

Ethiopia: The Mid-term Evaluation of the Protracted Relief and Recovery Operation 10665

Context

Ethiopia, with a population of 77.5 million, experienced a period of rapid economic growth from 1998 to 2007, with national gross domestic product growing at almost 8 percent per year. However, the rate of rural poverty remained high; 38 percent of rural households living below the food poverty line. Since 2007 Ethiopia has had two major droughts that affected 6.4 million people. Poor households were also impacted by the food price crisis, which caused a sharp increase in the price of staple foods. Recurrent drought and military activity have combined to create a complex emergency in Somali region that affected an additional 2 million people. Ethiopia has high malnutrition levels, particularly in rural areas. At the national level, the recorded rates in 2005 were over 10 percent for wasting and 47 percent for stunting. Ethiopia is severely affected by the HIV epidemic. In 2009 HIV prevalence among adults 15–49 years was 2.3 percent (7.7 percent in urban and 0.9 percent in rural areas). The number of people living with HIV (PLHIV) was 1.1 million.

The WFP protracted relief and recovery operation (PRRO) in Ethiopia The PRRO ran from January 2008 to December 2010 at the time of the mid-term evaluation. It was originally designed to address the food needs of up to 3.8 million beneficiaries a year with a total proposed food allotment of 959,327 mt, at a total cost estimated at US\$561.9 million. Owing to drought and the international food and oil price crises in 2008, a prolonged emergency significantly increased numbers of relief beneficiaries. Following eight budget increases, the total food allotment in November 2009 was nearly 1.6 million mt, with a total cost of almost US\$1.3 billion. The PRRO had four components: relief (6.4 million people), productive safety net programme (PSNP) (2.46 million), targeted supplementary feeding (TSF) (737,000 people) and urban HIV/AIDS (164,000 people).

Objectives and Scope of the Evaluation

The evaluation served the dual objectives of accountability and learning. It enabled the Ethiopia country office to make informed decisions to improve ongoing operations and to prepare budget revisions to the ongoing PRRO.

The evaluation covered the period 2008–2010 and was carried out between October 2009 and February 2010 by a team of independent evaluators.

The evaluation report was presented to the Executive Board in November 2010.

Key Findings and Conclusions

Relevance and Appropriateness

The objectives of the operation were aligned with the WFP global Strategic Objectives in the Strategic Plan (2008–2013) and were coherent with the strategic and policy priorities of the Government and many donors. Its objectives were to: save lives and protect livelihoods in emergencies; prevent acute hunger and invest in disaster preparedness and mitigation measures; reduce chronic hunger and undernutrition; and strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.

The design of the relief component allowed it to expand in response to the impact of both economic and climate shocks. The PSNP design allowed for variability in the balance between cash and food provided to beneficiaries, cash supported by other donors and food by WFP. The TSF component targeted young children and pregnant and lactating women. The HIV/AIDS component reached a high percentage of initiating anti-retroviral therapy (ART) patients who were malnourished according to clinical criteria; and PLHIV who came from highly food-insecure and economically poor groups.

Beneficiaries

The PRRO provided resources to a vast population often under the most challenging circumstances. In 2007, the PRRO design estimated that approximately 1 million people would be vulnerable to rapid-onset shocks. However, in 2008 over 7 million people benefitted from general food distributions. In 2009, WFP once again had to scale up its operations to provide support to over 6 million beneficiaries.

The PRRO appeared to have efficiently targeted activities under the relief, PSNP, and HIV/AIDS components, although some delays occurred in food distributions. The targeting efficiency for the TSF was less optimal. Targeting in TSF could be improved, both geographical targeting and individual targeting.

Effectiveness

The programme had effectively responded to a significant increase in demand for food aid transfers. Resources had been mobilised and distributed to millions of poor households. This is a significant achievement. This saved lives, prevented acute hunger, reduced the risk of chronic hunger and addressed undernutrition. However, delays in the delivery of transfers have restricted household investments in protecting livelihoods and risk mitigation measures. The evaluation found the delays in transfers were, in part, related to the need to develop further capacity.

TSF struggled to keep pace with the expanding demand for coverage, related to humanitarian assistance. In this context of expanding need, studies undertaken in 2007 and 2008 found that the TSF component was not highly effective (recovery rates of only 50 to 62 percent).

The TSF component was found to have high inclusion errors, (both severely malnourished children who should attend a therapeutic feeding programme and real false inclusions of non-malnourished children who in principle were not eligible but apparently still selected), significant delays between screening and actual food distribution, and problems with compliance because of substantial sharing of food among household members.

The HIV/AIDS component achieved its outcomes by establishing effective systems and processes for providing food support and improving nutritional status and quality of life for PLHIV and by increasing school enrolment and attendance of orphans and vulnerable children.

Impact

The impact and systems for assessing impact vary across the PRRO components. There were no comprehensive evaluations of the relief component. Households utilized almost all their food transfers for household consumption, suggesting that transfers were sufficient to meet household demand and address the “saving lives” objective. However, there is no evidence of how the relief component was impacting livelihoods and achieving the timeliness requirements.

In contrast, there are numerous reviews and evaluations which conclude that the PSNP was having a positive impact on Food Security. However, reports vary in their analysis of the scale of the impact.

The nutrition education component within the TSF was found to have a limited positive impact on child feeding knowledge and practices.

The Urban HIV/AIDS component contributed to the response to HIV at many levels: government, NGO, community, and mobilization of PLHIV in peer support groups. It has been effective in advocacy on food and nutrition nationally and globally.

Sustainability

The hand-over strategy for the PRRO relies on reduced need for food transfers and sufficient capacity development with the Government. There have been positive trends in phasing out of food assistance. Examples include the emergence of cash transfers in PSNP, the introduction of new mechanisms such as drought risk financing, and the general policy drive toward improved disaster management. However, in practice, food aid has remained the preferred response to major economic and climatic shocks.

Issues for the Future

WFP needs to work with partners to strengthen the conceptual framework and definition of target groups for the relief and PSNP components.

Over the next five to ten years WFP (and donors) should be prepared to provide large-scale targeted nutrition support in Ethiopia, as part of the government nutrition policy framework and in line with existing needs.

The HIV/AIDS component provides insights for WFP HIV policy and programming in other countries where the response to HIV is resource-poor and has limited institutional and programming capacity.

Recommendations

Recommendation 1. WFP should devote resources immediately to the establishment of a food management system capacity development strategy and task force. The strategy should include in-depth problem analysis, a clear and concise action plan and indicators to highlight improvements in performance. The task force should comprise the Government, relevant donors and WFP.

Recommendation 2. WFP should work with donor agencies to commission the establishment of an impact evaluation framework for all relief-related programmes. The design of the framework should draw on lessons obtained from PSNP.

Recommendation 3. WFP should partner with the Office for the Coordination of Humanitarian Affairs (OCHA) and use its position as chair of the UNDAF Humanitarian Response, Recovery and Food Security thematic group to be a leading voice in the process of establishing a joint impact evaluation of all future humanitarian activities in Ethiopia. This evaluation should cover humanitarian assistance provided by the Government, the United Nations and NGOs.

Recommendation 4. WFP should strengthen the relevance and appropriateness of the TSF programme through: i) improved targeting; ii) development of a mechanism to adequately respond to emergency requirements; and, ii) better links and communication across sectors –including basic health care workers and water and sanitation – and within the food / food security sector (PSNP and relief interventions).

Recommendation 5. The urban HIV/AIDS component has been very successful; it should continue and, if funding allows, expand to new towns.

Recommendation 6. The critical importance of WFP’s role and contribution to advocacy and the institutional and programming response to HIV in Ethiopia should be acknowledged and the HIV team should be supported with the technical capacity to continue this work.

Recommendation 7. The country office should increase its commitment to HIV mainstreaming to ensure programming interventions are implemented.

Reference: Full and summary reports of the Evaluation are available at: <http://www.wfp.org/about/evaluation>

For more information, please contact the WFP Office of Evaluation