

OPERATION EVALUATION

Swaziland Development Programme 200353, Food
by Prescription: An evaluation of WFP's Operation
(2012-2016)

Management Response

October, 2016



World Food Programme

wfp.org

Management response cleared by:

Country Director: Alberto Mendes/ 12 October 2016

Evaluation Recommendations	Management	Management - Action to be taken			
	Accepted, partially accepted or not accepted and COMMENT on the Recommendation, providing clear reasoning for partially accepted and not accepted	Action	Responsible CO unit	Timeframe	Further funding required (Y or N)
	stored together with other items, then this aspect can be explored with MoH.	<p>programme beforehand. CO will initiate discussions).</p> <ul style="list-style-type: none"> Integrate FbP by presenting it as an approach to care rather than a programme, and refer to FbP as an approach, both internally in WFP and in advocacy efforts. (CO agrees and will be included in advocacy). Expand the targeting of training from Adherence Counsellors and Expert Clients to include all clinical staff who work with ART/TB treatment clients. This will enable the staff to offer FbP services as a core component of the HIV/AIDS service package. (CO agrees and will discuss with MoH). Continue to promote the decentralization of nutrition services by the Ministry of Health in line with the decentralization of ART treatment services, by advocating for consistent referrals and training staff at the satellite clinics. (CO agrees and will discuss with MoH). Advocate to the Ministry of Health to consider a protocol review to identify opportunities for alignment at clinics where drugs and food are both available. WFP should advocate for more intensive efforts to follow up with prevention of mother-to-child transmission clients who are referred to FbP to ensure they collect the food. (CO agrees and will discuss with MoH). Advocate to the Ministry of Health to provide anthropometric equipment to satellite clinics to enable them to service FbP clients better, to set up areas in the clinics to store and dispense food, and to train satellite clinic staff to deliver FbP services. 	<p>Programme/ Nutrition advisor</p> <p>Programme/ Nutrition advisor</p> <p>Programme/ Nutrition advisor</p> <p>Programme/ Nutrition advisor</p>	<p>30 June 2017</p> <p>31 Dec.2016 for discussions with MOH; trainings if agreed on to be conducted in 2017</p> <p>30 June 2017</p> <p>31 Dec.2016</p> <p>30 June 2017</p>	<p>N</p> <p>Y</p> <p>Y</p> <p>Tbc</p> <p>Y</p>

Evaluation Recommendations	Management Accepted, partially accepted or not accepted and COMMENT on the Recommendation, providing clear reasoning for partially accepted and not accepted	Management - Action to be taken			
		Action	Responsible CO unit	Timeframe	Further funding required (Y or N)
			Programme/ Nutrition advisor		
Recommendation 2: Create strong linkages to livelihoods activities for graduating ART/TB treatment clients and their households.	Accepted The CO acknowledges that this is an important aspect for future sustainability of the programmes. It has to be pointed out though, that successful creation of strong linkages will be heavily dependent on donor commitment and other development partners. WFP can only assist in facilitation, as the idea is to strengthen linkages with existing programmes run by other organizations/government.	Specific actions suggested by ET and CO response: <ul style="list-style-type: none"> • Prioritize linking FbP clients with livelihood programmes supported by the Food and Agriculture Organization and local non-governmental organizations (NGOs)/civil society organizations to identify immediate opportunities to enroll clients in livelihood support activities. (CO agrees and will try to identify feasible opportunities with partners). • Complete its mapping of existing livelihood activities and identify longer-term needs (beyond one year) for livelihoods programming that would respond to a scaled-up FbP. Work with donors and NGOs to advocate for funding, and partner with NGOs on programme design and implementation of livelihood activities, for communities where FbP clients live. (CO agrees but will be dependent on availability of resources to finalize/re-do the mapping). • Advocate with donors and NGO stakeholders to expand livelihoods programming in FbP coverage areas that lack employment and livelihood opportunities. (CO agrees, to include in advocacy) • Work with NGOs/civil society organizations to use livelihoods programming as a vehicle to incorporate awareness-raising and sensitization 	Programme/ Management	30 June 2017 (or project end if extended)	N
			Programme/ Management	31 May 2017	Y
			Programme/ Management	30 June 2017	N
			Programme/ Management	30 June 2017	Tbc

Evaluation Recommendations	Management Accepted, partially accepted or not accepted and COMMENT on the Recommendation, providing clear reasoning for partially accepted and not accepted	Management - Action to be taken			
		Action	Responsible CO unit	Timeframe	Further funding required (Y or N)
		<p>to reduce stigma and gender-based violence. (CO agrees to explore with partners).</p> <ul style="list-style-type: none"> Document lessons from the livelihoods activities implemented with partners through the El Niño-induced drought emergency response. Draw on these lessons to design stronger livelihood linkages with FbP, with a particular focus on drought-prone areas with few employment opportunities. (CO: this will depend on actual implementation of livelihoods activities by partners in drought response). Draw on lessons from COs in the region, especially challenges and mistakes to avoid. (CO: agrees, RB to support). 	Programme	31 May 2017	Y
			Programme	30 April 2017	tbc
<p>Recommendation 3:</p> <p>Seek strategies to reduce the default rates and re-admissions among ART/TB treatment clients</p>	Accepted	<p>Specific actions suggested by ET and CO response:</p> <ul style="list-style-type: none"> Link with NGOs and community organizations that work with community support groups for people living with HIV to identify and promote a treatment supporter role in the communities, e.g., where HIV support groups or similar groups exist. (CO agrees, but to be done in partnership with MoH) Institute client tracking tools and active client follow-up of clients who miss appointments. This should include strengthening the working relationship between FbPAs and ACs, and providing funds to enable FbP Assistants or health facility staff to contact defaulters by mobile phone. (CO agrees and will work on it with MoH) Advocate to Ministry of Health to consider revising the FbP protocol to include procedures for following up FbP clients who relapse or are re- 	Programme	30 June 2017 (or project end if extended)	Tbc
			Programme/ Nutrition advisor	30 June 2017	Y
				31 Dec.2016	tbc

Evaluation Recommendations	Management Accepted, partially accepted or not accepted and COMMENT on the Recommendation, providing clear reasoning for partially accepted and not accepted	Management - Action to be taken			
		Action	Responsible CO unit	Timeframe	Further funding required (Y or N)
		<p>admitted following complete discharge from food assistance. (CO agrees)</p> <ul style="list-style-type: none"> Explore the possibility of providing a transport allowance for clients who are unable to afford the cost of travel to a clinic on a monthly basis. (CO: to be further discussed first with MoH and partners on merit of feasibility and sustainability). 	<p>Programme/ Nutrition advisor</p> <p>Programme/ Nutrition advisor</p>	30 June 2017	Y
<p>Recommendation 4:</p> <p>Advocate to leverage other HIV partners. WFP should advocate for support and full engagement of other partners to support FbP services, as FbP protocols are integrated in existing HIV treatment guidelines and plans.</p>	Accepted	<p>Specific actions suggested by ET and CO response:</p> <ul style="list-style-type: none"> Conduct a cohort analysis that will generate evidence to help determine the net attributable impact of the FbP programme on ART/TB nutritional recovery and adherence rates and TB treatment success rates. This will provide an evidence-based business case to strongly advocate for FbP services to be prioritized when making resource allocation decisions. (CO agrees on usefulness of such analysis and will look for funding to undertake it. RB to provide also technical support). Consult with the University Resource Council on its potential for technical and other support to the Ministry of Health to enhance FbP's integration into the public health system. (CO agrees and will potential partners for this action). 	<p>Programme/ Management/ Nutrition advisor</p> <p>Programme/ Nutrition advisor</p>	<p>31 Dec.2016 (initiate discussions with RB and look for funding - analysis to be conducted in 2017).</p> <p>31 Dec. 2016</p>	<p>Y</p> <p>N</p>

Evaluation Recommendations	Management Accepted, partially accepted or not accepted and COMMENT on the Recommendation, providing clear reasoning for partially accepted and not accepted	Management - Action to be taken			
		Action	Responsible CO unit	Timeframe	Further funding required (Y or N)
<p>Recommendation 5:</p> <p>Strengthen the monitoring and evaluation system at the Ministry of Health for tracking performance of Food by Prescription services.</p>	Accepted	<p>Specific actions suggested by ET and CO response:</p> <ul style="list-style-type: none"> Continue to actively engage the health monitoring information system unit in the Ministry of Health to expedite the review and incorporation of FbP indicators in the national health monitoring information system and data collection processes. (CO agrees and will do that in collaboration with the SNNC and other MoH units – e.g. SNAP – in order to have more leverage and for ownership) Support periodic, systematic reviews of data quality to determine data validity, reliability, integrity, timeliness and precision. (CO will undertake if resources available, otherwise will keep doing the data checks and monitoring it currently does as part of its M&E plan). 	<p>Programme/ Nutrition advisor</p> <p>Programme/ Nutrition advisor</p>	<p>31 March 2017</p> <p>30 June 2017</p>	<p>Y</p> <p>Y</p>
<p><u>Strategic Recommendations</u></p> <p>Recommendation 6:</p> <p>Continue to investigate alternative transfer modalities prior to handover to government. Test and assess the relative merits of alternative transfer modalities and provide evidence for what is most</p>	Accepted	<p>Specific actions suggested by ET and CO response:</p> <ul style="list-style-type: none"> Build on the lessons in the use of cash transfers under the current Emergency Operation (EMOP) to analyze the feasibility of using cash or vouchers to support the household component of FbP. (CO agrees and plans to do this analysis in the 2nd Q of 2017, in close consultation with government). Revisit and update the cash and voucher analysis carried out in 2012, including information on market prices and dynamics and incorporating lessons from voucher programmes since 2012. Consult again with vendors and service providers who might participate in a voucher programme 	<p>Programme</p> <p>Programme</p>	<p>31 May 2017</p> <p>31 May 2017</p>	<p>Y</p> <p>Y</p>

Evaluation Recommendations	Management Accepted, partially accepted or not accepted and COMMENT on the Recommendation, providing clear reasoning for partially accepted and not accepted	Management - Action to be taken			
		Action	Responsible CO unit	Timeframe	Further funding required (Y or N)
efficient and effective for government to implement.		<p>regarding their systems capacities and requirements for a voucher scheme. Map vendors against the current and scaled-up geographical coverage of FbP. (CO agrees and plans to do this analysis in the 2nd Q of 2017 in close consultation with government).</p> <ul style="list-style-type: none"> Work with SNNC and the Ministry of Health to design and test a pilot distribution model over the coming year that incorporates a cash/voucher modality for the household ration with the distribution of Super Cereal. Assess for client effectiveness, cost and efficiency of distribution, and the feasibility of incorporating the model into the government health system. (CO agrees but specifics dependent on results of points above, and funding availability). 	Programme/ Management/ Nutrition advisor	30 June 2017	Y
Recommendation 7: Move forward with the planned handover strategy to government.	Accepted	<p>Specific actions suggested by ET and CO response:</p> <ul style="list-style-type: none"> Advocate with donors and government to ensure there are sufficient funds to carry out key transition activities around staffing, capacity building, piloting alternative modalities, strengthening existing systems or instituting new systems, and monitoring programme quality. (CO agrees and already advocating). This includes strong advocacy for testing alternative modalities, as Swaziland has the infrastructure and market systems to support alternatives to in-kind food distribution. While cost is an important consideration for 	<p>Management</p> <p>Management</p>	<p>30 June 2017 (or project end if extended)</p> <p>30 June 2017</p>	<p>N</p> <p>N</p>

Evaluation Recommendations	Management Accepted, partially accepted or not accepted and COMMENT on the Recommendation, providing clear reasoning for partially accepted and not accepted	Management - Action to be taken			
		Action	Responsible CO unit	Timeframe	Further funding required (Y or N)
		<p>cash/voucher vs in-kind food assistance, the relative merits of these modalities in promoting adherence need to be weighed as well. (CO agrees and already advocating).</p> <ul style="list-style-type: none"> • Continue to advocate with donors and government to raise the profile of nutrition activities and to persuade those inside and outside of the health and HIV community on the importance of nutrition to the country's overall development. (CO agrees and will aim at intensifying advocacy efforts). • Prioritize links to livelihood activities and social protection safety nets as a fuller response to the sustained recovery of FbP clients and their households. (CO will continue to advocate and assist in facilitating discussions/see comments and actions under recommendation n.2) • Advocate for and work with the Ministry of Health to ensure that M&E plans incorporate data collection mechanisms that integrate the collection, analysis and reporting of data on FbP services, adherence and nutritional recovery rates. (CO agrees and see recommendation n.5) • Facilitate planning and capacity-building that will enable government to scale up FbP services over the long term, with potential to incorporate the programme into a national social protection plan. (CO agrees and will continue efforts, through the handover strategy and at advocacy level. However, this is also very much dependent on MoH commitment, as well as availability of resources to implement a well thought out capacity building plan). 	<p>Management</p> <p>Programme/ Management</p> <p>Programme/ Nutrition advisor</p> <p>Programme/ Management</p>	<p>30 June 2017</p> <p>30 June 2017</p> <p>31 March 2017</p> <p>31 March 2017</p>	<p>N</p> <p>N</p> <p>N</p> <p>Y</p>