

Evaluation of the Indonesia Protracted Relief and Recovery Operation (10069.1)

WFP assistance to Indonesia

WFP first began operating in Indonesia more than 40 years ago. After closing its office in 1996, drought, conflict and economic decline prompted WFP to return in 1998 and launch emergency operation (EMOP) 6006. The EMOP was followed by three Protracted Relief and Recovery Operations (PRROs) before PRRO 10069.1. Since the 1998 EMOP, there have been two major shifts of emphasis in the WFP programme in Indonesia: (i) from a predominantly rural food-for-work (FFW) programme (1998–2000) to a subsidized rice programme focused on towns; and (ii) from food aid as income support to a greater emphasis on targeted nutritional interventions, particularly micronutrients, among vulnerable populations (from 2002 onwards).

In preparing PRRO 10069.1, WFP noted that the government had launched a Poverty Reduction Strategy Paper in 2004 and embraced ambitious nutrition targets for 2010 to reduce malnutrition and low birthweight and to promote breastfeeding, in line with the Millennium Development Goals. To support the government's efforts, WFP adopted an integrated response to malnutrition that provides fortified foods, nutrition education and basic livelihood support, for which it is committed to working in broad partnership. The PRRO, which runs from January 2005 to December 2007, has seven components:

- (i) mother-and-child nutrition (MCN) *posyandu* (local health posts)
- (ii) primary school feeding
- (iii) support for tuberculosis (TB) patients
- (iv) acute and protracted relief programme (including short-term assistance and targeted food for recovery)
- (v) FFW and food for training (FFT)
- (vi) *Operasi Pasar Swadaya Masyarakat (OPSM)* for subsidized rice (closed in December 2005)
- (vii) community development programme funded from the Trust Fund generated by OPSM

Objectives and Scope of the Evaluation

The mid-term evaluation was conducted from 28 August to 17 September 2006 by four evaluators supported by WFP offices in each province and by local partners. The evaluation assessed the effectiveness of shifting from relief to nutrition rehabilitation and capacity building and aimed to contribute to accountability and learning, particularly to inform the design of any future phase. The evaluation team conducted semi-structured interviews with 350 beneficiaries, and with 550 government counterparts, non-governmental organizations (NGOs), partners, WFP staff and other stakeholders. The team also reviewed documents and observed activities.

Key Findings and Conclusions

Nutritional rehabilitation at the policy level

The evaluation found WFP's emphasis on nutritional rehabilitation and increased focus on micronutrient interventions to be an appropriate area of intervention. Given the scale and complexity of the situation in Indonesia, a wider brief to mitigate food

insecurity is beyond the current capacity of WFP. However, WFP's commendable work on early warning systems and on mapping for the *Food Security Atlas* and nutritional surveillance are demonstrably valuable and contribute to an increased knowledge base and advocacy to influence government policy.

Quantity and location of sites

Since WFP works in remote or under-served locations, the impact of its interventions was often impaired by poor infrastructure and lack of human capacities. In this regard, the effectiveness of WFP programmes can only be enhanced by encouraging stronger convergence with related national programmes for health, education and infrastructure, supported by bilateral and multilateral donors. Moreover, the geographic scope of the PRRO was over-extended, covering ten provinces and establishing over 5,000 final distribution points (FDPs). Since resources are declining, the number of sites will have to be reduced in spite of strong evidence in favour of expanding the programme.

Local partnerships for food fortification

The most challenging aspect of the PRRO is the need for dialogue with the commercial sector on fortification of popular food products. WFP's exclusive use of local producers demonstrates that inexpensive additions to their products are commercially feasible. During the first 20 months of the operation, the country office procured 46,900 mt of food locally, valued at US\$27.5 million. The evaluation believes that the justifications for local purchase – timeliness and encouragement of local industries to include micronutrients – outweigh marginal cost issues.

School feeding – targeting the most needy and integration with other interventions

The school feeding programme targets primary schoolchildren, a nutritionally vulnerable group, to improve their micronutrient status with a view to improved health and better performance in school, as well as increased attendance. However, it is unclear whether the targeting mechanism captured the most nutritionally needy people. One complicating factor was that no school-based nutritional baseline information was collected, on the grounds that it would be extra work for school staff.

In addition, there has been little integration with other interventions such as those providing water supplies and sanitation facilities at schools, and those supporting the health and nutrition of schoolchildren. Where programmes overlapped, it was found to be coincidental rather than intentional; there appeared to be no coordination among the parties involved.

Health and nutrition education

The evaluation found that health and nutrition education has not been particularly efficient or effective, primarily due to an inadequate training-of-trainers curriculum and appropriate training materials. The usefulness of the training materials was restricted by the limited capacity and involvement of local health workers.

Rapid response in Yogyakarta

WFP's rapid response to the May 2006 earthquake was commendable. Distribution of four months of food aid – 18 kg of biscuits and 25 kg of noodles, per family, irrespective of family size – was handled efficiently and reached households most in need. However, the evaluation team found two problems in the distribution of biscuits and noodles: (i) the ration was too large, which led to sharing beyond the target population and possibly wastage; and (ii) these commodities are primarily micronutrient carriers and cannot substitute for caloric needs or offset short-term financial difficulties.

Accurate registration among a mobile population

A budget revision to PRRO 10069.1 incorporated continuing assistance to tsunami and earthquake victims in Aceh and Nias, where targeted food for recovery (TFFR) became the largest component in the PRRO. The evaluation found that TFFR was implemented effectively and in a timely manner. At the sites

visited, NGO partners were well equipped, had sufficient personnel and indicated that training was sufficient for the task at hand. A problem common to all agencies was accurate registration among mobile populations, for which community-based targeting could have been a more effective mechanism.

Handing over the subsidized rice safety net programme

The handover of OPSM beneficiaries to the governments Subsidized Rice for the Poor (RASKIN) programme was disappointing for a number of reasons: (i) RASKIN stakeholders had a different concept of safety-net targeting; (ii) RASKIN allocation in OPSM districts was limited and sometimes erratic; (iii) the RASKIN budget was allocated before the WFP phase-out; (iv) and RASKIN had a different target group and registration. A survey showed that most households were forced to cut food budgets as a result of the OPSM closure.

Main Recommendations

Overall coherence

WFP should make greater efforts to advocate its programme with provincial authorities to ensure coherence with existing and planned sub-national social welfare plans. This could include regular transfers of data to cooperating partners and local governments, with suggestions for improvements at the field level.

More effective health and nutrition education

There should be greater engagement in capacity-building for WFP staff, cooperating partners and relevant government institutions and the district level and below, by organizing short training courses and exchange visits, and preparing additional educational materials for distribution at local health posts and schools.

More targeted school feeding

WFP should carefully monitor the effectiveness of the school feeding programme, especially in towns and adjacent areas, and discontinue the programme where it is found that acceptance is low because schoolchildren prefer to buy snacks during the school breaks.

Meeting the objectives of the nutritional rehabilitation programme

WFP should consider replacing the noodles for pregnant and lactating women with a cheaper food such as rice and/or vegetable oil that can serve as an incentive to attend the education component. This could be combined with a multi-micronutrient powder to supply micronutrients. In this way, two different items could serve the two objectives of the programme.

Reference: Full and summary reports of the Indonesia PRRO 10069.1 evaluation are available at: www.wfp.org/operations/evaluation

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