

## OPERATION EVALUATION

The Gambia – Protracted Relief and Recovery Operation 200557  
(2013-2015):  
Targeted Nutrition and Livelihood Support for Vulnerable People  
Impacted by Floods and Drought  
**Final Evaluation Report**

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## TABLE OF CONTENTS

<b>Operation Fact Sheet</b> .....	<b>iii</b>
<b>Maps</b> .....	<b>xi</b>
<b>Executive Summary</b> .....	<b>xiv</b>
<b>1. Introduction</b> .....	<b>1</b>
1.1 Evaluation Features .....	1
1.2 Country Context .....	2
1.3 Operation overview .....	6
<b>2. Evaluation Findings</b> .....	<b>8</b>
2.1 Appropriateness of the operation .....	8
2.2 Results of the operation .....	18
2.3 Factors affecting the results.....	30
<b>3. Conclusions and Recommendations</b> .....	<b>35</b>
3.1 Overall Assessment .....	35
3.2 Recommendations .....	37
<b>Annexes</b> .....	<b>42</b>
Annex 1: Acronyms .....	42
Annex 2: Evaluation Terms of Reference .....	45
Annex 3: Evaluation Methodology .....	61
Annex 4: Evaluation Matrix.....	68
Annex 5 - List of people met / interviewed .....	80

## LIST OF TABLE AND FIGURES

TABLE 1: NUTRITIONAL STATUS OF CHILDREN UNDER 5 AND WOMEN OF REPRODUCTIVE AGE IN 2013.....	9
TABLE 2: LEVELS OF STUNTING, WASTING, AND UNDERWEIGHT IN CHILDREN UNDER 5 IN 2013.....	10
FIGURE 1: TIMELINE AND FUNDING SOURCE FOR THE THREE CASH TRANSFER PROJECTS .....	14
FIGURE 2: MONTHLY CASH DISTRIBUTION AMOUNTS DALASI UNDER THE THREE CT PROJECTS .....	15
TABLE 3: PLANNED AND ACTUAL BENEFICIARIES FOR THE NUTRITION INTERVENTIONS IN 2013 AND 2014.....	19
TABLE 4: PERFORMANCE INDICATORS FOR MAM TREATMENT .....	21
TABLE 5: CHANGE IN GAM RATES OF CHILDREN (0-59 MONTHS) FROM 2013-2015 .....	22
TABLE 6: OUTPUTS FROM THE CASH TRANSFERS.....	24
FIGURE 3: PERCENTAGE SHARE OF HH DECISION MAKING .....	25
TABLE 7: HOUSEHOLD FOOD CONSUMPTION SCORE AND DIETARY DIVERSITY SCORE.....	26
FIGURE 4: SELF-REPORTED CASH UTILISATION IN 2015 .....	27
TABLE 8: OUTPUT AND OUTCOME INDICATORS FOR DRR CAPACITY BUILDING IN 2014.....	28
TABLE 9: OVERALL ASSESSMENT OF PRRO 200557 AGAINST KEY EVALUATION CRITERIA .....	36

## Operation fact sheet

OPERATION			
Approval	The operation was approved by Executive Director in July 2013		
Amendments	There has been one budget revision in June 2015, which extended the PRRO by six months up to December 2015, resulting in overall increase of budget by \$3,355,265 (31.8%)		
Duration	Initial: 2 years (June 2013–June 2015)	Revised: 2.5 years (Jun 2013–Dec 2015)	
Planned beneficiaries	Initial: 103,200 <sup>1</sup>	Revised: 105,000	
Planned food requirements	Initial: In-kind food: 4,091 mt of food commodities Cash and vouchers: US\$ 2.5 million	Revised: In-kind food: 5,208 mt Cash and vouchers: US\$ 4,855,470	
US\$ requirements	Initial: US\$ 10,541,814	Revised: US\$ 13,897,080	
OBJECTIVES, OUTCOMES AND ACTIVITIES			
Contributes to millennium development goals 1,4 and 5; and UNDAF Pillars 1 and 2	WFP SO	Operation specific objectives and outcomes	Activities
	Cross-cutting results	Gender: Gender equality and empowerment improved	
		Partnerships: Food assistance interventions coordinated and partnerships developed and maintained	
		Protection and Accountability to Affected Populations: WFP assistance delivered and utilized in safe, accountable and dignified conditions	
	Strategic Objective 1	Objective 1: support the national disaster risk reduction agenda and enhance government and community capacity in emergency preparedness and response.	
		Outcome 2.1 Early warning systems; contingency plans; food security monitoring systems set in place and enhanced with WFP capacity development support. (New logframe outcomes SO3.1)	-Capacity support to key institutions involved in disaster risk management -Development and institutionalisation of standards in food security monitoring/ analysis
	Strategic Objective 2	Objective 2: Support the prevention and treatment of acute malnutrition among children under 5 and pregnant and lactating women.	
		Outcome 3.1: Reduced acute malnutrition in targeted groups of children and PLW. (New logframe outcomes SO4.1 and SO4.2)	-Targeted supplementary feeding (SF) for under 5s and PLW -Blanket SF for children under 2 years -Health and nutrition education
	Strategic Objective 3	Objective 3: Restore and rebuild the livelihoods of the most vulnerable and support their transition to recovery.	
		Outcome 3.2: Adequate food consumption over assistance period reached for targeted households and communities (New logframe outcome SO2.1)	Asset rehabilitation and creation -Training on food storage, preservation, processing; nutrition practices; and fuel efficient practices
PARTNERS			
Government	National Nutrition Agency (NaNA); Ministry of health and social welfare; National Disaster Management Agency (NDMA) and related decentralised institutions; Gambia Bureau of statistics		
United Nations	UNICEF, FAO		
NGOs	Gambia Association of Food and Nutrition Agency (GAFNA) and Gambia Red Cross		
Community based groups	Community health workers, and village support groups help assist with active screening, sensitization, and follow ups		

<sup>1</sup> This figure counts all beneficiaries including those receiving support from more than one activity. When adjusted, the total is 100,200 (see project document page 11)

RESOURCES (INPUTS)

Contribution received as at 2<sup>nd</sup> February 2016  
\$5,869,371

% against appeal: 42.2%  
Top 3 donors:  
Japan-25.6%  
UN CERF-7%  
EU Commission-7%

Figure 1: % funded of total PRRO requirements (Feb 2016)

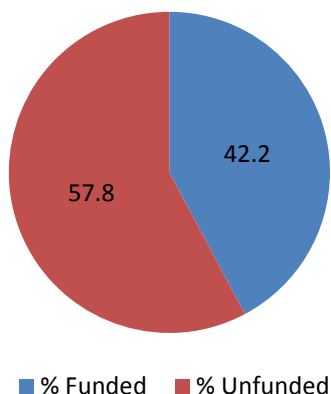


Figure 2: % funded of estimated requirements at May 2015<sup>2</sup>

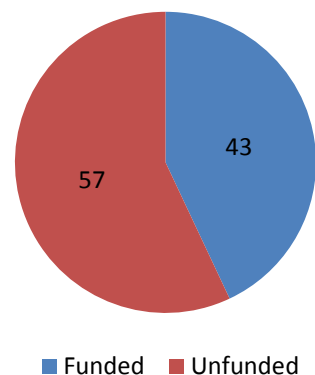
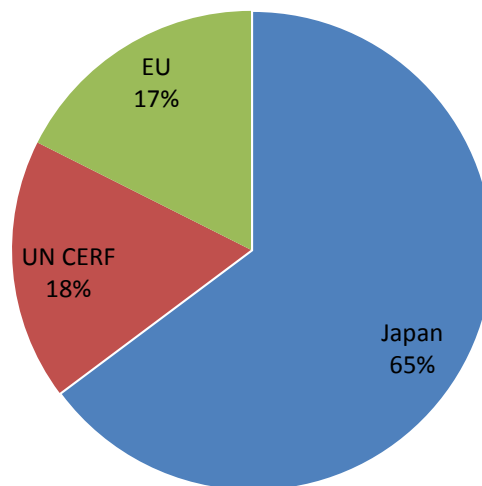


Figure 3: Top three donors



<sup>2</sup> This takes the total funding requirements and divides by the number of months i.e. 24 to estimate monthly requirements, then multiplies by the number of elapsed months from June 2013 to May 2015 i.e. 22 months

PLANNED OUTPUTS (at design)

Figure 4: Planned % of women/girls versus men/boys by activity<sup>3</sup>

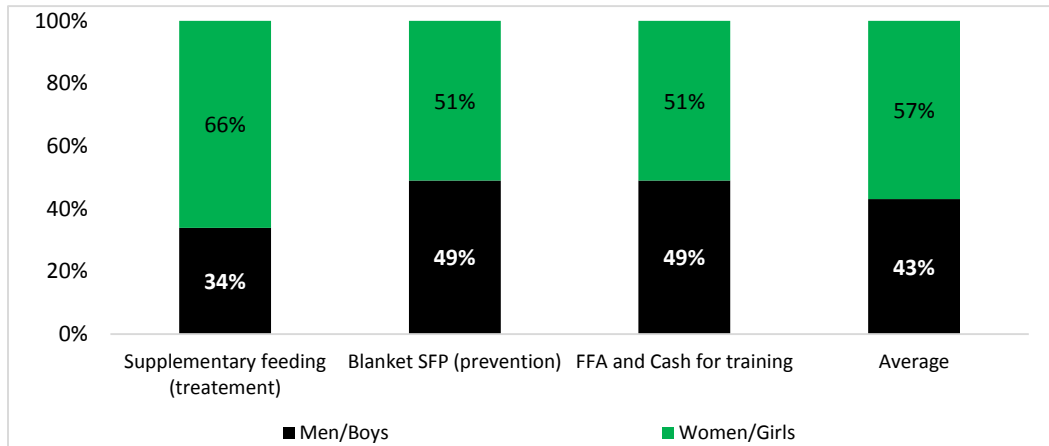
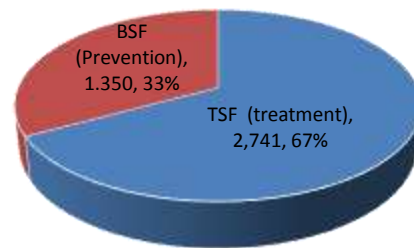


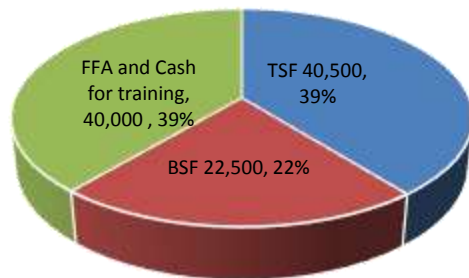
Figure 5: Planned % of food requirements by activity<sup>4</sup>



OUTPUTS

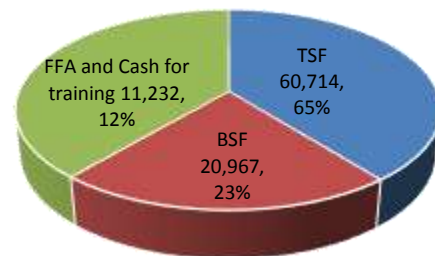
Planned<sup>5</sup>

Fig.6 Planned % beneficiaries by component/activity



Actual<sup>6</sup>

Fig. 7 Actual % beneficiaries by component/activity (up to Dec 2014)



<sup>3</sup> These proportions are estimated based on the beneficiary table on page 11 of the PRRO project document

<sup>4</sup> These figures are based on table 3 on page 12 of the project document. The plan was to use cash for the asset creation and training, so no food commodities planned for these activities. No commodities or cash planned for the DRR activities, which are capacity-building related

<sup>5</sup> Planned figures based on figures in SPR 2014

<sup>6</sup> Actual figures based on figures in SPR 2014

Fig. 8 Actual % of women/girls versus men/boys by activity/component (up to Dec 2014) <sup>7</sup>

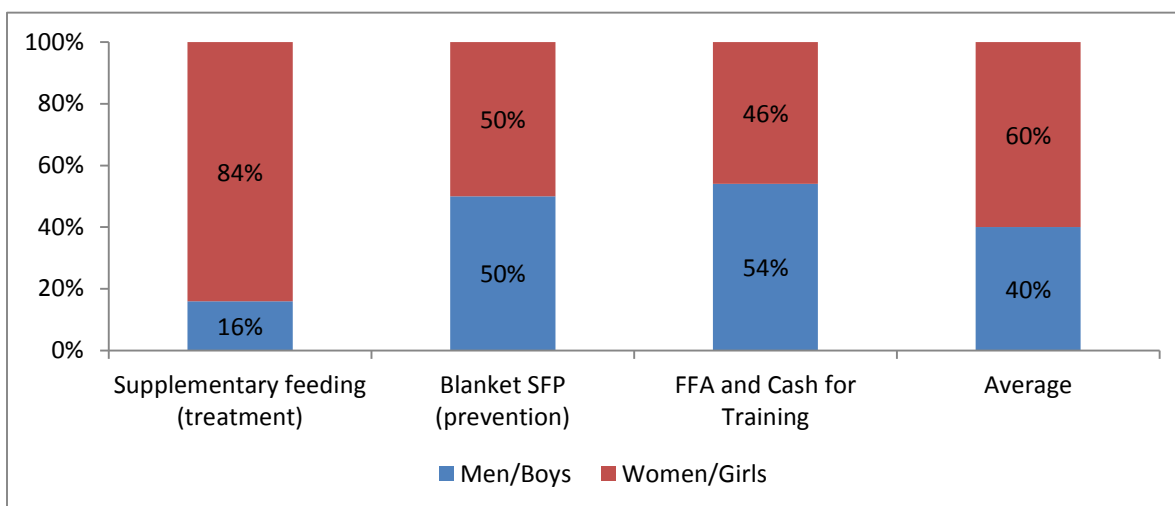


Fig. 9 Actual % of total food distributed by component/activity (up to Dec 2014)

[Data currently unavailable]

Fig. 10 Output results for the PRRO

Beneficiaries Category	% Actual of Planned <sup>8</sup>		
	2013	2014	2015
<b>Cash transfer</b>			
Cash and Voucher recipients	0%	28%	No data
<b>Nutrition</b>			
<i>Children 6 to 23 months given food under supplementary feeding (treatment for moderate malnutrition)</i>	14%	101%	No data
<i>Children 24 to 59 months given food under supplementary feeding (treatment for moderate malnutrition)</i>	4%	50%	No data
<i>Children 6 to 23 months given food under blanket supplementary feeding (prevention of stunting)</i>	97%	93%	No data
<i>Pregnant and lactating women participating in targeted supplementary feeding (treatment for moderate acute malnutrition)</i>	0%	316%	No data

<sup>7</sup> Actual figures based on figures in SPR 2014

<sup>8</sup> Comparisons made on the yearly planned figures given in SPR 2013 and SPR 2014

Fig. 11 Actual food tonnage (Mt) distributed versus planned by year

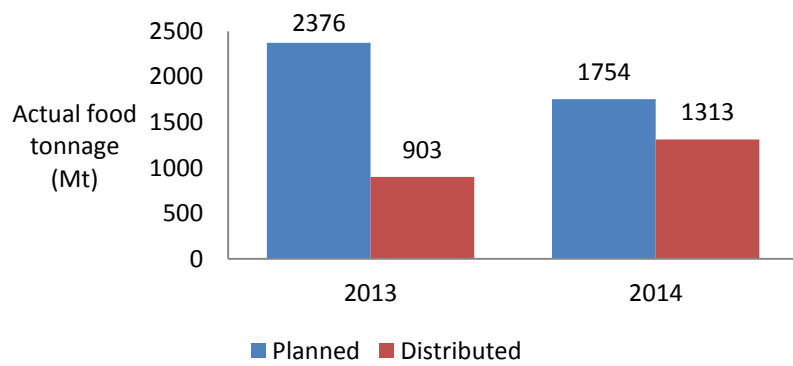
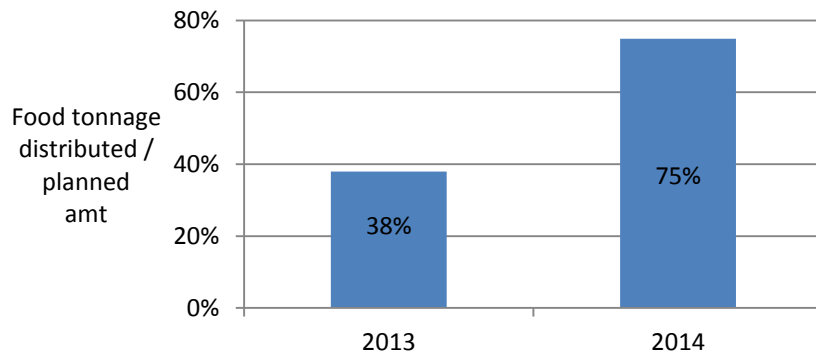


Fig. 12 Actual percentage of food tonnage distributed versus planned amounts by year





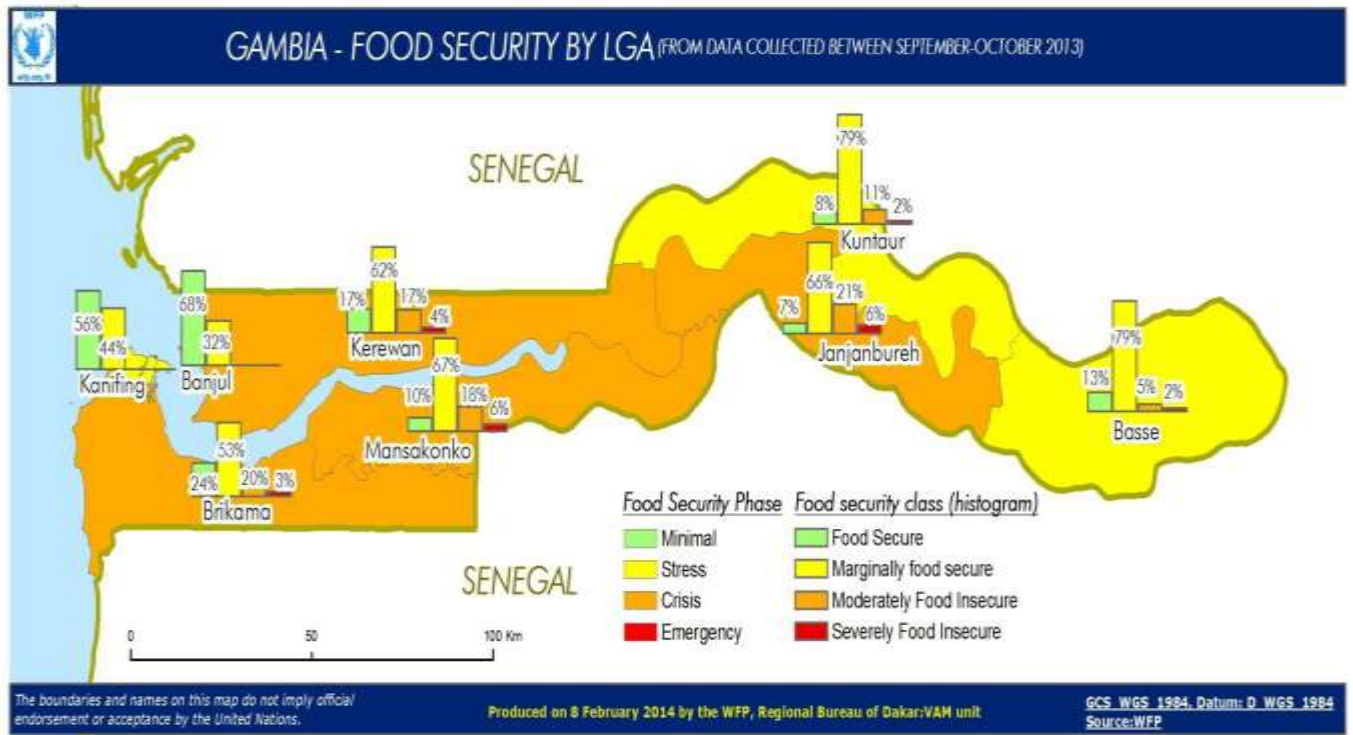
OUTCOMES				
In 2014 the PRRO's outcomes were adjusted to the new Strategic Results Framework (2014-2017). The table below contains the 'Old' strategic objectives, from SRF 2008-2013, and the 'New' strategic objectives, from SRF 2014-2017. The latter contains a new strategic objective (SO4) and new outcomes, particularly under the nutrition programming, but also retains some of the 2008-2013 outcomes. 2015 data has not yet been provided to the ET.				
Key:	Attained	Not attained	Not measured	Not foreseen
		2013	2014	2015
<b>SO2 (Old)</b>	<b>Prevent acute hunger and invest in disaster preparedness and mitigation measures</b>			
	Disaster preparedness index	10		
<b>SO3 (Old)</b>	<b>Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations</b>			
	Prevalence of acute malnutrition among children under 5 (weight-for-height as %)	9.9		
	Percentage of households with acceptable Food Consumption Score	81		
	Percentage of households with borderline Food Consumption Score	14		
<b>SO2 (New)</b>	<b>Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies</b>			
SO2.1	Diet Diversity Score	5	4	No data
	Percentage of households with acceptable FCS	81 (Oct)	84 (Dec)	No data
	Percentage of households with borderline FCS	14 (Oct)	15 (Dec)	No data
	Percentage of households with poor FCS	5 (Oct)	1 (Dec)	No data
<b>SO3 (New)</b>	<b>Reduce risk and enable people, communities and countries to meet their own food and nutrition needs</b>			
SO3.1	Number of WFP-supported national food security and other policies, plans, and mechanisms that improve disaster risk management and climate change adaption	1 (Jul)	3 (Dec)	No data
<b>SO4 (New)</b>	<b>Reduce under-nutrition and break the intergenerational cycle of hunger</b>			
SO4.1	MAM treatment default rate (%)		30 (Feb), 22 (Dec)	No data
	MAM treatment mortality rate (%)		0 (Feb), 0 (Dec)	No data
	MAM treatment non-response rate (%)		0 (Feb), 0.4 (Dec)	No data
	MAM treatment recovery rate		60 (Feb), 75 (Dec)	No data
	Prevalence of acute malnutrition among children under 5 (weight-for-height as %)	9.9 (Dec)	11.1 (Dec)	No data
	Proportion of eligible population who participate in programme (coverage) <sup>9</sup>		0 (Jan), 95 (Dec)	No data
SO4.2	Proportion of eligible population who participate in programme (coverage) <sup>10</sup>	0 (Jun), 33 (Dec)	83 (Dec)	No data

9 Targeted Supplementary Feeding

10 Blanket Supplementary Feeding

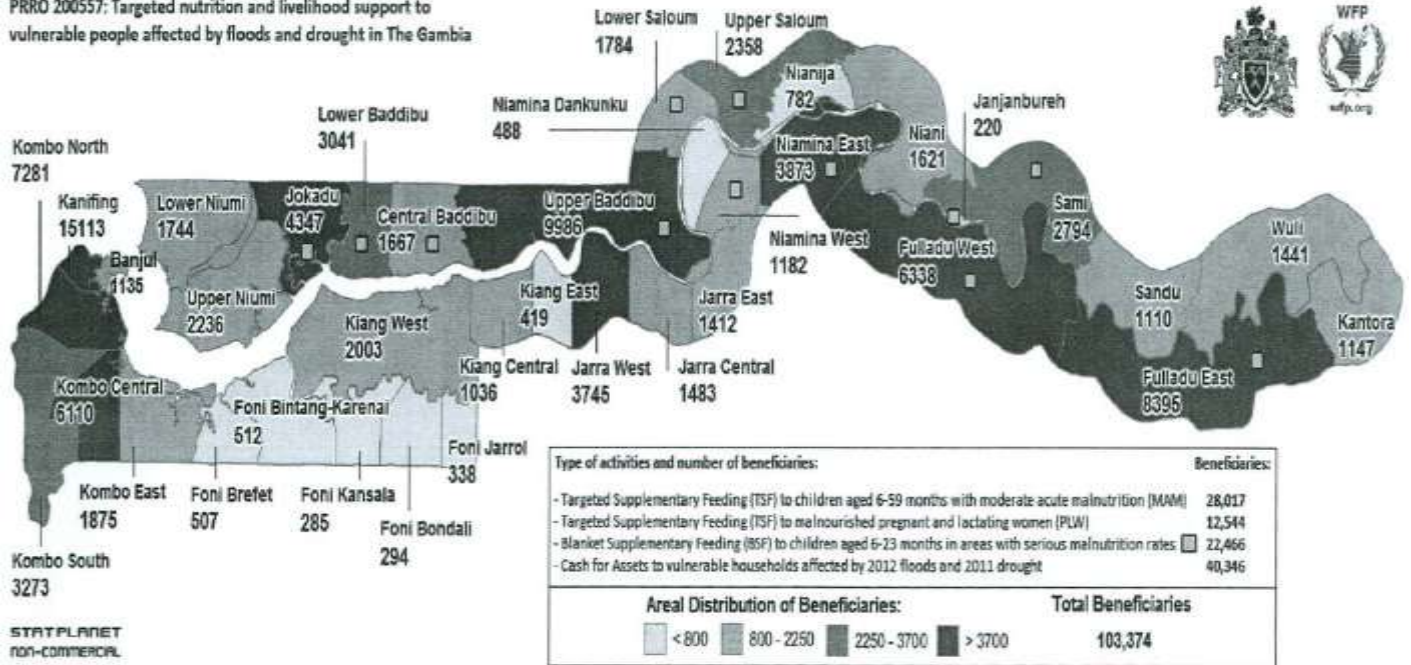
# Operational Maps

## Map 1: Food security in The Gambia

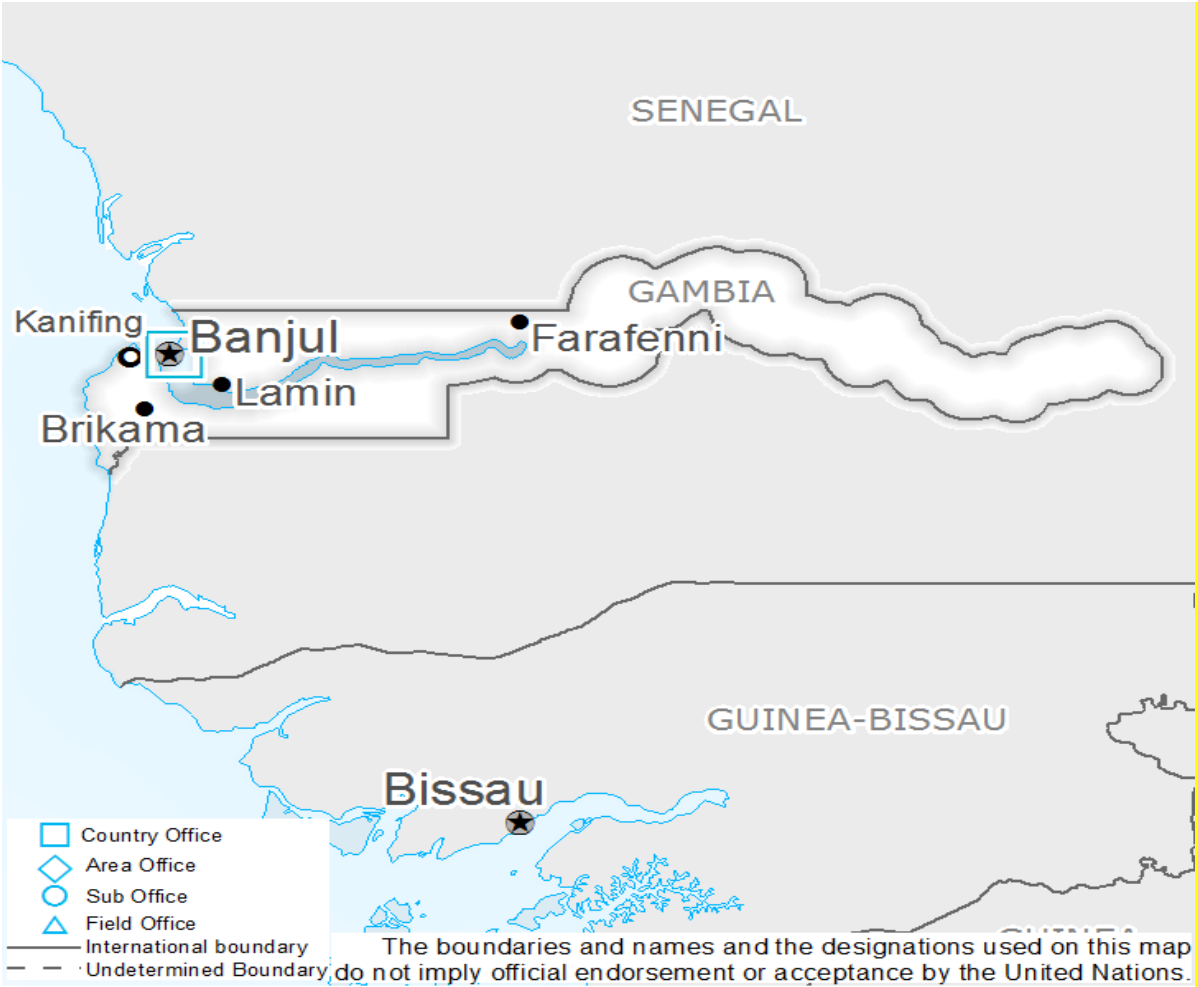


## Map 2: WFP PRRO Targeted Areas

PRRO 200557: Targeted nutrition and livelihood support to vulnerable people affected by floods and drought in The Gambia



**Map 3: WFP Offices in Gambia**



## **Executive Summary**

1. This evaluation of the Protracted Relief and Recovery Operations (PRRO) 200557 took place between September 2015 and January 2016, at the end-point of the PRRO's implementation. The PRRO ran from June 2013 to December 2015 and aimed to (1) support the prevention and treatment of acute malnutrition among children under 5 and pregnant and lactating women; (2) restore and rebuild the livelihoods of the most vulnerable and support their transition to recovery; and (3) support the national disaster risk reduction agenda and enhance government and community capacity in emergency preparedness and response. The main components of the PRRO were nutrition support through blanket supplementary feeding (BSF) to children under 23 months; targeted supplementary feeding (TSF) to children under five and pregnant and lactating women (PLW); livelihoods support through the provision of unconditional cash transfers; and capacity building of government partners in disaster risk reduction (DRR).
2. Situated within the Sahel zone, The Gambia is highly vulnerable to recurrent droughts and floods which lower agricultural productivity and regularly threaten food security. Around 18% of the country's 1.9 million people are food insecure and acute malnutrition among children nationally is at a "serious" level, with a wasting prevalence of 11.5% for children under the age of five, and "critical" levels of wasting found in some regions. Women are particularly vulnerable in this context: despite playing a major socio-economic role in Gambian society, entrenched gender inequality means that their access to land, productive resources, healthcare and educational opportunities remains limited. In 2012 extensive flooding compounded the impact of a widespread drought in 2011, and WFP launched an emergency operation (EMOP) to assist more than 200,000 affected people. At the end of the EMOP in 2012 food security and malnutrition levels remained high, and the WFP Country Office moved to PRRO 200557 in order to support 100,200 of the most affected people across six regions.
3. This independent evaluation of the PRRO was conducted by a three member Evaluation Team (ET) seeking to answer three overarching questions: 1) How appropriate is the operation? 2) What are the results of the operation? and 3) Why and how has the operation produced the observed results? The OECD-DAC criteria of Relevance, Effectiveness, Efficiency, Impact, and Sustainability were used to guide the judgements made in the report. Furthermore, gender and equity considerations were given particular attention throughout the assessment. The ET used a mixed method approach to collect and analyse information. The team began with a desk review of key project documents and progressed to in-country field work that utilized semi-structured key informant interviews; focus group discussions with beneficiaries and direct observation. The ET was in the Gambia for two weeks between September and October 2015, and visited five cash transfer sites, six TSF sites (for children), five TSF sites for pregnant and lactating women and four BSF sites.

### **Evaluation findings**

#### *Appropriateness of the operation (relevance and coherence)*

4. The PRRO was highly appropriate to the needs of food insecure and malnourished populations. TSF and BSF were appropriate interventions for preventing and treating moderate acute malnutrition (MAM). The cash transfer modality was appropriate for helping households increase their spending power to combat food insecurity, but the removal of the livelihoods activities linked to the cash transfer was an overly cautious

approach that overlooked the capacities of the communities over the later stages of the PRRO. The timing of the cash transfers and BSF was also highly appropriate as these components were implemented during the lean season. Targeting of TSF followed national IMAM protocols. Community identification of cash transfer beneficiaries helped communities to accept (to an extent) that only certain households should receive the Cash Transfer (CT); however, underlying issues surrounding the use of targeting remain and caused divisiveness.

5. The PRRO design and objectives are appropriately aligned with WFP's corporate strategy and policies (nutrition, gender and DRM). The PRRO objectives are coherent with the governing policies and priorities in nutrition, agriculture, DRM and social protection, and with the strategic outcomes of UNDAF (Gambia) and the strategic response plan of OCHA. TSF is well aligned the work of UNICEF in treating severely acute malnutrition.
6. However, there are concerns regarding the appropriateness of certain design and implementation aspects. The adequacy of individual food rations is questionable given the extent of intra-household sharing, while that the CT was affected by the decline in dalasi amounts during some months of implementation. Health workers, who were key to the implementation of the nutrition component, were overburdened.

#### *Results of the operation (effectiveness and efficiency)*

7. The results at output and outcome level vary between and within components. For the nutrition component, both BSF and TSF for targeted children aged 6-23 months nearly met or exceeded targets. Over 300% of the target for PLW was realized, likely the result of health workers incorrectly applying the enrolment criteria. MAM treatment outcome indicators were mostly in line with project end targets and SPHERE standards. Still, default rates remained higher than 15% (SPHERE standard). Nutritional surveillance surveys indicate a national decline in GAM prevalence during the PRRO's timeframe, but it is hard to attribute this directly to PRRO through WFP's monitoring and many other factors are likely to be involved. In focus groups discussions, beneficiaries reported positive benefits such as improved strength, weight, appetite and modest savings from substituting the purchase of cereals with the ration. They also reported that weight gain was not sustained after discharge or when operations ended. TSF is also widely acknowledged by health workers as having increased the utilization of health services by children and PLW.
8. The removal of the livelihoods activities ruled out the possibility of achieving the second objective, and the CO's output and outcome indicators were designed to measure the impact of the three CT projects. The component missed its PRRO annual beneficiary and cash amount planned figure, but largely met the donor targets in each of the three cash transfer projects. Overall, 5,079 households (40,632 beneficiaries) received a cash transfer, although the cash amount varies between and within projects. The switch between the PRRO and project reporting indicators makes it very difficult to track the true impact on Food Consumption Scores (FCS) and Dietary Diversity Scores. WFP has been successful in meeting its FCS target for lifting people out of the Poor category, but there are no indications to suggest dietary diversity improved.
9. The CT struggled to meet its gender targets for the collectors of the cash, but the strong male bias in these figures is softened in the household decision making relating to the cash usage. Where WFP has had a direct influence on the activities (gender composition of CT committees and number of female committee members

trained), results are a lot more positive, and it is expected that these have, to some extent, influenced the decision making results.

10. The CT has a worrying unintended impact of being at least temporally divisive within the communities where it is distributed. Most FGD respondents in all areas emphatically stated that they should not be the only ones to receive the cash as they felt that all households were in the same situation of poverty. There were also at least two reports of violence related to the cash transfer, demonstrating that feeling ran particularly high during the cash distribution.
11. The DRR component largely achieved its planned targets for outputs, training most of the people it planned and producing three good quality regional contingency plans for the NDMA. Those involved in the training clearly valued the support given, rating it relevant to their work and well implemented. When questioned on the content of the training, most could recall the technical aspects. Furthermore, the process of capacity building itself was valued highly as the NDMA representatives stated that the contingency planning activities brought DRR stakeholders together and those connections have sustained after the training. The capacity building support is limited by two factors; firstly, plans for post-training adoption were not created, and therefore certain elements (such as the GIS support) were not implemented by the NDMA. Secondly, the capacity building addressed three gaps in the national DRR capacity (one of which – targeting sensitisation – is a broader food security issue rather than DRR) and, therefore, compared to the need for a coherent early warning systems and concerted resilience efforts, the component has had a limited impact.

#### *Factors affecting the results*

12. Several internal factors affected the results of the PRRO. Overall, the CO was very stretched in terms funding, which had consequences for human resources and programme activities. For the former, a lack of livelihoods and gender expertise impeded project design and the use of temporary field monitors affected data quality. However, the CO was fortunate to have a number of dedicated and hardworking staff that made up for some of the deficit. Under the latter, the most noticeable effect is removal of livelihood activities under component 2, and under the nutrition component logistical and distribution challenges delayed food deliveries and increased default rates. The CT amount given to beneficiaries varied during some months because the importance of setting a consistent rate was not fully understood in the planning. Overall, the internal M&E system was adversely affected by understaffing and its coverage. Data collection and outcome measurement were not rigorous and prevent attributing observed CT and nutrition impacts to the PRRO.
13. Externally, partnerships have helped both the nutrition and CT to target and deliver rations. However, the capacity of others caused issues, especially under the nutrition objective. The government has limited health personnel and health workers managing TSF activities were overburdened. Health workers also had insufficient knowledge of beneficiary selection criteria and monitoring which negatively affected operational efficiency and the M&E system.
14. Entrenched social norms and practices affected the results of the PRRO. Social attitudes relating to the concept of targeted assistance have undermined the effectiveness of WFP's support as it is very apparent that the nutrition and cash support is being shared with a far greater extent than intended. A strong patriarchal society has also prevented the PRRO from achieving its gender-related outputs and outcomes. However, WFP managed to create strong partnerships at the community level and with government system, and this facilitated implementation of the PRRO

components. The engagement of local communities in MAM screening helped increase awareness of the relevance of nutrition support and this practice that can be replicated or expanded in future operations.

#### *Overall assessment and conclusions*

15. The PRRO was designed to address important needs in The Gambia during a time of recovery from the severe weather events of 2011 and 2012. The operation is best viewed as a temporary intervention that prevented food and nutritional security declining further during the country's recovery from two significant disaster events. Of the two objectives targeted at those directly affected by these events, WFP appears to have performed markedly better at supporting the prevention and treatment of acute malnutrition than restoring and rebuilding the livelihoods of the most vulnerable. Under the latter, WFP has managed to prevent food insecurity at key points of the year, but little to support people's transition to recovery.
16. Overall, the PRRO has not challenged the underlying causes that heightened people's vulnerability in 2011/2012 and slowed their recovery in 2013. Under the third objective, and through its nutritional capacity building, WFP has helped some way towards improving government capacity to deal with natural disasters and nutritional emergencies. This work should enable better response to disasters in the future, but the objective is constrained by scale and overlooks the need to build community's resilience to flooding, drought, and other natural hazards.
17. The PRRO has varied in its achievement against the DAC criteria. Overall it was highly appropriate to the government policies and beneficiary needs. It has met many of its targets, but suffers greatly from poor monitoring and evaluation, making it difficult to state its true effectiveness and impact. As many of its activities were closer to humanitarian than development support, its sustainability is low/medium, but the CO has shown that it is capable of improving the lasting impact of its interventions through its capacity building support.

#### *Recommendations*

18. Food and nutrition insecurity remain serious issues in The Gambia. The CO should consider a longer-term programming modality and spend adequate time in the design stages thoroughly assessing the inter-connected issues of food production, malnutrition, disaster vulnerability, gender inequality, and government capacity. Ten specific recommendations for current and future programming are:

**R.1 Improve logistics and delivery processes to increase efficiency and effectiveness.** In future nutrition operations, the CO should assess the geographical distribution of beneficiaries in each region and consider increasing the number of community level distribution points in under-served catchment areas. In the absence of CHNs, management of these distribution points could be given to community based groups. Wide-reaching food distribution would not only reduce default rates but encourage early presentation of MAM cases.

**R.2. Develop a holistic DRR capacity building strategy.** The CO should immediately start to develop a capacity building strategy that clearly states its goals for The Gambia and plots the steps for achieving them. An analysis of critical gaps in technical and management capacities of key institutions should be conducted by the CO so it can prioritise and design more targeted interventions.

**R.3. Promote the concept of Resilience to break the cycle of vulnerability.** Over the course of 2016 the CO should act as a catalyst to develop an understanding



of Resilience as an applied concept in The Gambia. As a first step in this, the CO, with technical support from RB and HQ, should convene a workshop before the end of March 2016 for those working on resilience that leads to a WFP-led road map with short and medium term strategies for integrating resilience as an applied concept.

**R.4. Reduce the divisiveness of the cash transfer through creative distribution.** CT must be accompanied by greater measures to reduce the divisiveness caused by its introduction. Two options are: 1) convert to vouchers and/or 2) deliver through less public channels, such as women's groups. The advantage of the latter option is that the cash can be ostensibly tied as payment to the groups' regular development-orientated activities, thus reducing the perceived injustice to non-participants.

**R5. Design a longer term livelihood programme linking farmers to reliable markets and nutrition.** In its planning stages for post-PRRO programme, the CO should design a longer-term livelihood intervention that encourages financial asset building by purposely linking rural farmers to existing reliable markets. Livelihoods/market expertise, either installed at the CO level and/or on a temporary from the RB or HQ will be needed in the design stages. The programme should be based on a thorough livelihoods assessment.

**R6. Take pro-active measures against gender bias and inequality.** In future operations, the CO with the support of RB and HQ, should spend time developing a gender strategy which, in the medium- to long-term engagements, engages and empowers women. This can include delivering CT through women's groups, tying the receipt of CT to gender sensitive conditions (e.g. women's training in agriculture, financial literacy or small business entrepreneurship) and using vouchers.

**R7. Adopt strategies for maximizing nutritional benefits and sustaining recovery rates for beneficiaries.** WFP could consider measuring the extent of sharing within and between households. Depending on the extent of leakage, and considering the costs and effect, a number of strategies can be adopted to limit intra-household sharing (elimination is unrealistic). One option is the provision of "protective" family food rations or ready-to-use supplementary food (RUSF) rations.

**R8. Facilitate the central Early Warning System.** The CO should immediately deepen its involvement in the planning process for the national EWS. Ideally, the EWS should be developed in time for the 2016 planting season, but although this is probably an unrealistic goal the CO should nevertheless advocate for the process to be expedited so that it is definitely operational before the 2017 planting season.

**R9. Strengthen and integrate M&E activities.** In the design stage of future operations, the CO with RB and HQ support should embed thorough M&E processes that cover all stages of programme implementation. To demonstrate effectiveness, baselines and comparison groups, followed by rigorous impact assessments are essential. Generally, all outcome data should be disaggregated by site, age and sex and the system should record information on the degree of overlap in beneficiary participation in the different components of future operations.

**R10. Enhance capacities and strengthen support mechanisms for field level health staff managing MAM treatment.** In future operations, and at formally designated intervals, WFP should assess the capacities of health workers in MAM screening and data management and provide refresher training to strengthen skills. WFP can also provide additional technical support by placing dedicated staff at field level to coach and provide on-the job training.

# 1. Introduction

## 1.1 Evaluation Features

1. *Purpose:* In the context of a renewed corporate emphasis on providing evidence and accountability for results, WFP's Office of Evaluation (OEV), in consultation with The Gambian Country Office (CO) and the West African Regional Bureau (RB) in Dakar, Senegal, and selected the former's Protracted Relief and Recovery Operation (PRRO) 200557 for an independent evaluation in 2015. Selection assessed the utility of the evaluation (its timeliness and the coverage of recent/planned evaluations) and considered a wide range of operational and external risks. In September 2015 JaRco Consulting was selected to conduct the evaluation. (Terms of reference for the assignment are attached in Annex 2).
2. The PRRO 200557 ran from June 2013 to December 2015, and this end-point evaluation specifically generates findings that will feed into the planning and design of any subsequent WFP support in The Gambia. Internally, the CO, RB, OEV, and WFP's Executive Board are key stakeholders, with interests ranging from operational decision making to oversight and learning. External stakeholders include the PRRO beneficiaries, The Government of The Gambia, the United Nations Country Team (UNCT), Non-Governmental Organisations (NGOs), and donors.
3. *Scope and focus:* The evaluation examines the activities and processes related to the PRRO's formulation, implementation, resourcing, monitoring and evaluation in the timeframe between the design stages and the close of this evaluation (January 2013 – January 2016). It assesses the PRRO through three overarching evaluation questions: 1) How appropriate is the operation? 2) What are the results of the operation? and 3) Why and how has the operation produced the observed results? The OECD-DAC criteria of Relevance, Effectiveness, Efficiency, Impact, and Sustainability were used to guide and explain the judgements made in the report.
4. The way in which WFP works with and meets the needs of women, men, and vulnerable groups in The Gambia is the central consideration in assessing the PRRO's performance. As these groups experience humanitarian assistance differently the evaluation team (ET) explicitly explored gender and equity concerns - the extent to which women and other vulnerable groups could access and participate in PRRO activities is analysed,<sup>11</sup> but the ET goes beyond this to understand the impact on women's empowerment and the influence of social norms on WFP's results.
5. *Evaluation process:* The evaluation took place between September 2015 and January 2016, performed by an ET consisting of three members: a nutrition/social protection specialist (team leader); a disaster management/M&E specialist; and a livelihood specialist. An inception package (IP) detailing how the ET would answer the three core evaluation questions was accepted by OEV, CO, and RB in September 2015 (see Annex 3 and Annex 4).
6. A mix-methods approach was used to collect data that would help answer the three evaluation questions. Quantitative data was captured exclusively from a document review of secondary sources (i.e. WFP's corporate and project reporting and national statistics). Qualitative information was gathered mainly through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), although secondary written

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<sup>11</sup> This was particularly relevant for cash-transfer and capacity-building activities, and less so for the nutrition food provision, which was targeted solely at women.

sources were also used. The ET verified both primary and secondary data through triangulation with and between the two sets of data.

7. The ET conducted a field mission between 28<sup>th</sup> September and 13<sup>th</sup> October to collect primary data and validate information from a broad range of stakeholders relevant to the PRRO design and implementation.<sup>12</sup> Purposive sampling allowed the ET to gather a large amount of information from the most pertinent people, places and documents. To understand the processes involved in the design, implementation and management of the PRRO, KIIs were conducted at the institutional level. To understand how the activities were implemented and their impact on people within The Gambia, the ET conducted site visits over seven days. Again, the site visits were chosen purposively to gather data from: 1) all PRRO activities, 2) a roughly proportional mix of both rural and urban areas, and 3) a roughly proportional mix of areas that are easily accessible and those that are more difficult to access.
8. In total 20 operational sites were visited: five for the cash transfer (CT) project, six where Target Supplementary Feeding sites was provided to children under the age of 5 years (TSF-U5), five where TSF targeted Pregnant and Lactating Women, and four where Blanket Supplementary Feeding was implemented. At these sites, FGDs and KIIs were conducted at two levels: 1) the beneficiary and implementer level to capture a range of perspectives on the support given by WFP, and 2) the market level to ascertain the impact of the CT on market traders.
9. *Limitations:* The main limitation to the evaluation is the reliance on secondary quantitative data from the PRRO's reporting, which, for some of the components, is limited. Thorough data presentation using the Standard Project Reports (SPRs) is, at the time of writing, only available up to 2014, and to assess work conducted in 2015 the ET has pieced together data from various project monitoring documents, some of which are currently in draft form. Limited time during the field prevented the ET from meeting everyone they felt held important information on the PRRO. Non-participants in the PRRO (households not selected for CT) were a notable omission, and their perspectives on non-participation in the PRRO are not recorded. The ET would have liked to spend more time in each CT site to talk at greater length with communities about the impact of the cash on their social cohesion. Nevertheless, the ET was able to triangulate information from both secondary sources and primary data collected from KII and FGDs, and thereby substantiate findings that address the gaps in the secondary data. Overall, despite these limitations, it was possible to perform an informative assessment of the PRRO.

## **1.2 Country Context**

10. Situated in West Africa, The Gambia is the smallest country on the continent and is entirely surrounded by Senegal save for its 80 km coastline on the Atlantic Ocean. Moving inland along the flood plains on both sides of the Gambian river, the country is divided into 8 Local Government Areas: Banjul (the capital, situated at the river's mouth), Kanifing, Brikama, Janjanbureh, Kuntaur, Mansakonko, Kerewan, and Basse. In 2007 these were laid over the regional divisions: Central River Region (CRR), Lower River Region (LRR), North Bank Region (NBR), Upper River Region (URR) and West Coast Region (WCR). The regions are further demarcated into 43

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<sup>12</sup>At the end of the field mission, the ET held an internal debriefing with WFP staff from the CO, RB and OEV, and an external briefing with Government and other partners.

districts. Almost half of the land is forested, and the flood plain terrain is bordered by low hills.

11. The Gambia's population of 1.9 million people is predominately young, and urban-based,<sup>13</sup> and is made up of various ethnic groups, including Mandinka, Fula, Wolof, Jola, Serahuli and others.<sup>14</sup> The economy is based primarily on agriculture, tourism, fisheries, services and trade. Of these, agriculture is the leading sector, accounting for approximately 25 percent of Gross Domestic Product. However, subsistence agriculture predominates, and a range of factors, including low usage rates of modern farming techniques, has limited the number of cash crops to one – groundnuts – the export of which accounts for 40% of foreign currency earnings.

#### *Poverty context*

12. Despite Gambia's relative political stability under President Yahya Jammeh (since 1994), economic prosperity has not manifested widely.<sup>15</sup> The economy is based primarily on agriculture, tourism, fisheries, services and trade, with, agriculture accounting for approximately 25 percent of Gross Domestic Product. However, subsistence agriculture predominates, and a range of factors, including low usage rates of modern farming techniques, has limited the number of cash crops to one – groundnuts – the export of which accounts for 40% of foreign currency earnings. The economy also relies heavily on remittances, which make up 20% of the country's GDP.<sup>16</sup> The country's GDP in 2014 was estimated at USD 825 million (USD 3.082 billion, purchasing power parity levels), with a real growth rate from the previous year of 0.2%.<sup>17</sup> Per capita, purchasing power parity GDP is \$1,600 as of 2014.
13. Various indices demonstrate the extent of poverty and inequality in Gambia. The Human Development Index ranks the country 172 out of 187 and in the low human development category. It is estimated that over 48% of the population live below the poverty line, and, according to the Multidimensional Poverty Index, which identifies deprivations in health, education and standard of living, 60.8% are multi-dimensionally poor, while an additional 15.7 % are close to this threshold.<sup>18</sup>
14. In the Gender Inequality Index, which looks at reproductive health, empowerment and economic activity, Gambia's value is 0.624, ranking it 137 out of 149 countries in 2013.<sup>19</sup> Women constitute only 9.4% of parliamentary representatives.<sup>20</sup> There is significant gender imbalance in the labour market. Women occupy a fifth of the civil service jobs and a disproportionate proportion of management positions are occupied by men (four times as women) even when under qualified. Even though women constitute 45% of the economically active population, they occupy only 9.4% of the skilled labour force while they dominate the unskilled labour category (62%).<sup>21</sup>
15. Life expectancy in The Gambia is just over 64 years. The most significant health challenges in the country are related to reproductive health, under five mortality,

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13 [http://www.fao.org/ag/AGN/nutrition/GMB\\_en.stm](http://www.fao.org/ag/AGN/nutrition/GMB_en.stm)

14 [https://www.cia.gov/library/publications/the-world-factbook/geos/print/country/countrypdf\\_ga.pdf](https://www.cia.gov/library/publications/the-world-factbook/geos/print/country/countrypdf_ga.pdf)

15 <http://www.bbc.com/news/world-africa-24383225>

16 <http://standard.gm/site/news/6933-Remittances-flow-Gambia-others-decelerate-2015.html>

17 *ibid*

18 *ibid*

19 [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/GMB.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/GMB.pdf)

20 Government of the Gambia. 2014. MDG status report.

21 Sources: 1) Ministry of Women's Affairs (MWA). (2009) The Gambia National Gender Policy 2010-2020. Banjul: MWA and 2) African Development Bank Group (AfDB). (2011). The Gambia: country gender profile.

nutrition, malaria and tuberculosis.<sup>22</sup> The infant mortality rate is 34 per 1,000 live births and the maternal mortality rate is 433 per 100,000 live births, one of the highest in the world.<sup>23</sup> There has been a necessary increase in the number of health facilities in the past few years, though poor quality of services reduces the effectiveness of the health system.<sup>24</sup>

### *Food and nutrition*

16. The typical Gambian diet consists of cereals (mainly rice and millet, and some sorghum, maize and wheat), as well as vegetables, milk, fish and groundnuts. Meat, fruits and eggs are consumed only about once a week by Gambian households. Recently, the use of vegetable oils and sweeteners has increased substantially, though poorer households struggle to integrate in their diets commodities such as fruit, eggs, milk and sugar.<sup>25</sup> About 60 percent of people in Gambia rely on the agricultural sector for their food consumption and income. However, the country has a self-sufficiency ratio of only 50 percent, which show structural food deficit, and is very reliant on imports of rice and other foods.
17. Domestic production is typically low due to a reliance on rain-fed agriculture in 200,000 of the 558,000 hectares of arable land, minimal usage of modern farming techniques, and a lack of markets and storage facilities leading to post-harvest losses.<sup>26</sup> Low productivity is exacerbated by recurrent disasters and entrenched poverty, contributing to significant food insecurity across the nation.<sup>27</sup> The Gambia is vulnerable to periodic drought because it is part of the arid Sahel Zone between the Sahara Desert and the coastal rain forest, and over the past years the country has experienced serious drought, floods, fires and locust infestation, as well as variable rainfall making agricultural planning difficult.<sup>28</sup>
18. As a food deficient country, import of staples - specifically sugar, cooking oil, flour, potatoes, onions and cereals, particularly during the lean season period – is important source of food. However, domestic prices for cereals are affected by international price fluctuations, domestic tax policies, and the national currency (Dalasi, GMD) exchange rate. As the Dalasi depreciates against major international currencies, increasing food prices become a significant constraint for Poor and Very Poor households in accessing food.<sup>29</sup>
19. The combination of these factors, rather than agricultural production alone, thwarts food security in The Gambia. This was evident in 2013, when the country harvested 227,000 tonnes of cereals - above the average for the previous five years (225000 tonnes) - but still suffered from wide-scale food insecurity.<sup>30</sup> The Global Hunger Index ranked The Gambia in the ‘serious’ hunger range, and 39<sup>th</sup> out of 79 countries.

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22 [http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/GAMBIA%20Gender%20Profil%20final%20\(2\).pdf](http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/GAMBIA%20Gender%20Profil%20final%20(2).pdf)

23 The Gambia MDG status report, 2014; (using 2013 data)

24 [http://www.fao.org/ag/AGN/nutrition/GMB\\_en.stm](http://www.fao.org/ag/AGN/nutrition/GMB_en.stm)

25 Ibid.

26 [http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/GAMBIA%20Gender%20Profil%20final%20\(2\).pdf](http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/GAMBIA%20Gender%20Profil%20final%20(2).pdf)

27 [http://www.fao.org/ag/AGN/nutrition/GMB\\_en.stm](http://www.fao.org/ag/AGN/nutrition/GMB_en.stm)

28 [http://www.preventionweb.net/files/10881\\_GambiaDisasterManagmntPolicyJulo7.pdf](http://www.preventionweb.net/files/10881_GambiaDisasterManagmntPolicyJulo7.pdf)

29 The Economist. 2013, August 20th. “Currency to be pegged to US dollar.” <http://country.eiu.com/article.aspx?articleid=670860451&Country=Gambia&topic=Economy&subtopic=Forecast&subsubtopic=Exchange+rates&u=1&pid=1823286966&oid=1823286966&uid=1>

30 [http://www.fao.org/giews/countrybrief/country/GMB/pdf\\_archive/GMB\\_Archive.pdf](http://www.fao.org/giews/countrybrief/country/GMB/pdf_archive/GMB_Archive.pdf), [http://reliefweb.int/sites/reliefweb.int/files/resources/GMB\\_1.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/GMB_1.pdf)

According to WFP, 18 percent of the population in Gambia is currently food insecure, while the Comprehensive Food Security and Vulnerability Assessment (CFSVA) found 66 percent of households have some form of food insecurity.<sup>31</sup>

20. Food insecurity, along with other factors, has undermined nutrition levels. The 2013 Demographic Health Survey (DHS) indicates that global acute malnutrition (GAM) is up to 11.5 percent while two regions (Central and Upper River) register rates above the 15 percent emergency threshold. According to the World Health Organization classification of GAM, The Gambia's nutritional condition is serious. The 2013 DHS also exposes a high level of chronic malnutrition, with 25 percent children under the age of five years living with stunting. Regional disparities of stunting exist, with 30.1 % prevalence in CRR, 25.2 % in NBR and 25.6 % in URR North.<sup>32</sup>
21. In 2011 and 2012 a serious food security crisis affected over 18 million people across the Sahel region. The Gambia was particularly affected due to the existing drought conditions that had severely affected food availability, seed security and combined with high malnutrition levels.<sup>33</sup> In response, WFP launched an emergency operation (EMOP) in 2012 to assist more than 200,000 people.<sup>34</sup> However, during the rains in September-October 2012 strong floods and windstorms affected almost 34,000 people and resulted in over 7,500 people being displaced.
22. WFP's Protracted Relief and Recovery Operation (PRRO 200557) targeted 100,200 beneficiaries in six regions over two and a half years from June 2013. It was intended to (1) support the prevention and treatment of acute malnutrition among children under 5 and pregnant and lactating women; (2) Restore and rebuild the livelihoods of the most vulnerable and support their transition to recovery; and (3) support the national disaster risk reduction agenda and enhance government and community capacity in emergency preparedness and response. The PRRO closes at a time when food insecurity in The Gambia looks as precarious as at the beginning of the 2011/2012 Sahel food crisis, and ECHO reported that in May 2015 close to 7.5 million people across the Sahel required emergency food assistance.<sup>35</sup>

#### *Policy context*

23. The Government of The Gambia addresses the challenges of recurrent hazards, food insecurity, malnutrition and poverty through key policies and strategies. These policies and strategies created an enabling environment for the implementation of the PRRO. Food security, social protection gender equality and empowerment, DRR and climate change are cross cutting objectives in the fifth pillar of the 2012-2015 national development plan called the Programme for Accelerated Growth and Employment (PAGE).<sup>36</sup> Also relevant to the PRRO was the Agricultural and Natural Resources Policy (ANRP) 2009-2015, which included aims to sustainably increasing food and nutrition security. Priority 6 country's National Nutrition Policy (NNP 2010-2020) clearly includes the management and treatment of moderately malnourished children as a strategy for reducing malnutrition among vulnerable

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31 WFP. 2011. Comprehensive Food Security and Vulnerability Analysis(CFSVA) of The Gambia.

32 UNICEF/Government of the Gambia, Smart Survey, 2012

33 [http://www.preventionweb.net/files/10881\\_GambiaDisasterManagmntPolicyJulo7.pdf](http://www.preventionweb.net/files/10881_GambiaDisasterManagmntPolicyJulo7.pdf)

34 <https://www.wfp.org/countries/gambia>

35 ECHO, SAHEL Food and nutrition crisis, ECHO CRISIS REPORT No. 9, May, 2015.

36 Available on [http://eeas.europa.eu/delegations/gambia/documents/about\\_us/page\\_2012\\_2015\\_en.pdf](http://eeas.europa.eu/delegations/gambia/documents/about_us/page_2012_2015_en.pdf)

populations, while Priorities 8 and 10 of the NNP focus on the socio-economically and nutritionally deprived and vulnerable groups during emergencies.<sup>37</sup>

24. Other policies relevant to the PRRO focus on disaster risk reduction, gender and social protection. The government's National Disaster Risk Reduction & Management Policy (DRRM 2013) aims to improve the effectiveness of preparedness, risk reduction and humanitarian response to disasters by, among other strategies, strengthening institutional capacities to disaster risk reduction and resilience building. The Gender and Women Empowerment Policy (2010-2020) includes women's empowerment, poverty reduction, economic empowerment and livelihoods development as priority areas of action.<sup>38</sup> Joining the policy environment is the recently finalized National Social Protection Policy 2015-2025 (NSPP) which is intended to contribute to poverty and vulnerability reduction in line with PAGE (2012-2015). Four priority policy areas focus on improving the welfare of the poorest, protecting the vulnerable from transitory shocks, promoting livelihoods and incomes of the poorest and most vulnerable and reducing exposure to social risks and vulnerabilities (discrimination and exclusion).

### **1.3 Operation overview**

#### **PRRO Objective 1: Support the prevention and treatment of acute malnutrition among children under 5 and pregnant and lactating women**

25. The nutrition component of the PRRO 2005<sup>37</sup> supports malnourished at-risk children and PLW. With the objective of stabilizing the nutritional and health levels in regions with high malnutrition and food insecurity, WFP implemented the following interventions: BSF for children aged 6-23 months, TSF for children aged 6-59 months, and TSF for PLW. Beneficiaries and caregivers also received education in key health and nutrition practices, such as dietary diversity, better utilisation of local nutritious foods, appropriate infant and young child feeding, use of clean water, sanitation and hygiene.
26. The targeted interventions aimed to treat MAM among children and PLW and planned to follow IMAM guidelines for enrolment. The planned duration of MAM treatment among children was 90 days and the planned duration of treatment for PLW was 270 days as per national protocol (from as early as the third trimester of pregnancy until their baby was six months old). Children admitted into TSF included those who were discharged from the severe acute malnutrition (SAM) therapeutic feeding programme managed by UNICEF. Both the TSF for children and the feeding for PLW were originally planned for all regions in the country. However, TSF assisted children in only three regions (CRR, URR and NBR) and was not extended to other regions according to the original plan. The TSF for children aged 6-59 months was operational from September 2013 to August 2015. TSF for PLW was operational from March to August 2014. The BSF aimed to prevent MAM and reduce the risk of mortality among children during the lean season (targeting only those children without SAM). It was operational in two phases:<sup>39</sup> August to December 2013 and June to August 2014 (during the lean season), and in two regions (CRR and URR).

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<sup>37</sup> The Gambia, 2010. National Nutritional Policy (2010-2020)

<sup>38</sup> Government of the Gambia, 2010. Gender and Women Empowerment Policy 2010-2020.

<sup>39</sup>A BSF intervention was previously implemented during the emergency operation (EMOP 200421) in 2012.

27. Designated partners for the interventions were The National Nutrition Agency (NaNA), National Disaster Management Agency (NDMA), Ministry of Health and Social Welfare (MoHSW), UNICEF's SAM programme and community based groups.

**PRRO Objective 2: Restore and rebuild the livelihoods of the most vulnerable and support their transition to recovery.**

28. In the initial design of the PRRO it was intended that activities would be implemented to support Poor and Very Poor households in rebuilding and improving their livelihoods. Beneficiaries were to contribute some form of labour in exchange for a monthly cash amount. However, the livelihoods component did not take place during the PRRO, and instead three separate unconditional cash transfer projects were implemented with the objective of stabilising food security during the lean seasons. All three CT projects were implemented in Central River Region (both CRR North and South). Between September and December 2014 an ECHO funded project was implemented in Niamina West and Niamina Dankunku districts, and in 2015 two projects - one CERF funded, operational from March to June, and the other ECHO funded between May to August - were implemented in Niani, Nianija and Upper Fulladu West districts.

29. The CT targeting criteria was designed to reach the 'Very Poor', and particular priority was given to households that are either: 1) female-headed with children, 2) landless and sell their labour, 3) labour deficient, or 4) households with people living with disabilities. In all three phases, households were selected using the Household Economy Approach, and communities self-identified which households they considered to be 'Better off', 'Poor' or 'Very Poor'.<sup>40</sup> During each project timeframe, cash was distributed on a monthly basis and each enrolled household sent a representative to collect the dalasi amount from a designated point on a designated day. The amount given (See Section 2.2) was intended to provide for 80% of basic food requirements for a household of eight people. There were no conditions on the use of the cash, but 'soft' messages were used to encourage people to buy food and to consider gender balanced collection of and decision-making for the cash. The CT was accompanied by nutritional education around some distribution points.

30. In all projects the CT was implemented in partnership with the National Disaster Management Agency (NDMA), who helped coordinate the intervention, and the Gambia Bureau of Statistics (GBoS), who provided support for the district level targeting through mapping and support with population and demographic information. Reliance Financial Services managed the transfer of funds to beneficiaries at selected sites. The NaNA provided nutrition education and cooking demonstrations at selected distribution sites. In the 2015 projects, the Gambia Red Cross Society undertook community level mobilization.

**PRRO Objective 3: Support the national disaster risk reduction agenda and enhance government and community capacity in emergency preparedness and response**

31. Financed through a trust fund, WFP has provided trainings and technical support to various government departments with the objective of increasing capacity in disaster risk reduction. All support was provided in 2014, when funding became available. The major components of the capacity building included:

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<sup>40</sup> In some communities in the 2015 phases, four categories were used: Very Poor, Poor, Medium, and Better Off.



- a. Training in Geographic Information Systems (GIS) for GBoS (at the national level) and the NDMA (at national and regional levels)
  - b. Support to the national and regional NDMA structures to create three multi-hazard contingency plans (one each for Kanifing Municipality, Banjul City, and North Bank region)
  - c. Sensitization on the concept of targeting for food security programme to national assembly members, district government bodies, NGOs. (in all regions)
32. The trainings were provided through a combination of WFP's CO and RB staff. A disaster risk reduction (DRR) expert from the RB led the training for contingency planning at the national and sub-national levels, and Senior Management Team members from the CO led the sensitisation meetings on targeting.

## **2. Evaluation Findings**

33. This section makes up the body of the evaluation. It is divided into three subsections: Section 2.1 addresses the appropriateness of the PRRO. Section 2.2 presents the results of the operation in terms of outputs and outcomes, and analyses the performance results in terms of effectiveness, efficiency, impact and sustainability. Section 2.3 examines both the internal and external factors that shaped the results and the overall PRRO performance. The different components of the PRRO, which represent different PRRO objectives, will hereafter be referred to in their shorter form as Nutrition, Livelihoods and Disaster Risk Reduction capacity building.

### **2.1 Appropriateness of the operation**

34. The PRRO is assessed here by how appropriate it was for The Gambia context during the operation's timeframe (2013-2015). It looks at what was required around that time to secure food and nutrition security and whether the objectives, activities and targeting of the PRRO were sufficient and suitable to do this. It also assesses the PRRO's alignment and coherence with government programmes, the UN system, and the work of other partners.
35. All three components of the PRRO were fully aligned with and guided by WFP's Strategic Objectives (Strategic Plan 2014-2017). The development and measurement of performance outcomes of the PRRO components were also guided by WFP's nutrition, gender and DRM policies and the normative guidance on Food for Assets (FFA). The PRRO components also contributed to the fulfilment of the Millennium Development Goals (MDGs); 1) eradicate extreme poverty and hunger; 3) promote gender equality and empower women; 4) reduce child mortality; 5) improve maternal health; and 7) ensure environmental sustainability.

#### **Nutrition**

36. Assessed first by the population's needs, the nutrition component was relevant and appropriate. In the aftermath of the climate-induced shocks of 2011 and 2012, levels of malnutrition and food insecurity were high, warranting an intervention. Using the 2013 National Demographic and Health Survey (DHS), Table 1 shows that national prevalence levels of GAM, stunting and underweight were between medium-high.

Table 1: Nutritional status of children under 5 and women of reproductive age in 2013

	Children under the age of 5				Women aged 15-49 years
	Pop' size	Underweight % < 18.5 BMI	Stunting % < -2 SD	Underweight % below -2 SD	Underweight % < 18.5 BMI
WHO severity of malnutrition by prevalence ranges (%)		Very high ≥15% High = 10-14 Medium = 5-9 Low < 5	Very high ≥40% High = 30-39 Medium = 20-29 Low < 20	Very high ≥ 30% High = 20-29 Medium = 10-19 Low < 10	N/A
Banjul	31,301	9.2	12.2	12.2	12
Kanifing	382,096	11.3	23.3	11.7	10.9
Brikama (WCR)	699,704	9	17.8	10.2	16.5
Mansankonko (LRR)*	82,361	10.5	27.3	18.5	21.5
Kerewan (NBR)*	221,054	9.5	24.9	15.9	21.4
Kuntaur (CRRN)*	99,108	16.1	29.3	25.6	18.8
Janjanbureh* (CRRS)	126,910	11.4	34.5	26.9	23.8
Basse (URR)*	239,916	16.9	32.1	23.2	17.2
<b>National</b>	<b>1,882,450</b>	<b>11.5</b>	<b>24.5</b>	<b>16.2</b>	<b>16.7</b>
<b>WHO classification</b>		<b>High</b>	<b>Medium</b>	<b>Medium</b>	<b>N/A</b>

\*WFP BSF and TSF implementation regions.

Legend for Severity:



Sources: Population size from the Gambia 2013 Population and Housing Census. Malnutrition prevalence data by LGA are from the Gambia DHS 2013. WHO severity categories from <http://www.who.int/nutgrowthdb/about/introduction/en/index5.html>

37. There were also particular nutritional concerns at the regional level, with URR and CRR being the worst affected areas. Both regions had “very high” GAM rates at the time and three other regions registered above the “high” threshold.<sup>41</sup> CRR and URR were particularly affected by stunting and underweight, with “high” prevalence levels for both of these types of malnutrition. The nutritional status of women of reproductive age is critical for both maternal and child nutrition, and the DHS shows that the highest percentages of underweight women of reproductive age were in URR (Janjanbureh, 23.8%) followed by LRR (Mansakonko, 21.5%) and NBR (Kerewan, 21.4%). The other two regions, WCR and URR, had proportions of underweight women which were above 16%. Overall, geographic targeting for the nutrition support was appropriate for the populations, particularly for CRR and URR.
38. Although malnutrition was common among children, prevalence in particular age groupings was significantly higher than the average. Table 2 presents the age-disaggregated data for GAM, stunting and underweight prevalence levels among children under 5 years. GAM rates are “very high” among children aged 0-8 months. Among children aged 0-23 months, GAM rates are above the 10% threshold. Stunting is “high” (30-39%) among children aged 18-35 months.

<sup>41</sup> Validating this, anthropometric data for children aged 6-59 months from the 2012 Standardized Monitoring and Assessment of Relief and Transitions (SMART) showed that URR and CRR regions had “high” GAM rates

Table 2: Levels of stunting, wasting, and underweight in children under 5 in 2013

Age in months	Wasting (GAM) % < -2 SD	Stunting % < -2 SD	Underweight % < -2 SD
WHO severity of malnutrition by prevalence ranges (%)	Very high ≥ 15% High = 10-14 Medium = 5-9 Low < 5	Very high ≥ 40 % High = 30-39 Medium = 20-29 Low < 20	Very high ≥ 30% High = 20-29 Medium = 10-19 Low < 10
<6	18.8	13.9	8.5
6-8	16.5	9.0	11.9
9-11	14.2	17.4	17.8
12-17	18.0	23.5	17.8
18-23	10.4	32.3	19.7
24-35	7.7	34.2	18.4
36-45	8.3	25.5	16.3
48-59	8.1	23.5	16.6
<b>National</b>	<b>11.5</b>	<b>24.5</b>	<b>16.2</b>
<b>WHO classification</b>	<b>High</b>	<b>Medium</b>	<b>Medium</b>

Legend:

Very high	High
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39. Further analysis of the DHS nutritional data shows that only 47% of the infants under the age of 6 months were exclusively breastfed in accordance with WHO recommendations, and around 92% of the children aged 6-23 months were not exposed to proper infant and young child feeding (IYCF) practices. Therefore, the nutrition education activities accompanying BSF and TSF interventions (and also delivered as part of the cash transfer under Objective 2) were designed to fulfil a major need for the appropriate demographic.
40. The nutrition interventions were appropriately aimed at reducing the incidence of malnutrition among children and PLW in drought and flood affected households. The timing was well planned: BSF assistance was provided during the rainy or lean season, a time when people are at highest risk of malnutrition because of food shortages and the synergistic and cyclical interactions of communicable diseases.<sup>42</sup>
41. The nutrition support was provided in the form of take-home rations, which were chosen over on-site feeding as they are less resource intensive and allow caregivers to fully engage with their malnourished children. The food ration provided to the beneficiaries followed the WFP global guidelines for supplement choice, composition and size. The ration was composed of corn and soya blend (CSB++ for children and or CSB+ for PLW). Beneficiaries interviewed by the evaluation team during focus groups discussions overwhelmingly approved of the taste, and the female caregivers and PLW pointed out that the ration was easy and fast to prepare. In addition, nearly all the PLW interviewed disclosed that they preferred the food ration over cash, stating that they could directly obtain the nutritional benefits from the food and were not confident they would make nutritionally-wise spending choices if given cash.<sup>43</sup> These women also said that, compared to cash, the food ration accorded them greater control, and this is validated by the findings under Objective 2, where men dominated the decision-making on spending (See the “Results of the operation”).

42 Katona, P., Katona-Apte, J. (2008) The interaction between nutrition and infection. *Clinical Infectious Diseases*, 46(10):1582-1588.

43 Out of 34 PLW, only 3 women stated that they preferred both cash and food transfers. They preferred cash because of the flexibility to purchase many items.

42. With regard to implementation, the selected food distribution sites for BSF and TSF were appropriate to the context and needs of beneficiaries. BSF distribution sites were chosen based on their proximity to the beneficiaries and on the availability of good storage facilities. A mix of health facilities and community sites were selected as distribution sites for the TSF for children. Community level sites required the availability of a community health nurse (CHN), serving one or two primary health care villages, to manage and supervise the distribution. PLW collected their food rations at reproductive and child health (RCH) centres that deliver antenatal health care services. These facilities were appropriately used for supporting PLW since they also routinely deliver maternal health care services. Consequently, distribution of TSF rations for both children and PLW were automatically integrated with the primary health care and antenatal care services, thereby directly facilitating uptake of these services (further discussed in the results section).
43. At the policy level the objectives of the nutrition support were consistent with the WFP nutrition policy and WFP corporate strategic outcomes 4.1 and 4.2 under strategic objective 4 (SO4) which aims to reduce undernutrition and break the intergenerational cycle of hunger.<sup>44</sup> Activities such as encouraging women's participation in food management committees and their collection of food rations were consistent with objectives 1 and 3 of WFP's Gender policy.<sup>45</sup>
44. The objectives of the nutrition component were coherent with the government nutrition policies and protocols. The TSF component follows national IMAM guidelines and protocols for beneficiary enrolment and exit. The nutrition interventions are fully aligned with the government's NNP which promotes the strengthening of MAM treatment as a strategy to reduce the incidence of malnutrition.<sup>46</sup> The objectives of the nutrition component are also largely coherent with the objectives of the agricultural policy ANRP (2009-2015) i.e. to sustainably increase food and nutrition security and strengthen institutional capacities to do so. The nutrition component is also relevant to the The Gambian context as it recently joined the Scaling Up Nutrition (SUN) movement and the Renewed Efforts to Address Child Hunger and Under-nutrition (REACH) partnership.
45. The nutrition component was also aligned with the initiatives of UN partners. There is external coherence with UNICEF's SAM programme. In line with SPHERE standards, the TSF intervention directly complements the SAM therapeutic feeding programme managed by UNICEF. Former SAM treatment beneficiaries were discharged into TSF to maintain and continue recovery, while non-responsive MAM clients or those who developed SAM were referred to the SAM treatment programme. At the field level, there is strong coordination and joint monitoring by both WFP and UNICEF. However, at national level joint monitoring is weak. The nutrition interventions were also a key component of UN OCHA's 2014-2016 strategic response plan for The Gambia. The nutrition component is also broadly aligned with the UNDAF's Outcome 2 that measures the development of a national social protection system and coverage in social protection services.<sup>47</sup>

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44 WFP. 2013. WFP Strategic Plan (2014-2017).

45 WFP, 2015. WFP Gender Policy (2015-2020)

46 The Gambia, 2010. National Nutritional Policy (2010-2020)

47 UNDG (UNDAF) 2011. The Gambia UNDAF 2012-2016

## Livelihoods

46. The appropriateness of the livelihoods component is assessed in terms of its initial design and implementation. The objectives were consistent with WFP corporate strategic outcome 2.2 which aims to support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies, and a number of government initiatives aimed at strengthening small-scale agricultural production.<sup>48</sup> The PRRO time period was likely too short to establish truly sustainable livelihood improvements,<sup>49</sup> but in the event livelihood activities were not implemented in the PRRO. A central concern for the component's appropriateness is the removal of the planned livelihoods activities in favour of unconditional CT.<sup>50</sup>
47. The decision to remove conditionality was based on discussions surrounding the March 2014 joint ECHO-WFP mission, during which, the CO reported to the ET, ECHO believed households were unable to contribute any support in terms of labour in receipt of the cash.<sup>51</sup> The ET received mixed responses from WFP, beneficiaries, government, and NGOs, on the question of whether recipients would have been able to provide some level of labour contribution when they first received the cash (September 2014). Most FGD participants confirmed that at that time they were weakened by months of low food availability, but they also felt that after the first distribution they were strong enough to make reciprocal contributions. These opinions may be affected by recollection bias, but a number of male and female recipients stated that they used the cash to buy farm inputs for the work they were conducting at the time.
48. Furthermore, baseline findings suggest that the food consumption level of households involved was relatively high at the time of the CT distributions. In 2014, 81% had an Acceptable Food Consumption Score (FCS) a week before the start of distribution (7 months after the joint mission).<sup>52</sup> In 2015 an average of 84% of households had an Acceptable FCS the week before the two distributions. The 2015 FCS figures are probably artificially high as they are the result of combining two assessments - one from 4 months before the main lean season and another taken 1 month before, though this was still a period of food insecurity because of the poor 2014 harvest. In 2014 the FCSs were taken three months into the lean season and it is still high. The qualitative data from the baseline, and from the ET's FGDs, demonstrates that communities were employing coping mechanisms and had smaller areas of planted land, which, along with high HH food expenditure found in the PRRO baseline, provides a more nuanced picture of HH conditions than the FCSs.<sup>53</sup> On balance, had beneficiaries undertaken activities beyond their physical capacities it

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48 For example, the Agriculture and Natural Resources policy (2008-2015), which prioritized: "Improved and sustainable measurable levels of food and nutrition security in the country in general and vulnerable populations in particular" The importance of agricultural livelihoods is also stressed in the The Gambia National Nutrition Policy 2010-2020, and The Gambia's Vision 2020

49 WFP Ethiopia's MERET programme, interviewed for this evaluation, believed 5 years is a minimum duration.

50 Although there is no specific design or planning document for the livelihood interventions, it is clear from internal documents that the PRRO was conceived with the intention of doing some physically demanding work, such as rehabilitating flood protection barriers.

51 ECHO, March 2014 Report of the Field Visit of Fabre Cyprien – Head of ECHO Dakar Office. The mission report itself does not refer to conditionality, and actually recommends, along with food aid, the provision of seed, fertiliser, pest control measures and land preparation machinery.

52 The situation at the first distribution had improved from the PRRO200557 baseline assessment (data collected in October 2013) when Janjanbureh region (CRR) registered 72% with Acceptable FCS, and 7% in the poor category. The joint mission was conducted 5 months later and the first cash transfer started 11 months after the baseline.

53 A quantitative coping mechanism assessment was not performed

could have created a large health risk so it was appropriate from the ‘Do no harm’ principle to exercise caution at the time of the joint ECHO-WFP mission. But an opportunity for greater and more sustainable impact was lost because less physically demanding activities were possible later and could have been gradually scaled up.

49. The implementation of the CT had more appropriate aspects. Formally it is aligned with the UNDAF Gambia’s Outcome 2 which focuses on the development of a national social protection system and provision of social protection services. The trend analysis of indicators such as FCS adhered to WFP’s normative guidance on FFA programming. It is difficult to assess the alignment of the CT to government policy as the National Social Protection policy (2015-2025) is yet to be adopted. Released extracts suggest the CT would be in line with the Policy’s goal of increasing coverage, but it is not clear that the CT modality is fully accepted. During the KIIs two government agencies linked to the CT expressed concerns about giving cash. One regarded the short-term nature of cash, which, the agency believed, unsustainably builds people’s expectations of what they will receive from the government. The other was concern that the cash fostered community dependency on outside support.
50. The decision to provide cash support (instead of food) was appropriate to the local economy. In the baseline for the PRRO 85% of households that had current debt (51%) had borrowed the money to buy food, and in 42% of all households food accounted for 75% or more of expenditure.<sup>54</sup> Since The Gambia is a relatively small country, many communities in the CT areas had good access to markets and, therefore, distribution of food products likely would have had a negative impact on local traders. The ET confirmed through community discussions and conversations with traders that markets were fully functional during the CT projects, thus supporting the favourable context identified in RB’s 2012 cash and voucher mission to The Gambia. The provision of cash was also appropriate to the recommendations of the WFP-ECHO joint mission as it should alleviate liquidity and credit constraints and thereby allow beneficiaries to purchase the seeds and other agricultural inputs that the mission identified as necessary for affected farmers to recover. However, most indications suggest the majority was spent on food (See below), and farmers were given no other support to improve their agricultural output or income.<sup>55</sup>
51. The CT timing was partly correct for preventing food insecurity during the lean seasons, and the 2015 projects were more appropriate in this regard. The first PRRO CT project only partly coincided with the hungry season in 2014 as its final two months coincided with the harvest season, when relatively good amounts of food are available. In 2015 the lean period started early and lasted longer due to the significantly reduced 2014 crop harvest.<sup>56</sup> The second CT project coincided with the early start and the first distribution in the last CT project occurred one month before the typical lean season, giving households time to prepare. The addition of nutrition education (including hygiene and sanitation) at the CT distribution was appropriate for the rainy season, when the cycle of malnutrition and communicable diseases can

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<sup>54</sup> PRRO200557 Baseline Assessment, April 2014. The data collected for the baseline was from October 2013, hence the household spending and borrowing figures could have improved by the first CT distribution.

<sup>55</sup> However, the 2014 (ECHO-funded) CT phase is not a direct response to the findings in the mission report as the latter recommends that immediate support be given to support farmers to help them deal with the coming rainy season (May-October), whereas the cash transfer began at the end of September.

<sup>56</sup> The government did not issue a post crop assessment for the 2014 harvest, but WFP’s Executive Briefing estimates that an independent crop assessment would register harvest and food security levels as being worse than the 2011 emergency. (WFP Executive Brief July 2015)

rapidly undermine the health of children and adults,<sup>57</sup> and links well with the third objective of the MDG-1c project.<sup>58</sup>

Figure 1: Timeline and funding source for the three Cash Transfer projects

	2014												2015												
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	
Rainy season <sup>59</sup>						■												■							
Planting							■	■												■	■				
Harvest									■	■	■											■	■	■	
Lean season						■									■	■	■	■							
ECHO CT projects									HH reached: 1403									HH reached: 1670							
CERF CT project															HH reached: 2006										

52. Evidence from CT programming in developing countries demonstrates the importance of having a gender responsive intervention<sup>60</sup> and so the CO’s tracking of progress in the women’s decision making and control over the use of cash is very appropriate to encourage positive action. It also adheres to objective 3 of WFP’s gender policy. Women are highly marginalised in The Gambian social context,<sup>61</sup> and it was evident from the ET’s field visits that men exercise a strong degree of control over women’s actions. It was also clear that WFP’s community-led wealth ranking of CT households was understood by participants and was an appropriate mechanism to encourage a level of community acceptance of targeting. However, as all FGDs emphatically expressed that they should not be the only ones to receive the cash (citing that all people had the same level of poverty), there appears to be acceptance of the CT’s operational procedures but not the rationale for targeting. As an extreme example, the one instance where the ET found the community’s selection of beneficiaries (given to WFP for verification) differed from the final list of cash recipients resulted, according to the FGD participants, in acts of violence towards the committee members as they communicated the chosen beneficiaries.

57 Brewster, D. R., Greenwood, B. M. (1993). Seasonal variation of paediatric diseases in The Gambia, West Africa. *Annals of Tropical Paediatrics International Child Health*, 13(2): 133-46.

See also: The Republic of The Gambia. (2010). *National Nutrition Policy 2010-2020*.

58 MDG-1c is an EU funded project implemented in The Gambia by WFP and FAO. It aims to improve farming livelihoods and nutrition levels by linking crop production intensification support to farmers (FAO) with a stable market source from a school feeding programme implemented by WFP. Its third objective is “Increasing community awareness of appropriate nutrition and dietary practices during the critical window of opportunity”

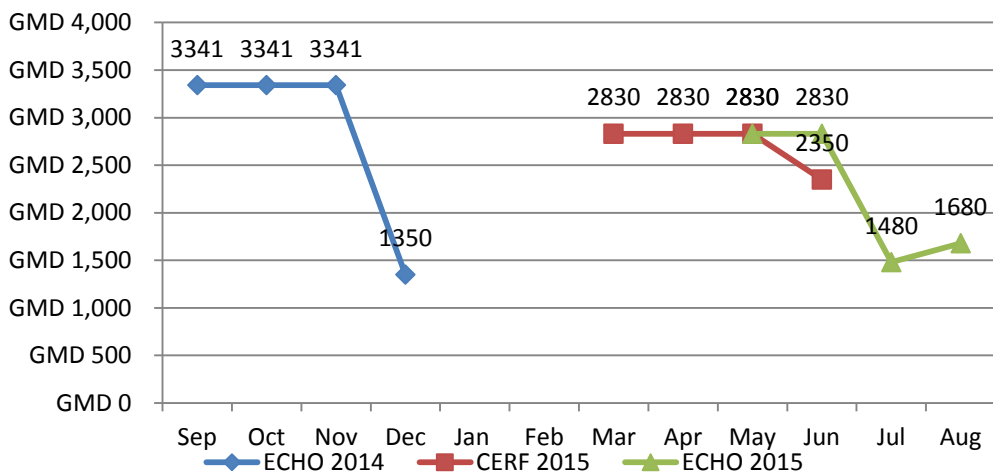
59 Dates for Rainy Season, Planting and Harvest taken from the calendar of local events in 2015 National SMART Nutrition and Retrospective Mortality Survey preliminary findings

60 Arnold, C., with T. Conway and M. Greenslade, 2011, 'Cash Transfers: Evidence Paper', Department for International Development, London <http://r4d.dfid.gov.uk/PDF/Articles/cash-transfers-literature-review.pdf>

61 Unicef note that in The Gambia ‘women experience social marginalization and discrimination to a degree that can threaten health and personal dignity. Social norms that stigmatize them or restrict their behaviour include: i) shaming of women who take control of their reproductive health and sexual rights, ii) discriminating against women when it comes to decision-making in household and community, iii) prevalence of gender-based violence and iv) literacy and educational barriers’ Reference: UNICEF. (n.d.) *Moving towards and integrated and equitable social protection in The Gambia*. Retrieved from UNICEF website: [http://www.unicef.org/gambia/Moving\\_towards\\_an\\_integrated\\_and\\_equitable\\_social\\_protection\\_in\\_the\\_Gambia.pdf](http://www.unicef.org/gambia/Moving_towards_an_integrated_and_equitable_social_protection_in_the_Gambia.pdf)

53. The cash amount received by beneficiaries varied across the three projects. In 2014 surplus funds were used to add an additional fourth month, in which beneficiaries received a reduce rate of 1350 Dalasi (GMD) (US\$35). In the second project, the value in the fourth month dropped to 2,350 GMD to provide the market equivalent of US\$70) was provided in the last month. In the third project it was planned to distribute US\$88 for three months,<sup>62</sup> but the project was extended by a further month and 500 extra households were added after the design. As a result, the transfer amount was 2,830 GMD (US\$70) for two months and in the third and fourth 1,480 (US\$35) and 1,680 GMD (US\$35) respectively were provided.

Figure 2: Monthly cash distribution amounts dalasi under the three CT projects



54. From an efficiency perspective it is correct to adjust the dalasi amount in line with fluctuations in the exchange rate against USD.<sup>63</sup> However, although the USD amount remained the same between 9 out of the 12 distributions, altering the GMD amount received by HHs during the project diminishes the predictability of the transfer, can foster mistrust in the process, and can affect a family’s budget planning. In this regard, the CERF funded phase was more appropriate because, although the dalasi amount varied, the dollar equivalent did not. Under the two ECHO CT phases combined there were three months where the cash amount was less than half the amount given at the first distribution (See Figure 2). Two of these months were technically additional months,<sup>64</sup> but the potential for negative impacts on the community remains. Furthermore, as WFP provided over 500 GMD more to communities in 2014 than to nearby districts just four months later in 2015 it risked causing tensions. Even riskier was the distribution in June 2015 when geographically close communities received different amounts (determined by which project they were in). The FGDs did not find any CT recipients that expressed that they were negatively impacted by the reduction in the later months, but nor did it find anyone that could explain why the amounts changed – an oversight that may have put collectors (especially females) at risk.

62 The Dalasi equivalent at that time has not been provided

63 WFP in The Gambia prepares its budgets in USD

64 Both phases of the ECHO funding were intended to only last three months but were extended to four



55. The cash was intended to cover 80% of a household of eight's monthly food requirements.<sup>65</sup> WFP tracked the market prices prior to the start of each CT project but not monthly thereafter until the end, meaning it is likely that the first amount in each CT project was appropriate to market prices but the appropriateness is difficult to ascertain thereafter. Nonetheless, the instances when the cash amount decreased in 2015 are expected to coincide with a reduction in the percentage of the food needs the HH was able to cover. The 2014 transfers are less affected by this as the month in which the amount decreased coincided with the harvest season when HHs are able to meet a higher percentage of their food needs. However even the adjustment made by the CERF funded project to respond to the variable exchange rate is questionable as market prices were not checked, and it is not assured that the exchange rate fluctuation had any immediate impact on the prices that beneficiaries experience.
56. WFP calculates food needs as 2100 kcal per person per day for the month, and at the end of the CTs in 2014 and 2015, respectively 42% and 43% of households were able to meet this.<sup>66</sup> The issue here is not the amount of cash received, but the number of people with whom it is shared. In Wassu village, to take one instance, the 6 people in the FGD reported sharing with a total of 100 people – an average of 16.5 people per ration.<sup>67</sup> In WFP's endline data for 2015, the average HH size is 13 people. It is not possible to say by how much each household fell short of its daily food needs as this data is not recorded by WFP. When asked if the cash was sufficient, most FGDs participants initially responded that it only provided for a quarter to a half of their needs, referring to all HH needs (a response which in itself is revealing of beneficiaries' livelihood contexts). Questioned further, beneficiaries confirmed that the cash helped to increase their consumption, but it was difficult to state exactly how much of their needs were fulfilled because their perception of 'need' was found to be indefinable. In some areas, people spoke of increasing from one to three meals a day when the cash was introduced while others were already eating three meals a day and 'improved' the meals with more rice.

### **Disaster Risk Reduction capacity building**

57. Disaster risk reduction (DRR) in The Gambia was an appropriate focus given the country's natural hazard profile, and was well aligned with many of the objectives in the Government's National Disaster Management Policy, which explicitly recognises the need to 'develop and strengthen institutional mechanisms and capacities to build resilience to hazards'. The objectives of the DRR activities were consistent with Pillar 4 of the Global Alliance for Resilience Initiative (of which The Gambia is a member) which priorities strengthening governance for food and nutrition security, and with WFP corporate strategic outcome 3.1 under So3 whose aims are in line with the

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<sup>65</sup> WFP calculates household size based on the national census average of eight; however, due to communality of household living arrangement and the practice of polygamy in The Gambia, is difficult to exactly define the number of household members. Furthermore, the census calculates the household size, but not the number of people that share meals or other household resources.

<sup>66</sup> 2014 figures are from SPR2014 and 2015 figures come from the Draft project report, Integrated Emergency Support to Communities Affected by Food Insecurity in The Gambia: Impact and Lessons Learnt report for the CT (September 2015)

<sup>67</sup> Each participant was asked the number of people with whom they shared their ration. In the general discussion many participants spoke about sharing with relatives and multiple wives.<sup>67</sup>In Katemina, for example, of 9 FGD members, only one person used the cash to support 8 people. The rest supported larger numbers – 4 people used it to support 10 household/compound members. The larger number of people supported from a single ration in this group was 15. Even accounting for a possible tendency to report larger numbers, the numbers of people supported by the cash is far above the national census average and is in accordance with the sharing reported for the nutrition component.

Hyogo Framework for Action (HFA) priorities.<sup>68</sup> It also adhered to WFP's DRM policy which emphasizes partnerships with governments and the provision of capacity building. However, it did not follow WFP's internal capacity building guidance, which stresses the need for an assessment of existing government capacities so that interventions can be targeted and outcomes better monitored. Capacity building is a more sustainable approach because it helps to install technical expertise and ideas that can be implemented after WFP's support ceases.

58. Although WFP's support is not part of a dedicated capacity building strategy or based on a gap analysis, it is designed to address three areas where there is a recognised capacity/awareness deficit in the country. GBOS and the NDMA (particularly at the regional level) were satisfied that the GIS training addressed a component of disaster planning reporting for which they have not had training. The ET's findings from the field visits confirmed that the principle of targeting for food security projects has a low level of acceptance in the country, particularly at the community level but also at some regional political offices. From the lists of workshop participants, it is clear that WFP targeted the correct people in the DRR sensitization awareness workshops, selecting people from national and sub-national government and political levels that can assist or disrupt food security initiatives. The sensitization contributes to the DRR objective and can be expected to have a wider impact, particularly on the CT work and even on the food programming of other organisations.
59. The PRRO provided the first regional level contingency plans in The Gambia. The NDMA at the national and regional levels were satisfied with the final plans and the process of creating them, and is currently creating district level versions. The NDMA reported that it is advocating for DRR to be mainstreamed within other relevant ministries, and these contingency plans act as stepping stones towards this as they involve NaNA, MoBSE, and MoHSW in the design and implementation. The manner in which the plans were developed – bringing together various DRR actors to develop a draft plan, and then inviting the wider community for a validation session – is well aligned with the government's plan to follow a 'multi-stakeholder participatory approach [to DRR] including community participation at all levels'.<sup>69</sup>
60. The geographic targeting of the regions was shared between WFP and FAO (who supported the capacity building plans in four different regions to WFP) and therefore multi-agency funds were used efficiently. However, had WFP's/FAO's contingency planning support been better coordinated the agencies could have worked together and pooled their relevant technical expertise in each region, thereby expanding the thematic scope of each contingency plan (for example, to include preventive, risk reduction measures linked to livelihoods).
61. The DRR component isn't well planned to ensure that women participate or benefit. Unlike the nutrition capacity building work and the CT implementation plans, there are no gendered-focused initiatives for capacitating women. WFP is more focussed on capacitating the position rather than the person, and men dominate most professional posts.<sup>70</sup> Other WFP CO's performing capacity building in similar social situations to The Gambia CO have gendered targets and, even if achievement is low,

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68 HFA 2005-2015

69 National Disaster Management Policy 2007

70 Only 21% of civil service jobs are occupied by women (Ministry of Women's Affairs 2009). There are four times as many men in top management positions than women (MDI gender unit). Sources: 1) Ministry of Women's Affairs (MWA). (2009) The Gambia National Gender Policy 2010-2020. Banjul: MWA and 2) African Development Bank Group (AfDB). (2011). The Gambia: country gender profile.

they act as a catalyst for women's participation and send a positive message about gender equity to the institutions being trained.<sup>71</sup>

62. The main issues of appropriateness for the DRR capacity building are that of scale and coverage. Although an objective of the National Disaster Management Policy, The Gambia currently lacks an integrated multi-sectoral and functioning early warning system (EWS),<sup>72</sup> which is a crucial component for timely information dispersal and is identified by the Humanitarian Country Team in The Gambia as one of the three underlying factors to the 2015/16 food crisis.<sup>73</sup> The CO's capacity building work helps to improve the generation of regional level early warning information as the contingency plans identify warning signs for a number of hazards, but these are not collated into a systematic process of identification, communication, and monitoring at the regional or national level. More generally, as can be seen in the national and regional contingency plans and was found in the ET's KIIs, the major actors still have a 'response' mindset, and, therefore, less conceptual or programmatic attention is given to risk reduction and the connections between livelihood improvements and resilience building.

### **Summary: Appropriateness of the Operation**

The PRRO 200557 is highly appropriate to The Gambian policy context and its objectives were mostly well aligned with the strategies, policies and priorities of the Government and the strategies of WFP and other UN agencies and partners. The targeting and timing of the food and cash transfers were highly appropriate to the Gambian seasonal context. However, notable aspects of the design and implementation were not appropriate. Although the size of the food ration was adequate for an individual, with widespread and obvious sharing a larger ration would have been more appropriate for ensuring nutritional impact in the social context. The fluctuation in the value of the cash transfers (amount given) are not considered best practice and may have reduced the effectiveness. The provision of unconditional CT for the whole duration of the PRRO was a cautionary tactic and prevented the CT from causing harm during the 2014, but it was not appropriate to communities' capabilities during the full course of the PRRO, and the opportunity to enhancing livelihoods and create sustainability was lost. The DRR support was well targeted to address a limited number of key gaps and capacity building is in line with government plans, WFP's strategies, and good for sustainability.

## **2.2 Results of the operation**

63. This section analyses the assistance given under the PRRO, assessing who received the assistance, its quality and frequency, the extent to which the assistance led to the realisation of PRRO objectives, and the medium to longer term impact. In order to assess the effectiveness of the operation, the section draws heavily on the PRRO's

<sup>71</sup> WFP Zambia is an example of this. Cf. <http://documents.wfp.org/stellent/groups/public/documents/reports/wfp269820.pdf>

<sup>72</sup> The Gambia has a number of sectoral EWSs that are not harmonized and well-co-ordinated. An approved proposal for a national EWS has for some time been stuck in bureaucratic processes. (see footnote on next page) 69 cont.. The ET has established that the government is planning to mobilise the national EWS, with the possibility of creating a dedicated national agency to manage it.

<sup>73</sup> UNOCHA 2016 Humanitarian Response Plan: The Gambia. Found at [http://reliefweb.int/sites/reliefweb.int/files/resources/2016\\_gambia\\_hrp.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/2016_gambia_hrp.pdf)

own indicators and reporting, but uses the primary data to verify and qualify these results and explain the likely impact and sustainability of the operation.

## Nutrition

64. *Outputs* – The nutrition interventions reached a total of 55,197 beneficiaries (all children) in 2013 and 81,681 beneficiaries in 2014, which represent 88% and 130% of its targets in these two years respectively.<sup>74</sup> In 2014, 42,105 beneficiaries were children. Among children, beneficiaries were evenly divided among males (49.8%) and females (50.2%) in 2013 and 47.5%-52.5% in 2014. The coverage numbers and target achievements differ between beneficiary groups and nutrition intervention.
65. Implementation for both BSF and TSF was delayed by three months due to the late arrival of the imported Super Cereal Plus. The BSF intervention was targeted to CRR and URR, the two regions with the highest global acute malnutrition (GAM) prevalence levels of around 16% (DHS 2013). TSF for children was implemented in CRR, URR and NBR. However, TSF for children had a slow start in 2013 and could only be implemented in NBR. Resource constraints delayed the commencement of TSF in CRR and URR. From September to December 2013, WFP expanded the age-group for BSF in these regions from 6-23 months to 6-59 months to cater for the malnourished children aged 24-59 months. TSF for PLW was implemented in all five regions of the country.
66. TSF for PLW did not start in 2013 due to a delay in formally establishing the partnership between WFP and the Ministry of Health. When it commenced in 2014, TSF coverage for PLW extended to all the five regions. Coverage was aided by the delivery through health workers who enrolled PLW at RCH clinics and RCH community outreach programmes. PLW received Super Cereal rations.
67. In terms of the actual coverage, WFP reports that BSF achieved over 90% of its beneficiary targets in both 2013 and 2014 (see Table 3). In 2013, due to delays in implementation, TSF was provided to only 14% and 4% of the targeted children aged 6-23 months and 24-59 months respectively. In 2014, the coverage improved considerably and exceeded the target for children aged 6-23 months treated for MAM. TSF assistance reached only 49% of the children aged 24-69 months. WFP planned to reach 28,000 TSF beneficiaries (out of an estimated 48, 627 eligible children). In reality 21,138 beneficiaries were enrolled in 2013 and 2014 which represented 43% of the estimated eligible population. In 2015, out of a target of 34000 beneficiaries, only 28% of the targeted TSF beneficiaries were supported due to resource constraints.

Table 3: Planned and actual beneficiaries for the nutrition interventions in 2013 and 2014

Beneficiary Category	2013			2014		
	Planned	Actual	Target met (%)	Planned	Actual	Target met (%)
BSF						
Children 6-23 months	22,480	21,865	97%	22,480	20,967	93%
Children 24-59 months	0	30,862	-	-	-	-
TSF						

<sup>74</sup>At the time of writing of this report, the total figures for 2015 were not yet available

Children 6-23 months	14,008	1,925	14%	14,008	14,210	101%
Children 24-59 months	14,008	545	4%	14,008	6,928	49%
PLW	12,544	0	0%	12,544	39,576	315%
<b>Total</b>	<b>63,040</b>	<b>55,197</b>	<b>88%</b>	<b>63,040</b>	<b>81,681</b>	<b>130%</b>
Commodity (metric tonnes)	2013			2014		
	Planned	Actual	Target met (%)	Planned	Actual	Target met (%)
Corn-soya Blend (CSB)	1,851	903	49%	1,079	1,033	96%
Wheat-soya Blend (CSB)	-	-	-	675	280	42%
<b>Total distribution</b>	<b>1,851</b>	<b>903</b>	<b>49%</b>	<b>1,754</b>	<b>1,313</b>	<b>75%</b>

Source: CO's 2013 and 2014 SPR and performance reports

68. Both BSF and TSF for children were beset with problems in distribution which could have contributed to the less than 100% coverage for BSF and TSF (24-59 months). Information from the field monitoring reports and KII shows that occasional pipeline breaks and the resultant food shortages, delayed distribution and deliveries to wrong sites may have prevented new admissions. In URR, chronic pipeline breaks affected deliveries for TSF. Pipeline breaks led to the substitution of Super Cereal Plus rations with Super Cereal for BSF and eventually shortened the duration of BSF from five months to two months in 2014 (June-August). The BSF intervention ended during the lean season, leaving beneficiaries vulnerable to malnutrition, thereby limiting the effectiveness of nutrition support.
69. KIIs with CHNs established that they lacked adequate transportation and fuel to monitor and follow up on beneficiaries. Overall, despite the resource constraints and challenges faced during distribution, BSF experienced high enrolments. On the other hand, the high coverage of TSF for children aged 6-23 months may have been caused by two reasons. According to the SPR 2014, the intervention prioritized children aged 6-23 months, the group which had the highest burden of MAM (see Table 3). In addition, inclusion errors during screening could also have increased enrolments. Site visits by the CO's field monitors to CRR and URR discovered flaws in the screening of beneficiaries and observed incorrect and/or incomplete monitoring and discharge of TSF beneficiaries (see paragraph 79 for further explanation).
70. Targeted supplementary feeding for PLW was implemented in all the five regions of Gambia. According to the 2014 SPR, coverage for PLW reached 315% of the target in 2014. There are several possible reasons for this overachievement. First, the delivery of PLW nutrition support through RCH clinics and their outreach programmes substantially increased community awareness of the programme. Second, design changes allowed the admission of new groups of women (see paragraph 25). Finally, key informant interviews with CHNs and relevant RCH clinic staff indicate that inconsistencies in the selection of PLW beneficiaries were widespread. The ET discovered that health workers went beyond the IMAM guidelines and the changes allowed by WFP, to admit PLW with the following features: anaemic, a recent history of malaria infection, HIV positive and high parity. Consequently, most of the pregnant and lactating women attending RCH clinics were recruited. Resource constraints led to the duration of PLW support being shortened to six months instead of the original nine months. Distributions were halted when demand was high.
71. According to the 2013 SPR, only 48.8% of the planned CSB amount was distributed. In 2014, the actual tonnage distributed for CSB was nearly 95% of the target tonnage, while only 42% of the planned amount of wheat soya blend was distributed (see table

3). Losses at warehouse level were negligible (0.2% in 2013 and 1.1% in 2014). Interviews with the CO staff established that wheat soya blend was earmarked for PLW after changes in the selection criteria. However, uptake was slow as the wheat soya blend was not liked by most of the beneficiaries. The commodities were imported and intended for distribution in 2013. They had a shelf-life of 12 months. However, due to the delay in formalizing the partnership between WFP and the Ministry of Health, support for PLW only began in 2014. Consequently, the commodities were distributed at a time when they were close to expiring (see also paragraph 25). It is likely that this was not sufficiently communicated to regional and field level partners who expressed their reservations to the ET.

72. KII from the CO and the NDMA noted that there were a few cases of pest infestation of food consignments in 2014. Once detected, these stocks were reported to the food safety and environmental authorities, tested at National Agricultural Research Institute lab, declared not fit for consumption, and thus replaced by disposal. At least 4 distribution points were affected in CRR. It was reported to the ET that a possible reason for the food damage could be that FIFO (first in, first out) might not have been followed accordingly.

73. *Outcomes* – The performance indicators for the MAM treatment were measured using discharged beneficiaries. The indicators measure treatment recovery rates (proportion of beneficiaries who recovered), non-response rates (proportion of non-recovered beneficiaries), default rates (proportion of defaulters) and mortality rates (proportion of beneficiaries who died). The data were collected for the period from February 2014 to December 2014 (SPR 2014). Table 4 shows that during the course of 2014, treatment recovery rates increased from 60 percent to 75 percent which met the project end target and was close to meeting the SPHERE standard.<sup>75</sup> Non-response and mortality rates were both less than 1% and acceptable based on SPHERE standards. However, while default rates declined from 30% to 22%, they still remained higher than the acceptable SPHERE standard of less than 15%. In general, the performance indicators indicate that the effectiveness of MAM treatment increased over 2014, but default rates remained a challenge. More nuanced insights cannot be obtained from SPR data as it was not disaggregated by sex, age or region.

Table 4: Performance indicators for MAM treatment

Performance indicator/outcome	Feb-14	Dec-14	Project end target	SPHERE standard
MAM treatment recovery rate (%)	60	75	75	>75
MAM treatment non-response rate (%)	0	0.4	15	N/A
MAM treatment mortality rate (%)	0	0.3	3	<3
MAM treatment default rate (%)	30	22	15	<15

Source: CO's 2013 and 2014 SPR reports

74. The performance/outcome data has to be interpreted with caution. In some sites there were flaws in the screening and discharge of beneficiaries. A joint WFP, NaNA and MoHSW inspection team also found that in some URR sites children not served by TSF due to pipeline breaks were recorded as defaulters and were not discharged. Further errors reported by the team include the incorrect entry of weight

<sup>75</sup> The performance indicators for 2015 are not reported as they had not yet been finalized and available data was not complete.

measurements and incomplete reporting of admission and discharge dates. In some CRR sites children were screened for MAM well before distribution, but were admitted anyway even though they had recovered. Field monitoring reports indicate that in URR some beneficiaries were not discharged on time as they remained on the programme for more than 4 months. Focus group discussions in NBR and URR identified some mothers with child beneficiaries who were enrolled in TSF for more than 3 months. The admission of healthy children into MAM treatment likely affected the reporting of non-response rates. Inclusion errors during screening or due to delayed exit could also have depressed or inflated the treatment recovery rates. In addition, reports of incorrect and partially filled data registers cast doubt on the accuracy of the outcome data.

75. An assessment of the component’s impact should ideally have been carried out using comparable baseline malnutrition data from DHS or SMART survey as these data motivated the provision of nutrition support. However, no new DHS have been conducted since 2013. The most recent routine SMART survey from September to October 2015 is used to provisionally assess the changes in regional GAM rates after nutrition support began. Table 5 below shows that in nearly all regions there are notable declines in the prevalence of GAM. BSF and TSF for children were implemented in all regions except for WCR, while support for PLW was provided in all five regions. In CRRS, CRRN and URR, the regions with the highest GAM rates at baseline, GAM prevalence has declined by about 29% , 19% and 20% respectively. Other notable declines are in LRR (18%). It would appear that the BSF and TSF interventions have reduced the incidence of undernutrition, fulfilling one of the PRRO’s objectives. However, there are several caveats to these findings. It is apparent that the reduction in malnutrition is a national phenomenon that could be attributed to various other factors, such as improvements in water and sanitation, average incomes and food prices. Furthermore, in the absence of a comparison group it is difficult to conclusively attribute the decline in GAM rates to the BSF and TSF interventions. WFP did not conduct a baseline survey of beneficiaries and a comparison group which would have enabled a rigorous impact assessment.

Table 5: Change in GAM rates of children (0-59 months) from 2013-2015

	DHS 2013	SMART 2015	Change in GAM
Sources: Malnutrition prevalence data from the Gambia DHS 2013 (LGA data assigned to appropriate region) and the 2015 SMART survey Report. Red colour denotes “very high/critical” threshold and dark orange denotes “high/serious” threshold per WHO classifications. *WFP BSF and TSF implementation regions for children. TSF for PLW implemented in all regions.	10.2	8.6	-7%
Kanifing	11.3	10.1	-11%
Brikama (WCR)	9	8	-11%
Mansankonko (LRR)*	10.5	8.6	-18%
Kerewan (NBR)*	9.5	10.1	6%
Kuntaur (CRRN)*	16.1	11.4	-29%
Janjanbureh* (CRRS)	11.4	9.2	-19%
Basse (URR)*	16.9	13.6	-20%
National	11.5	10.4	-10%
WHO classification for national rate	High	High	

76. The ET obtained qualitative evidence of the nutritional and socio-economic effects of the BSF and TSF. Caregivers (women) and PLW beneficiaries reported a range of nutritional benefits such as increased strength for lactating mothers, increased appetite of children and improved weight and health for children. A reported

economic benefit were the modest savings resulting from a decline in the purchase of grains, potatoes, bread or breakfast cereals, and any other foods identified as substitutes of the food rations. On the other hand, the respondents also noted that weight gain during the interventions was not sustained after graduation or when interventions ended. At the community level, the respondents highlighted social tensions with non-beneficiaries unhappy about being excluded from the programme.

77. A secondary effect of the TSF intervention was the increased utilization of health services by PLW and children at health care facilities. This effect was reported in all the sites visited by the ET. Regional and field level health workers and beneficiaries all mentioned that food was an incentive for regular antenatal care visits, early maternal bookings and increased clinic visits by children. Health workers reported that this increased the uptake of health care services, improved disease surveillance and promoted the delivery of health care to individuals they could not reach before.
78. With regards to capacity building, WFP trained partners in various skills at all levels (from national to community). At national and regional levels, NDMA and MoHSW staff were trained in data management and reporting. WFP also provided ICT equipment to MoHSW regional staff. At the national level, the CO reports that about 122.4% of the targeted number of male government staff were trained compared to just 47.6% for female staff. This disparity likely reflects the existing gender imbalance in national government structures. At the field level, CHNs, RCH staff and other health workers at 125 health centres received training in beneficiary screening, managing data collection and reporting, and supervising food distribution. At community level, village support groups, food management committees and village health workers received training in the screening of MAM. Food management committees dealt with complaints and demonstrated how the ration was prepared. WFP reports that over 85% of the members of food management committees were women, and 60% were in leadership positions.
79. However, training of the health workers was not fully effective and did not achieve all of its goals. As mentioned earlier, site visits and interviews conducted by the ET discovered knowledge gaps in the understanding of the IMAM guidelines for beneficiary selection. In remote areas such as URR the enrolment and exit criteria for MAM treatment were inconsistently applied leading to inclusion errors and the prolonged stay by child beneficiaries. Registers were partially filled and in some cases weight and MUAC measurements were missing. Health workers also reported that completing the monitoring/reporting forms was cumbersome and time consuming. When enrolling PLW, health workers used additional criteria like anaemia, history of malaria infection, HIV infection and high parity. Hence, there was oversubscription by PLW. A common constraint noted from the interviews and site visits was that health workers were overburdened and demotivated, which likely exacerbated the errors in beneficiary selection. Health workers also frequently received complaints and insults by non-beneficiaries who were unhappy about targeting. After initial training by WFP, there were no periodic re-assessments or refresher workshops as the WFP relied mainly on field monitors to conduct inspections.
80. Partners at central and regional levels also received training in nutrition education. At community level, groups of men and women received education in appropriate care-giving and nutrition practices. During these sessions men were also encouraged to participate in child care. WFP and its partners NDMA and NANA encouraged communities and local leadership to ensure that women collected food rations. However, information from focus group discussions indicates that nutrition education and cooking demonstrations at beneficiary level were not always provided



in all regions. Beneficiaries in some sites also reported only receiving CSB cooking demonstrations without accompanying nutrition education. In URR, caregivers of child beneficiaries reported that they lacked the skills for properly preparing CSB and other local nutritious foods.

### Livelihoods

81. *Outputs* – Output targets for the livelihoods component consist of the number of people that received the CT and the overall amount of cash distributed.<sup>76</sup> In total the CT reached 5079 HH (40,632 people) with \$USD 124,2463. In the PRRO design documents it was initially planned to distribute \$USD1,250,000 to 40,000 beneficiaries (5000 HH) in each year of the project; however, both were revised downwards to the amount of funding available. The 2014 SPR switches from beneficiary to HH figures, and states that 1,403 HHs collected the CT (11,224 beneficiaries). Overall, the three CT projects reached 101% of the PRRO planned beneficiaries for one year. This was accomplished in a 12 month period but remains the achievement for the two and half years of the PRRO.

Table 6: Outputs from the Cash Transfers

	Household targets					Cash targets		
	PRRO Planned	Project Planned	Actual	PRRO Target met (%)	Project Target met (%)	PRRO Total Planned	Total Actual	PRRO Target met (%)
	2013							
	5000	0	0	0	0	1,250,000	0	0
	2014							
	5000	Echo: 1,420	1,403	28	99	1,250,000	350,525	28
	2015							
	5000	Echo: 1,170	1,670	33	142	1,672,000	362,745	53
		Cerf: 2,331	2006	40	86		529,193	
Total:	15,000	4,921	5,079	33	103	4,172,000	124,2463	30

82. WFP has been mostly successful in reaching the project targets associated with each specific donor-fund, but not the overall WFP PRRO targets. The addition of 500 households in the ECHO funding in 2015 boosted its achievement. The CERF missed its planned targets because of insufficient funding to reach the number of beneficiaries identified in the targeting process. The ET found that that the estimation of 8 beneficiaries in each household is a very conservative calculation, and therefore the benefits of the cash reached a greater number of people, although, as verified by the daily Kcal figures, with a diluted impact.

83. WFP planned to achieve gender balance in both the collection of and decision making for the cash, but men still predominated in each of these areas - across the three projects, 81.5 % of the cash collectors were male. However, the results show that the CO took effective measures to improve the numbers of women collecting the cash after the first round of distribution, when the imbalance was first recognised. At the first distribution only 10% of the collectors were female; however, after concerted community conversations the CO managed to increase the average percentage of

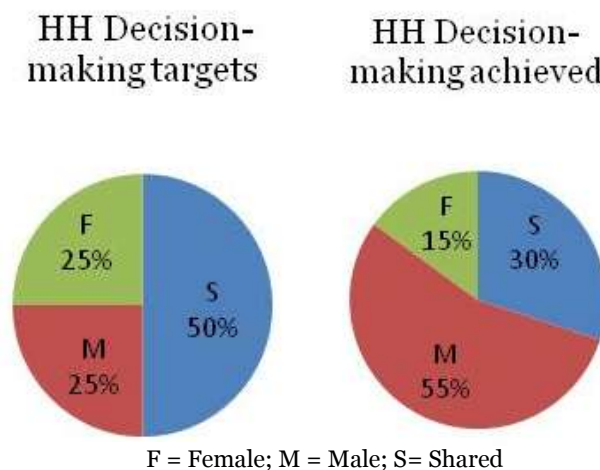
<sup>76</sup> There were never any livelihoods related output indicators (such as Number of assets created) associated with the objective.

female collectors to just fewer than 15% for the total of 2014 and to 20% for the two combined projects in 2015.<sup>77</sup>

84. As the gender messaging was a direct intervention with people enrolled in the CT the increase is strongly attributed to WFP’s programme. However, it is likely to be a temporary improvement – during the FGDs very few of the participants could recall any gender requirements for collecting the cash and, when prompted with the message, few agreed with them. Furthermore, the field visits indicated the major factor allowing women to collect the cash is the necessity of household circumstances. At all sites each female participant was asked by the ET whether she had a husband. In nearly all instances the woman that collected the cash did so because her husband was either sick, absent or dead.<sup>78</sup> Furthermore, collection was did not equate to empowerment: in a few locations women reported that after receiving the cash they handed it to their husbands to decide on its use.

85. There are more positive findings under the 2014 reporting<sup>79</sup> for the indicator on household decision-making relating to the usage of the cash. The CO planned to encourage a gender balance in each household (See Figure 4) with more emphasis on shared decision making rather than male or female exclusive. The percentage of households where women made the decisions over cash use corresponds to the percentage of female cash collectors (both 15%), but the percentage of male collectors is split between HHs where the male makes the decision (55%) and those where the decision is jointly made (30%).<sup>80,81</sup> The FGDs demonstrate how ingrained the male dominance is as all participants were asked to raise their hand if they believed it was a man’s decision to control the cash usage and overwhelmingly the answer, from both males and females, was Yes.<sup>82</sup>

Figure 3: Percentage share of HH decision making



86. In terms of gender impact, the decision-making indicator is a better demonstration of women’s empowerment than the indicator tracking who collects the cash. An even stronger indicator is the proportion of women in leadership positions for CT management committees. In 2014, the CO went beyond its target and achieved a high proportion of female committee members trained on the modalities of food, cash, or voucher distribution. Many of the women FGD participants were trained committee members. However, the selection of people in CT committees and the provision of

77 Data for each of the two phases has not been made available.

78 The project report for the 2014 CT also states that when men were unable to collect, women collected the money in their place. The report is slightly contradictory because after giving this statement it reports that the 15% who collected were a result of the sensitization.

79 The indicator is not captured in the reporting documents for the 2015 CT projects

80 There is an unexplained 5% gap in the data for this indicator in the SPR reporting.

81 Source: SPR 2014

82 However, this mechanism for measurement is too rudimentary to capture the nuances of control and decision making within the household.

training are areas that WFP has direct control over, and the CT committees are temporary project structures so the sustainability of these results is questionable.

87. It is harder to validate whether the CT reached the other groups that it intended to. The FGDs participants included many single mothers and, to a less determinable extent, people with illnesses, suggesting that WFP targeted these groups well.<sup>83</sup> There is no data to tell whether WFP reached the ‘landless who sell their labour [and] households that are labour deficient’. Some FGD participants reported that at the time of the first CT distribution they were collecting firewood and/or performing paid labour (i.e. ‘landless who sell their labour’), but others reported that they used the cash to buy farm inputs, which suggests they were not landless.

88. *Outcomes* – The CO monitors the Food Consumption Score (FCS) and the Dietary Diversity Score (DDS) of beneficiaries. Similar to the outputs, the livelihoods objective of the PRRO was designed with corporate outcome targets and then switched to project targets based on the reporting requirements of the funders.

Table 7: Household Food Consumption Score and Dietary Diversity Score

Indicator	Target <sup>84</sup>	Baseline	End
	2014		
Food Consumption Score (Acceptable) <sup>85</sup>	97	81	84
Food Consumption Score (Borderline)	3	14	15
Food Consumption Score (Poor)	1	5	1
Dietary Diversity Score	6	5	4
	2015		
Food Consumption Score (Acceptable)	80	84.3 (March)	88.1 (August)
Food Consumption Score (Borderline)	Not captured	Not captured	Not captured
Food Consumption Score (Poor)	Not captured	Not captured	Not captured
Dietary Diversity Score (% of beneficiaries with >3 DDS)	25	86.3 (March)	98.1 (August)

Source: WFP SPR reports of 2014 and donor reporting documentation for 2015<sup>86</sup>

83 The ET asked FGD participants who were targeted, and tried to partially validate this by the composition of people that turned up to the FGDs. It was possible to validate the female headed households, but, although in some instances there were FGD participants with evident illnesses, it is obviously more difficult to expect people with disabilities to attend the FGD. In one instance, the ET received a report second-hand that a community member had set up a donation box at the CT distribution point to collect money for a disabled person that had not been identified in the selection process.

84 The targets for the FCS score are calculated as an 80% reduction in the proportion of households in the baseline categories. The target for Borderline is therefore 7.2% of the group moving to Adequate, and for the Poor category 4.4% should move to Borderline.

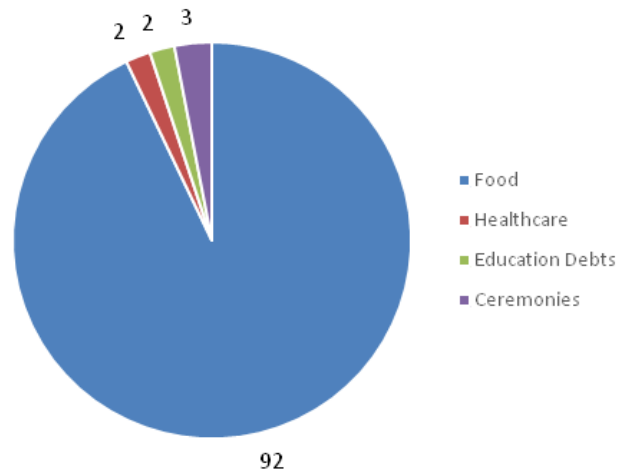
85 All FCS measured using a 7 day recall.

86 Integrated Emergency Support to Communities Affected by Acute Food Insecurity in The Gambia – Impact and Lessons Learning report, September 2015

89. The cash was effective in improving the FCSs of those in the Poor category in 2014, but WFP struggled to meet its targets in the Borderline and Acceptable categories in both 2014 and 2015. This is partly because the size of the top two categories increases as people progress from the lower categories and also because the

highest proportion of people were already in the Acceptable and Borderline categories at the time of the first CT. The 2015 targets are unrealistically low for all indicators in 2015 - the baseline FCS, for example, is higher than the target for the year.

Figure 4: Self-reported cash utilisation<sup>1</sup> in



90. Reasonable confidence can be asserted in attributing the improved FCSs to the CT. All CT recipients, when asked in the FGDs, reported that they mostly spent the money on food, which corresponds to the self-reported findings in WFP’s lessons learned document for 2015 (See Figure 5).<sup>87</sup> Spending on agricultural inputs fertilizer for rice farms and seed buying for cassava and onion, was mentioned in FGDs in two areas and mainly by women. Many recipients in the FGDs mentioned that they bought rice and increased their consumption from one to three meals a day, which is consistent with the CO’s monitoring data. However, neither the lessons learned document nor this evaluation captured representative quantitative data to analyse the actual amounts each HH spent on food, different types of food, or food-related non-food items, so it is not possible to link expenditure to consumption proportionally. Without a comparison group of non-beneficiaries it is not possible to fully and solely link the FCS difference to the CT.

91. The CO’s monitoring data from 2013 and 2014 shows a 20% decline in the average DDS across beneficiary households, which is line with the reporting from the FGDs, where most people said they used the cash to buy greater quantities of rice. The change made by WFP in measuring the DDS, i.e. switching from an average score to the proportion of HHs with a DDS>3, and challenges with the available background data, makes it difficult to determine here the real impact on DDS. Overall, despite the nutrition education given at the distribution sites, there is no clear evidence of the CT having substantial impact on dietary diversity.

92. At many CT sites the ET found that the cash was having an unintended impact of creating, at least temporarily, tensions within the community. These were mostly low-level frictions - nearly all FGDs participants adamantly expressed that everyone in their area was poor and all should receive the cash. In two areas there were reports of violence surrounding the post selection process – one of which was directed to the CT committee members when they announced the final selection of beneficiaries given to them and it differed from the list they had submitted. In a different distribution location, the *Alkalo*<sup>88</sup> was accused of being responsible for unfair household selections. From WFP’s project reports it appears that most people were

<sup>87</sup> The report on the 2014 CT does not capture proportionate spending figure as in the 2015 version.

<sup>88</sup> Village head

happy with the complaints mechanism, and the instances of unrest are linked to moments where the transparency of the process was lacking.

93. Most FGDs reported that the process for household targeting and selection appeared to be free of corruption, and this is similar to the findings WFP’s own project reporting.<sup>89,90</sup> However, in one distribution location the ET was informed in the FGDs<sup>91</sup> that committee members connived with the councillor<sup>92</sup> to selectively enrol ineligible individuals. This apparently happened after the initial community self-targeting, when the complaints committee passed on to WFP a concern raised by community member that the beneficiary numbers needed to be increased due to ‘exclusion errors’. It was alleged that the committee members charged a ‘fee’ of approximately 1,500-2,000 Dalasi for inclusion in the CT.
94. The impact of the cash on the local economy warrants a separate assessment, but the conversations with beneficiaries and local traders reported no negative economic impacts. CT recipients reported that they were still eligible for local savings and lending schemes and other informal social safety net systems. Both beneficiaries and local traders reported that there were no significant increases in local prices, except in one location where a market trader rented a vehicle to follow the CT distribution and sold produce outside the distribution point. However, communities that had access to this vendor said the higher prices were offset by lower travel costs in collecting the food. Most local traders stated that they benefitted from the cash, reporting substantial improvements in sales in rice, millet, oil and sugar during the CT period. Other village-level traders spoke of increases in profits, investments in farming, and some reported that they had opened additional shops in nearby villages.

### Disaster risk reduction capacity building

95. *Outputs and outcomes* - The output indicators of the DRR capacity building objective are captured by the number of government staff members trained in contingency planning and in disaster and climate risk management, and the number of contingency plans produced (See Table 8).

Table 8: Output and outcome indicators for DRR capacity building in 2014

Indicator	Planned	Actual	Achievement
<b>Output: Human capacity to reduce the risk of disasters developed</b>			
No. of government staff members trained in contingency planning	325	305	93.8%
No. of government staff members trained in disaster and climate risk management	440	387	88%
<b>Outcome: Risk reduction capacity of countries, communities and institutions strengthened</b>			
No. of contingency plans created	3	3	100%

89 Integrated Emergency Support to Communities Affected by Acute Food Insecurity in The Gambia – Impact and Lessons Learning report, September 2015

90 The short-term and external nature of both the lessons learning report and this evaluation are not the ideal mechanisms for uncovering corruptions in the process.

91 Although this information was conveyed to the ET by members of an FGD, it does not have corroborating evidence to substantiate it.

92 The councillors are local elected officials. They do not have a formal role in the WFP’s selection process, but in this instance became involved in the retargeting conversations after the complaint about exclusion errors.

96. For all output indicators under this objective, WFP has performed well. The people involved in the creation of the plans benefited from seven days of training, which is a commendable amount of exposure to the process and techniques. However, the output figures for the number of participants trained in contingency planning are slightly imprecise because they include those involved in the creation of the plans *and* the validation workshops. The latter is a larger group of non-governmental people invited to comment on the draft plan for a one-day workshop, and therefore it is not possible to say they received training as such. The number of government staff trained in disaster and climate risk management includes the attendees at 1) the targeting sensitisation events and 2) the GIS mapping. Of these two types of training, the GIS support is better aligned to the disaster management objective, but neither can really be said to support the government's ability to manage climate risk.
97. The impact of WFP's capacity building support appears to be largely registered in 'human capital', by building the skills of those involved in DRR programming. During the KIIs, the ET asked interviewees to describe the technical aspects of their training. Those who were trained in contingency planning could remember well the process of scenario planning, hazard ranking, and resource mapping, while those who received the sensitization on targeting could easily recall (and buy into) the principles and justification for selective food security interventions. The NDMA regional levels still felt that the GIS training was important, but those interviewed believed they needed refresher training because the lack of equipment has prevented them implementing the training and consequently they have forgotten the methods.
98. The three contingency plans are of a good quality in that they are clear and easy to read, logical and well ordered. The plans are a good mechanism for disaster preparedness as they rank scenarios by their likelihood, link each disaster to early warning indicators, and identify who will take what action in the event of a disaster. Two of the three contingency plans contain a resource mobilisation plan for implementing the response. However, the plans do not go as far as disaster risk education as stipulated by the SPHERE guidelines<sup>93</sup> as there is very limited analysis and management of the causal factors of disasters.
99. From the ET's qualitative interviews, it is clear that the quantitative reporting for the outcome indicator understates the reality of WFP's impact. NDMA staff reported that the process for creating the contingency plan is highly valued as it brought together a number of multi-sectoral actors working on DRR, some of whom had never worked together. The NDMA Officer in Kerewan, for example, reported that after his involvement in developing the contingency plan he knew many more organisations whom he could call upon before or during a disaster. Similar to NDMA officers from other regions, he had not received the hard copy<sup>94</sup> of the contingency plan after it was sent to NDMA for verification. Nonetheless, he felt that the process of developing the plan had helped to install better knowledge of what actions should be taken in the event of a hazard and, combined with the improved cooperation among actors, he felt this would, improve the effectiveness of disaster response.
100. The main constraint on the impact of the DRR capacity building is the scope and extent of the intervention compared to the need, and WFP's outputs do not amount to significant achievement under outcome SO3.1 - "Risk reduction capacity of countries, communities and institutions [are] strengthened". The activities were

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<sup>93</sup> The SPHERE Project (2011) Humanitarian Guidelines and Minimum Standards in Humanitarian Response

<sup>94</sup> Soft copies had been sent to all regions

focussed solely at the country and institutional level, and even within this there were limitations. Although the process of creating the contingency plans encouraged strong participation of decentralised institutions and, to an extent, community level actors, contingency planning is only one tool required by a country's to deal with disaster. Others, such as early warning systems, risk based insurance, and programmes addressing the underlying causes of disasters, are much needed in The Gambia but missing under the PRRO. Furthermore, the repeated exposure of communities to drought, flooding, pest invasions, and other hazards highlights that resilience is not a fully accepted and applied concept. This is confirmed from the ET's interviews with NDMA staff, where more emphasis is given to disaster response, and by the contingency plans, which do not consider the poverty context as a determinant of vulnerability or as a limitation to people's ability to respond to hazards.

### **Summary: Results of the Programme**

There were notable achievements in the nutrition components - targets for coverage were mostly achieved and most of the MAM treatment performance indicators were at or near SPHERE standards. Beneficiaries self-reported positive nutritional and economic impacts. Although regional prevalence of GAM is falling, it is too early to tell if the BSF and TSF contributed to this. Challenges such as the shorter duration or premature end of BSF and TSF for PLW and high default rates cast doubt on the sustainability of any benefits. Strong partnerships and robust community involvement helped increase awareness of the interventions and facilitated implementation. Delivery through the health system not only increased uptake and delivery of health care services but may have yielded additional health and nutritional benefits to the beneficiaries. Despite the capacity building activities for health workers, there were notable short-comings in beneficiary enrolment.

The livelihoods objective was missed, but the CT projects reached a significant number of at-risk households at peak food insecurity periods. The CT has helped people out of the Poor FCS category, but beyond that it is difficult to assess the impact on consumption because of limitations in monitoring. There is a significant male predominance amongst cash collectors, but, positively, the household decision-making indicators have partially corrected this. The better results for balanced household decision-making powers between men and women may be influenced by the existing accepted roles for women, but it is likely that WFP's positive achievements in working with women committee members have had an impact. The CT appears to have had a positive impact on the local markets, but also had an unintended impact of being divisive amongst the beneficiary communities. The DRR capacity building work largely met its targets. Good quality and well valued support was provided to the Government and others in key capacity deficit areas. The support goes some way towards the overall objective, but is held back by its limited scale compared to need for capacity building and the impression that it is, to a degree, *ad hoc*, without take-over plans.

## **2.3 Factors affecting the results**

### *Internal Factors*

101. *Staffing*- It is apparent that the CO is drastically understaffed, with a few people performing two or even three roles. The M&E Officer, for example, has acted as the vulnerability assessment mapping (VAM) Officer for long periods of the PRRO and was also involved in CT and targeting sensitization coordination. WFP relied on

temporary field monitors for post-distribution monitoring of its nutrition support – when PRRO funds were exhausted most field monitors left the intervention before the activities had ended and this significantly affected monitoring activities. The reliance on field level health workers for implementing the nutrition interventions exposed the M&E system to errors from beneficiary screening, monitoring and data recording, and outcome measurement, which reduced accuracy and lowered the quality of data. The absence of a livelihood specialist in the CO is a major contributor to the weaknesses in planning and the inability to adjust (and maintain) activities after the joint mission report.<sup>95</sup> As the CO did not have national gender specialist it was not able to develop approaches to meet its targets for women’s participation in the CT and DRR capacity building.

102. *Programme design*- It appears, from the limited design documents available, that WFP intended to follow a relatively narrow concept of livelihoods, equating it with natural asset building and agricultural livelihood activities rather than initiatives – such as the establishment of saving groups, skills building, and agricultural planning – that are less physically (and financially) intensive. As the CO had an EMOP in the CT areas during the PRRO design stage it could have been aware of the physical strength of household members earlier than the joint mission. Had a full plan for the objective been in place from the design stage then WFP would have been in a better position to present to ECHO, and other donors, options for less physically demanding versions of conditionality. These shortcomings in the design stages are linked to the lack of livelihood expertise in the CO.
103. *Logistics and delivery* - Although the CT appears to have been distributed in a timely manner, the BSF and TSF were affected by a number of challenges. In all distribution centres and health facilities visited, it was reported that some beneficiaries travelled 5-10km to collect food rations. The selection of community level distribution centres was contingent on the availability of CHNs, meaning it was largely beneficiaries from already underserved catchment areas that had to travel long distances. Given the small size of the ration, this experience may have led some beneficiaries to drop out and contributed to the unacceptably high default rates. CHNs reported that they did not have sufficient fuel or transportation to enable them to follow up on defaulters. Pipeline breaks were frequent and chronic in areas like URR. Other challenges that may have affected effectiveness and operational efficiency include delayed and mistaken deliveries (wrong sites), food shortages that prevented enrolments, and storage facilities that were infested by pests. The reasons for distributing ‘expiring’ food stocks were not adequately communicated to local partners, who admitted reluctance to distribute the food.
104. *Monitoring and Evaluation*– Generally, M&E weaknesses limited WFP’s ability to accurately develop a robust evidence base that could have improved decision making throughout the PRRO. WFP intended to conduct post-distribution monitoring, beneficiary contact monitoring, and nutrition surveys and studies to evaluate the impact of nutrition support. The M&E system lacks a consistent and systematic monitoring and follow-up framework. M&E activities and reporting for the nutrition and livelihoods component were separate despite the overlap in targeted regions and potentially the beneficiaries, and do not take into account the challenges posed by seasonal variation. For the nutrition component, there was no systematic

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<sup>95</sup> The employment of a livelihoods specialist was planned but adequate funding for the position was not available.



disaggregation of performance indicators by sex, age or site. Recovery rates were not differentiated by initial MUAC and weight for height measurements. WFP did not measure or report any specific outcome indicators for PLW beneficiaries beyond the number of admissions. The monitoring of BSF, TSF (children) and TSF (PLW) did not consider the potential overlapping of beneficiaries between the interventions.

105. Another weakness is that the M&E system was not evidence based. For the nutrition component, the use of national nutritional surveillance and assessments for post-distribution monitoring was not ideal as these do not necessarily capture data from the actual PRRO beneficiaries and their timing does not always coincide with the operations or their immediate aftermath. Hence, observed declines in national GAM prevalence cannot be solely attributed to the PRRO. There were no baseline or follow up quantitative or qualitative surveys of actual PRRO beneficiaries and non-beneficiaries (comparison group) which could provide counterfactuals for more credible measurement of impact.<sup>96</sup> Given that BSF and TSF for children support was not available countrywide, WFP could have identified and tracked vulnerable children in non-targeted regions for comparison purposes. Baseline and follow up quantitative and qualitative surveys were done for a randomly selected 10% of the CT receiving households but not for a comparison group of non-recipients. Given the relative newness of some PRRO activities to The Gambia, the lack of a formal mid-term evaluation and absence of a quality assurance strategy are missed opportunities to capture lessons and adjust the programme with the aim of mobilizing further support from donors for the second half of the intervention.

#### *External factors*

106. *Funding* - Overall, in a challenging funding climate characterized by limited sources of funding, WFP received about 49% of the requested or budgeted funds. This led to the nutrition interventions being cut short or terminated earlier than expected. As demand still was high, this has negatively affected the sustainability of MAM recovery and prevention rates. Funding constraints also prevented the expansion of the TSF (children) into additional regions and led to logistical and delivery problems like pipeline breaks and food shortages. From internal KIIs, it is clear that a lack of funding played just as an important role in the decision not to implement livelihoods activities as the discussions surrounding the joint WFP-ECHO mission. Subsequently, the switch to unconditional CT has had a detrimental impact on the relevance, impact and sustainability of the activities under the second objective.
107. The DRR capacity building work is an example of WFP's ability to overcome issues of funding in pursuit of its objectives. Attracting resources through a Trust Fund, WFP was able to address some key capacity gaps in DRR governance, and have initiated discussions with ECHO about expanding this work. Issues with programme design do remain: the low levels of uptake or application of the capacity building is linked to a lack of planning for post-training activities. NDMA recipients of GIS training reported that they lack the digital equipment to correctly report on geo-locations in their assessments. This deprived the trainees of the opportunity to test their knowledge and led to poor retention of skills - most NDMA staff interviewed expressed the need for additional GIS capacity building. The regional contingency planning work was better designed to account for post-training adoption as two of

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<sup>96</sup>The counterfactual allows evaluators to determine what would have happened to the beneficiaries in the absence of the intervention

the three plans identify sources from which funds may be mobilised to support their implementation.

108. *External capacities*—The poor adherence to the screening and discharge criteria for MAM treatment by health workers has already been identified in previous sections. These capacity deficiencies were observed even after health workers received considerable training. Although WFP tested government partners on their readiness for applying the targeting criteria and organized annual on-the job refresher training and on-the spot training during field monitor visits, there was no formal strategy to evaluate whether institutional capacity had been strengthened. Health workers reported that completing the monitoring forms was time consuming and difficult to understand. Field monitors also observed other challenges for CHNs which included inadequate registers and a lack of weight scales and height boards for anthropometric measurements. All these constraints hindered the accuracy in beneficiary selection and negatively affected the quality of monitoring data.
109. There is a shortage of adequately trained health staff and a high turnover rate in the Gambia health system and high attrition of health workers resulted in the hiring of new staff who did not receive formal training on the IMAM protocol. In nearly all interviews with health workers and in all health facilities visited by the ET, it was reported that CHNs and facility-level staff were overwhelmed with the supervision of enrolment procedures and the distribution of food, tasks they had to implement in addition to their existing responsibilities in health care delivery. Nutrition education activities were also limited by capacity constraints.
110. *Partnerships*- The PRRO benefited from strong working relationships with partners. The NDMA, NANA, and MoHSW were involved in the planning and management of nutrition interventions, and the former two, along with GBoS were involved in the CT. These organizations reported to the ET that interventions were mostly well coordinated from central to grassroots level. The integration of the nutrition interventions within official structures allowed the government to co-own the operations and laid the seed for eventual complete ownership. The partnership with MoHSW enabled TSF's integration with the primary health care system, which may have increased general access to primary health care services. The delivery of support to PLW via RCH not only eased the administration of targeting but it may have also increased efficiency. TSF was also linked with SAM therapeutic feeding managed by UNICEF, a key action required under SPHERE standards. KIIs revealed that there was joint monitoring and referrals of patients at field level. The DRR achievements demonstrate the CO's ability to convene groups of relevant people and utilise its technical experience.
111. *Community engagement* - The ET observed that WFP engaged various community level groups in crucial implementation roles. The CO delegated some responsibilities in screening of MAM, food distribution, monitoring and follow up of beneficiaries to health workers, village health workers, village support groups and food management committees. The robust engagement of these groups helped increase awareness of the importance of nutrition interventions and facilitated relatively smooth distribution. However, in some CRR sites, field monitors observed a decline in sensitization activities over time which may be linked to a lack of incentives.
112. *Ingrained social practices and norms* - The limited effectiveness of the CT to reach higher FCS targets is attributed to the extensive inter-household sharing of the cash

transfer, as indicated in the 2014 project reporting, in conversations with CO staff, and in FGDs with beneficiaries (see section 2.1).<sup>97</sup> Intra-household sharing of the individual food rations with older children was reported during FGDs (children tend to eat from the same bowl) and it was also mentioned that rations were shared with husbands and neighbours and beneficiaries reported that the rations did not last the full four weeks. It is doubtful that the food rations (6kg) were adequately consumed by the targeted children and PLW for them to obtain the maximum nutritional benefit. Moreover, the strong linkage between HH in ‘compounds’ and between compounds, makes it likely there was some leakage of cash and food to better-off households. The other striking social norm observed by the ET during field visits is the aversion to targeting within The Gambian society. In some sites non-beneficiaries were unhappy about being excluded from the nutrition support, indicating that the rationale for targeting was not fully accepted by all. The FGDs often cited avoiding social tensions as the rationale for sharing and the view ‘everyone here is poor’ was commonly used to justify sharing food and cash. The instances of violence are linked to isolated moments where the transparency of the process became clouded.

113. The FGDs confirmed the statement in SPR 2014 that the gender imbalance in the CT is caused by The Gambia’s patriarchal society. That the strong male imbalance starts at the collection point shows that women’s decision-making powers are to a large degree dependent on men permitting them to use the cash, and therefore does not constitute full empowerment. The FGDs suggest that the positive findings around women’s involvement in decision making are linked to external factors, such as the pre-existing conceptions about women’s household responsibilities that match WFP’s messaging on how the cash should be used. Although it is hard to test in this evaluation, the fact that WFP achieved its targets for establishing and training female CT and food management committee members likely reinforced the messages from the sensitization, and may have contributed to the household decision making indicators. Overall, in such a long-standing and ingrained patriarchal context there was not enough consideration in the CT design to challenge gender issues. Gender sensitisation was a small component of the one day overall sensitisation for the CT, during which other topics, such as the procedures for collecting the cash, were discussed. Community members were told that men and women can collect the cash, and that they should share the decision making over how the cash is used, but most FGD members could not recall these basic messages when asked.

#### **Summary: Factors affecting results**

Internal factors that adversely affected the results of the PRRO included: staffing constraints in M&E, livelihood and gender expertise, and in field monitors. Logistical and distribution challenges decreased the timeliness of food rations and increased default rates. Elements of the programme design, particularly livelihoods and gender components, suggest that the PRRO was not well conceived compared to the realities experienced by beneficiaries. Limitations in the design and staffing of WFP’s M&E system allowed inaccuracies in nutrition enrolments and generally makes it hard to demonstrate PRRO impact internally and to donors.

Funding problems resulted in the dropping of livelihood activities, pipeline breaks, food shortages, variable cash transfer sizes, and the early termination of nutrition interventions. External factors that positively affected the results include the effective

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<sup>97</sup>Integrated Emergency Support to Communities Affected by Acute Food Insecurity in The Gambia; Lessons Learnt, February 2015

partnerships with government ministries and structures which facilitated implementation and the robust engagement of community based groups in MAM treatment activities which helped raise awareness. However, the government has a chronic shortage of government health workers, and as such those workers who were involved in TSF activities were overburdened. In addition, health workers had insufficient knowledge of the beneficiary selection criteria and monitoring and this negatively affected the operational efficiency and the information in the M&E system.

Entrenched and widespread social norms and practices around targeted assistance likely diminished the impact and effectiveness of both cash and food transfers as it is linked to the high level of sharing. It is also related to the social disquiet that the ET witnessed as an unintended impact of the CT. Deep rooted gender norms led to gender imbalances in cash collection and decision making.

### **3. Conclusions and Recommendations**

114. The PRRO was designed to address important needs in The Gambia during a time of recovery from the severe weather events of 2011 and 2012. The operation is best viewed as a temporary intervention that prevented food and nutritional security declining further during the country's recovery from two significant disaster events. Of the two objectives targeted at those directly affected by these events, WFP appears to have performed markedly better at supporting the prevention and treatment of acute malnutrition than restoring the livelihoods of the most vulnerable. Under the latter, WFP prevented further food insecurity at key points of the year, but very little has been done to support people's transition to recovery. Communities affected by the 2011/2012 weather events are as still as vulnerable to shocks.<sup>98</sup>
115. Overall, the PRRO has not challenged the underlying causes that heightened people's vulnerability in 2011/2012 and slowed their recovery in 2013. Although this may be an overly ambitious goal for a two-and-a-half year operation, the PRRO's objectives recognise such a need (and are correct to do so given that the nutritional and food security issues in The Gambia extend much further back in time than the weather events that prompted the EMOP). Through capacity building, WFP has helped some way towards improving government capacity to deal with disasters and nutritional emergencies. This should enable a better response in the future, but the DRR objective is constrained by scale, existing external capacities, and overlooks the need to build communities' resilience to flooding, drought, and other natural hazards.

#### **3.1 Overall Assessment**

116. The PRRO has varied in its achievement against the DAC criteria for humanitarian and development assistance. Table 9 summarises how the ET ranks each component in terms of the key evaluation criteria of appropriateness, efficiency, effectiveness, impact, and sustainability, and each is summarised below.

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<sup>98</sup> UNOCHA reports that as of November 2015 "The nutrition status of children under five remains worrisome in 2015 and is likely to worsen in 2016. More than 100,000 children under five and pregnant and lactating women are projected to be at risk of acute malnutrition due to several factors including: poor infant feeding practices; increasing household food insecurity; increased disease burden particularly related to inadequate WASH services; limited knowledge and low awareness of care givers with regard to essential nutritional and hygiene practices". Source: The Gambia: Humanitarian Needs Overview 2016 (November 2015)

Table 9: Overall assessment of PRRO 200557 against key evaluation criteria

Activity	Appropriateness	Efficiency	Effectiveness	Impact	Sustainability
Nutrition	High	Medium	Medium	Medium to high	Low to medium
Livelihoods	Medium	Medium	Low	Low	Low
DRR capacity building	High	Medium to high	Medium	Medium	Medium
Overall	High	Medium	Medium	Medium	Low to medium

117. All three components of the PRRO were relevant to The Gambia's context of food insecurity, high GAM prevalence and recurrent hazards. The nutrition component and the CT directly served HHs vulnerable to food insecurity and acute malnutrition, and were mostly well-timed to the lean season. Unconditional CT was appropriate to the 'Do no harm' principle at the time of the first distribution, but was an overly cautious approach for the rest of the PRRO, and meant the (more appropriate) livelihood objective was dropped. The PRRO is well aligned with government policies, the strategic direction of WFP, with the UNDAF and OCHA's strategic response plans. The DRR component was appropriate to national ambitions and desire for capacity building. TSF is well integrated with the health system and strategically linked with SAM treatment initiative conducted by UNICEF. Targeting was carried out reasonably well across the PRRO - following national guidelines for nutrition enrolment and community self-identification of eligible HHs for the CT. The latter has helped reduce community tensions to an extent, but WFP inability to provide a set cash amount across distributions and geographic areas created a risk of disruption to HH's planning and social tensions.
118. Operational efficiency was diminished by recurring pipeline breaks and frequent delays in food delivery. The community and health worker levels of screening of TSF beneficiaries led to the duplication of responsibilities and may have been time consuming. In some areas, the time lag between screening and food distribution was too long and this increased the chances of enrolling recovered children. In contrast, the delivery of the CT was timely and did not incur major logistical challenges. Cost information for 2014 shows that the difference in the share of operating costs for the livelihoods and nutrition components is only 8% and this is probably due to the high set up costs for the cash transfer.<sup>99</sup>
119. The overall effectiveness of the PRRO is medium with variation in each component. The high recovery rates show that MAM treatment is effective in reversing undernourishment, but significant inclusion errors potentially inflated the recovery rates. Default rates for the TSF were unacceptably high and most likely caused by the long distances beneficiaries in some areas travelled to collect points. The size of the ration coupled with intra-household sharing may have diminished the nutritional benefits. Robust engagement of government partners and community groups increased awareness of malnutrition and the objectives of the nutrition component, and the linkage with SAM treatment allowed the effective management referrals and critical follow up of non-responsive TSF beneficiaries and discharged SAM patients.

<sup>99</sup>The SPR for 2014 shows that the direct operating costs for the nutrition component were 40% of the total compared to 32% for the cash transfers

120. Effectiveness of objective 2 is judged by the CT indicators – the PRRO targets for beneficiary numbers and the amount of cash distributed were missed but project targets largely met, although the small percentage of female cash collectors and decision makers is an area of concern. WFP was highly effective where it has direct control over gender interventions – establishing gender balanced CT committees and training women committee members, and its efforts after the first CT distribution helped to improve the gender balance in cash collectors. The CT appears very effective at supporting those with Poor FCS, but because recipients mainly bought rice there is little improvement in DD. Its effectiveness is also diminished because of inter-household sharing. The CO has a high level of effectiveness in reaching its DRR objectives in terms of numbers trained and the documents produced are of a good quality and well valued by the NDMA. The KIIs found that the contingency planning support has helped to facilitate communications and WFP’s sensitization has imbued, among workshop participants, the principles of targeting.
121. The immediate short-term impact of the nutrition component cannot yet be ascertained due to the absence of adequate and rigorous data, which also affects the ability to link the decline in regional and national GAM prevalence to the nutrition component. The qualitative interviews suggest the CT kept the most vulnerable groups from serious food insecurity in and around the highest risk period, but it is difficult to quantitatively assess the extent of this. Because of ingrained social attitudes the CT has the unintended impact of creating tension within target communities and does not appear to have made any lasting impact on gender inequality. The DRR capacity building activities appear to have improved knowledge and skills, but the impact is constrained by the limited scope of the support compared to the need. The CO has left in place three contingency plans that can be used to mitigate and respond to future threats, but the impact of the GIS support is low as the NDMA does not have the required equipment to implement it.
122. The major PRRO components are closer to humanitarian assistance, and, therefore, are inherently unsustainable. There are no obvious options for the food and cash support to continue through government take-over or self-generating activities in the community. HH were not supported in growing nutritious food or generating income to replace the CT. The nutrition interventions present better opportunities for eventual government adoption as they are integrated within official structures and robustly engaged communities. WFP may find that it has a greater remit for CT under the forthcoming social protection policy, but as yet there is no government agency willing to take up the CT in the near term. KIIs suggest that the knowledge imparted by WFP during DRR activities has not been lost, but without equipment knowledge may be lost in the future. Capacity building is the correct path to sustainability and lays the ground for future expansion of DRR planning by the government.

### **3.2 Recommendations**

123. As the UNOCHA report for 2016 shows, food and nutrition insecurity remain serious problems in The Gambia,<sup>100</sup> and in the post-PRRO period WFP should address the underlying causes of these whilst supporting the government to create a systematic safety net for those vulnerable to disasters. The CO should consider a longer-term programme and spend time in the design stages thoroughly assessing the inter-connected issues of food production, malnutrition, disaster vulnerability, gender

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100 2016 Humanitarian Response Plan: The Gambia found at [http://reliefweb.int/sites/reliefweb.int/files/resources/2016\\_gambia\\_hrp.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/2016_gambia_hrp.pdf)

inequality, and government capacity. It could then design and justify a comprehensive programme to tackle these. The ten recommendations below are drawn from lessons learned during this PRRO evaluation and are targeted to help WFP increase the effectiveness of future operations. They are prioritised as follows:

	High priority
	Medium priority
	Low priority

Operational	<p><b>R1. Improve logistics and delivery processes to increase efficiency and effectiveness.</b> In future nutrition operations, the CO should assess the geographical distribution of beneficiaries in each region and consider increasing the number of community level distribution points in under-served catchment areas. In the absence of CHNs, management of these distribution points could be given to community based groups. Wide-reaching food distribution would not only reduce default rates but encourage early presentation of MAM cases. In future, WFP should reduce pipeline breaks and minimize late or delayed delivery of food rations in remote regions. Options include increasing the number of vehicles for transporting food and where storage conditions permit and prepositioning food stocks that last for 3 months. These efforts should be augmented by the regular monitoring of storage facilities and robust communication with local partners of any changes in operations.</p>
Strategic	<p><b>R2. Develop a holistic DRR capacity building strategy.</b> The CO should immediately start to develop a capacity building strategy that clearly states its goals for The Gambia and plots the steps for achieving them. An analysis of critical gaps in technical and management capacities of key institutions should be conducted by the CO so it can prioritise and design more targeted interventions. The RB should help to link the national analysis to the regional DRR capacity and existing strategies. Each activity in the strategy should be developed with a clear adoption plan by the recipient and a realistic resource plan, and therefore should be developed in partnership with relevant government departments and NGOs and supported by donors (EU, IDB, AfDB, UNDP). It is strongly recommended that the DRR capacity building be linked to any future livelihoods/resilience projects the CO implements.</p>
Strategic	<p><b>R3. Promote the concept of Resilience to break the cycle of vulnerability.</b> Over the course of 2016 the CO should act as a catalyst to develop an understanding of Resilience as an applied concept in The Gambia. As a first step in this, the CO, with technical support from RB and HQ, should convene a workshop before the end of March 2016 for those working on resilience (for example, the EU-led Global Alliance for Resilience Initiative (AGIR), DFID, and the UN Trust Fund for Human Security)) and the government. The workshop's aim would be to assess the current level of application of AGIR's concept of resilience and where there are gaps. The output should be a WFP-led road map with short (1-2 year) and medium term (3-5 year) strategies for integrating resilience as an applied concept. The current decentralisation of the contingency plans to the district level provides one immediate opportunity to integrate resilience by encouraging communities to create plans for reducing physical threats and improving their livelihoods.</p>

Operational	<p><b>R4. Reduce the divisiveness of the cash transfer through creative distribution.</b> The CO should consider non-food transfers for any future food insecurity or livelihood intervention; however, CT must be accompanied by greater measures to reduce the divisiveness caused by its introduction. It is unlikely that further targeting sensitisation will have the desired impact at the community level in time for the next lean season, so the CO should think creatively about its distribution. Two options are: 1) convert to vouchers and/or 2) deliver through less public channels, such as women’s groups. The advantages of the latter option are that, one, the cash can be ostensibly tied as payment to the groups’ regular development-orientated activities, thus reducing the perceived injustice to non-participants, and, secondly, the cash is directly given to women. A risk is that the emotive nature of the cash becomes tied up with women’s groups, but this can be avoided if the CO fully designed its CT as support to women’s groups. If the groups don’t have viable activities for payment the CO should partner with local NGOs to deliver livelihood and nutrition activities.</p>
Strategic	<p><b>R5. Design a longer term livelihood programme linking farmers to reliable markets and nutrition.</b> In its planning stages for post-PRRO programme, the CO should design a longer-term livelihood intervention that encourages financial asset building by purposely linking rural farmers to existing reliable markets, such as the CO’s home-grown school feeding programme and the crop production intensification component of the WFP/FAO MDG 1c project. Under this intervention, human assets can also be built if the CO links its work with farmers on nutritional messaging or even with supplementary feeding for PLW. Livelihoods/market expertise, either installed at the CO level and/or on a temporary from the RB or HQ will be needed in the design stages. The programme should be based on a livelihoods assessment that goes beyond quantifying asset levels to interrogate <i>why</i> livelihoods in The Gambia do not provide farmers with the necessary financial, human and environmental assets to be resilient to drought, flooding, pests and other disasters. (If this assessment does not already exist, the CO should advocate that FAO join in partnership to conduct it). The technical expertise of MoA and FAO will be crucial for the implementation of the programme.</p>
Strategic	<p><b>R6. Take pro-active measures against gender bias and inequality.</b> In future operations, the CO with the support of RB and HQ, should spend time developing a gender strategy which, in the medium- to long-term engagements, engages and empowers women. This can include delivering CT through women’s groups, tying the receipt of CT to gender sensitive conditions (e.g. women’s training in agriculture, financial literacy or small business entrepreneurship) and using vouchers. Whichever mechanism is chosen should place emphasis on the decision making surrounding the cash benefit as it is highly likely that even when women collect the cash they would still surrender it to men. The gender strategy should apply a careful and cautious approach that accounts for religious and cultural norms.</p>



Operational	<p><b>R7. Adopt strategies for maximizing nutritional benefits and sustaining recovery rates for beneficiaries.</b> WFP could consider measuring the extent to which supplements and cash are shared within and between households. Depending on the extent of leakage, a number of strategies can be adopted to limit intra-household sharing (elimination is unrealistic). The CO could provide “protective” family food rations or ready-to-use supplementary food (RUSF) rations which do not require cooking. Alternatively, the CO, through village support groups and food management committees, could intensify nutrition education and social and behaviour change and communication activities to discourage sharing of food rations. To ensure sustained recovery from MAM, WFP should employ SBCC activities that sensitize beneficiaries on care-giving, nutrition practices and food preparation/preservation. In making its selection the CO should consider the cost effectiveness of these options in The Gambia. Coordination with UNICEF’s IYCF programme would be important. In addition, graduates of the BSF and TSF programmes (or former beneficiaries in the event of programme cessation) may be discharged into any CT or appropriate livelihood programmes to reduce relapse and maintain recovery from MAM.</p>
Strategic	<p><b>R8. Facilitate the central Early Warning System.</b> The CO should immediately deepen its involvement in the planning process for the national EWS. Ideally, the EWS should be developed in time for the 2016 planting season, but although this is probably an unrealistic goal the CO should nevertheless advocate for the process to be expedited so that it is definitely operational before the 2017 planting season. Once the EWS development begins, WFP’s technical input would be crucial. Given the Gambia CO’s staff current skill set, it should look at the work of other COs that brought in dedicated EWS expertise to work closely and full-time with their equivalent of the NDMA. The EWS model used by WFP in Zambia would act as a good starting point for The Gambia: <a href="http://www.zepriis.dmmu-ovp.gov.zm">www.zepriis.dmmu-ovp.gov.zm</a>. Having a national multi-sectoral early warning system in place would allow for greater objectivity in declaring disasters and quicker responses. It would also enable the development of a coherent, temporal and geographic profile of hazards so that prevention measures can be taken. The establishment of an effective EWS would contribute to Objective 2 of the 2016 UNOCHA humanitarian plan for The Gambia.</p>

Operational	<p><b>R9. Strategically strengthen M&amp;E coverage.</b> The design stages for the next major programme modality present an excellent opportunity to create a holistic M&amp;E system that covers and connects all stages of programme implementation across the CO’s activities. The CO, with the support of the RB and HQ, should map out what data it 1) needs to track the implementation of its programmes and 2) demonstrate effectiveness. It should identify who is to capture this data, noting that in many instances it would be more realistic, efficient and sustainable if key partners were to do so (for instance, health centres in tracking the number and timing of antenatal care visits by PLW and measuring their weight or BMI, and also for tracking the performance and utilisation of the proposed EWS). The RB and HQ should play a strong role in building the CO’s internal M&amp;E capacity (especially in impact assessments, disaggregation of data and linking beneficiary data) and after the RB and CO should do similarly for the external actors identified as contributors to the M&amp;E system.</p>
Operational	<p><b>R10. Enhance capacities and strengthen support mechanisms for field level health staff managing MAM treatment.</b> In future operations, and at formally designated intervals, WFP should assess the capacities of health workers in MAM screening and data management and provide refresher training to strengthen skills. WFP can also provide additional technical support by placing dedicated staff at field level to coach and provide on-the job training. The monitoring forms used by the health workers can also be re-designed to ensure they are less time consuming and easy to complete. In addition, WFP could reduce the burden on health workers by hiring local youths to assist them in the distribution food rations. Alternatively, “task-shifting” can be done by assigning some of the screening and monitoring responsibilities to VHWs and well-trained community based groups or community based organizations such as the Red Cross.</p>

## Annexes

### Annex 1: Acronyms

ANRP	Agriculture and Natural Resources Policy
BMI	Body Mass Index
BSF	Blanket Supplementary Feeding
CERF	United Nations Central Emergency Response Fund
CFSVA	Comprehensive Food Security and Vulnerability Assessment
CHN	Community Health Nurse
CO	Country Office (WFP)
CRR	Central River Region
CSB+	Corn Soy Blend Plus
CT	Cash Transfer
DAC	Development Assistance Committee
DHS	National Demographic and Health Survey
DRR	Disaster Risk Reduction
DRRM	National Disaster Risk Reduction and Management Policy
DSC	Direct Support Costs
EB	Executive Board (WFP's)
ECHO	European Commission
EM	Evaluation Manager
EMOP	Emergency Operation
EQAS	Evaluation Quality Assurance System
ET	Evaluation Team
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FGD	Focus Group Discussion
FFA	Food For Assets
GAM	Global Acute Malnutrition
GBos	Gambia Bureau of Statistics
GDP	Gross domestic product
GIS	Geographic Information System
GMD	Gambian Dalasi
HFA	Hyogo Framework for Action

HH	Household
HIV/AIDS	Human immunodeficiency virus infection / Acquired immunodeficiency syndrome
HQ	Headquarter
ICT	Information and communications technology
IMAM	Integrated Management of Acute Malnutrition
IP	Inception Package
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
LRR	Lower River Region
LTA	Long-Term Agreement
LTSH	Logistics, transport, shipping and handling
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MoA	Ministry of Agriculture
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
MOU	Memorandum of Understanding
Mt	Metric Ton
MUAC	Mid-Upper Arm Circumference
NaNA	National Nutrition Agency
NBR	North Bank Region
NDMA	National Disaster Management Authority
NFI	Non-food item
NGO	Non-governmental organisation
NNP	National Nutrition Policy
NSPP	National Social Protection Policy
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
ODOC	Other Direct Operational Costs
OEV	Office of Evaluation (WFP)
OpEv	Operation Evaluation
PAGE	Programme for Accelerate Growth and Employment
PLW	Pregnant and lactating women
PRRO	Protracted Relief and Recovery Operation

RB	Regional Bureau (WFP)
RCH	Reproductive and Child Health
REACH	Renewed Efforts to Address Child Hunger and Undernutrition
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SF	School feeding
SPR	Standard Project Report
SRF	Strategic Results Framework
SUN	Scaling Up Nutrition
TOR	Terms of Reference
TSF	Targeted Supplementary Feeding
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety & Security
UNICEF	United Nations Children's Fund
URR	Upper River Region
USD	US Dollar
VAM	Vulnerability Assessment Mapping
WASH	Water, Sanitation and Hygiene
WCR	West Coast Region
WFP	World Food Programme
WHO	World Health Organization

## Annex 2: Evaluation Terms of Reference



# EVALUATION QUALITY ASSURANCE SYSTEM

Office Of Evaluation

*Measuring Results, Sharing Lessons*

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[FINAL, 25<sup>TH</sup>JUNE 2015]

## TERMS OF REFERENCE

### OPERATION EVALUATION

#### **GAMBIA PROTRACTED RELIEF AND RECOVERY OPERATION (PRRO 200557) 2013-2015**

*TARGETED NUTRITION AND LIVELIHOOD SUPPORT FOR VULNERABLE PEOPLE IMPACTED BY  
FLOODS AND DROUGHT*

#### **1. Introduction**

1. These Terms of Reference (TOR) are for the evaluation of Gambia Protracted Relief and Recovery Operation (PRRO 200557). This evaluation is commissioned by the WFP Office of Evaluation (OEV) and will start in June 2015 with preparation, and end in January 2016 with the dissemination of the evaluation report. In line with WFP's outsourced approach for Operation Evaluations (OpEv), the evaluation will be managed and conducted by an external evaluation company amongst those having a long-term agreement with WFP for operation evaluations.
2. These TOR were prepared by the OEV focal point based on an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold: 1) to provide key information to the company selected for the evaluation and to guide the company's evaluation manager and team throughout the evaluation process; and 2) to provide key information to stakeholders about the proposed evaluation.
3. The TOR will be finalised based on comments received on the draft version and on the agreement reached with the selected company. The evaluation shall be conducted in conformity with the TOR.

#### **2. Reasons for the Evaluation**

##### **2.1. Rationale**

4. In the context of renewed corporate emphasis on providing evidence and accountability for results, WFP has committed to increase evaluation coverage of operations and mandated OEV to commission a series of Operation Evaluations in 2013 -2016.
5. Operations to be evaluated are selected based on utility and risk criteria. From a shortlist of operations meeting these criteria prepared by OEV, the Regional Bureau (RB) has

selected, in consultation with the Country Office (CO) the Gambia PRRO 200557, Targeted Nutrition and Livelihood Support for Vulnerable People Impacted by Floods and Drought for an independent evaluation. In particular, the evaluation has been timed to ensure that findings can feed into future decisions on programme design of subsequent operations.

## 2.2. Objectives

6. This evaluation serves the dual and mutually reinforcing objectives of accountability and learning:
  - **Accountability** –The evaluation will assess and report on the performance and results of the operation, and make recommendations. A management response to the evaluation recommendations will be prepared by the country office, with support from the RB.
  - **Learning** –The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems.

## 2.3. Stakeholders and Users

7. **Stakeholders.** A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and many of these will be asked to play a role in the evaluation process. Table 1 below provides a preliminary stakeholders’ analysis, which will be deepened by the evaluation team in the inception package.

**Table 1: Preliminary stakeholders’ analysis**

Stakeholders	Interest in the evaluation
<b>INTERNAL STAKEHOLDERS</b>	
<b>Country Office (CO)</b>	Responsible for the country level planning and operations implementation, the CO is the primary stakeholder of this evaluation. It has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries, partners and donors for the performance and results of its operation.
<b>Regional Bureau (RB) Dakar</b>	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices, in addition to using these to inform future RB support to the Gambia CO
<b>Office of Evaluation (OEV)</b>	OEV is responsible for commissioning OpEvs over 2013-2016. As these evaluations follow a new outsourced approach, OEV has a stake in ensuring that this approach is effective in delivering quality, useful and credible evaluations.
<b>WFP Executive Board</b>	The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings will feed into an annual synthesis of all OpEvs, which will be presented to the EB at its November session.

<b>(EB)</b>	
<b>EXTERNAL STAKEHOLDERS</b> (See Table 2 for list of external stakeholders)	
<b>Beneficiaries</b>	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.
<b>Government</b>	The Government has a direct interest in knowing whether WFP activities in the country are aligned with its priorities, harmonised with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest. Various Ministries and government institutions, both centralised and decentralised, are partners in the design and implementation of WFP activities.
<b>UN Country team (UNCT)</b>	The UNCT's harmonized action should contribute to the realisation of the government developmental objectives, as reflected in various Government policies and strategies. Since WFP is a key member of the UNCT, it has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts in the Gambia. WFP works with a number of UN agencies in the design and implementation of its activities.
<b>Donors</b>	WFP operations are voluntarily funded by a number of donors. They have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. The key donors <sup>101</sup> of WFP activities in Gambia include Japan, EU, and ECHO
<b>NGOs<sup>102</sup></b>	WFP collaborated with Gambia Association of Food and Nutrition Agency (GAFNA) in the first year of the operation and is currently collaborating with the Gambia Red Cross in the implementation of cash transfers.
<b>Private sector</b>	WFP and its Government partners collaborated with financial service providers in the distribution of cash, and the findings of this evaluation will inform the efficiency of such collaboration arrangements and may make recommendations for future collaboration and partnership arrangements
<b>Community based groups</b>	Community health workers, and village support groups help assist with active screening, sensitization, beneficiary identification and verification at the distribution points, and with follow ups.

8. Users. The primary users of this evaluation will be:

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<sup>101</sup>The Gambia operation benefited from CERF funding

<sup>102</sup>The CO has reported in both 2013 and 2014 that there was no collaboration with NGOs, and that partnership was only with Government institutions and the UN agencies. The evaluation team will need to look at this implementation arrangement as a factor and how it has affected (positively or negatively) the results



- The CO and its partners in decision-making related notably to programme implementation and design and partnerships.
- The RB is expected to use the evaluation findings in performing its functions, which includes providing strategic guidance, programme support and oversight
- OEV will use the evaluation findings to feed into an annual synthesis of all OpEvs as part of contribution to corporate learning and accountability, including assessment of gender mainstreaming across the evaluated operations; and will reflect upon the evaluation process to refine its OpEv approach, as required.
- As WFP is a key member of the UNCT in Gambia (and a signatory to the UNDAF) the UNCT may use the findings of this evaluation as input to any future UNDAF (2012-2016) reviews and/or as input to the preparation of the successor UNDAF (2017-2020).

### **3. Subject of the Evaluation**

9. The Gambia remains one of the poorest countries in the world, ranked 172 out of 185 countries in the 2014 Human Development report (HDR), making it the 14th least developed country in the world. Of the 1.9 million Gambians, about 40 percent live on less than US\$1 per day, 55 percent on less than US\$ 2 per day and 18 percent are considered food insecure. Life expectancy is estimated at 64.4 years; Infant mortality rates estimated to be 34 per 1,000 live births; for every 100,000 live births, 433 women die from pregnancy related causes, which would rank it among the highest rates in the world ; The 2013 Demographic Health Survey indicates that GAM rates at national level are up to 11.5 percent while two regions (Central and Upper river regions) register rates above the 15 percent emergency threshold. Prevalence of global acute malnutrition at national level has increased from 6.4 percent in 2005 to 9.9 percent in 2012. Severe acute malnutrition was reported at 1.6 percent. The national prevalence of stunting is 21.2 percent, with regional disparities- 30.1 percent in Central River, 25.2 percent in North Bank and 25.6 percent in Upper River North regions. In the education sector, Government policies provide for universal access to pre-primary and primary education, yet the 2014 MDG status report shows that the Net Enrolment rate is at 73.4 percent, well below the 2015 MDG target.
10. Overall, Gambia has a Gender Inequality index (GII) of 0.624, ranking it 139 out of 152 countries in the 2014 HDR. While there is gender parity at primary education enrolment, and very close to parity at secondary education level (0.96), other gender-related indicators are less favourable. For example only 9.4 percent of the parliamentary seats are held by women. While the Gambia has a National Gender Policy, the UNDAF (2012-2016) notes that effective mainstreaming of gender into Government policies and programmes is compromised by: (i) the perception that gender equality is synonymous with women's empowerment; (ii) the absence of reliable explanatory qualitative data; and (iii) inadequate gender analysis. As a result, strategies and actions to effectively address gender inequity are not adequately articulated.
11. The Gambia's economy is predominantly subsistence agrarian, with rain fed subsistence agriculture being the main source of livelihood for the majority of the population. The

country has a gross domestic product (GDP) per capita of USD 624 and the economy relies heavily on remittances from workers overseas and tourism, with Remittance inflows amounting up to about 20 percent of the country's GDP. Domestic cereal production accounts for up to 60 percent of annual consumption requirements and the country relies heavily on food imports. However, the agricultural sector has untapped potential since less than half of arable land is cultivated. In addition, the Gambia is faced with environmental challenges such as land degradation, loss of forest cover, loss of biodiversity, coastal erosion, waste management and climate change. Over the past years, the country has experienced several disasters in the form of drought, floods, fires and locust infestation, causing large-scale destruction. The severe floods that have occurred in recent years are caused largely by rapid urbanisation and the failure by citizens to adhere to physical planning regulations. The Government strategies to address agriculture and food security includes use of national experts committee and agricultural council to guide agricultural planning and policy, provision of technical support including new technologies, the creation of financial opportunities for farmers to access long-term loans to develop modern farms and the development of science parks to enhance the quality of primary produce. With three pillars - basic services, poverty reduction and social protection, and Governance and human rights—the Gambia UNDAF (2012-2016) aligns with, and supports these and other Government efforts in addressing development challenges and meeting the priorities.

12. Designed as a follow up to the emergency operation responding to the Sahel food crisis of 2011/12, and heavy flooding in Gambia in 2012, and aligned to UNDAF pillars 1 and 2, the WFP PRRO 200557 (2013-2015) aimed to improve food security in six regions of The Gambia. Targeting 100,200 beneficiaries over two years, it has three objectives: (1) support the prevention and treatment of acute malnutrition among children under 5 and pregnant and lactating women; (2) Restore and rebuild the livelihoods of the most vulnerable and support their transition to recovery; and (3) support the national disaster risk reduction agenda and enhance government and community capacity in emergency preparedness and response. The PRRO was initially aligned to the WFP strategic objectives 2008-2013, and later re-aligned to the new strategic plan (2014-2017). The project document, original logframe and the latest funding situation are available on the WFP public website here. The re-aligned logframes, which now includes cross-cutting indicators of gender, protection and partnership is in Annex3. The key characteristics of the operation are outlined in table 2.

## **4. Evaluation Approach**

### **4.1. Scope**

13. Scope. The evaluation will cover all activities and processes related to formulation, implementation, resourcing, monitoring and reporting of the PRRO 200557, as relevant to answer the evaluation questions. The period covered by this evaluation captures the time from the development of the operation (January 2013 to June 2013) and the period from the beginning of the operation until the start of the evaluation (June 2013 to November 2015).

### **4.2. Evaluation Questions**

14. The evaluation will address the following three questions:

Question 1: How appropriate is the operation? Areas for analysis will include the extent to which the objectives, targeting, and choice of activities and of transfer modalities:

- Were appropriate at project design stage to the needs of the food insecure population including the distinct needs of women, men, boys and girls from different groups, as applicable, and remained so over time.
- Are coherent with relevant stated national policies, including sector policies and strategies and seek complementarity with the interventions of relevant humanitarian and development partners, as well as with other WFP interventions in the country.
- Were coherent at project design stage with relevant WFP and UN system wide strategies, policies and normative guidance (including gender) and remained so over time.

Question 2: What are the results of the operation? While ensuring that differences in benefits between women, men, boys and girls from different groups are considered, the evaluation will analyse:

- The level of attainment of the planned outputs (including the number of beneficiaries served disaggregated by women, girls, men and boys);
- The extent to which the outputs led to the realisation of the operation objectives as well as to unintended effects highlighting, as applicable, differences for different groups, including women, girls, men and boys;
- How/whether implementation of different activities of the operation dovetail and are synergetic with other WFP operations and with what other actors are doing to contribute to the overriding WFP objective in the country; and
- The efficiency of the operation and the likelihood that the benefits will continue after the end of the operation.

Question 3: Why and how has the operation produced the observed results? The evaluation should generate insights into the main internal and external factors that caused the observed changes and affected how results were achieved. The evaluation should focus, amongst others, on:

- Internal factors within WFP's control: the analysis, business processes, systems and tools in place to support the operation design, implementation, monitoring/evaluation and reporting; the governance structure and institutional arrangements (including issues related to staffing, capacity and technical backstopping from RB/HQ); the partnership and coordination arrangements; strategic decision making in view of operational constraints; etc.
- External factors outside WFP's control: the external operating environment; the funding climate; external incentives and pressures; delivery of complementary activities by other partners including NGOs, Government and UN agencies etc

### **4.3 Evaluability Assessment**

15. Evaluability is the extent to which an activity or a programme can be evaluated in a reliable and credible fashion. The below provides a preliminary evaluability assessment, which will be deepened by the evaluation team in the inception package. The team will notably critically assess data availability and take evaluability limitations into consideration in its choice of evaluation methods. In doing so, the team will also critically review the evaluability of the gender aspects of the operation, identify related challenges and mitigation measures.
16. In answering question one, the team will be able to rely on assessment reports, minutes from the project review committee meeting, the project document and logframe, evaluations or reviews of ongoing and/or past interventions including the 2014 evaluation of the development project, as well as documents related to government and interventions from other actors. In addition, the team will review relevant WFP strategies, policies and normative guidance.
17. For question two the operation has been designed in line with the corporate strategic results framework (SRF) and selected outputs, outcomes and targets are recorded in the logframe. Monitoring reports as well as annual standard project reports (SPRs) detail achievement of outputs and outcomes thus making them evaluable against the stated objectives. However, answering question two is likely to pose some challenges owing in part to: i) problems of assessing performance over time due to delays in implementation of some activities due to funding constraints and/or some activities not implemented at all; the team will have to assess the effect of the delays and/or lack of implementation; ii) lack of baseline data for some activities and/or limited quantitative monitoring data for further analysis, and the evaluation not being able to benefit from the 2015 SPR corporate data. This will require the team to reconstruct baselines from available sources, rely on triangulating qualitative data from monitoring reports and their own findings during field visits; and be flexible to receive draft monitoring data from CO at a late stage into the reporting process; iii) data gaps in relation to measurement of efficiency due to constraints in the way WFP systems capture costs and resource allocation to different activities.
18. For question three, the team members will have access to institutional planning documents, partnerships and funding related documents. These will be complemented by eliciting further information from key informant interviews.
19. Due to the need to have the evaluation report by end of the year, field work will occur during the rainy season which starts in June and ends in October; The effect this may have on the team's ability to visit project sites will become clearer during the inception phase, and the country office's knowledge of the areas and understanding of transport infrastructure will be vital for the team's understanding of the best way to select sites and organise the mission schedule. There will be need for flexibility as well as contingency arrangements (alternate sites) to anticipate in sudden changes in accessibility.

### **4.4. Methodology**

20. The methodology will be designed by the evaluation team during the inception phase. It should:

- Employ relevant internationally agreed evaluation criteria including those of relevance, coherence (internal and external), coverage, efficiency, effectiveness, impact and sustainability, giving special attention to gender and equity issues.
- Use applicable standards and frameworks (e.g. SPHERE standards, UNEG guidance on gender );
- Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and using mixed methods (e.g. quantitative, qualitative, participatory) to ensure triangulation of information through a variety of means. Participatory methods will be emphasised with the main stakeholders, including the CO. The selection of field visit sites will also need to demonstrate impartiality.
- Be geared towards addressing the key evaluation questions taking into account the evaluability challenges, the budget and timing constraints;
- Be based on an analysis of the logic model of the operation and on a thorough stakeholders analysis;
- Give special consideration to gender and equity issues, in line with the UNEG guidance and OEV technical note mentioned above;
- Ensure through the use of mixed methods that women, girls, men and boys from different stakeholders groups participate and that their different voices are heard and used;
- Be synthesised in an evaluation matrix, which should be used as the key organizing tool for the evaluation.
- Acknowledge the limitations of the approaches chosen, and their implications

#### **4.5. Quality Assurance**

21. OEV's Evaluation Quality Assurance System (EQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for quality assurance, templates for evaluation products and checklists for the review thereof. It is based on the UNEG norms and standards and good practice of the international evaluation community (DAC and ALNAP) and aims to ensure that the evaluation process and products conform to best practice and meet OEV's quality standards. EQAS does not interfere with the views and independence of the evaluation team.
22. At the start of the evaluation, OEV will orient the evaluation manager (EM) on EQAS and share related documents. The EM will in turn orient the evaluation team. EQAS should be systematically applied to this evaluation and the evaluation manager will be responsible to ensure that the evaluation progresses in line with its process steps and to conduct a rigorous quality control of the evaluation products ahead of their submission to WFP. OEV will also share an Orientation Guide on WFP and its operations, which provides an overview of the organization.

### **5. Phases and deliverables**

23. The evaluation will proceed through five phases. Annex 2 provides details of the activities and the related timeline of activities and deliverables.
24. Preparation phase (1st of May to 24th July 2015): The OEV focal point will conduct background research and consultation to frame the evaluation; prepare the TOR; select the evaluation team and contract the company for the management and conduct of the evaluation.
25. Inception phase (27th July to 18th September 2015): This phase aims to prepare the evaluation team for the evaluation phase by ensuring that it has a good grasp of the expectations for the evaluation and a clear plan for conducting it. The inception phase will include a desk review of secondary data and initial interaction with the main stakeholders.

**Deliverable: Inception Package.** The Inception Package details how the team intends to conduct the evaluation with an emphasis on methodological and planning aspects. The IP will be shared with CO, RB and OEV for comments before being approved by OEV. It will present an analysis of the context and of the operation, the evaluation methodology articulated around a deepened evaluability and gender-sensitive stakeholders' analysis; an evaluation matrix; and the sampling technique and data collection tools. It will also present the division of tasks amongst team members as well as a detailed schedule for stakeholders' consultation. For more details, refer to the content guide for the inception package.

26. Evaluation phase (27th September to 12th October 2015): The fieldwork will span over three weeks and will include visits to project sites and primary and secondary data collection from local stakeholders. Two debriefing sessions will be held upon completion of the field work. The first one will involve the country office (relevant RB and HQ colleagues will be invited to participate through a teleconference) and the second one will be held with external stakeholders.

**Deliverable: Exit debriefing presentation.** An exit debriefing presentation of preliminary findings and conclusions (PowerPoint presentation) will be prepared to support the de-briefings.

27. Reporting phase:(14th October to 28th December 2015): The evaluation team will analyse the data collected during the desk review and the field work, conduct additional consultations with stakeholders, as required, and draft the evaluation report. It will be submitted to the evaluation manager for quality assurance. Stakeholders will be invited to provide comments, which will be recorded in a matrix by the evaluation manager and provided to the evaluation team for their consideration before report finalisation.

**Deliverable: Evaluation report.** The evaluation report will present the findings, conclusions and recommendations of the evaluation in a concise report of 40 pages maximum. Findings should be evidence-based and relevant to the evaluation questions. Data will be disaggregated by sex and the evaluation findings and conclusions will highlight differences in performance and results of the operation for different beneficiary groups as appropriate. There should be a logical flow from findings to conclusions and from conclusions to recommendations. Recommendations will be limited in number, actionable and targeted to the relevant users. These will form the basis of the WFP

management response to the evaluation. For more details, refer to the content guide for the evaluation report and the OpEv sample models for presenting results.

28. Follow-up and dissemination phase: OEV will share the final evaluation report with the CO and RB. The CO management will respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions. The RB will coordinate WFP’s management response to the evaluation, including following up with country offices on status of implementation of the actions. OEV will also subject the evaluation report to an external post-hoc quality review to report independently on the quality, credibility and utility of the evaluation in line with evaluation norms and standards. A feedback online survey on the evaluation will also be completed by all stakeholders. The final evaluation report will be published on the WFP public website, and findings incorporated into an annual synthesis report, which will be presented to WFP’s Executive Board for consideration. Findings will be disseminated and lessons will be incorporated into other relevant lesson sharing systems.

**Notes on the deliverables:** The inception package and evaluation reports shall be written in English and follow the EQAS templates. The evaluation team is expected to produce written work that is of very high standard, evidence-based, and free of errors. The evaluation company is ultimately responsible for the timeliness and quality of the evaluation products. If the expected standards are not met the evaluation company will, at its own expense, make the necessary amendments to bring the evaluation products to required quality level. The evaluation TOR, report and management response will be public and posted on the WFP External Website ([wfp.org/evaluation](http://wfp.org/evaluation)). The other evaluation products will be kept internal.

**Table 3: Key dates for field mission and deliverables**

Entity responsible	Phase	Activities	Key dates
EM/ET	Inception	Draft Inception Package	31 <sup>st</sup> August 2015
EM/ET	Inception	Final Inception Package	18 <sup>th</sup> September 2015
CO/ET	Evaluation	Evaluation field mission	27 <sup>th</sup> September to 12 <sup>th</sup> October 2015
ET	Evaluation	Exit Debriefing Presentation	12 <sup>th</sup> October 2015
EM/ET	Reporting	Draft Evaluation Report	27 <sup>th</sup> November 2015
EM/ET	Reporting	Final Evaluation Report submission	28 <sup>th</sup> December 2015 <sup>103</sup>
OEV	Reporting	Final Evaluation Report approved	8 <sup>th</sup> January 2016
CO/RB	Follow-up	Management Response	22 <sup>nd</sup> January 2016

## 6. Organization of the Evaluation

<sup>103</sup>With the aim of having the final report by close of the year, and considering the holidays in December, the team and the CO will discuss any adjustments that need to be made to meet that deadline. For example short periods for stakeholders to review/comment on products

## **6.1 Outsourced approach**

29. Under the outsourced approach to OpEvs, the evaluation is commissioned by OEV but will be managed and conducted by an external evaluation company having a long-term agreement (LTA) with WFP for operations evaluation services.
30. The company will provide an evaluation manager (EM) and an independent evaluation team (ET) in line with the LTA. To ensure a rigorous review of evaluation deliverables, the evaluation manager should in no circumstances be part of the evaluation team.
31. The company, the EM and the ET members will not have been involved in the design, implementation or M&E of the operation nor have other conflicts of interest or bias on the subject. They will act impartially and respect the code of conduct of the profession.
32. Given the evaluation learning objective, the evaluation manager and team will promote stakeholders' participation throughout the evaluation process. Yet, to safeguard the independence of the evaluation, WFP staff will not be part of the evaluation team or participate in meetings with external stakeholders if the evaluation team deems that their presence could bias the responses.

## **6.2 Evaluation Management**

33. The evaluation will be managed by the company's EM for OpEvs (as per LTA). The EM will be responsible to manage within the given budget the evaluation process in line with EQAS and the expectations spelt out in these TOR and to deliver timely evaluation products meeting the OEV standards. In particular, the EM will:
  - Mobilise and hire the evaluation team and provide administrative backstopping (contracts, visas, travel arrangements, consultants' payments, invoices to WFP, etc).
  - Act as the main interlocutor between WFP stakeholders and the ET throughout the evaluation and generally facilitate communication and promote stakeholders' participation throughout the evaluation process.
  - Support the evaluation team by orienting members on WFP, EQAS and the evaluation requirements; providing them with relevant documentation and generally advising on all aspects of the evaluation to ensure that the evaluation team is able to conduct its work.
  - Ensure that the evaluation proceeds in line with EQAS, the norms and standards and code of conduct of the profession and that quality standards and deadlines are met.
  - Ensure that a rigorous and objective quality check of all evaluation products is conducted ahead of submission to WFP. This quality check will be documented and an assessment of the extent to which quality standards are met will be provided to WFP.
  - Provide feedback on the evaluation process as part of an evaluation feedback e-survey.

## **6.3 Evaluation Conduct**



34. The ET will conduct the evaluation under the direction of the EM. The team will be hired by the company following agreement with OEV on its composition.
35. Team composition. The evaluation team is expected to include 2 or 3 members, including the team leader, international/national evaluator. It should include women and men of mixed cultural backgrounds and a national of the country with requisite expertise and experience.
36. Team competencies. The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in the following areas:
  - Nutrition—practical experience in implementation of nutrition interventions in addition to technical expertise; and understanding of WFP/UNICEF partnerships in nutrition
  - Resilience/disaster risk management, with understanding of WFP's approaches and tools in livelihoods support, recovery, asset creation and DRR/M
  - Food Security, and implementation of cash and voucher transfer modalities
  - Capacity development/support of Governments in food security, safety nets and disaster management
  - Good knowledge of gender and equity issues within the Gambian context
37. All team members should have strong analytical and communication skills; collectively the team should have evaluation experience, familiarity with the country context and WFP experience.
38. All team members should have strong skills in oral and written English.
39. The Team Leader will have good communication, management and leadership skills and demonstrated experience and good track record in leading similar evaluations. He/she should also have excellent English writing and presentation skills, technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools.
40. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the inception package, exit debriefing presentation and evaluation report in line with EQAS; and v) provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.
41. The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.
42. Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s); and v) provide feedback on the evaluation process as part of an evaluation feedback e-survey.

## **6.4 Security Considerations**

43. As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.
44. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:
- Travelling team members complete the UN system's applicable Security in the Field courses in advance, print out their certificates and take them with them. (These take a couple of hours to complete.)
  - The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
  - The team members observe applicable UN security rules and regulations – e.g. curfews etc.

For more information, including the link to UNDSS website see EQAS for operations evaluations page 30.

## **7. Roles and Responsibilities of WFP Stakeholders**

45. The Country Office. The CO management will be responsible to:
- Assign a focal point for the evaluation. Mustapha Jammeh (M&E) and Annet Birungi (Nutrition), will be the CO focal points for this evaluation.
  - Comment on the TORs, inception package and the evaluation report
  - Provide the evaluation manager and team with documentation and information necessary to the evaluation; facilitate the team's contacts with local stakeholders; set up meetings, field visits; provide logistic support during the fieldwork; and arrange for interpretation, if required.
  - Organise security briefings for the evaluation team and provide any materials as required
  - Participate in discussions with the evaluation team on the evaluation design and on the operation, its performance and results and in various teleconferences with the evaluation manager and team on the evaluation products.
  - Organise and participate in two separate debriefings, one internal and one with external stakeholders.
  - Prepare a management response to the evaluation recommendations.

- Provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.
46. The Regional Bureau. The RB management will be responsible to:
- Assign a focal point for the evaluation. Aboubacar KOISHA, Regional M&E advisor, will be the RB focal point for this evaluation.
  - Participate in discussions with the evaluation team on the evaluation design and on the operation, its performance and results. In particular, the RB should participate in the evaluation debriefing and in various teleconferences with the evaluation manager and team, as required.
  - Provide comments on the TORs, inception package and the evaluation report.
  - Coordinate the management response to the evaluation and track the implementation of the recommendations.
  - Provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.
47. Headquarters. Some HQ divisions might, as relevant, be asked to discuss WFP strategies, policies or systems in their area of responsibility and to comment on the evaluation TOR and report.
48. The Office of Evaluation. OEV is responsible for commissioning the evaluation and Grace Igweta, Evaluation officer, will be the OEV focal point. OEV's responsibilities include to:
- Set up the evaluation including drafting the TOR in consultation with concerned stakeholders; select and contract the external evaluation company; and facilitate the initial communications between the WFP stakeholders and the external evaluation company.
  - Enable the company to deliver a quality process and report by providing them with the EQAS documents including process guidance, content guides and templates as well as orient the evaluation manager on WFP policies, strategies, processes and systems as required.
  - Comment on the draft inception package.
  - Comment on the evaluation report and approve the final version.
  - Submit the final evaluation report to an external post-hoc quality review process to independently report on the quality, credibility and utility of the evaluation and provide feedback to the evaluation company accordingly.
  - Publish the final evaluation report on the WFP public website and incorporate findings into an annual synthesis report, which will be presented to WFP's Executive Board for consideration.
  - Conduct an evaluation feedback e-survey to gather perceptions about the evaluation process and the quality of the report to be used to revise the approach, as required.

## **8. Communication and budget**

### **8.1. Communication**

49. Issues related to language of the evaluation are noted in sections 6.3 and 5, which also specifies which evaluation products will be made public and how and provides the schedule of debriefing with key stakeholders. Section 5 paragraph 28 describes how findings will be disseminated.
50. To enhance the learning from this evaluation, the evaluation manager and team will also emphasize transparent and open communication with WFP stakeholders. Regular teleconferences and one-on-one telephone conversations between the evaluation manager, team and country office focal point will assist in discussing any arising issues and ensuring a participatory process.

### **8.2. Budget**

51. Funding source: The evaluation will be funded in line with the WFP special funding mechanism for Operations Evaluations (Executive Director's memo dated October 2012). The Gambia being a very small country office, the full cost will be borne by the special account.
52. Budget: The budget will be prepared by the company (using the rates established in the LTA and the corresponding template) and approved by OEV. For the purpose of this evaluation the company will:
- Use the management fee corresponding to a small operation.
  - Not budget for domestic travel

Please send queries to Grace Igweta, evaluation Officer, at [grace.igweta@wfp.org](mailto:grace.igweta@wfp.org), +39-066513 2847



## **Annex 3: Evaluation Methodology**

This evaluation, commissioned by the WFP Office of Evaluation (OEV), is as an independent exercise intended to provide an objective assessment on the performance of WFP's Protracted Relief and Recovery Operation in Gambia. The Evaluation Team (ET) consists of three consultants using an approach and methodology designed to meet the objectives stipulated in the terms of reference (TOR) and agreed with the WFP HQ and Country Office (CO). The evaluation will be conducted using quantitative and qualitative research and will use both primary and secondary data.

As an endline evaluation, the evaluation has three general purposes:

- To identify and validate the results achieved by the PRRO
- To help the CO learn the lessons of the PRRO that may contribute to the design of any future interventions, with informed operational and strategic decision making
- To inform other stakeholders on the effectiveness of the PRRO and key lessons learned

The ET will follow the WFP EQAS guidelines for Operation Evaluations, which provides a strong procedural and methodological framework. The ET will also, in line with OEV usage, use OECD DAC and UNEG evaluation standards, which provide criteria and agreed definitions of evaluation terms such as efficiency, effectiveness, sustainability, connectedness, and coverage.

The evaluation methodology has been developed from the TOR and discussions with the CO. The Evaluation Matrix, attached in Annex 1, structures the evaluation around three key questions:

- 1) How appropriate is the operation?
- 2) What are the results of the operation?
- 3) Why and how has the operation produced the observed results?

Sub-questions, exploring the different components of the operation, have been developed for each of these key questions. Specific indicators for measuring the results, the main sources of information used to answer each sub question, and how the data will be collected and analysed are also summarised in the evaluation matrix, and the PRRO Logical Framework is used throughout to guide evaluation.

Focus areas have been assigned to each ET member and the evaluation matrix provides them with a clear framework for data collection and analysis that will help to develop clear findings and recommendations. The ET will use mixed data collection methods and analysis to help ensure:

- a. A rigorous process providing valid information to answer the evaluation questions
- b. Wide representation of key stakeholder perspectives, including those of different beneficiary groups (women, men, boys and girls)
- c. Consistent triangulation of information through mixed data collection
- d. Gender dimensions are fully considered by using disaggregated data

### **Evaluability assessment**

The ET has conducted an initial evaluability assessment based on documents received so far, and believes that all components of PRRO can be evaluated in a reliable and credible fashion as it has clear statements of intended results, defined indicators for the majority of the outcomes, targets for achievement, and a degree of gender disaggregated data. A reasonable amount of internal M&E data and reports have been provided by the CO and there is clearly systematic monitoring of relevant indicators. The main omission in the information provided so far regards the CO's capacity building work, for which the ET hasn't seen plans, tools or assessment reports. The ET will continue working

with the CO to address data gaps identified in the inception and the ET expects that extant data still outstanding will be made available prior to the field mission.

Each of the three key evaluation questions have their own challenges with regard to the data so far made available:

### **Data Constraints for Question One: How appropriate is the operation?**

A good amount of information has been provided on the design of the PRRO and the considerations and research used to justify the design; the exception being such information for the capacity building work. The baseline for the PRRO and the Cash and Vouchers feasibility research contain good information of the situation before the PRRO, and therefore the appropriateness at the PRRO inception can be measured and its continued appropriateness tested through the field work. The CO has provided a number of relevant national policies and strategies, as well as its partnership Memorandum of Understandings with the government, which will be used to measure formal appropriateness. WFP's own higher level strategic direction and policies and programme guidance are available, and the UNDAF will be used to assess compliance with other UN agencies. Similar information for donors and other actors is not available at this stage but the ET will gather it while in country. Evidence to directly link the design of the PRRO to the needs of the most food insecure groups in Gambia is available in the PRRO baseline and other documents. Whether the actual recipients are the most food insecure will be tested through key informant interviews and focus group discussions while the ET is in country.

### **Data Constraints for Question Two: What are the results of the operation?**

Provision has been made in the design of the PRRO to stipulate key indicators, with gender/age disaggregation, which should enable the ET to reasonably evaluate the results of the operation. Input, Output and Outcome, and target data seem to be fairly well captured in the SPR documents, donor specific proposals/reports and performance datasheets. However, there are a few discrepancies between listed Outcomes/Outputs in the Logical framework, M&E framework and the SPRs,<sup>104</sup> likely owing to the switch to SRF2014-2017. These can be clarified in conversation with the CO. Both the SPRs and the M&E plan are missing targets, indicators and data collection plan for Output SO2.1 'Community or livelihood assets built, restored or maintained by targeted households and communities'. As asset building has not taken place, it is not a serious issue, but it will make it difficult for the ET to determine the extent of underachievement and what that may mean to vulnerable households, particularly as livelihood support was a recommendation in the baseline.

The SPRs and performance monitoring data do not capture baseline data from before the PRRO was implemented. In order to chart outcome trends, the ET will review the PRRO baseline reports and verify beneficiary information and characteristics during field work. While SPR data on planned and actual outputs per activity is disaggregated by gender and age, data in the outcome/performance reports for the BSF and TSF are not disaggregated by gender and age. It is possible to evaluate the results of the cash-transfer component because the CO has kept, and provided, a good record of the programme, which includes baseline and endline information on food consumption and dietary diversity and post distribution monitoring data. However, there is insufficient monitoring and outcome data at the local market level for the cash transfers and food voucher component (SO2). The ET intends to gather more outcome and output data, including additional information on unintended effects, from the CO prior to the field visits.

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<sup>104</sup> For instance, SO3 is missing in SPR2014, and the Logical framework has Output SO2.1 as 'Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries', where as the M&E framework has it as: 'Number of assets built, restored or maintained by targeted communities and individuals, by type and unit of measure'

The SPRs capture output and outcomes of the capacity building work in quantitative figures, whereas these will be better assessed through qualitative interviews to be and qualitative review of the policies and plans created.

Data gaps also still exist in relation to the PRRO operational and cost-efficiency; coordination and synergy among different operations, both within WFP and with other actors, as well as the sustainability aspects of the interventions. The ET expects to gather more data from the CO prior to the in country mission and to further fill still outstanding information gaps through key informant interviews with the CO and implementing partners.

### **Data Constraints for Question Three: Why and how has the operation produced the observed results?**

Documentation to illustrate how factors, internal and external to WFP's control, have affected the achievement of PRRO results is not extensive, but capturing this information will be a key focus of the field work. While some quantitative information on internal factors is available, such as WFP funding levels, review of the programme plans, challenges in food distribution (pipeline breaks), documentary evidence of issues such as management systems, organizational capacity, strategic decision making processes, technical backstopping, coordination structures, complimentary activities from other stakeholders etc. are not well captured in documentation gathered so far. The exception is for the ECHO funded Cash transfer project, for which the CO performed a lesson learning exercise that is very useful to the evaluation as its findings can be tested during the field work. It also demonstrates that staff, partners and beneficiaries have already reflected on the project. Information on the key external factors such as the national policy environment, external operating environment (e.g. infrastructure, public services), environmental and economic factors is limited. The evaluation of question three will depend heavily on key informant interviews and direct observation while the ET is in country.

**Gender evaluability:** The ET considers the evaluability of the gender dimensions of the PRRO as medium. The improvement of gender equality and empowerment is clearly included in the PRRO logical framework as a cross cutting issue. The logical framework contains gender indicators at the output and outcome level. Hence, it is possible to see how WFP originally planned to approach gender.

The SPR for 2014 has a section on 'Progress towards gender equality section' which provides a reasonably good qualitative description on the gender-considerations of implementation and programme design, particularly the community sensitization on women's participation and the involvement of women in the targeting of beneficiaries and in participating in leadership committees for beneficiaries. This section also includes gender-demarcated indicators on women's participation in household and local decision making.

The SPRs for 2013 and 2014 capture gender-demarcated information on beneficiaries at the activity, output and outcome levels. However, from the documents reviewed by the ET, it is not clear how gender affected the implementation and delivery of BSF, TSF and cash/food vouchers. For the latter, beneficiary information is disaggregated by gender, but the ET has yet to see detailed information on the experience of women in relation to the cash-transfer, livelihood, or in Gambia society in general, which will be important to explain the significant underachievement in the numbers of women beneficiaries. While the SPRs capture gender-demarcated output data on strengthening national capacities, the ET has also not seen any information on how gender is factored into the PRRO's capacity building work or how it is monitored.

The ET plans to elaborate more on the gender dimensions of the PRRO's impact through stakeholder analyses of individual programmes, deeper assessments of indicators described in the logframe and SPR, and through qualitative methods such as KII and single-sex Focus Groups Discussions. The ET foresees no barriers to this method as Gambia presents few cultural limitations to women's participation in the primary data collection.



## Evaluation matrix

The evaluation matrix attached in Annex 1 displays the three main evaluation questions and sub questions that need to be addressed to achieve the evaluation objectives. It provides an overview and framework which will guide the ET throughout the evaluation showing the linkages between the questions, sources of data, indicators, and methods of analysis that the ET will use to help answer the evaluation questions.

## Data collection methods and tools

The ET will use a mixed methods approach to collect data, per the EQAS guidelines, linked to the key and sub questions in the evaluation matrix and the PRRO components. This section explains the different tools that the ET will use to gather data and the approach to analyse and triangulate evidence from different sources. Specific tools are attached in Annex 2. Data collection will use both quantitative and qualitative techniques, including secondary data review from documentation and collection of primary data from interviews, focus groups discussions, site visits and direct observation. Data collection methods will generate information on different groups (beneficiaries, implementers, donors and policy makers etc.) and are described below.

**a. Document/ literature review** – Documents requested / obtained from the CO and OEV are listed in Annex 3 and comprise project documents, Government and UN strategic documents, baseline reports, nutritional surveillance survey reports, assessment reports, monitoring reports, operational documents, evaluations, partner reports, coordination meeting notes, resource mobilization documents and maps. The initial literature review has informed the design of the evaluation questions and this secondary data will be further examined, together with any additional documentation gathered, during the evaluation period.

**b. Key informant interviews** – These will be the main method of primary data collection during the evaluation. Semi-structured questionnaire guides will be used to gather views and perceptions from key informants. Interview guides have been designed using universal questions, which the ET can tailor to each interviewee, using knowledge of their context, to elicit detailed descriptions that respond to the evaluation questions. Interviews should last approximately 30 minutes and, for those respondents not available in person, telephone interviews will be arranged if possible. The stakeholder analysis in section 4 provides a cross section of key informants that should be interviewed in order to produce a balanced range of responses and avoid the reinforcement of gender discrimination and unequal power relations. Information will be generated from different sources (e.g. civil servants, beneficiaries, implementers) and groups (women, men, boys and girls). The final list of the interviewees will be included in the final evaluation report. Interviews will be recorded using a standard template and different perspectives triangulated each other and with the secondary data from the literature review.

**c. Focus group discussions (FGD)** – FGD will be held with beneficiaries of the PRRO activities, and with any other groupings of stakeholders such as health workers at health centres offering MAM treatment, business owners in areas where cash transfers and food vouchers are implemented etc. Each focus group will share a common interest in their engagement with the PRRO activity. Beneficiaries receiving the same type and level of benefit may be in one focus group but groups will also be established for different types of beneficiary (men, women, boys and girls, and identified vulnerable groups).

To allow for a breadth of opinion, without over-crowding the discussion, the ideal number of participants for a FGD is between 6 and 12. The convening member of the ET will guide the FGD to ensure the discussion remains relevant but will encourage participants to elaborate on points they make to achieve depth in the responses. The convener will encourage the participation of all members and will ascertain if opinions are representative of the whole group or just individual perspectives, rather than relying on the most vocal.

**d. Field visits** - Field visits will be used to help assess PRRO activities by gathering perspectives from those involved (including beneficiaries) on past, current and future activities, capturing success

stories and challenges, filling identified data gaps, direct observation, and triangulating primary and secondary data gathered taking into account the operational realities. The criteria used for selection is given in Section 4.2.

Checklists will be used to support direct observation at selected sites in order to help create a uniform approach to visits. If available the ET will use checklists created by the CO to capture relevant information on programme implementation.

As time, logistical, and practical constraints allow, ET members will split up in order to visit a larger number of representative field sites, in diverse locations, and also to focus on their respective areas of responsibility. The ET plans to visit the following sites with each ET member spending at least 6 days in the field during the mission:

The selection of the field visit sites is based on the need to gather a range of perspectives from different beneficiary groups participating in the PRRO activities in certain geographic areas. Our selection of the CRR, URR and NBR regions is based on the following reasons:

- *Food security and nutrition assessments:* Nutritional surveillance surveys show that SAM rates among children under five are above the WHO “serious” threshold in CRR (12.1%) and URR (10.8%). The stunting rates in the selected regions are also high, about 30% in CRR, 25% in NBR and 26% in URR (UNICEF/Government of the Gambia, Smart Survey, 2012). The 2013 DHS confirms the high malnutrition rates at LGA level, with the highest prevalence of GAM rates recorded in Basse (URR) and Kuntaur (CRR) and the highest rates of stunting observed in Janjanbureh (CRR) and Basse (URR). In addition the highest prevalence of underweight women is observed in Janjanbureh (CRR) at nearly 24%. The PRRO baseline assessment shows that some of the largest proportions of food insecure households are found in Jajanbureh (CRR) at 27%, and Kerewan (NBR) at 21%.
- *Non programme or low coverage areas:* We also consider selecting regions that allow us to visit programme areas and non-programme areas. For example in URR, which has high SAM and stunting rates, there are districts with and without TSF beneficiaries. Depending on proximity, we also consider visiting high coverage and low coverage districts in an LGA of high vulnerability. This comparison enables us to have diverse contexts and samples of beneficiaries for the focus group discussions.
- *Distribution of PRRO activities and beneficiaries:* Our criteria also consider the distribution of PRRO activities and beneficiaries in high vulnerability regions. All three regions (CRR, NBR and URR) have BSF and TSF beneficiaries. In the instance of the cash transfer, the team can only visit the CRR since this is the only region where the program activity is being implemented. However, the ET will consider how other areas of high vulnerability coped without the cash whilst travelling in the other areas.

### **Limitations to data collection**

The ET does not foresee major limitations to conducting the evaluation. The relatively short time allocated for the in-country phase of the evaluation does limit the flexibility of the mission to adjust the schedule if key informants are unavailable at the time as the team, but if this occurs, the national evaluator, who will remain in country after the field mission, will conduct those interviews.

PRRO site selection for field visits has been determined by the ET taking into account a number of criteria, as mentioned above. The ET also recognizes that it is reliant on both the time and availability of the people it wishes to meet, as well as the capacity of the CO to provide logistical support, and will fine tune the mission schedule in close coordination with the CO, taking care not to compromise the objectivity of the site visits. It is acknowledged that visiting field sites over a weekend may not be as productive and this will be avoided if at all possible.

Limited time also means the ET is heavily dependent on quantitative data generated by WFP, and some other sources, as it does not have the time and/or resources to generate its own quantitative data. Efforts will be made to verify data provided, largely through discussions with key informants, triangulation of data obtained from WFP and other sources and direct observation. Care will be taken with key informants to conduct interviews in a way that elicits institutional rather than personal opinions.

The evaluation of the capacity building support is largely reliant on secondary data, trainees' perspective, and review of the outputs, as it will not be possible to observe training or perform an extensive knowledge test during the field mission.

### **Data check, cleaning and analysis**

The ET assessed the availability and quality of secondary data during its initial document review and will compliment this with additional information received while in country. Using a Data Summary to, the responses to the key informant interviews and FGD will be analyzed based on the key evaluation questions and frequency of responses used to identify the main messages and key themes. Primary qualitative information can then be compared with secondary quantitative information to better corroborate and expand on findings from secondary sources and draw more reasoned conclusions.

Triangulation of results will be used to help check and clarify and interpret the data collected. Information collected for each sub question will be used to cross check irregularities and subjective responses, fill information gaps, and determine the reliability of the data contributing to recommendations. Where similar findings are obtained from different data collection methods the ET may affirm the credibility of the results and better demonstrate the confidence it has in its eventual conclusions and recommendations. Any findings the ET find particularly interesting, but which have not been corroborated with triangulation or complementary data will contain a note that the finding is from a single source and the reason for its inclusion. However, the ET will make every effort to reinforce the reliability of information, and will perform further document reviews and telephone interviews if this cannot be achieved during the evaluation period.

Checked and cleaned data will be aligned with the evaluation matrix and presented to WFP in the Evaluation Report format given in the EQAS for Operation Evaluations. An overall PRRO and national level picture will be presented, ordered by PRRO component and activity, with stratification of information by province and district. The former will provide a comprehensive assessment of the PRRO and the latter allows for in-depth analysis, and a more detailed picture of the outcomes, at the local level. District level analysis will provide insights into trends across regions where WFP has both high and low-levels of intervention, and will help to justify the success or failure of activities within their specific context. Analysis of beneficiary data will be disaggregated by gender, age, vulnerability and poverty levels.

The ET will use multiple methods, including tables, graphs, photos, network maps, diagrams, and case studies, to display the data behind the findings. Summary records for each interview will be used to outline salient issues and will be linked to secondary data. During the evaluation interview records will be used to identify new questions requiring further exploration and these will be added to the evaluation plan. Recurring themes/ideas will be coded in broad categories to facilitate drawing of conclusions and recommendations.

Questionnaire data will be processed and the findings summarised in tables and graphs with beneficiary data stratified by gender, age, activity, and targeted geographical area. Photos will depict actual project sites, beneficiaries and activities. When possible, existing graphs, maps, diagrams will be used to process new information and findings displayed in comparison to existing PRRO data analysis.

Each recommendation will be ordered by PRRO programme area and linked, where appropriate, to the other key stakeholder strategies and activities. Each recommendation will be supported by evidence from multiple sources, and/or the rationale for making it clearly articulated, together with a reference to time frame upon which it is based. Preliminary recommendations will be shared with the CO for comment and reflection.

The Evaluation Team has extensive quality assurance expertise and both the evaluation and report will benefit from their knowledge of evaluation standards, quality checks, and codes of conduct. Although the ET leader is ultimately responsible for inputs to the evaluation report, each ET member has primary and secondary areas of responsibility within the evaluation for data analysis and production of the report. The ET team will review the draft report before the team leader submits it

to the evaluation manager who will, together with a review panel (consisting of the evaluation manager and second reviewer), provide an additional layer of scrutiny using WFP's quality criteria, including:

Content review to assess technical content and need for further elaboration or modification;

1. Compliance with the evaluation objectives
2. Completely addresses the evaluation questions
3. Free from contradiction
4. Relevance, completeness, and accuracy of the information used
5. Strength of the evidential grounding for the findings
6. The rationale used in arriving at the findings

Format review;

7. Logical flow and structure of the report
8. Strength of the Executive Summary
9. Is structured and written in a way that responds to the needs of the users
10. Quality of writing and clarity of presentation
11. Compliance with EQAS requirements and format for final reports.

The evaluation manager will clear the draft report for submission to WFP and stakeholders for their comment. The report will then be returned to the evaluation manager for final amendments with the ET before the evaluation manager submits the final report to WFP.

## Annex 4: Evaluation Matrix

No.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
Key Q.1:How appropriate is the operation? Areas for analysis : Objectives, Targeting, Choice of activities Choice of transfer modalities						Good
						Satisfactory or partly available
						Poor or unavailable
1.1	Are the objectives appropriate?					
1.1.1	Are the objectives aligned to the needs of the food insecure populations?	Alignment with CFSVA (or equivalent) findings Household food security	CFSVA/ Baseline report Nutritional surveillance reports Food security assessments/bulletins Focus Group Discussions HFS surveys National indicators DHS	Document review FGD / interviews	Triangulation between sources	
1.1.2	Are the objectives based on the recommendations of relevant needs assessments?	Alignment with assessment recommendations	Assessment reports Baseline report Feasibility studies Food security assessments and bulletins Donor specific proposals/reports (ECHO) CFSVA Cash and vouchers feasibility study 2012	Document review	Triangulation between sources	
1.1.3	Is the knowledge of the food security and nutrition situation accurate and adequate?	Quality of WFP studies and awareness of relevant studies carried out by other agencies and government institutions	Food security and nutrition surveys Food security assessments and bulletins DHS WFP staff Government staff	Document review KII	Triangulation between sources	
1.1.4	Are objectives aligned to Government priorities, stated national and sectoral policies?	Alignment with Govt / national priorities	Vision 2020 Govt Policy and strategy documents (Nutrition, Social protection)	Document review	Triangulation of national policy and WFP objectives	
1.1.5	Has Government requested support for the stated objectives?	Receipt of relevant requests	WFP Country Office NaNA meeting reports WFP-Gov't MoUs	Document review	Confirmation of request, timing and content	

No.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
1.1.6	Are the objectives aligned with, and complimentary to the interventions of other humanitarian / development partners?	Alignment with other key programmes and interventions	UNDAF National Strategic Development Plan Ministry and National Planning bodies	Document review Interviews with key informants	Triangulation between sources	
1.1.7	Are the objectives coherent with WFP strategies, policies and normative guidance?	Alignment with WFP strategic objectives	WFP strategic plans (2008-13 / 2014-17) and other guidance	Document review	Triangulation between sources	
1.1.8	Are other key partners / stakeholders in agreement with the objectives?	Perception of main partners / stake holders Stakeholders involved in design process	Gov/UN/ Donors / Partners / WFP	Interviews with key informants	Triangulation between sources	
1.1.9	Who else is responding to the same issues?	Activities in same geographic areas Activities same sectors	UN agencies Line Ministries NaNA Red Cross Coordination documentation UNICEF NGOs	Key informant interviews Document review	Listing of different activities	
1.1.10	Are WFP PRRO components complimentary to activities of other stakeholders?	Evidence of: Complementarity with others' actions Joint programming Positive coordination and WFP participation PRRO complimentary of to wider government social security agenda	UN agencies Line Ministries Key informants Implementing Partners Key strategy documents NFTR from coordination meetings Red Cross UNICEF NGOs	Key informant interviews Document review Beneficiary focus group discussions	Cross reference of inputs / outputs / objectives of different activities in same sectors / areas	
1.2	Is the targeting (geographic and beneficiaries) appropriate?					
1.2.1	How were the geographic areas of intervention selected?	Targeting criteria used Alignment with CFSVA and/or other needs assessments Complementarity with other interventions	CFSVA or equivalent Baseline report Nutritional surveillance SPR Donor specific proposals/reports Relevant national / regional /	Document review	Triangulation between sources	

No.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
			sub regional indicators Operational maps DHS			
1.2.2	How were the different beneficiary groups / institutions selected?	Targeting criteria used Breakdown of women / men, boys / girls Alignment with CFSVA and/or other needs assessments	CFSVA or equivalent Baseline report Nutritional surveillance SPR Donor specific proposals/reports Relevant national / regional / sub regional indicators	Document review	Triangulation between sources	
1.2.3	Have the targeting criteria been correctly applied?	Overlap of PRRO areas with food insecurity Alignment with CFSVA and/or other needs assessments Correct selection of beneficiaries at community level	CFSVA or equivalent Baseline report Nutritional surveillance SPR Donor specific proposals/reports Relevant regional / sub regional indicators Beneficiaries / key informants	Document review Beneficiary / key informant interviews	Triangulation between sources	
1.2.4	Is targeting aligned with relevant Government priorities?	Alignment with priorities in national policies for social protection, nutrition, agriculture, DRR etc.	National policies (social protection, nutrition, agriculture, DRR etc.) Govt line ministries	Document review Key informant interviews	Triangulation between sources	
1.2.5	Is targeting complimentary to interventions from other stakeholders?	Complementarity with other interventions	UNDAF / UN agencies Red Cross NGOs Donors	Document review Key informant interviews	Triangulation between sources	
1.2.6	Is targeting coherent with WFP strategies, policies and normative guidance?	Compliance with guidelines	WFP strategies, policies and normative guidance PRC NFTR PRRO Project document	Document review	Triangulation between sources	
1.3	Is the choice of components / activities appropriate?					
1.3.1	Were the PRRO components specifically requested by the Government?	Alignment of PRRO components with Government request/s	Government request/s PRRO document Donor specific reports/proposals	Document review	Document review	
1.3.2	If not specifically requested by the Government, did	Adherence of activity selection to documented design process / gap analysis	WFP CO staff Counterparts Key stakeholders	Document review Key informant interviews	Document review Triangulation between sources	

No.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
	selection of PRRO activities follow a clear design process / gap analysis?		PRRO design documents			
1.3.3	Do PRRO components align with the priorities of the sectors they seek to support?	Alignment of PRRO components with sectoral priorities	Policy documents Sectoral operational documents	Document review	Document review Triangulation between sources	
1.3.4	Do the PRRO components help address the most urgent food security /nutrition/ social protection needs of the population?	Food security / nutrition indicators at sub national level	CFSVA / equivalent Baseline report Nutritional surveillance reports DHS	Document review	Document review Triangulation between sources	
1.3.5	Do the PRRO components target the neediest vulnerable groups with appropriate gender balance?	Coverage of most food insecure and malnourished by PRRO components Gender and age breakdown	CFSVA / equivalent SPR Donor specific reports (ECHO) Disaggregated beneficiary data	Document review	Document review Triangulation between sources	
1.3.6	Are there significant food security / nutrition needs remaining uncovered by PRRO or the interventions of other agencies?	Higher priority needs remaining uncovered	CFSVA / equivalent Baseline report Nutritional surveillance reports DHS UNDAF / UN agencies NaNA Needs assessments Red Cross	Document review Key informant interviews	Document review Triangulation between sources Gap analysis	
1.4	Is the choice of transfer modalities (food, cash, voucher) appropriate?					
1.4.1	Are the transfer modalities appropriate to national/local market contexts?	Relevant market analysis for the PRRO areas of intervention? Studies comparing transfer modalities Efficiency/effectiveness of chosen modalities Transfer modality reviews since the PRRO began? Documented WFP decision making	WFP CO and RB Other agencies using cash/voucher transfers (eg Concern Universal) Studies and reviews to support transfer choice (eg. 2012 RB feasibility study) Market analysis (cf. baseline) Monitoring reports Market/ price monitoring reports Plan of operations	Document review Key informant interviews	Document review Synthesis and verification of assumptions and data supporting transfer choice Triangulation between sources	



No.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Ev'ce quality
1.4.2	Are transfer modalities appropriate to the needs of the food insecure population including the distinct needs of women, men, boys and girls from different groups?	Have beneficiaries (especially women) been consulted in the selection of transfer modalities? Beneficiary satisfaction Amount given vs. currency valuation	Transfer modality studies / reviews Feasibility studies Beneficiary contact monitoring Monitoring reports Lessons learned report Plan of operations	Document review Interviews Focus group discussions	Document review Triangulation between sources	
1.4.3	Is the choice of transfer modality aligned to any relevant Government /WFP/ other policies?	Alignment with relevant policies	Natl. policy documents WFP policy documents UN agencies NGOs Donors	Document review Interviews	Document review Triangulation between sources	

Key Q. 2: What are the results of the operation? Areas for analysis (considering benefits, by group, between women, men, boys and girls): Attainment of planned outputs Realisation of objectives/unintended effects Complementarity of activities and synergy with other WFP operations and contributions from other actors Efficiency of operation and sustainability of benefits						
2.1	What is the level of attainment of the planned outputs (by PRRO component)?					
2.1.1	What is the level of attainment of planned outputs per activity (including the number of beneficiaries served disaggregated by women, girls, men and boys)?	Indicators per PRRO logframe	Output monitoring reports M&E reports Distribution reports	Document review Interviews	Planned vs actual	
2.1.2	Do outputs align with the levels of budgeted and received resources?  (disaggregated by component, gender, children / adults, geographic/administrative areas)	Planned financial allocations vs actual Food / Cash / NFI distributed vs planned Beneficiaries/institution assisted vs planned Government / counterpart staff trained Adequacy of training materials Disaster Mitigation measures in place Disaster Mitigation assets built / restored Numbers educated in Food & Nutrition Numbers exposed to capacity and awareness activities MT food purchased locally vs planned Level of beneficiary nutrition data available Beneficiary perceptions Quality of physical outputs (asset creation)	Output monitoring Standard Periodic Report (SPR) Programme Component/ Activity budgets Distribution reports M&E reports Programme / counterpart staff Key informants Commodity purchase records Implementing Partner reports Baseline surveys LVAC assessments Beneficiaries Project design documents / processes	Output monitoring reports SPR Finance Unit and programme staff Local purchase data Beneficiary / focus group discussions Key Informant interviews Direct observation Activity operating procedures	Comparative analysis of planned vs actual by PRRO component /activities National/regional / district analysis Gender disaggregation Review of quality standards and assurance protocols	
2.2	Have objectives been realised and are there any unintended effects?					
2.2.1	By PRRO component, to what extent did the outputs lead to the realisation of objectives?	Outcomes achievement compared to baseline and targets Disaster Preparedness Index Household food consumption score	Project document Output monitoring SPR and M&E reports Other stakeholder reports Implementing Partner	Project document review SPR and M&E report review Interviews	summary of key findings from secondary documents Interview matrix with key themes	

		Community asset score Child stunting 6-23 months Supplementary feeding recovery rate Children receiving food from >4 food groups National capacity index Food purchased locally vs mt distributed	reports Key informants from implementing partners / stakeholders Procurement reports Price monitoring / market reports Beneficiaries	Focus group discussions	Summary tables / graphs / charts with narrative Gender analysis	
2.2.2	Are there any unintended results - positive/negative?	Unintended effects of activities (negative and/or positive)	Beneficiary perspectives Other stakeholder reports Implementing Partner reports Key informants from implementing partners / stakeholders Price monitoring / market reports Lesson learned report (2015 cash transfer report)	Interviews Focus group discussions	Cross referencing of direct observations and interview results with documented data	
2.2.3	Has the capacity building work translated into qualitative improvements in capabilities beyond the quantitative output?	Trainee perspectives Trainee knowledge recall Quality of produce outputs (eg. Preparedness plans) Perspectives of actors covered by the NCI	National contingency plan Emergency Food Security Assessments Early warning systems Usage of GIS Nutrition Assessment methodologies	KII Document review	Triangulate between outputs and trainee perspectives	
2.3	Are the PRRO activities complimentary with other WFP operations, and with the activities of other actors, to better contribute to the overriding WFP objectives in the country?					
2.3.1	Were PRRO activities planned with complementarity in mind?	Evidence from planning process	WFP planning documents Key informants	Document review Key informant interviews	Document review Triangulation between sources	
2.3.2	Are PRRO activities complementary with other WFP operations in the country?	Complementarity with output/outcome indicators of other WFP operations (eg. School Feeding)	WFP CO Project documents M&E reports / data	Document review WFP staff interviews	Comparison of WFP activities / indicators / results	
2.3.3	Are PRRO activities complementary with	Complementarity with output/outcome indicators of other operations – esp.	Operational documentation from	Document review Key informant	Comparison of objectives of	

	operations of other agencies in the country?	Unicef and FAO	other agencies Key informants	interviews	other operations with those of PRRO	
2.3.4	Have expected benefits of complementarity anticipated in the planning phase been realized?	Evidence of any complementarity considerations realised? Any additional funding generated	PRRO and preparatory documents Output indicators M&E reports Donors Resourcing data	Key informant interviews Document review	Reviewing for evidence of benefits attributable to complimentary nature of activities	
2.4	What is the efficiency of the PRRO and the sustainability of the benefits?					
2.4.1	How cost-efficient were operation activities?	Relative costs of chosen transfer modalities and their effectiveness Alpha score Accuracy of resource forecast Evidence showing use of resources optimized to achieve best results Evolution of the breakdown of Direct Support Cost budget Evolution of LTSH budget ODOC given to cooperating partners versus quality of services provided	Transfer modality reviews Market analyses Resource data Finance reports showing resource utilisation DSC,LTSH and ODOC budgets / expenditures	WFP internal document review WFP staff interviews	Matrix of findings Review of expenditures over time by activity / cost component	
2.4.2	How timely were the deliveries of transfers (food/cash/vouchers/ TA)?	Proportion of distribution cycles and technical assistance support delivered as planned Beneficiary perceptions	Distribution plans Distribution reports Technical Assistance expenditures Beneficiaries Implementing Partners	Relevant reports from WFP office Key Informant Interviews Focus Group Discussions	Actual vs Planned (mt and regularity) Triangulation of informant perceptions	
2.4.3	How efficient was the overall implementation?	Planned resources vs mobilized resources vs resource utilisation Number of cycles compared to plan Beneficiary perception IP / Partner perception	WFP budget Resourcing report Distribution / expenditure reports Beneficiaries Implementing Partners	PRRO budget Operational plans Output monitoring Key Informant Interviews Focus Group Discussions	High level review of : Budget vs resourced vs utilised Stakeholder perceptions	
2.4.4	Is there sufficient balance between search for efficiency and need for effectiveness?	Import parity monitoring, local purchase, transfer type Selection of effective IPs vs cost Appropriate staffing levels for management and implementation	WFP CO management / staff Review of IP selection process Staffing budget vs actual Transfer modality reviews TA costs vs results	WFP staff interviews Review of IP selection Review of transfer modality studies Budget vs expenditure review	Analyse data for evidence of WFP management attention to reviewing cost-effectiveness on an ongoing basis	

2.4.5	What is the likelihood that the benefits will continue after the end of the operation?	<p>Long term behavioural change (nutrition)</p> <p>Government ownership at all levels</p> <p>Institutionalization of established concepts, systems, structures and processes</p> <p>Agreed activity SOPs</p> <p>Resource allocation from alternative sources to WFP</p> <p>Institutional capacity to sustain activities /results (Gov/NGOs/ Civil Society)</p> <p>Institutionalized Disaster Preparedness Index</p> <p>Sustained coordination of complimentary activities</p> <p>Beneficiary perceptions</p> <p>Key stakeholder perceptions</p>	<p>Minutes of WFP/Govt meetings</p> <p>Beneficiary perspectives</p> <p>Perspectives of Govt line ministries and staff) and WFP staff</p> <p>Perspectives of key stakeholders and partners inc. Donors, UN, Civil Society</p> <p>Agreements with Govt on Handover / MoUs</p> <p>Health and nutrition indicators</p>	<p>Document review</p> <p>Key Informant</p> <p>Interviews</p> <p>Focus Group</p> <p>Discussions</p> <p>M&amp;E report review</p>	<p>Triangulation of information</p> <p>Review of resources and capacity available to sustain results</p>	
2.4.6	Is there a coherent handover strategy?	<p>Evidence of clear plans agreed between stakeholders</p> <p>Government plans to absorb WFP PRRO activities into its budget?</p>	<p>Operational agreements and MoU's between WFP/ Govt/IPs</p> <p>Future resourcing commitments</p> <p>Key informants</p> <p>National Strategic Development Plan</p>	<p>Documentation from WFP CO</p> <p>Funding plans from Donors/ Govt interviews</p>	<p>Capacity analysis</p> <p>Review of handover strategy</p> <p>Document review</p> <p>Triangulation between sources</p>	

Key Q. 3: Why and how has the operation produced the observed results? Areas for analysis:						
Internal factors						
External factors						
General factors						
3.1	Which main internal factors caused the observed changes and affected how results were achieved?					
3.1.1	How was the operation planned, managed, monitored, and modified through the programme cycle?	Processes, systems and tools in place to support the operation design, implementation, monitoring, and reporting	WFP CO WFP Organigram M&E reports Decision documentation Budget revisions Key stakeholders	Documentation review Key informant interviews Direct observation	Qualitative review of internal management and control processes Analysis of stakeholder views	
3.1.2	How were available resources managed /optimized for PRRO implementation?	Evidence of clear resource allocation / prioritisation Capacity to mobilize funds. Quantity/quality of human and physical resources Impact of funding shortfalls / limitations	Financial reports / SPR Discussions with key WFP staff WFP CO organigram Implementing Partners Other Key Stakeholders	Documentation review Key informant interviews Direct observation	Analysis of planned vs actual resource use Analysis of capacity of implementation arrangements vs required	
3.1.3	What is the organisational capacity of WFP (i.e. structures, procedures, leadership) to deliver the programme and to adapt / mitigate external factors at policy and operational levels?	WFP CO staff capacity / skill sets relative to operation Level of support available from RB/HQ Effectiveness of WFP internal management processes. Availability of good management information Ability to adapt to opportunities and risks and evolution of national strategies Ability to monitor and anticipate external shocks	WFP CO Organigram Staff CO/RB/HQ Key stakeholders Key management information (M&E reports, performance reports, assessment data etc)	Document review Key Informant Interview Direct observation	Analysis of staff capacity vs requirements Identification of gaps (capacity and process). Qualitative assessment of key informant perceptions Expert judgement	
3.1.4	Does WFP have the capacity to advocate and influence policy, strategy and actions of Government and other actors?	Satisfaction of donors, government and partners on their partnership with WFP and WFP's role WFP engagement in national and regional food security / nutrition and development coordination structures	Key informants (WFP, Gov, Donors, Key stakeholders, IPs)	Key informant interviews	Qualitative assessment of key informant perceptions Identification of any areas of WFP led change.	
3.1.5	Has WFP developed comprehensive Implementation Partnerships?	Number and capacity of partners providing inputs/services Level of engagement with key	Operational documents / agreements Key informants (WFP, Gov, Donors, Key stakeholders, IPs)	Document review Key informant Interviews	Qualitative assessment of key informant perceptions	

		partners			Partnership matrix	
3.2	Which main external factors caused the observed changes and affected how results were achieved?					
3.2.1	Are there any key external factors, beyond WFP control, that have affected results?	Identifiable influencing factors with specific reference to the: Resourcing situation Policy environment Performance of complementary activities Access to programme areas Performance of IPs External operating environment Environmental factors	Key informants (WFP, Gov, Donors, Key stakeholders, IPs)	Document review Key informant Interviews	Qualitative assessment of key informant perceptions Expert judgement	
3.3	General factors					
3.3.1	What are the key factors affecting the sustainability of the results?	Critical gaps in policy frameworks Institutional capacity Technical capacity Availability of resources Community capacity to sustain created assets	Policy documents Operational agreements Capacity review Resourcing forecasts Key informants (Donors, Beneficiaries, Line ministries, key partners, stakeholders)	Review of policy and operational documents Key informant interviews Beneficiary focus groups	Gap analysis for key factors needed for sustainability	
3.3.2	Are the indicators for measuring achievement of objectives (outcomes) appropriate?	Alternative / additional indicators that could be used Timeliness accuracy of indicators used	Evaluation guidance Indicator compendium	Review of documents	Comparison of potential and actual indicators Review of M&E / output data	
3.3.3	What are the major challenges / constraints in achieving outputs?	Constraints in: Resourcing Implementation capacity (WFP/ Partner / Beneficiary) Physical access Security Partner capacity Political support Policy Evidence of measures taken to address constraints	Key informants Policy documents SPR Output monitoring WFP/Govt/Donor/Partner perspectives	Interviews Policy / document review SPR review	Content analysis of data collected Review of methods taken to address identified challenges	
3.3.3	Is sufficient output data available / accurate?	Transparency of data Accessibility of data Adequacy of data	Output monitoring M&E reports Implementing Partners	Review of available reports Partner interviews	Comparison of data available vs outputs to be measured	

Q. 4: Is gender considered throughout the PRRO?						
4.1	Is gender adequately considered throughout the PRRO?	Gender indicators in results framework Gender indicators in M&E plan Availability of gender disaggregated data	PRRO design documents PRRO Logframe SPRs Operational agreements Partnership agreements M&E reports	Documents	Document review List of gender considerations / indicators	
4.2	Has the PRRO achieved specified gender objectives?	Positive shifts in relevant gender indicators	M&E reports Assessment reports with gender disaggregated data over time Beneficiaries Implementing Partners	Documents Key informant interviews Beneficiary focus group discussions	Document review Quantitative analysis of gender related M&E data and other relevant assessments	
4.3	Is there sufficient gender technical expertise within WFP staff?	Number of WFP staff trained in gender awareness	WFP CO	WFP organigram Key informants	Review of number of trained staff	
4.4	Is consideration given to the strength or weakness of government and /or UNCT approaches to gender?	Documented evidence that wider gender policies are considered in the PRRO	PRRO Document WFP staff IP staff	Documents Key informant interviews	Cross referencing of documents and interviewee responses	



## Annex 5 - List of people met / interviewed

	People interviewed	Title	Institution/ Location
1.	Vitoria Ginja	Country Director	WFP CO, Banjul
2.	Francis Abanzi	Deputy Country Director / Head of Programme	WFP CO, Banjul
3.	Mustapha Jammeh	M&E Officer	WFP CO, Banjul
4.	Annet Birungi	Programme Officer (Nutrition)	WFP CO, Banjul
5.	Mohammed Njie	Finance Officer	WFP CO, Banjul
6.	Mariam Sey Njie	Logistics Officer	WFP CO, Banjul
7.	Sana Cham	Logistics Officer	WFP CO, Banjul
8.	Serign Moodou Joof	Deputy Executive Director	NDMA, Banjul
9.	Mbanni Sanneh	Admin Assistant	NDMA, Banjul
10.	Ms. Mariam	Accounts Assistant	NDMA, Banjul
11.	Bibhuti Bhusan Giadnayak	DRR and CCA Specialist	NDMA, Banjul
12.	Malang N. Fofana	Deputy Director	NaNA, Banjul
13.	Bakary Jallow	Programme Manager	NaNA, Banjul
14.	Musa B. Dahaba	Senior Programme Officer	NaNA, Banjul
15.	Fatou J. Jawara	Programme Officer	NaNA, Banjul
16.	Modou Njai	Director of Health Promotion/PRRO Focal point	MoH, Banjul
17.	Buba Darboe	Programme Manager	HCU, MoH, Banjul
18.	Omar Badjie	Programme Manager	NCD, MoH, Banjul
19.	Seedy A.B. Njie	Chief Financial Officer	Reliance Financial Services
20.	Stanley Mwase	Nutrition Specialist	Unicef, CO, Banjul
21.	Rupert Leighton	Country Officer-in-charge	Unicef, CO, Banjul
22.	Salieu Puye	Governor	LRR, Mansankonko LGA
23.	Momodou Lamin Manneh	RDHS	LRR
24.	Mafugi Jawara	Nutrition Field Officer	NaNA, LRR
25.	Michael M. Hand	SAD	MoH, CRR South
26.	Lamin Sawo	EPI/ROO	MoH, CRR South
27.	Musa Jallow	RNCO	MoH, CRR South
28.	Alpha Mballow	NFO	MoH, CRR South
29.	Sang Mendy	RPNO	MoH, CRR South
30.	Malick Choi	SCHNT	MoH, CRR South
31.	Jama Sowe	RLTCO	MoH, CRR South
32.	Buba Jatta	Nutrition Field Officer	NaNA, WCR
33.	Ousman Jawneh	Nurse Midwife	MoH, Mayork, WCR
34.	Yunusa Sowe	Midwife	Gunjur, WCR
35.	Abdoulie Sanyang	CHN	Kaiaf, LRR
36.	Omar I Ceesay	CHN	Fatoto, URRS

	<b>People interviewed</b>	<b>Title</b>	<b>Institution/ Location</b>
37.	Saidou Jallow	CHN	Katamina, CRRS
38.	FGD (5 women)	TSF PLW	Kwinella, LRR
39.	FGD (7 women)	TSF PLW	Kaiaf, LRR
40.	FGD (5 women)	TSF PLW	Sifoe, WCR
41.	FGD (8 women)	TSF PLW	Mayork, WCR
42.	FGD (9 women)	TSF PLW	Sintet, WCR
43.	FGD ( 9 women)	TSF	Essau, NBR
44.	FGD (14 women)	TSF	Darsilameh, URR-N
45.	FGD (20 women)	TSF	Fatoto, URR-S
46.	FGD ( 11 women)	BSF/TSF	Buduk, CRR-N
47.	FGD (5 women)	BSF	Wassu, CRR-N
48.	FGD (10 women)	BSF/TSF	Daru, CRR-S
49.	KIIs - (2 men and 1 woman)	CT Local traders	Daru, CRR-S
50.	FGD – (5 women, 13 men)	CT Recipients	Daru, CRR-S
51.	FGD (5 women)	BSF/TSF	Katamina, CRR-S
52.	FGD (5 men, 4 women)	CT Recipients	Katamina, CRR-S
53.	FGD (8 men, 2 women)	CT Recipients	Buduk, CRR-N
54.	FGD (2 men, 4 women)	CT Recipients	Wassau, CRR-N
55.	FGD (10 men, 5 women)	CT Recipients	Dalaba, CRR
56.	Fatou Gaye	Acting Director	The Gambian Red Cross, Banjul
57.	Momodou BK Ceesay	Regional Disaster Coordinator	NDMA, NBR
58.	Lamin Saidy	Regional Disaster Coordinator	NDMA, LRR
59.	Salieu Puye	Governor	LRR
60.	Saikou Drammeh	Nutrition Field Officer, URR	CREN, Basse
61.	Ebrima Jaiteh	Regional Health Director	MoH, Basse
62.	Bubacarr Fofana	Regional Disaster Coordinator	NDMA, CRR
63.	Binta Sey Jadama	Regional Disaster Coordinator, WCR	NDMA, WCR
64.	Nyakassi MB Sanyang	Statistician General	GBoS, Banjul
65.	Usman Cham	Statistical Clerk	GBoS, Banjul
66.	Arega Yirga	National Programme Officer, MERET Team Leader	WFP, Addis Ababa
67.	Malang Ceesay	Program Coordinator	GAFNA, Banjul
68.	Baboucarr Cham	Program Asst, Livelihoods	GAFNA, Banjul
69.	Erima K Darboe	CHN / Midwife, LRR	Ministry of Health
70.	Mustapha Sey	SEN	Ministry of Health, LRR
71.	Omar Loum	Not known]	Ministry of Health,

	<b>People interviewed</b>	<b>Title</b>	<b>Institution/ Location</b>
			LRR
72.	Fatou M Ceesay	CHN / Midwife	Ministry of Health, LRR
73.	Jammeh Sillah	SEN / Midwife	Ministry of Health, LRR
74.	Malang Kujabi	SSEN	Ministry of Health, WCR

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