

Country Portfolio Evaluation

Zimbabwe: An Evaluation of WFP's Portfolio (2006-2010)

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Disclaimer

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Fact Sheet: WFP's Country Portfolio 2006–2010 in Zimbabwe

Timeline and funding level of Zimbabwe portfolio operations

Operation	Title	2006	2007	2008	2009	2010
PRRO 10595	Protracted Relief for Vulnerable Groups in Zimbabwe				Req: \$602.7 Contrib: \$428.0	
SO 10822	Logistics coord. and provision of tertiary transport in support of the Human, Community's response to the Cholera outbreak in Zim				Req: \$1. Contrib: \$0.8	
REG PRRO 10310*	Assistance to Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of AIDS	2005 Req: \$830.6 Contrib: \$692.1 (Figures refer to total allocated budget for OMJ)				
Food Distributed (MT)		182,884* (OMJ)	147,452* (OMJ)	216,804	216,269	N/A
Beneficiaries (actual)		4,386,926* (OMJ)	5,553,317* (OMJ)	6,984,378	5,292,092	N/A
Direct Expenses for Zimbabwe (USD, millions)		\$ 98.8	\$ 98.0	\$ 155.6	\$ 154.4	N/A
% of Contrib. To Zimbabwe vs. World		4%	4%	4.4%	3.9%	N/A

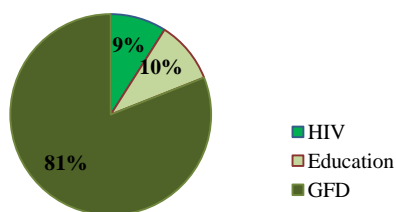
Source: last SPR available, Resource Situation (11 January 2011), Annual Performance Report 2009.

Distribution of portfolio activities by beneficiaries

	PRRO 10595 F M	Planned percent of beneficiaries	Actual percent of beneficiaries	REG PRRO 10310** F M	Planned percent of beneficiaries	Actual percent of beneficiaries	Planned beneficiaries PRRO 10595 and REG PRRO 10310	Actual beneficiaries PRRO 10595 and REG PRRO 10310
HIV	XX	9%	9%	XX	9%	4%	9%	7%
Education	XX	6%	4%	XX	16%	9%	10%	6%
FFW/FFA/FFT				XX	0%	0%	0%	0%
GFD	XX	85%	87%	XX	75%	87%	81%	87%
Nutrition				XX	0%	0%	0%	0%
Cash and Voucher	XX	0%	0%				0%	0%

Source: Dacota

% of Planned beneficiaries by activity***



Top 5 Donors: USA, UK, Australia, The Netherlands, Canada

Partners: Government of Zimbabwe, 4 International Agencies and 39 NGO's

¹Colour: % funded (Contrib. vs. Req.). Green: ≥ 75%, Orange: 75% > funded > 50%. Red: ≤ 50%. Grey= % funded N/A (on-going operations).
Note: Requirements and contributions are USD Millions.

* Figures refer to total allocated budget for OMJ Region.

** Activities for REG PRRO 10310 include only beneficiaries for Zimbabwe and not for whole Region.

*** Cash and Voucher, FFW and Nutrition are included as activities but figures are 0% due to a low absolute figure of beneficiaries not captured by the %.

Executive Summary

Introduction

Evaluation Features

1. The Zimbabwe country portfolio evaluation, conducted in September 2011, examined the strategic and operational role that the WFP played in Zimbabwe from 2006 to 2010 when the portfolio comprised one regional and one national protracted relief and recovery operation (PRRO) and a Special Operation. It focused on three issues: i) how WFP aligned and positioned itself strategically; ii) the driving forces behind the choices made in programming activities; and iii) the portfolio's performance and results. It was timed so that its findings would contribute to the country strategy document and to the Zimbabwe United Nations Development Assistance Framework (ZUNDAF), both scheduled to be drafted in 2012.

Context

2. Zimbabwe ranks 151st of 177 countries on the United Nations Development Programme (UNDP) human development index, significantly lower than in 2002, when it ranked 71st, and in 1989, when it ranked 35th. It once had a thriving economy and was a net exporter of agricultural products, but between 2000 and 2008 macroeconomic conditions steadily declined, culminating in the collapse of the economy. The agriculture sector employs 70 percent of Zimbabweans; it has declined continually since the late 1990s when forced land redistribution and the collapse of markets contributed to an average negative growth of -9.9 percent, reaching -39.3 percent in 2008. High levels of HIV and tuberculosis (TB) infection have had negative impacts on livelihoods. Political instability and violence peaked in 2008 in the context of hyperinflation, a cash crisis and restricted access to food-insecure rural areas.
3. In early 2009 the dollarization of the economy, the liberalization of markets and the Global Political Agreement (GPA) stabilized underlying macroeconomic conditions and led to an impressive economic turnaround in 2009 and 2010. Access to vulnerable communities, and collaboration between the humanitarian community and the Government, improved significantly. The presidential elections scheduled for 2012 could result in renewed political instability; the future is precarious in spite of improved macroeconomic conditions and food security for most Zimbabweans.

WFP's Portfolio in Zimbabwe

4. From 2006 to 2010, WFP implemented one regional PRRO (10310), one national PRRO (10595) and one Special Operation (10822). The portfolio covered two distinct periods. From 2006 to early 2009, WFP provided a massive food aid response targeting 7 million beneficiaries. When the macroeconomic recovery and political stabilization in early 2009 provided the conditions to pilot innovative approaches, the country office shifted from providing general food assistance to using more flexible, market-driven instruments. The portfolio activities included vulnerable group feeding (VGF) such as school-based feeding and support for mobile vulnerable populations; nutrition support for people living with HIV (PLHIV); food/cash for assets; a cash transfer pilot; and e-vouchers. The country office also implemented technical expertise transfer activities intended to enhance government capacity to reduce hunger. The Special Operation supported the humanitarian community and Government response to the 2008 cholera outbreak, ensuring an uninterrupted supply of relief items along with logistics coordination of the humanitarian community.

Evaluation Findings

Alignment and Strategic Positioning

5. It was a complex undertaking to work within the government policy and operational framework during the turbulent period under review. The evaluation found that the WFP country portfolio is generally well aligned with government policies and strategies. The country office worked diligently within a very difficult operating environment of hyperinflation, political confrontation and poor governance to comply with the alignment requirement and implement its programmes. This required developing practical operational guidelines to be able to work effectively and move beyond rhetoric. The challenges to working within central government processes and structures included inadequately trained government staff; insufficient funding; the politicization of public service; weak leadership; and limited ability within key ministries to implement activities. WFP had more success working with local government, although local government staff members were not adequately funded, equipped or trained.
6. The WFP country portfolio was well aligned with United Nations agencies¹ at the broad conceptual level, and consistent with mandates. There was good alignment at the policy/strategy/technical level – for example the operational guidelines for food for assets (FFA) and management of acute malnutrition – but weaker alignment at the implementation level.
7. There was good synergy with other United Nations agencies on strategic discussions with the Government. WFP worked collaboratively within the United Nations coordination mechanisms, including the ZUNDAF, clusters and the Consolidated Appeals Process (CAP). There was potential for greater synergy with most programmes, most notably food/cash for assets and nutrition support for clients on anti-retroviral therapy (ART) as complementary support for attaining sustainable livelihoods.
8. The portfolio was well aligned with the WFP Strategic Plan (2008–2013). Vulnerable group feeding, school-based feeding and support to mobile vulnerable populations (MVPs) were clearly aligned with Strategic Objective 1². Food/cash for assets and cash transfers were aligned with Strategic Objective 2 and Strategic Objective 3. The activities to provide nutrition support for ART clients and TB patients were aligned with Strategic Objective 4.

Making Strategic Choices

9. The country office was a leader in the compilation and analysis of data on hunger and food security issues in Zimbabwe, using the information to make programme decisions and to influence the strategic decisions of the Government and other stakeholders. There are strong ties among the vulnerability analysis and mapping (VAM), the monitoring and evaluation (M&E) and the programme units, which ensures that information is shared and used. The country office complemented internal capacity with external expertise to generate additional evidence used to guide the design and implementation of new instruments: cash transfers, cash for cereals (CFC) and e-vouchers.

¹ UNDP, the Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Children's Fund (UNICEF), the Food and Agriculture Organization of the United Nations (FAO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

² Strategic Objective 1 – Save lives and protect livelihoods in emergencies; Strategic Objective 2 – Prevent acute hunger and invest in disaster preparedness and mitigation measures; Strategic Objective 3 – Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations; Strategic Objective 4 – Reduce chronic hunger and undernutrition.

10. The main driver of country office responses were political and economic shocks and changes in national policies. WFP did an excellent job of identifying how the situation on the ground was changing, and used evidence to develop new programmes and adjust existing ones. During 2009 and 2010 in particular, the country office worked with partners to analyse government policies and strategies, and better understand how to align with them. WFP selected the correct programme categories during the period, including adding a Special Operation to support the logistics response to the cholera outbreak.
11. The country office did an excellent job of coordinating internal operations and programme activities, ensuring that programmes were very well articulated, managed and implemented. This was owing to good leadership, especially in the programme, logistics and VAM units. One area noted for improvement was the coordination of beneficiary targeting across WFP programmes and between WFP's programmes and those managed by other agencies such as UNICEF, FAO, the Department for International Development (DFID) and Promoting Recovery in Zimbabwe (PRIZE) and the Government.

Portfolio Performance and Results

Overview of assistance provided to beneficiaries

12. The portfolio comprised two PRROs, which assisted as many as 7 million beneficiaries in 2008, and one Special Operation. The regional PRRO had a global funding ratio³ of 85.5 percent and assisted people in seven southern African countries that were vulnerable to food insecurity and the impact of AIDS; Zimbabwe received 41 percent of food delivered. The national PRRO had a funding ratio of 71 percent and provided 449,865 mt of food mostly through VGF, with a smaller safety net component. The Special Operation received 51 percent of requested funds, applying them to enhance the logistic capacity of humanitarian organizations to contain a cholera outbreak.
13. Overall, the evaluation team found that the assistance provided was relevant and that its timing and level were appropriate to the food security conditions. The country office appropriately adjusted the volumes of food assistance, the targeting of beneficiaries and the choice of activities to meet the changing circumstances, and incorporated learning from experience in the field and pilots. The actual numbers of beneficiaries of VGF were generally in line with the planned numbers; in late 2008 and early 2009 actual numbers of beneficiaries greatly exceeded planned figures, reflecting significant increases in the number of highly food-insecure people. For the health and nutrition activities, differences between planned and actual beneficiaries reflected programme adjustments – for example, a shift from home-based care to support for ART clients – and available resources. For the food/cash for assets activities, the difference between actual and planned beneficiaries was owing to programme adjustments necessitated by government policy changes. For the cash transfer activities, WFP increased the number of beneficiaries to 58,886 from a planned target of 19,000 when additional resources became available.

Assessment of assistance provided by activity

14. **Vulnerable group feeding.** The VGF activity achieved the objective of saving lives and protecting livelihoods. There was no significant break in the pipeline and the country office was able to shift the amount of assistance up or down as conditions changed. WFP's ability to adjust to changing conditions, especially during the period from 2006 to early 2009, resulted in a significantly larger

³ Total funding received as a percentage of total funding requested for the regional PRRO; data was not broken down by country.

number of beneficiaries than planned, and thus mitigated any potential emergency. Effective geographic targeting resulted in assistance being provided where it was needed.

15. **School-based feeding.** School-age children in food-insecure areas received food regardless of whether they attended school. Using schools as a feeding site was critical in providing this assistance, which made a particularly positive contribution in late 2008 and early 2009 when needs were highest.
16. **Health and nutrition activities.** The health and nutrition activities performed well and achieved the desired results. However, the nutrition support for ART clients activity faced limitations such as insufficient measurement equipment, inaccurate measurements – including body mass index (BMI) – and the use of BMI as a single entry/exit criterion. Food consumption scores improved significantly owing to the country office’s distribution, as verified by post-distribution monitoring; there remained few scores of “poor”. Although providing incentives for voluntary HIV testing was not an objective of WFP programming, food assistance provided through this activity helped to increase voluntary testing, and the impact should be recognized: voluntary testing almost doubled from 2007 to 2009. This is important because the co-infection rate between TB and HIV is between 60 and 80 percent. The activity guidelines stated that support should last 6 months, but the average duration of participation was longer. Beneficiaries reported improved well-being; one cooperating partner provided evidence that clients had gained weight.
17. **E-vouchers.** These were introduced late in the period under review and represent a small part of the portfolio, but they were assessed to be a secure and efficient system. The activity virtually eliminated fiduciary risk and provided convenience and confidentiality. Stigma was greatly reduced but not eliminated, given that only food brands associated with HIV infection were available in exchange for the vouchers.
18. **Food/cash for assets.** Although it was too early to evaluate the longer-term impact of FFA and cash-for-asset (CFA) activities, the evaluation team inferred from other FFA activities implemented in Zimbabwe – the Consortium for the Southern Africa Food Security Emergency and the PRIZE Consortium – that households could graduate from chronic food insecurity and reliance on food aid to greater self-reliance. The FFA/CFA activities were well received by beneficiaries, with most beneficiaries investing more than the required four hours per day. The evaluation team identified some important gaps in the design of FFA/CFA projects. While the objective was to create productive community assets, May to October was too short a period to complete the work, and only in chronically food-insecure districts was there any year-to-year continuity. For other districts, the lack of consistent effort undermined the work required to build productive assets. In addition, there were too few FFA/CFA activities reaching too few beneficiaries in relation to Zimbabwe’s development needs.
19. **Cash transfers.** The cash-transfer pilot targeted three districts eligible for VGF during 2009/10. WFP increased the number of direct beneficiaries from 19,000 to 58,886 owing to availability of resources. The ration was estimated to cover 80 percent of a household’s monthly food needs; the cash equivalent was based on local prices and was adjusted monthly. The evaluation team found that the learning objective was a success, but cash had a limited effect on dietary diversity compared with food only or cash and food. Distributing cash without nutrition messages reduced the potential impact of the programme promoting cash for cereals and in-kind provision of oil and pulses. The evaluation found that the results of the pilot were used by the country office to inform the design of a cash-for-cereals intervention implemented in 2010 and 2011.

20. **Mobile and vulnerable populations.** The objective of providing emergency assistance to MVPs was achieved. WFP provided assistance to four types of displaced persons: i) former commercial farm workers displaced by land reforms; ii) people affected by Operation Restore Order; iii) migrants deported from South Africa; and iv) members of households affected by flooding. The mobility of MVPs, especially those in urban areas, made it difficult to keep beneficiary registries up to date. By early 2007, cooperating partners stopped registering new beneficiaries with a view to lowering the risk that food aid would become an incentive to migrate to urban areas. Assistance provided to MVPs resulted in their having greater food security and better nutrition indicators than host populations; this created pressure to include the very poor living near internally displaced person camps. Urban people uprooted by Operation Restore Order lost their possessions. While food assistance helped them, in peri-urban areas it was not complemented with durable solutions and was insufficient for rebuilding livelihoods; it may have created some dependency. One challenge faced by cooperating partners was that the exit point for MVPs was not linked to livelihood recovery nor to resolving the drivers of illegal displacement.
21. **WFP response to the 2008/09 cholera outbreaks.** WFP also played an important role as the emergency logistics cluster lead, especially during the cholera outbreak. With virtually no additional staff and at very short notice, WFP organized a logistics cluster cell in Harare that offered the humanitarian community and the Government logistic services that included warehouses, consolidation of humanitarian cargo, information management, facilitation of transport, delivery of supplies from WFP hubs to cholera treatment centres and access to WFP's contingency fuel stock. The entire humanitarian community acclaimed the logistics expertise and leadership of WFP, which was provided even though the Special Operation received 50 percent of required funding.

Factors explaining results

22. The main factors explaining the results were the extreme and changing economic and political conditions, and the responsiveness the country office demonstrated in navigating them. While 2006 to early 2009 was a period of occasionally extreme political and economic instability, the period of early 2009 through 2010 was a period of macroeconomic stability. The country office exhibited strong leadership, technical and managerial competence, effective use of evidence in decision-making and great flexibility.

Conclusions and Recommendations

Overall Assessment

23. The evaluation team's overall assessment of the Zimbabwe 2006–2010 country portfolio was positive. The high quality of the country office staff and strong leadership allowed WFP to navigate through two very distinct and difficult periods, and the portfolio activities were relevant and adjusted appropriately. Through early 2009 the focus was on responding to the food crisis by assisting highly food-insecure households, while taking advantage of improvements in the economic and political conditions. The country office maintained operational excellence in delivering food assistance. It also maintained effective dialogue with the Government and other stakeholders, which improved coordination and yielded such tangible results as operational guidelines for FFA/CFA activities and field-level agreements. Useful and timely support from the regional bureau and Headquarters helped ensure success in adjusting some programmes – notably health and nutrition – and developing others, such as cash transfers.
24. Several issues need to be addressed. Although the Zimbabwe Vulnerability Assessment Committee (ZimVAC) rural assessment played a critical role in geographic targeting, its effectiveness for WFP

was limited because its results are statistically reliable only at the district level, while WFP requires them to be reliable below that level. The nutrition support for ART clients was limited by such factors as unavailability of functioning equipment, inadequate training of clinic and hospital staff, and lack of an effective exit strategy.

Conclusions

25. **Relevance.** The portfolio's activities were relevant to the needs of the Zimbabwean people. From 2006 to early 2009 the main activity, VGF, was the most appropriate response given the impact of political and economic shocks. WFP did a good job of adjusting the assistance levels based on evidence. Food assistance provided through the MVP activity to urban dwellers made homeless by Operation Restore Order, and through the school-based feeding activity to children, was relevant given the needs. In the period from early 2009 through 2010, the country office seized opportunities provided by increased economic and political stability to pilot or expand FFA/CFA and cash transfer activities, which served the dual objectives of assisting food-insecure populations and supporting market mechanisms. Nutrition support for ART clients and chronically ill people was extremely relevant in Zimbabwe given the high numbers of PLHIV and TB patients. Complementary nutrition support provided the opportunity for many patients to adhere to treatment, regain weight and lead productive lives; it also encouraged voluntary testing. E-vouchers were a relevant delivery mechanism.
26. **Efficiency.** The evaluation concluded that portfolio activities were efficiently run. The large share of regional and local procurement – 95 percent – contributed greatly to the portfolio's efficiency, reducing transport costs while supporting local and regional economies. The food assistance delivered under PRRO 10310 cost US\$534 per mt, which was 25 percent below corporate WFP's average cost; under PRRO 10595 it cost US\$815 per mt – 11 percent below the average cost. Pipeline breaks were rare, but did occur during the second quarter of 2009 with the increase in the world market costs of cereals and corn-soya blend. Alternative financing channels and stringent austerity measures made it possible to maintain core programme activities. Activities such as FFA, CFC, and e vouchers were introduced towards the end of the period under review, and so it was not possible to measure their efficiency, output or outcomes.
27. **Effectiveness and Impact.** The effectiveness of the portfolio was generally positive. Impact was difficult to assess because outcome indicators were not systematically collected and some activities were introduced relatively late. The impact of FFA/CFA and CFC was potentially positive, although some issues needed to be addressed to achieve them. E-vouchers appeared to be an effective delivery mechanism. Assistance delivered in the VGF, school-based feeding, and support to MVP activities was effective. The food assistance package was appropriate, well targeted geographically, and delivered to the right people using the right mechanisms. Gauging the effectiveness of the nutrition support for PLHIV is complex. The assistance provided had good results in terms of providing incentives for voluntary testing and improving dietary diversity. Technical issues related to the entry and exit criteria require review to understand their impact on the activity. A study by Médecins sans frontières indicated that for the TB activity, nutrition support improved treatment rates and decreased default rates, irrespective of the beneficiaries' BMI. The effectiveness of the FFA and CFA activities could not be ascertained because the activities were recently introduced, the assets involved were small-scale and there was limited availability of complementary inputs.
28. **Sustainability.** The portfolio had an appropriate mix of short-term activities and longer term activities intended to have a sustainable outcome. VGF, the largest activity of the portfolio, aimed to improve

the diets of highly vulnerable food-insecure households. The FFA/CFA, health and nutrition support for PLHIV and TB patients, and CFC activities were not very sustainable owing to the limited availability of complementary inputs, weak government systems or limited integration with livelihoods interventions.

Recommendations

Strategic Recommendations

29. **Recommendation 1: The country office should continue to leverage its experience, expertise, credibility and strategic position for the development and implementation of a national social protection framework.** The country office recognizes that the Government of Zimbabwe needs a comprehensive and operational national social protection framework that responds to current needs and capabilities, and includes operational guidelines and a process to raise awareness at the provincial and district levels. Implementing a social protection framework will require various levels of coordinated dialogue with all stakeholders, including members of the United Nations country team and sectoral ministries.
30. **Recommendation 2: The country office should incorporate in the next country strategy document (CSD) a plan for a transition from humanitarian assistance to development, while maintaining the capacity to scale up if the political or economic situation significantly deteriorates.** There have been several positive economic and political developments since 2009, but there is a chance that Zimbabwe could become unstable again. The country office must maintain the flexibility and capacity to scale up VGF if a crisis does occur. The CSD process should assess opportunities for synergy between activities such as FFA and CFA so that WFP resources build on those of other organizations. The CSD process should assess and develop the capacity of the Government and other stakeholders for planning, coordinating and implementing activities as part of a hand-over strategy.
31. **Recommendation 3: The country office should expand its operational relationships on nutrition support for PLHIV and FFA/CFA beneficiaries with UNICEF, FAO and other United Nations agencies, donors and cooperating partners, including joint planning of activities.** The success of the nutrition support for PLHIV and FFA/CFA activities requires synergy between WFP and partners. It can be accomplished only if the country office works closely with its partners and leverages its reputation and the goodwill it has generated.
32. **Recommendation 4: The country office should consider increasing the share of market-based instruments in its portfolio.** The country office should explore scaling up e-voucher, cash-transfer and other market-based interventions in line with the Purchase for Progress principles. Scaling up market-based instruments could create synergies through increased donor and government support for smallholder agricultural productivity and capacity development of agro-dealers. Expanding the use of cash and e-voucher instruments would provide greater flexibility to beneficiaries and increase programme effectiveness.

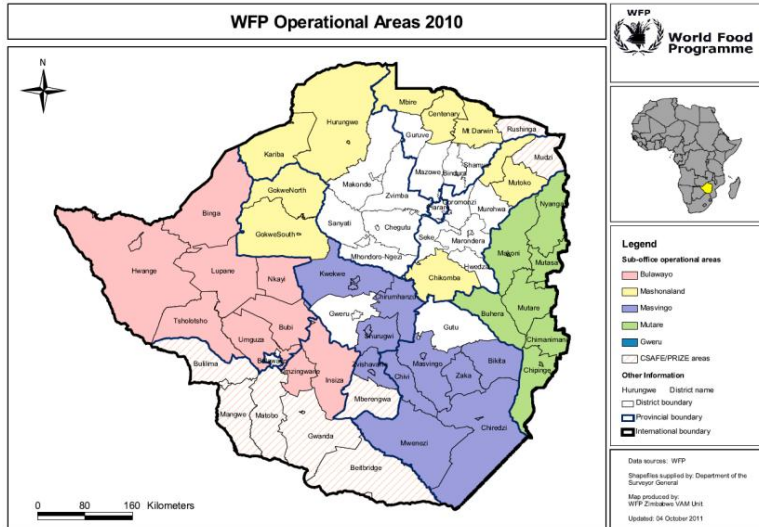
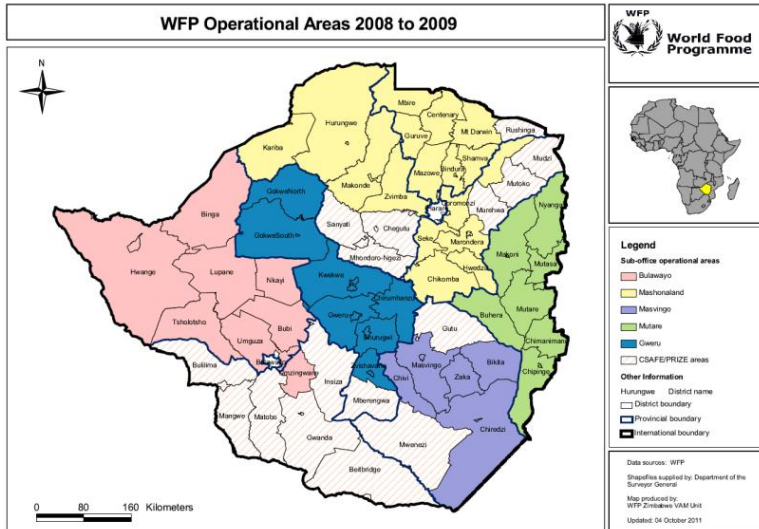
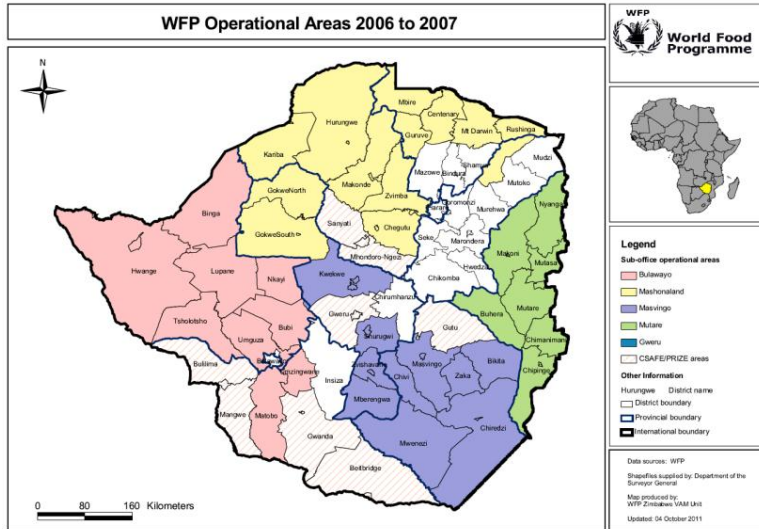
Operational Recommendations

33. **Recommendation 5: The country office should continue to support the ZIMVAC annual rural assessments, but should advocate with partners for significant changes to the method and process.** Several issues related to capacity, method, procedure and structure limit the

usefulness of the assessments for WFP targeting and beneficiary selection below the district level. The country office should continue to support the development of a food and nutrition security policy – including by strengthening the Food and Nutrition Council – and with partners should advocate for a comprehensive and independent review of the methods and process.

34. **Recommendation 6: The country office should continue to provide food assistance to malnourished chronically ill people, but the activity should be reviewed before it is expanded.** Anthropometric equipment and training should be put in place; an in-depth study should be conducted of client compliance and nutritional well-being above and below the targeting criteria of BMI 18.5; using nutritional status as the main enrolment and exit criterion should be reviewed; a more robust and replicable indicator of household vulnerability should be developed; and an improved discharge process based on improved nutritional status should be devised that includes complementary livelihood activities.
35. **Recommendation 7: The country office should increase efforts to synchronize the registration of beneficiaries of WFP and others' programmes to ensure proper coverage and maximization of synergies.** The country office should increase efforts to combine humanitarian with development assistance. The discussions with the United Kingdom's Department for International Development Protracted Relief Programme, for example, could result in the harmonization of efforts on the FFA, CFA and livelihood interventions for households with members exiting the nutrition support for ART clients programme.
36. **Recommendation 8: The country office should streamline the negotiation and completion of field-level agreements to facilitate decision-making and accelerate commencement by cooperating partners.** A streamlined process and longer-term agreements would benefit all stakeholders, by avoiding distracting discussions.

Reference Maps



Legend

Sub-office operational areas

- Bulawayo
- Mashonaland
- Masvingo
- Mutare
- Gweru

1. Introduction

1. Since 2000, Zimbabwe has experienced a collapse of its economic and social fabric as a result of extreme hyperinflation, political confrontation, weak governance, and insufficient resources (human and financial) for basic services in health, social, education, and agriculture. The collapse of these productive sectors caused high unemployment rates and a drastic increase in poverty. In 2008, a confluence of a weak national economy and the world food, fuel, and financial crisis resulted in extreme economic hardship and uncertainty for many Zimbabweans, especially the rural and urban poor. As a result, the period of 2006 to 2010 represented a turbulent time of rapid change and uncertainty. This is the backdrop for the Country Portfolio Evaluation (CPE) of the WFP food assistance operations that occurred in Zimbabwe between 2006 and 2010.
2. This chapter of the evaluation report provides an introduction to the key features of the evaluation, discusses the aspects of the Zimbabwe country context that influenced strategic choices and directions of the WFP country portfolio during this period, and briefly describes the WFP portfolio in Zimbabwe. Documents used in the preparation of this evaluation report are listed in Annex 3.

1.1. Evaluation Features

3. **Scope.** The evaluation covered five years, from 2006 through 2010, and examined the strategic and operational role WFP played in Zimbabwe during that period. The portfolio in Zimbabwe was comprised of one PRRO (10595) and one Special Operations (SO 10822) budgeted at slightly over US\$604 million. There was also one regional operation, the Southern Africa PRRO (10310), which was implemented from 2005 to 2008 and was evaluated in 2007. A cash and food pilot was undertaken in 2009 and an e-voucher project was started in August 2010. The evaluation focused on how WFP strategically positioned itself and responded and adapted to the various changes and challenges during the portfolio period, and especially during the last three years when WFP operated under exceptional circumstances. The major emphasis of this CPE is on Strategic Objectives 1 and 4 to support the Country Office (CO) in reviewing the coherence of its approach in the context of Zimbabwe and the performance of the operations (mainly PRRO 10595) against expectations. The geographic scope of the evaluation included most parts of Zimbabwe.
4. **Rationale.** The Zimbabwe CPE is an opportunity for the CO to benefit from the evaluation findings to contribute insights to the strategic orientation of WFP through the future country strategy process (the Zimbabwe Country Strategy Document [CSD] is planned for 2012). This CPE was scheduled to also be synchronized with the new Zimbabwe United Nations Development Assistance Framework (ZUNDAF) development, also scheduled for 2012. In the past few years, no evaluation on Zimbabwe had been done by the Office of Evaluation (OE); the CPE is the first evaluation of WFP's portfolio of activities in Zimbabwe. The Zimbabwe CO has conducted some evaluations of pilot activities to inform its programming.
5. **Objectives.** The CPE serves the dual objectives of accountability and learning. This evaluation was designed to 1) assess whether or not the performance and results of the CO portfolio are in line with the WFP mandate and respond to humanitarian and development challenges in Zimbabwe (accountability) and 2) determine the reasons for observed success/failure and draw lessons from experience to produce evidence-based findings to allow the CO to make informed decisions about positioning itself in Zimbabwe, strategic partnerships, operations design, and implementation (learning). The relative emphasis on learning is in line with the rationale for this evaluation and its contribution to the planned CSD and new ZUNDAF.

6. **Key Issues for the Evaluation.** The evaluation focused on three key issues, which are elaborated in an evaluation matrix (see Annex 2): 1) strategic alignment of the WFP portfolio, 2) strategic choices, and 3) performance and results of the WFP portfolio. These three are central to the evaluation and were the basis for the fieldwork and the structure of the evaluation report.
7. **Intended Users.** The intended users of the evaluation are the Zimbabwe CO and its partners in the Government of Zimbabwe (GoRZ), as well as the United Nations Country Team (UNCT), multilateral and bilateral donors, and nongovernmental organizations (NGOs). The evaluation is designed to inform WFP about decisions regarding the strategic positioning of its operations in the future and program adjustments to the extent necessary, the development of new operations, and the development of the new CSD. Other intended users include other parts of WFP (Regional Bureau in Johannesburg and headquarters [HQ] technical units), the GoRZ, multilateral and bilateral donors, NGOs, and beneficiaries.

1.2. Context

8. This section provides critical aspects of the social and economic context and events in Zimbabwe from 2006 to 2010 that have shaped WFP's mission and country portfolio.
9. **Poverty and Level of Development.** Zimbabwe ranks 151 of 177 countries on the United Nations Development Programme (UNDP) Human Development Index,⁴ a significant drop compared with 2002 and 1989, when Zimbabwe was ranked 71 and 35, respectively. Most Zimbabweans live below the national poverty line—the percentage of people below the poverty level rose from 42 percent in 1995 to 72 percent in 2003,⁵ and continued to increase through 2008 as the economy worsened. Between 2000 and 2008, the macroeconomic conditions in Zimbabwe steadily declined, which culminated by the end of 2008 in the collapse of the economy. This economic collapse eroded household wealth and assets and limited livelihood options of the rural and urban poor, creating a spike in the number of extremely food-insecure people. The gross domestic product per capita declined from US\$265 in 2000 to \$173 in 2008, recording negative growth during the 1999–2008 period. Several factors in early 2009 changed the macroeconomic prospects in Zimbabwe, including the “dollarization” of the economy (shifting monetary policy away from the Zimbabwean dollar to permit the use of the US dollar, South Africa Rand, and Botswana Pula), the liberalization of markets, and the Global Political Agreement (GPA). The actions stabilized the underlying macroeconomic conditions and led to an impressive economic turnaround in 2009–2010. While the macroeconomic conditions have improved, a majority of Zimbabweans are food insecure, and their prospects remain precarious.
10. **Agriculture.** The agriculture sector, once the anchor of the Zimbabwean economy—employing 70 percent of the population—has been in continual decline since the late 1990s as a result of the forced land redistribution and the collapse of input and output markets. Between 1999 and 2009, the agriculture sector experienced an average negative growth of -9.9 percent, with growth in 2008 estimated at -39.3 percent. While the large-scale commercial farming sector was destroyed, communal farmers—who produce most of the national maize supply for consumption—have struggled as a result of various economic problems, limited availability of and access to inputs, and recurrent low rainfall. Agriculture in Zimbabwe is highly dependent on rainfall. Production of cereals during 2005–2010 reflects the variability in climate during the period. During the last two years

⁴ Human Development Report 2010.

⁵ World Bank data (<http://data.worldbank.org/country/zimbabwe>).

under review cereal production was relatively high, signaling that the agriculture sector, as a result of reduced inflation and increased donor activity, could rebound.

11. **Food Insecurity.** Zimbabwe had an alarmingly large population of food-insecure people, and the country is well off-track in achieving the Millennium Development Goal (MDG) of the eradication of extreme poverty and hunger.⁶ The numbers of food-insecure households rose dramatically during the 2006 to 2010 period—peaking in 2008—as a result of the collapse of the Zimbabwe economy. Food availability was drastically affected by extreme hyperinflation until early 2009 when the economy stabilized after some economic and political interventions. Before then, staple foods and basic commodities were scarce and prices of many commodities were out of reach for most consumers. The 2010 ZIMVAC rural assessment report estimated that some 1.3 million rural people would be food-insecure during the peak hunger period of November through March—representing 10–15 percent of the population. Although the food-insecure population varied from one year to the next, the highest levels of food insecurity (percentage of food insecure population) were found in the Matabeleland and Midlands regions. Urban populations, highly dependent on markets for acquiring food, were especially vulnerable to economic uncertainty. The macroeconomic recovery that began in early 2009 has had a relatively bigger positive impact on urban populations as salaries are paid in US dollars and local industries are increasing their production. Still, a large proportion of urban dwellers remain food-insecure.
12. **Health and Nutrition.** Over the 2000–2008 period, some health and nutrition indicators deteriorated significantly. Life expectancy, for example, dropped from 51.8 years in 1995 to 37.2 in 2006.⁷ The deterioration of economic conditions greatly reduced the delivery of health services and weakened households' ability to cope with family members' health issues. Following this period, the levels of wasting, stunting, and underweight of children under age five were showing constant improvements between 2006 and 2010⁸. While acute malnutrition and underweight are comparatively low, the level of chronic malnutrition is still high.⁹ There are several determinants for the poor nutritional status. One of the main reasons is diet; very few children consumed the recommended number or quality of meals. For example, fewer than 10 percent of Zimbabwean children under two years of age received a minimum acceptable diet. A second major determinant of poor nutritional status is poor water and sanitation conditions and practices. Finally, households had little access to quality healthcare. As to observations made by Médecins Sans Frontières (MSF), HIV infections in children under five also contribute to the relatively high level of stunting. Results from the Food and Nutrition Council (FNC) National Nutrition Survey (2010) showed 1) the prevalence of stunting, and 2) the significant regional differences in the food consumption score, which matches only in some regions with the chronic malnutrition map and which demonstrates at the same time the multi-causality of malnutrition.
13. Zimbabwe is a high HIV- and high tuberculosis (TB)-burdened country, which has negatively affected livelihoods and production patterns. Zimbabwe has in the past decade made significant effort to reduce the spread of HIV, reducing the adult HIV&AIDS rate from 26 percent in 2001 to 15.3 percent in 2007. The estimated HIV prevalence among adults 15 years and above was 14.3 percent.¹⁰

⁶ Zimbabwe National Nutrition Survey (2010), Ministry of Health and Child Welfare.

⁷ United Nations Development Programme (UNDP) Human Development Report. 2006 and 2009.

⁸ See DHS 2005/06, MICS 2009, and National Nutrition Survey 2010. Data are presented in Annex 8.

⁹ See Annex 8 for anthropometric data.

¹⁰ WHO TB data.

Meanwhile, an estimated 389,895 adults and children were in urgent need of antiretroviral therapy (ART) by the end of 2009. According to the Zimbabwe National HIV&AIDS Strategic Plan 2006–2010, there were 1.3 million people living with HIV&AIDS (PLHIV) and 1.6 million orphaned and vulnerable children (OVCs) in Zimbabwe, 77 percent of them orphaned as a result of HIV&AIDS. Only 50 percent of the PLHIV have access to ART and with an HIV/TB co-infection of 68 percent; with fewer than 30 percent identified for TB treatment.¹¹

14. Finally, a cholera outbreak emerged in late 2008, affecting most regions of the country. The World Health Organization (WHO) estimated that about half of Zimbabwe’s population was at risk, mainly because of poverty, poor living conditions, and poor access to quality healthcare.
15. **Education.** According to official statistics from the Ministry of Education and Sports Arts and Culture (MoESAC), literacy and school enrollment figures in Zimbabwe were very high. The literacy rate of youths (15–24 years) in 2004–2008 for girls and boys was reported to be 98 percent and 99 percent, respectively, and gross enrolment for both boys and girls was over 100 percent (net enrollment was approximately 90 percent for both boys and girls). The Multiple Indicator Cluster Survey carried out by the United Nations Children’s Fund (UNICEF) in 2009 estimated that there was a primary school net attendance rate of 91 percent, implying that only 9 percent of the children of primary school age were not attending school in 2009. The main reason (71 percent) that children did not attend school related to financial constraints—parents are required to pay school fees and levies and buy school uniforms and stationery.
16. **Natural Disasters.** Zimbabwe experienced three natural disasters in the period under review: drought in 2007, cholera epidemic in 2008, and drought in 2010. Although these disasters were natural, poor policies related to land redistribution and mismanagement of the economy amplified their negative impact.
17. **Political Insecurity.** The period under review witnessed a significant level of political instability and violence. This instability peaked in 2008 when hyperinflation, the cash crisis, and restriction of access to rural areas that were food-insecure all created significant operational challenges for the humanitarian community. Humanitarian space was closed for 6 months starting in early March 2008. On June 4, 2008, the government issued a letter requesting a suspension of NGO and private voluntary organization field operations, thereby severely limiting most humanitarian action. Heavily restricted access affected life-supporting actions and monitoring of vital field indicators, including the delivery of food to the home-based care programs in the country. In addition, humanitarian agencies were seriously hampered in their ability to respond to the needs of the population affected by the political violence and displacements. Following the formation of the Inclusive Government in February 2009, however, the overall political environment has improved, with a direct dividend for humanitarian operations as access to vulnerable communities significantly improved and collaboration between the humanitarian community and the GoRZ increased.
18. **Government Strategy and Capacity.** Implementation of government strategies has been severely curtailed by the generally weak capacity of the government. Zimbabwe once had a strong civil service, but significant losses of government personnel, information, and infrastructure due to low salaries and insufficient resources hampered the government’s capacity to plan, coordinate, manage, and implement initiatives in key sectors such as agriculture, health and nutrition, education, and social protection.

¹¹ Ibid.

19. **Agriculture and Rural Development.** Agriculture, once the backbone of Zimbabwe's economy, suffered heavily from poor governance and policies, the fast-track land resettlement program, and macroeconomic shocks that undermined the sector's productive capacity. While the production of the lower productivity farmer in rain-fed communal areas went up and down with climate variability, the once-productive commercial farms remained idle, thus greatly reducing national food availability. Once an exporter of agricultural products, including maize, Zimbabwe became a food-deficit country that relied on imports. The result was significant food shortfalls. Food availability was further constrained by regulations on maize marketing and the specification of maize as a strategic crop. With increased political and macroeconomic stability in 2009, the agriculture sector has started to recover. In 2009 and 2010, for example, domestic cereal production for the main harvest season of April increased threefold, from around 500,000 metric tons (MT) in 2008 to 1.5 million MT.
20. **Health and Nutrition Protection.** The health delivery system in Zimbabwe has greatly deteriorated with the decline in economic conditions. Several key strategies are in place in Zimbabwe, including the National Nutrition Strategy and the National HIV&AIDS Strategic Plan, but there are numerous problems in delivering health and nutrition services, including poor communication between central government and local officials, clinics, and hospitals; poorly trained staff; and insufficient resources (for medicine, equipment, and staff).
21. **Social Protection.** Zimbabwe has had a national social protection strategy for several decades. The Enhanced Social Protection Strategy (ESPS), developed in 2007, focused on the need to assist vulnerable households during the economic crisis that was deepening in the country. The ESPS had four main components: 1) the Food Deficit Mitigation through Public Works Programme (PWP); 2) the Basic Education Assistance Module (BEAM); 3) Health Assistance; and 4) Child in Especially Difficult Circumstances. While this strategy is comprehensive and addresses key social issues in Zimbabwe, it does not provide clear operational guidelines, has not been adequately disseminated to local government staff, and has been under-resourced.
22. In the past decade, only limited support to vulnerable groups has been provided. As of March 2010, fewer than 5,000 vulnerable children and their families were receiving support from the traditional social welfare assistance program, which is led by the Ministry of Labour and Social Services (MoLSS). The Department of Social Services (DSS), which is mandated to deliver social protection programs, is extremely understaffed and underfinanced. The DSS has a 39 percent vacancy rate in the most critical front-line staff in charge of coordinating humanitarian assistance at the district level. The decline in government capacity has also crippled the delivery of other critical social protection mechanisms, including cash transfers to the poorest households, health fee waivers, public works programs, and the BEAM. The PWP describes how the GoRZ would address the impact of localized crop failure. This strategy aims to mitigate the impact of drought, with responses dependent on whether a household is labor-constrained (households headed by the chronically ill, the elderly, or children would receive free food assistance) or non-labor-constrained (which would receive assistance through public works programs as cash transfers or FFA). While the government has undertaken some activities under this strategy, they have been relatively small compared with the need and not consistently implemented.
23. **Humanitarian Situation and International Assistance.** Over the period 2006–2010, Zimbabwe's humanitarian needs were shaped by the dramatic economic deterioration and then recovery, climatic occurrences (e.g., droughts and floods), and health issues (e.g., the cholera epidemic and the increase in the burden of HIV&AIDS). In addition, the impact of Operation Restore

Order resulted in the displacement in a significant number of urban people¹². These events were compounded by an acute shortage of cash in the banking system, the widespread shortages of basic commodities in retail outlets, and erosion of coping mechanisms through disintegration of society caused by political violence.

1.3. WFP’s Portfolio in Zimbabwe

24. **Overview of WFP in Zimbabwe.** WFP has been present in Zimbabwe since 1980 and has implemented 23 operations, including support to emergencies, recovery, and special operations. See the Terms of Reference (Annex 1) for a list of all WFP operations implemented in Zimbabwe since 1980. Once one of Africa’s most prosperous nations, Zimbabwe started facing severe economic difficulties in the early 2000s, with inflation reaching record levels, high levels of unemployment, and the collapse of the agricultural sector. Before 2000 the primary function of the CO was as a regional procurement office. Since 2002, as the Zimbabwean food security situation has deteriorated, WFP has been purchasing, importing, and providing food assistance for up to 60 percent of Zimbabweans.
25. **Portfolio Since 2006.** Since 2006, WFP has implemented one regional PRRO (10310), one national PRRO (10595), and one SO (10822). Drawing from the experience of responding to food insecurity in southern Africa since 2002, WFP developed a social protection framework (SPF) for the region. The design of PRRO 10595 applied the SPF in Zimbabwe. During the first three years of the portfolio period (2006–2008), WFP provided a massive food aid response, targeting almost 7 million beneficiaries ending in early 2009. The macroeconomic recovery and political stabilization in early 2009 provided fertile conditions to pilot and test some innovative approaches. The WFP CO and its partners shifted from large-scale, in-kind food aid to a more flexible and responsive program.
26. These activities included in the country portfolio during the 2006–2010 period consisted mainly of VGF, including school-based feeding, nutrition support to people living with HIV&AIDS, mother and child nutrition, and food/cash for assets, cash transfers, and assistance to internally displaced persons (IDPs). Table 1 presents the total amount of food assistance delivered between 2006 and 2010.

Table 1: WFP Assistance Delivered in Zimbabwe, 2006 - 2012

Assistance Provided	2006	2007	2008	2009	2010
Food Distributed	182,884	147,452	216,804	216,269	107,408
Beneficiaries (Actual)	4,386,926	5,553,317	6,984,378	5,292,092	1,826,134

Source: WFP Zimbabwe Country Office.

27. **Geographical Area.** WFP’s activities during 2006–2010 covered much of the country. VGF—the largest program during the period—changed from year to year according to assessment results but, throughout its implementation, touched on all provinces in Zimbabwe. VGF was the main food assistance operation of the CO and the four sub-offices¹³ (Mashonaland, Bulawayo, Masvingo, and

¹² Based on government estimates that 133,000 households were evicted during Operation Restore Order (Operation Murambatsvina), the Secretary-General’s Special Envoy for Human Settlement Issues in Zimbabwe estimated that some 650,000–700,000 people were directly affected through the loss of shelter and/or livelihoods, while over the same period (2006–2010), between 1.5 million and 6.5 million people per year were at risk of missing food entitlements due to drought and other disasters.

¹³ During the period under review there was a Gweru sub-office, but those operations were merged into those of the Mashonaland and Masvingo sub-offices when the level of activity in the Gweru sub-office declined in 2009.

Mutare). Nutrition activities were done in many parts of the country and were undertaken by all four sub-offices. Cash for cereals was a program in Mashonaland, Masvingo, and Mutare sub-offices. Food for assets was a pilot tried in the Bulawayo sub-office; while e-vouchers were piloted in the Mashonaland sub-office.

28. **Strategic Objectives.** The period under review covers different WFP corporate Strategic Plans. In relation to the current WFP Strategic Plan, the Zimbabwe portfolio aims to achieve the following objectives. Their estimated relative importance in terms of number of beneficiaries met is also presented.

- **Strategic Objective 1** – Save lives and protect livelihoods in emergencies: assisting disaster victims. Approximately 70 percent of beneficiaries.
- **Strategic Objective 2** – Prevent acute hunger and invest in disaster preparedness and mitigation measures: by strengthening community capacity to reduce risks and adapt to climate variability. Approximately 5 percent of beneficiaries.
- **Strategic Objective 3** – Restore and rebuild lives and livelihoods in post-conflict, post-disaster, or transition situations: by 1) increasing access to food to mitigate seasonal food insecurity and restoring assets affected by shocks, and 2) stabilizing children’s participation in education. Approximately 15 percent of beneficiaries.
- **Strategic Objective 4** – Reduce chronic hunger and under-nutrition by improving the nutrition status of 1) targeted women and children and 2) PLHIV. Approximately 10 percent of beneficiaries.
- **Strategic Objective 5** – Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase: by building consensus on program design and partnership opportunities, including community initiatives.

29. **Strategic Objectives and Country Portfolio Activities.** While the food assistance operations implemented since 2006 related to previous Strategic Plans, the country portfolio in Zimbabwe covers all five of the strategic objectives as outlined in the WFP Strategic Plan (2008 – 2013). Table 2 presents the strategic objectives and major activities in the Zimbabwe country portfolio.

Table 2: Major Activities in the Zimbabwe Country Portfolio by WFP Strategic Objective

Strategic Objectives (2008–2013)	Major Activities
Save lives and protect livelihoods in emergencies	General and targeted food assistance and emergency nutrition interventions; emergency needs assessments; emergency logistics, special operations, and information and communications technology (ICT) capacity; UN cluster leadership for logistics and emergency ICT.
Prevent acute hunger and invest in disaster preparedness and mitigation	Vulnerability analysis and mapping; early warning products and tools; disaster preparedness and mitigation programs; programs to help communities reinforce their essential food and nutrition security systems and infrastructures, as well as their adaptability to climate change, including voucher, cash and food-based safety nets.
Restore and rebuild livelihoods in post-conflict, post-disaster, or transition situations	Targeted programs that facilitate the re-establishment of livelihoods; special operations to rebuild essential hunger-related infrastructure; food distribution programs that facilitate re-establishment of food and nutrition security; voucher and cash-based programs that facilitate food access; capacity strengthening for the re-establishment of community service infrastructure.
Reduce chronic hunger and under-nutrition	Mother and child health and nutrition (MCHN) programs; school feeding programs; programs addressing and mitigating HIV&AIDS, tuberculosis, and other pandemics; policy and programmatic advice.

Strategic Objectives (2008–2013)	Major Activities
Strengthen the capacities of countries to reduce hunger through hand-over strategies and local purchase	WFP’s procurement activities; hand-over of WFP hunger tools; policy and programmatic advice; advocacy.

30. **Food Assistance Operations.** A breakdown of the activities that are included in the WFP portfolio can be found in the Zimbabwe CPE Terms of Reference (Annex 1). The food assistance operations, which were approved during the 2006–2010 period, state objectives that can be grouped as follows:
- **Vulnerable group feeding:** To provide immediate assistance to those facing severe food shortages to secure sufficient food for consumption and prevent people from adopting negative coping strategies such as depleting productive assets. VGF represented the vast majority of the assistance provided through both the regional PRRO 10310 and the national PRRO 10595, in both cases 87 percent of the actual beneficiaries. This assistance was provided primarily in the lean season (October to March, but the actual months varying year to year).
 - **Improvement in the health and nutrition of vulnerable groups:** To contribute to the improvement of health and nutrition of vulnerable groups that require immediate assistance (supplemental feeding) or to reduce chronic hunger and under-nutrition. Improving the health and nutrition of vulnerable groups represented about 6 percent of the 2006–2010 country portfolio.
 - **Cash and food voucher pilots:** See paragraph 33.
31. **Special Operation.** During the period of the evaluation there was one Special Operation (SO 10822) that provided logistics coordination and provision of transport in support of the humanitarian community’s response to the cholera outbreak in 2009. The main feature of this SO was to enable WFP to make its wide range of expertise, knowledge of the terrain, and assets directly available and accessible to other UN agencies and humanitarian aid agencies (a total of 25 partners). Among the services provided by a dedicated team of logistic officers were uninterrupted and up-to-date logistical information, common storage facilities, cargo consolidation, tracking services, and transport facilities.
32. **Key External Events.** The key external events from 2006 through 2010 that led to significant changes in WFP operations include the many political and economic disturbances discussed earlier (especially inflation and government mismanagement) and the global food-fuel-financial crisis of 2007–2008 that led to a dramatic increase in world food prices and, ultimately, exacerbated the already high inflation in Zimbabwe. While this complex crisis affected all of Zimbabwe, poor rural and urban households were disproportionately affected. Xenophobic attacks on foreigners resident in South Africa (which affected Zimbabwean nationals) exacerbated the internal population displacements.
33. **New Initiatives.** Although the WFP Zimbabwe portfolio was predominately VGF during the 2006–2010 period, the CO did undertake various cash transfer and e-voucher activities. Grants were received to conduct four activities: 1) update urban food security monitoring methods and tools (funded by the U.K. Department for International Development [DFID], 2006); 2) conduct the cash and voucher pilot (DFID, 2007); 3) provide education to enhance improved food security and nutrition for PLHIV (Canada, 2007); and 4) develop innovative HIV and AIDS responses (Germany, 2007). Although Zimbabwe doesn’t participate in the Purchase for Progress (P4P) activity, the activities undertaken in 2009–2010 were similar to those undertaken in P4P.

34. **Resource Flows.** The receipt of donations for the operations during 2006–2010 is illustrated in Table 3. The number of donors varied during the period, with a peak of 27 funding the national PPRO in 2008 during the period when the largest number of Zimbabweans required assistance. Over the course of the 2006–2010 period, four main donors provided over 75 percent of the funding to WFP Zimbabwe: the United States (which provided over half of total contributions), the European Commission, the United Kingdom, and Australia.

Table 3: Donor Contributions to WFP Zimbabwe, 2006 - 2010

Donor	Contributions 2006–2010 (US\$)					
	2006	2007	2008	2009	2010	Total
United States	0	69,635,454	111,581,500	70,810,106	48,040,352	300,067,413
European Commission	32,139,073	17,135,667	9,749,304	0	2,691,790	61,715,834
United Kingdom	5,972,301	18,158,435	17,857,143	6,633,499	3,090,333	51,711,711
Australia	1,562,596	3,081,025	18,228,489	8,634,223	0	31,506,333
Netherlands	0	988,000	16,426,905	3,000,000	0	20,414,905
UN Central Emergency Response Fund	250,000	8,000,000	6,000,482	415,350	5,000,000	19,665,832
Canada	0	723,106	10,007,286	7,835,289	0	18,565,681
Japan	1,293,104	3,902,439	3,046,957	5,000,000	4,000,000	17,242,500
Other Donors	3,977,271	7,484,485	17,799,262	13,035,034	6,401,607	48,798,658
Grand Total	45,194,345	129,209,611	210,697,328	115,363,501	69,224,082	569,688,867

Source: WFP Zimbabwe Country Office.

WFP Country Office

35. **Structure.** The WFP Zimbabwe CO is composed of a head office in Harare; four sub-offices in Harare, Bulawayo, Masvingo, and Mutare; and a small antenna office in Beitbridge (to supervise transit operations at the border with South Africa). There was another sub-office in Gweru in 2008-2009 when the increased level of activity resulted in the need for a presence in Gweru. The size of the CO's programs, the need to adjust programs, and Zimbabwe's volatile economic, political, and social environment were challenges to the effective and efficient implementation of assistance.
36. **Staffing.** During the period under review, the staffing levels—among both international and national staff—went through an expansion and reduction consistent with the level of activity in the operations that were being implemented. The international staff fluctuated from 11 people (2006) to 22 (2009); while the national staff varied from 143 people (2007) to 256 (March 2009). The total overall peaked in April 2009 when there were 21 international staff and 255 national staff. At no time during the period under review were there significant staff absences that undermined the performance of the CO operations.
37. **Strategic Planning, Monitoring, and Evaluation.** The Zimbabwe CO had the staff and structures in place to provide evidence-based strategic planning and monitoring. In some cases, assessments were done with other strategic partners (for example, the ZIMVAC assessment) to do strategic planning and targeting and to contribute to monitoring; in other cases, the CO initiated

specific assessments and evaluations to plan and prepare new activities and operations. The CO established a monitoring system by the sub-offices that monitored food security indicators.

38. **Overview of the CO's Analytical Work.** The Zimbabwe CO has a solid assessment and analytical capacity located in the Program Office, the Vulnerability and Mapping (VAM) Unit, and the Monitoring and Evaluation (M&E) Unit. Some of the analytical work was done internally within the CO, but much was done with partners. The analytical work included:
- **Standard Project Reports:** These internal reports were completed annually for each operation to describe the operation's objectives, results (beneficiaries reached, outputs, outcomes, and progress toward sustainability and capacity development), inputs (donor resources, government, and partners; food purchases; transport; and post-delivery losses), management (partnerships and lessons learned), statistics (resources from donors and commodity transactions), and financial details.
 - **ZIMVAC Vulnerability Assessments** were chaired by the FNC, but with active leadership and technical participation by WFP. These assessments were conducted annually with partners, including the GoRZ, donors, NGOs, and the Famine Early Warning Systems Network (FEWS NET).
 - **The Community and Household Surveillance (CHS)** has been conducted eight times in Zimbabwe since August 2003. The CHS has had participation from Concern Worldwide, Save the Children, World Vision International, FAO, AFRICARE, the International Organization for Migration, Catholic Relief Services, FEWS NET, and the Organization of Rural Association for Progress Zimbabwe (ORAP).
 - **Analytical studies** inform the design of activities. They have included reports on urban food security, cash for assets, and food for assets.
 - **M&E** to track progress and inform future efforts. The M&E Unit is expanding the amount and quality of data and information that are captured and made available for routine and ad hoc analyses. The M&E Unit reports to the VAM Officer.

Stakeholder Analysis

39. **Overview of Key Stakeholder Groups.** The key stakeholders in Zimbabwe include both internal stakeholders (WFP at the CO, Regional Bureau [RB], HQ management, OE, and the Executive Board) and external stakeholders (the GoRZ, UNCT, multilateral and bilateral donors, and NGOs). A summary table that describes for each key stakeholder group, including its role and interest in the evaluation and its relationship with WFP is presented in Annex 6.

UN Country Team

40. Although WFP works within the structure of the UNCT, its main UN partners that support food assistance operations are UNICEF and FAO. The ZUNDAF, which covered the 2007–2011 cycle, was the product of a collaborative and consultative process involving the GoRZ, UNCT (including non-resident UN agencies), international development partners, and civil society organizations. There was no ZUNDAF that covered the 2005–2006 period because of a polarized political environment. The ZUNDAF is well situated within the current development context of Zimbabwe and will remain relevant as the prevailing UN framework.

41. The UN agencies that WFP worked with during the 2006–2010 period were UNDP, Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF, FAO, WHO, and the Joint United Nations Programme on HIV&AIDS (UNAIDS).
- **UNDP.** The partnership between the GoRZ and UNDP, which dates back to 1980, is underpinned on MDG 1: “Eradication of Extreme Poverty and Hunger.” UNDP supports this by assisting in the transition from humanitarian relief to early recovery, advocating for dialogue among stakeholders, assisting the country in pro-poor policy formulation, and supporting capacity enhancement of national institutions. The UNDP Resident Representative is the UN Resident and Humanitarian Coordinator, in charge of coordinating the development activities of the entire UN System in Zimbabwe.
 - **OCHA.** In Zimbabwe since 2006, OCHA’s focus is on coordinating effective and principled humanitarian action. OCHA has four core functions: alleviate human suffering in Zimbabwe caused by food insecurity, HIV&AIDS, and rapid decline in social services; promote preparedness and prevention efforts to reduce future vulnerability to natural disasters; advocate for the rights of people in need; and facilitate sustainable solutions to address root causes.
 - **UNICEF.** UNICEF supports a broad range of activities in collaboration with the GoRZ, other UN agencies, donors, and NGOs to support women and children in Zimbabwe. UNICEF works through five strategic program areas: 1) basic education and gender equality; 2) young child survival and development; 3) water, sanitation, and hygiene; 4) child protection; and 5) HIV&AIDS and young people’s development. UNICEF and its partners provided medical equipment and training to reopen health facilities that were previously closed. UNICEF chairs the nutrition cluster. WFP is partnering with UNICEF and FAO to establish a Food and Nutrition Assessment Unit (FNAU) in the FNC.
 - **FAO.** FAO manages a portfolio of mostly emergency operations intended to help communal smallholder farmers increase their capacity to farm. FAO in Zimbabwe has played a key role in the coordination and monitoring of humanitarian interventions in the agriculture sector. It chaired monthly agriculture meetings, bringing together the key actors in the sector. FAO’s main programming focus is on reviving agricultural production in Zimbabwe to rebuild and strengthen food and livelihood security. WFP is partnering with UNICEF and FAO to establish a FNAU in the FNC.
 - **WHO.** WHO concentrates its efforts on five broad strategic objectives: 1) improving health systems performance; 2) reducing the burden of the major communicable and non-communicable diseases; 3) enhancing health promotion to reduce the major risk factors; and 4) addressing vulnerability to emerging health issues through the strengthening of the emergency preparedness and response capacity of the health sector. WHO establishes standards for and supports monitoring of health conditions and provides some preventive healthcare services to WFP beneficiaries.
 - **UNAIDS.** UNAIDS is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care, and support. UNAIDS chairs the One UN Team for HIV.

Government of Zimbabwe

42. The GoRZ is a key WFP partner. WFP's three main government counterparts are the MoLSS, the Ministry of Health and Child Welfare (MoHCW), and the Ministry of Agriculture, Mechanisation, and Irrigation Development (MoAMID).
- **MoLSS** is the key strategic partner for WFP in Zimbabwe. The DSS is mandated by the government to enforce quality standards and guidelines for all types of food aid-related humanitarian assistance. MoLSS is the ministry that registers NGOs under the Private Voluntary Organizations Act (as amended in 2007) and regulates their operations in line with the provisions of that Act. WFP contracts NGOs to deliver food and other types of support to the targeted vulnerable communities.
 - **MoHCW** is another key strategic partner for WFP, which collaborates closely with the Ministry and pre-natal clinic nutrition and HIV programs. The MOHCW is developing new national strategies for nutrition and HIV, and WFP is collaborating closely with UNICEF and FAO to support these efforts. The MOHCW coordinates with WFP for programs dealing with nutrition and HIV&AIDS. Thus, targeted feeding programs and nutritional standards are coordinated through agencies of the MOHCW.
 - The **FNC** is a key partner in the analysis and assessment of food security and vulnerability. The FNC chairs the ZIMVAC that has participation from various government, donors, FEWS NET, and NGOs.
 - **MoAMID** is a key strategic partner for WFP in Zimbabwe. WFP works with the MoAMID and assists in policy formation. WFP also collaborates with the MoAMID's National Early Warning Unit on food security issues.
 - **Ministry of Education and Sports Arts and Culture (MoESAC)** was WFP's interlocutor for school-based feeding programs that used schools as a locus for food distribution. The GoRZ has stated its commitment to achieving the objectives set out in the Millennium Development Goals, specifically making primary education accessible to all children and increasing attendance and matriculation.
 - **District government officials** are key players in the planning and selection of beneficiaries for all WFP programs. They are operational partners with whom WFP closely collaborates in delivering assistance.

Bilateral and Multilateral Donors

43. WFP collaborates with these agencies mostly as potential sources of funding or food donations for its country programs. However, in some cases, these donors have programs operating in the same areas in which WFP distributes food and cash through its various operations. Key donors in Zimbabwe include the U.S. Agency for International Development (USAID), the European Union (EU), the Humanitarian Aid Department of the European Commission (ECHO), DFID, Canada, the Australian Government Overseas Aid Program, Japan, the Swiss Agency for Development and Cooperation, and the World Bank. USAID contributed just over half of total contributions during the 2006–2010 period.

Cooperating Partners

44. Cooperating partners (CPs) in Zimbabwe include both local and international NGOs. These NGOs are key partners in most of the longer-running WFP operations, carrying out the organization and implementation of both general and targeted food distributions. The principal organizations include CARE, Catholic Relief Services, Save the Children, AFRICARE, Concern Worldwide, World Vision, MSF, GOAL, Christian Care, Action Aid, Mashambanzou Care Trust (MCT), Plan International, Oxfam GB, Adventist Development and Relief Agency (ADRA), the International Federation of Red Cross and Red Crescent Societies (IFRC), Help from Germany, and ORAP.

2. Evaluation Findings

45. The evaluation findings are based on a combination of a thorough literature review, interviews with a wide range of stakeholders, and analysis of data and information. The literature review was done during the inception phase, and benefitted from a wealth of materials provided by the Evaluation Manager, the CO, and stakeholders in Zimbabwe. Numerous interviews were held during the fieldwork with a wide range of stakeholders (WFP, other UN agencies, the GoRZ, donors, NGOs, beneficiaries, and non-beneficiaries) at central, provincial, district and village levels (see Annex 4). Finally, qualitative and quantitative analysis was done based on numerous documents and data collected during the fieldwork.

2.1. Alignment and Strategic Positioning

46. The evaluation set out to analyze and assess the degree to which WFP in Zimbabwe:
- Aligned itself strategically with the GoRZ policies, key partners, and the WFP corporate strategy to maximize contributions to address emergency and development needs;
 - Operations are integrated with GoRZ processes and structures to engender ownership, and increase the impact and sustainability of its activities; and
 - Has coordinated with key CPs to maximize the performance and results of activities by identifying gaps in humanitarian assistance, leveraging partner activities and obtaining synergies through partnerships.

Alignment with Government policies

47. WFP's alignment with government policies during the course of the period under review is complicated by the need to work within the GoRZ policy and operational framework during this turbulent period in Zimbabwe's history (see Annex 7). While the CO was generally aligned with GoRZ policies and strategies, there were events that occurred that challenged the logic of being aligned given the needs of the people of Zimbabwe. For example, after Operation Restore Order (paragraph 23) the GoRZ refused to accept that those impacted by this action were IDPs and when the Food Deficit Management Strategy was imposed VGF was limited even though the needs remained large. In both cases WFP, although WFP was not initially aligned with GoRZ policy, it found a way to move into alignment and continue its work.
48. **Aid Coordination** While the GoRZ requires that all partners, including WFP, align with its policies, strategies, and procedures, it doesn't have the ability to drive effective aid coordination for four

reasons. First, the key line ministries—such as MoLSS¹⁴, MoAMID¹⁵, and MoHCW¹⁶, and to a lesser degree the MoESAC—do not coordinate well with each other. This lack of coordination limits the potential of some programs like FFA that require the participation of several ministries. Second, there is a very thin technical level in each of the ministries¹⁷. Third, the coordination between the central operations in most ministries and their staff at the provincial and district levels is weak, resulting in unclear messages and prioritization¹⁸. Finally, these line ministries are very poorly funded¹⁹, because the tax revenue base of government contracted drastically during the period of macro-economic and political instability, and development partners are not yet using national systems to channel their aid.

49. The WFP CO, however, has been a leader within the aid community in Zimbabwe. All stakeholders that were interviewed clearly stated that WFP during the period under review played a central role in gathering and sharing data and information critical to implementing humanitarian assistance programs. They have done this through various routine meetings (e.g., Food Assistance Working Group Meeting), leading key clusters (e.g., logistics, ICT), and participating in other clusters (e.g., agriculture). Potentially more importantly, the CO has played a leadership role in working with the GoRZ to clarify and operationalize key policies that need to be followed, but lacked operational detail (e.g., Food Deficit Mitigation Strategy).
50. **WFP mandate compared to the Government of Zimbabwe.** The WFP country portfolio is generally well aligned with government policies and strategies, primarily because the CO strategically positioned the country portfolio with respect to government policies and strategies. The GoRZ requires its humanitarian and development assistance partners align with its policies, strategies, and procedures. The CO works extremely diligently and actively to comply with that requirement and, in order to implement its programs, go beyond the overarching policy frameworks to discuss practical, operational guidelines. These operational guidelines are what allowed WFP to move beyond the rhetoric and get their work done.
51. The alignment of the Mobile Vulnerable Populations (MVP) was more complex. The abrupt land reform, which started in 2000, and Operation Restore Order, carried out by the government in 2005, resulted in the displacement of a significant number of rural and urban people (see paragraph 23). While initially the WFP program to support the displaced persons was not in alignment with GoRZ policy (the GoRZ did not recognize those affected by this operations as IDPs), the CO worked closely with the GoRZ, successfully, to have this vulnerable population recognized and to leverage government support to provide assistance.
52. **Geographic targeting.** For the largest beneficiary group served by food assistance operations over the 2006–2010 period, the geographic focus of activities was dictated by the results of the ZIMVAC annual rural assessment (see paragraph 38). These groups, which were the beneficiaries of the Vulnerable Group Feeding (later called Seasonal Targeted Assistance), received about 87% of the assistance provided in terms of total cost. Using the ZIMVAC annual rural assessment to determine districts at risk and complementing this with ward level assessments done by the drought relief

¹⁴ Ministry of Labour and Social Services.

¹⁵ Ministry of Agriculture Mechanisation and Irrigation Development.

¹⁶ Ministry of Health and Child Welfare.

¹⁷ Based on conversations with UN agencies, donors, and cooperating partners.

¹⁸ Ibid.

¹⁹ Ibid.

committees and cooperating partners, to rank wards according to case load, WFP did an excellent job of geographic targeting at the district level.

53. **Alignment with government sectoral strategies.** To the degree that was possible, WFP aligned with sectoral strategies of the government.
54. **Food Security and Disaster Response.** Whether or not the country portfolio was in alignment is a complex issue. The GoRZ had a disaster response strategy that stated that smaller localized climate events (e.g., droughts) would be addressed under a planned budget line; but that larger climatic events would require assistance from external assistance of humanitarian partners (such as WFP), and the GoRZ would declare a national disaster to trigger this response. In all years under review, the ZIMVAC annual rural assessments, which were either endorsed by the GoRZ after they were completed or whose process was chaired by the FNC, formed the basis for geographic targeting and identification of the level of need.
55. Between 2006 and early 2009, the food security situation deteriorated as a result of a confluence of economic, climatic, and political factors, requiring assistance to an increasing number of Zimbabweans. During this time the VGF was aligned with the GoRZ as the government was not able to manage alone the necessary level of assistance. As a result of this gap in government's response capacity there was a clear alignment of the VGF activities with government. The school-based feeding program was aligned with government objectives as the program was intended not for an education objective, but a food security objective in response to the high level of food insecurity during the 2006 to early 2009 period.
56. Beginning in early 2009, the policy shifted back to a previous policy that discouraged free handouts (food and agricultural inputs) to more market-friendly mechanisms that rebuild people's livelihoods and promote self-reliance. The reasons for this policy shift were that 1) the number in need of food support had declined from the extremely high figures experienced at the height of macro-economic and social instability (2006-2008); 2) the macroeconomic conditions had improved and become conducive for combining food assistance with work programs; and 3) government concerns over the undermining effect of free handouts on recovery interventions were beginning to be raised by other development partners²⁰.
57. **Health and Nutrition.** WFP's activities are aligned with the government's strategy of improving access to health and nutrition services (in the National Nutrition Strategy and the National HIV&AIDS Strategic Plan). Although WFP's health and nutrition program are consistent with government strategy, coordination of activities with the GoRZ proved difficult. The MoHCW and hospitals and clinics are insufficiently staffed, poorly trained staff, and have poor or missing equipment.
58. **Social Protection.** The social protection objectives of the country portfolio are in alignment with Zimbabwe's social protection policy that dates back to the early drought years of the 1980s, when Government put in place safety net instruments to respond to acute needs arising from droughts. The GoRZ partially updated this policy in the "Food Deficit Mitigation Strategy through Public Works" in July 2010 to state that humanitarian organizations should shift from free handouts to more market-friendly mechanisms that rebuild people's livelihoods and promote self-reliance rather than

²⁰ DFID, for example, phased out food aid support in 2010 to focus more on rebuilding national social protection systems and rural livelihoods. Other development partners (e.g., WB, EU, and SDC) have in the past 3 agricultural seasons been supporting large agricultural input distribution programs that are market based (they use the voucher system to promote input markets).

perpetuate the culture of dependency. WFP actively engaged the GoRZ to ensure that its activities done under its FFA and CFA work was consistent with this policy.

59. The WFP cash transfer program is aligned with the public assistance program, which dates back to the 1990s as one of the instruments that GoRZ put in place with the aim of providing the labor-constrained poor and vulnerable population with some of protection from absolute deprivation.

Ownership

60. Ownership requires taking responsibility for the planning and implementation of activities and a willingness to actively engage and coordinate. Activities that indicate ownership are clear roles and responsibilities of WFP and government, and the commitment to implementation and achieving results, are clearly stated in policy and strategy documents, but are largely absent in practical terms at the field level. The government lacks the capacity, adequate communication mechanisms, and the allocated budget to key sectors such as health, education, and agriculture to be the driving force in these sectors, and therefore not a guiding and collaborative partner with WFP.
61. The ownership by government in WFP activities was found to be complex and asymmetrical, with the GoRZ selectively supporting WFP interventions when the magnitude of the national food shortages far exceeded government's capacity to assume its statutory role of provider of last resort and fill the gap. When the domestic food gap in energy foods was less pronounced, and the political risks of inadequate response were minimal, the government at the higher levels chose to delay pronouncement of national disasters and the endorsement of the ZIMVAC assessment results. This gave the impression that the need was less than it actually was. At times during 2006-2008 period, food aid would even be condemned in public meetings, especially by top politicians citing that it perpetuated and created a dependency syndrome. The message was less about the needs of the food insecure or the reality of food aid, but a desire by the authorities to portray that the on-going land reform policy and government interventions (such as the farm mechanization program and special operations such as distributing free inputs) were working.
62. Although it is clear that some in the government appreciated and valued WFP's contribution to the food security, health and nutrition, public works, and social protection, there appeared to be mixed messages concerning the strength of this ownership by government officials at the provincial and central level. There was strong and consistent ownership by district and sub-district governance structures in the perennially food deficit districts who had to deal with the pressure of daily requests for government assistance often with inadequate budget allocations from central government. Key sector ministries in government like social services, health, and agriculture lacked the capacity and allocated budgets to exercise the ownership by actively leading and participating in WFP activities, in practice.
63. From 2006 to early 2009 there was limited ownership given that WFP activities were mainly VGF incorporated in a regional PRRO and then the initial implementation of the national PRRO (10595). While the analytical work was done with government technicians (to varying degrees during the period) and the results were endorsed by government, consultation with and open participation of government at the central level could have been stronger. Ownership and participation by government was mainly hindered by the negative political connotation of government condoning large scale food distributions at a time when the country also wanted to portray that land reforms had worked. Also, during this time there were various moments (e.g., when NGOs were suspended in 2008 from working in rural areas between the Presidential election and the subsequent runoff) when the GoRZ hampered distribution efforts.

64. From March 2009 through 2010 there was greater ownership by government with the WFP country portfolio for several reasons. First, the ZIMVAC assessment process was further institutionalized within government (FNC) and the results were approved through GoRZ cabinet. Second, while VGF was continued to fewer beneficiaries, other activities—including FFA and CFA, cash transfers, and the nutrition support to PLHIV—became a larger feature of the country portfolio that had greater ownership by government. Finally, selection criteria in the nutrition support to PLHIV were changed to primarily a measure of the Body Mass Index (BMI) that was consistent with national guidelines. Implementation of the program was done through government hospitals and clinics with government nutritionists providing the technical support through the training of participating staff and community based health workers.

Government Processes and Structures

65. WFP’s ability to use government processes and structures faced several significant challenges. First, while the Department of Social Services (DSS) has relatively strong leadership, overall the MoLSS has generally weak staff, is poor funded, and has a limited reach within the country. Second, the politicization of ministries (contain both political parties in leadership positions) limits the willingness of different ministries to coordinate and collaborate with each other. Third, the leadership and ability within other key sectoral ministries (MoHCW and the MoAMID) to implement activities is weak, further limiting coordination. Finally, the communication between the central and local levels in government is weak.
66. The WFP CO has throughout 2006-2010 expended significant effort to coordinate closely with government to work with and through its processes and structures (most done after 2009). Active engagement with government included holding routine monthly meetings with the Director of Social Services—WFP’s main interlocutor in government—to discuss strategy and operational issues, WFP senior management was successful in maintaining good communication. An example of positive engagement was working with DSS to develop operational guidelines for the Food Deficit Mitigation Strategy, which ensured that WFP could do its work, but still implement its activities within government structures and processes.
67. At the local level WFP had more success working with government processes and structures. For most activities in the country portfolio—specifically VGF and Nutrition/Health—WFP worked with and through government processes and structures (at the national and local levels—e.g., hospitals, clinics, DDRC, PDRC). While local government staff were not adequately funded, equipped, or trained, working with them was still useful and productive. While the shortcoming in funding and staffing did limit the effectiveness of some activities (e.g., measuring BMI at clinics), these issues more directly affected sustainability.
68. Working with and through government structures and processes for FFA and CFA is more complicated. For FFA and CFA activities to be successful, WFP needs partners that can provide technical assistance in designing and building the productive assets. Potential contributors of this technical expertise include the engineers in the MoAMID (in the case of irrigation projects) and the District Development Fund (in the case of dam construction and rural feeder road rehabilitation projects), and environmental management officers in the Department of Environment. Availability of this expertise at district level is mixed. The evaluation team found out that this expertise did not exist in many districts. Chivi District, for example, had only one engineer and several agricultural mechanization and irrigation personnel who lacked engineering training.

Alignment with Partners

69. The WFP country portfolio was well aligned with UN agencies. At the broad conceptual level, and consistent with mandates, WFP was aligned with UNDP, OCHA, UNICEF, FAO, and UNAIDS (routine meetings and working groups, ZIMDAF, and the CAP). At the policy/strategy and technical level there was good alignment (e.g., good division of labor, development of operational guidelines for FFA, and the management of acute malnutrition). There was weaker alignment at the implementation level. There was limited evidence of joint planning or activities during the review period, although opportunities existed to work together (e.g., FAO input distribution program and the DFID-funded livelihoods program [PRP]). A good example of joint planning with UNICEF and WHO was done in the case of the 2008 national cholera response where UNICEF/WHO/MoHCW provided the medical supplies while WFP provided logistics for medical supplies and water and sanitation materials needed for the cholera response. WFP also provided food for the patients undergoing treatment in the cholera treatment centers.
70. WFP alignment with donors was more complex. During the 2006 – March 2009 period, there was a high degree of alignment given the series of economic and social shocks and the need for increasing the amount of food assistance. During the March 2009–2010 period, alignment with donors was more difficult for VGF/STA (some donors supported the VGF/STA, but some did not); while most donors supported the FFA, Cash/Vouchers, CFC, and nutrition/health programs.

Synergies through Partnerships

71. The evaluation team assessed that there was good synergy with other UN agencies on strategic discussions with the GoRZ. WFP has worked collaboratively and well within the United Nations coordination mechanisms, including the ZUNDAF, clusters, and CAP. This coordination allows the United Nations to speak as “one voice”. In addition, WFP collaborated productively with UNICEF and FAO to develop operational guidelines for the Food Deficit Mitigation Strategy, which was an overarching framework with a clear operational approach. WFP has also collaborated well with UNICEF and FAO to strategically discuss and fund a refocusing of the Food and Nutrition Council’s strategy, structure, and mandate. WFP and FAO work collaboratively (technical assistance and funding) on the ZIMVAC annual rural assessment.
72. Another positive example of synergy is the Special Operation (SO 10882) that was launched in February 2008. This SO was initiated at the request of the Zimbabwe UNCT in order to sustain and enhance the logistic capacity of the humanitarian community in its efforts to contain the cholera crisis in the country. Much more than lining up extra equipment, facilities, and staff or contracting additional logistical services, the WFP logistic department focused on making its expertise, its in-depth knowledge of the terrain and its cargo flow monitoring systems directly accessible to the entire humanitarian community. Synergy between this SO and partners was captured as UN agencies and NGOs made good use of the warehousing, consolidation, transport, and monitoring facilities provided at little or no extra cost.
73. There is, however, potential for greater synergy on most of the programs, most notably FFA/CFA and nutrition support to ART (both during and after the participation of beneficiaries in the program). Because WFP has limited resources for non-food items (NFI) and technical assistance to build productive assets, partnering to capture synergies is required.

Alignment with WFP Corporate Strategy

74. The evaluation used the WFP Strategic Plan (2008–2013) as its reference point. The evaluation analyzed the extent to which the portfolio matched the new priorities. The evaluation team found that the WFP country portfolio (2006–2010) was well aligned with the new WFP Strategic Plan. Also, several of the new programs that the CO initiated in 2009 and 2010— cash transfers, CFA, CFC, e-voucher, and local purchases—were in the spirit of reviving agricultural and food markets and strengthening local staple food production which was in line with the principles and aims of the Purchase for Progress (P4P) initiative.

2.2. Making Strategic choices

75. The evaluation analyzed factors that underlie WFP’s decision-making in terms of their effects on strategic choices. The evaluation assumed that analytical information can be used to make more informed decisions and develop appropriate response strategies that improve the performance and results of programs. Overall, the CO has been a leader in analyzing the national hunger and food security issues in Zimbabwe, and leveraging that information to make program decisions and influence strategic decisions of government, donors, and NGOs. The CO also maintained a high degree of flexibility to tailor its instruments to respond quickly and effectively to emerging needs and changes in national policy. Facilitating this flexibility were, among others, three distinct strengths of the office: 1) good internal human resources²¹ and logistics capacity; 2) a strong partner base capable of effectively championing sub-national engagement and infusing new thinking into the country program; and 3) a genuine willingness to learn as well as take well-calculated risks (but within organizational mandate) on the part of CO management.

Generating and Using Analytical Information

76. The CO conducted extensive data compilation and analytical work to understand the national hunger and food security issues in Zimbabwe and guide internal WFP decisions. When appropriate, this work has been done in collaboration with partners (e.g., ZIMVAC assessments and the Crop and Food Supply Assessment Missions [CFSAM]); but does their own data collection when required to make specific program decisions (e.g., data collected by sub-offices). The CO has strong VAM and M&E Units, especially in the last two years. In addition, there is a strong tie between the VAM and M&E Units and the Program Office, which ensures that data and information are effectively used in decision making.
77. The evaluation found some good examples of the use of information generated through the Community and Household Survey in decision-making. First, information collected through routine monitoring of rural markets in 2009 motivated the CO to design and test cash transfers with a partner Concern World Wide who had good regional experience. Subsequently, the findings of the evaluation of the pilot cash transfers program (which revealed that distributing cash only would have limited impact on dietary diversity), were used to guide WFP in designing the Cash for Cereals (CFC) pilot at a scale in caseload that was about 2.4 times larger. In addition, before designing the CFC pilot, WFP commissioned an independent consultant, Great Minds, to complement this information with a pre-feasibility study to fine-tune geographical targeting and the size and type of intervention package.

²¹ According to the assessment of WFP Regional Bureau for Southern Africa, during the period under review, the Zimbabwe CO was the best staffed among all country offices in the region (Findings from HQ meetings and teleconference with Southern Africa Regional Office, May 2011).

78. The ZIMVAC annual rural assessment is the most significant assessment activity undertaken by the CO, both in terms of resources (staff time and financially) and engagement with partner organizations. The ZIMVAC assessment provides a strong basis for geographic targeting (district level), especially for the VGF. There are several issues, though, that limit the utility of the ZIMVAC annual rural assessment²², including that it collects data and information on a broad set of topics (which has grown over the years), there are sampling issues (that limit the utility of the geographic targeting to the district level, while WFP needs to target at the ward level), more participation and transparency on how the data were analyzed and the results were obtained, and the extrapolation of the broad livelihood zones to districts and wards. CFSAMs were undertaken by FAO and WFP annually during the period under review with the exception of 2006²³. The utility of these missions was to validate the crop production figures and provide a reference for the ZIMVAC assessment.
79. The WFP CO gathered additional data and information that was used in designing the PRRO 105959 and the new PRRO that began in 2011. For example, when the CO planned to do new portfolio activities, in preparation of the revised selection criteria for admission into the nutrition support for ART program, and the development of new programming guidance for FFA and CFA, the CO leveraged existing data and information and collected additional data and information upon which to firmly base the new programs.
80. While data and information were used to guide internal decision-making, the results of these assessments also influenced the national agenda and contributed to government and partner strategies. The evaluation team heard from stakeholders (especially donors and NGOs) that WFP is a leader in understanding and addressing hunger and food security issues because of their evidence-based approach.

Developing Response Strategies

81. **Drivers of Strategic Choices.** The development of response strategies was dictated by both external events and internal corporate policies and procedures. The evaluation period was dominated by three sets of external factors that shaped the country portfolio, namely political and economic shocks that increased the vulnerability and food insecurity of Zimbabwean households (see timeline of key economic and political events in Zimbabwe in Annex 7) and changes in national policies. These external factors dictated where and how much food assistance was required and how it was to be targeted at different times of the period under review. In the 2006 to early 2009 period, 1) economic collapse, which precipitated the erosion of traditional social safety nets; 2) the secondary effects of an HIV&AIDS pandemic; and 3) the after-effects of Operation Restore Order, land reforms, and drought necessitated increasingly larger levels of VGF. Cash transfers were, in general, not an option given hyperinflation. FFA was not an efficient means of reaching the large numbers of people that needed assistance.
82. In 2009, as the political situation and the economy regained relative stability, some changes in orientation of the country portfolio were possible. First, the focus from a large VGF program to FFA and CFA was possible. Second, as the market stabilized the potential for more cash- and marketed-oriented program solutions also became possible. Third, transition from relief to durable solutions for MVPs could be considered. Finally, suspension of support to institutions that were benefitting from

²² The ZIMVAC annual rural assessment has some significant shortcomings that are known to the country office. The list provided here highlights only a few of the larger methodological issues.

²³ CFSAMs need to be requested by government to occur. Every year there has been a discussion between the GoRZ, FAO, and WFP as to whether or not a CFSAM is necessary and should be conducted.

WFP's institutional feeding program was feasible given that historical systems of support had been revived.

83. The main internal drivers of strategic choices were changes in internal policies, two of which prominently stand out as having supported the evolution of WFP's portfolio for Zimbabwe. For example, the piloting of cash transfers and introduction of an e-voucher system (as alternatives to direct food transfers) in Zimbabwe, was inspired to some extent by the shift in WFP's corporate policy and strategy during this period. In the Strategic Plan 2008–2013, it was foreseen that WFP would use vouchers and cash transfers as a means to “better adapt its toolbox to context and meet identified needs in a more flexible and appropriate manner”. The shift to cash transfers and using e-voucher as a delivery mechanism in Zimbabwe supported this shift. Not surprisingly, this evaluation found that senior management in the WFP CO also viewed these new tools as enriching the office's box of “smart tools” for intervening in an evolving Zimbabwe²⁴ and are prepared to roll-out a larger cash for cereals program in 2011/12, while continuing with the expansion of the use of the e-voucher system under the urban safety net program.
84. The second significant change in internal policy relates to HIV&AIDS. Until 2009, however, due to the political situation in Zimbabwe, the country was “not ready for an HIV-specific approach”. Unlike the old approach which identified beneficiaries through a hunger lens, the new approach was to start by applying an HIV lens, and then superimpose the hunger lens to inform food assistance programming. The CO began receiving more technical support on this approach from the RB staff in 2009 when the political environment improved. This support was instrumental to the significant shift in the approach to safety net programs from general mitigation of hunger associated with HIV&AIDS impacts to nutrition support based on scientific entry and exit criteria (BMI <18.5 for non-pregnant women, MUAC <23 for pregnant women, and MUAC<11 cm for children). This shift was further cemented by WFP's new HIV&AIDS policy (November 2010) which emphasizes the need to ensure the health and nutrition of the infected individual is complemented by others to secure the food security of the HIV-infected household members.
85. Other drivers of country portfolio were the reduction of support from the traditional donors and the need to pursue interventions with a clear exit strategy. During the period 2006-2008, the country portfolio was reasonably well funded given that many donors viewed the UN as a trusted channel for delivery humanitarian assistance. However, with donor fatigue setting in, and many of them shifting after 2008 to comprehensive social protection and livelihoods, WFP's portfolio had to become more targeted and streamlined to secure resources. The phasing down of the MVP program was, for instance, partly influenced by donor fatigue, partly by the absence of a clear exit strategy (without WFP focusing on durable solutions), and partly by changing needs of many among this heterogeneous target group.
86. **Adjusting to Changing Needs.** The CO did an excellent job throughout the period under review in identifying how the realities on the ground were changing, and using evidence to adjust its programs. There is evidence to support that programs such as school based feeding, institutional feeding, and support to MVPs were all adjusted when needs changed. Also, as soon as the economic environment improved in 2009, the CO swiftly moved to the pilot testing of more innovative instruments such as cash transfers, e-voucher as a delivery mechanism, and food-cash for assets.

²⁴ Country visit findings, interview with WFP Deputy Country Director, Thursday, 16 September 2011.

87. **Analysis of Government and Partner Goals.** The WFP CO, especially in 2009 and 2010, worked closely with the GoRZ and key partners (e.g., UNICEF, FAO, and the World Bank) to analyze and understand the GoRZ policies and strategies, and to better understand how to align with them and the evaluation found several illustrative examples. First, the shift to nutrition support for ART and TB treatment from 2009 onwards was influenced significantly by GoRZ's shift to a policy of universal access to treatment, in line with global trends and the general orientation of donors supporting the Global Fund for Tuberculosis, AIDS and Malaria. Another example is the collaboration between WFP and the DSS to develop operational guidelines for the Food Deficit Mitigation Strategy (FDMS). These operational guidelines were instrumental to translate the FDMS, a high level framework, into practical guidelines that allowed WFP to do its work. A final example is the joint collaboration by WFP, UNICEF, and FAO to advocate for a FNAU within the FNC. This assessment unit would have the capacity to lead and drive a stronger ZIMVAC, including developing stronger assessment approaches.
88. **Selection of Program Category.** The evaluation determined that the CO selected the correct categories for the programs that were part of the country portfolio during the 2006-2010 period. The selection of the regional PRRO (10310) was appropriate in that there was a need for a regional response to the multidimensional threat of food insecurity, HIV&AIDS, weakened governance capacity, and severe and chronic poverty. All of these issues combined to require a coordinated effort of governments, the donor community, and aid agencies. Humanitarian assistance to chronically vulnerable populations was one way that the international community helped ensure life-saving safety nets were in place to help the most critically in need while the government actors geared up their response.
89. The shift from a regional PRRO (10310) to a national PRRO (10595) permitted a Zimbabwe-focused response that was more aligned with the needs in the country. This shift was especially important as the food security prospects of Zimbabwe were going in a different direction and magnitude compared to other countries in southern Africa, and required a much more focused and localized analysis, planning, and coordination. While the food security situation was deteriorating into an increasingly bigger crisis, the selection of PPRO was the correct choice.
90. The identification of a Special Operation (SO 10822) to support the logistics response to the cholera outbreak was appropriate given the increasing loss of lives from preventable causes. The SO was initiated at the request of the Zimbabwe UNCT to sustain and enhance the logistic capacity of the humanitarian community in its efforts to contain the cholera crisis in the country. Additional equipment, facilities, staff experience and expertise, and logistical services were made available to the entire humanitarian community. Faced with a relapse of the cholera crisis in November 2008, the SO was efficiently re-activated at very short notice and finally ended in February 2009.
91. **Capacity for Handover.** The capacity for handover of WFP assessment, analysis, and response activities to the government is complex. Currently, the technical, operational, and managerial capacity within government to undertake these activities, whether in emergency, recovery, or development situation, is limited. There are, however, several activities underway that could strengthen government's capacity in the short term to take greater ownership and leadership in addressing hunger and food security issues.
92. The WFP CO has played a positive role in developing the capacity of the DSS and the FNC. For the DSS, WFP has engaged in detailed strategic and operational discussions related to key policies. For example, their work in negotiating with the DSS about free food distribution and FFA under the Food Deficit Mitigation Strategy has been instrumental not only to allow WFP to do its work, but assisting

government to have an operational guidelines for FFA/CFA and community works program. For the FNC, WFP is in regular communication with the FNC about implementing key joint activities such as the ZIMVAC annual rural assessment. The FNC, which chairs the ZIMVAC, is currently understaffed and underfunded. Discussions about a Food and Nutrition Security strategy (including and plans to fund the FNC to be fully staffed and take on its mandate, which includes the ZIMVAC), offers optimism. WFP has played a key role in advancing this strategy.

93. The government does not have the staff, process, or financial ability to fully take on the nutrition support to ART, FFA, CFA, and cash transfers activities. The scope that this level of support required outstrips WFP's technical and financial ability and mandate. Among UN agencies, UNICEF, WHO, UNAIDS, and FAO need to be the key strategic partner with government.
94. It is critical to note that while these on-going capacity building efforts are vital, the government machinery itself remains fragmented and polarized along party lines. In addition, as long as sanctions are in place and development partners continue to shun channeling their money directly through national systems, the national capacity building will take a long time before they are well equipped for successful takeover.

WFP priorities and operating model

95. WFP's priorities and choices in Zimbabwe are dictated by corporate policies and strategies, and the needs of the country. The section that describes the alignment of the country portfolio with the WFP corporate strategy shows that activities in Zimbabwe are well aligned with the WFP Corporate strategy. WFP's programming and associated strategic and operational decision-making in Zimbabwe was affected by the difficult and distinct realities in the country during the period under review (see paragraphs 8-17 for a description of the country context). The programming decisions appropriately reflected these changing realities and limitations, and appropriate adjustments were made to priorities and individual programs. Still, given the strong operations and program staff, these adjustments were made with little impact on meeting the objectives of the activities implemented in the portfolio.

2.3 Portfolio Performance and Results

96. The evaluation of the performance and results of the WFP country portfolio will concentrate on the programs that were implemented under the national PRRO (10595), but references to programs that were implemented under the regional PRRO (10310) and the SO (10822) will be included as they impacted on PRRO 10595 implementation.

Overview of Assistance Delivered

97. The 2006 – 2010 Zimbabwe country portfolio was comprised of two PRROs (one regional PRRO and one national PRRO) and one SO. Started on 01/01/2005 the regional PRRO 10310 was expanded in stages to 7 countries²⁵. This operation, which lasted till early March 2008, provided 1,245,594 MT of food assistance to between 2.6-4.6 million southern Africans vulnerable to food insecurity and AIDS. Subsequently, the PRRO 10595 was launched on 01/05/2008 in view of the severe food insecurity situation in Zimbabwe provided assistance annually to between 1.8 and 5.3 million beneficiaries. The food assistance provided under both PRROs is characterised by a two pronged approach a large VGF²⁶ component and a lesser, but highly focused, safety net component. Both PRROs were, and

²⁵ Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia, and Zimbabwe.

²⁶ The VGF program changed names late in the period under review to Seasonal Targeted Assistance (STA).

necessarily, repeatedly adjusted in terms of volumes of food assistance, targeting of beneficiaries, and choices of activities needed to respond to the changing situation on the ground. Cash transfer projects were introduced and enlarged in stages as from August 2010. Tables 4 and 5 provide an overview of PRROs 10310 and 10595.

Table 4: Overview of Regional PRRO 10301 and National PRRO 10595

Operations	Period months	Budget US\$ to 31/12/10	Confirmed Contributions*	%	Commodities planned (MT)	Commodities delivered (MT)	%	Cash transfers planned US\$	Cash distributed US\$	%
Regional PRRO 10310	01/01/05 31/07/08	385,678,787	206,594,678	54%	759,005**	513,433	68%	n.a.	n.a	n.a
PRRO 10595	01/05/08 31/12/10	602,743,136	427,726,323	71%	611,544***	449,865	74%	3,832,039	2,133,205	56%

Notes: *Contributions as reported in WFP – WINGS Project Management Overview; **Planned tonnage as reported in SPR documents; and ***Planned tonnage as reported in Project Documents.

Table 5: Procurement for Regional PRRO 10301 and National PRRO 10595

	Procurement PRRO 10310				Procurement PRRO 10595			
	Local (Zimbabwe)	Regional / Africa	Overseas	Total	Local (Zimbabwe)	Regional / Africa	Overseas	Total
Tonnage (MT)	13,206	333,295	9,557	356,058	17,595	218,927	10,833	247,355
%	4%	93%	3%	100%	7%	89%	4%	100%
Value (US\$ Millions)	4.4	67.2	4.4	76	6.9	64.5	6.5	77.9
%	6	88	6	100	9	83	8	100

Notes: Data extracted from food procurement raw data provided by OMLPF and OMLPI WFP Rome.

98. The numerous budget revisions (BR) are a striking feature of PRROs 10310 and 10595, which had, respectively, 18 and 8 BRs. These revisions were motivated by drastic changes intervening in the political, economic, or climatic environment of the region. These BRs highlight WFP's ability to continuously modulate its logistics in terms of procurement, supply corridors, warehousing, and distribution in order to adjust to the necessities of the programs²⁷. Although the VGF activities constitute some 50 to 75% of the food assistance provided, the highly focused safety net activities required an ever more specialized distribution set-up. Monthly throughput fluctuated with a factor 5 to 10 in line with the season's cycle. The capacity to activate monthly peak tonnages of 50,000 MT, during the months November to April, and monthly tonnages of as little as 5,000 MT, constitutes the most significant logistic feature of the portfolio.
99. The SO 10882 was launched in February 2008, initially for a period of 6 months, at the request of the UNCT in order to sustain and enhance the logistic capacity of the humanitarian community in its efforts to contain the cholera crisis in the country. More than lining up extra equipment, facilities, and staff or contracting additional logistical services, the WFP logistic department focused on making

²⁷ A case in point: PRRO 10310, BR 3 – Decrease of the LTSH cost component with US\$ 13.0 million and subsequently BR 6 increase of LTSH cost component with US\$ 6.0 million.

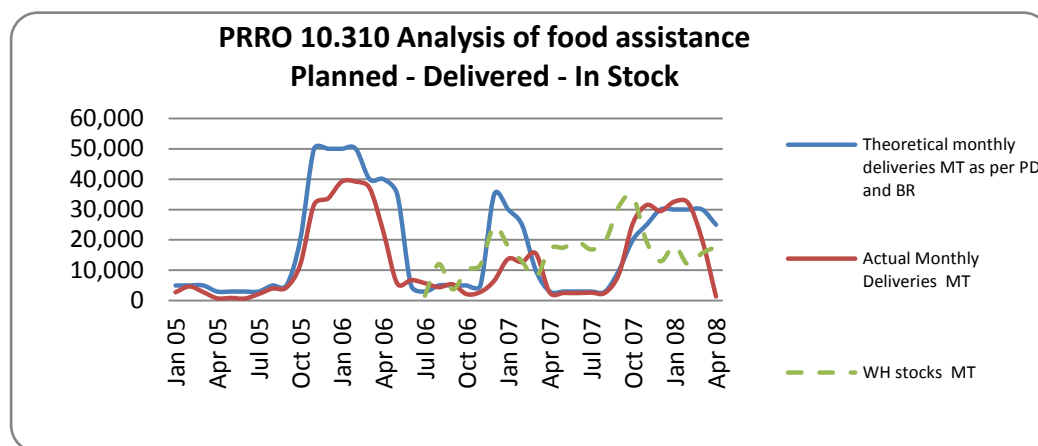
its expertise, its in-depth knowledge of the terrain, and its cargo flow monitoring systems directly accessible to the entire humanitarian community. This SO was in line with WFP’s mandate as UN logistics cluster leader.

Table 6: Overview of Special Operation 10822

So OPS	Period-months	Activity	Budget US\$ as per PD	Confirmed contributions	%
SO 10822	16/02/09 15/04/10	WFP logistics services expanded in response to cholera outbreak	1,640,254	834,218	51%

100. UN agencies and NGOs made good use of the warehousing, consolidation, transport, and monitoring facilities that were provided at little or no extra cost. Although this SO was efficiently piloted by the logistic department, the SO benefited from the full support of sub-office staff. Faced with a relapse of the cholera crisis in November 2008, the SO was re-activated at very short notice and ended in February 2009.
101. Zimbabwe received, with 513,433 MT food assistance distributed over a 40 months period, about 41% of the total commodities activated under the regional PRRO 10310. This output represents 68% of the volumes planned for Zimbabwe²⁸. The monthly levels of food assistance distributed during the peak and lean periods remained pretty much in line with the planned volumes despite low funding levels and difficulties encountered with procurement at the initial stage of the program (see Figure 1). Good use was made of all the facilities offered by a large scale regional program such as cross border exchange or substitution of commodities, loans, borrowings, and swap-loans.

Figure 1: PRRO 10310 Analysis of Food Assistance

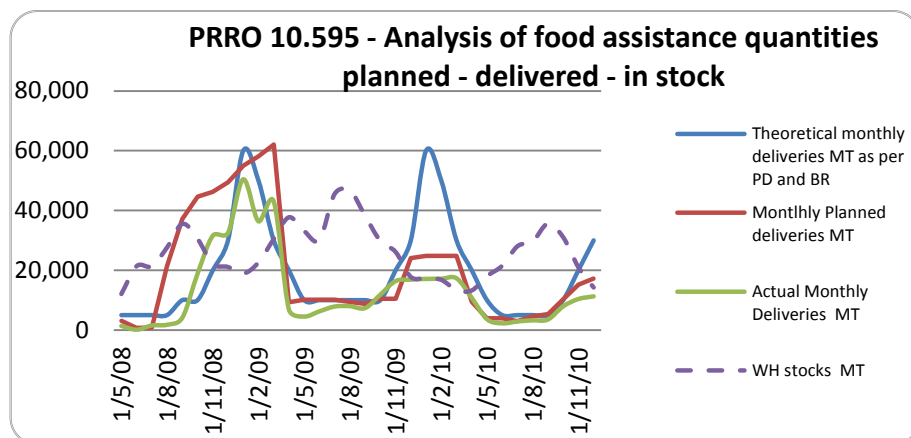


Data extracted from PD – BR – SPR and COMPAS

102. As much as 449,865 MT of food assistance was delivered over a 32 months period under PRRO 10595 or 74% of the volume initially planned in the Project Document and subsequent BRs. The low level of funding compounded with procurement delays forced a scale down of activities during the peak period November 2009–March 2010 (see Figure 2). Although the stocks on hand were sufficient, USAID commodities being solely reserved for VGF stocks for safety net activities were at times in short supply entailing a reduction of the rations.

²⁸ As reported in the PRRO 10310 SPRs.

Figure 2: PRRO 10595 Analysis of Food Assistance Quantities



Data extracted from PD – BR – SPR and COMPAS

103. During the 2006-2010 there were five significant programs, namely VGF, nutrition support for ART, Food-for-Assets (FFA)/Cash-for-Assets (CFA), cash transfers, and school-based Feeding. Each of these programs will be presented separately. Furthermore the SO 10822, while not a specific humanitarian program on its own, proved to be a key activity instrumental in containing the severe 2008–2009 cholera outbreak. It is therefore assessed hereafter as an additional WFP activity.

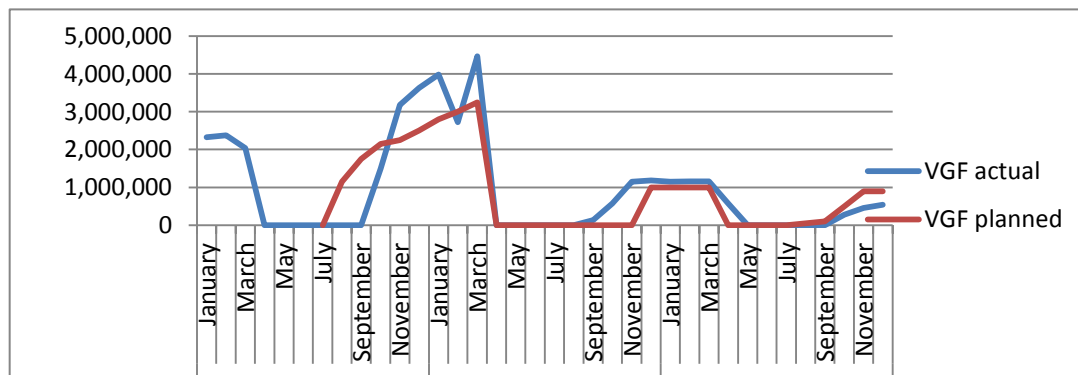
Assessment of Assistance Provided by Activity

Vulnerable Group Feeding

Beneficiary Selection. The basis for the beneficiary selection is the ZIMVAC annual rural assessment that is conducted after the end of the agricultural season. The ZIMVAC rural assessment is built upon 1) a review and analysis of secondary data and 2) primary data collection in all 8 provinces and all 60 districts. For example, the 2010 ZIMVAC assessment collected primary data through structured interviews with 4,157 households and 375 community focused group interviews. The assessment is used to geographically target where the rural population is food insecure and the level of severity of the food insecurity. After the ZIMVAC assessment is completed, WFP works with local government and its CPs to develop a beneficiary list of those households that qualify for inclusion in the VGF program.

104. **Planned vs Actual Beneficiaries:** Figure 3 shows the planned vs actual beneficiaries that received food assistance under the VGF program. The actual number of beneficiaries generally tracks the planned numbers (based on the seasonality of the assistance that is provided). The large number of beneficiaries that exceed plans in late 2008 and early 2009 coincides with 1) the economic collapse in Zimbabwe at that time, and the resultant significant increase in food insecurity and food assistance that was required and 2) the earlier than expected start of the food assistance in late 2009. The adjustments made to the timing and number of additional beneficiaries is consistent with the spike in food security.

Figure 3: Planned vs. Actual Beneficiaries of Vulnerable Group Feeding in PRRO 10595

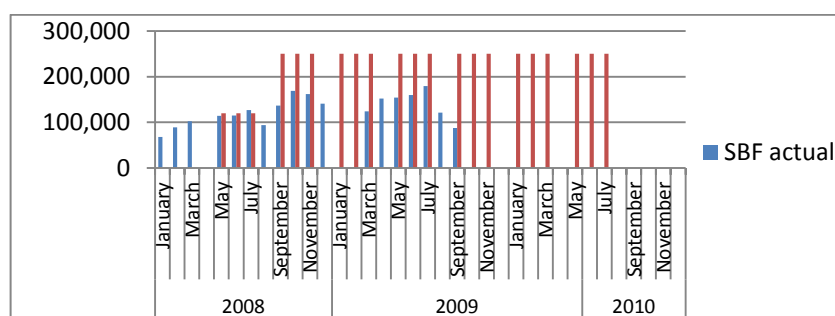


105. **Ration Provided.** Households that qualified for the Vulnerable Group Feeding received a daily ration of 400g of cereal, 60g of pulses, and 20g of oil. This ration was judged to be sufficient in amount and composition given the level of food insecurity.
106. **Frequency and Duration of Assistance.** While the actual months changed each year based on need and when the ZIMVAC annual rural assessment was officially released, the VGF occurred during the lean season (normally from November to March, but started as early as September during particularly bad years (such as 2007). Assistance was delivered monthly.
107. **Attaining Objectives.** WFP achieved this objective in its VGF throughout Zimbabwe. There was no break in the pipeline—it was regular and well resourced—and the CO was able to modulate (up and down) the amount of assistance that was required as conditions on the ground changed. The 2006 to early 2009 period culminated in a collapse of the economy and, as a result the ability of the capacity of rural and urban households to cope greatly decline. WFP’s ability to adjust to these changing conditions resulted in a significantly larger number of beneficiaries being fed, and contributed to a mitigation of the potential emergency that could have occurred.
108. The food assistance to highly food insecure populations was both efficient and effective. Through good geographic targeting there was a good match between where the needs were and where WFP provided assistance was provided. Each year a comprehensive ZIMVAC rural assessment is conducted that assesses where rural populations are likely to be food insecure, thus provided geographic targeting for the VGF.
109. **Contribution to National Humanitarian/Development Changes.** During the 2006 – early 2009 period, VGF played a critical role given the deterioration of rural and urban food security due to economic and manmade shocks, underfunding of GIZ safety nets, erosion of traditional community safety nets, and reduced household coping capacity. During the early 2009 – 2010 period, although the macroeconomy improved, many rural households and PLHIV (in rural and urban areas) were highly food insecure and required VGF. Overall, the VGF is decreasingly needed as Zimbabwe transitions from a humanitarian to development focus.

School-Based Feeding

110. **Beneficiary Selection.** Geographic targeting was done using method used for the VGF program (see paragraph 104), but the program was to feed all children in those food insecure areas, whether or not they were or were not attending school.
111. **Planned vs actual Beneficiaries.** Figure 4 shows the trends of the number of beneficiaries of the school-based feeding program. While the program intended to provide assistance to school-age children throughout the entire year, the feeding planned number of beneficiaries was less than the actual amount for several reasons. First, the number of beneficiaries in almost all months, with the exception of the beginning of the program, fell well below planned levels because using schools as a food assistance delivery point was no longer required.

Figure 4: Actual vs. Planned Beneficiaries under the School-Based Feeding Program, 2008 - 2010



112. **Ration Provided.** The children that participated in the school-based feeding program received a daily wet feeding ration of 150g of CSB and 10g of oil per child. This ration was judged to be sufficient in amount and composition given the level of food insecurity.
113. **Frequency and Duration of Assistance.** The school-based feeding program was planned, after the initial start-up, to be delivered throughout the entire year as a daily wet feeding.
114. **Attaining Objectives.** The use of schools as a feeding site was critical in providing assistance to school-aged children, whether or not they were in school. This was an effective choice for feeding to target this vulnerable population.
115. **Contribution to National Humanitarian/Development Changes.** School-based feeding also contributed positively during the late 2008 and early 2009 period when the Zimbabwean economy collapsed. An additional venue to target children, whether or not they were attending school, was a useful component to the VGF distribution strategy.

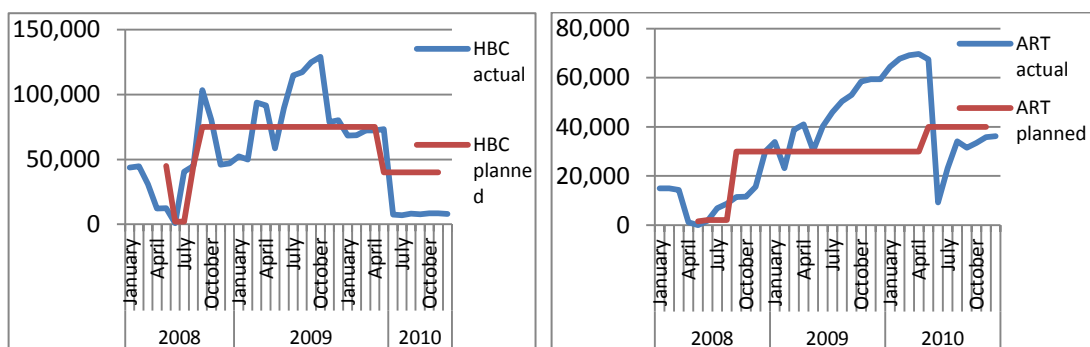
Health and Nutrition

116. **Beneficiary Selection.** During the implementation of activities under the regional PRRO, health and nutrition interventions were targeted to nutritionally vulnerable women and children, PLHIV supported through Preventing Mother to Child Transmission (PMTCT), TB and antiretroviral interventions, as well as Orphan and Vulnerable Children (OVC), households headed by children, and households hosting orphans. In addition, households headed by elderly people and households

hosting chronically ill people were targeted. With this approach the WFP CO aligned with existing strategic plans that encompass HIV-infected 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. WFP's food support to home-based care in Zimbabwe was at that time in line with the MoHCW's National Community Home-Based Care (HBC) Standards (2004). WFP in contrast to other cooperating partners targeted not only HIV positive people, but also their families to ensure that patients do not suffer reduced intake of rations in a culture that values food sharing.

117. WFP also intended from the onset to support the national strategic roll-out of the Antiretroviral Treatment (ART) with food assistance. The food assistance was aimed at encouraging voluntary testing and counseling, and, if tested positive, adherence to ART regimes. As mentioned above, the household of the beneficiary also received support, if classified to be food insecure. During the regional PRRO, the ration was calculated based on a 5 member household. In the national PRRO it was decided during the last few months to base the ration on the actual household size (with a maximum of 5 members).
118. As it became increasingly clear that the HBC provided a disincentive to clinic attendance and that support through HBC was sometimes compromised by limited capacity of those providing the HBC, WFP CO with RB support decided that health and nutrition activities under PRRO 10595 would slowly move away from the support through HBCs and to channel most of the support through the national roll-out of the ART program, which is hospital/clinic-based. This change happened during the last 6 months of the PRRO 10595. In addition, in line with WFP corporate strategy, WHO, and the MoHCW, the assistance towards PLHIV as well as TB patients was targeted only to those suffering for malnutrition. The patient only qualified, if the nutritional status fell below a certain cut-off point (BMI < 18.5 kg/ m², MUAC below 23 cm for pregnant women, and 11.5 cm for children).
119. **Planned vs Actual Beneficiaries.** Figure 5 shows the trends of the number of beneficiaries of health and nutrition programs delivered under HBC, ART, and HVHH. While the fluctuations in the HBC program can be explained partly by enrollment and discharge of patients, some of it might be as well be explained by increased enrollment in clinic-based treatment programs. At the end of 2010, the phasing out of HBC support is clearly shown. On the other side, the support through the ART program shows increasing numbers up to May 2010 which were even exceeding the planned figures. The sharp drop in beneficiary numbers in June 2010 marks the changed approach which meant to target especially malnourished patients. In terms of the support to the food insecure households of HBC or ART clients, the graph shows that WFP s never exceeded the number of planned beneficiaries. During the time from October to March this is increasingly due to the effort of WFP to include households of HBC and ART clients in the VGF program. This was very clearly so from October 2009 – April 2010 and can be slightly seen the year before. The decision was taken as it was easier for WFP to secure funds for VGF as compared to the nutrition support to ART program.

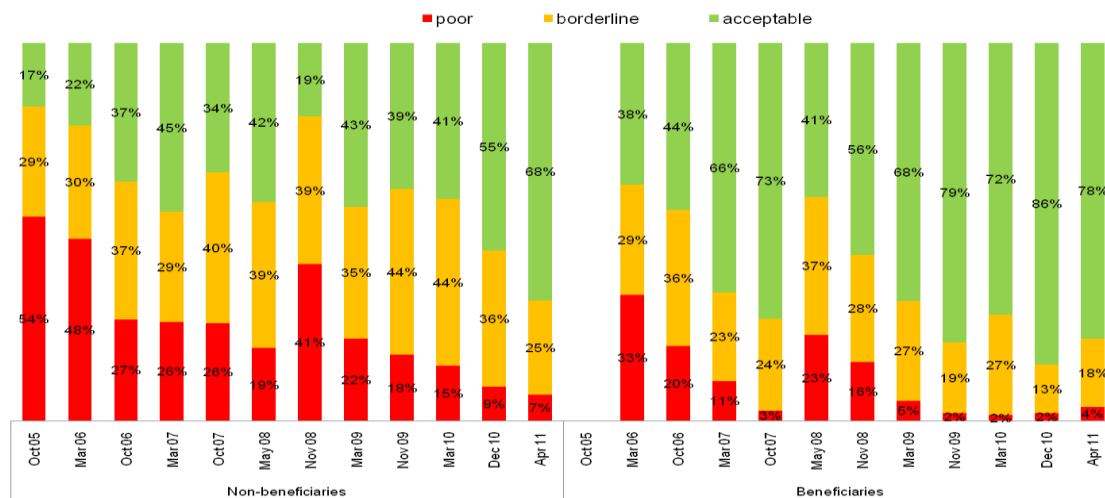
Figure 5: Actual vs. Planned Beneficiaries under HBC and ART and HVHH, 2008 - 2010



120. **Ration Provided.** Under the regional PRRO, which basically channeled support through the HBC program, the household received 50 kg of cereals, 9 kg beans, and 5 l oil; while the patient received 3kg CSB. In the national PRRO, WFP supported a household of 5 beneficiaries (including the patient) with a ration of 15 kg CSB, 60 kg cereals, 9 kg pulses, and 3 kg oil. As it became increasingly clear that WFP would need a more tailored approach in terms of targeting and assistance, the following changes were piloted in March April 2010: a ration of 10kg CSB+ was only given to the TB- or HIV-infected client and a ration for each household member (up to 5, including the patient) of 10kg cereals, 1.8kg pulses, 0.6 kg oil if the household was estimated to be food insecure. This ration contributed 1,543 kcal per person per day.
121. **Frequency and Duration of Assistance.** The assistance was given to the beneficiaries on a monthly basis. It was intended in both PRROs to provide assistance for a period of maximum of 6 months only. This approach did not change even after adopting new targeting criteria. As the support is now coming mainly through the ART roll out, it should encourage patients to regularly get their weights checked as well. However, it has to be stated as well, that the pre-ART and ART medication is mainly provided for a period of 3 months, whereas food assistance has to be collected at a monthly basis (which meant some tradeoffs for patients travelling a long distance).
122. At the delivery point near the opportunistic clinic, CSB (in kind) and a voucher card was provided to the beneficiary. The evaluation found the e-voucher system to be a very secure and efficient system. Fiduciary risk was virtually eliminated and convenience and confidentiality for the client was protected. Stigma was seen to be greatly reduced, although it was not eliminated since the e-voucher amount was not disclosed to the patient and there were specific brands of food commodities in the shops stipulated for the clients. Clients received a monthly voucher that could be redeemed any time during the month, thereby giving them flexibility on when to redeem the voucher. The registration process was found to be quick (taking less than 5 minutes). The computerized database also offered many opportunities that could be further explored by WFP.
123. **Attaining Objectives.** WFP achieved the objective of reducing under-nutrition for beneficiaries of the health and nutrition programs. As a result of distribution and post-distribution monitoring, the project is able to show considerable improvements in the food consumption score. Figure 6 shows that the number of people showing very poor food consumption scores almost disappeared over the months. However, one has to state as well, that the situation improved as well for the non

beneficiaries, though their own food consumption score was still slightly worse as compared to the group of beneficiaries.

Figure 6: Food Consumption Scores of Beneficiaries and Non-Beneficiaries



124. There were increasing numbers of pre-ART, ART, and TB patients coming to the respective clinics, being ready to disclose their HIV status to receive the help that can be offered to them. Even though there were guidelines saying that the support should last about 6 months only, discussions with current and former beneficiaries revealed that the average duration in the program was considerably longer. As weight and height were not measured in the beginning of PRRO 10595, not all CPs kept records of nutritional improvements. Beneficiaries themselves reported their improved well being and one CP was able to provide some evidence on weight gain. While not necessarily widespread, according to the end of project report (June 2010) and before the introduction of BMI as enrollment and discharge benchmark, HELP from Germany stated that 1) 78% of adult recipients showed signs of weight gain of at least 2kg after 6 months of receiving supplements. No significant changes were noted after only 3 months; 2) children whose assessment was based on a measure of weight for height showed at least 2 point increase after 4 months of nutrition feeding; 3) of the pregnant women whose assessment was based on MUAC, 5% showed no change in circumference, even after 6 months of feeding, 1% actually lost at least a centimeter in circumference after 6 months and the remainder, 94%, gained at least 2cm after 6 months. The reason for those who lost MUAC points could be because of rapid disease progression to the terminal stage. For those who gained points, this could be a result of natural gestational weight gain and cannot, from the data available to the evaluation, be exclusively attributed to the nutrition intervention; and 4) in all patients, significant positive changes in indicators were witnessed after at least 4 months of feeding.

125. With the BMI as cut-off point for enrollment as well as discharge, there are dramatic changes in the number of beneficiaries as well the impact it had on the non beneficiaries. The evaluation team is convinced that the program had to include objective enrollment and discharge criteria. However, during the field visits, the following problems were encountered. First, most of the facilities visited had either no or completely insufficient equipment at hand to do the measurements²⁹ (e.g., no scales

²⁹ While it is not WFP's mandate to provide equipment to clinics, the lack of equipment did jeopardize the implementation of this program.

uncalibrated scales, no measuring tapes, and microtoises³⁰ not properly fixed to the wall). Out of the 35 clinics under the sub-office in Masvingo, only 17 had working scales. As to height measurements, some clinics started writing rough estimates on poles or walls – others had microtoises that weren't properly fixed.. Second, measurements weren't accurate (weighing/measuring with shoes, no adjustment for clothing, height measurement inadequately done, etc.). Third, the BMI calculation as such had problems. In one of the clinics visited, the BMI tables used did not have the 0.5 precision, but just 17, 18, or 19 as cut off points. However, the referral to food assistance was based on this. In many situations there were no calculators to work out the BMI. Fourth, there was concern that 18.5 as a benchmark is already at the very low end of the spectrum for release from the program and that other factors (e.g., illness related edema) are not taken into account.

126. Apart from these more technical problems there were other issues were raised during the evaluation. First, some former beneficiaries were reporting about their experience after they have been discharged. They reported that originally they were encouraged to disclose their status because there was help – now they said they are left with “nothing but stigma” as they are left out in the targeting of other complementary activities as communities even though they have regained their productive capacity and can engage in economic activities (such as agriculture). Cooperating partners also often did not support PLHIVs with the complementary activities. Without complementary income generating activities, PLHIVs will have limited food to rely on once they are discharged from the program given their vulnerability to food insecurity.
127. There is some evidence that in terms of enrollment and discharge criteria of children that the concern that it is not so much the acute malnutrition rate that will be affected, but stunting. This is a potentially contentious point based on evidence provided by MSF. According to MSF's observations at Mpilo Clinic, stunting rates are much higher in HIV-infected children (>50%). This would partly explain the high stunting rates as compared to relatively low underweight and very low wasting rates throughout the country. Although the numbers taken at the pediatric ward are small and not representative, they could be indicative of the potential results. In this context, it would be useful to wait for the results of the currently on-going micronutrient survey, which will as well look at nutritional data of HIV positive children as well as giving special attention towards the high chronic malnutrition rates. WHO is including this aspect in their micronutrient study as more evidence is required.
128. **TB program.** The targeting of patients with BMI < 18.5 for nutrition support in the TB program should be further researched and revisited. A MSF study done in 2009 (January – December) had the following results (taken from monthly WFP report): 1149 patients were registered, but only 818 had Opportunistic Infection (OI) Clinic numbers and were retained for the study³¹. The MSF study found that 1) significant differences were noted in the success rate, death rate, and defaulters. The success rate of those on nutritional support stood at 84.7% whereas of that not on nutritional support stood at 58.2% and that 2) the program is also making an impact on patient retention in clinics. This is reflected by the percentage of defaulters under NSART which stood at 6.9% against 29.7%. This is a clear indication that patients are adhering to the program.
129. Given the WHO standard of 85% cure as the measure of a successful program, the TB treatment program that includes nutrition support can really make the necessary difference. In addition, food

³⁰ Microtoises are plastic devices to measure the heights of adults.

³¹ At MSF, representing less than 1% of the caseload for TB-targeted by WFP, every HIV positive patient has an OI number which is used for identification purposes. Patients without OI numbers are either HIV negative or have not been tested.

support might attract more people to get tested. According to UNAIDS and USAID, only 30% of the estimated TB cases are receiving treatment, which means case finding (for the remaining 70%) remains an important task. Moreover, the TB program is limited to 6 – 8 months of treatment after which the patient is hopefully cured. In any case, if WFP would decide on the basis of this finding to support all TB patients irrespective of BMI, the enrollment into the TB program has to be monitored closely and lab facilities have to be improved and supervised to minimize false cases.

130. **HVHH.** Apart from the support to the chronically ill person, the families were getting support for a family up to 5 members if they were considered food insecure. WFP has developed a lengthy questionnaire which should help to identify the food insecure households. The identification of food insecure households due to the HIV&AIDS epidemics was meant as a second leg of support which would have included households hosting OVCs. While there was systematic targeting of very vulnerable households hosting orphans, most households were discharged from the program due to the improved nutritional status of the client. In the absence of adequate complementary activities to support livelihoods of PLHIVs, there is considerable doubt that these households will be able to re-establish economic strength to sustain their livelihoods.
131. The support in the health-based safety net and definitely in the e-voucher system was effectively coupled with nutritional status of the chronically ill person. Some other households, which were very vulnerable partly due to HIV&AIDS (e.g., grandmothers and orphans), were not able to benefit, except in a few regions, where WFP supported OVC households. The team recognizes however that the program was not designed to be a social welfare program.
132. Whether nutrition support should focus only on HIV&AIDS- and TB-infected households needs to be looked at again as there was stigma attached to the distribution of food assistance in this program. From the onset, when food assistance was discussed in the context of HIV&AIDS (as early 1993/94) there was consensus to have vulnerability as a selection criteria and not just HIV& AIDS status to avoid or minimize stigma. The fact that a very high percentage of these vulnerable households will be affected directly or indirectly by HIV& AIDS would ensure that these households will also be captured.
133. **Contribution to National Humanitarian/Development Changes.** Health/Nutrition, as a result of distribution and post-distribution monitoring, is able to show considerable improvements in the food consumption score. The number of people showing very poor food consumption scores almost disappeared over the period. Although the situation improved as well for the non beneficiaries, the food consumption score of beneficiaries was still slightly better compared to non beneficiaries.
134. There were increasing numbers of pre-ART, ART, and TB patients coming to the respective clinics, being ready to disclose their HIV status to receive the help that can be offered to them. Even though there were guidelines saying that the support should last about 6 months only, discussions with beneficiaries and former beneficiaries in the field revealed that the average duration in the program was considerably longer. As weight and height were not measured in the beginning of 10595, not all cooperating partners kept records of nutritional improvements. Beneficiaries themselves reported about their improved well being and one implementing partner was able to provide some evidence on weight gain.
135. At present only 20% of the adult population in Zimbabwe know their HIV status. Heterosexual contact with an infected partner is responsible for about 92% of new HIV infections; mother to child transmission, or vertical transmission accounts for about 7% and other modes of transmission

accounts for 1%. (National AIDS Council, November 2010). The food assistance provided for (malnourished) PLHIVs was an incentive for many of the beneficiaries we talked to during field visits. In this sense food assistance has helped to increase voluntary testing in the districts under WFP support. However, there is no detailed statistics available which would show the increase of voluntary testing by district.

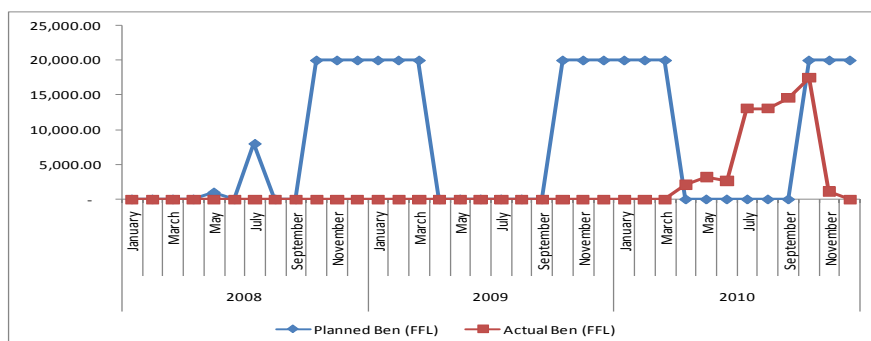
136. The same is true for TB patients. The current detection rate is estimated to be at 30 % which means case finding still remains to be a challenge. As the co-infection rate between TB and HIV is estimated between 60 to 80 %, the food assistance provided in this program has as well helped to increase voluntary testing. The increasing numbers of beneficiaries in the WFP supported OI clinics underline the importance.
137. Even though providing an incentive for voluntary testing was not an explicit objective of WFP programming, the impact should be positively recognized. The number of voluntary testing almost doubled from 2007 to 2009, which is not only due to WFP programming, but WFP contributed to this in their intervention areas.

Food-Cash for Assets

138. **Beneficiary Selection.** For the 2010 FFA and CFA projects, WFP and its CPs used the ZIMVAC rural assessment results to determine districts and wards that would benefit from the Seasonal Targeted Assistance (STA)³². WFP's plan to continue with STA was altered when the Food Deficit Mitigation Strategy was released by Government, causing a shift from STA to C/FFA. CPs had to comply with the new government directive. The STA districts thus became de-facto C/FFA districts. All labor-endowed VGF households were eligible to participate in this program.
139. **Planned vs Actual Beneficiaries.** Figure 7 illustrates the comparison between planned and actual beneficiaries for FFA/CFA activities implemented by WFP through its cooperating partners (2008-2010). The trend shows that over the 3 years, actual beneficiaries for FFA/CFA activities fell far below the target, except temporarily in 2010. FFA activities were successfully piloted at the beginning of 2010 in consultation with government. In July 2010, the strong message by government to stop free handouts of food led to a sharp increase in FFA beneficiaries. However, at the same time the requirement that the works should be suspended over the agricultural production season starting in November and ending in March also had adverse impacts on reach during the period November 2010 to February 2011. The difference between planned and actual beneficiaries in 2010 after October depicts the significant differences between WFP's assumption the FFA would continue throughout the peak hunger period and government's position that FFA should be discontinued at the onset of rains so targeted households can work in their fields.

³² Seasonal Targeted Assistance was the new name for Vulnerable Group Feeding to indicate that the key "seasonal" and "targeted" aspects of the program.

Figure 7: Comparison of FFA/CFA Beneficiaries (Actual Versus Planned), 2008 - 2010



140. **Ration Provided.** At the start of the FFA, the food component had the following monthly bundle: 10kg cereal, 1.8kg beans, and 600ml oil per person up to a maximum of 5 household members. This was estimated to be equivalent to 80% of their monthly food needs. Only one person per household was required to participate in this program.
141. **Frequency and Duration of Assistance.** Although the FDMS dictated that the duration of the assistance should take place before the agricultural season began (March to September), in 2010 the program actually took place during the lean/hunger season (October-March). Although the FFA program was designed to have beneficiaries work for 15 days during the month for four hours a day, programming was done in a rush due to late release of the ZIMVAC results which could have resulted, in some cases, beneficiaries working less than the stipulated number of days. Still, there was also cases reporting the opposite, namely that people were very keen in completing the asset and working even more. The late release of the policy document and of the ZIMVAC results in 2011, however, undermined the planning for the FFA and CFA and limited the number of months that these activities could be implemented. Still, the 10 CPs did the best they could under the circumstances and implemented various types of FFA and CFA activities in a total of 25 districts. The FDMS was not strictly followed in terms of timing of the works, duration of the work, and community involvement.
142. **Attaining Objectives.** In 2010, the time to implement the FFA projects was too short for thorough community-based planning. Although people in most districts were consulted, the driving factor of which assets to build was based on what could be done over the short period of time for implementing the works. The FFA and CFA work was required to be completed before the beginning of November in order to allow communities to undertake their usual seasonal farming activities without competition for labor from the FFA and CFA activities.
143. The evaluation team identified a couple of major gaps in the design of 2010 FFA and CFA projects. First, the FFA and CFA work is designed to create productive community assets (which take time and resources to plan and build), but that the window to do the work (May through October) was too small to do this work (see paragraphs 143-144 for limitations placed by the GoRZ). Second, given that the geographic targeting is based on the ZIMVAC annual rural assessment, only in chronically food insecure districts will there be any year-to-year continuity in assistance. For the other districts, the lack of a consistent effort undermines the effort required to build productive assets.

144. Although most of WFP's FFA activities in the 2010 consumption season were too short to produce much in terms of tangible assets, the training provided and the knowledge beneficiaries gained should assist in improving agriculture practices at a time when humanitarian agencies are also investing more in the provision of agricultural inputs to the same non-labor constrained households.
145. **Contribution to National Humanitarian/Development Changes.** Although it is still too early to assess the medium to longer term changes in beneficiaries' lives brought about by the WFP-funded FFA and CFA activities, we can infer from the experience of other FFA activities implemented by the C-SAFE and PRIZE consortiums of NGOs that households benefitting from the productive assets can graduate from chronic food insecurity and reliance on food aid to greater self-reliance using the assets.
146. Most of WFP's FFA activities in the 2010 consumption season were too short to produce much in terms of tangible assets, the training provided and the knowledge beneficiaries gained should assist in improving agriculture practices when humanitarian agencies are also investing more in the provision of agricultural inputs to the same non-labor constrained households. Training, for example for conservation agriculture, requires more time though (2 years) with on farm mentoring and technical and financial support and since the training was provided by CPs that have been promoting the concept using other budget lines, the initial training is likely to be put to good use.
147. The C/FFA activities were well received by the beneficiaries who are keen to see themselves become self-reliant. Most beneficiaries invested more than the 4 hours per day and at times more than the 15 man-days of work as they worked hard to ensure completion of the asset. Still, the C/FFA activities were limited in number and in terms of direct beneficiary reach when compared to the magnitude of the humanitarian and development needs of Zimbabwe.
148. Although the scope and reach of the C/FFA projects were limited, CPs who implemented FFAs also involved in other forms of humanitarian work (e.g., input distribution). The experience gained will improve the capacity of CPs to implement C/FFA projects in future. In the event of future shocks, C/FFAs are expected to become the choice for intervening if assets can be created to help the communities in the future.

Cash Transfers

149. **Beneficiary Selection.** For the cash transfer pilot WFP and Concern World Wide targeted three districts (Gokwe North and South and Nyanga Districts) which were eligible for seasonal targeted assistance during the 2009/2010 lean season, selecting 2 wards in each district. Selection of the districts for the cash transfer pilot program was based on the results of the ZIMVAC assessment which identified districts and wards likely to have missing food entitlements and also quantified the population at risk of seasonal food insecurity. Besides having missing food entitlements, these districts were also targeted by Concern World Wide for other humanitarian and development programs. Within each district, in one ward Concern distributed cash, while in the other ward a mixture of cash and food was distributed (these were the "treatment wards"). Concern continued to provide food aid in other wards in each district (which became the "control wards" required to establish the counterfactual). The choice of treatment wards was also informed by a market assessment study. The study identified deficit wards that were adjacent to surplus wards, and wards where the markets were functioning and had the potential to respond to the cash transfer.
150. **Planned vs Actual Beneficiaries.** The original design of the cash transfer pilot project planned to target 3,900 households (19,000 clients), but the CO exercised flexibility by increasing the total number of direct beneficiaries to 58,886 clients. This increase in the number of beneficiaries was

driven by a higher case load, availability of resources, and the need to draw solid lessons for future programming by reaching more beneficiaries. The CO sought relevant approvals and authorisations with the HQ for budget revisions to implement this expansion in the program reach.

151. **Ration Provided.** At the start of the pilot intervention the food component had the following monthly bundle: 10kg staple, 1kg beans, and 600ml oil per person up to a maximum of 5 household members. This was estimated to be equivalent to 80% of their monthly food needs. The cash equivalent was calculated on the basis of carefully monitored prices on the local market and was adjusted accordingly. In wards where the option of “cash + food” was used, the cash component was determined as half the local price equivalent of the food ration.
152. The independent evaluation of the cash transfer pilot carried out in 2010 found out that the food provided by the transfers was usually sorghum or bulgur wheat, with maize grain only provided in January and February in Nyanga District. It also noted that neither sorghum nor bulgur wheat was a preferred staple food as almost all households interviewed preferred maize; bulgur wheat was uniformly disliked.
153. **Frequency and Duration of Assistance.** The distributions were designed to take place in the lean/hunger season (October–March) for a maximum of 6 months during the year. In practice, however, distributions only took place for a period of 4 and 5 months (November–March) as the duration varied by ward. The design of the package for the cash transfer pilot program was based on the standard ration for in-kind STA.
154. **Attaining Objectives.** The evaluation team found that the learning objective of the cash transfer pilot project was a success. The results of the pilot have already been used by the CO to inform the design of the cash for cereals intervention implemented during the 2010–2011 lean season.
155. In addition to the learning the program had observable impacts at the household level. At the beneficiary level, food entitlements of recipients were met over a period of 4-5 months, without which they could have either rationed aggregate food consumption (in the case of labor-constrained households), or sacrificed their farming activities for casual labor to supplement their food supply (in the case of households with some labor). In both cases, without the transfers dietary diversity would have been severely compromised.
156. While the intervention freed up the time of beneficiary labor-endowed households for farming in their own fields and the food gave them the energy to participate in work that would contribute towards securing food access. The evaluation findings are inconclusive on the impact on yields, partly because the food support was not directly complemented with other agricultural production support instruments and partly due to perennial droughts that occur in some of the targeted wards.
157. Cash was not shared and the food bought using cash was shared to a less extent than would be the case if food assistance was distributed in-kind. Social tensions, which are always there in any case with targeted interventions, were heightened by the use of this instrument, suggesting that for cash, community targeting measures may not be the most appropriate. Means-tested targeting criteria would more relevant in future to deal with this problem. The cash transfer component of the Child Protection Fund supporting the implementation of the National Action Plan for OVCs addresses this issue by using means tested targeting. WFP could coordinate targeting of cash-based interventions to address these challenges.
158. Cash only was found to have a limited effect on improving dietary diversity. In actual fact, recipients of cash had worse dietary diversity than those who received food only or a combination of cash and food. Most cash recipients concentrated on buying the cereals portion as for them, this was the most

important. The distribution of cash therefore, without an accompanying nutrition messaging may reduce the potential impact of the nutrition objective. WFP rightfully concluded that cash only programs would be less suitable and quickly adjusted to cash for the cereals component and provision of the other critical food items (oil and pulses in kind).

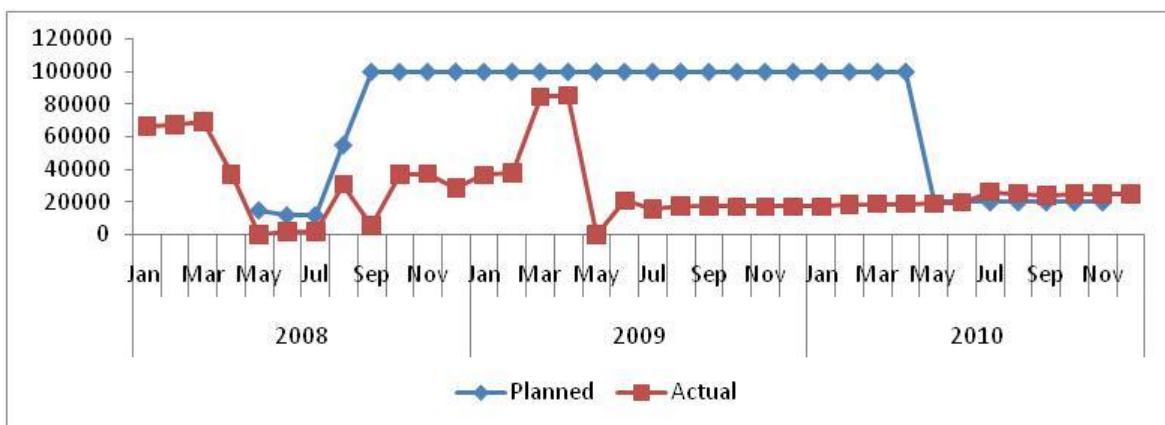
159. The post distribution monitoring system of Concern Worldwide and WFP noted no major impacts of the cash on local inflation. Local trader capacity to restock was substantially increased showing that market stimulation programs such as cash and cash for cereals are highly relevant and succeed under the present conditions prevailing in Zimbabwe.
160. **Contribution to National Humanitarian/Development Changes.** The cash transfer pilot had very limited reach compared to the magnitude of the humanitarian crisis. However, its purpose of generating evidence on whether cash works and under what conditions, generated useful lessons that led WFP CO to design a follow-up cash for cereals pilot program that had 2.4 times the reach of the cash transfer pilot (number of beneficiaries increased from 59,000 (2009–2010) to 141,000 (2010–2011)). Cash transfers also have the potential to stimulate local economies through a multiplier effect and a study is required though to estimate the impact of cash transfers on the economy. This should be incorporated into WFP’s future cash based programs, as a means to generate evidence on the efficacy of cash, which can be used to influence the perceptions and support for cash options by large food aid donors like USAID and the EU.
161. A study jointly published by WFP-Oxford Policy Management and Concern International dated July 2010 reports that for every 100 US\$ allocated to an activity with a cash component, as much as US\$75 reaches the beneficiaries. For activities with a food component, the food value reaching the beneficiary is only US\$45. On the face of these figures one could conclude that the total distribution cost per unit amounts to only 25% for cash transfers activities and almost twice as much—53%—for food transfers activities. This finding would appear to advocate in favor of cash transfer activities, which would have to be implemented largely in the form of “cash for the cereals” given the superiority of the latter in guaranteeing dietary diversity when compared to the “cash only” option. However, considering the well developed and efficient regional procurement policy, regional procurement also benefited farmers in the region at a time when Zimbabwe’s agricultural market performance did not offer sufficient opportunities for WFP to use these new instruments or to purchase locally, and in-country capacities for the distribution of cash had not yet been tested.

Mobile Vulnerable Populations

162. **Beneficiary Selection.** During the period under review (2006–2010), WFP provided food assistance to four different types of displaced persons. This assistance, delivered mainly through IOM and a NGO partners, targeted: 1) families of approximately 160,000 former commercial farm workers (about 800,000 people) displaced by the fast track land reforms (e.g., Tshololsho District); 2) a further 700,000 people directly affected by Operation Restore Order in 2005; 3) irregular migrants deported from South Africa through the Beitbridge border post; and 4) households affected by flooding (e.g., Tsholotsho and Mbiri Districts). Both WFP and IOM contracted NGO partners to deliver the assistance to IDPs in specific rural and urban informal settlements. Mobile Vulnerable Populations (MVP) were assisted in specific camps (identified using geographical and blanket targeting). The camps were temporarily put in place by the government while working on more durable solutions such as providing them with land. IOM also established a reception centre for vulnerable deportees at the Beitbridge border post with South Africa, thus directly targeting returnees/deportees.

163. The highly mobile and fluid nature of the MVPs, especially those in urban areas, made it difficult for partners to keep an up-to-date register of only those in need. By early 2007, CPs had to adopt a strategy of not registering new people for some time in order to minimize the risk that food aid to those internally displaced and residing in urban informal settlements would end up becoming a driver of rural to peri-urban migration. This decision traded of the risk of missing new displacements, since the displacements continued to occur though at times in very subtle ways. Given the general collapse in the macroeconomic situation, the food security and nutrition status of targeted IDPs became better than the host populations where IDPs were assisted, thereby creating pressure to include some of the very poor near the IDP camps.
164. **Planned vs Actual Beneficiaries.** The planned number of beneficiaries was expected to rise from 15,000 in May 2008 to 100,000 by December 2008 and to stay at that level in 2009 before declining in May 2010 (see Figure 8). Due to the highly volatile economic and political environment, the number of beneficiaries was expected to peak especially due to the politically motivated violence linked to parliamentary and presidential polls in 2008 and the acute shortage of food commodities on the domestic market. However, following an assessment conducted by WFP and IOM on the situation of IDPs in late 2008 and early 2009, the actual number of beneficiaries was drastically reduced by mid-2009. The findings of the 6-month Rapid Assessment Study showed that beneficiaries were not a homogenous group and the food security situation of IDPs had significantly changed, partly in response to the restoration of macro-economic stability with the introduction of currency reforms and the GPA in February 2009. The IDPs were categorized into 4 groups: 1) those in need of emergency support; 2) those in recovery phase; 3) those needing reintegration support; and 4) those now needing support with development interventions. WFP decided to concentrate only on the first group, which led to a drastic reduction in the caseload for the MVP program.

Figure 8: Comparison of MVP Beneficiaries (Actual versus Planned), 2008 - 2010



165. **Ration Provided.** The ration package for MVPs was modeled around that provided to VGF beneficiaries. MVPs received 10 kg cereal, 1.8kg for pulses, and 600mls-1 litre of cooking oil per person per month for up to a household size of 5 people. At the height of the displacements, larger household sizes were accommodated given the severity of the situation.
166. **Frequency and Duration of Assistance.** The MVP program was designed as a form of safety net, without seasonality or fixed time period for distribution of assistance. One of the challenges faced by cooperating partners was that there was no clear exit strategy for the food assistance to IDPs. Returnees, conversely, were given a food assistance package and support for reintegration with their families, and once reintegrated was completed the family exited the program. The exit point for MVPs

was not linked to the recovery of livelihoods and effective resolution of the original drivers of illegal migration in the places of origin. The caseload was a vicious cycle of emigration, deportation, re-integration, and emigration.

167. **Attaining Objectives.** The support to MVPs was achieved. In the aftermath of Operation Restore Order, the urban population that was uprooted was adequately supported. As their possessions were destroyed, their ability to earn a living and cope with the deteriorating economic situation was mitigated through the food assistance that was provided. However, food alone could not replace livelihoods and was clearly not sufficient. Food assistance was distributed for a long time in peri-urban areas without being complemented with durable solutions (only water and food was delivered), may have arguably created some dependency. Potential dependency was evident partly through the very large beneficiary numbers and relocation of some from non-food aid receiving urban communities to the hosting communities (e.g., Epworth³³). IOM, the partner managing the IDP component due to its mandate, was unable to develop a clear exit strategy for two reasons: 1) government's denial that an IDP problem existed and 2) an exit strategy implied significant cost implications and a shift to development type interventions for which no donor at that time would finance.
168. **Contribution to National Humanitarian/Development Changes.** The support of MVPs displaced from Operation Restore Order was important in that it freed up resources for the households to continue sending their children to school and invest in shelter. Without this support, which ensured a healthy and balanced diet among the 2.4 million population affected directly or indirectly, the impact could have had a much more pronounced negative knock on effect on educational, health, nutrition, and possibly emigration.

WFP response to the 2008–2009 Cholera Outbreaks

169. WFP played also an important role as the emergency logistics cluster lead, especially during the cholera outbreak. In 2008 WFP was approached by the UNCT to manage this Special Operation in parallel with the on-going PRRO 10595. With no additional staff, save one UN volunteer on temporary assignment the logistic department, and at very short notice WFP organized a “Logistics Cluster Cell” in Harare. This Logistics Cluster Cell offered a comprehensive cluster of logistic services to the humanitarian community and local authorities that ranged from common warehousing facilities, consolidation of humanitarian cargo at five regional hubs, information management cells, facilitation to and provision of appropriate transport facilities, handling of supplies from WFP hubs (transit points) direct to cholera treatment centers, and access to the WFP contingency fuel stock.
170. The expertise and the leadership of WFP in the field of logistics were displayed under SO 10822. The quality of the service provided was acclaimed by the entire humanitarian community. The fact that this SO was only resourced at 50% did not constitute a major constraint. Never mind the many advantages derived from a logistic cluster approach it was short-lived. Except for extended warehousing facilities for the storage of NFIs of various UN agencies and NGOs in the WFP warehouses in Harare, the SO did not evolve into mutually beneficial medium or long term logistic arrangements with third parties or stakeholders. The absence of a dedicated IT commodity tracking system and of an analytical accounting system to keep track of costs poses an extra challenge to the staff. This comment is not specific for this SO 10882 for it applies to most Special Operations.

³³ Based on discussion with the Member of Parliament for Epworth.

Factors Explaining the Results

External factors

171. **Political and Economic Instability.** The years 2006-2010, especially the 2006 to early 2009 period, represented a period of political and economic instability, resulting in operating conditions that were very challenging to both implement programs and for WFP staff. This period witnessed the absence of basic commodities (e.g., food and fuel), hyperinflation which meant that simple purchases became very difficult, and uncertainties about whether or not food assistance would be able to continue or not. This instability required that the CO be extremely flexible and adaptive to adjust as the conditions in the country changed.
172. **Weak Government Institutions.** For WFP's activities to have an impact in key sectors there must be strong coordination, integration, synergy, and communication between WFP and the government. Weak government institutions and capacity—especially the MoLSS, MoAMID, and the MoHCW—limited WFP's ability to partner with the government to implement activities. Weak government capacity limits their ability to manage technically support WFP activities such as FFA and CFA and nutrition support to ART (see paragraphs 65-68).
173. **Partner Capacity Mixed.** The capacity to plan, organize, and implement activities of other key partners is weak and limits the potential synergy. Other partners, especially NGOs, provide little value-added to the technical development and implementation of activities (see paragraphs 69-70).
174. **Focus of Some Donors on Development, Not Transition.** As Zimbabwe began to recover from economic collapse at the end of 2008/early 2009, the focus of some donors shifted from supporting humanitarian assistance to supporting development assistance. While the macroeconomic situation did improve, the reality facing rural households in Zimbabwean had not, in fact, changed significantly. While some donors continued to support VGF (e.g., USAID), others were less inclined to do so.

Internal Factors to WFP

175. **Strong Leadership by Senior Management.** One of the main elements to the positive performance and results of the country portfolio during the period of 2006 – 2010 is the strong leadership provided by CO senior management. From 2006 to early 2009, when VGF was the main activity (and the correct response given the increasingly alarming and rising levels of food insecurity), senior management's focus was squarely, and appropriately, on delivering food efficiently to the most needy. The political and economic changes that occurred in early 2009 presented new challenges and opportunities, and required a different leadership approach. The management team rose to meet those challenges and the new opportunities.
176. **Proactive Communication and Coordination with Stakeholders.** The political and economic events that shaped the 2006-2010 period presented a very challenging operating environment, including political unpredictability (including an NGO ban during a time of very precarious food security conditions, changing and extreme economic conditions (including hyper-inflation), and conditions and restrictions imposed by donors. The CO, especially in the 2009-2010 period, proactively engaged with all stakeholders—government, other United Nations agencies, donors, and NGOs—to maintain active communications and foster close collaboration.
177. **Appropriate Staff Levels and Training.** During the entire period under review the staff strength and competence was a major factor for the success of the performance and results of the country portfolio. The staff strength appropriately parallels the level of activity with peaks during the

November – March period. The diminishing level of resourcing which marked the years 2009 and 2010 appears to be correctly translated in the number of international and national staff on the payroll. The list of training and familiarization courses, workshops, and practical courses organized by the CO since 2009 for its staff is impressive. Most WFP staff members indicated they had been invited to attend one of the 141 training opportunities organised in Harare or in the sub-offices that included HIV&AIDS awareness, team building, community health services data analysis, procurement, gender awareness, fuel monitoring, WINGS 11, COMPAS 2, crop assessment, use of VHF and UHF radio facilities, and security.

178. **Well Designed and Adjusted Program Activities.** The programs implemented during the entire period under review were well designed and adjustments were appropriately made as the realities on the ground changed. As the portfolio shifted away from primarily VGF, there was a strong demonstrated capacity to design and deliver effective programs. At this time the CO leadership fostered a culture of using evidence to design and adjust programs, and the RB and the Rome HQ provided good support. Another key factor is the impressive coordination and collaboration between the program office and the VAM Unit.
179. **Effective Technical Support from the RB and Rome.** At various critical moments, technical support from the regional bureau and the Rome HQ provided was instrumental in designing or adjusting programs. An illustrative example of this support is the assistance the RB provided in re-thinking the selection criteria approach to enter/exit the nutrition support to ART program.
180. **Strong Analytical Capacity.** The VAM and M&E Units have a strong analytical capacity that was well leveraged by the Program Office to design, monitor progress, and adjust programs.
181. **Logistics Operation Professional Executed.** The logistic department maintained throughout the portfolio period an excellent overview of the available capacity and existing fluidity along the different access corridors. Shipments were routed via Durban and/or Beira after careful assessment of costs and transit times. Shipments arriving in Durban and commodities procured in South Africa were routed either by road or rail, while for shipments arriving via Beira preference given to road transport in view of the erratic service provided by the National Railways of Zimbabwe along this corridor. The twice yearly review of the LTSH matrix is a valuable tool in managing the transport operations.
182. **Strong Coordination between the RB and the CO Well Coordinated.** For example, custom clearance formalities at the border crossing points were during the regional PRRO 10310 a source of repeated and severe transit delays. The RB was able to maintain a reasonable level of fluidity at all the border crossing points by securing from the Customs Authorities fast track lanes, simplified documentation, extended opening hours, and exemption from compulsory truck weighing. These measures eased the traffic congestions at Beitbridge and Mutare.
183. **Limited time of FLAs.** Given the seasonal nature of VGF (October-March) and safety net activities, Field Level Agreements (FLA) with cooperating partners (CP) during the period under review was usually for between 3-6 months. The number of CPs contracted to assist WFP conducting its VGF/STA and safety net activities ranged during the portfolio period between 12 and 20 partners, all of which, both national and international, voiced concern about the extreme brevity of the proposed FLAs which forces them to adopt a continuous “stop and go” working method. The approach of WFP is in this respect understandable considering the uncertainty about the resource levels and the cyclical nature of the VGF/STA activities. The protracted negotiations preceding the signature of the FLAs is

another cause of concern of the partners. Negotiations, lasting 3 to 4 months before an agreement is reached, were reported to the mission.

3. Conclusions and Recommendations

184. The conclusions and recommendations provided in this chapter are firmly grounded in the qualitative, quantitative, and anecdotal evidence that was gathered during the evaluation. This evidenced was gathered from 1) documents provided by both WFP and cooperating partners and 2) interviews with WFP staff, cooperating partners, and beneficiaries. The evaluation team visited all sub-offices where WFP worked during the 2006-2010 period. The team met with many stakeholders, including WFP staff, partners (donors and NGOs), government official at provincial and district level, sector ministry staff, and beneficiaries. However, as the main objective of the evaluation was to provide insights into future design of operations and the Country Strategy Document planned for 2012, the most recent portion of the country portfolio was the most informative in relation to developing relevant ideas on what the future portfolio could look like.
185. This chapter of the evaluation report presents the conclusions and recommendations of the evaluation of the Zimbabwe country portfolio from 2006 to 2010. First, an overall assessment of the country portfolio is provided, exploring the three key issues for the evaluation, namely 1) the alignment and strategic positioning of the portfolio; 2) making strategic choices; and 3) the portfolio performance and results. The basis for this assessment is discussed in the previous chapter on the evaluation team's findings. Finally, a limited number of strategic and operational recommendations are put forward to realistically and practically strengthen current and future WFP food assistance operations in Zimbabwe.

3.1. Overall Assessment

186. The evaluation team's overall assessment of the WFP Zimbabwe country portfolio from 2006-2010 is positive. This assessment is based on the following observations. First, the 2006-2010 period had two distinct periods. The first three years had many daunting challenges (caused by a volatile political and economic environment); while the last two years availed many opportunities as the macro-economy and the political situation stabilized. The overall high quality of the CO staff and strong leadership allowed the CO to navigate a portfolio with a very large and politically sensitive case load through a very difficult period. The CO was able to work effectively with key stakeholders (especially government).
187. Second, the country portfolio programs and activities undertaken were relevant and appropriately adjusted during the course of the period under review. While the main focus of the country portfolio from 2006-early 2009 was squarely on responding to the increasingly alarming food crisis, the CO was able to develop a country portfolio that appropriately maintained the focus on assisting highly food insecure households with seasonal assistance while diversifying its portfolio to take advantage of the economic and political improvements that were witnessed in early 2009. Third, while the WFP CO maintained a high level of operational excellence in delivering food assistance, it also maintained an effective dialogue with the government and other key stakeholders. This dialogue resulted in improved coordination as well as several other key results (e.g., the operational guidelines for the FFA/CFA activities and the Guidelines for negotiating the budget with FLA). Finally, the support from the Regional Bureau (RB) in Johannesburg and the Rome HQ was useful and timely to ensure success in both the adjustment of some programs (e.g., health and nutrition support to PLHIV) and the development of others (e.g., cash transfers).

188. However, there are some specific issues that need to be addressed. First, although the ZIMVAC annual rural assessment played a critical role in geographic targeting, there are several methodological and process issues, as well as a clarification of roles and responsibilities of ZIMVAC members, that limited the effectiveness of that assessment for WFP. Second, the performance and results of the nutrition support to ART program was limited by several factors including availability of functioning equipment and inadequate training of clinic/hospital staff to allow proper implementation that would provide better conditions to sustain improvements in nutritional status.

Alignment and Strategic Positioning

189. **Alignment with Government Policies.** The GoRZ requires that its humanitarian and development assistance partners align with government policies, strategies, and procedures. During the period under review, the WFP country portfolio was generally well aligned with these government policies and strategies, except in areas such as MVPs (where no relevant policies existed and WFP had to intervene in any case to mitigate human suffering caused by the farm worker displacements and destruction of informal urban settlements). The CO was in alignment with the needs of the Zimbabwe People during the period under review. The CO worked diligently and actively to comply with that requirement and, to implement its programs, went beyond the policy frameworks to get practical, operational guidelines put in place. These operational guidelines allowed WFP to move beyond the rhetoric and do their work.

190. **Ownership.** There was asymmetrical ownership by the GoRZ during the 2006-2010 period as key economic and political events changed the nature of humanitarian response that was necessary. The CO fostered ownership to the extent that the GoRZ to the extent that was possible through significant and sustained efforts to dialogue with the GoRZ. These efforts not only were for activities in the country portfolio to be in alignment (see previous paragraph), but also to have the government at the national and local levels to be vested and take ownership. The results, given the ability and willingness, were mixed.

191. **Government Processes and Structures.** Government processes and structures were found to have been generally weak and poorly funded during most of the period under review, though they improved from 2009 onwards. WFP's ability to use government processes and structures in general faced several significant challenges, including generally weak staff, poor funding, and limited reach within the country. The politicization of ministries (under the GPA the three main political parties were allocated separate line ministries to lead); and the poor leadership ability within other key sectoral ministries weakened efforts to do joint WFP and government activities. At the local level WFP had more success to work with government processes and structures, even though local government staff were not adequately funded, equipped, or trained. WFP's cooperating partners of WFP went out with open hands to ensure that, where participation of government was critical for smooth implementation, this was done. Some of the partners had an excellent record of government engagement at the local level, which included sharing offices with the district council, providing logistical support for government officials to travel together with them to witness beneficiary selection and food distributions, and help the CPs to diffuse issues of political nature that could potentially disrupt the food assistance programs. Since 2009, the WFP CO and sub-offices expended a significant amount of energy to coordinate closely with the government to work with and through government processes and structures.

192. **Alignment with Partners.** The WFP country portfolio is currently well aligned with UN agencies. At the broad conceptual level, and consistent with mandates, WFP is aligned with UNDP, OCHA, UNICEF, FAO, and UNAIDS (routine meetings and working groups, ZIMDAF and CAP). At the

policy/strategy and technical level there is good alignment (e.g., good division of labor and collaboration in the development of operational guidelines for FFA and for the management of acute malnutrition). There is weaker alignment at the implementation level.

193. **Synergy through Partnerships.** The evaluation team found good synergy between WFP and other UN agencies on strategic discussions with the GoRZ, with WFP having worked collaboratively and well within the United Nations coordination mechanisms, including the ZUNDAF, clusters, and CAP. A positive example of synergy is the Special Operation SO10.882 that was launched in February 2008 that enhanced the logistic capacity of the humanitarian community in its efforts to contain the cholera crisis in the country. There is, however, potential for greater synergy on most of the programs, most notably FFA/CFA and nutrition support to ART (both during and after the participation of beneficiaries in the program) for complementary support to help beneficiaries in achieving sustainable livelihoods.
194. **Alignment with WFP Corporate Strategy.** The evaluation team has concluded that the WFP country portfolio during the 2006 – 2010 period was well aligned with the 2008-2013 WFP Strategic Plan. The majority of the country portfolio activities—VGF, school-based feeding, and support to MVPs—were clearly aligned with SO1 (Save lives and Protect Livelihoods in Emergencies). Other activities such as FFA/CFA and cash transfers were aligned with SO2 and SO3 (Prevent Acute Hunger and Invest in Disaster Preparedness and Mitigation Measures and Restore and Rebuild Lives and Livelihoods in Post-Conflict, Post-Disaster or Transition Situations, respectively); while the nutrition support to ART and TB program were well aligned with SO4 (Reduce Chronic Hunger and Under-nutrition).

Making Strategic Choices

195. The evaluation analyzed the factors that underlay WFP's decision-making during the review period to understand if these factors influenced the extent to which choices that were made were strategic or could have been more strategic. The evaluation concluded that the CO made effective strategic choices during the period under review, including the efficient use of analytical information to design, monitor, and adjust programs and response strategies. The CO also set rational priorities and coordinated internal operations and program activities.
196. **Generating and Using Analytical Information.** The WFP CO conducted extensive data compilation and analytical work to understand the national hunger and food security issues in Zimbabwe and guide internal WFP decisions. As a result, WFP is widely considered to be technically strong and a leader on national hunger and food security issues in Zimbabwe, and leveraged their position to actively engage with government and other key stakeholder (e.g., donors) on key humanitarian issues. In addition, there is a strong tie between the VAM and M&E Units and the Program Office, which ensures that data and information are effectively used in decision making. WFP complemented internal capacity with specially selected external expertise through consultancies that helped the CO to generate additional critical evidence to guide the design and implementation of new instruments (cash transfers, cash for cereals, and e-vouchers). Its joint assessment of the status of IDPs with IOM generated vital evidence in 2009 which led to a significant adjustment in the interventions for this target group.
197. **Developing Response Strategies.** The evaluation of how response strategies were developed and adjusted in accordance with changing needs focused on WFP internal procedures to meet objectives for different food assistance programs. The CO did an excellent job throughout the period under review in identifying how the realities on the ground were changing, and using evidence to adjust its

programs. WFP CO, especially in 2009 and 2010, worked closely with the GoRZ and key partners (e.g., UNICEF, FAO, and the World Bank) to analyze and understand the GoRZ policies and strategies, and to better understand how to align with them (an example is the operational guidelines for the Food Deficit Mitigation Strategy). The evaluation determined that the CO selected the correct categories for the programs that were part of the country portfolio during the 2006-2010 period, including the identification of a Special Operation to support the logistics response to the cholera outbreak.

198. **WFP Priorities and Operating Model.** The WFP CO did an excellent job in coordinating internal operations and program activities, thus ensuring that programs were articulated, managed, and implemented in a high quality manner. This is a result of good leadership and strong heads in key departments (especially program, logistics, and VAM). One area that can be improved is the coordination of approaches to beneficiary targeting across programs within WFP (internally) and between WFP's portfolio and programs managed by other development agencies and government.

Portfolio Performance and Results

199. This section provides an assessment and conclusions of the relevance, efficiency, effectiveness and impact, and sustainability of activities that were implemented during 2006-2010. The country portfolio achieved a high degree of performance in results in a complicated and shifted political and economic environment. These results were achieved through strong leadership of senior management at the CO, high quality staff in key operational and program positions, and an effective leveraging of evidence to design, monitor, and adjust programs.
200. **Relevance.** The program activities that were contained in the Zimbabwe country portfolio (2006-2010) were relevant to the needs of the Zimbabwean people. The 2006 to early 2009 period was characterized as a series of political and economic shocks and instability that culminated in the collapse of the Zimbabwean economy. The main program activity during this period, under both the regional and national PPROs, was VGF, which was the most appropriate response. The level of assistance provided was well modulated by the CO. For example, as the food assistance needs continued to grow in the 2008-2009 period, the CO was able to provide assistance to more beneficiaries than planned. Also during this period, the food assistance provided to urban dwellers that were made homeless during the Operation Restore Order and children (in the school-based feeding program) were relevant programs given the destruction of people's homes and the large food assistance needs (and need to target children), respectively.
201. In the early 2009 to 2010 period, the CO seized the opportunity provided by the improved stability in the economy and politics, to expand and pilot new activities such as C/FFA and cash transfers. These programs—which would not have been possible during the 2006 to early 2009 period given the poor availability of basic food commodities on the market—provided the dual objective of assisting food insecure populations and supporting market incentives and mechanisms was the underlying principle. The objective of building or rehabilitating productive assets came at a time when government, donors, and NGOs were shifting their attention away from the recent emergency to more of a development-oriented approach. It is noteworthy, though, that while WFP did test these new initiatives, it did not lose the focus on reaching as many in need as possible with the traditional seasonal targeted assistance instrument. This is important as the much talked about development programs had not yet reached a critical mass at village level to significantly reduce vulnerability of large populations in the drier areas of the country. The need for seasonal targeted food assistance still remains.

202. The nutrition support to ART and chronically ill people is also an extremely relevant program in Zimbabwe given the high number of HIV-infected people (patients, orphans), and TB patients in the country. Although the ART program provided ARVs to many, the complementary nutrition support had been missing. The food assistance provided the best chance for those PLHIV and TB patients to adhere to treatment and regain weight to enable them to lead a productive life (often, though, contingent on whether or not they had opportunities for a sustainable livelihood. In addition, it encouraged people to be voluntarily tested and thus contributed to case finding.
203. The WFP CO's analytical work to understand national hunger and food security issues in Zimbabwe was relevant to guide internal WFP decisions and in dialogue and advocacy with government, donors, and NGOs. WFP leveraged their position as a leader on these issues to keep critical hunger and food security issues on the national agenda and humanitarian space open to allow interventions.
204. **Efficiency.** The evaluation highlighted that the program activities that were provided in the country portfolio were very efficiently run. The very large share of the regional and local procurement—about 95% of the total WFP procurement during the portfolio period—is in itself a major factor contributing to the general efficiency of the portfolio driving down transit and transport costs while supporting at the same time, the local and regional agriculture.
205. The food assistance delivered under the PRRO 10310 and 10595 stands with a cost of US\$534 and US\$815 per MT, respectively, delivered to the beneficiaries, 25% and 11%, respectively, below the corporate average cost per MT. A sustained policy of regional procurement has driven the commodity cost below the corporate average. The ratios per cost component are almost totally in line with the corporate average ratios. The small variances noted for the LTSH cost per MT and the LTSH ratio is the result of expensive long distance haulage from Durban and Beira and long distance inland trucking. The low DSC component cost is indicative of the very sound management practices which have presided over the entire CPE period.
206. Pipeline breaks are another indicator for the efficiency of the entire food chain. On the strength of the records submitted to the evaluation mission, pipeline breaks were rare; although a few did occur mainly during the 2nd quarter of 2009 (cereals and CSB) as a result of severe increase in the cost of food commodities on the world market and inadequate resourcing for the purchase of food commodities. Redistributing the available financial resources over the different cost components, the temporary activation of alternative financing channels, together with stringent austerity measures at CO level made it possible to maintain the activities in line with the program set out in the PD and subsequent BRs.
207. Some activities—like FFA, CFC, and e-vouchers—were introduced to the country relatively recently. Measuring the degree of efficiency achieved with safety net activities, balancing input with output and outcomes is an extremely difficult exercise and often a mere approximation. The true costing of safety net activities with a cash component is also less well defined. The many exercises conducted so far to evaluate activities like FFA, CFA, CFC, and e-vouchers fail to give an accurate idea of the true global costing of such activities. WFP's accounting package allows it to create specific codes for expenditures to track all costs for a new intervention, but this must be before the start of a new initiative. This was not done in the case of the FFA, and is encouraged in future to do so when introducing new instruments or new phases of FFA, CFA, CFC and the cash transfers. In the absence of such cost tracking, the true cost of these activities may never be known and leaving the CO with only an approximation of the costs.

208. **Effectiveness and Impact.** The evaluation team believes that the effectiveness of the Zimbabwe country portfolio was generally positive. The impact of the country portfolio is harder to assess as outcome indicators were not systematically collected and some of the program activities that were introduced relatively later in the program (FFA/CFA, CFC, e-vouchers) and only implemented for a few months each.
209. The assistance delivered through the VGF, school-based feeding, and support to MVPs programs were effective. The food assistance package was appropriate, well-targeted geographically, and assistance reached the right people using the right mechanisms. Given the timely delivery of food assistance (see paragraphs 108-110), hunger was alleviated and households were less likely to use negative coping mechanisms, and nutrition indicators were prevented from worsening.
210. The effectiveness of the nutrition support to PLHIV is complex. The assistance provided did have good results (e.g., ration served as an incentive for voluntary testing and the number of VCT clients increased, dietary diversity improved, and the BMI of beneficiaries increased). However, the evaluation team observed that some technical issues related to the entry and exit criteria (e.g., BMI of 18.5, availability of functioning equipment, and training of clinic/hospital staff to measure accurately) required a more careful review to understand their impact on the program.
211. The effectiveness of the FFA and CFA activities was too difficult to ascertain given the relatively recent introduction of the program, the small-scale nature of the assets being built or rehabilitated, and limited availability of complementary inputs (technical expertise and NFIs).
212. **Sustainability.** The evaluation assessed whether or not the activities undertaken had led to sustainable outcomes or processes that continued beyond the duration of the operations. Evaluating the Zimbabwe country portfolio for sustainability needs to be understood in the context that much of the portfolio's activities—such as VGF, school-based feeding, and the support delivered to the MVPs—clearly (and appropriately so in the short term) did not have sustainability as a goal, but were meant as a short-term intervention to respond to a food security crisis. Therefore a conclusion about sustainability is not relevant.
213. The activities that were intended to contribute to a sustainable outcome—such as the health and nutrition support for HIV- and TB-infected people and CFC—only had a limited contribution to sustainability. The FFA and CFA activities had limited contribution to sustainability given the limited window of time they could take place during the year and the limited amount of complementary inputs (technical assistance and NFIs) from partners. The nutrition support of HIV- and TB-infected people was successful in delivering needed assistance to those compromised by HIV or TB (or both), but the weakness of the health delivery system as well as its limited integration with livelihoods interventions reduced the longer terms potential impact of the WFP program.

3.2. Recommendations

Strategic recommendations

214. **Recommendation 1: The WFP CO should continue to actively leverage its experience, expertise, credibility, and strategic position for the development and implementation of a national social protection framework.** One area that is needed, and is recognized by the CO, is a comprehensive and operational GoRZ national social protection framework that responds to current needs and capacities, and includes operational guidelines and a process to raise awareness at the provincial and district levels. The CO currently has a productive and open dialogue with the

Department of Social Services, but developing and operationally implementing a social protection framework will require two levels of coordinated dialogue, including 1) within the UNCT members (especially WFP, UNICEF, WHO, UNAIDS, and FAO) to have one UN voice when engaging government on policy and operational decisions and 2) by different UN agencies with individual (sectoral) ministries. These two levels of coordination are necessary to overcome the poor coordination and communication within government (within and across ministries) and ensure an efficient allocation of resources in support of the development and implementation of a social protection framework.

215. **Recommendation 2: The WFP CO should incorporate in the next CSD a transition plan that is consistent with the movement from humanitarian assistance to development, but maintains the capacity to scale up if the political and/or economic situation significantly deteriorates.** Although there have been several positive economic and political developments since 2009, Zimbabwe finds itself at a crossroads. The country could either build upon its recent political and economic stability or it could find itself again sliding back into instability (most likely due to political events). The CO needs to maintain the flexibility and capacity to respond to each of these potential directions, including having the capacity to quickly scale up VGF if a crisis does recur. The CSD should also assess where opportunities for synergy between activities (e.g. FFA/CFA) so that WFP resources leverage those of other organizations. Finally, the CSD should include an understanding of capacity shortfalls of key stakeholders, especially the GoRZ, and include an approach to strengthen capacity to plan, coordinate, and implement activities as part of a handover strategy.
216. **Recommendation 3: The WFP CO should expand its operational relationships, including joint work planning of specific activities, with other UN agencies (especially UNICEF and FAO), donor projects, and cooperating partners, on nutrition support to HIV&AIDS and FFA/CFA beneficiaries.** The success and impact of the nutrition support to HIV&AIDS and FFA/CFA programs, which requires synergy between WFP and partners, can only be accomplished if WFP works closely with its partners and leverages its reputation and the good will that has been generated within Zimbabwe. Although WFP must rely on factors that are out of its manageable control, including the functioning of government ministries, the provision of equipment and other NFIs, and partner mandates, the CO should expand its current dialogue on strategic issues to include a greater focus on operational issues to coordinate program activities. The expansion of its operational relationship with key partners (especially other UN agencies) will provide the best opportunity to have synergy with current and future other activities.
217. **Recommendation 4: The WFP CO should continue and explore increasing the share of market-based instruments in its overall portfolio.** The WFP CO should explore scaling up the use of e-vouchers, cash, and other market-based interventions in line with the P4P principles. Scaling up market-based instruments will result in alignment and synergy with the increasing donor and government support for smallholder agricultural productivity enhancement (input subsidies and capacity building of agro-dealers, both input and output traders). In this light, the CO should seek to increase local purchases—from the 4% and 7% procured under PRROs 10310 and 10595, respectively—under conditions (national and localized tenders) that stimulate local markets which will be favorable to local small/medium scale traders, farmers, and net purchasers of food. The CO should also expand the scope of the cash and e-voucher instruments to provide greater flexibility on the part of the client (e.g., in relation to the choice of the food basket or a cash top-up for non-food items) to increase the utility of the food basket.

Operational recommendations

218. **Recommendation 5: The WFP CO should continue to support the ZIMVAC annual rural assessments, but should advocate with partners for several key and significant changes to the methodology and process.** The ZIMVAC annual rural assessment offers the current benefit of providing solid geographical targeting at the district level. While this is important for the evidence base for country portfolio activities, there are several capacity, methodological, process, and structural issues that limit its usefulness for WFP's targeting and beneficiary selection below the district level. The CO should continue to support the development of a food and nutrition security policy (that includes the strengthening of the Food and Nutrition Council). As the basis for dialogue with partners, the CO should continue to advocate for a comprehensive and independent review of the ZIMVAC rural assessment methodology and process (including what analysis gets done and by who and a clear record of how results were obtained).
219. **Recommendation 6: The WFP CO should continue to provide food assistance to malnourished chronically ill people in Zimbabwe, but the program should be reviewed before it is scaled up.** This program is very important, but before scaling up the approach, some issues need to be resolved. First, equipment for anthropometric measurements and training/orientation and on-site mentoring of health facility and relevant CP field staff needs to be in place (done jointly with the MoHCW, WHO, and UNICEF). While supplying this equipment is not responsibility of WFP, the cost involved in purchasing this equipment is minor compared to the cost of food and success of the program. Second, an in-depth study on clients above and below the targeting criteria of BMI 18.5 needs to be done to monitor livelihoods and nutrition realities (including well being of beneficiaries) on both sides of the cut-off point. This is especially true for the TB program as initial results from MSF indicate a significant difference in the rate of successful treatment and relapse. Third, using one nutritional status criterion for both enrollment and exit needs careful review, especially as proper anthropometric assessments are not feasible due to missing equipment and training. While BMI of 18.5 is an international and Zimbabwe standard, concern was raised by numerous health professional during the evaluation and should be further investigated. Fourth, a more robust and replicable indicator of household vulnerability due to HIV&AIDS, as was planned, should be developed and implemented that is currently used. Finally, an improved discharge process that includes complementary livelihood activity participation of those completing the program should be put in place.
220. **Recommendation 7: The WFP CO should intensify its efforts to synchronize the registration of beneficiaries of different WFP programs and with stakeholders to ensure proper coverage and maximization of synergies between programs.** The CO has already started synchronizing its lists of beneficiaries of different programs, which is an important step. The CO should also continue to intensify its discussions with partners that work to deliver humanitarian and development assistance. The discussions with DFID's PRP, for example, could result in the harmonization of efforts on the FFA, CFA, and livelihood interventions for households with individuals successfully exiting the nutrition support for ART program.
221. **Recommendation 8: The WFP CO should streamline the negotiation and completion of FLAs to facilitate the decision-making process and faster start-up by cooperating partners.** Considering the extensive experience WFP has gained in negotiating FLAs and the long history with many of the cooperating partners, the CO should look for an approach to streamline the decision making process, avoid protracted discussions, and focus more on the means and methods to be applied to make the process successful for all stakeholders (beneficiaries, CPs, and WFP). The CO

should explore putting in place longer term agreements (or an MOU that has the fundamental aspects of the FLA so that only program- and temporal-specific detail need to be included in a FLA) which can be activated and de-activated at short notice.

Annex 1: Terms of Reference

Country Portfolio Evaluation - WFP Zimbabwe 2006 – 2010

TERMS OF REFERENCE

March 2011

1. Introduction and Background

1.A. Introduction

Country Portfolio Evaluations (CPE) encompass the entirety of WFP activities during a specific period. They evaluate the performance and results of the portfolio as a whole and provide evaluative insights to make evidence-based decisions about positioning WFP in a country and about strategic partnerships, programme design, and implementation.

1. The purpose of these terms of reference (TOR) is to provide key information to stakeholders about the proposed evaluation, to guide the evaluation team and specify expectations during the various phases of the evaluation. The TOR is structured as follows: Section 1 provides information on the context; Section 2 presents the rationale, objectives, stakeholders and main users of the evaluation; Section 3 presents the WFP portfolio and defines the scope of the evaluation; Section 4 identifies the key issues; Section 5 spells out the evaluation approach; and Section 6 describes the team composition, the evaluation management and the roles of WFP stakeholders in the evaluation and indicates how the evaluation will be organized. The annexes provide background information on Zimbabwe, the portfolio in Zimbabwe, and the corporate strategic objectives.

1.B. Country Context³⁴

2. Zimbabwe has an estimated population of 12.5 million people with 37 % of the population living in rural areas. Zimbabwe is classified as a low-income food-deficit country and ranks 151 out of 177 countries in the United Nations Human Development Index, in 2008.
3. Health indicators have deteriorated at an alarming rate. Life expectancy has dropped from 51.8 years in 1995 to 37.2 in 2006. It however increased in 2007 to 43.4³⁵. A cholera outbreak emerged in late 2008, affecting almost all of the major regions of the country. The World Health Organization estimated that about half of Zimbabwe's population were at risk mainly because of poor living conditions.
4. In the Sub-Saharan African region, Zimbabwe is a high HIV and high TB burdened country and amongst the worst affected in the region. The pandemic has had a detrimental impact on livelihoods and production patterns. In the last decade, the country has made significant effort to reduce the spread of HIV; as a result adults HIV&AIDS rate went down from 26 % in 2001 to 15.3% in 2007. However despite of this progress, only 50% of the PLHIV have access to

³⁴ See map in annex 1 and figures about Zimbabwe in annex 2.

³⁵ UNDP Human Development Report. 2006 and 2009.

Antiretroviral treatment (ART and with and HIV/TB co-infection of 68%, less than a 30% are identified for TB treatment³⁶.

5. According to the Zimbabwe National HIV & AIDS Strategic Plan 2006-2010, they were 1.3 million people living with HIV and 1.6 million orphaned and vulnerable children in Zimbabwe, 77 percent of them orphaned as a result of HIV&AIDS. As the pandemic affects more households and as family and community resources are stretched to breaking point, the traditional social network support systems once available showed signs of collapse and became no longer a reliable means of assistance.
6. Since 2000, food production has been devastated by economic and political crises. Hyperinflation, the collapse of pricing systems and low productive capacity have halted service delivery and caused chronic shortages of food and agricultural inputs. The uncontrollable and ever-escalating inflation – at its peak in July 2008, the official inflation rate reached 231 million percent (see table 1) - had consequences for food insecurity in the country over the past several years.
7. After the 2008 elections (which followed ten years of economic crisis), a new Inclusive Government was formed, under the Global Political Agreement (GPA). Although the GPA has not yet been fully implemented, the new government is making progress and the situation has improved. In March 2009 the new government launched the Government’s Short Term Emergency Recovery Programme (STERP) covering the period February to December 2009. The document summarizes Government’s priorities to address the economic crisis, including the crucial issue of the Land Reform.
8. International assistance over the past five years has totalled some USD half a billion per year. While there are some funded programmes (i.e. HIV&AIDS), aid has largely been confined to emergency funds channelled through the UN and NGOs. When allocated to the agricultural sector; it was specifically for livelihood support to subsistence farmers living in the less fertile communal areas.
9. Agricultural production, which was once the mainstay of the economy, providing employment and income for 70 percent of the population, had significantly declined during the last decade (see table 2 illustrating the negative trend in maize production – accountin for the major part of food production – with drops in 2002 and 2008). This decline in due in part to the collapse of the large-scale commercial farming sector³⁷. The mainly rain-fed communal farming sector, traditionally responsible for most of the national maize supply for consumption, has struggled as a result of various economic problems, the recurrent drought and the frequently inadequate availability of agricultural inputs. Price and marketing controls on both maize and wheat have also caused disincentives to production of these staples.

Table 1: Zimbabwe inflation rates 2000 - 2008

Zimbabwe inflation rates 2000 - 2008	
Date	Rate
2000	55.22%
2001	112.10%
2002	193.83%
2003	598.75%
2004	132.75%
2005	585.84%
2006	1281.11%
2007	66212.30%
2008	231150888.87%

Source: Imara Asset Management regulated by the Reserve Bank of Zimbabwe

³⁶ PRRO document 200162/WHO TB data.

³⁷ The Land Reform process, which failed to achieve its stated objectives.

Table 2: Zimbabwe Maize Production 2000-2010

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Production (000 t)	1620	1526	605	1059	1686	915	1485	953	471	1243	1328

Source: CFSAM Zimbabwe 2010

10. The Zimbabwe Vulnerability Assessment Committee (ZIMVAC) 2010 Report estimated that some 1.3 million rural people are food insecure during the peak hunger period - representing 10 to 15 percent of the population. The highest levels of food insecurity (percentage of food insecure population) are found in the Matabeleland and Midlands regions. And the highest numbers of food insecure households are concentrated in the Midlands and Manicaland regions.
11. The new market liberalisation policy, introduced in 2009 by the Government of National Unity (GNU) has brought improvements, mainly through the introduction of the multi currency policy³⁸ that effectively solved the problem of hyperinflation. Goods are increasingly available in the shops, though are still unaffordable to many. For the first time in the last decade Zimbabwe experienced a positive economic growth, reaching 4.7 percent in 2009.

2. Reasons for the evaluation

2.A. Rationale

12. WFP operations are guided by its corporate strategic plans. The 2008-2013 Strategic Plan (SP) marks a historical shift from WFP as a strictly food aid agency to a food assistance one, with a more nuanced and robust set of tools to respond to critical hunger needs. Its overarching goal is to reduce dependency and to support governmental and global efforts to ensure long term solutions to the hunger challenge.
13. Since 2009 WFP COs have been required to prepare country strategy documents which are the basic vehicle for the Strategic Plan implementation and outline the current and future strategic orientation, priorities and expected results of the main activities at country-level³⁹.
14. The CPE is an opportunity for the CO to benefit from its findings to feed into the strategic orientation of WFP through the future country strategy process. The CPE is timed as the country strategy is planned to occur in 2012 in Zimbabwe. This should be synchronized with the upcoming UNDAF review scheduled for 2012.
15. In the past few years no evaluation on Zimbabwe had been done by the Office of Evaluation, and it is the first evaluation of WFP's portfolio of activities in Zimbabwe⁴⁰.
16. Finally Zimbabwe has been selected based on the overall size of the programme.

2.B. Objectives

17. Evaluations serve the dual objectives of accountability and learning. As such, this evaluation will:

³⁸ In 2009 the Government abandoned the Zimbabwe dollar, replacing it with the USA dollar, South African Rand and Botswana pula.

³⁹ Framework for the Strategic Plan implementation at the CO-level through a Country Strategy Document; draft 08/05/2009.

⁴⁰ A mid-term evaluation of the Southern Africa regional PRRO 10310 was conducted in 2006. WFP/EB.A/2007/7-B

- Assess and report on the performance and results of the CO portfolio in line with the WFP mandate and in response to humanitarian and development challenges in Zimbabwe (accountability).
- Determine the reasons for observed success / failure and draw lessons from experience to produce evidence-based findings to allow the CO to make informed decisions about positioning itself in Zimbabwe, form strategic partnerships, and improve operations design and implementation whenever possible (learning).

2.C. Stakeholders and users

Table 3 below and annex 4 attached provide detail on the evaluation stakeholders. A full stakeholder analysis will be done by the evaluation team during the inception phase.

Table 3: Preliminary Stakeholders Analysis

Key stakeholder group	Role and interest in the evaluation
Internal stakeholders	
Country Office Management	Primary stakeholder of this evaluation. Responsible for the country level planning and operations implementation, it has a direct stake in the evaluation and will be a primary user of its results to reposition WFP in the country context, if necessary, and readjust programming and implementation as appropriate. They also have an interest in enhanced accountability towards the government, partners, donors and beneficiaries.
Regional Bureaux (Southern Africa RB and Kampala platform)	Responsible for guidance and technical support to COs in the region, it has an interest in ensuring that the Zimbabwe portfolio is reviewed to ensure coherence within operations, effectiveness and strategic positioning of the WFP CO.
Headquarters Management	The Programme division (including VAM), the Performance and Accountability Management Division (RMP), and the Strategic Review Committee (SRC) responsible for providing guidance and oversight for the roll-out of Country Strategies (CS) have an interest in ensuring that CS are informed by a review of the portfolio and evaluation findings.
Executive Board (EB) June 2012 session	As the governing body of the organisation, the EB has a direct interest in being informed about the effectiveness of WFP operations, their harmonisation with strategic processes of government and partners and in ensuring that WFP is adequately effecting the transition prescribed by the 2008-2013 strategic plan.
External stakeholders	
Beneficiaries	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, perspectives from beneficiaries should be sought.
Government (including partner Ministries)	The Government of Zimbabwe has a direct interest in knowing whether WFP activities in Zimbabwe are effective, aligned with their agenda and harmonised with the action of other partners. Various Ministries were/are partners of WFP activities at project level. The main government counterpart is the Ministry of Public Service, Labour and Social Welfare

(MPSLSW). OVCs⁴¹ benefit from an education module administrated by the Ministry of Education, Sport and Culture (MESOC). The Ministry of Health and Child Welfare (MHCW) addresses localized malnutrition with the support from UNICEF. In 2006, the Government initiated a National Economic Development Priority Programme focusing on economic stabilization, inflation reduction, and food security including subsidies for basic commodities.

UN Country Team (UNCT) As a local strategic and operational partner whose harmonised action should contribute to the realisation of the Government humanitarian and developmental agendas, the UNCT, and notably the WFP partner agencies, have an interest in ensuring that WFP operations are effective and that WFP reviews its portfolio in view of the UNDAF mid-term review. Among the UNCT members, WFP worked most directly with FAO to promote conservation agriculture, UNICEF in the areas of nutrition monitoring, school-based assistance and orphan care, and the International Organization for Migration (IOM) to support urban and displaced populations as well as returning migrants.

National and International NGO partners NGOs are WFP’s partners in programme implementation and design and as such have a stake in the WFP assessment of its portfolio performance as well as an interest in its future strategic orientation. The results of the evaluation might affect the WFP activities and therefore the partnerships. Since 2002, many international NGOs have established operations in Zimbabwe. The C-Safe⁴² NGOs and ten additional NGOs served as WFP cooperating partners. WFP has made significant investments in NGO capacity, including strengthening the capacity of several national NGOs to serve as food aid partners.

Donors WFP activities are supported by a large group of donors. They all have an interest in knowing whether their funds have been spent efficiently and if WFP’s work is effective in alleviating food insecurity of the most vulnerable. They also have an interest in whether the future WFP strategy may complement their own strategies and supported-programmes. The top five donors were: USA, UK, Australia, the Netherlands and Canada.

3. Subject of the evaluation

3.A. WFP Portfolio in Zimbabwe

18. WFP is present in Zimbabwe since 1980 and a total of 23 operations including support to emergencies, recovery and special operations have been implemented. Annex 5 provides a list of all WFP operations implemented in Zimbabwe since the beginning. Once one of Africa’s most prosperous nations, Zimbabwe started facing severe economic difficulties with inflation reaching record levels, high levels of unemployment and the collapse of the agricultural sector. Since 2002, WFP has been purchasing, importing and providing food support at particularly low production years for up to 50 percent of Zimbabweans.
19. Drawing from the experience of responding to food insecurity in southern Africa since 2002, WFP developed a social protection framework (SPF) for the region. The design of PRRO 10595 applied

⁴¹ Orphans and other vulnerable children

⁴² The country-based Consortium for the Southern Africa Food Security Emergency, which includes the Cooperative for Assistance and Relief Everywhere (CARE), Catholic Relief Services (CRS) and World Vision.

the SPF in Zimbabwe. During the last three years of the portfolio period WFP provided a massive food aid response - targeting up to 5 million beneficiaries early 2009 – in a period of significant transition and piloting some innovative approaches. WFP Country Office and its partners went through the process of shifting from the large scale in kind food aid to a more flexible and responsive programme.

20. One of the findings of the regional evaluation of PRRO 10310 (2005-2007) was that effectiveness of WFP's regional approach was reduced by donors directed contribution strategy, which offset the advantages of flexible pipeline management. The evaluation found that country-specific operations rather than a regional operation be more appropriate at the end of the operation in 2007. Other findings such as applying a social protection framework and strengthening linkages between food assistance and medical treatment for chronically ill people were also addressed in PRRO 10595 that followed the regional one⁴³.
21. In addition, WFP supported the efforts of the humanitarian community and local authorities in their efforts to respond to the late 2008 cholera outbreak, through a Special Operation (SO). WFP ensured an interrupted supply chain of life-saving relief items and the provision of logistics coordination in support of the humanitarian community's response to the cholera epidemic. The below table 4 presents the timeline and funding level, beneficiaries and direct expenses of WFP portfolio in Zimbabwe. and with and HIV/TB co-infection of 68%, less than a 30% are identified for TB treatment⁴⁴.

⁴³ See the full report and the summary report of the mid-term evaluation of the Southern Africa PRRO 10310

⁴⁴ PRRO document 200162/WHO TB data.

Table 4: Timeline and Funding Level of Zimbabwe 2006-2010 Portfolio Operations

Operation	Title	2006	2007	2008	2009	2010
PRRO 10595	Protracted Relief for Vulnerable Groups in Zimbabwe				Req: \$602.7 Contrib: \$428.0	
SO 10822	Logistics coord. and provision of tertiary transport in support of the Human Community's response to the Cholera outbreak in Zim				Req: \$1.0 Contrib: \$0.8	
REG PRRO 10310*	Assistance to Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of AIDS	2005 30.6 Contrib: \$692.1 (Figures refer to total allocated budget for OMJ)				
Food Distributed (MT)		182,884*(OMJ)	147,452*(OMJ)	216,804	216,269	N/A
Beneficiaries (actual)		4,386,926*(OMJ)	5,553,317*(OMJ)	6,984,378	5,292,092	N/A

Direct Expenses for Zimbabwe (USD, millions)	\$ 98.8	\$ 98.0	\$ 155.6	\$ 154.4	N/A
% of Contrib. To Zimbabwe vs. World	4%	4%	4.4%	3.9%	N/A

Source: last SPR available, Resource Situation (11 January 2011), Annual Performance Report 2009.

Colour : % funded (Contributions received vs . Requirements). Green : ? 75%, Orange : 75% > funded > 50%. Red : ? 50%. Grey = % funded N / A (on-going operations)

Note: Requirements and Contributions are USD millions.

*Figures refer to total allocated budget for OMJ Region

22. HIV&AIDS related activities, food security monitoring and Cash & Voucher programming activities were funded through four grants in 2006 and 2007. Table 5 summarizes the activities funded by separate grants.

Table 5: Activities Funded by Grants

Donor	Start year	Allocated budget to ZIM (USD)	Activities funded
DFID/UK	2006	40,000	Update Food Security Monitoring methodologies & tools
DFID/UK	2007	Total:591,800 to OMJ	Special Initiative for Cash&Voucher Programming
Canada	2007	56,900	Education to enhance food security and improved nutrition amongst pop. infected by HIV&AIDS
Germany	2007	75,000	Regional Innovative HIV&AIDS Response

Source: WFP Grants Management Unit

23. **Objectives and related activities during 2006-2010.** The portfolio covers two Strategic Plan periods in WFP and the two PRROs were either designed or implemented before the current 2008-2013 Strategic Plan⁴⁵, and associated Strategic objectives, was in place. This evaluation will however use the framework of the current five strategic objectives (SOs) to assess issues of

⁴⁵ While the formulation of the WFP corporate strategic objectives has varied over the portfolio timeframe, they nonetheless remained similar enough in nature to allow referring only to the 2008 – 2013 strategic plan.

alignment of the portfolio with corporate strategy. Below is a summary of the current five corporate strategic objectives⁴⁶ and associated main activities related to the operations that will be evaluated.

- **SO1: Save lives and protect livelihoods in emergencies.** General food distribution, Targeted food distribution, Supplementary feeding, Cash transfers, Emergency logistics/cluster lead;
- **SO2: Prevent acute hunger and invest in disaster preparedness and mitigation measures.** Vulnerability analysis and mapping (VAM), Safety net;
- **SO3: Restore and rebuild livelihoods in post-disaster or transition situations.**
- **SO4: Reduce chronic hunger and undernutrition.** PLW Nutrition and health (MCHN), School Feeding, HIV&AIDS &TB;
- **SO5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.** While this objective can be considered cross-cutting across all operations, it focuses mainly on activities such as procurement, partner capacity strengthening and advocacy.

24. **Activities overview.** The PRRO 10595 looked at increasing the ability of vulnerable Zimbabweans to meet their food needs by providing food support to complementary health, agriculture and education activities. The larger proportion of the operation is the Emergency Vulnerable Group Feeding (VGF) addressing seasonally shock-affected food insecure households. It is however implemented only during the lean season; from October to March. Table 6 indicates the type of activity per operation (including the regional PRRO). In late 2009 a budget revision (BR 5) incorporated a cash transfer activity in the Zimbabwe PRRO 10595 through a partnership arrangement with Concern Worldwide.

Table 6: Distribution of Portfolio Activities by Beneficiaries

	PRRO 10595		Planned percent of beneficiaries	Actual percent of beneficiaries	REG PRRO 10310*		Planned percent of beneficiaries	Actual percent of beneficiaries	Planned beneficiaries PRRO 10595 and REG PRRO 10310	Actual beneficiaries PRRO 10595 and REG PRRO 10310
	F	M			F	M				
HIV	X	X	9%	9%	X	X	9%	4%	9%	7%
Education	X	X	6%	4%	X	X	16%	9%	10%	6%
FFW/FFA/FFT					X	X	0%	0%	0%	0%
GFD	X	X	85%	87%	X	X	75%	87%	81%	87%
Nutrition					X	X	0%	0%	0%	0%
Cash and Voucher	X	X	0%	0%					0%	0%

Source: Dacota

Note: Special Operation is not represented as Dacota does not provide activity data on Logistic operations

* Activities for REG PRRO 10310 include only beneficiaries for Zimbabwe and not for the whole Region

** Cash and Voucher, FFW and Nutrition are 0% due to a low absolute figure not captured by the %

⁴⁶ See annex 3 for further details on the specific goals and main tools associated to each strategic objective.

3.B. Scope

25. The time period covered by the evaluation is 5 years, from 2006 through 2010. In light of the strategic nature of the evaluation, the team will look at the strategic role WFP played in Zimbabwe. The portfolio in Zimbabwe between 2006 and 2010 comprises one Relief and Recovery operation (PRRO 10595⁴⁷) and one Special Operations (SO 10822) budgeted at slightly over USD 604 million. There was also one operation at regional level; the Southern Africa Protracted Relief and Recovery operation (PRRO 10310), which started in 2005. It is noted that the regional PRRO covering seven countries in the Southern Africa region has been evaluated in 2007⁴⁸. The evaluation findings were used to inform the development of the next PRRO, designed for Zimbabwe. In partnership with *Concern Worldwide*, a Cash & Food pilot project started in November 2009 until March 2010. Ultimately a total of 59,000 beneficiaries were targeted who either received cash only, food only or a combination of Cash & Food⁴⁹. The Cash & Food pilot has been evaluated. Both the project and the findings of the evaluation will be reviewed by the evaluation team.
26. The evaluation will focus on how WFP strategically responded and adapted to the various changes and challenges that occurred during the portfolio period – and especially during the last three years⁵⁰ where WFP operated under exceptional circumstances. Emphasis will be given on the three key questions (see below section 4).
27. The evaluation will also review the analytical work conducted by WFP over the period as well as WFP's participation to strategic processes, not to assess the methodology or quality of products, but to determine the extent to which it contributes to WFP priorities and objectives in the country and enables strategic positioning (supporting or complementing the work and strategies of others).
28. The major emphasis of this CPE is on Objectives 1 and 4 in order to support the country office in reviewing the coherence of its approach under the context of Zimbabwe, and the performance of the operations (mainly PRRO 10595) against expectations to determine lessons learnt.
29. The geographic scope includes all areas covered by the portfolio. However, the field work will necessarily focus on a limited number of regions/sites due to time and funding constraints and transparent selection criteria will be developed by the evaluation team during the inception phase.

4. Key evaluation questions

30. The CPE will address three key questions, which will be further elaborated in a matrix of evaluation by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the main lessons from the WFP country presence and performance, which could inform future strategic and operational decisions. It should be noted that question three will

⁴⁷ The PRRO was originally designed as a two-year operation (May 2008-April 2010). It has then been extended to Dec 2010 via budget revisions. PRRO 10595 had a total of 8 budget revisions.

⁴⁸ See the reports of the mid-term evaluation of the Southern Africa Protracted Relief and Recovery Operation (PRRO 10310) in the Bibliography (available via dropbox).

⁴⁹ See the evaluation findings of the 2009 Cash & Food pilot, *The evaluation of Concern Zimbabwe's emergency cash transfer* – June 2010. See also Budget Revisions 5, 6 and 7 of PRRO 10595 to incorporate a cash transfer activity and to expand it.

⁵⁰ It includes the Special Operation(SO) in response to the cholera outbreak. The SO started in February 2009.

constitute the largest part of the inquiry and evaluation report. The three key questions are central to the evaluation and will be the basis for the final report structure.

Question one - Strategic alignment of the WFP portfolio including the extent to which:

- i. its main objectives and activities have been strategically aligned with the country's humanitarian and developmental needs, priorities and capacities;
- ii. its objectives have been coherent with the stated national agenda and policies, including sector policies;
- iii. its objectives have been coherent and harmonized with those partners (multilateral, bilateral and NGO partners);
- iv. WFP has been strategic in its alignment and positioned itself where it can make the biggest difference; and
- v. there have been trade-offs between aligning with national strategies on one hand and with WFP's mission, strategic plans and corporate policies on the other hand.

Question two - Making strategic choices including the extent to which WFP:

- i. has analysed the national hunger, food security and nutrition, HIV&AIDS issues, or used existing analyses to understand the key hunger challenges in the country and designed programmes accordingly;
- ii. contributed to placing these issues on the national agenda, to developing related national or partners policies/strategies and capacity on these issues;
- iii. positioned itself as a strategic partner for the government, multilateral, bilateral and NGO partners and in which specific areas; and
- iv. identify the factors that have determined past choices (such as perceived comparative advantage, corporate strategies, national political factors, resources, organisational structure, monitoring information etc.) to understand these drivers of strategy and how they need to be considered and managed when developing a country strategy.

Question three - Performance and Results of the WFP portfolio including⁵¹:

- i. the relevance to the needs of the people;
- ii. the level of efficiency, effectiveness, impact and sustainability of the main WFP programme activities and explanations for these results (including factors beyond WFP's control);
- iii. the level of synergy and multiplying effect between similar activities in different operations and between the various main activities regardless of the operations; and
- iv. the level of synergies and multiplying opportunities with partners (multilateral, bilateral and NGOs) at operational level.

5. Evaluation Approach

⁵¹ In relation to question three, it should be emphasised that the focus shall not be on assessing individual operations per se but rather to look across operational divides to provide an assessment of the performance and results of the portfolio.

5.A. Evaluability Assessment⁵²

31. The CPE will benefit from a past evaluation managed by the office of evaluation. The Regional PRRO (10310) was evaluated in 2007. Members of the evaluation team visited Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe in the Southern Africa Region late 2006. Under PRRO 10595, the cash transfer pilot in partnership with Concern Worldwide has also been evaluated in 2009 by the *Oxford Policy Management*.
32. OE will share with the evaluation team a bibliography of relevant documents dealing with key aspects of the government, and WFP strategies and programmes.
33. WFP in Zimbabwe monitors all stages of the interventions; the registration process (including verification monitoring⁵³), the food distribution and post-distribution. Output monitoring is regularly conducted on a daily, weekly and monthly basis. The number of beneficiaries is disseminated by age and sex, and the proportion of female recipients and women in food/cash distribution point committees is indicated. Community and household surveillance (CHS) is a standardized regional framework for monitoring outcomes. It looks at a number of key indicators that are designed to monitor the short to medium term effects of assistance in Zimbabwe. The exercise has been carried out bi-annually since 2003. Annual Standard Project Reports (SPR) are prepared for each operation. The main challenges in evaluating the WFP Zimbabwe country portfolio are the following:
34. Analysing the regional PRRO in capturing data specific for Zimbabwe will be difficult because data was not systematically broken down by country⁵⁴.
35. While each operation has its own logical framework, there is no logframe covering the portfolio period (2006-2010) and it refers to two different strategic plans.
36. The less tangible aspects of positioning oneself strategically as a partner and of influencing the strategies of others can be difficult to measure.
37. High staff turnover and staff shortages have affected the implementation of achievement of reporting targets during the latter part of the PRRO 10595. The national M&E Coordination forum established and chaired by WFP in 2007, suffered from some interruptions.

5.B. Methodology

38. The evaluation will employ relevant internationally agreed evaluation criteria of relevance, coherence, efficiency, effectiveness, impact and sustainability.
39. During the inception phase, the evaluation team will design the methodology and present it in the inception report. The methodology should:
 - Build on the logic of the portfolio and on the common objectives arising across operations;
 - Structure the findings of the evaluation as groups of main activities across the various portfolio operations by ensuring that the focus is put on how groups of main activities across operations have contributed together to their respective strategic objectives. Table 7 provides

⁵² Evaluability is the extent to which an activity or a program can be evaluated in a reliable and credible fashion, which depends on the clear understanding of the situation before assistance was provided, a clear statement of intended outcomes and impacts, clearly defined appropriate indicators, and target dates by which expected outcomes and impacts should occur.

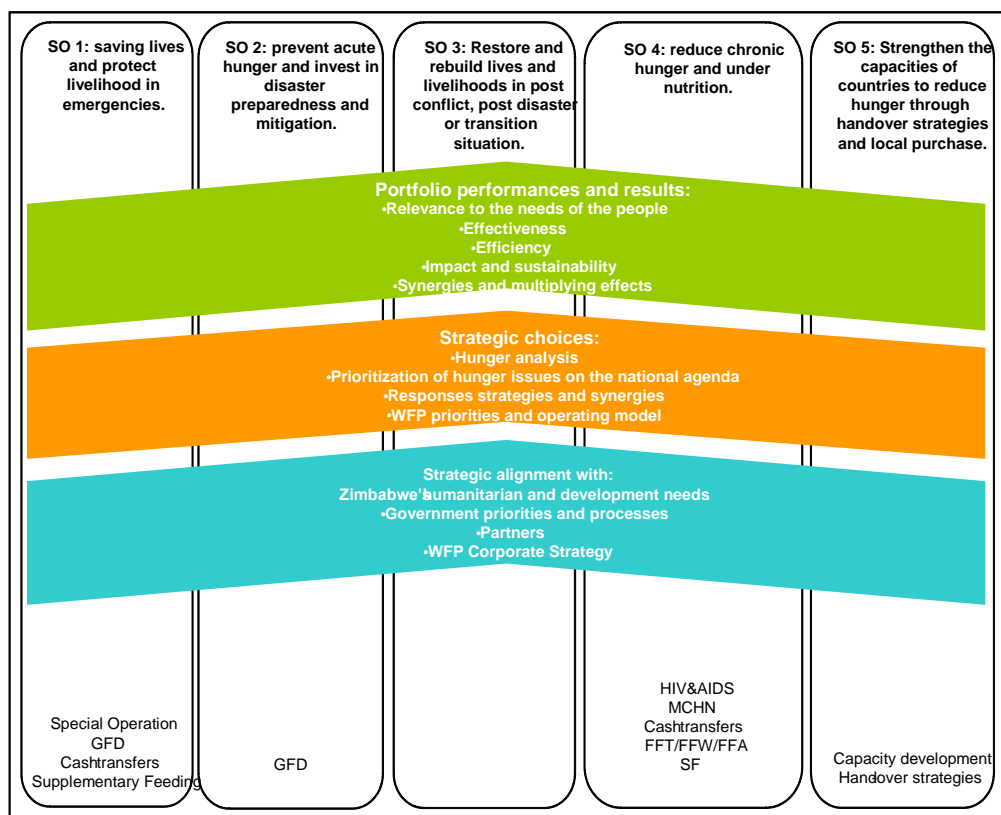
⁵³ Where registrations are identified as invalid, WFP and its partner(s) initiate a re-registration.

⁵⁴ Note that the CHS and ATOMS regional monitoring systems include Zimbabwe specific information.

a simplified evaluation model for the CPE that looks at the main activities grouped according to SOs across the three key evaluation questions presented in section 4;

- Take into account the evaluability challenges pointed out in section 5.A, the budget and time constraints.
- Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and by using a mixed of methods (e.g. quantitative, qualitative, participatory) to ensure triangulation of information through a variety of means. The selection of field visit sites and stakeholders to be interviewed should be specified in the inception report.

Table 7: Simplified Evaluation Model for the Country Portfolio Evaluation



SO: Strategic Objective; SF: School Feeding; GFD: General Food Distribution; FFA/W/T: Food for Assets/Work/Training; MCHN: Maternal Child Health and Nutrition;

The evaluation matrix will be developed in the inception report in order to clearly link the evaluation questions with the methodology and associated methods.

5.C. Quality Assurance

40. WFP's evaluation quality assurance system (EQAS) is based on the UNEG norms and standards and good practice of the international evaluation community. It provides templates for evaluation products and includes quality assurance of evaluation reports based on standardized checklists. EQAS will be systematically applied during the course of this evaluation and relevant EQAS documents will be provided to the team at the start of the evaluation. The evaluation manager will conduct the first level quality assurance, while the Office of Evaluation (OE) Director will conduct the second level review. This quality assurance process does not interfere with the views and independence of the evaluation team, but ensures that the findings are backed up by evidence and form the basis of the conclusions and recommendations.
41. The evaluation team will be responsible to ensure data quality (validity, consistency and accuracy) throughout the analytical and reporting phases.

6. Organisation of the Evaluation

6.A. Phases and deliverables

42. The evaluation is structured in five phases summarized in table 8 below. A more detailed proposed timeline can be found in annex 7. The detailed timeline indicates also the responsibility of the evaluation team and those of the evaluation manager. The detail of each expected deliverable is available in EQAS and will be made accessible to the team during the preparatory phase.

Table 8: Timeline Summary of Key Evaluation Milestones

Main phases	Timeline	Tasks & Deliverables
1. Preparatory	Feb/April 2011	Draft and Final Terms of Reference Evaluation team and/or firm identification/ selection
2. Inception	May/July 2011	Briefing at HQ Inception mission in ZIM and inception reports
3. Fieldwork	Sep-11	Evaluation mission in ZIM Debriefing/Aide memoire (preliminary findings)
4. Reporting	Oct/Dec 2011	Draft evaluation reports/Review/Matrix of comments Final evaluation report
5. Executive Board EB.A/2012 (June)	Jan/March 2012	EB Summary Report/Editing/Translation Management Response. Evaluation brief

6.B. Evaluation team/Expertise required

43. The evaluation will be conducted by a team of independent consultants with relevant expertise for the WFP Zimbabwe country portfolio. The evaluation team will consist of a team leader and 2 international subject specialists. The team will also include one local consultant who is resident in Zimbabwe to assist the team in research, fieldwork, and is familiar with the government context.

44. The team leader is responsible for leading the evaluation team and for quality control of all relevant products timely delivered. He/she should have robust evaluation experience in the context of humanitarian assistance, a good understanding of safety nets and food security issues, be familiar with the Zimbabwe context, as well as have excellent conceptual and writing skills (analytical skill and capable to synthesize).

45. The evaluation team should combine between its various members the following competencies:

- Strong experience in strategic positioning and planning related to humanitarian assistance;
- Ability to conceptualize complex evaluations and to design ensuing approach and methodology;
- Knowledge of the UN and WFP work modalities, WFP types of programmes, and the WFP transition from food aid to food assistance;
- Technical expertise in:
 - a. Food security and livelihoods/ safety nets, notably in the context of a massive food aid response, and piloting some innovative approaches.

- b. Health/Nutrition including knowledge in the context of HIV issues and projects (HIV&AIDS being a key strategic area in the one UN response).
 - c. Agricultural market issues related to cash (for food) transfer projects.
 - d. Logistics coordination in response to the cholera outbreak in Zimbabwe.
46. All proposed team members should have strong analytical and communication skills. They will not have been significantly involved in work for the WFP Zimbabwe CO nor have other conflicts of interest.

6.C. Roles and responsibilities

47. The evaluation is managed by WFP's Office of Evaluation. Diane Prioux de Baudimont is the evaluation manager (EM) and is responsible for drafting the TOR; selecting and contracting the evaluation team (it can be via contracting a consultant firm); preparing and managing the budget; organizing the evaluation team briefing in HQ; assisting in the preparation of the field missions; conducting the first level quality assurance of the evaluation products and consolidating comments from stakeholders on the various evaluation products. The EM is also the main interlocutor between the evaluation team, represented by the team leader, and WFP counterparts to ensure a smooth implementation process.
48. The Country Office is expected to provide information necessary to the evaluation; be available to the evaluation team to discuss the programme, its performance and results; facilitate the evaluation team's contacts with stakeholders in Zimbabwe; set up meetings and field visits, and provide logistic support during the fieldwork, including booking accommodation and arranging for vehicles and local flights, as needed. If required, the CO will also organise for interpretation.
49. Relevant WFP stakeholders at RB and HQ levels are expected to be available for interviews/meetings with the evaluation team and to comment on the various reports throughout the evaluation process.
50. To ensure the independence of the evaluation, the CO and RB staff will not be part of the evaluation team or participate in meetings where their presence could bias the responses of the stakeholders.

6.D. Communication

51. All evaluation reports will be in English.
52. Initial findings, conclusions and recommendations of the evaluation team will be shared with stakeholders during a debriefing session at the end of the field work. This will occur via teleconference with WFP stakeholders at CO, RB and HQ levels. This early feedback is important to verify the initial findings of the team with stakeholders, it also gives the CO the opportunity to clarify issues and ensures a transparent evaluation process.
53. The summary evaluation report together with the management response to the evaluation will be submitted and discussed at the WFP Executive Board session in June 2012. During the EB session, the OE Director will present the summary evaluation report, while the RMP Director – in charge of coordinating the management response - will present the management response.
54. The evaluation reports (full and summary) will be public documents and will notably be posted on the public WFP website.

55. The evaluation manager will prepare a short brief of the evaluation and OE will disseminate internally and externally the evaluation findings through various means such as inclusion in the annual evaluation report.
56. The CO might, at its own initiative, conduct a follow-up workshop to discuss the conclusions and recommendations and determine follow-up actions with its partners.

6.D. Resources and Budget

57. The evaluation will be financed from the Office of Evaluation's budget at a total estimated cost of USD 210,000. The total budget covers all expenses related to consultant/firm rates, international travels, logistics, EM travel, etc. The evaluation team will be hired through an institutional contract with a consultant firm.

Annex 2: Methodology/Evaluation Matrix

EVALUATION MATRIX: ISSUE #1: STRATEGIC ALIGNMENT AND POSITIONING OF THE WFP/ZIMBABWE COUNTRY PORTFOLIO

Key Questions for the Evaluation	Analyses	Main Sources	End Products
What were the main humanitarian and development needs, priorities, and capacities during 2006 – 2010? Were the government’s policies and strategies consistent with these needs?	Chronology of key events	World Bank, WFP docs, FEWS NET, Government docs	Timeline and description
Was there alignment of WFP’s operations with stated and unstated Zimbabwean Government policies in terms of objectives, geographical areas of focus, and activities? Did WFP participate in Zimbabwean Government coordination meetings and strategy processes?	Qualitative assessment	WFP documents Staff interviews (esp CD,DCD) Partner interviews	Description
Were WFP aware and work within the objectives and strategies of key partners in Zimbabwe, including UN agencies (UNICEF, UNAIDS, FAO, and OCHA) and donors (e.g., USAID, EU, DIFD, Japan)?	Qualitative assessment	WFP documents Staff interviews (esp CD,DCD) Partner interviews	Description
Was WFP a leader in terms of food security, hunger, nutrition, HIV, and social protections/safety net issues? Did WFP contribute to Zimbabwean Government policy and strategy documents, UNDAF, etc?	Qualitative assessment	WFP documents Staff interviews (esp CD,DCD) Partner interviews	Description
How did WFP respond strategically to the extreme and rapidly changing events in Zimbabwe between 2006 and 2010 in the political, social, and economic conditions on the ground? Did these changing conditions influence changes in operations (timing, content)? What did WFP do to minimize the impact of any trade-offs?	Comparison of key events and WFP objectives	WFP documents Staff interviews Partner interviews	Description
Did WFP corporate guidance (e.g., contingency planning) assist maintaining a strategic alignment during the extreme and rapidly changing political, social, and economic events in Zimbabwe?	Qualitative assessment	WFP documents Interviews with CO and RB staff Partner interviews	Description
How did the Regional PRRO’s (10310) activities, focus, etc impact on the positioning of the national PRRO (10595)? Did the Regional PPRO strengthen or weaken or hurt this positioning?	Qualitative assessment	WFP documents Interviews with RB staff Partner interviews	Description
Did the absence of a WFP country strategy in Zimbabwe have an impact on strategically aligning with partners or the country office’s ability to adjust its objectives and strategy to address the changes in the domestic and regional aspects of the food security crisis?	Qualitative assessment	WFP documents Staff interviews (esp CD,DCD) Partner interviews	Description

EVALUATION MATRIX: ISSUE #2: MAKING STRATEGIC CHOICES

Key Questions	Analyses	Main Sources	End Products
What analytical framework was used to analyze national hunger, food security, HIV, nutrition, and social protection issues? Were outcome and process indicators identified and measured?	Qualitative assessment	WFP documents Staff interviews	Description
What was the role of assessments/surveys in generating and using analysis to make strategic choices? Was the data collection and analysis done: Timely? High enough quality? Sufficient coverage? Credible?	Qualitative assessment	WFP documents Documents from the World Bank, UN agencies, FEWS NET, donors, Zimbabwean Government Staff interviews Partner interviews	Description
How effective was WFP in identifying and adjusting their decision-making in the face of extreme and rapidly changing political, social, and economic events in Zimbabwe? Did WFP consult key partners (e.g., Zimbabwean Government, UN agencies, and donors) as new strategic choices were made?	Qualitative assessment	WFP docs Staff documents Partner interviews	Description
To what extent did the extreme and rapidly changing conditions drive or not drive adjustments in program choices? Did any new programs or innovations originate in response to these changing conditions?	Qualitative assessment	WFP docs Staff documents Partner interviews	Description
Did WFP look for complementary interventions in food security, HIV, nutrition, and social protection to address the main determinants of issues in these sectors?	Qualitative assessment	Staff interviews Partner interviews	Description
Was the WFP corporate strategy and strategic plan sufficiently robust to guide the Country Office in the challenging and changing political, social, and economic environment?	Qualitative assessment	WFP documents Staff interviews Partner interviews	Description
Were contingency and response strategies developed? Were they based on: Donors' interest? Resource level and balancing/distribution of different funding levels for different operations? Context realities (e.g., security, staffing, access, time limitations)? Absence of accountability mechanisms? Were they useful as conditions rapidly changed?	Qualitative assessment	WFP documents Staff interviews Partner interviews	Description
To what extent were the Regional PRRO (10310) strategy, positioning, and activities a driver of the national PRRO (10595)?	Qualitative assessment	WFP documents Interviews with CO and RB staff Partner interviews	Description
What specific actions/activities has the Country Office undertaken to develop national capacity? Was developing national capacity realistic given Zimbabwean Government and WFP internal capacity?	Qualitative assessment	Staff interviews Partner interviews	Description
Was there an official WFP policy that outlines the role and expectations for Country Offices?	Qualitative assessment	WFP Rome documents and interviews	Description

EVALUATION MATRIX: ISSUE #3: PERFORMANCE AND RESULTS OF THE WFP/ZIMBABWE PORTFOLIO

Key Questions	Performance Indicators	Main Sources	End Products
<p>Beneficiaries and Assistance Provided: How were beneficiaries selected? Were the programs—VGF, nutrition, health/HIV, and social protection—consistent with the needs of beneficiaries, government policy on, policy orientation of donors and strategic positioning of WFP and its partners? Was an appropriate mix of activities selected given the types/location of beneficiaries and their needs? Did WFP programs remain relevant to the beneficiaries as conditions changed, and therefore the needs, changed?</p>	<p>Comparison of location and numbers of beneficiaries with assessment reports (e.g., ZIMVAC) Timeline of events vs WFP activities (as changes occurred)</p>	<p>Data and information from WFP, World Bank, FEWS NET WFP documents Interviews of WFP staff, partners, and beneficiaries Analysis of program choices compared to food, nutrition, and other needs</p>	<p>Description</p>
<p>Attaining Objectives: Were WFP program activities in VGF, nutrition, health/HIV, social protection effective in achieving the stated and non-stated outcome objectives? How did strategic program adjustments in the face of the changing political, social, and economic conditions increase/decrease the achievement of the stated and non-stated outcome objectives? Were the pilot activities such as cash transfers and e-vouchers more effective? Were changes in delivery mechanism (e.g., going through hospitals rather than CBOs) change the effectiveness of WFP programs?</p>	<p>Compare objectives in program docs with outcomes (focus groups and individual interviews with stakeholders) Assessment of delivery mechanisms (e.g., initial and pilots)</p>	<p>Data and information from WFP, World Bank, FEWS NET WFP documents Interviews of WFP staff, partners, and beneficiaries Analysis of program choices and delivery mechanisms compared to other program options</p>	<p>Description</p>
<p>Contribution to National Humanitarian/Development Changes: Did the WFP programs contribute to national humanitarian and development changes in Zimbabwe? How did the extreme and rapidly changing political, social, and economic conditions in Zimbabwe affect the contribution of WFP program? Has there been any scope for genuine capacity building in terms of logistics in any of the WFP activities and operations to support longer term impacts? What efforts has WFP done to identify what WFP capacity can be transferred to the Government of Zimbabwe? Is there a medium or long term exit strategy in place and has this been discussed with stakeholders? What factors enhanced/limited WFP’s contribution to the Zimbabwe humanitarian and development impacts?</p>	<p>Assessment of what the WFP interventions were vs what would have happened without them Timeline of events vs WFP activities (as they changed as events changed)</p>	<p>Data and information from WFP, World Bank, FEWS NET WFP documents Interviews of WFP staff, partners, and beneficiaries Analysis of program choices compared to other program choices</p>	<p>Description</p>
<p>Factors That Explain the Results: What were the factors, both internal and external to WFP’s manageable control, that explain the results of the WFP country portfolio as a whole, and with respect to specific programs? Did WFP identify these factors in a timely manner to allow strategic adjustments? What role did WFP’s systems have in identifying internal and external factors that were a threat to their portfolio and programs? Did the WFP CO office make strategic adjustments of factors that were within their control, and did they increase/decrease its impact? How did WFP mitigate those factors which were out of their control (e.g., hyperinflation)?</p>	<p>Assessment of timeline of events vs WFP activities (as they changed as events changed) Assessment of the WFP systems in collecting and/sharing data and information</p>	<p>Interviews of WFP staff, partners, and beneficiaries</p>	<p>Description</p>
<p>Other issues: Was the staff a strength adequate and commensurate with the workload as it changed during the period?</p>	<p>Staffing numbers at different times vs the program requirements</p>	<p>Interviews of WFP staff, partners, and beneficiaries</p>	<p>Description</p>

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Annex 4: Fieldwork Locations

September 2011						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4	5	6	7	8	9	10
Team arrives in Harare	Harare	Harare	Harare	Chopak and De Meulder, Harare		
				Bellin-Sesay and Chisvo, Mutare		
11	12	13	14	15	16	17
Harare	Harare	Harare	Chopak and Chisvo, Masvingo			Chopak and Chisvo, Harare
			De Meulder and Bellin-Sesay, Bulawayo			De Meulder and Bellin-Sesay, Masvingo
18	19	20	21	22	23	24
Harare	Harare	Harare	Harare	Harare	Harare	Chopak, depart
De Meulder, depart						

Annex 5: List of People Met

World Food Programme

Rome

Ms. Caroline Heider, Director of the Office of Evaluation

Ms. Diane Prioux de Baudimont, Evaluation Manager

Mr. John Prout, Program Design, Cash Transfers and Vouchers

Ms. Joyce Luma, Chief, Food Security Analysis Service

Mr. Svante Helms, Program Officer, Division of Performance and Accountability Management

Ms. Edith Heines, Program Advisor, Nutrition

Ms. Mutimta Hambayi, Program Advisor, HIV & AIDS

Mr. Paul Trumbull, Program Design

Ms. Lynn Brown, Policy, Safety Nets and Social Protection

Mr. George Gegelia, Procurement Officer

Ms. Mutinta Chimuka, Resource Mobilization

Ms. Jo Pilgrim, Logistics and Transport

Mr. Jeppe Andersen, Logistics

Mr. Etienne Labande, Emergency Preparedness and Contingency Planning

Regional Bureau—Johannesburg, South Africa

Mr. Bill Barclay, Senior Regional Advisor

Ms. Jacqueline Flentge, M&E

Ms. Francesca Erdelmann, Regional HIV Advisor

Country Office, Harare

Mr. Felix Bamazon, Country Director

Mr. Simon Cammelbeek, Deputy Country Director

Ms. Liljana Jovceva, Programme Officer

Ms. Barbara Clemens, Head of Administration and Finance Department

Mr. Vladanir Jovcev, Head of Logistics

Ms. Nada Islepho, Logistics Officer-LTSH

Ms. Tendai Hamandishe, Logistics Officer

Mr. Sam Chimwaza, Head of VAM Programme

Ms. Kudzai Akino, Programme Officer
Ms. Tafara Ndumiyana, Senior Programme Assistant (Nutrition)
Ms. Yvonne Vhevha, Senior Programme Assistant (VAM)
Mr. Tiwonge Machiwenyika, Senior Programme Assistant
Mr. Rudolf Gsell, Programme Officer (Cash and Vouchers)
Mr. Robert Makasi, Senior Program Assistant-Reports
Mr. Godfrey Macheka, Senior Security Assistant
Mr. Emmanuel Ngove, Head of Compas Section
Ms. Tawanda Japara, Warehouse Manager Harare

Mashonaland Sub-Office

Mr. Herbert Matsikwa, Sub-Office Head
Mr. Caleb Mwaramba, Field Monitor Assistant
Ms. Batsirai, Mukungatu, Field Monitor Assistant

Mutare-Sub-Office

Mr. Oliver Manyerenyere, Sub-Office Head
Ms. Angela Kazembe, Field Monitor Assistant, Safety Net Programme
Ms. Rumbidzai Chitombi, VAM Unit
Ms. Pray Gwatinyanya, Logistics Assistant
Ms. Gumiso Ntuli, Field Monitor Assistant

Masvingo Sub-Office

Mr. Ricky Kufa, Sub-Office Head
Mr. Peter Nyenya, Senior Programme Assistant
Mr. Alexander Chibwana, Senior Programme Assistant
Ms. Farai Mukwende, Senior Programme Assistant
Mr. Ephraim Machauda Filed Monitor Assistant
Mr. Musodzi Mbala, Field Monitor Assistant
Mr. Nathan Mkandatsama, Logistics Assistant

Bulawayo Sub-Office

Ms. Praxedes Moyo, Sub-Office Head
Ms. Kopano Mhlope, Program Assistant

Mr. Mabuho Mamane, Field Monitor

Government of Zimbabwe

Mr. Sydney Mishi, Director of the Department of Social Welfare, Ministry of Labour and Social Services

Mr. Laxson Chinego, Department Director of Policy on Social Sector, Ministry of Labour and Social Services

Mr. Joseph Gondo, Principal Director, Ministry of Agriculture, Mechanisation and Irrigation Development Provincial Administrator, Harare Province

Ms. Kudzai Mukudoka, Intersectoral Programme Officer, Food and Nutrition Council

Ms. Annalies Borrel, Senior Advisor, Food and Nutrition Council

Ms. L.L. Dlamini, Matabeleland North, Provincial Administrator

Mr. Rutendo Kandawasvika , District Nutritionist, Gweru

Mr. Camos Moyo, Participatory Hygiene and Food Security Specialist, Gweru

Mr. S. C. Ruwodo, Council Health Assistant Director, Gweru

Ms. Priscilla Magaya, Acting Sister-in-Charge, Mtapa Clinic, Gweru

Ms. Memory Dhliwayo, Assistant District Administrator, Chiredzi

Mr. Matimbira, District Nutritionist, Chiredzi

Ms. Millie Tamirepi, District Food Aid Manager, Chiredzi

Mr. Fungayi Mbetsa, Provincial Administrator, Manicaland Province

Mr. Simon Sigauke, Assistant District Administrator, Mutare Rural District Council

Mr. Joseph Mukajami, AGRITEX Agribusiness and Marketing Specialist, Mutare

Elderman Joshua Dinhira, Ward Councillor, Munyoro Ward 27, Mutoko

Mr. Christopher Chuma, Lupane District Administrator

Ms. R. Chinamasa, Customs & Excise, General Manager

Mr. Chicuni, Customs & Excise, Technical Manager

Mr. Zidya Edgar, Acting District Administrator, Buhera

Mr. Gladman Nduna, Senior Executive Officer, Buhera

Mr. Tranos Hondongwe, Assistant Provincial Administrator, Masvingo

Ms. Makepeace Muzenda, Assistant District Administrator, Masvingo

Mr. V. Hlavati, Assistant District Administrator, Chivi

Dr. Joseph Murungu, Ministry of Health and Child Welfare, Deputy National ART Coordinator, AIDS and TB Programme

Ms. Kudzai, Mukudoka, Intersectoral Programme Officer, Food and Nutrition Council

Ms. Ancikaria Chigumira, Deputy Director Nutrition Services, Ministry of Health and Child Welfare

Mr. F.S. Mbetsa, PA Manicaland Province, Ministry of local Government, Rural and Urban Development

Ms. Siphumzihe Mthethpq, Nurse in charge of Mswazi Clinic, Umzingwane District

Multilateral Partners

World Bank

Mr. Nginya Mungai Lenneiye, Country Manager

Mr. Peter Nicholas, Lead Operations Officer

Ms. Ruth Wutete, Social Protection Specialist

United Nations Agencies

UNDP

Ms. Christine Umutoni, Country Director

Mr. James Wakiaga, Economic Advisor

OCHA

Mr. Fernando Arroyo, Head of Office

FAO

Mr. Jean-Claude Urvoy, Zimbabwe Country Team Operations Coordinator

Ms. Lori Bell, Evaluation Officer (Rome)

Mr. James Gasana, Team Leader Zimbabwe FAO evaluation

UNICEF

Mr. Marc Rubin, Deputy Representative

Ms. Elayn Sammon, Child Protection Officer

Ms. Fitsum Sassefk, Nutrition Officer

Ms. Charity Zvandaziva, Nutrition Officer

Ms. Florence Naluyinda Kitabire, HIV/ ADS, MCHN Manager

Ms. Thoko Ncube, Nutrition Officer

Ms. Emma Maspero, Logistics Specialist

Mr. Obeid, Logistics Officer

WHO

Dr. Custodia Mandlhate, WHO Resident Representative

Dr. Christine C Chakanyuka-Musanhu, National Professional Officer, HIV/Tuberculosis

Dr. Trevor Kanyowa, National Programme Officer

UNAIDS

Ms. Tatiana Shoumilina, UNAIDS Country Coordinator

International Organisation for Migration (IOM)

Mr. Sam Grundy, Programme Officer, Emergency and Rehabilitation Unit

Bilateral Partners

United States Agency for International Development

Ms. Carol Jenkins, Food for Peace Officer

European Commission

Mr. Francois Goemans, Head of Office

Australian Agency for International Development

Mr. Michael Hunt, Head of Agency-Zimbabwe

Ms. Dorothy Mufanechiya, Senior Program Manager

Embassy of Japan

Mr. Yoshihoro Doi, First Secretary

Mr. Colin Bell, Food Security Advisor

Swiss Agency for Development and Cooperation

Mr. Marc De Santis, Country Director

Mr. Hugo Raemi, Consultant

Non Governmental Organizations

CARE

Ms. Heather Van Sice, Assistant Country Director

Mr. Patrick Ndungu, Food Security Advisor
Ms. Patience Mujachani, Commodity Accountant
Ms. Juliet Bvekwa, Commodities and Warehouse Supervisor
Mr. Geshem Madzingaidzo, Relief Assistant
Ms. Melody Muchimwe, Field Supervisor

GRM

Ms. Erica Keogh, Knowledge Management Unit, PRP

Catholic Relief Services

Mr. Paul Townsend, Country Representative
Mr. Jean Daniel, Chief of Party, PRIZE Project
Mr. Felix Dembetembe, Program Coordinator, Bulawayo

Help From Germany

Ms. Tsitsi Magadza, Project Coordinator, Saint Luke Hospital
Mr. Chakanetsa Mhungita, Distribution Officer
Ms. Happiness Mhlanga, Distribution Officer
Ms. Tsitsi Magadza, Project Coordinator
Mr. Chakanesa Mhungita, Distribution Officer, St. Luke Hospital
Mr. Adam Ngonyamo, Distribution Officer, St. Luke Hospital, Lupane District
Mr. Elson Ncube, Head of Nurses, St. Luke Hospital, Lupane District
Mr. Gift Muripo, Senior Data Capturer, Bulawayo Office
Ms. Antonetta Whacha, Distribution Officer, Bulawayo Office

World Vision

Mr. Edward Brown, National Director
Mr. Gilbert Nyamutsaka, Commodities Manager, Food and Non Food
Mr. Alfred Kashweka, Logistics Manager, Bulawayo
Mr. Lizwe Mketiwa, Program Coordinator, Bulawayo
Mr. Victor Mpogu, Food Monitor, Insiza District
Mr. Hugo Mthuliss, Food Monitor, Insiza District
Mr. Saneliso Khumalo, Development Facilitator, Insiza District

Save the Children

Ms. Sharon Hauser, Program Director

Mr. Jerome Bernard, Food Security Advisor

Mr. Diason Ngirazi

Mashambanzou Care Trust (MCT)

Sr. Ivy Mudangandu, Coordinator

Ms. Charity Machiridza, Programme Manager

Ms. Rosa Chigwa, Finance and Administration Manager

Mr. Aloius Mandizvidza, Project Officer, Feeding

Mr. Elton Zvinya, Field Monitor, Mbare

Ms. Angeline Gohori, Field Monitor, Mbare

Ms. MarvIVEN Rusike, Field Monitor, Mbare

Ms. Priviledge Chikwengu, Field Monitor, Mbare

Adventist Development and Relief Agency (ADRA)

Ms. Patience Mujachani, Commodity Accountant, Masvingo

Ms. Juliet Bvekwa, Commodities and Warehouse Supervisor, Masvingo

Mr. Geshem Madzingaidzo, Relief Assistant, Masvingo

Ms. Melody Muchimwe, Field Supervisor, Masvingo

Action Aid

Mr. Joel Musaruwa, Food Right Coordinator

GOAL

Mr. Joseph Kamuzhanje, Assistant Country Director

PLAN International

Mr. Titus Mafanba, Program Officer

Mr. Bertina Nyamutswa, Programme Coordinator

Mr. Albert Furau, Field Monitor

Organisation of Rural Associations –Zimbabwe (ORAP)

Mr. Innocent Moyo, Director

Mr. Mwuselelo Huni, Program Manager

Mr. Freeman Mweya, Program Manager

Ms. Mxolisi Sibanda, Assistant Program Manager

Mr. Mmqobi Nkomo, M&E Officer

Mr. Sipwe Dube, District Field Coordinator

Médecins Sans Frontières (MSF –Doctors Without Borders)

Mr. Yoseph Melaku Tassew, Medical Coordinator

Ms. Caroline Chieza, Deputy Medical Program Manager

Dr. Yusuf Tushani, Pediatrician, Pediatric Ward, Mpilo Hospital, Bulawayo

Ms. Splepile Mayo, Nurse, Pediatric Ward, Mpilo Hospital, Bulawayo

Africare

Mr. Edward Misihairambwi, Project Officer, Buhera Field Office

Mr. Toendepi Kamusewu, Health and Nutrition Program Manager, Bulawayo

Ms. Alison Nyoni, Food Monitor, Bulawayo

Ms. Theresa Mushanda, Data Clerk, Bulawayo

Mr. Gift Chikanda, Food Monitor, Bulawayo

Oxfam GB

Mr. Osman Banda, Programme Manager, Gweru

Ms. Loreen Mabunu, Commodity Tracking Officer, Gweru

Other organizations

Mr. Blessing Butaumocho, FEWS NET Country Representative

Mr. Moses Masaka, Redan Mobile Transactions

Mr. Julian Borchers, Redan Mobile Transactions

Mr. Tyler Cornish, Redan Mobile Transactions

Mr. Clever Kambarami, OK Branch Manager, Mbare

Mr. Victor Marevesa, OK Branch Accountant, Mbare

Mr. Killian Mutiro, Great Minds (Pvt) Ltd., General Manager – Partner

Mr. Killian Mutiro, Great Minds, Consultant

Mr. B.J. Mukandi, Freight World (Pvt) Ltd., Executive Chairman

Mr. Felix Nyaruwanga, Freight World (Pvt) Ltd., Managing Director

Mr. Clemence Kumutashura, Freight World (Pvt) Ltd., Representative Beitbridge

Mr. Les Robey, Zimbabwe Road Transporters Association, Representative
Mr. Obert Shiripawenge, ZNR Zimbabwe National Railways Regional Manager
Mr. Nesbert Johwa, New Limpopo Bridge (Pvt) Manager, Beitbridge
Mr. Evison Moyo, Agriculture and Livelihoods Consultant
Ms. Pharlon Heri, Student on Attachment, Midlands State University

Annex 6: Key Stakeholders and interest in the evaluation

Key Stakeholder Group	Role and Interest in Evaluation	Zimbabwe-Specific Information
Internal Stakeholders		
WFP CO management	Primary stakeholder of this evaluation. Responsible for the country level planning and operations implementation, it has a direct stake in the evaluation and will be a primary user of its results to reposition WFP in the country context, if necessary, and readjust programming and implementation as appropriate. They also have an interest in enhanced accountability towards the government, partners, donors and beneficiaries.	The WFP CO is the key stakeholder of the Zimbabwe CPE. An evaluation of the strategic alignment and choices and performance and results will guide future programming choices, especially in light of the design of new operations and the development of a country strategy document in 2012.
WFP RB (Southern Africa RB and Kampala platform)	The RB management is responsible for providing guidance and technical support to COs in the region and, in particular, to the Zimbabwe CO. The RB has an interest in ensuring that the Zimbabwe portfolio is reviewed to ensure further coherence within operations, increased effectiveness, and strategic positioning of the WFP CO.	The RB in Johannesburg, South Africa also has a need to understand if the decisions made during the 2006–2010 period were strategic and if the performance and results achieved were the best possible. This CPE is a good opportunity to compare the respective merits of country versus regional operations in terms of efficiency and effectiveness, economies of scale.
WFP HQ management	Senior HQ managers and, in particular, the Programme division (including VAM), the Performance and Accountability Management Division (RMP), and the Strategic Review Committee (SRC) responsible for providing guidance and oversight for the roll-out of Country Strategies (CS) have an interest in ensuring that CS are informed by a review of the portfolio and evaluation findings.	With the development of the WFP Strategic Plan (2008–2013), WFP HQ management has a stake in ensuring that CO operations conform to the strategic plan and that the CSD that will be developed in 2012 is strategically aligned with the strategic plan objectives and those of WFP partners, and will assist in achieving future performance and results.
WFP OE	OE has a responsibility to ensure that evaluations are done professionally, objectively, and of high quality.	None
WFP Executive Board (June 2012 session)	The Executive Board has a direct interest in the effectiveness of WFP operations at large, as well as their harmonization with strategic processes of government and partners and ensuring that WFP is adequately effecting the transition prescribed by the 2008-2013 strategic plan.	The WFP Executive Board approves all operation that takes place in Zimbabwe and therefore has a stake in ensuring that operations are strategically aligned and implemented within WFP, Government of Zimbabwe, and partner frameworks.
External Stakeholders		
Beneficiaries	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective.	The beneficiaries of operations in Zimbabwe will be critical stakeholders in the evaluation in assessing the relevance, impact, and sustainability of assistance, and using that information to improve future operations.
Government of Zimbabwe	The Government of Zimbabwe has a direct interest in knowing whether WFP activities in Zimbabwe are effective, aligned with their agenda and harmonised with the action of other partners.	Various Ministries were/are partners of WFP activities at project level. The main government counterpart is the Ministry of Public Service, Labour and Social Welfare (MPSLSW). OVCs benefit from an education module administered by the Ministry of Education, Sport and Culture (MESOC). The Ministry of Health and Child Welfare (MHCW) addresses localized malnutrition with the support from UNICEF. In 2006, the Government initiated a

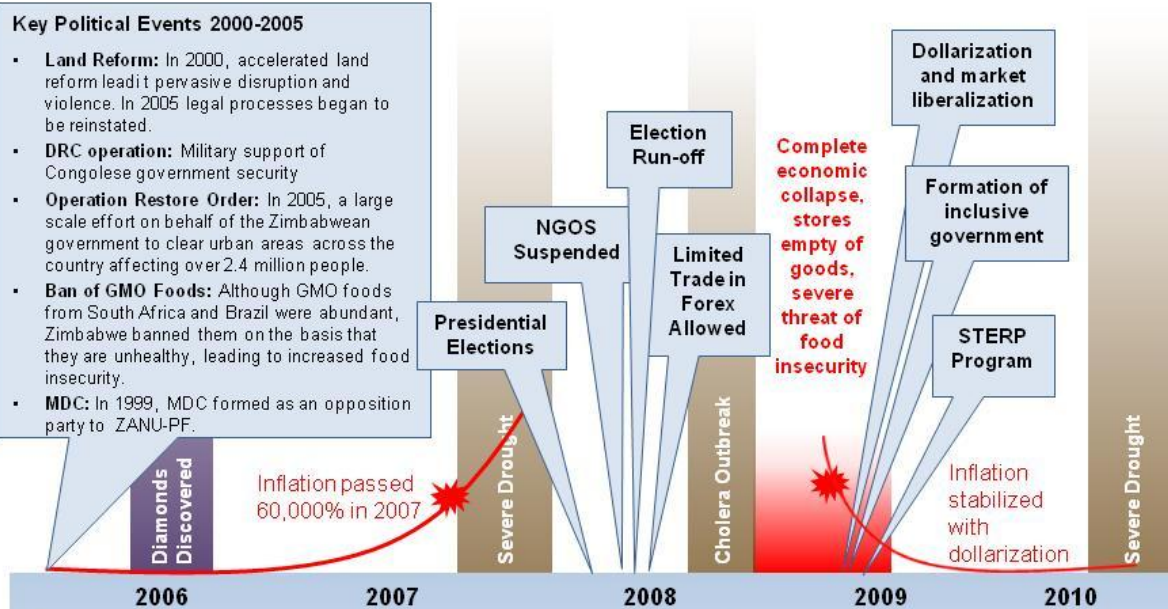
Key Stakeholder Group	Role and Interest in Evaluation	Zimbabwe-Specific Information
		National Economic Development Priority Programme focusing on economic stabilization, inflation reduction, and food security including subsidies for basic commodities. The sustainability of WFP activities depends on the Government of Zimbabwe's capacity, but that capacity is weak.
UNCT	The UNCT is a local strategic and operational partner. The harmonized action of the UNCT overall contributes to the realization of the government humanitarian and developmental agendas. The UNCT has an interest in ensuring that WFP operations are effective and that WFP strategically reviews its portfolio to participate effectively in the upcoming UNDAF preparation and other local strategic processes.	As a local strategic and operational partner whose harmonised action should contribute to the realisation of the Government humanitarian and developmental agendas, the UNCT, and notably the WFP partner agencies, have an interest in ensuring that WFP operations are effective and that WFP reviews its portfolio in view of the UNDAF mid-term review. Among the UNCT members, WFP worked most directly with FAO to promote conservation agriculture, UNICEF in the areas of nutrition monitoring, school-based assistance and orphan care, and the International Organization for Migration (IOM) to support urban and displaced populations as well as returning migrants.
National and International NGO Partners	NGOs are WFP's partners in programme implementation and design and as such have a stake in the WFP assessment of its portfolio performance as well as an interest in its future strategic orientation. The results of the evaluation might affect the WFP activities and therefore the partnerships.	Since 2002, many international NGOs have established operations in Zimbabwe. The C-Safe ⁵⁵ NGOs and ten additional NGOs served as WFP cooperating partners. WFP has made significant investments in NGO capacity, including strengthening the capacity of several national NGOs to serve as food aid partners.
Donors	WFP activities are supported by a large group of donors. They all have an interest in knowing whether their funds have been spent efficiently and if WFP's work is effective in alleviating food insecurity of the most vulnerable. They also have an interest in whether the future WFP strategy may complement their own strategies and supported-programmes.	There are several large donors to WFP operations in Zimbabwe. The performance and results of WFP operations is the major concern of donors in Zimbabwe, as is transparency and communication. The top five donors were: USA, UK, Australia, the Netherlands and Canada.

⁵⁵ The country-based Consortium for the Southern Africa Food Security Emergency, which includes the Cooperative for Assistance and Relief Everywhere (CARE), Catholic Relief Services (CRS) and World Vision.

Annex 7: Timeline of Key Events

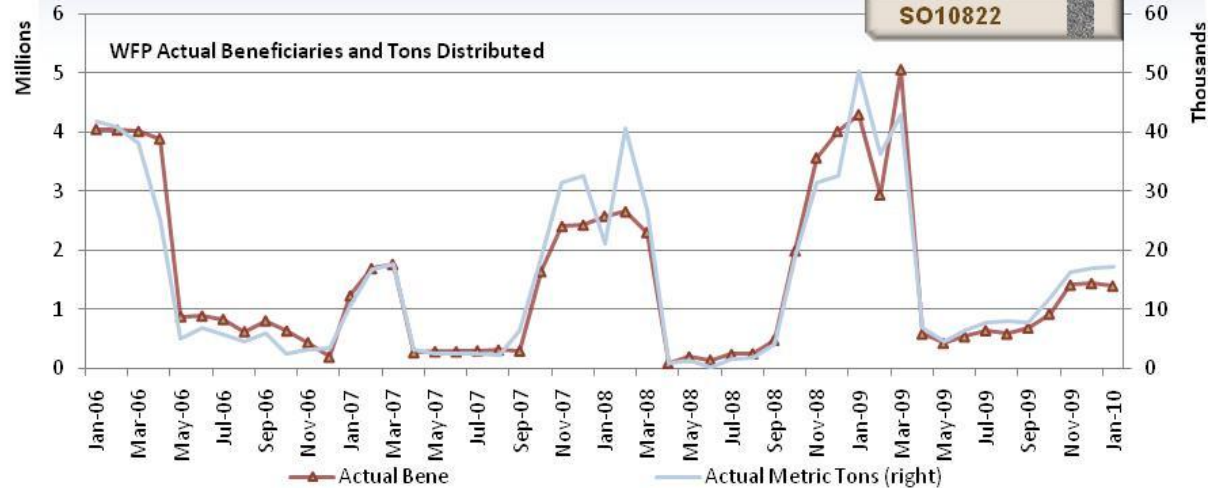
The evaluation covered five years, from 2006 through 2010, and examined the strategic and operational role WFP played in Zimbabwe during that period. This graphic presents the most salient political, economic, and climatic events and conditions that had an impact on the Zimbabwe Country Portfolio during the evaluation period.

- Key Political Events 2000-2005**
- **Land Reform:** In 2000, accelerated land reform led to pervasive disruption and violence. In 2005 legal processes began to be reinstated.
 - **DRC operation:** Military support of Congolese government security
 - **Operation Restore Order:** In 2005, a large scale effort on behalf of the Zimbabwean government to clear urban areas across the country affecting over 2.4 million people.
 - **Ban of GMO Foods:** Although GMO foods from South Africa and Brazil were abundant, Zimbabwe banned them on the basis that they are unhealthy, leading to increased food insecurity.
 - **MDC:** In 1999, MDC formed as an opposition party to ZANU-PF.



The 2006–2010 Zimbabwe country portfolio was comprised of two Protracted Relief and Recovery Operations (one regional PRRO and one national PRRO) and one Special Operation. A cash and food pilot was undertaken in 2009 and an e-voucher project was started in August 2010.

As shown in the chart to the right, actual beneficiaries and tonnage responded to the government policy changes in 2006, the drought in 2007, the cholera outbreak in 2008, and the economic collapse at the end of 2008 and beginning of 2009.



Annex 8: Anthropometric Data from Various Sources⁵⁶

Region		Weight/ Age		Height/ Age		Weight for Height		
		Moderate underweight < - 2	Severe underweight <-3	Moderate stunting < - 2	Severe stunting <-3	Moderate wasting < - 2	Severe wasting <-3	> +2SD
Bulawayo	2005/06	13.8	4.1	23.9	9.3	5.4	1.6	n/a
	2009	12.6	1.3	19.6	4.7	1.2	0.0	2.2
	2010	10.6	1.0	18.3	3.9	1.7	0.0	4.9
Manicaland	2005/06	16.2	2.8	34.9	14.7	5.4	0.8	n/a
	2009	15.3	2.7	30.1	9.0	1.7	0.3	2.0
	2010	14.5	1.4	33.0	9.4	2.0	0.1	4.2
Mashona Central	2005/06	22.3	3.8	34.8	11.5	6.2	0.9	n/a
	2009	18.2	2.9	32.2	9.1	1.9	0.2	1.0
	2010	15.7	1.6	28.9	7.5	2.0	0.1	3.6
Mashona East	2005/06	21.2	6.0	30.8	15.2	11.1	3.4	n/a
	2009	15.9	2.5	27.4	9.7	2.5	0.6	0.6
	2010	16.5	1.9	27.7	6.7	2.7	0.2	3.6
Mashona West	2005/06	15.6	3.3	27.1	9.0	9.4	3.3	n/a
	2009	20.7	3.2	29.0	10.4	3.4	0.4	1.4
	2010	14.5	1.4	25.0	5.3	1.6	0.1	3.0
Matabeleland North	2005/06	15.9	3.2	28.0	8.1	5.9	0.7	
	2009	20.9	2.3	27.0	5.0	3.6	0.5	0.8
	2010	16.9	1.9	26.4	6.8	2.4	0.2	3.0
Matabeleland South	2005/06	14.4	1.9	27.7	8.9	3.9	0.5	n/a
	2009	14.5	1.7	23.4	5.0	2.2	0.0	1.1
	2010	14.0	1.1	23.5	4.7	2.6	0.1	3.4
Midlands	2005/06	16.9	2.0	27.3	10.2	5.3	0.4	n/a
	2009	18.2	3.6	32.7	9.8	2.1	0.0	2.2
	2010	14.1	1.5	27.2	6.7	1.7	0.2	4.1

⁵⁶ DHS (2005-06), MICS (2009), National Nutrition Survey (2010), and the new DHS (2010/11)

Region		Weight/ Age		Height/ Age		Weight for Height		
Masvingo	2005/06	16.7	3.5	28.9	12.6	7.1	2.2	n/a
	2009	14.8	1.5	32.5	6.4	2.2	0.2	2.0
	2010	11.5	1.0	26.1	5.7	1.4	0.3	3.8
Harare	2005/06	10.2	2.8	25.1	11.4	3.0	0.4	n/a
	2009	11.6	1.9	25.2	7.9	1.0	0.2	2.7
	2010	10.0	1.0	23.2	5.8	1.8	0.3	7.6

Mothers Education								
Educational status		Moderate underweight < - 2	Severe underweight <-3	Moderate stunting < - 2	Severe stunting <-3	Moderate wasting < - 2	Severe wasting <-3	> +2SD
None	2005/06	20.2	5.1	33.9	9.8	8.9	1.3	
	2009	20.4	1.6	34.6	7.5	1.9	0.0	0.6
	2010	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Primary	2005/06	17.5	3.2	30.0	10.3	7.2	1.3	n/a
	2009	20.2	3.5	33.9	11.5	2.4	0.4	1.5
	2010	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Secondary	2005/06	14.9	2.8	28.0	10.9	5.7	1.1	n/a
	2009	13.9	2.0	26.0	6.3	2.0	0.2	1.8
	2010	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Higher	2005/06	1.6	0.6	12.1	3.7	1.0	0.0	n/a
	2009	8.9	0.9	14.1	4.4	1.6	0.2	2.7
	2010	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Acronyms

ADRA	Adventist Development and Relief Agency
ART	Antiretroviral Treatment
ARV	Antiretroviral
AIDS	Acquired Immunodeficiency Syndrome
BEAM	Basic Education Assistance Module
BMI	Body Mass Index
BR	Budget Revision
CAP	Consolidated Appeals Process
CBO	Community Based Organization
CD	Country Director
CERF	Central Emergency Response Fund
CFA	Cash-for-Assets
CFC	Cash for Cereals
CFSAM	Crop and Food Supply Assessment Mission
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CFW	Cash-for-Work
CHS	Community and Household Surveillance
CO	Country Office (WFP)
CP	Cooperating Partner
CPE	Country Portfolio Evaluation
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Security Emergency.
CSB	Corn-Soybean Blend
CSD	Country Strategy Document
DAI	Development Alternatives, Inc.
DFID	Department for International Development (British bilateral)
DSS	Department of Social Services
EMOP	Emergency Operation
EQAS	Evaluation Quality Assurance Standards
ER	Evaluation Report
ESPS	Enhanced Social Protection Strategy

ET	Evaluation Team
EU/EC	European Union/European Community
FAO	Food and Agricultural Organization of the United Nations
FFA	Food-For-Assets
FFW	Food-For-Work
FEWS NET	Famine Early Warning Systems Network
FLA	Field Level Agreement
FMDS	Food Mitigation Drought Strategy
FNAU	Food and Nutrition Assessment Unit
FNC	Food and Nutrition Council
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GFD	General Food Distribution
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoRZ	Government of the Republic of Zimbabwe
GPA	Global Political Agreement
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HVHH	Highly Vulnerable Households
ICT	Information and Communications Technology
IDP	Internally Displaced Person
IFPRI	International Food Policy Research Institute
IFRC	International Federation of the Red Cross
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IR	Inception Report
JICA	Japanese International Cooperation Agency
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MCHN	Maternal Child Health and Nutrition
MCT	Mashambanzou Care Trust

MDG	Millennium Development Goals
MoAMID	Ministry of Agriculture Mechanization and Irrigation Development
MoESAC	Ministry of Education and Sports Arts and Culture
MoHCW	Ministry of Health and Child Welfare
MoLSS	Ministry of Labour and Social Services
MSF	Médecins Sans Frontières (Doctors Without Borders)
MT	Metric Tons
MVP	Mobile Vulnerable Populations
NFI	Non Food Inputs
NGO	Non-Governmental Organization
OCHA	Office for Coordination of Humanitarian Assistance
OE	Office of Evaluation (WFP)
OI	Opportunistic Infection
OMEP	Operations Emergency Preparedness Division (WFP)
ORAP	Organisation of Rural Associations for Progress – Zimbabwe
OVC	Orphans and Vulnerable Children
P4P	Purchase for Progress
PLHIV	People Living With HIV&AIDS
PMTCT	Preventing Mother to Child Transmission
PRP	Protracted Relief Programme
PRRO	Protracted Relief and Recovery Operation
PRSP	Poverty Reduction Strategy Paper
PWP	Public Works Programme
RB	Regional Bureau
SAM	Severe Acute Malnutrition
SO	Special Operation
SP	Strategic Plan
SPF	Social Protection Framework
STA	Seasonal Targeted Assistance
STERP	Short Term Emergency Recovery Programme
TB	Tuberculosis
TFD	Targeted Food Distribution

TOR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Program on HIV&AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Education Science and Culture Organization
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations' Children's Fund
USA	United States of America
USAID	United States Agency for International Development
VAM	Vulnerability Assessment and Management (Unit)
VGf	Vulnerable Group Feeding
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
ZECT	Zimbabwe's Emergency Cash Transfer Programme
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

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