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SUMMARY REPORT OF THE EVALUATION OF COUNTRY PROGRAMME YEMEN 10137.0 (2002–2007)

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for consideration.

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

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EXECUTIVE SUMMARY

The evaluation found the Yemen country programme to be fully in line with national development priorities, objectives and programmes, and with WFP's policy of food aid for development, notably with regard to gender. It also directly contributes to five of the eight Millennium Development Goals. WFP food rations constitute an adequate instrument for encouraging attendance at health centres and schools and contributing to the food basket of poor and vulnerable households.

In designing the current country programme, lessons were drawn from the previous one; the improvements made have led to increased effectiveness. Based on vulnerability analysis and mapping, a more streamlined approach to area targeting has been developed, with clear selection criteria and clustering of interventions. Improved logistics arrangements have established a largely leak-proof commodity chain from the ports to the distribution sites, appropriate food distribution mechanisms and an effective monitoring system. Commodities can be tracked up to final destination, ensuring that food reaches intended beneficiaries. Country programme implementation builds on government structures and coordination mechanisms, which should be encouraged so that government partners take an increasing part in implementation.

The country programme is particularly effective in its main activity to promote access to education for girls. It has exceeded its objectives of increasing girls' enrolment and closing the gender gap in basic education. The effectiveness of support for malnourished pregnant and lactating women and pre-school children is less clear, partly because data to document results are lacking. The appropriateness of the activity is not questioned, but its implementation suffers from significant shortcomings as a result of design weaknesses, and stretched resources prevent it from reaching all eligible beneficiaries. Activity 3, economic empowerment of women, has not been implemented because suitable cooperating partners are lacking.

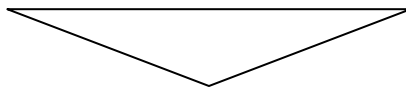
The evaluation recommends that action be taken to improve programme implementation. Programme monitoring could produce better-quality data through finer design and the use of management tools such as the logistical framework. As a first step, baseline indicators for each activity should be identified, derived from an updated vulnerability analysis in Yemen.

The evaluation team recommends that a contingency strategy be developed to address the frequent delays and shortfalls in resource availability. Occasional problems related to the quality and packing of commodities need to be solved by WFP Headquarters.

Arrangements should be made to improve the limited capacity of partners and to intensify cooperation and coordination with other agencies working in similar fields. Stronger involvement of field-based sub-offices at all levels of project implementation could improve local networking and contribute to increased programme efficiency.



DRAFT DECISION*



The Board takes note of the information and recommendations set out in “Summary Report of the Evaluation of Country Programme — Yemen 10137.0 (2002–2007)” (WFP/EB.A/2006/7–A/1) and encourages further action on the recommendations, taking into account considerations raised by the Board during its discussion.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations (document WFP/EB.A/2006/16) issued at the end of the session.



EVALUATION SCOPE AND METHOD

1. The second country programme (CP) for Yemen 10137.0, approved by the Executive Board in February 2002 for a total of US\$47.3 million, was initially designed to run for five years from June 2002 to May 2007. Implementation did not start until April 2003,¹ however, and will end in December 2006 to synchronize the next CP with the joint United Nations programming cycle from January 2007.
2. The objective of the evaluation was to assess the extent to which the CP has provided the best possible modalities for reaching objectives, on the basis of results to date. The evaluation's findings regarding relevance, efficiency, effectiveness and sustainability are expected to guide design of the next WFP CP for Yemen. By identifying improvements relative to the previous CP, the current evaluation provides follow-up to the 2000 evaluation, which raised significant management issues.
3. The evaluation was conducted in Yemen from 17 November to 7 December 2005. The three-member team was composed of an agro-economist leader,² a nutritionist/socio-economist with a background in development programme management, and a nutritionist with good WFP knowledge.
4. Data were collected in Sana'a through key informant interviews with WFP, government, United Nations and non-governmental organization (NGO) partners and contractors.³ The team then split to meet stakeholders, including direct beneficiaries, potential partners and local authorities, in project areas in seven governorates. Representatives of government counterparts were involved in the meetings and the country-level debriefing so as to ensure maximum ownership of findings.

COUNTRY CONTEXT

5. Yemen is one of the least developed countries in the world, ranking 151 out of 177 on the United Nations Development Programme (UNDP) Human Development Index for 2005. In 2003, per capita gross domestic product (GDP) was US\$520. About 42 percent of the people live in poverty, and malnourishment is widespread. Half the women of child-bearing age suffer from anaemia, and about half the children under 5 are malnourished: 46 percent underweight, 53 percent stunted, and 59 percent anaemic; 32 percent of infants are born with low birthweight. Poverty is concentrated in rural areas, where most of Yemen's population of an estimated 19.8 million people live.⁴
6. Major problems include limited access to basic services, a high fertility rate of 6.0 births per woman, poor access to health services, lack of national nutrition policy and coordinated efforts to create one, high illiteracy rates, especially among women at 71 percent, high unemployment, and significant gender inequality in education, employment and other areas of economic, political and social life.

¹ Because of late availability of resources.

² The team leader had led the previous CP evaluation in 2000 and provided the current evaluation with a perception of progress made.

³ Data collected in Yemen were used to check the reliability of the databases that the country offices use for monitoring. See full report annexes for details.

⁴ See *Food and Nutrition Bulletin*, 2005, 26 (1): 70–82.



7. Despite some improvements in education for women, Yemen's educational gender gaps are still among the widest in the world. Only 61 percent of primary school-age girls are in school, compared with 84 percent of boys; 71 percent of adult women are illiterate, compared with 30 percent of men. Women's employment rates are less than one-third of men's; women's employment is mainly in low-productivity rainfed agriculture and small livestock. Illiteracy, immobility, lack of birth control, limited access to credit and limited opportunities for participation in decision-making compromise the quality of life for women.

MAIN FEATURES OF THE CP

8. The overall objective of the CP is to enhance the capacities of food-insecure households to meet their food and nutritional needs and reduce their poverty in a sustainable way. Focusing on women, girls and children, this was to be realized through the following three activities:
- Nutritional support to improve the nutritional and health status of 124,780 beneficiaries accounted for about 20 percent of CP resources. Through 45 health centres in rural areas, food aid and nutrition education were to be provided to women and children and to tuberculosis (TB) and leprosy patients under treatment.
 - Promotion of access to education for girls — the largest component — represented 70 percent of CP resources. A planned 123,400 beneficiaries were to receive WFP food aid as quarterly take-home rations to encourage parents to send girls to school and to help meet family food security requirements.
 - Support for economic empowerment of women — the smallest component — accounted for about 10 percent of resources and aimed at improving the livelihoods of 12,130 women through capacity building and asset transfer.
9. The planned budget of WFP contributions was US\$47.3 million, with an additional Government of Yemen contribution of US\$10.9 million. This included US\$20 million for food: 116,000 mt of wheat, wheat-soya blend (WSB), vegetable oil and sugar.
10. The CP covers 85⁵ out of 300 rural districts in 19 governorates, selected on the basis of vulnerability analysis and mapping (VAM) at the beginning of the CP. Geographic targeting ensured that WFP support was directed to the areas where poverty and food insecurity are most prevalent and the specific interventions most needed.⁶
11. Based on lessons from the previous CP for 1998 to 2001, changes were introduced in the current CP.⁷ Area targeting, clustering of interventions, logistics arrangements and monitoring have improved substantially. Compared with the previous one, the current CP shows clearer country programming, such as its reference to national development policies and programmes, the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), its gender focus and its streamlined approach to area targeting.

⁵ During the ongoing administrative reform, some districts have been delineated and others have been created. Originally the CP covered 85 of 288 districts.

⁶ See full report, chapter 4.2.

⁷ An evaluation of the previous CP, conducted in 2000 and managed by the Office of the Evaluation (OEDE) (WFP/EB.1/2001/6/2; WFP/EB.1/2001/INF/11) found levels of assistance diversion that caused concern.



MAIN FINDINGS AND RECOMMENDATIONS

Relevance of the CP

12. The CP has an explicit gender focus and addresses problems and objectives that are fully in line with Yemen's development policies and programmes.⁸ The Poverty Reduction Strategy Paper (PRSP) explicitly states that the enrolment of girls in education shall be promoted, and proposes the "provision of financial or in-kind assistance to girls in some of the areas, in order to lessen the costs of education on their families". This directly relates to CP activity 2.
13. The CP is also fully in line with WFP's Enabling Development Policy and Enhanced Commitments to Women, and contributes to the Millennium Development Goals (MDGs).⁹
14. Food aid is a suitable modality for encouraging the use of mother-and-child health and nutrition (MCHN) services, attracting girls to school and creating assets for women and vulnerable households. Yemen is a major net importer of food, so food aid is an appropriate instrument from the national and household food security perspectives. The team assumed that the VAM study on which the CP's targeting strategy was based provided a reliable picture of the food security situation in Yemen.

Planning of the CP

15. For overall CP and activity planning, three logframes were used. At CP formulation, logframes were a new practice in WFP, and deficiencies were noted in the initial logframe. Activity-level logframes were redesigned in 2003, as part of a corporate effort to improve monitoring and evaluation (M&E) systems. They were later refined to generate a third version. Although such multistage design reflects efforts to improve the quality of programme management, the different logframes were not clearly related and sometimes inconsistent with each other – e.g., they had different outputs, outcomes or related indicators. This caused confusion and limited the benefit of logframes in programme and activity planning, management and M&E.¹⁰

⇒ *Activity 1: Nutritional Support to Malnourished Women and Children*

16. The objective of activity 1 is to improve the nutrition and health of pregnant and lactating women, and children under 5 in poor and food-insecure targeted areas through increased food intakes and better nutrition and health practices. It also aims to improve the cure rates of leprosy and TB patients. The nutritional objective and the use of MCHN programmes are fully justified by Yemen's widespread malnutrition, as manifested by high rates of stunting and wasting in children, low birth weights, high child mortality rates and high fertility rates among women.

⁸ PRSP: Yemen's Strategic Vision 2025, and the Second Five-Year Development Plan (2001–2005).

⁹ MDG 1, eradication of poverty and hunger; MDG 2, achieve universal primary education; MDG 3, promote gender equality and empower women; MDG 4, reduce child mortality; and MDG 5, improve maternal health.

¹⁰ There were no clear indicators and targets to measure programme performance. The evaluation team had to draw a coherent logframe based on primary CP objectives.



17. The 45 health centres where assistance is provided were selected through criteria that require effective services: adequate infrastructure for space, storage, water and equipment; availability of a female health worker, nurse or midwife; availability of MCHN services; and accessibility. Such health centres are in district capitals, which creates an “urban bias” that excludes a large proportion of vulnerable people in remote rural areas.
18. Planning and implementation of this activity were constrained by a lack of data on the extent of malnutrition in the health centre catchment areas and on the catchments themselves. As the numbers of eligible people attending the centres were not known from the outset, resource planning for this activity had very weak foundations. During implementation it became clear that limited resources meant that centres could support only about half of the eligible people attending, which is even more limited given that the people attending the centres constitute only a fraction of the eligible population.
19. Beneficiaries were selected through the screening of pregnant women and children visiting the health centre. For children under 5 years,¹¹ growth monitoring charts were used, which is an appropriate standard procedure. Pregnant women were selected on the basis of weight, which is a questionable approach; measurement of mid-upper arm circumference (MUAC) would be more appropriate. No selection criteria were set for lactating women, who are included in the programme during pregnancy and automatically qualify for support until the sixth month after birth. This approach is problematic as it excludes malnourished lactating women not registered during pregnancy, while registered women whose nutritional status has improved continue to receive rations.
20. The monthly rations provided¹² are adequate in size and composition. The ration for pregnant and lactating women, however, does not take into account the specific nutritional requirements of pregnancy and lactation, so it is basically a contribution to the beneficiary’s household food basket.
21. Regarding support to leprosy and TB patients, the project documents did not provide sufficient information on the justification for this activity, the rationale of its coverage¹³ or the eligibility criteria within centres.
22. Table 1 shows the planned and actual numbers of different categories of beneficiaries.

¹¹ It was observed that most children attending the centres are under 2, which corresponds to the vaccination cycle and is the most critical age for child development.

¹² The monthly ration for pregnant and lactating women consists of 50 kg of wheat, 1.2 litres of oil and 1.2 kg of sugar. The monthly ration for children under 5 consists of 25 kg WSB, 0.6 litres of oil and 0.6 kg of sugar.

¹³ 100 percent of in-country leprosy centres and 50 percent of in-country TB centres were targeted.



TABLE 1: PLANNED AND ACTUAL NUMBERS OF BENEFICIARIES AT HEALTH CENTRES, 2003 TO 2005						
Category	2003		2004		2005	
	Planned	Actual	Planned	Actual	Planned	Actual¹⁴
Pregnant women	8 200	5 166	9 020	7 858	9 580	8 751
Lactating women	7 000	6 066	7 700	6 607	8 390	7 911
Children under 5	10 000	7 320	11 000	14 259	12 000	13 860
TB patients	600	350	660	525	792	788
Leprosy patients	400	375	440	395	528	395
Total	26 200	18 277	28 820	29 644	32 088	31 705

23. The numbers of beneficiaries supported were determined by the resources available and not by the numbers in need, which were reportedly much higher. Without clear guidelines for such discrepancies, health centre staff allocated rations on a first-come, first-served basis. The lack of rational justification for selection created tension between health centre staff and visitors, adversely affecting other health services.

24. Health centres are also expected to provide health and nutrition education; WFP has made education materials available at all centres. The extent and quality of this service varies depending on staff availability and overcrowding at the centre. No indicators were set and no data collected to monitor performance in this field.

⇒ *Activity 2: Promotion of Access to Education for Girls*

25. In order to increase gender equity in access to and completion of basic education through increased enrolment rates, stabilized attendance and reduced female dropout rates, WFP provides take-home rations of 50 kg of wheat and 2.7 kg of oil every three months of school attended during the year.

26. Not all the schools in the 85 target districts could be supported. Based on the results of a baseline survey completed in 2003 and applying a set of criteria,¹⁵ some 1,300 schools with 85,400 girl students were selected for assistance. There were inconsistencies in applying the selection criteria, however. Distributions were sometimes suspended in certain governorates for security reasons or because of resource shortfalls.¹⁶

27. Each distribution round is planned on the basis of the updated girls' enrolment data recorded in the country office database. Given the inconstancy of girls' commitment to school, actual enrolment figures rarely match the distribution plan, leading to advance or back payment distributions from one round to the next. Table 2 indicates the numbers of rations distributed at each round since programme start.

¹⁴ As of early December 2005; no increases are expected given the lack of available food for distribution.

¹⁵ For example, schools in urban centres and those with more than 250 or fewer than 10 girl students were excluded.

¹⁶ See paragraph 31.



TABLE 2: NUMBERS OF GIRLS ENROLLED OVER CP IMPLEMENTATION PERIOD¹⁷			
Grade	2002–2003	2003–2004	2004–2005
1	17 463	43 235	36 170
2	13 036	18 470	28 990
3	9 761	14 599	14 176
4	7 653	10 507	11 558
5	4 719	7 740	7 493
6	3 399	5 006	5 534
7	1 755	3 139	3 156
8	1 187	1 866	2 155
9	927	1 536	1 412
Total	59 900	106 098	110 644
Annual increase (%)	–	77	4
Overall increase (%)	–	–	85
Planned number of beneficiaries	85 400	94 920	104 430

28. The CP had planned for an annual 10 percent increase in girls' enrolment, but the actual increases were 77 percent in the second and 4 percent in the third year. The number of girls enrolled increased substantially in September 2003, after families had witnessed the first distributions in May 2003. The enrolment peak in the second year can be explained by the large backlog of girls who had been at home and were now enrolled at an older age than usual, attracted to school by the food.
29. The food distributions are well planned and organized. The head teachers of targeted schools have received training on the programme modalities. During distributions, a monitoring team with representatives of the Ministry of Education and WFP updates the number of beneficiaries and supervises the distributions. The evaluation team did not come across any major complaints or irregularities about the distribution process. This is a strong improvement on the previous CP.

⇒ *Activity 3: Support to Economic Empowerment of Women*

30. Activity 3 was planned to improve the livelihoods of rural women and their families in a sustainable manner through improved skills and employment initiatives, including micro-projects/enterprises. The activity had not been implemented at the time of the evaluation because of deficient design and a lack of suitable cooperating partners. Three options are proposed at this point: (i) discarding the activity and transferring the resources to other activities; (ii) attaching a food aid component to other appropriate ongoing programmes; or (iii) concentrating on adult literacy training.¹⁸

¹⁷ Figures reflect enrolment at the end of the academic year and are collected during the last food distribution from the country office's monitoring database. Data reliability was verified by the evaluation team as shown in the full report annexes.

¹⁸ Late in 2005, WFP planned to pilot a food-for-training component in a rural women's microcredit scheme for the remaining course of the CP. Early in 2006, it was decided to discard activity 3 in order to address the needs of activity 1 more effectively.



Programme Management

31. The activities are formally implemented by the partners — the Ministry of Public Health and the Ministry of Education — but the WFP country office plays a strong role throughout the planning, implementation and monitoring process. This is justified by the need to ensure proper control over the programme in order to prevent mismanagement such as occurred in the past and by the fact that the management capacities of government staff still need to be strengthened. Partners have established departments dedicated to food assistance projects, with focal points at the central, governorate and district levels. Collaboration between the partners and WFP at various levels seems to be effective, but the relationship between the country office and the partners is more that of donor–client than of equal partners, particularly at the field level. The national partners’ ownership of the programme should be enhanced by gradually transferring more management functions and responsibilities to the partners at the central, governorate and district levels, in conjunction with capacity-building measures.
32. Programme management was found to be somewhat centralized: it did not fully exploit field staff capacities for activities such as in-depth monitoring and district-level capacity building.

⇒ *Resource Planning and Management*

33. Given the lack of information on the potential numbers of beneficiaries at health centres and schools during programme planning, resource requirements could only be roughly calculated on the basis of likely available resources, and proved to be underestimated.
34. Repeated discrepancies between resource requirements and availability adversely affected programme performance and the reputation of WFP and its partners. Gaps were caused by delayed allocations and deliveries of resources and by chronic under-resourcing of the programme.¹⁹
35. Resource delays and shortfalls were addressed through ad hoc decisions, such as suspending or postponing distributions, removing entire governorates from a distribution round, and leaving out first grade students. Such “coping strategies” are not the most appropriate solution. WFP Headquarters should make efforts to match resource provision to requirements and to communicate annual allocations to the country office as early as possible. The country office and its partners should develop priority criteria and contingency strategies for tackling shortfalls.

⇒ *Food Aid Management and Logistics*

36. A major change introduced in the current CP is WFP’s stronger role in food aid management and logistics, justified by previous experience of large-scale mismanagement. Under the new arrangement, food aid reaches the intended beneficiaries. Now that the pipeline is well controlled, the primary responsibility for food logistics should gradually be transferred back to the partners, along with capacity building measures and the establishment of a transparent logistics management system.
37. Throughout the CP, delays in delivery and inappropriate commodity quality or packing occurred repeatedly, hampering the efficiency of programme implementation. The responses of WFP Headquarters to the country office’s requests in this regard were slow and sometimes non-existent.

¹⁹ In June 2005, the CP remained 49 percent underfunded, as shown in the full report, Annex 4, Table A-1.



38. Problems with late deliveries and inappropriate product type or quality can be addressed by intensifying local in-country procurement. Three local procurement operations for wheat were undertaken for the CP, and more for the protracted relief and recovery operation (PRRO). These provided a feasible and cost-effective alternative to deliveries from abroad.

⇒ *Monitoring*

39. There is a well established and maintained monitoring system for the commodity chain, from the ports to the final distribution to beneficiaries. Little performance monitoring of outputs, outcomes and impacts, however, has been done. This is partly because of deficiencies in the logframe indicators and targets and partly because of constraints in data collection and compilation. The country office has started to establish outcome monitoring based on a modified WFP format.

Assessment of Results and Effectiveness

⇒ *Activity 1: Support to Malnourished Mothers and Children*

40. In-depth assessment of the effects of this activity is constrained by a lack of data. There are neither baseline nor monitoring data on the nutritional status of the target population. Systematic data collection on attendance and nutritional status in the health centres started only in early 2005. Anecdotal evidence suggests that the activity works towards reaching its objectives.
41. Evaluation of growth monitoring charts reveals that 63 percent of the children who completed a ration period achieved weight gains and improved their nutritional status. No systematic data on weight gains among pregnant and lactating women were available.
42. Attendance at health centres depends largely on the availability of food rations. When no food is available because of delayed deliveries,²⁰ attendance decreases significantly.
43. No data are available on use of the health and nutrition education services provided at health centres; these are absent from the logframes. When these services are effective, which depends on staff availability, nutrition and health practices are likely to improve.
44. Data on the effects of rations provided to TB and leprosy patients were available for late 2004 only, which — owing to the late start of the CP — do not allow clear results to be outlined.

²⁰ As was the case during the evaluation visits.



⇒ *Activity 2: Promotion of Girls' Education*

45. The CP has been highly effective in achieving its objectives. The share of girls in total enrolments at WFP-supported schools increased from 32 percent in 2002–2003 to 42 percent in 2003–2004 and 46 percent in 2004–2005. Over three years of implementation, girls' enrolment increased by 80 percent, exceeding the planned annual increase. There are no consolidated data to show the effectiveness of stabilized attendance and reduced dropout objectives. Anecdotal evidence suggests that attendance is sustained and dropout reduced.²¹
46. The project's significant impact becomes particularly evident when girls' enrolment figures in WFP-assisted and non-assisted schools are compared. As examples, Table 3 presents such comparisons for two districts, referring to school years before and after programme implementation.

TABLE 3: COMPARISON OF ENROLMENTS IN WFP-SUPPORTED AND NON-SUPPORTED SCHOOLS²²						
Gail Omer District, Hadhramout Governorate						
Year	WFP-supported schools			Non-supported schools		
	Boys	Girls	Boy/girl ratio (%)	Boys	Girls	Boy/girl ratio (%)
2001/2002	1 414	657	69/31	1 458	680	68/32
2004/2005	1 588	1 000	65/39	1 473	726	66/34
% increase	12	52		1	7	
In Al Mela District, Lahj Governorate						
Year	WFP-supported schools			Non-supported schools		
	Boys	Girls	Boy/girl ratio (%)	Boys	Girls	Boy/girl ratio (%)
2001/2002	1 817	680	73/27	1 868	1 107	62/38
2004/2005	1 917	1 488	56/44	1 814	1 206	60/40
% increase	6	119		-3	9	

47. The non-assisted schools also show a much smaller trend towards increased girls' enrolment. This corroborates the team's perception of a conducive atmosphere for and increased awareness of girls' education in Yemen. Infrastructure building and increased numbers of women teachers are among the factors that influence this trend, implying strong support from the Government of Yemen and development agencies. Food, however, appears to have the greatest impact on girls' enrolment.²³

²¹ Teachers in every school keep daily attendance records; the Ministry of Education rule that lack of attendance leads to dismissal from school is implemented. All stakeholders stated that attendance was not usually a problem. The rising number of girls attending higher classes can be seen as indicating that more girls remain in schools and that dropouts are reduced (see Table 6 in the full report).

²² The WFP-supported and non-supported schools compared have neighbouring premises and comparable assets and conditions.

²³ See the comparison between impacts of new buildings and impacts of food in the full report.



Effectiveness in Contributing to Overall CP Goal

48. With regard to the overall goal of the CP — enhancing household food security — the following can be stated:
- Distributions of rations at health centres and schools have a direct short-term effect on food security for beneficiary households.
 - The possible long-term effects on household food security are more indirect, through human capital building. Well-educated girls and healthy children are likely to be better able to cope with future livelihood challenges.
49. WFP's main activity in Yemen targets all girls attending school, irrespective of their poverty and food security status, in line with its main objective of closing the gender gap in education. Given its geographic targeting system focusing on the most vulnerable districts, it can be assumed that this WFP activity reaches mainly poor and vulnerable households.
50. The situation of the nutrition support activity is different. It can be assumed that most beneficiaries receiving food rations are eligible according to their poverty and food security status, but it is also clear that most potentially eligible people are left out. This is explained by the following:
- Assistance is channelled through health centres that are fully equipped for MCHN services in 45 of the 85 districts selected for CP interventions. The health centres that are not targeted, because they have inadequate facilities, are probably located in the poorest areas.
 - The supported health centres are located in district centres, so most rural areas are left out.
 - Resource constraints and the quota system used to allocate rations to health centres mean that many of the people who have access to a health centre and qualify for assistance cannot be supported.
51. It may be argued that helping a few may be better than doing nothing, but given the severe and widespread malnutrition in Yemen, the activity as designed and implemented can at best make a marginal contribution to alleviating the problem. Broader approaches based on a concerted strategy with all stakeholders are required to achieve much needed improvements.
52. The overall effectiveness and impact of the CP are hindered by the deficit of WFP coordination with agencies operating in related fields.

Cost Efficiency

53. The Yemen CP is a relatively costly operation. Of its total budgeted costs of US\$58 million, the value of food commodities is US\$20 million, with another US\$20 million for other direct operational costs (DOC).²⁴
54. A breakdown of the budgeted DOC by the average number of beneficiaries leads to US\$76 per beneficiary per annum for activity 1 and US\$50 per beneficiary for three ration distributions per annum for activity 2. These costs are high, but comparable to those of other projects. A major factor contributing to high delivery costs are relatively high

²⁴ Other DOC include international and local transport, handling, storage and insurance costs.



internal transport, storage and handling (ITSH)²⁵ costs owing to difficult terrain, poor infrastructure and security provisions. These amount to averages of US\$122 per mt for activity 1 and US\$90 per mt for activity 2 – about 50 percent of the cost, insurance and freight (c.i.f.) value in the case of wheat.

55. Another cost-efficiency perspective can be provided by comparing domestic wholesale prices with the cost of WFP food, inclusive of all delivery costs. There are no significant differences between the costs to WFP and the current market values of wheat or vegetable oil in Yemen.²⁶

Sustainability

56. In assessing the sustainability of the CP, the team looked beyond the sustainability of the activities themselves, which clearly depends on further WFP support, and focused on the sustainability of effects. If WFP's assistance ceased now, its effects would remain: the massive enrolment of girls in school has made a definitive change for the girls who received education, and it can be assumed that a contribution to improved nutrition will have long-term effects for beneficiaries in terms of improved physical and mental capacity. As already stated, Yemen society is increasingly in favour of girls' education, and WFP supports this trend. It can therefore be assumed that while girls' enrolment would certainly go down in the case of WFP phase-out, it would probably not reach the preceding low levels; some parents would retain their daughters in school, even without food assistance.²⁷
57. Sustainability should, however, be strengthened. Deliberate efforts should be made, for example, to make interventions less dependent on WFP support, notably through greater cooperation with other agencies, transferring certain functions to partners and exploring other potential sources of funding, including increased government contributions. Such efforts are part of an exit strategy to be developed in a future phase, and in view of WFP's precarious resource situation.
58. The following is a summary of the main evaluation recommendations with the management response or action taken.

²⁵ Inclusive of port charges.

²⁶ Procurement costs of wheat for WFP are US\$230/mt, about the same as domestic wholesale prices in Yemen; costs of vegetable oil for WFP are about US\$900/mt compared with a current wholesale price in Yemen of about US\$875/mt (see full report, p. 27).

²⁷ Many parents interviewed during the evaluation indicated that they would send their daughters to school irrespective of the food rations. These claims should, however, be treated with caution because it would be socially unacceptable to state publicly that the food ration was the only reason for sending a daughter to school.



ANNEX: EVALUATION RECOMMENDATIONS AND MANAGEMENT RESPONSE MATRIX –YEMEN COUNTRY PROGRAMME EVALUATION

Recommendations ¹	Action by	Management response and actions taken
<p>1. Planning based on quality logframe (para. 15)</p> <p>Develop a clear, realistic and consistent logframe with a clear hierarchy of objectives, appropriate and verifiable indicators, related activities and relevant assumptions, as a basis for planning, implementation and monitoring of the CP as a whole and of activities.</p> <p>Reinforce efforts to establish outcome monitoring systems.</p> <p>Clearly reflect any re-planning during the course of CP implementation in the logframe.</p>	<p>Country office/ regional bureau, with the Ministry of Public Health and the Ministry of Education</p> <p>Headquarters: PDPN, PDPF</p> <p>OEDP</p>	<p>Country office/regional bureau: Further improvements will be made to the new CP to comply with results-based management (RBM) requirements. Owing to the short implementation period, the county office could capture only output-level data. A format for outcome monitoring was introduced at schools in 2005. The country office is expected to start impact monitoring in 2006.</p> <p>PDPN and PDPF will assist the country office if/when requested.</p> <p>OEDP: All necessary advice and direction can be found in the intranet-based Project Guidance Manual. In addition, a CMEA toolkit has been developed for designing M&E systems, based on principles of RBM and corporate objectives and meant to ensure a consistent corporate approach to M&E, including identification of indicators for measuring processes, outputs and outcomes. The CMEA team can also provide ad hoc support in the design and review of monitoring systems.</p>
<p>2. Review of vulnerability analysis, with particular emphasis on the malnutrition issue (paras 18, 35, 39, 40, 43, 49, 50)</p> <p>Review area and beneficiary targeting strategy in light of new data on poverty and food insecurity, by initiating and conducting a new VAM exercise.</p> <p>In particular, enhance information basis for health and nutrition interventions and identify benchmarks through a baseline survey (anthropometry and micronutrients). Set programme targets and resources needs accordingly.</p>	<p>Country office with with the Ministry of Public Health and the Ministry of Education.</p> <p>Headquarters: ODAV</p>	<p>The country office has requested funds for the VAM update planned for June 2006, with technical support from the regional bureau.</p> <p>ODAV is ready to assist in defining the needs of a new VAM study and reviewing incoming poverty data and targeting criteria.</p> <p>PDPN: National staff responsible for the health/nutrition component were trained in survey design and implementation in November 2005. The country office should start planning/designing a baseline survey with support from PDPN. PDPN is also ready to provide additional technical support for the establishment of a sound monitoring system, and has proposed support for on-the-job training during implementation of the nutrition survey.</p>



¹ Numbering of recommendations reflects their appearance in the summary evaluation report, to the extent possible. Relevant are paragraphs mentioned in brackets.

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Recommendations ¹	Action by	Management response and actions taken
<p>3. Proactive drive for coordination (paras 6, 30, 51, 52, 57)</p> <p>In order to achieve synergy effects, take a more proactive role in achieving effective coordination and cooperation with agencies operating in related fields.</p> <p>WFP should use its experience and monitoring results on schools to encourage other actors at the national and governorate levels to provide complementary support.</p>	<p>Country office with with the Ministry of Public Health and the Ministry of Education</p> <p>Headquarters: PDPF</p>	<p>Country office: WFP and the United Nations Children’s Fund (UNICEF) have initiated joint activities supporting girls’ education for 2006. Joint programming with UNICEF and the World Health Organization (WHO) will be increased.</p> <p>PDPF: This should be pursued, particularly in cooperation with UNICEF, and strengthened in the next CP.</p>
<p>4. Stronger action on malnutrition issue (paras 18, 19, 40, 44, 51)</p> <p>Given the critical dimension of the malnutrition problem, the Government of Yemen should lead relevant organizations (UNICEF, WHO, WFP, NGOs) in substantial, determined and concerted efforts.</p> <p>WFP to work towards joint malnutrition screening and programming, combining nutrition education with MOPH vaccination drives, sharing experiences on community nutrition outreach with UNICEF, etc.</p>	<p>Country office, Ministry of Public Health and Ministry of Education</p>	<p>Country office: WFP, UNICEF, WHO and the implementing partners have initiated efforts to address the issue with a joint nutrition survey before the start of the new CP. Funds have been requested.</p>
<p>5. More appropriate and effective targeting strategy for MCHN activity (para. 19)</p> <p>Ensure that all eligible women and children attending health centres are assisted. Consequently, increase the resources for this activity to meet the needs (preferred solution) or reduce the number of assisted health centres (second best solution). In the latter option, priority criteria should be defined, taking into consideration aspects of vulnerability, efficiency and effectiveness.</p> <p>Revise the screening and targeting criteria for women (use of MUAC) and envisage restricting targeting to children under 2.</p>	<p>Country office and Ministry of Public Health</p> <p>Headquarters: PDPN</p>	<p>Country office: Resources allocated for the CP and criteria for MCHN selection do not cover all potential beneficiaries. The country office has increased the resources for nutrition by shifting resources planned for the unimplemented activity 3. The second option will be considered in the next CP, based on the nutrition survey results, which will help reassess and refine the targeting criteria.</p> <p>MUAC will be used for screening women. Given high stunting rate, targeting of children under 5 will continue through usual weight/height, weight/age criteria.</p> <p>PDPN will support the country office in defining criteria for beneficiary screening and targeting in given contexts.</p>





ANNEX: EVALUATION RECOMMENDATIONS AND MANAGEMENT RESPONSE MATRIX –YEMEN COUNTRY PROGRAMME EVALUATION

Recommendations ¹	Action by	Management response and actions taken
<p>6. Fortified food for women (paras 20, 38)</p> <p>Revise the ration composition for pregnant and lactating women to include a micronutrient-rich food such as WSB and explore with partners and counterparts the feasibility of in-country fortification.</p>	<p>Country office and Ministry of Public Health</p> <p>Headquarters: PDPN</p>	<p>Country office: For the next CP, WFP will seek to provide fortified flour and oil for malnourished lactating and pregnant women. WFP will follow-up on progress made by UNICEF and MOPH regarding in-country fortification.</p> <p>PDPN will advise on the ration composition for pregnant and lactating women, taking micronutrient requirements into consideration. Prepared to assist in a feasibility study of local production of fortified foods.</p>
<p>7. Enhanced nutrition education (paras 24, 43)</p> <p>Promote health and nutrition education, for example:</p> <p>Provide standard basic health education to students in higher grades (5 to 9). Girls in this age group often drop out of school for marriage and can be equipped with relevant nutrition skills before this. Female staff in health centres are highly motivated to provide such skills training and should be encouraged. This would have further desirable effects: increased numbers of female staff in schools, and linking both the activities implemented under the CP.</p> <p>Tag nutrition and health education to literacy classes. If activity 3 takes off in supporting adult education, this would also link CP activities.</p>	<p>Design by country office and Ministry of Public Health</p> <p>Implementation by health centre staff</p> <p>Headquarters: PDPN</p>	<p>Country office: Efforts will be made with counterparts to include grade 5 onwards in health education, creating a link between the health and education components of the CP. The new CP will expand beneficiaries of activity 2 to include adolescent girls in grades 10 to 12, encouraging them to join health centres and providing health education in schools. Activity 3 is likely to be discarded.</p> <p>PDPN: Ample health/nutrition education materials will be provided to the country office. The country office should arrange the suggested modalities for implementation with the implementing partners.</p>
<p>8. More rigorous monitoring (paras 15, 24, 31, 32, 39, 40, 41, 43)</p> <p>Review and revise the recording and monitoring system at all levels, including determining an appropriate, feasible and tangible set of indicators to track distributions (including records of advanced rations, gaps and back payments) and monitor performance.</p> <p>Introduce a standard monitoring system (formats, instruments and tangible indicators) at the health centres and establish a central-level database for compilation and analysis of collected data.</p> <p>Ensure that the database for activity 2 is screened for data entry and formulization errors and inconsistencies</p> <p>Build capacities among staff and partners to ensure that data are properly recorded, compiled and analysed.</p>	<p>Country office and Ministry of Education at the central, governorate and district levels</p> <p>Headquarters PDPF, PDPN</p>	<p>Country office: The present system will be strengthened to include tangible indicators as part of capacity building and M&E activities. Capacity building of counterparts will be strengthened in the areas of data collection, analysis and monitoring, to allow a strong monitoring system.</p> <p>PDPN will support the country office as requested in defining the indicators and designing a monitoring system</p> <p>PDPF: The planned implementation of a Standard School Feeding Survey and related training activities will provide a good opportunity to tackle these issues.</p>

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Recommendations ¹	Action by	Management response and actions taken
<p>9. Decentralization of programme management and initiative (para. 32)</p> <p>Involve sub-office staff more in planning, implementation, monitoring and – particularly – networking with partners and other organizations operating in the same fields at the district and local levels.</p>	Country office	<p>The country office has three sub-offices (Aden, Taiz and Hodeidah). Aden sub-office is for the PRRO, but one staff member is helping to monitor food distribution, and collects data for activities 1 and 2. Hodeidah and Taiz sub-offices are mainly for logistics; each has one key staff member at G-5 level who participates in monitoring food distribution. However, sub-office staff lack the capacity to participate efficiently in CP design and management as proposed by the mission. The country office has asked the sub-offices to send more analytical reports in the future.</p>
<p>10. Further involvement of partners and intensification of capacity building (paras 31, 36, 57)</p> <p>Gradually increase the role of government partners in logistics management; undertake related capacity building.</p> <p>Intensify training in capacity building of partners, e.g., in project planning (including the logframe, see above), monitoring, establishment and management of databases, and logistics management.</p>	Country office with the Ministry of Public Health and the Ministry of Education Headquarters ODT	<p>Country office: WFP has conducted several trainings in warehouse management and transport contracting management, which lead partners to take over responsibilities in related fields. Past experience implies that handing over financial responsibilities would be premature, but this will be revisited in the next CP. Counterparts already involved in planning and monitoring. Training efforts will be intensified in logistics management and as mentioned in response to recommendation 11.</p> <p>ODTF is ready to support the government capacity building effort in data management, particularly through the COMPAS system. A prior assessment of programme rationale and government capacity will be necessary to identify the needs and the level of resources required.</p>
<p>11. Adapt budget and allocation plans to tackle shortfalls (para. 34, 35)</p> <p>Reconcile annual budget plans/priority needs with actual allocations once known at the country office level, and plan accordingly with partners.</p> <p>Work out criteria and prepare guidelines/contingency planning to cater for delays or shortfalls in resource availability. Use new and current data on poverty and food insecurity to determine priorities for interventions in the case of delays and shortfalls.</p>	Country office with the Ministry of Public Health and the Ministry of Education	<p>Country office: Contingency planning will be formulated for the coming distributions and formalized in the next CP.</p> <p>The regional bureau will follow up.</p> <p>FDD is working towards increasing the level of multilateral funding, on which CPs depend to a large degree.</p>



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Recommendations ¹	Action by	Management response and actions taken
<p>12. Improved communication between Headquarters and the country office (paras 35, 37)</p> <p>WFP Headquarters to respond to CP requirements in terms of timing of deliveries, packing, type and quality of products, resorting to local procurement when economically justified. There is a need for improved communication between the WFP country office and WFP Headquarters.</p> <p>WFP Headquarters to communicate resource allocations to the country office as early as possible, thus allowing sufficient lead time to adjust plans to the resource situation.</p>	<p>Headquarters: ODMP, FDD, ODTP</p>	<p>ODMP: Regarding commodity appropriateness, ODMP works closely with FDD and ODTP to negotiate with donors for conditions that will not delay purchase and delivery. In the future, the New Business Model, currently being piloted, would allow advanced programming of funds through an advance facility. Ensuring early purchase of commodities, when annual donor contributions are expected, would enhance the timeliness of deliveries at critical periods of implementation.</p> <p>Planned allocations for 2006 have been approved and circulated since January 2006. In addition to indicating annual planned allocation levels, WFP Headquarters provides guidance to country offices on CP budget planning. Next Yemen CP should be aligned with the planned allocated resources, thus minimizing discrepancies between annual planned needs and allocations.</p>



ACRONYMS USED IN THE DOCUMENT

c.i.f.	cost, insurance and freight
CCA	Common Country Assessment
COMPAS	Commodity Movement Processing and Analysis System
CP	country programme
DOC	direct operational costs
FDD	Donor Relations Division
GDP	gross domestic product
ITSH	internal transport, storage and handling
M&E	monitoring and evaluation
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
MUAC	mid-upper arm circumference
NGO	non-governmental organization
ODAV	Vulnerability Assessment and Mapping Branch
ODMP	Programming Unit
ODT	Transport and Procurement Division
OEDE	Office of Evaluation
OEDP	Performance Analysis Unit
PDPF	School Feeding Service
PDPN	Nutrition Service
PRRO	protracted relief and rehabilitation operation
PRSP	Poverty Reduction Strategy Paper
RBM	results-based management
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WHO	World Health Organization
WSB	wheat-soya blend