Executive Board
Second Regular Session

Rome, 13 - 14 May 1999

EVALUATION REPORTS

Agenda item 3

Distribution: GENERAL
WFP/EB.2/99/3/1
25 March 1999
ORIGINAL: FRENCH

SUMMARY EVALUATION REPORT ON DEVELOPMENT PROJECT BURKINA FASO 4959.00

Supplementary feeding for vulnerable groups

Date of approval	May 1995
Date plan of operations signed	19 December 1995
Date of first food distribution	1 July 1996
Official date of termination	1 July 2000
Date of mid-term evaluation	September 1998
Duration of project	Four years
Cost (dollars)	
Total cost to WFP	9,735,040
Total food cost	3,672,450

All monetary values are expressed in United States dollars, unless otherwise stated. In October 1998, one United States dollar equalled 562 CFA francs.

The mission comprised a consultant on food programmes, nutrition and public health (head of the WFP mission) and a regional adviser for WFP programmes in Sahelian countries. The full report is available, in French only, from the Office of Evaluation.

ABSTRACT

The project seeks to encourage regular attendance at health facilities of expectant and nursing mothers whose children are at risk of malnutrition. While attendance has increased in the beneficiary centres, it has not become more regular, for a variety of reasons. The project also aimed at contributing to information, education and communication (IEC) activities, but the health personnel is poorly motivated and lacks the training to act effectively in a participatory approach. The results of income transfer to volunteer personnel have been more positive, as has the financial participation of women in food distributions. Despite mediocre results, the mission deems that WFP assistance is relevant, provided certain adjustments are made in the project's design and that consideration be given to the mission's recommendations regarding criteria for the selection of beneficiaries, monitoring and evaluation, and training in IEC to promote a participatory approach. Food distribution at the health training facilities must be interrupted for three months in order to train the implementation staff so that they can better attain the objectives of the project.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for consideration to the Executive Board.

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session of 1996, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

The WFP focal points for this document are:

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THE PROJECT AS PLANNED

1. The main long-term objectives of the project were to: increase the regularity of visits to the health facilities; improve the health and nutritional status of women and children; and bring them to prenatal and infant consultation centres. The project conforms to the health objectives of the Government that is seeking to rehabilitate primary health care in the context of an approach called "the Bamako Initiative", where priority is given to vulnerable mothers and children. To do this, a package of minimum activities was defined to be carried out in health facilities.

2. All the international organizations, including WFP, which are engaged in health activities, have the following common objectives: to activate the health structures of the medical centres (CM and CMA) and the centres of health and social promotion (CSPS); to assist in the nutritional recovery of children suffering from malnutrition; and to contribute to information, education and communication (IEC) activities. The present project has the additional objective of increasing the availability of food for the beneficiary households.

3. The project was expected to assist about 32,770 beneficiaries for a period of 217 days a year, on average. This assistance targeted six of the country's 30 provinces. Following a new geographic division of the country, these six provinces are now eight, out of a total of 45. These areas have been chosen because of their vulnerability to malnutrition, a shortage of micronutrients and inadequate health infrastructure. In the 1994 pre-assessment mission report, about 118 health facilities were planned. The criteria for selecting beneficiaries were formulated in a very general way in the plan of operations.

4. The project is implemented under the responsibility of the General Directorate of Public Health through the National Nutrition Centre. At the district level, it is this team that will rotate, in which the management coordinator or the mother and child health (MCH) coordinator has responsibility for health centres (CSPS, CMA and CM). The Permanent Secretariat for WFP Assistance (SPAP), under the Ministry of Agriculture, is in charge of all logistical matters, from receiving the food at the level of central warehouses, up to its delivery to the health facilities.

EVALUATION OF PROJECT IMPLEMENTATION

Progress in achieving the objectives

5. One of the objectives was to encourage expectant and nursing mothers who are at risk to visit the health facilities regularly. For the country as a whole, the rate of attendance at health structures remains insufficient, especially in the rural areas: 23 percent on average. But even this attendance is irregular, with an average number of three visits per year (1996). As regards the area of the WFP project, there is an abundance of consultants when food is available, but the reverse is equally true. Although attendance has increased, it is not more regular.

6. As regards an improvement in the health and nutritional status of beneficiaries, a diminished rate of infant and maternal mortality may be observed at the district level, but an inadequate registration of the beneficiaries at the centres and the lack of reliable data

preclude an assessment of the nutritional status of the beneficiaries. The principal problem, notably in the Centres for Rehabilitation and Nutritional Education (CREN) under the Ministry of Health, is the mothers' refusal to remain for a period of 24 hours, which proved relatively long for them. These structures are very often non-functional, especially in winter when the mother is busy in the fields. In 1998, a survey showed that one fourth of the CRENs served only one meal a day and that another fourth served no meal at all.

7. The third objective was to increase the food available to the beneficiary households. The results in this regard are mediocre: most of the beneficiaries have not received, in a regular manner, the monthly distributions that were allocated to them.

8. The fourth objective was to contribute to IEC activities organized for women by the Ministry of Health. This objective seems far from having been attained, since the staff barely carried out one educational talk per week. Be that as it may, the methods used, without the involvement or the participation of the mothers, cannot bring about the desired changes in behaviour. Because of the population's lack of information, there is very little demand for health care, especially for preventive measures.

Role and effectiveness of food aid

9. WFP's aid could not properly play the role of contributing to the nutrition of children at CRENs, since these structures are not very functional. In addition, as regards nutritional rehabilitation in the hospital structures, WFP commodities are not suitable for children suffering from severe malnutrition because they lack milk products. However, the ration planned for the mothers who remain at CRENs round the clock is appreciated.

10. WFP could not play an effective role in promoting regular visits for the following reasons: a) because of the absence or the non-application of selection criteria, the quantity of food assigned does not cover the three food distributions per quarter foreseen for each beneficiary; b) the tardy delivery of the quarterly allotment means a lack of food at the beneficiary facilities; and c) the policy of not supplying food to those centres which do not dispatch their quarterly reports.

11. On the other hand, the food rations have permitted a considerable income transfer to the health workers and other volunteers in charge of distributing rations. The monthly value of this ration is estimated locally at 8,837 CFAF, representing 35 percent of the minimum salary, which is not a negligible figure in relation to the level of extreme poverty, fixed at 31,749 CFAF per person per year, and the level of absolute poverty of 41,099 CFAF.

12. WFP aid has played an unexpected role in cost recovery and the participation of the community in financing primary health care. The project officers felt that the beneficiaries should not become accustomed to receiving services for nothing, and particular emphasis was placed on the financial participation of the beneficiaries. From the 25 CFAF foreseen in the plan of operations for the purchase of condiments and other ingredients needed for culinary demonstrations, participation was raised to 100 CFAF for the monthly food distribution, and even to 300 CFAF in certain districts. Half of the funds collected remained at the health centre and was entrusted to the management committee, and the other half went back to the district which integrated it into its cost recovery system. To avoid hoarding by the management committees, a plan for use by

each health centre and, subsequently, a plan of action for the district, are being developed.

Beneficiaries

13. The application of criteria for selecting beneficiaries is one of the principal difficulties encountered in the project's implementation. The selection criteria were badly interpreted by staff that were insufficiently trained. In addition, the too-great mobility of the staff, the failure to transfer tasks and adequate material to new personnel, and the absence of monitoring by the district officers, who themselves are not always kept up to date on the WFP project, are some of the factors which have aggravated this situation.

14. Up until July 1998, the number of expectant and nursing mother beneficiaries had reached, and even surpassed, the original targets. At first, the food ration was given to all the women who came to the consultations, or at least to the first 15 or 20 women (in such a way as to respond to the uncontrollable crowd of beneficiaries who appeared when the arrival of WFP food was known). Despite the additional note of the National Project Directorate (DNP), certain centres continue to function in this manner. For the seven quarters when food was distributed—of eight since the beginning of the project—it can be estimated that 92 percent of the beneficiaries were reached. But the duration of assistance foreseen (six consecutive months) is far from being respected since the beneficiaries come only one or two times in succession. This permits an increase in the number of people registered, but also creates confusion at the statistical level: the number of beneficiaries registered corresponds to the number of monthly rations distributed only if the beneficiary comes one time only.

15. In the plan of operations, the number of beneficiaries foreseen among children suffering from moderate malnutrition was not reached for the following reasons: a) the rate of attendance/coverage of healthy infants is often very low; b) certain selection criteria for infants at risk were not taken into consideration; c) the duration of the assistance as foreseen in the plan of operations was too optimistic (240 days a year). For the seven quarters, the rate of implementation, in terms of people receiving rations, was 40 percent.

16. In regard to selection, most CRENs did not distinguish between severe malnutrition and moderate malnutrition, nor even between orphans and the disabled, which increases the length of the assistance and precludes estimating the rate of recovery. These selection criteria were not strictly observed; the number of beneficiaries exceeded the target in the plan of operations: for the seven quarters, 147 percent of the beneficiaries were reached. The drop-out rate was very high (57.1 percent), because the mothers refused to leave their families for a long period, and had no reason to remain when the CREN's activities did not meet their needs, and above all those of their babies. The number of people registered was therefore high, but the duration of assistance was too short for a proper rehabilitation.

17. The number of volunteer helpers was higher than that estimated in the plan of operations (about 357 instead of 250), the number of health centres assisted being higher than that foreseen.

Beneficiary areas and centres

18. In the framework of the United Nations Joint Programme, “ Primary Health Care” 1999–2003, WFP, in its country programme, wanted to target the areas of this project; that is, the areas where extreme poverty and a weak Human Development Index (HDI) prevail, concentrated in the East of the country. This new targeting would involve four health regions, or 11 provinces, where the HDI of the populations varies between extremely weak and weak. External assistance is barely present, except in the three health districts of the Regional Management of Kaya (Dutch Cooperation and various NGOs.)

19. In June 1998, 147 health facilities and 15 CRENs in 10 districts had been assisted. The number of health facilities assisted exceeded that envisaged in the plan of operations (127 percent of the target at that date). The provisioning was difficult: from 13 centres in the first quarter of 1997 to 125 in the first quarter of 1998. Because the programme was being carried out for the first time in the country, the DNP should have respected the number planned initially and should have avoided opening so many centres in 1998 in the face of urgent needs.

20. All the district centres must be beneficiaries. For grass-roots health facilities, at least three persons are needed to implement the package of minimum activities, but the project does not have data indicating the number and categories of personnel per beneficiary facility. According to national officials, insufficient staffing is one of the main difficulties of this project. In addition, in opening to the health facilities which do not apply the selection criteria, there is the risk of creating an overload on the neighbouring distribution centre and to diminish the attendance at the centres which are not beneficiaries.

Management of WFP food aid

21. Of a total of 20,785 tons (millet, sorghum, beans, sugar, vegetable oil and iodized salt) committed by WFP, the project had received, as of June 1998, 6,408 tons (31 percent of the commitments); 4,553 tons have been utilized, or 71 percent of the quantity received. The post-c.i.f. loss figured in the quarterly reports reached a total of 17 tons, or 0.2 percent of the food received. This loss is under-estimated, given the gaps in accounting at the central warehouse level and the lack of information at the beneficiary centres.

22. The project has not utilized the quantity of food planned to the present. The DNP, by refusing to deliver to centres which have not sent their reports, has accentuated this phenomenon. In addition, the SPAP was not always capable of delivering to centres within the appropriate period, certain assignments having arrived at the centres at the end of the quarter. The failure to utilize the quantity of food anticipated can be explained by the fact that the beneficiaries received only one or two successive deliveries instead of the three to six planned. The logistical organization was not effective.

23. For the year 1997, the DNP noted that, based on the data furnished by the health facilities, 5,576,983 rations per day were distributed, or an achievement rate of about 79 percent of the number of rations, while the commitment of food is much weaker: 36 percent of the annual tonnage planned. It may be concluded that the rations were not respected (which the DNP confirms in its last monitoring report), or that the statistics of the health facilities are erroneous, which has also been noted.

24. The grains utilized (5,274 tons) were purchased locally in the form of sorghum. The schedule of purchases does not always take into account the periods of greater availability and the lower prices on the local market. Because of a low utilization of food, the first delivery of 29 tons of iodized salt, a regional purchase coming from Abidjan, covered the needs until the first quarter of 1998. The effect of iodine loss in the prolonged storage of salt, in the climatic conditions of Burkino Faso, are now being examined. It was noted that the salt in the storehouses of the health facilities caked as a result of humidity and poor packaging.

25. The project was marked by frequent ruptures and considerable variations in the distributions which were due to problems in supplying the project, to the lack of established relations among the beneficiary centres and the inadequate shipping of food. The logistical problems of shipping arise from a lack of trucks and their dilapidated state, as well as insufficient warehouses for adequate storage. The project has reached only once, and even surpassed by 23 tons, a maximal quarterly distribution of 1,298 tons envisaged in the plan of operations, i.e. the first quarter of 1998. The procurement plan for that quarter envisaged an increase in the number of beneficiaries in the deficit areas as a response to the urgent needs created by the poor harvests of the two preceding years. In fact, this distribution was pursued in the second quarter of 1998 but did not really reach its objective which was to ease the effects of drought in the affected regions.

26. Serious storage problems were noted in the health facilities from the time of the first visits to set up the project: a total absence of warehouses and cramped or inappropriate storage places. Thanks to the funds generated by WFP aid, some health facilities were able to construct warehouses, but not before the beginning of 1998. WFP has furnished 800 pallets to improve storage in the health facilities. The use of a ledger to manage the stocks and daily monitoring of the movement of the foodstuffs in the health facilities are not always systematic or widespread.

27. In 1994, the pre-assessment mission recommended delivery on the same day as preventive activities. When the preventive activities are daily and integrated, with the deliveries of food at the same time, this system draws an excessively large crowd and displeases the non-beneficiaries. Some centres have therefore installed the system of a special day for distributions. On the other hand, when a specific day is planned for the consultations for babies or for prenatal visits, the distributions can take place after these.

28. The plan of operations defined five types of rations, with an assortment of food comprising five commodities. The DNP has respected these definitions to the extent possible, being sometimes obliged to depart from them because of practical questions of distribution. For children of six months to five years suffering from moderate malnutrition, the individual ration was multiplied by two to correspond to a family ration. As for expectant and nursing mothers, the ration is known as a family ration in this type of project, while in the food-for-work projects, it corresponds to three times the individual ration mentioned above, which causes confusion. The ration for children in CRENs suffering from serious malnutrition was respected. The women remaining in CRENs round the clock, must receive a ration slightly different from that of expectant and nursing mothers (210 kilocalories more) which complicates the distribution. The DNP adheres, more or less, to the same quantities given to expectant and nursing mothers. The ration for volunteers corresponds to two individual rations which were not included in the plan of operations. The DNP assigned to this group a ration corresponding to three times the individual ration assigned to children suffering from

severe malnutrition. The existence of many different types of ration does not facilitate distribution, nor the collection of the data needed to monitor the project.

29. As for the distribution of iodized salt to diminish the endemic incidence of goitre, this product is difficult to preserve at the centres because it cakes when exposed to humidity. Moreover, the individual ration has only a reduced preventive function. As in neighbouring countries, the Government has issued a ministerial decree making the importation of iodized salt obligatory, which would permit the elimination of salt from the food basket.

Monitoring and evaluation and reports

30. Internal monitoring and evaluation is one of the principal difficulties encountered in the implementation of the project. The DNP and the WFP office in Burkina Faso have taken an inventory of the principal problems but the recommended actions have either not been followed or certain essential aspects of them have been neglected. It should be noted that the personnel is insufficient in number and poorly trained. In addition, they are often short of equipment for monitoring and evaluation and inadequate resources are given to monitors at all levels. With the funds generated, it should now be possible to solve some of these problems. The Government's contribution, foreseen in the plan of operations—especially as regards the costs of monitoring and training—did not come through in 1996 and was delayed in 1997 and 1998, which has prevented the DNP from using it in a rational manner.

31. The DNP prepares quarterly reports on the planned supplies for the health facilities, the quantity of commodities distributed by these facilities, the different types of beneficiaries and on other matters. Great difficulties are encountered in the initial collection of data by inadequately trained implementation agents, a lack of uniformity in the system of collecting data and too frequent changes in personnel. In addition, the material for collecting and primary analysis is in seriously short supply (ration cards for the beneficiaries and weight curve reference sheets).

32. The SPAP also prepares quarterly reports on the movement of commodities; these indicate some inconsistency or gaps in the data. For example, the stocks of the health facilities are entered into the accounts of SPAP stocks, which is incorrect in terms of accounting. This system of reporting appears to be the source of errors in accountability and in the availability of the stocks in the central warehouses. The lack of periodic physical inventories in the presence of WFP personnel has prevented an effective management of the food in the central warehouses. All these factors have rendered the monitoring of the real availability of commodities practically impossible, nor have they facilitated the planning of food orders or local purchases.

33. The distribution of food has been governed by whether or not quarterly reports have been dispatched by the provincial/district coordinators, a requirement which caused blocking of the distributions in 1997. Considerable discrepancies have been automatically created in the supply of food to the beneficiaries which have had grave repercussions on the progress of the project: discrepancy in the distributions throughout the quarter, large gaps between two distributions of up to six to eight months, the impossibility of simultaneous programming of transport, and the lack of synchronization in the operations. An absence of coordination between the SPAP and DNP keeps the latter from establishing plans for procurement in a rational manner.

RECOMMENDATIONS[1]

34. The mission's main recommendations are the following:

35. In future, ***targeting of beneficiary areas*** must be coordinated with that of the joint United Nations Programme, "Primary Health Care" 1999–2003.

36. In order to improve logistics and ***cost-effectiveness***, WFP will orient itself towards ***a reduction in the food assortment*** to three foods (grains, beans, oil) which correspond to a balanced food base. Given the problems inherent in distribution of salt and hoping that the ministerial decree on the obligation to import iodized salt will go into effect soon, the mission recommends the elimination of this condiment. The problem of sugar is pretty similar, but the mission recommends a reduction in the food assortment in a gradual way.

37. As regards ***the selection criteria, the mission recommends the use of the weight/height ratio (less than or equal to -2SD)*** for admission to CRENs, as well as clinical criteria. For children suffering from moderate malnutrition, the mission recommends furnishing the health facilities with a weight curve reference sheet, instead of a numbered table, in order to facilitate the work of selection. It would then be easy to watch over children at risk, i.e. those in whom the weight/age curve is horizontal or descending in relationship to the lower curve defined on the reference sheet**,** a determination to be carried out after three consecutive monthly weight measurements. As regards the selection criteria for expectant mothers, the mission recommends taking those whose weight is lower than or equal to 45 kilograms without other conditions and those who weigh less than or equal to 60 kilograms with the following conditions: severe anaemia, women expecting twins, women with a child younger than one year (closely spaced pregnancies). For nursing mothers, the weight criteria are the same as those for expectant mothers, with the following conditions for mothers weighing less than 60 kilograms: severe anaemia, mothers of twins younger than six months, mothers with babies whose weight is lower than or equal to 2.5 kilograms, mothers whose child shows insufficient weight at less than six months.

38. ***The mission is convinced of the need for CRENs*** but their ***functioning poses some problems. The mission recommends that this activity be an integral part of the WFP health facilities CSPS***, be it for admission for the day or consultation on malnutrition once or twice a week, according to the possibilities of the centre's staff. To decentralize the function of CRENs to the community level, in keeping with the spirit of the Bamako Initiative, would certainly be ideal, but it requires prior actions of IEC. The mission recommends that the beneficiaries of CRENs be integrated into the procurement plan for the health structures from which they depend, and that they no longer be counted as separate health structures.

39. The ***monetary contribution of the mothers to the food distribution*** is acceptable under certain conditions: ***it must be limited to and standardized*** at 100 CFAF per monthly distribution and the funds generated (including the sale of empty cartons) must have, as a priority, the improvement of the programme. The needs of the project, especially as regards monitoring and evaluation, training, equipment, storage and maintenance of the warehouses, must be specified in the plan of action and utilization of funds established by the health district.

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[1] Supplementary technical recommendations are contained in the full report.

40. It would be desirable that the ***Government counterpart funds be allocated earlier in the year*** so that DNP can utilize the funds when they are needed. In the framework of a new recruitment policy and the redeployment of staff, envisaged by the Ministry, ***the mission requests the appointment of sufficient staff*** in the centres having only two technicians so that the packages of minimum activities and the food programme in particular can be carried out properly.

41. Given the lack of skill in ***collecting and registering data*** in the health facilities, ***the mission is in agreement*** with the national officials ***that the project requires a minimum of data*** needed to monitor and evaluate the health facilities. DNP, assisted by WFP, should ***establish a new system of monitoring and evaluation in the centres which is more restricted*** although more efficient. The health data needed to evaluate the project should be requested from the district coordinator.

42. ***A new logistical management*** of WFP projects in Burkina Faso ***should be pursued***. The SPAP must be transformed into an independent logistical organization outside ministerial supervision. The construction of two provincial warehouses will permit the decentralization of food storage. The privatization of food transport should be encouraged more actively. ***Setting up a system of monitoring/inventory that is better adapted to food stocks, and the co-management by WFP/SPAP of the departure of food from the warehouse are recommended.***

43. As regards the establishment of a new project area, the ensuing food needs and the distribution of commodities among the health centres, the DNP should, in the course of the last quarter of 1998, ***gather from beneficiary districts—by health centre***—1997 data on: population, number of beneficiaries registers, coverage of pre-natal and infant consultations, and staff, by category.

44. ***In order to carry out reorganization, food distribution should be interrupted*** during the first quarter of 1999, so that the DNP can elaborate, revise and duplicate the material regarding selection criteria and the registration of data, and carry out the training of trainers, necessary for a relaunching of the project. During the same period, the district officers should proceed with the training of personnel in the beneficiary centres. Following this, the implementation staff can undertake some IEC activities on food aid so that it is better understood by the populations involved. In parallel, it is necessary to supply the beneficiary centres so that the food distributions resume in April 1999 in the new area.

45. To bring such a project to a successful conclusion, which requires management skills, as well as technical knowledge, ***the recruitment of an assistant (UNV or JPO)*** with experience in public health ***is recommended*** for the WFP office in Burkina Faso.