and Programming for HIV and AIDS

410. In 2006, WHO's Executive Board adopted a resolution on Nutrition and HIV/AIDS, urging Member States to "make nutrition an integral part of their response to HIV by identifying nutrition interventions for immediate integration into HIV and AIDS programming." In 2005, however, it was recognized that major efforts were still needed to ensure that nutrition and HIV figures in national health agendas, backed by political commitment; that there is sufficient emphasis on nutrition components in HIV and AIDS programmes; and that HIV and AIDS issues are addressed in national nutrition policies and programmes. According to UNAIDS reports, however, nutrition interventions are not widely integrated into national HIV and AIDS treatment plans. In South Africa, for example, only six percent of children on ART had access to nutritional support, such as fortified maize meal and breast milk substitutes.
411. UNAIDS acknowledges WFP's contribution to joint UN efforts to address the needs of people living with HIV and AIDS, and their households. WFP advocates for and supports universal access by improving the comprehensiveness and outreach of treatment programmes. Although programmes vary from country to country, WFP in general provides food and nutritional support as part of a comprehensive care and treatment package, reaching over nine million HIV positive individuals and other affected by HIV and AIDS worldwide in 2005. WFP supports food and nutrition activities that complement antiretroviral therapy (ART), home-based care, tuberculosis treatment, and prevention of mother-to-child transmission programmes in 17 African countries. WFP works closely with WHO, for example, assisting in the design of nutritional guidelines for care and treatment of people living with HIV, in order to optimise the benefits of ART, and contributing to the "3 by 5" initiative. WFP also provides food assistance to orphans and vulnerable children and other household members affected by AIDS, mainly through programmes such as school feeding (SF). With WFP support, HIV prevention, education and awareness activities have been integrated into SF, food for work (FFW)/food for assets (FFA), food for training (FFT), relief operations and mother and child health programmes (MCH) in some countries. With growing recognition of the importance of food and nutritional support as part of comprehensive care for people living with HIV, needs assessments have identified large numbers of individuals who require food assistance. In many cases, however, WFP-supported activities are still in the pilot stages, and have been implemented for less than two years, reaching only a fraction of those in need.
412. Pilot programmes have already led to some innovative approaches. In Malawi, for example, WFP worked with Action Against Hunger (AAH) to develop a programme for severely malnourished patients, providing them with a daily ration of a high-protein, high energy peanut paste known as "Plumpy nut". Developed in France in the late 1990s as a means to rehabilitate severely malnourished children, "Plumpy nut" has come to be considered an ideal food for promoting weight gain amongst malnourished people living with HIV and AIDS by CPs working in clinical settings. For patients with less severe forms of malnutrition, CSB and vegetable oil are provided. Eligibility criteria for food assistance are determined by anthropometric measurements (weight and height to determine body mass index - BMI - for adults) and HIV staging. In the AAH programme, weight gain and length of time for recovery are closely monitored.



413. Household members of people with HIV and AIDS are often prone to food insecurity due to prolonged sickness of the main wage earner, overwhelming expenses of health care for ill family members, and lost wages due to time spent providing care. Such vulnerability presents a challenge for service providers. With neither adequate incomes nor sufficient food, families tend to prioritise seeking food over seeking care. As a result, food provided for the sick individual is often shared with family members. In some countries, WFP provides protection rations for families, in addition to individual rations, to improve patients' access to sufficient amounts of food. In Mozambique and Zambia, health care staff use food security checklists to facilitate the task of identifying the neediest households.
414. Despite the recent expansion of ART programmes in southern Africa, increasing numbers of people are requiring treatment, creating a widening gap between needs and available resources. According to UNAIDS, the global response to HIV and AIDS is intertwined with broader development, health and human rights issues including poverty, gender inequality, poor public service systems, and sexual and reproductive health. Funds for ART and care programmes, as well as appropriate poverty reduction measures and targeted development schemes, will be required for many years to come.
415. ART is but one component of a comprehensive treatment and care package for people living with HIV and AIDS. Psychosocial support, the prevention and prompt treatment of opportunistic infections, and adequate food and nutrition, in addition to antiretroviral drug regimens, are crucial. As treatment programmes are scaled up, ART must be accompanied by the other components, which, if well implemented, have the potential to improve patient outcomes and address a variety of other public health concerns prevalent in developing countries such as malaria and tuberculosis. According to WHO, adequate nutrition is essential to maintain a person's immune system and sustain healthy levels of physical activity for optimal quality of life. Adequate food and nutrition also helps to ensure the best possible outcomes of ART, which is essential to prolong the lives of HIV positive people and to prevent transmission of HIV from mother to child. Adequate food consumption can improve tolerance to ART for many HIV patients, thus improving adherence to treatment programmes.

Lesotho¹¹³

WFP response within the PRRO in Lesotho

416. The PRRO includes food insecure TB patients in food aid activities targeting the chronically ill, as around 76 percent of Lesotho's TB patients have been identified to be HIV positive. At the time of the MTE, 65,000 food insecure people were receiving WFP food aid under the HIV/AIDS, TB and HBC programme. This figure includes some 40,000 HIV-infected food insecure people that have tested positive and are enrolled in ART and PMTCT programmes and regular out-patients receiving treatment for opportunistic infections. Of the people who have been diagnosed with TB infection, some 19,000 food insecure who are enrolled in DOTS programmes receive WFP food aid. Food insecure chronically ill patients make up approximately 5,800 beneficiaries who are

¹¹³ Evaluation Constraint: The MTE of PRRO activities in Lesotho was constrained by a number of factors that reduced the scope of the assessment. The short duration of the evaluation in country (two days) was a major constraint. As a consequence, interviews with partners were few in number and no project activities were observed in the field or focus groups with beneficiaries enabled. Reporting on WFP's role in Lesotho's response to the HIV epidemic is therefore based heavily on interviews with CO staff, documentation supplied and a small number of discussions with partners.



enrolled in HBC programmes. Family rations are provided to patients through government and faith-based clinics and community HBC providers, with an additional CSB and oil supplements for individual patients. In its briefing note (undated) on HIV/AIDS Programming in Lesotho, WFP estimates the need to be double the number of actual recipients.

417. With the objective of providing sustained outcomes to OVC, WFP provides take-home rations to households proving care to double orphans who attend school for at least 80 percent of each month. Some 17,000 OVCs are supported to remain in school in this way, however, the CO estimates there to be between 60,000 and 90,000 OVCs in need throughout the country.

Coherence with national policy

418. In the last few years the GoL has been increasingly engaged in the national response to the epidemic with the establishment of the NAC in 2005. The king has also shown positive leadership in promoting national action by launching the “Know Your Status” campaign to encourage voluntary testing and reduce stigma associated with infection. In spite of this recent political action on HIV, the WFP Country Office has had to contend with a national strategy vacuum throughout the course of the PRRO. WFP programme officers found the 2000-2005 GoL Policy Framework on HIV/AIDS Prevention, Control and Management to be outdated. In 2005 the Plan expired and was revised, with assistance from the CO, to refocus and develop a more effective national response.
419. Although the Lesotho National HIV and AIDS Strategic Plan 2006-2011 was officially due to be released in December 2006, at the time of the MTE field visit copies were not freely available and neither the CO nor the evaluation team had access to the final document. WFP staff reported that the organisation had made consistent efforts to place food security on national HIV and AIDS agenda. According to the most recent draft of the Plan available to the evaluation team (dated May 2006) these efforts had been successful in that the government acknowledged household food security to be a major national driver of the epidemic and that alleviating the deterioration in the living standards of PLWHA was regarded to be a key objective. The WFP Lesotho CO commitment to sustained food security initiatives is also echoed in the draft plan. It contends that community coping mechanisms are inadequate in providing safety nets and embodies objectives to improve long-term food security to people infected with and affected by HIV and AIDS. The plan also incorporates a proposed increase in support to OVC households to meet their basic needs and sets out approaches for providing people infected with the virus with appropriate skills to maintain their living standards following the impact of infection on reducing their work capacity.

Triple Threat

420. Of all the COs visited by the evaluation team in the course of the MTE, WFP Lesotho had visibly placed the greatest emphasis on the Triple Threat. Its profile had been raised both nationally and internationally via the CO’s partnership with the British Broadcasting Company (BBC) to produce an extended news item/short documentary on the Triple Threat with a focus on the role of the epidemic in Lesotho.



In-house HIV and AIDS expertise

421. In 2003, PDPH entered into an agreement with United Nations Volunteers to provide COs with UNVs with experience in HIV and AIDS, public health and nutrition to assist field offices technical capacity. PDPH reported investing over USD 1.2 million over the past three years fielding around 25 UNVs for 1-2 years to COs, particularly those whose capacity is limited, like small countries such as Lesotho. The WFP Lesotho HIV and AIDS focal person was found to be highly engaged and energetic in moving forward WFP's response to the epidemic. The CO is fortunate as PDPH expressed difficulty in recruiting volunteers with this profile of expertise. The fact the focal person was a skilled professional, yet recruited as a United Nations Volunteer on a relatively short-term basis reinforced the evaluation team's notion that WFP is dependent on a relatively small pool of HIV and AIDS expertise in Lesotho and other COs. This places WFP in a highly vulnerable position regarding sustained expertise in this area, as there is no guarantee that technical capacity will be maintained in the natural course of staff turnover.

Recommendation:

WFP should make renewed efforts to recruit and maintain professional staff experienced in HIV and AIDS, while providing them with appropriate on-the-job training and knowledge enhancement opportunities.

Advocacy and involvement of people living with HIV and AIDS

422. Lesotho was the only country visited by the HIV and AIDS consultant in the course of the MTE that had an identified association of sero-positive people to provide advocacy, solidarity and support for those infected with and affected by the virus.¹¹⁴ The CO had evidently taken full advantage of the formation of the Lesotho Network of People Living with HIV and AIDS (LENEPWA) in 2005 to inform and guide its activities. This approach is in line with the 1994 United Nations General Assembly Special Session GIPA initiative (Greater Involvement of People with AIDS) and the Lesotho joint UN GIEPA commitment. On a practical level, WFP has provided funding to sero-positive groups to provide condoms and demonstrations on their use at Food-For-Work project sites. The Lesotho CO has also demonstrated best practice in fully capitalising on the country's changing social and political attitudes to HIV-positive people, to address the epidemic through a variety of integrative means and incorporating the expertise of HIV-positive people themselves.

423. Using a small grant WFP has adapted one of its old fleet vehicles into a mobile advocacy car. Equipped with a tent, a variety of mass media and screen, it accompanies field activities such as monthly food distributions under the PRRO and FAO seed fairs providing demonstrations and IEC materials to advocate and inform on HIV and AIDS issues. Given that the CO was critical about its self-perceived under-achievement in protection activities, it is recommended that it discusses this theme with the Malawi CO and adapts some of its materials such as the "No Sex for Food" postcards. In this way protection initiatives in Lesotho could be cost effectively included in the package offered via the ongoing activities of the advocacy vehicle.

¹¹⁴ Swaziland also benefits from a similar umbrella organisation for HIV and AIDS, but was not visited by the HIV and AIDS consultant.



Recommendation:

WFP should encourage COs to share experiences and best practices to ensure that learning from innovative approaches can be capitalised upon.

424. The Lesotho CO also reported advocacy activities and cost-effectiveness through volunteer engagement in repackaging take-home rations for people infected with HIV and affected by AIDS. Motivation had been maintained through initiatives to highlight achievements by nominating the volunteers for an international award. The innovative use of plastic buckets for packaging also reduced the stigma for recipients receiving food in sacks labelled with donor identification.

Effectiveness of WFP food aid

425. The WFP Community and Household and Surveillance Reports provide regular feedback on activities and outcomes in Lesotho. The scope of reporting on food aid impacts, however, does not go beyond food consumption scores and coping strategy indices. WFP should explore the feasibility of including outcomes such as weight gain and reduction in opportunistic infections among HIV-infected people receiving food aid.

Recommendation:

WFP should rapidly disseminate the baseline study and report follow-up data promptly to inform on the actual impact of WFP's approach on the nutritional status of HIV infected recipients.

426. One report reviewed in the course of the MTE documented a pilot initiative to establish the effectiveness of food aid to HIV infected and AIDS affected beneficiaries. With funding from the Clinton Foundation, WFP conducted a baseline study designed to inform on the impact of supplementary food packages provided to patients attending Bophelong Paediatric Clinic ("Supplementary Feeding for Dietary and Nutritional Support for Paediatric AIDS Care and Treatment Pilot Project.") The draft of the study outcomes provided during the MTE analysed a mix of qualitative information from carers together with baseline quantitative anthropometric measurements from children receiving ART together with WFP oil and CSB supplements. The study illustrated that in the majority of households, dietary variety and nutrient intake were poor, even where quantities were adequate for three meals a day. This important finding illustrates that most affected households do not have access to an adequate range of nutrients to support recovery of patients receiving ART. It also underscores the crucial role of CSB and oil supplementation, especially for nutritionally compromised children born to infected mothers.

427. The WFP Lesotho CO has made notable efforts to make the most effective use of limited resources by tightening its targeting criteria for beneficiaries. The June 2005 "Revised Targeting for HIV/AIDS-TB-HBC Programmes" document clearly sets out selection criteria and justification and underscores best practice regarding issues such as confidentiality. To follow on from this it is important that all co-operating partners distributing WFP's food aid towards its objective of "Improv[ing] the nutritional status of ART patients" be required to monitor the impact of food aid to this end through agreed, standardised and simple anthropometric measurements, such as height and weight on entry to therapy followed by monthly body weight. The WFP CO informed the MTE of its intention to address the lack of firm and co-ordinated tracking of the impact of WFP food aid and submitted a grant proposal to enable this in light of the CO's perspective that food support to



ART patients should continue for minimum of one year, rather than the current six-month period during the establishment of drug regimens.

Recommendation:

WFP Lesotho CO should follow-up on the engagement of a short term consultant to analyse existing data from CP's own data sets would be a useful investment to rapidly inform on efficacy and strengthen WFP's requests to donors.

Sustainability of WFP inputs and exit strategy

428. Interviews with CO staff revealed that they regard livelihoods protection to be a key concern in the short-term, under PRRO activities, and in the longer term. Staff expressed their belief in the value of food aid to sustained household food security, especially of those caring for the chronically ill, and in reducing short term negative coping strategies such as consuming seed and selling farming assets to buy food and pay for medical expenses. The Lesotho CO has a policy of selecting CPs offering broad care and livelihoods packages that support sustained food security among recipients of WFP food assistance during drug treatment. CO staff confirmed that they experienced difficulties in selecting CPs from a limited local pool of partners. All CPs linked their activities with FFW programmes that have a long-term livelihoods focus such as animal husbandry and low-input farming.

Recommendation:

WFP RB should use funds from the UNAIDS Unified Budget and Workplan to share information/experiences on the theme of linking activities for HIV and AIDS patients and chronically ill people with those aiming to improve livelihoods, given that a number of COs in the region had not fully linked food aid with longer term sustainability.

429. In the course of interviews with CPs and WFP staff, the evaluation team found evidence of an apparent need to gather in-country and wider regional experience to share best practices to optimise the long-term impacts of WFP's inputs.

430. The opinions gathered during interviews (although limited because of time constraints) suggested that development actors regard the current state of GoL activities in response to the HIV epidemic to be poor and the rollout of ART to be slow-paced and inadequate. WFP is a partner in the GoL-UNDP-UNAIDS-FAO-WFP Joint Programme for Greater Involvement and Empowerment of People Living with HIV and AIDS (GIEPA) that has "increased sustainable employment opportunities addressing food security [and] livelihood activities..." as a key objective. Many partners acknowledged, however, that it would take a number of years to strengthen government capacity to such an extent that the private and community sectors can take over.

431. In its 2006 document "WFP Engagement in Lesotho, 2007 to 2015: Setting Food Assistance Priorities in a Changing Lesotho," the CO sets out its intention to prioritise activities that enable the GoL to fully manage national food security and that will eliminate the need for food assistance by 2015. Planned activities include continuation of nutritional support to HIV-positive women and their children, providing food support to OVCs enabling them continued access to education and optimising their future livelihoods potential and increasing programming emphasis on long-term



food security through FFW and CFW to improve agricultural assets, credit facilities and technical inputs. Activities are to be implemented in partnership with a broad spectrum of government bodies such as the Ministry of Agriculture and Food Security, the Ministry of Forestry and Land Reclamation and with NGOs such as the Agricultural Development Bank. The approach aims to strengthen agricultural infrastructure and techniques while concurrently building government capacities to manage national food security by 2015.

Malawi

Coherence of WFP approaches with national policy

432. In 2002, Malawi's country proposal to the GFATM was successful and resulted in a grant of almost USD200 million over a period of five years to support a comprehensive and integrated national response to the HIV epidemic. The national response has a focus on ARV drug delivery in line with the government's and the National AIDS Council's (NAC) commitment to the crucial role of nutritional support in optimizing the establishment, tolerance to and outcome of drug therapy. WFP, under the Regional PRRO and in partnership with the Joint Emergency Food Aid Programme (JEFAP), supports the national response via its integrated "Support to HIV/AIDS Affected and Infected People (June 2006 to December 2007)" project, implemented in January 2005 in eight districts targeting 20,885 HIV and AIDS affected households and 12,836 individual chronically ill patients.
433. By distributing food aid via CPs offering comprehensive care packages to HIV and AIDS infected and affected people, WFP endeavours to enhance the national ARV scale-up in line with national approaches set out in the "Malawi National HIV/AIDS Policy 2003" and the "Malawi HIV and AIDS National Action Framework (2005-2009)." Furthermore, WFP's activities are in line with the "2005 Malawi Growth and Development Strategy (2006-2011)" that identifies HIV, AIDS and food insecurity as key issues to be addressed in order raise the most disadvantaged from poverty.
434. As a member of the UN theme group on HIV and AIDS, WFP has also organised activities and programme goals within a joint UN matrix to address issues set out in the Malawi HIV and AIDS National Action Framework (2005-2009). To further support the government's preparations to scale up ART in 2005 and to determine the most effective ways to support this initiative, WFP set up a task force with other UN agencies and NGOs. WFP then initiated the "Integration of Nutrition Support in ART Scale-Up Plan Feasibility Study" to inform and guide food-based approaches.

WFP in-country HIV and AIDS expertise

Recommendation:

WFP should endeavour to support more fully its HIV and AIDS activities by recruiting specialist staff and building the capacity of existing staff wishing to specialise in this theme. Enhanced resources and activities in this area would provide senior HIV and AIDS managers at HQ level, and CDs with a wider pool of in-house expertise to strengthen WFP's role in national responses to the epidemic. It would also render COs less vulnerable to serious staffing gaps in cases of staff transfers, separations or retirements.

435. From WFP documentation reviewed during the course of the MTE and from interviews conducted, Malawi CO clearly had high quality HIV and AIDS technical expertise in-house. At the



time of the MTE visit to Malawi the issue of WFP's reliance on a limited number of highly skilled and motivated individuals came into sharp focus. The senior HIV focal person was working at WFP HQ in Rome on a TDY basis, raising concerns that the CO would be in a vulnerable position if the staff member was to take a posting in another country. WFP is relatively weak in terms of having sufficient technical staff in HIV and AIDS, compared to needs within the COs and amongst its CPs.

Efficacy of interventions

436. Malawi has made notable progress in assessing the effectiveness of its approaches to the epidemic. The CO commissioned a number of studies to inform on the effectiveness of its approaches and to guide future activities within the PRRO. In May 2006 in partnership with *Agencia Espanola de Cooperacion Internacional*, WFP published the evaluation report of the "WFP Food and Nutrition Support to Mothers Enrolled in PMTCT Programme." The report concluded that integrated WFP food aid to mothers enrolled in PMTCT therapy programmes had a positive impact on maternal health, encouraged pregnant women to take voluntary HIV tests and raised maternal knowledge on the virus and its effects.
437. WFP also commissioned the "Action Against Hunger Pilot Programme to Monitor the Effect of Therapeutic and Supplementary Feeding to New and Existing Acutely Malnourished Patients on ARV Treatment in Malawi." The study sets out very few findings regarding the effects of food support to patients receiving ARVs and WFP has not been fully debriefed by the researchers. It is a positive step, however, in monitoring the effectiveness of WFP's approach that should strengthen the evidence base for food aid to ARV patients.

Recommendation:

WFP should move forward on revisions of the preliminary technical report submitted in June 2006, act on the report's recommendations and share the study's findings with donors, CPs and other development partners.

438. The Malawi CO has encouraged its partners to collect baseline and follow-up data to inform on the effectiveness of combined food aid and drug therapy in ART, PMTCT and among TB patients in DOTS programmes. To facilitate this, all ration cards that enable beneficiaries to access their WFP food allowances are printed with boxes to record simple anthropometric measurements of patients each month. For example, patients in drug therapy programmes have their weight measured in addition to their height recorded on their first visit. These data provide basic information on nutritional status and permit service providers to record weight changes throughout courses of treatment. To facilitate nutritional impact monitoring of chronically ill patients outside clinical settings, WFP has donated portable body weight scales. In HBC programmes, for example, the scales are used to enable workers to monitor the weight changes of AIDS patients in the community who are receiving CSB.
439. By December 2006, there had not been a great deal of analysis of collected data to inform on the effectiveness of WFP food aid to the well-being of people affected by AIDS and infected by HIV. The WFP CO stated its intention, however, to analyse a more substantial data set in December 2007. Many of the CPs collecting anthropometric data from patients upon entry into programmes of WFP food aid and ARV or DOTS TB treatments or in the course of receiving HBC also reported that data analyses would not take place until their projects' completion. If used in this way, such data would serve to inform how effective approaches *were in retrospect, but eliminate the*



possibility of correcting actions during the life of the programme. On the other hand, by carrying out regular measurements along with on-going analyses, CPs would have a tool to guide and adjust ongoing PRRO approaches for improved outcomes and impact.

Supervision of cooperating partner activities

440. Visits to two CP-implemented activities raised issues concerning the role of the WFP CO in supervising and overseeing partners' HIV and AIDS-related activities. One of these was the irrigation scheme at Mkomera, a Food for Assets (FFA) initiative implemented by World Vision International (WVI). During the construction phase of the project, food-insecure households affected by AIDS were prioritised for selection as beneficiaries to receive food while developing an irrigation scheme on local farmland. Discussions in the course of the field visit revealed, however the traditional chief had given control of the land to a family who rented parcels to villagers for KW 1000 per quarter acre. As a result, only better off community members could afford access to the WFP-supported asset that enabled improved cropping and yields. Consequently, the "asset" of more productive drought and flood resistant land had had no direct sustainable value to WFP's intended beneficiaries. As WFP's target population was virtually excluded from use of the asset created, the evaluation team concluded that the potential for sustained benefits beyond the FFA phase of the project were considerably diminished.

Recommendation:

WFP should make provisions to supervise CPs' activities more closely, in order to ensure they benefit food-insecure AIDS-affected households in both the long and short-term.

441. In discussion with the CP representatives, the evaluation team learned that options to ensure access to the land by food insecure AIDS-affected households had not been explored. Closer supervision from WFP, however, might have revealed the constraints mentioned above before the activity had actually taken place, and permitted solutions to have been devised, such as establishing contractual agreement with the land-controlling family or alternatively, selecting land for irrigation that was controlled by more vulnerable households.

442. The MTE team's visit to the food warehouse of CP Emmanuel International in Liwonde also revealed several issues of concern related to the capacity and supervision of partners' activities providing food support of PLWHA. The structure of the warehouse used by the CP to store food stocks at local level was open to rodents and pests and the CP's pre-packing system to facilitate distribution was inadequate. A domestic bag-sealer was used for repacking rations which failed to seal food within the packaging. CSB was observed to remain open to spoilage and loss. Given the dependence of immune-deficient chronically ill on CSB, the maintenance of food quality and hygiene is of the utmost importance.

Recommendation:

WFP should supervise food handling more closely, following the release of commodities to CPs, and strengthen CP capacity for storage, repacking and distribution, as required.



HIV prevention and social protection

443. Within its PRRO activities, the Malawi CO has taken an active role in HIV-protection. In partnership with the government, UNAIDS, UNICEF and UNFPA, the CO produced a number of IEC materials that were distributed to JEFAP partners at food distribution points, to food transport workers and directly to beneficiaries. In addition to posters, postcard-sized guidance notes were provided to humanitarian workers distributing food entitled “No Sex for Food.” These materials clearly set out a code of conduct in food distribution in terms of responsibilities and prohibited behaviours, in an effort to protect recipients and other vulnerable adults and children from exploitation and abuse. The cards state that humanitarian workers found to be in violation of the guidelines would be dismissed and legal action taken.

Recommendation:

The RB should encourage COs to follow the best practice of the Malawi CO.

444. In 2006 WFP in partnership with UNICEF, UNFPA, UNAIDS conducted training on the prevention of sexual exploitation in districts where food aid is distributed. Using funding from the CAP, lead CPs and NGOs were directly given training of trainers and provided with IEC materials and a budget to trickle down the training

Recommendation:

WFP should consider developing a policy with a view to requiring all CPs to offer condom distribution, or at least condom promotion, as an integral part of their packages

445. The WFP CO reported that HIV-prevention activities related to PRRO activities were constrained by both the capacities of CPs and particularly the position of some faith-based organisations (FBOs). The display of HIV prevention IEC materials promoting the use of condoms, and actual condom distributions were therefore highly variable depending on the CP. WFP has linked with UNAIDS and UNFPA in an effort to encourage CPs to distribute condoms within their packages of care. Some partners do not currently do so because of internal policies that prevent the promotion of condoms.¹¹⁵

446. Although the wellness centres initiated by WFP-Malawi in co-operation with TNT and local NGOs are not implemented under the PRRO, the role of these services in reducing the risk of diffusing the virus is highly relevant to activities under the PRRO. The Muyende Bwino Wellness Centre in Mwanza near the Mozambican border targets truck drivers, providing them with rapid sexual and reproductive health care, treatment, and HIV awareness and prevention. Because it caters for itinerant transport workers that are highly vulnerable to infection and spreading the virus, the Centre plays a crucial role in reducing the potential harm of WFP’s food transportation in the course of PRRO.

¹¹⁵ While the issue arose in Malawi, it should apply to all WFP activities on a global level.



Recommendation:

WFP and its partners should develop Wellness Centres, replicating the Mwanza model throughout the region to reduce the potential impact of vulnerability to infection among transport operatives and people living along road corridors and around ports. WFP should also emphasise the importance of the free services offered at the Centres when training transport company trainers to more firmly link PRRO activities with existing projects and resources in place to reduce HIV vulnerability.

Training

447. Apart from the focussed training WFP provides on protection to CPs and contractors, wider training on HIV and AIDS-related issues was found to be more ad hoc depending upon donor responses. CO staff and CPs indicated that certain general training activities did not receive adequate follow-up to capitalise on completed activities and adequately develop essential skills. For example, at the community-level, HBC volunteers reported concern over inadequate knowledge and skills essential to confidently fulfil their role in supporting the health of the chronically ill in their communities. Focus group discussions identified basic first aid and counselling skills to be priority areas for further training of HBC volunteers interviewed.

Recommendations:

WFP should:

- Assist CPs in identifying training needs amongst their own staff and beneficiaries, and jointly develop appropriate training plans and funding requests. Plans for training should include follow-up actions to be taken, and a means for verifying the outcomes and impact of training.
- Expand and develop basic training requirements and supervision for CPs' HIV-awareness and responses. Although this is not to the letter of WFP's mandate, outcomes are dependent upon CPs' capacities and given the cross-cutting nature of HIV in PRRO activities it is important that WFP places greater emphasis on training partners' trainers and commit funding to this activity accordingly.

448. Subsequent discussions with WFP CO staff and CPs on training needs identified by HBC volunteers further underscored the need for improved WFP supervision of partners. CPs expressed frustration in the prolonged time lapse between requesting and receiving training funds. WFP CO staff reported that some organisations were not specific about the nature of training in their budget requests, which protracted the release of funds for capacity building. This suggests that additional support from WFP is required to enable CPs to identify their training requirements and WFP may in fact require additional human resources to carry out this important function.

Sustainability of WFP inputs and exit strategy

449. Within the PRRO, the Malawi WFP CO achieved a certain degree of linkage between activities targeting chronically ill beneficiaries receiving treatment and longer-term support such as low-energy input gardening projects. Due to the geographically dispersed nature of some CPs activities, however, some communities reported an absence of local opportunities to improve food security. After the food aid they received while establishing drug regimens ended, few beneficiaries were integrated into food production or income generating activities.



450. In some cases, in the absence of additional activities, some CPs had employed innovative approaches to promote improved nutrition. For example, some CPs through their community volunteers, encouraged households receiving HBC for the chronically ill to use the “Sangowa” tree as a nutritional supplement. As a rich source of vitamin C, zinc and protein readily available in the wild, its inclusion in the diet provides nutrients to the sick and food-insecure at no cost.
451. In 2006, funds from the Spanish government were directed to the PRRO in Malawi enabling the piloting of a variety of income-generating activities such as reduced-labour gardening, vocational skills, and small-scale business.

Recommendations:

WFP should:

- Create linkages between beneficiaries receiving food aid while establishing treatment regimens and partner activities aimed at developing appropriate livelihood strategies.
- Develop a workplan, including criteria for determining which activities it should scale up and within what timeframe. It should also document innovative, low-cost local solutions for improved nutrition and food security and disseminate the results widely amongst partners and within the region. It is crucial that the best practices established through pilot projects be scaled up to optimize the self-sufficiency of people recovering their strength with drug therapy.

Mozambique

Background

452. Climatically, Mozambique is highly vulnerable, with an average of three to four tropical disturbances annually, typically flooding and cyclones that result in loss of life, crop damage and epidemic outbreaks. Mozambique also has to cope with droughts every five years or so, the effects of which are compounded when they occur in consecutive years, as was the case between 2002 and 2005.
453. As Mozambique officially produced an adequate harvest in 2005/2006, donor inputs to WFP have fallen. Many of the poorest and most vulnerable are not in a position to obtain adequate food, however, particularly those affected by the HIV epidemic. These individuals therefore remain highly food insecure. WFP is attempting to extend current stocks and funding by reducing ration size. The food basket has also been compromised by issues surrounding the Government of Mozambique’s insistence on WFP purchasing oil from local suppliers. Local oil sources have serially failed WFP quality testing, hampering local procurement. Direct WFP importation of oil is made prohibitively expensive, as it would be subject to import duty.¹¹⁶ Consequently, the situation has reached deadlock and recipients do not currently receive much-needed vegetable oil in their WFP rations.
454. In the opinion of CO staff interviewed by the evaluation mission members, donor support to WFP is weakened by the way in which donors negotiate and channel funding in Mozambique. Eighteen donors have direct dialogue with government, which marginalises the UN in policy dialogue and decreases the donor funding to UN activities. The government’s approaches to food

¹¹⁶ WFP, as a UN agency, should normally be tax exempt, and hence not liable for import duty.



assistance shape the way in which WFP provides support to the most vulnerable people. As the government does not approve of free food distribution, WFP concentrates its assistance through FFA and FFW¹¹⁷ approaches, as well as supporting the establishment of ART. Food support to AIDS patients is therefore concentrated around medical centres.

455. WFP Mozambique has both a CP and the regional PRRO, which the office works with as a single portfolio rather than two separate interventions.

National rates of HIV infection

456. The HIV infection rate among Mozambique's population of some 20 million people is estimated to be 16.1 percent among 15-49 year olds, although the UNAIDS 2006 report gauges the generalised epidemic to be between 12.5 and 20 percent of the population, some 1.4 to 2.2 million people. In some areas, especially along major transport corridors, testing has shown a higher rate of infection up to 25 percent sero-prevalence.

Coherence with national policy

457. Mozambique is a transit country for WFP cargo to Swaziland, Zimbabwe, Zambia and Malawi via road from a number of coastal ports including Maputo and Beira. The high degree of human mobility resulting from WFP food transport and distribution activities introduces an acknowledged risk dynamic both for local people along the transit routes and for mobile personnel (such as drivers and migrant port workers) involved in moving WFP food cargo through southern Africa.

458. The *Muyende Bwino* Wellness Centre model set up across the Malawian border in Mwanza to reduce the possible harm elements inherent in moving food in the course of the PRRO would seem to be ideal for replication in Mozambique. This strategy, however, is not in line with the MoH approach, which aims to reduce stigma by not embracing stand-alone testing and HIV/Sexually Transmitted Infection (STI) support centres. For this reason, WFP has not been able to negotiate the development of similar transport wellness centres in Mozambique.

459. WFP's initiatives under the PRRO are in line with a number of key areas of Mozambique's 2004 National Strategic Plan to address HIV and AIDS. Through its food aid support to community groups and NGOs offering comprehensive home-based care to people living with AIDS, WFP contributes to the strategic goal of improving the quality of life and life span of infected people. WFP also provides food assistance to food-insecure HIV positive pregnant and lactating women on PMTCT drug regimens and to children born to women in PMTCT programmes. Women receive take-home rations through antenatal clinics from the second trimester of pregnancy through to birth. The food assistance not only supports the national response to the epidemic by reducing vertical transmission¹¹⁸ and improving the well-being of HIV-positive mothers, but also contributes to improving maternal and child health by providing an incentive for antenatal clinic attendance. WFP's support also encourages postnatal clinic attendance and maternal and child health and nutrition to children up to 18 months of age.

460. WFP also contributes to the national drive to scale-up ART, an effort enabled by the commitment of some US \$300 million of assistance from the Global Fund, World Bank Multi-

¹¹⁷ Able-bodied adults from food insecure HIV-affected households are prioritised for inclusion in these projects.

¹¹⁸ Transmission of HIV from a pregnant woman to her child in the course of pregnancy and childbirth.



Country AIDS Programme (MAP) and the Clinton Initiative. WFP provides food aid to patients during the first six months of ART. This was found by both clinical and non-clinical personnel interviewed in the course of the MTE to be crucial to patient adherence and to the establishment of anti-retroviral regimens. Many ARVs are most effective if taken with food as it reduces a number of side effects that otherwise lead to patient non-compliance. As well as optimising patients' physical well-being and immune response, food aid is widely perceived by clinic staff to encourage voluntary testing for the virus among the poor and food insecure of Mozambique.

461. WFP provides food assistance to selected beneficiaries in support of the government's OVC Action Plan 2006-2010. WFP encourages its CPs to distribute household rations to OVCs within their own or substitute households in order to keep them there. It also seeks to improve the food security of vulnerable households supporting OVCs and those headed by orphaned children at the community level by linking them with HBC activities. Food rations are also distributed through orphanages and schools.
462. Interviews with CPs revealed that Mozambican families place a high priority on schooling. As the government is improving the coverage of free schooling, the number of children attending primary school is increasing each year. In areas where schooling is available, food distributions encourage attendance of the most vulnerable children, while in communities without schools, community distributions cover school-aged children who are unable to benefit from SF programmes. WFP's two-pronged approach to OVC distributions – of targeting both households and schools/orphanages is therefore appropriate in the Mozambican context.

Coverage and inclusion of food insecure people infected with HIV

463. Meetings with cooperating partners and other development actors in the course of the MTE revealed strong impressions that current WFP targeting processes do not reach the majority of people who are food insecure and HIV-positive. Partners raised the issue that as WFP does not distribute food support to regions of the country declared to be “productive”, such as the north of Mozambique, rural poor people who are affected both by food insecurity and HIV living in these areas has no access to food assistance. Although rural communities in Mozambique have a culture of supporting the sick with food and other resources, this coping mechanism breaks down as the community's HIV and food security situation deteriorates.
464. Partners implementing the roll-out of ART services expressed concern over WFP's financial capacity to provide food assistance to match their increased funding to scale-up voluntary HIV-testing and ARV distribution and support. Given that WFP CO staff emphasised the uncertainty of the food pipeline, WFP urgently needs to co-ordinate with implementing partners and donors to assess the degree to which its food resources can continue to support the ART scale-up.
465. Partners also raised concern regarding the high degree of stunting, anaemia and vitamin A deficiency that they observed in the field and the need for WFP to consider raising the nutrient content of its food aid and adapting quantities according to HIV-infected and affected beneficiaries' requirements. CPs felt that WFP food aid was generally poorly-targeted, and reported that some well-nourished sero-positive women receiving ARVs were benefiting from WFP food aid while many HIV-negative malnourished people did not receive food assistance.
466. While the government approaches to stigma reduction require the distribution of food assistance to all chronically ill patients, the need was apparent in the field for more in-depth investigation of



beneficiaries' eligibility on WFP's behalf. Partners reported that women from food insecure households frequently express the opinion that their children would have better access to food assistance if they were sero-positive. Indeed, some CPs interviewed found the increase in voluntary HIV testing in the country (in spite of the high level of stigma) to be a reflection of increasing numbers of food insecure people attempting to gain access to food aid.

Recommendation:

WFP should carry out further studies of the beneficiary situation, and engage the government in developing solutions to inappropriate targeting. Such studies would be central to optimising WFP assistance in Mozambique through appropriate targeting mechanisms, while minimising the potential negative impacts.

Efficacy of interventions

467. At the time of the evaluation, there was no evidence of co-ordinated data collection and analyses to inform on the efficacy of WFP food assistance towards the HIV response in Mozambique. A number of CPs collect data on HIV infected people and AIDS patients prior to and after receiving WFP food aid, both with and without ART. MSF reported recording data on weight increase of AIDS patients receiving ART, some of whom also receive WFP rations. The data have not been fully analysed, however. Limited amounts of data shared with the MTE team suggest that 94 percent of HBC patients receiving food assistance gain weight and achieve a BMI above 18 after six months of food aid. In the majority of cases, people recovered sufficient strength during that period to enable them to contribute to their households' economic needs.
468. HelpAge International (HAI) also takes basic anthropometric measurements and SOS keeps records on children's weight changes on WFP rations. The MoH has also data from clinics on changes in body weight and opportunistic infections among ART patients' receiving WFP rations.
469. Although during the course of discussions with the MTE team some CPs appeared to be quite protective of their data bases, most agreed upon the importance of data analysis and reporting to inform on the efficacy and to guide future initiatives. Negotiations are ongoing between Comunidade Santo Egidio and WFP-HQ concerning data sharing and analysis.

Recommendations:

WFP should:

- Provide technical support aimed at enabling and encouraging CPs to analyse their data on recipients of both food support and ARVs in an attempt to determine the impacts of these combined interventions on weight gain and on reducing opportunist infection episodes.
- Following operational research, present the results in the form of reports both to inform donors of the value of WFP's approach and to contribute to the knowledge base on food-based approaches to HIV/AIDS in food-insecure communities.

470. During discussions on the importance of reporting on the efficacy of food interventions to securing adequate donor support, CPs expressed concern over the quality of the data they have collected. Partners requested technical guidance on determining indicators to enable field staff to gather information on the impacts of food on HIV affected people. WFP should consider collaborating with specialist organisations to carry out such technical capacity building of CPs, and/or recruiting suitable short-term consultants.



Recommendation:

WFP and its CPs should carry out more in-depth exploration of local job markets in order to determine the most appropriate training opportunities for rural youth, and subsequently, to further refine CPs' packages of support to OVCs.

Sustainability of WFP inputs and exit strategy

471. To enable young people orphaned by AIDS to become productive members of society and to assist them to lead more fulfilling lives, WFP provides food assistance through CPs offering packages of psycho-social support and vocational training to orphaned and vulnerable youth. Eligible young people receive a food basket for their households while they train in skills such as hairdressing, commercial food preparation and carpentry. Once they “graduate”, programme participants receive basic tools from CPs to enable them to start own small businesses or to be sufficiently equipped to begin productive employment. This approach appears to have been successful in providing the basis for sustained food security for children and young people rendered vulnerable by AIDS. The evaluation team noted, however, that rural young people completing such projects have greater difficulty finding work locally than their urban and peri-urban counterparts, as there are fewer commercial opportunities available.
472. The government, recognising the importance of food aid in the national response to the HIV epidemic, has applied to the Global Fund for resources to integrate nutritional supplementation in treatment and care programmes. In the longer the government envisages that additional food assistance to Mozambique might be forthcoming from sources such as the Global Fund to Fight Aids, TB and Malaria (GFATM) and the United States President's Emergency Plan for AIDS Relief (PEPFAR). WFP needs to ensure stronger linkage with livelihoods initiatives, however. Current WFP activities only marginally link households affected by HIV and AIDS with livelihood development activities.
473. The MTE found a lack of integration of different CPs' activities that are inherently complementary and could potentially enhance the sustainability of WFP food inputs to the national HIV response. Discussions with beneficiaries, CPs and the MoH indicated a lack of co-ordination between implementing organisations. In the course of joint discussions with CPs, the evaluation team verified that CPs do not meet to discuss activities and to determine how linkages might be created to optimise and sustain their positive impact on beneficiaries.
474. In a meeting of WFP's CPs in Tete, a number of partners participating in the roundtable discussion implemented activities that were clearly complementary but unconnected. Two such programmes included an MSF activity providing WFP food to patients during their first six months of ART and the Mozambican Red Cross's food distributions to able-bodied members of HIV-affected households participating in livelihoods activities. In addition to improving households' economies, linkages between ART and livelihoods programmes would extend the period during which ART patients benefit from WFP food, allowing them to establish their drug regimes and potentially optimising their well-being.



Recommendations:

WFP should:

- Promote stronger linkages with livelihoods initiatives in order to enable households and individuals to optimise the food support they receive during the first six months of ART.
- Take a more active role in ensuring that CPs link their activities in order that patients receiving food aid as part of their ART package are graduated into complementary activities for developing sustainable livelihoods.
- Ensure better CP coordination and communication, and complementary activities, and insist that ART patients are referred to available food aid-supported livelihoods initiatives that are appropriate to their work capacities.

Zimbabwe

Zimbabwe National epidemic

475. According to the 2006 UNAIDS Report, of the 12 million people in Zimbabwe the HIV epidemic has reached the “generalised stage” with between one and two million people estimated to be infected by the virus. Its effects on the population are reflected in the low life expectancy of 37 years for men and 34 for women. The feminisation of the epidemic is evident in Zimbabwe with 21 percent of women of reproductive age found to be sero-positive, compared with 14.5 percent of their male counterparts. Of the 1.3 million orphans in Zimbabwe, approximately 980,000 have lost one or both their parents to AIDS.

Coherence of WFP approaches with national policy

476. Given the special political circumstances in Zimbabwe, WFP does not have a clear official route through which to structure formal links with government policy. At the time of the evaluation, government policy, planning and strategy on HIV and AIDS was pending as the country was still in the formulation process of the national response to the epidemic in the form of a draft Zimbabwe HIV and AIDS Strategic Plan (ZNASP) 2006-2010.

477. The WFP CO aligns its approaches to existing strategic plans that encompass HIV-infected and affected people. For example, WFP provides food support to orphans and vulnerable children up to the age of 18 years, in accordance with the definition set in the 2004 National Action Plan for Orphans and Other Vulnerable Children. In line with this national action plan, through CPs such as GOAL, WFP activities support the GoZim objective of increasing OVCs’ access to food and both school enrolment and retention. WFP accomplishes this by providing food aid to SF programmes that offer a cooked meal consisting of a starch and pulse with oil on site in the course of the school day.

478. By selecting cooperating partners such as CARE and Dachicare that offer packages including vocational and life skills to orphans as well as mentoring with adults and psycho-social care, WFP further ensures that its food aid is in alignment with the 2004 National Action Plan for OVCs.

479. WFP’s food support to home-based care in Zimbabwe is in line with the Ministry of Health and Child Welfare’s (MoHCW) National Community Home-Based Care Standards (2004) in that it works with CPs who take holistic approaches to care of the chronically ill. However, food aid provided by WFP is not always in line with the spirit of the HBC Standards, due to policies



employed by individual agencies. For example, regarding the principle of supporting patients' families, the US-based donors of a number of CPs such as CARE, target only people infected with HIV with food interventions. WFP has stated its intention to harmonise targeting of HIV positive people and their families across interventions within the PRRO in Zimbabwe. This is necessary to ensure that patients do not suffer reduced intake of rations in a culture that values food sharing.

480. WFP also intends to support the national strategic roll-out of ART with food aid. Food aid is aimed at encouraging voluntary counselling and testing and adherence to ART regimens.

WFP in-country HIV and AIDS expertise

481. The HIV/AIDS focal point in Zimbabwe is motivated, dedicated and highly regarded by some partner organisations. At the same time, due to the enormity of the problem in Zimbabwe, and the relatively weak platform for including food and nutrition on the HIV and AIDS agenda, the evaluation concluded from interviews in country and discussions with the RB in Johannesburg, that additional technical capacity is needed at the CO. While some development partners within the UN family (e.g. UNAIDS) reported excellent co-ordination with WFP on HIV and AIDS responses, others (e.g. UNICEF) expressed the opinion that greater operational co-ordination and information sharing was needed to improve coverage and services to HIV infected and affected children and adults

Recommendation:

WFP should strengthen its thematic expertise at the national level in Zimbabwe by 1) prioritising HIV/AIDS focal points in regular capacity building and 2) by recruiting specialist staff to the CO, in order to ensure that WFP's interests in the national response to the epidemic are fully and appropriately represented.

Missed opportunities for HIV awareness-creation

482. In the course of the MTE, some EDPs and FDPs were visited and although HIV awareness and prevention activities varied considerably, overall they were found to be poor. A warehouse visited displayed newly printed messages encouraging truck drivers and warehouse staff to take free condoms. The supplies, however, were publicly placed in the manager's office, which did not enable them to be taken discretely. In none of the locations visited were condoms available in more private settings such as toilets and changing rooms, and very few had any IEC materials displayed such as posters on HIV prevention, care, stigma reduction or social protection either in warehouses or toilets. Given the volume of mobile young people passing through and waiting at food depots, it is crucial that opportunities for HIV awareness-raising and condom promotion are maximised.

Training needs and supervision

483. WFP provides training of trainers on HIV and AIDS to a number of CPs, which is intended to have a 'trickle-down' effect. In some cases, however, the results are less than satisfactory. A case in point is that of HIV and AIDS awareness-raising for truck drivers, which WFP provides directly to the management level of haulage contractors. Interviews with a number of warehouse workers and truck drivers revealed that they receive diluted and negative messages about their "role" in driving the epidemic, rather than ways in which they might participate in the response to the epidemic.



484. Given the high level of mobility of truck drivers, they should be approached through more sensitive forms of awareness-raising to bring them on board and optimise their potential role as “ambassadors” of HIV-awareness. An added benefit of enhanced HIV technical expertise within the WFP CO would be better supervision of HIV and AIDS-related training, especially as direct involvement tends to be in ToT, which is assumed to have a “trickle-down” effect.

Recommendation:

Given the high level of mobility of truck drivers, WFP should encourage CPs to approach them through more sensitive forms of awareness-raising to bring them on board and optimise their potential role as “ambassadors” of HIV-awareness. An added benefit of enhanced HIV technical expertise within the WFP CO would be better supervision of HIV and AIDS-related training, especially as direct involvement tends to be in ToT, which is assumed to have a “trickle-down” effect.

485. HBC volunteers expressed the need for more comprehensive training to inform their care of patients. Carers expressed concerns regarding their lack of knowledge in administering basic first aid and medicine to AIDS patients and in feeding weak patients with poor appetites. Given the high reliance of patients on their expertise, providers of HBC need sufficient information and skills to confidently provide the best possible care in resource-poor settings. CPs providing training to carers need supervision from WFP, which should take a higher level of responsibility in the development and supervision of training provided to HBCs by CPs.

Recommendations:

WFP should:

- a. Ensure that training of trainers of CP staff and training of beneficiaries on HIV and AIDS benefits from quality assurance, either through its own technical staff or external sources.
- b. Assume a greater role in the development of training programmes and selection of curricula, ensuring that training is based on training needs’ assessments of trainees, and that skills and knowledge transmitted to CP staff address the needs of food aid beneficiaries.
- c. Ensure that all training courses are accompanied by monitoring mechanisms to assess outputs and outcomes.
- d. Evaluate training periodically, in relation to stated objectives.

Internally displaced people (IDPs)

486. Government initiatives in urban areas such as Operation Murambatsvina and the repatriation of migrants working illegally in South Africa have resulted in a substantial number of poor Zimbabweans becoming internally displaced. Many people whose livelihoods depended on waged farm labour and street vending were abruptly displaced, losing their homes and sources of income, and in some cases, returning to rural homelands. Following a decline in their livelihoods, which increased their food insecurity, many people were increasingly vulnerable to being drawn into transactional and risky sex. WFP-Zimbabwe, responding through the regional PRRO, provided food aid for distribution through Christian Care’s Urban Feeding Programme and the International Organisation for Migration’s (IOM) Mobile Vulnerable Population Feeding Programme.



487. Management of this highly sensitive approach to risk reduction, and support to HIV infected and affected food insecure people through International Organisation for Migration (IOM) activities has encountered both funding and targeting obstacles that have hampered efficiency and effectiveness.

Recommendation:

WFP Zimbabwe should:

- Expand its HIV and AIDS technical capacity, through engagement of a short-term consultant, in order to alleviate the issues it faces with IOM.
- Given the acknowledged role of human movement and displacement in driving the HIV epidemic, resolve outstanding issues with IOM.

Triple Threat

488. Given the political context of Zimbabwe, the WFP CO did not have a strong role in raising awareness of the UN concept of the “Triple Threat” of food insecurity, weakened capacity governance and AIDS in southern Africa. In the course of interviews, many UN agencies voiced the opinion that the “Triple Threat” concept was not useful in the Zimbabwean setting. Instead, the approach of using food aid as a platform for raising awareness of HIV and AIDS was regarded to be a more effective response to the national epidemic.

Efficacy of interventions

Recommendation:

WFP-Zimbabwe CO must improve its monitoring, analysis and reporting of the efficacy of its interventions, in terms of the goals defined in the PRRO document, both to guide its activities and to strengthen the case for funding its interventions to sceptical donors.

489. Generally, information gathering activities and analysis of data are insufficient, as a result of inadequate technical resources. For this reason, there was no evidence base on which to judge the effectiveness of WFP’s interventions in reducing the impact of the epidemic on the food security of vulnerable populations or in meeting the nutritional needs of people infected and affected by the virus.

Exit strategy

490. Section 51 of the PRRO document underscores the importance of “...an integrated livelihoods approach to be pursued in parallel with medical and nutritional care of people living with HIV/AIDS...” Nonetheless, the linkages between WFP food assistance and livelihoods initiatives are weak. At present, only a small proportion of people who require ART actually receive it in Zimbabwe and therefore the proportion of people infected with HIV who are recovering their strength with drug therapy is relatively low..

491. Linkages between WFP’s current programmes to assist people living with and affected by HIV and AIDS with longer-term livelihoods initiatives are insufficient. By providing food assistance to the beneficiaries of such programmes that are appropriate to their capacities, recipients would have an opportunity to provide for their own future food needs as they improve their nutritional status. Integrated programmes aimed at enabling beneficiaries to graduate from food distributions would also be more attractive to donors. They have expressed concern at the open-ended nature of the food aid requirements of people affected by the epidemic who are currently benefiting from care and treatment services.



Recommendation:

WFP Zimbabwe CO and other COs in the region should develop more direct linkages between current programmes to assist people living with and affected by HIV and AIDS and longer-term livelihoods initiatives.

Regional Bureau for Southern Africa – HIV and AIDS

Findings

492. WFP assigns HIV and AIDS responsibilities relatively randomly to programme officers, many of whom are relatively young in their careers and do not have a technical grounding in HIV and AIDS. There is a need for increased technical expertise in some COs that was not being addressed with adequate in-post capacity-building. Without additional skills, HIV and AIDS focal staff are placed under considerable stress, especially as ODJ technical expertise is also under-resourced.
493. Officers with a strong knowledge and background in HIV/AIDS are few in number and stand out in terms of their competence, comprehension of the subject and creativity in taking forward WFP's approaches in contributing to national responses to the epidemic. As these individuals move on from their current posts, however, they will leave behind a vacuum that might be expected to disrupt the current standard and pace of HIV and AIDS activities.
494. The RB does not have a dedicated regional HIV and AIDS adviser, and a single staff member assumes overall responsibility for advising COs on HIV and AIDS, Nutrition and SF, with support from a secondee from ActionAid. Given the reported requirements for technical support on HIV and AIDS by COs, regional staffing must be improved in quantity and quality, with a senior level, experienced HIV and AIDS adviser post established, in addition to the seconded staff member and nutrition adviser.
495. The WFP inputs to HIV programming has rarely been fully linked with other partners' complementary initiatives to ensure sustainability. For example, very few partners distributing food aid to people in ART and DOTS treatment programmes have been linked with livelihoods initiatives aimed at stabilised HIV and TB patients. Such initiatives would enable them to support themselves once their condition is under control, following the establishment of drug regimens and improvements in their nutritional wellbeing.
496. The PRRO Logframe has established indicators for improved health and nutritional status of HIV-infected and affected beneficiaries. It is not possible, however, to evaluate the extent to which WFP food aid has had a positive impact on the well-being of people infected and affected by HIV and AIDS, due to the lack of feedback and reporting on the efficacy of interventions. WFP and CPs' data collection to monitor the efficacy and impact of food aid to HIV positive people is variable but inadequate overall.
497. Many CPs in clinical and HBC settings collect baseline height and weight data followed by regular weight measurements of beneficiaries. Although some of these data are well organised in electronic and hard copy data bases, the team was unable to identify any substantial analyses and reporting. As WFP requires a strong evidence base to underpin its approaches in response to the epidemic and encourage further donor support it is crucial that the organisation ensures that monitoring and reporting are carried out to inform on outcomes and impacts.



498. WFP activities to protect food aid recipients from abuse are highly variable within PRRO activities in different countries. Some COs are proactive in developing IEC materials highlighting protection and rights issues and ensuring their display at distribution sites, while others reported no direct engagement in protection activities to the evaluation team.
499. WFP HIV and AIDS prevention activities, implemented through CPs, have been variable. Some COs have partnered with organisations offering condom distribution as part of the overall package through which WFP provides food aid to recipients under the PRRO. Other COs have not enabled recipients' access to condoms in this way, as they have not identified partners with suitable capacity.
500. Visibility and availability of condoms to warehouse and transport staff at WFP and partner distribution depots varied markedly. Some followed best practices in terms of free condom availability in discrete settings such as toilets and changing rooms and displayed IEC materials on safer sexual practices and HIV protection. Others, however, displayed no IEC materials in the workplace and had no condoms available in men's changing rooms and toilets. In spite of a number of women making up the workforce, some warehouse sites had no female toilets in which to position condoms and provide safe and private toilet areas for female staff. At some food warehouses, condoms were positioned in very public areas, for example, in the main office, which is a discouraging practice, especially for female members of staff and visitors.

Conclusions

501. WFP's strong emphasis on food aid is a crucial aspect of the integrative response to the HIV epidemic, given its scale and dynamics in the region. The constellation of weak governance, social inequalities, chronic poverty and food insecurity drive the epidemic and are in turn exacerbated by it. Without assured access to food, the most disadvantaged remain highly vulnerable to resorting to negative strategies to meet their basic food needs. Furthermore, impacts of the ARV roll-out on the recovery of household productivity are constrained by inadequate nutrition which decreases tolerance of and adherence to drug regimens.
502. The HIV epidemic is unique and traditional emergency responses need to be adapted to effectively address the cycle of infection, poverty and negative coping strategies to access food. This has posed problems for some donors who consider responses to the epidemic to be outside WFP's core business. Some COs are collecting evidence on the impact of food aid on reducing vertical transmission by increasing adherence to PMTCT, and improving the wellbeing and productivity of infected people. A more immediate and cohesive regional effort is needed, however. This is essential to strengthen WFP's position and to convince donors to support continuation and scaling-up of food as an integral component essential for an effective regional response to the epidemic.



Recommendations:

WFP should:

- To the extent possible, adhere to approaches set out in WFP Policy Statements.
- Rather than relying on a few staff members with strong HIV and AIDS capacities, improve its technical capacity through the following routes:
 - In the course of recruiting new staff members, specifically recruit staff with a strong track record in HIV and AIDS programming and possibly also academic training in this subject, combined with experience and/or training in nutrition.
 - Support existing staff expressing a particular interest and drive for HIV/AIDS and food aid, in their attempts to build their technical capacity; Agree and clarify the roles of regional staff responsible for HIV and AIDS; communicate it to COs; Strengthen regional approaches to HIV and AIDS via food aid technical expertise within ODJ through the recruitment of an additional HIV and AIDS specialist (senior adviser with at least 10 years experience in HIV/AIDS programming and a combined HIV and AIDS or reproductive health and nutrition background, with working knowledge of WFP) to support regional programming and COs.
- Require CPs that specialise in food support to patients at the onset of their treatment programmes and those that focus on appropriate livelihoods for people with reduced work capacities to link care and support initiatives. In this way, patients would graduate from food assistance which enables treatment adherence and progress to food aid during livelihoods development. In this way investments in people infected with HIV are more likely to have a sustained impact as beneficiaries are given food assistance and as they recover their strength and acquire new livelihood skills.
- Ensure (either as joint regional initiative on a country basis) that the existing data bases are analysed to determine the impact of WFP food aid on food insecure HIV positive people including: those receiving food aid but who do not have access to ART; those receiving food aid who have also accessed ART; and other vulnerable people affected by HIV and AIDS, such as orphans and vulnerable children; Recruit qualified short-term consultants for this assignment.
- At CO level, share materials developed in-house and through the UN system and other quality protection IEC materials that have proven effective. (COs whose partners are not actively displaying and distributing HIV-prevention, AIDS awareness and social protection materials should ensure that this is addressed as a matter of urgency.)
- Co-ordinate with CPs to ensure that all warehouse and transport staff involved in the handling of food aid receive refresher training on HIV/AIDS prevention; Require all WFP warehouse managers and field monitors to encourage warehouse and transport managers to maintain appropriate and sensitively positioned condom supplies and ensure that effective information, education and behaviour change materials are readily available to staff.
- In regard to CP agreements, develop guidance on HIV awareness-raising and the promotion of safer sexual practices (including the promotion of condoms) with a view to improving linkages with HIV-prevention information and activities as part of integrative packages; Emphasize the importance WFP places on selecting partners with this competence and experience; Build the capacity of CPs to deliver this service, and Discuss with local reproductive health and family planning NGOs, government services and UNFPA country offices. Where CPs are prevented from offering these services by their agreements with other donors or by their religious standpoint, encourage them to adhere to a minimum standard of providing information on specialist local HIV prevention service providers.



II. 6.2 Gender¹¹⁹

Background

503. The PRRO document emphasized the “promotion of gender equity in terms of access to WFP resources and management of community food-aid structures and an integrated inter-agency response.” The selection of partners was to take into account understanding of gender issues in order to ensure female participation at all stages of the project cycle. The PRRO also foresaw that global gender trainings on the Enhanced Commitments to Women (ECW) would be conducted for WFP and partners in all five countries.

Findings

504. In southern Africa, women carry most of the burden for labour, household chores and providing care for patients and orphans. At the same time, women have limited access to and control of productive resources. Through its gender policy, WFP aims to reduce the gender gap. The evaluation team reviewed to what extent WFP had implemented the ECW through the SA PRRO, and concluded that results are mixed. Tables 4 through 8 below present the evaluation team’s findings on each of the commitments.

Table 1. Adherence to WFP Enhanced Commitments to Women

Commitments	Comments
I. Meet specific nutritional requirements of expectant and nursing mothers and adolescent girls, and raise their health and nutritional awareness	All WFP nutrition interventions implemented in the region aim to provide fortified CSB, fortified vegetable oil (vitamin A and D) and sometimes fortified maize meal. In some cases, the supply has been erratic (such as in Zimbabwe) and it has not always been available. Most interventions include awareness-raising on health and nutrition issues; however, de-worming tablets are rarely provided.
II. Expand activities that enable girls to attend school.	In all PRRO countries, girls outnumber boys in SF programmes, with the exception of Zimbabwe, where numbers have been balanced since 2006. At the start of the PRRO, there were no issues identified regarding gender gap in school enrolment, except in Malawi where SF has been successful in correcting the imbalance.
III. Ensure that women benefit at least equally from the assets created through food for training and food for work.	Involving a majority of women in FFT activities has been a challenge for all countries, with the exception of Swaziland. In the formulation of FFW/FFA activities, little attention has been paid to women’s needs, access to and use of assets created. However, PRRO countries have succeeded in involving a majority of women as participants in FFW/FFA projects. In most cases, work norms have been modified to ensure that women can participate without overburdening them, and ration cards are systematically issued in the name of the participant, as per ECW requirements.
IV. Contribute to women’s control of food in relief food	WFP COs and CPs have made notable efforts to meet commitment IV, for instance, by minimising walking distances to FDPs in areas

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NB: The gender team member was unable to visit Swaziland and Mozambique.



distributions of household rations.	with difficult terrain (Lesotho) or in sparsely populated areas (Namibia). In most cases (especially in Malawi and Swaziland), while ration cards are issued in a woman's name, the beneficiary is permitted to designate someone else to collect the food on her behalf (see Table 2.) This is especially important in the case of chronically ill people. Repackaging of food to facilitate transport of rations by beneficiaries remains a challenge due to higher costs. In some countries (Namibia), field visits revealed that insufficient information is provided to beneficiaries on food distributions (food basket composition and ration size.)
Commitments	Comments
V. Ensure that women are equally involved in food distribution committees and other programme-related local bodies.	COs have performed well with regard to female representation in food distribution committees (FDCs), despite major cultural barriers (see Table 2.) ¹²⁰ While beneficiary identification has been largely participatory, such approaches have rarely been used for M&E. ¹²¹
VI. Ensure that gender is mainstreamed in programming activities.	WFP has made considerable efforts to mainstream gender in programming. Gender assessments to evaluate WFP programme activities in relation to their gender responsiveness were conducted in all PRRO countries except Namibia in 2004, providing baseline data for monitoring of PRRO results. ¹²² COs have also complied with ECW requirements and provided gender-disaggregated output data on a monthly basis. In addition, a majority of COs has reviewed M&E tools for gender sensitivity. The selection of CP based on gender performance is a challenge due to the limited choice of partners in some countries (e.g. Namibia and Zambia). Nevertheless, all FLAs reviewed by the mission briefly referred to WFP ECW and emphasised the need to place the food directly in the hands of women, and to ensure that they take a lead role in the management of food distributions.
VII. Contribute to an environment that acknowledges the important role women play in ensuring household food security and that encourages both men and women to participate in closing the gender gap.	All COs are involved in UN Gender Theme Groups, which include government and other agency representatives and are aimed at sharing information and experiences in gender mainstreaming and organising joint gender initiatives. Malawi CO has made specific efforts to ensure gender mainstreaming in the national growth and development policy. Gender advocacy is weak in most countries.

¹²⁰ Zambia, which lagged behind, has made progress recently.

¹²¹ For development of monitoring systems and for actual monitoring of results.

¹²² A gender baseline survey for the FFW programme was also conducted in Lesotho in 2005.



<p>VIII. Make progress towards gender equality in staffing, opportunities and duties, and ensure that human resources policies are gender sensitive and provide possibilities for staff members to combine their personal and professional priorities.</p>	<p>Despite COs' efforts to achieve gender balance in staffing, gender gaps prevail. Recruiting females for field-based positions in sub-offices has been a major challenge in most countries for social reasons.¹²³ To address this issue, Malawi CO has initiated a study on how to recruit and retain women. In Zambia, despite efforts to recruit more women, they remain largely under-represented in some SOs. In Zimbabwe, however, the CO reached 75 percent of female FAMs at the peak of the operation. In Lesotho, WFP has almost achieved gender equality in staffing (in all staff categories) and women are a majority among FAMs (see Table 3). The RB and all COs - except Mozambique and Namibia¹²⁴ - have conducted training in ECW for WFP and CP staff. However, not all staff have been trained.</p>
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Table 2. Enhanced Commitments to Women Indicators. 2005

<i>Enhanced Commitments to Women Indicators</i>	Planned	Actual
Lesotho		
Proportion of women in leadership positions in food management committees	50 %	60 %
Proportion of women receiving household food rations at distribution point in GFD	60 %	37 %
Proportion of household food entitlements (on ration cards or distribution list) issued in women's name in GFD	70 %	60 %
Malawi		
Proportion of women in leadership positions in food management committees	30 %	52 %
Proportion of women receiving household food rations at distribution point in GFD	0 %	63 %
Proportion of household food entitlements (on ration cards or distribution list) issued in women's name in GFD	24 %	80 %
Mozambique		
Proportion of women in leadership positions in food management committees	100 %	100 %
Proportion of women receiving household food rations at distribution point in GFD	100 %	100 %
Proportion of household food entitlements (on ration cards or distribution list) issued in women's name in GFD	69 %	61 %
Swaziland		
Proportion of women in leadership positions in food management committees	0 %	77 %
Proportion of women receiving household food rations at distribution point in GFD	0 %	73 %
Proportion of household food entitlements (on ration cards or distribution list) issued in women's name in GFD	0 %	80 %
Zambia		
Proportion of women in leadership positions in food management committees	70 %	39 %
Zimbabwe		
Proportion of women in leadership positions in food management committees	0 %	63 %
Proportion of women receiving household food rations at distribution point in GFD	83 %	64 %
Proportion of household food entitlements (on ration cards or distribution list) issued in women's name in GFD	74 %	64 %

Source: Standard Project Report, PRRO 10310.0, 2005.

¹²³ In Malawi, women who were short-listed for food aid monitor posts rejected the offer when they were informed that they would be posted in rural areas as it might jeopardize future plans for marriage.

¹²⁴ In Namibia, operations had not started when the training was offered.



Table 3. Number of staff by gender. November - December 2006

	Male	Female	Total	% female
Lesotho	34	32	66	48
Malawi	120	60	180	33
Namibia	19	5	24	21
Zambia	76	40	116	34
Zimbabwe	72	50	122	40

505. Recognizing the considerable challenges to gender equality in Southern Africa, the RB and COs have undertaken several initiatives to enhance gender responsive programming in the region. Comprehensive gender assessments conducted in 2004 in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe, for example, identified good practices, missed opportunities and challenges in gender-responsive programming. Based on survey findings, COs prepared action plans to minimise the gender gaps that were identified.
506. Subsequently, with financial support from DFID through the Institutional Strategic Partnership (ISP), ODJ and COs organised inter-country staff exchange visits to facilitate replication of and learning from good practices. Simultaneously, the WFP CO in Malawi developed and conducted training on Leadership Skills, Gender and HIV/AIDS for partners and grassroots women and men. The training drew on findings from the gender baseline survey and a gender workshop held in 2004. These exercises indicated that, while women were represented on an equal basis with men in FDCs, the quality of their participation was poor and few of them were actively involved in decision-making, thereby compromising programme effectiveness.
507. Using participatory methods, the training aimed at improving the performance of Village Relief Committees by equipping them with leadership skills and improving their knowledge of HIV/AIDS and gender issues, with the objective of enhancing beneficiary selection and food distribution, from a gender and HIV/AIDS perspective.¹²⁵ Following the training, some communities organised a “model village”, developed jointly with the Catholic Development Commission of Malawi (CADECOM). Initiatives undertaken under this “model village” included advocacy on HIV/AIDS and community activities (e.g. building toilets, vegetable gardens). Other communities elected task force committees and raised awareness on the prevention of gender based violence.
508. In light of the training’s success, the RB and COs adapted and replicated this initiative in other countries.¹²⁶ In 2006, a ToT for WFP and CP staff was rolled out to all COs (except Namibia) using DFID funding through the ISP. A total of 241 staff (139 male and 102 female) from WFP, other UN agencies and partners was trained.¹²⁷ With the exception of Malawi (and to some extent Swaziland), WFP and partners could not roll out the training at community level due to insufficient funds, thereby causing major disappointment among WFP and CP staff and communities.

¹²⁵ Source: An Integrated Training of Trainers Manual on Leadership Skills, Gender and HIV/AIDS for Village Relief Committees. WFP: March 2006.

¹²⁶ Namibia was not involved in this initiative due to late inclusion in the PRRO and staffing and resources constraints.

¹²⁷ Source: Regional Report on Gender Responsive Programming in Southern Africa – Phase III. WFP: November 2006.



Conclusions

509. ODJ and the COs have made progress towards institutionalising the ECW and mainstreaming gender in WFP programmes. However, WFP still faces many challenges in closing the gender gap.
510. Gender assessments conducted in 2004 provided a solid base for improving gender responsive programming. Some of the recommendations arising from the surveys were duly implemented.¹²⁸
511. SF seems to have been successful in closing the gender gap in Malawi and keeping girls in schools in other countries. COs have also contributed to women's control over food aid by fulfilling the ECW. In some countries, this could be further strengthened through greater access to information on food distributions.
512. WFP partners are very familiar with the ECW quantitative targets for women's participation in programmes; as a result, WFP has been quite successful in ensuring wide female representation in FMCs, including leadership positions. Widespread knowledge of the ECW enabled WFP and its CP to establish the framework for gender responsive programming. Understanding amongst CP staff of the rationale and potential benefits of female inclusion is limited, however. In most cases, efforts to ensure female representation were not complemented by proactive measures to ensure quality and active participation. The gender assessments conducted in 2004 indicated that female representation seldom translates into women's active participation that contributes to decision-making, as women feel shy and lack sufficient self-confidence to express their views. The training in leadership skills, gender and HIV/AIDS for village relief committees undertaken by Malawi CO and replicated across the region is a commendable effort to address this crucial issue.
513. While COs have succeeded in involving a majority of female participants in FFA and FFW activities, situation analyses and monitoring have been weak from a gender perspective. This is a major concern given women's limited access to land and control of productive assets. For other programmes, gender considerations are incorporated into M&E data collection, although gender analysis and reporting are weak.¹²⁹
514. Despite COs' efforts to recruit female staff, achieving gender equality in staffing has been a major challenge, especially for positions in the field. Lesotho CO has shown that it is possible, however, despite constraints. More importantly, because WFP strongly encourages partners and communities to recruit and involve more women, COs are sending the wrong message to other stakeholders by either ignoring these principles within their own organisation, or failing to actively apply them. The study undertaken in Malawi to promote female recruitment is a step in the right direction.
515. High staff turnover, short duration of contracts and lack of resources have hampered WFP's ability to conduct ECW training for all staff. To address this issue, Malawi organised a shorter ECW training for new WFP and CP staff. Gender has also been mainstreamed into other training in Malawi and Zimbabwe.

¹²⁸ In Malawi, this led to the training of communities in Leadership Skills. In Zambia, WFP made efforts to increase female representation in FDP committees and to have more women trained in life skills under FFA.

¹²⁹ The Zambia CHS (PDM) report dated March 2006 provides a rare and good example of useful gender analysis.



516. ODJ and COs should be praised for their efforts to implement the three phases of the regional gender responsive programming initiative. However, failure to conduct the Leadership Skills, Gender and HIV/AIDS training at community level - due to lack of funding - implies that the time, money and efforts invested so far in conducting the ToT may have been wasted. The evaluation notes that the impact of these activities on programme effectiveness has yet to be assessed.
517. Feedback from some PRRO countries indicates that women's empowerment has been emphasised at the expense of gender-balanced approaches. As a result, some men feel that they have been excluded from the process and subsequently have lost interest in WFP activities. Such occurrences may be due to a lack of sensitization for all community members and partners on the rationale and benefits of WFP's gender approaches. The initiatives undertaken in Zimbabwe and Zambia for male involvement in HBC (as volunteer caregivers) are seen as a positive step in reversing this trend.
518. The absence of dedicated staff for gender has been a major constraint to gender mainstreaming. Gender focal points are responsible for many other tasks that usually take priority over gender. Those interviewed by the evaluation team indicated that they could only allocate five percent of their time (or less) to gender activities.¹³⁰ In order to implement major gender initiatives (e.g. gender assessment, training) COs had to recruit full-time consultants, who were nonetheless, not staff members.

Lesson:

Facilitating gender-mainstreaming initiatives in countries is largely dependent on management commitment to ECW.

Recommendations

WFP should:

- Urgently identify and secure resources for the implementation of the "Leadership Skills, Gender and HIV/AIDS" training programme at community level throughout the region, in order to avoid losing the gains made so far;
- In COs/SOs where women are under-represented, set targets for achieving gender balance, particularly for FAM posts; recognising the importance of a gender-balanced staff to achieving WFP's mandate, identify concrete ways to recruit and retain female staff, establishing time-bound objectives, and learning from other CO's experiences (e.g. Lesotho) and from the Malawi study.
- Conduct corporate ECW training for new staff within WFP and, to the extent possible, CPs, possibly using the shorter version developed in Malawi to limit costs; mainstream IASC Gender and Prevention of Sexual Abuse and Exploitation Guidelines in other training, as is done in Zimbabwe;
- Hold regular discussions with CP staff, at field-, SO- and CO-levels, on WFP gender approaches, to ensure a common understanding, and to review gender-specific findings from monitoring activities;
- Modify future FLAs so they explicitly include measures to achieve the active participation, empowerment and ownership of women - as opposed to passive representation - in WFP projects and provide guidance on how this can be achieved;

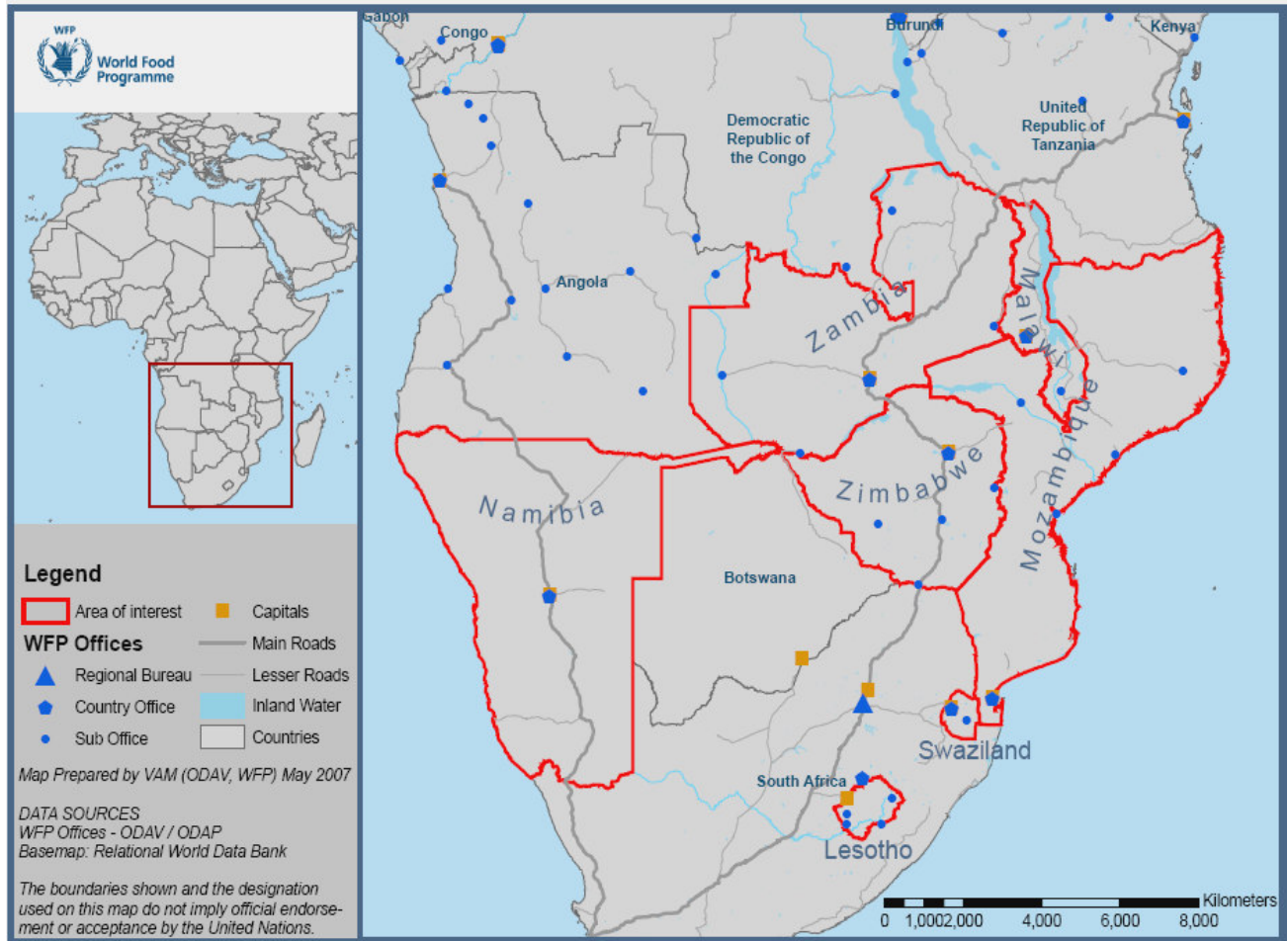
¹³⁰ Regional Report on Gender Responsive Programming in Southern Africa - Phase III. WFP: November 2006.



- Evaluate the effectiveness of the ISP Phases I-III in improving gender balance and food aid outcomes, an ongoing initiative in Malawi, and roll it out in other countries; ensure that evaluation findings are widely disseminated and used for decision-making;
- Actively involve women, at CO and SO levels, in situation analyses, project formulation and monitoring and evaluation of activities, using participatory approaches; ensure that women have access to and benefit from the assets created under FFA/FFW;
- Ensure that measures to empower women are accompanied by adequate sensitisation of all community members, including men and boys, on the rationale and benefits of such measures, as has been done in Zambia with positive results;
- Increasingly incorporate men in future gender initiatives and assist them to adapt to and accept changing circumstances;
- Analyze and report regularly on gender sensitive indicators from PDM and CHS, and use results on gender to inform programming;
- Provide adequate information on WFP programmes and food distributions to communities; systematically post signs/making announcements at food distributions points to inform beneficiaries on their rations entitlements, particularly when ration size and composition are frequently modified due to pipeline breaks;
- Establish gender teams in all COs and SOs, enabling staff to share gender-related tasks among themselves; continue to build the capacity of gender team members and enable them to share experiences, information and achievements through, for example, an online forum; and monitor staff members' commitment to and progress on gender awareness and programming.



Map of Southern Africa



Annexes

ANNEX I

Terms of Reference

Mid-Term Evaluation of Southern Africa PRRO 10310.0

1. Purpose, Objective and Scope

In line with WFP's corporate evaluation policy,¹³¹ the purpose of the Mid-term Evaluation (MTE) of the Southern Africa Regional PRRO 10310.0 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 Regional Bureau (RB) and Country Offices (COs) with an external view of progress towards expected results which may contribute to improvements in the current operations and which should help the RB/COs in taking a decision about the strategy for the future. Recommendations will be made on how to improve current and potential future operations. Lessons learnt will be disseminated to support improved programming and organizational learning.

The scope of the MTE is the three-year PRRO 10310.0 and its several budget revisions, including the major budget increase approved by the EB in November 2005.¹³² The main period of analysis for the MTE will be January 2005 to September 2006. The MTE will examine documentation pertinent to the predecessor Emergency Operations (EMOPs) from July 2002 to end 2004, as they affected the preparation of the PRRO.

Given the large geographical area covered by the operation and the considerable number of components, the evaluation team will visit a selection of sites, aiming to cover all programme aspects. While all seven countries currently covered by the PRRO will be visited by at least one member of the evaluation team,¹³³ the team will concentrate on the four main countries of Malawi, Mozambique, Zambia and Zimbabwe, which together account for almost ninety percent of the resources under the PRRO. The remaining three countries (Lesotho, Namibia and Swaziland) represent around ten percent of PRRO resources.

2. Background

2.1 WFP in Southern Africa.

WFP has been present in many of the countries of southern Africa for some forty years, beginning in the mid-1960s, though until recently primarily with relatively small-scale development programmes. Zimbabwe was historically a source of food for procurement by WFP (mostly maize), however, rather than a regular recipient country.

A prior drought in 1992-93 had elicited a regional response, due to its severity and the need to develop a single coordination-logistics distribution plan. WFP did not maintain a regional or sub-regional structure in southern Africa after that emergency operation was completed, however. Instead the region was covered from the RB in Kampala (ODK), with a cluster arrangement for certain countries being managed by the WFP CO in Maputo.

In mid-2002, WFP established a RB in Johannesburg (ODJ) to cover the Southern Africa region, following the decision to respond to the major region-wide drought of that year with a regional emergency operation (EMOP 10200) and a number of supporting Special Operations. These operations were the subject of WFP's first real-time evaluation (RTE), which took place over a period of one year,

¹³¹ WFP's Evaluation Policy, WFP/EB.3/2003/4-C

¹³² Document WFP/EB.2/2005/8-C/1 dated 22 September 2005.

¹³³ Countries include: Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe.



from mid-2002 to mid-2003.¹³⁴ The 2002 EMOP was followed by a second operation (EMOP 10290), covering the period from July 2003 to December 2004. The current three-year PRRO (10310), initiated in January 2005, followed EMOP 10290.

2.2 Background on the PRRO

PRRO 10310.0 was approved by EB in October 2004 for the period extending from January 2005 to December 2007.¹³⁵ The number of beneficiaries was estimated, at that time, at some 5.5 million (of whom 55 percent were to be women), for a total cost to WFP of US\$ 404.5 million (rounded) for the delivery of 656,573 tons of commodities.¹³⁶

As noted above, there have been several budget revisions, some of them major. The original PRRO excluded Zimbabwe, as the Government of Zimbabwe had not requested further food aid at the time of preparation of the document. An unallocated emergency window (UEW) of 100,000 metric tons of cereals, pulses and corn-soya blend (CSB) was included in the original PRRO document, however, as a contingency, in part to cover unplanned needs in Zimbabwe. The significant budget increase approved by the EB in November 2005 was made, in large part, to formally include Zimbabwe in the regional PRRO. Zimbabwe is currently the major country of intervention and comprises about a third of the current operation, in resources terms. Under the budget increase, it was anticipated that the number of beneficiaries would rise to around 8.2 million people during the peak hunger period of January to March 2006; of these almost half (just over four million) would be in Zimbabwe.

Namibia, earlier covered under its own stand-alone EMOP, was integrated into the PRRO in January 2006 and the PRRO now covers seven countries of the region.¹³⁷

According to WINGS data (8 August 2006), the current PRRO budget is US\$ 601,816,199 for the three years, including US\$295,134,147 of food costs (i.e. 49 percent food costs). The tonnage is 1,177,083 tons, indicating a current total delivered cost (including overheads) of US\$ 511 per ton. The Financial Section of the 2005 Standard Project Report (SPR) for the PRRO, however, indicates cumulative direct project costs until the end of the first year (31.12.2005) that have a commodity component of 64.27 percent, external transport of 7.49 percent, LTSH of 19.49 percent, ODOC of 2.40 percent and DSC of 5.90 percent (percentages exclude 7 percent indirect support costs - ISC).

The 2005 SPR indicates that total beneficiaries reached 8,223,329 despite initial difficulties in obtaining adequate donor support and resources, particularly during the first six months of the PRRO. The SPR mentions that, "A lack of resources during the first six months of implementation constrained early and strategic procurement and countries were advised to expect to have no more than 55 percent of their original DSC budget resources." Meanwhile, food requirements were revised upwards for Malawi,

¹³⁴ See document WFP/EB.3/2003/6-A/1 and the evaluation full report, available on the WFP - OEDE web-site: www.wfp.org > operations > evaluation

¹³⁵ Document WFP/EB.3/2004/8-B/7 dated 9 September 2004 and entitled "Assistance to Populations in Southern Africa vulnerable to food insecurity and the impact of AIDS."

¹³⁶ Under the two preceding regional EMOPs, WFP had provided 1.3 million tons of emergency food aid to 10 million people between July 2002 and June 2004, date of drafting of the new PRRO document.

¹³⁷ There are nine countries under the Southern Africa Regional Bureau (ODJ). Angola and Madagascar are countries not covered under the regional PRRO.



Mozambique and Zambia in response to the poor harvest of 2005, a situation that appears to have spurred donors into action.

While “actual versus planned” commodity deliveries for the first year of the PRRO were at only 62.5 percent for the region, (with a range of a low of 47.1 percent for Mozambique and a high of 75.2 percent for Malawi), the “actual versus planned” beneficiary numbers were significantly higher, with a range of 67.6 percent for Zambia to 133.8 percent for Zimbabwe. These results indicate that food supplies were spread somewhat more thinly than originally planned.

The PRRO document noted that a devastating combination of chronic poverty, food insecurity, HIV and AIDS and weakened capacity for governance had driven the decline in development indicators in the region. A regional PRRO was seen as offering a programming framework for multi-sectoral activities to support food-insecure households affected by erratic climate and people affected by HIV and AIDS and extreme poverty. Safety net programmes for vulnerable people and therapeutic and supplementary feeding programmes, started under the preceding EMOPs, were to continue. Food-for-work (FFW) activities and vocational training would support alternative income-creation and contribute to strengthening community structures. School feeding would provide incentives to keep children in school, in particular girls and orphans. Approximately one third of the food under the original PRRO was assigned to relief activities and two-thirds to support recovery.

HIV and AIDS were seen as being at the heart of the decline in the regional Human Development Index (HDI). Adult prevalence rates in Lesotho and Swaziland were over 25 percent, while the average for the five original PRRO countries was over 15 percent. With regard to impact on poverty, in Malawi, for example, households in which two or more adults were chronically ill had incomes that were 66 percent lower than households with no chronically ill adults.¹³⁸ *Inter alia*, food aid in support of alternative livelihoods and social welfare was expected to reduce HIV infection risks by preventing negative coping strategies. Implementation was to follow the WFP policy paper on HIV and AIDS presented to the WFP EB in February 2003.

The PRRO document presented to the EB in October 2004 defined four objectives under four thematic areas – food security, HIV-AIDS, health and nutrition, and education, as follows:

- Increased household food access and ability to manage shocks;
- Reduced impact of HIV-AIDS on food security among vulnerable populations in high priority districts for HIV-AIDS;
- Nutrition needs of vulnerable groups met;
- Sustainable increase in school enrolment, attendance and ability to learn and concentrate, while reducing gender disparity.

More details of the PRRO may be found in the original PRRO document and in the subsequent budget revisions, as well as in the 2005 SPR and other progress reports prepared by the RB and COs.

¹³⁸ Source: A 2003 research briefing by the Humanitarian Policy Group (HPG)/Overseas Development Institute (ODI) – *HIV/AIDS and Humanitarian Action*, London.



3. Key Issues and Evaluation Criteria

3.1 Coherence and Relevance

The PRRO will be examined for external coherence with the regional and country plans of sister UN agencies, the Consolidated Appeal Process (CAP), national plans and policies of government in the seven countries, the related work of international and national NGOs and other key planning documents.

In terms of internal coherence, the PRRO will be examined with reference to WFP's strategic priorities¹³⁹ and the consolidated framework of WFP policies,¹⁴⁰ in particular its policy on HIV and AIDS, as well as with reference to the programme and activity logframes.¹⁴¹

The MTE will examine whether the PRRO activities are relevant and whether food aid is 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 at the level of household food insecurity. In particular, the evaluation will examine the role of food aid in meeting the nutrition needs of people living with and affected by HIV/AIDS.¹⁴²

The MTE will also examine the relationship between food aid and the use of cash-for-food and cash-for-work safety net transfers which were being proposed by the governments of Malawi and Zambia and the United Kingdom Department for International Development (DFID).¹⁴³ The evaluation will assess the balance between the exclusive use of cash or food and a combination of food aid and cash/food voucher to address the objectives of the PRRO, including the following;

- Examine the advantages/disadvantages of cash vs. food aid
- Determine the appropriateness of cash/food aid for recovery/emergency type interventions;
- Consider the cost of implementation and monitoring;
- Assess if WFP (in Malawi) was able to demonstrate its comparative advantage (economies of scale) in implementing food aid as opposed to cash.

3.2 Effectiveness and Efficiency of PRRO Activities

The mission will evaluate the extent to which the objectives of PRRO have been reached at the mid-point of the PRRO, 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.

The needs assessment methodologies and approaches used as a basis for developing the current PRRO will be examined as to their reliability and appropriateness.

¹³⁹ WFP's Strategic Plan (2004-2007) is the basis of the evaluation as it was in place during the design of the PRRO.

¹⁴⁰ Consolidated Framework of WFP Policies, WFP/EB.2/2005/4-D/Rev.1

¹⁴¹ See Annex III of the original PRRO document for the Logical Framework Summary.

¹⁴² Current insights into the nutrient requirements of PLWHA identified by the WHO technical advisory committee indicate an increased energy requirement of 10 to 30 percent for adults, depending on the infection phase, with a proportionally increased need for protein.

¹⁴³ See paragraph 10 on page 6 of the Budget Increase document WFP/EB.2/2005/8-C/1.



The MTE will examine the composition, suitability and acceptability of the food rations under each of the activities. The team will also 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. The role of regional and local food procurement will also be examined, as noted below.

The MTE will also examine whether targeting mechanisms were effectively designed and implemented.

3.3 Effectiveness and Efficiency of Capacity Building Activities

The MTE will examine whether capacity building objectives, as outlined in Paragraphs 70 to 72 of the original PRRO document, were achieved. Special attention was to be given to training, in particular as it related to the prevention of sexual exploitation and abuse and HIV and AIDS awareness and prevention.

3.4 Partnerships and Coordination

Given the large number of countries covered and the numerous activities that vary from one country to the next, the PRRO has partnerships with national governments, other UN agencies and civil society, as well as national and international NGOs. The location of eight UN organizations in Johannesburg and their liaison through the Regional Inter-Agency Coordination and Support Office (RIACSO – currently chaired by WFP) creates potential for joint strategies and programmes. RIACSO also facilitates liaison with the Consortium for Southern Africa Food Security Emergency (C-SAFE) partners (World Vision, Catholic Relief Services, CARE, Save the Children and Oxfam). The evaluation will analyze the quality of the selection, monitoring and reporting of both local and international NGOs, important implementing partners of the organisation. Other important partnerships to be examined by the MTE include: SADC/VAC (both national and regional VAC); the secondment of staff from CARE and Actionaid; and the Regional Directors' Team (RDT) and its role at the regional strategic planning level.

The MTE will examine the nature and extent of coordination with 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, WHO and FAO, as it relates to technical support, programme design and implementation guidelines (as stated in paragraph 70 of the original PRRO document).

3.5 Sustainability and Exit Strategy

According to paragraph 87 of the PRRO document, WFP and other actors acknowledge the need for long-term commitments to action in the context of food security and HIV and AIDS in southern Africa. The implication appears to be that food aid (or a mixture of food aid and cash-for-food and cash-for-work interventions) may be needed for the medium term, beyond the timeframe of the current PRRO, due to the chronic nature of the crisis. Thus, a short-term exit does not appear to be envisaged in the PRRO document.

Nevertheless, it is anticipated that some community and other capacity building interventions should contribute to the development of government support networks in which food plays a part, with the possibility of setting up nationally managed food support programmes, using external resources from the Global Fund, the World Bank, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Clinton Foundation. The MTE will assess to what extent these opportunities have proven feasible or are likely to prove feasible during the life of the current PRRO and to what extent they may permit WFP to envisage a medium-term phase-out.



In large part, the size of the PRRO is dependent, from one year to the next, on regional weather patterns and the resultant harvests. In the major beneficiary country, Zimbabwe, other factors (governance, lack of foreign currency and, thus, agricultural inputs) also play a major role. Several of the countries covered by the PRRO are currently not reaching their agricultural and food production potential. The evaluation team will review the reasons behind the deterioration in food security in the region and seek to determine how different approaches to improve food security could decrease the need for food aid in the medium term.

Other sustainability issues for the evaluation to review, in preparation for future programming in the region include:

- **Social protection and disaster mitigation.** Some governments have identified social protection and disaster mitigation as a priority,¹⁴⁴ and have subsequently responded to the recurrent natural disasters with a variety of strategies over the years. These include emergency supplementary feeding, emergency school feeding, targeted emergency food for assets, general food distributions and therapeutic feeding. The MTE will review WFP's efforts to strengthen the capacity of governments to respond to natural disasters, to attend those most in need and to address the specific needs of men and women. It will also assess which efforts have been the most successful, and attempt to discern lessons learned regarding balancing relief and recovery interventions. The evaluation will also review exit strategies to determine those that are most appropriate.

- **Malnutrition prevention.** Children are most severely affected by malnutrition during the early stages of development, beginning at gestation to about 24 months. Interventions after this period have been shown to be less effective in reversing stunting and other negative outcomes of malnutrition. In this regard, the MTE will assess WFP's predominantly curative approach to relieving childhood malnutrition, and examine its appropriateness in terms of preventing malnutrition and tackling some of the causes of malnutrition. It will also review WFP's attempts to improve existing social protections schemes related to nutrition, particularly those aimed at enhancing community involvement and improving behaviors related to cultural practices of caretakers and mothers. Capacity building of government and support to policy formulation in this area will also be examined.

3.6 Funding, Food Procurement and Logistics

The current PRRO began with a carry-over stock of 58,265 tons from the previous EMOP and took off at 50 percent of the target distribution rate in January 2005. It reached a distribution rate of 75 percent in February and March (height of the lean season), but dropped to 25 percent in April and May. Subsequent months in 2005 showed significant fluctuations in achievement of target rates.

According to the 2005 SPR, the PRRO received almost US\$ 284 million in new contributions during 2005. The donor response was initially slow, as noted earlier, with the major part of these resources being pledged in the latter part of the year. Consequently, WFP made use of its own IRA, the UN's Central Emergency Revolving Fund (CERF) and multilateral allocations to facilitate food purchases and maintain a stable pipeline during the early months. Donor contributions surged in response to mid-year assessments indicating a drastic decline in food production in 2005.

In the face of a sometimes problematic resources situation, the RB was able to benefit from the Business Process Review (BPR) by accessing some US\$ 34.5 million of loans between July and August 2005

¹⁴⁴ Malawi Growth and Development Strategy (MGDS)



under the HQ-managed Working Capital Finance (WCF). While all the WCF loans had been repaid by early 2006, external borrowing from the Immediate Response Account (IRA) and from the BPR Project Cash Account (PCA) in an amount of US\$ 31 million was outstanding at the time of the BPR evaluation mission's visit to ODJ in March 2006.¹⁴⁵ It was felt by some RB staff at that time that other priorities for food aid (e.g. Darfur, Horn of Africa) were having a negative impact on donor response and resources for the Southern Africa Regional PRRO and there were concerns regarding the resources situation for the remainder of the PRRO.

Regarding local and regional food procurement, the original PRRO document (Paragraph 75) mentions that in-kind contributions budgeted under the PRRO represented 30 percent of the food requirement. Thus, it was anticipated that some 70 percent of the food requirements would be purchased by WFP, primarily locally and regionally. Regional procurement (mostly in the Republic of South Africa) would be undertaken for a major part of the cereals and blended food requirements, while a substantial part of the pulses and vegetable oil would be provided in-kind.

According to the 2005 SPR, WFP made local procurements in the region throughout the year. Most of the maize was bought from South Africa, which enjoyed a bumper crop. Purchases in other countries in the region were limited due to drought, however. Total food procurement in Southern Africa for the PRRO in 2005 amounted to 323,000 tons, at a cost of US\$ 62 million. Maize, maize meal, pulses, blended food and vegetable oil were the main commodities purchased locally or regionally ("triangular purchases").

The evaluation team will examine to what extent local and regional purchases have proven to be cost-effective and what further measures could be taken by WFP to enhance such purchases.

While the PRRO benefited from an established logistics operation, inherited from the predecessor EMOPs, improvements were foreseen, including a possible increased use of rail transport, where feasible. International shipments entered through the four main regional ports of Durban, Maputo, Beira and Dar-es-Salaam. According to the 2005 SPR, local transport capacities were successfully contracted and utilized for overland legs. Local and regional purchases were also said to have experienced smooth deliveries overall, with FCA contracts showing a record number of timely deliveries.

The logistics member of the evaluation team will examine these issues of funding/resources, food procurement and logistics, as they are inter-linked. He will also examine the impact of the Best Practices Project (BPP – supported by the WFP corporate partner, TNT) on efficiency gains for the PRRO. The 2005 SPR states that the BPP "allows additional tonnage to be managed with lower proportional increases in staffing and other support costs."¹⁴⁶

3.7 Cross-cutting issues: HIV-AIDS, Gender and Protection.

HIV and AIDS are both fundamental and cross-cutting issues in the Southern Africa PRRO, underlying, at least in part, WFP's continued high level of relief and recovery assistance in the region. Household food security, household income and HIV and AIDS are inextricably linked, rendering food insecure populations particularly vulnerable to the negative effects of the illness. Combined with low government capacity to address the pandemic and resolve issues of poverty, HIV and AIDS and recurring food

¹⁴⁵ See Annex III of the full report of the Evaluation of the Business Process Review (BPR), April 2006, for details.

¹⁴⁶ WFP corporate BPR, the subject of an OEDE-managed evaluation was conducted in early 2006, and including ODJ as one of the field case studies, and thus does not need to be studied separately. The report from that evaluation should be a useful resource document for the PRRO evaluation team, however.



insecurity have formed a ‘triple threat’ in the region. The MTE will attempt to identify the extent to which food aid is having a positive impact on people living with and affected by HIV and AIDS.¹⁴⁷ It will identify best practices regarding the use of food aid to complement and strengthen government efforts to achieve universal access to treatment and care. Preventive activities aimed at curbing the spread of HIV will also be examined. The evaluation will also assess the extent to which HIV and AIDS activities have been aligned with government policy and/or the extent to which they have contributed to the development of new policy. It will assess the effectiveness of the PRRO in raising awareness on the “triple threat” outside the UN family.

One international team member (supported by a regional consultant or a regional research institute) will be dedicated to examining the HIV and AIDS context of the regional PRRO.

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.

Protection will be examined, particularly from the angle of protection of recipients of food aid from sexual abuse and other possible forms of harassment. To this end, the recent ALNAP guide on protection will be a useful resource.¹⁴⁸

3.8 Monitoring and Evaluation / Results-Based Management

The M&E system for the PRRO was to be regionally harmonized and results-oriented, based on three main approaches, namely (i) consolidated monthly output reports (CMORs), (ii) post-distribution monitoring (PDM) and (iii) community and household surveillance (CHS), based on a sentinel site methodology.

The CMORs were to be used to collect corporate output indicators from each country, while PDM was to be conducted monthly by country offices and collated quarterly by ODJ, as a tool to measure access to and satisfaction with food aid. CHS was designed to monitor the longer-term effects of WFP interventions and was to be based on a monthly community-based instrument on food availability and a quarterly household questionnaire on food availability and access. The system was to be used jointly by WFP and C-SAFE and was intended to provide disaggregated information on beneficiaries and non-beneficiaries of WFP food aid programmes, including OVC status, HIV-AIDS indicators, food consumption, coping strategies and education.

Ad hoc surveys and reviews of secondary data were intended to complement these systems and the VAC surveys were expected to provide additional information for M&E. Baseline surveys had been undertaken for school feeding and gender surveys were being planned. Information from M&E feeds into the WFP corporate SPRs. Outcomes and output indicators are found in Annex III (Logframe) of the basic PRRO document approved by the EB in October 2004.

147 The Southern Africa PRRO evaluation will provide a pilot case study for the WFP thematic evaluation of HIV-AIDS. The team member examining this issue will be team leader for that subsequent evaluation. The Swiss Government, through the SDC, is providing support by sponsoring this team member.

148 “Protection – An ALNAP guide for humanitarian agencies”. Hugo Slim and Andrew Bonwick, Overseas Development Institute (ODI), London, 2005.



The MTE will review whether RBM principles have been applied and whether an effective M&E system is in place. One evaluation team member will have a primary focus on the M&E systems for the PRRO.

4. Methodology

4.1 Evaluation Process and Outputs

A number of *stakeholders* will be closely involved in the evaluation mission through briefings and debriefings. Some will be involved in the peer reviews of evaluation outputs (in particular the draft reports). Stakeholders include:

- WFP: the RB and seven COs and sub-offices, and HQ Divisions/units;
- National governments: at central and districts levels;
- Other regional bodies focusing on food, nutrition and food security; SADC-N/RVAC, RDT group, AAI;
- Donors;
- International bodies (UNICEF, WHO, FAO, UNAIDS, UNIFEM, and RIACSO);
- National and international NGOs, in particular the C-SAFE consortium;
- Civil society;
- Community leaders and beneficiaries.

The *main users* of the MTE are the WFP EB, ODJ and the seven COs, WFP partners, including governments, and the organization as a whole aiming to be a learning organization.

The team leader will undertake a one-week preparatory visit to WFP Rome HQ in the second half of September to discuss the TOR with the evaluation manager and to meet key HQ staff. She/he will then proceed to the region for two weeks on a pre-mission visit (late September/early October) to finalize the TOR in consultation with ODJ and COs, review available documentation, draw up a bibliography of documents available for review by the evaluation team, secure copies of the available documentation either electronically or in hard copy, identify a suitable regional consultant or regional research institute to facilitate the HIV and AIDS aspect of the MTE and discuss a suitable itinerary for the evaluation team in the region during the main mission. A week will be spent at ODJ and a second week in three countries (two of the main countries covered by the PRRO, Zimbabwe and Malawi, and a country with a relatively small programme, Namibia.) Telephone consultations and email correspondence with the Country Directors or Deputy Country Directors of the other five countries will be undertaken to obtain feedback on the draft TOR.

After the HQ briefing and the visit to the region, a *review of primary and secondary data and literature* will be undertaken by the consultant/team leader over a two week period from her/his home base and an *inception report* (maximum 40 pages) will be prepared, consisting of an analysis of the documents reviewed, as they relate to the TOR of the evaluation. The inception report will include the proposed methodology for achieving the MTE objectives, the criteria for selecting the sample of projects to be evaluated and visited, a detailed work plan for completing the work (including tentative field mission schedule), and an outline of the technical report (including team members' responsibilities for certain contributions).

A *bibliography* will be kept updated by the team leader as the evaluation work progresses and will be annexed to the full report.



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 a survey, its methodology, number of beneficiaries to be contacted, and a budget. If it is decided to undertake such a 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 (UNEG) Website: [http://www.uneval.org/.](http://www.uneval.org/))

After the preparatory mission, the OEDE evaluation manager will finalize the *TOR* based on the team leader's inputs. The team leader will also prepare an *evaluation matrix* in collaboration with other team members that includes evaluation questions, indicators, data required and data sources, and indicates each member's responsibility for addressing respective questions. All indicators to be used in the MTE should be included in the matrix, and be shared and discussed with the RB prior to the mission. Evaluation questions should be organized in a hierarchy, beginning with key questions and sub-questions. The following matrix format has proven to be effective and is suggested for this mission:

Evaluation Criteria/Question		
Sub-question	Performance Indicator	Data collection method and information sources

The main five-week *evaluation mission* will commence in Johannesburg RB. The team will then proceed on a field visit to Zimbabwe, following which it will split into sub-teams, with each smaller team visiting three or four countries over the following three weeks. Seven to nine days (including travel to/from the country) will be spent in the four major countries (Malawi, Mozambique, Zambia and Zimbabwe) and three to five days in the three smaller countries (Lesotho, Namibia and Swaziland). The team will spend an additional three to five working days in Johannesburg for final interviews and for the drafting, presentation and discussion of the *Aide-Mémoire* with RB staff and other partners. A first de-briefing will be carried out in OJD in mid-December, prior to the departure of the evaluation team from Johannesburg. A final de-briefing will be held in Rome the following week, with the participation of the team leader, and of other team members, the RB and COs by telephone conference call, as feasible.

During the *debriefings* for country, RB and WFP HQ stakeholders, findings, conclusions and recommendations will be compiled based on inputs from team members, and presented (with the support of PowerPoint presentations).

After the mission has left Southern Africa, the team leader will produce a draft full *Technical Report* based on 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 full Technical and EB Summary Reports, as well as the management response matrix. Final reports shall contain the elements specified in the document on standards for evaluation (pp.17-23) developed by UNEG.



A **peer review group** may be set up for quality assurance purposes, consisting of people with experience in areas relevant to the PRRO who will review 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.

Following recently introduced OEDE practice, the team leader will **respond to questions on the evaluation report at the Annual Session of the WFP EB** scheduled during the week of 4-8 June 2007.

4.2 Data Collection Methods

Most of the data to support the evaluation will be generated through the RB and CO's M&E systems and CO managed studies. Those data will be made available to the evaluation team well in advance of the mission visits to ensure that it can spend the time in-country with analyzing and validating data with the COs, sub-offices, beneficiaries and partners.

The analysis will build upon triangulating information obtained from the RB and COs 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.

4.3 Quality Assurance

Quality assurance components include:

- Peer review 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) (Website www.alnap.org).

4.4 Evaluation Schedule

The MTE is scheduled to take place during the last quarter of 2006, so that findings, conclusions and recommendations can feed into the preparation of a potential next phase of WFP assistance to the Southern Africa region. The detailed evaluation schedule is as follows:



Outputs	Timing
Draft TOR prepared.	August 2006.
Team Leader selected and recruited.	September 2006.
Other team members selected and recruited.	September-October 2006.
HQ briefing undertaken by team leader.	Mid-September 2006.
Preparatory mission undertaken (team leader only), including visit to ODJ and selected COs (total of two weeks).	End September to mid-October 2006.
Draft Inception Report and draft Evaluation Matrix prepared. Comments received from team members on those. Final Inception Report and Evaluation Matrix prepared.	By end October 2006. Early November 2006. By mid-November 2006.
Final TOR prepared	By mid-November 2006.
External peer review group selected	September 2006.
Main evaluation mission undertaken (five weeks in the southern Africa region).	Mid-November to mid-December 2006.
RB and HQ debriefings held.	Mid-December 2006.
1 st draft technical report shared with the RB/COs and OEDE.	By end January 2007.
RB/COs and OEDE comments on 1 st draft technical report received.	By mid-February 2007.
Revised draft technical report and 1 st draft EB summary report (including management response matrix) prepared and shared with the RB/COs and OEDE.	By end-February 2007
RB/COs, HQ units and OEDE comments on 1 st draft EB summary report received.	By mid-March 2007.
EB summary report revised and circulated for senior management review	By end March 2007.
EB summary report (including management response matrix) finalized and sent to PDBT for final editing and translation.	By mid-April 2007.
Final version of full technical report prepared by team leader.	By end April 2007.
Final version of full technical report sent for printing.	Early May 2007.
Two-page Evaluation Brief prepared and printed.	May 2007.
EB Summary Report and management response matrix presented to EB.A/2007	Week of 4-8 June 2007

The *tentative schedule of the main mission* is as follows:

- Saturday 11 November: Team travel from home bases to Johannesburg, arriving on Sunday 12 November.
- Monday 13 to Wednesday 15 November: Work in ODJ Regional Office, including meetings with WFP staff and partners. Extensive interviews and documentation review by team members.
- Thursday 16 November to Sunday 10 December: Team splits into sub-teams (composition of each sub-team to be decided) to visit the seven countries covered by the PRRO, spending most



time in the four main countries of Malawi, Mozambique, Zambia and Zimbabwe. The exact schedule is to be developed by the team leader, in consultation with the RB and COs during the two week preparatory mission planned for end September/early October.

- Tuesday 12 to Friday 15 December: Return of team to Johannesburg for final meetings/interviews and document review, preparation of the Aide-Memoire, de-briefing (with PowerPoint) etc.
- Saturday 16/Sunday 17 December: Team members return from Johannesburg to their home bases.
- January 2007: Team meet in Rome for de-briefing

The expected evaluation *outputs* are:

- a. A Bibliography (team leader).
- b. An Inception Report (team leader; maximum 40 pages)
- c. An Evaluation Matrix (team leader, in consultation with the team members).
- d. Aide-Mémoire (prepared at the end of the field work; whole team; about 15 pages), plus an accompanying PowerPoint presentation of main findings and conclusions for de-briefing purposes.
- e. Full technical report, including executive summary (maximum 75 pages for main text, excluding annexes)
- f. Executive Board Summary report (maximum 5,000 words including a one-page executive summary).
- g. 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.

4.4 Reporting Framework

The Technical and EB Summary Reports should include the following elements: an executive summary, a background to the region and the PRRO, a profile of the evaluated activity, a description of the evaluation methods employed the main findings, conclusions and recommendations.

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 Technical Report. Progress towards key performance indicators at output and outcome levels should be presented using the PRRO and activity logframes as a basis. Findings, conclusions and recommendations should be discussed in one flow and be clearly distinguished.

The Technical Report should include a list of acronyms at the front of the document. Annexes should include the TOR, evaluation matrix, PRRO and activity logframes, bibliography, a list of main people met and interviewed (with names and functions), as well a brief background to evaluation team members. The Technical Report may also include annexes that focus on specific topics, such as food security, nutrition, HIV and AIDS, logistics/food procurement and M&E, as noted above.

Data should be presented in graphic form to facilitate reading and understanding. Boxes may be useful to highlight key issues.

Conclusions and recommendations should be firmly based on evidence and analysis, be relevant and realistic, with priorities for action made clear. The team should avoid making recommendations that are



too general to be useful or impossible to implement. Recommendations given in the Technical Report should be grouped by intended users, such as the RB and COs, national and international stakeholders and partners and WFP HQ.

The team leader will ensure that the final Technical and EB Summary Reports read well and in one flow. She will make adjustments to team members' inputs as necessary to achieve that objective. Team member's major inputs may be left as stand-alone annexes, as noted above, however, if deemed useful and main points incorporated by the team leader into the main text of the full report in the relevant sections. Although the team leader may make minor editorial changes, significant changes in the content of team members' technical reports will be done only in agreement with them. Should there be a disagreement on findings, conclusions and recommendations on the part of one or more team members, a disclaimer may be used in the full Technical Report, but it is hoped that this can be avoided.

5. Team Composition and Responsibilities

The evaluation team will be composed of five independent international consultants, assisted by a regional consultant or regional research institute for the HIV and AIDS aspect of the evaluation team's work. National consultants may be hired in the seven countries (maximum one per country) to undertake background research and facilitate the team's work, as necessary.¹⁴⁹ WFP CO and Sub-Office staff will prepare for and facilitate the mission and participate throughout. A RB representative may participate during either the full or parts of the visit to the COs. The OEDE Evaluation Manager will join the mission during its last week for the final discussions and de-briefing in Johannesburg in mid-December 2006.

The evaluation team will be composed of the following:

- Team leader. The team leader will help finalize the TOR, visit Rome in mid-September for a week of briefing, undertake the two week preparatory trip to the region in late September-early October, do background research and prepare the inception report, prepare the evaluation matrix, work out a travel schedule for the team in the region (in consultation with the RB and COs), lead and coordinate the work of the team, assign tasks, coordinate the preparation of the Aide-Memoire and de-briefing PowerPoint, lead the de-briefing in HQ/Rome, coordinate the writing of the full technical report and consolidate/edit it, draft the EB Summary Report and management response matrix, draft the two-page Evaluation Brief and, finally, attend the EB.A session in June 2007 to respond to any questions on the evaluation. It is anticipated that, within the team's work, the team leader will focus on issues of coherence, partnership, coordination, nutrition, school feeding, and protection.
- Consultant for HIV and AIDS. The Swiss Government, through the SDC, is seconding an expert on HIV and AIDS for the duration of the evaluation. The southern Africa PRRO MTE will serve as a pilot case study for the OEDE thematic evaluation of HIV and AIDS.
- Consultant for logistics, food procurement and funding/resources issues.
- Consultant for food security. The consultant will be available for only three weeks of the five week mission, and as such will participate in the briefing in Johannesburg, then visit Zimbabwe, Mozambique and Zambia. She will make her written input for the Aide-Memoire and de-briefing PowerPoint available to the team leader upon her return to her home base in early December.

¹⁴⁹ OEDE will cover the cost of these consultants, who would be selected in consultation with the OEDE evaluation manager and the evaluation team leader, and hired by the respective COs.



- Consultant for monitoring and evaluation (M&E). The consultant will also assist in gender, nutrition and school feeding aspects of the MTE, in accordance with her training and experience profile.

Once the team membership is confirmed, the team leader will draw up a matrix of responsibilities and assign tasks, according to the team members' skill sets. A number of cross-cutting issues may be addressed by more than one team member and team members will assist in the collection and analysis` of information for other team members' work when the team splits up for country visits.

6. Budget

The costs of the evaluation will be covered by the OEDE biennial PSA budget for 2006-2007. A detailed budget will be developed by the evaluation manager, in consultation with the evaluation team leader, once the schedule of field visits has been finalised, following the preparatory mission.

An estimate for the cost of this regional evaluation is US\$175,000

ANNEX II: Evaluation Matrix ¹⁵⁰

1. Evaluation Criteria/Question: Coherence: - Is the PRRO externally coherent (with regional and country plans of sister UN agencies, the Consolidated Appeal Process (CAP), national plans and policies of government in the seven countries, the related work of international and national NGOs and other key planning documents)? - Is the PRRO internally coherent (with WFP's strategic priorities ¹⁵¹ and the consolidated framework of WFP policies, ¹⁵² in particular its policy on HIV and AIDS, as well as with reference to the programme and activity Logframes)?		
Sub-question	Performance Indicator	Data collection method and information sources
1.1 To what extent is the PRRO coherent with governments' planning documents?	Consistency in policy statements and programme planning and implementation	Review Five-Year (or other) Plans Review PRRO reporting
1.2 Is the PRRO consistent with the CAP/CHAP; other national plans and policies, UN coordination plans?	Consistency in policy statements and programme planning and implementation	Review CHAP/CAP/National Plans of Action/Policies/UNDAF? Resident Coordinator Annual Report Review PRRO reporting
1.3 How consistent is the PRRO with current thinking on food security (e.g. focus on advocacy, capacity building, etc.)?	Focus in programme planning and implementation on current good practice in food security.	Review PRRO reporting Interview CO and SO staff and Gov't Officials
1.4 How internally consistent is the PRRO document and its Logframe (LF)?	- Logical connections between background analysis and results statements in LF - Connections between output, outcome and impact levels of LF - Connections between results statements	Review PRRO document (2005-2007) including the LF and review of activity LF (if available)
1.5 How internally consistent is the PRRO document and WFP core corporate priorities and policies?	Connections between PRRO objectives and strategies and WFP Core Corporate Priorities and Commitments to women;	Review PRRO Document and WFP Policies

¹⁵⁰ Note: The matrix served as guide for the evaluation, but due to time constraints, the mission was unable to respond to all key and sub-questions.

¹⁵¹ WFP's Strategic Plan (2004-2007) is the basis of the evaluation as it was in place during the design of the PRRO.

¹⁵² Consolidated Framework of WFP Policies, WFP/EB.2/2005/4-D/Rev.1



	etc.	Interviews senior managers and policy unit
<p>2. Evaluation Criteria/Question: Relevance:</p> <p>- Are activities relevant and is food aid the most effective tool for achieving the stated PRRO objectives?</p> <p>- Is the operation relevant from the perspective of beneficiaries?</p>		
Sub-question	Performance Indicator	Data collection method and information sources
2.1 What is the role of food aid in meeting the nutrition needs of people living with and affected by HIV/AIDS? ¹⁵³	<p>Community participation in care, protection and services to the most vulnerable groups</p> <p>Utilization of health and nutrition services and training</p>	<p>Review PRRO and activities documents and reports</p> <p>Interview senior managers, regional technical advisers, staff and policy unit</p>
2.2 Does school feeding reach the most vulnerable, esp. if the poorest children are those that do not attend school?	<p>Coverage data (VAC data and actual distribution data)</p> <p>Community participation and types of support to education activities</p> <p>Changes in enrolment and attendance in primary schools, particularly amongst vulnerable groups</p>	<p>Review PRRO and activity reports</p> <p>Interviews senior managers, staff; implementing partners, donors and beneficiaries</p>
<p>2.3 Has a balance been achieved between the exclusive use of cash or food and a combination of food aid and cash/food vouchers to address the objectives of the PRRO?</p> <p>What have been the advantages/disadvantages of cash vs. food aid in the PRRO? What evidence exists of the appropriateness of cash/food aid for recovery/emergency type interventions (in consideration of the cost of implementation and monitoring) and has WFP demonstrated its comparative advantage (economies of scale) in implementing food aid</p>	<p>No. of programmes using food; or cash; or a combination</p>	<p>Review PRRO and activity reports</p> <p>Interview senior managers, staff; CPs, donors, beneficiaries and other relief/recovery agencies.</p>

¹⁵³ Current insights into the nutrient requirements of PLWHA identified by the WHO technical advisory committee indicate an increased energy requirement of 10 to 30 percent for adults, depending on the infection phase, with a proportionally increased need for protein.



as opposed to cash?		
2.4 Are the chosen tools (Food-for-Work/Assets, Food-for-Training) relevant in terms of achieving the objectives of enhanced household ability to manage shocks?	Participation in activities by targeted beneficiaries	Interview staff, CPs, donors, beneficiaries and other relief/recovery agents
2.5 How relevant has the PRRO been from the perspective of beneficiaries? Was the composition of the food rations under each of the activities acceptable?	Beneficiary perspectives on programmes, services, rations, distributions Utilization of services and programmes	Beneficiary interview/Focus group discussions
<p>3. Evaluation Criteria/Question: Effectiveness and Efficiency of PRRO Activities:</p> <ul style="list-style-type: none"> - Have the objectives of the PRRO been reached at the mid-point of the PRRO? - How suitable are the food rations, in terms of composition, suitability and acceptability, under each of the four main activities? - Are needs assessment methodologies and approaches effectively designed and implemented? - Are capacity building objectives being reached? 		
Sub-question	Performance Indicator	Data collection method and information sources
3.1 To what extent have the objectives of the PRRO been reached so far? Is the PRRO meeting or likely to meet the targets, in terms of outputs and outcomes, set in the RB Logframe?	Results and performance indicators outlined in Regional and Country-level Logframes, PRRO document, and budget increase documents, or subsequent revisions/adaptations for each country and activity	Review of PRRO reports, studies and other data sources as noted in the PRRO LF, including SPR 2005 Field visits, focus group discussions and interviews
3.2 For each activity and related objective, is the composition of the food rations and delivery mechanisms used the most appropriate and least costly?	Results and performance indicators outlined in Regional and Country-level Logframes, PRRO document, and budget increase documents, or subsequent revisions/adaptations for each country and activity	Review M&E Data, procurement and logistics reports. Review activities; visit warehouses EDP, beneficiary homes. Interview FP RB, CO and SO staff; CP staff and beneficiaries; Government officials.



<p>3.3 Are regional and local food procurement mechanisms effective and efficient?</p>	<p>Results and performance indicators outlined in Regional and Country-level Logframes, PRRO document, and budget increase documents, or subsequent revisions/adaptations for each country and activity</p>	<p>Review M&E Data, procurement and logistics reports.</p>
<p>3.4 Are needs assessments accurate? Is the number of beneficiaries targeted accurate? ¹⁵⁴</p>	<p>Planned and actual numbers of beneficiaries, by sex, age and vulnerability category by type, by activity sector</p> <p>Populations selected meet approved criteria (food security, nutritional/health status</p> <p>Targeted groups receive consistent support</p>	<p>VAM/VAC and PRRO reports</p> <p>Review data sources as noted in the PRRO LF, including SPR 2005</p> <p>Field visits, focus group discussion and Gov't/CP/beneficiary interviews</p>
<p>3.5 Is capacity building for the prevention of sexual exploitation and abuse and HIV and AIDS awareness and prevention achieving its intended outcomes, as outlined in Paragraphs 70 to 72 of the original PRRO document?</p>	<p>Number of beneficiaries and staff trained; Reported incidences of sexual exploitation and abuse; Staff, CP and beneficiaries awareness of preventive measures for exploitation and abuse, HIV and AIDS.</p>	<p>Review M&E Data, reports.</p> <p>Review activities, policies.</p> <p>Interview FP RB, CO and SO staff; CP staff and beneficiaries; Government officials.</p>

¹⁵⁴ Targets in PRRO document



4. Evaluation Criteria/Question: Coordination and Partnerships		
- What is the nature/extent of coordination with partners at national level (national governments, other UN agencies and civil society, as well as national and international NGOs) and how have such partnerships affected the outcomes of activities? ¹⁵⁵		
Sub-question	Performance Indicator	Data collection method and information sources
4.1 What are the partnerships with UNICEF, WHO and FAO, as related to technical support, programme design and implementation guidelines (as stated in paragraph 70 of the PRRO document)?	MoU/Project proposals exist and are carried out	Review MoUs, project proposals, partnership reports. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials; UN partners
4.2 What is the nature and extent of coordination with partners at regional level (7 other UN agencies in SA, and their liaison through the Regional Inter-Agency Coordination and Support Office – RIACSO - currently chaired by WFP) and the Consortium for Southern Africa Food Security Emergency (C-SAFE) partners (World Vision, Catholic Relief Services, CARE, Save the Children and Oxfam)?	RIACSO and C-SAFE function Joint assessment, programming, policy development, monitoring takes place at field level	Review MoUs, agreements and partnership reports/studies. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; RIACSO and C-SAFE partners
4.3 What has been the benefit, in terms of joint strategy development and programming, of other important partnerships including SADC/VAC (both national and regional VAC); the secondment of staff to WFP from CARE and ActionAid; and the Regional Directors Group?	SADC/VAC exists; joint strategy development/ programming takes place at field level; Nat'l /Reg'l information exchanges take place Seconded staff members' skills well-utilised/appreciated by WFP & CPs	Review SADC/VAC agreements, reports/studies Interview WFP RB, CO and SO staff; CP staff and beneficiaries; SADC/VAC, Care, ActionAid, RDG members
4.4 What has been the quality of the selection, monitoring and reporting of both local and international NGOs?	Indicators of Cooperating Partnerships according to guidelines	Review CP agreements, reports/studies. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials



5. Evaluation Criteria/Question: Sustainability and Exit Strategy: - To what extent have opportunities for sustainability and for defining an exit strategy for the PRRO permitted WFP to envisage a medium-term phase-out?		
Sub-question	Performance Indicator	Data collection method and information sources
5.1 Have community and other capacity-building interventions been implemented? If so, to what extent have they contributed to development of gov't support networks (in which food plays a part)? Have efforts to set up nationally-managed food support programmes, using external resources (Global Fund, the WB, PEPFAR, Clinton Foundation, etc.) proven feasible/ likely to prove feasible during the current PRRO?	Number and type of capacity-building activities Existence of government support networks including food	Review M&E Data, reports Review activities, policies Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials
5.2 Has WFP strengthened the capacity of governments to respond to natural disasters? If so, which efforts have been the most successful? What are lessons regarding balancing relief and recovery interventions? Which exit strategies, if any, appear to be most appropriate?	Number and type of capacity-building activities Existence of Gov't. disaster management units/disaster early warning systems	Interview WFP RB and CO staff, Government officials and partners' staff. Review training/planning/gender reports.
5.3 Is WFP's "curative approach" to relieving childhood malnutrition appropriate? Has WFP helped to improve existing social protection schemes related to nutrition, to build capacity of government and to support community-based nutrition policy formulation?	Existence of nutrition policies, strategies and programmes including community-based, preventive activities	Review of M&E Data, reports. Review activities, policies. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government official



6. Evaluation Criteria/Question: 7. Evaluation Criteria/Question: Funding, Food Procurement and Logistics		
<ul style="list-style-type: none"> - What are the key issues of funding/resources at regional and national levels? - What are the key issues of food procurement at regional and national levels? - What are the key issues of logistics at regional and national levels? 		
Sub-question	Performance Indicator	Data collection method and information sources
6.1 What is the relative advantage of using each of the four main regional ports (Durban, Maputo, Beira and Dar-es-Salaam)?		Visit ports (Durban, Maputo, Beira). Review logistics reports. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials; Transport companies.
6.2 What has contributed to the successful contracting of local transport capacities for overland legs (as reported in SPR)?		Review logistics reports. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials
6.3 What has contributed to the record number of timely deliveries of local and regional purchases?		Review logistics and procurement reports. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials
6.4 What has been the impact of the Best Practices Project (BPP – supported by the WFP corporate partner, TNT) on efficiency gains for the PRRO? (2005 SPR states that the BPP “allows additional tonnage to be managed with lower proportional increases in staffing and other support costs.)		Review logistics and procurement reports. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials



7. Evaluation Criteria/Question: Crosscutting issues: HIV-AIDS, Gender and Protection.		
Sub-question	Performance Indicator	Data collection method and information sources
7.1 To what extent has food aid had a positive impact on people living with and affected by HIV and AIDS? What are best practices regarding the use of food aid to complement and strengthen government efforts to achieve universal access to treatment and care?	Quantity and quality of dietary intake among chronically ill people and OVC Community participation in care, protection and services to the most vulnerable groups. Changes in Communication on HIV/AIDS	Review M&E Data, reports. Review activities, policies Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials
7.2 What has been the impact of preventive activities aimed at curbing the spread of HIV?	Community participation in care, prevention and services to the most vulnerable groups Changes in Communication on HIV/AIDS	Review M&E Data, reports, studies Review of activities, policies Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials, partner agencies
7.3 To what extent have HIV and AIDS activities have been aligned with government policy and/or the extent to which they have contributed to the development of new policy?	Changes in HIV and AIDS activities Existence of new policies and strategies	Review activities, policies. Interview WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials
7.4 What has been the effectiveness of the PRRO in raising awareness on the “triple threat” outside the UN family?	Awareness of triple threat outside UN family	Interview external partners and relief/recovery actors; WFP RB, CO and SO staff; CP staff and beneficiaries; Government officials
7.5 To what extent has the PRRO addressed gender equality and women empowerment issues and complied with WFP’s Enhanced Commitments to Women (ECW) policy? Has gender training been conducted for WFP and partners in all countries?	ECW indicators Number of gender training courses conducted for partners	Review activities Interview WFP RB, CO and SO staff; CP staff and beneficiaries Review gender training reports; mainstreaming initiatives, gender



		baseline survey; gender action plan Review assessments and output reports
7.6 How has WFP provided protection to recipients of food aid (from sexual abuse and other possible forms of harassment) See ALNAP guide on protection? ¹⁵⁶	ALNAP Protection Indicators Measures to protect food aid recipients visible at distributions sites	Review assessments and output reports, and activities Interview WFP RB, CO and SO staff; CP staff and beneficiaries
7.7 Are IASC Guidelines on the Prevention of Gender-based Violence being implemented systematically during food distributions? How effective have capacity-building efforts in this area been?	IASC Guideline indicators Measures to protect food aid recipients visible at distributions sites	Review assessments and output reports and activities Interview WFP RB, CO and SO staff; CP staff and beneficiaries

8. Evaluation Criteria/Question Monitoring and Evaluation / Results-Based Management - Have RBM principles been applied? Has an effective M&E system been put into place and is functioning?		
Sub-question	Performance Indicator	Data collection method and information sources
8.1 Has the PRRO M&E system been regionally harmonized? Is it results-oriented, based on three main approaches, namely (i) consolidated monthly output reports (CMORs), (ii) post-distribution monitoring (PDM) and (iii) community and household surveillance (CHS), based on a sound methodology?	Regional M&E system strengthened and routinely used for decision-making	Interview WFP RB, CO and SO staff Review CMORs, PDM reports, CHS reports and other M&E reports; regional/country M&E guidelines and matrix
8.2 Are M&E reports submitted in a timely manner and are M&E systems linked to programme adjustments? Does information from M&E feed into the WFP corporate SPRs, and if so, what information is available on PRRO outcomes and outputs, as related to established indicators (found in Annex III (Logframe) of PRRO document approved by the EB in October 2004)?	M&E information available in 2005 CO and RB SPRs Regional M&E system strengthened and routinely used for decision-making	Interview WFP RB, CO and SO staff Review CMORs, PDM reports, CHS reports and other M&E reports; Regional and country-specific Logframes, M&E Guidelines, and matrix

¹⁵⁶ "Protection – An ALNAP guide for humanitarian agencies". Hugo Slim and Andrew Bonwick, Overseas Development Institute (ODI), London, 2005.



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8.3 Are there sufficient staff, resources and technical capacity in RB, COs and SOs to conduct RBM oriented M&E?	Appropriate personnel in place	Interview RB, CO and SO staff. Review staff lists
8.4 What ad hoc surveys and reviews of secondary data, intended to complement these systems have been carried out and with what results? What are the linkages between M&E and assessments?	MIS established and supporting data collection, analysis and reporting	Interview RB and CO staff and with other agencies (UNICEF, VAC, FAO etc.). Review M&E reports
8.5 Were baseline surveys undertaken for school feeding? Were gender surveys carried out, as planned? Have these been followed up and if so, with what results?	Availability of baseline survey reports. Availability of gender survey reports	Interview RB and CO staff. Review baseline surveys reports and follow-up reports



ANNEX III: Southern Africa PRRO 10130 LogFrame

ANNEX III: LOGICAL FRAMEWORK SUMMARY—SOUTHERN AFRICA REGIONAL 10310.0 (2005–2007)		
Cause and effect	Multi-stakeholder performance indicators	Assumptions
Goal Improved food security, livelihoods and productive capacity among the vulnerable poor, including HIV/AIDS infected and affected people.		
	1. Food security 1.1 Changes in food security and sustainable productive community asset base. 1.2 Increased household income, and reduced income inequalities between men and women. 1.3 Reduced proportion of population below minimum level of dietary energy consumption.	
	2. HIV/AIDS 2.1 Improved nutritional well being and increased survival rate of chronically ill people and those most affected by HIV/AIDS – women, OVC, the elderly etc.	
	3. Health and nutrition 3.1 Increased health status of adolescent girls and pregnant and lactating women as measured by malnutrition – weight-for-height (W/H), body-mass index (BMI), mid-upper arm circumference (MUAC), micronutrient deficiencies and incidence of low birth weight. 3.2 Reduced prevalence of malnutrition in children under 5 – W/H, weight-for-age (W/A), height-for-age (H/A). 3.3 Reduced mortality rates – (CMR), under-5 mortality rate (<5MR), (MMR).	
	4. Education 4.1 Net primary school completion rate for boys and girls (including OVC).	
	WFP performance indicators¹⁶	
Purpose Outcome 1: Food security Increased households' food access and ability to manage shocks.	1. Food security 1.1 Changes in dietary intake of vulnerable households, especially those headed by elderly people, women and orphans. 1.2 Changes in food production, assessed by quantity cereals/tubers harvested (kg). 1.3 Types of households' income sources.	Opportunities exist for improving agricultural production, maintaining assets and activities without sustained food assistance.

¹⁶ All indicators reflected in the logframe are measured among the most vulnerable households and communities targeted by food aid programmes.



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ANNEX III: LOGICAL FRAMEWORK SUMMARY—SOUTHERN AFRICA REGIONAL 10310.0 (2005–2007)		
	1.4 Proportion of household income devoted to food (SP). 1.5 Changes in community and household assets.	
	WFP Performance indicators	Assumptions
Outcome 2: HIV/AIDS Reduced impact of HIV/AIDS on food security among vulnerable populations in high priority districts for HIV/AIDS.	2. HIV/AIDS 2.1 Quantity and quality of dietary intake among chronically ill people and OVC. 2.2 Community participation in care, protection and services to the most vulnerable groups. 2.3 Changes in communication on HIV/AIDS.	Global commitments towards MDGs and funding continued and maintained – Global Fund and other funds. Condoms are available. Communities and households are willing to change cultural practices/norms. Parents accept the importance of education.
Outcome 3: Health and nutrition Nutrition needs of malnourished and vulnerable groups met.	3. Health and nutrition 3.1 Utilization of health and nutrition services and training. 3.2 Prevalence of anaemia among targeted pregnant and lactating women. 3.3 Prevalence of malnutrition among under 5s – W/H and W/A. 3.4 Incidence of low birth weight.	
Outcome 4: Education Sustainable increase in enrolment, attendance and ability to concentrate and learn, while reducing gender disparity.	4. Education 4.1 Community participation and types of support to education activities and services. 4.2 Changes in enrolment and attendance in primary schools particularly among identified vulnerable groups such as girls, OVC and out-of-school children. 4.3 Teachers perception of children's ability to concentrate and learn in schools (SP).	
Outputs:	General: No. of recipients, participants and beneficiaries by age, sex and vulnerability category by commodity type, by activity sector. Quantity and composition of food ration provided versus estimated requirement and planned rations.	
1. Food security Targeted FFA and FFT activities implemented.	1.1 No. of partners providing technical guidance and support to projects, by sector and activity. 1.2 No. of assets created, by sector and activity. 1.3 No. of participants attending training sessions, by sector and activity. 1.4 No. of community organizations, associations and support groups formed.	Technical agencies are available and willing to partner with WFP.



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ANNEX III: LOGICAL FRAMEWORK SUMMARY—SOUTHERN AFRICA REGIONAL 10310.0 (2005–2007)		
	WFP Performance indicators	Assumptions
2. HIV/AIDS Targeted food assistance provided to care and support interventions for communities and households infected and affected by HIV/AIDS.	2.1 No. of community care programmes/networks/organizations supported with food assistance providing package of services, by type.	HIV/AIDS policy developed; strong national leadership and comprehensive response to HIV/AIDS. Stakeholders, donors and national counterparts accept linkage between food security and HIV/AIDS.
3. Health and nutrition Targeted nutritional support provided to malnourished and nutritionally vulnerable individuals.	3.1 No. of treatment programmes supported through food aid providing a package of integrated health and nutrition services, by type. 3.2 No. of participants and beneficiaries by age, sex and vulnerability category in all food aid activities receiving training in health and nutrition education.	Medical and school fees are no obstacle to attracting poorest households/individuals.
4. Education Targeted food assistance provided in support of formal, informal and community-based education programmes.	4.1 No. of schools/education programmes supported through feeding programmes – wet and take-home rations. 4.2 No. of management groups – PTAs, school committees established, trained and operational. 4.3 No. of schools receiving food assistance providing basic minimum add-on services – deworming, health education, school gardening etc.	
5. Country management Country PRRO inter-agency team and management system established and operational.	5.1 Multi-level, partner-based team established and management system installed, including annual cycle of management events. 5.2 Management decisions increasingly based on multi-stakeholder analysis of vulnerability information, including HIV/AIDS, generated by vulnerability analysis and mapping (VAM) and M&E systems. 5.3 MIS established and supporting data collection, analysis and reporting. 5.4 Food management and handling systems operational and delivering on timely basis. 5.5 Ongoing performance-improvement planning system and risk-mitigation process established and operational.	
6. Regional management Regional PRRO inter-agency team and management system reflecting country office needs established and operational.	6.1 Increased regional, multi-sectoral consultation, strategic planning and programming, advocacy, resource mobilization and management, information sharing, technical support and partner coordination. 6.2 VAM and regional M&E system strengthened and routinely used for decision-making. 6.3 Timely regional procurement in support of country office requirements. 6.4 Improved logistics coordination and management to ensure timely delivery of food aid. 6.5 Effective human resources (HR) support to ensure appropriate personnel in place. 6.6 Best-practice business models applied to regional PRRO.	

ANNEX IV:

List of Persons Met by Evaluation Mission

WFP ROME HEADQUARTERS

Organization	Name	Title
Office of Evaluation (OEDE)	Julian Lefevre	Acting Director/Chief Evaluation Officer
Food Procurement Service, Operations Department	Nicole Ménage	Chief
Food Procurement Service, Operations Department.	Joop Menkveld	Senior Procurement Officer
PDPT/Strategy, Policy and Programme Support Division	Sheila Grudem	Programme Officer
Resources Programming (ODMP)	William Vigil	Head, Africa Unit.
School Feeding Service, Strategy, Policy and Programme Support Division	Yasuhiro Tsumura	Programme Officer
School Feeding Service, Strategy, Policy and Programme Support Division	Carmen Burbano	Programme Officer
HIV and AIDS Service (PDPH) in the Strategy, Policy and Programme Support Division.	Robin Jackson	Chief
	Imad Osman-Salih	Deputy Chief
	Robin Landis	Programme Adviser
	Willy Mpoyi Wa Mpoyi	Programme Officer
	Anne Strauss	Senior Technical Adviser
	Faria Zaman	Programme Adviser
	Thobias Bergmann	Programme Officer
	Gaurab Tewari	Programme Officer
	Francesca Duffy	Programme Officer
	Valerie Ceylon	Consultant
Operations Department (ODO)	Paul Buffard	Chief, Programme Quality Group.
	Hildegard Tuttinghoff	Programme Adviser
Gender Unit (PDPG).	Mariangela Bizzarri	Programme Officer
Nutrition Service (PDPN)	Martin Bloem	Chief
Nutrition Service	Andrew Thorne-Lyman	Programme Adviser



School Feeding Service (PDPF)	Francisco Espejo Pamela Shao	Chief Consultant
Emergency and Transitions (PDPT)	Nick Crawford	Chief
External Relations Division (PDE)	Allan Jury	Director
Vulnerability, Assessment and Mapping (ODAV)	Joyce Luma	Chief
Emergency Needs Assessment	Annette Haller	Programme Adviser

LESOTHO

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	Adam Weiner	UNV HIV/AIDS
PAVA	M Neo	Programme Coordinator
	M Ntakassane	Field Coordinator
World Vision	Jonathan Myo	Commodities Officer
Lesotho Red Cross Society	Kompona Masilo	Disaster Management Coordinator
	M Lithopeto	National OVC Officer
CHAL	M Thacho	Programme Coordinator
LENEPWHA	Bakoena Cele	National Coordinator
	Thomas Monese	General Secretary
WFP	Simon Clements	OVC/VAM Coordinator
	Isabelle Mballa	Head of Logistics
	Esther Kabaire Wahito	CHS Assistant
	Jame War-Blor Bedell	PRRO Coordinator
	Tseviso Moreboli	Field Monitor
	Manana Mashologu	Reports Assistant & gender focal point



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Disaster Management Authority	M. Moloki	Training Officer
	K. Phafoli	Information Officer
	M. Mofaki	Deputy Chief Executive
	P. Makitte	Senior Economic Planner
	M. Maloi	Senior Economic Planner

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	Masozzi Kachale	VAM Officer
	Gladys Zimba	VAM Assistant
	Donard Nyirenda	Programme Assistant
	Mervyn Chiumia	Programme Assistant
	Irene Kumwenda	Programme Asst, SF
	Teresita Mosquera Del Castillo	Programme Officer, M&E
	Gertrude Kara	Programme Officer HIV and AIDS
	Sarah Kaphamtengo	Programme Asst. HIV and AIDS
	Lazarus Gonani	Programme Officer, Nutrition
	Chimwemwe Msuka	Monitoring and Evaluation Officer
	Neils Balzer	JPO Programme Assistant FS
	Mathews Nyirenda	Reports Assistant



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DFID	Mule Chikoko	Social Protection Officer
Oxfam GB	Yohane Kangwira	
	Dorothy Ngwira	
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	Phillip Hovman	Logistics Officer
	Orison Mapempa	Nat. Logistics Officer
	Steve Neeland	TSP Fleet Manager
	Priscilla Amiri	UNV HIV/AIDS Officer
	Margret Mkandawire	Programme Assistant
	Chance Mwalumbunju	Food Aid Monitor
	Duncan Ndlovu	Programme Assistant
Blantyre Hospital Moyo House Nutrition Rehabilitation Unit, Queen Elizabeth Central Hospital, Lilongwe	James Bunn	Director
	Regina Simikwa	Technical Officer in Charge
	Mary Katundu	Home Craft Worker
Emmanuel International	Programme Staff	WFP Cooperating Partner



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Concern Universal	Samson Hailu	
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	Catherine Mkangama	Chief, Nutrition Unit
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	Lilian D. Ng'oma	Secretary & Commissioner for Poverty & Disaster Management Affairs
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	Stanley Chitekwe	Project Officer, Nutrition
	Roger Mathisen	Project Officer, Nutrition and HIV/AIDS
FAO	Vincent Langdon Morris	Representative
	Alick Nkhoma	Programme Officer
UNDP	Mazlan Jussoh	Resident Coordinator
Government of Malawi, Ministry of Agriculture and Food	Patrick H. Kabambe	Secretary for Agriculture and Food Security

MOZAMBIQUE

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MISAUCD	Olivia Muzima	Anthropologist
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UNICEF	Christiane Rundert	PO Nutrition and Health
INGC Instituto Nacional de Gestao de Calamidades	Joao Tiago Meneses Machado Ribeiro	Director
International Relief & Development	Thomas Ntasis	Country Director
FEWS Net	Raul Cumba	Risk Reduction Specialist
Ministry of Agriculture	Jacinto da Grada	Agronomist
SETSAN	Oswaldo Sacinto Come	Geographer
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LWF Tete	Antonio Niconte	MF Officer



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Cornelder	Felix Jaime Machado	Marketing and Sales Manager, Beira Port
SDV/AMI	Dirk Dielhens	General Manager
Manica	Peter Walker	Branch Director
Manica	Iva Amado	Operations Manager
J&J Transport	Michael Jenson	Manager, Beira
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	Paulus Ngolombe	National Coordinator
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SOUTH AFRICA

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ZAMBIA

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	Sheila Kalobwe	Logistics Assistant
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	Timothy Mulenga	Project Coordinator
Cheshire Home	James Amaze	Project Manager
	Allan Kalong	Project Secretary
Aura Chadian	Edward Mbala	District Coordinator
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District Education Bureau, Chadian	Felistus Movi	Education STD Officer
Petauke District Hospital	Agnes Sakaka	Food Distributor
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Tikocommunime Karr	Elke Kroeger-Radlfee	Volunteer Director
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Ministry of Education, Lusaka District Education Bureau	Maureen Siwmchemba	District Education Support Officer
Matero Care Center	Joy Amulya	Programme Director
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ZIMBABWE

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Concern		
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UNICEF	Roeland Monasch	Country Programme Coordinator
	Nikolina Drysdale	Nutrition Project Officer
USAID		
USAID	Karen Freeman	Mission Director
	Barbara Reed	Food for Peace Officer
	William Patterson	Team leader, Economic Development (Humanitarian Assistance Officer)
WFP Harare	Kevin Farrell	WFP Representative/Country Director
	Alberto Mendes	Emergency Programme Co-ordinator



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	Patricia Zirima	Field Monitor
	Peter Nyenya	Field Monitor
	Tariro Chidziva	Field Monitor
	Tsungai Gwarinda	Field Monitor
WFP Masvingo	Anith Suvama	Head of Sub-Office
	Oliver Manyenyere	Programme Asst.
	Catherine Mupinda	Logistics Asst.
	Miro Masendeke	Field Monitor
	Primrose Muparutsa	Field Monitor

ANNEX V: Southern Africa PRRO 10130 Mid-Term Evaluation Field Visit Itinerary¹⁶³

	Allen Jones¹⁵⁷	Kate Molesworth	Pernille Sorensen¹⁵⁸	Sophie Chotard	Ellen Girerd-Barclay	Julian Lefevre
SOUTH AFRICA	12,13 Nov ¹⁵⁹ 24, 25 Nov 28,29 Nov 7,8,9,10,11 Dec	12,13 Nov 24,25 Nov 8,9 Dec 12, 13, 14, 15 Dec	12,13,14 Nov 24,25 Nov 2 Dec.	12,13 Nov 24,25 Nov 1 Dec 8,9 Dec	12,13 Nov 24,25 Nov 1 Dec 8,9 Dec.	12, 13, 14, 15 Dec
ZIMBABWE	15,16,17, 18, 19,20 Nov	15,16,17, 18, 19, 20, 21, 22, 23 Nov	15,16,17, 18, 19, 20, 21, 22, 23 Nov	15,16,17, 18 Nov	15,16,17, 18 Nov	
MOZAMBIQUE	21,22,23 29, 30 Nov 1, 2, 3 Dec ¹⁶²	26, 27, 28, 29, 30 Nov 1, 2 Dec	26, 27, 28, 29, 30 Nov 1 Dec			
ZAMBIA				26, 27, 28, 29,30 Nov	26, 27, 28, 29 30 Nov	
NAMIBIA				19, 20, 21, 22, 23 Nov	19, 20, 21, 22, 23 Nov	
MALAWI	4,5,6 Dec	3,4,5,6,7 Dec		2 Dec 3,4,5,6,7 Dec	2 Dec 3,4,5,6,7 Dec	
SWAZILAND					10,11 Dec	10, 11 Dec
LESOTHO	26,27 Nov	10, 11 Dec		10,11 Dec		

¹⁵⁷ AJ traveled overland from Harare to Beira; JNB to Maseru, Durban and Maputo.

¹⁵⁸ PS departed from JNB to Denmark on Sat. 2 December.

¹⁵⁹ 12, 24, 25 Nov; 8, 9; 12, 13 and 15 Dec: Team meeting and writing days in JNB

¹⁶⁰ 15 Dec: debriefing at ODJ

¹⁶¹ Departure from ODJ on Friday 15 Dec. or Saturday 16 Dec

¹⁶² AJ and KM traveled overland from Tete, Mozambique to Blantyre, Malawi on 3 Dec.

¹⁶³ Dates indicate nights spent in country.



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ANNEX 7: Background of Evaluation Team Members

Sophie Chotard, BA, MSc, was a WFP staff member from 1999 to 2004, at Rome-HQ (Conference Services), in East Timor (Programme Unit) and in Zimbabwe, as Head of Monitoring and Evaluation. From 2004 to 2006, she attended Tulane University (New Orleans, U.S.A), and obtained a Master's degree in International Development, with a concentration in Monitoring and Evaluation applied to Food Security, Nutrition and HIV and AIDS. In 2006, Ms. Chotard worked as a consultant to UNICEF and FAO in nutrition and food security surveillance in East and Southern Africa.

Ellen Girerd-Barclay, MSc, PhD, is a specialist in international public health nutrition in humanitarian relief, recovery and development settings. She holds a Master's degree from Cornell University and a PhD from Colorado State University. Dr. Girerd-Barclay has served in the South Pacific, Africa, Asia and Europe as a volunteer, programme administrator, trainer, and technical adviser for both NGOs and international agencies including CARE, Plan International, UNHCR, UNESCO and UNICEF. Previous experiences in Southern Africa include residency in South Africa from 1965-66, and secondary school in Mbabane, Swaziland from 1973-74. From 1995-1997, Dr. Girerd-Barclay served as Section Chief, Rural Development and Women's Programmes with UNICEF-Maputo, and from 1997 to 1998, as Nutrition Adviser to USAID in Madagascar. Dr. Girerd-Barclay is an independent consultant, based in Gothenburg, Sweden.

Allen Jones, a graduate of Sandhurst, served with the British Army in the Far East. He later worked with Save the Children Fund and ICRC during the Biafran war, with WFP in Nigeria, Ethiopia, Lesotho, Kenya and Sudan. After managing an agribusiness multinational in East Africa, he returned to WFP, and served in Pakistan, Afghanistan, and, a second time, in Ethiopia, where he retired from WFP as Regional Manager of the Great Lakes operation. Mr. Jones is a Member of the Royal Institute for International Affairs and a Fellow of the Royal Geographical Society. He has consulted for both the EU and WFP on Strategic Grain Reserves, and WFP and OCHA on relief operations, reviewing logistics in the Real-time Evaluation of the WFP Southern Africa Emergency Operations, carried out in 2002. Mr. Jones is a recipient of the MBE.

Kate Molesworth, MSc, PhD, is the Reproductive Health and Social Development Adviser of the Swiss Centre for International Health at the Swiss Tropical Institute. She has worked as technical advisor and evaluator of health projects and programmes in development, humanitarian and conflict settings with organisations such as the World Bank, WHO, UNDP, UNICEF, DFID, Save the Children Fund, the Tajik-Swiss Health Sector Reform and Family Medicine Support Project; and the European Commission. She is Technical Editor of the Eldis/DFID Health Resource Guides on Maternal and Neonatal Health and Sexual and Reproductive Health, and serves as technical advisor to the Swiss Agency for Development and Co-operation on sexual and reproductive health, HIV and AIDS, and mobility and health. Dr. Molesworth is a member of the steering group of the SDC/Sida Programme of Networked Research developing research on mobility and health in 30 sites in Asia, Africa and Latin America.



Pernille Sørensen holds a BA, MA and PhD in Anthropology and has worked and carried out research in Africa, South Asia and Latin America for the past 15 years. She is currently an associate senior consultant of Copenhagen Development Consulting, specialising in food security, linking relief and development, rural development, sustainable livelihood systems, sustainable agriculture, coping and adaptive strategies, food trade/markets, economic anthropology, intra-household relations (including gender relations), and primary education. From 2002 – 2005, Dr. Sørensen worked as a food security advisor (external and internal) to DanChurchAid 2002-2005. Prior to this position, she was a coordinator and researcher on the Impact Study of the Joint Ethio-Danish Development Programme in North Wollo, Ethiopia from 1997-2004. Dr. Sørensen has several publications in the fields of rural development, food security and livelihoods, development economics and gender.