

# OPERATION EVALUATION

Liberia Protracted Relief and Recovery Operation 200550:  
FOOD ASSISTANCE FOR REFUGEES AND VULNERABLE HOST POPULATIONS

## Final Evaluation Report (January–May 2016)

June 2016

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**WFP Office of Evaluation**

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**World Food Programme**



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## **Disclaimer**

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## Table of Contents

|  |      |
|--|------|
| Operational Fact Sheet.....                            | i    |
| Maps.....  | ix   |
| Executive Summary .....                                | xii  |
| Introduction .....                                     | xii  |
| Context .....  | xiii |
| Key findings and conclusions .....                     | xiii |
| Summary of Recommendations.....                        | xvi  |
| 1 Introduction.....                                    | 1    |
| 1.1. Evaluation Features .....                         | 1    |
| 1.2. Country Context.....                              | 4    |
| 1.3. Operation Overview .....                          | 7    |
| 2 Evaluation Findings .....                            | 9    |
| 2.1. Appropriateness of the Operation.....             | 9    |
| 2.1.1. Appropriateness to needs.....                   | 9    |
| 2.1.2. Coherence with WFP policies and strategies..... | 13   |
| 2.1.3. Coherence with National Policies.....           | 15   |
| 2.1.4. Coherence with other partners' programmes.....  | 16   |
| 2.2. Results of the Operation .....                    | 17   |
| 2.3. Factors Affecting the Results .....               | 34   |
| 2.3.1. Internal factors.....                           | 34   |
| 2.3.2. External factors .....                          | 37   |
| 3 Conclusions and Recommendations .....                | 39   |
| 3.1 Overall Assessment .....                           | 39   |
| 3.2 Recommendations .....                              | 42   |

### List of Tables

|  |     |
|--|-----|
| Table 1: PRRO Outcomes .....   | vii |
| Table 2: GFD Beneficiaries Planned vs. Actual .....                      | 17  |
| Table 3: GFD Commodities Planned vs. Actual (July 2013-Dec 2015).....    | 18  |
| Table 4: Summary of GFD Outcomes.....                                    | 20  |
| Table 5: School Feeding Beneficiaries Planned vs. Actual .....           | 21  |
| Table 6: School Feeding food commodities supplied .....                  | 21  |
| Table 7: Summary of nutrition beneficiary targets and achievements ..... | 23  |
| Table 8: Commodities Planned vs. Actual (July 2013-December 2014).....   | 24  |
| Table 9: FFA Planned vs. Actual.....                                     | 28  |
| Table 10: FFA commodities.....   | 28  |
| Table 11: FFA outputs .....  | 28  |
| Table 12: Summary of FFA outcomes.....                                   | 30  |
| Table 13: Cross Cutting Indicators – Gender Equity and GEWE.....         | 31  |
| Table 14: Decision making over food assistance outputs .....             | 32  |
| Table 15: Cross-cutting indicators - AAP.....                            | 33  |

## List of Figures

|  |     |
|--|-----|
| Figure 1: Funding Situation .....  | ii  |
| Figure 2: Contributions received (USD).....  | ii  |
| Figure 3: Funding by Year (USD).....   | ii  |
| Figure 4: % planned beneficiaries / activity .....                                   | iii |
| Figure 5: % actual beneficiaries / activity .....                                    | iii |
| Figure 6: Male vs. Female Beneficiaries by Activity & Year: Planned vs. Actual ..... | iii |
| Figure 7: % of beneficiaries reached vs. planned by activity and year .....          | iv  |
| Figure 8: Planned vs. Actual Distributions/Year (MT).....                            | v   |
| Figure 9: Planned vs. Actual Beneficiaries/Year (Nutrition Component Only) .....     | v   |
| Figure 10: Amount of food distributed by commodity (MT) .....                        | v   |
| Figure 11: Planned vs. Actual Total Food Distribution by Commodity (MT).....         | vi  |
| Figure 12: Locations of PRRO activities .....  | x   |
| Figure 13: Timeline of Activities   PRRO 200550 (BR5) .....                          | 8   |
| Figure 14: Percentage of GFD ration distributed by WFP during 2014 .....             | 19  |
| Figure 15: School feeding attendance and retention against targets (%).....          | 22  |
| Figure 16: MAM Indicators for TSF 2013-2014.....                                     | 26  |
| Figure 17: Nutrition outcomes.....   | 27  |
| Figure 18: Ebola virus infections among healthcare workers in Liberia.....           | 84  |
| Figure 19: Ebola cases in Liberia .....  | 85  |
| Figure 20. Border Crossing Trends: Harper County, May 2014 .....                     | 86  |

## List of Annexes

|   |     |
|---|-----|
| Annex 1: Evaluation Terms of Reference .....  | 46  |
| Annex 2: Evaluation approach and methodology .....                                  | 63  |
| Annex 3: Evaluation matrix.....   | 67  |
| Annex 4: Data Collection Tool.....  | 77  |
| Annex 5: Accountability to Affected Populations: Participatory Assessment Tool..... | 81  |
| Annex 6: Results of FGD Participatory Assessments.....                              | 82  |
| Annex 7: Liberia's seasonal calendar.....   | 83  |
| Annex 8: Evolution of the Ebola Crisis in Liberia .....                             | 84  |
| Annex 9: Challenges with Refugee Registration Numbers.....                          | 86  |
| Annex 10: PRRO Cooperating Partners by Component.....                               | 87  |
| Annex 11: Food security status of refugees in camps at the end of 2015.....         | 88  |
| Annex 12: School feeding outcomes in each camps (calculated by ET). .....           | 89  |
| Annex 13: Additional information regarding nutrition outputs .....                  | 90  |
| Annex 14: Data Gaps Analysis .....  | 94  |
| Annex 15: List of key informants.....   | 99  |
| Annex 16: Literature Review .....   | 102 |
| Annex 17: Acronyms .....  | 105 |

## Operational Fact Sheet<sup>1</sup>

| OPERATION                              |  |   |   |
|--|--|---|---|
| <b>Type/Number/Title</b>               |  | Protracted Relief and Recovery Operation - Liberia 200550<br>Food Assistance for Refugees and Vulnerable Host Populations                               |   |
| <b>Approval</b>                        |  | 01/06/2013 Ertharin Cousin, Executive Director, WFP   |   |
| <b>Amendments</b>                      | <b>Budget Revision (BR) 1 (4 October 2013):</b> <ul style="list-style-type: none"> <li>• Increase of US\$ 1,120,104 for direct support costs (DSC);</li> <li>• Increase of US\$ 36,759 for indirect support costs (ISC); and</li> <li>• Reduction of food, external transport, LTSH, and ODOC costs of US\$ 522,000, US\$ 33,552, US\$ 38,488 and US\$ 1,361 respectively to reflect the change of food commodities for children aged 6-23 months from Plumpy'Doz to Nutributter.</li> </ul> |   |   |
|  | <b>BR2 (undated):<sup>2</sup></b> <ul style="list-style-type: none"> <li>• BR2 was not formally documented as a budget revision, but involved a slight correction to the calculation of the Indirect Support Cost (ISC) that was done in BR1 and was related to the migration of the operation's budget to a new WFP financial framework. The adjustment was conducted automatically for all operations as of the end of 2013.</li> </ul>  |   |   |
|  | <b>BR3 (22 May 2014):</b> <ul style="list-style-type: none"> <li>• This budget revision proposes a technical adjustment of the landside transport, storage and handling (LTSH) component of Liberia's Protracted Relief and Recovery Operation PRRO-200550 to reflect the LTSH decrease from US\$ 247.48 per MT to US\$ 243.59 per MT, as per recently approved LTSH matrix to take account of anticipated cost sharing with UNMIL and other measures.</li> </ul>                            |   |   |
|  | <b>BR4 (17 July 2015):</b> <ul style="list-style-type: none"> <li>• Increase food transfers by 4.635 MT valued at US\$ 1.9 million;</li> <li>• Increase external transport, landside transport, storage and handling (LTSH), and other direct operating costs (ODOC) by US\$ 2.2 million; and</li> <li>• Increase direct support costs (DSC) by US\$ 638,389.</li> </ul>   |   |   |
|  | <b>BR5 (23 May 2016):</b> <ul style="list-style-type: none"> <li>• Increase food transfers by 742 MT valued at USD 301,525;</li> <li>• Increase external transport; landside transport, storage and handling (LTSH), and other direct operating costs (ODOC) by USD 341,451; and</li> <li>• Increase direct support costs (DSC) by USD 182,976.</li> </ul>   |   |   |
|  | <b>Duration</b>  |   | <u>Initial:</u><br>1 July 2013 – 30 June 2015 (PD)  |
| <b>Planned beneficiaries</b>           |  | <u>Initial:</u> 90,000 (PD)   | <u>Revised:</u> 30,000 (BR5) <sup>3</sup>   |
| <b>Planned food requirements</b>       |  | <u>Initial:</u><br>In-kind food: MT 23,859 (PD)   | <u>Revised:</u><br>In-kind food: MT 29,080 (BR5)  |
| <b>US\$ requirements</b>               |  | <u>Initial:</u> 27,470,914 (PD)   | <u>Revised:</u> 32,925,000 (BR5)  |
| OBJECTIVES AND ACTIVITIES              |  |   |   |
| <b>Contribution to MDGs 1, 2, 4, 5</b> | <b>Strategic Objective (SO)<sup>4</sup></b>  | <b>Operation specific outcomes</b>  | <b>Activities</b>   |
|  | SO.1 Save lives and protect livelihoods in emergencies   | Stabilized or improved food consumption over assistance period for targeted households and/or individuals   | <ul style="list-style-type: none"> <li>• General food distribution<sup>5</sup></li> </ul> |
|  | SO.2 Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies   | Adequate food consumption reached or maintained over assistance period for targeted households  | <ul style="list-style-type: none"> <li>• General food distribution</li> </ul>             |
|  |  | Improved access to assets and/or basic services, including community and market infrastructure  | <ul style="list-style-type: none"> <li>• FFA</li> <li>• School Feeding</li> </ul>         |
|  | Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children   | <ul style="list-style-type: none"> <li>• MAM treatment: children 6-59 months</li> <li>• Prevention of stunting: PLW and children 6-23 months</li> </ul> |   |

<sup>1</sup> Not all data in this Operational Fact Sheet could be independently verified by the evaluation team due to gaps in Country Office (CO) data.

<sup>2</sup> Source: Not available from WFP's WFP Regional Bureau for West Africa.

<sup>3</sup> As per BR4, PRRO activities include only GFD to 30,000 refugees in three camps that were still open during July 2015 – April 2016.

<sup>4</sup> Refers to the realignment of the PRRO log frame based on the WFP corporate Strategic Plan for 2014-2017.

<sup>5</sup> Given that output objectives for SO.1 also included "non-food items, cash transfers and vouchers" their potential value-added will also be assessed to the extent possible within the scope of the evaluation.

## Operational Factsheet (Continued)

### PARTNERS

|                       |   |
|-----------------------|---|
| <b>Government</b>     | Ministry of Health and Social Welfare, Ministry of Education, LRRRC   |
| <b>United Nations</b> | UNHCR, UNICEF, FAO  |
| <b>NGOs</b>           | Agricultural Relief Service, Africa Humanitarian Action (AHA), Save the Children, CARE, Caritas Palmas, Danish Refugee Council, Norwegian Refugee Council, International rescue Committee and SEARCH. |

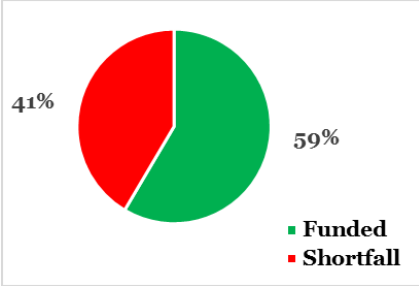
### RESOURCES (INPUTS)

**Contribution received (by 13 Apr 2016):**  
US\$ 19,264,648

**% against appeal:** 59%

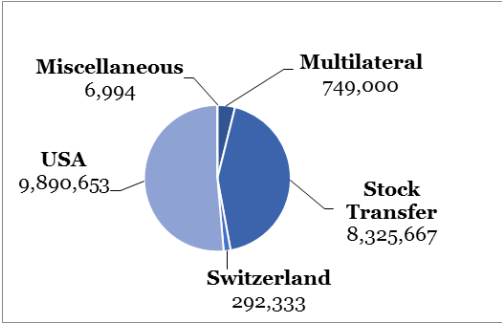
**Top donors:**  
Multilateral  
Switzerland<sup>6</sup>  
USA  
Miscellaneous

**Figure 1: Funding Situation**



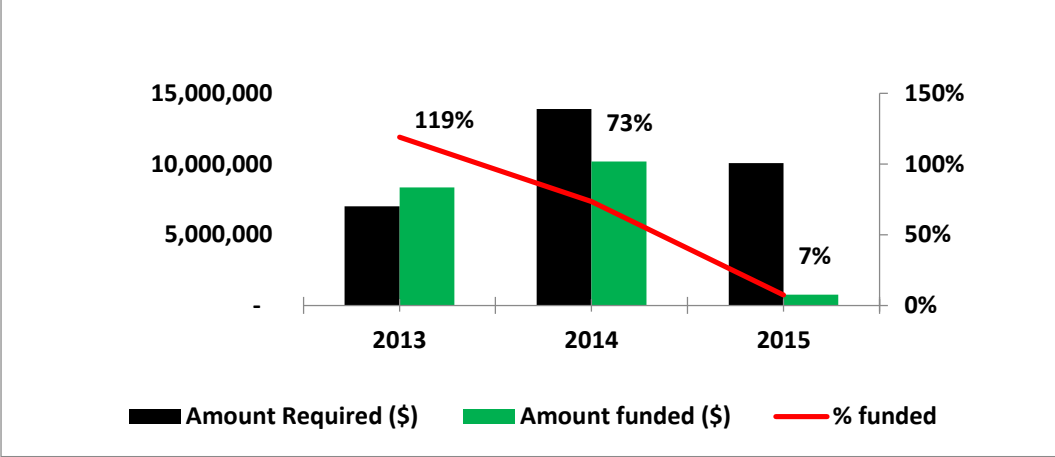
Source: Resource Situation 13 Apr 2016<sup>7</sup>

**Figure 2: Contributions received (USD)**



Source: Resource Situation 13 Apr 2016

**Figure 3: Funding by Year (USD)**



Source: SPR 2013, 2014, and Resource Situation 13 Apr 2016

<sup>6</sup> According to the CO, the small Swiss contribution did not directly support PRRO 200550 since it was a carry-over from a previous project.

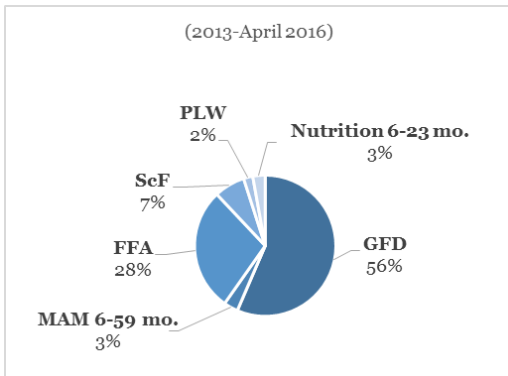
<sup>7</sup> There was no change in the resource situation from January – April 2016 reported.

**Operational Factsheet (Continued)**

**OUTPUTS<sup>8</sup>**

**Planned<sup>9</sup>**

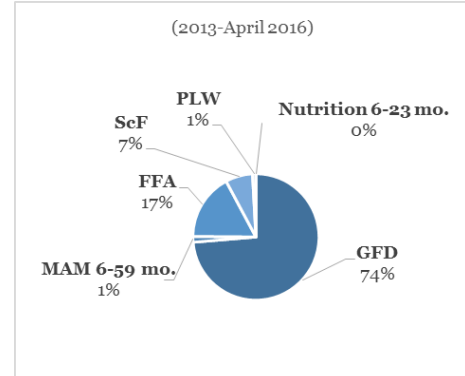
**Figure 4: % planned beneficiaries / activity**



Source: SPR 2013, 2014, 2015, BR4 (2016)<sup>10</sup>

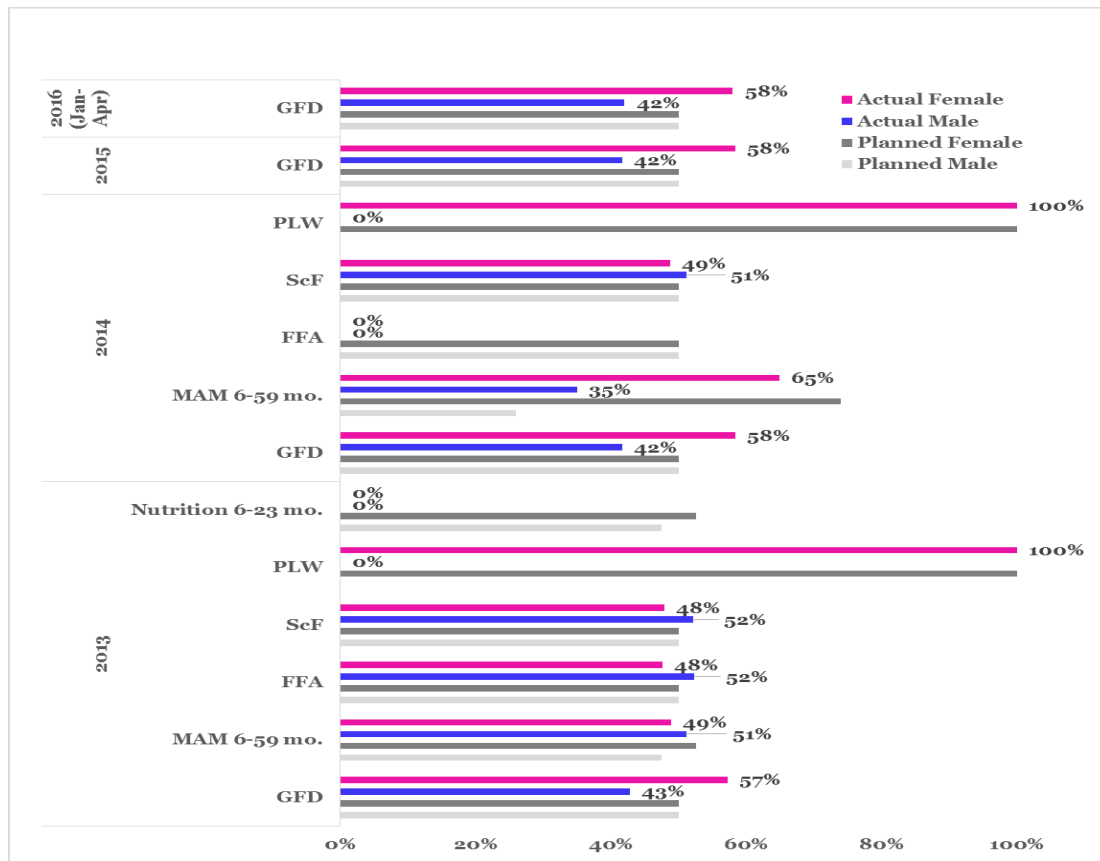
**Actual**

**Figure 5: % actual beneficiaries / activity**



Source: SPR 2013, 2014, 2015, ATOMS (2016)<sup>11</sup>

**Figure 6: Male vs. Female Beneficiaries by Activity & Year: Planned vs. Actual**



Source: SPR 2013, 2014, 2015, ATOMS database (2016)<sup>12</sup>

<sup>8</sup> Several gaps and discrepancies were found in SPR data that these charts are based on. These are explained in more detail in the report and in Annex 14.

<sup>9</sup> Since beneficiary numbers disaggregated by activity include double-counting errors, these numbers are only used comparatively in our analysis of beneficiary coverage by activity.

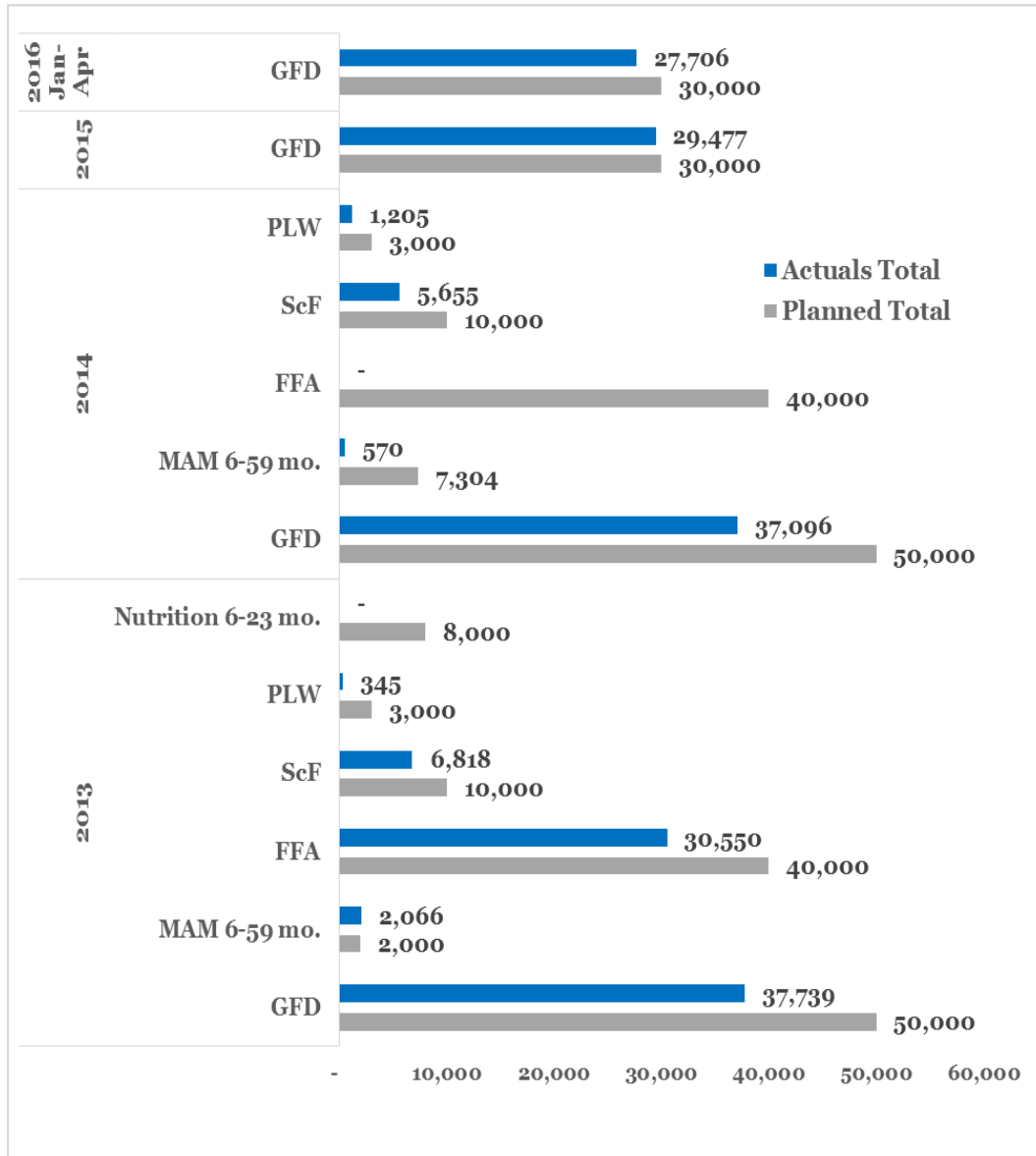
<sup>10</sup> BR4 establishes a plan for a 'beneficiary load' of 30,000 / month during the period 1 July 2015 – 30 April 2016.

<sup>11</sup> Based on the common practice described by the CO of using the highest annual beneficiary target as the overall project target, actual beneficiary numbers for 2016 are based off of the highest monthly count in each project location according to data extracted from the ATOMS database by the CO. While this seems to be a reasonable approach (cross-checking totals derived from this method for 2015 and 2014 with SPR data shows small variances) there is seemingly no reason for ATOMS beneficiary data not to match exactly with figures in SPRs.

<sup>12</sup> Total beneficiary numbers based on ATOMS extracts use the highest monthly value for each location.

## Operational Factsheet (Continued)

**Figure 7: % of beneficiaries reached vs. planned by activity and year**

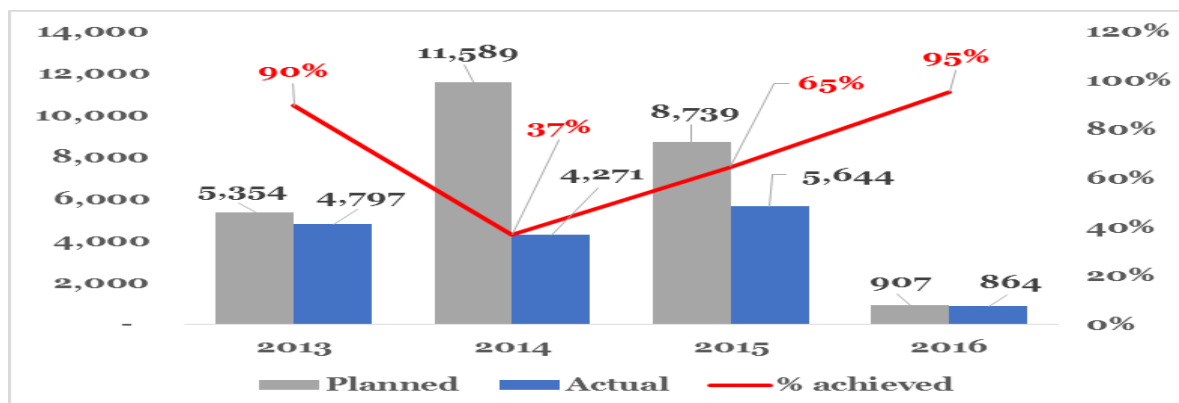


Source: SPR 2013, 2014, 2015, ATOMS database (2016)



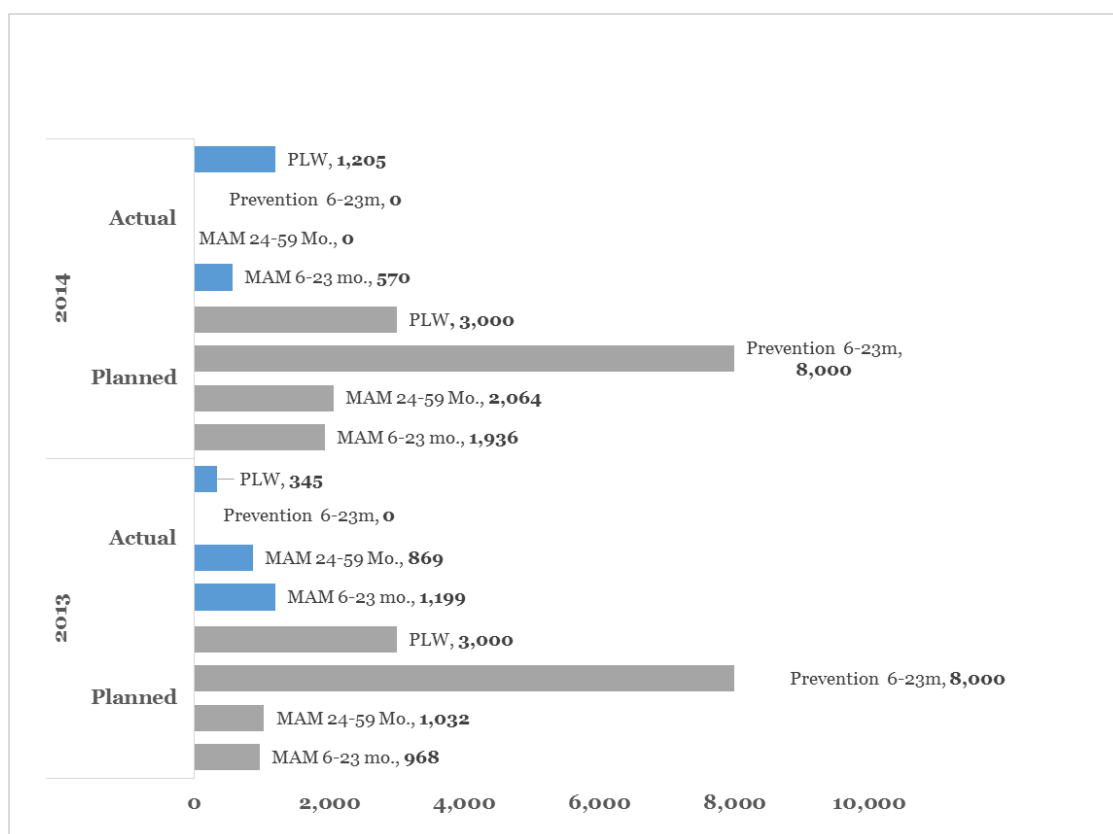
Operational Factsheet (Continued) <sup>13</sup>

**Figure 8: Planned vs. Actual Distributions/Year (MT)**



Source: SPR 2013, 2014, 2015, ATOMS database (2016)<sup>14</sup>

**Figure 9: Planned vs. Actual Beneficiaries/Year (Nutrition Component Only)**



Source: SPR 2013, 2014

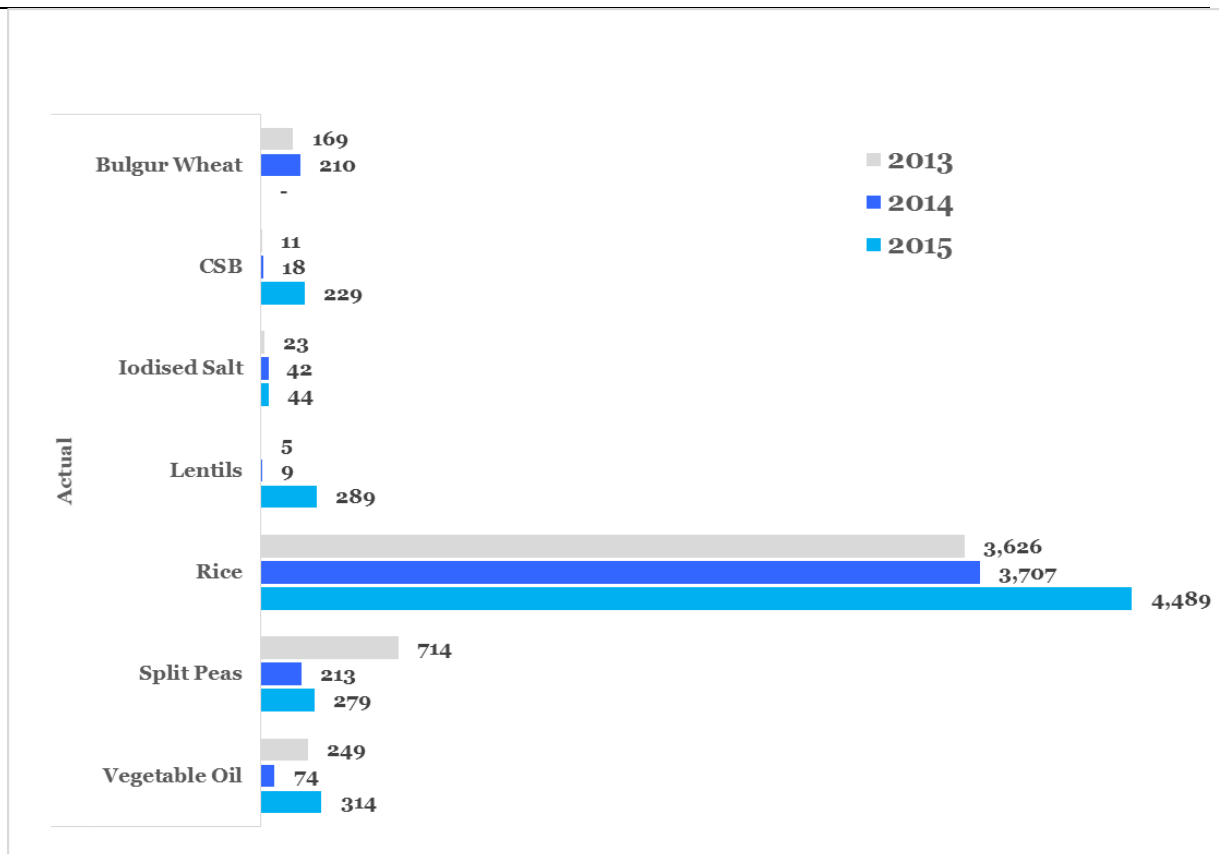
Operational Factsheet (Continued)

**Figure 10: Amount of food distributed by commodity (MT)**<sup>15</sup>

<sup>13</sup> Nutrition interventions were not included in 2015 or 2016.

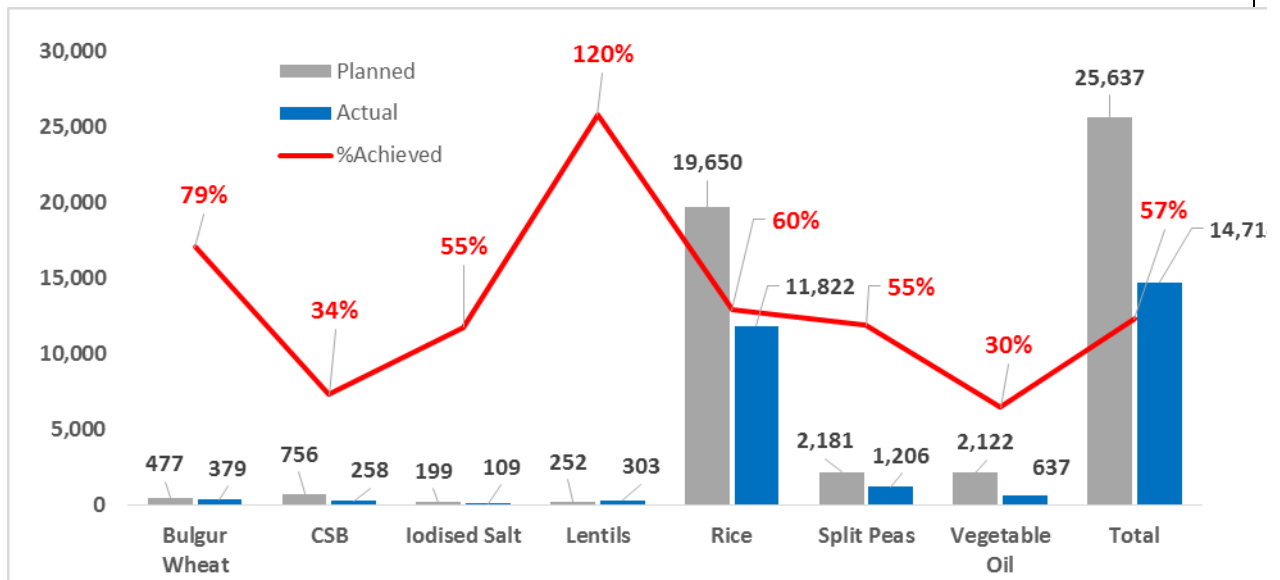
<sup>14</sup> Commodity distribution data provided by the CO for 2016 (extracted from ATOMS) is not disaggregated by component activity. The CO has made efforts to provide this data and provided distribution data that is partially disaggregated by activity, but there are discrepancies between distribution figures reported in SPRs and those captured by ATOMS. See Annex 14 for more detail on issues related to data availability and quality.

<sup>15</sup> Commodity distribution data provided by the CO for 2016 (extracted from ATOMS) is not disaggregated by component activity.



Source: SPR 2013, 2014, 2015

**Figure 11: Planned vs. Actual Total Food Distribution by Commodity (MT)**



Source: SPRs for 2013, 2014, 2015

## Operational Factsheet (Continued)

**Table 1: PRRO Outcomes<sup>16</sup>**

| Outcome Indicators (Per SPR 2015)<br>KEY: SO – Strategic Objective, BV – Base Value, PFU – Previous Follow-up, LFU – Latest Follow-up, PET – Project<br>End Target, FCS – Food Consumption Score | PET | BV   | PFU   | LFU  |
|--|-----|------|-------|------|
| <b>SO 1: Save lives and protect livelihoods in emergencies</b>   |     |      |       |      |
| <b>Diet Diversity Score</b>  |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   | 4.1 | 4.1  | 3.3   | 4.2  |
| <b>Diet Diversity Score (female-headed HH)</b>   |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   | 4.1 | 4.1  | 3.2   | 4.2  |
| <b>Diet Diversity Score (male-headed HH)</b>   |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   | 4.1 | 4.1  | 3.4   | 4.2  |
| <b>FCS: % of HH with Acceptable FCS</b>  |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   |     | 58.9 | 21.8  | 30.9 |
| <b>FCS: % of HH with Acceptable FCS (female-headed HH)</b>   |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   |     |      | 18.9  | 25.3 |
| <b>FCS: % of HH with Acceptable FCS (male-headed HH)</b>   |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   |     |      | 24.9  | 36   |
| <b>FCS: % of HH with Borderline FCS</b>  |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   |     | 31.1 | 43.4  | 59   |
| <b>FCS: % of HH with Borderline FCS (female-headed HH)</b>   |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   |     |      | 42.6  | 65   |
| <b>FCS: % of HH with Borderline FCS (male-headed HH)</b>   |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   |     |      | 44.3  | 53.6 |
| <b>FCS: % of HH with Poor FCS</b>  |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   | 5.2 | 26.1 | 34.8  | 10.1 |
| <b>FCS: % of HH with Poor FCS (female-headed HH)</b>   |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   | 5.3 | 26.3 | 38.6  | 9.8  |
| <b>FCS: % of HH with Poor FCS (male-headed HH)</b>   |     |      |       |      |
| BV: Feb-2013 PFU: Nov-2014 LFU: Sep-2015   | 5.2 | 26.1 | 30.8  | 10.4 |
| <b>SO 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies fragile settings and following emergencies</b>        |     |      |       |      |
| <b>Attendance rate (boys) in WFP-assisted primary schools</b>  |     |      |       |      |
| BV: Dec-2012, PM. LFU: Apr-2014, PM.   | 85  | 70.6 | 73.2  |      |
| <b>Attendance rate (girls) in WFP-assisted primary schools</b>   |     |      |       |      |
| BV: Dec-2012 LFU: Apr-2014   | 85  | 70.8 | 66    |      |
| <b>Attendance rate in WFP-assisted secondary schools</b>   |     |      |       |      |
| BV: Dec-2012 LFU: Apr-2014   | 85  | 70.7 | 70.2  |      |
| <b>Enrolment: Avg. annual rate of change in # of children enrolled in WFP-assisted pre-schools</b>   |     |      |       |      |
| LFU: 2014  | 6   |      | -22.2 |      |
| <b>Enrolment: Avg. annual rate of change in # of children enrolled in WFP-assisted primary schools</b>   |     |      |       |      |
| LFU: 2014  | 6   |      | -35.2 |      |
| <b>Enrolment (boys): Avg. annual rate of change in # of boys enrolled in WFP-assisted pre-schools</b>  |     |      |       |      |
| LFU: Apr-2014  | 6   |      | -43.9 |      |
| <b>Enrolment (boys): Avg. annual rate of change in # of boys enrolled in WFP-assisted primary schools</b>  |     |      |       |      |
| LFU: Apr-2014  | 6   |      | -25   |      |
| <b>Enrolment (girls): Avg. annual rate of change in # of girls enrolled in WFP-assisted pre-schools</b>  |     |      |       |      |
| LFU: Apr-2014  | 6   |      | 6.5   |      |
| <b>Enrolment (girls): Avg. annual rate of change in # of girls enrolled in WFP-assisted primary schools</b>  |     |      |       |      |
| LFU: Apr-2014  | 6   |      | -51.2 |      |
| Source: 2015 SPR   |     |      |       |      |

<sup>16</sup> To enhance readability of the table, we refer the reader to SPR reporting for details on the source of data for each indicator. For quick reference, dates of points-in-time when measurements were taken are included. The 2015 SPR includes data on HH with acceptable and borderline FCS (missing in the 2014 SPR), but does not include baseline values for these indicators. The 2015 SPR does not indicate targets for outcome indicators and does not report on the status of these indicators. Geographic disaggregated data for of HH FCS is also not available to the team at this point, but it is expected that stakeholders at community level will be able to inform sampling. Objectives and outcomes do not appear in all SPRs due to phase out of components and other factors. These cells are blacked out.

## Operational Factsheet (Continued)

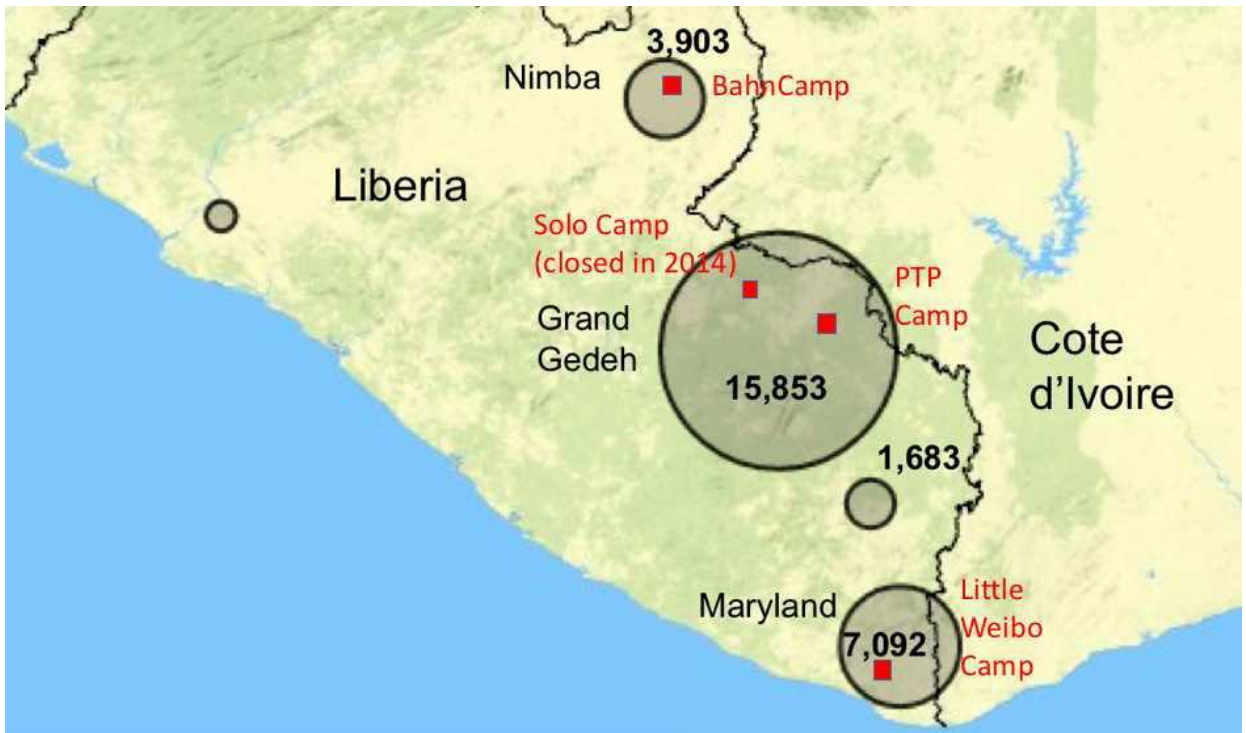
| Outcomes (Continued)  |     |      |      |      |
|---|-----|------|------|------|
| Outcome Indicators (Per SPR 2015)<br>KEY: SO – Strategic Objective, BV – Base Value, PFU – Previous Follow-up, LFU – Latest Follow-up, PET – Project End Target, FCS – Food Consumption Score | PET | BV   | PFU  | LFU  |
| <b>SO 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies fragile settings and following emergencies</b>     |     |      |      |      |
| <b>Gender ratio: ratio of girls to boys enrolled in WFP-assisted pre-schools</b>  |     |      |      |      |
| BV: Dec-2012 LFU: Apr-2014  | 1   | 0.9  | 1    |      |
| <b>Gender ratio: ratio of girls to boys enrolled in WFP-assisted primary schools</b>  |     |      |      |      |
| BV: Dec-2012 LFU: Apr-2014  | 1   | 0.9  | 0.9  |      |
| <b>MAM treatment default rate (%)</b>   |     |      |      |      |
| BV: Dec-2012 LFU: Apr-2014  | 15  | 14.2 | 13.7 |      |
| <b>MAM treatment mortality rate (%)</b>   |     |      |      |      |
| BV: Dec-2012 LFU: Apr-2014  | 3   | 0.4  | 2.9  |      |
| <b>MAM treatment non-response rate (%)</b>  |     |      |      |      |
| BV: Dec-2014 LFU: Apr-2014  | 15  | 3.8  | 4.2  |      |
| <b>MAM treatment recovery rate (%)</b>  |     |      |      |      |
| BV: Dec-2014 LFU: Apr-2014  | 75  | 81.6 | 79.2 |      |
| <b>Prevalence of stunting among children under 2 (height-for-age as %)</b>  |     |      |      |      |
| BV: Oct-2012 LFU: Dec-2013  | <40 | 45   | 43.2 |      |
| <b>Retention rate (boys) in WFP-assisted primary schools</b>  |     |      |      |      |
| LFU: Apr-2014   | 70  |      | 82.9 |      |
| <b>Retention rate (girls) in WFP-assisted primary schools</b>   |     |      |      |      |
| LFU: Apr-2014   | 70  |      | 95.8 |      |
| <b>Retention rate in WFP-assisted primary schools</b>   |     |      |      |      |
| LFU: Apr-2014   | 70  |      | 88.1 |      |
| <b>Cross-cutting indicators<sup>17</sup></b>  |     |      |      |      |
| <b>Proportion of households where females and males together make decisions over the use of cash, voucher, or food</b>  |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 50  |      | 31.9 | 19.5 |
| <b>Proportion of households where females make decisions over the use of cash, voucher, or food</b>   |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 30  |      | 52.6 | 59   |
| <b>Proportion of households where males make decisions over the use of cash, voucher, or food</b>   |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 20  |      | 15.6 | 21.5 |
| <b>Proportion of women beneficiaries in leadership positions of project management committees</b>   |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 50  |      | 53   |      |
| <b>Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution</b>  |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 60  |      | 72.7 |      |
| <b>Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)</b>  |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 80  |      | 72.6 | 32.7 |
| <b>Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)</b>  |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 80  |      | 72.3 | 30.2 |
| <b>Proportion of assisted people (men) who do not experience safety problems travelling to/from and at WFP programme sites</b>  |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 90  |      | 91.1 | 88.2 |
| <b>Proportion of assisted people who do not experience safety problems travelling to/from and at WFP programme sites</b>  |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 90  |      | 88.4 | 85.2 |
| <b>Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)</b>  |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 80  |      | 72.9 | 34.5 |
| <b>Proportion of assisted people (women) who do not experience safety problems travelling to/from and at WFP programme sites</b>  |     |      |      |      |
| PFU: Nov-2014 LFU: Sep-2015   | 90  |      | 85.9 | 81.9 |

Source: SPR 2015

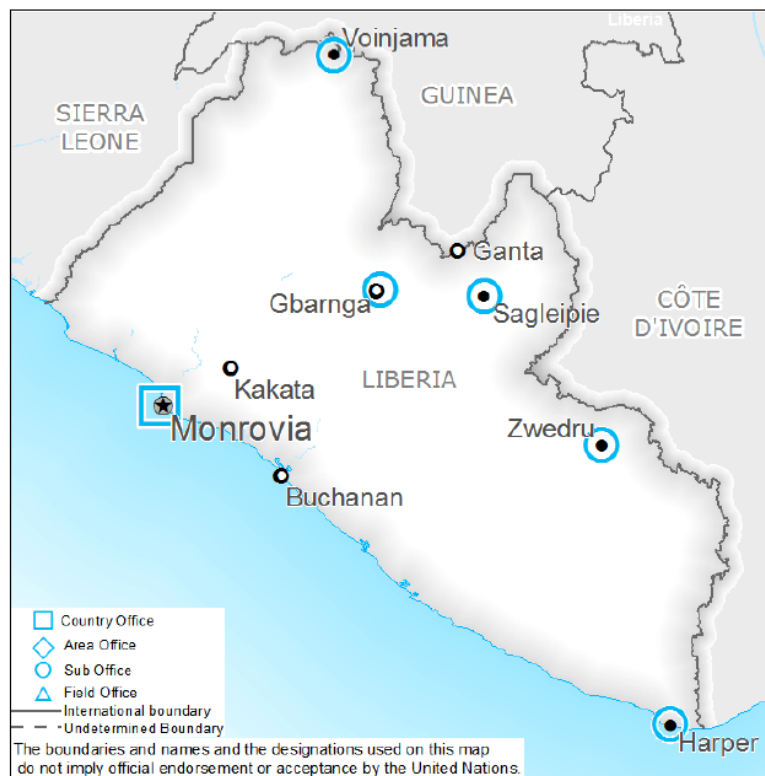
<sup>17</sup> SPR 2015 does not include previous follow-up data for some cross-cutting indicators as was reported in the 2014 SPR. In these cases, SPR 2014 data is used to show the indicator value at the time of the previous follow-up.

## Maps

**Figure 12: Geographical Concentrations of Refugees from Cote d'Ivoire<sup>18</sup>**



**Figure 13: Map of WFP Offices in Liberia<sup>19</sup>**



<sup>18</sup>Source: UNHCR – Population figures as of 29 February 2016 <http://data.unhcr.org/liberia/regional.php>

<sup>19</sup>Source: 2014 SPR WFP Liberia

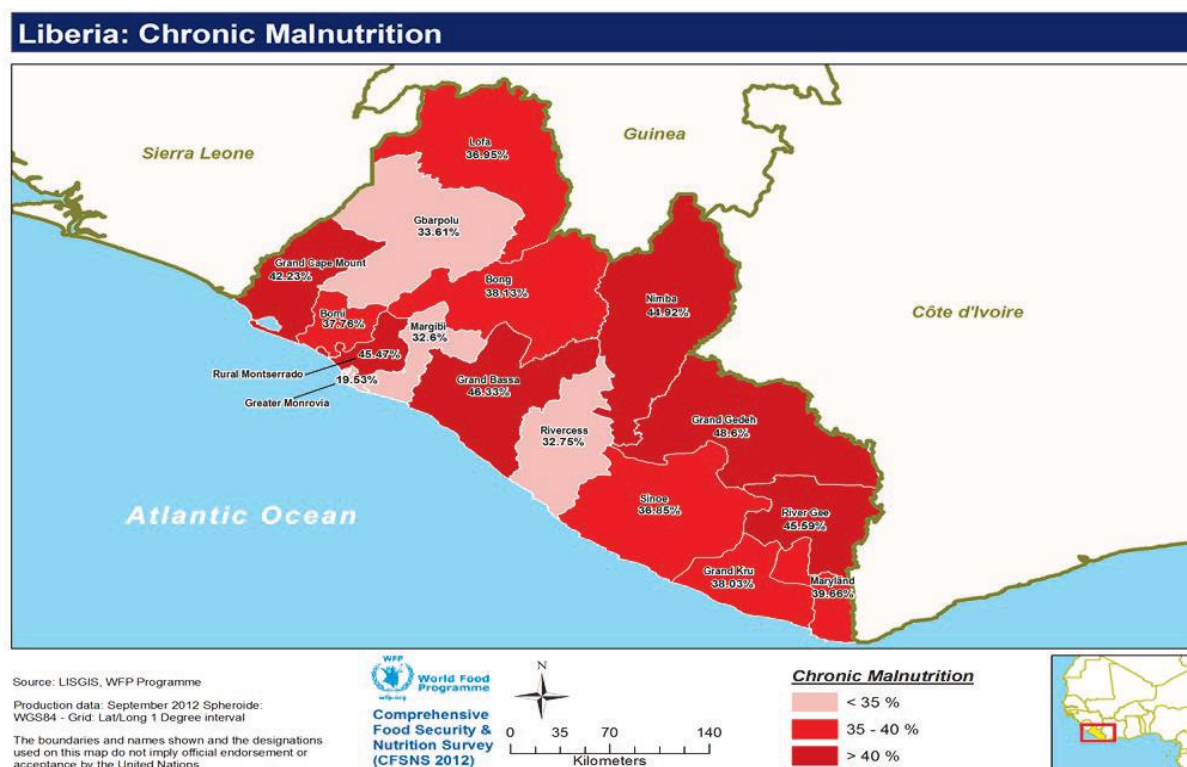
**Figure 12: Locations of PRRO activities**



<sup>20</sup> Source: Liberia, VAM Unit, 2013



**Figure 15: Prevalence of Chronic Malnutrition by County (2013)** <sup>21</sup>



<sup>21</sup> Comprehensive Food Security and Nutrition Survey (CFSNS) 2013

# Executive Summary

## Introduction

1. The Office of Evaluation (OEV) of the World Food Programme (WFP) commissioned KonTerra to conduct an independent evaluation of WFP Liberia's Protracted Relief and Recovery Operation (PRRO) 200550 "Food Assistance for Refugees and Vulnerable Host Populations". The PRRO includes both a relief and an early recovery/transition components and the evaluation assessed all four activities; General Food Distribution (GFD), School Feeding (SF), Food for Assets (FFA) and nutrition activities in the form of targeted supplementary feeding for children aged 6-59 months with Moderate Acute Malnutrition (MAM) in host communities and Stunting Prevention Programme (SPP) in both host communities and refugee camps.
2. The PRRO was initially approved for a two-year period from 1 July 2013 to 30 June 2015 aiming to provide 23,859 MT to 90,000 refugees from Cote d'Ivoire to reflect a context that allowed for medium-range planning and implementing longer-term activities. There have been five approved budget revisions (BR) to accommodate revised cost-sharing arrangements, adjustments in commodities and reductions in beneficiary numbers. BR5 extended the PRRO for 30,000 refugees for a further three months until 31 July 2016.
3. The evaluation covers the period from the development of the PRRO (January-June 2013) until the end of this evaluation process (July 2013-May 2016). The main users of this evaluation are the WFP Country Office (CO), their NGO cooperating partners, the United Nations High Commissioner for Refugees (UNHCR), government authorities,<sup>22</sup> the WFP Regional Bureau for West Africa (RB) and the WFP Office of Evaluation (OEV).
4. In line with the TOR, the evaluation criteria of relevance, coherence, coverage, efficiency, effectiveness, impact and sustainability were referred to when answering three key questions relevant to the PRRO; its appropriateness, what results had been achieved and why/how these had been achieved. The evaluation team (ET) paid specific attention to gender and equity issues. The ET used desk reviews, key informant interviews (in person and by phone/Skype) and observations during the field visit to Liberia in March 2016. A total of 370 persons were interviewed during key informant interviews and in 35 disaggregated Focus Group Discussions (FGD), including 65 community members and 137 refugees living in camps and in host communities.
5. The evaluation encountered four major limitations; (i) significant gaps in quality and availability of data, (ii) staff turnover and loss of institutional memory, (iii) the logical framework was revised in 2014 to reflect the WFP corporate Strategic Plan (SO) and Strategic Results Framework (SRF) for the period 2014-2017 so it wasn't possible to track some indicators during the whole period, and (iv) all component activities, except for GFD, were suspended by mid-2014 which limited assessment of Nutrition, SF and FFA activities. Despite efforts by the ET and CO to fill missing data gaps, the evaluation team (ET) still lacks confidence in the evidence for PRRO activities during 2013-2014. However, the ET is confident that the 2015 data is sufficient to enable solid conclusions and recommendations for

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<sup>22</sup> The Liberia Refugee Repatriation and Resettlement Commission (LRRRC), Ministry of Health and Social Welfare (MOHSW) and the Ministry of Education (MOE).



the period 2016-2017.

## Context

6. Up until 2003 Liberia experienced decades of chronic conflict, including periods of widespread forced displacement. While the situation has since stabilised, the Food and Agriculture Organization (FAO) classifies Liberia as a low-income, food-deficit country, ranking it 174 out of 187 countries. Around 20 percent of households in Liberia are food insecure and in some rural areas food insecurity is as high as 55 percent.<sup>23</sup> Liberia was also one of three countries directly affected by the Ebola crisis.
7. The refugee crisis in Cote d'Ivoire began with an initial influx of refugees into Liberia in 2002 following politically and ethnically motivated violence. Assistance for this caseload was phased out in 2008. The target population for the PRRO was an even larger influx fleeing violence after a contested 2010 presidential election result. According to UNHCR estimates, more than 220,000 refugees crossed into Liberia during 2011-2012.
8. The Government of Liberia provides a relatively conducive environment for refugee protection and assistance. Refugees were immediately granted *prima facie* refugee status and accommodated in some 70 host communities in the four border counties of Nimba, Grand Gedeh, River Gee and Maryland. Four refugee camps and 16 designated relocation communities were established where refugees were provided with assistance. Refugees are allowed to work, move freely throughout Liberia and most have access to land for farming.<sup>24</sup> Locations for refugee camp were intentionally selected by the government so as to provide access to land for farming, although some areas are not suitable for agriculture.
9. As the situation stabilised in Côte d'Ivoire, voluntary repatriation became the preferred durable solution and, as of April 2016, UNHCR had assisted a total of 51,692 refugees<sup>25</sup> to return, leaving a total of 22,272 registered refugees in Liberia.<sup>26</sup>
10. The PRRO was preceded by Emergency Operation (EMOP) 200225 that lasted from February 1, 2011 until June 30, 2013. PRRO 200550 was launched in July 2013 in recognition of the relatively stable context that allowed for medium-range planning while offering opportunities for implementing longer-term activities.

## Key findings and conclusions

11. In terms of **appropriateness to needs**, the ET found the design of the PRRO to be relevant to the context and the needs during the initial phase of the operation, with the exception of the Moderate Acute Malnutrition (MAM) treatment which was not justified given the low Global Acute Malnutrition (GAM) rates. However, the CO failed to re-evaluate the design within six months as recommended by the 2012 Joint Assessment Mission (JAM) by conducting an in-depth livelihoods options assessment. The ET found that the lack of understanding of livelihood options that could inform a re-design of the PRRO

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<sup>23</sup> <https://www.wfp.org/countries/liberia>

<sup>24</sup> 2012 and 2014 JAM reports and FDG discussions and interviews with the evaluation team

<sup>25</sup> Of this number, over 15,000 have returned since voluntary repatriations were resumed during December 2015 after authorities in Cote d'Ivoire felt the level of risk of Ebola transmission was acceptable.

<sup>26</sup> <http://data.unhcr.org/liberia/regional.php> (accessed 25 May 2016)

using appropriate food assistance strategies, meant that the operation became less relevant over time.

12. The PRRO began with four component activities. Due to funding shortfalls, by mid-2014 only GFD was being implemented in three camps. Prioritisation of GFD in camps rather than targeting based on refugee needs and vulnerabilities using appropriate food assistance approaches, was found to be inappropriate.
13. **Coherence with WFP, UNHCR and Government policies** was generally satisfactory, apart from the lack of consideration of alternative food assistance modalities as per the WFP Cash and Voucher Policies and the Nutrition Policy in relation with MAM treatment. In line with a 2012 government decision, the PRRO only targeted registered refugees living in official camps. Findings indicate that a food assistance approach that promoted self-sufficiency while addressing vulnerable groups would have provided a more favourable environment to promote refugee self-reliance whether they decide to return to Cote d'Ivoire or stay in Liberia and decreased dependency on external assistance, an approach that would have been consistent with current policies and practices of both WFP and the main donor.<sup>27</sup>

*Results of the PRRO and factors affecting the results:*

14. The PRRO was launched more than a year before WFP started responding to the **Ebola crisis**, but the crisis subsequently had a major influence on PRRO results, notably during mid-2014 until mid-2015. The CO launched an EMOP in response to the Ebola crisis at the end of August 2014, which was succeeded by a WFP regional emergency operation in October 2014<sup>28</sup> and the Ebola response took precedence over all other operations, including the PRRO. Voluntary repatriation was suspended in July 2014 by the Cote d'Ivoire government and only restarted in December 2015. The suspension of voluntary repatriation led to a further allocation of \$10 million by the main donor and two more extensions of the PRRO until the end of July 2016.
15. **Coverage** and acceptability of GFD has been high for those refugees registered in camps. Coverage figures for MAM treatment were not available, but Blanket Supplementary Feeding (BSF) coverage was relatively high in the camps at more than 70 percent, whereas it was less than 40 percent in the host communities. Coverage was limited for FFA, SF and nutrition since these component activities had all been suspended from mid-2014 due to lack of funding.
16. The **effectiveness** of the PRRO has been difficult to evaluate in the absence of sufficient credible monitoring data. The ET discovered many gaps and inaccuracies in data included in Standard Programme Reports (SPR). Acceptance of GFD by refugees has been relatively high with 73 percent of the planned tonnage of commodities has been delivered. However, few outcome targets have been met and, although the ET has questions about the validity of the result, only 20-30 percent of households with an acceptable Food Consumption Score (FCS)<sup>29</sup> is an indicator of low effectiveness and impact. Reports from refugees that 20-40 percent of rations were sold, mainly to purchase other food items, is also an indicator of reduced effectiveness and alternative transfer mechanisms are needed.

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<sup>27</sup> <https://www.usaid.gov/what-we-do/agriculture-and-food-security/food-assistance/programs/emergency-programs/types-emergency>

<sup>28</sup> <https://www.wfp.org/stories/wfp-response-ebola>

<sup>29</sup> 2014 and 2015 SPR data

17. Inadequate control measures that were not addressed until mid-2015 may have resulted in leakages of commodities. While continuation of GFD appears to have helped maintain nutritional status of camp populations at levels comparable to surrounding communities, there are signs that it has increased dependency which will make the phase out process more challenging in the medium to long term. The effectiveness of Nutrition, SF and FFA component activities was limited by their relatively short intervention periods; by mid-2014 all activities apart from GFD had been suspended due to funding limitations. SF was only implemented during one academic year and its effects on enrolment were inconclusive. Nutrition outcomes were marginal, although the Stunting Prevention Programme (SPP) in camps supported by WFP and UNHCR was seen as having good potential to prevent stunting and acute malnutrition if it could have been supported for a longer period.
18. FFA activities were found to help cement relationships between refugees and the host population and relieved some of the burden imposed by the presence of refugees. Some FFA activities were found to have contributed to increased resilience of beneficiary communities by, for example, improved access to markets and health centres.
19. The operation's results have been affected by several **internal factors**, including i) a lack of oversight and quality assurance of monitoring and poor data management, ii) lack of a coherent intervention or exit strategies, iii) weak nutritional technical capacity within the CO, iv) gaps in commodity management and control systems, v) staff turnover and lack of synergies between different programme components.
20. From mid-2014 until the end of 2015 both the CO and the RB focused primarily on the Ebola response. The RB supported the CO with a number of deployments to support the response to the Ebola crisis and capacity building opportunities designed to strengthen the capacities of CO staff, though the ET could find no evidence that such opportunities were used to help the CO address the serious gaps observed in the PRRO.
21. **External factors** influencing the results of the PRRO include the rate of voluntary repatriation, the impact of the Ebola crisis, a strong coordination between WFP, UNHCR and LRRRC, the challenges faced by UNHCR with registration numbers that were used as the basis for GFD. In addition, the decrease of foreign aid to Liberia is a trend, temporarily reversed by the Ebola crisis which has also affected the PRRO results.

### *Conclusion*

22. PRRO has prioritised GFD in camps and this appears to have reduced **the cost effectiveness and sustainability** of the PRRO. A transition strategy that phases out GFD and promotes self-sufficiency of Ivorian refugees would be more beneficial in the medium to long term. The ET found only a few examples of projects that created sustainable impacts for the host communities.
23. The main donor carried out an assessment on both sides of the border during early 2016 and the results are largely consistent findings from this evaluation. This implies that fund raising will be challenging unless the CO can provide a viable phase-out plan based on a credible livelihood options assessment.

## **Summary of Recommendations**

24. The evaluation recommendations are mainly targeted at the CO, but indicate where support is required from the RB. The ET concludes the main recommendation from this evaluation is that a livelihood options assessment should inform the phase out of the PRRO. The ET finds that the current assistance model is neither sustainable nor cost effective and, while continuing to promote voluntary repatriation as the preferred durable solution, should move to a refugee self-reliance model. Relevant recommendations, along with the recommendation to improve monitoring and information management systems, have been given immediate priority.

### **Immediate priority (1-2 months)**

**RECOMMENDATION 1:** In consultation with UNHCR, LRRRC and donor(s), and with necessary support from the WFP Regional Bureau, WFP Liberia should immediately commission an in-depth livelihood options assessment of refugees in both camp and host communities to determine appropriate approaches and interventions as a first step in phasing out the PRRO.

**RECOMMENDATION 2:** In consultation with UNHCR, LRRRC, donor(s), other partners and with necessary support from the WFP Regional Bureau, WFP Liberia should use a livelihood options assessment to draft an operational plan to ensure a smooth phase out of the PRRO that reduces risks of negative coping strategies.

**RECOMMENDATION 3:** The CO and their partners, should support vulnerable groups during the phase out of the PRRO by advocating for and supporting the establishment of synergies' with other government and partners' programmes.

### **Medium-term priority (3-6 months)**

**RECOMMENDATION 4:** The CO, with support from the RB, should ensure monitoring, information management, reporting and quality assurance systems are improved to meet WFP Minimum Monitoring Requirements.

**RECOMMENDATION 5:** The CO, with the support or advice from RB and UNHCR, should clarify and define WFP's role in protection in line with WFP's 2014-2017 Strategic Plan and ensure this is adequately understood and put into practice by CO staff.

### **Longer-term priority (6-12 months)**

**RECOMMENDATION 6:** In future programmes, if GAM rates are below minimum thresholds, the CO should prioritize prevention of undernutrition, notably stunting prevention, to promote increased resilience.

**RECOMMENDATION 7:** The CO should improve accountability to affected populations (AAP) by taking measures to improve transparency, participation and complaints/feedback systems.

**RECOMMENDATION 8:** The CO, with support from the RB, should apply relevant learning from the PRRO experience and to help address gender sensitivity gaps within the country programme to improve staff capacity and results.

# 1 Introduction

## 1.1. Evaluation Features

1. In consultation with the WFP CO in Liberia, the RB selected PRRO 200550 “Food Assistance for Refugees and Vulnerable Host Populations” to be the subject of an independent evaluation from a shortlist of operations selected on the basis of utility and risk criteria developed by the WFP OEV. This evaluation was timed to ensure that findings can feed into future decisions on programme implementation and/or design.
2. The evaluation served the dual and mutually reinforcing objectives of accountability and learning:
  - **Accountability:** The evaluation sought to assess and report on the performance and results of the operation that will inform the subsequent management response by WFP.
  - **Learning:** The evaluation also sought to determine why certain results occurred, or not, so as to draw lessons, extract good practices and pointers for learning. Based on available data, it sought to provide evidence-based findings to inform operational and strategic decision-making. This objective is also related to the RB’s interest in using the evaluation findings to apply relevant learning to other WFP offices in the region.
3. A primary expectation of the CO was that findings from this evaluation would inform the planned extension of the current PRRO beyond April 2016, notably transition planning for refugees from Cote d’Ivoire in Liberia who do not wish to return and require an alternative durable solution. The RB was interested in any lessons emerging from this evaluation that can be usefully applied to chronic refugee contexts elsewhere in the West Africa region.
4. The evaluation was conducted in three distinct phases in early 2016; Inception Phase (January 14-February 24), evaluation mission (February 28 – March 18)<sup>30</sup>, additional data gathering and reporting phase (March 21-May 31).
5. The evaluation has assessed all four component activities of the PRRO 200550: General Food Distribution (GFD), School Feeding (SF), Food for Assets (FFA) and a number of nutrition interventions.<sup>31</sup> The period covered by this evaluation captures the time from the development of the operation (January-June 2013) and the period from the beginning of the operation until the end of the current evaluation process (July 2013-May 2016).
6. The main users of the evaluation results are expected to be the WFP CO, their cooperating partners (CP), UNHCR, various government authorities,<sup>32</sup> Non-Government Organisations (NGO)<sup>33</sup> and WFP’s RB and the OEV.

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<sup>30</sup> See Annex 2 for the mission itinerary.

<sup>31</sup> The nutrition interventions are: Targeted supplementary feeding for children aged 6-59 months with MAM living in host communities (both host population and refugees residing in host communities), in collaboration with Ministry of Health; and Stunting Prevention (in both, host communities and refugee camps) including Blanket supplementary feeding for children aged 6-23 months and pregnant lactating women.

<sup>32</sup> The Liberia Refugee Repatriation and Resettlement Commission (LRRRC), Ministry of Health and Social Welfare (MOHSW) and the Ministry of Education (MOE).

<sup>33</sup> NGO partners were phased out of the PRRO at the end of 2015 and LRRRC took over responsibilities for GFD. Those involved in the PRRO in the past include Agricultural Relief Service, Save the Children, AHA, CARE, Caritas Palmas, Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), International Rescue Committee (IRC) and SEARCH.

7. The evaluation was designed to answer the questions defined in the Terms of Reference (Annex 1) while using the OECD-DAC evaluation criteria of relevance, coherence (internal and external), coverage, efficiency, effectiveness, impact and sustainability.<sup>34</sup> Specific consideration was given to gender and equity issues.
8. The three main evaluation questions are:
  - How appropriate is the operation?
  - What were the results of the operation?
  - Why and how the operation has produced the observed results?
9. The Evaluation Team (ET) was gender balanced. It consisted of a core team composed of four members; a team leader, with a background in refugee contexts, gender and international humanitarian law, a Liberian national specialist in food security and livelihoods, a nutrition specialist and a data analyst. The team was also supported by an international evaluator with expertise on WFP Operations Evaluations and by an Evaluation Manager from KonTerra. The Evaluation Manager was responsible for quality assurance using WFP's Evaluation Quality Assurance System (EQAS) standards for Operations Evaluation.

#### Evaluation methodology<sup>35</sup>

10. The evaluation methodology relied upon a mixed methods approach, including a desk review of secondary data and qualitative data collection during key informant interviews in person or by phone/Skype and observations during the field visit to Liberia during March 1-18, 2016.
11. Detailed sub-questions for each main question in the Terms of Reference (TOR)<sup>36</sup> were used to develop an evaluation matrix (Annex 3) to facilitate the collection, organisation and analysis of data collected from key informant interviews, Focus Group Discussions (FGD), a review of secondary data and observations during the field visit. A rapid assessment tool (Annex 5) was also used to assess during FGD the degree to which WFP and their partners had respected three core aspects in the framework for Accountability to Affected Populations (AAP); namely information-sharing, participation and complaints/feedback commitments.<sup>37</sup>
12. The ET spent the first half of their field visit to Liberia visiting the three remaining refugee camps and ten nearby communities outside camps hosting refugees.<sup>38</sup> Visits to host communities allowed the ET to conduct a comparative analysis of the status of refugees living inside and outside of the camps, collect perspectives from host community members on activities of WFP and their partners and understand the range of coping strategies of refugees living in host communities without assistance. FFA and nutrition activities were also assessed in the host communities.
13. During site visits the team held key informant interviews and FGD with representatives of refugees, host communities, local officials and staff of WFP Sub-Offices, UNHCR, NGOs and Community-Based Organisations (CBO) with

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<sup>34</sup> The DAC Principles for the Evaluation of Development Assistance, OECD (1991), Glossary of Terms Used in Evaluation, in 'Methods and Procedures in Aid Evaluation', OECD (1986), and the Glossary of Evaluation and Results Based Management (RBM) Terms, OECD (2000)

<sup>35</sup> See Annex 2 for additional information about the methodology.

<sup>36</sup> Annex 1

<sup>37</sup> In line with WFP's 2012 Protection Policy.

<sup>38</sup> The itinerary for the field visit can be seen in Annex 6.

the aim of providing a broad perspective of the range of operational component activities. The methodology was gender sensitive and the team paid special attention at ensuring that the views and opinions of the most vulnerable, especially girls and women were adequately captured and incorporated in the analysis. Interviews were carried out in accordance with 2008 Ethical Guidelines for Evaluation of the United Nations Evaluation Group (UNEG), notably to ensure that key informants understood that their participation was voluntary and that confidentiality would be respected. In addition, steps were taken to ensure that men, women, boys and girls felt they were in a safe space where they were able to freely express their views and concerns without fear of reprisal.

14. A total of 370 persons were interviewed. This number included 48 refugees and 65 Liberian nationals in 10 host communities (69 men, 44 women) in 19 FGD and 189 refugees in 26 FGD in three refugee camps (82 men, 107 women) were interviewed. FGD in camps were separated by category; refugee leadership, distribution committees, nutrition beneficiaries, disabled, teachers, students, parents and cooks. The list of key informants can be seen in Annex 15.
15. Although the evaluation covered all activities implemented under the PRRO 200550 since July 2013, there was a greater focus on GFD as that is the only activity still being implemented as per BR4.

#### Limitations of the evaluation

16. The evaluation mission faced several constraints, some of them significant.
  - The main challenge was that the CO database did not contain sufficient or reliable data to provide the required evidence for this evaluation. This constraint was already identified during the inception phase with the result that it was not feasible to finalise the sampling strategy until after arrival of the ET in Liberia. The lack of data became increasingly evident during the field visit, and resulted in incomplete data analysis for some areas of this evaluation.<sup>39</sup>
  - A second challenge was high staff turnover in the CO, resulting in loss of institutional memory. Similarly, some key PRRO staff were no longer present in country, and unavailable for interview through other means. This included the former Monitoring and Evaluation (M&E) focal point for the CO.
  - At the time of the evaluation, only the GFD component was being implemented as all other activities had been phased out by mid-2014. Involvement of NGO CPs in GFD was also phased out by the end of 2015 when GFD responsibilities were handed over to LRRRC. Although the team managed to interview some staff who had been involved with the PRRO in 2013 and 2014, very few still had access to relevant files. These constraints have resulted in a heavy reliance on the recall of FGD participants. Where possible, the FGD data was then triangulated/validated within the team and with various stakeholders. Following the field visit, the CO made continuous efforts to fill data gaps.
  - Despite the attempts by the ET and CO staff to fill the gaps in the available data, the evaluation team (ET) is not confident in the evidence related to the 2013-2014 period. However, the ET is confident that the 2015 data is sufficient to

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<sup>39</sup> Similar limitations due to gaps in WFP Liberia's reporting and data were highlighted during an inspection of the EMOP commissioned by the CO during 2014 after one of the donors (DFID) had noticed serious deficits in amounts of food to be procured and delivered.

enable robust conclusions and recommendations for 2015-2016.

- In 2014, the CO revised the project's logical framework to reflect WFP corporate Strategic Plan and Strategic Results Framework (SRF) for the period 2014-2017. This meant it has been difficult to track some indicators across the whole PRRO duration.

## **1.2. Country Context**

### Overall context

17. Liberia is located in West Africa and borders Guinea, Sierra Leone, Cote and to the south lies the Atlantic Ocean. The country is inhabited by sixteen (16) different ethnic groups divided into three distinct linguistic groups; the Kru, Mende and Mel.
18. Until the deployment of a peacekeeping mission in 2003 as part of the United Nations Mission in Liberia (UNMIL), Liberia was subjected to chronic conflict, at times turning violent causing widespread displacement (including Liberian refugees fleeing to western Cote d'Ivoire). Liberia held two generally peaceful general elections in 2005 and 2011 and, during 2006-2013, Liberia saw an average annual Gross Domestic Product (GDP) growth rate of 7.6 percent. Despite the progress achieved, many challenges remain. In 2015 Liberia ranked 177<sup>nd</sup> out of 188 countries in the Human Development Index (HDI),<sup>40</sup> with an estimated 83.8 percent of Liberians living below the poverty line.<sup>41</sup>
19. The period of relatively stability after 2003 resulted in increased donor interest in Liberia. During 2003 - 2012 the country received some US\$ 5.1 billion in aid and many international Non-Government Organisations (NGO) established offices.<sup>42</sup> However, after 2012, foreign aid began a decline until the Ebola outbreak in 2014 temporarily reversed the aid flow.
20. Liberia was one of three countries directly affected by the Ebola outbreak, and it has had a significant, and enduring, impact on all aspects of society. The first two cases of Ebola were confirmed in Liberia on 30 March 2014 and, when the epidemic in Liberia was declared over in May 2015, a total of 10,666 infections had been reported, of which 4,806 died.<sup>43</sup> National elections were cancelled. Projected GDP growth of 5.9 percent for 2014 was revised downwards to a mere 0.7 percent.<sup>44</sup> Resources were shifted from national development priorities in order to respond to the outbreak. Road construction projects and schools were closed for most of the academic year.<sup>45</sup> Additional details of the impact of the Ebola crisis can be seen in Annex 8.

### Refugees in Liberia

21. The origin of the current refugee crisis in Côte d'Ivoire can be traced to power struggles, ethnic conflicts and targeted killings of civilians in the wake of Felix Houphouët-Boigny's death in 1993 after 33 years in power. The initial influx of Ivoirians into Liberia was in 2002 and by February 2007, UNHCR had registered 39,784 refugees, mostly living with host communities. A further refugee influx followed a contested presidential election in 2010, and UNHCR estimated that

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<sup>40</sup> <http://hdr.undp.org/en/countries/profiles/LBR>

<sup>41</sup> Population living below income poverty line, PPP \$1.25 a day <http://hdr.undp.org/en/countries/profiles/LBR>

<sup>42</sup> [http://www.huffingtonpost.com/blair-glencorse/a-decade-of-aid-dependence\\_b\\_3792141.html](http://www.huffingtonpost.com/blair-glencorse/a-decade-of-aid-dependence_b_3792141.html)

<sup>43</sup> WHO Ebola situation report 6 May 2015

<sup>44</sup> <http://data.worldbank.org/country/liberia>

<sup>45</sup> [http://www.unicef.org/media/media\\_79814.html](http://www.unicef.org/media/media_79814.html)



more than 220,000 refugees entered Liberia from Cote d'Ivoire. By the end of 2012, UNHCR had registered 65,600 refugees,<sup>46</sup> most of whom settled in six refugee camps and 16 designated relocation communities.

22. As the situation stabilised in Cote d'Ivoire, large numbers of refugees returned, mostly spontaneously. At the end of February 2016, 28,818 registered refugees from Côte d'Ivoire remained in Liberia. Voluntary repatriation continues to be the preferred durable solution and, apart from a suspension of assisted voluntary repatriation during July 2014-November 2015 due to the Ebola outbreak, the refugee population continues to decrease.
23. The Government of Liberia provides a relatively conducive environment for refugee protection and assistance. Refugees were immediately granted *prima facie* refugee status and accommodated in some 70 host communities in the four border counties of Nimba, Grand Gedeh, River Gee and Maryland. Refugees are allowed to work, move freely throughout Liberia and most have access to land for farming.<sup>47</sup> Sites for refugee camps were intentionally selected by the government so as to provide access to land for farming, although not all of it is fertile.

### Food security and livelihoods

24. FAO has classified Liberia as a low-income, food-deficit country, ranking it 174 out of 187 countries.<sup>48</sup> Agriculture accounts for 70 per cent of the workforce and more than 60 per cent of GDP, but small-scale farmers are amongst the poorest people in Liberia. The agricultural sector faces major challenges in the form of low yields due to poor access to farming technologies, poor access to inputs and markets, inadequate rural road infrastructure, limited smallholder participation in value chains, inadequate extension and limited institutional capacity of farmers' organizations. Around 20 percent of households in Liberia are food insecure and in some rural areas food insecurity is as high as 55 percent.<sup>49</sup>
25. Results from the 2012 JAM indicated that approximately 15 percent of refugees in camps relied only on food assistance and the remainder were able to supplement their ration with wage labour, small trading activities and farming. The 2012 JAM<sup>50</sup> estimated that refugees sell approximately 20 percent of their rations to purchase vegetables, meat, fish and condiments.<sup>51</sup> The JAM in November 2014 looked at the likely effects of Ebola on the food security situation of refugees in camps and recommended that Ebola prevention activities be continued, GFD and support to PLW be resumed, backyard gardening be promoted and the situation be re-evaluated within 6-12 months.<sup>52</sup> Despite repeated recommendations<sup>53</sup> that the CO carry out in-depth livelihood options assessments to provide the basis of an appropriate food assistance strategy, these were never carried out.

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<sup>46</sup> <https://www.foreignaffairs.com/articles/cote-dlvoire/2015-10-22/votes-and-hope-c-te-d-ivoire>

<sup>47</sup> 2012 and 2014 JAM reports and FDG discussions and interviews with the evaluation team

<sup>48</sup> <https://www.wfp.org/countries/liberia>

<sup>49</sup> <https://www.wfp.org/countries/liberia>

<sup>50</sup> WFP & UNHCR Joint Assessment Mission: Ivorian refugee's operation in Liberia. February 2013.

<sup>51</sup> FDG discussions during this evaluation suggested a higher average percentage was being sold (20-40%).

<sup>52</sup> In June 2015 the Food Security Cluster, led by WFP, carried out a nationwide Emergency Food Security Assessment after the Ebola crisis had ended which found that food insecurity affected about 16 percent of the population. Since markets were severely affected and food prices rose due to scarcity during the crisis it was feared that there could be longer-term effects.

<sup>53</sup> In-depth livelihood options assessments were recommended following WFP's initial rapid emergency assessment in 2011 and the 2012 JAM, but these were never carried out.

## Nutrition

26. In Liberia, Global Acute Malnutrition (GAM) is within acceptable levels (2.8 percent),<sup>54</sup> without marked differences between counties. Stunting rates have reduced from 'critical' levels to 'serious' according to World Health Organization (WHO) classification (from 42 percent in 2010 to 36 percent in 2013<sup>55</sup>). However, six of Liberia's fifteen counties, mostly in the south and east (bordering Cote d'Ivoire), continue to show critical levels, peaking at 49 percent Grand Gedeh and 46 percent in Grand Bassa, River Gee and Nimba (Figure 16).
27. According to the Standardised Expanded Nutrition Surveys (SENS) carried out in refugee camps since 2013, refugees in South-Eastern Liberia camps are in a similar nutrition situation as host communities. Acute malnutrition among refugees in camps has remained within acceptable levels as defined by WHO; 3.8 percent wasted children aged 6-59 months by 2015.<sup>56</sup> Chronic malnutrition has remained stagnant at critical levels all along the whole lifecycle of the operation (44.6 percent in 2015),<sup>57</sup> prevalence of anaemia among children 6-59 months has decreased from 78 percent (2013) to 67 percent (2015).<sup>58</sup>
28. Overall stunting prevalence in Cote d'Ivoire is 30 percent<sup>59</sup> and anaemia prevalence is 75 percent and 54 percent among children 6-59 months and women of child bearing age, respectively. Compared to this data, the stunting prevalence in the refugee camps in Liberia is higher, which could be partly explained by the socio-demographic conditions in places of origin of refugees from Cote d'Ivoire.<sup>60</sup>

## Education

29. Education remains a major challenge for Liberia, including lack of qualified teachers, instructional materials and infrastructures. Since 2003, the net enrollment ratio (NER) has steadily increased, with a 12 percentage point increase from 2007 to 2013, though this has not been sufficient to reach the goal of universal primary education by 2015.<sup>61</sup> The gross enrolment ratio at primary school level in 2014 for both male and females was 96 percent.<sup>62</sup> At primary level the ratio of male to female enrolment is virtually equal, but for secondary levels there is a pattern of girls dropping out from school due to early marriage in rural settlements or early pregnancy in urban and semi-urban areas.<sup>63</sup>
30. Refugee schools operate in the three camps still operating in Nimba, Grand Gedeh and Maryland counties. Education support has been provided by different stakeholders including United Nations Children's Fund (UNICEF) and the African Development Corps (ADC). During the 2013 academic year it was estimated that an average of 10,000 Ivorian refugee children were enrolled in schools within the camps.<sup>64</sup> The total number of refugee children enrolled does

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<sup>54</sup> Comprehensive Food Security and Nutrition Survey (CFSNS) 2013

<sup>55</sup> CFSNS 2010 and 2013.

<sup>56</sup> Stunting prevalence of 49% in Grand Gedeh, 46% in River Gee and Nimba, and 40% in Maryland counties.

<sup>57</sup> Standardized Expanded Nutrition Survey (SENS) 2015. UNHCR, WFP.

<sup>58</sup> As it is discussed in SENS report, this might have been contributed by the implementation, in July 2014, of BSF programme for children aged 6-23 months. This was also backed by a blanket distribution of Nutributter® to the same age group that still was in place during the survey.

<sup>59</sup> Enquête Démographique et de Santé et à Indicateurs Multiples, 2011-2012. Cote D'Ivoire.

<sup>60</sup> Stunting in rural areas is higher compared to urban areas (Cote D'Ivoire: urban 20.5% and rural 34.9%). Stunting among lower wealth quintiles ranks from 36% to 39%.

<sup>61</sup> Ministry of Education

<sup>62</sup> World development indicators, World Bank data/Liberia

<sup>63</sup> Liberia Demographic and Health Survey, 2013

<sup>64</sup> World development indicators, World Bank data/Liberia

not include children attending local Liberian schools.<sup>65</sup> Drop out trends in refugee camps are similar to Liberian schools, with the dropout rate for girls increasing as they progress to upper classes, which was attributed during FGD mainly to teen pregnancies and early marriage.

## Gender

31. Liberia has a Gender Inequality Index (GII) value of 0.651, ranking it 146 out of 155 countries in the 2014 index.<sup>66</sup> The UNDAF for Liberia for 2013-2017 has recognized that gender equality and women's empowerment is a United Nations (UN) mandate, a goal of the Government of Liberia and a programming principle for development assistance within the One Programme.<sup>67</sup> At the same time, it is recognised that significant improvements are needed to realise the vision that has been set.
32. Women comprise 54 percent of the labour force in both the formal and informal sectors. In agriculture they constitute the majority of smallholder producers and produce some 60 percent of agricultural products and are responsible for around 80 percent of trading activities in the rural areas. Even so, women remain at a disadvantage since 90 percent of their employment is in the informal sector or in agriculture. Illiteracy rates among women aged 15 to 49 are 60 percent, double the rates for men.<sup>68</sup> Undernutrition among women of productive age is significant (7 percent in 2012), and the prevalence is greatest in the age group 15-19 year old women (15 percent), a worrying trend in Liberia where teenage pregnancy is common. Local perceptions and cultures have limited access of women to economic activities in Liberia and they have been mainly engaged in low earning employment. This is due in part to household decision making processes, where male education is prioritised.
33. Since the end of the civil conflict, Liberia has made significant progress in curbing sexual and gender based violence (SGBV). A rape law was passed in 2008 and the Government has established a criminal court specialising in SGBV cases along with community referral systems.<sup>69</sup> Despite these efforts, SGBV remains a major challenge that affects both Liberian and refugee population. Towards the beginning of the current crisis in 2011 Human Rights Watch report found that lack of adequate access to food and shelter contributed both to violence against refugee women and girls in Liberia and in survival sex.<sup>70</sup> UNHCR assessments continue to raise SGBV, early marriage and teenage pregnancies as issues that need to be addressed.<sup>71</sup>

### **1.3. Operation Overview**

34. The PRRO 200550 was designed to complement WFP Liberia's ongoing Country Programme 200395 (2013–2017), which aims to reduce chronic food insecurity, strengthen social safety nets, and develop national capacity for sustainable

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<sup>65</sup> On the other hand, the 10,000 number is inflated by the fact that a number of children who are in school in Cote d'Ivoire are still registered in camps as a family unit.

<sup>66</sup> [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/LBR.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/LBR.pdf)

<sup>67</sup> <http://www.unliberia.org/doc/undaf20132017.pdf>

<sup>68</sup> United Nations (2013) United Nations Development Assistance Framework 2013-2017 for Liberia <http://www.unliberia.org/doc/undaf20132017.pdf>

<sup>69</sup> United Nations (2013) *ibid*

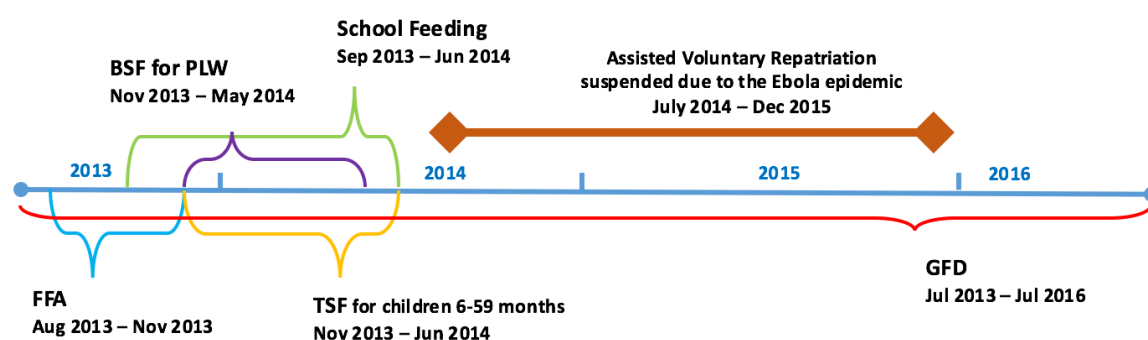
<sup>70</sup> <https://www.hrw.org/news/2011/04/20/liberia-protect-refugees-against-sexual-abuse>

<sup>71</sup> UNHCR (2015) Age Gender And Diversity Based Participatory Assessment Report, Liberia. November 2015

management of safety-net programmes, focusing on school feeding, nutrition support and FFA.

35. PRRO 200550 was preceded by EMOP 200225, initially for a six-month period during February 1 to July 31, 2011, but later extended until June 30, 2013. PRRO 200550 was launched in July 2013 in recognition of the relatively stable context, which allowed for medium-range planning while offering opportunities for implementing longer-term activities. The timing coincided with the Government of Liberia providing registered refugees with a choice of moving into camps, where they would continue to be eligible for food and other assistance, or remain in host communities where they would need to be self-sustaining.
36. PRRO 200550 was approved to cover a two-year period from 1 July 2013 to 30 June 2015 that initially planned to provide 23,859 MT to 90,000 refugees. Five budget revisions have been approved since 2013 to accommodate revised cost-sharing arrangements, adjustments in commodities, reductions in beneficiary numbers and time extensions. BR5 extended the PRRO for 30,000 refugees for a further three months until 31 July 2016.
37. The PRRO originally included four activities: (1) GFD for refugees in camps; (2) SF in all primary schools (including pre-schools) in the refugee camps for refugee and host community children; (3) Nutrition interventions: Targeted supplementary feeding (TSF) for children aged 6-59 months with MAM living in host communities,<sup>72</sup> in collaboration with Ministry of Health; BSF for children aged 6-23 months and pregnant and lactating women; and (4) Food for Assets (FFA) for refugees and host populations during the lean season.
38. It was initially planned that all four activities would continue until June 2015. However, lack of funding resulted in most activities, except for GFD, being implemented for only a few months (Figure 13). Border closures to prevent the spread of Ebola put a stop to voluntary repatriation in July 2014 and the main donor agreed to an additional allocation of \$10 million to sustain food security amongst refugees until voluntary repatriation could be resumed. BR4 and BR5 extended the PRRO for an additional 10 and 3 months respectively for 30,000 refugees.

**Figure 13: Timeline of Activities | PRRO 200550 (BR5)**



<sup>72</sup> MAM treatment targets both host population and refugees residing in host communities

## **2 Evaluation Findings**

### **2.1. Appropriateness of the Operation**

39. This section examines the extent to which PRRO objectives, targeting, choice of activities and transfer modalities were appropriate to the needs of refugee and vulnerable populations.<sup>73</sup> It also analyses the coherence of the design with relevant WFP and other UN policies,<sup>74</sup> and Government of Liberia policies and strategies. It looks at the extent to which the project was based on a relevant context analysis and complemented interventions of humanitarian and development partners in Liberia. The ET also looked at how gender equality and women empowerment (GEWE) objectives and mainstreaming principles were included in the intervention design in line with third Millennium Development Goal (MDG) to promote gender equality and empower women.
40. The PRRO targeted refugees living in official camps in line with the government's decision in 2012. In 2013 at the start of the PRRO, WFP supported refugees in four official camps however as the camp populations decreased due to voluntary repatriate, Solo camp was closed in early 2014. Since then WFP supported refugees in three camps: Bahn, PTP and Little Weibo (Figure 12).
41. In addition to camp locations, WFP targeted the surrounding host communities. The ET found the selection of host communities to be appropriate as evidence suggests that the host community's resources were stretched to cope with influx of refugees, and therefore needed support.<sup>75</sup>
42. The design of the PRRO was primarily based on the 2012 JAM.<sup>76</sup> The JAM included assessment of health, nutrition, protection, education, non-food items, livelihood opportunities, and partnership, in order to provide a comprehensive insight into the status of refugees.

#### **2.1.1. Appropriateness to needs**

##### General Food Distribution

43. One of the key findings of the 2012 JAM was that 60 percent of the camp population relied on WFP (and UNHCR) assistance as their main source of food with 15 percent exclusively dependent on this external food assistance.<sup>77</sup> Refugees also reported exchanging or selling 20 percent of rations to obtain fresh vegetables, fish and condiments. It found that 38 percent of refugees in camps did not have an adequate balanced diet and were vulnerable to economic and environmental shocks. Food purchase represented the primary expenditure of refugee households (66 percent), with refugees in camps spending 73 percent.
44. Results from FGD during this evaluation were largely consistent with these findings, although refugees reported 20-40 percent of food being sold, mainly to purchase fresh vegetables and fish or meat, while noting the percentages sold were lower when there was a reduction in the full ration. This level of selling can

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<sup>73</sup> This include taking account of the distinct needs of women, men, boys and girls.

<sup>74</sup> Relevant WFP Policies include: School Feeding Policy, Gender Policy, Nutrition Policy, WFP role in humanitarian system and Humanitarian Protection Policy.

<sup>75</sup> WFP & UNHCR (2013) Joint Assessment Mission Ivorian Refugees Operation in Liberia - Field Mission/Data Collection, November 2012. (page 16, para 2)

<sup>76</sup> WFP & UNHCR (2013) Joint Assessment Mission Ivorian Refugees Operation in Liberia - Field Mission/Data Collection, November 2012. The JAM surveyed approximately 90 refugee households in four camps (Little Weebo, PTP, Solo and Bahn) and five host communities.

<sup>77</sup> Ibid.

be seen as an indicator that other intervention strategies, such as cash transfers, may be more appropriate.

45. In 2011, a WFP rapid emergency assessment<sup>78</sup> recommended that food assistance be provided to refugees as an interim measure and that LRRRC, UNHCR and WFP carry out an in-depth assessment with a view to adjusting the CO's food response strategy. It also recommended that there be due consideration of cash transfer options for the provision of assistance. The 2012 JAM also provided guidance on food assistance targeting options based on the assumption that GFD would transform into a food assistance approach. The key recommendations of the 2012 JAM<sup>79</sup> were:
- *Continue general food distributions in all Ivorian refugees' camps for at least another six months. After this time, continuation should be re-evaluated based on a livelihood opportunities assessment; and*
  - *Conduct a livelihood opportunities assessment in camps and host communities during the second quarter of 2013 to identify activities to enhance self-reliance and income generation.*
46. The ET found no evidence that these recommendations were taken into account during the design of the PRRO. The ET thus finds that although the PRRO design was appropriate during the first few months, its appropriateness has diminished over time due to the lack of understanding of refugee's livelihood options. Alternative assistance strategies, more appropriate to the operating context and beneficiary profile would have been more appropriate, and potentially facilitated a transition to phase out in-kind food assistance.

### School Feeding

47. The 2012 JAM found that SF had the potential to mitigate some of the problems of low school attendance and retention. SF was also identified as crucial to improve attendance rates through reducing food insecurity related barriers to children going to school.<sup>80</sup>
48. While the ET found it appropriate to include SF in the PRRO, the design did not consider the specific needs of girls, or of other vulnerable populations. To better meet these needs, the SF component could have considered including take-home rations for girls as a means of minimizing drop outs and encouraging more girl's enrolment. To reduce the burden on parents and teachers who had to pay for vegetables and other condiments, the SF component could have integrated school gardening, which serves multiple purposes: nutrition, reducing the need for parental contributions, and provide opportunities for students to learn and gain new skills. These approaches are aligned with the WFP CP.

### Food for Assets

49. The Project Document (PD) for the PRRO states that FFA activities would prioritize refugee-hosting households headed by pregnant and lactating women, orphans, elderly people and people who lost substantial assets as a result of the conflict. Evaluation interviews with CPs indicated that specific selection criteria had been used, but the ET was not provided with requested documentation.

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<sup>78</sup> WFP (2011) Initial Refugee Assessment: Liberia Ivorian refugee influx and food security. January 2011.

<sup>79</sup> WFP & UNHCR (2013) Joint Assessment Mission Ivorian Refugees Operation in Liberia - Field Mission/Data Collection, November 2012 (page 12) Phrases have been underlined for emphasis.

<sup>80</sup> JAM 2014

WFP field staff who were present at the beginning of the PRRO said they were unaware of any criteria and that FFA activities were based on community requests. WFP staff were similarly unaware of any selection criteria for FFA activities related to the Ebola EMOP. That ET found the combination of a lack of selection criteria linked to FFA objectives, absence of a livelihood options assessment and lack of outcome monitoring resulted in an *ad hoc* approach that undermined the relevance and effectiveness of activities.

50. The lack of relevant assessment data also meant that it was not feasible to “...to adjust the food ration or further integrate/increase links to FFA based on livelihood assessments...” as foreseen in the PD. Instead, adjustments to the food rations were based on availability of funding or commodities.

### Nutrition

51. Nutrition activities included in the PRRO design were 1) treatment of MAM through TSF in refugee and resident children 6-59 months living in host communities during the first year with progressive hand over to the Ministry of Health and Social Welfare (MoHSW) in the second year, and 2) SPP using a blanket distribution approach for children 6-23 months and PLW living in host communities as well as camps. It was planned that these would be complemented with Behaviour Change Communication (BCC) activities for the duration of the PRRO. WFP also planned to strengthen MoHSW capacities through technical support and training.
52. WFP has been implementing TSF activities in targeted counties in 38 health facilities since 2008<sup>81</sup>. However, treatment of MAM through TSF is considered a relevant intervention when GAM rates among children 6-59 months exceeds 10 percent, or exceeds 5-9 percent if aggravating factors exist.<sup>82</sup> GAM prevalence in both resident and refugee populations was very low whereas stunting and anaemia was well above critical levels (see Annex 13). There was also no evidence of aggravating factors when the PRRO was launched. Instead, the situation is chronic, with high prevalence of diseases and food insecurity and suboptimal Infant and Young Child Feeding (IYCF) practices. The ET considers that TSF was therefore not an appropriate choice of intervention. A preventative approach to MAM would have been more appropriate,<sup>83</sup> or implementing a SPP would have also been an appropriate option, in order to address both conditions simultaneously.<sup>84</sup>
53. The CO originally planned to implement a SPP<sup>85</sup> that included BSF targeted to children under 2 years and PLW to help break the intergenerational malnutrition cycle. However, although this design was appropriate, it has not been implemented due to resource constraints and later reservations by the CO whether it would be achievable in an evolving context.<sup>86</sup> Although the decision

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<sup>81</sup> KII with county nutrition supervisors in Nimba, Grand Gedeh and Maryland.

<sup>82</sup> These include increased food insecurity, child mortality rate higher than 1/10,000/day; presence of epidemics and high prevalence of respiratory or diarrhoeal diseases.

<sup>83</sup> MAM decision tool; 2014. Global Nutrition Cluster. MAM Task Force

<sup>84</sup> A comprehensive stunting prevention or preventative interventions for acute malnutrition both use the same blanket distribution approach. This includes BCC activities to promote IYCF and hygiene good practices.

<sup>85</sup> Planned in close coordination with UNHCR and UNICEF

<sup>86</sup> Source BR4 (July 2015): a coherent response to stunting requires long term commitment of a wide range of actors delivering complementary nutrition-specific and nutrition sensitive interventions in a coordinated manner, conditions that are not currently applicable with the PRRO.



to suspend SPP for host communities was appropriate at the time,<sup>87</sup> the suspension in camps was not, since camps provide a conducive environment to achieve successful outcomes with partners working in different sectors. There is also access to a well-functioning team of community health workers (CHW) facilitating regular BCC sessions on different topics through contact points at health facilities, home visits, community sessions and mother's groups. UNHCR launched the SPP in July 2014 amidst high acceptability from recipients until it was suspended in November 2015 due to funding shortfalls.

54. WFP provided Plumpy'Sup to all children enrolled in TSF government health facilities within the host communities, and super-cereal with oil to PLW through BSF in camps; BSF to children 6-23 months aimed to provide Plumpy Doz/Nutributter.<sup>88</sup> These commodities are appropriate according to WFP/UNHCR technical guidelines and beneficiaries expressed satisfaction with them. The CO could have nevertheless considered alternative innovative approaches using different locally produced products.<sup>89</sup>
55. The ET noted that needs of people living with Human Immunodeficiency Virus (PLHIV) have not been considered in this PRRO despite their vulnerability. Until 2011 PLHIV received nutritional support through WFP's Country Programme, and (Human Immunodeficiency Virus) HIV cases in camps were referred to county hospitals. Periodic support was provided by UNHCR health partners when available, and targeting only the extremely vulnerable. FGDs found that PLHIV did not have the same livelihood opportunities as others, with female headed households being among the most vulnerable. When designing the PRRO, WFP aimed to target this group as part of the Country Programme.<sup>90</sup> The ET did not find any evidence that this happened, but instead WFP support to Liberian PLHIV through government structures ceased.<sup>91</sup> During the ET's field visit, the CO was preparing to sign a Memorandum of Understanding (MoU) with Global Fund to provide nutritional support via Anti-Retroviral (ART)/ Prevention of Mother to Child Transmission (PMTCT) sites nation-wide.

### Gender and protection

56. The 2012 JAM found that 81 percent of the refugee population were women and children under the age of 18<sup>92</sup> and with a high proportion of female-headed households since many of the men were Cote d'Ivoire. The 2012 JAM also reported additional constraints faced by women such as the inability to work due to child caring commitments. This situation seemed to have been worsened due to the relocation policy, since newly arrived refugees coming from host communities had seen their social networks disrupted, and "*consequently lacked support from relatives and friends to take care of their children to enable them to work*". The 2012 JAM also noted some gender differences in labour rates, and job opportunities. The 2014 JAM reflected the increase practice of transactional

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<sup>87</sup> The PRRO period was very limited for set-up and implementation and the design was insufficiently resourced since the design did not take into account the training, community mobilization and monitoring needs or the limited capacity of the government's county health teams (CHTs).

<sup>88</sup> WFP shifted from Plumpy Doz to Nutributter to better address nutritional needs in a context of high stunting rates combined with high micronutrient deficiencies and low GAM rates. Source: BR1/ July 2013.

<sup>89</sup> An example is *Super-gari*, a fortified food supplement which has greater similarities to the normal diet and was developed to address chronic and acute malnutrition of targeted populations in Grand Gedeh and River Gee counties of Liberia <http://oici.org/programs/health-agriculture-and-nutrition-development-for-sustainability/>

<sup>90</sup> NFR PRRO 200550 Program Review Committee-March 2013.

<sup>91</sup> The reasons for WFP ending nutritional support through government structures were unclear since the WFP nutrition focal person has only been in her position since early 2016 and there was no record of decisions.

<sup>92</sup> JAM 2012.



sex for food/ money in all refugee camps.

57. Although the WFP refugee assessment conducted in January 2011 does not reflect gender needs, the PD did pick up, albeit superficially, on the 2012 JAM findings. It considered the particular vulnerability to food insecurity of female headed households, due to their inability to engage in complementary livelihood activities and the vulnerability to possible abuses from local communities in exchange for good/services or “protection. Unfortunately, this consideration was only reflected in the original PRRO design under Strategic Objective (SO) 1 for an increased participation and empowerment of women in decision-making bodies. Beyond this output, gender programming has been weak, in particular to address the need of vulnerable female headed households. The gender analysis in both JAMs and PRRO initial design was limited and could have benefited from a proper gender sensitive livelihood assessment to inform additional gender programming and budgeting of the PRRO.
58. The revised PRRO logical framework has a greater focus on gender, due to the inclusion of corporate targets and indicators in WFP’s 2014-2017 Strategic Plan and Corporate Strategic Results Framework that look specifically at gender roles in decision-making about the use of food assistance, representation in camp leadership and the protection of women. It incorporates under SO1 and SO2 a cross-cutting gender objective (Gender Equality and Empowerment of Women) with corresponding WFP corporate indicators. The revision of the PRRO therefore improved attention to GEWE issues, although the design would have benefit by more attention to gender analysis of access to livelihood opportunities and addressing GEWE challenges under the different PRRO’s components.

### **2.1.2. Coherence with WFP policies and strategies**

59. The PRRO 200550 supports SO1 and SO3 in the WFP Strategic Plan for 2008-2013 and SO1 and SO2 in the WFP Strategic Plan for 2014-2017, with a dual focus on relief interventions and rebuilding livelihoods following emergencies.
60. However, findings from this evaluation indicate that the CO has not sufficiently aligned itself with WFP’s SPs to look at broader options to contribute to strengthening the food security of refugees.<sup>93</sup> Instead they have relied on GFD as the primary intervention tool. This reliance appears to have reinforced a “care and maintenance” profile, while an understanding refugee’s livelihoods options would have been useful in promoting an assistance strategy that promoted a greater level of self-reliance of refugees.
61. The ET also found that the PRRO has not recognised the potential to shift transfer modalities to better meet the needs of the refugee population. Under EMOP 200761 the CO provided cash assistance to communities mostly affected by Ebola Virus Disease (EVD). In contrast, PRRO 200550 has been implemented in continuous relief mode, prioritising full rations and 100 percent coverage of camp populations. Faced with rapidly declining donor interest in funding refugee operations, WFP Liberia is perceived as not able to provide a viable alternative to its current refugee program model.<sup>94</sup>

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<sup>93</sup> The realignment of the PRRO logframe to be consistent with the 2014-2017 Strategic Plan and Corporate Strategic Results Framework has not modified the project’s objectives, though it has resulted in additional cross-cutting effects and indicators.

<sup>94</sup> During the Evaluation Team’s interviews with USAID FFP representatives, there was a clear expectation that WFP should develop an operational plan for local resettlement of refugees as it was acknowledged that not all refugees will return when the PRRO comes to an end.

62. Similarly, the 2008 WFP's Cash and Voucher Policy<sup>95</sup> and the succeeding 2011 Directive<sup>96</sup> have not been considered in the design of the PRRO. Both these documents stipulate that appropriate intervention strategies that include in-kind food, cash or vouchers transfers should be considered.
63. The WFP SF policy (2013)<sup>97</sup> promotes innovation to achieve national ownership, and handover of activities to governments. The policy views SF not only to enhance access to education, but also as a safety net, which provides direct food support to vulnerable children and their families, and contributes to national poverty and hunger-reduction policies.
64. The PRRO design follows WFP Nutrition Policy framework<sup>98</sup> by targeting counties at higher risks with stunting rates of 30 percent and above; however, although it mentions that the action will be complemented with BCC activities, it does not include guidance on how it will coordinate with the government, UNICEF and other stakeholders to develop and implement a comprehensive approach with strong community involvement.
65. WFP has a mandate to treat MAM, however treatment through TSF is not consistent with WFP's Nutrition Policy or WHO standards and its suspension in BR4 was appropriate.<sup>99</sup> Other aspects where internal coherence is affected during TSF implementation is the absence of strengthening government capacities for progressive hand over, and the lack of focus in BCC activities.
66. The WFP Gender Policy (2009) defines four priorities for action, all of which have been included in this PRRO.<sup>100</sup> The revised logical framework for the PD sets specific targets and indicators to address equity and empowerment in addition to indicators in the different components of the PRRO to be able to distinguish different outputs and outcomes for men, women, boys and girls.
67. While recognising UNHCR's specific mandate for protection of refugees, WFP's 2012 Humanitarian Protection Policy<sup>101</sup> aims to improve the understanding amongst staff of protection concerns and build their capacity to incorporate protection concerns and risk analysis into interventions. Although a commitment to protection is incorporated in the Project Document,<sup>102</sup> interviews that WFP staff found they not aware of a potential role for WFP in protection and tend to see protection of women (and vulnerable groups) as the responsibility UNHCR.
68. In addition to the above, it is important to note that the PRRO was designed to complement WFP Liberia's ongoing Country Programme 200395 (2013–2017). The ET found that for TSF activities, WFP worked with the government through

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<sup>95</sup> WFP Cash and Voucher Policy (2008) "Vouchers and Cash Transfers as Food Assistance Instruments: Opportunities and Challenges" (WFP/EB.2/2008/4-B)

<sup>96</sup> WFP (2011) Update on the implementation of WFPs policy on vouchers and cash transfers (WFP/EB.A/2011/5-A/REV.1)

<sup>97</sup> WFP's revised School Feeding Policy (2013), Promoting innovation to achieve national ownership

<sup>98</sup> WFP Nutrition Policy 2012 and WFP Nutrition Programming for nutrition-specific interventions; 2012.

<sup>99</sup> WFP\_BR4\_July 2015

<sup>100</sup> The four priority areas are: Continue providing food assistance for pregnant and lactating women, children under 5 and adolescent girls; Continue making women the food entitlement holders and ensuring that they are not put at risk of abuse or violence as a result of this policy; Continue facilitating the participation of women in food distribution committees; and Continue improving access to education and reducing the gender gap in primary and secondary education, using take-home rations as an incentive.

<sup>101</sup> <http://documents.wfp.org/stellent/groups/public/documents/eb/wfpdoco61670.pdf>

<sup>102</sup> "WFP will work with stakeholders to ensure a protection focus to avoid unintentionally jeopardizing people's safety and dignity, especially for women..." (para 67).

its CHT. The PD indicates that for both the Country Programme and the PRRO, WFP intended a gradual phase out of direct TSF support that would be completed by the end of the second year. The phase out would include capacity development activities so that there would be a progressive hand over to the government. However, neither the PRRO nor the Country Programme, detail activities or a clear exit strategy in this regard. The ET found that instead, the TSF activities were abruptly stopped (or not started) due to WFP funding shortfalls. On a more positive note, the ET finds that the inclusion of SPP is well aligned with the WFP Country Strategy<sup>103</sup> main focus to prioritize preventative interventions on the 1000-day window of opportunity<sup>104</sup> by targeting children 6-23 months and PLW.

### **2.1.3. Coherence with National Policies**

69. Liberia is a signatory to the 1951 Refugee Convention, its 1967 Protocol, and the 1969 Convention of the Organisation of African Unity. Liberia is also a signatory to the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness. This has translated into a relatively conducive environment for refugee protection and assistance that has facilitated collaboration between authorities (mainly through the LRRRC), WFP, UNHCR and their partners.
70. The design of the WFP PRRO contributes to the priorities of the Poverty Reduction Strategy 2012-2017, including the reduction of stunting by 25 percent, the National Nutrition Policy (2008) and the National Health and Social Welfare Policy and Plan 2012-2021.
71. The MoHSW has institutionalized the Essential Nutrition Actions (ENA) to accelerate coverage on nutrition interventions. Reduction of chronic malnutrition, with particular emphasis on children 6-23 months, is identified as the key priority in the new Essential Package of Health Services (EPHS) plan, and scaling up of the ENA package in all counties is the key focus on the Nutrition Operational Plan (2012-2013). The ENA approach includes promotion and implementation of seven critical and proven nutrition behaviours and interventions, including optimal IYCF and micronutrient supplementation of young children. WFP's phase-out of direct nutrition support for MAM treatment is aligned with the MoHSW strategy to integrate Community Management of Acute Malnutrition and focus on preventative interventions into the health system under the ENA Approach.
72. Since the 2013/2014 academic year the Government of Liberia in partnership with WFP has provided primary schoolchildren with one daily fortified school meal in 10 of Liberia's 15 counties with high food insecurity, low education indicators and high stunting rates, through the Country Programme.<sup>105</sup> The Ministry of Education (MoE) also partners with Mary's Meals to provide hot school meals to approximately 128,000 school pupils in Western Liberia including Bomi, Gbarpolu, Cape Mount and parts of Montserrado counties.<sup>106</sup>
73. Liberia's development strategy, the 'Agenda for Transformation: Steps towards Liberia Rising 2030' develops the Governments' long term vision in terms of

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<sup>103</sup> WFP Liberia Country Strategy 2013-2017.

<sup>104</sup> The 1000-day window from conception to 2 years of age

<sup>105</sup> Draft Country Programme Liberia 200395 (2013-2017)

<sup>106</sup> <https://www.marysmeals.org.uk/who-we-are/news-and-blogs/marys-meals-helps-children-return-to-class-in-ebola-hit-liberia/>

gender equality and women empowerment. The PRRO is well aligned with its Strategic Objective 2: Increase women's participation in the community decision-making process. The PRRO design in relation with the Nutrition, School Feeding and FFA activities are aligned with the following indicators of the Agenda: increased girls and women's access to health services and enrolment in schools and colleges and increased participation of women in community councils. In addition, the PRRO's approach to protection is aligned with the Agenda's Strategic Objective 1) Improve the capacity of women to respond to gender-based violence and traditional practices and the indicator reduced incidence of GBV and increased prosecution rates in cases of GBV." Coherence with other interventions

74. WFP is a signatory of the 2012-2016 United Nations Development Assistance Framework (UNDAF)<sup>107</sup> for Liberia, which acknowledges asylum to displaced people who may be vulnerable. Under the UNDAF, WFP coordinates with other UN agencies to provide "enhanced protection of vulnerable groups in the justice system, including women, men, girls, boys, refugees, IDPs and, persons (women, men, boys & girls) with disabilities."<sup>108</sup>
75. Lastly, FGDs indicate that other agencies, including Women Infants and Children (WIC) in 2014 and the other by UNDP in 2015, have implemented cash transfer projects in the operational area, so WFP's decision to continue to provide in-kind food in all PRRO components is not aligned with the direction of other comparable interventions.

#### **2.1.4. Coherence with other partners' programmes**

76. UNHCR has been a key partner throughout the PRRO, with a division of roles and responsibilities that have been consistent with the 2011 MoU between the two agencies. WFP beneficiary numbers are based on the numbers of refugees registered by UNHCR and used to inform WFP's planning and distributions. Funding permitting, UNHCR has also supported nutritional activities in camps. Two JAMs relating to the PRRO have been carried out, the first in late 2012 to inform the PRRO design and the second in October 2014 primarily to assess the effects of the Ebola crisis on the refugee population.
77. UNICEF and FAO are listed as partners in the Project Document,<sup>109</sup> but the ET did not find evidence of any significant collaboration. The SPP was planned in early 2013 in close coordination between WFP, UNHCR and UNICEF but there has been no further involvement. The ET found no examples of collaboration between WFP and FAO.
78. WFP is also partnering with three key Government agencies: the Liberia Refugee Repatriation and Resettlement Commission (LRRRC)<sup>110</sup> which assumed responsibility for camp management, food storage and distribution, and monitoring at camp level since the beginning of 2016; the Ministry of Health and Social Welfare (MoHSW) for nutrition; and with the Ministry of Education (MoE) for School Feeding. The full list of partners can be found in Annex 10.
79. In addition to the UN agencies, WFP has partnered with a number of NGOs until

<sup>107</sup> United Nations Development Assistance Framework - Liberia (2013-2017)

<sup>108</sup> [http://www.unicef.org/liberia/UNDAF\\_2013-2017.pdf](http://www.unicef.org/liberia/UNDAF_2013-2017.pdf)

<sup>109</sup> WFP 2013: PRRO 200550: Food Assistance for Refugees and Vulnerable Host Population

<sup>110</sup> The LRRRC was established by an act of the National Legislature of Liberia on November 10, 1993 and mandated to provide International Protection and Assistance to refugees, Internally Displaced Persons (IDP's) and other persons of concern.

the end of 2015: Agricultural Relief Service, Africa Humanitarian Action (AHA), Save the Children, CARE, Caritas Palmas, Danish Refugee Council, Norwegian Refugee Council, International rescue Committee and SEARCH.

## 2.2. Results of the Operation

80. This section assesses the results achieved based on planned outputs and outcomes of the PRRO, its effectiveness, unintended results, connectedness of projects, and the sustainability of results. Wherever feasible, the differences in benefits between women, men, boys and girls from different groups have been taken into account.
81. All interventions for this PRRO, apart from FFA and a limited amount of nutritional activities in host communities, were initially implemented in four refugee camps; Bahn in Nimba County, PTP, Solo Camps in Grand Gedeh, and Little Weibo in Maryland County. After Solo camp closed in early 2014, GFD continued in the other three camps.

### General Food Distribution

82. The CO started providing in-kind food assistance to all newly-arriving refugees in Liberia in early in 2011 and has been implementing GFD continuously ever since. In accordance with the Government of Liberia's decision,<sup>111</sup> only refugees who are in, or relocated to, camps receive food rations.
83. In total, WFP has provided food assistance to 100,136 beneficiaries over the course of the PRRO, compared to 130,000 planned (Table 2). Beneficiary numbers were reduced each year due to voluntary repatriation. The planning figures included targeting 50 percent male/female, although there were more female beneficiaries (57 percent) due to the higher numbers of women in the camps.

**Table 2: GFD Beneficiaries Planned vs. Actual**

| Year         | Planned       |               |                | Actual        |               |                | percent Achieved |           |           |
|--------------|---------------|---------------|----------------|---------------|---------------|----------------|------------------|-----------|-----------|
|              | M             | F             | Total          | M             | F             | Total          | M                | F         | Total     |
| 2013         | 25,000        | 25,000        | 50,000         | 15,782        | 20,794        | 36,576         | 63.13            | 83.18     | 73.15     |
| 2014         | 25,000        | 25,000        | 50,000         | 14,084        | 19,930        | 34,014         | 56.34            | 79.72     | 68.03     |
| 2015         | 15,000        | 15,000        | 30,000         | 12,533        | 17,013        | 29,546         | 83.55            | 113.42    | 98.49     |
| <b>TOTAL</b> | <b>65,000</b> | <b>65,000</b> | <b>130,000</b> | <b>42,399</b> | <b>57,737</b> | <b>100,136</b> | <b>68</b>        | <b>92</b> | <b>80</b> |

Source: Email communication with CO

84. The data in Table 2 is reported in the SPRs each year. However, the ET found differences between the reported numbers and information provided by the CO during the evaluation.<sup>112</sup> WFP SPRs reported using disaggregated data for age and sex but the ET discovered a number of gaps and discrepancies in the CO's monitoring data for beneficiaries and commodities, notably during 2013 and 2014. Data for 2015 was more complete due in part to the efforts by the CO to improve their data management system.
85. The GFD ration includes 400g cereals, 65g pulses, 35g vegetable oil, 15g sugar

<sup>111</sup> The Government of Liberia decided in late 2012 that assistance would only be provided in officially-recognised refugee camps.

<sup>112</sup> See Annex 14 for additional details of data gaps.



and 5g salt, providing 2,045 kcal/person/day.<sup>113</sup> Based on a recommendation by the 2012 JAM,<sup>114</sup> CSB plus (Super-Cereal) was not included in the PRRO as part of the general ration, and was re-introduced only in July 2015 following a USAID/FFP monitoring visit. Sixty grams of SuperCereal was included in the GFD at that time. The ration was adjusted so as to continue to provide the same calorific value. When SuperCereal is removed from the GFD ration, the micronutrient profile is very low (see Annex 13 for more details).

86. The introduction of SuperCereal is viewed by the ET as an important addition to the food basket because it does support reduction in micronutrient deficiencies that are of serious concern in camps<sup>115</sup>, and contributes to a more diversified diet. In addition, given that a high proportion of the refugees are women and children, and that teenage pregnancy is frequent, it is even more important to address such micronutrient deficiencies.
87. One of the GFD targets<sup>116</sup> was to maintain a “healthy food pipeline” while aiming to achieve complete coverage of men, women, boys and girls with food commodities that meet quality standards. Since there was no specific target set for a “healthy food pipeline” it was difficult to assess whether this had been reached. As shown Table 3, a total of 16,170.3 Metric Tonnes (MT) of food were delivered between July 2013 through 2015, 73 percent of the planned amount.

**Table 3: GFD Commodities Planned vs. Actual (July 2013-Dec 2015)**

|                  | 2013 (July-Dec) |         |      | 2014         |         |      | 2015         |         |      | TOTAL        |         |    |
|------------------|-----------------|---------|------|--------------|---------|------|--------------|---------|------|--------------|---------|----|
|                  | Target<br>MT    | Actuals |      | Target<br>MT | Actuals |      | Target<br>MT | Actuals |      | Target<br>MT | Actuals |    |
|                  |                 | Nº      | %    |              | Nº      | %    |              | Nº      | %    |              | Nº      | %  |
| <b>Food (MT)</b> | 5,201           | 4,810.6 | 92.5 | 11,282       | 6274.3  | 55.6 | 5,694        | 5085.4  | 89.3 | 16,170.3     | 22,177  | 73 |

Source: email communication with CO (excel file with data extracted from ATOMS: April 2016)

88. The data in Table 3 were provided by the CO by email after the fieldwork was completed. While it was not possible to validate the updated data remotely, the figures appear to align with the results of the ET review of data carried out during the fieldwork. These results are approximately 9 percent higher than the data reported in the SPRs (Annex 14).
89. It is clear that funding shortfalls in 2014<sup>117</sup> meant that WFP had to reduce rations on a number of occasions, notably during July 2014 when the ration was reduced by almost 40 percent (Figure 14). In 2016, when faced with budgetary constraints and in the absence of a clear transition and exit strategy, WFP and UNHCR agreed to reduce the rice ration by 25 percent as from January 2016 so as to extend GFD until the end of April 2016.<sup>118</sup> No data for 2013 or 2015 is available for the percentage of GFD ration distributed.
90. Although all commodities, except for sugar, were reportedly distributed, breaks

<sup>113</sup> WFP PRRO 200550

<sup>114</sup> Because it was found that CSB was not adequately used -frequently sold in the market-. The JAM recommended increasing pulses and or rice instead, as well as continue providing CSB plus to PLW.

<sup>115</sup> Including very high anaemia rates among children 6-59 months and women of child bearing age, and riboflavin deficiency was estimated to affect 4% people in camps in September 2013 (Source: ; UNHCR & partners; 2013. Rapid assessment on angular stomatitis. Little Wlebo, PTP, Solo and Bahn Refugee Camps).

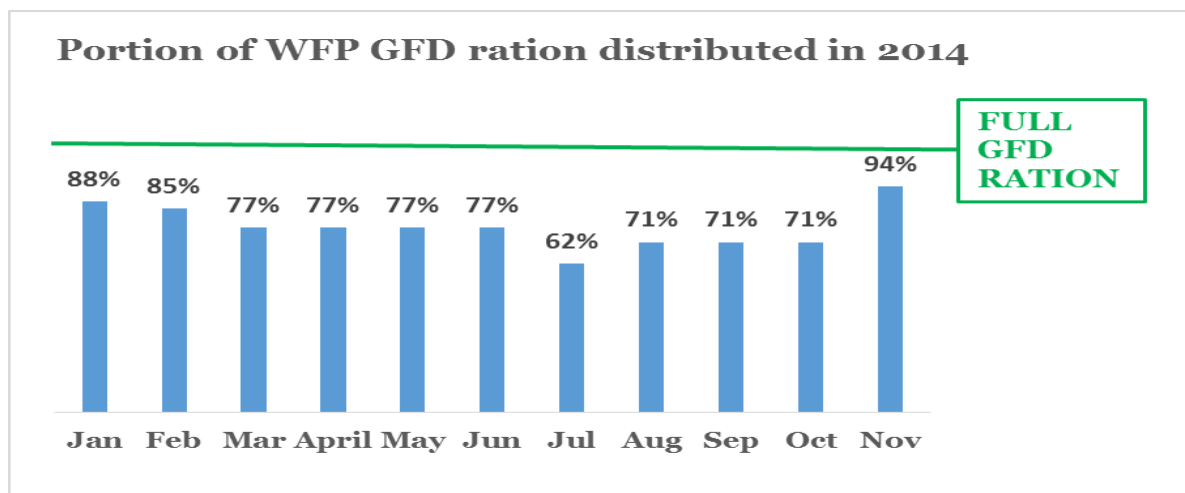
<sup>116</sup> Revised logical framework

<sup>117</sup> Discussions with WFP, UNHCR and other NGO partners, the funding situation in Liberia was declining prior to Ebola. CO management informed the ET that they were in the process significant scale down when the Ebola crisis happened.

<sup>118</sup> The PRRO was subsequently extended for a further 3 months to the end of July 2015.

in the pipeline have meant that quantities distributed have varied over time, with the most significant shortfalls occurring during 2014 as shown in Figure 14. Unfortunately, the breaks in the pipeline in mid-2014 coincided with the beginning of the agricultural lean season when households were at their most vulnerable.

**Figure 14: Percentage of GFD ration distributed by WFP during 2014**



Source: WFP & UNHCR (2014) JAM report

91. FGDs indicate that there have been issues with the food distributions, including instances of WFP providing damaged and/or underweight bags of commodities. FGDs with refugee committees in each camp confirmed that the addition of weighing scales in the camps and agreed standards<sup>119</sup> in mid-2015 has considerably reduced the number of underweight bags being delivered, raising questions about the accuracy of quantities of food stocks reported as delivered<sup>120</sup> and may indicate that some food stocks had been diverted.
92. FGDs with beneficiaries indicated a high rate of acceptance for the WFP food commodities and services. It was also clear however, that communities feel that WFP's sole mandate is to provide in-kind food assistance. None of the FGDs indicated any discussion between WFP and communities regarding their preference of modality had ever taken place. FGDs with host communities<sup>121</sup> consistently indicated a preference for cash assistance, although they appeared to be cautious to say so, lest they be excluded from future food assistance provided by WFP.

#### GFD Outcomes

93. The WFP corporate indicators for food assistance include FCS, and Dietary Diversity. Over the course of the PRRO, the required corporate indicators have changed slightly so that baseline and annual data is not available for all indicators. Food security outcome indicators have been monitored during the course of the 2014 JAM and the 2015 WFP household level survey.
94. Table 4 shows the available information on the food security outcomes. It shows that the majority of the PRRO food security targets have not been met. Over the

<sup>119</sup> For example, it is now accepted that any 50 kg weighing less than 48 kg can be returned to the warehouse.

<sup>120</sup> A similar issue was raised in an inspection carried out after a DFID review has found similar discrepancies during the EMOP.

<sup>121</sup> In Boneken, Plebo, and Tugbken towns in Maryland County and Zleh, Senewen, and Toe towns of Grand Gedeh

course of the PRRO, the percentage of households with acceptable FCS have dramatically decreased, and borderline and poor FCD percentages have risen accordingly. In 2014 and 2015, the percentage of households with acceptable FCS appears to be extremely low, at 21.8 and 30.9 percent respectively. These poor food security outcome findings above appear to be confirmed by a household level survey carried out by WFP during October-November 2015.<sup>122</sup> The survey found that 50 percent of the refugees in the camps was moderately food insecure and more than 20 percent was severely food insecure (Annex 11).

**Table 4: Summary of GFD Outcomes**

| Indicators   | Target               | Achieved |       |      |
|--|----------------------|----------|-------|------|
|  |                      | 2013     | 2014  | 2015 |
| Percentage of households with acceptable FCS         | >80%                 | 85.6     | 21.8  | 30.9 |
| • Percentage of households with acceptable FCS (FHH) |                      |          | 18.9  | 25.3 |
| • Percentage of households with acceptable FCS (MHH) |                      |          | 24.9  | 36   |
| Percentage of households with borderline FCS         |                      | 7.8      | 43.4  | 59   |
| • Percentage of households with borderline FCS (FHH) |                      |          | 42.6  | 65   |
| • Percentage of households with borderline FCS (MHH) |                      |          | 44.3  | 53.6 |
| Percentage of households with poor FCS               | 5.2                  | 26.1     | 34.8  | 10.1 |
| • Percentage of households with poor FCS (FHH)       | 5.26                 | 26.3     | 38.57 | 9.8  |
| • Percentage of households with poor FCS (MHH)       | 5.22                 | 26.1     | 30.77 | 10.4 |
| Dietary diversity score                              | Stable or increasing | 4.08     | 3.3   | 4.19 |
| • Dietary diversity score (FHH)                      |                      | 4.06     | 3.17  | 4.18 |
| • Dietary diversity score (MHH)                      |                      | 4.1      | 3.41  | 4.21 |

Source: SPR 2013, SPR 2014, SPR 2015

95. These very low FCS were somewhat at odds with the FGD, interviews, and observations of the ET that indicates that GFD and other food assistance has helped maintain that the nutritional status of refugees, which appears to be comparable with surrounding populations. A key factor to consider when assessing the low FCS is the poor availability and reliability of relevant WFP data,<sup>123</sup> which made it difficult to carry out a credible comparative analysis.
96. Other factors that were found to have an influence on the FCS was the reduction in rations in mid-2014 due to funding shortages (Figure 14), together with the effects of the Ebola crisis on market functioning and demand for labour. Although border areas were less affected and there were no cases of infections recorded amongst refugees, there were a number of indirect effects on food security due to constraints on markets, mobility and adoption of negative coping strategies.<sup>124</sup>

### School Feeding

97. The objective of the School Feeding activity is to support enrolment and retention in school. SF was implemented in three primary schools in the three established refugee camps where a total of 7,694 school children benefited from

<sup>122</sup> WFP Liberia (2015) PRRO Annual Food Security Outcome Survey. October 2015.

<sup>123</sup> See Annex 14 for more details.

<sup>124</sup> 2014 JAM, WFP (2015f)



the school feeding activity, which is 76.9 percent of the planned figure (Table 5).

**Table 5: School Feeding Beneficiaries Planned vs. Actual**

| Year      | Planned | Actual | % Achieved |
|-----------|---------|--------|------------|
| 2013/2014 | 10,000  | 7,694  | 76.9       |

Source: PRRO Project document and school level enrolment and records obtained from school administrators

98. The school feeding activity provided each primary school child with one hot meal, each school day as an on-site meal. The ration provided consisted of 135g bulgur wheat, 35g pulses, 10g vegetable oil, 3g salt. The SF programme was implemented for only one academic year (September 2013 - June 2014) before it was suspended due to lack of funding. The CO decided that SF was not a priority because school children were already benefiting from GFD.
99. School administrators were responsible for managing the food, and members of the Parent Teachers Association (PTA) took turns preparing meals on a voluntary rotational basis. Depending on the number of students, 6-10 women would volunteer their services to prepare the school meals for their children. In Bahn<sup>125</sup> and Little Weibo<sup>126</sup> camps parents were asked to contribute cash to school feeding, which was used to purchase fire wood used for cooking and vegetables.
100. Table 6 indicates that only 14.4 percent of the planned food commodities were distributed to refugee schools for this activity due to the suspension of activities in 2014 because of lack of funds. According to Logistics Execution Support System (LESS) reports, most of the commodities foreseen for SF were redirected to Liberian school feeding programmes. According to ET calculations, 380.24MT<sup>127</sup> of food commodities designated for refugee schools were delivered to Liberian schools, with 266.76MT unaccounted for.

**Table 6: School Feeding food commodities supplied**

|              | Planned | Actual   | % Achieved |
|--------------|---------|----------|------------|
| <b>TOTAL</b> | 647 MT  | 93.04 MT | 14.4       |

#### School Feeding Outcomes

101. Since SF was only conducted during one academic year (September 2013 – May 2014), the effects of school feeding are not apparent in the SPRs. Each of the separate FGDs with students, teachers and administrators, cooks and PTA members claimed that SF served as catalyst for increased enrolment and retention. Parents said children were motivated to attend school as they wouldn't have to worry about what they were going to eat and SF helped free up parent's time since they didn't have to worry about providing lunch for the children. Parents was also felt there was an economic benefit by reducing expenditures on food.
102. Based on enrolment data, female students accounted for 47.5 percent of total school enrolment during the time that SF was being implemented. Female students were in fact much more active during FGD compared with the boys and

<sup>125</sup> In Bahn camp each student was charged LD 10 per day (equivalent to USD 0.11 cents at the exchange rate of 90 Liberian dollars to 1 USD).

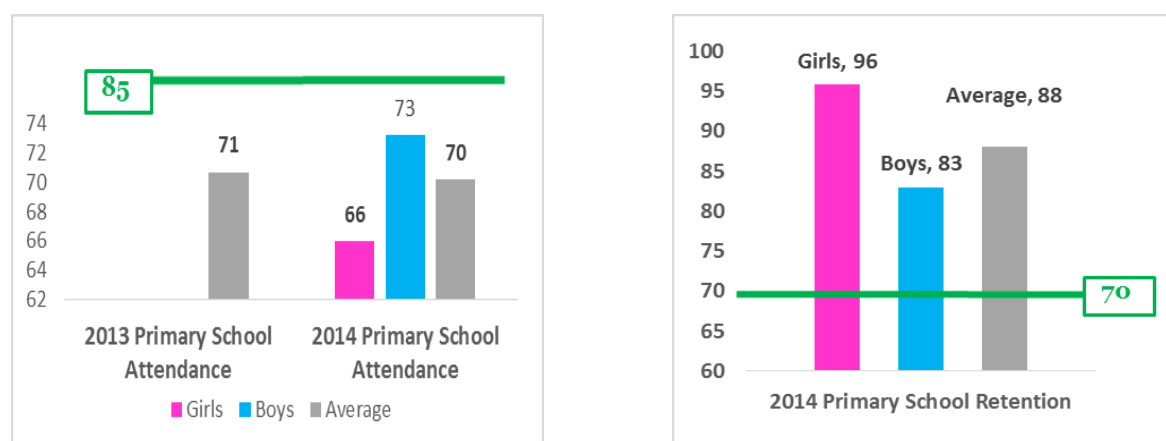
<sup>126</sup> In Little Weibo parents were charged a monthly contribution of LD 80 (equivalent to USD 0.89 cents).

<sup>127</sup> Source: PRRO Deliveries (2013-2015) excel file provided by CO

there was general agreement that girls were not treated differently from boys. When parents were asked for their preferences if they had to choose between sending a girl or a boy to school, the majority indicated they would send the girl to school since she was the most vulnerable of the two.

103. Because of this, in addition to various discrepancies in the CO's SPR data, the ET conducted their own primary data collection and analysis<sup>128</sup> based on enrolment and attendance. The CO's target was to increase school enrolment by 6 percent annually<sup>129</sup> but, as illustrated in Annex 12, the results were not conclusive. Only the school in Bahn Camp showed trends expected if food was a main influencing factor on enrolment rates as these increased by 18 percent when school feeding began and decreased by 30 percent after it stopped. In Little Wiebo camp, enrolment increased by 6 percent but decreased by only 1 percent when it stopped. In PTP Camp, the largest camp, enrolment showed a steady decline during the period from 2013-2015.
104. FGD indicated that school enrolment numbers decreased due to spontaneous returns. During the early stages of the Ebola outbreak, a number of children were taken back to Cote d' Ivoire and put into schools. The parents continued to reside in camps and maintained their family registration with the result that numbers of children in the camp appeared higher than they actually were, something which was confirmed by UNHCR staff in Saclepea and Zwedrew. Parents also noted that another reason that they put children in school in Cote d'Ivoire was because they felt the standard of education was higher.
105. Outcome indicators for SF are enrolment, attendance and retention, and improving the gender equity ratio. The revised PRRO logical framework also includes separate targets and indicators for boys and girls in terms of enrolment, attendance and retention (Figure 15). Apart from retention and enrolment rates of girls in pre-school, the SF has not met its other targets. This is mainly attributed due to suspension of SF in mid- 2014 due to funding constraints and, according to the CO, a reluctance by the donor to continue supporting SF since students were already receiving GFD.

**Figure 15: School feeding attendance and retention against targets (%)**



Source: SPR 2013, SPR 2014. Targets are green lines.

106. Available evidence is insufficient to demonstrate an impact on enrolment and

<sup>128</sup> The ET analysis was done using a combination of refugee attendance records and UNHCR data to calculate enrolment rates before and after SF.

<sup>129</sup> PRRO 200550 project log frame.

attendance from SF since there were a number of other factors driving school attendance, including parents sending children to Cote d'Ivoire. Other apparent benefits of SF, such as protection benefits of being in school, were reported during FGD but not tracked by WFP's monitoring system.

### Nutrition

107. Table 7 lists nutrition outputs, by target and achievements. WFP implemented TSF activities in host communities via government health centers for both host population and refugees residing in host communities while UNHCR was responsible of TSF activities within camps.<sup>130</sup> In 2013, TSF activities reached 2,068 beneficiaries against a target of 2,000 (103.4 percent achieved). The planned TSF beneficiaries for 2014 remained unchanged though only one county (Nimba) was targeted and achievements amounted to only 14.3 percent.
108. The ET found that TSF beneficiary data described is not reliable. This is due to a number of factors: (1) the period covered by TSF activities since WFP started food procurement in 2013 was only two months (November and December) while in 2014 six months were covered (from January to June); (2) there is evidence that WFP food commodities were supplied every month for 570 beneficiaries<sup>131</sup>, thus suggesting that data presented for 2014 may be a monthly caseload and not the cumulative figure for the year, (3) the PRRO planned figures of 2,000 TSF beneficiaries in 2013 were estimated on calculations made for three counties when only one was finally targeted, and (4) data gaps and inaccuracies were found during the ET's review of registration books in the sites visited, as well as in the monthly statistics reports (Annex 14). The lack of availability of a TSF database at CO level further limits a more conclusive analysis of beneficiaries reached against planned.

**Table 7: Summary of nutrition beneficiary targets and achievements<sup>132</sup>**

| Beneficiary Group  | 2013 (July-December) |                    |            | 2014  |                      |            |
|--|----------------------|--------------------|------------|-------|----------------------|------------|
|  | Plan                 | Actual             | % Achieved | Plan  | Actual               | % Achieved |
| Children 6-59 months given food under supplementary feeding (treatment for MAM)              | 2,000                | 2,068              | 103.4%     | 2,000 | 570                  | 14.3%      |
| Children 6-23 months given food under blanket supplementary feeding (prevention of stunting) | 8,000                | 0                  | 0.0%       | 8,000 | 0                    | 0.0%       |
| PLW participating in blanket supplementary feeding (prevention of stunting)                  | 3,000                | 921 <sup>133</sup> | 30.1%      | 3,000 | 1,088 <sup>134</sup> | 36.3%      |

Source: WFP SPRs 2013 & 2014, cooperating partner monthly distribution reports (CPMD), WFP food release notes (FRN)

<sup>130</sup> The PRRO did not include support for TSF activities refugee camps.

<sup>131</sup> Interviews with health staff and review of WFP documents (Food release notes, monthly distribution plans). Monthly supply was set to 570 beneficiaries for the 8 health facilities supported, and each health facility had same number of beneficiaries set every month, without considering new MAM admissions and discharges.

<sup>132</sup> Source: WFP SPRs 2013 & 2014, cooperating partner monthly distribution reports (CPMD), WFP food release notes (FRN) and partners' monthly reports.

<sup>133</sup> Data presented in SPR 2013 is different (345 beneficiaries). The figure presented in the table is based in WFP food release notes, cooperating partner's distribution reports and partners monthly reports: 300 (Nimba), + 200 (Maryland) +421 (PTP).

<sup>134</sup> Ibid 3: 200 (Maryland) + 348 (PTP) + 540 (PTP).

and partner monthly reports.

109. For 2013, there is a possibility that TSF beneficiaries were counted from July (when the TSF intervention was officially started) even if WFP food commodities did not reach TSF sites until later in the year; in this scenario, beneficiary numbers would have been achieved without adequate provision of *Plumpy' Sup* to cover its nutritional needs which result (beyond the quantitative figures) in the impossibility to achieve quality programming. In contrast, during 2014 only 570 beneficiaries were reached, which was much less than expected. The amount of food needed for 570 children should be 4.8MT while actual tonnage supplied in 2014 was 9MT (Table 8), which would correspond to 1,086 children.<sup>135</sup>
110. The SPP to address critical levels of anaemia and stunting among children 6-23 months could not be supported due to funding shortfalls as noted above. For similar reasons, BSF activities for PLW were only implemented in camps and for a shorter period (November 2013 to May 2014) than the two years initially planned. As shown in the above table, PLW beneficiaries reached under BSF activities thus amounted to only 30 percent in 2013 and 36 percent in 2014.
111. Distribution of food commodities for the nutrition intervention has been very limited, with less than 30 percent of TSF commodities, and less than 10 percent of BSF commodities being distribution during 2013 and 2014 (Table 8). Distribution of *PlumpyDoz*, oil and sugar, have all been extremely limited, due to limited funding availability.

**Table 8: Commodities Planned vs. Actual (July 2013-December 2014)**

| Beneficiary group              | Commodity MT | 2013    |        |            | 2014    |        |            |
|--------------------------------|--------------|---------|--------|------------|---------|--------|------------|
|                                |              | Plan    | Actual | % Achieved | Plan    | Actual | % Achieved |
| TSF                            | Plumpy' Sup  | 17 (45) | 5      | 29         | 33 (91) | 9      | 27         |
| BSF children 6-23 months (SPP) | Plumpy Doz   | 26      | 0      | 0          | 52      | 0      | 0          |
| BSF PLW (SPP)                  | CSB+         | 108     | 9.6    | 9          | 216     | 17     | 8          |
|                                | Bulgur wheat | 0       | 0.2    | -          | -       | -      | -          |
|                                | Oil          | 10.8    | 0.94   | 9          | 21.9    | 0      | 0          |
|                                | Sugar        | 8.1     | 0      | 0          | 16.4    | 0      | 0          |

Source: SPRs 2013 & 2014<sup>136</sup>, PRRO narrative, LESS database

112. During the 8 months of TSF effective implementation in eight health facilities in Nimba County food commodity supplies were reported as adequate, with occasional pipeline breaks and delays due mainly to logistic and access constraints. Quantities were not always sufficient for the MAM caseload. Although it was reported that WFP partnered with a local NGO<sup>137</sup> to provide on the spot coaching and supervision, the main concerns reported by health service

<sup>135</sup> PRRO estimations of Plumpy' Sup needs are based on international standards (3 months per beneficiary). If many children stay longer (which it would mean there are many non-responders to the treatment), there is need to assess program performance, as overall efficiency and effectiveness would be compromised.

<sup>136</sup> Planned MT needs for TSF activities are overestimated in SPR 2013 and 2014. Re-calculated in table 8

<sup>137</sup> Nimba CHS and health staff reported that WFP partnered with a local NGO since August to December 2013, but former NGO staff could not be located, no reports were available, and the WFP focal point had left.

providers were lack of training and of regular supervisory visits by WFP.<sup>138</sup>

113. Discussions with BSF recipients confirmed that they received 5 to 6 kg CSB monthly during the entire period the program was implemented (7 to 8 months), except in Little Weibo camp (Maryland county) where PLW received 2-3 kg and only during a 1- to 2-month period. While recipients were grateful for what they received, all of them complained that rations were too small and only lasted a maximum of 10-12 days. In contrast to the camps in Nimba and Zwedru, WFP monthly food supply in Maryland was based on a pre-defined number of beneficiaries regardless of number of PLW registered.<sup>139</sup> This had important implications for the intervention since the CSB distributed to cover nutritional needs for a fixed number had to be shared with many more beneficiaries, which affected outcomes.
114. The ET found that the capacity of the county health staff to be low. Interviewees highlighted numerous problems faced in completing reports and their need for (1) training to improve skills, (2) supportive supervisory visits, and (3) visual educational materials. Quality of reporting was poor, with large numbers of information gaps and inaccuracies (see Annex 14 for more details)
115. WFP staff interviewed confirmed that nutrition messaging and counselling on IYCF to complement TSF and SPP activities was not developed, even though this activity was foreseen in the PRRO design.
116. Despite the lack of WFP involvement UNHCR implemented the SPP from July 2014 until November 2015 when it stopped due to UNHCR funding shortfalls. UNHCR reached 912 beneficiaries through the SPP, 60 percent of the estimated coverage. More details on the SPP can be found in Annex 13.

### Nutrition Outcomes

117. The revised logical framework of the operation defines the outcome for the nutrition activities as: “Stabilized or reduced undernutrition, including micronutrient deficiencies among children 6-59 months, PLW, and school age children”.
118. Indicators of the TSF activities presented in the 2014 SPR are satisfactory (Figure 16), with the programme reportedly meeting all three outcome indicators for recovery, deaths and defaulters, in line with Sphere standards. However, presentation of rates of recovery, defaulter, death and non-response aggregated by all TSF sites for the year masks poor performance within one/more sites when aggregated data are presented. The absence of MAM database to analyse trends over the implementation period, both at site and county level, and the significant deficiencies in program reporting raised questions about data quality and reliability, and as a consequence, the validity of TSF outcomes.
119. FGD with beneficiaries and health staff in host communities valued TSF interventions. Staff welcomed the program and the support it provided to the malnourished children, as well as the enhanced health-seeking behaviours noted during the implementation period.
120. BSF activities to PLW overall coverage for camps and host communities was only 30 percent in 2013 and 36 percent in 2014. If only refugees in camps are

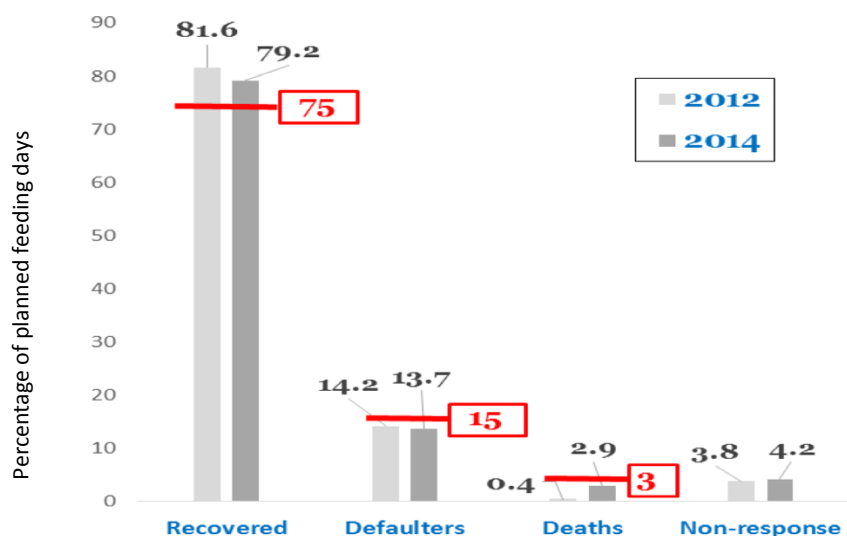
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<sup>138</sup> WFP visits were limited to supplying food and providing guidance on store management and rationing.

<sup>139</sup> WFP supply of CSB was for 200 PLW each month (source: WFP food release notes); PLW figures from Nov 2013 to May 2014 in Maryland ranged from 397 to 406 (UNHCR Health Information System monthly reports).

considered, coverage significantly increases (to 71 percent in 2013 and 84 percent in 2014).<sup>140</sup>

**Figure 16: MAM Indicators for TSF 2013-2014**



Source: SPR 2014

121. In general, BSF beneficiaries indicated high levels of satisfaction. Although there was no baseline available to monitor changes in the BSF cohort, FGDs with recipients and health service providers all noted that the program provided substantial benefit to those enrolled as there were less anaemia cases among PLW and fewer cases of low birth weight (LBW) among their new-born infants compared to previous pregnancies. Women also mentioned they felt healthier and in a better state to accomplish daily activities. If these short-term benefits to individual PLW and their offspring are indeed present, positive long-term outcomes could reasonably be expected as improving the lives of children starting in-utero can improve child development and adult health status.<sup>141</sup>
122. The ET also found that PLW beneficiaries had acquired useful knowledge and skills through the BSF intervention. They knew how to prepare the supplementary ration and had a good understanding on the importance of adequate feeding and caring during pregnancy and lactation.
123. FGD also suggest that an unintended effect of BSF interventions has been to increase understanding amongst men about women’s needs during pregnancy. To prevent selling of CSB by the husband as well as to ensure PLW entitlement to the ration and caring during pregnancy and lactation, men and block representatives in camps were specifically targeted during weekly BCC sessions organised by UNHCR partners. PLW reported that CSB was not sold and they were able to enjoy the CSB porridge daily. However, this seemed to be one-off BCC nutrition-related gender issue targeted specifically to men.

<sup>140</sup> Source: SPR 2013 and 2014. Coverage in camps is calculated based on total PLW population (4%) in November-December 2013 and January-May 2014 (UNHCR database)

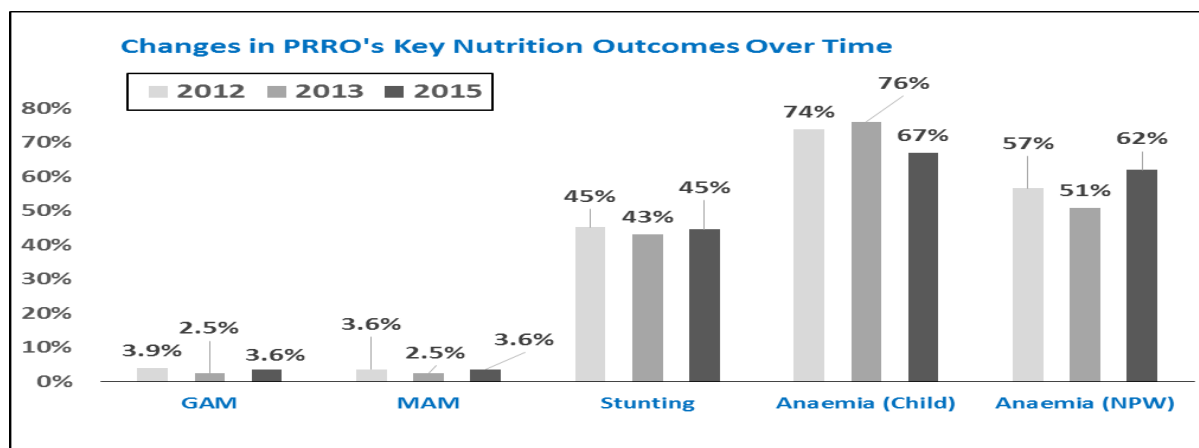
<http://data.unhcr.org/liberia/regional.php>

<sup>141</sup> Black, M.M. & Deway, K.G. 2014. Promoting equity through integrated early child development and nutrition interventions. *Annals of the New York Academy of Sciences*, 1308:1-10.



124. Figure 17 shows changes in key malnutrition rates during the PRRO period.<sup>142</sup> In camps, GAM rates have remained stable, anaemia among women has increased but stunting rates have remained very high. Anaemia rates among children 6-59 months has improved, though the latter is mainly attributed to UNHCR's support to SPP activities targeting children 6-23 months. Findings indicate that nutrition activities were not implemented for a long enough period and on a sufficient large scale to have any population level effect and also highlight the importance of SPP and IYCF education.

**Figure 17: Nutrition outcomes**



Source: SENS 2012, 2013 and 2015

### Food for Assets

125. The overall objective for FFA was to protect livelihoods and create assets for vulnerable host populations and refugees living within host communities, especially during the lean season. Interventions sought to bridge the food gap during the lean season. It was planned that interventions would help to address the problems in accessing markets and enhance agriculture production and that each intervention would provide each participant with up to 120 days of work. The FFA activities benefited both Liberians and refugees in host communities.
126. The FFA was implemented together with CARITAS. Community leaders selected beneficiaries, and both females and males participated in the activities in groups of 20 to 50 people. CARITAS and WFP stressed the need for female participation and in all the communities visited by the ET, FFA activities appeared to have more women participants than men. However, even though women mostly outnumbered men in mixed groups, the leaders were invariably men.
127. The ET found a number of discrepancies in the beneficiary data provided by the CO. As a result, the beneficiary figures presented in Table 9 are based on CARITAS records, validated where possible during FGD with beneficiaries. In total, 27,400 participants directly benefitted from the FFA activities.<sup>143</sup> This is 68.5 percent of their beneficiary target for 2013. Targets for subsequent years could not met as FFA activities were suspended in mid-2014 due to lack of funds. No gender disaggregated data was available.

<sup>142</sup> The 2012 figures shown are the baseline prior to implementation.

<sup>143</sup> 2013 SPR.

**Table 9: FFA Planned vs. Actual**

| Year | Planned | Actual | % Achieved <sup>144</sup> |
|------|---------|--------|---------------------------|
| 2013 | 40,000  | 27,400 | 68.5%                     |
| 2014 | 40,000  | 0      | NIL                       |
| 2015 | 40,000  | 0      | NIL                       |

Source: Compiled by ET based on records from the CPs

128. Each FFA participant received 40kg rice, 5 litres oil and 1 kg pulses for one month of work, and FGD reported that the quantity of food distributed was sufficient. Beneficiaries particularly appreciated the inclusion of rice in the food basket. A total of 805.7 MT of food was distributed for FFA activities (Table 10). Although pulses were not originally part of the planned food basket, WFP agreed to provide this based on community requests and availability of stocks.

**Table 10: FFA commodities**

| Commodity      | Planned        | Actual          | % Achieved  |
|----------------|----------------|-----------------|-------------|
| Cereals (rice) | 4800 MT        | 716 MT          | 14.9        |
| Pulses         | 0 MT           | 41.8 MT         |             |
| Vegetable oil  | 720 MT         | 47.9 MT         | 6.7         |
| <b>TOTAL</b>   | <b>5520 MT</b> | <b>805.7 MT</b> | <b>14.6</b> |

Source: Compiled by ET based on data obtained from PRRO Deliveries (2013-2015) excel sheet

129. FGDs indicated that the majority of refugees and host community engaged in farming. The main harvest seasons are the months of November and December (Annex 7) which means that the FFA interventions were well-timed. The FFA activities implemented during a 4-month period from August to November 2013. These months represents the critical lean period, where many of the communities' experience food shortages.

130. WFP was forced to suspend FFA food assistance in mid-2014 due to funding constraints, which unfortunately coincided with the lean season when farmers and communities in general had very little food reserves. This was a critical period during the Ebola epidemic and the JAM carried out in October 2014, found that containment efforts had significantly disrupted trade and agricultural production, which were primary sources of livelihood for both host community members and refugees.

131. The ET requested a list and description of all FFA activities, including beneficiary numbers and locations supported during the PRRO, but the CO was unable to provide the required information. Table 11 therefore shows only the limited data available in the SPRs and should not be considered as a comprehensive list. The table includes only three outputs, and the ET found a number of other projects including clearing of market grounds, agricultural production, digging of garage pits and others that are not reported.

**Table 11: FFA outputs**

|               | Output                   | Planned | Actual | % Achieved |
|---------------|--------------------------|---------|--------|------------|
| <sup>c)</sup> | Hectares of land cleared | 100     | 103    | 103        |

<sup>144</sup> Based on validated numbers



|  |   |    |    |     |
|--|---|----|----|-----|
|  | Kilometres of feeder roads rehabilitated and maintained | 50 | 51 | 102 |
|  | Number of bridges rehabilitated                         | 20 | 10 | 50  |

Source: SPR 2013

132. The ET visited six (6) sites where FFA activities had been implemented. FGDs with community members found that rehabilitation of market sites, feeder roads and agriculture projects including cassava and plantain farms were the most useful in terms of supporting food security and resilience of beneficiary communities. The market site visited was in use by the host and surrounding communities, and agricultural FFA projects in Senewehn Town were still operated by community groups.
133. The ET find that WFP provided in-kind food assistance without a thorough assessment of livelihoods needs. While communities appreciated WFP's food rations, FFA activities may have added more value to communities if other transfer modalities including cash were considered. During FGDs an overwhelming number of beneficiaries mentioned they would have preferred cash assistance to food. Some made reference to a UNDP project implemented during 2014-15 that enabled them to not only buy food, but also helped families repair houses and buy shoes for school children.

#### FFA Outcomes

134. The revised logical framework envisaged measuring the percentage of communities with an increased Community Asset Score (CAS). However, the ET found no evidence that the CO had conducted any outcome monitoring of the FFA activities.<sup>145</sup> This section is therefore based solely on the findings from evaluation interviews and FGDs and relevant secondary data.
135. Data collected through FGD with at FFA sites indicate that the food that was received as payment for participation in the FFA projects was appreciated, especially since most FFA activities occurred during the the lean period. FGD indicated that WFP-provided food reduced negative coping strategies such as harvesting wild roots or selling household economic assets. FGD and observations in host communities did not indicate any influences of FFA activities on food security or nutritional status, which was not surprising given the short-term one-off nature of the interventions.
136. Table 12 provides some positive outcomes achieved by FFA activities. The examples highlight that it is possible to have positive, long term impacts if projects are chosen and implemented well, even if the implementation period is relatively short.

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<sup>145</sup> At all the project sites visited by the ET, it was clear from interviews and FGDs that this was the first visit by WFP after the FFA activity had been completed.

**Table 12: Summary of FFA outcomes**

| Community/ies            | FFA Activity                              | Outcomes  |
|--------------------------|---|---|
| Boedee and Senewen Towns | Feeder Road rehabilitation                | 1. Increase community access to medical facilities<br>2. Reduced travel time to market  |
| Senewen and Gaye Towns   | Development of plantain and cassava farms | 3. Improved food security for vulnerable people<br>4. Enhanced income generation for community group<br>5. Develop community social capital |
| Boneken Town             | Clearing of market site                   | 6. The community has developed the site into their new market ground, where surrounding villages come to engage in trade and commerce       |

Source: Compiled by ET from FGD information

137. In addition to the above, the ET noted a number of outcomes from the FFA activities, based on interviews, FGDs and observation in the communities.

- FFA activities helped to cement relationship between the refugees and the host population. Community leaders in Grand Gedeh and Maryland acknowledged that support from FFA relieved communities of some burden imposed by the presence of refugees.
- Some FFA activities contributed to increased resilience of beneficiary communities. For example, in Grand Gedeh County beneficiaries and local community leaders mentioned that prior to the FFA intervention, travelling between Boedee and Senewen towns to access the market and health centre was often challenging.
- The development of plantain and cassava farms in Senewen and Gaye towns proved to be sustainable with local residences continuing to run the farms that were developed from FFA activities in 2013.

138. Regardless of the positive impacts noted above, the majority of FGD participants in all locations indicated they would have preferred cash assistance (cash for assets) rather than in-kind food. In Boniken and Plebo towns beneficiaries made reference to two successful cash for work interventions that they would like replicated – one by WIC in 2014 and the other by UNDP in 2015<sup>146</sup>.

139. While the majority of beneficiaries appreciated WFP’s food assistance, a qualitative assessment at the inception of the PRRO would have helped WFP tailor its interventions to the actual needs of beneficiaries. The CO mentioned that a cash/voucher feasibility survey was going to be carried out in the course of the PRRO to determine beneficiary preference and to determine the most cost effective transfer modality. However, the ET found no evidence of this being done, or of results being utilized for programme design and implementation.

### Gender and protection

140. WFP’s Gender Policy (2015-2020) was developed after the PRRO was designed. The updated policy includes additional emphasis on WFP’s policy advocacy role with governments, improved equity in terms of access not only to food assistance but also awareness amongst beneficiary communities. It also aims at increasing

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<sup>146</sup> Statements from FGD participants included “I benefited from the cash for work project, from the money I earned I was able to buy school shoes for my children,” and “the money I earned from UNDP cash project helped me to roof my house.”

the understanding and accountability of WFP staff for implementing high-impact gender programming.

141. Cross cutting indicators relating to gender and GEWE were added to WFP's Corporate Strategic Results Framework during 2014 and incorporated into CO monitoring systems. The main change was to look beyond equity and look specifically at gender roles in decision-making about the use of food assistance, representation in camp leadership and the protection of women. According to the data available from SPRs, whereas almost all targets were met during 2014, there was a decline in 2015 (Table 13). This difference can be partly attributed to lack of consistency and quality control during data collection analysis. FGD in camps indicated no significant deterioration in security, information or lack of training in 2015.<sup>147</sup>

**Table 13: Cross Cutting Indicators – Gender Equity and GEWE**

| Cross-Cutting Indicators  | M/F | Project Target | Nov 2014 | Sept 2015 |
|---|-----|----------------|----------|-----------|
|   |     | Percentages    |          |           |
| Proportion of women beneficiaries in leadership positions of project management committees          | F   | 50             | 53       | *         |
| Proportion of women project management committee members trained on modalities of food distribution | F   | 60             | 72.7     | *         |
| Proportion of women project management committee members trained on modalities of food distribution | F   | 80             | 72.9     | 34.5      |
| Refugees who do not experience safety problems travelling to/from and at WFP programme sites        | M   | 90             | 91.1     | 88.2      |
|   | F   | 90             | 85.9     | 81.9      |

Source: 2014 and 2015 SPRs. \* Data not available in SPR.

142. The ET found that women were relatively well-represented within refugee leadership, including in executive positions, and in distribution committees. During FGD, refugees reported that an equal number of women were represented in distribution committees, although the proportion in leadership communities was 25-35 percent,<sup>148</sup> including occupying executive positions.<sup>149</sup>
143. The WFP 2015 household survey report was the only document reviewed by the ET that looked at GEWE in a systematic way, even though questions about survey methodology, some of the results and quality control processes meant that the ET could not validate the results. The 2012 JAM and 2014 JAM included a qualitative analysis and UNHCR's annual Age, Gender and Diversity reports do not specifically address GEWE, but rather have had a specific focus on SGBV. The WFP 2015 Household Survey<sup>150</sup> reported that 59 percent of women in refugee households were making major decisions about allocation of food assistance received from WFP (Table 14), while noting that more than the half of households surveyed had a female head of household. While the ET feel these findings are indicative only, it is clear that women have a major decision-making role over the use of food assistance.

<sup>147</sup> The main example of a deterioration raised during FGD was the lower level of support provided to the disabled during food distributions following withdrawal of international NGOs at the end of 2015.

<sup>148</sup> During FGD, women comprised 44% of the 32 members of distribution committees interviewed and 23% of the 26 refugee leadership committee members.

<sup>149</sup> The President of Little Weibo camp is a woman.

<sup>150</sup> WFP Liberia (2015) PRRO Annual Food Security Outcome Survey. October 2015.

**Table 14: Decision making over food assistance outputs**

| What is the sex of the H/H? | Who decides what to do with the food given by WFP? |                   |                     |
|-----------------------------|--|-------------------|---------------------|
|                             | Both (Target: 50%)                                 | Men (Target: 20%) | Women (Target: 30%) |
| Male                        | 31%  | 37%               | 32%                 |
| Female                      | 6%   | 5%                | 89%                 |
| <b>Total</b>                | <b>19%</b>   | <b>21.5%</b>      | <b>59%</b>          |

Source: WFP Liberia (2015) PRRO Annual Food Security Outcome Survey. October 2015. Targets from SPRs.

144. The CO has more than achieved its target of 30 percent women making decisions about the use of food assistance. With such a high percentage (59 percent) it was not possible to reach the other two targets. It is evident that efforts by WFP and UNHCR and their CPs, supported by a favourable gender policy environment has contributed to a situation where women currently play significant roles in refugee camps.
145. There were a number of examples where women in camps described how they had become more empowered since arriving in Liberia, attributing this to increased awareness of rights due to activities by UNHCR and their partners. Empowerment of women in the camps became even more evident when the ET held similar FGDs with refugee and Liberian women in host communities since they were a de facto control group who had not benefited from such interventions.
146. Based on disaggregated FGD with FFA beneficiaries in host communities, although WFP's equity target had been achieved in terms of equal representation of women and men amongst beneficiaries, there was little evidence of empowerment. WFP staff encouraged equal participation of men and women in activities but the evaluation team found that leadership of activities, except for the all-female groups, was dominated by males.

### Protection

147. In contrast to the many examples of equity and empowerment observed in the camps, the situation of many female refugees outside the camps appears to have eroded. The ET encountered numerous examples of young girls and women who had resorted to prostitution or co-habiting with Liberian men to the extent that this is seen as a necessary, and accepted, coping strategy.<sup>151</sup>
148. Most CO staff were unfamiliar with WFP's potential protection role. It came as a surprise that this protection issue was not more of a focus in project design, not just for WFP, but also UNHCR. Save the Children had highlighted similar issues in Liberia a decade ago as part of a high-profile global advocacy campaign to encourage international agencies to develop sexual exploitation policies and strengthen relevant codes of conduct. Save the Children's report for Liberia included a recommendation that "*WFP should review the content and coverage of food ration distributions to remove food-related incentives for transactional sex. All ration cuts must be implemented only according to need rather than in 'across the board' decreases or as measures to promote return or other non-food*

<sup>151</sup> One key informant living in a host community was 13 years old when she arrived as a refugee in 2011. Less than five years later, she has two children and was one of a number of women interviewed who were in similar circumstances who expressed a strong desire to return to Cote d'Ivoire.

*related policies*".<sup>152</sup> Amnesty International<sup>153</sup> issued similar warnings after large scale influxes in 2011 and cases were reported by the 2012 and 2014 JAMs.

149. The ET found that the suspension of assistance, including food assistance, outside camps at the end of the EMOP in early 2013 had contributed to increased vulnerability of female refugees. However, there was little evidence of efforts by either UNHCR or WFP to mitigate this through awareness-raising or protection monitoring.<sup>154</sup> With the exception of Grand Gedeh County, where there was evidence of regular visits by staff from UNHCR and LRRRC, host communities visited by the ET had not been visited by staff from UNHCR, LRRRC or WFP since mid-2014. This indicates that protection of refugees was suspended soon after assistance was suspended despite UNHCR's global mandate and the commitment outlined in the PRRO Project Document.<sup>155</sup>
150. Findings from this evaluation indicated that the focus on the camp population in the PRRO without a transition strategy that adequately addressed protection needs for refugee girls and women who chose to remain in host communities following the withdrawal of assistance has had significant, and long-lasting, negative impacts.

Accountability to Affected Populations (AAP):

151. The 2014 and 2015 SPRs report on WFP corporate indicator "proportion of assisted people informed about the programme". This is a composite indicator that includes being informed on who is included, what people will receive and where people can complain. As shown in Table 15, the 2014 SPR reported that 73 percent of interviewees were fully informed, the proportion being practically the same for men (72 percent) and women (73 percent), which is close to the targeted 80 percent. 2015 results are substantially lower with only 32.7 per cent of interviewees being fully informed, again with minimal variation between men and women.

**Table 15: Cross-cutting indicators - AAP**

| Cross-cutting Indicators  | Target | 2014   |        |        | 2015  |       |       |
|---|--------|--------|--------|--------|-------|-------|-------|
|   |        | Total  | Men    | Women  | Total | Men   | Women |
| Proportion of assisted people informed about the programme  | 80%    | 72.59% | 72.31% | 72.86% | 32.7% | 30.2% | 32.7% |
| Proportion of assisted people who <u>do not</u> experience safety problems travelling to/from and at WFP programme site | 90%    | 88.41% | 91.14% | 85.88% | 85.2% | 88.2% | 81.3% |

Source: SPRs 2014 and 2015

<sup>152</sup> Save the Children (2006) From Camp to Community: Liberia study on exploitation of children (page 20) <http://reliefweb.int/sites/reliefweb.int/files/resources/OCB141B10EDFA13549257168000FB399-sc-lib-8may.pdf>

<sup>153</sup> Amnesty International (2011) Liberia: Protect Refugees Against Sexual Abuse Ivorian Women and Girls Compelled to Trade Sex for Food, Shelter <https://www.hrw.org/news/2011/04/20/liberia-protect-refugees-against-sexual-abuse>

<sup>154</sup> The 2012 JAM included refugees outside camp in their survey, but subsequent WFP household surveys during 2014 and 2015 only collected information from refugees in camps.

<sup>155</sup> The WFP PRRO Project Document stipulates that "WFP will work with stakeholders to ensure a protection focus to avoid unintentionally jeopardizing people's safety and dignity, especially for women..." (para 67).

152. The ET used a rapid participatory assessment tool (Annex 5) to rate the alignment of WFP and their partners with core elements in the IASC framework for AAP relating to 1) Information sharing, 2) Participation and 3) Feedback and Complaints. Participants rated WFP and their partners using a scale ranging from “basic”, to “intermediate”, to “mature” to “compliant”, the highest rating.<sup>156</sup>
153. Based on interviews with a total of 232 individuals<sup>157</sup> in 33 disaggregated groups were asked to rate WFP in the core aspects of the AAP framework, information-sharing, participation and complaints/feedback. The results (Annex 6) show relatively low levels of AAP, which was in line with 2015 SPR results but raised questions about validity of the results reported in the 2014 SPR.
154. Participation in the ET was ranked as “basic” although the results varied between groups. Refugee Camp members, and SF stakeholders were generally more engaged, and gave an intermediate rating, while women, disabled and FFA beneficiaries gave a basic rating. Information sharing rated slightly better: generally ranked as “intermediate”. Complaint and feedback mechanisms was the only category to score “mature” ratings, from distribution committees in all refugee camps and from disabled networks in Little Weibo camp. Other groups, however, including women’s groups, rated this category as basic.
155. Distribution committees rated participation as low saying they were not sufficiently involved in decision-making them meeting on a monthly basis with UNHCR, WFP and partners to plan distributions. Committee members were aware that UNHCR, WFP and LRRRC staff meet separately both before and after the meetings with refugee committees and felt most decisions are made then.
156. These low AAP scores should be viewed as a warning signal for the transition and phase-out of the PRRO and the issues that WFP might encounter in getting buy-in from the refugees if there is a shift to a targeted approach that is currently being contemplated by WFP and UNHCR. In addition, despite some improvements in equity and women’s empowerment in camps as noted above, the low ratings by women for participation and complaints/feedback systems is also something that warrants specific attention, particularly considering the high percentage of women in the camps and, as noted in the Protection section above, the prevalence of negative livelihood coping strategies amongst refugee women and girls who have settled in host communities.

### 2.3. Factors Affecting the Results

157. This section analyses the main internal and external factors that influenced changes observed and affected the PRRO results.

#### 2.3.1. Internal factors

158. **Monitoring systems:** Gaps in the CO monitoring system were observed throughout this evaluation in the form of significant gaps and quality of data provided by the CO to the ET to carry out this evaluation. Monitoring processes, data and quality assurance systems were found to fall significantly below WFP’s Minimum Monitoring Requirements.<sup>158</sup> While these shortfalls had been

<sup>156</sup> Criteria for each of the four ratings (“basic”, “intermediate”, “mature” and “compliant”) can be seen in Annex 5. The results are depicted graphically in Annex 6.

<sup>157</sup> 105 males and 127 females, mainly refugees in camps apart from 42 FFA beneficiaries in host communities.

<sup>158</sup> <http://srf-wfp.reliefapps.org/documents/MMRs%20FINAL.pdf>



recognised by the CO, who has been taking remedial action, there remain serious concerns regarding the overall management of the PRRO. ET interviews and a review of monitoring data and reports indicate that this situation has existed throughout the PRRO implementation period, although there have been some improvement since mid-2015. These gaps were found to have adversely affected the CO's performance, compromised their credibility with donors and undermined accountability to beneficiary communities. A review of monitoring reports and key informant interviews with staff who had experience of earlier projects including the 2012 EMOP found that the situation was previously much better, with a reputation for high quality reporting and evidence from interviews that reporting had informed decision-making.

159. The ET reviewed archives of hard copies of monitoring data in each of the three WFP Sub-Offices and found them to be more complete than in the CO. However, with the exception of Zwedru Sub-Office, other Sub-Offices could not provide PDM data even though WFP key informants said that they had been collecting PDM data and had been sending reports throughout the period.
160. This lack of data was attributed to a combination of factors during interviews, including a lack of senior management direction and oversight, robust systems for managing data, quality assurance. WFP also moved office in Monrovia at the end of 2015 and in many cases staff were unable to locate hard copies of reports. Similarly, partner monthly statistics template for the BSF component seems only to have been collected in one Sub-Office so it was not possible to find accurate figures for the total number beneficiaries reached. Several examples were found of obvious errors in PDM surveys and partner report data that was either not entered into the CO database or incorrectly entered.
161. Weaknesses in monitoring systems can partly be attributed to a tendency by CO senior management to vest responsibility for monitoring in a single individual. This approach has meant that a relatively robust monitoring system developed during the preceding EMOP could not be sustained after the focal point left. Although considerable resources were invested during the PRRO into development and population of a PDM database, there was inadequate capacity or guidance in the CO to even be able to extract information from the database after the focal point left Liberia at the end of 2015.<sup>159</sup> By the end of the ET's field visit the CO focal point had learned how to extract data, but was not yet able to analyse data, produce reports or comment on the quality of data.
162. Most staff in WFP Sub-Offices lacked a complete understanding of project objectives, indicators or budgets. In addition, staff in Sub-Offices have multiple responsibilities and lacked the capacity to carry out effective monitoring of all four components (during 2013-2014) or to provide the necessary capacity building or other support to LRRRC, UNHCR and other partners working in camps.
163. The result is that monitoring, with some notable exceptions, has been viewed mainly as an administrative task rather than a useful tool to improve the quality of interventions. Although a number of trainings for WFP and partner staff has been supported by the RB,<sup>160</sup> the ET found no evidence of any attempts to link these to a CO training plan, making it more difficult to fill priority capacity gaps.

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<sup>159</sup> After repeated requests, the ET eventually received a 2015 household survey report. However, the report had not been subjected to quality assurance by the CO and the ET questioned the validity of some of the results.

<sup>160</sup> According to the RB, CO staff participated in 17 RB-led workshops and trainings during 2014-2015.

164. Up until mid-2015, there appears to have been little programme oversight by CO senior management, with very infrequent project monitoring visits. The only significant improvements in monitoring and commodity control systems such as replacement of some Rubbhalls which were in poor condition, putting weighing scales in camps, and replacement of suspect scales, all appear to have happened only as a result of pressure applied by the donor based on findings from their own monitoring activities.
165. **Intervention and exit strategies:** The CO has not explored alternative intervention strategies. The CO has been exploring targeting strategies with UNHCR, though no concrete plan existed at the time of the field visit. Although the funding environment in Liberia is challenging, at the same time findings indicate a reluctance of donors to support the PRRO due to their perceived dissatisfaction with WFP Liberia's communication,<sup>161</sup> lack of strategic direction, poor performance, reporting and quality control during project implementation. Although the main donor has expressed reluctance to continue to support GFD, they appear likely to consider a coherent phase-out process based on a credible assessment, particularly if they observe that the CO's capacity gaps are being reinforced by the RB.
166. **Nutrition capacity:** The frequent turnover of WFP staff and the lack of nutrition technical focal point at times contributed to the low awareness and capacities to follow up the nutrition components. Staff are assigned to specific counties and cover all WFP programs in their county. However, specific training and guidance was not provided on how to support partners to work effectively.
167. As a result, TSF monitoring and supervisory visits were restricted to the delivery of food commodities, store management and, only occasionally, guidance on how to fill-in monthly reports. Scanned copies of TSF monthly reports from the health facilities were sent to WFP CO in Monrovia and, though not available at the time of the field visit, it is understood that data were fed into the MAM treatment database to monitor and analyse trends, and take corrective actions if deemed necessary.
168. During the review of the available nutrition registers at the health centres, and review of available reports, the ET found numerous inaccuracies and gaps in the data being sent to the CO, thus questioning quality and consistency of reporting. As noted above, the value of such reports appears to be as routine obligation rather than reflective efforts to understand the performance of an intervention, and raises concerns regarding the accuracy, reliability and validity of the nutrition data.
169. **Commodity management:** The ET identified a number of gaps in the PRRO commodity management and control systems, which have also been highlighted during monitoring missions by the main donor. Refugee Committees in all three of the camps mentioned that underweight and damaged bags of commodities were frequently delivered, especially prior to the introduction of weighing scales in the camps in mid-2015.
170. Refugee committees in all camps claimed that they had repeatedly requested WFP provide copies of waybills so that they could verify quantities delivered. However, the ET found that waybills were shared only in Bahn Camp, and then

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<sup>161</sup> WFP (2014) Inspection of WFP Operations in Liberia. Office of the Inspector General – Inspection Report IR/01/2014.



only since mid-2015.

171. Similarly, it was only in mid-2015 that weighing scales were made available in camps and standards agreed for dealing with underweight bags.<sup>162</sup> Refugee Committee members report that such cases have become less frequent since weighing scales came into use. While there may have been commodity leakage from the start of the project until mid-2015<sup>163</sup> it would however be difficult to determine quantities involved due to deficiencies in control systems.
172. **Synergies** between different programme components were not sufficiently taken advantage of so there were lost opportunities to improved results.<sup>164</sup> Another factor affecting results is the lack of complementarity with nutrition-sensitive considerations in other PRRO component activities.<sup>165</sup>

### 2.3.2. External factors

173. **Coordination:** There has been a consistent and strong link between WFP, UNHCR and LRRRC, with regular monthly consultations taking place both in Monrovia and at sub-office level. The importance of this close relationship was demonstrated early in 2016 when the three agencies launched a coordinated communication effort to prepare camp populations for an eventual phase-out of assistance, including GFD. Feedback from FGD in each camp demonstrated that this message had been consistently understood and refugees were preparing themselves even though they were unclear as to how and when this would happen.
174. **Voluntary repatriation rates:** The rate of voluntary repatriation has been, and continues to be, a major influence on the design and implementation of the PRRO. The current outlook is mainly positive with a total of 8,480 refugees returning during the first two months of 2016 with assistance from UNHCR. The total number of returns reported by UNHCR is 214,741, of which some 168,767 were spontaneous returns, since 2013. However, at the time the evaluation team visited Liberia the rate of voluntary repatriation from camps had slowed and UNHCR and LRRRC were switching their attention to refugees in host communities who expressed a wish to return. It is increasingly looking likely that a few thousand refugees may eventually choose to settle in Liberia rather than return, but it is uncertain how many.
175. **Exit strategy:** Interviews with WFP and UNHCR leadership indicate there are ongoing discussions about developing criteria in preparation for a targeted assistance approach as part of a phase out plan. However, despite the fact that the PRRO was scheduled to end in early 2016 and prospective donors, including the current donor, have expressed reluctance to continue to fund GFD, the CO had not yet carried out a livelihood options assessment nor developed a concrete operational plan based on such an assessment. UNHCR Liberia was planning to carry out a vulnerability assessment during 2016, but the WFP's role had not yet been defined at the time of the field visit.

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<sup>162</sup> Currently, if beneficiaries or committee members feel that a bag is underweight it will be weighed. There is an allowance for some loss during handling, but any bag less than 48 kg will be returned to the warehouse.

<sup>163</sup> Similar limitations due to gaps in WFP Liberia's reporting and data were highlighted during an inspection of the EMOP commissioned by the CO during 2014 after one of the donors (DFID) had noticed serious discrepancies between amounts of food reported, procured and delivered.

<sup>164</sup> As an example, if TSF and FFA are delivered in the same area, children who do not respond well to TSF can be targeted through the FFA intervention.

<sup>165</sup> For example, nutrition education sessions during food distributions or nutrition education in school feeding.

176. **UNHCR refugee registration:** WFP is dependent on UNHCR for their final GFD beneficiary figures. UNHCR was slow to gear up and respond to the influx of refugees from Cote d'Ivoire during the initial phase of the crisis.<sup>166</sup> Based on interviews with stakeholders involved with the refugee programme during 2011-2012, one of the results of the delay was a flawed registration process. This was reported to have undermined confidence of donors who felt the UNHCR figures were inflated. While UNHCR has tightened up the registration process over time, as illustrated in the chart in Annex 9, the proximity of the camps to the border combined with close ethnic and family links means that there are frequent movements back and forth, which are difficult to track.
177. **Funding:** Funding for WFP Liberia has been progressively declining during the PRRO project period, and it was only when the Ebola crisis erupted that the negative flow was reversed. Since Ebola was declared eradicated in 2015, donor interest in Liberia has continued its decline, not least because of demands emanating from humanitarian crises in Syria, Iraq and elsewhere. This, along with the perception by donors that durable solutions to the crisis are in sight, has led to a situation where WFP has only managed to mobilise 59 percent of the requirement for PRRO 200550 (see Figure 1). This shortfall has meant that the PRRO has not been able to meet its objectives and has contributed to inefficiencies, including suspension of stunting prevention activities for children 6-23 months in order to continue GFD. At the end of April 2016, there was a 40 percent shortfall against the revised PRRO budget of USD 32,925,000.<sup>167</sup> Virtually all external donor funding for the PRRO was provided by the U.S. government via USAID's FFP. This amounted to just over 50 percent of total contributions received, with most of the remainder being sourced through stock transfers. The dependency on a single donor was viewed by the ET as a high risk.
178. With the end of the PRRO in sight and poor prospects for continued funding for refugee operations, WFP Liberia finds itself in a delicate position of having to ensure that WFP promotes only voluntary repatriation without being perceived as using the suspension of food aid as a means of forcing refugees to return.
179. **Partner turnover:** There has been considerable turnover of CPs during the PRRO. Both the Danish Refugee Council (DRC) and the Norwegian Refugee Council (NRC) phased out their distribution and camp management roles at the end of 2014 and handed over responsibility to CARE International. Partnerships with all international WFP CPs were then phased out at the end of 2015<sup>168</sup> due to decreased funding. The handover to LRRRC and a national NGO (SEARCH), has reduced capacities and the availability of additional resources that international agencies brought with them.
180. **Ebola outbreak:** From mid-2014 until the end of 2015 both the CO and the RB were focused primarily on the response Ebola response.<sup>169</sup> This impacted implementation of PRRO activities, including monitoring. Although no cases of

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<sup>166</sup> UNHCR (2011a) Shelter from the storm: A real-time evaluation of UNHCR's response to the emergency in Cote d'Ivoire and Liberia. <http://www.unhcr.org/4e04982c9.html>

<sup>167</sup> The initial budget in the project document was USD 27,470,914.

<sup>168</sup> Danish Refugee Council and Save the Children. The others including CARE, CARITAS, IRC and NRC did phase out before 2015

<sup>169</sup> WFP concentrated its assistance on providing support to the health response to care for Ebola affected patients and to help stop the spread of the virus. Through the immediate response EMOP, WFP helped to meet emergency food needs to prevent deterioration of the food security situation of communities the affected. In addition, through the Regional EMOP WFP assisted patients in Ebola Treatment Units, contact cases and communities with high transmission of EVD.

EVD were reported in the three refugee camps or in the host communities,<sup>170</sup> households had limited access to markets, and movement was restricted. This resulted in an inability to conduct petty trading, casual work, and selling and buying of food and non-food items. Negative coping strategies including transactional sex for food or money therefore increased during this period.<sup>171</sup>

181. Fear of transmission of EVD also had a detrimental effect on health centre attendance, which significantly reduced nutrition activities. Middle Upper Arm Circumference (MUAC) screenings were affected by the “no-touch policy”, which resulted in a reduction in the number of admissions in the nutrition programmes in the refugee camps (see Annex 13), lower program coverage, and longer length-of-stay in OTP and TSF.<sup>172</sup> Attendance to the different nutritional programs was also drastically reduced due to refugee reluctance to come to the centre during follow up distribution days. This situation may have negatively impacted SPP for children 6-23 months implemented by UNHCR through IPs (SENS 2015). WFP supported BSF to PLW was not affected as the program came to its end in June 2014. According to interviews with refugees and health staff, the initial resistance to attend health facilities was, somewhat, successfully addressed through effective communication campaigns by CHWs and other fora, and re-organization of distribution days to avoid crowds together at the same time.

### 3 Conclusions and Recommendations

#### 3.1 Overall Assessment

182. In terms of **appropriateness to needs**, the ET found that the design of the PRRO was relevant to the context and the needs in the refugee camps and host communities during the initial phase of the operation. The ET found the PRRO choice of activities to be adequate to address immediate food insecurity and fragile livelihoods needs, with the exception of the MAM treatment which was not justified in the light of the low GAM rates. However, the CO failed to re-evaluate the design after six months as per the recommendation of the 2012 JAM, and conduct an in-depth livelihoods options assessment. The ET found that the lack of understanding of the refugees’ livelihood situation that could inform a re-design of the PRRO using appropriate food assistance approaches, meant that the operation became less relevant over time. Such an intervention strategy that aimed at enhancing the refugees’ livelihoods, would have provided a more favourable environment to promote refugee self-reliance whether they decide to return to Cote d’Ivoire or stay in Liberia.
183. The ET also concluded that although the design of the PRRO echoed many of the relevant findings of the 2012 JAM about gender, it did not take into sufficient account key elements such as access to livelihood opportunities, child care responsibilities and mitigation of negative coping strategies.
184. The ET determined that the PRRO was generally coherent with WFP and government policies, with some exceptions notably the implementation of MAM treatment despite the low GAM prevalence (in relation to WFP Nutrition Policy) and the lack of consideration of alternative food assistance modalities as per

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<sup>170</sup> <http://www.unhcr.org/5673f37d2.html>

<sup>171</sup> UNHCR year-end report for nutrition unit-2014.

<sup>172</sup> SENS 2015. HIS data

## WFP's Cash and Voucher Policies.

185. **Coverage** of GFD has been high, with all refugees in the camps receiving assistance. The PRRO started with four activities in four camps but due to camp closures and funding shortfalls, are currently implementing only one activity (GFD) in three camps. As recommended by assessments carried out in 2011 and 2012, providing 100 percent coverage was not an appropriate approach and WFP should have started to transition out of GFD much sooner and moved to a targeted approach that promoted self-reliance amongst the majority of the population while providing specific support to vulnerable refugees. The ET was unable to locate coverage figures for MAM treatment, but found the BSF coverage to PLW to be relatively high in the camps at more than 70 percent during the seven months it was implemented.
186. The **effectiveness and impact** of the PRRO has proved difficult to evaluate. Although the SPRs report that some targets have been met, the ET found many gaps and discrepancies in CO data that undermined confidence in the results.
187. Acceptance of GFD by refugees has been relatively high with 73 percent of the planned tonnage of commodities has been delivered. However, few outcome targets have been met and, although the ET has questions about the validity of the result, only 20-30 percent of households with acceptable FCS<sup>173</sup> is an indicator of low effectiveness and impact. Reports from refugees that 20-40 percent of rations were sold, mainly to purchase other food items, is also an indicator of reduced effectiveness and alternative transfer mechanisms are needed. Inadequate control measures that were not addressed until mid-2015 may have resulted in commodity leakage. While continuation of GFD appears to have helped maintain nutritional status of camp populations at levels comparable to surrounding communities, there are signs that it has increased dependency which will make the phase out process more challenging in the medium to long term.
188. SF activities had different impacts in different locations. Some schools experienced an increase in enrolment and retention after SF activities started, while in others, there was a downturn in enrolment even before SF started and SF could not reverse it. Although parents and other key informants provided evidence of other positive outcomes, the ET were unable to ascertain reasons to account for these differences in impacts between camps, and therefore cannot say conclusively that SF has contributed to attendance and enrolment.
189. TSF effectiveness was constrained due to the short implementation period, issues related to data quality and reporting, and the inability to monitor program performance. Although reported nutrition outcomes meet Sphere standards, the ET feels this may not reflect reality. The CO would have reduced malnutrition rates more effectively by prioritizing SPP. A comprehensive SPP using a blanket distribution approach complemented with BCC activities to promote IYCF and hygiene good practices along with MUAC screening and referral, would have helped to prevent both stunting and acute malnutrition. Better synergies with other agencies would have also helped to improve nutritional outcomes.
190. The FFA activity was well received by communities because it provided additional food, during the critical lean period in the agricultural calendar. However, no outcome monitoring was done, so it was difficult for the ET to measure the effectiveness, impact and sustainability of each of the FFA projects.

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<sup>173</sup> 2014 and 2015 SPR data

191. Gender and protection aspects do not appear to have been adequately included, despite commitments and descriptions in project documents. Although tools on promoting women and girls' education and on mainstreaming gender into education in emergencies have been developed in conjunction with the the Inter-Agency Network for Education in Emergency (INEE)<sup>174</sup> they have not been utilized during the PRRO.
192. Despite gaps in the gender analysis in the design of the PRRO, it seems to have improved its results on GEWE issues during the second half of the PRRO, in relation with decision-making of the use of food in refugee camps households. The revision of the PD and inclusion of WFP gender corporate indicators seem to have increased awareness on gender issues, though gender analysis and programming should have been stronger in School Feeding and FFA components. Similarly, the rolling out of BCC activities could have impacted the understanding of gender roles in the health care of PLW and children.
193. In terms of protection, while increasing women's empowerment has reinforced protection within refugee camps, findings from this evaluation indicate that a focus on assisting the camp population has meant that many refugee girls and women who chose to stay in host communities have resorted to living with Liberian men as a coping strategy following the withdrawal of assistance. Something that has had significant, and long-lasting, impacts.
194. The operation's results have been affected negatively by the following internal factors:
  - Weak monitoring and evaluation systems which raise serious concerns about the quality assurance and effective management of the PRRO.
  - Weak nutrition capacities within WFP staff which contributed to the low awareness and capacities to follow up the nutrition components
  - Gaps in the PRRO commodity management and control systems.
195. Despite these gaps, the ET found no evidence that the CO had received specific support for the PRRO by RB deployments. At the same time, the CO did host several RB deployments<sup>175</sup> and received programme, logistics and monitoring technical assistance from the RB to support the CO's response to the Ebola crisis.<sup>176</sup> The RB's expectation was, although the focus was on the Ebola crisis, this support would help in strengthening CO capacity in general. The CO could have taken more advantage of RB technical capacities if the CO had a capacity building plan in place that addressed specific gaps.
196. The external environment has also contributed to the results of the PRRO:
  - Coordination between WFP, UNHCR and LRRRC has been strong, with regular monthly consultations taking place both in Monrovia and at sub-office level. However, problems with UNHCR registration numbers have affected programme planning for WFP.
  - Voluntary repatriation has reduced the numbers of people in the refugee camps in Liberia, and the numbers continue to decline.
  - Funding for WFP Liberia has been since the PRRO project launch, and it was only when the Ebola crisis erupted that the negative flow was reversed, before again assuming a downward trend. Although the funding environment has

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<sup>174</sup> INEE 2006; INEE/IRC/WCRWC, 2006.

<sup>175</sup> The RB reported 17 technical/support missions and 11 oversight missions to the CO during 2014-2015.

<sup>176</sup> It was noted that the RB for West Africa has the highest number of countries (19), and number of active projects (45), yet has the lowest number of employees per country (5.4) compared to other regions.

been challenging, findings from this evaluation also indicate a reluctance of donors to support the PRRO due to their dissatisfaction with WFP Liberia's communication,<sup>177</sup> lack of a coherent assistance strategy, performance, reporting and quality control during project implementation.

197. The priority given to GFD has meant that the PRRO has been continuously implemented in a relief mode. This has not only reduced the appropriateness, efficiency, effectiveness and sustainability of the PRRO, but also undermined the confidence of the donor community in the CO. The ET finds that it is not sustainable to continue providing GFD the refugee camps and that resources should be reoriented to support a transition strategy that promotes refugee self-reliance as soon as feasible.

### **3.2 Recommendations**

198. The ET conclude the main recommendation from this evaluation is that immediate steps should be taken to realign PRRO in preparation for a phase out of refugee operations. The ET finds that the current model of assistance is neither appropriate, efficient nor sustainable and resources should be prioritised towards promoting refugee self-reliance. The recommendations relating to the phase out, together with the recommendation to improve monitoring and information management systems, have been given immediate priority.

#### **Immediate priority (within 2 months)**

**RECOMMENDATION 1: In consultation with UNHCR, LRRRC and donor(s), and with necessary support from the WFP Regional Bureau, WFP Liberia should immediately commission an in-depth livelihood options assessment of refugees in both camp and host communities to determine appropriate approaches and interventions as a first step in phasing out the PRRO. *This assessment should consider:***

- A robust gender analysis that will identify vulnerable groups and result in concrete recommendations to address the specific needs, roles, vulnerabilities, risks – such as GBV and sexual exploitation and abuse – access to resources, coping strategies and capacities of women, men, girls and boys during and after the PRRO phases out.
- Capturing relevant lessons from relevant past experiences, both positive and negative, of 1) different categories of unassisted refugees who have been living in host communities and 2) refugees who have already experienced the transition and phase out process during 2008.

**RECOMMENDATION 2: In consultation with UNHCR, LRRRC, donor(s), other partners and with necessary support from the WFP Regional Bureau, WFP Liberia should use the livelihood options assessment as a basis to draft an operational plan to ensure a smooth phase out of the PRRO that reduces risks of negative coping strategies.**

- The operational plan should describe how:
  - Development activities and actors will support a transition and phase-out of the PRRO;

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<sup>177</sup> WFP (2014) Inspection of WFP Operations in Liberia. Office of the Inspector General – Inspection Report IR/01/2014.

- Refugee participation and ownership of the process will be promoted, including promoting GEWE by encouraging active participation of women during decision-making and planning processes in line with WFP's Gender Policy;
- Impacts on nutritionally-vulnerable groups and individuals will be mitigated.
- The operational plan should also include a logical framework, to monitor key aspects of transition and withdrawal, including periodic follow up monitoring in camps and communities following withdrawal of assistance to track unintended impacts.
- The RB should support the CO with additional capacity and technical support through the deployment of staff and/or external expertise as required to support the CO during the transition by:
  - Providing technical support to ensure the livelihoods assessment provides a satisfactory result with actionable recommendations;
  - Share relevant learning from other operations in the region
  - Support drafting of the operational plan for transition/exit strategy, notably in designing alternative food assistance intervention strategies, developing targeting criteria and safety net systems for vulnerable groups and individuals.<sup>178</sup>

**RECOMMENDATION 3: The CO and their partners, should support vulnerable groups during the phase out of the PRRO by advocating for and supporting the establishment of synergies' with other government and partners' programmes by:**

- Advocating with UNHCR and LRRRC to prioritise and address protection needs of refugee girls and women living in host communities; and
- Working with LRRRC to ensure vulnerable groups receive assistance from other government programmes as appropriate.
- Encourage refugee leadership and distribution committees to assume greater responsibility for ensuring that disabled and other vulnerable groups have equitable access to assistance.
- Advocate for the inclusion of PLHIV and TB in refugee camps as part of the MoU that WFP will sign shortly with the Global Fund to provide nutritional support through ART/PMTCT sites at scale.
- WFP and UNHCR Liberia should coordinate with their colleagues in Cote d'Ivoire, to search for synergies in their actions supporting vulnerable groups and make a concerted planning to allow them to make informed decisions. Specifically, clear guidance on the transition period should be developed for PLHIV, female –and child headed households, the disabled and the elderly.
- Joint advocacy with UNHCR for the inclusion of refugee population in the UNICEF nation-wide micronutrient powder supplementation (MNP) program for children 6-23 months and/or collaborating with UNHCR and

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<sup>178</sup> This will be critical support given the relative lack of CO capacity and experience with alternative food assistance approaches.



UNICEF to adapt the Liberian package on IYCF and care practices for refugees to be used in support of behavior change activities through CHWs.

### **Medium-term priority (3-6 months)**

**RECOMMENDATION 4: The CO, with support from the RB, should ensure monitoring, information management, reporting and quality assurance systems are improved to meet WFP Minimum Monitoring Requirements by:**

- Strengthening monitoring capacities amongst its staff, partners and refugee leadership and distribution committees to achieve necessary changes. Providing resources are available, a capacity-building plan with milestones should be developed for WFP staff, partners and refugee leadership;
- Incorporating beneficiary complaints and feedback into information management and monitoring systems;
- Improving database management by strengthening links between different systems and developing protocols to improve quality assurance;
- Adapting formats and timing of monitoring outputs so that they are used by WFP CO and RB management for real-time decision making;
- Strengthening post-distribution monitoring and reporting systems.
- Taking advantage of planned roll-out of corporate monitoring systems and tools (e.g. COMET) to support reinforcement of CO's M&E capacities.

**RECOMMENDATION 5: The CO, with the support or advice from RB and UNHCR, should clarify and define WFP's role in protection in line with WFP's 2014-2017 Strategic Plan and ensure this is adequately understood and put into practice by CO staff by:**

- Increasing awareness of staff of WFP and partners (notably UNHCR, UNICEF and LRRRC) about WFP's protection policy and potential roles using concrete examples where appropriate. In the context of the PRRO, WFP's protection role will tend to be a supporting and advocacy role with UNHCR and the government, using WFP's areas of expertise in food security and nutrition as appropriate;
- Strengthen the integration of community-level feedback and complaints systems into protection monitoring; and
- Reach agreement on protection protocols with and LRRRC (and other government agencies as appropriate) and UN partner agencies with protection mandates (UNHCR, UNICEF).

### **Longer-term priority (6-12 months)**

**RECOMMENDATION 6: In future programmes, if GAM rates are below minimum thresholds, the CO should prioritize prevention of undernutrition, notably stunting prevention, to promote increased resilience by:**

- Strengthening collaborative partnerships and synergies between project components by, for example, combining FFA/GFD with nutrition education

and communication strategies; and

- Geographic targeting of nutrition activities to facilitate integration of WFP/other agency program activities.

**RECOMMENDATION 7: The CO should improve accountability to affected populations by:**

- Carrying out a self-assessment using the rapid participatory assessment tool used for this evaluation or another appropriate tool(s),<sup>179</sup> preferably together with key partners;
- Use the results of the self-assessment to develop an action plan aimed at promoting greater transparency, participation and strengthening feedback and complaints systems;
- Together with UNHCR and LRRC, encourage and support refugee leadership to hold themselves accountable to their respective constituencies; and
- Incorporating relevant AAP indicators into the logical framework and monitoring systems.

**RECOMMENDATION 8: The CO, with support from the RB, should apply relevant learning from the PRRO experience and to help address gender sensitivity gaps within the country programme by:**

- Requesting the support of a gender expert to conduct a gender assessment at national level inclusive of refugee populations to gain better insights into the specific needs, roles, vulnerabilities, risks such as GBV and sexual exploitation, access to resources, coping strategies and capacities of women, men, girls and boys.
- Identifying adequate GEWE actions and secure resourcing in future programming to effectively attain WFP's Gender Policy objectives, with special focus on increased empowerment of women-headed households, support to vulnerable individual and protection.
- Seeking RB technical guidance on GEWE issues and support the CO in the development of a gender capacity development action plan for CO staff on gender mainstreaming as per WFP Gender Policy.

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<sup>179</sup> IASC (2012) Tools to assist in implementing IASC AAP Commitments  
[https://interagencystandingcommittee.org/system/files/legacy\\_files/TOOLS%20to%20assist%20in%20implementing%20the%20IASC%20AAP%20Commitments.pdf](https://interagencystandingcommittee.org/system/files/legacy_files/TOOLS%20to%20assist%20in%20implementing%20the%20IASC%20AAP%20Commitments.pdf)

## Annex 1: Evaluation Terms of Reference



# EVALUATION QUALITY ASSURANCE SYSTEM

*Measuring Results, Sharing Lessons*

## OPERATION EVALUATION

### **LIBERIA PROTRACTED RELIEF AND RECOVERY OPERATION (PRRO) 200550 – FOOD ASSISTANCE FOR REFUGEES AND VULNERABLE HOST POPULATIONS**

#### **TABLE OF CONTENTS**

|           |  |           |
|-----------|--|-----------|
| <b>1.</b> | Introduction.....                                    | 2         |
| <b>2.</b> | Reasons for the Evaluation.....                      | 2         |
|           | 2.1. Rationale .....                                 | 2         |
|           | 2.2. Objectives .....                                | 2         |
|           | 2.3. Stakeholders and Users.....                     | 3         |
| <b>3.</b> | Subject of the Evaluation.....                       | 4         |
| <b>4.</b> | Evaluation Approach .....                            | 8         |
|           | 4.1. Scope.....                                      | 8         |
|           | 4.2. Evaluation Questions .....                      | 8         |
|           | 4.3 Evaluability Assessment .....                    | 9         |
|           | 4.4. Methodology .....                               | 10        |
|           | 4.5. Quality Assurance .....                         | 10        |
| <b>5.</b> | Phases and deliverables .....                        | 11        |
| <b>6.</b> | Organization of the Evaluation .....                 | 12        |
|           | 6.1 Outsourced approach.....                         | 12        |
|           | 6.2 Evaluation Management .....                      | 13        |
|           | 6.3 Evaluation Conduct.....                          | 13        |
|           | 6.4 Security Considerations .....                    | 14        |
| <b>7.</b> | Roles and Responsibilities of WFP Stakeholders ..... | 14        |
| <b>8.</b> | Communication and budget .....                       | 15        |
|           | 8.1. Communication .....                             | 15        |
|           | 8.2. Budget.....                                     | 16        |
|           | Annex 1: Map.....                                    | 167       |
|           | Annex 2: Evaluation timeline .....                   | 18        |
|           | <b>Acronyms .....</b>                                | <b>19</b> |

## 1. Introduction

1. These Terms of Reference (TOR) are for the evaluation of Liberia PRRO 200550 “Food Assistance for Refugees and Vulnerable Host Populations”. This evaluation is commissioned by the WFP Office of Evaluation (OEV) and will last from January (inception phase) to May 2016 (final 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 operations 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. Rationale

### 2.1 Reasons for the Evaluation

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.<sup>1</sup> From a shortlist of operations meeting these criteria prepared by OEV, the Regional Bureau (RB) has selected, in consultation with the Country Office (CO) Liberia PRRO 200550 “Food Assistance for Refugees and Vulnerable Host Populations” for an independent evaluation. In particular, the evaluation has been timed to ensure that findings can feed into future decisions on programme implementation and/or design.
6. In particular, the CO expects the findings from this evaluation to feed into the foreseen extension of the current PRRO beyond April 2016, and to be used for programme design in the longer term, particularly in case of residual caseload of Ivorian refugees in Liberia. Furthermore, the RB’s expectations from this evaluation include lessons learnt on longstanding refugee context, to be potentially applied elsewhere in the West Africa region.

### 2.2 Objectives

7. 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. A management response to the evaluation recommendations will be prepared.
  - **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

8. **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 one below provides a preliminary stakeholders' analysis, which will be deepened by the evaluation team in the inception package in order to acknowledge the existence of various groups (women, men, boys and girls) that are affected by the evaluation in different ways and to determine their level of participation. During the field mission, the validation process of evaluation findings should include all groups.

**Table 10. Preliminary Stakeholder Analysis**

| Stakeholders  | Interest in the evaluation   |
|---|--|
| <b>INTERNAL STAKEHOLDERS</b>  |  |
| <b>Liberia 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 for the performance and results of its operation.  |
| <b>Regional Bureau (RB) in 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 particular, Côte d'Ivoire CO might also have a more indirect interest in the findings from this evaluation, given the main scope of PRRO 200550 is food assistance to Ivorian refugees in Liberia.  |
| <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 (EB)</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>EXTERNAL STAKEHOLDERS</b><br>(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. Various Ministries are partners in the design and implementation of WFP activities, including the Ministry of Agriculture, the Ministry of Health (including Country Health Teams) and the Ministry of Education. The Liberia Refugee Repatriation and Resettlement Commission (LRRRC) is a key partner in the design and implementation of WFP activities for refugees and populations hosting them. |
| <b>UN Country team</b>  | The UNCT's harmonized action should contribute to the realisation of the government developmental objectives. It has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level, including UNHCR, UNICEF and FAO.  |

|                      |  |
|----------------------|--|
| <b>NGOs</b>          | NGOs are WFP's partners for the implementation of some activities while at the same time having their own interventions. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships. |
| <b>Civil society</b> | Civil society groups work within the same context in which WFP operates and have an interest in areas related to WFP interventions (food security, nutrition,  |
| <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   |

9. **Users.** The primary users of this evaluation will be:

- The Liberia CO and its partners in decision-making related notably to programme implementation and/or design, country strategy and partnerships.
- Given RB's core functions the RB is expected to use the evaluation findings to provide strategic guidance, programme support and oversight.
- OEV will use the evaluation findings to feed into an annual synthesis of all OpEvs and will reflect upon the evaluation process to refine its OpEv approach, as required.

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

10. Since the 2003 Comprehensive Peace Agreement, Liberia has been recovering from a 14-year civil war that destroyed national infrastructure and basic social services. Increased stability has supported increased economic growth: real gross domestic product growth is estimated at 8.3 percent in 2012 and 7.5 percent in 2013. However, minimal social protection mechanisms leave vulnerable groups highly at risk to economic and environmental shocks.
11. The overall population of refugees and asylum seekers in Liberia grew significantly in 2011 following the unrest triggered by the December 2010 presidential election in Côte d'Ivoire. More than 200,000 Ivorians crossed into Liberia as refugees between November 2010 and May 2011. The caseload has declined over four years through voluntary and spontaneous repatriation. Between January and May 2014, 12,000 refugees out of 22,000 planned were repatriated from Liberia through convoys organized by UNHCR. The repatriation process was suspended in June 2014 following the Ebola outbreak in neighbouring Guinea and Liberia and subsequent border closures by Ivorian authorities.
12. In response to the refugee crisis in late-2010, WFP prepared an immediate response emergency operation for three months while developing a full emergency operation (EMOP), which assisted Ivorian refugees and affected host communities from early 2011 to mid-2013. The EMOP (200225) delivered a range of activities including: emergency rations; general food distributions (GFD); targeted supplementary feeding for treatment of moderate acute malnutrition (MAM); complementary feeding for prevention of stunting; school feeding and food assistance for assets (FFA).
13. The successive 2-year PRRO (200550) launched in 2013 initially planned to support 90,000 Ivorian refugees and vulnerable host populations through:
  - i. **a relief component** comprising GFD for refugees in camps and targeted supplementary feeding for children aged 6-59 months with MAM living in host communities (both host population and refugees residing in host communities), in collaboration with Ministry of Health;
  - ii. **early recovery and transition component** comprising Prevention of Stunting for children aged 6-23 months and pregnant and lactating

women FFA for refugees and host populations during the lean season

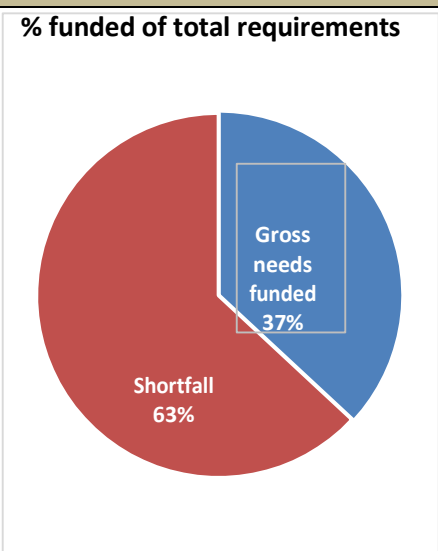
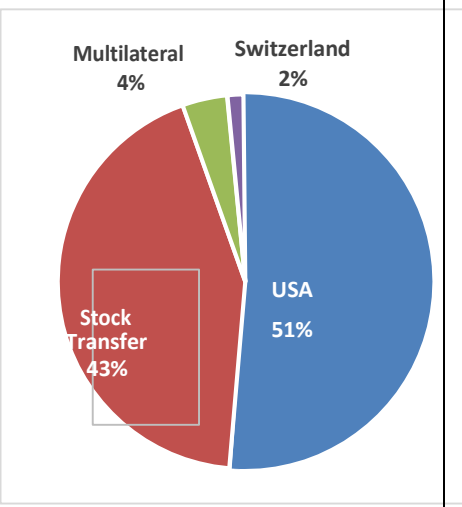
14. The PRRO 200550 was designed to complement WFP Liberia’s ongoing country programme (Country Programme) 200395 (2013–2017), which aims to reduce chronic food insecurity, strengthen social safety nets, and develop national capacity for sustainable management of safety-net programmes, focusing on school feeding, nutrition support and FFA.
15. In addition, in response to the Ebola outbreak, since August 2014 WFP Liberia has provided food and nutrition support to individuals and communities affected by the epidemic through the regional EMOP 20076,<sup>180</sup> as well as common logistics services to enhance the efficiency of the Ebola humanitarian response through the Special Operation 200773.
16. The project document of PRRO 200550 including the project logframe, related amendments (Budget revisions) and the latest resource situation are available on wfp.org at this [link](#).<sup>2</sup> The key characteristics of the operation are outlined in table two below:

**Table 8. Key characteristics of the operation**

| OPERATION                        |   |   |
|----------------------------------|---|---|
| <b>Approval</b>                  | The operation was approved by WFP Executive Director in June 2013.  |   |
| <b>Amendments</b>                | <p>There have been 4 amendments (budget revisions, BRs) to the initial project document. In particular:</p> <ul style="list-style-type: none"> <li>- BR#1 (October 2013) introduced an adjustment to the Prevention of Stunting activity, with a change in the food commodities for children aged 6-23 months from Plumpy’Doz to Nutributter.</li> <li>- BR#4 (July 2015) extended the PRRO for 10 months (July 2015-April 2016). Revised PRRO activities currently include only general food distribution (GFD) to approximately 30,000 refugees hosted in three camps.</li> </ul> |   |
| <b>Duration</b>                  | <u>Initial:</u><br>24 months (July 2013 – June 2015)  | <u>Revised (BR#4):</u><br>34 months (July 2013 – April 2016)                                    |
| <b>Planned beneficiaries</b>     | <u>Initial:</u><br>90,000   | <u>Revised (BR#4):</u><br>30,000 (for the 10 month extension period, i.e. July 2015-April 2016) |
| <b>Planned food requirements</b> | <u>Initial:</u><br>23,859 mt of food commodities  | <u>Revised (BR#4):</u><br>28,339 mt of food commodities   |
| <b>US\$ requirements</b>         | <u>Initial:</u><br>27,470,914 US\$  | <u>Revised (BR#4):</u><br>32,925,000 US\$   |

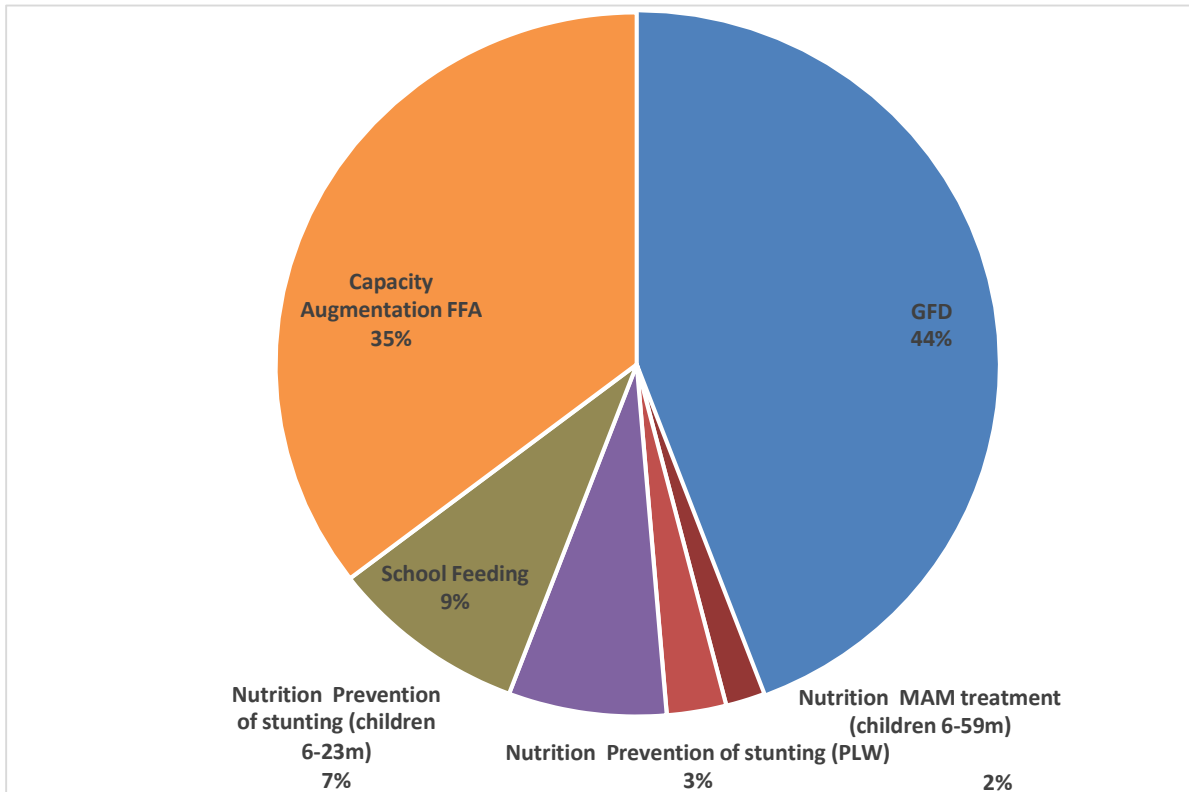
<sup>180</sup> From WFP.org – Countries – Liberia – Operations. 50



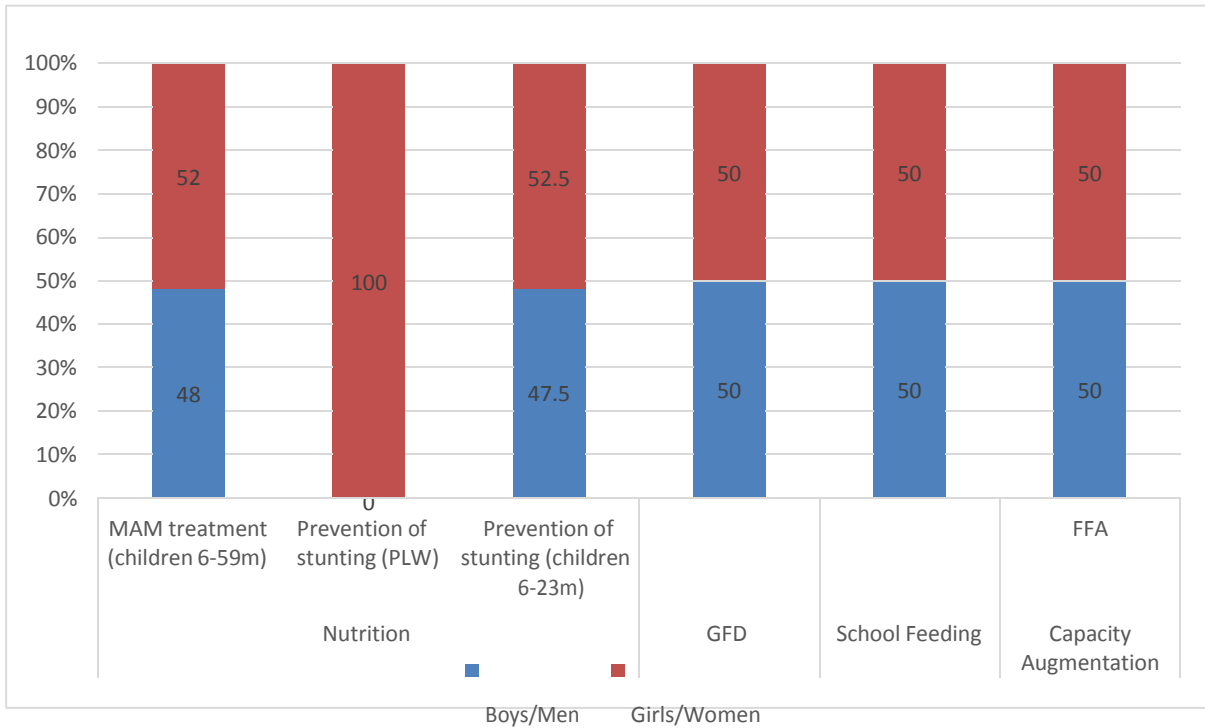
| OBJECTIVES, OUTCOMES AND ACTIVITIES<br>(from logframe in project document)  |  |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
|---|--|--|---|-----------|-----|--------------------|-----|---|-------|------------|-----|-----|----------------|-----|--------------|----|-------------|----|
| Contribution to Millennium Development Goals<br>1, 2, 4 and 5.  | <b>WFP Strategic Objective (SO)</b>  | <b>Operation specific outcomes</b>                                       | <b>Activities</b>   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
|   | <b>SO1</b> - Save lives and protect livelihoods in emergencies   | Improved food consumption over assistance period                         | <b>GFD</b> for refugees   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
|   | <b>SO3</b> - Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations  | Reduced acute malnutrition in target groups                              | <b>Targeted Supplementary Feeding</b> for children aged 6-59 months (refugees and host populations) |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
|   |  | Reduced stunting in targeted children/communities and individuals        | <b>Prevention of Stunting</b> for children aged 6-23 months and PLW (refugees and host populations) |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
|   |  | Adequate food consumption over assistance period for targeted households | <b>FFA</b> for refugees and host populations  |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
|   |  | Increased access to education  | <b>School Feeding</b> in refugee camps  |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| Stabilized enrolment of girls and boys in assisted primary schools  |  |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| PARTNERS  |  |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| <b>Government</b>   | Ministry of Health, Ministry of Education, Ministry of Agriculture, Liberia Refugee Repatriation and Resettlement Commission (LRRRC)   |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| <b>United Nations</b>   | UNHCR, UNICEF, FAO   |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| <b>NGOs</b>   | CARE, Caritas Cape Palmas, Danish Refugee Council, Norwegian Refugee Council   |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| RESOURCES (INPUTS)  |  |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| <b>Contribution received [as of 2 Dec. 2015]:</b><br>19,264,648 US\$<br><br><b>% against appeal:</b><br>58.5%<br><br><b>% operation time elapsed:</b> 85%<br><br><b>Top donors:</b><br>USA<br>Multilateral<br>Switzerland | <b>% funded of total requirements</b><br><br> <table border="1"> <caption>% funded of total requirements</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Shortfall</td> <td>63%</td> </tr> <tr> <td>Gross needs funded</td> <td>37%</td> </tr> </tbody> </table> | Category   | Percentage  | Shortfall | 63% | Gross needs funded | 37% | <b>Top donors</b><br><br> <table border="1"> <caption>Top donors</caption> <thead> <tr> <th>Donor</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>USA</td> <td>51%</td> </tr> <tr> <td>Stock Transfer</td> <td>43%</td> </tr> <tr> <td>Multilateral</td> <td>4%</td> </tr> <tr> <td>Switzerland</td> <td>2%</td> </tr> </tbody> </table> | Donor | Percentage | USA | 51% | Stock Transfer | 43% | Multilateral | 4% | Switzerland | 2% |
| Category  | Percentage   |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| Shortfall   | 63%  |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| Gross needs funded  | 37%  |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| Donor   | Percentage   |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| USA   | 51%  |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| Stock Transfer  | 43%  |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| Multilateral  | 4%   |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |
| Switzerland   | 2%   |  |   |           |     |                    |     |   |       |            |     |     |                |     |              |    |             |    |

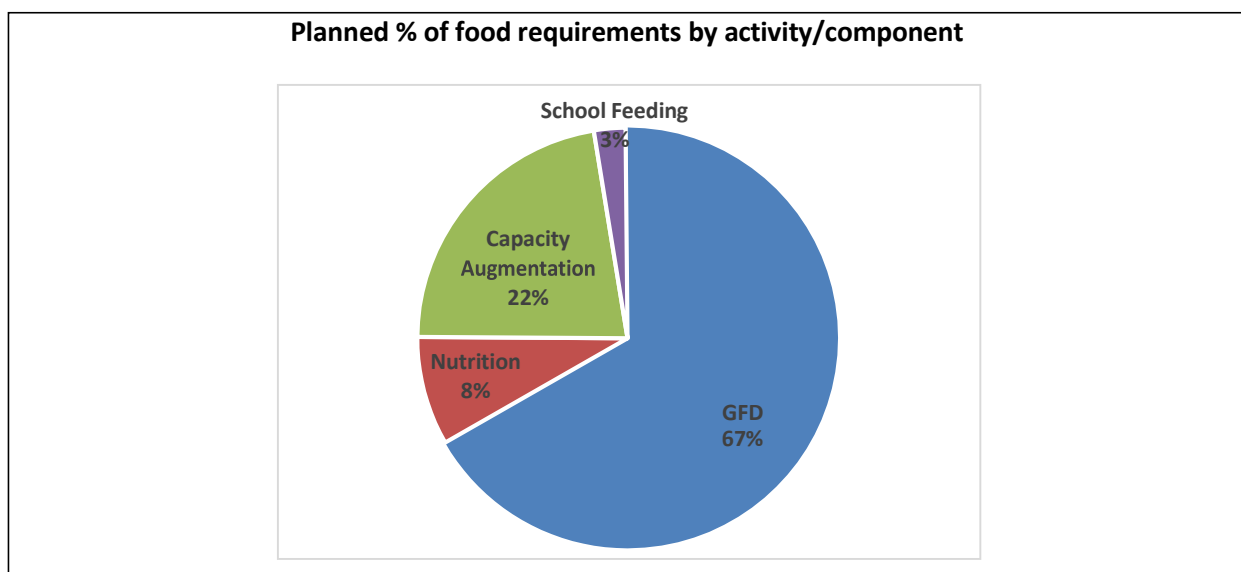
**PLANNED OUTPUTS (as per project document)**

**Planned % of beneficiaries by activity/component**



**Planned % of women/girls versus men/boys by activity/component**





#### 4.1 Evaluation Approach

17. **Scope.** The evaluation will cover PRRO 200550 including all activities and processes related to its formulation, implementation, resourcing, monitoring, evaluation and reporting relevant to answer the evaluation questions. The period covered by this evaluation captures the time from the development of the operation (January-June 2013) and the period from the beginning of the operation until the start of the evaluation (July 2013-March 2016).
18. Although the evaluation will cover all activities implemented under the PRRO 200550 since July 2013, a larger focus on the activities that are currently being rolled out as per BR#4 is expected, namely GFD in refugee camps. Additional areas of interest include: 1) comparison between the statuses of refugees inside and outside camps; 2) integration of host communities within PRRO activities; 3) opportunities for the integration of refugees in livelihood activities in the Liberian context and for durable solutions.

#### 4.2 Evaluation Questions

19. 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, 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 and gender policies and strategies and seek complementarity with the interventions of relevant humanitarian and development partners as well as with other CO interventions in the country.
- Were coherent at project design stage with relevant WFP and UN-wide system strategies, policies and normative guidance (including gender)<sup>181</sup>, and

<sup>181</sup> Relevant WFP Policies include: School Feeding Policy, Gender Policy, Nutrition Policy, WFP role in humanitarian system, Humanitarian Protection Policy. For a brief on each of these and other relevant policies and the links to the

remained so over time. In particular,

**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 GEEW results have been achieved;
- How 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 inquiry is likely to focus, amongst others, on:

- Internally (factors within WFP's control): the 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; etc.
- Externally (factors outside WFP's control): the external operating environment; the funding climate; external incentives and pressures; etc.

### 4.3 Evaluability Assessment

20. 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 and determine whether additional indicators are required to include gender empowerment and gender equality dimensions.
21. In answering question one, the team will be able to rely on assessment reports, minutes from the project review committee, the project document and logframe, evaluations or reviews of ongoing and past operations, 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.
22. For question two the operation has been designed in line with the corporate SRF and selected outputs, outcomes and targets are recorded in the logframe.

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policy documents, see the WFP orientation guide on page 14. For gender, in addition to the team will analyse if and how gender empowerment and equality of women (GEEW) objectives and mainstreaming principles were included in the intervention design in line with the MDGs and other system-wide commitments enshrining gender rights.

Monitoring reports as well as annual standard project reports (SPRs) detail achievement of outputs and outcomes thus making them evaluable against the stated objectives.

23. However, answering question two is likely to pose some challenges owing in part to:  
i) the absence of baseline data for the activities, which will need to be reconstructed using findings from various assessment reports and ii) data gaps in relation to efficiency.
24. For question three, the team members will have access to some institutional planning documents and is likely to elicit further information from key informant interviews.

#### **4.4 Methodology**

25. 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 (or connectedness for emergency operations), giving special consideration to gender and equity issues.
  - Use applicable standards (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;
  - Ensure through the use of mixed methods and appropriate sampling 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.

#### **4.5 Quality Assurance**

26. OEV's 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.
27. At the start of the evaluation, OEV will orient the evaluation manager on EQAS and share related documents. 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

28. The evaluation will proceed through five phases. Annex two provides details of the activities and the related timeline of activities and deliverables.
29. **Preparation phase** (November-December 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.
30. **Inception phase** (January-February 2016): 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 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](#).

31. **Evaluation phase** (end of February to mid-March 2016): 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 debriefings.

32. **Reporting phase** (March-May 2016): 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](#).

33. **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 office 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. This synthesis will identify key features of the evaluated operations and report on the gender sensitivity of the operations among other elements. 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 the 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 11. Key dates for field mission and deliverables**

| Entity respons | Phase      | Activities               | Key dates                      |
|----------------|------------|--------------------------|--------------------------------|
| EM/ET          | Inception  | Draft Inception Package  | 8 <sup>th</sup> February 2016  |
| EM/ET          | Inception  | Final Inception Package  | 22 <sup>nd</sup> February      |
| CO/ET          | Evaluation | Evaluation field mission | 29 <sup>th</sup> February 2016 |



|       |            |   |                             |
|-------|------------|---|-----------------------------|
| ET    | Evaluation | Exit Debriefing Presentation                            | 18 <sup>th</sup> March 2016 |
| EM/ET | Reporting  | Conference call with CO/RB to discuss emerging areas of | 11 <sup>th</sup> April 2016 |
| EM/ET | Reporting  | Draft Evaluation Report                                 | 20 <sup>th</sup> April 2016 |
| EM/ET | Reporting  | Final Evaluation Report                                 | 20 <sup>th</sup> May 2016   |
| CO/RB | Follow-up  | Management Response                                     | 20 <sup>th</sup> June 2016  |

## 6. Organization of the Evaluation

### 6.1 Outsourced approach

34. 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.

35. 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.

36. The company, the EM and the ET members will not have been involved in the design, implementation or monitoring 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](#).

37. 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

38. 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

39. 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.

40. **Team composition.** The evaluation team is expected to include two to three members, including the team leader. It should include women and men of mixed cultural backgrounds and one Liberian national. At least one team member should have WFP experience.

41. **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 (listed in order of priority):

- **Food-for-Assets** programming and livelihoods
- **Nutrition** programming (with focus on stunting prevention)
- **Refugee context**, humanitarian law and conflict
- **Resilience** action (as for how it affects refugee community as a learning point for similar opportunities)
- Good understanding/knowledge of the **socio/cultural/ethnic context**
- **Gender** expertise/good knowledge of gender issues within the country/regional context as well as understanding of UN system-wide and WFP commitments on gender.

42. All team members should have strong analytical and communication skills; evaluation experience and familiarity with the country or region.

Oral and written language requirements include full proficiency in English and ideally French (should there be a lack in terms of French language skills, translators would need to be arranged for interviews with beneficiaries). As specified in section 5, the Inception package and Evaluation report will need to be written in English.

43. 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.

44. 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.

45. **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.

46. 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**

47. 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.

48. 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 34.

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

49. **The Country Office.** The CO management will be responsible to:

- Assign a focal point for the evaluation. **Wurie Alghassim** (DCD) and **Aaron Sleh** (Programme Officer) 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.

50. **The Regional Bureau.** The RB management will be responsible to:

- Assign a focal point for the evaluation. **Aboubacar Koisha** (RBD Regional M&E Adviser) 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.

51. **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.

52. **The Office of Evaluation.** OEV is responsible for commissioning the evaluation and **Filippo Pompili**, (Evaluation Officer) will be the OEV focal point for this evaluation. 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**

53. 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 33) describes how findings will be disseminated.

54. 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

55. **Funding source:** The evaluation will be funded in line with the WFP special funding mechanism for Operations Evaluations (Executive Director memo dated October 2012 and July 2015). The cost to be borne by the CO will be established by the WFP Budget & Programming Division (RMB).

56. **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 road travel, which will be provided by WFP country office.

*Please send queries to:*

*Filippo Pompili, Evaluation Officer, at: [filippo.pompili@wfp.org](mailto:filippo.pompili@wfp.org), phone: +39 06 6513 6454.*

## **Annex 2: Evaluation approach and methodology**

The evaluation covered all activities and processes related to its formulation, implementation, resourcing, monitoring, evaluation and reporting relevant to answer the evaluation questions and covered the time from the development of the PRRO (January-June 2013) until the completion of this evaluation process (July 2013-May 2016).

Although the evaluation covered all activities implemented under the PRRO 200550 since July 2013, there was a larger focus on GFD in the refugee camps that are still operating since other component activities had already been suspended. The ET also assessed 1) comparison between the status of refugees inside and outside camps; 2) incorporation of host communities within PRRO activities; 3) opportunities for the integration of refugees in livelihood activities in the Liberian context and for durable solutions.

This external evaluation was designed to accommodate the mutually reinforcing objectives of accountability and learning, with an awareness of the RB's interest in using the evaluation findings to apply relevant learning to other WFP offices in the region. The evaluation sought to answer the evaluation questions presented in the TOR using OECD criteria of relevance, coherence (internal and external), coverage, efficiency, effectiveness, impact and connectedness, giving special consideration to gender and equity issues.

The methodology for this evaluation included a desk review, semi-structured individual and FGD in addition to direct observations during a three-week field visit to Liberia during March 1-18, 2016. The desk review included strategies, policies, guidelines, project documents, assessments, M&E reports and other documents relevant to the operation obtained from WFP and other stakeholders. Quantitative and qualitative data was purposively gathered from a selected range of sources as described in the evaluation matrix (Annex 4).

To ensure data integrity and factual accuracy throughout the review process, team members periodically compared, triangulated and analysed data collected. Given the gaps in the CO database, triangulation was a key tool used during this evaluation for validating and analysing findings:

- *Source triangulation*: comparison of information from different sources;
- *Method triangulation*: comparison of information collected by different methods, e.g. key informant interviews, focus group discussions (separated by gender, vulnerable group), document research;
- *Comparator agency triangulation*: contrast and compare the operations and technical support of selected partner agencies; and
- *The evaluation matrix* was used to organise data to facilitate analysis.

In line with the TOR, there was a specific focus on taking into account how the different roles performed by men, women, boys and girls had been considered during the design, implementation and monitoring of the operation and how this has contributed to changing power relations and achieving gender equity. Gender considerations also influenced the planning for key informant interviews and FGD to ensure that refugees and host community members were in environments that respected their dignity and were conducive to an open discussion. Similar approaches were used during FGD with vulnerable groups.

## **Data collection methods and tools**

A set of questions and sub-questions developed based on the TOR for the evaluation an evidence matrix (Annex 3) was used to develop a data collection tool (Annex 4), which ET members used as a checklist during guided discussions based on the specific knowledge and perspectives of key informants. Most of the interviews with refugees and host community members took place during FGD. Results from interviews and FGD were organised based on the evidence matrix to facilitate data analysis by the team. Before starting interviews, team members explained their commitments to relevant codes of conduct and ethical standards for interviews, notably their voluntary nature along with non-attribution and confidentiality obligations. Observations during site visits enabled the evaluation team to gather additional data.

Accountability to affected populations was assessed by reviewing relevant systems, such as beneficiary feedback and complaints mechanisms that have been used by WFP and their partners. A rapid participatory assessment tool was also used to capture primary data about community-level perceptions during FGD (see Annexes 5 and 6).

In addition to visiting the CO and offices of other agencies in Monrovia, the ET also visited the three counties where refugee camps were still operating. The ET interviewed a total of 370 key informants, of which 48 refugees and 65 Liberians in 10 host communities (69 men, 44 women) in 19 FGD and 189 refugees in 26 FGD in three refugee camps (82 men, 107 women). In camps, FGD were disaggregated according to the following categories; refugee leadership, distribution committees, nutrition beneficiaries, disabled, PLWHIV, teachers, students, parents and cooks. The full list of interviewees can be seen in Annex 15.

There were two separate debriefing sessions at the end of the field visit, one on March 17 with UNHCR staff and WFP's existing and former cooperating partners and a second session on March 18 involving WFP CO staff, with RB staff joining by phone that provided opportunities for validating and prioritising provisional findings and emerging recommendations. The team also used opportunities during FGD to collect refugee and host community perspectives on emerging findings and conclusions. A follow up call was held with CO staff on April 18 to review emerging recommendations.

## **Quality control**

The evaluation followed the quality norms and standards of WFP EQAS for operation evaluations, as well as UNEG norms and standards.

The evaluation manager reviewed draft versions of the inception package and this evaluation report to ensure that these products complied with EQAS and the requirements described in the TOR for this evaluation.

## **Site selection for primary information collection**

Sites were selected in consultation with the CO so as to provide a representative sample of different factors that influenced the implementation of activities, outputs and outcomes of the PRRO. Selection criteria used was as follows:

- Camps that were still operating and nearby host communities where the team can hold key informant interviews and SDD FGD with representatives of refugees, host communities, local officials and staff of WFP, government authorities, UNHCR, NGOs and CBOs that together provided a perspective of all four PRRO component activities (GFD, nutrition, school feeding, FFA). This included the ability to hold FGD or key informant interviews with disaggregated groups (e.g. women, students, members of vulnerable groups).



- Presence of refugee and host community leaders and community members, of both sexes, who are willing to speak openly with ET member(s) and together can provide a representative perspective on the range of component activities over the period covering the operation;
- Concrete examples of implementation of relevant WFP policies, particularly those applying to gender (e.g. examples of equity or women’s empowerment); and
- Conducive security environment that facilitates movement and open discussions between ET members and key informants.

Based on this criteria, the field visit itinerary and a site mapping was developed as shown below.

**Evaluation mission schedule**

| Date                                   | Activity   |
|--|--|
| Sunday, 28 February                    | Travel Madrid/Geneva-Monrovia<br>Night in Monrovia   |
| Monday, 29 February & Tuesday, 1 March | Orientation briefings with WFP Liberia, UNHCR Liberia, LRRRC, FGD with partners<br>Nights in Monrovia  |
| Wednesday, 2 March                     | Travel to refugee sites  |
| Thursday, 3 March – Thursday, 10 March | Visits to refugee camps and host communities in Nimba, Grand Gedeh and Maryland counties. KII/FGD discussions with refugees, host communities, local government, WFP, UNHCR and NGOs. Observations of ongoing and completed activities |
| Friday, 11 March                       | Travel back to Monrovia<br>Night in Monrovia   |
| Saturday, 12 March – Sunday, 13 March  | Internal team work<br>Night in Monrovia  |
| Monday, 14 March – Wednesday, 16 March | interviews with WFP/UNHCR/government/donor/partner staff. Additional data collection/collation.<br>Night in Monrovia   |
| Thursday, 17 March                     | Interviews and interactive working session with WFP partners. Additional data collection/collation.  |
| Friday 18 March                        | Interactive working session with WFP<br>Team Leader and Nutrition Expert departure afternoon/evening   |

## Site Mapping for the Field Visit

| Activity              | County                                    | Beneficiaries no.   | Sites no.   | Partner Organisations   |
|-----------------------|---|---|---|---|
| GFD                   | 1) Maryland<br>2) Grand Gedeh<br>3) Nimba | 1) 10,000<br>2) 18,500<br>3) 9,598  | 1) Little Wiebo Refugee Camp<br>2.1) PTP Refugee Camp<br>2.2) Solo Refugee Camp (now closed)<br>3) Bahn Refugee Camp  | 1) DRC;<br>CARE;<br>LRRRC<br>2) NRC;<br>CARE;<br>LRRRC<br>3) NRC;<br>CARE;<br>LRRRC |
| GFD Total             |   | 38,098  |   |   |
| MAM 6-59 months       | 2) Nimba                                  | 2) 570  | 2) 8 health centres in host communities   | 1. CHT  |
| MAM Total             |   | TBD   |   |   |
| FFA                   | 1) Maryland<br>2) Grand Gedeh             | 1.1a) 400 (4.4mt)<br>1.1b) 240 (2.4mt)<br>1.1c) 4,885 (49.3mt)<br>1.1d) 29,555 (288.5mt)<br>1.2a) 3,040 (30.7mt)<br>1.2b) 3,435 (34.7mt)<br>1.2c) 2,645 (38.6mt)<br>1.3a) 9,820 (94.3mt)<br>1.3b) 320 (3.2mt)<br>1.3c) 4,610 (46.6mt)<br>1.4) 3,050 (30.8mt)<br>2) 15,000 (TBD) | 1.1a) Harper/lowland rice cultivation<br>1.1b) Harper/bridge rehabilitation<br>1.1c) Harper/drainage & waterway works<br>1.1d) Harper/road rehabilitation<br>1.2a) Pleebo/drainage & waterway works<br>1.2b) Pleebo/lowland rice cultivation<br>1.2c) Pleebo/road rehabilitation<br>1.3a) Karluway/road rehabilitation<br>1.3b) Pleebo/bridge rehabilitation<br>1.3c) Pleebo/lowland rice cultivation<br>1.4) Barrobo/lowland rice cultivation<br>2) 14 sites | 1) CARITAS<br>2) CARITAS  |
| FFA Total             |   | 77,000  |   |   |
| School Feeding        | 1) Maryland<br>2) Grand Gedeh<br>3) Nimba | 1) TBC<br>2) 3,658<br>3) TBC  | 1) Little Wiebo Camp School<br>2) 2 sites: PTP Refugee Camp School; Solo Refugee Camp School (camp now closed)<br>3) Bahn Refugee Camp School   | 1) DRC<br>2) Save the Children<br>3) Save the Children                              |
| ScF Total             |   | TBD   |   |   |
| PLW                   | 1) Maryland<br>2) Grand Gedeh<br>3) Nimba | 1.1) 240<br>1.2) 200<br>2) 443<br>3) 300  | 1) Little Wiebo Camp Health Center<br>2) 1 site: PTP Refugee Camp<br>3) Bahn Refugee Camp   | 1) MERLIN;<br>IRC<br>2) IRC<br>3) AHA   |
| PLW Total             |   | 1,183   |   |   |
| Nutrition 6-23 months | n/a                                       | n/a   | n/a   | n/a   |
| Nutrition Total       |   |   |   |   |

### Annex 3: Evaluation matrix

| Key Question 1: How appropriate is the operation? |   |   |  |   |   |  |
|---|---|---|--|---|---|--|
| No.   | Sub-questions   | Measure/Indicator   | Main Sources of Information  | Data Collection Methods   | Data Analysis Methods   | Evidence quality   |
| 1.1   | 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? | <p><b>1.1.1: Relevance of the objectives of the operation regarding the context and needs identified, and of the evolution of needs of refugees from Cote d'Ivoire and Liberian host populations during implementation.</b></p> <ul style="list-style-type: none"> <li>- Process and quality of disaggregated assessments of nutrition, food security, humanitarian protection and education needs and the extent to which these informed the design of the operation</li> <li>- Process and quality of the continuing review of needs during the implementation of the operation</li> <li>- Situation and needs in terms of nutrition, health, vulnerability, food security, humanitarian protection and education when the programme was designed (SDD food consumption, coping strategies, livelihoods, malnutrition, school enrolment and frequency...); situation and specific needs of women, men, girls and boys</li> <li>- Accountability: proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)</li> <li>- Protection: proportion of assisted people who do not experience safety problems travelling to or from WFP programme sites</li> <li>- Extent to which GEWE analysis was conducted to inform the design of the operation (including the use of GEWE principles, SDD and Gender Marker). Presence of explicit gender programming and budgeting in the PRRO and gender indicators in the M&amp;E systems.</li> <li>- Extent to which the operation represents and appropriately responded to identified needs over the life of the project</li> </ul> | <ul style="list-style-type: none"> <li>- WFP staff implicated in the programme design</li> <li>- Government at national and local levels, UNHCR, CPs</li> <li>- Teachers</li> <li>- Refugee committees</li> <li>- Male and female beneficiaries (including separate male/ female FGD)</li> <li>- Local community representatives</li> <li>- Project document</li> <li>- Needs assessment reports such as JAM, Joint Rapid Food Security Assessment and Market assessment reports</li> <li>- Other relevant documents, such as PDMs, partner monitoring reports.</li> <li>- WFP relevant policies (see points 1.1.3 and 1.3)</li> <li>- SPR 2013, 2014 and 2015 (the latter when available)</li> <li>- Complaints system records of UNHCR and partners</li> <li>- UNHCR Age, Gender and Diversity (AGD) review reports</li> <li>- UNHCR protection reports</li> </ul> | <ul style="list-style-type: none"> <li>- Semi structured interviews</li> <li>- Observations</li> <li>- Literature review</li> <li>- Secondary data review</li> <li>- Literature review</li> <li>- Validation during debriefing on preliminary findings</li> </ul> | <ul style="list-style-type: none"> <li>Triangulation of evidence</li> <li>Validation of preliminary findings in restitutions</li> <li>Comparative analysis between project document and WFP Country Strategy and relevant policies</li> </ul> | <p>Lack of secondary information on beneficiary needs. 2015 reports not yet available. No design documents of activities available. Unclear at this stage about the reasons for shifts in targeting and site selection.</p> <p>To be compensated during the field mission.</p> |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  | <p>- Extent to which alternative intervention strategies were examined and assessed during the design and life of the project.</p> <p><b>1.1.2: Relevance of activities and transfer modalities implemented</b></p> <ul style="list-style-type: none"> <li>- Quality and relevance of the logic of intervention, and proposed activities to achieve the objectives of the programme.</li> <li>- Appropriateness to needs of the approaches proposed for GFD, stunting prevention, treatment of MAM, school feeding and FFA. Existence of viable alternatives.</li> <li>- Appropriateness of proposed food rations to needs, food habits and expected results</li> <li>- Appropriateness of activities supported through FFA</li> <li>- Appropriateness to needs of transfer modalities proposed, including type of transfer, of commodity and modes of distribution (e.g. could cash or voucher approaches been more appropriate?)</li> <li>- Level of participation of stakeholders, including beneficiaries, in the definition of activities, modalities and ration composition</li> <li>- Level of satisfaction of beneficiaries on activities implemented</li> <li>- Extent to which activities selected are in line with Liberian policies/ guidelines/ protocols for the specific sectors.</li> </ul> <p><b>1.1.3: Appropriateness of beneficiary targeting and coverage</b></p> <ul style="list-style-type: none"> <li>- Relevance of the targeting of refugees in camps vs. out of camps, and of host community members for different activities</li> <li>- Relevance of targeting criteria</li> <li>- Quality, including transparency, of the selection process, including beneficiary complaint systems</li> <li>- Level of participation and satisfaction of stakeholders (including beneficiaries) in the definition of selection</li> </ul> | <ul style="list-style-type: none"> <li>- Stakeholder staff (WFP, UNHCR, UNICEF, refugee committees, schools, students, parents, male and female beneficiaries, host communities)</li> <li>- Other key informants</li> <li>- Nutrition, food security, livelihoods, needs assessment (including JAM) reports</li> <li>- Relevant strategies and policies</li> <li>- Technical documents on activities' conception and implementation</li> </ul><br><ul style="list-style-type: none"> <li>- Stakeholders staff (WFP, UNHCR, UNICEF, LRRRC, MoH, refugee committees, schools, students' parents/PTA, beneficiaries (full and reduced rations)</li> <li>- Other key informants</li> <li>- Project document and WFP Country Strategy</li> <li>- Food security, livelihoods, education assessment reports</li> <li>- Targeting approach conception documents</li> </ul> |  |  | <p style="text-align: center;">OK</p><br><p style="text-align: center;">No information available at inception stage on the targeting approach</p> |
|--|--|--|--|--|---|

|     |   |   |   |   |  |    |
|-----|---|---|---|---|--|----|
|     |   | <p>criteria and in the beneficiary selection process</p> <ul style="list-style-type: none"> <li>- Extent to which there were errors of inclusion and exclusion of beneficiaries.</li> <li>-Existence of mechanisms for monitoring changes in the needs and adjustments in targeting</li> <li>- Did beneficiary targeting for the different components result in any exclusion?</li> </ul>   |   |   |  |    |
| 1.2 | <p>To what extent has been operation been coherent with relevant stated national policies, including sector and gender policies and strategies and seek complementarity with the interventions of relevant humanitarian and development partners as well as with other CO interventions in the country?</p> | <p><b>1.2.1: Coherence of the operation with Government policies and strategies on refugees, host communities, food security, livelihoods, gender, humanitarian protection, education, durable solutions, in term of:</b></p> <ul style="list-style-type: none"> <li>- Objectives</li> <li>- Approaches</li> <li>- Priorities</li> <li>- Alignment between the PRRO and WFP Liberia’s country strategy</li> </ul> <p><b>1.2.2: Coherence of the operation with other humanitarian interventions:</b></p> <ul style="list-style-type: none"> <li>- UNHCR and WFP MoU at global and national level</li> <li>- Other activities supported by UNICEF, UNHCR (e.g. consistency with UNHCR’s Education Strategy 2012-2016)</li> <li>- Consistency with cluster approaches</li> <li>- Consistency with UNDAF</li> <li>- Respect of Sphere standards</li> <li>- Activities supported by other actors</li> </ul> | <ul style="list-style-type: none"> <li>- Government institutions staff (LRRRC and other relevant sectorial bodies)</li> <li>- Documents on national and regional policies, strategies and national programmes</li> <li>- Project document</li> <li>- UNHCR, donors and other stakeholders’ staff</li> <li>- UNHCR-WFP MoU</li> <li>- UNDAF Liberia 2013-2017</li> </ul> | <ul style="list-style-type: none"> <li>- Semi structured interviews</li> <li>- Literature review and comparative analysis</li> <li>- Semi structured interviews</li> <li>- Literature review</li> </ul> | <p>Comparison of the programme’s objectives, activities, standards and approaches with national policies and strategies and other interventions’ objectives and activities</p> | OK |
| 1.3 | <p>Were coherent at project design stage with relevant WFP and UN-</p>  | <p><b>1.3.1: Coherence of the operation with WFP country-level strategic plans for 2008-2013 and 2014-2017, in terms of:</b></p> <ul style="list-style-type: none"> <li>- objectives</li> <li>-activities</li> <li>- indicators</li> </ul>  | <ul style="list-style-type: none"> <li>- WFP representative and head of programme</li> <li>- WFP strategic plans</li> </ul>   | <ul style="list-style-type: none"> <li>- Semi structured interviews</li> </ul>  | <p>Comparison of the programme’s objectives, activities,</p>   | OK |

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <p>wide system strategies, policies and normative guidance (including gender), and remained so over time. In particular, if and how gender empowerment and equality of women (GEWE) objectives and mainstreaming principles were included in the intervention design in line with the MDGs and other system-wide commitments enshrining gender rights?</p> | <p>- modalities...</p> <p><b>1.3.2: Coherence of the operation with WFP regional strategy</b></p> <p>- lessons from the Liberia operation that can potentially be applied to other chronic refugee situations in the region.</p> <p><b>1.3.3: Coherence of the operation with relevant WFP policies and strategies, including:</b></p> <p>- 2015 Gender Policy, 2015 Building Resilience for Food Security &amp; Nutrition, 2013 School Feeding Policy, 2013 WFP's Role in Peacebuilding in Transition Settings, 2012 Nutrition policy (specifically regarding stunting prevention and treatment of MAM), 2012 Humanitarian Protection Policy, 2012 WFP's Role in Humanitarian Assistance System, 2010 HIV and AIDS Policy, 2008 Policy on Vouchers and Cash Transfer (together with the 2011 Update), 2004 Humanitarian Principles.</p> <p>- Gender policy: did WFP's programming incorporated gender dimension, in all aspects of planning and implementation?</p> <p>- Consistency between the PRRO and 2009 school feeding policy</p> <p><b>1.3.4: Coherence of the operation with WFP sectoral policies and technical guidance in terms of:</b></p> <p>- Food security</p> <p>- School Feeding</p> <p>- Nutrition</p> <p>- FFA</p> <p>- Gender: to what extent have gender dimensions been incorporated in all aspects of planning and implementation</p> <p>- Humanitarian protection</p> <p>- Nutrition: - The nutrition policy (2012), specifically regarding stunting prevention and treatment of MAM</p> | <p>- MoH and MoA staff</p> <p>- Monitoring reports</p> <p>- WFP regional strategy</p> <p>- Senior regional programme advisor</p> <p>- Regional M&amp;E advisor</p> <p>- WFP technical staff</p> <p>- Strategies, policies and technical guidance documents</p> | <p>- Literature review</p> <p>- Literature review</p> <p>- Semi structured interviews</p> <p>- Literature review</p> | <p>approaches and modalities with the objectives and guidance of strategic plans and technical guidance documents</p> | <p>Uncertain, no information available at inception stage</p> <p>Regional strategy not available at inception phase</p> <p>OK</p> |
|--|--|--|--|---|---|

| Key Question 2: What are the results of the operation? |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| No.  | Sub-questions  | Measure/Indicator  | Main Sources of Information   | Data Collection Methods  | Data Analysis Methods  | Evidence quality   |
| 2.1  | What is the level of attainment of the planned outputs (including the number of beneficiaries served disaggregated by women, girls, men and boys?) | <p><b>2.1.1: General Food Distribution</b></p> <ul style="list-style-type: none"> <li>- Number of extremely food-insecure refugee household members by age group and gender receiving partial rations as percentage of planned</li> <li>- Number of moderately food-insecure refugee households members by age group and gender receiving full rations as percentage of planned</li> <li>- Quantity of WFP food distributed, disaggregated by commodity and tonnes, as % of planned</li> </ul> <p><b>2.1.2: School feeding</b></p> <ul style="list-style-type: none"> <li>- Number of students receiving WFP assistance per month</li> <li>- Quantity of WFP food distributed as percentage of planned by food type</li> </ul> <p><b>2.1.3: FFA</b></p> <ul style="list-style-type: none"> <li>- Number of beneficiaries by age group and gender and type of activity, receiving WFP assistance</li> <li>- Quantity of WFP food distributed as percentage of planned food type</li> </ul> <p><b>2.1.4: Nutrition: Treatment of MAM (TSF)</b></p> <ul style="list-style-type: none"> <li>- Number of children 6-59 months, by gender and age group, having received food assistance</li> <li>- Quantity of food distributed, by type</li> <li>- Number of health centres/sites assisted</li> </ul> <p><b>2.1.5: Prevention of chronic malnutrition</b></p> <ul style="list-style-type: none"> <li>- Number of PLW, and children 6-23 months, by sex and age group, having received food assistance</li> <li>- Quantity of food distributed, by type</li> <li>- Number of health centres/sites assisted</li> </ul> | <ul style="list-style-type: none"> <li>- Schools</li> <li>- Refugee committees</li> <li>- Teachers</li> <li>- Students</li> <li>- Students' parents</li> <li>- Beneficiaries of GFD</li> <li>- Partners</li> <li>- Standard Project Reports</li> <li>- Monthly distribution reports</li> <li>- Partner's reports</li> <li>- M&amp;E reports</li> </ul><br><ul style="list-style-type: none"> <li>- SPRs and Operation Annual Plans</li> <li>- Monthly distribution reports</li> <li>- Implementing Partners and partner reports</li> <li>- WFP M&amp;E reports</li> <li>- Beneficiaries, both women and men</li> <li>- Refugee authorities, refugee women's committees</li> </ul> | <ul style="list-style-type: none"> <li>- Semi-structured interviews: individual (partner staff, teachers) and focus groups (beneficiaries, students, parents)</li> <li>- Observation</li> <li>- Literature review</li> <li>- Restitution of preliminary findings</li> </ul><br><ul style="list-style-type: none"> <li>- Semi-structured interviews: individual (WFP staff, partners, health County Teams, health centres staff) and focus groups (beneficiaries)</li> <li>- Observation</li> <li>- Literature</li> </ul> | <p>Comparison between planned and attained outputs using tables and graphs</p> <p>Triangulation of evidence</p> <p>Validation of preliminary findings during debrief</p> | <p>Activity level reporting is not disaggregated in SPRs Draft SPR 2015 not yet available</p> <p>No details available at this stage on centres and beneficiaries reached by county for nutrition activities</p> <p>Indicators on nutrition messaging and counselling included during BR4 (July 2015)</p> |



|     |  |  |  |  |   |  |
|-----|--|--|--|--|---|--|
|     |  | <ul style="list-style-type: none"> <li>- Number of feeding days</li> <li>-Number of targeted caregivers (male and female) receiving 3 key messages delivered through WFP-supported messaging and counselling</li> <li>-Number of women/men beneficiaries exposed to nutrition messaging supported by WFP</li> <li>-Number of women/men receiving nutrition counselling supported by WFP</li> </ul>   |  | <ul style="list-style-type: none"> <li>review</li> <li>- debriefing on preliminary findings</li> </ul>   |   |  |
| 2.2 | To what extent 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 GEWE results have been achieved? | <p><b>2.2.1: Outcome measurement: GFD</b></p> <ul style="list-style-type: none"> <li>- Food consumption score: percentage of households with poor food consumption score</li> <li>- Diet diversity score, disaggregated by sex of household head</li> </ul> <p><b>2.2.2: Outcome measurement: school feeding</b></p> <ul style="list-style-type: none"> <li>- To what extent did SF contribute to school enrolment and school retention of boy and girls?</li> </ul> <p><b>2.2.3: Outcome measurement: FFA</b></p> <ul style="list-style-type: none"> <li>- To what extent did FFA projects contribute to food security and access to market for the local population?</li> <li>- Ratio of male to female/refugee to host population beneficiaries</li> <li>- Number of planned FFA project against actual completed</li> </ul> <p><b>2.2.4 Nutrition – TSF and Stunting Prevention</b></p> <ul style="list-style-type: none"> <li>- Prevalence of GAM among children 6-59 months</li> <li>- MAM treatment recovery rate</li> <li>- MAM treatment mortality rate</li> <li>- MAM treatment default rate</li> <li>- MAM treatment non-response rate</li> <li>- Prevalence of stunting among children under 2</li> </ul> <p><b>2.2.5: Gender and Humanitarian Protection</b></p> <ul style="list-style-type: none"> <li>- Proportion of assisted women, men or both women and men who make decisions over the use of the food within the household</li> </ul> | <ul style="list-style-type: none"> <li>- Standard Project Reports</li> <li>- Partners reports</li> <li>- Post distribution monitoring reports</li> </ul><br><ul style="list-style-type: none"> <li>- Standard Project Reports</li> <li>- Partners reports</li> </ul><br><ul style="list-style-type: none"> <li>- Standard Project Reports</li> <li>- Partners reports</li> <li>- Beneficiary lists</li> </ul><br><ul style="list-style-type: none"> <li>- SPRs, Project documents, BR, JAMs</li> <li>- Partners reports</li> <li>- M&amp;E database</li> <li>- SENS surveys</li> </ul><br><ul style="list-style-type: none"> <li>- WFP operational annual plans and output monitoring related documents</li> <li>- Beneficiaries, men and women</li> </ul> | <ul style="list-style-type: none"> <li>- Literature review</li> </ul><br><ul style="list-style-type: none"> <li>- Literature review</li> </ul><br><ul style="list-style-type: none"> <li>- Literature review</li> <li>- Observation</li> <li>- Individual and focus group interviews</li> </ul><br><ul style="list-style-type: none"> <li>- Individual and focus group interviews</li> </ul> | <ul style="list-style-type: none"> <li>- Comparison between targets and achieved</li> <li>- Comparison between targets and achieved</li> <li>- Comparison between targets and achieved</li> </ul> | <ul style="list-style-type: none"> <li>OK</li> <li>No measured</li> <li>Not measured</li> <li>OK</li> <li>No detailed info on TSF performance indicators at inception stage (available only 2014 aggregated data)</li> </ul> |

|     |   |  |   |   |   |                        |
|-----|---|--|---|---|---|------------------------|
|     |   | <ul style="list-style-type: none"> <li>- Proportion of women beneficiaries in leadership positions in refugee committees</li> <li>- GEWE, e.g. proportion of women committee members trained on modalities of food distribution</li> <li>- Proportion of assisted people who do not experience safety problems to/from and at WFP programme sites</li> </ul> <p><b>2.2.5: Other effects, positive or negative</b></p> <ul style="list-style-type: none"> <li>- Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)</li> <li>- Proportion of project activities implemented with the engagement of complementary partners</li> <li>- Amount of complementary assistance provided to the project by partners (including NGOs, civil society, private sector, international financial institutions and regional development banks)</li> <li>- Number of partner organizations that provide complementary inputs and services</li> <li>- Effects on the environment</li> <li>- Partner's capacities</li> <li>- Education institutional capacities</li> <li>- Refugee organization and social coherence</li> <li>- Relations between refugees and local populations</li> <li>- Beneficiary livelihoods</li> </ul> | <ul style="list-style-type: none"> <li>- Refugee organizations, refugee committees</li> <li>- Partners</li> </ul><br><ul style="list-style-type: none"> <li>- WFP CO staff</li> <li>- Partner staff</li> <li>- Refugee committees</li> <li>- Local authorities</li> <li>- UNHCR</li> <li>- UNICEF</li> <li>- Beneficiaries</li> </ul> | <ul style="list-style-type: none"> <li>- Individual and focus group interviews</li> <li>- Observation</li> <li>- Debriefing on preliminary findings</li> <li>- Participatory assessment tool (see annex)</li> </ul> |   | <p>OK</p><br><p>OK</p> |
| 2.3 | To what extent did 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 | <p><b>2.3.1: Synergies and complementarity of the activities of the operation in term of:</b></p> <ul style="list-style-type: none"> <li>- To what extent is there geographical convergence between the activities of the PRRO and other WFP activities in the country?</li> <li>- Were the timeframes for phasing in and phasing out of the various components of the various WFP programs well planned and coordinated? (e.g. technical coherence with MoH standards)</li> <li>-How were PRRO and other WFP programs aligned with other WFP operations in the same country? What are the specific benefits (synergy) for the activities of the PRRO? Were there also disadvantages?</li> </ul>   | <ul style="list-style-type: none"> <li>- WFP CO staff</li> <li>- Partner's staff</li> <li>- UNHCR</li> <li>- Other UN agencies</li> <li>- Actors intervening in the same areas/population/sectors</li> <li>- Beneficiaries</li> <li>- Project documents of previous and other on-going programmes (design, evaluations)</li> </ul>    | <ul style="list-style-type: none"> <li>- Semi structured interviews</li> <li>- Literature review</li> <li>- Restitution of preliminary findings</li> </ul>  | <p>Identification and analysis of convergence /synergies aspects and contradictory approaches and overlaps</p><br><p>Validation during debriefing</p> | <p>OK</p><br><p>OK</p> |

|     |   |  |   |   |  |    |
|-----|---|--|---|---|--|----|
|     | in the country?   | <ul style="list-style-type: none"> <li>- How did nutrition PRRO activities complement with other WFP PRRO activities (e.g. educational messages included in school curricula) and with interventions/programs of other partners (e.g. UNICEF)?</li> <li>- Links and synergies between activities under the PRRO and nutrition interventions of other actors in the same counties/beneficiaries.</li> </ul> <p><b>2.3.2: Status of WFP and partner relations with other humanitarian actors in project areas? What is the perception of other actors about WFP operations?</b></p>  | <ul style="list-style-type: none"> <li>- WFP CO staff</li> <li>- Partner staff</li> <li>- Refugee committees</li> <li>- Local authorities</li> <li>- UNHCR</li> <li>- Beneficiaries</li> </ul>  | - Semi structured interviews  | sessions   |    |
| 2.4 | What has been the efficiency of the operation and what are the perspectives of sustainability of the effects after the end of the implementation period of the project? | <p><b>2.4.1: Value for Money:</b></p> <ul style="list-style-type: none"> <li>- Alpha and Omega values compared to chosen modalities and analysis of cost of imported vs locally produced food</li> <li>- Extent to which resource forecast was accurate</li> <li>- Existence of evidence showing how resources were optimized to achieve best results</li> <li>- Evolution of the breakdown of Direct Support Cost budget line</li> <li>- Analysis of associated costs given to cooperating partners vs quality of the services provided</li> <li>- Timeliness: management of distribution cycles and efforts to contain distribution costs for all activities</li> <li>- Efficiency in the implementation: planned vs mobilized resources actually used</li> <li>- What were community asset scores for FFA and what is the evidence of outcomes?</li> <li>- Were there alternative intervention approaches that could have provided better VFM?</li> </ul> <p><b>2.4.2: Perspective of continuation of the activities and their effects</b></p> <ul style="list-style-type: none"> <li>- Existence/relevance of the exit strategies for the different project components and measures planned to support the sustainability of actions</li> <li>- Use of lessons learnt from previous programmes</li> <li>- Level of sustainability of actions in term of appropriation by national actors, social and organizational, technic,</li> </ul> | <ul style="list-style-type: none"> <li>- WFP CO staff</li> <li>- Partner's staff</li> <li>- Health centre staff</li> <li>- Teachers</li> <li>- Refugee committees</li> <li>- Beneficiaries</li> <li>- Other key informants</li> </ul> | <ul style="list-style-type: none"> <li>- Individual and focus group interviews</li> <li>- Observation</li> <li>- Restitution of preliminary findings</li> </ul> | <ul style="list-style-type: none"> <li>Triangulation of evidence</li> <li>Validation during debriefing sessions</li> </ul> | OK |

|   |  | economic institutional, environmental   |   |   |  |                  |
|---|--|---|---|---|--|------------------|
| <b>Key Question 3: Why and how has the operation produced the observed results?</b> |  |   |   |   |  |                  |
| No.   | Sub-questions  | Measure/Indicator   | Main Sources of Information   | Data Collection Methods   | Data Analysis Methods  | Evidence quality |
| 3.1   | What internal factors and processes within WFP's control, systems and tools were 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; etc.? | <b>3.1.1: Quality and efficiency of the operation's implementation, in term of:</b> <ul style="list-style-type: none"> <li>- Planning process and appropriateness and respect of activities' implementing periods</li> <li>- Institutional arrangements, decision making process and constraints management</li> <li>- Logistic and food procurement (procurement, transport, storage, losses, management of pipeline breaks,...)</li> <li>- Quality and constraints of partnerships, partner's capacity</li> <li>- Normative guidance available for each component</li> <li>- Administrative and financial management of the operation (appropriateness and respect of procedures)</li> <li>- Cost of the operation regarding benefits generated</li> <li>- M&amp;E and reporting systems</li> <li>- Resource mobilisation strategy</li> <li>- Support provided by the CO, RB and HQ</li> <li>- Appropriateness, competences and capacities of staff</li> <li>- Participation in sectorial coordination mechanisms</li> <li>- Appropriateness and quality of the management of material means available</li> </ul> | <ul style="list-style-type: none"> <li>- WFP representative and head of programme</li> <li>- WFP CO staff</li> <li>- Partners</li> <li>- Donors</li> <li>- Participants in coordination mechanisms</li> <li>- Documents of planning of activities</li> <li>- Logistic, administration and finance management tools</li> <li>- Distribution reports</li> <li>- Partners reports</li> <li>- M&amp;E reports</li> <li>- Project equipment</li> <li>- Project budget and financial reports</li> <li>- MoUs with partners</li> </ul> | <ul style="list-style-type: none"> <li>- Semi-structured interviews</li> <li>- Literature review</li> <li>- Observation</li> <li>- Debrief on preliminary findings</li> </ul> | <ul style="list-style-type: none"> <li>- Triangulation of evidence</li> <li>- Validation during debriefing sessions</li> </ul> | OK               |
| 3.2   | What externally  | <b>3.2.1: What are the main opportunities and threats in</b>  |   |   |  |                  |

|  |   |   |  |  |  |           |
|--|---|---|--|--|--|-----------|
|  | <p>factors outside WFP's control such as the external operating environment, funding climate; external incentives and pressures; etc. influenced the operation?</p> | <p><b>the external operating environment that have influenced results?</b></p> <ul style="list-style-type: none"> <li>- Political, economic, institutional and security situation</li> <li>- Existence/quality/appropriateness of national policies and strategies, and institutional support to the operation</li> <li>- Evolution of the food security and livelihoods situation of refugees</li> <li>- Situation of women and girls</li> <li>- Other constraints faced by beneficiaries</li> <li>- Efficiency and constraints related to the education system for refugees</li> <li>- Socio-cultural characteristics and knowledge, behaviour of beneficiaries</li> <li>- Access to beneficiaries</li> <li>- Communication infrastructure</li> <li>- Level of mobilization and support from donors</li> <li>- Voluntary repatriation status</li> <li>- Ebola crisis</li> </ul> | <ul style="list-style-type: none"> <li>- WFP Representative and head of programme in Liberia and Cote d'Ivoire</li> <li>- WFP CO staff</li> <li>- LRRRC</li> <li>- MOH</li> <li>- UNHCR in Liberia and Cote d'Ivoire</li> <li>- Other UN agencies</li> <li>- Donors</li> <li>- Teachers</li> <li>- Refugee committees</li> <li>- Beneficiaries</li> <li>- Other key informants</li> <li>- Policy and strategy documents</li> <li>- Sitreps</li> <li>- Partners reports</li> <li>- M&amp;E reports</li> </ul> | <ul style="list-style-type: none"> <li>- Semi-structured interviews</li> <li>- Literature review</li> <li>- Observation</li> <li>- Debriefing on preliminary findings</li> </ul> | <ul style="list-style-type: none"> <li>- Triangulation of evidence</li> <li>- Validation during debriefing sessions</li> </ul> | <p>OK</p> |
|--|---|---|--|--|--|-----------|











|   |  |   |   |   |   |   |   |   |   |  |
|---|--|---|---|---|---|---|---|---|---|--|
| What are the effects of the distribution of rations for FFA (participation, success rates, beneficiary food consumption and livelihoods)? Are there any unintended effects, positive or negative?                                 |  | X | X | X | X | X | X | X | X |  |
| Do the activities generate positive or negative change in the situation of women and girls, and in their relations with men/boys?   |  | X | X | X | X | X | X | X | X |  |
| Does the operation implement institutional capacity building? What were their results and effects on partner's capacities?  |  | X | X | X | X |   | X |   |   |  |
| What is the effect of the operation on refugee organization and social coherence?...on host communities?  |  |   | X | X | X | X | X | X | X |  |
| Did the operation generate other effects (positive or negative / intended or unintended)? E.g. How did GFD affect MAM?  |  |   | X | X | X | X | X | X | X |  |
| 2.3   | To what extent did 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?  |   |   |   |   |   |   |   |   |  |
| What is the geographic repartition of activities? It is coherent? Were their any gaps not covered?  |  | X | X | X | X |   |   |   | X |  |
| Were timeframes for phasing in and phasing out of the nutrition and other PRRO components of the various WFP programs (targeting of refugees and / or the local population) well coordinated?                                     |  | X | X | X | X |   |   |   |   |  |
| How did the PRRO and other WFP programs benefit from the coexistence of various WFP operations in the same country? What are the specific benefits (synergy) for the activities of the PRRO? Were there also disadvantages?       |  | X | X | X | X |   |   |   |   |  |
| How did nutrition PRRO activities complement with other WFP PRRO activities (e.g. educational messages included in school curriculum) and with interventions/programmes of other partners (e.g. UNICEF's BCC/IYCF interventions)? |  | X | X | X | X |   |   |   |   |  |
| Were the implementation approaches and arrangements for different modalities coherent among themselves? Were there any contradictory approaches implemented?  |  | X | X | X | X |   |   |   |   |  |
| Were the modalities and approaches coherent with interventions of other actors? What were the coordination mechanisms in place? What is the participation of WFP in them? Were there any gaps not covered?                        |  | X | X | X | X |   |   |   | X |  |
| 2.4.  | What has been the efficiency of the operation and what are the perspectives of sustainability of the effects after the end of the implementation period of the project?  |   |   |   |   |   |   |   |   |  |
| To what extent the operation supports durable solutions for refugees?   |  | X | X | X | X | X |   | X | X |  |
| Is there any exit strategy planned and implemented for each modality? Is there any link with cross border activities supporting returnees?  |  | X |   | X | X |   |   |   |   |  |
| What were the perspectives of continuation of the activities and their effects at the end of the operation? What is the level of appropriation by local actors? Is there any environmental positive or negative effects?          |  | X | X | X | X |   |   |   | X |  |
| What were the lessons learnt from previous operations? To what extent were they considered in the formulation and implementation of the operation?  |  | X | X | X | X |   |   |   |   |  |
| <b>Key Question 3: Why and how has the operation produced the observed results?</b>   |  |   |   |   |   |   |   |   |   |  |
| 3.1   | What internal factors and processes within WFP's control, systems and tools were 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; etc.? |   |   |   |   |   |   |   |   |  |
| How were activities planned? To what extent was implementation planning respected? Why or why not?  |  | X | X | X | X | X |   | X |   |  |
| What were the institutional arrangements for the implementation of the activities? Is it relevant considering the mandate and capacities of stakeholders?   |  | X | X | X | X |   | X |   |   |  |
| How was logistic and food procurement are organized? Were there any pipeline breaks? Why? How are they managed? Did they have any effect on commodities and rations distributed? Are there any food losses, why?                  |  | X | X |   |   |   |   |   |   |  |
| What was the experience with implementing partners (technical/human resources capacity)? What were the constraints?   |  | X | X | X | X |   |   |   |   |  |
| Have any VFM analyses been carried out? Does the CO follow prices and costs of alternative modalities (e.g. cash & voucher)?  |  | X |   |   | X |   |   |   |   |  |

|  |  |   |   |   |   |   |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|---|
| What are the M&E systems and procedure in place? Are they relevant to the need of information to be produced?  |  | X | X | X | X |   |   |   |   |   |
| Was there a resource mobilization strategy for the CO? What results did it produce?  |  | X |   |   |   |   |   |   |   | X |
| What was the support to the CO provided by the RB and HQ? Is it relevant and sufficient? Are there any areas on which the CO needs more support?   |  | X |   |   |   |   |   |   |   |   |
| Does the CO count with the appropriate equipment and means to correctly implement and monitor activities? Were they correctly managed?   |  | X |   |   |   |   |   |   |   |   |
| What are the mechanisms of coordination with UNHCR, LRRRC and Ministries? How are the relations with these institutions? What aspects could have been improved in the cooperation with partners? |  | X | X | X | X |   |   |   | X | X |
| 3.2  | What externally factors outside WFP's control such as the external operating environment, funding climate; external incentives and pressures; etc. influenced the operation? |   |   |   |   |   |   |   |   |   |
| What were the politic, economic, institutional and security issues that have affected the implementation of the operation an achievement of outcomes?  |  | X | X | X | X |   |   |   | X | X |
| How did the Ebola crisis affect the operation?   |  | X | X | X | X | X | X | X | X | X |
| What has been the evolution of the nutrition and food security situation? Has it affected achievements? How?   |  | X | X | X | X | X |   |   | X | X |
| What were the specific aspects of the situation of women and girls that have positively or negatively affected the expected achievements?  |  | X | X | X | X | X | X | X |   |   |
| What were the constraints faced by the beneficiaries that have affected their participation to the operation's activities or the effects they have produced on them?                             |  | X | X | X | X | X | X | X | X |   |
| Were there any problem of access to the beneficiaries? To what extent it affects the implementation of activities and achievements?  |  | X |   | X | X | X | X | X | X |   |
| What is the level of mobilization of donors? What are the reasons?   |  | X |   | X | X |   |   |   |   | X |

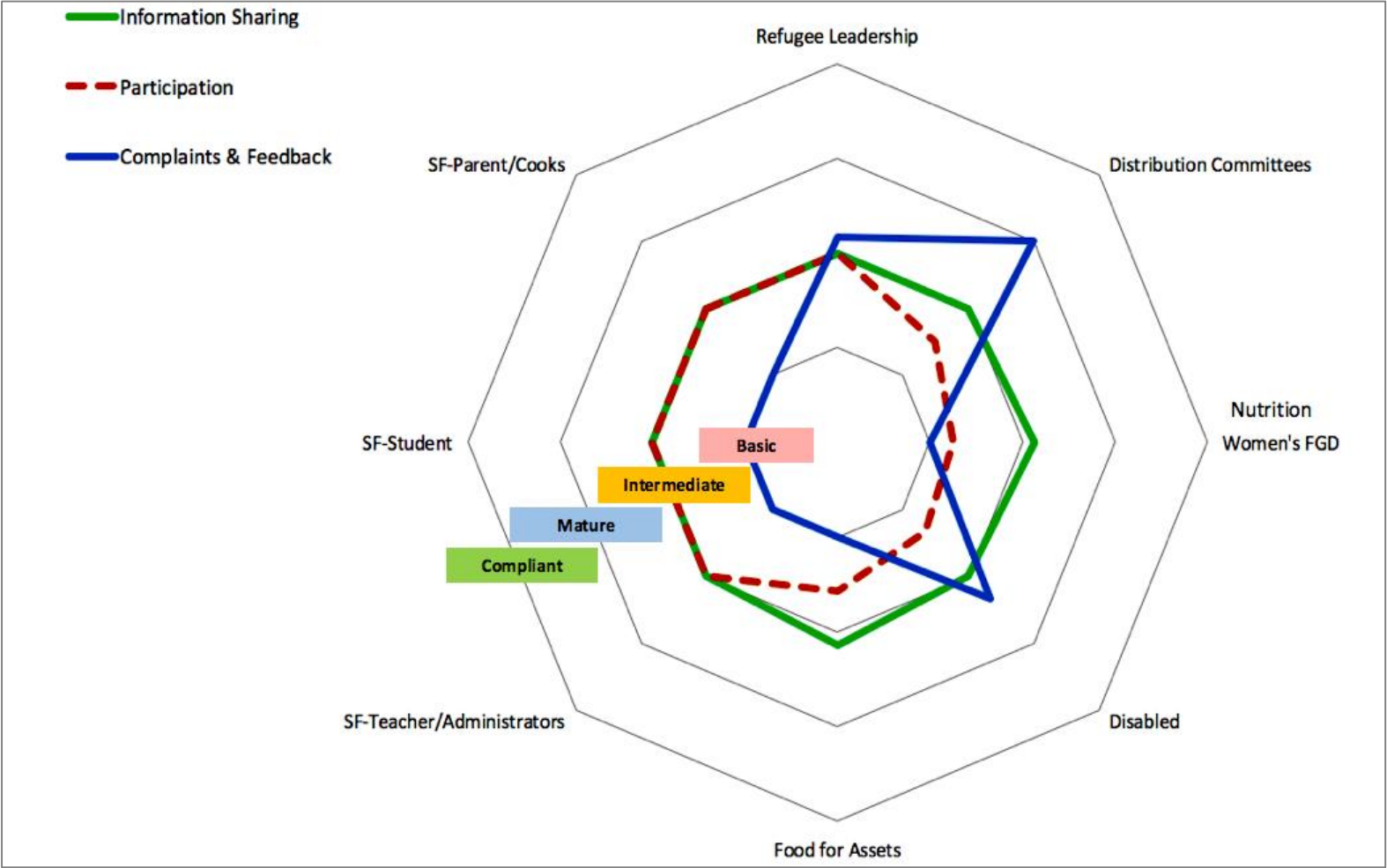
## Annex 5: Accountability to Affected Populations: Participatory Assessment Tool

A series of participatory questions and exercises for each of three accountability components (information sharing, participation and feedback/complaints handling) has been shown to provide a useful rapid assessment of field-level accountability mechanisms and organisational capacities. A ranking exercise for each of the three components is used during disaggregated FGDs with refugees and host communities using the IASC AAP Operational Framework and, where applicable, the agency's own Accountability Framework. Since refugees and communities interface with a number of different agencies, an interagency approach for this will be taken during this evaluation rather than focusing specifically on WFP or an individual partner agency, with the exception of use of illustrative examples.

|  | Which of the following four statements best describe your experience?  |  |  |   |
|--|--|--|--|---|
|  | <br><b>(Basic)</b>          | <br><b>(Intermediate)</b>   | <br><b>(Mature)</b>                             | <br><b>(AAP Compliant)<sup>182</sup></b> |
| How much information you have about the agencies and the project? ( <i>Information Sharing</i> )                           | I know nothing about the agencies or the project   | I know little about the agencies or the project  | I know a lot about the agencies and I have good knowledge about the project  | I know a lot about the agencies and about the project including activities, plans and budgets                               |
| The ways in which you have been involved in the different steps of agency projects ( <i>Participation</i> )                | I'm informed but not involved, the agencies tell me what the project will do and how this affects me         | I'm consulted – the agencies discuss options with me but I'm not part of the final decision made by the agencies                                     | I'm involved – we sit together and take the decision together  | I'm leading the decision which is then implemented by the agencies  |
| The way(s) in which you can provide feedback to the agencies about the project ( <i>Complaints And Feedback Handling</i> ) | I do not know how to provide feedback about the agencies and do not use any feedback and complaint mechanism | I know and am able to provide feedback about the agencies but am not sure how agencies use that feedback – there has been no response to my feedback | I know and have used feedback or complaint mechanisms and I know that feedback has influenced some decisions taken by the agencies | I use feedback mechanisms regularly to influence decision making and make changes to the project                            |

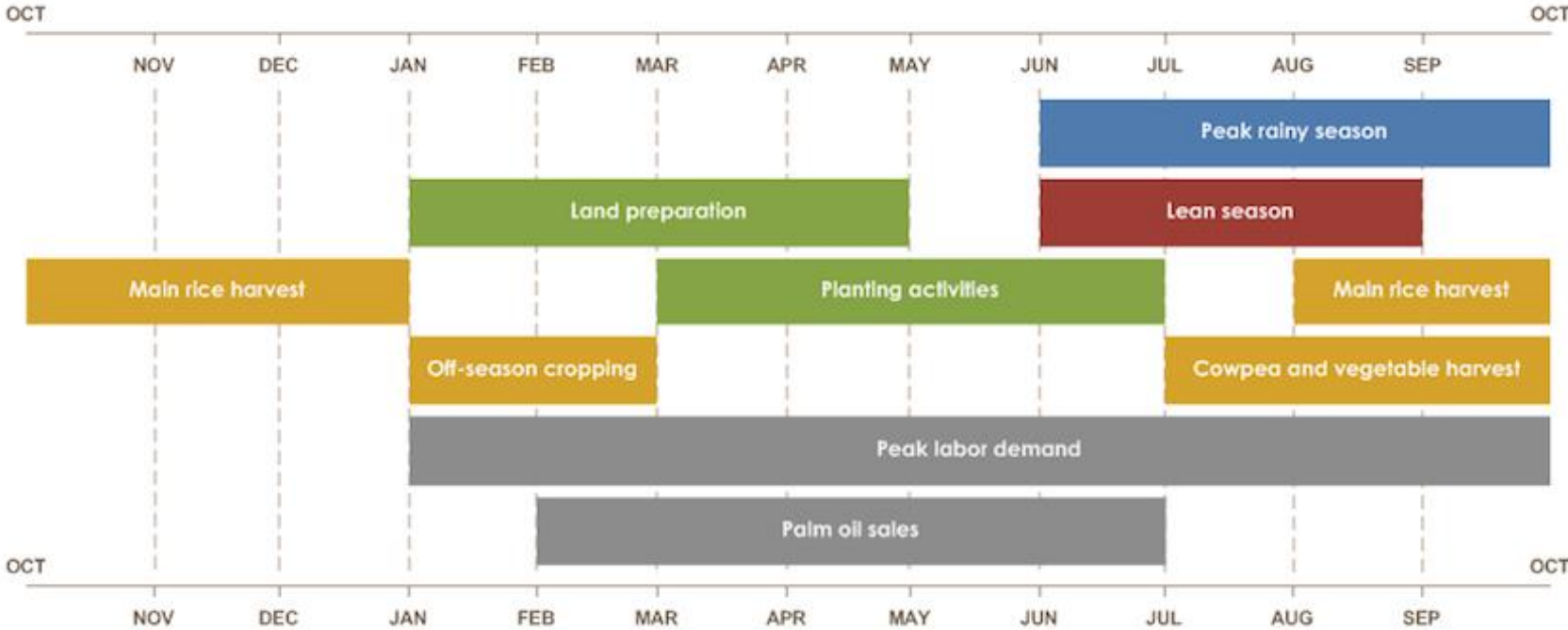
<sup>182</sup> [IASC - Accountability to Affected Populations](#)

**Annex 6: Results of FGD Participatory Assessments**



Source: Based on primary data collection by ET during field work

**Annex 7: Liberia’s seasonal calendar**

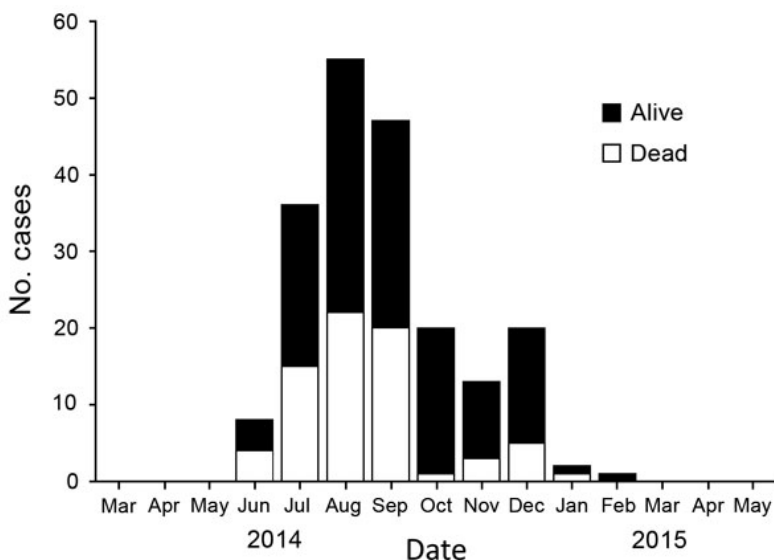


Source: FEWSNET (2016) Liberia Food Security Outlook – February to September

### Annex 8: Evolution of the Ebola Crisis in Liberia

Liberia reported the highest number of deaths in the largest, longest, and most complex outbreak since Ebola first emerged in 1976. During the peak of transmission in August and September 2014, Liberia was reporting from 300 to 400 new cases every week until WHO eventually declared Liberia virus-free on May 9, 2015.<sup>183</sup> During the peak of the crisis, Monrovia witnessed some tragic scenes; gates locked at overflowing treatment centres, patients dying on the hospital grounds, bodies that were sometimes not collected for days. Flights were cancelled and borders were closed to traffic along with the suspension of voluntary repatriation to Cote d’Ivoire from July 2014 until it resumed on 16 December 2015. Schools, businesses, borders, markets, and most health facilities were closed. Fear and uncertainty about the future, for families, communities, and the country and its economy, dominated the national mood.

**Figure 18: Ebola virus infections among healthcare workers in Liberia<sup>184</sup>**



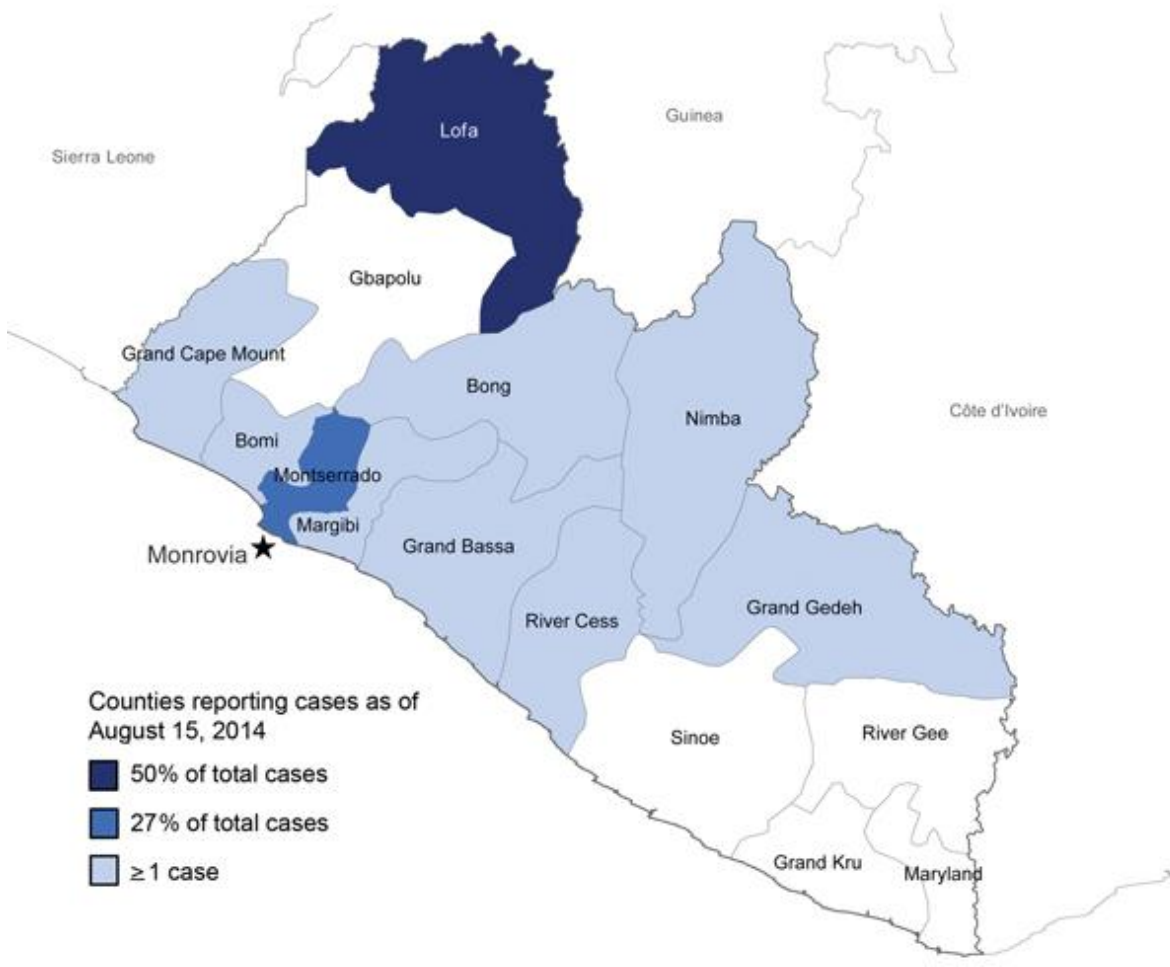
Monrovia and Lofa county were areas that were the hardest hit (Figure 19). All of Liberia’s 15 counties eventually reported cases, although UNHCR did not receive any reports of refugees being infected.<sup>185</sup>

<sup>183</sup> Source: WHO <http://www.who.int/mediacentre/news/statements/2015/liberia-ends-ebola/en/>

<sup>184</sup> Source: Liberia Ministry of Health and Social Welfare situation reports <http://wwwnc.cdc.gov/eid/article/22/2/15-1456-f6>

<sup>185</sup> <http://www.unhcr.org/5673f37d2.html>

**Figure 19: Ebola cases in Liberia** <sup>186</sup>

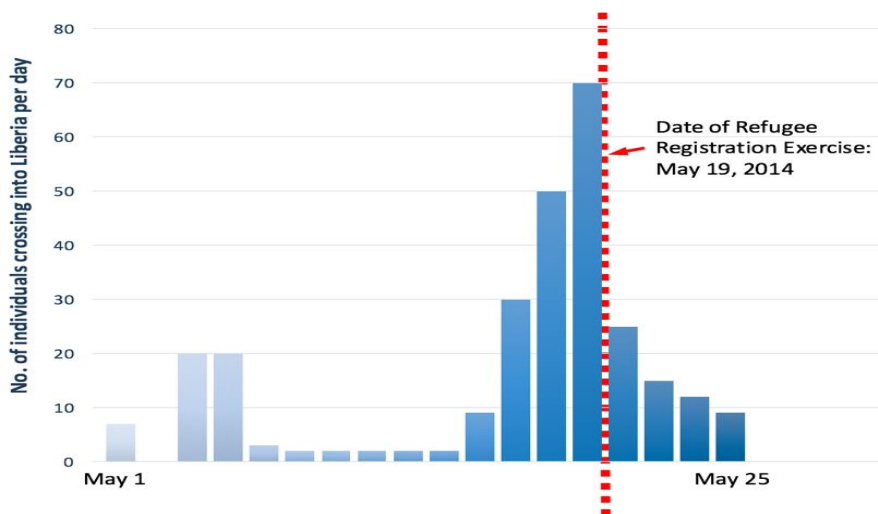


<sup>186</sup> Arwady MA, Bawo L, Hunter JC, Massaquoi M, Matanock A, Dahn B, et al. Evolution of Ebola virus disease from exotic infection to global health priority, Liberia, mid-2014. *Emerg Infect Dis.* 2015 Apr [date cited]. <http://dx.doi.org/10.3201/eid2114.141490>

## Annex 9: Challenges with Refugee Registration Numbers

UNHCR was slow to gear up and respond to the influx of refugees from Cote d'Ivoire during the initial phase of the crisis.<sup>187</sup> Based on interviews with stakeholders involved with the refugee programme during 2011-2012 one result of this delay was a flawed registration process. This undermined confidence of donors who felt figures were inflated and had a knock-on effect on WFP given their reliance on UNHCR registration data to compile beneficiary lists. While UNHCR has tightened up the registration process over time, the proximity of the camps to the border along with close ethnic and family links means that there are frequent movements cross-border movements. The figure below shows numbers recorded by as crossing into Harper County around the time a UNHCR-led registration exercise took place on 19 May 2014 in Little Weibo camp. These numbers are only those who crossed at the official border post and evidence from interviews and agency reports suggest that total numbers would have been higher since many would have crossed without registering.

**Figure 20. Border Crossing Trends: Harper County, May 2014**



Source: Liberian immigration official records, Harper County, for May 2014.

<sup>187</sup> UNHCR (2011a) Shelter from the storm: A real-time evaluation of UNHCR's response to the emergency in Cote d'Ivoire and Liberia. <http://www.unhcr.org/4e04982c9.html>



## Annex 10: PRRO Cooperating Partners by Component<sup>188</sup>

| Activity                     | County / Location                         | Partner Organisations   |
|------------------------------|---|---|
| <b>GFD</b>                   | 4) Maryland<br>5) Grand Gedeh<br>6) Nimba | 4) DRC; CARE; LRRRC<br>5) NRC; CARE; LRRRC<br>6) NRC; CARE; LRRRC |
| <b>MAM 6-59 months</b>       | 1) Maryland<br>2) Nimba                   | 1) CHT<br>2) CHT  |
| <b>FFA</b>                   | 3) Maryland<br>4) Grand Gedeh             | 1) CARITAS<br>2) CARITAS  |
| <b>School Feeding</b>        | 4) Maryland<br>5) Grand Gedeh<br>6) Nimba | 4) DRC<br>5) Save the Children<br>6) Save the Children            |
| <b>PLW</b>                   | 4) Maryland<br>5) Grand Gedeh<br>6) Nimba | 4) MERLIN; IRC<br>5) IRC<br>6) AHA                                |
| <b>Nutrition 6-23 months</b> | N/A                                       |   |

<sup>188</sup> Source: WFP Liberia

## Annex 11: Food security status of refugees in camps at the end of 2015

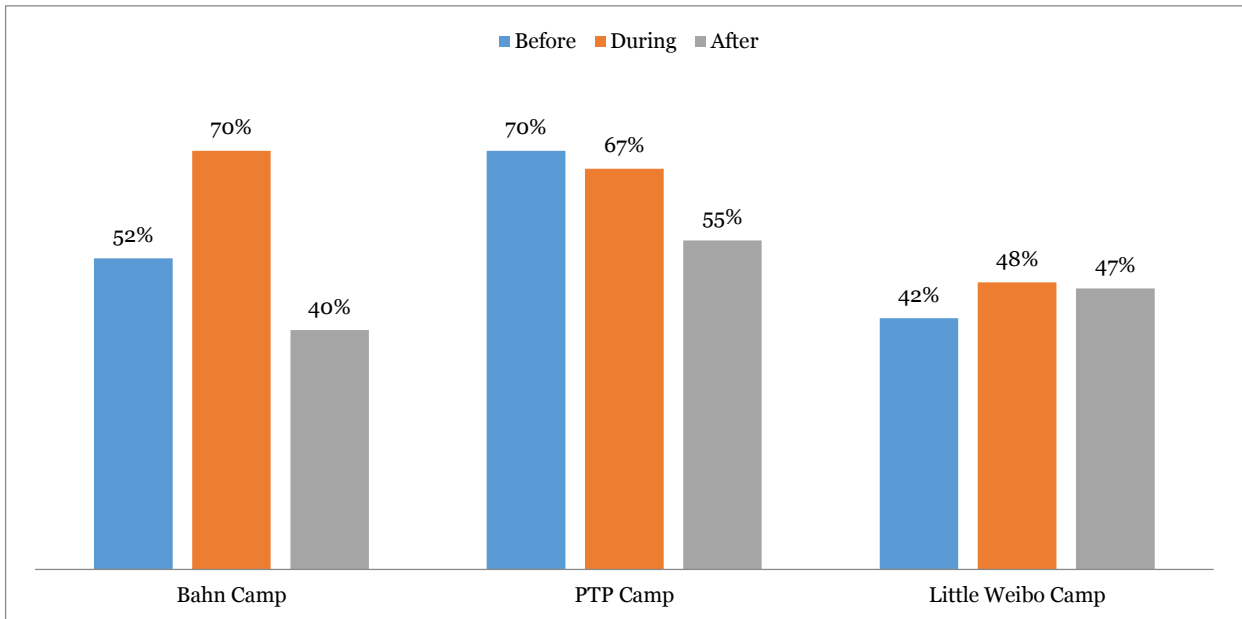
| Domain                                   |                        | Indicators                            | Food Secure (1) | Marginally Food Secure (2) | Moderately Food Insecure (3) | Severely Food Insecure (4) |
|--|------------------------|---------------------------------------|-----------------|----------------------------|------------------------------|----------------------------|
| Current Status                           | Food Consumption       | Food Consumption Group                | 31%             |                            | 59%                          | 10%                        |
| Coping Capacity                          | Economic Vulnerability | Food Expenditure Share                | 6.8%            | 12.5%                      | 17.4%                        | 63.3%                      |
|  | Asset Depletion        | Livelihood Coping Strategy Categories | 24.6%           | 36.4%                      | 2.4%                         | 36.6%                      |
| <b>Food Security Index<sup>189</sup></b> |                        |                                       | <b>1.7%</b>     | <b>27.7%</b>               | <b>49.4%</b>                 | <b>21.2%</b>               |

Source: WFP Liberia (2015) PRRO Annual Food Security Outcome Survey, October 2015.

<sup>189</sup> Food Security Index calculated using the Consolidated Approach to Reporting Indicators (CARI) of Food Security.

## Annex 12: School feeding outcomes in each camps (calculated by ET).

- Percentage of primary school age refugee children enrolled in school before, during and after implementation of SF activities



Sources: UNHCR refugee population statistics by location, sex and age group for 2013, 2014 and 2015 and school enrolment data from the school administrators for 2012/2013, 2013/2014 and 2014/2015

## **Annex 13: Additional information regarding nutrition outputs**

- **TSFP (MAM)**

It should be noted that TSFP monthly supply was based on a pre-defined number of beneficiaries per health facility regardless of the number of MAM children who qualified to be enrolled in the program. Health staff interviewed explained that they had been instructed by WFP to refer these additional children to the nearest health facility, even though this was not feasible in practice. These children were followed up on biweekly basis, offered nutrition education and kept on a waiting list until they were discharged. However, even a short delay is not really acceptable since rations should normally have been provided as soon as a child was identified as malnourished.

Nutrition education and BCC activities: Interviews with beneficiaries revealed that for TSF on-site information and BCC activities were very limited, and restricted mainly to the use of the food supplement provided.

- **BSF activities targeted to PLW in camps as part of the SPP**

Overall, BSF beneficiaries were very satisfied with the program largely because many were female headed households and their access to income-generating opportunities was limited and the ration helped fulfil their extra needs. Major concerns were reported only in PTP camp (Grand Gedeh) during group discussions were the frequency of distributions and the challenges of being present on days when there were other distributions/events going on sometimes resulting in skipping the ration for the full month. This problem was subsequently addressed following beneficiary discussions with IPs.

Nutrition education and BCC activities: Though the main educational focus was also on the ration they always participated in clinic-based BCC sessions organized while waiting during distribution days. In addition, BCC activities were carried out weekly by CHWs though with little focus on IYCF, reportedly because they lack specific education materials. However, it should be noted that this educational component was only possible thanks to efforts and resources provided by UNHCR and CPs in camps.

### **Outputs and outcomes on UNHCR SPP to children 6-23 months in camps (July 2014-November 2015)**

#### **Outputs**

UNHCR initially procured 7.5MT of Nutributter® to set-up the SPP for children 6-23 months, and it was envisaged that WFP would take over the supply and procurement once funds would be made available.

Guidelines<sup>190</sup> and comprehensive training to CPs and sensitization campaigns were conducted by UNHCR prior to program set-up. During Nutributter® distribution days, activities carried out involved registration, anthropometric measurements and referral to TSF/OTP if malnourished, haemoglobin test, ration distribution and delivery of education messages, similar to the BSF targeted to PLW though with more focus on the care of children.

Overall, participants in FGDs stated that nutributter® was well accepted by children. They said that their health was improved and were not anaemic; children were more active and strong, and had improved appetite among those that were sick. Side effects were not reported. Participants gave the dosage mostly twice in the day. There was not sharing

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<sup>190</sup> UNHCR operational guidance on use of special nutritional products to reduce micronutrient deficiencies and malnutrition in refugee population

reported<sup>191</sup> and the ration always lasted until next distribution. For smaller children, mothers mixed Nutributter® with the porridge or rice when being cooked, others mixed it with a small amount of the prepared food when it was still hot and gave to the child before consuming the rest of the food. Main barriers/constraints identified were: (1) competition with other important activities in the camp (e.g. if the day of the distribution is the same that distribution of other items), and (2) rodents eating sachets despite women's efforts<sup>192</sup>.

## **Outcomes**

The SENS survey in 2015 found a significant reduction in anemia among children 6-59 months in the camps: from 78% to 67%. For children 6-23 months, the overall prevalence decreased from 82% in 2013 to 64.6% in 2015. Stunting prevalence remained unchanged, with minor improvements noticed among children 6-23 months. It is believed that the EVD which hit Liberia from third quarter of the same year largely affected attendance, and therefore decelerated the efforts and might have greatly impaired performance of the program.<sup>193</sup> The short time duration of BSF targeted to PLW, combined with supply shortages, likely also prevented to show further quantifiable improvements on stunting.

Worth noting is that overall SPP coverage was estimated at 60%<sup>194</sup>, which in turn might have also negatively impacted outcomes; various reasons were brought up by the stakeholders in place, including the over-estimation of refugee population figures living in camps, and that many live within host community and likely they might not find the Nutributter® ration (15 sachets of 20gr each) an incentive enough to reach the camp twice in the month. But none of these issues have been researched in depth. In order to observe the potential impact of SPP one alternative would be to analyse the cohort of children that were enrolled in the program, as bi-weekly anthropometric measurements are available.

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<sup>191</sup> "The health team would know because our children then might be anemic or malnourished".

<sup>192</sup> As a solution the group mentioned that they should be given instruction on how to avoid rodents eating the nutributter®, or should be given adequate containers as a bucket of metal.

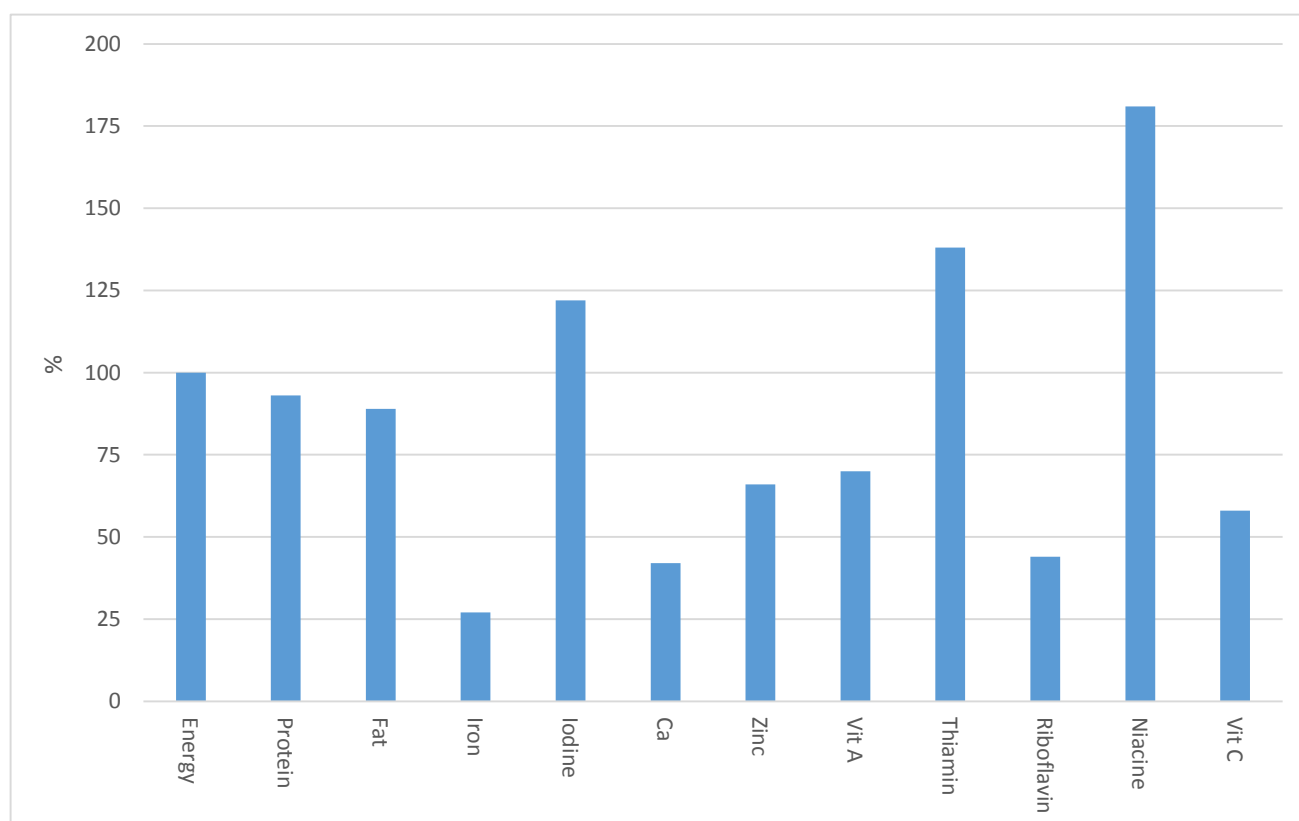
<sup>193</sup> SENS 2015.

<sup>194</sup> Where coverage falls below 70%, barriers to program uptake should be assessed: UNHCR operational on the use of special nutritional products to reduce micronutrient deficiencies and malnutrition in refugee population.

## Results of SENS carried out in Liberia refugee camps

|  | 2012                | 2013                | 2015  |
|--|---------------------|---------------------|-------|
| Children 6-59 months   |                     |                     |       |
| <b>GAM</b>   | 3.9% (2.7%-5.7% CI) | 2.5% (1.3%-4.8%)    | 3.6%  |
| <b>SAM</b>   | 0.3% (0.1%-1.1% CI) | 0.0% (0.0-1.2%)     | 0.0%  |
| <b>Stunting</b>  | 45.2% (41.2%-49.1%) | 43.1%               | 44.6% |
| <b>Severe stunting</b>   | 19.5% (16.6%-22.2%) | 13.3% (10.0%-20.7%) | 17.1% |
| <b>Anemia (Hb&lt;11.0g/dl)</b>                                     | 73.9% (69.0%-78.5%) | 76.0% (71.0%-80.5%) | 67%   |
| <b>Measles vaccination with card or recall</b>                     | 68.4% (64.5%-72.0%) | 52.0% (46.2%-57.7%) | 90.6% |
| <b>Vit A supplementation last 6 months</b>                         | 75.9% (72.4%-79.1%) | 60.4% (54.9%-65.7%) | 88.7% |
| <b>Diarrhoea in last two weeks</b>                                 | 23.4% (20.2%-27.0%) | 20.9%               | N/A   |
| IYCF indicators  |                     |                     |       |
| <b>Exclusive breastfeeding (0-5 months)</b>                        | 73.8% (61.5%-84.0%) | 81.6% (71.0%-89.5%) | 78.3% |
| <b>BF within first hour of birth</b>                               | 60.2% (54.1%-66.1%) | 67% (60.1%-75.1%)   | 64.2% |
| <b>Introduction of solid-semisolid (6-8 months)</b>                | 35.9% (21.2%-52.8%) | 54.0% (44.9%-63.0%) | N/A   |
| <b>Consumption of iron rich/iron fortified foods (0-23 months)</b> | 78.1% (72.1%-83.4%) | 3.4% (0.9%-8.5%)    | 91.2% |
| Non pregnant Women 15-49 years                                     |                     |                     |       |
| <b>Anemia (Hb&lt;12g/dl)</b>                                       | 56.6% (50.6%-62.3%) | 50.8% (41.6%-60.0%) | 62%   |

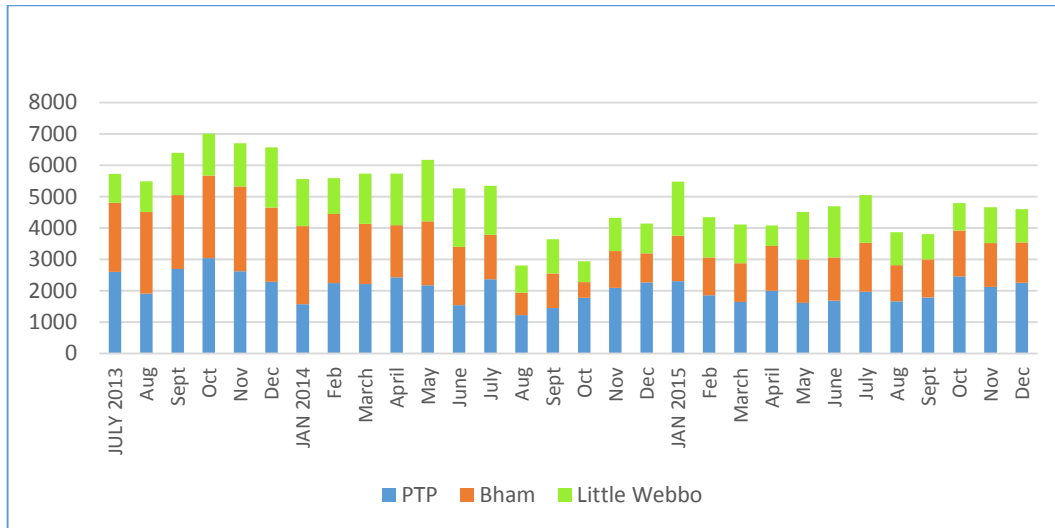
## Micronutrient profile of the GFD basket (2015)



## Ebola impact on number of consultations and MAM admissions<sup>195</sup>

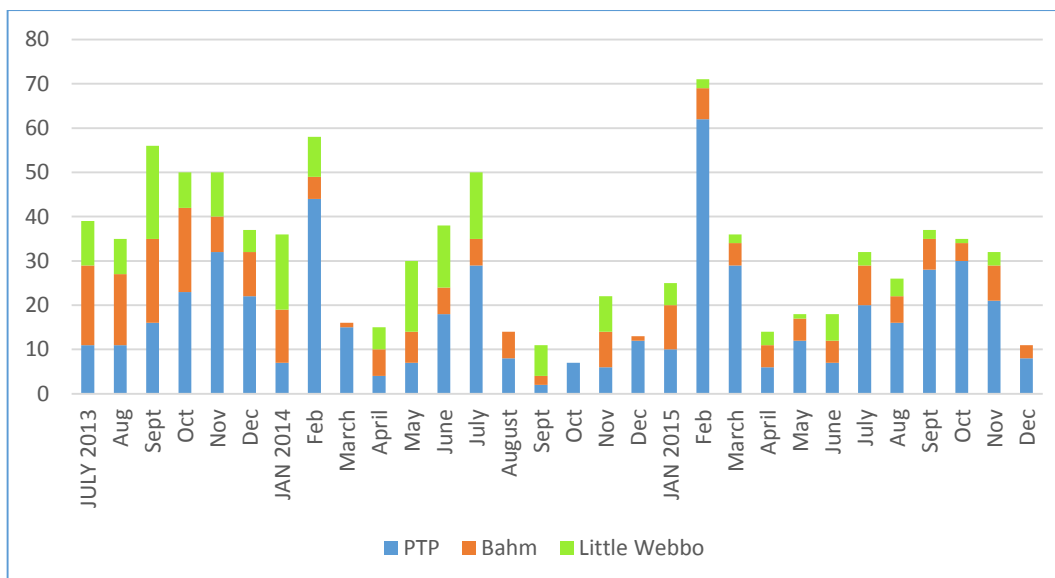
The graph below shows the number of consultations in refugee camp facilities during the period July 2013-June 2015.

### Number of consultation in camp health facilities



The graph below shows the number of MAM admissions in refugee camp facilities during the period July 2013-December 2015.

### MAM admissions at TSF sites in refugee camps



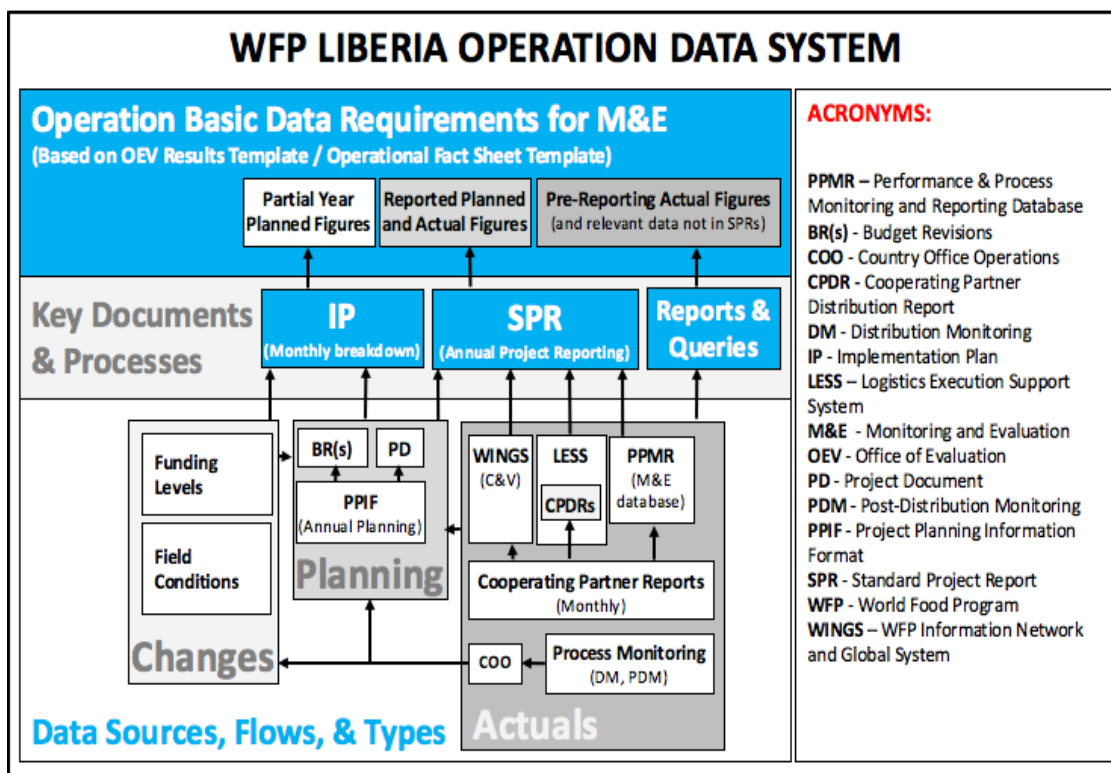
<sup>195</sup> Source: UNHCR

## Annex 14: Data Gaps Analysis

### Data provided to the ET

- **Beneficiaries:** population figures, disaggregated by sex and age, as of December 2015 are available for refugees on UNHCR’s website. It would have been also useful for our analysis during the inception phase to have a clear understanding of the different beneficiary counts (by activity vs. by age).
- **Food distributed by component activity:** the amounts of food distributed per activity are not reported in the SPRs and the CO has experienced difficulties in compiling figures during the inception phase.
- **Nutrition:** Missing names, locations, beneficiaries (camps and host communities) and contact details for health centres supported since 2013.
- **Outcomes:** a copy of a presentation of a post-distribution survey of beneficiaries assessing food security carried out in 2015 was provided during the inception phase. The survey report was eventually provided at the end of the field mission, but there was only a brief description of the methodology, no indication of sample size or statistical significance.
- **Relevant non-WFP data:** UNHCR Liberia and former/existing WFP partners possessed relevant data in the form of internal monitoring reports, beneficiary information, evaluations, etc. However, little in the way of relevant non-WFP data was provided to the ET prior to the visit.

### WFP Liberia’s M&E System for PRRO 200550





### **Chain of Evidence Quality and Source Specification**

Data provided by WFP Liberia CO often did not specify sources. As confirmed by the CO, multiple sources of data are used in the same table. For the sake of efficiency and validity of the evaluation process, it would be preferable if the CO included references to data sources when sharing data with evaluation teams. Double-checking and clarifying details at this level is time consuming.

Improved preparation by the CO, with support from the RB, during preparation and evaluability assessment, would help to increase the value of the evaluation for accountability and learning. A data quality and data ecosystem analysis is an important element of the evaluation, but when teams must spend significant time grappling with avoidable data quality issues it distracts from more strategic analysis and is frustrating for both the CO and the ET.

### **Calculations of Beneficiary Numbers**

According to CO staff, the highest annual beneficiary target is used as the overall project target, and actual beneficiary numbers reported for 2016 are based on the highest monthly count in each project location using data extracted from the ATOMS database. According to the RB, the ATOMS is not a corporate database and that annual figures reported in SPRs are calculated in such a way to remove overlaps and/or double counting. The ET found numbers difficult to verify due to gaps in the COs database and feels that greater transparency about how figures would have derived would increase operational evaluability.

The aggregate beneficiary numbers the ET are based on the age-disaggregated data provided in SPRs and not the activity-wise beneficiary figures. These figures reflect WFP's adjustments and calculations intended to avoid double-counting and inclusion/exclusion errors. These calculations could be more explicitly communicated to increase the transparency of WFP's operations and the validity/quality of beneficiary data. For 2016, since GFD was the only modality employed, we have used the component-wise data reported in ATOMS for the total beneficiary count. It should be made more explicit in SPRs what the source and method of calculation is for these two distinctly different types of beneficiary data—both are simply presented as beneficiary data in SPRs which can lead to confusion and reduces clarity and evaluability of the operation.

### **Commodity Distribution Data**

The CO provided a number of tables containing revised data for the GFD beneficiaries and commodity figure information at the request of the ET. Note that totals differ from those in SPRs because food commodities for the nutrition component are not included (Plumpy Sup and CSB –CSB only started in July 2015-)<sup>196</sup>. Planned figures for 2015 were not included in SPR, they are calculated based on PRRO planned GFR per beneficiary. Prior to the team's arrival, the CO was already making efforts to improve their, M&E, information management and quality assurance systems and viewed this evaluation as an opportunity to help in identifying how they could improve related systems. During an exit meeting in Monrovia with CO staff, it was agreed that it could be mutually beneficial if the CO could undertake a data verification exercise following the departure of the team.

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<sup>196</sup> For 2013 in SPRs tonnage include also FFA and SF

Note that there are discrepancies between distribution figures reported in SPRs and those captured by ATOMS. The CO attributes this to a number of factors including data quality assurance gaps at the level of CPs and at the CO. SPRs do not disaggregate commodity distributions by activity—this presents a challenge to evaluability since OEV requires this information.

Commodity distribution data provided by the CO for 2016 is extracted from ATOMS (which is not a WFP corporate system) is not disaggregated by commodity type. Such a data gap precludes detailed analysis of ration provision, leakage, pipeline breaks, etc. in the field—the level of disaggregated analysis specified in the TOR was not feasible due to the lack of distribution data disaggregated by commodity type, something which is compounded by the lack of transparency about how beneficiary figures are calculated (as described above).

WFP should consider conducting a thorough evaluability assessment during the preparation phase, not only identifying data availability and gaps, but prompting whatever additional analytical processes are necessary at the CO level to ensure that these gaps are filled in a timely fashion; it is a dis-service to all stakeholders involved when basic data discovery tasks stretch throughout the entire evaluation, and beyond data collection and organisation that is necessary at the CO level to ensure that key data gaps are filled.

### **Data gaps and inaccuracies found in TSF**

1. The period covered by TSF activities since WFP started food procurement in 2013 was only two months (November and December) while in 2014 six months were covered (from January to June),
2. There is evidence that WFP food commodities were supplied every month for 570 beneficiaries
3. The PRRO planned figures of 2,000 TSF beneficiaries in 2013 were estimated on calculations made for three counties when only one was finally targeted,
4. Lack of a TSF database at CO level further limits accurate analysis of achievements.
5. Some registers upon admission with only the weight registered and WFH not calculated: this can result in wrong admissions (either non-malnourished children or children with SAM that should have been admitted in OTP)
6. Weight on follow-up visits not registered, neither the date of discharge nor the category of discharge in many cases. If this information is not available in the registration book it makes really very difficult for the staff –if not impossible- to adequately filling the monthly statistic reports (MSR), and raises the question on how the figures included in the different exit categories has been calculated.
7. In the two sites visited the registration books had many missing admissions when they were compared with the MSRs reviewed: there were no admissions registered since January-February 2014 on, but there were monthly statistic reports until May or June. Triangulation with WFP food release notes available at Nimba Sub-Office showed that, effectively, both sites had received monthly food supply until May/June 2014.
8. At Nimba Sub-Office, only 50% of hard copies of the monthly statistical reports during 2014 were available (see table below). Data issues found in the review of TSF monthly statistics reports at Sub-Office level:
  - Errors in calculations

- Incomplete reports: section on discharges not filled neither the totals remaining at the end of the month
- Duplicated reports in occasions with different figures
- Very few defaulters reported, and almost no non-responders: Liberian MAM protocols define the maximum time limit for labelling a patient as non-responders (named as “failure to respond” in the national guidelines) as failure to reach recovery criteria after 3 months in TSF<sup>197</sup>. During FGD with mothers/caretakers of children 6-59 months attending the program stayed for 3-5 months.
- The discharge category “transfer to OTP” that is present in the national guideline’s monthly report for TSF is not captured in WFP template: thus, children that were referred to OTP because they developed SAM cannot be captured; either they were excluded from the statistics (thus overestimating positive results) or were incorrectly included under other category.

| Year   | Monthly statistical reports at Nimba Sub-Office               | Food supply reception stated in MSR   |
|--|---|---------------------------------------|
| July-December 2013   | July: 0<br>August: 1<br>Sept: 2<br>Oct: 1<br>Nov: 6<br>Dec: 6 | N/A<br>No<br>No<br>No<br>Yes<br>Yes   |
| January-June 2014  | Jan: 4<br>Feb: 7<br>March: 6<br>April: 4<br>May: 0<br>June: 3 | No<br>Yes<br>Yes<br>Yes<br>N/A<br>Yes |
| Overall period: 41.6% reports available <ul style="list-style-type: none"> <li>• MST available at SO for 2013: 33.3%</li> <li>• MST available at SO for 2014: 50%</li> </ul> |   |                                       |

### **Overall, availability of data**

The following tables outline the monitoring data that the CO has made available, compared to the corporate indicators required by WFP.

| Performance Indicators - GFD Outcomes  | Measured?          |
|--|--------------------|
| Diet Diversity Score   | Yes                |
| Diet Diversity Score (female-headed households)  | No                 |
| Diet Diversity Score (male-headed households)  | No                 |
| FCS: percentage of households with poor Food Consumption Score   | Yes                |
| FCS: percentage of households with poor Food Consumption Score (female-headed)   | No                 |
| FCS: percentage of households with poor Food Consumption Score (male-headed)   | No                 |
| Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and | Yes <sup>198</sup> |

<sup>197</sup> MOHSW; 2012. Liberia Operational Guidelines for the Integrated Management of Acute Malnutrition.

<sup>198</sup> Only in-kind food assistance was provided during the PRRO.

|  |                  |
|--|------------------|
| vouchers, as % of planned<br>Quantity of food assistance distributed, disaggregated by type, as % of planned | Yes              |
| <b>Performance Indicators – Nutrition Outcomes</b>   | <b>Measured?</b> |
| Recovery, mortality, default and non-response rates  | Yes              |
| Proportion of children who consume a minimum acceptable diet   | No               |
| Proportion of eligible population who participate in Programme (Coverage)                                    | No               |
| Prevalence of stunting among children under 2  | Yes              |

|   |                  |
|---|------------------|
| <b>Performance Indicators – School Feeding</b>  | <b>Measured?</b> |
| Average annual rate of change in number of boys enrolled in WFP-assisted pre-schools                                  | No               |
| Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools            | Yes              |
| Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted pre-schools              | No               |
| Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools          | No               |
| Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted pre-schools                   | No               |
| Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools               | No               |
| Gender ratio: ratio of girls to boys enrolled in WFP-assisted pre-schools   | No               |
| Gender ratio: ratio of girls to boys enrolled in WFP-assisted primary schools   | Yes              |
| Attendance rate (boys) in WFP-assisted primary schools  | Yes              |
| Attendance rate (girls) in WFP-assisted primary schools   | Yes              |
| Retention rate (boys) in WFP-assisted primary schools   | No               |
| Retention rate (girls) in WFP-assisted primary schools  | No               |
| Retention rate in WFP-assisted primary schools  | No               |
| <b>Performance Indicators for FFA Outcome</b>   | <b>Measured?</b> |
| CAS: percentage of communities with an increased Asset Score  | No               |
| <b>Performance Indicators – Cross-cutting (Gender)</b>  | <b>Measured?</b> |
| Proportion of households where females and males together make decisions over the use of cash, voucher or food        | Yes              |
| Proportion of households where females make decisions over the use of cash, voucher or food                           | Yes              |
| Proportion of households where males make decisions over the use of cash, voucher or food                             | Yes              |
| Proportion of women beneficiaries in leadership positions of project management committees                            | No               |
| Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution | No               |

## Annex 15: List of key informants

### WFP Liberia

| <i>Name</i>                               | <i>Org. and function</i>   | ♂ | ♀ | <i>Date</i> | <i>Interviewee Location</i> |
|---|--|---|---|-------------|-----------------------------|
| Aaron SLEH, Michael Mussini, Loni Herring | Nat'l Programme Officer/Resource Mgmt& Refugee Operations, Program Policy Office for School Feeding, Deputy Food Security Officer, WFP Liberia | 1 | 1 | 25-Jan-16   | Monrovia                    |
| Leela ZAIZAY & Aaron SLEH                 | Program/Nutrition Assistant, Nat'l Programme Officer/Resource Mgmt& Refugee Operations, WFP Liberia  | 1 | 1 | 2-Feb-16    | Monrovia                    |
| J. Ben Kitson                             | Program Assistant M&E, WFP Liberia   | 1 |   | 18-Mar-16   | Monrovia                    |
| Rufus Sackie                              | ATOMS Data entry clerk, WFP Liberia  | 1 |   | 15-Mar-16   | Monrovia                    |
| Leela ZAIZAY                              | Program/Nutrition Assistant, WFP Liberia   |   | 1 | 16-Mar-16   | Monrovia                    |
| Caroline Caranda                          | Head of Sub-Office/WFP Saclepea  |   | 1 | 5-Mar-16    | Saclepea in Nimba county    |
| Johnny MARLEY-NDORBOR                     | Head of Sub-Office/WFP Zwedru Sub-Office   | 1 |   | 8-Mar-16    | Zwedru in G. Gedeh county   |
| Alieu A. Sackor                           | Programme Assistant WFP Zwedru Sub-Office Grand Gedeh County   | 1 |   | 8-Mar-16    | Zwedru in G. Gedeh county   |
| Theresa FLOMO-NYEKA                       | Head of Sub-Office/WFP Harper  |   | 1 | 11-Mar-16   | Harper in Maryland County   |
| Joseph Harmon                             | Logistic Assistant, WFP Liberia  | 1 |   | 15-Mar-16   | Monrovia                    |
| Amos Ballayan                             | Nat'l Programme Officer/EMOP Cash Transfer -WFP Liberia  | 1 |   | 17-Mar-16   | Monrovia                    |
| Sory OUANE                                | Representative and CD  | 1 |   | 16-Mar-16   | Monrovia                    |
| Wurie ALGHASSIM                           | Deputy Representative  | 1 |   | 17-Mar-16   | Monrovia                    |
| Abdulai Farhat                            | Storekeeper, WFP Zwedru  | 1 |   | 16-Mar-16   | Zwedru                      |
| Chris Huddart                             | Programme Officer, WFP Liberia   | 1 |   | 24-May-16   | Monrovia (Skype)            |

### Liberia – Other Key Informants

| <i>Name</i>                         | <i>Org. and function</i>   | ♂ | ♀ | <i>Date</i> | <i>Interviewee Location</i>                 |
|-------------------------------------|--|---|---|-------------|---|
| Dr. Zinia SULTANA                   | Assoc Public Health Officer, UNHCR Liberia   |   | 1 | 25-Jan-16   | Monrovia                                    |
| Tiras Nkala                         | Associate Nutrition Officer UNHCR Liberia  |   | 1 | 29-Jan-16   | UNHCR Sub-Office, Zwedru Grand Gedeh County |
| Theresa Monmia, Mayke Voe and Cyrus | Coalition of Women Against SGBV, Head of Rural Women's Association, Education and Health Network | 1 | 2 | 3-Mar-16    | Saclepea                                    |

| <i>Name</i>                                       | <i>Org. and function</i>   | ♂ | ♀ | <i>Date</i> | <i>Interviewee Location</i>         |
|---|--|---|---|-------------|-------------------------------------|
| Teffera Betru and Joe Hoover                      | Food for Peace Officer, Food for Peace Specialist, USAID   | 2 |   | 14-Mar-16   | Monrovia                            |
| Abla Gadegbeku Williams, Toe Thani, Joseph Cooper | Executive Director, Sr. Program Officer, Sr. Protection Officer, LRRRC   | 2 | 1 | 14-Mar-16   | Monrovia                            |
| Franziska Voegtli & Yaya Sidi Sackor              | Regional Director of Cooperation & National Program Officer Swiss Office for Cooperation and Consular Affairs, SDC | 1 | 1 | 29-Mar-16   | Monrovia (phone)                    |
| SDC Peter Voegtli                                 | seconded formerly involved in the WFP Liberia Refugee and Ebola Programmes   | 1 |   | 30-Mar-16   | Switzerland (phone)                 |
|   |  |   |   |             |                                     |
| C Paul Nyanzee                                    | County Health Manager - Ministry of Health and Social Welfare (MOHSW)  | 1 |   | 4-Mar-16    | Sanniquellie in Nimba county        |
| Steven Wongway                                    | County Nutrition Supervisor - MOHSW-   | 1 |   | 4-Mar-16    | Sanniquellie in Nimba county        |
| Marsu C. Lal Zawolo                               | TSF Nurse at Vollenglay health center  |   | 1 | 3-Mar-16    | Gbelay-Geh district in Nimba county |
| David K. Geann                                    | TSF register and assistant at Beo Yoolar health center   | 1 |   | 3-Mar-16    | Gbelay-Geh district in Nimba county |
| Tiras Nkala                                       | Associate Nutrition Officer UNHCR Liberia  | 1 |   | 8-Mar-16    | Zwedru in Grand Gedeh C             |
| Dr Elias Mammo                                    | Program Health Coordinator -AHA-   | 1 |   | 7-Mar-16    | Zwedru                              |
| Teeline Dweh                                      | County Nutrition Supervisor - MOHSW-   |   | 1 | 7-Mar-16    | Zwedru                              |
| Celestine Blliee                                  | Nutrition focal person at health center in Little Webblo camp -AHA-  |   | 1 | 10-Mar-16   | Little Webbo camp, Maryland         |
| Josiah Nimley                                     | Nutrition officer at health center in Little Webblo camp -AHA-   | 1 |   | 10-Mar-16   | Little Webbo camp, Maryland         |
| Darli Serge                                       | Focal person for stunting program in Little Webblo camp -AHA-  | 1 |   | 10-Mar-16   | Little Webbo camp, Maryland         |
| Audrey M. Cole                                    | County Nutrition Supervisor - MOHSW-   |   | 1 | 10-Mar-16   | Harper in Maryland C                |
| Dr Abdissa Kabeto                                 | County Health Coordinator -AHA-  | 1 |   | 11-Mar-16   | Harper in Maryland C                |
| Harrison Darwolo                                  | County Education Officer-Grand Gedeh   | 1 |   | 7-Mar-16    | Zwedrew in Grand Gedeh              |
| Jonny Gaye  | Distribution Supervisor-CARITAS Capepamus  | 1 |   | 8-Mar-16    | Zwedrew in Grand Gedeh              |
| Richard P. Winnie                                 | ASRP Focal Point-Ministry of Agriculture   | 1 |   | 8-Mar-16    | Zwedrew in Grand Gedeh              |
| Taywah Blama                                      | ASRP Focal Point-Ministry of Agriculture   |   | 1 | 11-Mar-16   | Harper in Maryland C                |
| P. Mike Jurry                                     | Executive Diirector-CARITAS Capepamus  | 1 |   | 11-Mar-16   | Harper in Maryland C                |
| Anthony Harmon                                    | City Mayor Pleebo City   | 1 |   | 10-Mar-16   | Pleebo in Maryland C                |

| <i>Name</i>               | <i>Org. and function</i>          | ♂ | ♀ | <i>Date</i> | <i>Interviewee Location</i>  |
|---------------------------|-----------------------------------|---|---|-------------|------------------------------|
| Daniel Williams           | Admin Assistant to Superintendent | 1 |   | 11-Mar-16   | Harper in Maryland C         |
| Edward Bazzie             | Field Officer-LRRRC               | 1 |   | 3-Mar-16    | Seclepea in Nimba C          |
| N. Samuel Kehleay         | County Agriculture Coordinator    | 1 |   | 4-Mar-16    | Seclepea in Nimba C          |
| Lawrence Zubadu Kessellie | District Education Officer        | 1 |   | 4-Mar-16    | Sanniquellie in Nimba county |
| Reginald Mendee           | County Inspector-Local Government | 1 |   | 4-Mar-16    | Sanniquellie in Nimba county |
| Daniel Williams           | Admin Assistant to Superintendent | 1 |   | 11-Mar-16   | Harper in Maryland C         |
| Edward Bazzie             | Field Officer-LRRRC               | 1 |   | 3-Mar-16    | Seclepea in Nimba C          |
| N. Samuel Kehleay         | County Agriculture Coordinator    | 1 |   | 4-Mar-16    | Seclepea in Nimba C          |
| Lawrence Zubadu Kessellie | District Education Officer        | 1 |   | 4-Mar-16    | Sanniquellie in Nimba county |
| Reginald Mendee           | County Inspector-Local Government | 1 |   | 4-Mar-16    | Sanniquellie in Nimba county |
| Daniel Williams           | Admin Assistant to Superintendent | 1 |   | 11-Mar-16   | Harper in Maryland C         |
| Edward Bazzie             | Field Officer-LRRRC               | 1 |   | 3-Mar-16    | Seclepea in Nimba C          |
| N. Samuel Kehleay         | County Agriculture Coordinator    | 1 |   | 4-Mar-16    | Seclepea in Nimba C          |

### West Africa Region

| <i>Name</i>                   | <i>Org. and function</i>                                       | ♂ | ♀ | <i>Date</i>            | <i>Interviewee Location</i> |
|-------------------------------|--|---|---|------------------------|-----------------------------|
| Anna HORNER & Nicolas JOANNIC | Regional Nutrition Advisor Nutritionist, WFP RB West Africa    | 1 | 1 | 27-Jan-16              | Dakar (Phone)               |
| Aboubacar Koisha              | , Regional M&E Adviser, WFP WFP RB West Africa                 | 1 |   | 17-Mar-16              | Dakar (Phone)               |
| Jessica Coulibaly             | Deputy Director, Regional Food for Peace Office, USAID/Senegal |   | 1 | 15-Apr-16<br>24-May-16 | Dakar (Phone)               |

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## **Annex 17: Acronyms**

|       |  |
|-------|--|
| AAP   | Accountability to Affected Populations           |
| ADC   | African Development Corps                        |
| AGD   | Age, Gender and Diversity (UNHCR Policy)         |
| AHA   | African Humanitarian Agency                      |
| ART   | Anti-Retroviral Treatment                        |
| BCC   | Behaviour Change Communication                   |
| BR    | Budget Revision                                  |
| BSF   | Blanket Supplementary Feeding                    |
| CAS   | Community Asset Score                            |
| CBO   | Community-Based Organisation                     |
| CFSNS | Comprehensive Food Security and Nutrition Survey |
| CO    | Country Office                                   |
| CP    | Cooperating Partner                              |
| CPMD  | Cooperating Partner Monthly Distribution reports |
| CSB   | Corn Soya Blend                                  |
| DRC   | Danish Refugee Council                           |
| EB    | Executive Board                                  |
| EMOP  | Emergency Operation                              |
| ENA   | Essential Nutrition Actions                      |
| EPHS  | Essential Package of Health Services             |
| EQAS  | Evaluation Quality Assurance Standards           |
| ET    | Evaluation Team                                  |
| EVD   | Ebola Virus Disease                              |
| FAO   | Food and Agriculture Organization                |
| FCS   | Food Consumption Score                           |
| FDC   | Food Distribution Committee                      |
| FFA   | Food for Assets                                  |
| FFP   | Food for Peace (USAID)                           |
| FGD   | Focus Group Discussion                           |
| GAM   | Global Acute Malnutrition                        |
| GDP   | Gross Domestic Product                           |
| GEWE  | Gender Equality and Women's Empowerment          |
| GFD   | General Food Distribution                        |
| GII   | Gender Inequality Index                          |

|       |  |
|-------|--|
| FFP   | Food for Peace   |
| HDI   | Human Development Index                                  |
| HIV   | Human Immunodeficiency Virus                             |
| INEE  | Inter-agency Network for Education in Emergencies        |
| IYCF  | Infant and Young Child Feeding Practices                 |
| JAM   | Joint Assessment Mission                                 |
| LBW   | Low Birth Weight   |
| LESS  | Logistics Execution Support System                       |
| LRRRC | Liberia Refugee Repatriation and Resettlement Commission |
| MAM   | Moderate Acute Malnutrition                              |
| M&E   | Monitoring and Evaluation                                |
| MDG   | Millennium Develop Goal                                  |
| MOE   | Ministry of Education                                    |
| MoHSW | Ministry of Health and Social Welfare                    |
| MoU   | Memorandum of Understanding                              |
| MT    | Metric Tonnes  |
| MUAC  | Middle Upper Arm Circumference                           |
| OECD  | Organisation for Economic Co-operation and Development   |
| OEV   | Office of Evaluation                                     |
| NER   | Net Enrolment Rate                                       |
| NGO   | Non-Government Organisation                              |
| NRC   | Norwegian Refugee Council                                |
| PD    | Project Document   |
| PLHIV | People Living With HIV                                   |
| PLW   | Pregnant and Lactating Women                             |
| PMTCT | Prevention of Mother to Child Transmission               |
| PRRO  | Protracted Relief and Recovery Operation                 |
| PTA   | Parent Teachers Association                              |
| RB    | Regional Bureau  |
| SENS  | Standardised Expanded Nutrition Survey                   |
| SF    | School Feeding   |
| SGBV  | Sexual and Gender Based Violence                         |
| SO    | Strategic Objective                                      |
| SPP   | Stunting Prevention Programme                            |
| SPR   | Standard Programme Report                                |

|        |  |
|--------|--|
| SRF    | Strategic Results Framework                        |
| TOR    | Terms of Reference                                 |
| TSF    | Targeted Supplementary Feeding                     |
| UN     | United Nations                                     |
| UNDAF  | United Nations Development Assistance Framework    |
| UNEG   | United Nations Evaluation Group                    |
| UNHCR  | United Nations High Commission for Refugees        |
| UNICEF | United Nations Children's Fund                     |
| UNMIL  | United Nations Mission in Liberia                  |
| USAID  | United States Agency for International Development |
| VAM    | Vulnerability Analysis and Mapping                 |
| WIC    | Women, Infants and Children                        |
| WFP    | World Food Programme                               |
| WHO    | World Health Organization                          |

**Office of Evaluation**

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**World Food Programme**