

OPERATION EVALUATION

Country Programme Ghana 200247 (2012-2016)

Mid-Term Evaluation Report

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Commissioned by the

WFP Office of Evaluation



World Food Programme



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Operational factsheet

OPERATION			
Type/Number/Title	Country Programme (CP) 200247 – Ghana.		
Approval	The operation was approved by the Executive Board in November 2011.		
Amendments	<p>There have been three amendments / budget revisions (BR) to the initial project document¹:</p> <ul style="list-style-type: none"> - BR1 (i) aimed at initiating a pilot cash transfer component (cash-for-assets and cash-for-skills-training); (ii) revised the food basket for food-for-skills-training; and (iii) revised the nutritional rations for children with moderate acute malnutrition (MAM) and malnourished pregnant and lactating women (PLW) in line with current WFP recommendations. It also geographically expanded food-assistance-for-assets (FFA) activities to cover ten districts in the Brong-Ahafo and Volta regions, bordering the Northern Region. - BR3 (i) substituted in-kind food transfers by cash in school feeding and improved the nutritional composition of school meals; (ii) introduced micronutrient powders (MNP) to reduce micronutrient deficiencies and stunting in children 6-23 months; (iii) encouraged cultivation and consumption of local nutritious foods; (iv) eliminated food-for-skills-training activities; and (v) substituted in-kind food transfers by cash in FFA activities. It also extended staff salaries for an additional four months through the end of the project. - BR4 is a minor corrective resource reallocation related to the introduction of e-vouchers for home fortification with MNP (component 2) under BR3. 		
Duration	<u>Initial</u> : 5 year period (2012-2016)	<u>Revised</u> : N/A	
Planned beneficiaries	<u>Initial</u> : 878,725	<u>Revised</u> : 960,740	
Planned food requirements	<u>Initial</u> : Food commodities: 52,317 Mt Cash & vouchers: US\$0	<u>Revised</u> : Food commodities: 45,455 Mt Cash & vouchers: US\$8,476,706	
Total cost to WFP	<u>Initial</u> : US\$44,864,368	<u>Revised</u> : US\$56,339,447	
OBJECTIVES AND ACTIVITIES			
	SO ²	Operation specific objectives	Activities
Millennium Development Goals 1-7 All UNDAF outcomes	4 – Reduce chronic hunger and undernutrition	Increased access to primary education and human development (component 1)	<ul style="list-style-type: none"> • School meals • Take-home rations for girls • Supplementary feeding for malnourished children 6-59 months and pregnant and lactating women • Capacity building activities
		Reduced level of malnutrition among pregnant and lactating women and children under 5 (component 2)	
		Increased survival of adults and children with HIV after 6 and 12 months of ART (component 2)	
		Improved nutritional recovery of targeted ART clients (component 2)	

¹ Even though the serial numbers indicate four BRs there was no substantive BR2. A migration of documents was done following the launch of the new financial framework, which was termed BR 2 in the system. The substantive BRs are numbered 1, 3 and 4.

² Strategic Objectives as per WFP Strategic Result Framework (SRF) 2009. The realignment of the CP 200247 logframe on the new SRF (2014-2017) was still a work in progress during this evaluation mission.

		Improved food consumption over assistance period for targeted PLHIV and their families (component 2)	<ul style="list-style-type: none"> • Nutrition support for ART clients • Household food support for ART clients
5 – Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase		Sustainable Home Grown School Feeding (HGSF) hand-over strategy developed and implemented (component 1)	<ul style="list-style-type: none"> • Capacity building activities • Purchase for Progress (P4P)
		Increased marketing opportunities at national level with cost-effective WFP local purchases (component 1)	
2 – Prevent acute hunger and invest in disaster preparedness and mitigation measures		Early warning system, food security and nutrition monitoring system and contingency plans in place and enhanced with WFP capacity development support (component 3)	<ul style="list-style-type: none"> • Capacity building activities • Food assistance for assets including skills training and risk reduction / disaster mitigation assets
		Improved food consumption over assistance period for targeted households at risk of falling into acute hunger (component 3)	
		Improved resilience of vulnerable communities through the provision of skills training and cash assistance for participants in cash-for-training interventions (component 3) ³	
		Hazard risk reduced at community level in targeted communities (component 3)	
		Enhanced and sustained resilience to disasters within communities (component 3)	
PARTNERS			
Government	Ministry of Health, Ghana Health Service (GHS), Ministry of Education, Ghana Education Service (GES), Ministry of Food and Agriculture, Ministry of Local Government and Rural Development, Ministry of Children, Gender and Social Protection, Ghana School Feeding Programme Secretariat, Ghana Irrigation Development Authority (GIDA), Environmental Protection Agency (EPA), Forestry Services Division (FSD), Metro/Municipal/District Assemblies.		
United Nations / international institutions	FAO, UNICEF, WHO, UNAIDS, UNDP, World Bank		
NGOs / civil society / private sector	Adventist Development & Relief Agency* (ADRA), SNV*, Food Research Institute*, Kwame Nkrumah University*, Farm Radio International*, ACDI VOCA*, Savana Agricultural Research Institute*, International Fertilizer Development Centre*, consortium of civil society organizations working on the Scaling-Up Nutrition (SUN) movement, Partnership for Child Development (PCD), Ajinomoto, Catholic Relief Services (CRS), Northern Development Society (NORDESO), Opportunities for Rural Development Foundation (ORDF) (* P4P partners.		

³ New outcome added under BR1.

RESOURCES (INPUTS)

**Contribution received
(as of 8 March 2015):**

US\$ 39.4 million

% against appeal: 70%

% of project duration: 63%
(38 months)

Top 5 donors:

Canada

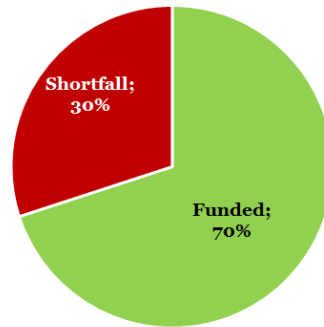
Japan

Private donors

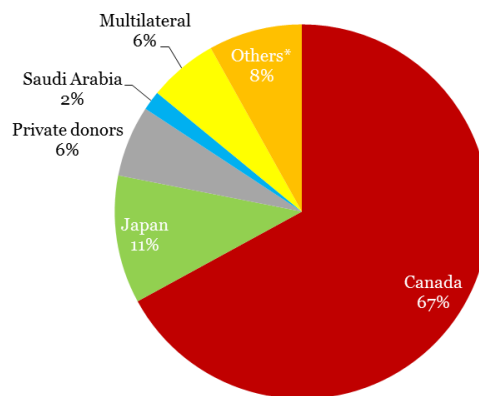
WFP multilateral funds

Saudi Arabia

Confirmed resources vs. requirements (%)



Share of contributions (%)



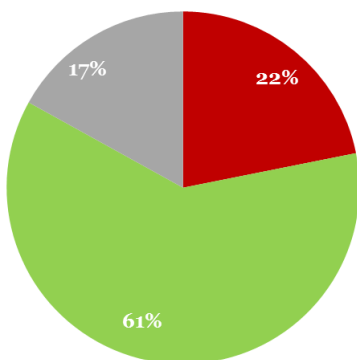
(* Carryover from previous operations, miscellaneous income.

OUTPUTS

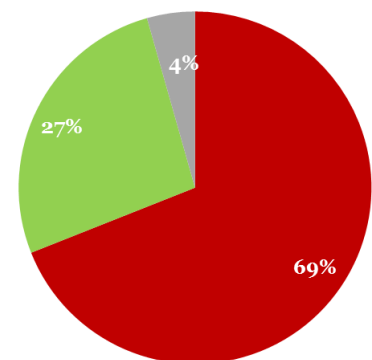
Proportion of beneficiaries by component

Planned (as per BR3)

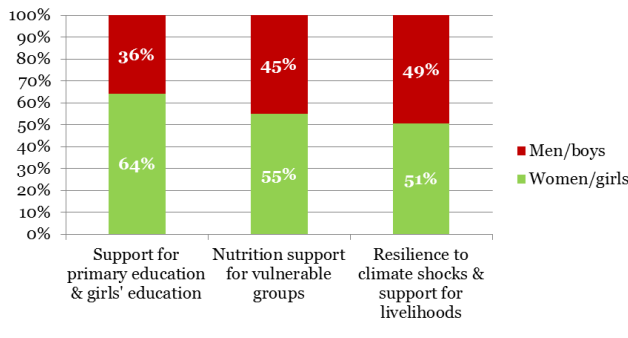
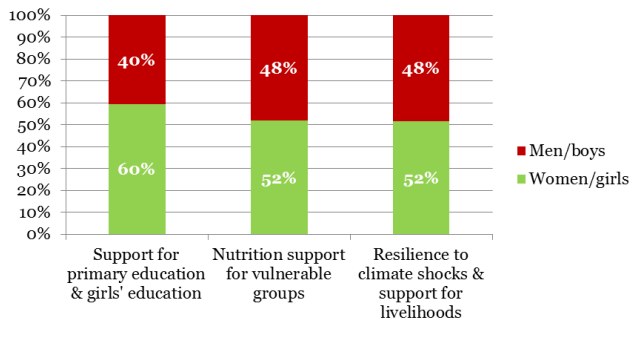
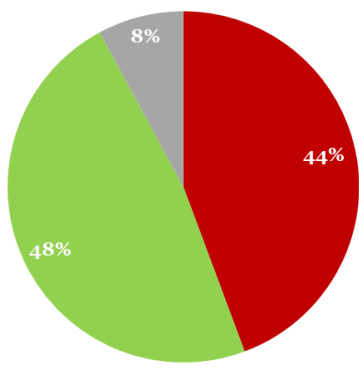
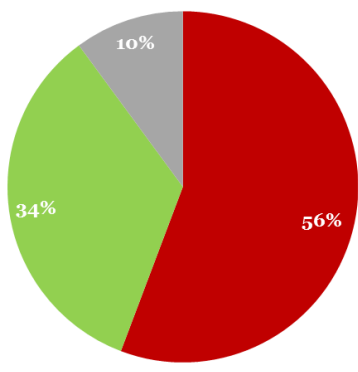
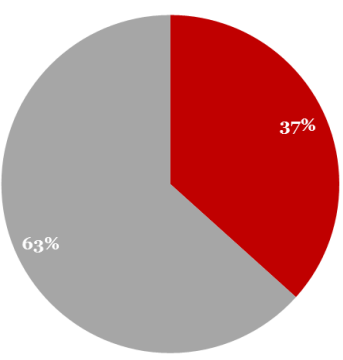
Actual (average over 2012-2014, as per SPR)



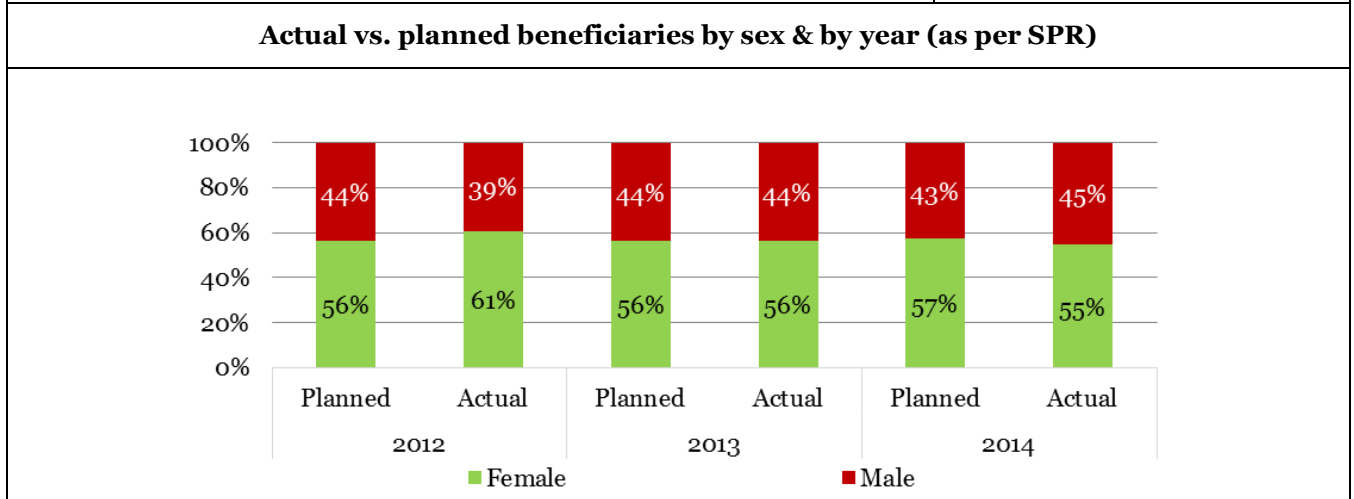
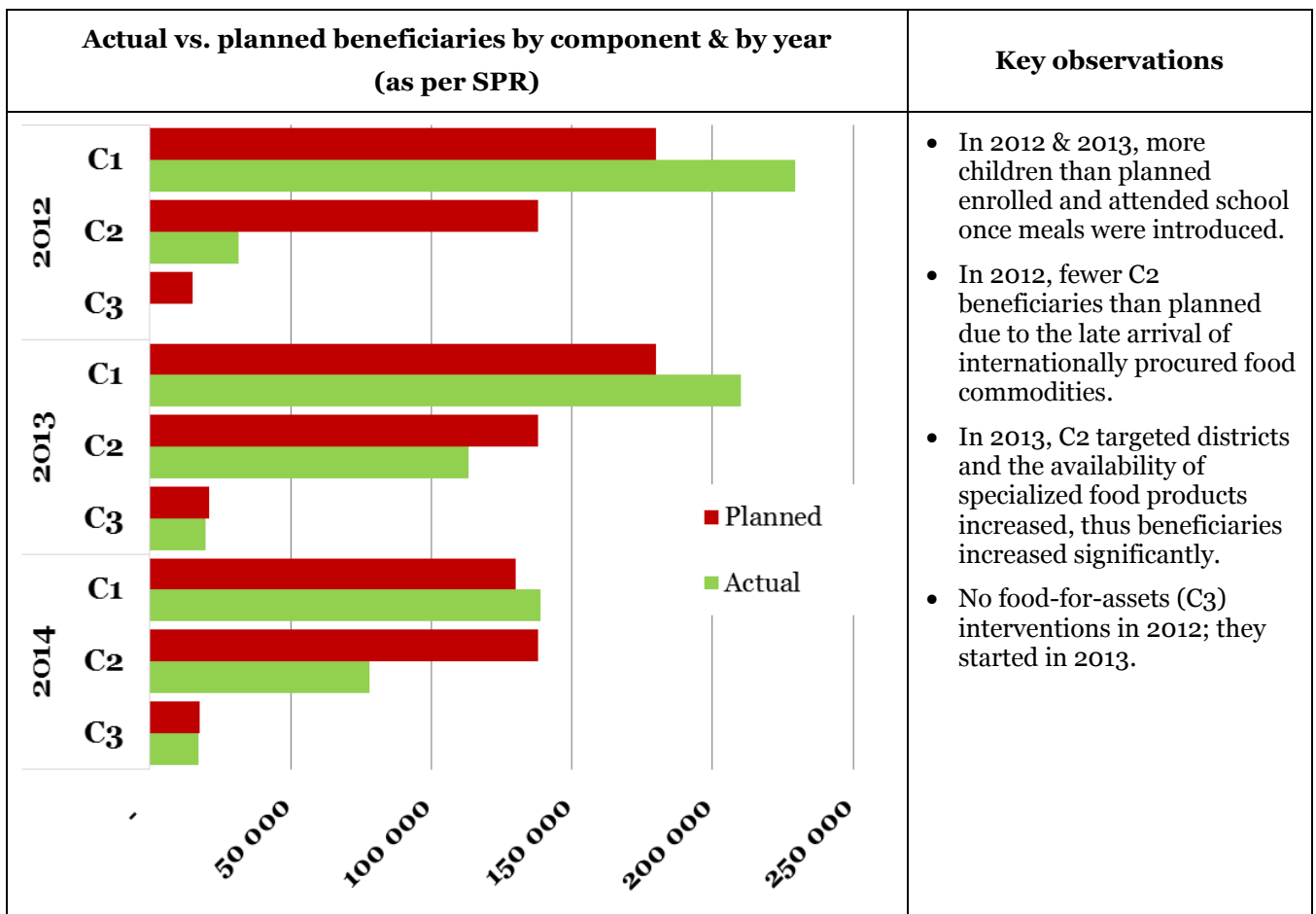
- C1- Support for primary education & girls' education
- C2- Nutrition support for vulnerable groups
- C3- Resilience to climate shocks & support for livelihoods



Proportion of women/girls vs. men/boys by component

Planned (as per original CP document ⁴)	Actual (average over 2012-2014, as per SPR)
 <p>Stacked bar chart showing planned proportions of women/girls (green) and men/boys (red) for three components:</p> <ul style="list-style-type: none"> Support for primary education & girls' education: 64% Women/girls, 36% Men/boys Nutrition support for vulnerable groups: 55% Women/girls, 45% Men/boys Resilience to climate shocks & support for livelihoods: 51% Women/girls, 49% Men/boys 	 <p>Stacked bar chart showing actual proportions of women/girls (green) and men/boys (red) for three components:</p> <ul style="list-style-type: none"> Support for primary education & girls' education: 60% Women/girls, 40% Men/boys Nutrition support for vulnerable groups: 52% Women/girls, 48% Men/boys Resilience to climate shocks & support for livelihoods: 52% Women/girls, 48% Men/boys
<p>Proportion of total food requirements by component (as per BR3)</p>	<p>Proportion of total food distributed by component over 2012-2014 (as per SPR)</p>
 <p>Pie chart showing planned food requirements by component:</p> <ul style="list-style-type: none"> C1- Support for primary education & girls' education: 44% C2- Nutrition support for vulnerable groups: 48% C3- Resilience to climate shocks & support for livelihoods: 8% 	 <p>Pie chart showing actual food distribution by component over 2012-2014:</p> <ul style="list-style-type: none"> C1- Support for primary education & girls' education: 56% C2- Nutrition support for vulnerable groups: 34% C3- Resilience to climate shocks & support for livelihoods: 10%
<p>Proportion of total cash requirements by component (as per BR3)</p>	<p>Proportion of total cash distributed by component over 2012-2014 (as per SPR)</p>
 <p>Pie chart showing planned cash requirements by component:</p> <ul style="list-style-type: none"> C1- Support for primary education & girls' education: 37% C3- Resilience to climate shocks & support for livelihoods: 63% 	<p>No cash distribution in 2012 and 2013 No breakdown by component in SPR 2014</p>

⁴ BR3 approved document does not break down beneficiaries by sex.



Actual vs. planned food distributed by year (as per SPR)	Key observations																				
<p>Metric tons</p> <table border="1"> <caption>Actual vs. planned food distributed by year (as per SPR)</caption> <thead> <tr> <th>Year</th> <th>Planned (Metric tons)</th> <th>Actual (Metric tons)</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>11,000</td> <td>6,000</td> </tr> <tr> <td>2013</td> <td>11,800</td> <td>9,500</td> </tr> <tr> <td>2014</td> <td>8,500</td> <td>4,800</td> </tr> </tbody> </table>	Year	Planned (Metric tons)	Actual (Metric tons)	2012	11,000	6,000	2013	11,800	9,500	2014	8,500	4,800	<ul style="list-style-type: none"> • In 2012, delays and difficulties in the release of funds from the government for food transport affected the timely food distribution to targeted beneficiaries in all activities. • In 2013, due to delays related to the transportation of food to the schools, food distributions could not be done for the last quarter of 2013. • In 2014, the shift from food to cash was initiated for school meals (C1) and part of C3 assistance (backlog payments to some of 2013-2014 asset creation project beneficiaries). • In 2014, delays and difficulties in the release of government funds affected timely food distributions, particularly for C2. 								
Year	Planned (Metric tons)	Actual (Metric tons)																			
2012	11,000	6,000																			
2013	11,800	9,500																			
2014	8,500	4,800																			
<p>Actual vs. planned food distributed by component (as per SPR)</p>																					
<p>Metric tons</p> <table border="1"> <caption>Actual vs. planned food distributed by component (as per SPR)</caption> <thead> <tr> <th>Component</th> <th>Planned (Metric tons)</th> <th>Actual (Metric tons)</th> <th>% achieved</th> </tr> </thead> <tbody> <tr> <td>Component 1</td> <td>15,000</td> <td>11,500</td> <td>78%</td> </tr> <tr> <td>Component 2</td> <td>13,000</td> <td>7,000</td> <td>53%</td> </tr> <tr> <td>Component 3</td> <td>4,000</td> <td>2,500</td> <td>56%</td> </tr> <tr> <td>Total</td> <td>32,000</td> <td>20,000</td> <td>65%</td> </tr> </tbody> </table>	Component	Planned (Metric tons)	Actual (Metric tons)	% achieved	Component 1	15,000	11,500	78%	Component 2	13,000	7,000	53%	Component 3	4,000	2,500	56%	Total	32,000	20,000	65%	
Component	Planned (Metric tons)	Actual (Metric tons)	% achieved																		
Component 1	15,000	11,500	78%																		
Component 2	13,000	7,000	53%																		
Component 3	4,000	2,500	56%																		
Total	32,000	20,000	65%																		
<p>Cash transfer trends (as per SPR)</p>																					
<p>US\$</p> <table border="1"> <caption>Cash transfer trends (as per SPR)</caption> <thead> <tr> <th>Year</th> <th>Planned (US\$)</th> <th>Actual (US\$)</th> <th>% achieved</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>500,000</td> <td>0</td> <td>0%</td> </tr> <tr> <td>2014</td> <td>3,700,000</td> <td>900,000</td> <td>26%</td> </tr> </tbody> </table>	Year	Planned (US\$)	Actual (US\$)	% achieved	2013	500,000	0	0%	2014	3,700,000	900,000	26%									
Year	Planned (US\$)	Actual (US\$)	% achieved																		
2013	500,000	0	0%																		
2014	3,700,000	900,000	26%																		

OUTCOMES							
	Outcomes & Performance Indicators	Base value	Target 2016	SPR 2012	SPR 2013	SPR 2014	
Component 1	SO 4	1. Increased access to primary education and human development					
		1.1. Enrolment: average annual rate of girls and boys enrolled in WFP assisted schools	40.6%	55%			
		1.2.1. Rate of girls attendance in assisted primary schools, as % of total school days	80%	85%	81%	81%	82.6%
		1.2.2. Rate of boys attendance in assisted primary schools, as % of total school days	83%	85%	81%	83%	83.3%
		1.3. Gender ratio: ratio of girls to boys enrolled in WFP-assisted primary schools	0.6	0.5	0.64	0.69	0.49
		1.4. Pass rate for girls and boys	37.2%	50%	42.3%	45.1%	43.5%
	1.5. Increased micronutrient intake			66%			
	SO 5	2. Sustainable HGSF hand-over strategy developed & implemented					
		2.1. Hand-over strategy developed and implemented	n/a	n/a		done	done
		3. Increased marketing opportunities at national level with cost-effective WFP local purchases					
	3.1. Food purchased locally, as % of food distributed in-country	50%	60%	33%	46%	88%	
Component 2	SO 4	4. Reduced level of malnutrition among pregnant and lactating women and children under 5					
		4.1. Recovery rate of malnourished children (MAM treatment)	85%	>75%	75%	77%	71%
		4.2. Default rate of malnourished children (MAM treatment)	15%	<15%	5%	13%	6%
		4.3. Supplementary feeding non-response rate		<15%	8%	10%	0.8%
		4.4. Supplementary feeding death rate	0.03%	<3%	0.01%	0.02%	0%
		6. Increased survival of adults and children with HIV after 6 and 12 months of ART					
		6.1. ART survival rate 6–12 months after initiation		95%			99.9%
		7. Improved nutritional recovery of targeted ART clients in first six months of ART					
		7.1. ART adherence rate	90%	85%		92%	92%
		7.2. ART default rate	10%	15%		8%	8%
		7.3. ART nutritional recovery rate	56%	75%	56%	81%	81%
		8. Improved food consumption over assistance period for targeted PLHIV and their families					
		8.1. Proportion of affected households with acceptable FCS	71%	80%			
Component 3	SO 2	9. Early warning system, food security and nutrition monitoring system and contingency plans in place and enhanced with WFP capacity development support					
		9.1. Disaster preparedness index		8			
		10. Improved food consumption over assistance period for targeted households at risk of falling into acute hunger					
		10.1. Proportion of households with poor FCS	18%	4%		3%	2%
		10.2. Proportion of households with borderline FCS	22%	2%		19%	17%
		10.3. Proportion of households with acceptable FCS	60%	80%		79%	82%
		11. Hazard risk reduced at community level in targeted communities					
		11.1. Community asset score in targeted areas (average)		10	5.2	6.1	6.1
		12. Enhanced and sustained resilience to disasters within communities					
		12.1. Number of assets maintained by communities			327	366	
12.2. Proportion of assets created through FFA/FFW managed and maintained on a regular basis by communities			81%	91%			

Cross-cutting results	PROTECTION: WFP assistance delivered and utilized in safe, accountable and dignified conditions								
	Proportion of assisted people informed about the programme - component 1		90%		53%				
	Proportion of assisted people informed about the programme - component 2		100%		78%				
	Proportion of assisted people (women) informed about the programme - component 3		90%		88%				
	Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site - component 1		100%		100%				
	Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site - component 2		100%		100%				
	Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme site - component 3		100%		100%				
	PARTNERSHIPS: Food assistance interventions coordinated & partnerships developed & maintained								
	Number of partner organizations that provide complementary inputs and services		15	10	15				
	GENDER: Gender equality and empowerment improved								
	Proportion of women beneficiaries in leadership positions of project management committees - component 1		50%		25%				
	Proportion of women beneficiaries in leadership positions of project management committees - component 3		50%		26%				
	Proportion of households where females make decisions over the use of cash, voucher or food - component 1		25%		4%				
	Proportion of households where females make decisions over the use of cash, voucher or food - component 2		30%		26%				
	Proportion of households where females make decisions over the use of cash, voucher or food - component 3		25%		4%				
	Key observations:								
<ul style="list-style-type: none"> C1: The gender ratio in some schools providing take-home rations improved. C2: Anthropometric indicators not included because they are not relevant to programme activities. C2: TSFP difficult to assess due to problems with definition and reporting of MAM outcome indicators (recovery, defaulter, non-response). C2: PLHIV MAM difficult to assess due to problems with definition and reporting of outcome indicators. C3: Difficult to assess achievements since several of the outcome indicators were not measured, had no baseline and/or target. Indicators related to disaster resilience (outcome 12) include data from previous operations in same areas (PRRO 200046). 			Keys: <table border="1"> <tr><td>Attained</td></tr> <tr><td>Not attained</td></tr> <tr><td>Not measured</td></tr> <tr><td>Not foreseen</td></tr> <tr><td>No target set</td></tr> </table>		Attained	Not attained	Not measured	Not foreseen	No target set
Attained									
Not attained									
Not measured									
Not foreseen									
No target set									

Map of the Operation



Source: VAM unit, WFP Ghana.

Executive Summary

Introduction

- i. This report presents the findings of the Ghana Country programme (CP) 2012-2016 mid-term evaluation. This study, timed to ensure that findings can feed into the design of a new CP (2017-2021), took place from November 2014 to May 2015 with the objectives to: i) assess and report on the results; ii) draw lessons learned for the future. The main users are: the Ghana CO and their partners, the RB and OEV. The evaluation addresses three principle questions: i) How appropriate is the operation; ii) What are the results; and iii) Why and how has the operation produced the results (Annex 3). The methodology combines quantitative and qualitative data collection as well as direct observations at project sites, with the permanent concern to triangulate sources.
- ii. CP 200247 (2012-2016) contributes to WFP strategic objectives 2, 4 and 5 as per Strategic Results Framework (SRF) 2009.⁵ It has three main components: i) support for primary and girls' education; ii) nutrition support for vulnerable groups; and iii) resilience to climate shocks and support for livelihoods and is implemented across the three Northern regions, the two regions bordering them and in Ashanti and Eastern regions. The initial cost of the CP was US\$44,864,368 and has increased to US\$56,339,447 after budget revisions. The current funding level is 70 percent.
- iii. Ghana located in the sub-Sahara region in western Africa on the Gulf of Guinea has a population of 23.5 million. Ghana, over the years, has seen a reduction in poverty and increases in economic growth and development resulting in attaining lower middle income status. However, recently it has experienced significant economic instability resulting in currency devaluation, slower growth and budget shortfalls.

Key Findings

Appropriateness

- iv. *Choice of activities and targeting.* The choice of activities and the geographical targeting are relevant to the needs of the population and the objectives of their components. The School Meals (SM) activity has been fairly well targeted geographically at a regional level based on food insecurity and poverty indices, but the intra district targeting has been less effective with some districts not serving more remote rural areas. And the Take Home Ration (THR) districts are targeted to areas with the highest household poverty and the lowest Gender Parity Index (GPI) in the country; these are also food insecure with poor enrolment and completion rates for girls.
- v. Targeted Supplementary Feeding (TSF) is focused in the three Northern regions where acute malnutrition levels indicated the need for moderate acute malnutrition (MAM) treatment when the CP was designed; and the programme is spread primarily among health facilities in districts with higher levels of food insecurity. For the PLHIV activity areas were selected based on level of food insecurity and HIV prevalence. The selection of one region with very low food insecurity could be questioned, though it was selected because of its high HIV prevalence. High levels of

⁵ Strategic objective 4- Reduce chronic hunger and undernutrition; Strategic objective 5- Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase; and Strategic objective 2- Prevent acute hunger and invest in disaster preparedness and mitigation measures.

micronutrient deficiencies and stunting are found in the Northern regions without activities to address them until 2014 when a pilot project was added.

- vi. Building rural communities resilience to climate shocks is highly relevant to Northern Ghana. Drawing from 2012 CFSVA and following government request, WFP decided to expand to Brong Ahafo and Volta regions. In the local context Food Assistance for Assets (FFA) has great potential to increase resilience, support livelihoods and reduce harmful coping strategies. Component 3 (C3) has so far focused on two types of community assets: the rehabilitation of small dams and afforestation activities with the dams being much more relevant, though not directly linked with staple food production or income generation. Although relevant, skills training were not adequately designed; they were put on hold as partners were reluctant to apply or unable to provide complementary funding. Prompted by the government request to stop transporting food, the 2014 shift from food to cash-based activities is relevant to target group needs and market conditions.
- vii. *Coherence with Government policies.* The components of the CP are coherent with the objectives in the corresponding policies and strategies of the government, except not entirely for Component 2 (C2). Although currently under revision the MoH protocols for the treatment of acute malnutrition do not include MAM.⁶
- viii. *Coherence with WFP Corporate Strategy.* Component 1 (C1) is coherent with the WFP overall mandate to improve the nutritional status of children in the most food insecure areas and to eradicate hunger; and overall the programme strives to meet the 8 minimum quality standards of school feeding but falls short in 3 areas. C2 has come closer in line with WFP corporate policies with the shift to TSF in 2014. The PLHIV activity is aligned with WFP's policy except that no livelihood component is included. C3 is clearly congruent with i) WFP corporate shift from food aid to food assistance and ii) WFP policy papers on climate change.
- ix. *Coherence with Partners.* The CP components are coherent with the UNDAF framework. C1- The collaboration between UNICEF and WFP remains at the planning stage and there is little evidence of coordination between the THR and other programmes. C2- MAM treatment for children, P/L women and ART patients complements services provided in MoH health structures including UNICEF/USAID supported SAM treatment. The CP design did not initially include activities to address the high levels of stunting and micronutrient deficiencies; it could be argued that given the magnitude of the problem that this is where WFP could have had more impact. C3- Given the decentralised model of governance in Ghana, partnerships, for the most part, were built with government institutions at district and regional levels. The complementarity with national/regional rural development programmes was however poor and there has been little interaction so far with Rome-based agencies.

Results

- x. *C1- Support to primary/girls' education.* WFP exceeded its beneficiary targets in the provision of SM and THR over the course of the CP, except for the THR during year 1. In contrast, the tonnage of food distributed vs. planned fell short: 86 percent (in 2012), 64 percent (in 2013) and 88 percent in 2014. Ministry and Ghana School Feeding Programme (GSFP) staff training exceeded the target of 100 with over 600

⁶ After the draft report was submitted, the ET team was informed that the revisions to the MoH CMAM guidelines include MAM treatment.

staff trained⁷; the handover plan to the GSFP was also achieved with over 308 schools being handed over. C1 activities made progress in improving attendance rates at both the Primary/Junior high schools (JHS) and the GPI improved in some of the THR target districts. Children attending primary/JHS school and receiving SMs or THR often did not eat breakfast. Efficiency in the SM activity was more problematic with the shift from food commodities to cash reimbursement to caterers (GSFP model) and accountability systems have been compromised with limited involvement by the district education office, head teachers (HT) and communities in tracking the quantity and quality of meals being delivered.

- xi. *C2- Nutrition support to vulnerable groups.* Beneficiary and food distribution targets were not met over the course of the CP; in 2014 less than 60 percent of beneficiaries were reached and 30 percent of planned foods distributed. When the MAM modality was changed in 2014, implementation was severely hampered by MoH food clearance and transport issues. Implementation and reporting problems were also identified, making it difficult to assess progress. The PLHIV activity has also been constrained by disruptions in food deliveries, implementation issues and reporting problems. REACH support in nutrition policy and advocacy is widely recognized along with their role in UN nutrition coordination and in facilitating the development of district/region multi-sectoral nutrition plans.
- xii. *C3- Resilience to climate shocks and support for livelihoods.* FFA activities were initiated late in 2012. Actual participation figures during the first, food-based phase (2013-2014) are likely to be close to 20,000 people as against 10,710 planned for the first three years; food tonnage only reached an estimated 64 percent of operational plan. Food was thus replaced by cash payments to 12,813 FFA participants mid-2014. The second, cash-based phase is ongoing, with 4,860 registered participants so far. Women participation is high in both food- and cash-based FFA. Asset creation outputs include 45 rehabilitated dams (and 20 more ongoing) as well as 67 forestation sites. Food security and FFA outcomes are difficult to assess due to a lack of measurement/tracking of performance indicators. One of the most tangible outcomes is the reduction of domestic water shortage risks in targeted communities.

Factors affecting the Results

- xiii. The inability of the government, at all levels, to timely transport, properly store and distribute food; and, as well to provide the appropriate oversight and accountability severely curtailed the implementation and quality of activities across components over the course of the programme. Because of WFP's HQ policy regarding the role and financial responsibilities of Middle Income Countries, it hasn't been possible for the CO to address this problem directly, however, the earlier than planned shift from food to cash for C1 and C3 in 2014 minimized its effects. Turn-over in critical WFP staff positions (CD, nutritionists) and long recruitment procedures also affected programme results; and C3 suffered from too few staff. The absence of a dedicated M&E unit at CO level for first half of the CP, inadequate M&E procedures, poor choice of logframe indicators and too few field monitors (particularly in Bolga and Wa offices), made it difficult to identify problems and track progress. HQ/RB missions were critical in improving M&E systems and in supporting C2 and cash transfer activities. And the lack of geographical overlap between programme sites across the 3 components represents a missed opportunity

⁷ 754 Government staff were sensitized in 2012 regarding the CP; In 2014, several training of trainers were organized at zonal level for 105 regional/district officers in GES and GSFP and 831 school level actors regarding the food to cash approach to SM.

for synergy, sustainability and long term impact. The weak social accountability system in the C1 activity (e.g. School Meal Committees (SMCs) and School Implementation Committees (SICs)) was further exacerbated by the shift to cash. This shifted the oversight of the HT and SICs/SMCs to full implementation of the caterer model of SM delivery in 2014 when the shift to cash was made.

- xiv. The high CP funding level (70 percent) and the fact that it is mostly funded through undirected grants permits programing flexibility and appropriate planning. Despite the CO efforts to promote local procurement, non-local purchase was mandated for rice, beans and oil because local prices exceed import parity. Further, support for the local production of fortified blended foods wasn't attempted, because local products were found to be too expensive compared to imported ones, though this is being revisited. Cooperating partners' financial constraints and their weak capacities was the greatest challenge for C3 implementation.

Conclusions

- xv. The School meals programme is exceeding the planned outputs in the programme but is experiencing challenges in relation to meeting the minimum standards due to the breakdown in accountability systems/community involvement and HT involvement. The SM has reduced in quality and quantity for children attending schools due to the delay in payment to caterers (by the Ghana government and WFP) and poor food quality provided by caterers. The THR could be more effective if provided to beneficiaries/parents on a termly and regular basis. Public awareness about the entitlement of the THR is needed to ensure that the quantity of the THR is transparent. Social accountability mechanisms may have limited effect due to the social capital/power relations to the District Assembly unless significant shifts are made in the SM programme model and more transparency in the selection of caterers. The district school menu planner developed with support from PCD should be available in all the districts as a matter of urgency.
- xvi. TSF activities are now aligned with WFP corporate guidance. Irregular and limited food distributions have severely curtailed TSF activities, as well as, slowed the detection of implementation issues: redesigning the programme so that it is not dependent on government transportation could reduce the constraint. For the PLHIV activity inadequate discharge of patients and no livelihood activities hindered results and data collected did not match WFP definitions. Because the PLHIV activity targets adults, there is little synergy with the other nutrition activities. Shifting beneficiaries to HIV-infected P/L women and their children to support PMTCT participation would align more closely with other nutrition activities. WFP's staff support and the role of REACH in policy development, advocacy and planning is recognized in the development of the National Nutrition Policy, UN "nutrition" coordination and facilitation of the multi-sectoral nutrition district/region planning.
- xvii. Increasing physical and economic resilience to extreme weather events is highly relevant to Ghana's northern rural communities. Narrowing down the range of assets however prevented WFP and their partners from exploring interventions that improve agricultural production potential. Incentives and financial conditions set for skills training were not attractive enough to households or partners; yet, as shown by WFP pilot projects they would improve synergies with other components, e.g. food fortification (FF) groups. If delivered at the right time, C3 food assistance can help food insecure households bridge the usual 6-month food gap. This was not the case during FFA first phase for two main reasons: i) delays in identifying partners and

starting projects and ii) MoFA's inability to move food on time. Cash-based FFA seems to be on a better track, but both the coverage and volume of activities have been scaled down for a smooth transition.

Recommendations

Across Components

R1 - Reduce programme geographical coverage through reassessing WFP capacity to implement activities in 7 regions and 54 districts.

R2 - Continue to strengthen M&E through capacity building, adding staff and stronger feedback loops between WFP Program and M&E units.

R3 - Continue to advocate for the resolution of the government's constraints related to food clearance and transport through a reengagement process with the MoH and MoE that ensures they fulfil their responsibilities to timely transport, properly store and distribute food, and appropriately account for and track food/cash/vouchers.

Component 1

R4 - Continue to capacitate government to provide a model for school feeding; provide more training to SMC/SIM in order to ensure quality in SMs; and encourage community ownership.

R5 - Consider implementing a voucher system for caterers restricting their purchase to pre-assessed food vendors and limiting their profit level to 20% of their total payment; strengthening of SMC/SIC is also called for to improve outcomes and efficiency of SM programs.

R6 - Encourage parents to feed their children breakfast before attending school through a mass campaign involving GOG/MOE/GES and UNICEF; in addition, consider changing the timing of the school meals to the first break at 10:00 am.

Component 2

R7 - Focus MAM treatment in areas with high food insecurity and acute malnutrition and reduce beneficiary targets. Redesign MAM treatment for P/L women and children and revisit support for commercial production of CSB. Consider redesigning the HIV activity to target PMTCT programme participants and develop a mentoring/supervisory model with GHS and UNICEF to ensure quality implementation for MAM/HIV activities.

R8 - Strengthen and expand the new pilot nutrition activity in the follow-on CP, revitalize existing and economically viable Women's FF groups, implement activities more collaboratively and advocate for the continuation of REACH.

Component 3

R9 - Diversify the asset creation portfolio and enhance the linkages with agricultural production with a focus on low-cost, replicable methods for regenerating degraded lands and increasing productivity under marginal conditions.

R10 - Enhance integration of P4P into CP and particularly C3 through ensuring first a tangible market linkage strategy for P4P; and further adapting the pilot project to the Northern regions conditions and production systems, which means a specific attention to aggregation systems coupled with the promotion of low-input, labour-intensive, agro-ecological farming methods including the expansion and intensification of rice production systems.

1 Introduction

1.1 Evaluation Features

1.1.1 Objectives and Scope

1. In the context of renewed corporate emphasis on providing evidence and accountability for results, WFP mandated OEV to commission a series of Operations Evaluations (OpEvs) in 2013-2016. From a shortlist of operations meeting OEV criteria, the Regional Bureau (RB) has selected, in consultation with Ghana Country Office (CO), CP200247 for an independent evaluation. The evaluation has been timed to ensure that findings can feed into the design of a new CP starting in 2017.

2. The mid-term evaluation took place from November 2014 to May 2015. It covers the 3 components of the CP200247 and the P4P pilot project⁸ regarding the formulation, implementation, resourcing, monitoring, evaluation and reporting. The period covered by this evaluation is mid 2011 – December 2014, which captures the time from the development of the operation until the start of the evaluation mission. The evaluation has two objectives: i) assess and report on the performance and results; and ii) to draw lessons learned for the future (Annex 3 Terms of Reference). The principle stakeholders are the Ghana CO and their partners, the RB and OEV as well as beneficiaries. The main users will be: i) the CO and its partners in decision-making related notably to implementation, future CP design and partnerships; ii) the RB in providing strategic guidance and technical support; and iii) OEV in feeding into an annual synthesis of all OpEvs and reflecting upon the evaluation process.

1.1.2 Evaluation methodology and limitations

3. The evaluation team (ET) used a pragmatic and participative approach which combined quantitative (e.g. extracting data from the GSFS database) with qualitative methods (including key informant interviews and focus group discussions) coupled with direct observations at project sites (Annex 2 Methodology). The evaluation included two weeks of intensive field work across 5 regions, 17 districts and over 55 WFP sites⁹ The sampling approach employed to select field sites was representative to the extent possible and included criteria applied across components (e.g. size of facility/school, remoteness, type of asset, food vs. cash site, etc.) so that a diversity of programme sites were selected. In addition to WFP staff, over 450 people were interviewed including an estimated 312 beneficiaries (more women/girls) as part of the field work.

4. The evaluation addresses the following three questions: i) how appropriate is the operation; ii) what are the results; and iii) why and how has the operation produced the results. The specific questions examined include relevance, outputs, impact, efficiency, gender, capacity building and sustainability, and are presented in the evaluation matrix (Annex 4). The following table presents the 10 criteria used by the ET to guide their work. Each of the 10 criteria will be scored on a scale from 1 to 5, synthesizing evaluation

⁸ P4P activities were included in the evaluation at the Ghana CO request.

⁹ The ET visited: C1- 14 primary schools with SM and 5 primary/JHS schools with THR; for C2- 3 ART clinics; 12 Health Centers, 4 CHPs, 3 Women's FF Groups, 1 PLHIV food distribution, the warehouse for the Northern 3 regions, 2 regional warehouses, and district and facility warehouses; for C3- 11 AC sites (3 forestation and 8 dams) and 3 FBO warehouses and 1 rice parboiling facility. See Annex 8.b for a list of field sites and activities visited. In addition to WFP staff, over 450 people were interviewed including an estimated 312 beneficiaries (mostly women and girls) as part of the field work.

findings (Annex 5). The scoring matrix will guide the scoring process based on the evidence analysed through the Evaluation Matrix lenses.

Table 1: Criteria used by the ET and their relation to key evaluation questions

	Criteria	Evaluation questions
1	Relevance to food security & nutrition needs in targeted areas	Q1: how appropriate is the operation?
2	Coherence with national policies	
3	Coherence with WFP corporate strategies	
4	Complementarity and coordination with other interventions	
5	Progress towards delivery of planned outputs	Q2: what are the results of the operation?
6	Progress towards achievement of intended outcomes	
7	Progress towards overall objectives/likelihood of sustainability	
8	Efficiency of implementation	
9	Types of internal factors & their effects on results obtained	Q3: Why and how has the operation produced the observed results?
10	Types of external factors & their effects on results obtained	

5. The ET developed their conclusions and recommendations through triangulating different sources of information, including: review of WFP and partner documents and internet research (Annex 7), WFP and government monitoring and evaluation data, key informant interviews with internal and external stakeholders using interview questionnaires, focus group discussions with partners and direct beneficiaries following discussion guides and project site visits for direct observation of activities. Although mixed focus group discussions were held in most cases, ET members – together with local interpreters/facilitators – used participatory approaches to make sure women and marginalized people had a say during meetings; individual interviews with women was also an alternative way employed to seek their answers and gender-specific information. Interviewed stakeholders were systematically informed of the objective of the study, and no statement has been directly attributed in this report.

6. After the inception phase (November 2014 to January 2015), the ET Ghana mission took place from the 10th of February through the 2nd of March 2015 (Annex 6). The field mission permitted the ET to meet key WFP staff, national counterparts, cooperating partners, United Nations Agencies and donors as well as communities and programme beneficiaries (Annexes 8.a and 8.b). Program sites in the three Northern regions, Brong Ahafo and Ashanti were visited (Annex 9). At the end of the mission, the ET presented their preliminary findings to WFP staff; followed by a similar presentation to stakeholders on March 2nd, 2015. The evaluation manager conducted a rigorous quality control of the deliverables ahead of their presentation/submission to WFP.

7. Following the ET planned field visit schedule, Tamale SO staff confirmed distances to districts, finalized the field schedule and arranged logistics. The list of project sites for

the 3 components were not provided until the ET reached Tamale, which was late to be able to redefine the field visit schedule and select a sample of sites to visit.¹⁰

8. Several constraints encountered affected the analysis and findings presented in the report: i) travel distances prevented farther site visits in the Upper West region; ii) scheduling difficulties made it impossible to meet one major stakeholder, Ghana AIDS Commission (GAC) and to visit PLHIV clinics in the Eastern region; iii) for C2, the limited availability of food in clinics prevented observation of TSF activities; iv) the absence of databases for C2 and C3 and/or inadequate data to verify SPR data; v) the lack of targets and baseline values for some indicators in the initial logframe, and vi) baseline surveys for C3 not being carried early in the CP but in late 2013. The ET made attempts to mitigate constraints through contacting GAC staff through e-mail and interviews with the GHS staff responsible for HIV activities and the use of any CO and partner reports including programme data.

1.2 Country Context

9. Ghana is located in the sub-Saharan region in western Africa and is positioned on the Gulf of Guinea. It shares borders with Ivory Coast, Burkina Faso and Togo. The last Population and Housing Census (GSS, 2010) reports that Ghana's population is at 23.5 million with a fertility rate of 3.9 of total (births per woman).¹¹ Ghana's economy has experienced significant macroeconomic instability over the last few years including a 16.9 percent inflation rate (as of October 2014) increasing from 13.5 percent in 2013, along with budget shortfalls and the devaluation of the local currency; the most recent analysis suggests a decline in the GDP from 8.79 percent (2012) to 7.13 percent (2013).¹²

10. Ghana, over the years has seen a reduction in poverty and an increase in economic growth and development, and has attained a lower middle income status, but poverty levels still remain high in the three northern regions. Over 60 percent of northern households live in poverty.¹³ The latest GLSS 5 suggests that 18 percent of Ghanaians are still living in extreme poverty compared to the GLSS 4 which placed 29 percent of the population in extreme poverty.¹⁴ Despite major interventions in the most deprived districts in the country, large rural-urban and inter regional disparities persist.

11. The three northern regions are the most food insecure regions of the country with the Upper West region having 16 percent of households experiencing food insecurity, 10 percent in Northern region and 28 percent in the Upper East region (WFP/GSS, 2012).^{15,16} Crop production data from these regions shows that major staple crop production declined substantially during the 2011/12 growing season compared with the previous year, mainly due to poor rainfall during the critical growing stages. Poor food availability country wide has also been a result of poor food distribution networks which

¹⁰ Sites were selected based on criteria developed by the ET specialist so that the activities under each component could be observed in a selection of locations; and a combination of purposive and random sampling was applied to site selection.

¹¹ World Development Indicators 2014

¹² World Bank (2014) World Development Indicators, Washington

¹³ Comprehensive food security vulnerability analysis- Ghana 2012. Focus on northern Ghana-WFG/GSS/MoFA

¹⁴ Ghana Statistical Service. Ghana Living Standard Survey 5 (2008).

¹⁵ Comprehensive food security vulnerability analysis- Ghana 2012. Focus on northern Ghana-WFG/GSS/MoFA

¹⁶ Across the Northern regions, 15 percent of male headed households experience food insecurity compared to 30 percent of female headed households, CFSVA 2012.

are dependent on the informal private sector. Severe and moderate food insecurity is far more prevalent in rural areas (19 percent) than urban (4 percent).

12. Nationally stunting among children decreased from 28.0 to 22.7 percent between 2008 and 2011, yet in the Northern and Upper East regions it is still above 30 percent. Wasting has also decreased from 8.5 to 6.2 percent; however, it remains higher in the Northern and Upper West regions. People living with HIV/AIDS suffer food insecurity; they suffer from malnutrition and the effects of the HIV virus which in turn affects the efficacy of the anti-retroviral treatment. 28 percent of people living with HIV are faced with food insecurity in the Northern region, 36 percent in the Ashanti, 37 percent in Upper West and 42 percent in the Upper East region.¹⁷

13. The Government's *Better Ghana Agenda: Ghana Shared Growth and Development Agenda (GSDA): 2010-2013* is Ghana's main development/poverty reduction policy framework which emphasizes the following priority areas: expanding access to potable water and sanitation, improved health, low cost housing and universal basic education; reducing geographical disparities in the distribution of national resources; pursuing an employment-led economic growth strategy that will link agriculture to industry, particularly manufacturing; and improving transparency and accountability in the use of public funds and other national resources. The Ghana Government is also committed to reducing all forms of gender inequalities and to promote fairness in all aspects of national development

14. Ghana is largely on track towards achieving the Millennium Development Goal (MDG) 1 on the reduction of extreme poverty and hunger. The country is making steady progress towards achieving the MDG 2 by reduced maternal mortality from 760 per 100,000 live births in 1990 to 570 per 100,000 live births in 2000; and to 380 per 100,000 live births in 2012.¹⁸ Unfortunately Ghana has made insufficient progress in reducing under-five child mortality over the last 20 years and is performing lower than neighbouring countries such as: Togo, Cote d'Ivoire and Burkina Faso. Ghana is ranked 138 out of 187 countries based with a human development index of 0.573 which places it in the medium human development category (UNDP, 2014).¹⁹

1.3 Operation Overview

15. CP 200247 (2012-2016) was approved by the Executive Board in November 2011. It contributes to seven of the Millennium Development Goals and WFP strategic objectives 2, 4 and 5 as per Strategic Results Framework (SRF) 2009.²⁰ The cost of the CP increased from US\$44,864,368 to US\$48,333,707 in October of 2013 with the first budget revision; and in July of 2014, the budget increased to US\$56,339,447. As of March 8 of this year, 70 percent of the budget, i.e. US\$39,431,125 has been mobilized.

¹⁷ WFP /Ghana AIDS commission/ GHS. 2011. Draft report of food security assessment of people living with HIV/AIDS. Accra

¹⁸ Maternal mortality in 1990-2013, WHO, UNICEF, UNFPA, The World Bank, and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group.

¹⁹ [http://www.gh.undp.org/content/ghana/en/home/presscenter/articles/2014/08/13/ghana-launches-the-2014-human-development-report/\(accessed November 2014\)](http://www.gh.undp.org/content/ghana/en/home/presscenter/articles/2014/08/13/ghana-launches-the-2014-human-development-report/(accessed November 2014))

²⁰ Strategic objective 4- Reduce chronic hunger and undernutrition; Strategic objective 5- Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase; and Strategic objective 2- Prevent acute hunger and invest in disaster preparedness and mitigation measures.

16. **Component 1**, support to primary and girls' education, main objective is to increase access to education; improve school attendance and gender parity; reduce micronutrient deficiencies; and improve the capacity of the Ghana School Feeding Programme (GSFP). The component includes Take Home Rations (THR) in twelve districts in the Northern and Volta regions where gender disparity remains high; a total of 30,000 girls were targeted at JHS 1-3 to receive THR. As part of the gradual handover by WFP of school feeding to the government, WFP covers 40 percent of the requirements for school meals while GSFP covers the remaining 60 percent. The number of schools assisted by WFP was gradually reduced starting in January 2014. WFP continues giving both institutional and technical support to the government of Ghana's school feeding policy framework focusing on WFP/World Bank quality standards. Through a complementary P4P initiative, WFP and the government plan to increasingly source the food for school feeding from smallholder farmers, thereby increasing their market access and incomes.

17. **Component 2**, nutrition support for vulnerable groups, includes two main activities: i) treatment for moderate acute malnutrition (MAM) for young children and pregnant and lactating women with planned beneficiaries of 96,000 and 12,000, respectively; and ii) treatment for malnourished PLHIV who are on ART and food insecure with 30,000 planned beneficiaries including household members. MAM treatment covers 26 districts located in the northern 3 regions of Ghana. The PLHIV activity covers all the ART treatment facilities in the northern 3 regions, as well as, four treatment facilities in the Eastern region. Through REACH and WFP staff, nutrition policy, planning and advocacy is supported. In 2014, a pilot nutrition activity to prevent stunting and micronutrient deficiencies started; it covers 10 districts among the northern 3 regions, implementing activities that cross components.

18. **Component 3**, resilience to climate shocks and support for livelihoods, initially targeted 98,725 beneficiaries, with 51 percent of women/girls, in food insecure rural communities of the 3 northern regions through two types of food-assistance-for-assets (FFA) activities: i) the creation or restoration of risk reduction / disaster mitigation community assets and ii) skills training / income generating activities (IGA). BR1 geographically expanded FFA to the northern districts of Brong Ahafo and Volta regions. While increasing the total caseload to 162,950 beneficiaries BR3 cancelled food-for-training and substituted in-kind food transfers by cash in all FFA activities. In terms of community assets, emphasis has been so far on rainwater harvesting (dams/dugouts) and tree planting. In addition, C3 also includes technical assistance to strengthen the national early warning / food security and nutrition monitoring systems.

2 Evaluation Findings

2.1 Appropriateness of the Operation

2.1.1 Geographic targeting, choice of activities, coherence with the needs

Component 1 Support to Primary Education and Girls' Education²¹

²¹ A more detailed description of the activity is contained in Annex 1.

19. The School Meals (SM) and Take Home Ration programme for girls (THR) have shown a high degree of relevancy to the needs of beneficiary populations based on the Ghana poverty index and geographic targeting of the programme.²² The WFP support for school meals which is delivered in partnership with the Ghana School Feeding Programme (GSFP) has been fairly well targeted geographically at a regional level based on food insecurity and poverty indices; the intra district targeting has been less effective with some districts still not serving more remote rural areas where the SM and THR programme are most needed.²³ The hand over/scale down exercise of the School Meals has left 181 schools across 33 WFP intervention districts which often results in less than 6 primary schools per district implementing the WFP school meals programme. Currently WFP's component 1 SM activity includes districts which are not considered food insecure across the three northern regions based on the 2012 VAM.

20. The School meals programme appears highly relevant to the food insecure areas particularly during the "lean or hunger season"²⁴ when there is very little food at the household level and children are often sent to school without breakfast and do not take any snack.²⁵ The last Joint monitoring mission of the GSFP and WFP found that in more than 50% of schools visited, children had not eaten their breakfast before attending a school feeding site. Communities in the three northern regions continue to have high levels of child malnourishment among school age children (UNICEF, 2014).

21. The 12 THR districts also are targeted to districts with the highest household poverty and the lowest Gender Parity Index (GPI) in the country; these are also food insecure districts, where socio cultural practices continue to restrict girls' entry, retention and completion at primary level making the incentive package (THR) a very relevant approach to the target population. Schools which are selected for the THR are not always the most needy/deprived but often attract girls from the rural remote areas to schools in the district capitals.

Component 2 Nutrition Support for Vulnerable Groups

22. The CP's nutrition activities are relevant to the nutrition problems found in the geographical areas targeted. The treatment of MAM in young children is focused on the three Northern regions where acute malnutrition levels were above 10%, when the CP was formulated, indicating the need for MAM treatment according to WFP guidance.²⁶ The TSF primarily is spread among health facilities in districts in the Northern three regions with higher levels of food insecurity identified in the CFSVA 2012. In some cases, districts with low food insecurity were selected because of their high levels of acute malnutrition and when programme areas were expanded to reach planned beneficiary numbers, districts with lower levels of food insecurity were included.

²² The component was initially in 38 districts and has scaled down to 33 districts across the three northern regions; these regions experience the most extreme poverty and food insecurity in the country (GLSS6, 2014).

²³ As the SM programme was scaled down over the last two years of the CP, the remaining schools which were targeted are smaller and more rural in nature with fewer remaining in the district capitals or urban municipalities where social and economic services are easily accessible. The phase down required that schools which were in districts which were considered "well off" were transitioned onto the GSFP and phased out of WFP support.

²⁴ The term 'lean season' is used to describe the period when there is less food at the household level often starting in February-March and lasting approximately 5-6 months across the three northern regions until August and staple crop harvest.

²⁵ Baseline Survey: Ghana School Feeding Programme (2014)

²⁶ Nutrition at the World Food Program: Programming for Nutrition-Specific Interventions, WFP, 2012; Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies, UNHCR and WFP, May 2009.

Currently, the levels of acute malnutrition among the three regions range from 4 to 9 percent (DHS, 2014).²⁷ MAM treatment is recommended when levels are from 5 to 9 percent and aggravating factors exist.²⁸

23. For the PLHIV MAM areas were selected based on level of food insecurity and HIV prevalence. In the three Northern regions HIV prevalence ranges from 0.8 (2 regions) to 1.7 percent while the Eastern region has one of the highest levels at 3.7 percent.²⁹ The levels of food insecurity among PLHIV in the 4 regions, range from 3.5 percent in Eastern to 14 percent in Northern to 23 and 33 percent in the Upper East and Upper West regions, respectively.³⁰ The selection of areas with low food insecurity among PLHIV could be questioned, however, beneficiaries are screened and one of the eligibility criteria is food insecurity.

24. On the other hand, high levels of micronutrient deficiencies are found in the northern three regions coupled with elevated stunting in Northern and Upper East regions without activities other than nutrition education sessions to address it, until 2014, when a component, Strengthening Sustainable Local Food and Fortification-based Approaches to address Micronutrient Deficiencies and Reduce Stunting was added.³¹ It's relatively small with ten intervention districts from the three Northern regions selected based on levels of food insecurity, stunting and anemia.

Component 3 Resilience to climate shocks and support for livelihoods

25. Building rural communities resilience to climate shocks is highly relevant to the northern regions of Ghana, which display many of the same agro-ecological features as countries in the Sahel, including degraded soils, single rainy season, and recurrent droughts. These adverse conditions affect people capacities to meet their own food needs throughout the year.

26. Drawing from 2012 CFSVA and following government request, WFP decided to include the northern districts of Brong Ahafo and Volta regions which experience similar difficulties, such as, one farming season. While initially targeting seven drought/flood prone districts in the three northern regions, C3 coverage eventually encompassed about 30 districts.³² So far, 17 of them have asset creation (AC) projects, highlighting the demand-driven selection: if partners do not submit proposals, there is no intervention. Field observations in 11 sample communities indicate that the intra-district targeting was overall relevant, although the rationale for assisting larger communities located on main roads with weekly markets can be questioned, suggesting the need to develop stronger community selection/eligibility criteria.

27. In the local context Food Assistance for Assets (FFA) has a great potential to increase resilience and support livelihoods in the short and long term and also reduce harmful coping strategies such as workforce seasonal migration to Southern Ghana

²⁷ Ghana DHS Key Indicators 2014, GSS, Accra, March 2015.

²⁸ Nutrition at the World Food Program: Programming for Nutrition-Specific Interventions, WFP, 2012. Specific aggravating factors are not elaborated and other the WFP/UNHCR guidelines include aggravating factors for emergency contexts.

²⁹ Ghana AIDS Response Progress- Ghana: Reporting Period January 2012- December 2013, March 2014, Ghana AIDS Commission and 2013 HIV Sentinel Survey Report, GAC 2014.

³⁰ Nationwide Study on Food Security of HIV-Affected Households in Ghana, Nov. 2011, WFP and GAC.

³¹ Activities to address stunting and micronutrient deficiencies were suggested as priority areas during the CP formulation.

³² This followed government suggestion to include 3 more districts.

(notably young mothers) and charcoal making. C3 has so far focused on two types of community assets: the rehabilitation of small dams/dugouts and afforestation activities. The former received strong adherence from communities, who heavily rely on water harvesting systems during the dry season. Women specifically have a stake in these assets since they are the ones responsible for domestic water collection. Through reclaiming degraded lands and improving vegetative cover, tree planting can also contribute to climate change adaptation. For several reasons including tenure insecurity, new tree plantations are however not always seen as community assets. In addition, forestation projects under this CP were not very labour-intensive.³³

28. Drawing from past experiences, WFP limited the range of assets targeted.³⁴ This did not fully allow for community participation in the choice of asset and also resulted in few direct links with staple food production or income generation. Very few rehabilitated dams have been used for irrigation and dry season farming so far and designs did not include irrigation facilities (e.g. valves, channels) primarily because project budgets/timeframes were too short.³⁵ Recent CO meetings with key agriculture & livelihoods partners may pave the way for stronger linkage to long-term food security, notably by expanding the utility of dams/dugouts in future.

29. Although relevant, skills training activities were not adequately designed. Beneficiary incentives were too small during year 1 and 2 until they were raised in late 2013 in BR1 (cf. detailed analysis of incentive values in Annex 12.a). To translate acquired skills into IGA, complementary resources are needed from partners; and because only a tiny budget exists to cover such costs, partners have been reluctant to become involved. Skills training have therefore been put on hold.

30. The shift from food to cash-based FFA, which was designed as a pilot³⁶ under BR1 and expanded under BR3, is relevant to target group needs and livelihood/economic context including market conditions and banking system as indicated in the two market assessments carried out by WFP in 2012 and 2014.³⁷ The only likely exceptions are very remote rural communities where transport costs for food commodities are higher. Physical cash transfers were initiated mid-2014 as 'backlog payments' to replace food that could not be delivered to some of the 2013-2014 project sites in all three northern regions. This quick shift was prompted by MoFA's official request to stop transport and storage of food commodities. It was also a way for the CO to draw lessons and identify relevant financial partners.

31. While the daily food ration and cash transfer value per person per day were both soundly defined (cf. Annex 12.a), the incentive FFA participants are to receive for each workday is meant to cover the basic food requirements of a family of five people. This estimated household size draws from the national average in the Population & Housing Census (GPHC, 2010) but is not accurate considering demographics in northern rural

³³ As per the operational plans for 2013-2014 FFA projects, work requirements for afforestation were on average nine times less than for dam rehabilitation. Tree planting mobilized only about 30 participants per site averagely, as against 390 for dams.

³⁴ Recent past experience of FFA includes PRRO 200246. According to the CO staff, lessons learnt indicated that WFP should focus on a limited number of types of assets to ensure strong, relevant partnerships and build internal know-how on asset creation.

³⁵ Field level agreements (FLA) with Cooperating Partners typically have 6-month duration.

³⁶ This pilot targeted 12,000 urban poor of Tamale Metropolis. It was eventually dropped due to the lack of partners willing to cover complementary project costs.

³⁷ Cash and vouchers feasibility study to Ghana CO, October 2012, WFP Regional Bureau for West Africa; Market assessment for cash transfer initiatives in Northern, Upper East, Upper West, Brong Ahafo and Volta regions, April 2014, WFP Ghana.

communities targeted by WFP.³⁸ Regarding cash rates, several contextual factors need to be taken into account to set the transfer value, including market price of food commodities across regions, exchange rate volatility and local minimum wage – all of which were carefully looked at and are regularly tracked by the VAM unit. Work norms were also adequately adjusted; they give a fair estimation of labour requirements and are appropriate to both men and women capacities.

2.1.2 Coherence with Government policies

Education Policies and Strategies

32. Component 1 activities are in line with the Ministry of Education’s overall strategy - the Education Strategic Plan 2010-2020 and the GOG’s target of ensuring universal primary access to basic education³⁹. The School meals programme is also designed to improve the learning outcomes of children and meets the MOE’s access/participation and learning outcome objectives.⁴⁰ The operational design of component 1 also supports the government’s National Social Protection Policy, the girls’ education and gender equity targets (i.e. GPI) and Ghana’s Growth and Development Strategy.⁴¹ The design of the School meals programme is coherent with Government’s policy on home grown school feeding since it is aimed at ensuring more local farmers are involved in the supply of commodities⁴².

Nutrition Policies and Strategies

33. When the CP was designed, government protocols for the treatment of severe acute malnutrition (SAM) had been developed, but these did not include moderate acute malnutrition (MAM).⁴³ WFP has advocated for their inclusion in the Ghana Health Service (GHS) SAM guidelines; and as they are currently under revision, WFP nutritionists are involved in drafting the MAM treatment component.⁴⁴ In addition, the multi-sectoral National Nutrition Policy (2013-2017), drafted in 2011 and later revised, to be submitted to Parliament at the end of March this year, includes prevention and treatment of acute malnutrition (moderate and severe), as well as, activities included in the new nutrition activity, i.e. prevention of stunting and micronutrient deficiencies. MAM treatment for PLHIV aligns with the National HIV and AIDS, STI Policy (2013), which includes nutrition services and household food assistance for the food insecure. Additional materials to support the assessment, counselling and the prevention and treatment of acute malnutrition for PLHIV have been developed.

Rural Development and Food Security Policies and Strategies

³⁸ According to GPHC 2010, household sizes are larger in the three northern regions, with an average of 5.8-7.7 persons per household. C3 baseline survey in the three regions indicates a household size of 10.7 (WFP, Nov. 2013). This is corroborated by a post-distribution monitoring survey (WFP, Oct. 2014) across the three northern regions, which indicated an average household size of 12.7. The baseline survey in Brong Ahafo and Volta regions indicates a household size of 8.2 (WFP, June 2014).

³⁹ Basic Education in Ghana includes 2 years of Kindergarten, 6 years of primary and 3 years of Junior High School.

⁴⁰ Ministry of Education (2010) Education Strategic Plan 2010-2020, Accra Ghana; Education Sector Performance Report – August 2013; Ministry of Education.

⁴¹ Ghana Shared Growth and Development Agenda 2010-2013, National Development Planning Commission, Accra.

⁴² Draft Ghana School Feeding Policy (2014) Accra, Ghana.

⁴³ Interim National Guidelines for Community Based Management of Severe Acute Malnutrition in Ghana, February, 2010, GHS, USAID, FANTA2, FHI 360, WHO and UNICEF.

⁴⁴ When the report was being finalized the ET was informed that the MoH revised CMAM guidelines included MAM treatment.

34. As per the project document, C3 is rightly aligned with FASDEP II⁴⁵ and METASIP⁴⁶ 2011-2015, in particular as regards the support for diversification of livelihood options, early warning systems (EWS) and emergency preparedness. It also meets the main goal of the National Climate Change Adaptation Strategy (NCCAS) and more specifically the Priority Adaptation Programmes 1, 2 and 6. Cash-based FFA is coherent with government strategy on cash transfers and social protection through Livelihood Empowerment Against Poverty (LEAP) programme. At regional level, AC activities fit into SADA strategy, especially in terms of reforestation. At district level, FFA supports projects identified in the District Assembly (DA) medium-term development plans which often include community-based water access infrastructures.

2.1.3 Coherence with WFP Corporate Strategy

35. **Component 1** is coherent with the WFP overall mandate to improve the nutritional status of children in Ghana's most food insecure areas and to eradicate hunger. Overall the programme attempts to meet the 5 minimum quality standards of school feeding but falls short in relation to stable funding, sound design and implementation and community involvement.⁴⁷ The shift in design in 2014 towards cash transfer/reimbursement to caterers, due in part to the government's constraints in transporting food, has significantly reduced community and head teacher involvement in the programme.⁴⁸

36. Over the course of the CP, **Component 2** has come **closer** into alignment with WFP corporate policies. The new component to address the high levels of stunting and micronutrient deficiencies is an example of this, as is the shift in MAM treatment from "on-site" feeding to THR. When the CP was developed, the "on-site" feeding component for MAM treatment was not consistent with WFP corporate policies.⁴⁹ With the CP's first budget revision (10/2013), the treatment of MAM was realigned to reflect WFP corporate guidance, such that health facilities managed all MAM treatment activities as of March of 2014. The PLHIV MAM treatment component, including household rations is aligned with WFP's HIV and AIDS Policy (2010) and more recent programming guidance (2011; 2014) except that no livelihood component is included. A pilot income generating project was initiated with a partner in 2011, however, due to its mismanagement the project was suspended and other activities not undertaken.

37. **Component 3** is clearly congruent with (i) WFP corporate shift from food aid to food assistance (as a tool to ensure resilience and long-term food security) and (ii) WFP policy papers on climate change.⁵⁰ Although logistic challenges faced by the government to move food critically influenced CO's decision to shift to cash, this transfer modality was already mentioned in the CP project document and is grounded in solid market

⁴⁵ Food & Agriculture Sector Development Plan, August 2007. This document presents the long-term policy objectives of Government of Ghana in relation to the development of the agriculture sector.

⁴⁶ Medium-Term Agriculture Sector Investment Plan. This plans sets out the different programmes of the agriculture sector policy.

⁴⁷ Rethinking School Feeding identified that a quality school feeding program has the following 5 minimum standards in place: (1) a national policy framework, (2) sufficient institutional capacity for implementation and coordination, (3) stable funding, (4) sound design and implementation, and (5) community participation.

⁴⁸ The involvement of SMC's and SIC's have always been a challenge to GSFP but was further exacerbated by the shift to cash and the caterer model of implementation and away from WFP's more community led model.

⁴⁹ Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies, UNHCR and WFP, May 2009.

⁵⁰ Climate Change and Hunger: Towards a WFP Policy on Climate Change, WFP, April 2011 (WFP/EB.A/2011/5-F); WFP and Climate Change: a Review of Ongoing Experience and Recommendations for Action, WFP, December 2010.

analysis.⁵¹; current FFA intervention is thus in line with corporate directives on fostering cash transfer programming as and when feasible.

2.1.4 Coherence with Partners

38. The **UNDAF** (2012-2016), synchronised with the implementation period of the CP, includes four thematic areas: 1) food security and nutrition; 2) sustainable environment, energy and human settlements; 3) human development productivity and employment; and 4) transparent and accountable government, which are congruent with the three CP components. WFP leads the UNDAF nutrition working group.

Component 1 School Feeding

39. The collaboration between UNICEF and WFP has remained at the action planning stage with little evidence of synergy at district/school level particularly in relation to water and sanitation (WASH) activities despite there being overlap in most of the target districts. WFP and UNICEF are also involved in providing different types of technical/capacity building support to the Ghana School feeding programme in relation to strengthening the GSFP's monitoring and evaluation system. There has also been strong collaboration with the Partnership for Child Development regarding the development of meal planners and with SNV on testing more effective procurement approaches which promote HGSE.

40. There was very little evidence of coordination between the THR programme with other external programmes running in Ghana. Interviews with key District Education Girls Officers revealed that the THR has not coordinated with other large scale scholarship schemes and other support networks for girls which were operating in the same schools and districts which could enhance the outcomes of the THR programme (e.g. DFID Girls PASS programme and CAMFED scholarship Scheme).

Component 2 Nutrition for Vulnerable Groups

41. WFP's MAM treatment programme for young children is integrated with and complements services provided in the MoH/GHS clinics; according to GHS staff it has increased participation in health services. It also complements and synergizes UNICEF's support for SAM treatment. Similarly, MAM treatment for PLHIV is part of the package of nutrition services delivered to ART patients and supported by MoH/GHS, USAID and UNICEF and is an activity of the Joint UN HIV/AIDS Team. It includes screening, counselling and treatment for acute malnutrition along with food security screening. REACH has strengthened coordination of nutrition programming across UN Agencies (WFP, UNICEF, FAO, WHO).

42. The CP design did not initially include activities to address the high levels of stunting and micronutrient deficiencies until a pilot project was initiated in 2014. It could be argued that preventive nutrition activities to address stunting and micronutrient deficiencies, given the magnitude of the problem and better cost-effectiveness of prevention, is where WFP could have made a greater difference. The pilot project has the potential to foster coordination/collaboration with non-government

⁵¹ WFP feasibility study of October 2012 and market assessment of April 2014.

organizations implementing nutrition/health/agriculture programmes and laid the basis through leading a mapping exercise in 2014.

Component 3 Resilience to climate shocks and support for livelihoods

43. Among the counterparts identified in the CP document for C3, three line ministries have signed MoU to date: MoFA, MESW and MESTI. Only MoFA and to a lesser extent MESTI (through the Environmental Protection Agency/EPA) have been implementing FFA activities. Coordination mechanisms at central level are however few. Given the decentralised model of governance in Ghana, partnerships, for the most part, were built with government institutions at district and regional levels.

44. Apart from the CIDA-funded Ghana Environment Management Project (GEMP), which is almost over, the complementarity with national/regional rural development programmes was poor. There have been few synergies so far with the World Bank-funded GSOP⁵² except for attempts to coordinate and avoid geographical overlap.

45. There has been little interaction so far with Rome-based agencies except the formulation of an FAO-WFP-UNU-UNDP joint programme on climate change adaptation, which still is unfunded.⁵³ While FAO is not directly represented in the northern regions, it provides technical support to the district-level Department of Agriculture (DoA). IFAD is funding the Northern Rural Growth Programme (NRGP) which includes investments in productive infrastructure and technology.

2.2 Results

46. This section presents the results for each component through discussion of outputs (numbers of beneficiaries reached disaggregated by sex and resources used), outcomes, likelihood of sustainability and efficiency.

2.2.1 Results across components

47. In terms of total beneficiaries the CP performed well as per SPR data. It reportedly reached 78 percent in 2012, 101 percent in 2013 and 82 percent of its planned beneficiaries. During year 2, the 3 components all performed well, but by year 3 food clearance and transport issues constrained assistance delivery to all beneficiaries. A table with information on actual vs planned beneficiaries by component, year and sex is included in Annex 13. Reaching planned food distribution was more problematic with only 65 percent achieved on average over the three years as per SPR data (cf. Annex 13, Table 1 for information by component and year). Overall distribution of foods, and, specifically CSB was curtailed except in year 2 (cf. Annex 13, Figure 1 comparing planned vs actual distribution by food). To address the problems with food transportation, C1 and C3 accelerated their planned shift to cash in mid-2014 (cf. Annex 13 Figure 2 for a graph showing trends by modality).

⁵² Ghana Social Opportunities Project. This project also consists in labour-intensive public works that are implemented through DAs and private contractors. While the type of assets are similar, its approach differs from C3 (e.g. use of machinery, focus on employment rather than assets).

⁵³ Towards the end of 2014 WFP, FAO and UNDP agreed to provide core funds to kick start joint activities at a lower scale (in two target districts and four communities).

2.2.2 Component 1 Support to Primary Education and Girls' Education

2.2.2.1 Outputs

48. There has been steady progress achieved towards the delivery of planned outputs for the component 1 (see Annex 10.a for detailed description of C1)⁵⁴:

Table 2: Key scale and targets for school meals and take home rations, by year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016	
# THR districts	10	10	10	10	10	
# SM districts	38	38	33	33	-	
# of schools receiving SM	487	487	277	181	-	
THR	Actual # of girls	29,862	30,162	32,073	-	-
	Planned # of girls	30,000	30,000	30,000	30,000	30,000
SM	Actual # of students	202,718	179,900	106,635	-	-
	Planned # of students	150,000	150,000	100,000	52,000	52,000

Source: SPR 2012; SPR 2013; SPR 2014

49. WFP provides school meals to targeted public primary schools across the three northern regions and the millennium village of Bonsaaso in the Ashanti region. WFP provides THR for over 30,000 girls' in 10 districts in the Northern region and 2 districts in the Volta Region where there is the lowest GPI compared to other districts. The provision of school meals on a weekly basis has involved WFP providing school meals two days per week and GSFP providing SM three days per week.⁵⁵ The take home ration includes a food basket of 10.9 kg of maize, 2 liters of oil and 1 kg iodized salt for girls (and families) attending P4 to P6 and Junior High School (JHS 1-3).

50. WFP provided 487 primary schools⁵⁶ with school meals in the first 2 years of the CP and scaled down/handed over schools/beneficiaries to the GSFP in 2014 and in early 2015. The GSFP absorbed 210 schools from WFP in 2014 and absorbed another 96 schools in January 2015.⁵⁷ The second hand over in 2014 reduced the number of primary schools on the programme to 181 with 52,000 beneficiaries in total including those in the Millennium Village Programme.

51. Under the support to primary education (SM and THR) the total number of beneficiaries reduced from 229,633 in 2012 to 210,062 in 2013 and 52,000 in 2015.⁵⁸ The planned beneficiaries for both SM and THR were exceeded in 2012, 2013 and 2014.⁵⁹ The reports suggest that the increase was due to more children enrolling and attending school once SMs were introduced. The target for the THR for girls' was exceeded in 2013 and 2014. The other planned and actual outputs include: i) Tonnage of

⁵⁴ This table is based on the data provided in the SPRs and verified by the Programme office in WFP sub office in Tamale. The data is not always consistent with the data in the BR3.

⁵⁵ WFP School Feeding Handover Note, 2013 and WFP School feeding handover note, 2014

⁵⁶ All primary schools in Ghana are to include an attached KG1 and KG 2 class.

⁵⁷ As part of the gradual hand-over of school feeding to government, WFP has handed over 210 schools; and 84,250 beneficiaries to the government's school feeding programme (GSFP) which was the intended target. This has reduced the number of WFP-assisted schools from 487 to 277 (first hand over) and from 179,501 beneficiaries to 95,251 beneficiaries (second hand over).

⁵⁸ In 2013 WFP exceeded its targeted beneficiaries from 180,000 to 210,062.

⁵⁹ In 2013 WFP planned feeding 150,000 children but went beyond this figure to 179,900.

food distributed by type and as percent of planned – falls short each year of the operation with: 85.7 percent in 2012, 64.4 percent in 2013 and 88.1 percent in 2014 (see Annex 10.a Table A); ii) The target of providing the Ministry and Ghana School Feeding Programme (GSFP) secretariat staff training on school meals programme design and management was exceeded with over 600 staff being trained (target was 100); iii) The hand over plan to the GSFP was also achieved with over 308 schools being handed over to the government since the beginning of the CP; and iv) The operation has also attempted to achieve its target of local procurement in relation to SM and THR.

52. Field visits and interviews with District and School officials reveal that over the last 3 years the THR has arrived very late (often after six months) and during the wrong period (near to a holiday) when there are very few people at the district education offices to monitor the food distribution.⁶⁰ According to head teachers and District Education officers there were only two distributions of THR food in 2013: one distribution of THR (in December 2013) and one distribution in 2014; there was no distribution of THR (until January 2015) and this distribution was meant for 2014⁶¹. This has made it very difficult for district and school based stakeholders to monitor the food distribution and for families to rely on the take home ration for their wards.

53. According to the SPR 2013 approximately 60 percent of the THR ration food basket was procured locally. There is very little other information available concerning the proportion of the food basket for SM being locally procured but all indications suggest that this is over 70 percent. Caterers observed at the schools were procuring close to 100 percent of their SM commodities from local markets within a five kilometre radius of the community and in some cases at the closest district capital market where they had credit from the vendors to obtain their main commodities (local brown rice, maize, beans, salt, palm oil, etc.). The salt and maize commodities in the THR are procured locally with only the oil being procured internationally. The Micronutrient Powder (MNP) has also not been consistent or reliable. There was one distribution to SM sites in 2012 (first year of the programme) and no large scale distribution since this time; the Partnership for Child Development (PCD) has distributed MNP to some selected districts also under the WFP programme but this is not on a large scale.

54. There were no fresh vegetables in the meals being served based on observation and according to the head teachers and children interviewed. Observations across the 14 schools visited indicate that less than 50 percent of the main food items (e.g. maize or brown rice or beans) is being cooked for children on a typical SM day. Most caterers reported using the same quantity of maize or rice despite the number of children attending school on a particular day – between 4 to 6 ‘alonka’.⁶² There is also non-iodized salt being used across the 14 schools visited; caterers complained of not having easy access to iodized salt in the local markets. Poor quality palm oil and very limited amounts of protein such as dry fish which enriches the SM was being used.⁶³

⁶⁰ THR is to be provided to the beneficiary girls/families on a termly basis; the girls have to attain at least 80 percent attendance in school during the term.

⁶¹ THR distributions are planned for 2 distribution periods in a given year: 2nd and 3rd terms as the 1st term's food is carried over to the following year.

⁶² ‘alonka’ is equivalent to 30 cups of rice or maize and this is the quantity provided at schools with between 200-300 children.

⁶³ This is based on the field analysis of the food quantities being provided by the caterers/cooks to the children (cereal, oil and protein) and the requirements needed for the number of children attending the SM site/ school on the day of the evaluation visit.

55. None of the cooks/caterers could produce a school menu, handy measures chart, and the head teachers had stopped using these procedures once WFP shifted to the cash reimbursement to caterers. Caterers and cooks across the 14 SM sites visited could not correctly describe how to use the MNP (see Annex 9 for sites visited). These same observations were noted in monitoring reports by WFP including the Joint Monitoring Mission with the GSFP (2014) and workshop reports with key stakeholders including Government of Ghana during the handover, 2014.

2.2.2.2 Outcomes

56. Despite these moderate outputs in the CP particularly in relation to late distribution and quality of food being provided at school and family levels (e.g. THR) at the outcomes level there has been significant progress made in KG and primary enrolment rates of children due to the SM activity. The THR activity has also improved the gender parity index across some of the 12 THR intervention districts. Other key outcomes achieved include the progress made in relation to school attendance, and enrolment particularly at the primary and junior high school levels due to the SM and THR programmes. There has been a steady increase in primary school enrolment over the CP period with improvements recorded across all the WFP assisted schools: a 3.46 percent change in girls' enrolment was recorded and 2.54 percent change in enrolment for boys in 2013. Girls' attendance at primary level was found to be very high the first year of the CP with 98 percent attendance rates recorded across the WFP assisted schools – with 83 percent for girls and 81 percent for boys in year 2 and 83 percent for boys in year 3 of the CP (see Annex 10.b.).

57. Interviews across the SM target districts visited suggest that there has been a dramatic increase in enrolment and attendance at KG level across most of the school feeding intervention districts partly due to a large number of under-aged children being enrolled (see Annex 10.c Table A to C).⁶⁴ Interviews and observations at the school level confirm that most of these children are underage and have been enrolled in the school officially or unofficially due to the school feeding programme. These under age children at the lower primary level have created a challenge for Head teacher (HT) management. One result is that school meals across the 14 primary schools visited have often been shifted to the second break time: 12:00 hours so that “younger children do not return home after the school meal is served”. Another key finding was that children at lower and upper primary SM schools are not receiving enough breakfast and in most cases any breakfast to ensure learning concentration. Focal group interviews with upper primary children, school observations across classes and interviews with head teachers and SMC members across the 14 SM sites suggest that children are coming to school without breakfast or a snack to sustain their concentration beyond 10:00 am.

58. Interviews at school level during the evaluation field work indicate that in most cases the girls (and boys) continue to drop off at the P3 and P4 levels due to socio cultural practices and household demands (child caring for younger siblings, farming, inability of parents to pay for feeding, etc.). HT interviews and focal group discussions

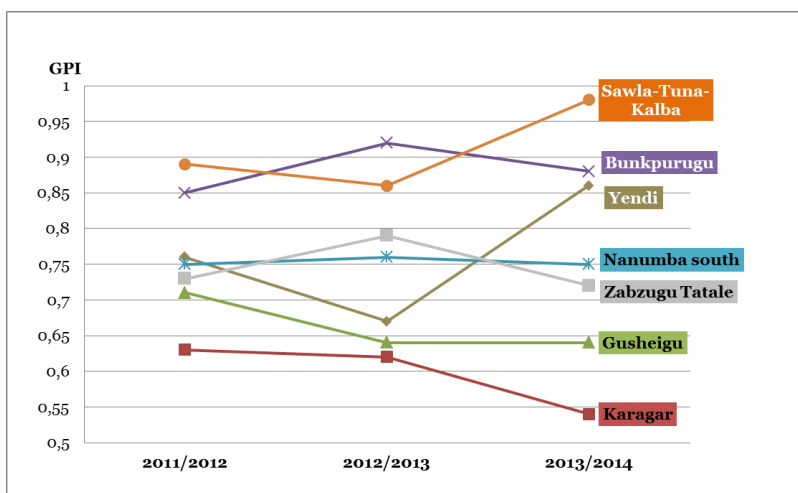
⁶⁴ For instance, in Karagar District in the Northern Region where the SM and THR is being delivered—there was a 32.1 percent increase in enrolment between KG and primary in 2012/2013, a 37.5 percent increase in KG to Primary enrolment in 2013/14 and a 35.4 percent increase in 2014/15 (see Annex 2B for details of enrolment over three years at KG and Primary level for the Karagar District).

with the girls themselves also suggest that girls who enter upper primary continue on to Junior High School (JHS) 1, JHS 2 and JHS 3 due to the THR. Interviews with the District Girls Education Officers and the female beneficiaries at the selected schools suggest that the THR is an important incentive for the girls to attend school particularly those from families and communities who are not used to sending their girls due to socio cultural practices. The HT and girls’ focal group interviews revealed that only a few girls get pregnant and drop out since their parents are not able to cope with their school fees and financing their education.

59. The Gender Parity Index (GPI) based on the SPR’s indicate an overall fluctuation between the period under review across WFP THR assisted schools. The GPI⁶⁵ for seven of the ten districts under the THR suggest that in general, the GPI has been fluctuating between 2011/12 to 2013/14 but showed improvement in three of the THR districts – Yendi, Zabzugu and Sawla Tuna Kalba Districts in the Northern Region.

60. Some of the districts, Yendi and Sawla Tuna Kalba in the Northern Region, that showed GPI improvements are areas with long standing structural barriers to girls’ access to primary and junior high school education due to under-valuing of girls’ education, early marriage, and fostering of girls.⁶⁶ Most of the THR districts under review were not able to record a consistent increase in GPI over the period. The data also reveal that in some districts such as Karaga and Gusheigu Districts, the GPI has consistently reduced from 0.63 in 2011/2012 to 0.54 in 2013/2014. According to district officials including the District Education Director interviewed, district assembly representatives and girls’ education officers the negative socio-cultural practices, teenage pregnancy and household poverty are still holding girls back from entry, retention and completion of JHS.

Figure 1: Gender parity index for selected THR targeted districts (JHS)



Source: EMIS, 2012-2014

61. Performance results of girls in these same districts indicate that very few girls are making the aggregate required to obtain entry into Senior High School (SHS) and access

⁶⁵ Data for GPI was only available from the Ministry of Education and Ghana Education Service for 2011/12 to 2013/14.

⁶⁶ See Associates for Change (2010) Girls’ Education in Northern Ghana, Commissioned by SNV (www.associatesforchange.org).

to scholarship schemes which are available from WFP and other donor agencies (e.g. Cambridge Education Foundation, etc.).⁶⁷ Gender disaggregated performance data suggests that the girls are not performing well at the Basic Education Certificate Exam (BECE) level with some THR schools scoring zero on the BECE. Most girls score between a 25 to 40 percent aggregate which reveals in some cases failure to meet the minimum education requirements for SHS. Several girls complained that they have heavy workloads at the home, are not given the financial support for their basic needs and they are not able to study for school. Girls interviewed across THR schools reveal that most girls are not given breakfast before attending school and no lunch is provided until they reach home often at approximately 2:00pm.

62. Results related to girls' completion at primary and JHS is encouraging but with some dropouts across some of the schools and districts visited. Year 3 (2013/14) indicate fairly high completion rates at the primary level with 94 percent of girls and 93 percent of boys across WFP assisted SM primary schools. These are relatively high completion rates when comparing the average completion rates for overall averages across the same districts (see Annex 10.c Table E and Table F).

63. The capacity of government to reduce hunger and operate school feeding has been enhanced through the support of WFP to the GSFP secretariat; WFP has assisted key senior officials become aware of alternative models⁶⁸ to school feeding operated through their exchange with the Centre of Excellence in Brazil, through the work to strengthen the monitoring and evaluation systems of GSFP and WFP's on-going collaboration with GSFP and PCD at the district levels to ensure quality standards in School Feeding (menu, handy measures, etc.). The capacity of government to enhance its SF programme has been evident in the support WFP provided in the development of the National SF policy, during the re-targeting of the GSFP to more needy schools/areas of the country and the enhancement of monitoring and evaluation (M&E) systems to track progress at school and district levels. There is also evidence that the development of school meal planner, which is still under development, will ensure basic standards of nutrition in school meals at the district levels once this activity is fully operational.⁶⁹ WFP's training to caterers and cooks in relation to using the menus, and handy meals has been important to ensuring they know how to develop nutritional meals, but delayed payments at the school level have prevented these trainings being put into practice.

2.2.2.3 Likelihood of sustainability

64. In terms of the progress made towards the likelihood of sustainability in the programme objectives there is significant evidence that the government will continue to absorb WFP SM sites over the coming years due to its goal of increasing the number of children from the current 1.7 million to 2 million. What is less evident is the degree to which they will be able to maintain the standard of school feeding given the financial and efficiency constraints in the implementation of the programme. The slow reimbursement of the caterers who are delivering the programme at the school level has

⁶⁷ Some districts have not been able to present any girls for the WFP scholarship with aggregate 5-15 and only a few girls have obtained the necessary aggregate (5-15) on the JHS BECE for the (e.g. Yendi with 9 girls).

⁶⁸ The Brazil model of school feeding involves the community in the selection of caterers and has intermediary organisations which are often civil society based in the oversight and implementation of one of the world's largest school feeding programmes.

⁶⁹ The development of menus at the district level appears to be of high priority given that very few caterers and cooks were found using a school menu with appropriate measures to the requirements of the school and the nutritional status of children.

compromised the quality and quantity of food across WFP and GSFP schools.⁷⁰ There are also signs that the P4P and the women's food fortification (FF) groups could assist the component achieve a higher sustainability particularly at the community levels.

2.2.2.2 Efficiency

65. There has been very poor efficiency in the SM activity since the shift from food to cash with less than 60 percent of quantity and costs of school meals being delivered.⁷¹ There is also poor efficiency in the THR activity with evidence that over half of the entitlement (e.g. oil, maize and salt) to girls and their families was not being delivered to beneficiaries at school level. Visits to 7 randomly selected primary and JHS schools across two THR districts revealed that the girls and their families had only received half the entitlement of oil (1 litre instead of two litres of oil and one third or half a 50 kg bag of maize instead of the full 50 kg bag during the last THR distribution in December 2014). None of the parents or direct beneficiaries interviewed knew their entitlement (see Annex 10.c Table C).⁷² District Education Officers complained that the THR often arrives at their office for distribution during holidays and district officials have difficulty in obtaining the necessary financing to visit the distribution sites on the proscribed day.

66. Other key factors related to C1 efficiency are: activities for SM and THR are widely spread over (5 regions in total, more than 37 districts and over 680 sites); and the lack of timely and regular movement of food coupled with improper food storage and poor conditions seen at all levels from Tamale to food distribution points (FDP).

67. Efficiency in the SM activity was even more problematic now that the WFP has shifted from food commodities to cash reimbursement to caterers (GSFP model). Accountability systems at the district and school level have been compromised with very limited involvement by the HT and communities in tracking the quantity and quality of food being delivered by caterers.⁷³ HT and School management committees (SMC) interviewed were often unwilling to complain about the lack of control, poor timing of SMs, and substandard quality of the food being delivered by the caterer at the school level. They were no longer in charge of taking delivery and storing the food or distributing the appropriate quantities of food to ensure nutrition adequacy and safety. Another major school management problem which was interfering with learning time, was the amount of time taken by caterers to distribute the food particularly in schools where children were bringing their own utensils.

68. Water was also a serious problem in the implementation at school level in the Northern Region. Out of the 14 school feeding sites visited only 5 had access to potable water within a 50 meter radius of the school and this was not always available during

⁷⁰ It has also resulted in the head teachers not being able to ensure that pupils are fed on a timely basis (10:00 am as proscribed in the WFP SM implementation manual). This in turn has impacted on teachers' ability to ensure that children are concentrating and that there is proper management of time on task since many learners are unable to fully concentrate after the first break.

⁷¹ This is based on calculating the quantity of food the caterer was preparing, the type of food and the price at the local market for purchase (a selection of schools can be found in Annex 10.3).

⁷² This was revealed in interviews with HT and confirmed by the beneficiaries themselves. Interviews with the DEO also confirmed that very little effort has been made by either the District Education offices or the HT to disclose their entitlement during the THR distribution process.

⁷³ This has been brought about due to the nondisclosure of caterer payments to the HT and SMC/school implementation committee (SIC), and the selection of the caterer at the district level which is often seen as a "political appointment" by stakeholders including the HT, district stakeholders and SMC.

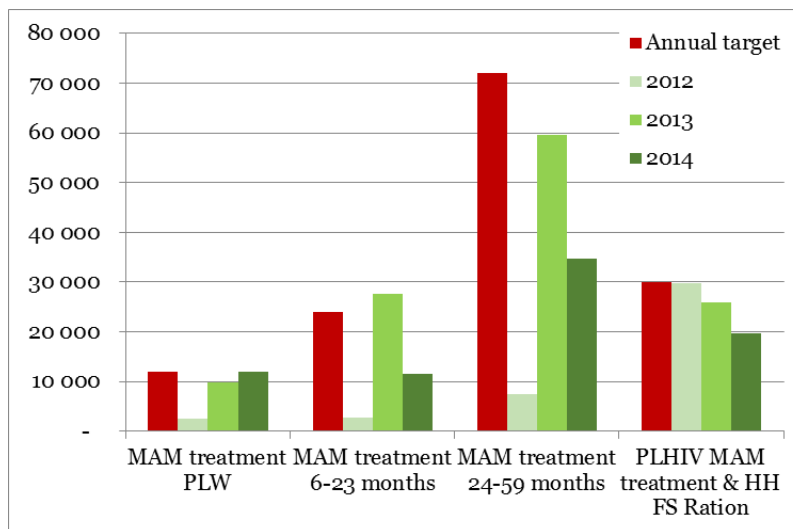
the dry season.⁷⁴ Very poor sanitation and hygiene practices were observed across most of the 17 school sites visited with very limited or no potable water available for children to drink or to wash their hands. Caterers were also found to be using children to collect firewood/bring firewood and water across several of the sites particularly during the dry season and girls were being taken out of the upper primary level to walk long distances for water. HT complained that they were unable to prevent this and were not happy that the caterers were not able to cook at a time when children needed the SM (i.e. first school break at 10:00 am).⁷⁵ Very little deworming was found taking place in the districts visited. According to district officials very few (only one) deworming exercise were executed over the last three years in the primary schools.

2.2.3 Component 2 Nutrition for Vulnerable Groups

2.2.3.1 Outputs

69. During the first year of programming, implementation delays, primarily late delivery of imported food constrained reaching the planned number of beneficiaries across nutrition activities. This was resolved by year 2 when the MoH/GHS funding gaps started to affect their ability to clear and transport imported foods and worsened last year when less than 60 percent of planned beneficiaries were reached (Annex 11.b for a figure comparing planned vs. actual beneficiaries by sex and year). The gender targets in the proportion of beneficiaries were reached. Actual beneficiary numbers may be questioned as it was not possible to check/confirm beneficiary numbers provided in the SPRs since a database is not maintained by MoH/GHS or WFP.

Figure 2: Number of actual vs planned nutrition beneficiaries, by intervention



Source: SPR 2012, SPR 2013, SPR 2014.

70. As noted in the following graph, reaching PLHIV beneficiaries were less affected by delays in programme start-up, because of less reliance on imported foods and transfer of

⁷⁴ The poor hygiene and limited water supply has been elaborated in the GSFP baseline (2014) where less than 50 percent of School Feeding sites have access to potable water.

⁷⁵ Cooks across the 14 schools observed began cooking at 7 am or 8 am and often had to begin by fetching water.

PRRO beneficiaries. However, in the last two year, delays in food delivery affected their beneficiary numbers as well.

71. In terms of MT of food distributed, C2 was particularly affected during years 1 and 3 when 35 percent and 30 percent of planned foods were distributed (See Annex 13 Table 2). The disruptions in food deliveries, affected beneficiary participation since food was not available continuously at health facilities. Specifically, last year, lack of food deliveries hampered implementation of the new MAM modality, i.e. after staff training had been completed and screening started, food was only available in 5 of the 26 districts. The remaining 19 districts waited until July, August or, in some cases, September for a two month supply. During the last quarter of 2014, the government was unable to clear and transport food to Tamale.

72. Overall beneficiary targeting is appropriate. The eligibility criteria used for PLHIV MAM activity concurs with WFP guidance and the use of food security screening helps to target food resources to those more in need. The programme materials, including job aids with eligibility criteria, observed in most PLHIV facilities visited by the evaluation team (ET), support the proper identification of beneficiaries. WFP and health staff reported that with the move from community to facility treatment in 2014, the accurate identification of MAM beneficiaries improved. However, problems may still exist. From ET observation and discussion in clinics, selection of children MAM beneficiaries may be problematic due to confusion with SAM criteria. This was likely exacerbated by the delay between screening and food distributions last year and the fact that materials to support proper identification of MAM beneficiaries, other than MUAC tapes could not be located in the 16 clinics visited by the evaluation team.

73. In TSF selected districts all facilities are included. WFP assigned caseloads for regions and districts based on population and estimated prevalence of MAM. Districts health facility caseloads were generated by district nutrition officers (DNO) who based facility caseloads on screening data. In some cases, caseloads were too low, but for the most part, this wasn't the case and foods lasted longer than planned. For PLHIV, all facilities providing treatment in the Northern three regions and four in the Eastern region were included and caseloads based on the number of patients on anti-retroviral treatment (ART) were generated.

74. The planned food rations for the various nutrition activities (treatment of MAM, PLHIV, and micronutrient powder rations) currently comply with WFP guidance (WFP, 2012). (See Annex 11.c, for C2 food rations). Beneficiaries were not always aware of their ration entitlements. Two pregnant women beneficiaries interviewed, were unaware that they should receive oil and sugar; and didn't know the quantity of Supercereal (SC) they were entitled to.⁷⁶ In contrast, nearly all PLHIV beneficiaries were aware of the

⁷⁶ They were interviewed at the Kusawgu Health Center, the only health facility visited with an active ANC clinic and food available during ET visits.

quantities of rations foods they were to receive⁷⁷ and mothers/caregivers knew the quantity of Supercereal plus (SC+) their malnourished child was eligible for.⁷⁸

75. When foods were available and distributed, planned food rations for P/L women and PLHIV did not always include all foods. During ET facility storage visits, shortages in maize, oil and iodized salt were observed and no sugar was found.⁷⁹ Beneficiaries provided feedback on the poor quality of commodities, such as, maize and beans. PLHIV beneficiaries widely reported weevil damage to maize – it induced losses of up to two-thirds; and in some cases, weevil-infected SC was reported.⁸⁰ Also clinics reported oil arriving damaged and near its expiration date. SC+ was observed most frequently in warehouse facilities and clinics; and although, boxes may have experienced wear, the foil packages were intact. (cf. Annex 11.d and 11.e for information on food quality). Despite PLHIV beneficiaries complaints about the quality of food items; they acknowledged, the important role of the foods in their recovery and in taking their medications. Few PLHIV beneficiaries complained of difficulties transporting the food, although this is known to be a problem; and none reported selling their food to the ET, although WFP has received reports of this.⁸¹ P/L women and mothers/ caregivers reported liking the SC products because of ease of preparation and taste.

76. The provision of group nutrition education sessions at GHS clinics is another WFP supported nutrition activity. According to the SPR 2014, 40,012 mothers were reached in 2014 against 48,000 planned. This represents a significant increase over the 2,584 reached in 2012, although this may have been low due to underreporting (SPR, 2012). This was confirmed by discussions with health staff, who reported that monthly group nutrition/health presentations regularly occur. When health staff were queried about husbands/fathers involvement, they rarely attend clinics (ANC or Growth Monitoring) or education sessions and ways to reach them haven't been explored other than some community health nurses mentioning involving them when possible in home visits. It was observed during field visits that materials to support these activities are limited.

77. Capacity building/training and refresher trainings have been conducted for GHS staff (at regional, district and facility levels) implementing TSFP for P/L women/children over the course of the programme. In 2014, GHS staff across the 461 facilities in the 24 districts were trained in the new MAM modality. A train-the-trainer model was used; regional/district nutrition officers were trained as trainers, and in turn, trained health facility staff so that all facilities were reached. Further, each facility assigned one staff person to be responsible for implementation.⁸² High staff turn-over

⁷⁷ This is corroborated by the SPR 2014, which reports that 78 percent of PLHIV beneficiaries were informed about the program, including the ration.

⁷⁸ PLHIV beneficiaries were interviewed individually and through focus group discussions at 3 hospitals and at one food distribution. In two of the sites, only two and three PLHIV were available to interview. Mothers/caregivers of malnourished children were interviewed individually in two clinics and as part of a focus group discussion.

⁷⁹ During the ET visits, no sugar was located in the Tamale warehouse or in district or facility storage sites; some iodized salt was observed in the Tamale warehouse.

⁸⁰ Maize damage was reported at all PLHIV site visits (4) and SC infestation at two PLHIV site visits and observed at one TSF clinic and reported as a problem in another. (See Annex 11.c for further information)

⁸¹ GHS nutritionists report that PLHIV face problems transporting food; and according to SO nutritionist, WFP has received reports of PLHIV selling their food ration because of the stigma involved in explaining the receipt of food assistance; it has been reported that beneficiaries travel long distances to ART clinics to avoid the stigma associated with recognition.

⁸² It appears from clinic visits that the staff selected for TSF training weren't required to train their respective health teams; rather they informally shared information from the training.

and disruptions in food availability were identified as issues in MAM implementation by WFP and health staff. This contributed to lack of programme knowledge among staff in several facilities by the ET.⁸³ Lack of commitment to MAM treatment because it is not a reimbursable health service or included in staff performance reviews was also seen as an implementation constraint by district nutritionists and health staff.

78. A mission to explore WFP support for the commercial production of FBF took place in 2012.⁸⁴ High factory investment and the cost to import dry milk were identified as constraints for local SC+ production and the price to produce SC was not competitive, however, this is being revisited by a HQ mission in April, 2015.

79. WFP's staff support and the role of REACH in the development of the Multi-Sectoral National Nutrition Policy (2013-2017) and its corresponding strategies is recognized and highly appreciated by government (National Development Planning Commission, MoH), UN partners, as well as, international and local NGOs. REACH played a critical role in finalizing the nutrition policy and facilitating its submission this year. Its work in promoting the multi-sectoral planning process for the Northern regions and districts, currently underway, has contributed to the development of functional district cross-sectoral nutrition plans; and some of the products developed by REACH, e.g. the situational analyses and mapping of activities are particularly appreciated by stakeholders. WFP's role (with REACH support), as the CSO platform for SUN, was seen as helpful in furthering CSO and others to advocate for nutrition programming.

2.2.3.2 Outcomes

80. Several of the nutrition outcome indicators, i.e. prevalence of stunting, underweight and wasting and anemia, included in the original and updated log frames, are not relevant based on the primary nutrition intervention, i.e. MAM treatment. This was pointed out during the CP formulation process,⁸⁵ despite this the CO has contracted for baseline and yearly follow-up surveys.⁸⁶ Further, the surveys for the most part, cover different intervention areas which expanded from 5 districts to 18/26 over the course of programme implementation, making comparisons difficult. (See Annex 11.g for a table presenting the data from the surveys.) In the updated log frame shared with the ET, nutrition anthropometric indicators are still included, although staff (CO; RB) report that these will not continue to be monitored. The anemia indicator has been dropped in the updated log frame, as well, although the first anemia survey covering the 26 district MAM intervention area started in March of this year.

81. For C2, given the implementation issues associated with MAM treatment for young children, achieving indicator targets would not be expected. This was further compounded by the absence of MOH MAM treatment protocols, which form the basis for programme tracking materials, including definitions related to programme outcome indicators. MAM programme registers and reporting forms were not updated; and, thus

⁸³ In nearly one-third of the clinics visited, health staff knew of the program, but did not understand critical implementation information, such as, eligibility and discharge criteria and couldn't produce any program support materials other than MUAC tapes. Nearly half of the clinics visited did not currently have food or had very little food and none of the facilities visited had foods for both P/L women and children. (See Annex 11.e for more information.)

⁸⁴ Supplier Technical visit report, Food Safety and Quality Assurance Unit, WFP, October, 2012.

⁸⁵ It wasn't possible for the ET to ascertain the reason(s) why changes weren't made sooner to the log frame based on PRC notes.

⁸⁶ Data on infant and young child feeding has also been collected, but not used. This data could prove useful in developing the BCC planned under the new pilot nutrition activity.

were based on the original programme, primarily an on-site feeding programme during the lean season, and did not support collecting data on MAM outcome indicators. The original CP log frame included SPHERE SFP treatment outcomes: recovery, defaulter, non-response and death rates; interestingly, three of the four SFP targets were not aligned with the SPHERE targets. This has since been corrected. Confusion about SFP outcome indicators may be partially explained by the limited WFP guidance on this up until last year when two documents, one on monitoring requirements and the other on the new SRF indicators were released.⁸⁷ Lack of staff capacity in this area has been acknowledged by WFP staff; and to help address this, the RB is developing a MAM operational guide.⁸⁸

82. Data on MAM indicators for the 2014 SPR was calculated from requesting registers from health facilities. An estimated 75 percent of registers were provided.⁸⁹ With inadequate and irregular food distributions provided in 2014, along with high absentee and potentially high defaulting rates,⁹⁰ high recovery rates attributable to the intervention would not be expected; thus the reported outcome data is questioned. The reported data indicates achievements of all indicators except for recovery which was nearly achieved. (See Annex 11.h for a graph of the SFP outcomes.) The RB issued a report on MAM treatment for the region, including Ghana for 2013 and a subsequent report for 2014. The 2013 data presented varies some from the corresponding SPR, with significantly lower (i.e. better) non-response and defaulter rates and for the RB 2014 report, the defaulter rate reported was slightly higher and the number of P/L women participants reported was significantly lower (10,584 vs. 11,999) than the SPR (2014).

83. It is only recently that WFP has formally defined the PLHIV indicators (SRF 2014; WFP HIV and TB Program Guide, 2014). This likely contributes to the unreliability of the PLHIV MAM treatment indicators derived from monthly reporting forms completed by facilities. For example, ART nutritional recovery rate was not based on MAM patients' recovery, but rather on the number of patients in the clinic that gained weight. Survival, defaulter and adherence rates were also based on total number of patients in the clinic not on those malnourished and receiving food assistance. Another issue identified is the lack of information collected related to the impact of the PLHIV household ration.⁹¹ PLHIV households with acceptable food consumption is also tracked; comparing the baseline of 71 percent with 2014 data of 49 percent,⁹² it appears to be declining.⁹³

2.2.3.3 Likelihood of sustainability

84. Regarding WFP's contribution to achieving UNDAF indicators, there are some potential effects. The TSFP's role in increasing attendance at health clinics⁹⁴ (P/L

⁸⁷ The titles of the two documents are: Minimum Monitoring Requirements for Effective Project Monitoring, Reporting and Reviews and Strategic Results Framework (2014-2017) Indicator Compendium.

⁸⁸ E-mail communication with WFP RB nutritionist, Kinday Samba.

⁸⁹ This information was provided by the SO nutritionist during her interview with the ET.

⁹⁰ The WFP SO nutritionist identified high MAM program defaulting rates as a problem to address in 2015; it was also widely reported by facility staff and DNOs.

⁹¹ Interviews with WFP nutritionists; it is one of the reasons identified for the RB HIV program review visit according to the ToR.

⁹² Baseline and 2014 are the only years when this data was collected.

⁹³ It wasn't possible to review the sampling frame for the baseline survey for comparison to the 2014 sampling frame to assess if the data would be comparable.

⁹⁴ This was widely reported at health facilities and by regional and district nutritionists, but not corroborated as yet by data.

women, children) and nutrition education sessions supports a wider dissemination of messages that may help to improve diet diversity scores among households.

85. The Women's Food Fortification (FF) Groups, implemented with UNICEF, although not directly part of the CP and phased-over to the Department of Community Development (DCD) and GHS in 2012, has shown some indications of sustainability (cf. Annex 11.j for more information on FF Groups). Many of the FF groups that re-bag and sell iodized salt (RSIS) are still active and supported by DCD staff. For the milling and fortification groups, significantly fewer are active, primarily due to costs associated with running/maintaining mills, however, in some cases, they have become a focal point for supporting women's small scale agricultural production, SMs, girl's higher education and increased availability of nutritious grains.

86. With the integration of MAM treatment in health facilities and accompanying GHS staff training, it is more likely to be sustained, especially if the MAM functions are institutionalized through reimbursement, inclusion in job performance and a protocol for treatment without food assistance is developed. Currently, REACH and WFP staff, among others, are setting the stage for increased government commitment to fund nutrition programming through advocacy and the inclusion of multi-sectoral nutrition programming at all levels of the government planning and budgeting processes. If successful, it will contribute to the sustainability of WFP's work.

2.2.3.4 Efficiency

87. The untimely and sporadic clearance and transportation of imported foods produced disruptions in food distributions and, in turn, programme inefficiencies. Recently, five months of SC products were distributed over one to two months to ensure distribution prior to expiration. The timely and regular provision of food rations forms the basis of MAM treatment as it enables the caseload to rotate more quickly as patients recover and are discharged, contributing to higher programme coverage through allowing larger numbers of malnourished children can be treated. In a number of health facilities visited, MAM treatment appeared to be extended after discharge criteria were achieved due to misinformation among staff, lack of supportive programme materials and inadequate supervision and mentoring.

88. Although SC+ hadn't been distributed to clinics visited for a number of months, several clinics visited still had stock. From conversations with health staff and review of available records, it appears that less stock is used than planned due to beneficiaries missing their second monthly appointment. Distance to clinic sites was frequently identified as the constraint. In some instances clinics solved this problem by transporting SC+ to outreach clinics, for others this wasn't possible.

89. Irregular food distribution was also a factor in extending PLHIV beneficiaries beyond their participation period, which was common among those interviewed.⁹⁵ ART clinic staff reported that the absence of a livelihood component and the difficulties

⁹⁵ Of the 55 PLHIV beneficiaries the ET met, 4 were new admissions, while the rest had been on the program past discharge. Two had been on the program for 1 year, 8 for 2 years, 31 for 3 years, 4 for 4 yrs.; and 6 for 5 years. Difficulty discharging patients was also identified as one of the reasons for the RB PLHIV activity review. (See Annex 11.d for more information.)

patients faced made it hard to discharge MAM patients after 6/9 months.⁹⁶ On a more positive note, it is likely that the integration of PLHIV MAM treatment with a nutrition service package including SAM treatment, food security assessment and nutrition counselling is improving programme efficiency.

90. Delays in imported foods reaching the Northern Region also contributed to longer storage of locally procured foods and, in turn, their waste and deterioration. Poor Tamale warehouse food storage conditions was also a factor in waste; in contrast, the warehouse in Bolga, formerly managed by WFP and turned over to the government was far better managed.⁹⁷ Most of the health facilities visited did not store food properly; it was stored with other supplies and stacked against walls and directly on floors. In the Tamale warehouse and in a PLHIV food storage site, weevil-infected maize and beans were observed and WFP/warehouse staff reported that the warehouse was not regularly fumigated. The imported beans stored in the Tamale warehouse were nearing their 2-year expiration date; re-bagging is planned to extend their shelf life. Broken oil containers were seen in the Tamale warehouse and in health facility storage (cf. Annex 11.f for additional information on food storage).

91. MAM treatment programme job aids with enrolment/discharge criteria, were not available to support programme implementation. This likely contributed to confusion between MAM and SAM treatment/discharge criteria observed in health facilities. In one clinic visited, some children eligible for SAM treatment were being treated for MAM; in another, children with SAM, were being transferred to MAM treatment when they had partially recovered and reached MAM eligibility as was done in the past. Further, the fact that acute malnutrition (MAM/SAM) treatment were not integrated, in terms of reporting, support materials, training and supervision is inefficient, however, national MAM guidelines are needed before this can be addressed.

92. Another inefficiency was the poor quality counselling observed with caregivers for malnourished children and P/L women in clinics. In most cases, counselling included health staff directing caregivers to feed SC+ solely to their malnourished children with little or no interaction about the child's appetite, diet or other factors. Materials on how to use WFP food and equivalent local foods/recipes to prevent recidivism at programme discharge are not available.

93. In November of last year a TV documentary presenting an investigation by an undercover journalist into the theft of WFP food items (granted to GHS) in the Upper East Region was released. And in January of this year, a government warehouse storing WFP donated food burned; food valued at US\$435,950 was destroyed.⁹⁸ Both incidents, although being addressed, highlighted inefficiencies and weaknesses in the institutional arrangements between the MoH/GHS and WFP. Specifically, the GHS system to track and report effective stock storage and movement needs strengthening, and there is no audit system with third party verification of the quantity of food effectively distributed.

⁹⁶ PLHIV beneficiaries in all clinic sites visited except one requested IGA during interviews with the ET. In the one site where they were not requested, few beneficiaries were interviewed and an organization was providing such services.

⁹⁷ The warehouse in Wa was not visited by the ET.

⁹⁸ 330 MT of SC+ valued at US\$363,000, 47 MT of oil valued at US\$61,100 and 25 MT of sugar valued at US\$11,950.

2.2.4 Component 3 Resilience to climate shocks and support for livelihoods

2.2.4.1 *Outputs*

94. **Overview.** As highlighted in the Outputs section of the Operational Factsheet, there were no FFA activities in 2012 primarily because similar activities were still underway in the same target areas under PRRO 200046.⁹⁹ Moreover, WFP has not yet supported any IGA / skills training project so far for reasons elaborated in section 2.1. There have been two phases of AC activities: one in 2013-2014 whereby FFA participants received food, complemented in August-September 2014 by backlog cash payments for about one third of the project sites; and a second, cash-based phase launched towards the last quarter of 2014, which continues. As shown in the following table, coverage and activities significantly scaled down from the first to second phase, mainly owing to the roll-out of cash-based FFA and WFP just starting work in expanding two new regions.¹⁰⁰ The ET was not able to fully validate SPR data for several reasons, as elaborated in Annex 12.b.

Table 3: Component 3 operational plans and outputs at a glance

	Phase 1 2013-2014	Phase 2 2014-2015
Number of districts covered	13	4
Number of actual project sites	112 (completed)	20 (ongoing)
Number of FFA participants (planned)	19,627	6,308
Proportion of women (planned)	42%	49%
Distributed Food (mt)	1,709	-
Distributed Food (% of operational plan)	64%	
Distributed Cash (USD)¹⁰¹	347,726	140,739
Distributed Cash (% of operational plan)	99%	(13%)
Number of forestation sites	67	-
Forestation output (% of operational plan)	(88%)	(not planned)
Number of dams/dugouts¹⁰²	45	20
Dam output (% of operational plan)	(100%)	(ongoing)

Source: ET computations based on Tamale SO raw dataset for C3, corrected after triangulating with partners' distribution reports.

95. **Beneficiary selection.** Under this component, targeting is based on socio-economic status i.e. assistance is aimed to 'food insecure households'. WFP established the following criteria for participation in FFA works: i) one participant per household;¹⁰³ ii) above 18 and below 60 years old; iii) physical ability to work; and iv) at least 40 percent women on each FFA site, including female-headed households. Except for the latter, there were no food security selection criteria per se. Communities themselves – through community project implementation committees (CPIC) – are therefore to identify the specific individuals that will take part in FFA works. Several communities

⁹⁹ This PRRO, approved in March 2010 for a period of two years (2010-2011), was further extended through September 2012.

¹⁰⁰ There have been no FFA activities yet in Volta Region, but some FFA projects have been approved and at least two partner proposals are currently under review by the CO and will potentially be approved to start before 2015 rainy season.

¹⁰¹ For phase 1 the total amount of cash distributed represents backlog payments made in place of the food quantities that remained to be distributed in 36 project sites. This figure is based on the average United Nations exchange rate of GHS 3.768 per US\$ for August-September 2015.

¹⁰² These are mostly rehabilitations. So far FFA activities included only two new dams (under construction in Brong Ahafo).

¹⁰³ The rationale for this criterion is to ensure a fair distribution of FFA 'job opportunities' as well as a less politicized selection of households within communities.

met by the ET were not aware that participants should be one per household and food insecure households should be targeted first. What often happened in practice was therefore a ‘self-selection’ of participants based on their physical ability and motivation. In forestation projects that had trees planted on individual farms, criteria such as secure land access were also used by CPIC which excluded landless households, at higher risk for food insecurity.

96. Beneficiary numbers. At operational planning stage, the expected number of participants was determined by the type of asset, total volume of work (number of person-days) and an objective of about 50 workdays per participant on average. There was no formal registration process for food-based FFA projects, often leading to actual participation exceeding the cut-off number. Cash transfer introduction involved a much stricter registration and validation of beneficiary lists. This was either done by WFP staff or through a third-party NGO.¹⁰⁴ This process is new and inevitably encountered a number of difficulties such as people working without being registered and thus not getting paid (unless there were redistribution arrangements within the community).

97. It is worth noting first that the way of counting C3 beneficiaries draws from two questionable assumptions: i) the average household size, which is very likely to be greater than five (cf. section 2.1); ii) the number of participants per household, which in practice was rarely just one in food-for-asset projects.¹⁰⁵

98. C3 overall target has gone from 98,725 beneficiaries initially (as per original CP project document) up to 162,950 under BR3, meaning a 65 percent increase. Considering the estimate of five persons per household WFP is using, this translates into 32,590 FFA participants (cf. Annex 12.b for more information on beneficiary numbers). As per partners’ food distribution reports, 20,283 people took part in FFA works during food-based phase 1, meaning 103 percent of operational plan and 62 percent of target over whole project life. This actual number of FFA participants is not only inconsistent with SPR 2013 figure¹⁰⁶ but also not reliable (cf. Annex 12.b for more information on food distribution reports).

99. In the 36 communities where backlog payments were issued in 2014, 12,813 participants received cash out of 14,534 planned (88 percent). A total of 4,860 persons have so far been registered and validated under phase 2, as against 6,308 participants planned as per partners’ approved plans of operation.¹⁰⁷ Preliminary data from Tamale SO indicate 4,353 cash recipients for the first round of February 2015. Although there are no reliable figures to confirm women participation level during food-based phase 1, evidence from this field mission shows that this is likely to be high and even over the 40 percent target. As per Tamale SO data, they represent respectively 42 and 59 percent of cash recipients for the backlog payments (phase 1) and first round of phase 2.

100. Total food quantities/cash amounts. As per BR3 the total food requirement for C3 was 3,590 metric tons. As shown in the following table, there are discrepancies

¹⁰⁴ Catholic Relief Services (CRS) was contracted by WFP in Brong Ahafo and Volta program areas to obtain accurate household information quickly.

¹⁰⁵ When it comes to collective work and community assets, people consider that everyone fit and willing to work can participate. The validation of cash-for-asset participant lists makes it more difficult for communities to circumvent WFP-established criterion.

¹⁰⁶ As per SPR 2013, only 3,928 persons took part in food-based FFA activities. This low figure might be due to confusion between ‘participants’ and ‘beneficiaries’.

¹⁰⁷ Source: ET computations based on Tamale SO raw dataset for C3.

between the different sources of information regarding planned and actual food distributions, making it difficult to draw robust conclusions on achievements.

Table 4: Total food distributed under C3 as per different information sources

Source of information	Planned tonnage	Actual tonnage	Actual as % of planned
SPR 2012 to 2014	3,649	2,039	56%
Tamale SO raw dataset	2,667	1,709	64%
WFP baseline, Nov. 2013	No data	1,931	-
WFP PDM, Nov. 2014	No data	1,604	-

Sources: SPR 2012, SPR 2013, SPR 2014, ET computations based on Tamale SO raw dataset for C3 (corrected after triangulating with available partners' distribution reports), WFP baseline survey for C3 (Nov. 2013), WFP post-distribution monitoring report (Nov. 2014).

101. Disaggregated food distribution figures by community/project site are from C3 food distribution plans; WFP does not have a system to crosscheck actual communities/beneficiaries food deliveries against these plans. Way bills, after being signed by CPIC representatives and village authorities, should have been systematically collected, checked by WFP against distribution plans, and a copy archived at SO Tamale programme unit. Annex 12.b provides further analysis on C3 food distributions.

102. For the 36 sites which received only one food delivery, a total balance of 1,063.7 metric tons of assorted food commodities was converted to cash¹⁰⁸ totalling GHS 1,327,756, out of which GHS 1,310,233 i.e. US\$347,726 (99 percent) was actually distributed. The first cash payments for phase 2 projects reached 17 out of 20 communities so far and amount to US\$140,739 (13 percent of the total operational plan of US\$1,045,379).

103. **Punctuality/quality.** In many instances, FFA participants did not receive food on a regular and timely manner, with significant impacts on their motivation level and work progress. Cash payments were also delayed, sometimes as a result of communities not achieving the agreed work milestones on time.¹⁰⁹ Overall, food assistance – whether in-kind or cash – could not always be delivered when most needed, that is during the lean season, primarily because of transportation delays by the government and partners, but also because of the project implementation calendar.

104. As a result of poor/long storage, delays in delivery to regional warehouses by MoFA and delayed distributions by partners, maize was frequently reported to be weevil-infested and/or spoiled, and oil close to expiration date. Imported beans were not well accepted by beneficiaries because of their longer cooking times.

105. **Ration size/wage amount.** In spite of WFP's request that partners mobilize and inform villagers prior to actual project work and food distribution, beneficiaries were not transparently informed about their entitlements in the communities visited during

¹⁰⁸ The equivalent value in cash was set in each region based on regional market prices for the different items of the FFA food ration.
¹⁰⁹ Project delays were also due to the late provision of working tools by partners. Moreover, during phase 1, backlog payments were appreciated by beneficiaries but arrived several months after project completion. Phase 2 participants, some of whom started working before 2014 rainy season, complained that disbursements were not made more frequently e.g. on a monthly basis, which affected their motivation level and the achievement of milestones.

this evaluation.¹¹⁰ Phase 1 beneficiaries were only aware they would get ‘some’ food without knowing the ration size/composition. Overall, FFA participants received the planned ration except in communities where the actual number of participants exceeded the planned one, which created a dilution of the total quantity of food allocated.¹¹¹ In communities where the ‘one-participant-per-household’ rule was followed, food rations were often strongly diluted within extended families which are significantly larger than the standard 5-member estimate (cf. Section 2.1). Owing to a stricter registration process, record keeping and supervision, cash-for-assets participants have been paid as per the planned daily rate (i.e. the Ghana Cedi equivalent of US\$1.63) for the number of workdays, although they did not always know this rate beforehand. For additional information on average food/cash distribution per household, see Annex 12.b.

106. **Assets.** Although the goal of FFA is to complete assets, no targets were set in the CP project document or subsequent budget revisions on the number of risk reduction/disaster mitigation assets. Targets are therefore based on annual budget allocations to the component; projects are then solicited from partners to absorb the funds. While the number of dams/dugouts is relatively straightforward to count and verify, it is virtually impossible to crosscheck the actual surface area reforested, especially where trees are scattered on individual farmlands. Actual output records also fail to integrate tree mortality rates, and therefore take for granted that planting trees is equivalent to getting an actual hectare of forest established.¹¹²

107. **Food security and nutrition monitoring system (FSNMS).** There has been systematic training/capacity building for both MoFA and GHS staff including the writing of the FSNM bulletins and the use of personal digital assistants (PDA) in data collection and analysis. A total of 18 monthly and 4 quarterly FSNM bulletins were issued since January 2012; 64 and 54 government staff were trained in 2012 and 2013 respectively, and 54 were re-trained in 2014.¹¹³ Government partners were also involved in 2012 CFSVA which was successfully implemented with minimum resources and external support. Food security and nutrition sentinel sites have been established in five of Ghana’s ten administrative regions to monitor potential hunger hotspots. This is complemented by WFP global and regional monitoring tools (seasonal monitor¹¹⁴ and market monitor¹¹⁵), Ghana’s farm-gate price monitoring (P4P impact measurement) and, more recently, Ghana market monitoring bulletin.

2.2.4.2 Outcomes

108. In terms of food security outcomes, there is no strong evidence of improved food consumption for targeted households involved in FFA works. As per WFP rapid assessment of June 2014 in the three northern regions, 68 percent of households had an

¹¹⁰ This finding is corroborated by WFP post-distribution monitoring survey (Nov. 2014) which indicates that 28 percent of beneficiaries were not well informed about their exact entitlement.

¹¹¹ In some of the forestation sites visited by the ET, villagers decided to equally share the food they receive among all participants – whatever the number of days they worked.

¹¹² A more realistic approach to actual afforestation output would be to estimate surface areas based on tree survival rates (which can be obtained from a sample of beneficiaries) and average planting density.

¹¹³ Sources: SPR 2012, SPR 2013 and SPR 2014.

¹¹⁴ These real time satellite data streams and seasonal forecasts highlight changes in the progression of the agricultural season that may be of concern.

¹¹⁵ This bulletin provides information on price changes for the most commonly consumed staples and their potential impacts on the cost of the basic food basket.

acceptable food consumption score (FCS) compared to 74 percent in 2012; the situation has particularly deteriorated in UER and Northern Region.

109. The actual food coverage over assistance period is likely to be highly variable from one beneficiary household to another depending on: i) actual participation figures on each project site (cf. previously described dilution issues); ii) the number of participants per household and of days worked; iii) the household size; iv) possible redistribution mechanisms within communities; v) timing of food/cash delivery; vi) quality of food delivered; and (vii) use of cash (e.g. non-food spending).¹¹⁶

110. The community asset score (CAS) has been discarded by the ET since the baseline took place in late 2013 (average value of 5.5) without follow-up surveys since then. There is strong evidence from field visits that water shortage risks for domestic as well as livestock watering purposes were reduced as a result of C3 activities. In UER, where topography is more favourable, dams may also be used for irrigation and dry season vegetable cultivation, which can contribute to improved diets and household income.

111. Considering the late start of FFA activities and lack of follow-up data, it is also too early to assess dam maintenance level.¹¹⁷ Field observations nevertheless indicate that targeted communities have a strong sense of ownership of the dam/dugouts they rehabilitated since these water harvesting systems have long been used and their shared community benefits widely known. Local authorities, through DoA extension agents, also proved to be strongly involved in the restoration of these dams.

112. FFA would reportedly increase tree survival rates thanks to more regular watering of seedlings and the construction of firebreaks. It is anyway too early to measure the impacts of afforestation activities on risk reduction. Project sites are likely to be too scattered across the northern regions to mitigate climate change effects, highlighting the need to work on contiguous communities/areas e.g. at watershed level. Tree growing will probably enhance household long-term economic resilience (e.g. through sale of timber), though the actual benefits for women / most vulnerable households can be questioned, mainly because of land ownership issues and gender disparities: in northern rural communities, men usually own the land and take control over natural resources/crops that have an economic value.

2.2.4.3 Likelihood of sustainability

113. Regarding UNDAF outcomes, the diet diversity score (DDS) was only captured once in November 2014 in FFA communities. It is therefore difficult to conclude on household food consumption and dietary improvements.

114. WFP contribution to disaster preparedness at national level cannot be drawn from the disaster preparedness index, which has not been measured. There were however continuous institutional capacity building efforts at regional, district and community levels through both the FFA asset creation activities and the FSNMS. The latter was enhanced and geographically expanded, but suffered from government staff high

¹¹⁶ WFP post-distribution monitoring survey of November 2014 provides an analysis of income and expenditure patterns over the 30 days prior to the survey. However, it does not draw from the backlog of cash distribution to assess how much cash beneficiary households actually received and how this cash has been spent.

¹¹⁷ SPR 2013 indicates that 91 percent of assets created through FFA/FFW are managed and maintained on a regular basis by communities. This result is however difficult to analyze due to the lack of baseline and target values.

mobility and frequent turnover as well as MoFA's incapacity to lead the process. One of the direct consequences was WFP's decision to produce quarterly FNSM bulletins instead of monthly. Another one is WFP unwillingness to lead the CILSS Harmonized Framework process.¹¹⁸

115. FSNMS is meant as a trigger to alert when a situation deteriorates. It also became a platform for food security and nutrition data collection and analysis, making it easier to get Northern regions partners on board to conduct ad-hoc surveys. For a timely response to extreme weather events and other natural disasters, there is need to identify warning signals, specific indicators, threshold values and action plans. From this perspective, there has been little progress towards setting up an early warning system (EWS)¹¹⁹ as such or involvement in food security contingency planning.

116. C3 has so far limited negative impacts. The main risks were related to dam rehabilitation/construction. However, WFP mitigated such risks by focusing on small, existing dams. Since 2014 following the main donor's request, environmental management plans (EMP) were systematically set up to assess, monitor and minimize negative environment impacts of asset creation activities. In addition, there has been a fair level of sensitization prior to FFA to support communities' ownership of projects/assets (e.g. so that people are not reluctant to work without incentives in the future) and to include households without manpower (e.g. assigning them less heavy tasks). Moreover, the transition to cash transfers has been gradually accompanied by the design of different complaint handling mechanisms and tools (e.g. grievance log, phone cards with hotline number) which yet need to be fully implemented on the ground.

2.2.4.4 Efficiency

117. The efficiency of the first implementation phase was strongly affected by the lack of timely and regular movement of food, leading in some cases to food not being available at warehouses when partners need them. It also was affected by wide geographical coverage: AC activities are widely spread over (5 regions targeted, 17 districts covered so far, 129 communities reached).

118. FFA is highly sensitive to seasonality and timing was not always optimal due to delays in receiving proposals and finalizing FLAs. In some cases, FFA work competed with farmers land preparation. Tight scheduling also did not leave sufficient time for partners to mobilize villagers and, on some forestation sites led to late delivery of seedlings and planting. Late WFP payments to partners also affected the timely provision of working tools. These different issues highlight the need to: i) develop/validate FFA projects in the last quarter of the preceding year so activities begin in January; and ii) use an annual operation workplan (chronogram or schedule of activities) to pilot the whole component.¹²⁰

¹¹⁸ In June 2013 Ghana joined the Harmonized Framework (*Cadre Harmonisé*) of the Permanent Interstate Committee for Drought Control in the Sahel (*Comité permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel*, CILSS) to inform decision makers on the food security and nutrition situation and guide action and response within Sahel and West Africa.

¹¹⁹ As per FEWS NET, EWS can be defined as information collection, analysis and use aimed at predicting, preventing and mitigating the effects of future hazards and risks.

¹²⁰ The ET is well aware of the CO using annual performance plans, Tamale SO conducting bi-annual reviews and partners' proposals including activity timetables. An example of what is required is provided in Annex12.d.

119. WFP has been able to minimize cash transfer costs so far because the partner financial institutions absorbed and offset some of them (staff, security, etc.), and have been charging very reasonable service fees (2 to 4 percent). This may however increase in future as these partners have now realized what the actual requirements and costs are. In terms of beneficiary registration/validation, the CRS partnership was critical since WFP staff were overstretched. It was however expensive and notably resulted in lists that had to be worked on again before they could be used.¹²¹

2.2.5 Purchase for Progress (P4P) and Local Procurement

120. Local procurement (chiefly maize; to a lesser extent iodized salt¹²² and beans) has doubled between 2012 and 2013. It represents 52 percent of the total volume of food distributed through the CP over 2012-2014. Purchasing locally has been a top priority for the CO, notably because it relieved government clearance/transport burden on imported food. However, in some cases, the higher price of local foods, such as, oil has prohibited its purchase. In 2012 and 2013, more than 15 percent of the CP purchase volume was procured from pro-smallholder aggregation systems. There was a slight decrease in 2014 (down to 8 percent). This may relate to the transition to cash transfers and the fact that the second main commodity for C2 is CSB/SC, which is imported, but also to P4P procurement issues.¹²³

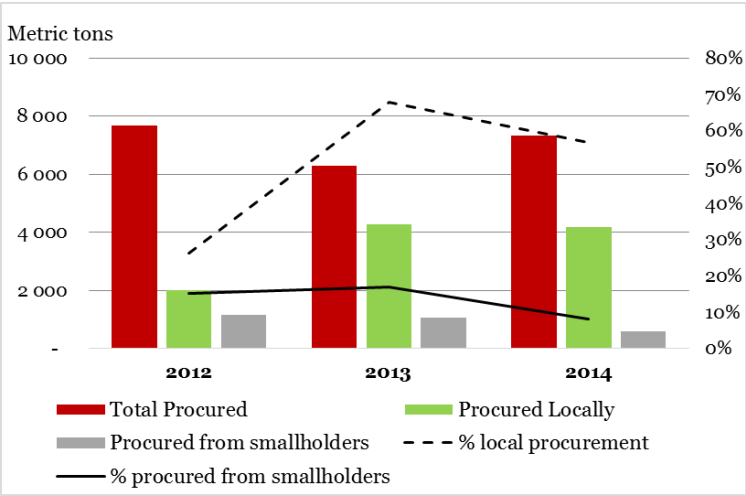
121. In the southern grain-surplus Ejura District, Ashanti Region, P4P mostly supported maize production. The 16 FBOs there managed to produce over WFP purchase volume and to deliver on time (almost everywhere). The 10 FBOs from districts around Tamale in the Northern Region, which were initially supported for rice, were less successful. Local rice remained too expensive to compete with imported parity price of rice. Likewise, cowpea from Ejura FBOs exceeded import parity and was not purchased under P4P. WFP therefore changed strategy in 2014 to support maize production in the North too.

¹²¹ Among other issues, CRS did not register people who were absent and who had no identification card. CRS also used 'official' names, which are often different from the ones people know and use at community level.

¹²² From June 2014 up until recently, locally produced iodized salt was not available.

¹²³ Defaults of P4P FBOs and an episode of collusion among the P4P FBOs which meant WFP had to cancel the tender and retender with regular suppliers.

Figure 3: Food purchases and proportions procured locally and from smallholders, by year



Sources: SPR 2012, SPR 2013, SPR 2014, WFP Ghana Procurement Unit

122. Other achievements include improvements in grain quality, food safety (e.g. aflatoxin risk reduction in maize) and also in grain marketing systems, with large adoption of weights and standard bags instead of local, volume-based measurement methods in Ashanti Region.

123. Among the challenges facing P4P FBOs, they had to pre-finance the transport to Tamale warehouse and also to wait several weeks or months to get paid by WFP. In addition, the time lapse between the placement of order and actual delivery placed smallholders – whose livelihoods are highly seasonal – in a situation whereby they had to hold their maize long after the harvest without getting a higher price, which highlights a contradiction between the business approach promoted by P4P and how prices are set under WFP procurement model.

124. Supported FBOs still largely depends on WFP purchases since local markets do not grade grains nor reward quality. In Ashanti, the project sustainability will mainly depend on FBOs’ capacity to meet the agro-processing industry demand, and more specifically to successfully bid on contracts with Premium Foods Ltd, a maize milling company located in Kumasi. Farmers’ ability to properly store the major season crop and then sell later in the year (when price is higher) will be key.

125. Overall, the sustainability of the P4P pilot lies in FBOs’ capacity to pursue collective sales and link to large, reliable, quality markets. As one of the key potential institutional buyers in Ghana, HGSF was seen as a way to replicate the WFP procurement model i.e. leverage purchasing power to connect smallholder farmers to markets. This has so far been hampered by the HGSF outsourced procurement system: caterers are individual, small-scale buyers who purchase on local markets where quality does not receive premium.

2.3 Factors Affecting Results

2.3.1 Internal Factors

2.3.1.1 Across programme components

126. One of the lessons learned from the previous CP was that transporting food was not a government priority and their capacity to store, distribute and track and account for food was limited. It was recommended that WFP become more involved in these activities in the follow-on CP. This may have been acknowledged, however, the CO was limited by WFP regulations that require all middle income countries contribute to WFP operations by covering the food costs related to port clearance, transportation, storage, distribution and tracking.¹²⁴ As problems arose with government clearing/transport of food there was little direct recourse available to the CO.¹²⁵

127. **Turnover and gaps in critical staff**, such as, the CD affected programming. There have been three CDs and two deputy CDs since programme inception, the third CD arriving early this year. This coupled with WFP's long recruitment process and bureaucratic procedures limited progress, particularly for the nutrition component. The national nutrition position was vacant from 2012 until August of this past year due to the difficulty of identifying a qualified candidate and WFP's procedures which lengthen recruitment. Similarly, at the field level, the SO has experienced gaps in nutrition staff due to the lack of an established nutrition position until recently, and regulations around contracts and lengthy recruitment procedures.¹²⁶

128. **Inadequate M&E procedures** also affected programme results, as further explained in Annex 14. This broadly includes the following issues: i) Problems related to the choice of indicators/targets in the original log frame¹²⁷, and to subsequent revisions and current re-alignment with the new SRF, as well as logframe not being fully used as a programme piloting tool; ii) The absence of a dedicated M&E unit at CO level during the first half of the CP, and the current team being overstretched; iii) Varying degrees of success in output data collection and consolidation (e.g. particularly poor for C3); and iv) Other M&E core functions (i.e. processes and outcomes) not fully addressed yet as the new M&E strategy is now being rolled out.

129. Moreover, although annual plans are established, field-level spot-check monitoring by WFP staff is constrained by the limited number of staff to cover the more than 1,000 project sites and their other responsibilities, such as, supporting assessments take precedence. In 2014, nearly all SM schools were monitored, but only one-third of the schools with THR received such visits. For TSF only 40 percent of facilities were monitored and 74 percent of PLHIV sites were visited (cf. Annex 11.k for further information).¹²⁸ The CO is currently planning to hire eight national service volunteers

¹²⁴ Written guidance on the topic is currently being drafted by WFP HQ which distinguishes between middle income and lower middle income countries and may help to address this issue.

¹²⁵ WFP could not pay for the clearing and transport of food, however, they changed modalities from food to cash where possible and this process is continuing (cf. 2.2 and external factors for additional information).

¹²⁶ From January 1 of this year the SO nutritionist post has been vacant during a critical programming period, i.e. when the SPR is compiled and the yearly program review is conducted. There was no TSFP program review done for 2014 as a result.

¹²⁷ Logframe indicators were based on the SRF 2009 and selected in consultation with the Regional Bureau.

¹²⁸ As regards C3, there have been several monitoring visits to FFA sites, but their actual number was not recorded under Tamale SO tracking system.

later this year to fill this gap. To reduce paper work and speed up M&E information flow, the CO also started using PDA and e-questionnaires.

130. Field monitoring assistants (FMAs) have so far been working without checklists to monitor C3. Their field visit reports proved to be very useful but were not issued on a systematic manner. Only a few templates were developed so far for C3 monitoring.¹²⁹ For C2, the TSF checklist is a good monitoring tool, however, it doesn't include review of MAM registers and cross-check with individual child records or a review of monthly reporting forms to ensure staff can complete them properly. And, to date, there has not been any post food distribution monitoring at the community level to assess if PLHIV/MAM, THR and formerly C3 food beneficiaries received appropriate amounts of food and to understand more about how it is being used, etc.

131. The other avenues that are used to identify problems and track progress include: the GES/GSFP/WFP annual joint monitoring, Tamale SO quarterly coordination meetings, the CO mid-year review and annual planning. During previous projects and operations, Tamale SO used a monitoring tool to track the main issues identified during WFP field visits, possible solutions as well as lessons learnt. This tool enabled to easily track the nature of issues (e.g. food movement, food quality, etc.) and their status (pending/solved) using pivot tables. However, this has not been used extensively during the CP and some of the components/activities were not covered (e.g. C3).

132. M&E is mainly used to inform WFP corporate reporting and information sharing system but not so much as a tool for programme staff to track results, identify gaps and make programme modification.¹³⁰ Furthermore, good mapping expertise is available at SO level; maps can be produced on demand by the VAM unit. This opportunity remained underused, notably to report on CP progress, visualize specific information beyond the sole mapping of operations by district/component (e.g. mapping of WFP assisted/phase-out schools, FFA sites by type of asset, MAM treatment activities vs. food security levels) and thus improve decision making.

133. **Human Resources and management systems** were another factor influencing CP results. Although extremely useful, WFP Field Offices (in Bolga and Wa) are understaffed (only 7 staff including 2 drivers). The same applies to C3-dedicated staff (one officer) given the geographical scope, number of partners and sites, and remoteness of some communities. This problem became even more acute since C3 transitioned to cash transfers, which is a new modality for the CO, involves a lot more targeting, registration and administrative procedures as well as high monitoring requirements. Quite positively, the CO has so far been able to manage the different risks associated with cash transfers thanks to the creation of a specific Cash & Voucher unit and the use of tools such as a risk register and regular project reviews. Testing mobile money will be the next important step in 2015. In contrast, WFP recurrently delayed the release of ODOC funds to partners to finance implementation. In addition, the review/approval process for FFA projects was relatively slow at Accra level. Overall, information flow between Tamale SO and the CO could be improved.

¹²⁹ This includes two templates to assess/monitor environmental issues and another two to conduct the first post-distribution monitoring since the start of the CP.

¹³⁰ For instance, basic information such as the average quantity of food participants received from FFA activities cannot be easily extracted nor disaggregated by sex or location.

134. **Technical support from the RB and HQ** was instrumental over the course of the CP. March 2014 RB mission was key to establish/strengthen an M&E unit at CO level – though a lot of work remains to be done. RB also provided useful support when conducting feasibility surveys for cash transfers and a RB staff designed the sampling frame for the last nutrition survey. Further training on cash transfers is also planned for 2015. FFA also needs stronger guidance.¹³¹ During the 2-year gap in the national nutrition officer position, RB nutritionists provided ongoing support through e-mail, etc. There was also a HQ nutrition visit to support and finalize the design of the new pilot nutrition activity in early 2014. In addition, there is a RB nutritionist MAM redesign mission planned and a routine PLHIV review visit planned. Timeliness may be questioned given the delay between initial request and scheduling of the upcoming nutrition missions.

135. On the other hand, the quality of support from the RB/HQ could be questioned during the CP design and approval period related to C2. As mentioned, the TSFP in its original design was not coherent with WFP corporate policy and although this was pointed out during the programme review process, it was eventually approved without modification.¹³² Similarly, during programme review, it was suggested that the nutrition component primary focus should be the prevention of stunting and micronutrient deficiencies rather than MAM treatment, however this was taken up either. Although attempted, it was not possible for the ET to ascertain why.

136. **Complementarity and synergy between CP components** – Two stand-alone projects, one piloted and another phased-over during the CP, women’s FF groups and dry-season vegetable gardening, created synergy between CP components, nutrition and income generation, and school meals¹³³ while, at the same time, promoted gender. FF groups (re-bagging and sale of iodized salt and milling/fortification of local grains) increased access to less expensive adequately iodized salt and milling of grains (and fortifying them) in communities, while providing income and skills to women. Similarly, dry season gardening, a five month pilot project improved the availability of nutritious foods, vegetables and increased household income through sales.

137. Regarding current programming there is evidence that C1 is striving towards a level of complementarity and coordination with P4P through the SNV partnership.¹³⁴ The objective to link P4P with school feeding through the HGSP model, whereby caterers purchase/source food from local farmers, was clearly stated from the onset and a few of the SM caterers are beginning to use the P4P farmers to purchase their rice, beans and maize but this began in 2014 and is at a relatively small scale i.e. food quantity / number of caterers (8-10). Several activities were implemented in order to ensure that the two activities (SM and P4P) are working in collaboration. The SNV pilot design ensures that caterers are able to access credit to purchase from P4P farmers and

¹³¹The corporate FFA manual was made available to the CO staff, but more specific training/mentoring on this is required

¹³² Through e-mail contact with the RB nutritionist and review of SPA, PRC, NFR notes, it was learned that there were undocumented conversations between the CO and HQ; following this C2 of the CP was approved as originally designed.

¹³³ In some locations, iodized salt was sold to Caterers for school meals; and at one site, a FF group provided milled cereals to their school free of charge.

¹³⁴ The SNV has designed a training programme to enhance and support the procurement process in school feeding by engaging the caterers with P4P groups (match making) and linking them to credit facilities.

shows signs that it could strengthen the home grown aspects of school feeding over the last 2 years of the CP.

138. Interviews with the WFP officers at the national level revealed that the WFP team had not made significant effort to ensure synergy across programme sites, and as a result, there is little cross component synergy. Synergies were also constrained by initial programme design; the CP overarching goal is to improve nutrition and food security, however, each component, as well as, P4P¹³⁵ has its own objectives, selection and geographical targeting criteria. With over 1000 project sites scope exists to improve overlap of activities; particularly as only 27 sites have activities that cross components, such as, AC with SM, P4P with TSF or SM with TSF.¹³⁶ Part of these challenges related to the fact that several of the criteria for selecting CP intervention sites did not include criteria that would ensure selection was enhancing other components of the CP; therefore, activities such as asset creation have not been fully considered as school feeding phases out of communities. Another example was the lack of linkage between P4P and C3 asset creation. Under PRRO 200046, FFA was used to build 10 warehouses and energy saving stoves for P4P FBOs in the Northern Region, however, the CP did not follow this lead. In contrast, the pilot P4P project (2011-2015), in its support of the farmer-based organization (FBO) model, created synergy when the CP procured beans and cereals from smallholders; this was prioritized and continuously attempted. And the new pilot nutrition activity (2014-2015) of C2 – as designed – links activities focusing on the identification, promotion, production and consumption of nutritious foods, over the three programme components.

2.3.1.2 Component 1 Support to Primary Education and Girls' Education

139. Internal factors which relate to the moderate performance in relation to C1 are the following: i) Current model of school meals activity places significant ownership and responsibility on the caterer with limited accountability to ensure effectiveness and efficiency; ii) very limited monitoring of the THR activity by the District Education office;¹³⁷ and iii) limited regularity and timeliness in SM and THR disbursement due to WFP's and GSFP late payment to caterers and delayed international procurement of some commodities in the THR.¹³⁸

140. There have been significant changes in the implementation of school meals since the caterers have been placed on a cash reimbursement system and there is no longer significant oversight by the SMC or the SIC and head teachers (HT) at school level. Late payment of caterers appears to be one of the main factors affecting results in C1. Another factor is the limited information which the HTs and SMC's have in relation to the caterers' payments in order to ensure accountability and control of the caterers in relation to school procedure. HTs/SMCs are not involved in the caterer's selection; their orientation and their oversight nor are the district education directorates.

¹³⁵ One of the key challenges in linking C3 and P4P is that C3 focuses on food insecure communities/farmers while P4P, which aims quality markets, focuses on more business-oriented farmers producing surplus to bulk and sell.

¹³⁶ There are 114 project sites with more than one activity, however, 67 of the 114 are locations where there are more than one of the same activity, e.g. THR, SM, PLHIV, P4P or TSF programme. And 19 of the sites with more than one activity are within the same component, e.g. THR with SM or PLHIV with TSF.

¹³⁷ This is included as an internal factor, because it is WFP's financial responsibility as defined in the WFP/GES MoU.

¹³⁸ There are both internal and external factors which affected the regularity and timeliness of the SM and THR. WFP was late in payment to caterers by 2-3 months at the time of the ET field work; GSFP was over 9 months late in payment.

141. HTs reported that the quality, quantity and timeliness of food was better controlled when WFP was providing food commodities to the schools and the HTs often took charge of distribution to the cooks. The lack of consistency with the payment to caterers and limited information sent to HTs and SMC's places them at a disadvantage in remaining in control of school feeding and ensuring accountability, quality and oversight to the programme.

2.3.1.3 Component 2 Nutrition for Vulnerable Groups

142. As mentioned in 2.2, weaknesses in the MoU between WFP and MoH, both an internal and external factor, contributed to the lack of a GHS system to track and report stock movement or an effective audit system.

143. The lessons learned from the previous CP related to C2 were not well incorporated into the current CP; this compromised results. For example, to improve impact a more prevention focused approach was suggested; until the recent addition of the pilot activity to address stunting, there was little emphasis on prevention. Joint WFP/government activity monitoring, including local government, such as, DA was also a recommendation. This occurred for C2 activities in 2013, but was dropped in 2014 due to MoH funding constraints. It is an interest of government; at site visits, health staff frequently requested the development of joint monitoring as a learning tool and to expand monitoring coverage.

2.3.1.4 Component 3 Resilience to climate shocks and support for livelihoods

144. Signing MoUs with line ministries ('policy makers') while working on the ground with government agencies ('service providers') was challenging notably in terms of reporting lines and supervision of activities. C3 activities/tonnages were pre-allocated to several line ministries and having them sign their respective MoUs before work could start was necessary and took the first half of 2012.

145. Several strategies have been tested by the CO to select cooperating partners and FFA projects (cf. Annex 12.c). Though a bit slow, the current selection process works relatively well. The main bottleneck is the lack of applicants with a good combination of technical capacity and resources/funding to provide the complementary services required by FFA. Most C3 partners are government agencies that all lack resources and cannot fully kick-start projects with only 30 percent of the costs.

146. At field level, there is an overall good balance between technical requirements for asset creation and partners' know-how. Regarding dams, WFP rightly focused on small-scale, easy-to-repair facilities; the main partners are DoA¹³⁹ whose extension agents know the field and usually have good mobilization skills. However, some other partners such as EPA only have a regional office and had a looser field presence. In late 2014 the collaboration with Ghana Irrigation Development Agency (GIDA) and EPA appeared to be instrumental to build other partners' technical capacities and thus ensure the quality of asset creation activities.¹⁴⁰

¹³⁹ In Upper East Region, DoA worked under the umbrella of the Regional Directorate of Agriculture (which signed the FLA).

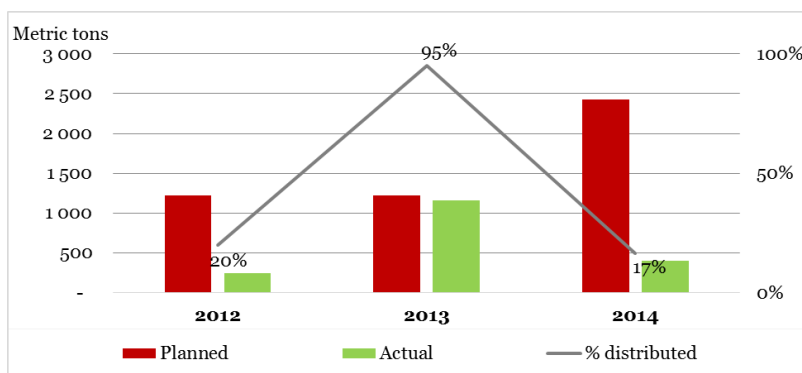
¹⁴⁰ In collaboration with GIDA and EPA, WFP developed environmental and technical training modules for dam rehabilitation activities. A hundred DA and MoFA engineers, District Environment and Health Officers and project focal officers were trained.

2.3.2 External Factors

2.3.2.1 Across programme components

147. As discussed in Section 2.2, the **government's inability to clear and transport** food (CSB, imported oil and beans) from Tema harbor to central warehouses severely compromised results for C2 (years 1 and 3), for C1 for the first 2 years and C3 for years 2 and 3. Figure 4 below illustrates the difficulties in importing, clearing, transporting and delivering CSB to beneficiaries because of government constraints, with critical effects on 2012 and 2014 distribution levels and corresponding C2 results.¹⁴¹

Figure 4: Planned vs actual CSB distributed by year



Source: SPR 2012, SPR 2013, SPR 2014

148. Further, transportation from central warehouses in Tamale to the other regions and from there onto the districts and distribution sites/facilities has been an ongoing and continuing issue, for C1 THR and C2 nutrition activities due to limited government funding. For C2, it resulted in delayed and limited access to food particularly for facilities at longer distances from regional and district warehouses (cf. Annex 11 for further information).

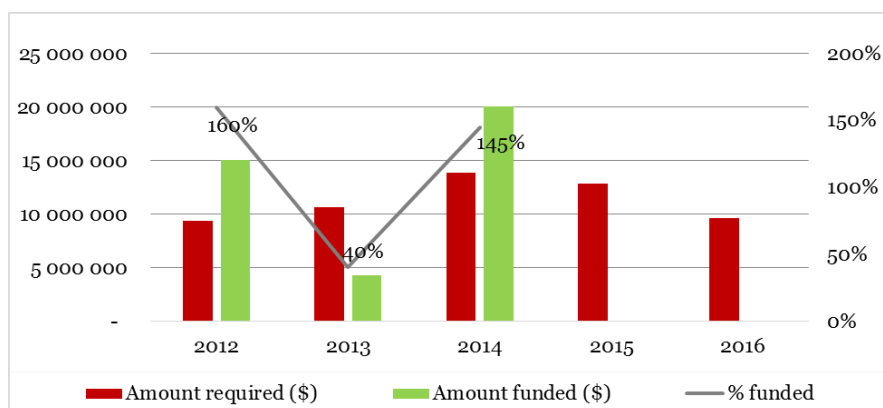
149. **CP funding** – As shown in figure 5 (page 40), the CP was well funded from the onset and in 2014 although in 2013 contributions were less. The high funding level (70 percent) and the fact that the CP is mostly funded through undirected grants permits programming flexibility and appropriate planning.

150. **Price and availability of foods** – In spite of the CO efforts to promote local procurement, non-local purchase was mandated for rice, beans and oil because local prices exceed import parity.¹⁴² Further, the local production of fortified blended foods was also found to be too expensive, though this is being revisited.

¹⁴¹ It also illustrates the delay in receipt of imported CSB during 2012.

¹⁴² Regarding beans, most of them were imported in 2012 and 2013, with respectively 100 and 68 percent of the purchases as per SPR data. In 2014, all beans were procured locally from traditional traders. Over 2012-2014 period, however, only 19 percent were procured locally.

Figure 5: Funding trends of CP200247



Sources: Excel budget sheets of the original project document and subsequent budget revisions (BR1, BR3 & BR4); SPR 2012; SPR 2013; WFP Ghana Finance unit

2.3.2.2 Component 1: Support to Primary and Girls' Education

151. External factors which relate to the moderate performance of component 1 of the CP programme are: i) Government is unable to fulfil its financial responsibility to the SM caterers in a timely manner in order to ensure quality/efficacy in the school meals programme (currently 9 months late); ii) very limited social accountability in the SM and THR by the District Education Office and District Assembly, Communities and HTs/SMCs; iii) HTs and SMC/SIC's no longer involved in the measurements and quality assurance of WFP's school meal programme based on the shift to cash; iv) not enough public awareness created by WFP, GSFP, MOE and Government of Ghana concerning the entitlement for both SM and THR to parents and children; and v) food transport problems as described in 2.3.2.1.

152. WFPs current SM activity is very closely tied to the GSFP ability to deliver on its own School Feeding programme and pay the caterers in a timely manner. In the 181 schools which remain part of the WFP mandate, schools are struggling to cope with SM and SF activity due to the lateness in payment. The caterers "social position" within the district has also prevented the school authorities at the school level from properly managing the programme.

153. The lateness in delivery of the THR has also been a result of the DEO not being able to raise the funds needed to transport the THR from the region (Tamale GES warehouse) to the district education office. During 2014, the DEO had to use another donor project fund – the Global Partnership for Education Grant (GPEG) to finance the delivery of the THR from Tamale warehouse to the district education offices. The HTs are expected to collect the food at the district education offices.

2.3.2.3 Component 2 Nutrition for Vulnerable Groups

154. As discussed in 2.2, there were difficulties in implementing MAM treatment activities related to high GHS health staff turnover, lack of health service reimbursement for MAM treatment and lack of supervisory/mentoring.

2.3.2.4 Component 3 Resilience to climate shocks and support for livelihoods

155. Although MoFA appointed a national activity coordinator, its supervision role on C3 activities was limited (e.g. no field visits) for lack of funding. Likewise, other ministries with MoUs have not directly played any substantive role so far. The weak capacities of most cooperating partners in terms of proposal submission, monitoring and reporting have added to WFP staff workload and clearly affected the quality of output data collection. Due to their over-reliance on WFP's ODOC fund (cf. section 2.3.1) most partners were unable to pre-finance and thus effectively implement activities, which compromised quality delivery (cf. Annex 12.c for further details on partners performance).

156. FSNMS implementation worked well until 2013. DoA and GHS then faced increasing financial difficulties related to reduced allocations and decentralization process (with funds now released by DA). This resulted in data not being collected on a regular basis. The collaboration with MoFA also weakened due to the lack of a specific FSNM unit at Accra level and no focal persons at regional/district levels.

157. Overall, communities remained strongly committed, even though delays in distributions affected motivation/ participation levels in FFA works. Villagers were generally well aware of the long-term benefits of the new and rehabilitated assets, and considered food/cash incentives as an added bonus.

3 Conclusions and Recommendations

3.1 Overall Assessment and Conclusions

158. To provide an overall assessment of the CP performance against the 3 main evaluation questions and the 10 criteria identified in the evaluation matrix, a scoring guide was developed and applied based on the evidence gathered by the ET and reported herein (see the Evaluation Scoring Matrix and Guide in the below Annex). On question 1, the appropriateness of CP, WFP's performed better than the other two questions. CP results ratings were mixed, including ratings of weak, average and strong across components for the four criteria. "Outputs" and "likelihood of sustainability" performed better than "progress towards outcomes", and "efficiency" has the lowest rating. Regarding the internal and external factors affecting results, a number were identified that negatively affected CP results and fewer that facilitated results. The most serious constraints relate to WFP's requirement for LMIC government and the government's inability to meet their obligations.

3.1.1 Appropriateness

159. The CP is coherent with the objectives in government policies and strategies, except not entirely for C2. When the MoH protocols for the treatment of acute malnutrition under revision are finalized, C2 will also align¹⁴³. The CP is also consistent with WFP corporate strategy and policy, except that (i) C1 falls short on meeting some of the minimum school feeding standards; and (ii) C2's PLHIV activity lacks a livelihood component.

¹⁴³ After the draft report was submitted, the ET was informed that the revisions to the MoH CMAM guidelines include MAM treatment.

160. Overall, the choice of activities and the geographical targeting are relevant to the needs of the population and the objectives of their components. For C2 one of the areas selected for PLHIV activity has a very low level of food insecurity; in addition, there has been little programming to address the high levels of stunting and micronutrient deficiencies. And although relevant, C3's skills training was not adequately designed and put on hold.

161. The CP components are coherent with the UNDAF framework. In contrast, collaboration and coordination has been weak between WFP and their partners, except for treatment of MAM which is integrated in health structures and complement UNICEF and USAID services.

3.1.2 Efficiency

162. Overall the CP has performed poorly in terms of efficiency. A number of factors contributed to poor implementation efficiency: i) CP activities dispersed over a wide geographical area in 6 regions, more than 50 districts and over 1000 sites; ii) critical gaps and weaknesses in the MoFA, MoH/GHS and MoE/GSFP capacity related to timely transport, proper storage and distribution, oversight and accountability of food; and iii) inadequate M&E procedures, too few staff and a slow start prevented feedback between M&E and programme staff.

163. For C1, the shift from food to cash in SM decreased implementation efficiency significantly since it partly caused the reduction in the quantity and costs of school meals and further compromised SM accountability systems. The THR activity was inefficient in that over half of the entitlement to girls and their families was not being delivered¹⁴⁴. Without the regular provision of food, MAM treatment is much less efficient because patients take longer to recover not allowing for as many beneficiaries to be covered. Other problems also contributed to inefficiencies: i) inadequate beneficiary screening; ii) low discharge of patients; iii) high absence/defaulting rates; and iv) poor quality counselling. For the PLHIV activity, irregular food distribution and the absence of a livelihood component made it more difficult to discharge patients on time. In contrast, the integration of PLHIV MAM treatment with a nutrition service package including SAM treatment and nutrition counselling improves programme efficiency.

164. Delays in food clearance and delivery contributed to longer storage of foods and, in turn, their waste and deterioration. Recent events: an investigation of the theft of SC+ and the burning of a government warehouse exposed additional waste and inefficiency. For C3, in addition to delays in project start-up, FFA project timing was not always optimal and late WFP payments to partners also affected the timely provision of working tools. In contrast, WFP has minimized cash transfer costs because the partner financial institutions have been charging very reasonable service fees.

3.1.3 Effectiveness and impact

165. The effectiveness of the CP varied across components. C1 activities were more effective than C2 and C3 and showed improvement in programme indicators. Progress

¹⁴⁴ The accountability systems were compromised since the Head teachers and SMC's no longer take responsibility for the oversight to food delivery, storage of supplies, measurements and quality control of the SM at school level.

was made in KG, primary and junior high school enrolment rates due to the SM and THR activity; and school attendance increased. The THR activity improved gender parity across some of the intervention districts. The capacity of government to operate school feeding was enhanced through the support of WFP to the GSFP secretariat.

166. For C2 it was difficult to assess effectiveness of activities due to reporting issues. In addition, the nutrition outcome indicators, although measured, were not relevant to nutrition intervention. Regarding C3, beneficiaries involved in FFA did not experience significant improvement in food consumption. Evidence from field visits indicates that C3 activities reduced water shortage risks and that targeted communities have a strong sense of ownership of rehabilitated assets. Although too early to assess the impacts of afforestation activities, project sites are too scattered across the northern regions to mitigate climate change effects.

3.1.4 Sustainability

167. Evidence of sustainability was found across programme components. For C1, it is likely that the government will continue to absorb WFP SM sites over the coming years; though the degree to which the standards of school feeding are maintained is not evident. There are signs that the P4P and the women's FF groups could assist C1 achieve a higher degree of sustainability particularly at the community levels.

168. Regarding C2, women's FF groups¹⁴⁵, in themselves, have shown indication of sustainability, in that, many are continuing with little support. With the integration of MAM treatment in health facilities, it is more likely to be sustained, especially if the MAM functions are institutionalized within the health system. Currently, REACH (and others) are setting the stage for increased government commitment to fund nutrition programming. If successful, it will contribute to the sustainability of WFP's work.

169. For C3, continuous government institutional capacity building efforts and the expansion of the FSNMS may contribute to sustainability through furthering disaster preparedness. However, high government staff turnover as well as MoFA's incapacity to lead the FSNMS process limit their ability to follow through and there has been little progress toward setting up an early warning system. In contrast, potential risks and negative impacts associated with FFA have been mitigated/avoided, thus increasing the likelihood of assets being sustained.

3.2 Lessons Learned

3.2.1 Component 1 Support to Primary Education and Girls' Education

170. WFP's added value in operating its SM activity in Ghana in the past included a strong element of community ownership/involvement and ensured head teacher (HT) leadership at the school level. The SM approach included simple yet effective approaches to ensuring that SMCs and SICs were trained in operating SMs at the school level. This model is only operational still in the Millennium Development Village and should be revisited in the 181 WFP sites across the 33 districts remaining in the SM programme. WFP's capacity building programme with the GSFP is key to ensuring Ghana attains a model of excellence in school feeding but this learning process will have

¹⁴⁵ WFP's support to Women's FF groups was a separately funded project that overlapped with the beginning of the CP.

to be grounded in WFP's ability to provide models of best practice in the schools remaining.

171. The second key lesson learned was that the school feeding programming has to be firmly under the direct control of the HT and SMC in order to ensure that there is proper oversight to the quality and impact the programme could have at beneficiary, class and school levels. If the HTs and SMCs are not in control in the hiring, payment and supervision of the caterers, the timing of the school meals may not be appropriate nor will the caterers' willingness to prepare SMs on time to ensure that their purpose is achieved (maximise learning time of child).

172. There appears to be a shift in household feeding patterns among communities with SM and School feeding programming observations across the 14 randomly selected school meals sites in the three regions of the north indicate that children were hungry often during the entire morning period (9am to 12:30)¹⁴⁶ since they were not given breakfast before coming to school, no snacks were provided by the households and head teachers were unable to shift the timing of the school meals in order to ensure that the quality and quantity of food provided by the caterer was appropriate to the school requirements.

173. The THR ratio programme continues to be a highly for girls from remote rural areas of the country living in communities with endemic poverty. The high level of household poverty prevents some THR beneficiaries (girls) from being fed adequately before attending school and this is affecting their concentration in the classroom and could be one of the causes of their very low results in JHS particularly on the Basic Education Certificate Exam (BECE). Some THR schools have school gardens and women's groups who could provide basic nutritious snacks as a means to ensuring that girls and boys are able to maximize their learning time at the school.

3.2.2 Component 2 Nutrition for Vulnerable Groups

174. There were two C2 key lessons learned: i) when a programme activity changes significantly, training of one staff per facility (particularly where high staff turnover exists), although necessary is not sufficient to ensure adequate uptake of new procedures; and ii) discharging PLHIV beneficiaries is difficult even when time specific assistance is planned, especially when livelihood activities haven't been available as a way to slowly exit beneficiaries.

3.2.3 Component 3 Resilience to climate shocks and support for livelihoods

175. FFA participant selection criteria and beneficiary counting are based on two assumptions that do not fit well with northern rural communities' demographics and local arrangements for collective action: in practice, there is often more than one participant per household¹⁴⁷, and the average number of mouths to feed per household is greater than five. This does not only affect output accountability (i.e. actual number of

¹⁴⁶ Observations at these schools indicate that children were hungry at the first break (10 am) but had to remain without food until 12:30pm when the meals were often ready by the caterers.

¹⁴⁷ Although the stricter beneficiary registration/validation process under cash-based activities may facilitate the application of this one-participant-per-household rule, there will always be issues on defining the notion of household: nuclear family for external stakeholders vs. extended family for local communities.

beneficiaries) but also questions the way incentives (family rations and cash transfer values) are set by WFP. A fair distribution of WFP assistance can be obtained through ways other than non-applicable selection criteria, e.g. further sensitization of partners and CPIC. Average household size must be estimated cautiously and coupled with the use of dependency ratios¹⁴⁸ to determine food rations / transfer values and estimate actual beneficiary numbers.

176. C3 implementation has been constrained by the lack of partners with both sound technical capacities and financial resources. In addition, the main partners do not always have their own projects/activities in the targeted areas and communities. Ideally, food/cash assistance under FFA is meant to boost existing initiatives through the mobilisation of local manpower. To put this into practice, and overcome above partnership constraints, there was a need to map the different rural development interventions in Northern Ghana from CP onset. Annex 12.e is an attempt by the ET to fill this gap, and shows that opportunities are many.

177. Small-scale agro-processing of locally produced nutritious crops and the expansion and revitalization of new FF groups could foster synergies between the different CP components. To be attractive to beneficiaries and partners, specific attention must however be paid to the design of such skills training/IGA, notably to incentive values, cost-sharing arrangements and ODOC rate. In addition, the CP could have used cash transfer conditionality as a way to balance partners' financial limitations in providing complementary inputs.¹⁴⁹

3.3 Recommendations

Across Components

178. **1. Reduce programme geographical coverage** through reassessing WFP capacities to implement C2 in 4 regions and C3 in 5 regions. For C1, consider concentrating remaining WFP supported schools in the most food insecure districts, with fewer districts and higher numbers of schools within districts to decrease monitoring and transaction costs and maximise resources.¹⁵⁰ Decreasing geographical areas will support higher programme efficiency and better integration between programme components.¹⁵¹

→ Timeframe: Next operational planning phase for one/two components and next CP

→ Responsibility: WFP HoP and focal point officer for each component

179. **2. Continue to strengthen programme monitoring and evaluation.** Build the capacity of the WFP's M&E unit and Government agencies (e.g. GSFP) through

¹⁴⁸ Ratio of the number of dependents (e.g. children, elders, disabled) to the number of workers. Average figures can be obtained from different surveys such as CFSVA, programme baseline and follow-up surveys.

¹⁴⁹ Cash transfers can be done in several instalments, which are not only conditioned by active participation in training but also beneficiaries' commitment to use part or all the cash they receive as a start-up capital, i.e. to purchase tools, raw materials, they need to initiate an IGA.

¹⁵⁰ This does not mean that new schools should be added; the turn-over of schools to the government should continue as planned.

¹⁵¹ The new nutrition activity can be used as the basis for this through linking C3 activities with C2 beneficiary households, farmers and schools; and, as well, increasing women's activities in C2 intervention areas, such as, dry season farming and revitalized/expanded FF groups to ensure long term sustainability.

training in M&E procedures by component (e.g. FFA impact assessment as per corporate manual) and review monitoring and reporting formats and revise as needed to ensure they are aligned with output and outcome indicators in the log frame. When additional programme monitors are added, strengthen their training through developing cross mentoring between monitors, respective programme officers and M&E staff so that there is better understanding of their roles and more responsive tracking of programme results and changes. Develop and implement/strengthen joint programme monitoring with government partners for C2 and C3. Maintain continuous feedback loops between Program and M&E units so that M&E is not limited to corporate reporting but used as a “real-time” feedback tool to pilot activities, track programme changes and inform operational decision making.

→ Timeframe: Now until the end on the CP

→ Responsibility: WFP HoP, M&E staff and focal point officer for each component

180. **3. Continue to advocate for the resolution of the government’s constraints related to food clearance and transport and further localize food rations.** In order to prevent further inefficiencies related to food distribution, a reengagement process with the government is called for so that the financial constraints are resolved, and the MoH and MoE can fulfil their roles and responsibilities related to timely transport, proper storage and distribution of food, as well as, appropriate oversight, accountability and tracking of food/cash/vouchers at the various levels of government. In addition, programme redesign is recommended (see C2 recommendations) to increase local procurement and the C1 THR food ration should be localised to the extent possible.

→ Timeframe: 2015; to start as soon as possible

→ Responsibility: DCD, HoP, Procurement staff

Component 1

181. **4. WFP should strive to continue to capacitate government to provide a model for school feeding including stronger social accountability mechanisms.** WFP should provide more training to SMCs/SICs on school menus, school sanitation practices and handy measures in order to ensure quality in SM. More work is needed to link the P4P programme to the SM sites. Community ownership of SM should also continue to be encouraged by assisting government to rethink its model of school feeding to empower the SMC/SIC and head teachers.

→ Timeframe: Next operational planning phase for C1

→ Responsibility: WFP HoP, WFP SM staff and GSFP focal point and GES Activity Coordinator

182. **5. Consider using a voucher system for caterers, restricting their purchase to pre-assessed food vendors,** limiting their profit level on school feeding to 20% of their total payment and strengthening the SMCs/SICs is vital to improving the outcomes and efficiency of the SM activity. A cost efficiency study on the caterer model of School feeding is needed to assess the level of profit currently being made by caterers. Strengthening the involvement of civil society to ensure that there are local partners for providing credit, strengthening oversight/good governance and farmer linkages.

- Timeframe: Next operational planning phase for C1
- Responsibility: WFP HoP, WFP SM staff, C&V staff and GSFP focal point

183. 6. Mass campaign on encouraging parents to feed their children breakfast before attending school should be led by GOG/MOE/GES and pursued by WFP in collaboration with UNICEF; district education offices should also consider changing the timing of the school meals to accommodate a longer first break at 10:00 and reducing payments to caterers who fail to feed children by 10:00 am. More public awareness is also needed concerning the entitlement for SM and THR which could begin with radio broadcasts, town hall meetings and public announcements at the time of disbursement or during activities.

- Timeframe: Next operational planning phase for C1
- Responsibility: WFP HoP, WFP SM staff and GSFP focal point and GES activity Coordinator

Component 2

184. 7. Focus MAM treatment in areas with high food insecurity where there are elevated levels of acute malnutrition and reduce beneficiary targets. Continue as planned with the redesign of MAM treatment for P/L women and children.¹⁵² Revisit support, as planned, for the commercial production of a CSB/SC product for the P/L women and PLHIV rations. Review available studies and information on the determinants of acute malnutrition in food secure and food insecure areas in the Northern regions; and use this information to design effective BCC approaches that address these determinants and facilitate the prevention (and recovery) of acute malnutrition as rations in food secure areas are phased-out.

185. For the PLHIV component, consider redesigning the activity to target PMTCT programme participants in the Northern regions rather than ART patients to align and create synergy with other C2 nutrition activities focused on P/L women and under two year old children.¹⁵³ Assess the need for more WFP nutrition staff to support programming and develop a funded mentoring/supervisory model with GHS as part of staff job performance standards to ensure quality implementation for MAM and HIV activities.

- Timeframe: initiate in 2nd Quarter 2015 as planned
- Responsibility: RB nutritionist, HQ staff, WFP nutritionist, DCD, HOP

186. 8. Strengthen and expand the pilot nutrition activity to address stunting and micronutrient deficiency in the follow-on CP and consider revitalizing existing and economically viable Women's FF groups.¹⁵⁴ This will help to better align with the MoH/GHS priorities and the planned CP shift to technical

¹⁵² For children, when possible change the ration to a ready-to-use MAM product to improve outcomes and facilitate transport

¹⁵³ If this isn't done, WFP and partners should focus on developing an effective livelihood component and work with PLHIV clinic staff to identify ways to effectively discharge patients after 6/9 months, followed by close monitoring for compliance. Linking with social welfare programs such as LEAP is also suggested. The ration should also be localized to the extent possible and consideration of vouchers for locally available foods, such as, beans, maize, oil and iodized salt would also be called for.

¹⁵⁴ Doing this in partnership with DCD, GHS and UNICEF and starting with an assessment is suggested to understand FF groups current constraints and how to resolve them. Discussions and potential collaboration with RING is also recommended given their support to such groups in their program areas.

support, as well as, to better address current nutrition problems. **Seek to implement nutrition activities more collaboratively¹⁵⁵ and advocate for the continuation of UN REACH** as its work is critical to achieving WFP's objectives in nutrition advocacy, policy and planning, as well as, in sustainability and capacity building.

- Timeframe: initiate in 2nd Quarter 2015 as planned, 2016 and next CP
- Responsibility: WFP nutritionist, DCD, HOP

Component 3

187. 9. Diversify the asset creation portfolio and enhance the linkages with agricultural production and alternative livelihoods through: i) ensuring the correct partners are on board with sufficient financial resources, such as, rural development programmes or non-government organizations so that all the complementary inputs are available; and ii) identifying assets that are labour-intensive but require limited external technical expertise, and are easily replicable by local farmers themselves. The focus should be on low-cost methods for regenerating degraded lands and increasing productivity under marginal conditions, such as, stone bunds, ridges, half-moons, *zai* and area enclosures.¹⁵⁶ Exchange visits with the WFP Burkina Faso CP – or directly between selected farmers of both countries – would enhance the adoption of such technologies.

- Timeline: mid-2015 in order to prepare the last round of AC projects (2015-2016)
- Responsibility: WFP AC officer in coordination with MoFA and WFP nutrition officers

188. 10. Enhance integration of P4P into CP and particularly C3 through i) ensuring first a tangible market linkage strategy for P4P and ii) adapting the pilot to agro-ecological and socio-economic conditions in the Northern regions. Considering the government cash-based strategy for HGSF and the lack of other large, predictable institutional markets where WFP can play a significant role, the SNV pilot (linking FBOs to caterers) needs to be probed at larger scale and alternatives looked at more deeply e.g. emerging warehouse receipt system, Government's National Buffer Stock Companies (NAFCO), etc. Moreover, the lower land productivity than in Ashanti, the smaller surpluses individual farmers can potentially obtain and their geographical spread will call for a stronger focus on smallholder farmers aggregation mechanisms coupled with support to restore soil fertility and improve the production potential. The latter could notably consist in the expansion and intensification of rice production systems on lowlands/waterlogged areas, as well as other technical options that are further described in Annex 12 f.

- Timeline: next CP including design phase (2016 and beyond)
- Responsibility: WFP HoP, P4P and AC officers in coordination with MoFA, FAO and other partners involved in pilot P4P

¹⁵⁵ Possibilities for increased collaboration for UNICEF as soon as MoH MAM/SAM guidelines are finalized and the Women's FF groups was a collaboration with DCD, GHS, UNICEF and small salt suppliers; and now USAID RING is involved in supporting FF in some districts in the Northern region. The new nutrition activity also offers opportunities to collaborate.

¹⁵⁶ *Zai* is a traditional practice in Sahel that consists in digging pits and filling them with manure prior to planting seeds; it optimizes both water retention and soil fertility management. The establishment of half-moons helps restoring the vegetative cover on barren lands and can be combined with tree plantation Area enclosures are mostly used to regenerate grazing lands.

Annex 1: List of Acronyms

AC	Asset creation
ADRA	Adventist Development & Relief Agency
ART	Anti-retroviral treatment
BR	Budget revision
C1	Component 1
C2	Component 2
C3	Component 3
C&V	Cash and vouchers
CAS	Community asset score
CBMF	Community-based Milling and Fortification
CFSVA	Comprehensive food security and vulnerability assessment
CHNC	Community health and nutrition centre
CHPS	Community-based Health Planning and Service
CMAM	Community-based Management of Acute Malnutrition
CO	Country Office (WFP)
CILSS	Permanent Interstate Committee for Drought Control in the Sahel
CP	Country Programme (WFP)
CPIC	Community project implementation committee
CRS	Catholic Relief Services
CSB	Corn-soya blend
CSO	Civil Society Organization
DA	District Assembly
DCD	Department of Community Development
DDS	Diet diversity score
DEO	District Education Office
DFATD	Department of Foreign Affairs, Trade and Development (Canada)
DNO	District Nutrition Officer (GHS)
DoA	Department of Agriculture
EB	Executive Board (WFP)
EMP	Environmental management plan
ET	Evaluation team
EPA	Environmental Protection Agency

EWS	Early warning system
FAO	Food and Agriculture Organisation of the United Nations
FBF	Fortified Blended Food
FBO	Farmer-based organisation
FCS	Food consumption score
FFA	Food assistance for assets
FFT	Food-for-training
FFW	Food-for-work
FSD	Forestry Services Division
FSNMS	Food security and nutrition monitoring system
GEMP	Ghana Environment Management Project
GHS	Ghana Health Service
GIDA	Ghana Irrigation Development Authority
GPI	Gender Parity Index
GSFP	Ghana School Feeding Programme
GSOP	Ghana Social Opportunities Project
GSS	Ghana Statistical Service
HGSF	Home-grown school feeding
IFAD	International Fund for Agricultural Development
IGA	Income-generating activity
HQ	Headquarters (WFP)
LEAP	Livelihood Empowerment Against Poverty
MAM	Moderate acute malnutrition
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MLGRD	Ministry of Local Government and Rural Development
MNP	Micronutrient powder
MoFA	Ministry of Food and Agriculture
MoGCSP	Ministry of Gender Children and Social Protection
MoH	Ministry of Health
MOU	Memorandum of understanding
MUAC	Mid-upper arm circumference
MT	Metric ton

NGO Non-governmental organisation
 NORDESO Northern Development Society
 NRGP Northern Rural Growth Programme
 NSPS National Social Protection Strategy
 ODOC Other direct operational cost
 OEV Office of Evaluation (WFP)
 OpEv Operation evaluation
 ORDF Opportunities for Rural Development Foundation
 PCD Partnership for Child Development
 PDA Personal digital assistant
 PDM Post distribution monitoring
 P/L Pregnant/lactating
 PLHIV People living with HIV
 PPIF Project planning information format
 PRRO Protracted Relief and Recovery Operation (WFP)
 P4P Purchase for Progress
 RB Regional Bureau (WFP)
 REACH Renewed Efforts Against Child Hunger and Undernutrition
 RNO Regional Nutrition Officer (GHS)
 RSIS Re-bagging and Sale of Iodized Salt
 SADA Savannah Accelerated Development Authority
 SAM Severe acute malnutrition
 SFP Supplemental Feeding Program
 SC Supercereal formerly CSB+
 SC+ Supercereal product with dry milk formerly CSB++
 SIC School Implementation Committee
 SMC School Management Committee
 SM School Meals
 SNV The Netherlands Development Organization
 SPHERE Humanitarian Charter/Minimum Standards in Humanitarian Response
 SPR Standard Project Report
 SRF Strategic Result Framework
 SO Sub-office (WFP)

THR Take-home ration
TOR Terms of reference
TSF Targeted Supplemental Feeding
UER Upper East Region
UNAIDS Joint United Nations Programme on HIV/AIDS
UNCT United Nations Country Team
UNDAF United Nations Development Assistance Framework
UNDP United Nations Development Programme
UNICEF United Nations Children's Fund
UNU United Nations University
UWR Upper West Region
VAM Vulnerability Analysis and Mapping (WFP)
WFP World Food Programme
WHO World Health Organization

Annex 2: Evaluation Scoring Matrix

Q1	Question 1: How appropriate is the Operation	A: Very High E: Very Low		
	How relevant is the WFP CP to the food security and nutrition problems in the targeted areas?	B		
	How coherent is the WFP CP with national policies?	B		
	How coherent is the WFP CP with WFP corporate strategies?	B		
	Is the WFP CP complementary and coordinated with other interventions?	C1	C2	C3
	C	C/B¹⁵⁷	D	
Q2	Question 2: What are the results of the operation?	A: Very High E: Very Low		
	How much progress has been achieved by the WFP CP towards delivery of planned outputs?	C1	C2	C3
		B	D	C
	How much progress has been made by the WFP CP towards the achievement of intended outcomes?	C	D	C
	Extension of progress towards overall objectives and likelihood of sustainability	B	C	C
How efficient has the implementation of the WFP CP been?	D			
Q3 - Internal factors	Which internal factors contributed to the level of results obtained?	1: Very supportive 5: Very constraining		
	WFP requirements for LMIC governments	5		
	High turnover of critical WFP staff Inadequate M&E capacity and procedures Complementarity and synergy between programme components Current SM programme model (both an internal and external factor) WFP late payment to caterers Poor integration of lessons learned from past CP	4		
	Human resources and management systems Choice of C3 cooperating partners (including selection process)	3		
	Technical support from RB and HQ	1		

¹⁵⁷ During 2014 and early 2015, through introducing the pilot project to prevent stunting and micronutrient deficiencies and collaboration with the MoH and UNICEF so that MAM treatment is included in the revised MoH CMAM guidelines, the complementarity of C2 with government and other partners improved; this is reflected in the scoring.

Q3 - External factors	Which external factors contributed to the level of results obtained?	1: Very supportive 5: Very constraining
	Government's inability to transport, store, distribute, track and account for food Government's funding problems (e.g. late payment to caterers)	5
	Price and availability of local foods for WFP procurement High government staff turn-over (e.g. GHS, MoFA) Lack of GHS supervision/mentoring model for MAM treatment Weak capacity of C3 cooperating partners	4
	High community participation and support for C3 activities	2
	High funding level of the CP	1

Annex 3: Evaluation Scoring Guide

Criteria for Scoring	Scale
1. How relevant is the WFP CP to the food security and nutrition problems in targeted areas?	<p>A. <i>Relevance is excellent.</i> The programme objectives, targeting, activities and transfer modalities meet all of the needs of the food insecure population.</p> <p>B. <i>Relevance is strong.</i> The programme objectives, targeting, activities and transfer modalities meet most of the needs of the food insecure population.</p> <p>C. <i>Relevance is average.</i> The programme objectives, targeting, activities and transfer modalities meet around half of the needs of the food insecure population.</p> <p>D. <i>Relevance is relatively weak.</i> The programme objectives, targeting, activities and transfer modalities meet some of the needs of the food insecure population.</p> <p>E. <i>Very little or not at all relevant.</i> The programme objectives, targeting, activities and transfer modalities do not meet the needs of the food insecure population at all.</p>
2. How coherent is the WFP CP with national policies?	<p>A. <i>Coherence is excellent.</i> Coherence between Ghana's national policies is excellent across all the CP's components.</p> <p>B. <i>Coherence is strong.</i> Coherence between Ghana's national policies is consistent and strong across all the CP's components.</p> <p>C. <i>Coherence is average.</i> Coherence between Ghana's national policies is fairly consistent and of average strength across all the CP's components.</p> <p>D. <i>Coherence is relatively weak.</i> There is coherence between Ghana's national policies in some components/activities in the WFP CP.</p> <p>E. <i>Very little or not at all coherent.</i> No or little relationship or coherence between Ghana's national policies and the WFP CP.</p>
3. How coherent is the WFP CP with WFP corporate strategies?	<p>A. <i>Coherence is excellent.</i> Coherence between WFP's corporate strategies is excellent across all the CP's components.</p> <p>B. <i>Coherence is strong.</i> Coherence between WFP's corporate strategies is consistent and strong across all the CP's components.</p> <p>C. <i>Coherence is average.</i> Coherence between WFP's corporate strategies is fairly consistent and of average strength across all the CP's components.</p> <p>D. <i>Coherence is relatively weak.</i> There is coherence between WFP's corporate strategies in some components/activities in the WFP CP.</p> <p>E. <i>Very little or not at all coherent.</i> No or little relationship or coherence between WFP's corporate strategies and the WFP CP.</p>
4. Is the WFP complementary and coordinated with other interventions?	<p>A. <i>Coherence is excellent.</i> Complementarity and coordination between WFP's and others' interventions is excellent across all the CP's components.</p> <p>B. <i>Coherence is strong.</i> Complementarity and coordination between WFP's and others' interventions is consistent and strong across all the CP's components.</p> <p>C. <i>Coherence is average.</i> Complementarity and coordination between WFP's and others' interventions is fairly consistent and of average strength across all the CP's components.</p> <p>D. <i>Coherence is relatively weak.</i> There is some complementarity and coordination between WFP's and others' interventions in some activities of some Program components.</p> <p>E. <i>Very little or no complementarity and coordination between WFP's and others interventions.</i> No or little coordination/complementarity between WFP and others' interventions.</p>
6. How much progress has been made by the WFP CP toward the achievement of intended outcomes?	<p>A. <i>Progress is excellent.</i> Very consistent and excellent progress in achieving WFP's intended outcomes in all activities across components.</p> <p>B. <i>Progress is average to strong.</i> Consistent and strong progress in achieving WFP CP's intended outcomes in most activities across components.</p> <p>C. <i>Progress is average.</i> Fairly consistent, but average progress in achieving WFP CP's intended outcomes in most activities across components.</p> <p>D. <i>Progress is relatively weak.</i> There is some progress in achieving the WFP</p>

	<p>CP's intended outcomes in some activities across components.</p> <p>E. <i>Very little or no progress in toward achieving WFP intended outcomes.</i> No or little progress has been achieved by the WFP CP in achieving intended outcomes.</p>
7. Extension of the progress towards overall objectives and likelihood of sustainability.	<p>A. <i>Progress has been quicker than expected in achieving overall objectives—</i> the CP role is clearly a determinant; and sustainability of most programme activities is highly likely.</p> <p>B. <i>Tangible progress to date has been made in achieving overall objectives</i> and the sustainability of some programme activities is highly likely.</p> <p>C. <i>Some progress toward the CP's overall objectives</i> has been made, though relatively slowly, however, evidence that things will soon change exists and it is likely that some activities will be sustained.</p> <p>D. <i>Little progress to date in achieving objectives</i>, but there are reasons to consider that some objectives may be achieved by the end of the programme.</p> <p>E. <i>Very low progress to date in achieving objectives.</i> Achievement of overall objectives unlikely by the end of the CP and likelihood of sustainability is poor.</p>
8. How efficient has the implementation of the WFP CP been?	<p>A. <i>Excellent efficiency-</i> None of the following conditions is critically compromising the CP efficiency, and more than 2 are clearly positive (overall cost per beneficiary is quite high, implementation is delayed, resources distribution biased towards support costs, and financial sustainability compromised).</p> <p>B. <i>Good efficiency-</i> None of the following conditions is critically compromising the CP efficiency, and 1 to 2 are clearly positive (overall cost per beneficiary is quite high, implementation is delayed, resources distribution biased towards support costs, and financial sustainability compromised).</p> <p>C. <i>Acceptable efficiency-</i> None of the following conditions is critically compromising the CP efficiency, but none is clearly positive (overall cost per beneficiary is quite high, implementation is delayed, resources distribution biased towards support costs, and financial sustainability compromised).</p> <p>D. <i>Low efficiency-</i> At least one following condition is compromising the CP efficiency: overall cost per beneficiary is quite high, implementation is delayed, resources distribution biased towards support costs, and financial sustainability compromised.</p> <p>E. <i>Very low programme efficiency -</i> two or more following conditions are severely compromising the CP efficiency: overall cost per beneficiary is quite high, implementation is delayed, resources distribution biased towards support costs, and financial sustainability compromised.</p>
9. Internal Factors: Which internal factors (and to what extent) contributed to the level of results obtained?	<p>Each Internal Factor included in the Evaluation Matrix that contributed to CP results will be assessed and classified as per the following scale:</p> <ol style="list-style-type: none"> 1. Factor with very positive effect on CP performance 2. Factor with positive effect on CP performance 3. Factor with neutral effect on CP performance 4. Factor with negative effect on CP performance 5. Factor with a strong negative effect on CP performance
10. External Factors: Which external factors (and to what extent) contributed to the level of results obtained?	<p>Each External Factor included in the Evaluation Matrix that contributed to CP results will be assessed and classified as per the following scale:</p> <ol style="list-style-type: none"> 1. Factor with very positive effect on CP performance 2. Factor with positive effect on CP performance 3. Factor with neutral effect on CP performance 4. Factor with negative effect on CP performance 5. Factor with a strong negative effect on CP performance

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