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SUMMARY EVALUATION REPORT ETHIOPIA PRRO 10362.0

Enabling Livelihood Protection and Promotion

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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

This operation is one of WFP's largest programmes. The team found that the four components of the protracted relief and recovery operation are relevant to the many challenges facing Ethiopia. However, while relief programming, labour-intensive productive assets and the urban HIV/AIDS programme are all appropriate to the Ethiopia context, it was difficult to evaluate the appropriateness of the targeted supplementary feeding programme. Because it is not a standard supplementary feeding programme, it cannot be judged against standard criteria, particularly when evaluating its design in relation to its objectives.

The four elements of the operation are coherent with the Government of Ethiopia's policies on food security, health, nutrition and HIV/AIDS. The labour-intensive productive assets and urban HIV/AIDS programme are also linked with WFP's country programme.

Nevertheless, linkages between the different components of the protracted relief and recovery operation have either been assumed or not explicitly made, for example between labour-intensive productive assets and the relief programme. Links with external interventions that are critical to the success of the activities have not been made, for example between other food security programmes and the productive safety-net programme, or are only recently emerging as viable options such as income-generating activities with urban HIV/nutrition.

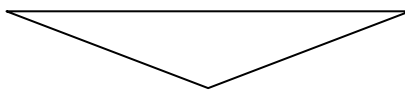
The WFP Ethiopia staff are committed to the programme and the output delivery has been extraordinary. WFP Ethiopia's shift in programming evident in the current portfolio is effectively a set of creative initiatives that have evolved out of many years of attempting to tackle persistent problems.

The evaluation team questions whether the impact and effectiveness of this operation are being sufficiently and accurately assessed. Impact assessments require sufficient data collection, including baselines, and considerable expertise. Such assessment is critical where new types of programming are being used for the first time. WFP may well need to hire external impact assessment expertise for monitoring that is less standardized and focussed more on impact. When new types of programming are being implemented, WFP should not scale up activities before there is robust evidence of impact because without such evidence, there is a risk that donors will eventually withdraw funding. This could have tragic consequences for beneficiaries dependent upon the programme and would also constitute a waste of invested resources.

The productive safety net programme and extended outreach strategy/targeted supplementary feeding activity are new programmes with new technical, institutional and logistical challenges. The urban HIV programme is also relatively new for WFP. There are valid questions about whether WFP is adequately equipped in terms of its mandate, policy development, organizational structure, agency culture and funding modalities to effectively move into these new areas. Such large questions can only be flagged in a mid-term protracted relief and recovery operation evaluation. They are nevertheless important questions that WFP must address in more detail, as WFP is doing in the HIV thematic review.



DRAFT DECISION*



The Board takes note of the information and recommendations contained in the “Summary Evaluation Report Ethiopia PRRO 10362.0 – Enabling Livelihood Protection and Promotion” (WFP/EB.2/2007/6-C) and of the management response, and invites WFP to follow up the recommendations, taking into account issues raised by Board members during the discussion.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (WFP/EB.2/2007/15) issued at the end of the session.



INTRODUCTION

Scope and Purpose of the Evaluation

1. The evaluation covered WFP assistance to Ethiopia for all four components of protracted relief and recovery operation (PRRO) 10362.0 from January 2005 to December 2006. In the case of the urban HIV/nutrition programme the evaluation focused only on the recent scaling-up; a full evaluation of the programme had been conducted as part of the mid-term evaluation (MTE) of the country programme (CP) completed in mid-2005.
2. The principal objective of the evaluation was to inform discussions and offer advice to WFP Ethiopia, executive staff and the Board on further changes that could improve the impact of the interventions over the second half of the PRRO period and beyond, should the activity be extended.

Methodology

3. The evaluation was organized and managed by the WFP Office of Evaluation in Rome. It was conducted by an independent evaluation team comprised of five members with expertise in relief programming, nutrition, natural resource management, pastoralism and HIV mainstreaming. The United Nations Children's Fund (UNICEF) provided two additional consultants with nutritional and epidemiological expertise for the targeted supplementary feeding/extended outreach strategy (TSF/EOS) component of the evaluation.
4. The evaluation applied a range of standard evaluative techniques including a desk review and interviews with donors, United Nations and international non-governmental organizations (INGO) staff in Ethiopia and Rome, WFP staff members in Addis Ababa and at field sites in Ethiopia, the Government and stakeholder groups such as principal donors, other United Nations agencies and national and international non-governmental organizations (NGOs) involved in food-security activities. It also included focus group interviews with relief committees, beneficiaries, non-beneficiaries, civil society groups and community leaders.
5. The evaluation team applied criteria from the Organisation for Economic Co-operation and Development (OECD), Development Assistance Committee (DAC) and the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), including appropriateness, coherence, connectedness, effectiveness, efficiency, sustainability and impact.
6. The team conducted field work in three phases from late October to mid-December 2006 and visited the regions of Afar, Amhara, Tigray, Oromiya, Southern Nations and Nationalities People's Region (SNNPR) and Somali. Interviews with government, and United Nations and INGO/NGO agency staff were conducted in 27 *woredas* (administrative districts) and 50 *kebeles* (communities). Beneficiary interviews were also conducted when possible.

Background and Context

7. Ethiopia has a population of 73 million; it ranks 170th of 177 countries in the Human Development Index. The country is characterized by regular severe drought, inadequate domestic food production, low and deteriorating natural resource levels, declining per



capita productivity and increasing incidence of HIV/AIDS. Ethiopia has unacceptably high levels of malnutrition. Among children under 5, the prevalence of wasting (low weight for height) is 10.5 percent, which is above the threshold for defining a nutrition emergency; stunting (low height for age) is 47 percent; underweight (low weight for age) is 38 percent. The HIV/AIDS prevalence rate of 4.4 percent poses a threat to Ethiopia's development. The high urban prevalence rate of 14 percent is especially worrying. With 1.5 million people infected, Ethiopia is one of the countries with the largest number of people living with HIV (PLHIV).

8. Until 2005, the Government's primary response to food insecurity had been to appeal for emergency food aid. This assistance was channelled to meet the consumption needs of chronically and acutely food-insecure people. Although this internationally financed humanitarian assistance was substantial – US\$26 million per year from 1997 to 2002 – and saved many lives, evaluations showed that this assistance did little to protect livelihoods, generate community assets or preserve household assets.
9. In 2005, the Government implemented the new Productive Safety Net Programme (PSNP) to address longer-term food insecurity in Ethiopia. The programme is based on multi-year predictable investments increasingly financed with cash rather than in-kind resources. In conjunction with other food security programmes, PSNP is meant to address the underlying causes of household food-insecurity and is a core component of the Government's poverty reduction strategy. The programme initially replaced the emergency appeal system for 5 million chronically food-insecure people. Objectives include improving productivity and efficiency of transfers to chronically food-insecure households; reducing household vulnerability, improving resilience to shocks, and promoting sustainable community development. These objectives are meant to be achieved through timely transfers of cash and food to beneficiary households.
10. In April 2004, the Government, Ministry of Health and Disaster Prevention and Preparedness Agency (DPPA), in conjunction with UNICEF and WFP, began implementing the EOS and TSF programme initially piloted in the SNNPR. The programme is a component of the Government's Child Survival Initiative (CSI). The TSF/EOS targets moderately malnourished children with a supplementary food ration, thereby preventing nutritional deterioration of children under 5 and pregnant and lactating women. It also helps rehabilitate those already suffering from moderate malnutrition.
11. The TSF/EOS programme delivers a combination of child and maternal health interventions including: vitamin A supplements, measles vaccinations, insecticide-treated bed nets, and deworming every six months. The programme screens pregnant women, women with children under 6 months, and children under 5,¹ using mid-upper arm circumference (MUAC).² Women and children who have a MUAC below the cut-off point are given a ration card and referred to the TSF, where they receive two lots of three-monthly food supplement over a six month period. They are automatically discharged from the programme after six months.
12. The Government's Strategic Plan for Intensifying the Multi-Sectoral HIV/AIDS Response and its Plan for Accelerated Sustainable Development to End Poverty (PASDEP) set goals for the sectors at all levels, outline strategies and plans and provide benchmarks

¹ The screening also includes older children who are stunted, because entry into the EOS programme is based on a height of less than 110 cm.

² Until March 2006, MUAC screening was followed by weight for height measurements. All stakeholders agreed to simplify the system to use only MUAC, a good predictor of mortality risk.



and performance indicators for slowing the spread of HIV/AIDS and reducing its social and economic impact. As part of this strategy, the Ministry of Health is rolling out anti-retroviral therapy (ART) to hospitals in urban areas. WFP, the HIV/AIDS Prevention and Control Office (HAPCO) and local implementing partners have been implementing an urban HIV feeding programme since 2003. This programme provides food rations to four types of beneficiaries: chronically sick patients, orphans, HIV-positive pregnant or lactating women and their infants attending prevention of mother-to-child transmission (PMTCT) programmes and home-based care volunteers.

WFP's Intervention under PRRO 10362.0

13. In October 2004, the Board approved PRRO 10362.0, "Enabling Livelihood Protection and Promotion in Ethiopia". The operation aimed to address the food needs of 3.8 million beneficiaries – 1.7 million in the relief component, 2.1 million in the recovery component – over the period 1 January 2005 – 31 December 2007. The total proposed food tonnage was 1.4 million mt; the total cost to WFP was US\$780 million.
14. The PRRO included four components:
 - **Protracted relief.** General food distribution (GFD) and food for work (FFW) for food-insecure communities affected by severe, unpredictable food shortages;
 - **Recovery component 1.** Labour-intensive productive assets (LIPAs), and improved FFA implemented under the Government's PSNP in districts where food insecurity is predictable;
 - **Recovery component 2.** TSF for vulnerable children and women working within the Government framework of EOS; and
 - **Urban HIV nutrition support.** Food for PLHIV, orphans and other vulnerable children (OVC), home-based care and women on PMTCT.

EVALUATION FINDINGS

Relief Component

15. WFP planned to provide food for 1.7 million people – the actual numbers would vary depending on unpredicted events such as drought – with a monthly general ration of 2,100 kcal/person/day that included cereals, pulses, vegetable oil and iodized salt. The ration was to cover requirements for three to nine months per year, with beneficiaries participating in FFA activities. People unable to work were to be provided with a free general ration.

⇒ *Appropriateness*

16. WFP has supported the Government relief programme through: provision and distribution of food to Government main hub warehouses; monitoring of distributions; capacity-building at the *woreda*, regional and national level; and involvement in early warning systems and needs assessments. These inputs have been appropriate to relief programming in Ethiopia, given Government capacity constraints and WFP's considerable expertise in logistics and vulnerability assessment.



⇒ *Effectiveness (outcome level)*

17. The principal objective of WFP's relief operations in Ethiopia is to help the Government to reduce or stabilize the prevalence of acute malnutrition among food-insecure populations through access to sufficient quantity and quality of food assistance in the event of unexpected food-security shocks.
18. Lack of baseline data or post-intervention data on mortality or prevalence of malnutrition across the extensive areas where relief was provided meant that it was impossible to assess the effectiveness of the government relief operation, to which WFP contributes. Because relief programming was implemented in conjunction with PSNP, it was impossible to isolate the impact of relief from that of the PSNP. The team notes, however, that the majority of relief programming took place in the Somali region, where prevalence of wasting was highest and global acute malnutrition (GAM) in 2003–2005 was 19 percent.

⇒ *Effectiveness (output level)*

19. The principal output of the relief component was that acutely food-insecure beneficiaries receive relief food on time as either free relief or in exchange for public works.
20. A joint Government and humanitarian partners appeal for 2005 quantified the total beneficiary caseload for relief in the first half of 2005 as 3.1 million people, requiring 398,187 mt of food. By December, the numbers had been increased to 3.35 million people requiring 430,298 mt. In 2006, a Government assessment estimated that 2.6 million people would require 339,090 mt; an annual *belg* (February-May rains) assessment, two subsequent appeals following flooding in eight regions and a separate SNNPR assessment brought the totals to 3.25 million people and 428,810 mt.
21. WFP was responsible for a significant proportion of this food relief, delivering 69 percent of national requirements to Government warehouses in 2005 and 75 percent in 2006. According to the 2005 standard project report (SPR), WFP distributed 90 percent of planned distribution – 93 percent of planned men beneficiaries and 87 percent of planned women beneficiaries. Resource constraints early in 2005 affected distribution of oil and pulses. Sixty-two percent of relief food was distributed through employment generation schemes (EGSs). The 2006 SPR was not available at the time of evaluation.

⇒ *Efficiency*

22. During the evaluation period, the team noted that WFP was able to deliver food on time to DPPA warehouses, with few disruptions to the pipeline.
23. Despite the overall good performance of WFP in distributions to main warehouses, in some regions the relief distributions by the Disaster Preparedness and Prevention Bureau (DPPB) to final delivery points were inadequate. For example, the Somali region received only 5 of the 11 planned distributions in 2006. This poor distribution related largely to insecurity and transport difficulties, often exacerbated by inadequate transport tendering systems. Relief distributions have been more successful in other regions such as Afar and SNNPR.
24. The team concluded that relief food delivery problems typically occurred after WFP had delivered food to the Government's main warehouses, mainly because of limited government financial and human resources. WFP provided resource support through its network of sub-offices, but where the Government needs were greatest this support was not adequate.



25. WFP supports the Government's national early-warning and needs-assessment systems through involvement in the Early Warning Working Group (EWWG) and the sub-group on methods, vulnerability analysis and mapping (VAM) identification of hot spots, participation of field monitors and VAM staff in seasonal regional needs assessments and rapid assessments following acute shocks. WFP has also been involved in the recently established household economy approach (HEA)-based needs assessments conducted in SNNPR.
26. Despite WFP's support to assessment, the team found problems with the needs assessment system employed by the Government. The present system is oriented too much towards crop production and lacks a clear analytical framework. Assessment findings are often subject to negotiation between the regions and the federal DPPA and can result in quotas that local-level targeting committees believe to be inadequate. The needs of pastoralist populations, who often resist the Government's approach to targeting for cultural and sociological reasons, can be particularly difficult to assess. In some instances, ration receipts have been as low as 10 percent of planned rations as a result of beneficiary populations spreading the ration among households.
27. WFP has also been involved in monitoring, largely through the work of field monitors, who work with DPPB at the regional and *woreda* levels and visit the large number of final delivery points. However, monitoring has largely assessed logistical performance in terms of, for example, tonnage of food allocated, delivered and distributed and ration receipts at distribution sites. Although field monitors have collected information on markets and anomalies in distribution, monitoring is not sufficiently analytical to inform decision-making in areas such as targeting, quality and appropriateness of EGS and problems related to poor articulation of linkages between PSNP and relief programming.
28. WFP is moving toward action-based monitoring (ABM), which gives WFP field monitors a greater analytical role. WFP expects to achieve more locally sensitive monitoring through ABM so that context-specific problems can be addressed. ABM should enhance relief programming at the central level in relation to such issues as targeting, the diminishing standard of EGS and rotation of beneficiaries between relief and PSNP programming.
29. A major constraint for monitoring is that WFP sub-offices are rarely informed by the Government when distributions are taking place; real time monitoring therefore occurs only in a small percentage of cases. This prevents WFP from identifying problems or inefficiencies in food distribution and provides fewer opportunities to correct them.
30. WFP provided support to Government relief programming capacity. DPPA staff were trained in warehouse management and field monitors provided on-the-job training for government counterparts. WFP also provides transport and office equipment, a critical element of its support to bridge capacity constraints at the local government level.

⇒ *Coherence*

31. WFP's implementing partner for relief programming is the Government; WFP and government activities are complementary. However, there is less coherence between relief programming and the PSNP. The PRRO is contributing to both programmes, so a lack of coherence between the two programmes may have adverse consequences on the ground. The theoretical distinctions between these two programmes – relief is for the acutely food-insecure and PSNP for the chronically food-insecure – appear to the beneficiaries to be artificial. Most beneficiaries perceive themselves to be both acutely and chronically food-insecure. This creates tensions, given that the PSNP comes with a longer guarantee of resource transfer than EGS and is also linked to other food-security packages delivered by



the Government. Coherence between PSNP and relief may be weakened by the fact that the public works under PSNP are perceived as directly benefiting household and community food security, while activities under the EGS are related to short-term infrastructure construction and rehabilitation. PSNP public works have more resources for capital costs than EGS.

⇒ *Sustainability*

32. WFP works with only a limited capacity-development budget to support and build on the capacity of government counterparts in the relief programme, so outcomes in terms of building sustainable capacity is limited. The lack of government capacity to go into rural areas and therefore support programming and the constant turnover of government staff are major constraints. WFP currently has no hand-over strategy in place.

Recovery Component 1: Support to Productive Safety-Net Programme

General Background

33. The team believes the PSNP represents a significant improvement over previous relief programming and is a step towards a long-term solution to Ethiopia's food insecurity. The main strengths of the approach are (i) multi-year predictable funding, (ii) provision of cash or food for the chronically food-insecure to limit asset depletion, (iii) creation of sustainable productive community assets contributing to the rehabilitation of severely degraded areas and (iv) increased productivity of households and improved linkages with other food-security programmes.
34. The Government has made extraordinary progress in implementation in a short space of time. The PSNP reached 4.8 million chronically food-insecure beneficiaries in 2005, delivering 221,642 mt of food and US\$53.6 million in cash as transfers to beneficiaries in 192 chronically food-insecure *woredas* in six regions. In 2006, coverage increased from 4.8 million to 7.2 million beneficiaries; the numbers receiving cash peaked at 4.5 million. In the first year, the project's results indicators were reached or surpassed in eight of the ten indicators. In 2006, disbursements of cash improved, and problems with targeting diminished.

WFP's Support for Productive Safety Net Programme

35. Under the PSNP component of PRRO 10362.0, WFP planned to provide food for 2.1 million chronically food-insecure beneficiaries in 2005 and 2006, and to 1.8 million beneficiaries in 2007. The project was also expected to provide vehicles and equipment for ministries, contributions to policy debate and normative guidance and additional technical training for communities and local staff.

⇒ *Appropriateness*

36. The team found WFP's role in support of the Government's PSNP, as set out in the PRRO, to be appropriate. WFP has been the Government's largest partner in food security interventions for two decades; it has the capacity to assist the Government in turning knowledge into practice.



37. However, the team noted several gaps in the PRRO's design. There is insufficient funding for WFP to support government institution building and capacity-building to ensure that the PSNP programme is a success. WFP field monitors and supporting sub-offices could provide more accurate monitoring and context-specific analysis, in conjunction with the Government.

⇒ *Effectiveness (outcome level)*

38. WFP's objective for its support for PSNP was to increase the ability of communities and households in chronically food-insecure areas to protect livelihoods and enhance resilience to shocks by building productive assets.

39. It is impossible to determine the extent to which this objective has been achieved. A Department for International Development (DFID) study suggests that while WFP food has contributed to smoothing out consumption and protecting assets, there is no evidence that the resilience of vulnerable households to food insecurity has been enhanced by either cash or food transfers. A main reason for this is the failure of the Government and other agencies to implement linked food-security support programmes.

40. WFP's 2005 Food Aid Use and Impact Survey (FAUIS) for the PSNP had not been completed at the time of the evaluation, so it was not possible to assess any of the outcome level indicators for this WFP activity, such as:

- proportion of household expenditures devoted to food;
- perceptions of target groups on development of positive coping strategies;
- proportion of targeted households using measures as learned in project training, by gender of household heads and training category; and
- number and percentage of households that received WFP resources and that created, maintained and retained assets, by gender and type.

41. The delay of the FAUIS report indicates the heavy workloads of WFP staff, re-assignment of staff, the low priority given to analytical monitoring, and a lack of support structures in the country office for analysis of programme outcomes.

⇒ *Effectiveness (output level)*

42. The evaluation team concluded that WFP's output-level contribution to the PSNP programme is appreciated by the main stakeholders. It entailed the timely provision of food where needed, implementation support to the Government at the *woreda* and *kebele* levels through field monitors, and substantial input into the design of the programme and implementation modalities. Food Security Coalition Partners (FSCP) and donor members interviewed by the evaluation felt that WFP's operational experience in food-security programming had helped the PSNP; they appreciated WFP's contribution to PSNP policy debates and programme development.



43. In 2005, WFP provided food for 1.6 million beneficiaries under the programme. This figure increased from 1.2 million because when cash distributions were delayed by capacity constraints, districts shifted from cash to food. Eighty-five percent of WFP food was distributed as payment for public works; the rest was direct support. WFP was also instrumental in developing the community-based public works programme with a project implementation manual and in supporting and monitoring PSNP implementation at the *woreda* level.
44. WFP's output objective 2.1 was that target beneficiaries would participate in food-supported LIPAs such as increasing land productivity and environmental rehabilitation. The planning target was 2.1 million beneficiaries; in 2005 WFP supported 1.6 million PSNP beneficiaries, but comprehensive figures for 2006 were not available at the time of the evaluation.
45. Data on the number of communities implementing community-oriented public works in government guidelines were also not available.
46. The introduction and development of Community-Based Participatory Watershed Development (CBPWD), a core activity of the PSNP, has been one of WFP's most substantial design influences on the PSNP. WFP supported CBPWD technical training for 580 district-level staff, who then conducted training for 5,000 community development agents in 192 PSNP districts. WFP facilitated printing and distribution of 15,000 copies of training modules on technologies and 23,000 copies of the CBPWD guidelines.
47. WFP helped to write the *Project Implementation Manual* on the participatory planning process and the technical guidelines and helped to develop the procedures for initiating and supporting public works in other sectors. WFP helped to draw lessons from PSNP public works through its involvement in the Ministry of Agriculture and Rural Development public works review.
48. WFP's output objective 2.2 was that transition from food transfers to cash-based transfers take place in selected *woredas*, areas or communities. In 2005, PSNP reached 4.8 million chronically food-insecure beneficiaries, delivering 221,642 mt of food and US\$53.6 million in cash as transfers in 192 chronically food-insecure *woredas* in six regions. By 2006, those receiving cash had reached 4.5 million of a PSNP caseload of 7.2 million. The level of cash transfers depended on donor support for the Government, beneficiary preference for cash by districts and district capacity to manage cash transfers.
49. WFP Ethiopia promoted the use of transfers in the PSNP, taking into consideration seasonality and market access and responding rapidly to changing needs as *woredas* shifted from cash to food transfers – especially during 2005, when delays in cash distributions necessitated rapid reversion to food.

⇒ *Efficiency*

50. The evaluation team concluded that PRRO 10362.0 has been successfully implemented. WFP food procurements and delivery targets have been met in the PSNP and there have been no significant gaps in the pipeline. WFP has been flexible in responding to changing needs for food when cash programming proved unworkable in a number of locations because of lack of administrative capacity or the lower value of the cash transfer compared to a food ration. WFP has been involved in reviewing the PIM based on the first year's experience.



51. However, the evaluation found variations in the quality of public works. In most sites visited, participants saw little or no direct chance for their livelihoods to be strengthened through the public works and none considered the potential impacts of CBPWD to be sufficient for them to continue activities if cash or food payments ended. PSNP public works in pastoralist areas were of low quality and will contribute little in terms of strengthening pastoralist livelihoods. Impact will therefore not be sustainable.
52. No single targeting system can succeed across the range of pastoralist systems in Ethiopia. Where traditional pastoralism is practised, the current approach promotes inclusion and exclusion errors and dilution effects. A pastoralist task force (PTF) has been established by the Government and donors to oversee the process of helping PSNP to become as responsive as possible to pastoralist needs.
53. WFP field monitors add significant value to PSNP by directly supporting implementation at the *woreda* and *kebele* levels. However, they report mainly on logistics and are not sufficiently analytical with regard to local issues and problems. WFP's effort to improve implementation through the more analytical ABM should be encouraged.
54. One weakness in WFP's support to the PSNP is that WFP is not monitoring DPPB distributions in real time as intended. This is because WFP is not systematically notified of DPPB distributions.
55. The team also noted the lack of clarity in the present PSNP system on the criteria determining a household's graduation to food security status and how to assess and measure such criterion objectively.
56. The evaluation team concluded that the decision-making process for allocating cash or food, or a combination of both, to *woredas* lacks clear criteria and needs to be improved.

⇒ *Coherence*

57. WFP has worked productively and in a complementary manner with PSNP partners and has been flexible in responding to altered food needs arising from problems with cash transfers. WFP activities have been coherent with the country programme (CP) in that the methods such as CBPWD used for public works under the PSNP grew out of its experience in Managing Environmental Resources better to Enable Transitions to Sustainable Livelihoods (MERET).
58. The team concluded that the links between the PRRO and other food security programmes are weak. The operational coherence between WFP's PSNP and relief programming activities needs to be improved.

⇒ *Sustainability*

59. There is no evidence that PSNP beneficiaries will continue the activities once food aid or cash transfers are no longer available. The Government requires more logistics support to improve its capacity to deliver food sustainably to FDPs as part of the PSNP programme.
60. Hand-over strategies cannot be set up until WFP and partners establish clear graduation strategies and criteria and establish linkages to and roll-out of other food-security programmes.



Recovery Component 2: Support for Extended Outreach Strategy and Targeted Supplemental Feeding

61. WFP and DPPA/B are responsible for the TSF component of the EOS and TSF programme to address moderate malnutrition in Ethiopia. The objectives of TSF are typical of traditional supplementary feeding programmes (SFP). However, TSF is not a standard SFP for several reasons: it operates on the basis of a three-month food distribution without a complementary general ration, it has no facilities or clear protocols for treatment of severe acute malnutrition and there is no monitoring of weight gain among women or children during their enrolment in the programme.

⇒ *Appropriateness*

62. Mild and moderate malnutrition in Ethiopia needs to be addressed but it is not clear whether TSF in its current form is the best means. This non-standard design of TSF has never been tested; it should not be assumed that it will have the same outcomes as other TSF programmes. Objective analysis is required to assess fully the outcomes of this TSF design.
63. Some agencies and donors expressed scepticism about TSF. However, the Ministry of Health supports the approach and there is substantial support for the programme from regional and *woreda* governments and from communities.
64. The evaluation team found that the lack of clarity regarding the role of traditional emergency SFPs in the context of the EOS/TSF has led to the EOS/TSF being viewed sometimes as a replacement for traditional SFPs where levels of wasting have substantially increased. Until proved otherwise, the TSF cannot be relied upon to address nutritional needs in acute emergency contexts.

⇒ *Effectiveness (outcome level)*

65. WFP's objective in supporting EOS/TSF in Ethiopia was to improve the nutrition and health status of children, mothers and other vulnerable people.
66. There is a general perception at the regional, *woreda* and community levels that TSF confers nutritional benefits. However, anecdotal evidence is no substitute for impact assessments using quantitative measurements. The evaluation team could not find sufficient evidence to conclude that the TSF component is having a positive impact on nutritional status of children enrolled in the programme. There are no population-level data on the prevalence of acute malnutrition in children under 5 and women or infant and under-5 mortality rates that can be used to demonstrate programme impact. This is a critical weakness, given the experimental design of TSF and the lack of precedent for implementing it.
67. The scale and coverage of food transfer and its integration with EOS health inputs suggest that the programme has nutritional and health benefits, but they have not been measured.

⇒ *Effectiveness (output level)*

68. WFP's output objective 3.1 for support to EOS/TSF was the enhanced participation of children, mothers, the disabled and the elderly in food-supported nutrition interventions.



69. Over a year and a half, TSF has expanded from a single region and ten *woredas* in April 2004 to 264 *woredas* in ten regions by the end of 2006. The programme now delivers food supplements at 2,246 food distribution centres through a network of 4,492 food distribution agents (FDAs).
70. In 2005, only 62 percent of planned TSF beneficiaries were reached. There were start-up problems because of capacity constraints in the Government, including lack of training and coordination, lack of nutritional screening targets and delays in secondary transport of food. By November 2006, 400,000 children and 190,000 pregnant and lactating women had received two distributions of the food supplement – a six-month supply. The figures in the PRRO document were for 387,000 children and 313,000 pregnant and lactating women to be targeted and 4,000 FDAs to be trained.
71. Resources have been invested in TSF staff training at all levels. Another achievement has been the network of women FDAs created for overseeing all aspects of the food distribution and providing nutrition education.
72. WFP has sought to improve programme implementation, largely through operational research/pilot studies, and has developed a monitoring system especially for TSF as part of the ABM. WFP also provides a minimum package for the regions, including cars, motorcycles and computers. In 2006, 54 percent of all TSF *woredas* received the minimum package.

⇒ *Efficiency*

73. Food distribution has been delayed at all stages of the process, but the magnitude of the delays is difficult to gauge. Problems appear to be addressed as implementation progresses. Reasons for delays include inadequate DPPB food transport tendering processes and poor communication between DPP and the Ministry of Health. Poor communication also leads to delays in communicating MUAC data. WFP food deliveries to logistics hubs have been on time.
74. The team also noted difficulties with targeting, particularly regarding ration cards. The accuracy of the MUAC screening has been questioned, but this applies to the EOS part of the programme managed by the Ministry of Health and supported by UNICEF.

⇒ *Coherence*

75. The TSF programme is coherent with the EOS and HEP in that food and health inputs must be integrated to address mild and moderate malnutrition. However, screening as part of the EOS/TSF is identifying thousands of severely malnourished children; it is estimated that there are 180,000 cases per year of severe malnutrition among children. There are insufficient structures in Ethiopia to treat this caseload, so a high proportion of these children do not receive the specialized nutritional and medical support required for rehabilitation. The EOS/TSF is not configured to make use of data on severe acute malnutrition (SAM) obtained during screening to advocate for or support the development of capacity to treat this enormous caseload. The EOS/TSF lacks coherence with other supplementary feeding programmes implemented by INGOs/NGOs to address mild and moderate malnutrition in areas with acute food insecurity. Strategies and protocols for combining both types of programme have yet to be determined.
76. There is no coherence between WFP's TSF and relief/PSNP components of the PRRO. According to the PRRO document, the TSF programme was meant to serve a subset of the relief/PSNP beneficiary population, but no operational linkages have been established. A high proportion of TSF beneficiaries may therefore not receive adequate general rations.



This will lead to sharing: small-scale studies conducted by WFP suggest that 50 percent of beneficiaries may be sharing rations with other family members. However, as many of those identified as mild or moderately malnourished may not be food-insecure, though they could be affected by poor health and inadequate caring practices, it may not be necessary to formalize a linkage between the TSF and relief/PSNP components of the PRRO. A study could determine the kind of link that should be established between them and how it could improve rates of recovery from mild and moderate malnutrition.

⇒ *Sustainability*

77. There is no clear hand-over strategy for the TSF. The EOS/TSF programme is expected to phase out as the national Health Extension Programme (HEP) expands. It is not clear how long the expansion will take, although HEP is training health extension workers and constructing health posts. There is currently no stated role for supplementary food in the HEP documentation. WFP is investing in improving capacity of the DPPBs but it is not clear how the programme will continue if WFP withdraws.

Recovery Component 3: Support to Urban Nutrition/HIV/AIDS

78. The Government has declared HIV/AIDS a national emergency. This recovery component aims to utilize food aid to mitigate the impact of HIV/AIDS by providing nutritional support to affected individuals, their families and caregivers, and incentives to pregnant women to follow strategies to reduce transmission of the virus to their children.
79. The programme targets four types of beneficiary with food rations in 14 towns with high prevalence of HIV/AIDS: chronically sick patients, orphans, HIV-positive pregnant/lactating women and their infants attending PMTCT and home-based care volunteers. The programme expanded from four towns under the CP to 14 towns under the PRRO. There was a re-targeting for the chronically ill to those receiving ARV.

⇒ *Appropriateness*

80. All implementing partners interviewed highlighted the need for this programme. Donors interviewed were equally supportive, although some had reservations regarding the lack of exit strategies.

⇒ *Effectiveness (outcome level)*

81. WFP's objectives in its support for urban nutrition and HIV/AIDS were: (i) to improve the nutritional status and quality of life of people living with HIV/AIDS by supporting increased adherence to ART and PMTCT; and (ii) to increase and stabilize school attendance of OVC.
82. When the programme began to be scaled up under the PRRO in August 2006, there was no data on nutritional status, adherence to ART and PMTCT or school attendance. Studies conducted by WFP as part of the CP demonstrate that school attendance of orphans is improving because of the PRRO's urban HIV component.
83. The evaluation team found widespread anecdotal confirmation that the food ration is vital to the recovery of the chronically ill, whether on ART or not. It is therefore plausible to infer such benefits under the PRRO.
84. However, the team concluded that availability of a food ration as part of the PMTCT programme does not appear to have a significant impact on participation.



⇒ *Effectiveness (output level)*

85. This programme began in 14 towns in August 2006. WFP worked with HAPCO and a large number of new implementing partners, increasing coverage from the four towns covered in the CP.
86. WFP anticipated reaching 110,432 beneficiaries under the programme. With the exception of the small PMTCT programme, all quotas had been achieved at the time of the evaluation.
87. One of the outputs for the programme was building capacity of cooperating partners to implement nutritional support to people living with HIV/AIDS and advocate nutrition as part of HIV/AIDS programming. WFP has trained many local implementing partners in logistics and food distribution and provided basic nutrition and HIV/AIDS education messages.
88. WFP has maintained a strong advocacy element in its programming. It has been working with the World Bank to prepare the aide-memoire for EMSAPII to include nutritional support to people living with HIV and other vulnerable groups in rural and semi-urban areas. WFP has sought resources from the Global Fund and others.
89. Targeting has been one difficult aspect of the expansion. Demand is greater than supply: quotas set for each town and beneficiary category have been filled quickly, with the exception of PMTCT, and implementing partners have been forced to make difficult decisions about who to exclude. Stakeholders highlighted the need to provide for more beneficiaries.
90. The team noted a need for more robust nutritional data for the chronically ill under the urban programme.

⇒ *Coherence/Connectedness*

91. This is the only PRRO activity working through a substantial number of local NGO partners. Many of these partners were already working in the HIV sector, so the programme is building on their work; because it has a visible short-term impact on beneficiaries, it has created a sense of optimism and purpose among implementing partners. WFP also works with HAPCO; the programme is a logical extension of the CP's urban HIV/nutrition programme.
92. There are currently no links with other elements of the PRRO, although there may be opportunities for linkages with the PSNP if the programme is rolled out to rural areas.
93. A challenge for this component has been to link it with income-generation strategies. This is partly because the gradual introduction of free ARV in Ethiopia means that the HIV-positive caseloads now include more poor people. Many formerly bedridden beneficiaries of WFP food assistance are now recovering, creating increased demand for employment. The current strategy of discharging beneficiaries to a three-month half ration once their body mass index (BMI) exceeds 18.5 is difficult for those with no means of support.
94. Limited opportunities for income-generating activities and exit strategies undermine donor support for food aid in HIV programming.



⇒ *Sustainability*

95. WFP supports implementing partners' capacity development for local NGOs and *idirs* (informal associations for raising funds) by helping to develop logistics and food-distribution systems and targeting processes. However, the absence of an exit strategy should be a concern for WFP: it is difficult to withdraw food rations from the chronically ill and OVC once they have become dependent on nutritional support and have no means to replace it.

Evaluation Observations on Impact

96. The goal of PRRO 10362.0 is to contribute to the New Coalition for Food Security in Ethiopia to attain food security for between 5 and 6 million chronically food-insecure people and to improve food security for an additional 10 million food-insecure people within five years. The performance indicators associated with this goal in the PRRO logical framework are:
- the proportion of food-insecure areas and population graduating from food insecurity to food security; and
 - the percentage of population in food-insecure areas meeting a minimum caloric consumption level of 2,100 kcal person/day.
97. There is no government data on either of these indicators. The flux between cash transfers and food aid under the PSNP means that assumptions need to be made regarding the food equivalent of cash transfers and how cash was utilized.
98. It is too early to say whether PRRO 10362.0 is contributing to the goals of the New Coalition for Food Security (NCFS). The evaluation team is not convinced that these goals can be achieved within five years.

ANNEX: RECOMMENDATION MATRIX AND MANAGEMENT RESPONSE

Recommendations	Action by	Management Response and Action Taken
<p>1. To ensure that the acutely and chronically food-insecure are targeted and served by the appropriate modality (relief or safety net programming), WFP should continue to support the Government (particularly the Livelihoods Assessment Unit) to:</p> <ul style="list-style-type: none"> ➤ improve the conceptual clarity of government frameworks for emergency food security assessment; and ➤ further develop livelihoods-based approaches using baseline information and monitoring of variables (as in SNNPR). 	Country office	<p>Through its VAM unit, WFP Ethiopia is working to improve the Government's capacity to assess emergency food security needs. WFP has signed a memorandum of understanding with Save the Children-UK to help regional governments use the household economy approach and to complement this approach with other analytical methods. WFP and the Food and Agriculture Organization of the United Nations (FAO) are leading a partnership-based effort that includes Save the Children-UK, Famine Early-Warning System Network (FEWS-NET) and UNICEF to build a coherent, comprehensive food security information system in Ethiopia.</p>
<p>2. To increase coherence with and add value to the Government's PSNP, WFP should:</p> <ul style="list-style-type: none"> ➤ contribute to improving the decision-making framework for cash/food wages to make it more rigorous; ➤ continue to facilitate learning about improving public works projects; and ➤ assist with modifying the Programme Implementation Manual, especially with respect to public works activities for pregnant and lactating women and labour-poor households. 	Country office	<p>WFP Ethiopia has advocated for a decision framework on cash/food transfers based on an analysis of communities' access to markets and the districts' capacity to administer cash transfers. In 2007 cash transfers were given to most districts for the first three months following the harvest. Food transfers were provided mainly during the lean season where access to markets decreases and grain prices are high.</p> <p>MERET programme experience with communities that work together to undertake land management can inform design of the PSNP's public works activities. WFP has advocated for a greater role for the Natural Resources Department of the Ministry of Agriculture and Rural Development which implements MERET, in guiding the design and implementation of public works activities. WFP programme officers and sub-office focal points also assist the implementation of public works projects.</p>
<p>3. In order to determine whether links between the TSF and PSNP/relief programme need to be strengthened, WFP should conduct a case study to assess the performance of children in the TSF whose families are enrolled as PSNP participants or relief recipients.</p>	Country office	<p>After discussing with WFP's Nutrition Service (PDPN), the country office disagrees with this recommendation. The number of critical parameters that would need to be "controlled" makes such a study difficult to implement in the complex context of Ethiopia. Furthermore, it is unclear how the findings could improve design. This recommendation implies that TSF resources should potentially be focused on those children whose parents receive PSNP or relief. The country office believes it is unethical to abandon those children found to be moderately malnourished but whose parents are not enrolled in PSNP or relief. Instead, WFP Ethiopia is discussing with the EOS/TSF partners how programmatic linkages can be made between EOS/TSF and other programmes, which also address the underlying causes of malnutrition.</p>



ANNEX: RECOMMENDATION MATRIX AND MANAGEMENT RESPONSE

Recommendations	Action by	Management Response and Action Taken
<p>4. To enhance coherence and ensure durable food security solutions, WFP should 'partner' households graduating from PRRO assistance with onward assistance programmes that will ensure their continued economic and livelihood viability.</p>	<p>Country office; Fundraising and Communications Department</p>	<p>The PSNP is a government programme; WFP's role is as a partner and advocate. WFP advocates for appropriate linkages to development-oriented interventions; PSNP donors and the Government are developing strategies to support graduation among PSNP beneficiaries.</p>
<p>5. To ensure sustainability, WFP should seek resources to ensure that government capacity-building relevant to WFP is carried out on the basis of need rather than on the basis of available ODOC funding.</p>	<p>Country office</p>	<p>The country office works to attract contributions that support other direct operational costs (ODOC) from donors wishing to support Government capacity-building. WFP Budget and Fundraising Departments have negotiated with the United States Agency for International Development (USAID)/Food For Peace to reform current budget submissions to allow additional United States funding for ODOC line items, including those related to government capacity-building.</p>
<p>6. To assess the need for resources for capacity-building in food security programming, WFP should:</p> <ul style="list-style-type: none"> ➤ support the Government to conduct a needs assessment of capacity-building; and ➤ conduct a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis to clarify the most appropriate role for WFP in government capacity-building. 	<p>Country office</p>	<p>The United Nations country team is working with the Government to determine areas where capacity-building is required and where combined United Nations support can be provided. WFP works with the Office for the Coordination of Humanitarian Affairs (OCHA) on humanitarian capacity-building. WFP agrees with partners on the areas in which it will implement projects. A more comprehensive needs assessment, consistent with the analytical framework for Strategic Objective 5, will be undertaken with the Government and partners for the new PRRO due to commence in 2008.</p>
<p>7. To increase the transparency and efficiency of the Government food logistics and distribution system WFP should:</p> <ul style="list-style-type: none"> ➤ work with the DPPA information centre to improve the DPPA website so that delivery performance and pipeline gaps can be easily monitored by external agencies; ➤ support the Government in strengthening the food transport tendering process, especially in areas of high insecurity; ➤ establish procedures with DPPA/B to ensure that WFP sub-offices are informed of planned food distributions at FDPs so that WFP can monitor. 	<p>Country office</p>	<p>WFP is working with DPPA on improving the Government's transparency and efficiency regarding food logistics, tracking and reporting. This includes coordination meetings, agreements on improving communication to WFP sub-offices on food movements and stocks; support to a food management capacity assessment in pastoral areas; and an agreement to review and reconsider distribution practices in the Somali region. WFP supports the DPPA logistics system when requested. WFP Ethiopia is working to strengthen DPPA's information management capacity through the United Nations Development Assistance Framework (UNDAF) process, in collaboration with UNDP and OCHA.</p>



ANNEX: RECOMMENDATION MATRIX AND MANAGEMENT RESPONSE

Recommendations	Action by	Management Response and Action Taken
8. To improve targeting of relief and PSNP food among pastoral communities WFP should work with the communities, the Government and other partners (such as PTF) to develop targeting modalities that are appropriate for pastoral livelihoods. Multiple systems may be necessary.	Country office	WFP participates in the Pastoral Task Force to develop modalities of implementation of the PSNP in pastoral areas, which are also relevant for relief programming. WFP draws on MERET's experiences in implementing community-based land management activities in pastoral areas. The country office is establishing a national officer pastoral advisor post to analyse pastoral issues. A pilot for improved distribution and targeting practices for relief operations in pastoral areas is planned for 2008.
9. To more objectively inform relief and PSNP programming, WFP Ethiopia must improve its analysis of processes, outputs and outcomes. To do so it must first enhance its monitoring.	Country office, regional bureau, PDPN, ODAN	During 2007, the country office invested in improving its action-based monitoring system to more effectively monitor processes, outputs and outcomes. Food security monitoring will be introduced into the work of all food monitors. The Emergency Needs Assessment Services (ODAN) and the East and Central Africa regional bureau (ODK) VAM unit have also joined in strengthening food security monitoring and needs assessment in Ethiopia and will continue to do so.
10. To allow WFP to hand over its logistics and monitoring roles to government, the donors, WFP and Government should define agreed benchmarks for transparent, accountable and timely food aid reporting.	Country office	The Government manages food logistics, tracking and reporting. WFP provides support and manages food logistics from Djibouti port to main warehouses in Ethiopia. WFP also monitors the food supply chain to ensure appropriate and efficient use of its resources. WFP continues to work with the DPPA and FSCP to ensure that agreed benchmarks on food reporting are met. The country office is working through the Food Aid Task Force to elaborate a strategy to improve DPPA's capacity to report to its partners and donors.
11. To demonstrate the impact of the TSF model employed in Ethiopia, WFP and its partners in the TSF should conduct an assessment of the nutritional impact of the TSF.	Country office	The country office is committed to assessing the nutritional benefits and efficacy of the TSF programme and has consulted with PDPN on how to improve performance measurement. It hopes to fund a study on the recovery, default and mortality rates of children receiving TSF food and has contracted a study on the cost-effectiveness of the TSF that began in March 2007, with the final report expected in September. A similar study on EOS was conducted in late 2006/early 2007.
12. In order to make best use of data on cases of severe malnutrition, WFP and UNICEF should map the caseload of SAM for each region and <i>woreda</i> and compare it to the regional capacity for treatment. These findings should be used to improve programming for treatment of severe malnutrition in Ethiopia and to prioritize geographic areas where treatment capacity is lacking.	Country office	The Emergency Nutrition Coordination Unit (ENCU) under the DPPA are already planning to map the SAM in Ethiopia and data is available to complete this exercise. WFP Ethiopia will stay engaged in this process. The EOS/TSF partners are currently developing a comprehensive advocacy strategy and this will include advocacy for treatment of severe malnutrition in Ethiopia.



ANNEX: RECOMMENDATION MATRIX AND MANAGEMENT RESPONSE

Recommendations	Action by	Management Response and Action Taken
13. To strengthen linkages between EOS and TSF, and to facilitate handover to the HEP, WFP should formalize the role of FDAs in EOS screening.	Country office	The country office has revitalized the EOS/TSF technical working group meetings and is working with the EOS/TSF partners to draft a strategy paper on the transition into the HEP and its implications for EOS/TSF programme design. The strategy process is the basis for the re-design of the TSF component in the new PRRO.
14. To ensure that the TSF does not unintentionally inhibit an appropriate response to acute nutritional crises, WFP and its partners should adopt clear guidance on the role of the TSF in acute crisis, especially with regard to emergency TSF programmes implemented by INGOs.	Country office	TSF addresses chronic moderate malnutrition in Ethiopia, but it is not designed as a rapid emergency programme in acute crises. WFP is working together with partners and INGOs to ensure a cohesive response to acute child malnutrition. A guidance note will be developed once the strategy paper has been approved.
<p>15. To ensure sustainability of urban HIV/AIDS programming and a handover strategy, WFP should:</p> <ul style="list-style-type: none"> ➤ continue exploring links between income-generating activity/food security programming and HIV/food aid programming; ➤ explore the development of in-house capacity to implement urban agricultural programmes and the potential for urban food-for-work programming and rural HIV/food aid programming linked to PSNP programmes, especially where ART is being rolled out; and ➤ explore with government partners and implementing NGOs alternative means for sourcing food rations as part of the urban HIV/Nutrition programme in the event that WFP programming ends. 	Country office	<p>The country office is addressing the recommendation as follows:</p> <ul style="list-style-type: none"> ➤ Funds are available for income-generating activities in Addis Ababa through several WFP cooperating partners. A WFP request for the President's Emergency Plan for AIDS Relief (PEPFAR) funding for income-generating activities has been approved and funds should be made available in late 2007. ➤ WFP will consider engaging in urban agricultural programmes with partners and assess comparative advantages of in-house capacity versus partnerships. WFP expects to conduct a study in early 2008 on the relationship between food/livelihood security, and HIV/AIDS to inform decisions on linking HIV/food assistance programming to the PSNP. ➤ WFP was engaged in the Global Fund Round 7 proposal design, and advocated for a component of local food procurement managed by the Government and NGOs with technical assistance by WFP.



ACRONYMS USED IN THE DOCUMENT

ABM	action-based monitoring
AIDS	acquired immune deficiency syndrome
ALNAP	Active learning Network for Accountability and Performance in Humanitarian Action
ART	anti-retroviral therapy
BMI	body mass index
CBPWD	Community-Based Participatory Watershed Development
CP	country programme
CSI	Child Survival Initiative
DAC	Development Assistance Committee
DFID	Department for International Development
DPPA	Disaster Preparedness and Prevention Agency
DPPB	Disaster Preparedness and Prevention Bureau
EGS	employment generation scheme
EMSAPII	Ethiopian Multi-Sectoral HIV/AIDS Project
ENCU	Emergency Nutrition Coordination Unit
EOS	extended outreach strategy
EWVG	Early Warning Working Group
FAO	Food and Agriculture Organization of the United Nations
FAUIS	Food Aid Use and Impact Survey
FDA	food distribution agent
FEWS-NET	Famine Early-Warning System Network
FSCP	Food Security Coalition Partners
GAM	global acute malnutrition
GFD	general food distribution
HAPCO	HIV/AIDS Prevention and Control Office
HEA	household economy approach
HEP	Health Extension Programme
HIV	Human immunodeficiency virus
INGO	international non-governmental organization
LIPA	labour-intensive productive assets
MERET	Managing Environmental Resources better to Enable Transitions to Sustainable Livelihoods



MTE	mid-term evaluation
MUAC	mid-upper arm circumference
NCFS	New Coalition for Food Security
NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
ODAN	Emergency Needs Assessment Services
ODK	East and Central Africa regional bureau
ODOC	other direct operational costs
OECD	Organization for Economic Co-operation and Development
OVC	orphans and other vulnerable children
PASDEP	Plan for Accelerated and Sustainable Development to End Poverty
PDPN	Nutrition Service
PEPFAR	President's Emergency Plan for AIDS Reduction
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
PSNP	Productive Safety Net Programme
PTF	pastoralist task force
SAM	severe acute malnutrition
SFP	supplementary feeding programme
SNNPR	Southern Nations and Nationalities People's Region
SPR	standard project report
SWOT	strength, weakness, opportunity and threat analysis
TSF	targeted supplementary feeding programme
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAM	vulnerability analysis and mapping