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SUMMARY REPORT OF THE MID-TERM EVALUATION OF THE SOUTHERN AFRICA REGIONAL PRRO 10310.0

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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 mid-term evaluation recognizes the challenges faced by the regional bureau and country offices in implementing the operation and acknowledges WFP's success in providing food assistance to food-insecure people across the region despite limited staffing and uncertain funding.

The operation targeted 5.5 million beneficiaries at a cost to WFP of US\$404.5 million for 656,573 mt of food for Lesotho, Malawi, Mozambique, Swaziland and Zambia. Zimbabwe benefited in mid-2005 from unallocated emergency resources; it was included in the PRRO in late 2005 in a budget revision. Namibia, previously covered by its own emergency operation, was integrated in January 2006.

The supply chain had inherent weaknesses: late donor funding and only partially successful borrowing of funds resulted in a slow start to procurement; some in-kind donations arrived late leading to increased costs. Deliveries were late, leading to competition for transport during the period of peak regional demand; some took place during the rains.

The peak monthly average was 9.3 million beneficiaries in the 2005–2006 lean season; 66 percent of resources were confirmed in late 2006 at the time of the evaluation, two-thirds of the way through the operation. Major challenges were maintaining sufficient staff and assets to deal with fluctuations in demand for food and maintaining donor interest between harvest and the lean months.

The protracted relief and recovery mechanism is inadequate to secure a viable operating presence and to meet peaks in demand, which can be expected after poor rains. New social-protection programming may be necessary to address food insecurity resulting from the increasing proportion of populations infected by HIV and AIDS; such a new approach needs to address the issue of uncertain funding and establish ways for WFP to solicit resources for longer-term activities.

WFP should acquire additional capacity for new programming for food and nutrition support for orphans and vulnerable children, home-based care for chronically ill people and longer-term recovery interventions for HIV and AIDS and food security/livelihoods, because current staff have technical capacity for emergencies. WFP should increase in-house capacity and enhance partnerships with technical agencies. In view of funding constraints, developing stronger technical partnerships may be the most viable option.

The current technical capacity of cooperating partners varies widely, affecting the outcomes and impact of programming. The technical support from the regional bureau and country offices in HIV-AIDS and livelihoods/food security planning is not sufficiently robust.

The regional approach enabled country offices to benefit from support functions in procurement and logistics: the regional bureau manages logistics centrally for cost-effective food procurement, but it did not achieve optimum coherence between finance, procurement and logistics, which resulted in inefficiencies.

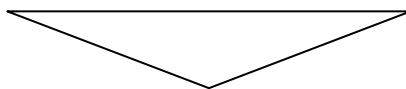


The regional bureau made sound inputs to coordination of vulnerability assessments and regional monitoring and evaluation, but its coordination of some programming was weak as a result of insufficient human and financial resources. Programming issues such as recovery activities were more appropriately addressed at the country level, but policy concerns requiring high-level technical skills in recovery/development would benefit from regional inputs. Country offices continue to seek regional help with information, policy advice and operational support, but they maintain that individual country approaches would be more appropriate in the next phase of operations.

The effectiveness of WFP's regional approach was reduced by donors' directed contribution strategy, which offset the advantages of flexible pipeline management that should be a feature of regional operations. Country directors spend significant time in discussion with donors for resources at the country level.

When this operation ends in 2007, country-specific operations rather than a regional operation are likely to be more appropriate; they are being considered.

DRAFT DECISION*



The Board takes note of "Summary Report of the Mid-Term Evaluation of the Southern Africa Regional PRRO 10310.0" (WFP/EB.A/2007/7-B), notes the management actions taken so far on the recommendations as set out in the tracking matrix and encourages further action on the recommendations, taking into account the considerations raised by the Board in its discussion.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (document WFP/EB.A/2007/15) issued at the end of the session.



BACKGROUND

1. The southern Africa regional protracted relief and recovery operation (PRRO) 10310.0, approved by the Board in mid-2004, started in January 2005.¹ It aimed to improve food security, livelihoods and productive capacity among the vulnerable poor, including people infected and affected by HIV/AIDS in Lesotho, Malawi, Mozambique, Swaziland and Zambia by:
 - increasing household food access and ability to manage shocks;
 - reducing the impact of HIV/AIDS on food security among vulnerable populations in high-priority districts for HIV/AIDS;
 - meeting the nutritional needs of vulnerable groups; and
 - achieving sustainable increases in school enrolment, attendance and ability to learn and concentrate, while reducing gender disparity.
2. Underlying assumptions included promoting gender equity in terms of access to WFP resources, managing community food-aid structures and providing an integrated inter-agency response.
3. The mid-term evaluation (MTE) of the PRRO and its six budget revisions reviews progress towards expected results as of October 2006.

EVALUATION APPROACH

4. The mission assessed effectiveness, coherence and relevance, and related aspects such as coordination, partnerships, sustainability and exit strategies. It examined (i) funding, procurement and logistics, (ii) assessment and targeting, (iii) programming for health and nutrition and school feeding, and (iv) monitoring and evaluation (M&E). Two cross-cutting issues, HIV/AIDS and gender, were assessed. The MTE identified best practices and lessons learned and made recommendations for improving programming and determining future strategies. The terms of reference are in Annex I of the full technical report.

ASSESSMENT OF EVALUATION CRITERIA

Effectiveness

5. **Objective 1:** Household food access and ability to manage shocks. Although food security has improved across the region as a result of adequate rains and better harvests, WFP's support increased access to food for 9 million beneficiaries during the 2005–2006 lean season. Deliveries and distributions were generally late, however; less food than planned was available during the period of greatest need.

¹ WFP/EB.3/2004/8-B/7.



6. During 2005, the percentage of planned versus actual beneficiaries varied from 67.8 percent in Lesotho to 133.8 percent in Zimbabwe. Beneficiary numbers had declined by the end of 2006 as conditions improved and only 4.3 million people were expected to need food assistance in the next lean season.² Needs for food assistance fluctuated during the first year of the PRRO; funding from donor countries varied. The effectiveness of WFP's programmes varied from country to country; more details are given in the full report. It was difficult for the evaluation team to draw definite conclusions at the mid-point of the PRRO.
7. **Objective 2:** Reduce the impact of HIV/AIDS on food security among vulnerable populations in high-priority districts for HIV/AIDS. WFP reached large numbers of people affected and infected by HIV and AIDS, possibly because the epidemic touches nearly every community and household. At the close of 2005, the high rates of HIV transmission in the six countries then under the PRRO affected a large proportion of PRRO beneficiaries.
8. Visits to school feeding programmes for orphans and other vulnerable children (OVC) and to home-based care (HBC) providers confirmed that WFP food assistance was critical in encouraging beneficiary participation and ensuring treatment and care. Beneficiaries claimed that food aid was crucial to household food security, especially during illness or drought or following the death of an income earner.
9. **Objective 3:** Meet the nutrition needs of vulnerable groups. WFP addresses nutrition needs by fortifying milled cereals and providing vegetable oil fortified with vitamins A and D and corn-soya blend (CSB). WFP milled a large proportion of in-kind donations of maize, as a result of widespread rejection of imported genetically modified grain. A benefit of milling was that 188,930 mt of 317,116 mt of maize meal was fortified in 2005.³
10. Beneficiaries did not always receive a complete food basket or the full amount of each commodity, mainly because of pipeline breaks. In some cases, cooperating partners enrolled more beneficiaries than planned and were obliged to divide food among more people. WFP must distribute full rations to beneficiaries if it is to achieve its nutritional outcomes and impact.
11. **Objective 4:** sustainable increase in school enrolment, attendance and ability to learn and concentrate, while reducing gender disparity. In 2005, most countries reached or exceeded the planned number of schoolchildren benefiting from school feeding. In Zimbabwe, for example, WFP reached over 1 million children, twice the planned number. In some schools, however, children received only one or two items rather than the complete food basket, which prevented them from benefiting fully, especially in terms of nutrition.
12. Enrolment and attendance rates increased because of school feeding, but the quality of education might have suffered because of inadequate investments in infrastructure and teaching capacity to meet increased demand. Teachers expressed concern about the lack of resources to cope with increasing numbers of pupils, including diminishing numbers of teachers as a result of AIDS. As WFP's partnerships with governments, the United Nations Children's Fund (UNICEF) and non-governmental organizations (NGOs) become more strategic they should serve as a basis for resolving constraints to basic education. Parents and teaching staff praised school feeding, despite its shortcomings, particularly in community schools in areas where little government support is available.

² Trip Report, 7–15 December 2006. Special Envoy for Humanitarian Needs in Southern Africa. Rome, WFP.

³ WFP. 2006. Southern Africa PRRO 2005 Standard Project Report.



COHERENCE AND RELEVANCE

13. The PRRO is externally coherent and in line with the plans of other United Nations agencies and the Consolidated Appeals Process (CAP); at the country level it is implemented according to government plans. WFP supports the development and finalization of such documents.
14. The PRRO is internally coherent and contributes to WFP's Strategic Objectives. In some countries, however, internal coherence among programme components is weak. WFP's sectoral activities are often implemented in a parallel rather than a convergent manner; different cooperating partners do not always target the same districts, communities or populations. Beneficiaries of HBC, school feeding, therapeutic feeding programmes (TFPs) and supplementary feeding programmes (SFPs) who are in need of long-term food for work (FFW) and food for assets (FFA) are seldom offered the chance to participate in such activities.
15. Targeted food aid may be relevant in traditionally food-secure areas where people are affected by HIV and AIDS. In towns and poor rural areas, however, more households are affected by the pandemic; they are prone to poverty and food insecurity as treatment and care expenses rise and as assets, income and production capacities decline. In these situations food assistance could be procured locally, with positive impact on production and markets. Some partners increasingly question the relevance of food rather than cash distribution to alleviate food insecurity among vulnerable poor beneficiaries. Hence, market analysis to assess food availability and accessibility is crucial before any intervention. WFP participates in discussions with various actors on cash for work (CFW) and is a partner in some cash-based activities piloted by NGOs and governments.

COORDINATION AND PARTNERSHIPS

16. Regional coordination of United Nations and governmental and non-governmental organizations is strong. The fact that eight United Nations organizations are in Johannesburg enabled agencies to work jointly before and during the PRRO. The Regional Inter-Agency Coordination and Support Office (RIACSO) developed during the emergency period and currently chaired by WFP, has been active throughout the PRRO.
17. Inter-agency vulnerability assessment committees (VACs) operate in all PRRO countries, supported by the Southern Africa Development Community (SADC), leading to improved food-security data collection, analysis and dissemination and decision-making. The VAC system works with the Southern Africa Humanitarian Information Management Network, a web-based coordination unit for disaster response led by RIACSO that aims to improve the regional knowledge base for humanitarian operations.
18. The Regional Directors Team and partnerships with United Nations agencies at the country level are generally effective: the most fruitful are based on memoranda of understanding that specify responsibilities and expectations, include joint planning and implementation and evolve as implementation progresses. The UNICEF/WFP partnership in Malawi, for example, initially addressed emergency feeding programmes and later expanded to include school feeding and eventually HIV/AIDS programming. A strategic partnership between Action-Aid and WFP provides a regional expert in HIV/AIDS programming.



19. Inter-agency coordination varies from country to country. The Joint Emergency Food Aid Programme in Malawi, which promotes information and experience exchange and encourages joint planning, programming and M&E, is a positive model.

SUSTAINABILITY AND EXIT STRATEGIES

20. The PRRO envisages a medium-term to long-term presence in the region, so WFP country offices have not yet established exit strategies, apart from Namibia. Targeted activities are in the pilot or early expansion phases; government-supported social protection programmes are non-existent or in their initial stages. In view of the growing HIV crisis and increasing numbers of chronically ill people and OVC, WFP is likely to be active in the region for some years.
21. In early 2006, the Namibia country office initiated food support for OVC, involving partnerships with the Government and NGOs to build capacity in social protection and offer a time-bound exit strategy. The programme is small by regional standards but it offers a model for other countries (see full evaluation report).
22. Funding and programming mechanisms that base cash for staffing and other operating costs on food tonnages rather than on programming needs limit WFP's capacity to implement sustainable recovery strategies. When large-scale relief distributions cease and beneficiary numbers decline, food tonnages decrease significantly along with funds for staff and operating costs; sub-offices reduce operations, and may close. WFP is often unable to retain or recruit staff as recovery activities expand. The staff profile for emergencies may be inappropriate for recovery activities, which require staff with strategic planning and related skills. Under the present funding mechanisms, WFP faces the challenge of shifting expertise from emergency to recovery as operations evolve.

FUNDING, FOOD PROCUREMENT AND LOGISTICS

Donors and Resources

23. Slow initial donor response to the PRRO later improved after poor harvests in 2005. Most resources were pledged at the end of the year, however, and in-kind donations were received too late for the lean season. WFP used the Immediate Response Account (IRA), the Central Emergency Response Fund (CERF) and multilateral allocations to initiate food purchases to build a pipeline during 2005 and establish country stocks before the rains and lean season at the end of the year. The regional bureau used the Business Process Review (BPR) to quadruple loans⁴ under the Working-Capital Finance (WCF) initiative and borrowed smaller amounts from the Project Cash Account (PCA). Delayed funding started the supply chain off slowly, despite the BPR loans taken to finance procurement. Funds should have been identified early in 2005, regional procurement should have started immediately with prices at their lowest in June, and sufficient deliveries should have been made by October.
24. The regional bureau borrowed from landside transport, storage and handling (LTSH) funds for the PCA; because the overall financial position was not clear, it borrowed from funds that had been committed. A mix of the above practice and

⁴ CERF: US\$3.6 million; IRA: US\$6.3 million; WCF: US\$34.5 million.



over-expenditure on LTSH resulted in a major LTSH deficit in mid-2006, but the regional bureau was trying to resolve this problem at the time of the evaluation.

25. If the rains are satisfactory, major donors may be reluctant to continue supporting the PRRO for the chronic HIV/AIDS caseload because donors tend to respond more readily to emergency food needs rather than chronic situations.

Food Procurement

26. Because of the doubts about genetically modified organisms (GMOs) before the PRRO, WFP switched to primarily local maize purchases, instituted a milling programme for in-kind donations and expanded local and regional purchases of maize meal and fortified blended food. All maize meal and blended foods were micronutrient fortified; the latter were particularly appropriate for chronically ill people.
27. The regional bureau continued to buy only from regional suppliers. Maize was sourced almost entirely in southern Africa; 486,882 mt was purchased in the two years to the end of 2006. The regional bureau's purchases were 2.5 percent of South African grain production in 2005 and would have had little influence on prices. Grain purchases in Malawi were 0.9 percent of its grain production; the figure for Mozambique was 0.5 percent.

Logistics

28. Regional agricultural patterns are predictable: rains between November and March, harvests in April and May and lean months from December to March. A response to the poor rains in 2004–2005 should have started a sequence of funding, procurement and delivery that would have placed procurement and transport contracts and positioned stocks at the lowest market rates before the 2005–2006 rains and lean season.
29. A delayed logistics operation ran into the usual problems of handling and delivery during the rains, competition for transport from annual fertilizer imports and the slow down over the year-end holiday. Delayed procurement restricted delivery along the least expensive routes. WFP was also constrained by GMO inspections for Zimbabwe.
30. The tendency of finance, logistics and procurement units to work in isolation was exacerbated by a serious fraud case in the regional bureau late in 2005.⁵ Despite enormous efforts, the 2005–2006 lean season distributions were not made until January 2006, by which time procurement and delivery costs had escalated.

ASSESSMENT, TARGETING AND FOOD SECURITY

Assessment and Targeting

31. Before the PRRO, WFP promoted coordination of assessments such as crop and food supply assessment missions (CFSAMs), the SADC regional and national VACs and household data collection and analysis through WFP/Consortium for Southern Africa Food Emergency (C-SAFE) community and household surveillance (CHS). The VACs advanced from analysis of short-term food aid needs to analysis of livelihoods, poverty, macroeconomic conditions and HIV/AIDS in the long term; CFSAMs and VAC assessments provided information to establish the PRRO.

⁵ The case has been the subject of internal audit and inspection reports.



32. When the PRRO began, CHS had resulted in the use of social and economic criteria to select beneficiaries. The PRRO continued multi-tier assessments initiated under the emergency operations, enhancing community and household needs assessment for improved targeting and programming. WFP staff from each PRRO country except Namibia participate in the national VAC process; the regional bureau has three representatives on the regional VAC. Despite advances in assessments, VAC methods are still not harmonized: different methods are used across the region and there are variations in WFP's involvement in VACs, the reliability of data and the availability of comparative data. National VACs are limited by lack of institutionalization, except in Mozambique, insufficient funding and the absence of full-time members.
33. Emergency food security assessment training in capacity-building for assessments was conducted for WFP staff in November 2005, led by the regional vulnerability analysis and mapping (VAM) team. Training for WFP and partner staff is planned for early 2007 in Zambia, Malawi and Mozambique. The regional VAC, supported by the regional bureau, carried out thematic training for national VACs early in 2006.
34. Targeting varies widely among PRRO countries. In some country offices, cooperating partners use clear criteria to target beneficiaries for different types of project; in others, WFP has not established criteria and targeting practices depend on the capacity of individual partners, which compromises WFP's mission to reach the most food-insecure people. There is not enough sharing of experience of assessment methods and targeting among country offices and between country offices and the regional bureau, which limits dissemination of best practices. Lesotho, Malawi and Mozambique, where the Programme for Enhanced Targeting is being implemented, could help countries with limited capacity through a mechanism for sharing best practices.

Food Security

35. WFP's shift from relief to recovery and development programming is appropriate, but weaknesses in the funding and programme cycle indicate that WFP and its donors are not prepared for this programmatic shift.
36. Technical expertise in food security analysis and livelihood programming is often limited in the regional bureau, country offices and sub-offices. WFP's definition of food security, which was adopted from the 1996 World Food Summit and which encompasses some economic, cultural and social aspects, needs to be broadened. Until recently, the concept of food security and related measures were largely limited to acute food insecurity rather than sustainable food and livelihood security. WFP and its partners must continue to improve their techniques for identifying chronic as opposed to transitory food-insecure groups before an emergency arises.
37. WFP focuses on food and nutritional security at the individual and household levels and emphasizes accurate targeting. The PRRO employs a needs-based approach to food security, in line with WFP policy. A thematic evaluation of WFP's food security policies and practices may be warranted.
38. The food-security objectives of the PRRO logframe are inadequately defined: the indicators are not always standardized, measurable, accurate, realistic and timely (SMART). PRRO objectives include addressing integrated HIV/AIDS and food-security issues, but the operation does not support the activities and methods needed to do so.
39. Loose coordination by the regional bureau of food-security programmes and activities results in sporadic rather than systematic collaboration among country offices. More



formal coordination of regional food-security programming might enable countries with important initiatives to share best practices and lessons learned with countries where capacity and resources are limited.

NUTRITION AND HEALTH

40. Activities targeting HIV and AIDS patients and other chronically ill people are increasing compared with conventional programmes for malnourished vulnerable groups. Acute malnutrition among children under 5 is relatively low and micronutrient deficiencies less severe than in other parts of Africa and Asia, but stunting rates are amongst the highest in the world. The scarcity of resources for programmes other than large-scale general distributions during peak periods of food insecurity has forced country offices to prioritize resources for targeted activities; as a result, programmes targeting chronic malnutrition are rare. Most beneficiaries of SFPs and TFPs are chronically ill people, which sometimes means that insufficient attention is given to identifying and addressing nutrition problems. On the other hand, the fact that WFP and its partners offer food and nutrition support through SFPs, TFPs, mother-and-child health clinics and outpatient clinics to people living with HIV (PLHIV) has reportedly resulted in reduced stigma and improved attendance.
41. Nutrition interventions provide fortified CSB, vegetable oil fortified with vitamins A and D, and sometimes fortified maize meal; they include awareness training in health and nutrition. The evaluation found that WFP and its partners rarely provide deworming tablets, but these will be provided in future through partnerships for school feeding programmes.

MONITORING AND EVALUATION

42. The regional bureau has developed results-oriented M&E and harmonized the outputs and outcomes of monitoring systems; country offices have implemented the systems despite limited human and financial resources and limited capacity among partners.
43. The regional bureau's online output-monitoring system, intended to replace systems in country offices, has facilitated regional reporting by contributing to rapid data processing, improved accuracy and timely reporting to the regional bureau. The tool has enhanced PRRO reporting to meet Headquarters and donor requirements, but the evaluation found that its benefits for country offices are limited in that they continue to use their own systems in parallel to meet their own needs. The regional online output-monitoring system is being adjusted to country needs.
44. CHS has helped to systematize data collection on outcomes and has been effective in assessing targeting efficiency and enhancing understanding of vulnerability.
45. Indicators used to monitor progress towards PRRO objectives are similar to those used for food-security assessments. Information sharing between M&E and VAM staff is limited in some countries, however: for instance, M&E data, in particular from CHS, have not been used systematically to update or refine vulnerability analysis, which is a missed opportunity.

46. Data collection by WFP and partners to monitor the impact of food aid on HIV-positive people is variable and inadequate overall. Partners in clinical and HBC settings often collect and report measurements of beneficiaries' weight, but few carry out substantial analysis and reporting; WFP is therefore unable to evaluate the extent to which food aid affects the well-being of beneficiaries. Monitoring and reporting must improve so that they inform WFP and its partners about outcomes and impacts. Some country offices collect evidence on the impact of food aid on reducing vertical transmission by increasing adherence to prevention of mother-to-child transmission (PMTCT) programmes and improving the well-being and productivity of PLHIV. WFP needs a cohesive assessment system to strengthen its position and convince donors to support food aid. Field-level agreements (FLAs) may need to be reviewed; guidelines on data collection should be harmonized.

CROSS-CUTTING ISSUES

HIV and AIDS

47. WFP food aid is a crucial aspect of the response to the HIV epidemic; the combination of weak governance, social inequalities, chronic poverty and food insecurity drives the epidemic and is exacerbated by it. Without assured access to food, the most disadvantaged people may resort to negative strategies to meet basic food needs. Impacts of the rollout of anti-retroviral therapy (ART) on the recovery of household productivity are constrained by inadequate nutrition, which decreases tolerance of and adherence to drug treatment. This positive integration at the input level needs to be expanded by establishing links with livelihoods initiatives to enable HIV and tuberculosis (TB) patients to support themselves once their condition stabilizes.
48. Because the AIDS epidemic is unique, WFP's traditional emergency responses require adaptation to tackle the cycle of HIV infection, poverty and negative coping strategies. WFP needs a more immediate and cohesive regional effort to strengthen its position and persuade donors to support the continuation and scaling-up of food assistance as part of the fight against AIDS.
49. WFP's HIV and AIDS prevention activities vary in terms of quality and coverage: some partners offer condoms as part of the package, for example; others do not.
50. The responsibilities of the regional bureau and its advisory staff were sometimes unclear in terms of technical oversight and support for country offices in HIV and AIDS programming. In view of the country offices' considerable requirements for technical support, increasing the number of HIV and AIDS advisory staff at the regional level should continue; partnerships with other agencies need to be established and enhanced.

51. Country offices assign HIV and AIDS responsibilities to programme officers and assistants, many of whom are at an early stage of their careers or lack technical grounding. Given that this is a new programming area, the few staff with sound knowledge and experience in HIV/AIDS stand out in terms of competence, understanding and creativity in implementing WFP's contributions to national responses. As they move on from their current posts, however, they may leave a vacuum that disrupts HIV and AIDS activities.

Gender

52. In all PRRO countries, girls outnumber boys in school feeding programmes. At the start of the PRRO, there were no imbalances in school enrolment except in Malawi, where school feeding corrected it.
53. Except in Swaziland, involving a majority of women in food for training (FFT) has presented a challenge. FFW and FFA projects, despite large numbers of women participants, have paid insufficient attention to women's needs and their access to and use of assets created. These parameters are not included in the PRRO log frame, but they are important in terms of gender issues and food security. WFP has modified work norms to ensure that women can participate without being overburdened and issues each ration card in the name of the participant. Women are generally well represented in food distribution committees, despite cultural barriers.
54. A 2004 review of gender responsiveness in all the PRRO countries except Namibia provided baseline data for monitoring results. In compliance with the Enhanced Commitments to Women (ECW), country offices report monthly on gender-disaggregated output data; most have reviewed M&E tools for gender sensitivity. All country offices are involved in gender theme groups as part of the United Nations Development Assistance Framework (UNDAF).
55. WFP encourages partners and communities to involve more women, but it sends mixed messages to stakeholders by either ignoring or failing to apply the principle. Selecting partners on the basis of gender performance is a challenge in that there is limited choice in some countries. All FLAs refer to ECW, but high staff turnover, short contracts and lack of resources have hampered WFP's ability to conduct ECW training. The regional bureau and country offices have implemented the first three phases of the regional gender programming initiative, but failure to conduct the leadership skills, gender and HIV/AIDS training at the community level – the final phase of the PRRO – because of lack of funding will reduce the outcome of investments to date.
56. The lack of staff dedicated to gender mainstreaming has hampered gender activities and limited the time devoted to them. Gender focal points normally have other responsibilities that take up 90 percent of their time, leaving little for gender issues. Senior country office staff rarely hold focal point positions, so decision-making is often difficult. Senior management commitment is essential to successful gender mainstreaming.

CONCLUSIONS

57. At the time of the evaluation visit a combination of improved rains, better harvests and food aid had helped to avert further crisis in southern Africa. Nonetheless, a chronic emergency persists, fuelled by the HIV/AIDS epidemic, continuing poverty, poor governance and insufficient resources for services for the people most affected by the “triple threat”.⁶
58. WFP will need to refine its strategies in southern Africa and possibly develop a new programming format to address in a sustainable way long-term social protection needs on a country basis rather than a regional basis.
59. Expanding staff numbers during a period of financial constraints may not be a viable option, so WFP needs to enhance its technical capacity in other ways, for example by enhancing the training of staff and enhancing partnerships with agencies such as the World Bank, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and technical NGOs.

⁶ A combination of food insecurity, weakened governance capacity and HIV/AIDS. United Nations. 2003. *Organizing the United Nations Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS, particularly in Southern and Eastern Africa*. Inter-agency report.



**ANNEX: MANAGEMENT RESPONSE TO THE RECOMMENDATIONS OF THE MID-TERM EVALUATION OF
THE SOUTHERN AFRICA REGIONAL PRRO 10310.0**

WFP recommendations (March 2007)	For action by	WFP Reply, including measures taken or to be taken.
Sustainability and Exit Strategies		
1. Consider developing a new social protection strategy that could be piloted in southern Africa to address the food needs of people in chronic need such as people living with HIV and AIDS.	Regional bureau and Policy Strategy and Programme Support Division (PDP) in consultation with the Operations Department (OD).	The Southern Africa Regional Bureau (ODJ) has developed a regional strategy paper to this effect. The Social Protection and Livelihoods Service (PDPS) indicated that it could provide guidance on social protection to inform programming innovations that address the needs of vulnerable people in southern Africa.
2. Prioritize the continuation of planned programming for OVC in Namibia to test whether this potential model can be replicated.	Regional bureau in consultation with Namibia country office.	The regional bureau sees Namibia as a model for WFP partnership with government in responding to the OVC crisis and in implementing Strategic Objective 5 in southern Africa. The Regional Director in consultation with the country office will make sure that lessons in Namibia are recorded and shared.
Funding, Procurement and Logistics		
3. Reinforce the responsiveness of the system of financial loans intended to speed up resources in the supply chain.	Programme Management Division (ODM) in consultation with the Fundraising and Communications Department (FD) and the regional bureau.	The recent Office of Budget and Financial Planning (CFOB) review of advance financing mechanisms available to projects is complete; a paper setting out details of the mechanisms and the request and approval process will be published shortly. Simultaneously, FD has continued its forecasting of contributions, which is essential for the New Business Model (NBM). The forecasts are taken up in the Project Planning Tool (PPT), which has been rolled out in six of the seven regional bureaux at the time of writing. Implementation of the PPT will give managers an overview of resource availability and pipelines.
4. Regularly review regional LTSH rates, especially in high-cost, volatile pricing situations.	Regional bureau in consultation with the Logistics Service (ODTL) and the Freight Analysis and Support Branch (ODTF).	Reviews are now to be every six months or immediately if there are drastic changes in market conditions.



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WFP recommendations (March 2007)	For action by	WFP Reply, including measures taken or to be taken.
Targeting and Assessment		
<p>5. Establish clear, standardized targeting criteria and procedures for all project and activity categories; share the findings/recommendations of the Programme for Enhanced Targeting; implement these in PRRO countries; share assessment methodologies and targeting experiences among country offices.</p>	<p>Regional bureau (VAM, M&E, Programme) in consultation with PDP.</p>	<p>VAC assessments provide guidelines on geographic targeting and define vulnerable categories. During programme design, however, activity-specific targeting criteria are developed by country offices. The Emergencies and Transitions Unit (PDPT) points out that it is not possible to establish standardized targeting criteria for all categories, a measure that could be counter-productive).</p> <p>ODJ is implementing a regional targeting project to enhance targeting.</p>
Food Security Programming		
<p>6. Increase technical capacity in food security programming: employ and/or involve partners' food security/livelihoods experts at country offices, especially linked to HIV and AIDS activities; set standards for country programme (CP) technical requirements; train staff in food security assessment and analysis, including a livelihoods-based approach; enhance experience-sharing amongst regional bureaux, country offices and CPs.</p>	<p>Regional bureau (VAM, M&E, Programme), in consultation with PDPT, the Emergency Needs Assessment Branch (ODAN) and country offices.</p>	<p>Partially agree. The southern Africa region has considerable food security expertise, in WFP and outside. In the WFP regional bureau there are three VAM advisers/officers and one assessment adviser; in most country offices there is at least one VAM officer/assistant. WFP seconds one VAM officer to the South African Government and one to SADC/Regional Vulnerability Assessment Committee (RVAC). A regional markets specialist is located in Zambia.</p> <p>Partners are involved in food security activities. SADC-VAC comprises experts in food security and markets who had undertaken food security assessments before the WFP regional emergency intervention started in mid-2002.</p> <p>The regional bureau does not expect to recruit additional food security experts: current funding levels would not permit it. Ongoing capacity-building in analysis and skills enhancement for VACs and VAM and assessment officers will continue.</p> <p>Experience sharing has been ongoing and will continue. <i>Passiton</i> has also been used to share experiences globally.</p> <p>More clarification from the evaluation team on the perceived gaps in this area would be appreciated.</p>



**ANNEX: MANAGEMENT RESPONSE TO THE RECOMMENDATIONS OF THE MID-TERM EVALUATION OF
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WFP recommendations (March 2007)	For action by	WFP Reply, including measures taken or to be taken.
<p>7. Strive to identify lessons and best practices in combining food and cash transfers from pilot projects in southern Africa and elsewhere; ensure that comprehensive market analyses and partner capacity assessments are undertaken before undertaking any cash transfers.</p>	<p>Regional bureau (Programme, VAM and M&E), in consultation with PDP, Operations Department (OD) and country offices.</p>	<p>ODJ is implementing a regional cash/voucher project and piloting these initiatives in Lesotho, Malawi, Namibia and Zimbabwe. The pilots should inform learning in this field. A prerequisite to implementing the cash/voucher projects is comprehensive market studies, which have been factored into the project.</p> <p>Regular market surveys are conducted to assess availability of food commodities, including food aid commodities in the markets.</p> <p>ODJ awaits final guidance on WFP's position on cash transfers; the interim guidelines lack clarity.</p>
<p>8. Incorporate sustainable livelihoods analysis into the CHS to facilitate an assessment of whether more sustainable and resilient livelihood systems have been developed.</p>	<p>Regional bureau (M&E), in consultation with country offices.</p>	<p>The goal of the PRRO is to "improve food security, livelihoods and productive capacity...". It will not be achieved during the life of the PRRO, which needs a longer timeframe.</p> <p>Through CHS, ODJ is able to monitor the intended food security outcome of "increased household food access...". The CHS is an ODJ system intended to measure performance at the outcomes level.</p> <p>To expand CHS to monitor performance at the impact level would require inter-agency agreement: no single agency is responsible for achieving the goal. Expertise and funding to set up such a system would be required.</p>
Nutrition		
<p>9. Review and continue to strengthen nutrition and HIV and AIDS programming: update objectives, targeting criteria, food baskets and protocols; develop better indicators and measurements for monitoring and assessing programme progress and impact; update training and capacity-building in nutrition; expand regional information/experience-exchange mechanisms; capture lessons learned; reduce duplication of efforts; and identify best practices.</p>	<p>Regional bureau (Programme, M&E), in consultation with the Nutrition Service (PDPN), the HIV/AIDS Unit (PDPH) and country offices.</p>	<p>All recommended activities are ongoing. Protocols are available and in line with national and international guidelines. Refinements occur annually and as needed. Indicators to measure progress are clear and are in line with the regional bureau indicator compendium. Nutrition outcomes are assessed bi-annually using the CHS.</p> <p>ODJ conducted nutrition training for 200 staff in all countries between 2005–2007 (WFP, CPs and the Government). ODJ has scheduled advanced nutrition and HIV/AIDS training for November 2007; funds have been secured.</p>



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		Experiences are regularly shared; they are published in <i>Passion</i> .
HIV and AIDS Programming		
<p>10. Link HIV and AIDS activities with livelihoods promotion: develop a work plan, criteria for scaling up and timeframe; document innovative, low-cost local solutions for improved nutrition and food security; disseminate results in the region.</p>	Regional bureau (Programme) and country offices, in consultation with PDPH.	Partially agree. Local solutions for linking HIV and AIDS activities with livelihoods promotion and for improved nutrition are ongoing, for example with <i>likuni phala</i> (local blended food) and plumpy nut; it is not low-cost, but it can be locally manufactured. ODJ encourages these innovations, but funding is not often available.
<p>11. Build the capacity of staff in HIV and AIDS:</p> <p>(i) Establish a senior specialist/adviser post at the regional bureau to support regional programming and country offices.</p> <p>(ii) Encourage CPs specializing in food support for chronically ill patients and those focusing on livelihoods to link care and support initiatives.</p> <p>(iii) Ensure that existing databases are analysed to determine the impact of WFP food aid on food-insecure HIV-positive people, either as a joint regional initiative or on a country basis.</p> <p>(iv) Share WFP and United Nations materials and other information-education-communication (IEC) materials that have proved effective and encourage their use by CPs.</p> <p>(v) Coordinate with CPs to ensure that warehouse and transport staff involved in the handling of food aid receive refresher training on HIV/AIDS prevention.</p> <p>(vi) Develop guidance on HIV awareness raising and promoting safer sexual practices, including condom promotion, to improve linkages with prevention activities.</p>	Regional bureau in consultation with PDPH and country offices.	<p>Partially agree. The current ODJ-based programme adviser oversees HIV and AIDS activities. It would be preferable to have at least one additional HIV/AIDS programme officer to support the regional programme adviser, but funding constraints prevent this. Support is currently given under a partnership with Action-Aid. At the country office level it is preferable to have dedicated HIV/AIDS programme officers rather than the current focal points, who in some cases have other responsibilities. Current funding constraints make it impossible to hire additional staff.</p> <p>ODJ addresses care and support objectives for HBC initiatives; this will continue under the regional social protection thematic approach.</p> <p>The CHS collects information on outcomes for household food support. Data on HIV-positive people is not being collected by CHS, which collects data on households with a chronically ill person, which is a proxy for an HIV-positive person. Data cannot be disaggregated to measure impacts for HIV-positive people because the regional bureau does not collect that information. Household data can be disaggregated to identify those with a chronically ill person and infer that household food security applies to the HIV-positive person. It would be difficult for the regional bureau to track this information because of confidentiality issues and the stigma that would apply if data were being collected only on those who are HIV-positive.</p>



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		<p>Such a survey would require collaboration with an academic institution, which would require funding.</p> <p>Where requested and feasible, WFP will share this information. It should be noted, however, that this is largely in the mandate of the United Nations Population Fund (UNFPA) and national health ministries rather than WFP.</p> <p>WFP and CP warehouse staff could be part of the HIV/AIDS awareness training. Transport is usually outsourced to commercial companies. A provision should be made in the tendering process that short-listed transport companies must confirm that they have a HIV/AIDS policy for their staff. This would require legal advice from Headquarters.</p> <p>WFP does not have the mandate or capability to develop such guidance. Guidelines exist in the International Labour Office (ILO) and Inter-Agency Standing Committee (IASC).</p> <p>At the regional bureau and country offices there are strong inter-agency HIV/AIDS working groups that coordinate awareness activities. WFP will continue to participate.</p>
<p>12. Enhance CP implementation of food for HIV and AIDS activities:</p> <p>(i) help to identify training needs amongst staff and beneficiaries; jointly develop training plans and funding requests;</p> <p>(ii) consider developing a policy requiring CPs to offer or promote condom distribution;</p> <p>(iii) provide technical support to enable and encourage CPs to analyse their data on recipients of food support and ART, and determine the impact of interventions on weight gain and on reducing opportunistic infections;</p> <p>(iv) encourage ART patients to be referred to available food aid-supported livelihoods initiatives, run by CPs, appropriate to their work capacity.</p>	<p>Regional bureau in consultation with PDPH, PDPN and country offices.</p>	<p>Partially agree. Partner HIV/AIDS awareness activities have been routine. Promoting distribution and use of condoms is the mandate of UNFPA rather than WFP. WFP can link CPs with UNFPA to see if they can participate in condom distribution, for example at food distribution points. Some faith-based CPs may have difficulties in promoting distribution and use of condoms.</p> <p>Agreements on indicators to monitor outcomes of HIV and AIDS interventions have not yet been established. The indicator of weight gain, in particular, is still under discussion. Reduced opportunistic infections are influenced by various factors and are not necessarily an outcome of WFP interventions.</p> <p>This may be feasible if these activities exist in WFP interventions.</p>



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13. Continue to report on outcomes of operational research, to inform donors of the value of WFP's approach and to contribute to the knowledge base on food-based approaches to HIV and AIDS in food-insecure communities.	Regional bureau in consultation with PDPH and country offices.	This could be feasible if related to CHS and VAC research. Further clarification of this proposal by the evaluation team would be welcomed.
Gender and WFP's Enhanced Commitments to Women		
14. Continue to promote ECW: establish staff targets for achieving gender balance; conduct ECW training for new staff; mainstream the IASC <i>Guidelines on Gender and Prevention of Sexual Abuse and Exploitation</i> ; establish gender teams in country offices and sub-offices, and an on-line regional gender forum; monitor staff commitment to and progress on gender awareness and programming; modify future FLAs to include participation, empowerment and ownership of women; evaluate the gender and food aid outcomes of Institutional Strategic Partnership (ISP) phases I-III as regards gender; analyse and report on gender sensitive indicators from post-distribution monitoring (PDM) and CHS; involve women in programming cycles; ensure that women access and benefit from FFW assets; increasingly incorporate men into gender initiatives.	Regional bureau and country offices in consultation with the Gender, Mother and Child Health Service (PDPG).	<p>WFP will continue to promote ECWs.</p> <p>The Regional Directors' Team (RDT) gender cluster will implement training on the IASC <i>Guidelines for Gender and Prevention of Sexual Abuse and Exploitation</i>.</p> <p>Evaluation of the gender and food aid outcomes of the Institutional Strengthening Programme (ISP) Phases I-III is ongoing.</p> <p>All other issues related to gender are being pursued in a routine way.</p>



ACRONYMS USED IN THE DOCUMENT

AIDS	auto-immune deficiency syndrome
ART	anti-retroviral therapy
C-SAFE	Consortium for Southern Africa Food Emergency
CAP	Consolidated Appeals Process
CERF	Central Emergency Response Fund
CFSAM	crop and food security assessment mission
CFW	cash for work
CHS	community and household surveillance
CP	country programme
CSB	corn-soya blend
ECW	Enhanced Commitments to Women
FD	Fundraising and Communications Department
FFA	food for assets
FFT	food for training
FFW	food for work
FLA	field-level agreement
GMO	genetically modified organism
HBC	home-based care
HIV	human immune-deficiency virus
IASC	Inter-Agency Standing Committee
IRA	Immediate Response Account
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MTE	mid-term evaluation
NGO	non-governmental organization
ODJ	Southern Africa Regional Bureau
OVC	orphans and other vulnerable children
PDP	Policy Strategy and Programme Support Division
PDPH	HIV/AIDS Unit
PDPN	Nutrition Service
PDPT	Emergencies and Transitions Unit



PLHIV	People living with HIV
PMTCT	prevention of mother-to-child transmission
PPT	Project Planning Tool
PRRO	protracted relief and recovery operation
RIACSO	Regional Inter-Agency Coordination and Support Office
SADC	Southern Africa Development Community
SFP	supplementary feeding programme
SMART	standardized, measurable, accurate, realistic and timely
TB	tuberculosis
TFP	therapeutic feeding programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
VAC	vulnerability assessment committee
VAM	vulnerability analysis and mapping
WCF	working-capital financing