

Mid-term Evaluation of the Southern Africa Protracted Relief and Recovery Operation (10310.0)

WFP assistance to the Southern Africa region

WFP has been present in most southern African countries since the mid-1960s, mainly with small-scale development or acute emergency relief programmes. In 2002, WFP responded to widespread crop failures caused by droughts and floods in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe with a regional Emergency Operation (EMOP). At the height of the 2002 crisis, the EMOP targeted over 13 million at-risk people. In 2003, the Executive Board approved a policy and related programming guidelines for addressing food insecurity brought on by the HIV and AIDS epidemic, which were of particular relevance to the region.

By 2004, over six million people still required food aid in the region, despite improvements in food security after the 2003–2004 harvest. The population was found to be vulnerable to a “triple threat”: food insecurity, HIV and AIDS, and weakened governance capacity. The southern Africa regional Protracted Relief and Recovery Operation (PRRO) 10310.0 was initiated in January 2005 for a three-year period. The purpose of the PRRO is to improve food security, livelihoods and productive capacity among the vulnerable poor, including HIV and AIDS-infected and -affected people in five southern African countries.

At the time of the evaluation the PRRO was valued at US\$721 million and planned to provide 1,317,004 metric tons of food.

Objectives and Scope of the Evaluation

Conducted in late 2006, the Mid-term Evaluation (MTE) aimed to contribute to accountability and learning through providing an independent evaluation to the EB, to provide the Regional Bureau (RB) in Johannesburg and Country Offices (COs) in southern Africa with an external view of progress towards expected results, contributing to improvements in current operations, and to help the RB/COs in formulating a strategy for the future.

The evaluation covered the three-year PRRO 10310.0 and its several budget revisions.

Key Findings and Conclusions

Assessment of Evaluation Criteria

• **Effectiveness and Efficiency:** WFP’s food support notably increased access to food for a monthly average of 9.3 million people during the 2005–2006 lean season. The percentage of planned beneficiaries actually reached varied from a low of 67.8 percent in Lesotho to 133.8 percent in Zimbabwe. Zimbabwe School Feeding reached one million children in 2005 (twice the number planned). Increased enrolment, due to WFP school feeding and other education system improvements, has resulted in overcrowded schools. Nearly all beneficiaries reached by food aid were reported as being affected by the

HIV and AIDS pandemic. Nutrition needs were addressed by fortifying milled cereals (at least half of all cereal distributions in 2005 or 188,930 tons) and by providing micronutrient-fortified commodities. The RB provided strong inputs to the coordination of VAM, monitoring and evaluation. Logistics management and efficient and cost-effective food procurement were also made possible by the regional support function. However, the coordination of some of the key programme areas was limited, and the RB did not achieve optimum coherence between finance, procurement and logistics. Country-specific PRROs, rather than a regional operation, are more likely to be appropriate in the future and are currently being considered.

- **Coherence/Relevance:** Programmes are in line with regional and country plans of UN agencies and Consolidated Appeals Processes and, at country levels, implemented according to national plans and policies of governments. Internal coherence among programme components is weak, as sectoral activities are often implemented in a parallel rather than a convergent manner.
- **Coordination and Partnerships:** Regional UN, government and NGO coordination is strong, and the Regional Director’s Team and UN partnerships at country level are effective. Interagency Vulnerability Assessment Committees (VACs) operate in all PRRO countries, along with other regional, country and local initiatives.

- **Sustainability and Exit Strategies:** Exit strategies have not yet been established and most activities are in the pilot or early expansion phases. WFP is likely to remain active in the region for years to come because of the growing HIV and AIDS crisis. The WFP Namibia programme offers a model for capacity building in social protection and support to orphans and vulnerable children with a time-bound exit strategy.

Funding, Food Procurement and Logistics

Slow initial donor response to the PRRO improved after the poor harvests of 2005, but resources were pledged late and in-kind donations were received after the lean season. The supply chain started slowly as a result, and funds were borrowed from landside transport, storage and handling (LTSH) funds that had already been committed, resulting in a major deficit in mid-2006. Since regional agricultural patterns are generally predictable, the poor rains of 2004-2005 should have set off a sequence of funding, procurement and delivery, but this was delayed.

Assessment and Targeting

During the PRRO, VACs advanced from short-term food aid needs analysis to longer-term assessment of livelihoods, poverty, macroeconomic conditions and HIV and AIDS. Despite advances, VAC methods are still not harmonized. Targeting varies widely among PRRO countries, with no established criteria to target beneficiaries for different types of projects. Experiences are not systematically shared between offices.

From Relief to Recovery

WFP has shifted from relief to recovery and development programming, but weaknesses in the funding and programme cycle indicate that the organization has faced difficulties in making this programmatic shift.

Monitoring and Evaluation

Results-based M&E has been developed by the RB, and monitoring systems have been harmonized. The Community Household Surveillance system has helped to systematize data collection on outcomes and has been effective in assessing targeting efficiency and enhancing understanding of vulnerability. Data collection to monitor the impact of food aid on HIV patients is inadequate, preventing WFP from evaluating the extent to which food aid affects the well-being of beneficiaries.

HIV and AIDS

WFP's traditional emergency responses require adaptation to better tackle the cycle of HIV infection, poverty and negative coping strategies. Regional responsibilities for HIV and AIDS were not clear, and additional advisory staff at regional level are needed, as well as technical support at country level.

Key Recommendations

Sustainability and Exit Strategies

Continue developing the new social protection strategy addressing the needs of people in chronic need – such as those living with HIV and AIDS – and continue planning programming for OVCs, particularly in Namibia where a model can be determined for replication elsewhere in the region.

Targeting and Assessment

Establish clear, standardized targeting criteria and procedures for all project and activity categories; share the findings/recommendations of the Programme for Enhanced Targeting and implement them in PRRO countries; share assessment methodologies and targeting experiences among COs.

Food Security Programming

Increase technical capacity in food security programming, employ and/or involve partners' food security/livelihoods experts at COs for programming, especially in HIV and AIDS projects; enhance experience-sharing amongst RBs, COs and CPs; and strive to identify lessons and best practices in combining food and cash transfers from pilot projects in southern Africa and elsewhere, while ensuring that comprehensive market analyses and partner capacity assessments are undertaken before making any cash transfers.

Nutrition and HIV and AIDS Programming

Update nutrition and HIV and AIDS programming (objectives, targeting criteria, food baskets and protocols, indicators for monitoring and assessment); strengthen training and capacity building in nutrition; expand regional information and experience exchange mechanisms; and capture lessons from COs and reduce duplication of efforts. In addition, for HIV and AIDS programming establish a senior specialist/advisor post at the RB, and encourage CPs specializing in food support for chronically ill patients and those focusing on livelihoods to link care and support initiatives.

Reference: Full and summary reports of the Mid-term Evaluation of the Southern Africa Protracted Relief and Recovery operation (PRRO 10310.0) are available at: www.wfp.org/operations/evaluation/ (documents can be found under the reports section for 2007).

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