

OPERATION EVALUATION

PAKISTAN PROTRACTED RELIEF AND RECOVERY OPERATION 200250 “ENHANCING FOOD AND NUTRITION SECURITY AND REBUILDING SOCIAL COHESION”

January 2013 to August 2014

Evaluation Report

December 2014

Evaluation team: Jeff Duncalf, Team Leader; Sophie Dunn, Food Security and Livelihoods Specialist; Caroline Grobler-Tanner, Nutritionist; Farwa Zafar, Gender Specialist; Rana Nazir Mehmood, Disaster Risk Reduction Advisor.

Evaluation Manager: Margaret Stansberry

Commissioned by the
WFP Office of Evaluation

Report number: OEV/2014/09



World Food Programme



Acknowledgements

We would like to express our gratitude for the welcome and support extended to the evaluation team by the staff of the WFP Offices in Islamabad, Karachi, Lahore, Peshawar, and Quetta. The hospitality and open dialogue with which we were greeted was most appreciated. Furthermore, we would also like to thank those from outside the WFP family: the Government officials, donors, international and local organisations, communities, and the United Nations agencies, who took the time to talk and meet, and to share their thoughts, experience and expertise.

*Jeff Duncalf, Sophie Dunn, Caroline Grobler-Tanner,
Rana Nazir Mehmood, and Farwa Zafar.*

Disclaimer

The opinions expressed are those of the Evaluation Team, and do not necessarily reflect those of the World Food Programme. Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by WFP of the opinions expressed.

The designation employed and the presentation of material in the maps do not imply the expression of any opinion whatsoever on the part of WFP concerning the legal or constitutional status of any country, territory or sea area, or concerning the delimitation of frontiers.

Evaluation Commissioning

Evaluation Manager: Margaret Stansberry, The KonTerra Group.

Evaluation Focal Point, WFP: Grace Igweta, WFP, Rome.

Table of contents

Operational Fact Sheet – Pakistan PRRO 200250.....	v
Maps.....	vii
Executive Summary	x
1 Introduction.....	1
1.1 Evaluation features.....	1
Evaluation methodology.....	1
Limitations of the evaluation.....	3
1.2 Country context.....	3
1.3 Operational overview	5
2 Evaluation Findings	7
2.1 Appropriateness of the operation	7
Appropriateness to needs	7
Coherence with WFP corporate strategy.....	10
Coherence with government policies	11
Coherence with partners.....	13
2.2 Results of the Operation.....	14
2.3 Factors Affecting Operational Results	38
Internal Factors	38
External Factors.....	41
3 Conclusions and Recommendations.....	42
3.1 Overall assessment.....	42
3.2 Recommendations	43
4 Annexes	47

List of tables

Table 1: Planned and actual beneficiaries against nutrition targets: 2013-14	15
Table 2: Commodities Planned vs. Actual (Jan 2013 - Aug 2014)	16
Table 3: FFE commodities: Planned against Actual (Jan 2013- July 2014)	21
Table 4: Planned rate of return of IDPs vs. Actual (Jan 2013 – July 2014).....	24
Table 5: Planned commodity distribution vs. Actual (Jan 2013 – July 2014).....	25
Table 6: GFD Output Indicators (2013).....	25
Table 7: Outcome indicators - GFD	26
Table 8: Gender disaggregated livelihood data (January 2013 – July 2014)	27
Table 9: Food provided through FFW (FATA) (Jan 2013 to Aug 2014)	28
Table 10: Outcome indicators - CFW/FFW.....	29
Table 11: DRR related CFW activities	34

List of figures

Figure 1: Planned proportion of beneficiaries by activity.....	6
Figure 2: Planned and actual beneficiaries against nutrition targets: 2013- 2014	15
Figure 3: Treatment of MAM cases 6-59 months: Performance indicators against targets	17
Figure 4: FFE beneficiaries in FATA: Actual vs. Planned 2013-14	21
Figure 5: FATA: Transition from class 5 to 6 (2013) and boys vs. girls' schools by level (2013)	22
Figure 6: Total GFD beneficiaries (Jan 2013 - July 2014)	24
Figure 7: Total livelihood participants (Jan 2013 - July 2014)	27
Figure 8: Food consumption pattern post CFW (compared to baseline)	30
Figure 9: Reported impacts of livelihood assets created through CFW in Sindh	30
Figure 10: Average utilization pattern of cash from CFW projects in Sindh	31

List of annexes

Annex 1: Evaluation terms of reference	47
Annex 2: List of key informants	48
Annex 3: Logical Framework - PRRO 200250	54
Annex 4: Key points from relevant WFP policies	57
Annex 5: The Global Zero Hunger Initiative	58
Annex 6: Treatment of MAM and PLW by modality (July 2014)	59
Annex 7: Primary school annual enrolment increase in WFP assisted schools by class (2013-14)	59
Annex 8: Map of internal displacement in north West Pakistan (FATA/KPK)	60
Annex 9: IDP standard registration and assistance process (FATA/KPK)	61
Annex 10: GFD hubs and distribution points (FATA/KPK)	62
Annex 11: Example food distribution process from Jalojai Camp	63
Annex 12: IDP Grievance and feedback mechanism (FATA/KPK)	64
Annex 13: Training conducted through Food for Training (FFT) or Cash for Training (CFT)	65
Annex 14: Assets constructed or rehabilitated through CFW or FFW	66
Annex 15: Additional livelihood output indicators – 2013	67
Annex 16: Community Asset Score Methodology	67
Annex 17: Cash utilization of households with male or female recipient	69
Annex 18: Suggested considerations for CFW/FFW activities	70
Annex 19: Protection and Gender Performance Indicators	71
Annex 20: Cash transfer process	75
Annex 21: Social protection in Pakistan	76
Annex 22: The Beneficiary Feedback Desk process	78
Annex 23: Feedback received through Beneficiary Feedback Desk (Jan 2013 - Aug 2014)	79
Annex 24: Feedback by activity type	79
Annex 25: Outputs from the WFP Vulnerability Assessment and Mapping (VAM) Unit	80
Annex 26: Key lessons learned	81
Annex 27: Seasonal calendar	83
Annex 28: Bibliography	84

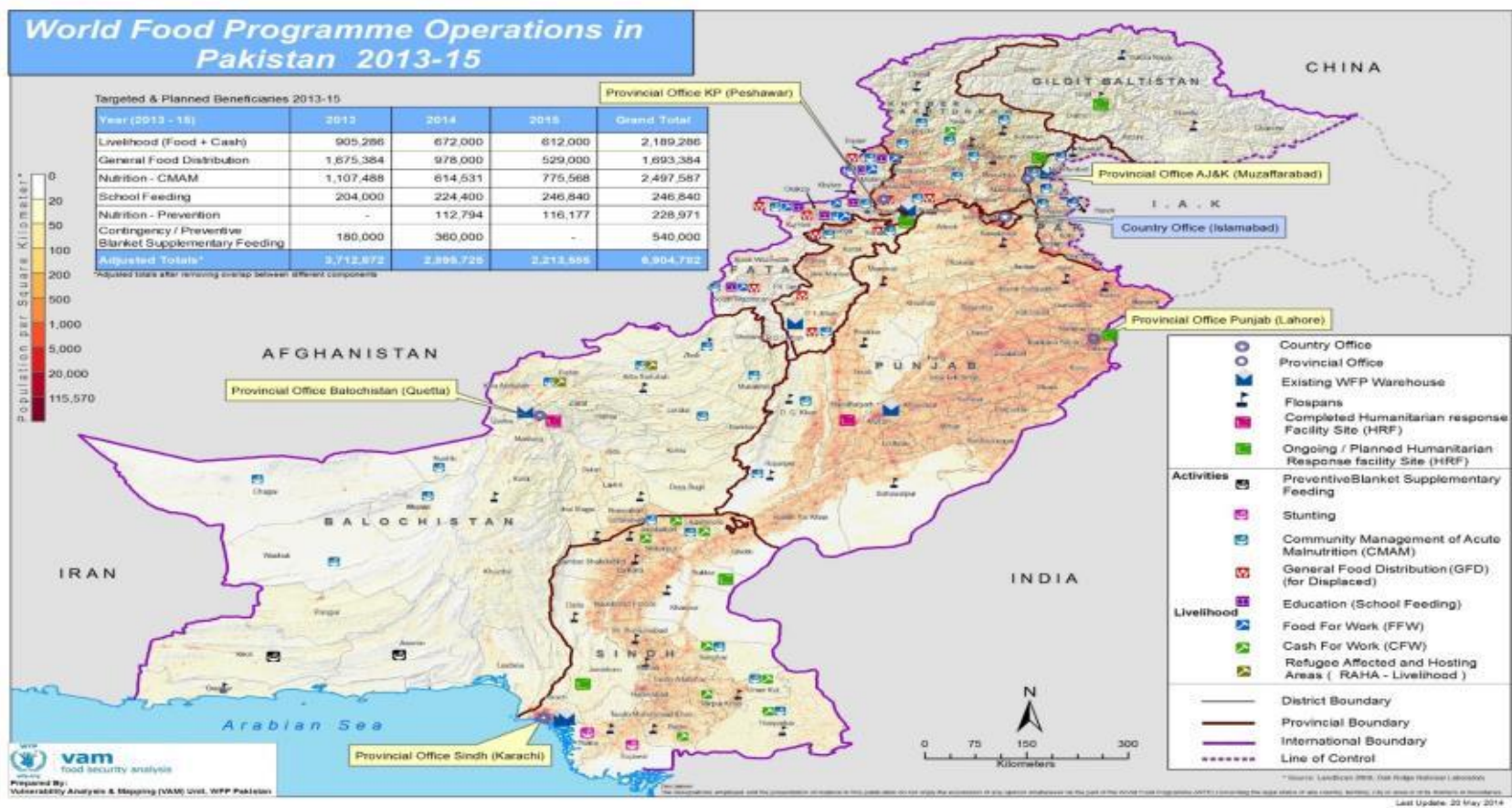
Operational Fact Sheet – Pakistan PRRO 200250
Enhancing food and nutrition security and rebuilding social cohesion

OPERATION			
Type/Number/ Title	Pakistan protracted relief and recovery operation 200250 “Enhancing food and nutritional security and rebuilding social cohesion”		
Approval	November 2012		
Amendments	<p>Number of budget revisions: Four</p> <p>BR1 (May 2013) increased the number of beneficiaries by 1,044,000 and resulted in a total budget increase of USD 31.6 million. The additional beneficiaries were mainly households still affected by the 2012 monsoon floods in Sindh and Balochistan requiring GFD, livelihood recovery activities, and targeted nutritional support, as well as IDPs affected by law and order operations in the FATA.</p> <p>BR2 (July 2013) reduced the landside transport, storage and handling (LTSH) costs by USD 11 million.</p> <p>BR3 made adjustments between cost categories (predominantly commodities and cash and vouchers transfers).</p> <p>BR4 (May 2014) increased the total budget by USD 29 million due to increased commodity requirements for FATA response and efforts to combat stunting and the reduction of malnutrition among children between 6-59 months.</p>		
Duration	<u>Initial:</u> January 2013 to 31 December 2015	<u>Revised:</u> NA	
Planned beneficiaries	<u>Initial:</u> 7,332,475	<u>Revised:</u> 8,346,676	
Planned food requirements	<u>Initial:</u> In-kind food: 430,491 mt Cash and vouchers: USD 43 million	<u>Revised:</u> In-kind food: 473,526 mt Cash and vouchers: USD 47.3 million	
USD requirements	<u>Initial:</u> USD 514.4 million	<u>Revised:</u> USD 564 million	
OBJECTIVES AND ACTIVITIES			
	SO	Operation specific objectives	Activities
MDGs 1, 2, 3, 4, 5 and 7, UNDAF SPAs 3 and 6	Strategic objective 1: Save lives and protect livelihoods in emergencies.	Outcome 1.1: Reduced or stabilized acute malnutrition among children aged 6–59 months and pregnant and lactating women in target populations.	Prevention of acute malnutrition. Community management of acute malnutrition. General food/cash distributions (IDPs/returnees in FATA).
		Outcome 1.2: Improved food consumption over the assistance period for targeted households.	Capacity development in disaster risk management. Disaster risk reduction (cash for work).

	Strategic objective 2: Prevent hunger and in disaster preparedness and mitigation measures.	Outcome 2.1: Early-warning systems, contingency plans and food security monitoring systems in place and enhanced with WFP capacity-development support.	Early recovery of livelihoods (food for work). School feeding (FATA). Prevention of stunting/addressing micronutrient deficiencies (pilot).
		Outcome 2.2: Adequate food consumption over the assistance period for targeted households.	
		Outcome 2.3: Hazard risk reduced at the community level in targeted communities.	
	Strategic objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster, or transition situations.	Outcome 3.1: Adequate food consumption over the assistance period for targeted households.	
		Outcome 3.2: Increased access to assets among target communities in fragile transition situations.	
		Outcome 3.3: Enrolment of boys and girls in assisted schools stabilized at levels closer to the national average.	
Outcome 3.4: Reduced stunting in target children.			
PARTNERS			
Government of Pakistan	Federal level: Ministry of National Food Security and Research, Economic Affairs Division, National Disaster Management Authority, Planning Commission (including Nutrition) and National Programme for Family Planning and Primary Health Care (NPFPP & PHC). Provincial and district levels: Development, Health, Food and Agriculture and Education Departments.		
United Nations	FAO, UNHCR, UNICEF, UNOCHA, United Nations Women, WHO.		
NGOs/Local organisations	6 International NGOs: ACF, Islamic Relief Pakistan, MERLIN, SCF, and Johanniter. National NGOs: National NGOs 22 including BEST, CRDO, CERD, SRSP, PEACE, AJKRSP and others.		

Maps

Map of WFP Pakistan operations in Pakistan 2013-2015



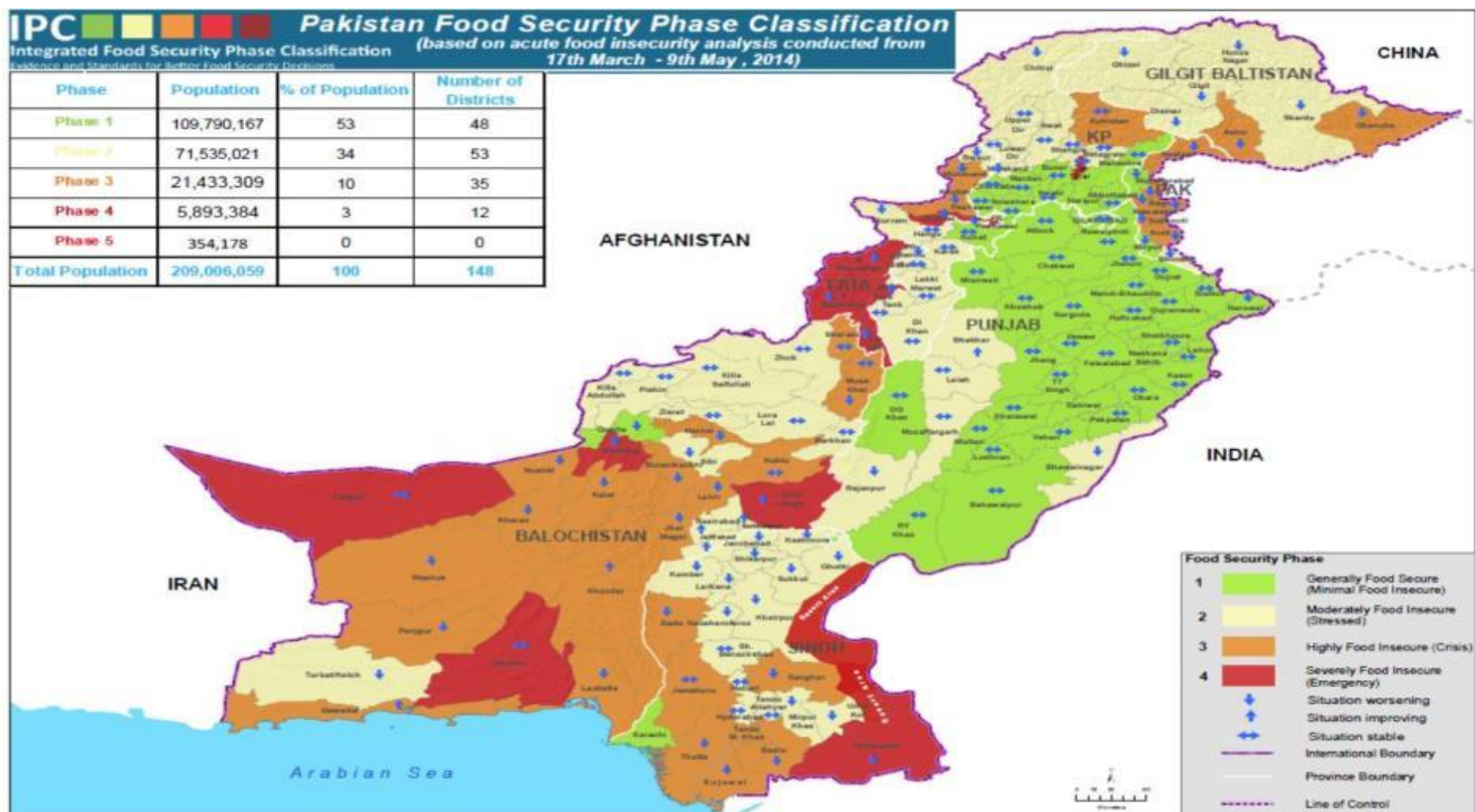
Source: WFP, VAM: 2014

Integrated Food Security Phase Classification (IPC) - September 2012



Source: WFP 2012

Integrated Food Security Phase Classification (IPC) Map - March to May 2014



Source: WFP 2014

Executive Summary

Introduction

1. This Mid-Term Evaluation of World Food Programme (WFP) Pakistan's Protracted Relief and Recovery Operation (PRRO) 200250 covers the period from mid-2012 until mid-2014 incorporating the operational activities undertaken from January 2013. The current PRRO is due to finish in December 2015. As such, the evaluation has been timed so that its findings can feed into the design of the subsequent PRRO planned for 2016.

2. A team of five external consultants, including a Gender specialist, undertook a three-week mission to Pakistan during September 2014. The team employed primarily qualitative information gathering methods and made field visits to operational districts in the Sindh and Punjab, and to the WFP Peshawar office to interview key stakeholders and beneficiaries from the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KPK) operational areas which were inaccessible to the evaluation team.¹

3. Due to prevailing geo-physical conditions and climatic extremes, Pakistan is a disaster-prone country. A range of recurring hazards including avalanches, cyclones, storms, droughts, floods, earthquakes, landslides, and epidemics have a significant impact on the food security situation of the population.² Approximately 40 percent of surveyed households reported being affected by a shock since 2010.³

4. In recent years Pakistan has made significant progress in becoming a staple food surplus country, and is currently the world's 6th largest producer of wheat, and 5th largest producer of dairy products. Despite these gains only 42 percent of households report owning cultivatable land,⁴ and the food security and under nutrition situation has declined.⁵ Pakistan currently scores 19.3 on the Global Hunger Index,⁶ categorized as "serious". The most recent National Nutrition Survey (2011) found acute malnutrition rates exceeding the emergency threshold (15.1 percent), high rates of stunting (43.7 percent), and widespread micronutrient deficiency.⁷ Inadequate dietary diversity together with poor care and feeding practices mean only 7.3 percent of children receive an acceptable minimum diet.⁸

5. Under PRRO 200250, WFP aims to enhance food security and nutrition among displaced and vulnerable populations, support the Government in building social cohesion in FATA, reduce risk through preparedness and mitigation measures, and to stabilize the nutritional status in the most food-insecure districts. Specific interventions within an emergency context include food and cash assistance for internally displaced persons and returnees, as well as a widespread community management of acute malnutrition (CMAM) programme, implemented in four provinces (Sindh, Balochistan, KPK, Punjab), FATA, and Azad Jammu and Kashmir (AJK).

¹ Beneficiaries and stakeholders were brought to the office over the course of a three day workshop.

² National Disaster Risk Reduction Policy. NDMA, 2013.

³ Food Security in Pakistan 2012-13, Ministry of National Food Security and Research.

⁴ WFP (2013) PRRO Baseline survey.

⁵ Ministry of National Food Security and Research (2014) Food Security in Pakistan 2012-13. MoNFSR in collaboration with WFP, SDPI, FAO, UNICEF and SDC.

⁶ The Global Hunger Index combines three equally weight indicators to describe the country's "hunger" situation: undernourishment (percentage of population with insufficient caloric intake), child underweight, and child mortality.

⁷ Aga Khan University, Pakistan Medical Research Council, and Pakistan MoH (2011) Pakistan National Nutrition Survey 2011.

⁸ Pakistan Demographic and Health Survey (PDHS), 2012-2013.

Overall Summary of Findings

Appropriateness

6. Overall WFP has designed and implemented an appropriate and coherent program based on a comprehensive analysis of data.
7. Vulnerability Analysis and Mapping (VAM) data analysis contributed to the appropriate targeting for moderate acute malnutrition (MAM) activities and was well supported by the in-country production of *Acha Mum*. The stunting intervention was found to be appropriate but in need of complimentary interventions to improve its operational effectiveness.
8. Geographic targeting and coverage of the Food for Education (FFE) programme was appropriate as was the choice of on-site and take home rations. Livelihood and General Food Distribution (GFD) activities are relevant and appropriately targeting Internally Displaced Person (IDP) households and supporting livelihood projects for returnees, food insecure households, and those affected by disaster. Disaster Risk Reduction activities are appropriately designed to address needs at national and community levels but more needs to be done to address government capacity at a provincial and local level, while the design of community projects should further address sustainability issues.
9. Much of the PRRO is implemented through government structures and is well aligned with government strategies and policies including the Education Sector Programme, Education for All, and the draft Agriculture and Food Security Policy.
10. The PRRO is in line with important WFP policies including Nutrition, Cash and Voucher and Gender policies, although more could have been done to fully reflect the gender policy in the design of interventions.

Results

11. PRRO 200250 delivered significant results at the mid-point of the programme, reaching over four million of beneficiaries in 2013 alone through a range of interventions including GFD, CMAM, stunting prevention, FFE, Cash for Work (CFW), Food For Work (FFW) and some DRR. Overall, WFP is making a substantial contribution in meeting the humanitarian needs in the country and is positioning itself to address longer-term recovery needs in a more comprehensive way.
12. At the mid-point, the PRRO has produced the following outputs and appears to be on track to attain many of its projected outcomes.
 - Over 1.8 million direct beneficiaries have been reached through the nutrition programme. The treatment programme for MAM has produced excellent outcomes and the caseload has reduced in target areas. As such, WFP may be required to expand coverage in order to meet the end line target of over one million beneficiaries. Pipeline breaks have impacted on the results for Pregnant and Lactating Women (PLW) and FFE activities, decreasing or obscuring outcomes such as recovery and enrolment rates.
 - The micronutrient activities of the PRRO have extended coverage of iodized salt usage to 110 districts reaching 174 million people, while WFP leadership is contributing to a large-scale pilot project to commercially fortify refined wheat flour with iron folate beginning in 2015 in 51 mills in two provinces.
 - Beneficiary results for FFE have exceeded overall targets however girls represent only 28 percent of recipients, short of the target of 49 percent. The success of the

FFE programme has resulted in over enrolment in assisted schools. This unintended consequence has led to over-crowding and a shortage of supplies.

- WFP assisted nearly 2 million beneficiaries through monthly GFD support in 2013, and over one million by July 2014, exceeding the targets for the respective periods.
- CFW and FFW (FATA only) projects are producing measureable results, although full outcome data is not yet available for some areas. When compared to baseline, all locations have seen an improvement in food consumption, with improvements in dietary diversity also being noted in Sindh. However, current data only illustrates a short-term, and potentially temporary food security impact. An additional impact assessment of CFW and FFW is planned to better capture the longer-term impacts of the livelihood activities.
- The number of assets rehabilitated through CFW and FFW is significant in all targeted provinces and if maintained, should contribute to risk reduction.
- Disaster Response Management (DRM) has also increased government capacity at the provincial level through the construction of Flosspans, but more attention is required to make them operational in some areas.
- Governmental DRM capacity is also built through a cascade model for emergency response training, which has reached 408 individuals through 13 sessions.
- Gender and protection practices were evident in many activities including GFD. The country office, through the leadership of the Gender and Protection Advisor, has recently developed gender and protection indicators to monitor performance which should begin to inform onward planning in the near future.

Factors Affecting Operational Results

13. A range of internal and external factors has influenced the results of the programme, both positively and negatively.

14. The programme has a comprehensive beneficiary feedback mechanism, which has informed the design and led to improvements to the programmes. The mechanism is now receiving considerable attention from other country offices both in the region and elsewhere with respect to its possible replication elsewhere.

15. Flexibility and the innovative use of technology have contributed to an efficient cash transfer system with the potential to scale up. WFP's capacity for data collection and analysis is high and well used both by WFP and partners alike. The VAM products and the WOW database are two positive examples.

16. Short-term Field Level Agreements (FLAs) have also impaired the quality of programming due to the impact this has had on co-operating partner staff retention and time lost having to regularly renew contracts. Similarly, a lack of appropriate procurement procedures for livelihood activities has led to sub-optimal resource levels, reducing the impact of livelihood/DRR projects.

17. Pakistan is a challenging, insecure and highly-disaster prone country. The PRRO has done well to design a programme to take external factors into account. However given Government staff turnover, the limited coverage of Lady Health Workers (LHWs), and culturally based gender constraints, continued attention is required to limit the impact of these factors.

Recommendations

Recommendation 1: The Country Office (CO) should address gaps in the quality and coverage in the current management of acute malnutrition programme to ensure sustainable outcomes and a solid basis for future programming. WFP should continue to expand integrated programming through the existing government system and ensure uniform coverage within districts. In order to improve nutrition outcomes, the ration for acutely malnourished PLW should be changed to a lipid-based nutrient supplement (LNS) (*Maamta*) as soon as it becomes available.

To ensure programme sustainability, WFP should give particular attention to supporting the Lady Health Workers (LHWs) and Lady Health Volunteers (LHVs) through development of: i) a simplified protocol in Urdu for Severe Acute Malnutrition (SAM) and Moderately Acute Malnutrition (MAM) treatment using Middle Upper Arm Circumference (MUAC) measurements according to the new CMAM guidelines, by the end of 2014; and ii) streamlining monitoring and reporting.

Successful treatment of MAM must be accompanied by non-food interventions to address the determinants of acute malnutrition and stunting. Specifically, WFP with the Ministry of Health Services Regulation and Coordination (MHSRC), UNICEF and the CMAM Working Group should develop: i) a standard practical prevention package aimed at creating sustainable behavioural change in feeding and care practices through mother groups led by LHWs; and ii)) a set of agreed, standard indicators for monitoring impact.⁹

Recommendation 2: Country Office leadership should continue to advocate for longer term funding to resolve the FLA issue, and for the use of cash transfers where appropriate. Cash transfers have a great potential in Pakistan due to the well-functioning markets, food availability and strong banking systems in most parts of the country. If funding can be found, there is potential to expand the use of cash modalities to increase programmatic impact such as the increased food security of IDPs or an increased dietary diversity and food consumption score among households of acutely malnourished children. It is also appropriate to continue to explore linkages with the government social protection systems.

Recommendation 3: At the earliest opportunity, the Country Office, supported by a full time Gender and Protection advisor, should consider setting up a Gender and Protection Steering and Implementation Committee (GPSIC) to ensure greater resource allocation (human and financial) for gender and protection matters. A GPSIC could support programme staff to systematically integrate gender equality and protection essentials¹⁰ in each area of work and demonstrate leadership on this matter. Cooperating partners along with Third Party Monitors (TPMs) should be assessed for their gender capacity and sensitivity prior to the award of any contracts to ensure more gender sensitive implementation practices including gender balanced monitoring teams.

Recommendation 4: Prior to the next PRRO, the Country Office should strengthen its DRR/DRM capacity in order to provide more dedicated technical and operational support to the government at both a national and provincial level. It

⁹See WHO 2007 publication, "Indicators for assessing infant and young child feeding practices." http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf

¹⁰ This involves assessing and addressing beneficiary groups diverse risks and constraints including their dignity, security and safety in various program settings such as in IDP camps, schools, distribution sites etc.

should also examine ways to increase and diversify Community Based Disaster Risk Reduction (CBDRR) activities in a sustainable manner to reduce the vulnerability of targeted communities and improve overall programmatic impact. Increased capacity could come in the form of dedicated staff, a stand-alone office and the use of external, technical partnerships.

Recommendation 5: In collaboration with Provincial Programme Management Units (PMUs), the Department of Health (DoH) and UNICEF, and with external technical assistance, the Country Office should pilot test innovative, cost-effective and simplified approaches to the product based management of acute malnutrition in two districts of Punjab and Balochistan, where the PMU has shown considerable interest in delivery through the LHWs. This should be a simple operational effectiveness study to explore the use of one product for the treatment of SAM and MAM and should test i) effectiveness through monitoring of standard outcome indicators and ii) the feasibility of delivering the product through the LHWs; and iii) appropriate ration levels and duration. This should last six-nine months and the findings should be documented and disseminated.

Recommendation 6: In collaboration with the World Bank and UNICEF, WFP should provide institutional, technical and budgetary support to the DoH-PMU/nutrition through an institutional block grant including human resource support to ensure: i) government leadership in developing implementation plans for the Planning Commission – Proforma 1 (PC-1) (2015 roll out) and setting strategic direction; ii) effective coordination, geographical targeting and the harmonization of activities; iii) an increase in the number of LHWs under the purview of the PMU from 2015 onwards to expand current coverage; and iv) long term contractual support to specific public/private partnerships in uncovered LHW areas. Government ownership and a clear strategic direction will enable the DoH to attract funding in line with its strategic priorities.

Recommendation 7: In collaboration with the FATA Secretariat, UNICEF the World Bank and other local partners, the CO should address current gaps in coverage, gender parity and programme complementarity in FFE by: i) expanding the FFE intervention to uncovered areas meeting the criteria for access ii) replacing food rations for focal teachers with a cash payment; iii) repairing non-functioning schools and providing key inputs to create a girl friendly environment including boundary walls, toilets and the provision of water through links to recovery programming such as CFW; iv) improving the on-site High Energy Biscuit (HEB) snack with the addition of milk or fortified juice, supported by community contributions; and v) promote ‘Nourishing Bodies Nourishing Minds’ (NBNM) in practice by supporting synergies between nutrition and education. This should include tangible inputs including the delivery of iron/folate or Micro Nutrient Powder (MNP) to adolescent girls at school and in the community, and de-worming campaigns at primary and senior schools.

The distribution of food commodities in FFE should be complemented by other interventions to address the economic and cultural constraints that affect dropout rates and the retention of girls in school in class 6 and above. This should include the pilot testing of conditional cash transfers to target families for transport and other costs of attending school in one Agency in line with the *Waseela-e-Taleem*/Benazir

Income Support Programme (BISP) model and establishing school, parent and community linkages through existing mechanisms such as the female Jirga.¹¹

Recommendation 8: In selecting areas for intervention for the next PRRO, the CO should ensure programme synergies in practice to consolidate outcomes and improve sustainability. This should include direct and tangible links between FFE, nutrition, early recovery, Livelihood (CFW) and social protection programmes. Convergence of programming should also include links between acute malnutrition and stunting through innovative food based and non-food approaches. It will also require innovation in targeting mechanisms to achieve impact at scale. Delivering a food supplement for PLW and children 6-24 months through existing social protection schemes such as BISP has the advantage of pre-selecting vulnerable groups in urban and rural areas and can be scaled up in a phased approach. In food insecure areas, particularly those with high chronic and acute malnutrition rates, WFP may consider providing regular seasonal work opportunities during hunger gaps and/or periods of limited work. The diversification and expansion of livelihood activities into income generating activities should also be considered in order to increase women's participation.

¹¹ A co-responsibility cash transfer is provided through BISP to allow for costs of school and transport. This is a four-year programme supported by DFID and World Bank in four provinces.

1 Introduction

1.1 Evaluation features

1. This Mid-Term Evaluation (MTE) of WFP Pakistan's Protracted Relief and Recovery Operation (PRRO) 200250 covers the period from mid-2012 until mid-2014 and assesses activities from its beginning in January 2013. The evaluation is driven by the dual WFP organisational objectives of ensuring accountability and learning. The evaluation assesses and reports on the performance and results of the operation, and determines the reasons for successes or failures. It also identifies key lessons that will enable the Pakistan Country Office (CO) to make informed strategic and operation decisions regarding future interventions including a potential, subsequent PRRO after the current operation ends in December 2015.

2. The WFP Country Office is a prime user of the report, however, other key users and stakeholders include the WFP Regional and Headquarter Offices, government ministries, both federal and provincial, and other United Nations agencies, donors, and operational partners.

3. As per the approved Terms of Reference (Annex 1), the scope of the evaluation covers all aspects of PRRO 200250, and sets out to answer the following key questions:

- How appropriate is the operation?¹²
- What are the results of the operation?
- Why and how has the operation produced the observed results?

4. The KonTerra Evaluation Manager ensured quality assurance for the evaluation through the use of the WFP Evaluation Quality Assurance System (EQAS) checklist, together with support and oversight provided.

Evaluation methodology

5. The evaluation team comprised five external independent consultants with sectoral expertise and experience in various evaluation methodologies.¹³ A three-week mission to Pakistan was undertaken during September 2014, which included field visits to Sindh and Punjab, and to the WFP Peshawar office to interview key stakeholders and beneficiaries from the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KPK) operational areas which were inaccessible to the evaluation team. A daylong teleconference call was organised with the Balochistan Office once it was confirmed that travel outside of Quetta was not possible. Multiple information gathering techniques were used for this evaluation including:

- Briefings with relevant WFP staff from the Islamabad Country Office and from the Provincial Offices in Karachi, Lahore, and Peshawar.
- Key stakeholders were identified in close collaboration with WFP country staff and semi-structured interviews were conducted as follows:
 - Interviews with national and local government representatives and relevant government departments including the National and Provincial Disaster Management Authorities, the National Economic Affairs Division, Ministry of Health Services Regulation and Coordination (MHSRC), and the Ministry of Education.

¹² Due to the late start of the stunting prevention and micronutrient deficiencies pilot project the evaluation limited its assessment to the review of the appropriateness of this intervention and its engagement with government and other partners.

¹³ Team Leader, Nutritionist, Food security and livelihood specialist, and a Disaster Response/Disaster Risk Reduction advisor. A female national consultant provided gender and protection expertise with extensive experience in these issues.

- Interviews with targeted United Nations agencies, donors and other relevant international and local organisations.
- Interviews with cooperating partners and external monitoring agency staff.
- Meetings with staff from relevant United Nation clusters such as food security, nutrition and protection clusters.
- Interviews with key Regional Bureau (Bangkok) staff.
- Field visits to affected communities where separate male and female focus group discussions were held with beneficiaries.
- In all, 214 stakeholders were interviewed.¹⁴
- Desk review of relevant documentation:
 - Individual and consolidated project proposals and progress reports;
 - Donor reports;
 - Assessment reports and baseline survey data;
 - Monitoring and evaluation (M&E) department reports and associated data;
 - Strategic and Annual plans and reports;
 - Co-operating partner reports;
 - Organizational policies, international and regional conventions on gender equality;
 - Strategic and Annual plans and reports; and,
 - Other literature related to the assessment including gender related documentation.

6. An Inception Package was developed to facilitate the evaluation process. Included in this was the development of an evaluation matrix to guide the evaluation team in addressing the questions raised in the ToR. A semi-structured questionnaire and focus group discussion guides were also developed to ensure consistency amongst the evaluation team.

7. A gender responsive methodology was developed by the Pakistani gender specialist. The methodology included a review of: how interventions were designed and implemented to align with international and national commitments to Gender Equality and Women's Empowerment (GEEW), the operation's use of baseline gender assessments in project design, the qualitative and quantitative gender disaggregated M&E indicators used to track and compare programme progress, the use of a participatory approach to information gathering that included both men and women beneficiaries' perspectives, their level of participation and the outcome of participation, whether women and men's opinions have actually been taken into account, the presence of key results on GEEW, the financial and human resources for gender and protection, and how, and to what extent, gender and protection were mainstreamed in the programming process. An interview guide specifically designed to assess gender and protection concerns was developed. The level of competence, communication, awareness and staff practices on gender issues was also examined, as was the gender content of various reports.

8. Triangulation of data was conducted using method and source triangulation. Team members also used evaluator triangulation during evening and weekend discussions and whilst travelling together. When separated, regular phone calls took place between the two teams, and any issues that one team member wanted to be further investigated elsewhere was passed across to other team members with the relevant questions provided. Initial findings and conclusions were shared with the

¹⁴ See Annex 2: Key Informants.

WFP Country team (Aide Memoire) and to external stakeholders (presentation) at the end of the field mission, and their feedback obtained.

Limitations of the evaluation

9. Pakistan is highly insecure and the evaluation team was subject to United Nations Department of Safety and Security (UNDSS) travel restrictions. This prohibited access to project areas in FATA and much of KPK, as well as project areas outside of Quetta in Balochistan. It was not possible to obtain the necessary No Objections Certificates (NOCs) as these are only available for permanent staff members, and even then are increasingly difficult to obtain. As a result there was limited interaction with programme beneficiaries, however, the evaluation design planned for this by arranging for beneficiaries in FATA and KPK to be brought to Peshawar to attend the three-day workshop organised there.

10. Ongoing nutrition intervention sites were visited in Sindh Province however attempts to visit similar sites in the Punjab were thwarted by large-scale flooding in operational areas.¹⁵

11. Given the size of the operation, the evaluation team split up into two groups to increase coverage of sites and stakeholders. However, during the course of 3 weeks, only a small number of project sites could be visited, and not all co-operating partners or external stakeholders could be interviewed.

1.2 Country context

12. Sharing borders with India, China, Afghanistan and Iran, Pakistan covers 760,095 sq. kilometres stretching from the mountainous north and northwest, to the Balochistan Plateau to the west, the fertile Indus plain in the east, and southwards into the Bay of Bengal. With an expanding population estimated at 184.35 million,¹⁶ one third of which are living in urban areas, Pakistan is growing at an estimated 1.7 percent per annum.¹⁷ Ninety-seven percent of people living in Pakistan are Muslims and there are four major groups: Punjabis, Sindhis, Pakhtuns and Balochs. Pakistan's Human Development Index for 2012 is 0.515, in the 'low' category, positioning the country at 146 out of 187 countries and territories.¹⁸

13. Pakistan is a disaster-prone country and a range of recurring hazards including avalanches, cyclones and storms, droughts, floods, earthquakes, landslides, and epidemics significantly impact the Pakistani population.¹⁹ These disasters and their aftermath can greatly affect household food security. The PRRO Baseline survey²⁰ found that households that had been affected by disasters were more likely to be food insecure than those who have not. During the timespan of PRRO 200250, there has been localized flooding in Sindh, Balochistan (2012/13) and Punjab Provinces (2014), localized drought in Sindh Province, an earthquake in Awaran, Baluchistan, and ongoing military operations in FATA (2013 - present).

14. Approximately 40 percent of surveyed households reported being affected by a shock since 2010 including conflict, rising food prices and floods.²¹ Food prices

¹⁵ <http://www.bbc.co.uk/news/world-asia-29171821>

¹⁶ Ministry of Finance, Pakistan Economic Survey 2012-13.

¹⁷ <http://data.worldbank.org/indicator/SP.POP.GROW>

¹⁸ <http://hdr.undp.org/sites/default/files/Country-Profiles/PAK.pdf>

¹⁹ National Disaster Risk Reduction Policy. NDMA, 2013.

²⁰ WFP (2013) PRRO Baseline survey.

²¹ Of the 40% affected by disaster, a third (34 percent) were affected by conflict, a quarter (25.7 percent) was affected by rising prices and floods affected 23.9 percent. Food Security in Pakistan 2012-13, Ministry of National Food Security and Research.

increased by 62 percent between 2008 and 2012,²² and an additional eight percent from June 2013.²³ As a result, it is currently estimated that the poorest households spend up to 70 percent of their income on food,²⁴ with an estimated 52 percent of households currently living in poverty.²⁵ Food insecure households cope with their lack of income by limiting their intake of food, eating less nutritious or less desirable food, borrowing money or taking on debt, and in the most severe cases, selling productive assets to be able to feed their families, further decreasing resilience for future shocks.²⁶

15. Agriculture remains central to economic growth and development in Pakistan, contributing approximately 21 percent to the national gross domestic product and employing 45 percent of the country's labour force.²⁷ In recent years, Pakistan has made significant progress in becoming a staple food surplus country with sufficient national production to meet the needs of its population, and is currently the world's 6th largest producer of wheat, and 5th largest producer of dairy products. This has enabled the Government to contribute significant in-kind donations of wheat to WFP over the past two years. The Government of Pakistan is the second largest donor to WFP operations in the country.

16. Despite these gains in national agricultural production only 42 percent of households report owning cultivatable land,²⁸ leaving the remainder dependent on local markets for their food. Together with high levels of inflation in recent years, have meant that the food security and nutritional status of the Pakistani population has declined.²⁹ Pakistan currently scores 19.3 on the Global Hunger Index,³⁰ which is categorized as "serious". The most recent National Nutrition Survey (2011) found acute malnutrition rates exceeding the emergency threshold (15.1 percent), high rates of stunting (43.7 percent) and widespread micronutrient deficiency.³¹ Inadequate dietary diversity together with poor care and feeding practices mean only 7.3 percent of children receive an acceptable minimum diet.³² Thirty-two percent of Pakistanis consume less than the minimum daily dietary caloric energy requirement.

17. The Integrated (food security) Phase Classification (IPC) maps developed by WFP and FAO in consultation with key stakeholders indicate ongoing localized severe food insecurity³³ in Balochistan, FATA, and parts of Sindh. Other areas record intermittent severe food insecurity during floods or other disasters.³⁴

18. Insecurity is prominent in Pakistan, with hostilities between rival militant groups and law enforcement operations generating internally displaced populations, particularly in FATA and in KPK. Although, since 2009 more than 1.4 million people

²² <https://www.wfp.org/countries/pakistan/food-security>

²³ WFP (2013) Does macro-economic stability matter for household food security? Special Focus: Pakistan. WFP Rome, Italy.

²⁴ <http://www.angoc.org/wp-content/uploads/2012/09/12/vietnam-food-and-nutrition-security-situationer/Pakistan.pdf>

²⁵ Based on UNDPs Multi-dimensional Poverty Index. UNDP (2014) Human Development Report 2014. Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience.

²⁶ WFP (2013) PRRO Baseline survey.

²⁷ Government of Pakistan (2014) Pakistan Economic Survey 2013-14. Ministry of Finance.

²⁸ WFP (2013) PRRO Baseline survey.

²⁹ Ministry of National Food Security and Research (2014) Food Security in Pakistan 2012-13. MoNFSR in collaboration with WFP, SDPI, FAO, UNICEF and SDC.

³⁰ The Global Hunger Index combines three equally weight indicators to describe the country's "hunger" situation: undernourishment (percentage of population with insufficient caloric intake), child underweight, and child mortality.

³¹ Aga Khan University, Pakistan Medical Research Council, and Pakistan MoH (2011) Pakistan National Nutrition Survey 2011.

³² Pakistan Demographic and Health Survey (PDHS), 2012-2013.

³³ IPC Phase 4 – "emergency".

³⁴ WFP (2013) Food Security Bulletin – Issue 1, July 2013.

are said to have returned to FATA, over one million IDPs continue to be displaced and depend on humanitarian assistance.³⁵

19. These challenges, combined with significant gender inequality, further compound the difficulties faced by women despite the numerous national commitments to the empowerment of women in Pakistan.³⁶ The Gender Reform Action Plans (GRAPs) were implemented to mainstream gender in the key reform areas of: (i) institutional restructuring (ii) policies and fiscal reforms (iii) women employment in public sector and (iv) women's political participation. However, the GRAPs have not shown the expected progress in achieving most of their targets. Women still face difficulties accessing services and support due to traditional customs and practices that restrict their movement. Similarly, access to education for girls, especially in remote rural areas is difficult and further impacted by the practice of teen marriage. Since 2009 there has been some progress in gender legislation³⁷ but implementation remains a key challenge. According to the Global Gender Gap Report released by the World Economic Forum (2013), Pakistan ranks second-worst in terms of gender equality and equitable division of resources and opportunities among men and women.³⁸

1.3 Operational overview

20. Through PRRO 200250, WFP aims to enhance food security and nutrition among displaced and vulnerable populations, and to support the Government in building social cohesion in FATA. The PRRO was approved in November 2012 and officially runs from January 2013 until December 2015.

21. The specific objectives of the PRRO are:

- To ensure the food security and nutritional status of IDPs, support their return and facilitate recovery (Strategic Objectives 1 and 3);
- To restore and stabilize the nutritional status of vulnerable populations in food-insecure areas (Strategic Objectives 1 and 3);
- To build community resilience through disaster risk reduction (DRR) (Strategic Objective 2); and
- To enhance national disaster risk management (DRM) capacities (Strategic Objective 2).

22. The operation combines both relief and recovery activities. Specific relief interventions include food and cash assistance for internally displaced persons (IDPs) and returnees, as well as a widespread community management of acute malnutrition (CMAM) programme. The CMAM intervention aims to address the persistently high acute malnutrition rates and specifically to reduce or stabilize moderate acute malnutrition in children aged 6-59 months.

23. The operation also seeks to reduce acute malnutrition among pregnant and lactating women (PLW) in target areas; reduce stunting in target children through the 1000-day approach³⁹ and address widespread micronutrient deficiencies. A preventive blanket supplementary feeding programme (PBSFP) is utilised as a short-

³⁵ OCHA (2013) Humanitarian Bulletin Pakistan, Issue 20 16 October – 15 November 2013.

³⁶ Including the National Plan of Action for Women (1998) and the National Policy for Development and Empowerment of Women (2002), the Gender Reform Action Program, and the Benazir Income Support Program (BISP).

³⁷ Including the Domestic Violence Prevention and Protection Act (2009), the Prevention of Anti-Women Practices Act (2011), the Protection Against Harassment of Women at the Workplace Act (2010) and the National Commission on the Status of Women Bill (2012).

³⁸ http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf

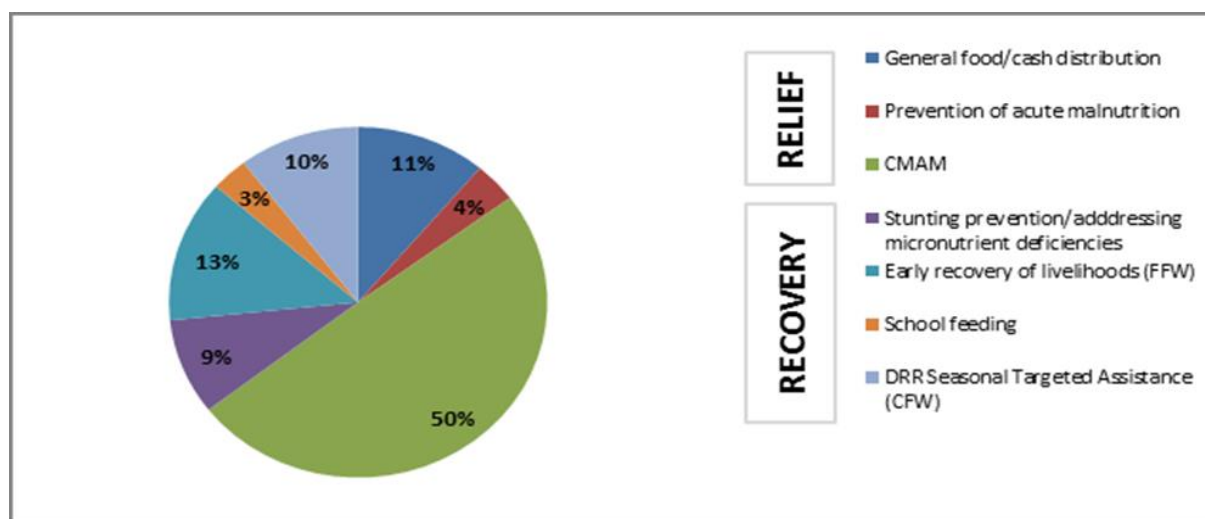
³⁹ Programming with a focus on the period from conception to 24 months of age.

term intervention for all children 6-59 months and PLW in sudden onset emergencies to prevent any deterioration of nutritional status.

24. Within a recovery context, food for work (FFW) and food for education (FFE) are provided to support returnees and communities affected by the ongoing conflict in FATA. Community-based livelihood and disaster risk reduction projects are also implemented in the most hazard-prone and food-insecure locations through cash for work (CFW). The complete logical framework for the operation can be found in Annex 3.

25. Initially the operation planned to meet the needs of 7,332,475 beneficiaries; this was later revised to 8,346,676. Figure 1 below shows the planned breakdown of beneficiaries by activity area.⁴⁰

Figure 1: Planned proportion of beneficiaries by activity



Source: PRRO 200250, Evaluation Terms of Reference, 2014: 6.

26. In terms of funding, there were a number of budget revision (BRs). BR1 (May 2013) increased the number of beneficiaries by 1,044,000 and resulted in a total budget increase of USD 31.6 million. The additional beneficiaries were mainly households still affected by the 2012 monsoon floods in Sindh and Balochistan requiring GFD, livelihood recovery activities, and targeted nutritional support, as well as IDPs affected by law and order operations in the FATA. BR2 (July 2013) reduced the transport, storage and handling costs by USD 11 million, while BR3 was a budget adjustment between cost categories (predominantly commodities and cash transfers). BR4 increased the total budget by USD 29 million due to increased commodity requirements for the FATA response and funds for stunting and malnutrition activities.

27. Ultimately WFP revised its budget to USD 564 million to support 8,345,676 beneficiaries with 473,526MT of commodities and USD 47.3 million in cash distributions. As at September 2014, 67.3 percent of this total has been received of which the four main contributors are: USAID (28%), the Government of Pakistan (15%), AusAID (3%), and ECHO (3%) with 7% carried forward from previous operations.

⁴⁰ WFP Pakistan Operational Factsheet.

2 Evaluation Findings

2.1 Appropriateness of the operation

Appropriateness to needs

Nutrition

28. Geographic targeting for the treatment of moderate acute malnutrition (MAM) was appropriately based on analysis by the WFP Vulnerability Analysis and Mapping Unit of wasting rates (NNS, 2011). However, ineffective coordination at the planning stage between UN agencies in the management of acute malnutrition has resulted in a lack of synergy in the roll out of outpatient therapeutic treatment (OTP) for SAM without complications and the treatment of MAM. Coverage of MAM treatment in Balochistan, FATA and KPK is generally much better than OTP coverage. In Punjab, OTP is integrated into primary health care and as such the coverage of OTP is good. Conversely, the treatment of MAM is only implemented in two districts where WFP is present. Importantly, the product-based treatment of MAM is not a nutrition specific action and as such is not budgeted in the provincial level Planning Commission Proforma 1 (PC-1) nutrition/health sector plans of any of the provinces raising questions of sustainability and appropriateness.⁴¹

29. In-country production of a ready-to-use supplementary food (*Acha Mum*) for children with MAM is appropriate. The use of *Acha Mum* with an extended shelf life has improved programme effectiveness.⁴² A ration of high-energy biscuits for siblings of acutely malnourished children was rightly phased out in 2014 in accordance with findings from an external review.⁴³ The planned shift from a wheat soy blend (WSB)/oil ration to a lipid-based nutrient supplement (LNS) for PLW in CMAM and stunting prevention interventions is relevant and appropriate. Likewise, the prevention blanket supplementary feeding programme (PBSFP) aims to prevent any deterioration in nutritional status during sudden onset emergencies. The use of ready-to-use food (*Wawa Mum*) for children 6-24 months is appropriate and is also coherent with WFP corporate policy.

30. Complementary programming to address critical water issues underlying high rates of diarrhoeal disease in Thatta has not been addressed. Implementation of the stunting effectiveness project in 29 Union Councils (UCs) and cash coverage by Merlin in the other UCs in the target district of Thatta has created issues of inclusion/exclusion.⁴⁴ The project design is overly complicated, leading to lengthy baseline and data collection not relevant to the stated purpose. Caution must be exercised to ensure an appropriate focus on operational effectiveness and on capturing and documenting outcomes conducive to informing the Department of

⁴¹ The treatment of SAM using RUTF is a high impact cost effective nutrition specific action. The treatment of MAM is not a specific action; rather the onus is on preventative options for the management of MAM including infants under 6 months (Lancet 2013:2). From 2015, the treatment of MAM will continue only if WFP fully covers all operational costs. Unlike the treatment of SAM, the treatment of MAM is not budgeted in PC-1 plans.

⁴² WFP has used *Acha Mum* for MAM since 2012. Prior to this, a ration of WSB and oil was used. A comparison of outcomes 2010-12 and 2013-14 highlight the effectiveness of *Acha Mum*. The shelf life of *Acha Mum* was extended from 6 to 9 months in 2013 and should be extended to at least 12 months by 2015.

⁴³ Valid International, WFP/UNICEF/WHO. 2013. Review of the Community Management of Acute Malnutrition in Sindh, Punjab and Balochistan. Oxford, UK.

⁴⁴ Interviews with Merlin Staff, Thatta September 18, 2014. Focal group discussions with stunting project beneficiaries in Thatta and Sakawal and recipients of Merlin cash interventions. Beneficiaries reported grievances regarding receipt of food or cash. Some mothers receiving food articulated a strong preference for cash (in a higher amount). Focal group discussions also revealed issues of overlap with CMAM programming. Over 80% of children with MAM in Thatta are under 24 months. These children are receiving two products (*Acha Mum* and *Wawa Mum* although not at the same time). This is confusing to mothers and the use of both products is redundant.

Health on the delivery of feasible, appropriate, sustainable and cost-effective approaches at scale.

31. The WFP Nutrition Policy (2012) aims to contribute to the evidence base on the prevention of stunting.⁴⁵ In line with 1000 days approach encompassed in the Pakistan Integrated Nutrition Strategy (PINS, 2011), WFP with the Aga Khan University (AKU) and DoH Sindh aim to test the effectiveness of food based approaches to prevent stunting in two districts of Sindh with a high prevalence of stunting. The stated aim of the effectiveness project is to monitor operational effectiveness in the field.⁴⁶ This aim is relevant and appropriate. However there are design concerns with the three-arm approach. Whilst the use of *Wawa Mum* (50g) is highly appropriate for children 6-23 months, the use of WSB/oil ration for PLW is not appropriate, as it will require a switch mid-project to the new LNS (*Maamta*). Thus initial use of LNS for PLW would have been preferable. The rationale for using micronutrient powder (MNP) for children 2-5 years is unclear and is not relevant to the focus on the 1000 days or WFP policy.

Food for Education (FFE)

32. The aim of the FFE intervention under SO3 is to stabilize enrolment in schools through the provision of a valuable commodity (vegetable oil). It is intended to act as a pull factor, while a fortified food (high energy biscuits or HEB) is intended to increase micronutrient intake among school children. This intervention is implemented only in FATA, where literacy enrolment rates are low, particularly for girls.⁴⁷ The rationale for intervening in FATA is highly appropriate. Moreover, attendance at school is extremely beneficial to children in the context of displacement and insecurity.⁴⁸

33. The targeting of boys and girls at the primary level (Kachi - class 5) for on-site rations and take-home rations (THR) of oil is also appropriate. The exclusive targeting of girls with for a THR of vegetable oil in classes 6-10 aims to close the considerable gender gap between girls and boys in the higher education classes and is also appropriate. The provision of a two monthly ration of oil (4.5kg) acts as a pull factor to encourage attendance and reduce dropout.⁴⁹ The provision of a fortified food on-site daily ration in the form of HEBs (75g) seeks to alleviate hunger, provide a nutritious supplement to increase micronutrient deficiency and enable learning and is therefore both relevant and appropriate.

Livelihoods and General Food Distributions

34. PRRO 200250 was designed to address the food security and nutrition context in late 2012. WFP carried out a number of assessments during 2012,⁵⁰ and early 2013, including a PRRO baseline survey⁵¹ to assess household food security and

⁴⁵ WFP Nutrition Policy (2012) states that WFP will test the efficacy and cost effectiveness of programme delivery and provide expertise to determine the causes of malnutrition. In areas where stunting prevalence is at least 30%, WFP recommends all children aged 6-23 months and all PLW in affected areas receive LNS or MNP.

⁴⁶ Aga Khan University. 2013. Effectiveness of Food Based Interventions to Prevent Stunting among Children in Thatta and Sajawal Districts, Sindh Province. Project Proposal.

⁴⁷ Based on indicators from the Education Management Information System (EMIS) 2012-13; Literacy rates in FATA are 37% for males and 11% for females. Gross enrolment rate ER in primary school is 51% for boys and 31% for girls.

⁴⁸ UN Secretary General's Global Education First Initiative (2012).

⁴⁹ Children should attend school for 40 days in two months to receive the oil THR. Focal teachers must attend 44 days.

⁵⁰ Pakistan Food Security Cluster (2012) Detailed Food Security Assessment for 2012 monsoon affected districts of Punjab, Sindh and Balochistan; and Pakistan National Disaster Management Authority (2012) Multi-sector initial rapid assessment report – Pakistan floods 2012.

⁵¹ WFP (2013) PRRO 2013-15 Report on Baseline Survey, and Pakistan Food Security Cluster (2013) Livelihood Recovery Appraisal.

livelihoods. These surveys highlight the link in Pakistan between food insecurity and inadequate household income. WFP have since regularly conducted assessments on the vulnerability and food security situation of IDPs in FATA and KPK.^{52, 53} Due to these initial detailed assessments, WFP have consequently implemented relevant and appropriate food security and livelihood responses: providing food assistance to IDP households, and implementing livelihood projects for returnees, for food insecure households and households affected by disasters.

35. Geographic targeting of the food security interventions was also appropriate, with food assistance being provided to IDPs registered by UNHCR, and in locations easily accessible to IDPs living within camps and host communities. As a result of their IDP assessments, WFP recognized that the loss of household income would be an ongoing problem for displaced households, and it was therefore fitting that WFP considered the option of providing food assistance through unconditional cash support.⁵⁴ In the absence of funding⁵⁵ for the unconditional cash activity however, ongoing food assistance, followed up by a six-month take-home ration, and food for work (FFW) opportunities, were all appropriate interventions to help IDPs recover their livelihood after returning home.

36. The locations of the CFW activities in Balochistan, KPK and Sindh are based on detailed analysis undertaken by the WFP VAM Unit to identify the most food insecure locations, or areas that have been affected by disasters (flood or drought). The livelihood activities focus appropriately on the construction and rehabilitation of communal livelihood assets, which helps longer-term livelihood recovery. In addition, the decision to implement either FFW or CFW was based on a comprehensive assessment,⁵⁶ resulting in the use of suitable modalities depending on the market, banking, and security context in each location, providing an appropriate cash value.

Disaster Risk Reduction (DRR)/ Disaster Response Management (DRM)

37. Pakistan is a disaster-prone country and WFP has designed a multi-layered approach to address needs and capacities at national and local levels. Through training and infrastructure support, WFP is helping the Government of Pakistan to prevent and prepare for the disasters that occur on a regular basis. In Sindh, FATA and KPK, WFP is helping communities identify hazards and vulnerabilities whilst providing some support to mitigate against such eventualities. The Community Based Disaster Risk Reduction (CBDRR) trainings will enhance awareness of localised disasters and increase the likelihood that appropriate mitigation measures, supported by CFW and FFW, will be developed and maintained. This twin pronged approach addressing national and local issues is an appropriate operational response.

⁵² Pakistan Food Security Cluster (2014) Detailed food security assessment – KP/FATA.

⁵³ IRC & WFP (2013) Displacement, livelihood and food insecurity. A joint bulletin by IRC and WFP based on IVAP (IDP Vulnerability Assessment Profiling) survey. November 2013.

⁵⁴ WFP initially planned to provide food assistance to a group of 100,000 IDP households through unconditional cash support. Due to lack of funding, this activity was removed from the PRRO.

⁵⁵ WFP originally planned to provide 100,000 IDPs with food through cash assistance. They were unable to secure the USD 9,588,000 required.

⁵⁶ WFP (2013) The Feasibility of using cash and voucher assistance to support household food security. A study conducted in eleven districts of Sindh, Balochistan and Khyber Pakhtunkhwa provinces of Pakistan, September 2013.

Gender and protection

38. Over the course of the PRRO, WFP have gradually become attentive to addressing gender and protection issues. However, in the initial project design, gender equality and protection concerns were not fully factored in. The project design focussed mostly on a “targeting women” approach, and ensuring women were beneficiaries of all project activities. A good gender sensitive project design however, ensures that women, girls, men and boys all benefit equally from the project, and includes relevant qualitative outcome indicators to measure progress.

39. Gender equality dimensions were not robustly integrated in the operation’s theory of change. The project design did not include qualitative indicators to track progress on gender equality outcomes and an in-depth assessment of the gender implications of project activities was not conducted.⁵⁷ The design did not focus on the underlying causes and barriers to gender equality and the project log frame did not specifically include gender equality outcomes. Protection is not explicitly mentioned nor measured. Outcome indicators show only the number of men and women, girls and boys targeted whereas qualitative indicators related to decision making and the control of resources among women and men, or assessing gender based protection concerns were not evident in the project design. The project document does note that WFP will continue to work with UN Women to promote gender equity and gender sensitive programming however, there are no related activities in the implementation plan.

40. In addition, the project design did not include a way to benchmark gender equality progress such as a baseline gender assessment. The PRRO Baseline Survey⁵⁸ did not capture gender dimensions such as identifying different livelihoods or cash transfer activities for men and women, or how men and women were differently affected by conflict and shocks. Furthermore, access to livelihoods projects is not a guarantee that durable solutions to displacement will be achieved, nor that gender gaps will be reduced, as men may wrest control of the livelihood opportunities and gains associated with them. Providing increased incomes for women may not necessarily mean they have full control of the financial gains because men may still invoke their proprietary rights over the women, all of which need to be monitored. The design of the operation did however include monitoring indicators to track beneficiary results disaggregated by sex: women, men, girls and boys. The gender marker to code gender dimensions in the intervention was not fully applied.

Coherence with WFP corporate strategy

41. In general, the PRRO is designed to align with the global WFP Strategic Plan and Strategic Objectives (2008-2013), specifically Strategic Objectives (SOs) 1, 2 and 3,⁵⁹ and to support the Millennium Development Goals (MDGs). The PRRO is also in line with the objectives of the WFP Nutrition Policy (2012), and the WFP Cash and Voucher Policy (2010). The operation is also generally coherent with the WFP Gender Policy (2009) and its’ Strategic Plan (2008-2011) which focuses on giving visibility to women and girls as beneficiaries and contributors to household food

⁵⁷ Such an assessment should consider whether project activities promote or detract from gender equality. For example, does participation in an activity take mothers away from their children and homes and, if so, who takes care of the children during this period and ensures they have sufficient dietary intake and go to school?

⁵⁸ WFP (2013) PRRO Baseline survey.

⁵⁹ WFP Strategic Objective 1: Save lives and protect livelihoods in emergencies; Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures; Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, disaster or transition situations.

security. The project design could have more fully reflected the WFP Gender Policy, which notes the need for a more holistic approach to gender in order to improve the balance in relationships between genders and in families. The priority areas of each of these WFP policies can be found in Annex 4.

42. The livelihood and DRR activities of the PRRO align with SO3 of the WFP Strategic Plan: to restore and rebuild livelihoods⁶⁰ and the Cash and Voucher Policy of 2008. The DRR activities are also coherent with the WFP Policy on Disaster Risk Reduction and Management (2011).⁶¹ WFP Pakistan has prioritized DRR activities that enhance community and household livelihood activities and therefore protect food security. This is clearly in line with the WFP policy that focuses on “building the resilience and capacity of the most vulnerable people, communities and countries, by working to ensure food and nutrition security”.

Coherence with government policies

43. Flexibility in the implementation modality of the CMAM programme has enabled WFP to adapt to the context in collaboration with government and cooperating partners (CPs). An appropriate shift towards programming through government health facilities and the Health House (HH) of the Lady Health Workers (LHW) has allowed for integrated programming at scale in 45 target districts.

44. In accordance with WFP strategic policy and government priorities, WFP has taken a leadership role in addressing micronutrient deficiencies in the general population through a universal salt iodization (USI) to address iodine deficiency disorders (IDD), and plans to use commercial wheat flour fortification (WFF) to address iron deficiency anaemia (IDA) beginning in 2015. Through strategic partnerships with the Ministry of Health Services Regulation and Coordination (MHSRC), the Ministry of Planning Development and Reforms (MPDR), the Micronutrient Initiative (MI), the Global Alliance for Improved Nutrition (GAIN), the World Bank and UNICEF, WFP has appropriately promoted government ownership, and the creation of a National Fortification Alliance to ensure regulatory control and coordination of effort.

45. WFP has played a uniquely prominent role in nutrition policy particularly at the federal level. As a member of Scaling Up Nutrition (SUN), Pakistan has encompassed nutrition specific and sensitive actions in the PINS and multi-sector strategies at provincial level. WFP leads the United Nations SUN network and supports the SUN government focal point to engage in international fora. WFP has been instrumental in raising the profile of nutrition on the national agenda. However, the translation of policy into practice at the provincial and district level is limited.

46. The FFE is in accordance with WFP’s global strategy under the Secretary General’s Global Education First Initiative ‘Nourishing Bodies Nourishing Minds’ (NBNM).⁶² FFE in FATA under the NBNM is highly relevant and concurrent with UN common programming. Pakistan is one of four countries, with high malnutrition rates and low enrolment rates, where the NBNM is being piloted within the framework of the One United Nations. Within the United Nations system, implementation is largely led by WFP in FATA. Encouraging girls to stay in school

⁶⁰ WFP Strategic Plan (2008-2013) Executive Board Annual Session, Rome 9-12 June, 2008, 19 May, 2008, p.14.

⁶¹ WFP (2011) WFP Policy on Disaster Risk Reduction and Management: Building food security and resilience.

⁶² WFP, UNICEF, UNESCO. Nourishing Bodies, Nourishing Minds: Partnering for Children’s Well-being and Equity in Education, 2013.

contributes to a reduction in stunting in the long term. This is important, as there is a strong positive correlation between the education obtainment of girls and the reduction of stunting in Pakistan.⁶³ Thus, there are direct linkages between FFE, NBNM and the Zero Hunger Challenge.

47. Government staff directly implements the FFE programme with certain activities run jointly by WFP FATA Secretariat, BEST and third party monitors (PAIMAN). This collaboration is particularly effective given the challenging context. Many schools have no water, toilets or boundary walls, thus the aim of linking FFE to early recovery efforts and the provision of these inputs through cash and food for work is appropriate.⁶⁴ However, little change in provision of assets to schools could be found. The FFE intervention is in line with government strategic priorities in education to increase enrolment and reduce drop out, as inscribed in the Education Sector Programme in KPK and FATA (2002-15), and the federal government 'Education for All' (Waseela-e-Taleem, 2012).⁶⁵ The FFE intervention contributes to achieving universal primary enrolment (MDG 2), and can also support progress towards the MDG goals on hunger alleviation (MDG 1), and gender parity (MDG 3), and is therefore in line with federal government priority targets as well as donor objectives.

48. WFP also works in close collaboration with the Ministry of National Food Security and Research (MoNFSR). In 2012 the MoNFSR pledged its support to the Zero Hunger Challenge and the WFP VAM Unit is currently providing technical assistance on food security monitoring, policy development and capacity building to the Ministry's Zero Hunger Cell. In 2013 the MoNFSR released a draft Agriculture and Food Security Policy⁶⁶ with objectives strongly related to increasing agricultural production and food availability with a view to "building a more resilient agricultural sector". To date, many of the livelihood activities implemented by WFP have an agricultural focus, including the reconstruction of drainage canals, and rehabilitation of roads to link markets. Little emphasis has been put on food access issues to date, something that WFP is trying resolve through ongoing technical support.

49. The DRR/DRM activities are also coherent with the National Disaster Risk Reduction Policy of the NDMA. WFP has also been working closely with both the National (NDMA) and Provincial (PDMA) level disaster management authorities, building capacity and providing both structural support in terms of the flosspans (medium sized warehouses) and Humanitarian Response Facilities (HRFs),⁶⁷ and support in training government staff in emergency response management.

50. The PRRO is also aligned with national government policies for gender equality and the empowerment of women.⁶⁸

⁶³ National Nutrition Survey (2011) Government of Pakistan Planning Commission/UNICEF.

⁶⁴ According to FATA EMIS 2013, 44% of schools have no boundary walls, 65% have no water or toilets.

⁶⁵ FATA strategic priorities as outlined in the FATA sustainable development plan 2007-2015, and the Education Sector Development Programme for Khyber Pakhunkhwa and FATA (2002-2015). *Waseela-e-Taleem* was launched by Zadari in 2012 in response to Malala Yousafzai's goal to educate 32 million out of school girls worldwide. It is implemented through BISP as a co-responsibility cash transfer.

⁶⁶ Government of Pakistan (2011) Agriculture and Food Security Policy (DRAFT) Ministry of National Food Security and Research.

⁶⁷ Actually funded outside of the PRRO under SPR SO 200181

⁶⁸ National Plan of Action for Women (1998) and the National Policy for Development and Empowerment of Women (2002).

Coherence with partners

51. There is a high level of coherence with and coordination among United Nation agencies in Pakistan, where humanitarian and development services are provided by 19 United Nation organizations operating under the One United Nations concept.⁶⁹ PRRO 200250 was designed to align with the strategic priorities identified in the Humanitarian Operational Plan I and the OPII for Pakistan.⁷⁰ WFP plays a major role in this co-ordination in that it leads the One United Nation (OPII) Strategic Priority Area (SPA) 6: Food and nutrition security and also participates in discussions under SPA3.⁷¹

52. Beyond this WFP also leads the United Nation SUN Network and coordinates with sister agencies (UNICEF and WHO) on the management of acute malnutrition. The common United Nation agenda has led to common reporting systems in nutrition. WFP effectively coordinates with nutrition partners at federal level through participation in Nutrition Development Partners (NDP) convened by the World Bank, and the CMAM Technical Working Group. These mechanisms are effective in troubleshooting programme issues and aligning technical protocols. Effective coordination has resulted in jointly revised CMAM guidelines (2013) for example. The coordination of health and nutrition partners at provincial level is variable and in large part, dependent on effective government leadership.

53. The cluster system is designed to harmonize responses between humanitarian actors. Although the cluster system was disbanded at central level in February 2014, it remains in place in FATA/KPK to coordinate relief interventions to the IDPs. WFP and FAO currently co-lead the Food Security Cluster, and WFP leads the Logistics Cluster and the Information and Communications Technology Working Group to ensure adequate support to operations dealing with new influxes of IDPs and to set up relief food banks to house donated goods. WFP also participates in the Protection and Gender-based Violence Cluster regarding relief assistance for the IDPs. This cluster has been instrumental in facilitating the development and implementation of accountability mechanisms for protection. WFP also has a strong collaboration with local authorities, OCHA, UNHCR, IOM, NADRA & cooperating partners in relation to the relief assistance to IDPs and the monitoring of returns.

54. Under the Food Security Cluster, WFP also co-chairs the Cash Working Group (CWG) at central level with FAO and ACF. The CWG aims to harmonize approaches, process and procedures. To this end the Food Security Cluster has developed Cash Guidelines⁷² to increase the capacity of agencies in cash transfer programming and to improve the coherence of responses. WFP also collaborates with many other actors on food security analysis and assessments including the Integrated Food Security Phase Classification (IPC) and detailed livelihood assessments⁷³ with FAO, Livelihoods Recovery Appraisals, Market Assessments, and Food Security Reports.

⁶⁹ Pakistan One United Nations Programme 2013 – 2017: On the basis of extensive consultations, the Government of Pakistan and the United Nations Country Team identified six key Strategic Priority Areas (SPAs) around which the UN system in Pakistan developed its framework for action for 2013-17. The six SPAs are the foundation of the One UN Programme.

⁷⁰ WFP Executive Brief –Pakistan: August 2014 (5 July – 5 August).

⁷¹ SPA3: Increased national resilience to disasters, crises and external shocks.

⁷² Pakistan Food Security Cluster (2013) Guidelines for Cash and Voucher Interventions.

⁷³ Pakistan Food Security Cluster (2014) Detailed livelihood assessment – KP/FATA. WFP provided technical support for development of questionnaires and training of enumerators.

Summary: Appropriateness of the Operation

Pakistan is a highly disaster prone, poor country with a high prevalence of undernourished children. Insecurity and violence contributes to continued displacement, of which more than one million are dependent upon humanitarian assistance.

Overall WFP has designed and implemented an appropriate and coherent program based on a comprehensive analysis of data. The PRRO focuses on both relief as well as recovery interventions.

VAM data analysis contributed to the appropriate targeting for MAM and was well supported by in-country production of *Acha Mum*. The stunting project in Thatta was found to be appropriate but in need of complimentary interventions to improve its operational effectiveness.

Geographic targeting and coverage of FFE was appropriate as was the choice of on-site and take home rations. Livelihood and GFD are relevant and appropriately targeting IDPs households and supporting livelihood projects for returnees, food insecure households and those affected by disaster. DRR is appropriately designed to address needs at national and community levels but more needs to be done to address government capacity at a provincial and local level while the design of individual projects could have bettered address sustainability at the community level.

Much of the PRRO is implemented through government structures and is well aligned with government strategies and policies including the Education Sector Programme, Education for All, and the draft Agriculture and Food Security Policy. The PRRO is in line with important WFP policies including Nutrition, Cash and Voucher and Gender policies although more could have been done to fully reflect the gender policy in the design.

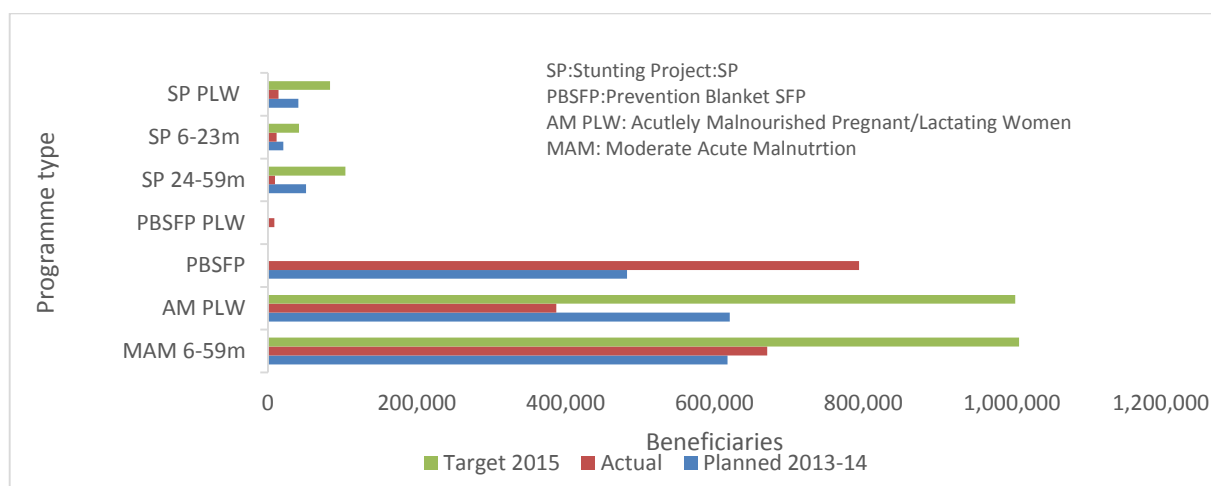
2.2 Results of the Operation

55. The World Food Programme is increasingly playing a lead role as an advocate for strengthening government and its implementation of humanitarian policies, in particular, elevating food security issues as a priority area. With its wide outreach and coverage across all areas in the country, WFP has set itself as a lead player in the humanitarian community. Through its interventions in food security WFP is playing a key role in coordinating and addressing other development challenges including girl's education, livelihoods, health and nutrition and building social cohesion.

Nutrition

56. Figure 2 and Table 1 shows the beneficiary targets and actuals of nutrition interventions through 2015. The large-scale treatment of MAM in six provinces has enabled WFP to reach 671,066 MAM cases aged 6-59 months (Jan 2013- August 2014). This exceeds planning targets for 2013 and 2014. Beneficiary enrolment and receipt of ration is not necessarily synonymous with a child being treated. However, the excellent outcomes (noted below) suggest that the majority of MAM beneficiaries' enrolled are treated with most recovering according to discharge criteria.

Figure 2: Planned and actual beneficiaries against nutrition targets: 2013- 2014



Sources: WFP WOW data, PRRO log-frame targets

Table 1: Planned and actual beneficiaries against nutrition targets: 2013-14

Programme Type	Beneficiary Type	2013-14			2015
		Planned	Actual	% Planned	Target
Stunting Programme	PLW	41,016	14,000	34%	83,262
	6-23m	20,508	11,578	56%	41,631
	24-59m	51,278	9,510	19%	104,078
Prevention: Blanket supplementary feeding	PLW	0	8,641	-	
	6-59m	482,766	794,416	165%	
Acute Malnutrition	PLW	620,557	387,497	62%	1,004,491
MAM	6-59m	617,626	671,066	109%	1,009,361

57. The slight decline in numbers of MAM cases in 2014 may be a positive outcome suggesting a reduction in the overall MAM caseload due to effective treatment and large-scale coverage in target areas. Indeed, a successful outcome would show a decline in beneficiary numbers over time rather than an increase and this appears to be the case. Caseload size is maintained in some areas due to new cases from unserved Union Councils (UC's). In order to achieve end of operation beneficiary targets of over one million, WFP will need to expand coverage. Disaggregation by age is not collected however analysis of raw data indicates that 78 percent of all MAM cases are under 24 months.⁷⁴ This has implications for convergent programming in addressing stunting and wasting. During focal group discussions with LHWs many noted that infants under six months who have early wasting linked to breastfeeding problems are often not included in programming.⁷⁵ This finding suggests the need for a focus on Infant and Young Child Feeding (IYCF) in CMAM programming.

58. A significant decline in the number of acutely malnourished PLW beneficiaries from 81 percent of planned in 2013 to 43 percent of planned in August 2014 is primarily due to pipeline breaks in vegetable oil arising from funding constraints and quality issues with WSB. Its replacement with corn soya blend (CSB+) in some

⁷⁴ Raw data analysis of 22,000 MAM cases 2011- 2013 conducted by Valid International 2012. Younger children are selected by MUAC. Older children were much more likely to be admitted by weight for height in NGO programmes. Weight for height should not be used in any CMAM programme according to National Guidelines but is still used leading to older children being erroneously admitted.

⁷⁵ Focal group discussions with LHWs from FATA, Punjab, KP and Sindh. There is no specific MUAC cut off for identifying MAM cases under 6 months.

places was not well accepted, resulting in significant dropout, which has not been recorded as default. To date 307,449 PLW have received full or partial rations. Siblings of children with SAM and MAM received HEBs (75g/14 days) during 2013 and part of 2014 when this ration was discontinued.⁷⁶ A total of 509,947 siblings received rations, meeting planned targets.

59. The number of children 6 - 59 months and PLW beneficiaries receiving rations through PBSFP in sudden onset emergencies has far exceeded planned targets. This was due to the response to the earthquake in Balochistan in 2013 and the drought in Tharparkar, Sindh in 2014. Despite the need for *Wawa Mum* exceeding planned targets by 293 percent, commodity requirements were met, highlighting WFP's successful contingency planning and preparedness for sudden onset emergencies. The numbers of beneficiaries under the stunting project are significantly lower than planned due a lengthy preparation phase delaying start up. Only 23 percent of PLW, 56 percent children aged 6-23 months and 27 percent of children aged 24-59 months have been reached to date. Issues with the acceptability of micronutrient powder caused issues of uptake and compliance in children 24-59 months, which has now been partially rectified. End-line beneficiary targets have been revised downward.

60. Availability of commodities for the nutrition interventions has been variable as shown in Table 2. Availability of *Acha Mum* has been excellent with no pipeline breaks reported. The lower use of *Acha Mum* against planned targets reflects decreased caseload and reduction in length of stay (LOS). Whilst the number of feeding days planned is 90, the average LOS is 72 days.⁷⁷ This is a positive finding reflecting the effectiveness and appropriate fortnightly distribution and consumption of *Acha Mum* as well as effective case finding and treatment of children in the early stages of MAM.

Table 2: Commodities Planned vs. Actual (Jan 2013 - Aug 2014)

Programme Type	Commodity MT	2013			2014		
		Planned	Actual	% Planned	Planned	Actual	% Planned
PBSFP	HEB	538	263	49%	26	26	100%
	Wawa Mum	2,690	1,865	69%	13	381	293%
	WSB				285	263	92%
TSFP MAM AM PLW	Acha Mum	2,782	2,327	84%	2,777	1,213	43%
	WSB/CSB +	6,293	3,402	54%	6,119	608	10%
	Veg Oil	1,258	1,411	112%	1,224	183	15%
	HEB (sibling)	3,265	2,402	74%	47	47	100%
Stunting project	WSB+				1,230	230	19%
	Wawa Mum				369	79	21%
	MNP				9	2	22%

Source: WFP Standard Monitoring Report 2013 and WOW data 2014

61. Damaged commodities affected the availability of WSB and vegetable oil was unavailable during the first quarter of 2014 (10 percent against planned in 2014). Packaging of WSB in 2.5kg bags and distribution of oil in 1-litre containers (monthly ration) has facilitated distribution. However, the WSB and oil monthly ration for PLW is still widely shared.⁷⁸ Thus even when PLW beneficiaries receive the ration, there is little quantifiable impact. Selection criteria are poorly understood by communities creating problems for LHWs and Lady Health Visitors (LHVs), and leading to inclusion/exclusion issues.⁷⁹ Given the logistical constraints, poor

⁷⁶ WFP WOW data, 2013-August 2014.

⁷⁷ Data analysis by WFP Punjab, WFP Sindh and reports from CPs and government staff in KPK and FATA.

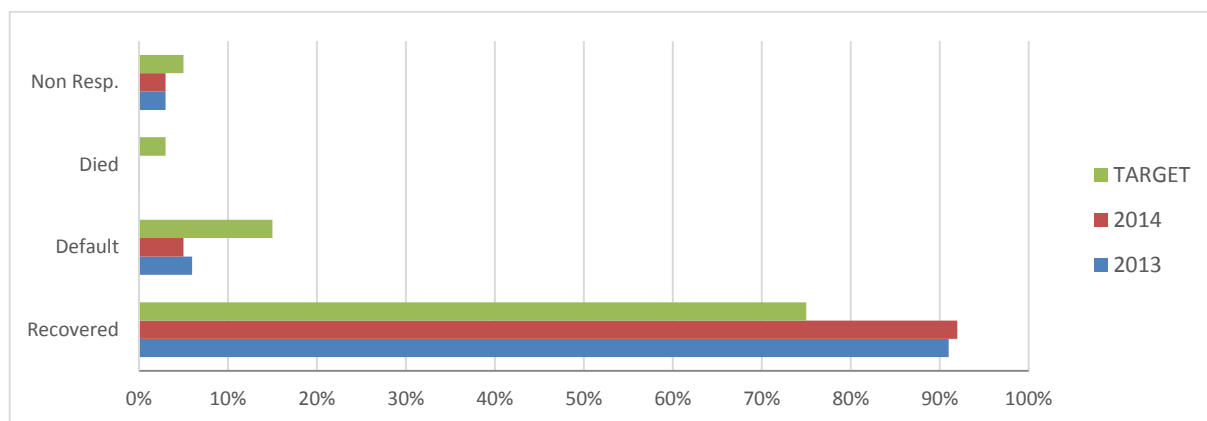
⁷⁸ Beneficiaries in Sindh, KP and FATA reported that the WSB ration is consumed within two weeks of distribution.

⁷⁹ LHWs and LHVs from FATA and Balochistan reported that they face tensions in their community due to MUAC (< 210m) selection criteria for PLW when all pregnant women are felt to be at risk.

availability of rations and widespread sharing, the planned switch to LNS for this group is advisable.

62. Nutrition outcomes are measured against targets using standard performance indicators⁸⁰ for numbers discharged, recovered, died and defaulted. These outcomes are therefore comparable over time and against a standard benchmark of success. Performance against targets (green bar) for MAM cases is shown in Figure 3. Outcomes for MAM cases exceed performance targets. Notably the recovery rate (children meeting exit criteria) is over 90 percent for all provinces. Default is low (6 percent) and deaths very rare (less than 1 percent). These excellent outcomes have remained constant over time (2013-14) but mark an improvement compared to earlier trends from 2010-12 before widespread use of *Acha Mum*.⁸¹

Figure 3: Treatment of MAM cases 6-59 months: Performance indicators against targets



Source: WFP WOW data base, Nutrition Information System, WFP PRRO log frame outcome indicators (SO 1)

63. Performance indicators for PLW from 2013 to August 2014 suggest 89 percent of PLW admitted were discharged as recovered and 6 percent defaulted.⁸² The use of the term ‘recovered’ is somewhat erroneous since PLW are discharged ‘recovered’ after 3-4 months irrespective of MUAC.⁸³ Moreover, receipt of one monthly ration qualifies the PLW as a beneficiary. Given that drop out is high due to erratic availability of the ration, this further obscures the reported outcomes. The ration is a de-facto food distribution to the household and is widely shared and as such is unlikely to have much direct impact on nutritional status of mother and infant. Distribution of micronutrient supplements to PLW is also erratic. However, anecdotal evidence suggests that the provision of a ration to PLW is positively associated with increased uptake of antenatal care visits and family planning.⁸⁴ The team also found that where mother support groups were facilitated by LHWs with practical demonstrations of breastfeeding and one-on-one counselling, this resulted in observed changes in breastfeeding practice. These findings suggest that a direct

⁸⁰ Sphere Project (2011) Minimum Standards in Humanitarian Response. www.sphereproject.org/handbook

⁸¹ Valid International, WFP/UNICEF/WHO. 2013. Review of the Community Management of Acute Malnutrition in Sindh, Punjab and Balochistan. Oxford, UK.

⁸² WFP WOW data 2013-August 2014.

⁸³ Admission criteria is MUAC <210mm (and infant under 6 months). Exit criteria is MUAC >210mm. MUAC changes slowly in women. Most women are discharged recovered after 4 months in the programme irrespective of MUAC. Others are admitted with MUAC higher than admission criteria. After four months in the programme without meeting discharge criteria, a PLW becomes a non-responder.

⁸⁴ Focal group discussions with LHWs and LHV from FATA and Balochistan. Data from Punjab indicates that provision of the WFP ration to PLW is associated with a 35% increase in antenatal visits 1 and 2 compared to non-WFP assisted health facilities. This data was reported but not verified.

ration of LNS to all pregnant women together with a much stronger focus on practical prevention/IYCF actions through mothers groups could prevent deterioration in nutritional status of mothers and infants.

64. There are differences between provinces in terms of implementation modality. A significant shift towards government-implemented programming has taken place. WFP has scaled up treatment of MAM and PLW significantly in FATA through the LHWs at the Health House with the treatment of PLW at health facilities. In Punjab, treatment of MAM (in two districts) is integrated into the health system through the LHV and LHW. In Sindh, AJK and KPK, treatment of MAM and SAM is primarily through cooperating partner (CPs) at government health facilities. The extent to which CP-led interventions are integrated is variable. In many cases, the treatment of SAM and MAM operates in parallel to other health activities with CP paid staff. Only a few programmes operate outside the health system in schools or community centres. Programme modality and number of sites by province is shown in Annex 6.

65. In government implemented programmes in Balochistan, FATA and Punjab MAM recovery rates average 82 percent and default rates average 9 percent, with higher non-response rates particularly in Balochistan.⁸⁵ Comparatively, in INGO implemented programmes in Sindh, recovery rates exceed 97 percent.⁸⁶ This is a reflection of the high staff to beneficiary ratio, extensive outreach and small-scale focus in INGO programmes. Indeed, the good outcomes in government-implemented programmes demonstrate the effectiveness of the LHW in treating acute malnutrition in a cost effective and sustainable approach in challenging contexts. WFP has trained 544 LHWs, however, this has focused on WFP programming and reporting requirements. Little focus has been given to the important role of LHW in prevention of acute malnutrition and stunting, and the practical application of prevention/IYCF actions. The LHW requires inputs and support in order to successfully perform her crucial role in nutrition. These findings indicate the need for sustained support to LHWs.

66. WFP aims to reach at least 50 percent of MAM cases in the target districts.⁸⁷ Analysis of screening data against numbers admitted suggest 70-90 percent of MAM cases in the population are reached in target districts.⁸⁸ Surveys of programme coverage have been conducted in specific districts indicating 30-65 percent point coverage. However these findings cannot be extrapolated to large scale programming at provincial level. Planned coverage surveys will reveal more information.⁸⁹ As previously mentioned, of particular concern is the lack of synergy between treatment of MAM and SAM. Due to relatively poor and different coverage of OTP in Balochistan, FATA and KPK, SAM children are treated as MAM or remain untreated.

67. The team attempted to uncover evidence that the large-scale treatment of MAM has led to a reduction in acute malnutrition. Data analysis and anecdotal evidence suggests that the severity of SAM cases is significantly reduced in areas with MAM programming and presence of OTP. Conversely in areas where there is no OTP, admissions to stabilization centres (SCs) is high.⁹⁰ Of children discharged from

⁸⁵ A child becomes a non-responder after four months in the programme and failure to meet discharge criteria.

⁸⁶ WFP WOW data 2013-14 and Nutrition Information System 2013-14.

⁸⁷ Number of MAM and PLW beneficiaries reached exceeds 50% of planned beneficiaries.

⁸⁸ Analysis of screening data in Punjab, Sindh and KP. This suggests that WFP can meet the target of 80% of target group with MUAC above thresholds. However, this indicator is difficult to report on reliably.

⁸⁹ WFP plans to conduct large scale coverage surveys in 2015.

⁹⁰ NIS data 2012-2014. Data from 10 stabilization centres (SC) (Valid 2013). Data from site visits to 4 CMAM and 3 SC sites in Sindh and Punjab (evaluation team, 2014).

treatment, relapse to SAM is less than 10 percent in Sindh, Punjab and Balochistan but is directly associated with feeding practices.⁹¹ Evidence shows that most SAM cases in Pakistan are under 24 months, with a large proportion under 12 months. This is linked to low birth weight and poor care and feeding practice.⁹²

68. Rates of SAM are particularly high relative to MAM.⁹³ Furthermore, whilst treatment outcomes are very good, prevention and IYCF is a weak part of programming and this affects its sustainability. It is assumed that all beneficiaries receive counselling on IYCF and prevention messages, however this is not the case in practice and the quality of messaging is highly variable.⁹⁴ The current indicator (minimal acceptable diet) for assessing impact of behavioural change in feeding practice is not useful as a single indicator. These findings strongly suggest the need for focus on children 0-24 months, and a strong focus on a practical and simple prevention/IYCF package and a package of indicators to measure the impact of behavioural change.⁹⁵

69. The absence of OTP in some areas of KPK, FATA and Balochistan has resulted in unintended consequences in the use of *Acha Mum*. *Acha Mum* is currently used for the treatment of SAM albeit on a small scale. This is not endorsed by WFP, but rather the initiative of LHWs and LHVs faced with an ethical dilemma of identifying SAM cases and having limited options for treatment. Whilst WFP has focused on attempts to increase coverage of OTP, this unintended outcome presents an opportunity for a natural experiment in the use of a single product for the treatment of MAM and SAM and should be monitored and documented. Anecdotal evidence suggests that treatment of SAM with two sachets of *Acha Mum* is very effective.⁹⁶ Whilst the treatment of SAM and MAM empowers the LHW in the community, the distribution of WSB and oil only to selected PLWs creates demands on the LHW to be inclusive. This has negative repercussions in the community and can affect the LHWs role in facilitating mother support groups. A blanket approach using a ready to use product is strongly preferred by LHWs.⁹⁷ The treatment programme has increased the paperwork and reporting workload of the LHV and LHW and is adversely detracting from curative and preventative community based work. This reflects a wider issue in the paperwork burden, which must be addressed with the Department of Health.⁹⁸

70. The Universal Salt Iodisation (USI) project initiated in 2006 as a WFP corporate initiative is implemented in collaboration with the MHSRC, salt producers, MI, GAIN and UNICEF. It aims to increase micronutrient intake in the general population and reduce prevalence of iodine deficiency disorders (IDD). Under the current PRRO, the initiative is in the third phase and has extended

⁹¹ Valid International. CMAM Review in Sindh, Punjab and Balochistan, 2013. Similar findings are found in the literature e.g. Chang, C, Trehan, I, Wang, R et al. 2013. Children Successfully Treated for Moderate Acute Malnutrition Remain at Risk in Subsequent Year After Recovery. *Journal of Nutrition*. February 2013; 143 (2): 215-20.

⁹² National Nutrition Survey (2011) Government of Pakistan Planning Commission/UNICEF.

⁹³ Ibid.

⁹⁴ Output indicators include number of beneficiaries receiving nutrition messages. This is focused particularly on the use and storage of commodities. It is not monitored but assumed that beneficiaries receive messages.

⁹⁵ There are no standard indicators for measuring the impact of IYCF/BCC in the Nutrition Information System. The Nutrition Cell in Sindh has looked at developing a package of five indicators. The package needs to be standardized. WHO, UNICEF, FANTA. 2010. Indicators for Assessing Infant and Young Child Feeding Practices. Part 1 2008, Part 2 2010.

www.who.int

⁹⁶ WFP KPK focal group discussion with cooperating partners; focal group discussion with LHWs in FATA and Balochistan. This funding concurs with other studies on the cost effectiveness and short LOS when using two sachets RUTF for SAM and MAM (Nackers et al, 2010), IMC/Valid ongoing research.

⁹⁷ Focal group discussion with LHWs in FATA and Balochistan.

⁹⁸ Lady Health Workers from FATA demonstrated their 12 register books. Many of these could be effectively and efficiently streamlined into one register.

coverage of adequately iodized salt to 110 districts reaching 174 million people.⁹⁹ USI is highly successful not only in achieving a significant reduction in IDD¹⁰⁰ but is also a good example of government ownership.¹⁰¹ WFP in collaboration with government and key partners established a revolving fund mechanism managed by a non-profit organization and this has ensured long-term sustainability. Lessons learned from the success of the USI interventions can be successfully applied to the commercial fortification of wheat flour as well as more broadly to WFP programming.

71. Approximately 200,000MT of wheat flour is fortified annually by WFP to be used in relief programmes. The PINS recognizes large-scale fortification as a high impact nutrition specific action. In order to address the high levels of maternal and child anaemia, WFP and MI are providing technical support to pilot test the commercial fortification of refined wheat flour with iron/folate in association with 11 mills in AJK and 40 mills in Sindh. The cost of fortification will be absorbed by the estimated seven million consumers through a minor price mark-up. As a result of collaboration between multiple partners,¹⁰² the groundwork for the regulatory and policy groundwork has been completed and a National Fortification Alliance led by the MHSRC has been established. WFP has taken a leadership role with its partners and has successfully leveraged substantial donor support through a consortium. Fortification of flour will begin in 2015.

Food for Education (FFE)

72. WFP currently implements FFE in 1,193 schools, already exceeding the 60 percent coverage target of 1,165 schools overall. Geographic coverage in six agencies of FATA is very good, however, coverage within the agencies is not equitable and varies considerably from 36 percent in Khyber to 91 percent in Mohmand, and zero coverage in North Waziristan. This disparity in large part is due to availability of functional schools, access and security issues.

73. Beneficiary numbers for FFE in 2013 and 2014 far exceed planned targets (Figure 4). Current beneficiary numbers at the mid-term point have already exceeded end-line targets of 246,840. However, girls represented only 28 percent of total actual beneficiaries in 2014 (green bar). This falls short of the aim of 49 percent girl beneficiaries.¹⁰³ In large part, this is due to the small number of girl students attending middle and secondary school. The number of girls receiving rations at primary level exceeded planned targets (110 percent of planned). The number of girl beneficiaries in Classes 6-10 was only 19 percent of planned in 2013 and 30 percent of planned in August 2014. Pipeline breaks due to funding constraints affected the availability of the THR of oil directly resulted in significant dropout by girls. This finding highlights the importance of the availability of the oil as a pull factor in maintaining school attendance. Focal group discussions with female students and teachers from FATA revealed that when oil was not available during the first quarter of 2014, drop-out in Classes 7 and 8 in some cases was more than 60 percent. Third party monitors and FATA government officials corroborated this finding.¹⁰⁴

⁹⁹ WFP Nutrition Brief, July 2014.

¹⁰⁰ National Nutrition Survey (2011) Government of Pakistan Planning Commission/UNICEF.

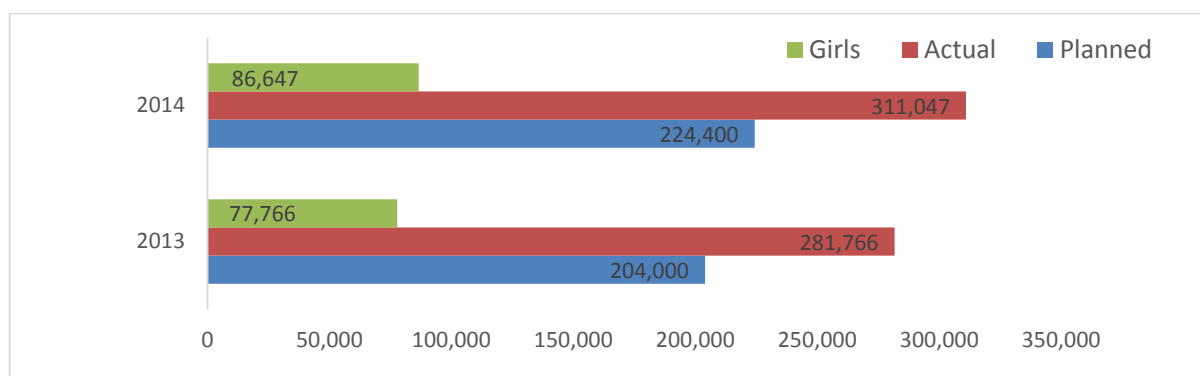
¹⁰¹ Biochemical IDD among mothers decreased from 57% in 2001 to 18% in 2011 and from 40% to 12% among school aged children. USI is noted as the only successfully nutrition intervention. (NNS, 2011).

¹⁰² WFP, the MHSRC, MI, GAIN, the World Bank, UNICEF, the Pakistan Flour Mills Association KPK, and AJK Food Departments,

¹⁰³ WFP gender parity targets (49% women and girls). Pakistan PRRO log-frame 2012.

¹⁰⁴ Focal group discussions with female students in classes Kachi, 4, 5, 7, 8 and 10 and their female teachers from Bajur, Mohmand Kurzam, Khyber and Amakzai Agencies, FATA.

Figure 4: FFE beneficiaries in FATA: Actual vs. Planned 2013-14



Source: WFP WOW database 2013-14 Note: Girls as a percentage of total actual beneficiaries is shown in the green bar.

74. Commodities are delivered to school sites. Reportedly, 118 percent of boys and 79 percent of girls received rations in 2014. There appears to be a disparity between beneficiary numbers and the receipt of rations and outcomes (attendance at school). This is in part due to the categorization of a beneficiary as receiving a ration only once. As noted above, the lack of availability of the oil ration is correlated with high dropout of girls. In 2013, of the five distribution cycles, one cycle was missed and 70 percent of planned oil was distributed. However in 2014, only one of the planned three distribution rounds has taken place to date. This has resulted in only 10 percent of planned oil being used as shown in Table 3. This has significantly reduced the planned number of feeding days for THR from the planned 192. The availability of HEBs was also affected in 2014 with only 19 percent of planned distributions covered to date. The accuracy of the data is unclear as reports from school themselves suggest availability of HEB. It is likely that the lack of availability of oil affecting attendance also affected the use of HEB. The result of the ad hoc availability of the ration, particularly the oil, is concerning. Government, partners, teachers and beneficiaries reported to the ET that while they are extremely appreciative of the programme, fluctuations in commodity availability has led to issues of accountability, distrust and accusations of corruption aimed at school and government officials. This is particularly problematic in the context of FATA and raises issues of security.

Table 3: FFE commodities: Planned against Actual (Jan 2013- July 2014)

Commodities (MT)	2013			2014		
	Planned	Actual	% Planned	Planned	Actual	% Planned
HEB	2,938	1,781	61%	3,231	622	19%
Vegetable oil	2,971	2,082	70%	3,268	342	10%

Source: WFP WOW database 2013-14

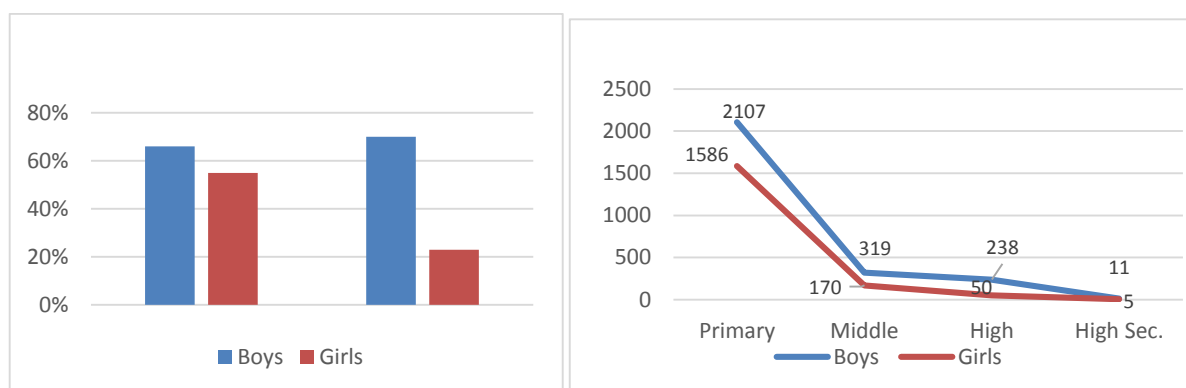
75. The FFE intervention has achieved significant outcomes despite the challenges. The intervention aims to stabilize enrolment levels at those closer to the national average.¹⁰⁵ This is specifically measured as average annual increase in enrolment exceeding five percent. According to this outcome indicator, performance has been impressive. The average annual increase in enrolment in all WFP assisted schools was 7 percent (5 percent for girls) in 2013 and is 9 percent (8 percent for girls) in 2014 thus exceeding the target. By comparison, annual enrolment increase in WFP non-assisted schools is one percent. Significant increases in enrolment can be found in Class 3 and 4 at the primary level as shown in Annex 7. Retention rates are also

¹⁰⁵ Enrolment in primary school is estimated at 68% at national level. Country Reports of Pakistan regarding: Accelerating Millennium Development Goals 2013-2015.

impressive with 97 percent (96 percent girls) of enrolled students retained throughout the school year thus exceeding targets of 85 percent. This compares with a 40 percent retention rate in non WFP-assisted schools.¹⁰⁶ Whilst the number of girls enrolling in primary school has increased, it is important to note that drop out for girls increases exponentially between classes 1 and 5 compared to boys. This disparity in dropout rates peaks at the transition between primary and middle school (class 5- 6). By class 6, only six percent of school age girls attend school.

76. The FFE intervention has noticeably closed the gender gap during the transition as illustrated in Figure 5. Once girls successfully make the transition, the survival rate to Class 10 is good. Indeed 98 percent of girls who enrol in class 6 are retained until Class 10 in WFP assisted schools. Despite improvements, the disparity between school enrolment of boys and girls at higher levels is still stark. This is a socio-cultural factor but also reflects the absence of higher-level girls' schools, many of which have been destroyed by militants.

Figure 5: FATA: Transition from class 5 to 6 (2013) and boys vs. girls' schools by level (2013)



Source: WFP SMR 2013

Source: EMIS FATA 2013

77. The role of the rations in contributing to outcomes is variable. The THR of oil acts as a significant pull and this became clearly evident when it was unavailable. As a high value commodity, the family largely consumes the oil at home.¹⁰⁷ The HEBs are provided in a packet of seven biscuits and given as a mid-morning snack. Whilst some students eat all the biscuits, many take some home to share with younger siblings. The HEBs act as a meal replacement for some students who come to school without breakfast. Teachers report that the biscuit snack does help students focus on learning and keeps them at school until lunchtime. Both students and teachers reported that the biscuits are very dry and providing additional milk or juice would be very beneficial. The HEBs alone provide some nutritional benefit. However, the kcal for daily consumption of four biscuits (the average consumed) is less than 300kcal. The stated objective of increasing micronutrient intake is not measurable, it is only assumed. The provision of a ration of oil to focal teachers who manage the distribution of commodities to students has causes some issues of resentment among teaching staff who do not receive any compensation. The distribution is also cumbersome for the focal teacher. Teachers suggested a specific person (not a teacher) should be recruited and paid to carry out distributions and manage stocks.¹⁰⁸

¹⁰⁶ Standard Monitoring Report 2013. WFP post-distribution monitoring data, July 2014.

¹⁰⁷ FATA post distribution monitoring reports 2013/2014.

¹⁰⁸ Focal group discussions with teachers from FATA.

78. The distribution of food commodities should be complemented by other interventions in order to achieve greater sustainability and take better account of economic and cultural constraints. Particular attention to addressing the reasons for drop out of girls such as early marriage, the availability of quality female teachers, availability of water and functioning toilets, a safe and secure school environment including boundary walls and suitable girl's transport. Opportunities should be seized to strengthen school and community ties and encourage parental involvement through existing mechanisms such as the female *Jirga*.¹⁰⁹ The use of school as a platform for health and nutrition interventions has been under-exploited. LHW's and LHVs noted that opportunities to promote health and nutrition messages to girls should be strengthened thus creating synergies between nutrition and education programming in practice. This should include tangible inputs including the delivery of iron/folate or MNP to adolescent girls and de-worming campaigns at primary and senior schools. LHWs and teachers of Kachi (3-5 years) class reported that improved nutritional outcomes due to CMAM and particularly due to better feeding practices of young children had resulted in some children entering school with improved motor and verbal skills compared to children in the Kachi class several years ago.¹¹⁰

79. The success of the FFE intervention in achieving increased enrolment has also produced some unintended consequences. In administrative areas where schools are not assisted by WFP, students are enrolling at WFP assisted schools. In some cases this has left some unassisted schools virtually empty. It has also led to issues of exclusion and pressure from communities towards government officials to include all schools in the intervention. Increased enrolment has led to overcrowding at school, increased student-teacher ratios at the primary school level and supply shortages. However as a result of this increase in enrolment, the FATA Secretariat Education Department has launched a scheme 'Learning by Doing' which aims to directly address these issues through provision of additional teachers, classroom space and supplies.¹¹¹

80. Third party monitoring, lack of access for WFP staff and political complexities inherent in FATA mean that it is difficult to substantiate reported issues of misdirection of food commodities and ghost schools. National and international NGOs have suggested that reliability on food commodities as a pull factor for enrolment is not sustainable or advisable in a volatile context and undermines other ongoing activities in education and human capital building.¹¹²

General Food Distributions

81. During this PRRO, WFP provided one, final round of general food distribution (GFD) from the last PRRO to 805,024 beneficiaries affected by the 2012 flood in Baluchistan and Sindh. However the narrative on GFD included in this report is only for the food distributions provided in FATA and KPK in response to internal population displacement as a result of military operations (Annex 8). GFD in FATA and KPK has been ongoing since 2008 with an objective to save lives, and avert hunger (SO1). This activity is undertaken in coordination with the local authorities

¹⁰⁹ JIRGA is a local jury that mostly works in Tribal areas. It is a group of Tribal Heads or influential community leaders who make many of the decisions at local, communal and individual levels.

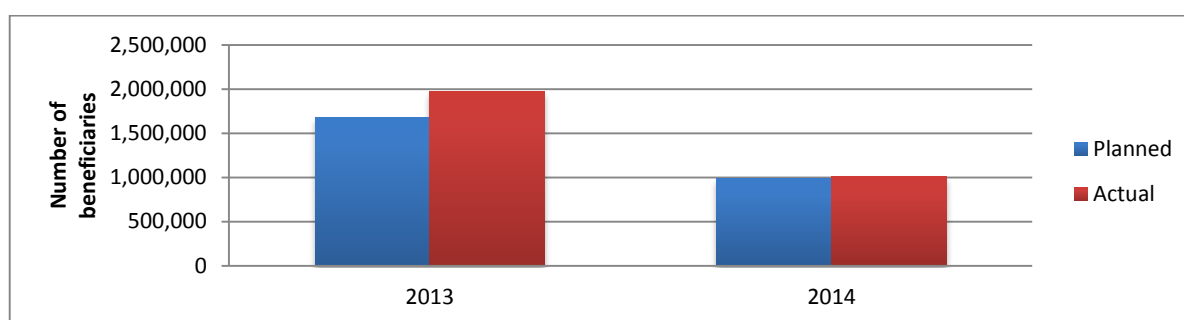
¹¹⁰ Focal group discussions with female teachers, students and parents from FATA highlighted the importance of community and school linkages as well as the involvement of parents particularly in the education of girls. Inputs such as school toilets and availability of water are particularly important for girls at puberty.

¹¹¹ FATA 'Learning by Doing' Education Scheme (PKR 870 million).

¹¹² Oxfam Pakistan feedback to WFP during Evaluation Stakeholder Presentation, September 26, 2014.

(PDMA/FDMA),¹¹³ and with OCHA, UNHCR,¹¹⁴ IOM, and the National Database and Registration Authority (NADRA), and six cooperating partners (Annex 9). WFP has achieved a high coverage rate for general food distribution (GFD) to IDPs, with close to 100 percent of UNHCR registered IDPs being assisted.¹¹⁵ The general food distribution currently has a regular, monthly caseload of almost 170,000 IDP households¹¹⁶ from FATA.¹¹⁷ Food distributions take place at 29 hubs/distribution points located in eight districts of KPK (Peshawar, Nowshera, D.I.Khan, Tank, Kohat, Bannu, FR Bannu, Lakki Marwat and Hangu) and three agencies and one frontier region of FATA (SWA, Kurram, Orakzai and FR Bannu (Annex 10)). In addition to this ongoing food assistance to IDPs in FATA and KPK, WFP provided food assistance to people displaced by the 2012 floods in Sindh and Balochistan (123,529 households). In total, WFP supported almost two million beneficiaries during 2013 (117 percent of planned), and have assisted just over one million up to July 2014, which is 102 percent of the total 2014-planned figure (Figure 6).

Figure 6: Total GFD beneficiaries (Jan 2013 - July 2014)



Source: WFP 2014

82. Beneficiary targets for the GFD activity have changed regularly in order to accommodate fluctuations in the number of displaced requiring assistance. The most recent influx of IDPs from North Waziristan Agency (NWA) is expected to add more than 600,000 beneficiaries to the GFD caseload.¹¹⁸ New influxes of IDPs coupled with a slow rate of return (Table 4) means that WFP will be required to continue support to large numbers of IDPs for the foreseeable future. The slow rate of return comes with the additional challenge of beneficiaries being largely dependent on WFP food assistance, for long periods of time, with potential nutritional consequences. For example, IDPs from South Waziristan, Orakzai and Kurram Agencies were displaced in 2009 are still receiving food assistance.

Table 4: Planned rate of return of IDPs vs. Actual (Jan 2013 – July 2014)

Year	Planned Returns ¹¹⁹	Actual Returns ¹²⁰	% Plan vs. Actual
2013	24,402	19,095	78%
2014	45,000	11,041	25%
TOTAL	69,402	30,136	43%

Source: WFP 2014

¹¹³ Provincial Disaster Management Authority KPK, and the FATA Disaster Management Authority.

¹¹⁴ UNCHR is responsible for the registration of IDPs and the management of the camps.

¹¹⁵ Up to 99% of the registered and verified UNHCR caseload received WFP food assistance on a monthly basis.

¹¹⁶ Caseload as of August 2014 is 163,793 households.

¹¹⁷ Equivalent to more than one million beneficiaries as each participant receives food for a six-member family.

¹¹⁸ WFP carried out a survey on family size of the NWA IDPs in February 2013. The survey found an average family size of 6 members but the government is yet to endorse these results. WFP (2013) Report on IDP family size assessment in Khyber Pakhtunkhwa. A report based on joint assessment by UNOCHA, WFP, UNHCR, IVAP and PDMA February 2013.

¹¹⁹ Planned returns as per Humanitarian Operational Plan.

¹²⁰ Actual returns as per UNHCR – Voluntary return form (VRF).

83. In total, 285,361 MT of food has been distributed through GFD to July 2014 (Table 5). The majority of these commodities (wheat, salt, oil and yellow split peas and rice) are locally or regionally procured, or provided through in-kind donations from the Government of Pakistan or USAID.

Table 5: Planned commodity distribution vs. Actual (Jan 2013 – July 2014)

	Cereals (wheat flour/rice)	Pulses	Salt	Vegetable Oil	HEB	RUSF	TOTAL
Ration per household per month	80kg	6.75kg	1kg	3.86 L	1.63	0.86	
Planned distribution total	243,546	22,138	14,025	3,204	5,547	2,605	291,065
Actual distribution total	241,121	21,034	12,532	3,088	5,407	2,179	285,361
Percentage achieved	99%	95%	89%	96%	97%	84%	98%

Source: WFP 2014

84. WFP has an experienced relief team, as well as six capable cooperating partners. This contributes to a well-managed, gender-sensitive food distribution process¹²¹ despite the difficult working environment (Annex 11). The food distribution process includes provision of information on food entitlements, grievance procedures¹²² and various health promotion topics. Over time the grievance and feedback mechanism (Annex 12) has informed numerous changes to the distribution model resulting in the well-functioning distribution system that is currently present. The outputs related to GFD can be found in Table 6 below.

Table 6: GFD Output Indicators (2013)

Output Indicator	Unit	Planned	Actual
Number of household food entitlements (on ration cards or distribution list) issued in men's name	Individual	251,280	271,950
Number of household food entitlements (on ration cards or distribution list) issued in women's name	Individual	27,920	45,752
Number of members of food management committees (female) trained on modalities of food, cash or voucher distribution	Individual	631	631
Number of members of food management committees (male) trained on modalities of food, cash or voucher distribution	Individual	9,798	9,798
Number of men in leadership positions on food, cash, voucher management committees	Individual	4,115	4,115
Number of women in leadership positions on food, cash, voucher management committees	Individual	335	335

Source: WFP (2013) PRRO 200250 Standard Project Report 2013

85. The evaluation did not identify any food storage or food quality problems for the GFD activity. This is confirmed by the WFP PDM data that regularly shows that more than 90 percent of households are satisfied with the quality of the food (Table 6). There were also no pipeline breaks for any of the GFD commodities during PRRO 200250. Outcome indicators for the GFD (Table 7) show that the GFD activity has had a significant impact of the food consumption of households. At baseline, only 33.4 percent of households had acceptable food consumption score (FCS) compared to 87.6 percent by September 2014.

¹²¹ In this context, a gender sensitive distribution requires separation of males and females at all points in the process including waiting areas (inside and out), information provision points, and verification process and distribution times.

¹²² More information on the grievance/feedback mechanism can be found ahead in the section on external factors affecting the results and in Annex 12.

Table 7: Outcome indicators - GFD

Response	Province	Indicator	2013 (March baseline)	2013	2014 ¹²³
IDPs	FATA/KPK	Acceptable FCS	33.4	81.55	87.6
		Satisfied with quality and packaging of food	N/A	90	94.3

Source: WFP 2014

86. The main ongoing issue faced by the GFD team is the acceptability of the ration. The provision of fortified wheat flour has been problematic, with beneficiaries preferring highly refined, white wheat flour, to the brown, fortified, less refined wheat flour provided by WFP. WFP is well aware of the issue through their post-distribution monitoring (PDM) and has recently conducted interviews with a group of beneficiaries who were selling food aid.¹²⁴ The study found that beneficiaries sold both wheat flour and split peas because they preferred other products: refined wheat flour, and chickpeas. During July 2014, PDM found 8.4 percent of households sold the split peas, and 4.9 percent of household sold the wheat flour.

87. Lastly, some cooperating partners voiced concern that beneficiaries are being asked to pay for their food to be transported from within the food distribution point, to the point where their own transportation awaits (PKR 20-50 per household).¹²⁵

Livelihoods (CFW/FFW)

88. The livelihood activities of PRRO 200250 contribute to multiple objectives under SO2 and SO3:¹²⁶ to support food security, to contribute to longer-term livelihood recovery through the creation or rehabilitation of community assets, and to contribute to disaster risk reduction. Livelihood recovery is implemented through five cooperating partners¹²⁷ using food for work (FFW) and cash for work (CFW) modalities. Both modalities include training components, in an effort to include more women as beneficiaries.¹²⁸ The training component includes disaster risk reduction training and awareness,¹²⁹ as well as topics relevant to women such as tailoring, vegetable production and handicrafts. Households with inadequate labour capacity are provided with unconditional assistance. The full list of training completed through the livelihood activities can be found in the annexes (Annex 13).

89. Work projects with food security, livelihoods, or disaster risk reduction outcomes have been prioritized, including rehabilitation of watercourses, ponds and irrigation canals, rehabilitation of feeder roads, construction of shelters for livestock, and construction of protection walls and check dams. In total, WFP has provided 201,747 participants (1,210,482 beneficiaries) with these temporary work opportunities since January 2013. That is 54.3 percent of the total planned numbers to the end of 2014, with additional participants planned for later in 2014. The full list

¹²³ Average to August 2014.

¹²⁴ WFP (2014) Brief: Selling of WFP-relief food by beneficiaries.

¹²⁵ Interviews with labourers at Jalojai Camp and verified with GFD cooperating partners during meeting on 23.09.14.

¹²⁶ Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures;
Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations

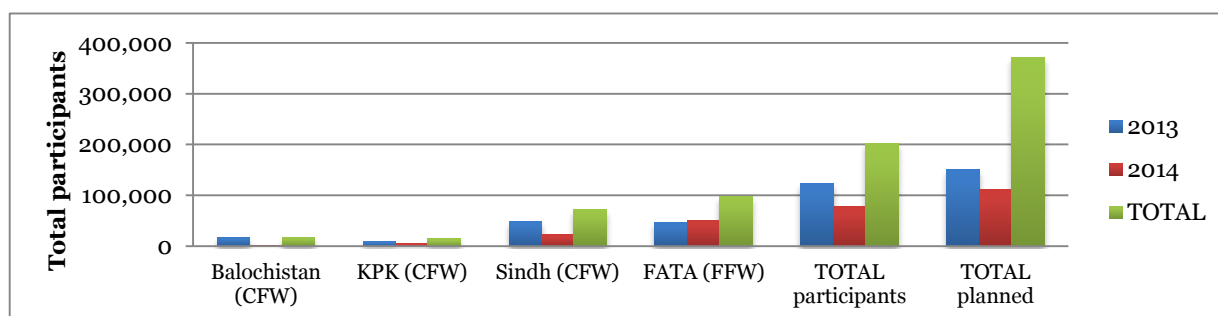
¹²⁷ BEST, FS, HUIJA, Merlin & SRSP.

¹²⁸ In some project locations it is not culturally appropriate for women to work outside the home or to participate in heavy manual work. In Sindh, 47% of participants in the training activities were women, compared to a very small percentage in the work activities.

¹²⁹ Establishing village level DRR committees, developing training material on CBDRM, development of pool of master trainers through training of trainers, delivery of training workshops at community level and dissemination of awareness raising material including brochures, pamphlets etc.

of assets completed through livelihood activities can be found in Annex 14. A list of additional livelihood output indicators can be found in Annex 15.

Figure 7: Total livelihood participants (Jan 2013 - July 2014)



Source: Compiled from WFP data

90. The household targeting process is inclusive, with many projects including all households in the community, except those with other income sources, and all the returnees of a certain area. As a result, no community conflicts over targeting were identified during the evaluation. Livelihood participants (one per household) received a food ration or cash payment based on the number of days they worked on the FFW or CFW project respectively. To date, men make up 87.3 percent of the total livelihood participants (Table 8), while women compromise 75 percent¹³⁰ of the training participants.

Table 8: Gender disaggregated livelihood data (January 2013 – July 2014)

		CFW and FFW participants		
		Men	Women	Total
CFW	Balochistan	16862	511	17,373
	KPK	12180	2304	14,484
	Sindh	58,654	12,915	71,569
FFW	FATA	88,462	9,859	98,321
TOTAL		176,158	25,589	201,747
%		87.3	12.7	

Food For Work (FATA)

91. The FFW locations in FATA are determined by the locations of returnees. FFW was appropriately chosen to be in FATA because of the security situation, difficult market access and a lack of banking facilities. A total of 16,105 work schemes and 1,334 training activities have been completed in FATA during the PRRO to August 2014. To date, 100 percent of returned, registered IDPs have been provided with FFW opportunities for three months in their home location. The majority of participants took up this opportunity for between one and two months, resulting in a short-term food security impact. A total of 98,321 participants took part in FFW schemes in FATA from January to July 2014. The ration provided to FFW participants can be seen in Table 9. In total, 13,621MT of food has been distributed through FFW since January 2013.

¹³⁰ Information provided to the Evaluation Team by email dated 4 November 2014 from Wahid Murad (Head of M&E Section).

Table 9: Food provided through FFW (FATA) (Jan 2013 to Aug 2014)

	Wheat Flour	Salt	Vegetable Oil	TOTAL (MT)
Ration per participant	80kg	1kg	4.5 L	
2013	6,556	81	371	7,007
2014	6,200	337	78	6,614
TOTAL PRRO (to July 2014)	12,756	418	449	13,621

Source: WFP 2014

Cash for Work (Balochistan, KPK and Sindh Provinces)

92. WFP Pakistan has been using vouchers and cash to improve household food security since 2009 and has used this experience to implement cash programmes as part of PRRO 200250 where feasible and appropriate. CFW was chosen as the modality for livelihood recovery in Balochistan, KPK and Sindh based on a comprehensive feasibility study.¹³¹

93. Identification of the CFW locations is based on food security assessments done by the WFP VAM Unit. Within the identified districts, union councils are identified using a ranking system.¹³² Food security assessments enabled WFP to identify the most food insecure districts and union councils, and these locations have been prioritized for CFW activities. The targeted locations change regularly depending on areas of food insecurity, and the locations of floods or droughts. On average each community has benefited from three months of CFW assistance. While this spreads assistance, it reduces the potential impact in each community. In addition, the locations of CMAM activities are currently not factored into the ranking exercise, resulting in little overlap between livelihoods and nutrition activities.

94. Within each community the CFW projects are identified and prioritized in consultation with the targeted communities. The majority of participants (88 percent) benefited from the full three months of work opportunity provided by WFP.¹³³ The CFW rate is based on providing 85 percent of the government stipulated unskilled minimum wage of PKR 360 per person per day over a period of 12 days, to a total of PKR 3,600 per month. The 12-day work cycle allows households to pursue other income generating opportunities and/or household activities. In 2014, this rate was increased to PKR 5,400 per month for 15 days work. This amount was determined to be sufficient to supplement existing household income. A total of PKR 978,343,200 (USD 9.7 million) was distributed between January 2013 and July 2014.¹³⁴ This is 84.4 percent of the total cash planned for the PRRO.¹³⁵

95. The main WFP corporate outcome indicator for CFW and FFW projects is a Community Asset Score (CAS), introduced in 2012 under the Strategic Results Framework (SRF). CAS measures the increase in “facility and infrastructure” assets¹³⁶ that enable a community to begin restoring and rebuilding livelihoods.¹³⁷ WFP corporate guidance stipulates a target of at least 80 percent of livelihood projects resulting in an increase in CAS.¹³⁸ To date, CAS data is only available from

¹³¹ WFP (2013) The feasibility of using cash and voucher assistance to support household food security. A study conducted in eleven districts of Sindh, Balochistan and Khyber Pakhtunkhwa provinces of Pakistan.

¹³² Union Councils and Tehsils are ranked on the basis of food security, food availability, trader capacity to meet demand, market integration, the feasibility of using cash, the general security situation and vulnerability to disaster.

¹³³ A further 7 percent participated for two months, and 5 percent participated for only one month.

¹³⁴ Compiled from figures quoted in document outlining the cash transfer process provided to the evaluation team by Atif Sheikh.

¹³⁵ Revised PRRO total for cash transfers is USD 11,498,010 (through to Budget Revision-4).

¹³⁶ Facility and infrastructure assets are those assets that support and strengthen a community to recover from and rebuild livelihoods after a critical shock.

¹³⁷ See Annex 16: WFP Community Asset Score Information Sheet.

¹³⁸ Ibid.

Sindh as the other provinces are yet to undertake detailed impact analysis. An impact study is currently planned for FATA/KPK area at the end of 2014. In Sindh, 59.1 percent of the 2013 projects achieved an increase in CAS, while in 2014 the figure was 81 percent (Table 10). WFP also uses a corporate target of 80 percent of assisted households maintaining acceptable food consumption. KPK was the only province to achieve this target (Table 10). However, when compared to the baseline survey figures of 47 percent with acceptable food consumption,¹³⁹ it is clear that all locations have seen an improvement in food security post-CFW.

Table 10: Outcome indicators - CFW/FFW

Province	Indicator	2013	2014
Balochistan	Acceptable FCS	42	Not applicable as there was no CFW in Balochistan in 2014
	% Cash used for food	47	
	Community Asset Score	Not available	
KPK	Acceptable FCS	97	97
	% Cash used for food	98	87
	Community Asset Score	Not available	To be collected in last quarter of 2014
Sindh	Acceptable FCS	46	62
	Community Asset Score	59.1	81
	% Cash used for food (including debt repayment)	66	58
FATA	Acceptable FCS	65	77
	Satisfied with quality and packaging of food	94	84
	Community Asset Score	Not available	To be collected in last quarter of 2014

Source: WFP 2014

96. The training component of the livelihood activities also resulted in positive impacts as demonstrated through multiple documented success stories.^{140, 141} Impacts include increased income generating opportunities, improved livestock practice, and communities being better prepared for disaster.

97. In October 2013, a comprehensive appraisal was carried out in nine districts of Balochistan, Sindh and KPK to assess the impact of the CFW projects.¹⁴² The study was conducted three months after the CFW activities ended. The appraisal found the majority (59 percent) of surveyed households were classified as having borderline food consumption, with 35 percent classified as acceptable, meaning that the positive food security impact reported above, is short-term.

98. Improvements were noted in dietary diversity, with consumption of animal products (protein rich foods), and fruits, vegetables and pulses noted in more than one third of the households (Figure 8). This is an indicator of the potential positive contribution of cash programmes to nutritional status provided that increased dietary diversity is reflected among the most vulnerable members of the household, including pregnant or lactating women, and children less than 5 years of age.

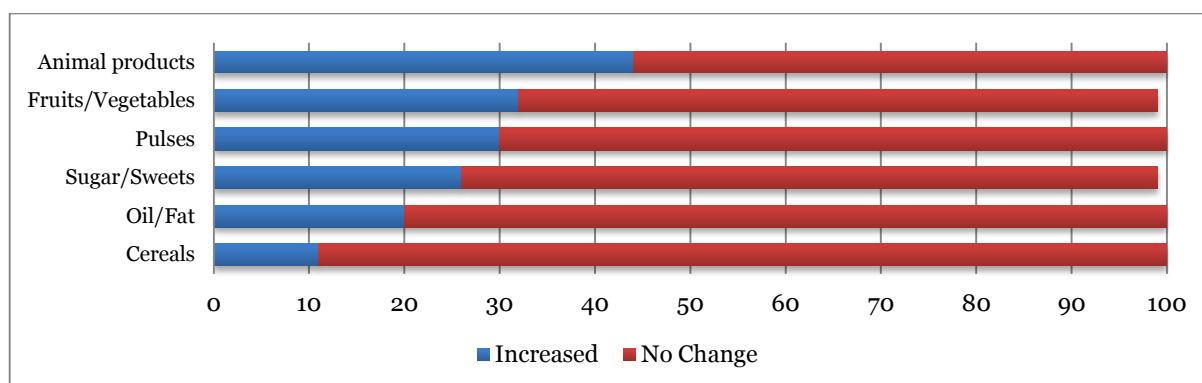
¹³⁹ WFP (2013) PRRO Baseline survey.

¹⁴⁰ Documented WFP success story – “Lal Marjana feels empowered and leading a respectful life”.

¹⁴¹ WFP (2014) Training report on disaster risk reduction – Food for Training (DRR-FFT) under PRRO 200250. Report by Alamzeb Qazi (WFP DRR Officer).

¹⁴² WFP (2013) Appraisal of the impact of cash interventions on markets and household food security.

Figure 8: Food consumption pattern post CFW (compared to baseline)

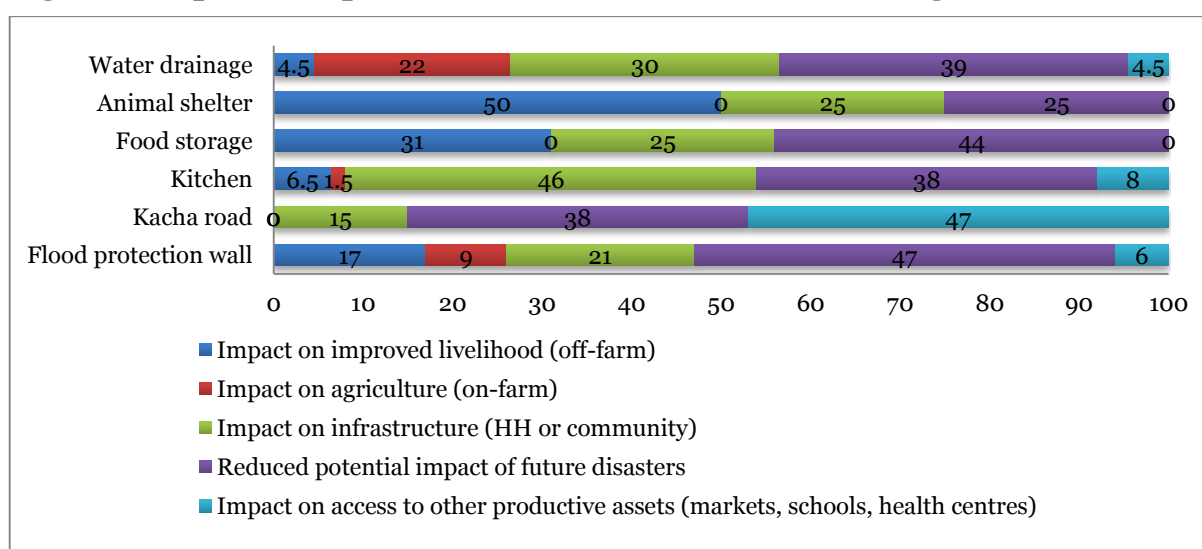


Source: WFP (2013) Appraisal of the impact of cash interventions on markets and household food security

99. On average, across all the food groups, 27 percent of the households reported improvement in food consumption.¹⁴³ Despite these improvements, the same study found that 45 percent of respondents still did not have food or even cash to purchase food, during the previous seven days and had adopted a number of coping strategies including borrowing food from friends and relatives, and relying on less preferred foods. This, compared to a similar baseline survey figure of 40.3 percent of households having problems meeting food needs in the past one month, again illustrates the short-term impact of the transfers provided through the livelihood activities.¹⁴⁴

100. In addition to the two corporate indicators described above, the WFP team has made an effort to evaluate the impact of the CFW activities using additional indicators: dietary diversity, and coping strategy index. To date, appraisal of livelihood impact has only been conducted in Sindh, with an additional study planned for FATA and KPK at the end of 2014. Some of the results of the impact study in Sindh are presented in Figures 9 and 10.

Figure 9: Reported impacts of livelihood assets created through CFW in Sindh



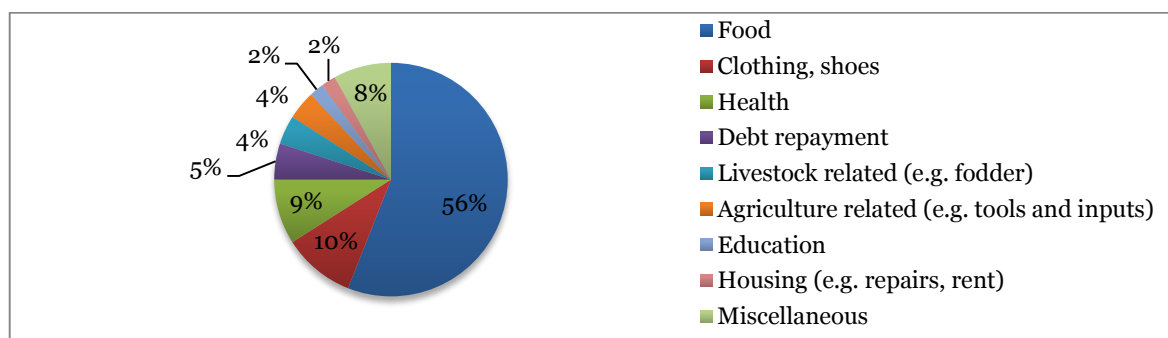
Source: WFP (2014) WFP Assistance for Early Recovery of Livelihoods and Disaster Risk Reduction: Assessment of WFP interventions in Sindh Province

¹⁴³ Ibid.

¹⁴⁴ WFP (2013) PRRO Baseline survey.

101. Beneficiaries were asked to rate whether the livelihood activities had an impact on five parameters: improving off-farm livelihoods, agriculture, or infrastructure, reducing the impact of future disasters or increasing access to productive assets including markets, schools and health centres. Figure 8 shows increased consumption of all food groups, which again highlights the potential for using cash to reduce malnutrition. In addition, Figure 9 shows that beneficiaries reported that the majority of assets created through CFW had multiple livelihood impacts. In addition to these livelihood-related outcomes, WFP monitored beneficiary spending of the transfers received from CFW projects to assess food security. The cash was provided with an objective of providing beneficiaries with enough money to afford the equivalent of the WFP food basket. No conditions were set on the spending on the cash transfer. Figure 10 shows that in Sindh, households spent 56 percent of the cash transfer on food, with an additional 5 percent on debt repayment, which is usually as a result of buying food on credit. There was no significant difference found between the spending patterns of male and female recipients (Annex 17). This in part confirms findings by Berg et al (2013)¹⁴⁵ that decisions about how to spend the cash were done jointly by men and women where possible.

Figure 10: Average utilization pattern of cash from CFW projects in Sindh



Source: WFP (2014) WFP Assistance for Early Recovery of Livelihoods and Disaster Risk Reduction: Assessment of WFP interventions in Sindh Province

102. The WFP appraisal also found no adverse impact on the market as a result of cash injection into neighbouring communities, and that cash for work was a preferred modality for the majority of beneficiaries (77 percent).¹⁴⁶

103. Finally, improvements in social cohesion were noted as a result of households working together to create and maintain communal assets. This increase in social capital was mentioned in evaluation interviews in all locations but particularly emphasized by FATA beneficiaries and cooperating partners. WFP has also documented a success story on this from Orakzai Agency (FATA).¹⁴⁷

104. Interviews with beneficiaries revealed that the main issues with the livelihood activities were that the length of work opportunities was too short, and in some locations, the timing interfered with finding other labour. The time and cost required to collect the cash was also long in some areas (Sindh). This was of particular concern to women, although they still expressed a preference for cash, or

¹⁴⁵ Berg, M., Mattinen, H & Pattugalan, G (2013) Examining protection and gender in cash and voucher transfers. Case Studies of the World Food Programme (WFP) and the Office of the United Nations High Commissioner for Refugees (UNHCR) Assistance. WFP and UNHCR.

¹⁴⁶ There was no adverse impact on market prices, or behaviour. Traders were able to cater for the demand without problems and any price rises were in line with Pakistan's general price inflation rate. Reference: WFP (2013) Appraisal of the impact of cash interventions on markets and household food security.

¹⁴⁷ WFP (2014) Success story (social cohesion): A journey towards social harmony and cohesion.

mixed assistance (food and cash).¹⁴⁸ No safety concerns were raised about collecting, transporting, using or keeping the cash.

105. Cooperating partners also raised concerns about the short time frame of the Field Level Agreements (FLA), which has negative effects on their staff retention. It was also noted that cooperating partners felt that when working with communities, relationship building is an asset and short-term agreements are not conducive to long term improvements. Longer term funding will be required in order to address this issue.

106. Another concern is the level of funding for cash and voucher related activities. Currently the CO has been unable to raise sufficient resources to complete the planned cash-related activities, including unconditional cash for IDPs in FATA and KPK. In addition, the financial framework segregates cash and voucher delivery costs from other direct operational costs (ODOC). As a result, the available funds to procure materials for CFW/FFW projects are limited. To contribute to longer-term food and livelihood security, quality, longer-lasting community assets should be a goal. While maintenance of the assets is, and should be, the main responsibility of the targeted communities,¹⁴⁹ it is the responsibility of WFP and the cooperating partners to ensure that the asset is of reasonable quality to start with.¹⁵⁰ The quality of assets could be improved with additional funds for materials and ensuring that there is adequate technical input.¹⁵¹ Some operational considerations for all CFW/FFW activities can be found in Annex 18.

Disaster Risk Reduction (DRR) and Disaster Risk Management (DRM)

107. WFP has been working at different levels, developing institutional and local capacity to mitigate and respond to large and small-scale disasters, not only with the government, but also with communities in the most disaster prone areas. The DRM agreement signed with the NDMA in May 2014 outlines a plan for WFP to construct and hand over 36 flospans to the government.¹⁵² To date, 15 have been completed and handed over and a further 10 are under construction. Located in areas identified by the NDMA as prone to natural disasters, and situated in towns with good communication links, these structures will provide storage space for the positioning of stocks prior to and during emergency response operations.

108. Similarly, WFP has agreed to construct and hand over eight Humanitarian Response Facilities (HRFs), to the provincial governments under its Special Operation Programme (SOP 200181). The HRFs provide significant storage space (varying from 150–210m²) as well a temperature-controlled warehouse for medicaments, coupled with some offices and a room for trainings. So far two HRFs (in Punjab and in Balochistan) have been completed and handed over to the respective provincial governments,¹⁵³ while three (Punjab, KPK and Sindh) still

¹⁴⁸ The evaluation team was unable to interview any female beneficiaries from KPK or Balochistan. A 2012 study found that views from women were mixed about preferences for cash over food. In KPK, while there was a preference for cash (70 percent of women), some women preferred food, stating that they simply purchased food with the cash and would prefer the food to be delivered, rather than having to get the cash and then have their husbands purchase food. Reference: Berg, M (2012) Study on the social and protection impact of the “Cash for Work” programmes implemented by WFP and cooperating partners in Pakistan.

¹⁴⁹ As noted in the Terms of Partnership (ToP) agreements with each targeted community.

¹⁵⁰ Some interviewees noted that some assets did not even last a full season and were washed away in subsequent floods.

¹⁵¹ Technical input could come from WFP or community or from the cooperating partner.

¹⁵² Flospans have a normal storage capacity of 150m², although some are as large as 210m².

¹⁵³ Neither of these were visited within the evaluation schedule and as such no comment can be given on the quality of the work done and the facility provided.

under construction.¹⁵⁴ These HRFs will provide a substantial operational centre and can be used as a central storage point from where supplies can be forwarded to the frontline flosspans as required.

109. There are some concerns in that this infrastructure will not be matched with sufficient capacity including training as to how to make the best use of such assets. Handover agreements need to be outlined that incorporate how to manage the units once transferred. There are plans in KPK for WFP staff to be loaned to the government for an initial period to support staff training, however, the evaluation team found little documentation with respect to how this would be managed elsewhere.

110. Furthermore, some of the flosspans visited were currently not in use due to the lack of a perimeter fence without which local authorities feel that any commodities stored therein may not be fully secure. It appears the provincial government is responsible for the fencing but lacks resources. Without fencing, the flosspans are not being used to pre-position stock.

111. WFP has also provided the Pakistan Meteorological Department (PMD) with ten sensors to operationalise ten automated weather stations to support improvements to flood warning systems. Search and rescue equipment was also provided to the PDMA in Balochistan, and Gilgit Baltistan, as well as to the NDMA. Support for the procurement and installation of radio equipment was also provided to the PDMA in Punjab. To match this hardware, activities to enhance the capacity of government officials from NDMA, PDMA, DDMA,¹⁵⁵ and other relevant line departments have been undertaken:

- 13 training sessions were organised whereby 408 individuals were trained on Emergency Response activities.
- An emergency response simulation exercise was conducted in Lahore, capital of Punjab province, where 41 officials from NDMA, PDMA - Punjab and DDMA (Sialkot, Sheikupura and Norowal districts) participated and were trained.
- A cadre of Master Trainers was developed where 98 professionals (85 male and 13 female - 36 from KPK and FATA, 62 from Sindh) from WFP and co-operating partner organisations were trained in CBDRR.
- 233 Community Trainers (174 male and 59 female - 195 from Sindh province and 38 from KPK province) were trained how to raise community awareness on DRR/DRM issues.
- These community trainers in turn reached 15,542 community members (10,832 male and 4710 female) in KPK and Sindh provinces.

112. Integrated into the livelihood interventions is the construction of a large number of DRR-related assets such as bunds (protective walls) and dykes/dams to protect hazard prone villages from advancing water (Table 11). These assets are particularly relevant in Sindh where salinization of the land is an issue. These projects were initially implemented as a part of a CFW livelihood activity, and used basic local materials and tools resulting in limited durability. Participants of these projects are counted as livelihood beneficiaries in Figure 7.

¹⁵⁴ The remaining three will be constructed in Sukkur, Muzaffarabad and Gilgit.

¹⁵⁵ District Disaster Management Agencies.

Table 11: DRR related CFW activities

Province	Types of Scheme	Unit	Total
FATA	Construction of protective walls	Number	427
	Construction of check dams	Number	22
	Reconstruction of damaged houses	Number	406
KPK	Check Dams	Number	4455
	Protection walls	Number	144
	Slope Stabilization	Number	417
Sindh	Kilometres (km) of feeder roads raised above flooding levels	Km	69
	Drainage courses	Km	155
	Animal shelters	Number	2,185
	Food Storage Shelters	Number	302
	Bush Boundary Walls	RFT	5,760
	Volume (m3) of check dams and gully rehabilitation structures (e.g. soil sedimentation dams) constructed	m3	64,275

113. Within the CBDRR component, 575 villages in Sindh have finalised community level hazard maps and village disaster risk reduction plans made on a participatory basis. However, to date, very few of these villages have seen any follow up on mitigation projects to address these hazards due to a shortfall in funding. DRR activities were also undertaken in 805 villages in the FATA/KPK region. Many are designed to mitigate flooding by managing the movement of water from the northern mountains.

114. A multi-hazard risk and vulnerability assessment (MHRVA) exercise was undertaken and based on 50 NDMA identified disaster prone districts in Pakistan. WFP selected five districts in the Sindh province on which to concentrate. The assessment reports along with maps were shared with the PDMA – Sindh, however how these will be eventually utilised is not currently clear. The PDMA itself lacks a provincial disaster management plan, and would need support and guidance in how to put together such a document.

115. The DRM/DRR component of the response has lacked consistent funding and where implemented with only basic building materials limiting the durability and sustainability of results. The short term nature of co-operating partner field level agreements are not conducive to longer term development projects, and in places it was felt that livelihood staff were merely doubling up as DRR staff and may have lacked some technical expertise.

116. Also, there has been disproportionately heavy CFW spending in Sindh (79 percent) as compared to other regions (KPK 9 percent, and Balochistan 12 percent), which is not matched by staffing levels. In Sindh, work is undertaken in five districts utilising one DRR/Livelihood officer in comparison with KPK where CFW is only undertaken in one district with three staff deployed there. The reasons for the greater emphasis on expenditure in Sindh were unclear.

Cross cutting issues: Gender and protection

117. To date, men and women, girls and boys have benefitted from the PRRO through the provision of relief food assistance, livelihoods support, disaster risk reduction activities, CMAM, and FFE interventions. Women were directly targeted under the nutrition component along with children under five years. Within the livelihoods and DRR interventions, women were supported to a much less extent as compared to men. Securing adequate female participation in the interventions

remained a challenge in some regions due in part to cultural constraints, making it difficult to access and engage local women, as in FATA.

118. Implementation methodologies throughout the intervention have shown a progressive improvement in gender and protection mainstreaming. Gender equitable livelihoods strategies were developed to ensure greater buy-in for an increased role in decision-making by women. Gender and protection indicators have also been developed to track performance. In addition, the presence of a part time Gender and Protection Advisor has helped support the development and implementation of more integrated, gender sensitive mechanisms and qualitative indicators to track progress on the gender equality and protection aspects of programmes. However this remains an ad hoc appointment, which does not ensure continued gender and protection expertise. Use of the IASC gender marker has also helped to identify more clearly the gender dimensions and gender focused activities within the project. This can be further enhanced through more specific capacity building of staff in the use of the gender marker.

119. Monitoring systems and surveys have been designed to collect gender-disaggregated data. Over time gender sensitization of WFP country and provincial staff through trainings has also helped to develop a better understanding of gender and protection issues within the context of WFP programmes. Appointing Gender and Protection Focal Points in the Country Office and provinces has enabled more gender sensitive programme monitoring and implementation.

120. In order to improve the rates of inclusion of women and girls in the relief efforts, WFP explicitly facilitated the collection of food assistance by women and child-headed households, and tailored its distribution modalities accordingly. In 2013, the number of household GFD entitlement ration cards issued in a women's name exceeded the target by 64 percent.

121. All information management products give disaggregated data by gender, from the planning stages through to monitoring and evaluation. This facilitates the pursuit of equitable outcomes. WFP sub-offices and cooperating partners are also required to report on any protection-related issues that may have affected beneficiaries.

122. Gender and protection sensitive planning, and the development of related indicators, has helped the project to deliver some valuable results. A field feedback matrix for the identification of gender and protection concerns has helped to plan and implement programmes according to the different needs of the affected population. Good practices at the GFD sites include separate entrances for men and women, female and male staffed counters and waiting areas within general food distribution sites, the participation of women in food distribution committees. Child friendly spaces in humanitarian hubs, grievance desks with female staff, beneficiary feedback mechanism using dedicated phone lines, email and postal addresses for beneficiaries to report protection concerns, communication programmes for both men and women, and security related enhancements in hubs and protection through WFP security staff in KPK and FATA, are also good practices. In addition, if needed, labourers were available at each humanitarian hub to carry food items (for a fee¹⁵⁶) on behalf of women and children, from the distribution counter, to the roadside.

¹⁵⁶ Fees are paid by the women beneficiaries except in the case of South Waziristan agency (SWA) where WFP has given Rs. 250 per household to cover carriage costs.

123. The FFE programme has increased boys and girls' enrolment and attendance rates in FATA while simultaneously encouraging female education in the region. This contributes to achieving the MDG3 goal of gender parity in education, and is therefore in line with government priority targets as well as key WFP and donor objectives. Over time gender and protection benefits may accrue for boys, in terms of reducing child labour and recruitment in militancy groups, and for girls by delaying early marriages. The FFE programme can also help in the long run to indirectly reduce stunting in children by promoting increased levels of girls' education. The programme has fostered gender equity in enrolment but the dropout for girls is a challenge and part of a wider issue of girls' transition to secondary school. The provision of secure and protected school environments and "girl friendly" environments including boundary walls, separate latrines, has yet to reach all targeted schools.

124. The livelihood activity is an area where gender equality is proving difficult. The majority of the FFW/CFW options are labour intensive and oriented towards men. Women are mainly involved in specific activities at a household level or in improving their skills through the training component. Livelihoods implemented separate activities women could engage in, such as kitchen gardening, vegetable production and the construction of fuel-efficient stoves, which also contributed towards their empowerment. Assets created to reduce women's hardship included connecting roads and the rehabilitation of houses that had previously been damaged. However, the extent to which these processes and results of the intervention have been able to break traditional discriminatory patterns is not ascertainable. Results do not specifically indicate the empowerment of the women beneficiaries or their leadership and decision-making abilities in relation to their male counterparts.

125. Women and men differ in their views on protection and security concerns. Women were not satisfied with the structure, privacy at camps, relief sites, separate latrines and their location, which did not satisfactorily address the risk of harassment. Although over time the grievance and feedback mechanism has resulted in the well-functioning food distribution system, feedback from women beneficiaries showed that as compared with men they did not receive the same level of information on the beneficiary grievance desks mechanism as well as on the registration process for general food distribution. Also, monitoring feedback did not adequately reflect the views of women due to security and access issues and a lack of female monitors working for cooperating partners. In some areas third party monitoring was also at times not effectively undertaken, either due to operational challenges related to cultural constraints, security risks, difficult terrain, or a lack of access for their female monitors.

126. Finally, registration issues in General Food Distributions faced by women beneficiaries and other vulnerable groups, due to not having the national identification card (CNIC) issued by NADRA, has created some operational problems as this has delayed or excluded many women from accessing assistance despite being eligible for it.¹⁵⁷

127. Overall, it is difficult to assess how women and men have benefitted from the improved incomes and if cash transfers and incomes have helped improve women's access to and control over assets, enhanced decision-making power, or improved their status in their families and communities. Monitoring of the gender indicators

¹⁵⁷ As presented in WFP Protection Mission to Bannu/D.I.Khan report of July 2014 and findings from beneficiary meetings in KPK.

developed by the gender advisor in 2014 to measure qualitative gender concerns is in process (Annex 19), and results are beginning to be tracked regarding the proportion of women and men who make decisions over the use of cash, vouchers or food within the household, the proportion of women in leadership positions of project management committees, and numbers trained in modalities of food, cash or voucher distribution. These results have yet to be compiled and would be reported in the next SPR for 2014.

Summary: Results of the programme

To date, PRRO 200250 has delivered significant results, reaching more than four million beneficiaries in 2013 alone through a range of interventions including GFD, CMAM, stunting prevention, FFE, CFW, FFW and DRR. Overall, WFP is making a substantial contribution in meeting the humanitarian needs in the country and is positioning itself to address longer-term recovery needs in a more comprehensive way. At the mid-point, the PRRO has produced the following outputs and appears to be on track to meet its targeted objectives.

- Over 1.8 million direct beneficiaries have been reached through the nutrition programme. Expansion is needed for MAM if WFP is to reach the target of just over one million in 2014. Pipeline breaks have impacted results for PLW and FFE decreasing or obscuring outcomes such as recovery and enrolment rates.
- The micronutrient component has extended coverage of iodized salt to 110 districts reaching 174 million people while WFP leadership is contributing to a large-scale pilot project to commercially fortify refined wheat flour with iron folate in 51 mills in two provinces.
- Beneficiary results for FFE have exceeded overall targets, however girls represent only 28 percent, short of the target of 49 percent. The success of the FFE has produced a negative unintended consequence: over-enrolment in assisted schools leading to over-crowding and a shortage of supplies.
- WFP provided monthly rations to nearly 2 million people through GFD in 2013, and over one million by July 2014 exceeding the targets for the respective periods.
- CFW and FFW (FATA only) projects are producing measureable results, although full outcome data is not yet available for some areas. When compared to baseline, all locations have seen an improvement in food consumption, with improvements in dietary diversity also being noted in Sindh. However, data illustrates a short-term, potentially temporary food security impact. Additional impact assessment of CFW and FFW is planned to better capture the longer-term impacts of the livelihood activities. Assets rehabilitated through CFW and FFW are significant in all targeted provinces and if maintained, should contribute to risk reduction.
- DRM has also increased government capacity at the provincial level through the construction of flosspans; as of July 2014, 15 have been completed and ten are under construction. DRM capacity is also built through a cascade model for emergency response training reaching 408 individuals through 13 sessions.
- Gender and protection practices were evident in many activities including GFD. The delegation, through the leadership of the Gender and Protection Advisor, have recently developed gender and protection indicators to monitor performance which should begin to inform onward planning in the near future.

2.3 Factors Affecting Operational Results

Internal Factors

Programmatic

128. There are a number of operational components that have positively affected the results of the PRRO: the livelihood cash transfer and the beneficiary feedback mechanism are two notable examples. WFP is currently working in partnership with United Bank Limited (UBL), providing cash transfers for livelihood activities through “branchless banking”. Only a small percentage of households in Pakistan have a bank account¹⁵⁸ even though banking facilities are available within 30 minutes from most project locations. While there have been start-up challenges,¹⁵⁹ there is now an appropriate, effective and relatively efficient cash transfer mechanism located close to beneficiaries in most project locations.¹⁶⁰ The process for the payments can be found in Annex 20 and is similar to the one used by the Benazir Income Support Programme.¹⁶¹ A recent review found that 32 percent of the BISP beneficiaries receive their payment through a mobile payment system (UBL/OMNI/HBL).¹⁶² This synergy could prove useful if WFP collaborates with BISP in future.

129. WFP has made considerable effort to include households without a computerized national identify card (CNIC), even though this meant finding a new payment mechanism as state regulations state that banks are only able to make payments to holders of a CNIC. WFP Pakistan has Standard Operating Procedures (SOPs) for cash and vouchers that include internal controls and verification done through the WOW system.

130. Similarly, there is a well-functioning beneficiary feedback system in place comprised of several components: the “Beneficiary Feedback Desk”, grievance outlets at food distribution points, and feedback direct to field staff (Annex 22). This system has allowed WFP to respond to service delivery issues as they arise, resulting in a number of operational improvements. The purpose of the beneficiary feedback system is to ensure correct and unbiased targeting, to monitor aid distribution, to fight corruption and food diversion, enhance transparency and improve the quality of operations. It also provides a forum to redress and document grievances of beneficiaries. The beneficiary feedback desk is based in Islamabad and includes a dedicated phone line (hotline), an e-mail address and a postal address, with the sole purpose of receiving and addressing feedback from beneficiaries. Non-beneficiaries are also able to use the service. The hotline phone number is visible on all the WFP locally produced food products, and is displayed at all WFP project sites and GFD distribution points. Since January 2013, the desk has received 1,021 points of feedback, of which 840 have been resolved. The majority of the feedback relates to

¹⁵⁸ Less than 7 percent in the WFP operational areas. WFP (2013). The feasibility of using cash and voucher assistance to support household food security. A study conducted in eleven districts of Sindh, Balochistan and Khyber Pakhtunkhwa provinces of Pakistan.

¹⁵⁹ The use of technology has posed challenges for some beneficiaries. Participants are required to use a “kash card” (similar to an ATM card) and a PIN to get their cash from a point-of-sale terminal operated by a bank. Some participants, especially women, were unable to use the PIN and were assisted by cooperating partner staff present at the cash points.

¹⁶⁰ The cash transfer mechanism/process has benefitted from a Regional Bureau (Bangkok) review in September 2013 as well as the recent HQ review of the WFP Cash and Voucher Policy.

¹⁶¹ More information on the BISP can be found in Annex 21.

¹⁶² USAID (2011) Final Monitoring Report Benazir Income Support Program (BISP) 5 July 14, 2011. USAID: Budget Support Monitoring Program.

targeting and registration and service delivery issues.¹⁶³ WFP are currently planning to conduct an effectiveness study on the feedback mechanism in order to further improve the system.

131. As well as the feedback desk, WFP works in partnership with Transparency International Pakistan (TIP), UNHCR and a number of cooperating partners on a system of grievance desks in all the GFD hubs and distribution points. In addition, the cooperating partners and WFP field coordinators receive grievances at field level, many of which are not registered within the centrally managed beneficiary feedback desk.¹⁶⁴ Annex 24 shows that most feedback received was about the GFD activity (54 percent) and to CFW (24 percent). As a result of the success of their beneficiary feedback system, WFP Pakistan is currently supporting a number of other WFP country offices to establish or integrate beneficiary feedback systems, and to share experiences.¹⁶⁵

132. One area of slight concern is the perception from some staff that the WFP operations are too centralised, particularly the decision-making processes regarding livelihood and DRR projects to be implemented. Previously provincial staff were more involved given their awareness of local issues; decisions now appear to be undertaken by Islamabad staff only.

133. The sub-optimal gender capacity of the WFP project CPs and third party monitors (TPMs) has restricted the intervention's ability to fully integrate gender in the implementation and monitoring of activities. Due to capacity and access limitations, women's views and their participation in providing feedback was not fully realised. The selection of these partner groups was done without adequately reviewing their capacities to reach out equally to women, girls, men and boys, and to promote gender equality. Similarly the livelihood activities are not specifically designed to reduce gender disparities in households and communities or to strengthen women's capacity to contribute to and make household decisions.

Monitoring and data management

134. WFP's database (WOW) for programme monitoring on specific WFP outcomes and outputs is excellent, well managed and has easily accessible data. The innovative use of SMS for daily reporting shows great potential for simplifying reporting and should be further promoted.

135. WFP Peshawar Provincial Office established the WFP database in 2009. It was originally used to as a database and verification system in order to register and verify the caseload of IDPs and returnees in FATA and KPK. The system has significantly reduced duplicate registrations and prevented overlap of assistance. The system has also increased transparency, accountability and improved programme monitoring. Database management allows for real time reporting, access to distribution data, beneficiary tracking and monthly data reconciliation with UNHCR in order to set one target for all the United Nation agencies for assistance. This system has now

¹⁶³ Overall, to August 2014, the largest topic of feedback for the PRRO has been service delivery (44.5% of feedback). In 2013, the majority of feedback (36.5 percent) related to targeting and registration. This decreased to 5.6 percent in 2014. Targeting and registration makes up 26.3 percent of overall feedback to date (

Annex 23).

¹⁶⁴ Source: WFP Presentation – Islamabad – 19th September 2014.

¹⁶⁵ Including Afghanistan, Kenya, Somalia, Philippines and Sudan.

been extended to the FATA livelihoods project, and a database is available with profiles of the FFW villages. The system also generates e-tokens for eligible livelihood participants and can generate monthly and quarterly Livelihood Fact Sheets to report on the progress of the livelihood activities in FATA and KPK.

136. The WFP Vulnerability Assessment and Mapping (VAM) unit is well respected nationally. One of the comparative advantages of WFP in Pakistan is the strength of the VAM Unit, which undertakes in-depth assessments to understand food insecurity and the risks to livelihoods, as well as monitoring emerging food security problems (Annex 25). Analysis done by the VAM Unit also supports WFP decision-making in designing, targeting and managing emergency and development programmes.¹⁶⁶ The VAM Unit works in close collaboration with partners, particularly the government and FAO, and supports other agencies. This includes market, food security and livelihood assessments, and technical support on food security monitoring and policy to the government.

137. The evaluation team encountered multiple agencies that regularly use VAM-produced reference material as their primary source of information for decision-making and operational purposes. For example, during the recent floods in Punjab, the VAM Unit provided daily, updated flood maps, which were distributed to multiple partners.

138. There remain areas in need of improvement within the monitoring function. At present there are insufficient female monitors particularly in the nutrition and education programmes (FATA) where principal focal points are female teachers and female health staff. Similarly, the third party service providers (PAIMAN) also lack female staff members and due to access issues their data cannot always be verified. This does not allow for feedback from women beneficiaries and community groups and thus gender aspects may not be appropriately factored and addressed in implementation and future planning.

139. Monitoring and reporting overload also causing issues in data accuracy. As CMAM becomes increasingly integrated into the existing system, the need for simplified and streamlined reporting is essential. Currently there are redundant forms and reporting is more complex for the female health workers due to specific WFP and other partner reporting requirements.

140. The common Nutrition Information System (NIS) database for reporting on CMAM is complex and inaccessible and has been abandoned by Punjab.¹⁶⁷ In accordance with the harmonized one approach, a standard simple Department of Health monitoring card for SAM and MAM and one standard reporting format should be used and fed into the health management information system. Also, some indicators for nutritional outcomes are limited or are not feasible. Specifically the use of minimal acceptable diet as the only indicator to measure the impact of critical non-food programme components is limited. The outcome indicator noted in the log-frame to reduce prevalence of stunting by 5% annually is not feasible. WFP has recognized this and is adjusting accordingly.

141. Monitoring and reporting systems would benefit from greater attention on quality assurance and timeliness.

¹⁶⁶ <http://vam.wfp.org.pk>

¹⁶⁷ The NIS requires detailed training to enter data and manage it. The system records individual children, which is unnecessary and inappropriate in an integrated system.

Financial and administrative

142. The majority of WFP funding is short-term which impacts what can be addressed within program design and also results in short term FLAs. Short-term FLAs affect programme quality and planning issues related to meeting or exceeding beneficiary targets. It also adversely impacts on CP staff retention and reduces the time WFP staff have to focus on programme quality and performance rather than regularly having to renew contracts. Longer-term funding would assist with these issues and provide opportunities to improve the predictability of livelihood programmes and the potential to link them with seasons. Longer-term funding would also enable WFP to have longer-term relationships with specific communities as required.

143. Procurement procedures for field projects have been changed to accommodate Livelihoods and DRR intervention. However, budget lines for such non-food items were minimal and had an affect on the quality of the CFW/DRR projects undertaken. Similar interventions in the future need to be budgeted to accordingly incorporate sufficient flexible funding for such projects to be fully implemented.

External Factors

144. Pakistan is a very challenging environment in which to carry out operations due to the instability of the government, the law & order situation, and the number of natural and man-made disasters that occur regularly. The high turnover of government staff and shifting ministerial functions make creating strategic partnerships challenging. The Government also has limitations in operational capacity. For example, there is no provincial disaster management plan for the Sindh. The limited coverage of the National Programme for Lady Health Workers (LHW) affects WFP's ability to scale up its nutrition programming through this highly efficient and effective modality. There is also a tendency for the government to see food security purely as a matter of agricultural production. This may be changing, and it will be interesting to see how much the Zero Hunger initiative incorporates other income generation and access issues into its activities once underway.

145. Pakistan is also highly diversified in its socio-economic and cultural systems. The feudal system that operates in much of the Sindh and Punjab can be detrimental to programme objectives, as beneficiary gains may have to be shared with local landlords. Cultural, security and access issues have impeded project implementation, for example, the announcement of the male *Jirga* not to allow women to receive food rations at the distribution centres in FATA has made it very complicated for female headed households to receive their food supplies.

Summary: Factors affecting the results

A number of internal and external factors have influenced the results of the programme, both positively and negatively. The programme has a comprehensive beneficiary feedback mechanism that has informed the design and improvements to the program. The mechanism is now receiving considerable attention from other country offices both in the region and elsewhere.

Flexibility and the innovative use of technology have contributed to an efficient cash transfer system with potential to scale up. Capacity for data collection and analysis is high and well used both by WFP and partners alike. The VAM products and the WOW database are two positive examples.

Conversely the complex and sometimes redundant monitoring system is negatively impacting data accuracy and even data availability given current capacity. Some nutrition outcome indicators are too limited or unfeasible and do not fully meet programme management needs as in the case of CMAM.

Short-term FLAs and procurement procedures have also impaired the quality of programming due to the impact this has on co-operating partner staff retention and a time wasted having to regularly renew contracts.

Pakistan is a challenging, insecure and highly-disaster prone country. The PRRO has done well to design the programme to take external factors into account. However given Government staff turnover, the limited coverage of LHWs, and culturally based gender issues, continued attention is required to limit the impact of these factors.

3 Conclusions and Recommendations

3.1 Overall assessment

146. The activities undertaken under the PRRO are appropriate to the varying needs of the targeted populations, and have been designed to align with WFP global strategies. Operations are coherent with governmental policies and priorities, and have been implemented in co-ordination with the federal and provincial governments, as well as other United Nation agencies and external stakeholders. WFP is a well-respected organisation within Pakistan, appreciated for its proactive approach to both short-term emergency needs, as well as longer term developmental and social needs in what is accepted to be a difficult operating environment.

147. In terms of specific sectoral interventions, the treatment of MAM at scale in targeted districts is seen as highly efficient in targeting the right people at the right time, with a cost effective product, according to stated programmatic goals, and the WFP mandate. Work through a range of partners, along with a focus on the quality of treatment has resulted in excellent outcomes in a challenging context. The shift away from parallel emergency programming to a more sustainable integrated community based model through the government health system is positive and should be further promoted.

148. The treatment of acutely malnourished PLW as a specific target group using WSB and oil is not achieving its desired outcomes. A blanket approach to PLW using the 1000 days approach and an LNS product is preferred. In addition, insufficient focus has been given to the non-food based aspects of nutrition programming which have the potential to prevent both acute malnutrition and stunting.

149. WFP leadership in firmly establishing nutrition on the policy agenda however this has not yet translated into action at the provincial level. Support to government PMUs in ownership, planning and setting priorities can be strengthened to ensure a harmonization of approach and targeting in the treatment of SAM and MAM, and in addressing programing gaps.

150. WFP success in establishing strategic partnerships, providing expert technical assistance, ensuring government ownership, and the adoption of a sustainable approach have been instrumental in the success of USI. This experience is now being successfully applied to commercial fortification of wheat flour and shows how potential to address IDA at scale.

151. FFE is a highly relevant intervention in the context of FATA. Whilst coverage targets have been exceeded, inequitable coverage in some areas has resulted in exacerbating the overcrowding problem at WFP assisted schools. The distribution of food commodities in FFE must be complemented by other interventions in order to achieve greater sustainability and take better account of the economic and cultural constraints affecting dropout.

152. Overall, the GFD process is well coordinated, well managed and efficient, with minimal issues. Beneficiary feedback mechanisms have resulted in significant improvements including facilitating women's access at distribution sites.

153. Livelihood activities have contributed to multiple positive impacts for participating households and for their communities. While considerable efforts have been made to integrate disaster risk reduction into the livelihood activities, additional programmatic synergies could be made, to improve the impact of other activities. The provision of regular, seasonal¹⁶⁸ CFW/FFW opportunities in highly food insecure areas would improve household food security by increasing the predictability of income for households. This however, would be dependent on longer-term funding.

154. For the DRM/DRR activities, it is too early to measure the impact of the work undertaken to date. However, it is clear that the needs and interest will likely persist for many years to come. Support to the government in preparing for, responding to, and mitigating against such disasters is a role that WFP need to more fully engage with. This needs to be a multi-faceted approach, coherent with government DRM strategies, in terms of providing structural support in terms of early warning and disaster response equipment, as well as staff capacity building and training, together with specific support on provincial contingency planning.

155. Over time WFP has integrated gender and protection mechanisms in project planning and implementation that will enhance gender equality outcomes in future PRROs.

3.2 Recommendations

156. The ET makes the following recommendation. These are complimented by significant lessons learned contained in Annex 26 and should be reviewed concurrently and action taken:

Recommendation 1: The Country Office (CO) should address gaps in the quality and coverage in the current management of acute malnutrition programme to ensure sustainable outcomes and a solid basis for future programming. WFP should continue to expand integrated programming through the existing government system and ensure uniform coverage within districts. In order to improve nutrition outcomes, the ration for acutely malnourished PLW should be changed to a lipid-based nutrient supplement (LNS) (*Maamta*) as soon as it becomes available.

¹⁶⁸ During the off-season each year, when no other income generating opportunities are available in the community. Refer to the seasonal calendar in Annex 27.

To ensure programme sustainability, WFP should give particular attention to supporting the Lady Health Workers (LHWs) and Lady Health Volunteers (LHVs) through development of: i) a simplified protocol in Urdu for Severe Acute Malnutrition (SAM) and Moderately Acute Malnutrition (MAM) treatment using Middle Upper Arm Circumference (MUAC) measurements according to the new CMAM guidelines, by the end of 2014; and ii) streamlining monitoring and reporting.

Successful treatment of MAM must be accompanied by non-food interventions to address the determinants of acute malnutrition and stunting. Specifically, WFP with the Ministry of Health Services Regulation and Coordination (MHSRC), UNICEF and the CMAM Working Group should develop: i) a standard practical prevention package aimed at creating sustainable behavioural change in feeding and care practices through mother groups led by LHWs; and ii) a set of agreed, standard indicators for monitoring impact.¹⁶⁹

Recommendation 2: Country Office leadership should continue to advocate for longer term funding to resolve the FLA issue, and for the use of cash transfers where appropriate. Cash transfers have a great potential in Pakistan due to the well-functioning markets, food availability and strong banking systems in most parts of the country. If funding can be found, there is potential to expand the use of cash modalities to increase programmatic impact such as the increased food security of IDPs or an increased dietary diversity and food consumption score among households of acutely malnourished children. It is also appropriate to continue to explore linkages with the government social protection systems.

Recommendation 3: At the earliest opportunity, the Country Office, supported by a full time Gender and Protection advisor, should consider setting up a Gender and Protection Steering and Implementation Committee (GPSIC) to ensure greater resource allocation (human and financial) for gender and protection matters. A GPSIC could support programme staff to systematically integrate gender equality and protection essentials¹⁷⁰ in each area of work and demonstrate leadership on this matter. Cooperating partners along with Third Party Monitors (TPMs) should be assessed for their gender capacity and sensitivity prior to the award of any contracts to ensure more gender sensitive implementation practices including gender balanced monitoring teams.

Recommendation 4: Prior to the next PRRO, the Country Office should strengthen its DRR/DRM capacity in order to provide more dedicated technical and operational support to the government at both a national and provincial level. It should also examine ways to increase and diversify Community Based Disaster Risk Reduction (CBDRR) activities in a sustainable manner to reduce the vulnerability of targeted communities and improve overall programmatic impact. Increased capacity could come in the form of dedicated staff, a stand-alone office and the use of external, technical partnerships.

Recommendation 5: In collaboration with Provincial Programme Management Units (PMUs), the Department of Health (DoH) and UNICEF, and with external technical assistance, the Country Office should pilot test innovative, cost-effective

¹⁶⁹See WHO 2007 publication, "Indicators for assessing infant and young child feeding practices." http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf

¹⁷⁰ This involves assessing and addressing beneficiary groups diverse risks and constraints including their dignity, security and safety in various program settings such as in IDP camps, schools, distribution sites etc.

and simplified approaches to the product based management of acute malnutrition in two districts of Punjab and Balochistan, where the PMU has shown considerable interest in delivery through the LHWs. This should be a simple operational effectiveness study to explore the use of one product for the treatment of SAM and MAM and should test i) effectiveness through monitoring of standard outcome indicators and ii) the feasibility of delivering the product through the LHWs; and iii) appropriate ration levels and duration. This should last six-nine months and the findings should be documented and disseminated.

Recommendation 6: In collaboration with the World Bank and UNICEF, WFP should provide institutional, technical and budgetary support to the DoH-PMU/nutrition through an institutional block grant including human resource support to ensure: i) government leadership in developing implementation plans for the Planning Commission – Proforma 1 (PC-1) (2015 roll out) and setting strategic direction; ii) effective coordination, geographical targeting and the harmonization of activities; iii) an increase in the number of LHWs under the purview of the PMU from 2015 onwards to expand current coverage; and iv) long term contractual support to specific public/ private partnerships in uncovered LHW areas. Government ownership and a clear strategic direction will enable the DoH to attract funding in line with its strategic priorities.

Recommendation 7: In collaboration with the FATA Secretariat, UNICEF the World Bank and other local partners, the CO should address current gaps in coverage, gender parity and programme complementarity in FFE by: i) expanding the FFE intervention to uncovered areas meeting the criteria for access ii) replacing food rations for focal teachers with a cash payment; iii) repairing non-functioning schools and providing key inputs to create a girl friendly environment including boundary walls, toilets and the provision of water through links to recovery programming such as CFW; iv) improving the on-site High Energy Biscuit (HEB) snack with the addition of milk or fortified juice, supported by community contributions; and v) promote ‘Nourishing Bodies Nourishing Minds’ (NBNM) in practice by supporting synergies between nutrition and education . This should include tangible inputs including the delivery of iron/folate or Micro Nutrient Powder (MNP) to adolescent girls at school and in the community, and de-worming campaigns at primary and senior schools.

The distribution of food commodities in FFE must be complemented by other interventions to address the economic and cultural constraints that affect dropout rates and the retention of girls in school in class 6 and above. This should include the pilot testing of conditional cash transfers to target families for transport and other costs of attending school in one Agency in line with the *Waseela-e-Taleem*/Benazir Income Support Programme (BISP) model and establishing school, parent and community linkages through existing mechanisms such as the female Jirga.¹⁷¹

Recommendation 8: In selecting areas for intervention for the next PRRO, the CO should ensure programme synergies in practice to consolidate outcomes and improve sustainability. This should include direct and tangible links between FFE, nutrition, early recovery, Livelihood (CFW) and social protection programmes. Convergence of programming should also include links between acute malnutrition and stunting through innovative food based and non-food approaches. It will also

¹⁷¹ A co- responsibility cash transfer is provided through BISP to allow for costs of school and transport. This is a four-year programme supported by DfID and World Bank in four provinces.

require innovation in targeting mechanisms to achieve impact at scale. Delivering a food supplement for PLW and children 6-24 months through existing social protection schemes such as BISP has the advantage of pre-selecting vulnerable groups in urban and rural areas and can be scaled up in a phased approach. In food insecure areas, particularly those with high chronic and acute malnutrition rates, WFP may consider providing regular seasonal work opportunities during hunger gaps and/or periods of limited work.¹⁷² The diversification and expansion of livelihood activities into income generating activities should also be considered in order to increase women's participation.

¹⁷² As per seasonal calendar in Annex 27.

4 Annexes

Annex 1: Evaluation terms of reference

The Final Terms of Reference can be found at:

<http://operation.evaluation.wfp.org/documents/521022/28f3e22d-ab8d-4350-bb1c-fcc4072370ec>

Annex 2: List of key informants

	NAME	POSITION	AGENCY
1	Simone Winneg	Field Coordinator, Sindh	ACF
2	Bheru Lal	Programme Officer	ACF
3	Muhummad Munir	Alliance 2015 Coordinator	ACTED Country Office
4	Dr. Saba Shuja,	Nutrition and Health Coordinator	Action Contra La Faim (ACF)
5	Dr. Sajid Soofi	Professor Paediatrics (Research)	Aga Khan University Hospital (Karachi)
6	Mahvash Zafar	Program Manager	Australian High Commission
7	Rahmat Oddin	Agriculture Agency Officer	Bajuar Agency
8	Dr. Muhammed Tahir Noor	Director General (Cash Transfer)	Benazir Income Support Programme
9	Mansoor Ali Masood	Deputy Director (Donor Coordination)	Benazir Income Support Programme
10	Bushra Yasin	Deputy Program Manager	BEST
11	Ghulam Rasoooh Mandhro	Field Assistant	BEST
12	Hamish Khan	Managing Director	BEST
13	Imran Ali	Agency Distribution Supervisor	BEST
14	Kashif	Field Assistant (Engineer), Mirkhurpas	BEST
15	Nizamuddin	Field Coordinator, Sindh	BEST
16	Shad Khan	Agency Distribution Supervisor	BEST
17	Umar Orakzai	Agency Distribution Supervisor	BEST
18	Fauzia Gul	Staff Nurse	BHU, Jungshahi, Sindh
19	Asma Aslam	Lady Health Visitor Supervisor	BHU, Qasim Bela, Multan
20	Farzana Parveen	Lady Health Visitor	BHU, Qasim Bela, Multan
21	Wisal Muhammad	Program Manager	CERD
22	Imran Khan	Program Manager	CERD
23	Dr. Saadia Khan	Paediatrician/Nutrition Unit	Children's Hospital Complex, Multan
24	Haseena Bebe	Mother of Sam baby Children's hospital, Multan	Children's Hospital, Multan
25	Muhammad Zain	SAM child in SAM Unit	Children's Hospital, Multan
26	Dr. Saadia	Head of Sam Unit	Children's Hospital, Multan
27	Dr. Shahid Mahmood Bukhari	Medical Superintendent	Children's Hospital, Multan
28	Khanzada	Cash Programming Coordinator	Concern Worldwide
29	Muhammad Humayan	Deputy Chief Executive	CRDO
30	Dr. Ali Nasir Bugti	Deputy Director Nutrition	Department of Health
31	Dr. Akhtar Rashid	Provincial Health and Nutrition Manager	DFID
32	Dr. Fazal Karim	District Coordinator, Nutrition	District Health Team, Multan
33	Olivier Delclos	Technical Assistant	ECHO
34	Yasmin Masood	Additional Secretary	Economic Affairs Division, Govt. of Pakistan
35	Humaira Isrer	Sections Officer	Economic Affairs Division, Govt. of Pakistan
36	Fazal Hakim	Education Officer	Education Department, Bajaur Agency
37	Khalil-ur-Rahman	Education Officer	Education Department, Khyber Agency
38	Majeed Gul	Education Officer	Education Department, Kurram Agency
39	Tooti Marjan	Education Officer	Education Department, Kurram Agency

40	Dast Ali	Education Officer	Education Department, Mohmand Agency
41	Sardar Hussain	Education Officer	Education Department, Mohmand Agency
42	Rehmat Khan	Education Officer,	Education Department, Orakzai Agency
43	Alam Fakhre	Food Security Cluster Co-Lead	FAO
44	Ibrahim Yar Khan	Project Coordinator	FAO
45	Mahjabur Qazi	Area Coordinator	FAO
46	Malik Bilal	Field Officer	FAO
47	Masooma Haider	Assistant Cluster Coordinator/Focal Person Cash Working Group	FAO
48	Shazia	Nutrition Officer	MERLIN, Jungshahi, Sindh
49	Razia Panhwar	Nutrition Coordinator	Merlin, Thatta
50	Dr. Nasir Bugti	National Programme Manager Nutrition	MHSRC, Balochistan
51	Dr. Tausif Akhtar Janjua,	Director	Micronutrient Initiative
52	Malik Zahoor Ahmad	Director General	Ministry of Food Security and Research
53	Dr Baseer Khan Achakzai	National Programme Manager and Programme Director	Ministry of National health Services, Regulation and Coordination
54	Mohammed Aslam Shaheen	Chief Nutrition/Focal Point for SUN	Ministry of Planning, Development and Reform
55	Ahmed Khan	Agriculture Agency Officer	Mohmand Agency
56	Khawar Mumtaz	Chairperson	National Commission on the Status of Women, NCSW
57	Irfan Faiz	Field Programme Officer	National Programme, Punjab
58	Syed Sibte-e-Abbas Zaidi	Director	NDMA
59	Waqar Uddin Siddiqui	Director	NDMA
60	Ahmed Kamal	Member – DRR	NDMA
61	Nazar Muhammad	Beneficiary husband	Noshki District, Balochistan
62	Waheed Anwar	Humanitarian Affairs Officer	OCHA
63	Tom Otunga	Humanitarian Affairs Officer	OCHA-KPK
64	Irfan Alamgir	Chief Executive	OCSA
65	Abdul Quyyum	Agriculture Agency Officer	Orakzai Agency
66	Robina Gul	Advisor Food Security and Vulnerable Livelihoods	Oxfam GB Islamabad
67	Saima Nazish	PESFA Coordinator, Emergency Food Security & Livelihoods	Oxfam GB Islamabad
68	Haroon Ahmed	Provincial Coordinator PAIMAN	PAIMAN (Third Party Monitors)
69	Sharaf ud Din	Chief Executive	PAOBK
70	Tahir Orakzai	Director General	PDMA, Peshawar, KPK
71	Ammara Khattak	Director Operations	PDMA, Peshawar, KPK
72	Laiq Khan	Assistant director, Education	Peshawar
73	Dr. Qaiser Ali	Director Reproductive Health and Nutrition	PMU (Provincial Programme Management Unit) KPK
74	Dr. F S Sipra	Additional Director, Nutrition	Provincial Department of Health
75	Dr. Sajjad Sarwar	Nutrition Focal Person/MNCH	Punjab Provincial Department of Health
76	Dr Mohammed Nasir	Regional Programme Manager, Nutrition	Punjab Provincial Department of Health
77	Dr Tanveer Ahmed	Director General Integrated Reproductive and Maternal Child Health/Nutrition	Punjab Provincial Department of Health
78	Dilshad Bebe	Lady Health Worker	Qasim Bela, Multan

79	Rizwan Jehngir	Project Manager	RAHA, Balochistan
80	Dr. Tariq Ali Shah	Medical Officer	Rural Health Centre, Jungshahi, Sindh
81	Zaib-un-Nisa	Lady Health Visitor, LHV	Rural Health Centre, Jungshahi, Sindh
82	Qazi Inam Ullah Khan	Senior Food Aid Coordinator, Emergency Response Program	Save the Children
83	Delilah Borja	Deputy Country Director	Save the Children
84	Dr. Sajid Shafique	Senior Food Aid Co-ordinator	Save the Children
85	Jabran Taheri	Food Aid Manager	Save the Children, Islamabad
86	Muhammad Ashraf	SFP Assistant, UC Chor	Shifa Foundation
87	Zia Rehman	M&E officer	Shifa Foundation
88	Rawat Singh	OTP Supervisor, UC Chor	Shifa Foundation
89	Shaista Jabeen	Programme Manager - Nutrition, Umerkot	Shifa Foundation
90	Nighat Lakhari	M&E Manager	Sindh Rural Support Program (SRSP)
91	Professor Mushtaq Mirani	Executive Trustee (Hon.)	Sindh Rural Support Program (SRSP)
92	Mohtaseen Billah Shah	Director Programmes	Social Welfare and Women Empowerment Department
93	Dr. Meher Taj Roghani	Gender Specialist	Social Welfare and Women Empowerment Department
94	Syed Hidayat Jan	Secretary	Social Welfare and Women Empowerment Department, KPK
95	Muhammad Shahid	Agriculture Officer	South Waziristan Agency
96	Nabeel Baig	Associate Director (Transaction Banking)	Standard Chartered Bank
97	Saad Hassan	Associate (Organization & Client Coverage)	Standard Chartered Bank
98	Shiraz Hyder	Associate Director (Transactional Banking)	Standard Chartered Bank
99	Taimur Qureshi	Director (Corporate and Institutional Clients)	Standard Chartered Bank
100	Mahbooburrahman	Agriculture Extension Department	SWAT
101	Adeel Akhtar	Deputy Chief Executive	TKF
102	Amara Khan	Reproductive Health and Nutrition Specialist	TRF+ Lahore (Technical Advisors)
103	Joana Merlin Scholtes	Senior Country Advisor	UN Women, Islamabad
104	Fauzia Tariq	Programme Specialist Governance Programme	UN Women, Islamabad
105	Uzma Quresh	Programme Coordinator Women's Economic Empowerment	UN Women, Islamabad
106	Hadia Nusrat	Gender Task Force Coordinator for Humanitarian Agencies	UN Women, Islamabad
107	Herman Bergsma	Technical Assistant - DRM	UNDP
108	Farid Gul	Gender Based Violence (GBV)	UNFPA, KPK
109	Seemi Saeed	Programme Officer	UNHABITAT
110	Abid Nawaz Khattak	Field Associate	UNHCR
111	Jolanda Dyk	Protection Cluster Coordinator	UNHCR, KPK
112	Dan Rohrmann	Representative	UNICEF
113	Dr. Shehla Tabassum	Nutrition Officer	UNICEF
114	Dr. Wisal M.Khan	Nutrition Specialist (Acting Chief Nutrition)	UNICEF
115	Syed Saeed Qadir	Nutrition Officer	UNICEF
116	Dr. Faisal	Nutrition officer	UNICEF
117	Farman Ali	Child Protection Cluster Coordinator	UNICEF, KPK

118	Omair Imtiaz	Product Manager (Branchless & E-Banking)	United Bank Limited (UBL)
119	Taimoor Jamal	Assistant Product Manager (Branchless & E-Banking)	United Bank Limited (UBL)
120	Jonathan Brooker	Humanitarian Affairs Officer	UNOCHA
121	Timo Pakkala	UN Resident Co-ordinator	UNRC Office
122	Kay Schwendinger	Head of Resident Co-ordinator's Office	UNRC Office
123	Dinah Winant	Humanitarian Affairs Officer	USAID
124	Nancy Estes	Deputy Mission Director	USAID
125	Abdul Rehman	Project Management Specialist (Food for Peace)	USAID
126	Joe Tritschter	Humanitarian Affairs Officer	USAID/OFDA
127	Zoheb Qasim	Nutrition Officer	WFP Balochistan
128	Samir Wanmali	Senior Programme Advisor	WFP Bangkok (Regional Office)
129	Ali Saeed	Senior Programme Assistant (Procurement)	WFP Islamabad
130	Arshad Jadoon	Programme Officer (Livelihoods, Cash & Education)	WFP Islamabad
131	Ashwini Rai	Head of Logistics Unit	WFP Islamabad
132	Atif Sheikh	Senior Finance Assistant	WFP Islamabad
133	Danyal Bacha	Pipeline Officer	WFP Islamabad
134	Falak Nawaz	DRR Consultant	WFP Islamabad
135	Ferdinand Siregar	Head Of Human Resources	WFP Islamabad
136	Kadim Shah	Senior Programme Assistant (Market Assessment)	WFP Islamabad
137	Khalida Malik	Programme Consultant (Livelihoods)	WFP Islamabad
138	Krishna Pahari	Head of VAM Section	WFP Islamabad
139	Lola Castro	Country Director	WFP Islamabad
140	Sultan Mehmood	Senior Programme Assistant (DRM)	WFP Islamabad
141	Mie Kataoka	Head of Procurement Unit	WFP Islamabad
142	Natiq Kazmi	Senior Programme Assistant (M&E)	WFP Islamabad
143	Rabeea Ahmed	Senior Programme Assistant (Cash)	WFP Islamabad
144	Rashida Amir	Deputy Head of Programme/Operations	WFP Islamabad
145	Shakeela Elahi	Gender and Protection Advisor	WFP Islamabad
146	Touseef Ahmed	Programme Officer	WFP Islamabad
147	Hina Syed	WFP Project Asst., Zero Hunger Project.	WFP Islamabad
148	Suresh Natvarlal	Head of Finance and Admin	WFP Islamabad
149	Amin Ahsan	Finance Officer	WFP Islamabad
150	Wahid Murad	Head of M&E Section	WFP Islamabad
151	Yasir Anwar	Donor and Private Sector Relations Officer	WFP Islamabad
152	Zahra Inayat	Donor & Private Sector Relations Officer	WFP Islamabad
153	Zulfiquar Rao	FSC Coordinator	WFP Islamabad
154	Wahid Murad	Head of M and E	WFP Islamabad
155	Shihad Minhas	Food Technologist	WFP Islamabad
156	Angela Cespedes	Chief Nutritionist	WFP Islamabad
157	Mona Shaikh	Nutrition Officer	WFP Islamabad
158	Tahir Nawaz	Nutrition Officer	WFP Islamabad
159	Maimoona Ghaffar,	Programme Asst. - Nutrition	WFP Islamabad
160	Arshad Jadoon	Education Focal Point	WFP Islamabad
161	Ghulam Abbass	Senior Programme Assistant Nutrition	WFP Islamabad
162	Aftab Bhatti	Programme Officer (Stunting)	WFP Karachi
163	Ashraf Bloch	Senior Security Assistant	WFP Karachi

164	Irfan Malik	Head of Programme	WFP Karachi
165	Kanwal Fatima	Senior M&E Assistant	WFP Karachi
166	Rana Farman Ali	Senior Finance/Admin Asst.	WFP Karachi
167	Marit Fikke	Head of Provincial Office (Karachi)	WFP Karachi
168	Ramon Fernandez	Logistics Manager	WFP Karachi
169	Mohammad Kamran	Programme Assistant, Livelihoods	WFP Karachi
170	Yasir Ihtesham	Programme Officer (Nutrition)	WFP Karachi
171	Muhammad Ali	Senior HR/Admin Asst.	WFP Karachi
172	Muhammad Shabir	HR/Admin Asst.	WFP Karachi
173	Khalid Rasul	Programme Officer, Early Recovery, Food Security and Education	WFP KPK
174	Amjal Zada	Programme Assistant, FATA School Feeding	WFP KPK
175	Zahir Shah Khan	Project Officer, Food security Co-lead	WFP KPK
176	Asim Jamal	Programme Officer	WFP KPK/FATA
177	BaiMankey Sankoh	Head of Provincial Office	WFP KPK/FATA
178	Khalid Rasul	Programme Officer (DRM, FFW, FFE)	WFP KPK/FATA
179	Naimatullah Khan	Head of Programmes	WFP KPK/FATA
180	Daud Khan	Programme Officer (Database)	WFP KPK/FATA
181	Said Rehman	Programme Assistant (Livelihoods)	WFP KPK/FATA
182	Hasan Raza	Programme Assistant (DRR)	WFP KPK/FATA
183	Kirr Deng Kirr	Head of Logistics	WFP KPK/FATA
184	Pir Raza Shah	Logistics Officer Operations	WFP KPK/FATA
185	Omair Lodhi	Programme assistant	WFP KPK/FATA
186	Dr, Ijaz	Head of Nutrition	WFP KPK/FATA
187	Zahir Shah	Programme Officer Relief	WFP KPK/FATA
188	Irum Jamshed	Programme Officer (Assessment) VAM	WFP KPK/FATA
189	Fareeda Zahid	Senior Programme assistant Nutrition	WFP KPK/FATA
190	Affsheen Yousaf	Reports Officer	WFP KPK/FATA
191	Khurram Atta	Monitoring and Evaluation Officer	WFP KPK/FATA
192	Amjad Bacha	Sr. programme Assistant	WFP KPK/FATA
193	Abdus Saboor	HR Officer	WFP KPK/FATA
194	Said Rehman	Programme Officer	WFP KPK/FATA
195	Asim Jamal	Head of D.I.Khan Office	WFP KPK/FATA
196	Shahid Imran Khan	Monitoring & Evaluation focal person	WFP Punjab
197	Shahzad Ahmed	Logistics, Al Jehan Flour Mill	WFP Punjab
198	Shahzada Rashid Mehmood	Chief Provincial Officer	WFP Punjab
199	Selma Yaqub	Nutrition Programme Office	WFP Punjab
200	Shahid Imran Khan	Monitoring and Evaluation Focal Point	WFP Punjab
201	Shahzada Rashid Mehmood	Chief Provincial Officer	WFP Punjab
202	Ali Malik, Security	Head Security	WFP Punjab
203	Jaleel Ahmed	Field Coordinator	WFP Sindh
204	Kamran Solangi	Field Coordinator	WFP Sindh
205	Sultana Pirzada	Field Coordinator, Mirkhurpas	WFP Sindh
206	Dr. Aftab Bhatti	Programme Officer (Stunting)	WFP Sindh
207	Humaira Shaikh	Programme Assistant (Stunting Project)	WFP Sindh
208	Humaira Shaikh	Programme Assistant	WFP Sindh

209	Dr. Ali Ahmad Khan	Nutrition Officer	WHO
210	Dr. Quamrul Hasan	Medical Officer (Acting Head)	WHO
211	Kulsoom Bugti	Nutrition Officer	WHO
212	Dr. Kulsoom Bugti	Programme Manager Nutrition	WHO, Balochistan
213	Dr. Alia Kashif	Nutrition Specialist	World Bank
214	Silvia Kaufmann	Head Nutrition (Nutrition Development Partners)	World Bank

Annex 3: Logical Framework - PRRO 200250

Results	Performance indicators
Strategic Objective 1: Save lives and protect livelihoods in emergencies.	
<p>Outcome 1.1</p> <p>Reduced and/or stabilized acute malnutrition among children aged 6–59 months and PLW in target populations</p>	<ul style="list-style-type: none"> ➤ Prevalence of low mid-upper arm circumference (MUAC) among children aged 6–59 months <p>Target: MUAC measurement exceeds cut-off thresholds for 80% of targeted group – children < 125 mm and women < 230 mm</p> <ul style="list-style-type: none"> ➤ Programme performance rates among children aged 6–59 months and PLW <p>Target: recovery rate > 75%, default rate <15%, death rate <3%, non-response rate <5%</p>
<p>Outcome 1.2</p> <p>Improved food consumption over the assistance period for targeted households</p>	<ul style="list-style-type: none"> ➤ Household food consumption score <p>Target: exceeds threshold of 28/42 for 80% of targeted households</p>
<p>Outputs 1.1/2</p> <p>Special nutritional products distributed to target groups in sufficient quantity and quality under secure conditions</p> <p>Food and fortified food distributed in sufficient quantity and quality to targeted populations under secure conditions</p> <p>Cash distributed unconditionally in sufficient quantity to targeted populations under secure conditions</p>	<ul style="list-style-type: none"> ○ No. of beneficiaries receiving nutritional support as % of planned, disaggregated by gender, age, type of beneficiary and type of support ○ Tonnage of special nutritional products distributed by type, as % of planned ○ No. of men, women, girls and boys receiving general food/cash distributions as % of planned, by beneficiary type and transfer modality ○ Tonnage of food and fortified food distributed, by type as % of planned ○ Total value of cash distributed, as % of planned ○ % of cash spent by beneficiary households on food ○ % of beneficiaries reporting food quality concerns
Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures)	
<p>Outcome 2.1</p> <p>Early warning systems, contingency plans and food security monitoring systems in place and enhanced with WFP capacity development support</p>	<ul style="list-style-type: none"> ➤ Disaster preparedness index; baseline to be determined before the operation
<p>Output 2.1</p> <p>Disaster mitigation measures in place with WFP</p>	<ul style="list-style-type: none"> ➤ No. of risk reduction and disaster preparedness and mitigation systems in place, by type ➤ No. of government staff trained in early warning systems, food security monitoring systems and

capacity development support	<p>contingency planning</p> <ul style="list-style-type: none"> ➤ No. and type of research studies published ➤ No. and type of training modules and manuals published ➤ No. of teachers and students trained in DRM ➤ No. and type of early warning devices installed
<p>Outcome 2.2</p> <p>Adequate food consumption over the assistance period for targeted households</p>	<ul style="list-style-type: none"> ➤ Household food consumption score <p>Target: exceeds the 28/42 threshold for 80% of targeted households</p>
<p>Outcome 2.3</p> <p>Hazard risk reduced at the community level in targeted communities</p>	<ul style="list-style-type: none"> ➤ Community asset score <p>Target: access to productive assets increased for 80% of targeted households</p>
<p>Outputs 2.2/3</p> <p>Disaster-mitigation assets built or restored by targeted communities</p> <p>Timely distribution of cash in sufficient quantity to targeted groups under secure conditions</p>	<ul style="list-style-type: none"> ➤ Risk-reduction and disaster-mitigation assets created or restored, by type and unit of measurement ➤ No. of men, women, girls and boys receiving conditional cash assistance as % of planned, by beneficiary type ➤ Total value of cash distributed, as % of planned ➤ % of cash spent on food by beneficiary households
<p>Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations</p>	
<p>Outcome 3.1</p> <p>Adequate food consumption over the assistance period for targeted households</p>	<ul style="list-style-type: none"> ➤ Household food consumption score <p>Target: exceeds the 28/42 threshold for 80% of targeted households</p>
<p>Outcome 3.2</p> <p>Increased access to assets among target communities in fragile transition situations</p>	<ul style="list-style-type: none"> ➤ Community asset score <p>Target: access to productive assets increased for 80% of targeted households</p>
<p>Outputs 3.1/2</p> <p>Food items distributed in sufficient quantity and quality to targeted population under secure conditions</p> <p>Developed, built or restored livelihood assets by targeted communities</p>	<ul style="list-style-type: none"> ➤ No. of participants receiving rations through livelihood support activities, disaggregated by gender and type ➤ Tonnage of food distributed, by type, as % of planned ➤ No. of community assets created or restored, by type ➤ No. of women and men trained in livelihood support ➤ No. of training sessions, by type

	<ul style="list-style-type: none"> ➤ % of beneficiaries reporting food quality concerns
<p>Outcome 3.3</p> <p>Enrolment of girls and boys in assisted schools stabilized at levels closer to the national average</p>	<ul style="list-style-type: none"> ➤ Retention rate <p>Target: 85% of girls and boys in assisted schools retained throughout the school year</p> <ul style="list-style-type: none"> ➤ Average annual rate of change in enrolment for girls and boys in assisted schools <p>Target: minimum 5% average annual increase in enrolment</p>
<p>Output 3.3</p> <p>Food provided in sufficient quantity and quality for schoolchildren in targeted schools</p>	<ul style="list-style-type: none"> ➤ No. of boys and girls receiving rations in targeted schools ➤ Tonnage of food distributed, by type, as % of planned ➤ % of schoolchildren reporting food quality concerns ➤ No. of schools assisted, as % of planned
<p>Outcome 3.4</p> <p>Reduced stunting in target children</p>	<ul style="list-style-type: none"> ➤ Prevalence of stunting among children under 2 <p>Target: 5% reduction per year</p> <ul style="list-style-type: none"> ➤ Prevalence of iron deficiency anaemia in targeted children; baseline to be determined before the operation
<p>Outcome 3.5</p> <p>Reduced acute malnutrition among PLW in target population</p>	<ul style="list-style-type: none"> ➤ Prevalence of low MUAC among PLW <p>Target: MUAC exceeds < 230 mm threshold for 80% of targeted group</p>
<p>Outputs 3.4/5</p> <p>Fortified and special foods provided in sufficient quantity and quality</p>	<ul style="list-style-type: none"> ➤ No. of children supported, by age group and food type ➤ No. of PLW supported ➤ Tonnage of food distributed, by type, as % of planned ➤ No. of staff and women health workers trained in food distribution and reporting ➤ No. of beneficiaries and caregivers trained in health and nutrition ➤ No. of cooking demonstrations for fortified complementary food and special nutritional products

Annex 4: Key points from relevant WFP policies

WFP Nutrition Policy (2012) priority areas¹⁷³

- Treating moderate acute malnutrition (wasting) including malnourished people in treatment for HIV and tuberculosis
- Preventing acute malnutrition (wasting)
- Preventing chronic malnutrition (stunting)
- Addressing micronutrient deficiencies through fortification
- Strengthening the focus on nutrition in programmes without a primary nutrition objective and linking vulnerable groups to these programmes.

WFP Gender Policy (2009) priority areas¹⁷⁴

- Providing food assistance for pregnant and lactating women, children under 5 and adolescent girls
- 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
- Facilitating the participation of women in food distribution committees
- Improving access to education and reducing the gender gap in primary and secondary education, by using take-home rations as an incentive.

WFP Cash and Voucher Policy (2008)¹⁷⁵

“In line with the Strategic Plan 2008–2011, vouchers and cash transfers will allow WFP to better adapt its toolbox to context and meet identified needs in a more flexible and appropriate manner. Under appropriate circumstances, the use of vouchers and cash transfers will harness WFP’s potential to provide assistance in ways that further strengthen local markets, enhance the productivity of small farmers and empower beneficiaries.”

¹⁷³ WFP (2012) Nutrition Policy, p.7.

¹⁷⁴ WFP (2009) Gender Policy, p.10.

¹⁷⁵ WFP (2008) Vouchers and cash transfers as food assistance instruments: opportunities and challenges, p.3

Annex 5: The Global Zero Hunger Initiative

Source: <http://www.wfp.org/zero-hunger>

The Zero Hunger Challenge is a global initiative that aims to build support around the goal of achieving Zero Hunger.

In 2012, the United Nations launched the Zero Hunger Challenge at the Rio+20 Conference on Sustainable Development. The UN Secretary, Ban Ki-Moon called on governments, civil society and on the general public to end hunger in a region significantly affected by poverty and malnutrition.

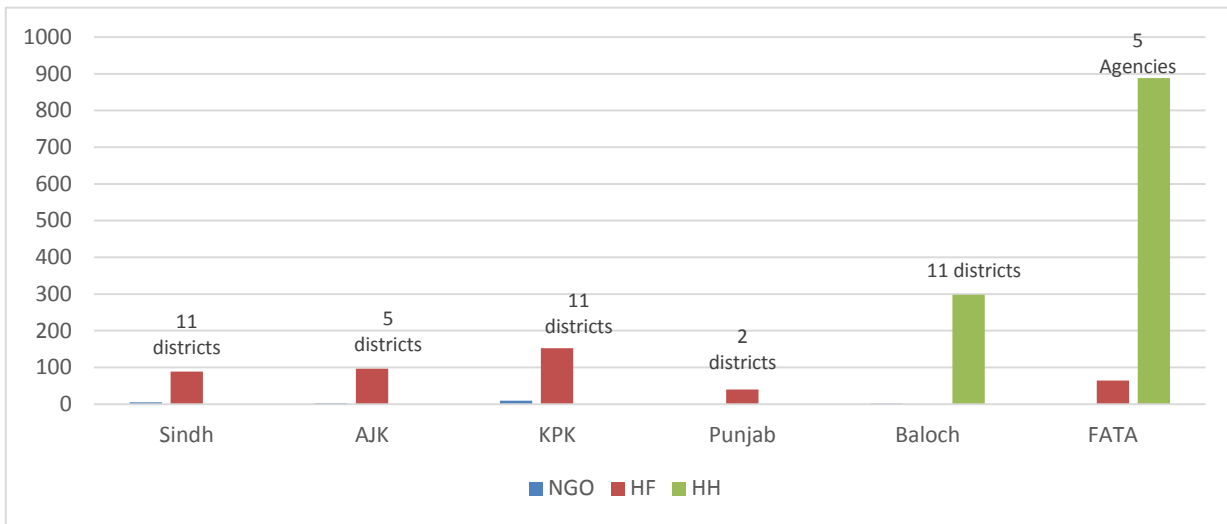
The aim of this initiative is to ensure a future where everyone has access to sufficient food through sustainable food systems and increased farmer productivity among others.

What does Zero Hunger look like?

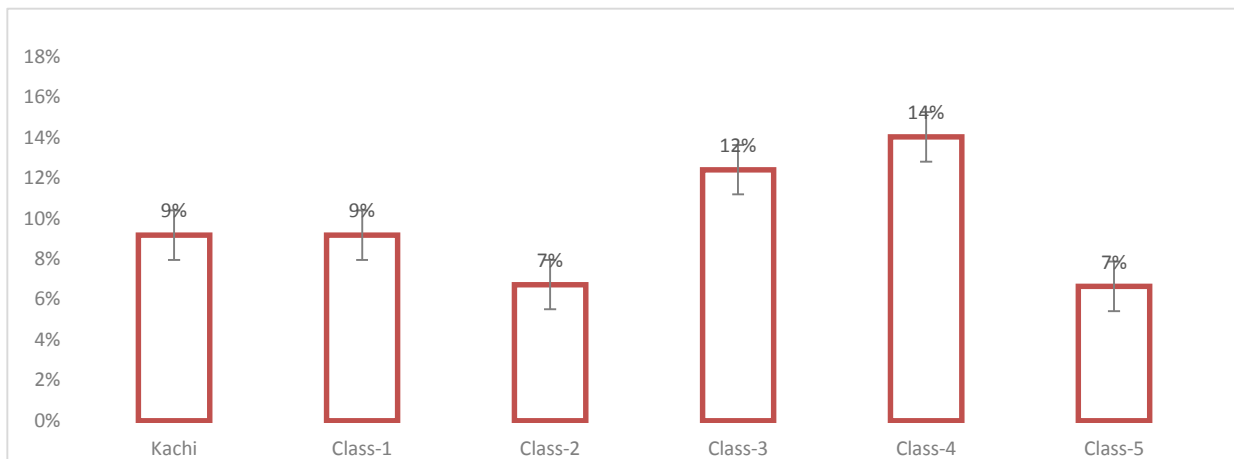
There are five key pillars in the Zero Hunger Challenge vision:

1. Zero stunted children less than 2 years
2. 100% access to adequate food all year round
3. All food systems are sustainable
4. 100% increase in smallholder productivity and income
5. Zero loss or waste of food

Annex 6: Treatment of MAM and PLW by modality (July 2014)

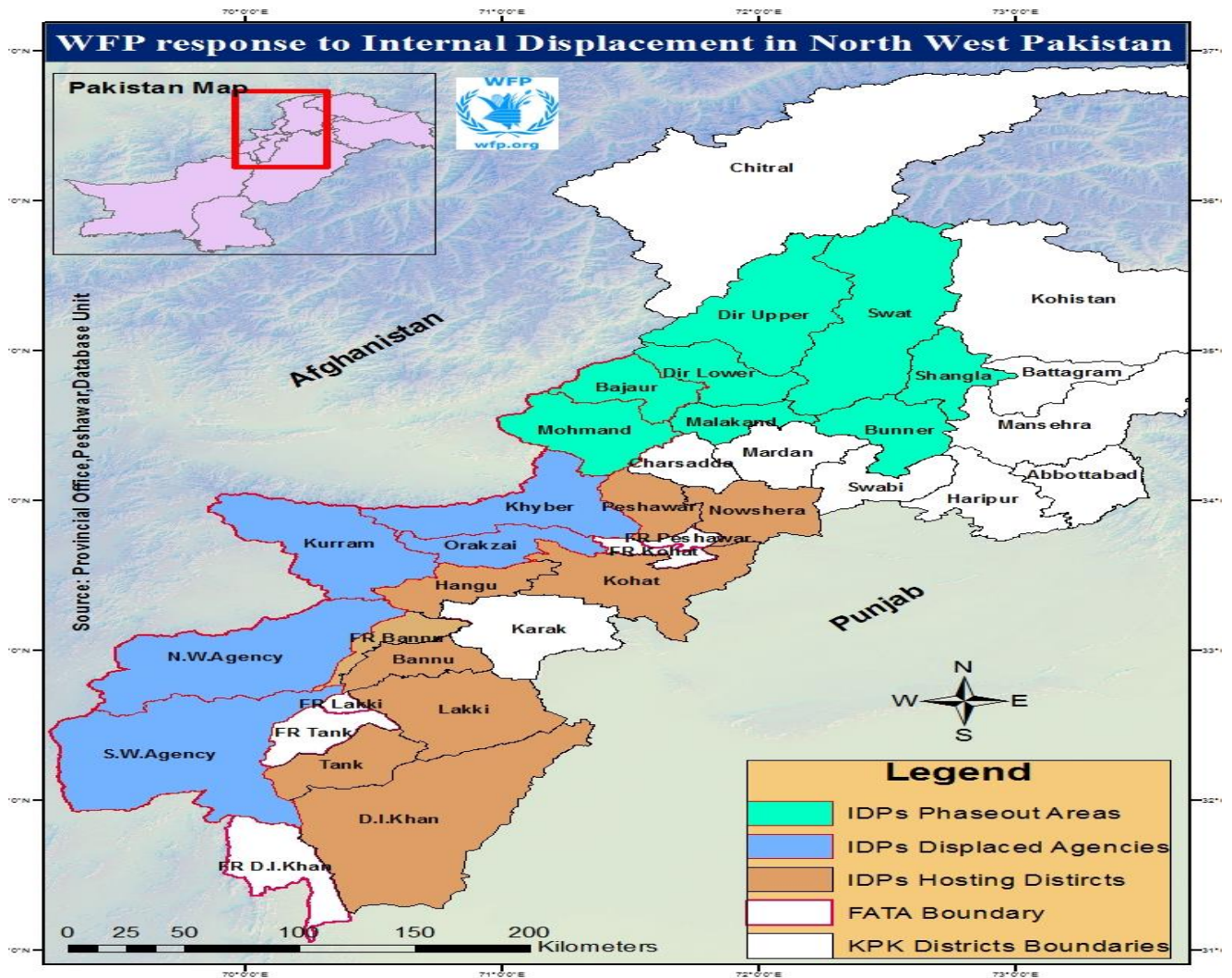


Annex 7: Primary school annual enrolment increase in WFP assisted schools by class (2013-14)



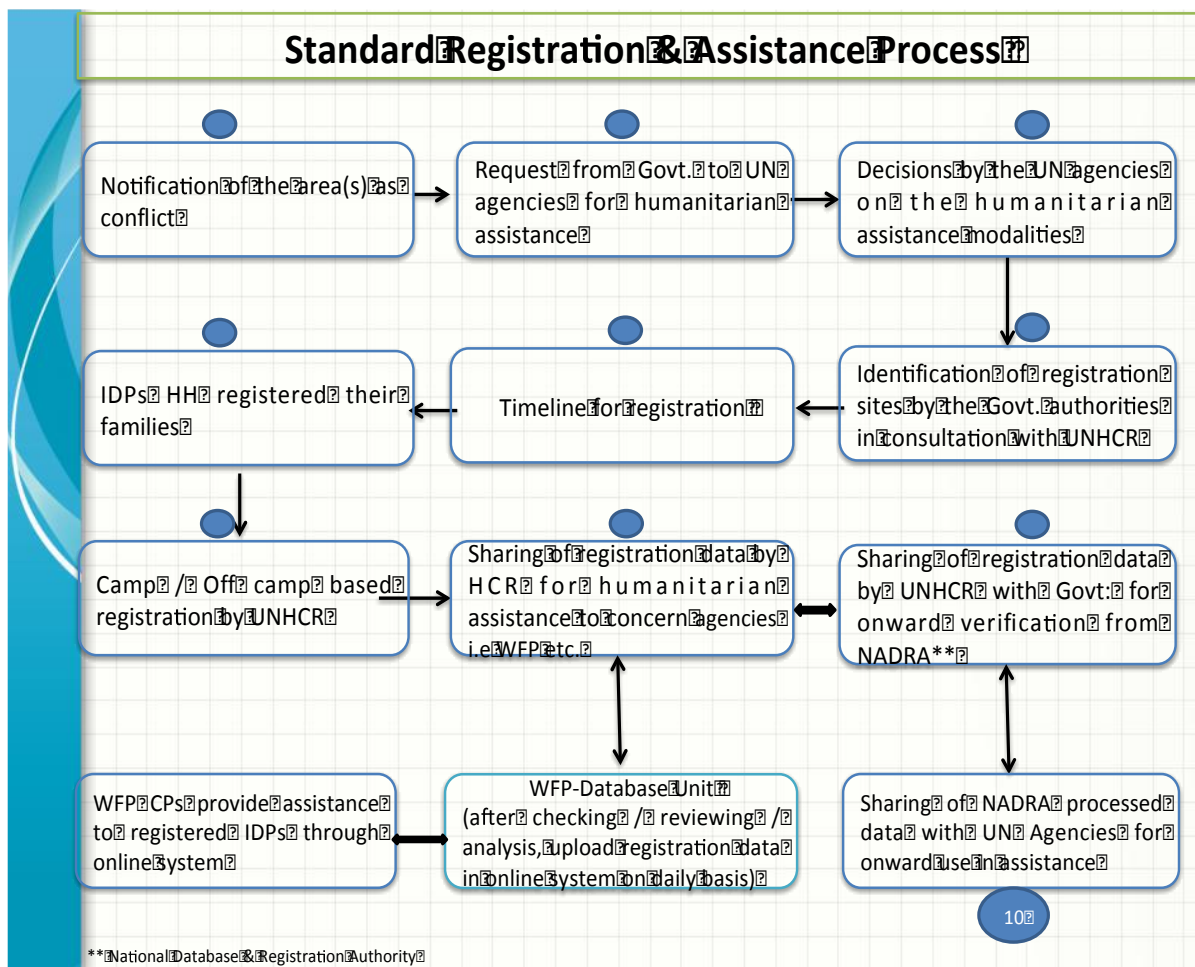
Source: Standard Monitoring Report 2013. WFP post-distribution monitoring data, July 2014

Annex 8: Map of internal displacement in north West Pakistan (FATA/KPK)



Source: WFP Relief Team Presentation – Peshawar – 21 September 2014

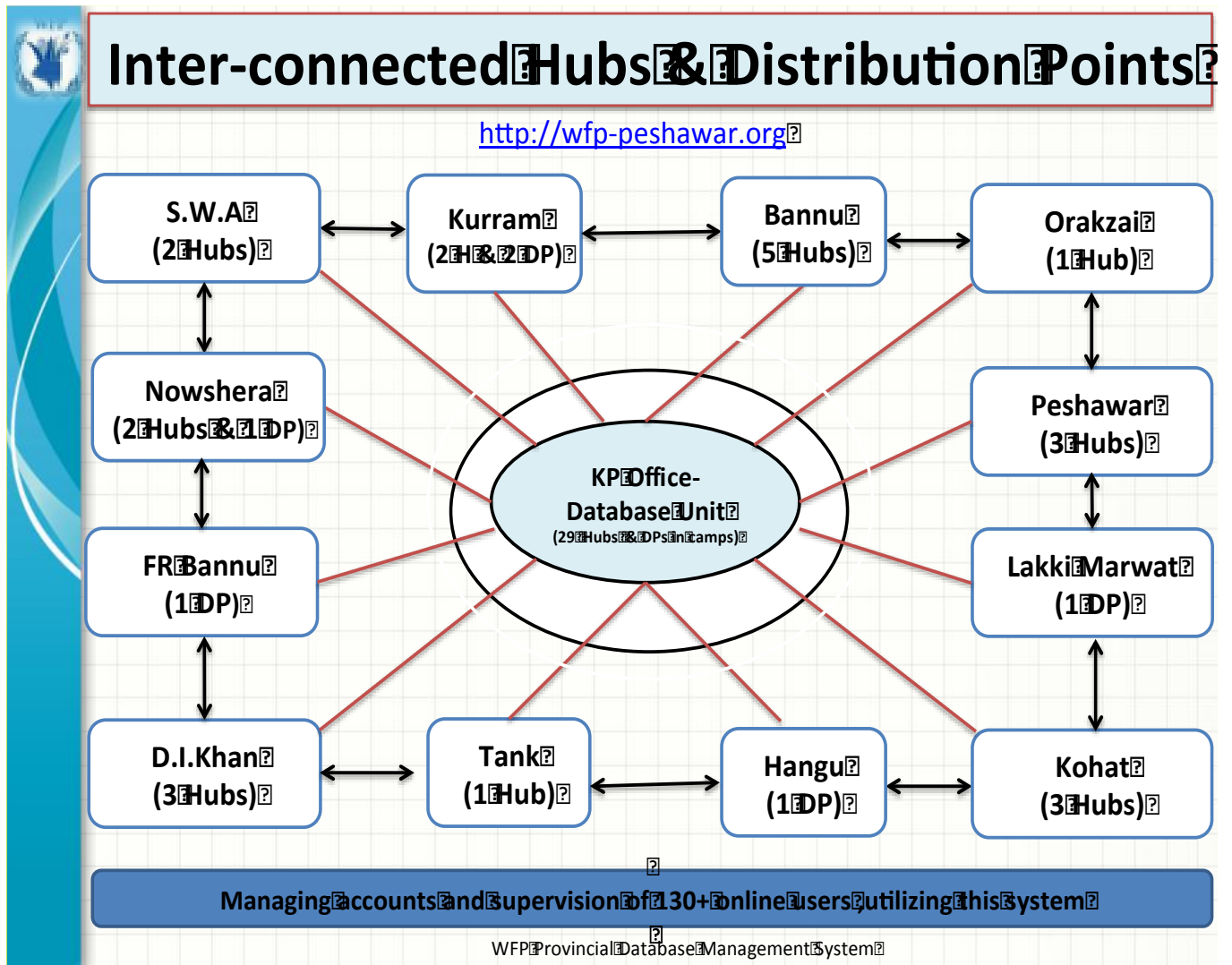
Annex 9: IDP standard registration and assistance process (FATA/KPK)



**National Database Registration Authority

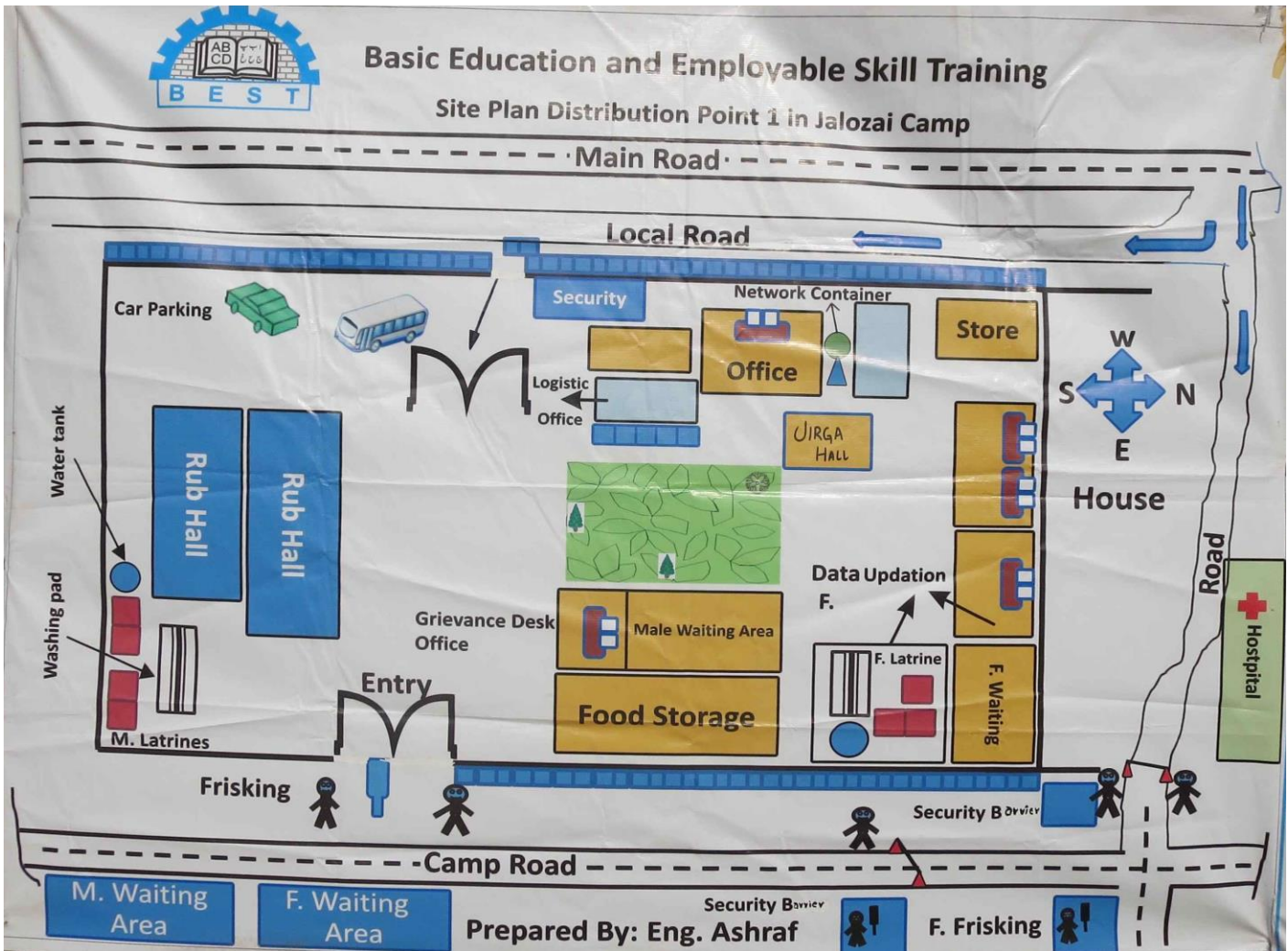
Source: WFP Relief Team Presentation – Peshawar – 21 September 2014

Annex 10: GFD hubs and distribution points (FATA/KPK)



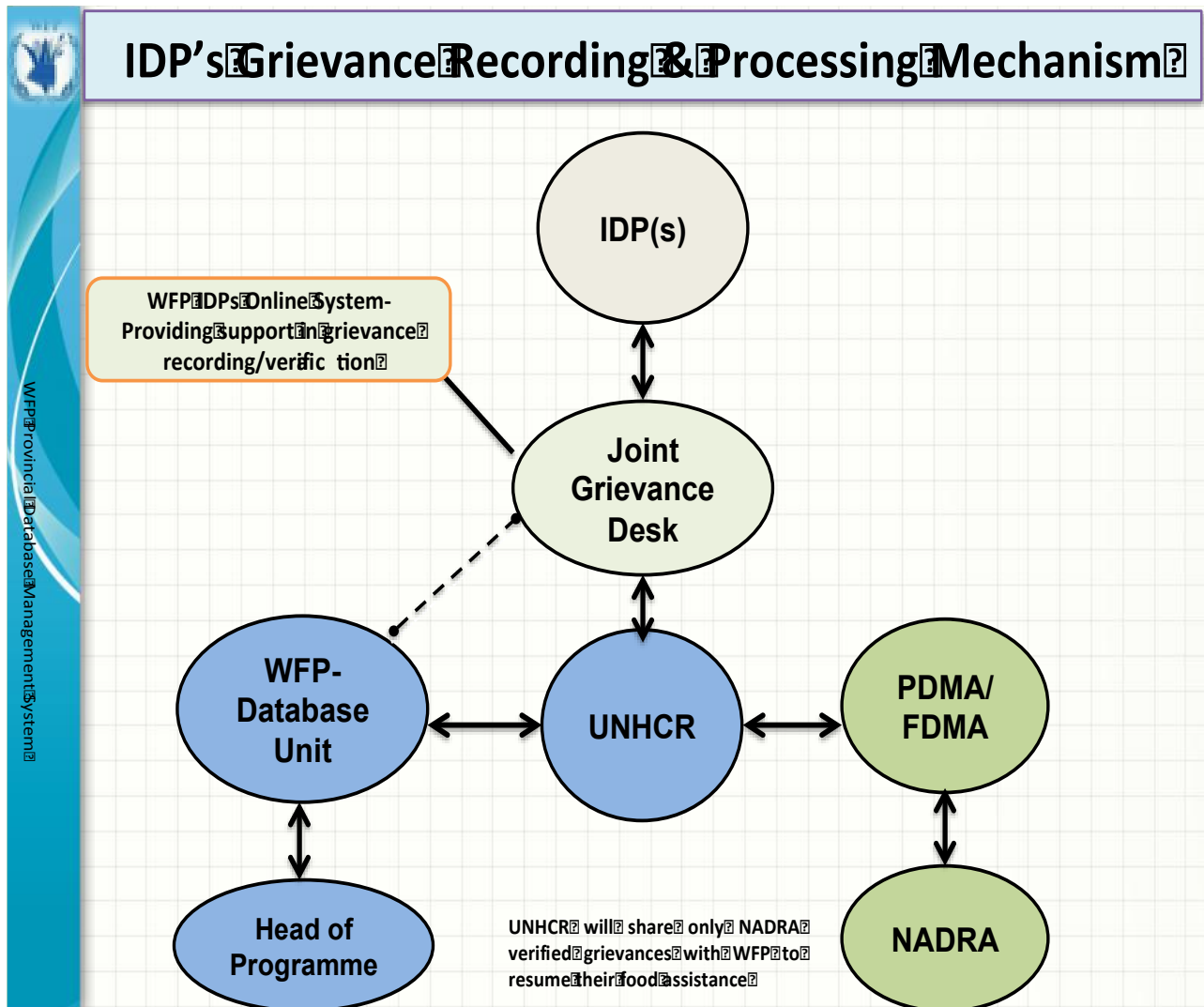
Source: WFP Relief Team Presentation – Peshawar – 21 September 2014

Annex 11: Example food distribution process from Jalozaï Camp



Source: Photograph taken by Sophia Dunn (Evaluation Team) of WFP/BEST Banner at Jalozaï Camp – Visited 23rd September 2014

Annex 12: IDP Grievance and feedback mechanism (FATA/KPK)



Source: WFP Relief Team Presentation – Peshawar – 21 September 2014

Annex 13: Training conducted through Food for Training (FFT) or Cash for Training (CFT)

Province	Training	Number of trainings	Number of food baskets issued
Balochistan	N/A		
FATA	Tailoring	182	2,474
	Handicraft	306	4,353
	Farmer field schools	25	262
	Vegetable production	83	1,805
	Other	87	2,050
	DRR	332	4285
	Kitchen garden and nursery raising	81	1141
	Post harvest techniques	28	429
	Safe handling and pesticides	38	830
	Check dams and soil conservation	67	468
KPK	DRR, First Aid, Orchard management & Forestry Training	28	856
	DRR, Kitchen Gardening & agro-forestry, nursery raising and enterprise development	33	2148
Sindh	ToT – DRR	518	
	Bread Basket production	80	
	Embroidery	36	
	Handicraft	7	
	Kitchen gardening	1327	
	Nursery Raising	636	
	Livestock Management	989	
	Mushroom Cultivation and demonstration	651	
	Grain preservation	1158	
Health and Hygiene	85		

Annex 14: Assets constructed or rehabilitated through CFW or FFW

Province	Types of Scheme	Unit	Total
Balochistan	Water course rehabilitation	km	2,500
	Water pond rehabilitation	Cft	948,523
	Kacha roads rehabilitation	km	66
	Repair of damaged housing units	Number	595
FATA	Rehabilitation of irrigation channels	Number	1,627
	Rehabilitation of kacha/link roads	Number	1,553
	Production of vegetables	Number	7,603
	Kitchen gardens	Number	1,840
	Rehabilitation of bridle paths	Number	1,240
	Construction of protection walls	Number	427
	Construction of check dams	Number	22
	Rehabilitation of water ponds	Number	741
	Other CPI schemes	Number	88
	Reconstruction of damaged houses	Number	406
	Rehabilitation of water course	Number	558
KPK	Check Dams	Number	4455
	Protection walls	Number	144
	Slope Stabilization	Number	417
	Plantation	Number	86 Sites
Sindh	Kilometres (km) of feeder roads raised above flooding levels	Km	69
	Kilometres (km) of feeder roads rehabilitated (FFA) and maintained (self-help)	Km	985
	Kilometres (km) of mountain trails constructed	Km	1
	Kitchen Gardening Training, Kitchen Garden Establishment	Km	10
	Drainage courses	Km	155
	Animal shelter	Number	2,185
	Construction of Fodder Storage	Number	230
	Construction of Kitchen, Pitcher Stand and Fuel Efficient Stove	Number	636
	Construction of Water Tanks	Number	804
	Food Storage Shelter, shelter	Number	302
	Kitchen gardening and Nursery raising	Number	292
	Kitchen gardening and Nursery raising	Number	1,391
	Village Cleaning	Number	1032
	Construction of Kitchen, Pitcher Stand and Fuel Efficient Stove	Number	2102
	Bush Boundary Walls	RFT	5,760
Volume (m3) of check dams and gully rehabilitation structures (e.g. soil sedimentation dams) constructed	m3	64,275	

Annex 15: Additional livelihood output indicators – 2013

Food for Work projects (FATA only)

Output indicator	Unit	Planned	Actual
Number of members of food management committees (female) trained on modalities of food distribution	Individual	1,049	1,049
Number of members of food management committees (male) trained on modalities of food distribution	Individual	12,393	12,393
Number of men in leadership positions on food, cash, voucher management committees	Individual	1,408	1,408
Number of women in leadership positions on food, cash, voucher management committees	Individual	130	130

Source: WFP (2013) PRRO 200250 Standard Project Report 2013

Cash for Work projects

Output indicator	Unit	Planned	Actual
Number of members of food management committees (female) trained on modalities of food distribution	Individual	156	156
Number of members of food management committees (male) trained on modalities of food distribution	Individual	4658	4658
Number of men in leadership positions on food, cash, voucher management committees	Individual	2208	2208
Number of women in leadership positions on food, cash, voucher management committees	Individual	130	130

Source: WFP (2013) PRRO 200250 Standard Project Report 2013

Annex 16: Community Asset Score Methodology

Source: WFP, Community Asset Score Information Sheet

Community Asset Score (CAS) Measures the increase in the ‘facility and infrastructure’ assets that enable a community, and the households living within it, to begin restoring and rebuilding livelihoods, during recovery phases after conflicts, disasters, and shocks. ‘Facility and infrastructure’ assets should be accessible to most members of the community, and are managed and maintained by the community members themselves.

Community: People who live in a local administrative unit, such as in a municipality; or are associated ethnically such as in a tribe; or belong to a local rural or urban ecosystem, such as people of a neighbourhood; or individuals with a common framework of interests. A community is not a homogeneous entity, and there are relationships of power within it. The members of a community have different needs, priorities and roles. Some communities are divided into clusters of sub-communities or large groups – therefore, some community assets may serve predominantly one part of the community and less of the other (for example, a school will only benefit those households with school-age children).

Facility / Infrastructure Assets: These are assets that support and strengthen a community to recover from and rebuild livelihoods after a critical shock.

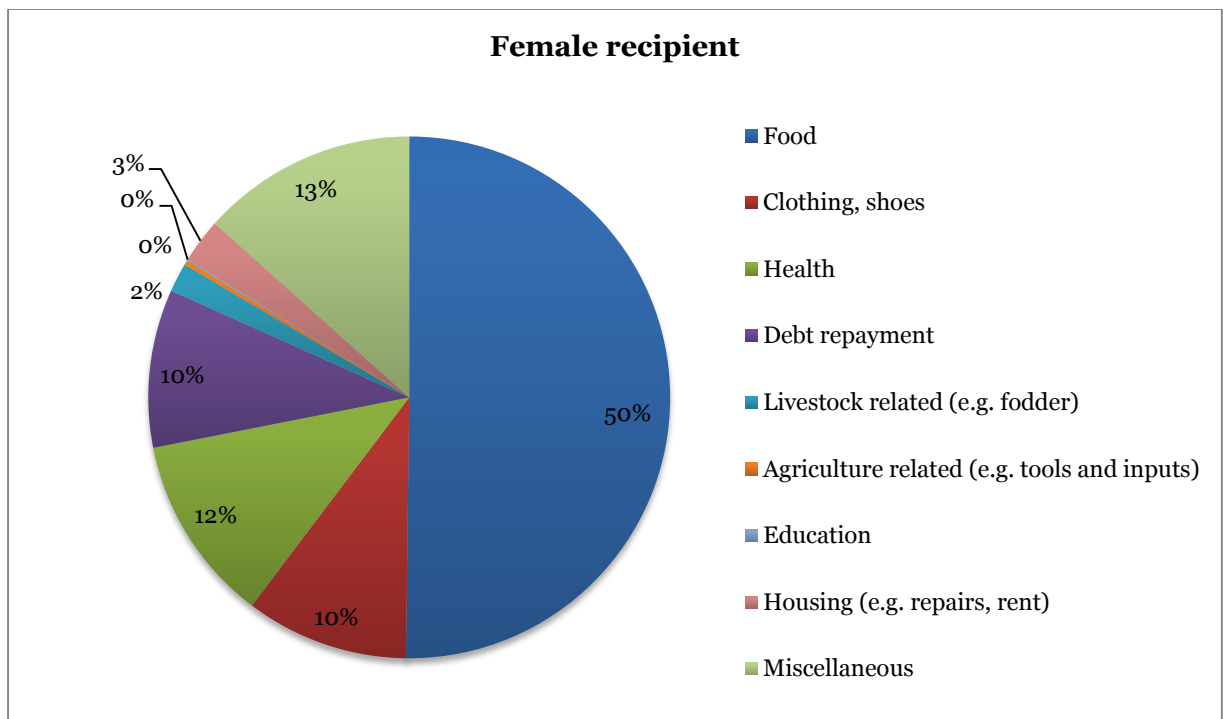
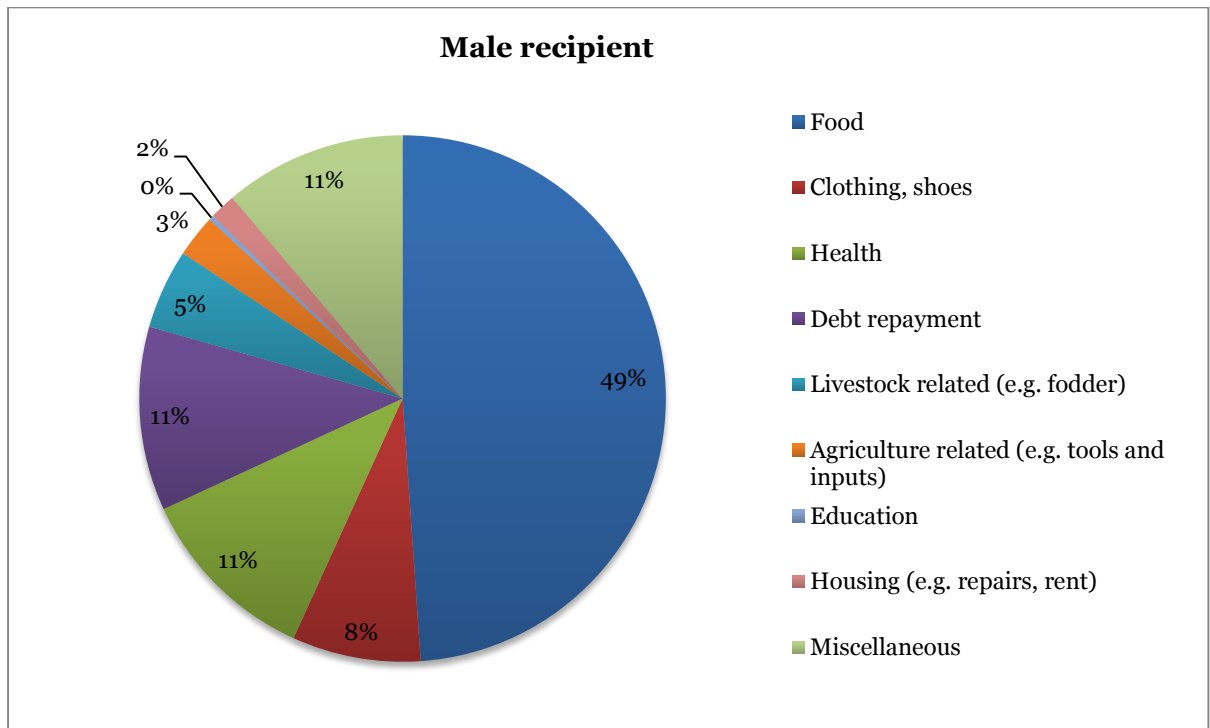
Examples of such assets could be the building of a school that may have been destroyed during a conflict, the establishment of a health centre in the area of return for IDP's, or the rebuilding of a dam or main irrigation canal destroyed by flooding. When determining which assets to develop and measure for the project, it must be ensured that these have a direct relevance and positive impact on prevailing livelihoods.

Functionality: The asset accomplishes, in a satisfactory manner, the functions for which it has been created. This implies that an asset needs to be maintained and in working order for it to be functional.

Targets: The corporate target is to have the Community Asset Score increased in at least 80 percent of the targeted communities. However, this should be used as a guideline only and targets should be set based on the context in which the asset creation activity operates, and reflect a change that is realistic based on the context. Targets will be set by the Country Office (CO), in consultation with cooperating partners (CP's) and with the participation of beneficiary communities.

Data Source: Information must be collected at the community level. Interviews with key informants, focus group discussions (FGDs) and observation are the main sources of data. The CO should develop an appropriate community level 'facility and infrastructure' asset checklist in line with SO3 project activities, which also takes into account livelihood contexts. This list can be developed during the community participatory planning process, which is used to determine which asset creation activities are of most benefit to the community. To ensure comparability and consistency of the asset score over time, assets in this checklist should remain the same for all ongoing assessment and monitoring surveys in the country.

Annex 17: Cash utilization of households with male or female recipient



Annex 18: Suggested considerations for CFW/FFW activities

Operational considerations for Cash for work/Food for Work activities:

- Allow for payment of skilled labour (1-2 people per project) if not available through the community or from the cooperating partner, to ensure adequate technical assistance
- Provide adequate funding for materials to ensure assets are well-constructed and sustainable for the medium to long term
- Timing of activities should coincide with periods where there are limited other income opportunities.
- Ensure projects are suitable to allow women to participate
- Continue use of unconditional cash for households without available labour
- Women should be involved in all aspects of project implementation, including decision-making
- Women field staff should be appointed to enable accurate monitoring of women's activities

Annex 19: Protection and Gender Performance Indicators

WFP assistance delivered and utilized in safe, accountable and dignified conditions. Working Draft

Source: WFP Gender & Project Advisor, Islamabad.

Corporate Indicator	Essential questions:	Good to have additional recommended questions:	Data collection
<p><i>Proportion of assisted people who do not experience safety problems travelling to/from and at WFP programme sites.</i></p>	<p>1. How many HH members went (or tried to go) to the WFP programme site during the last 2 months? _ _ </p>	<ul style="list-style-type: none"> If yes, which ones? 	<ul style="list-style-type: none"> Beneficiary Contact Monitoring VAM Assessments Outcome assessments HH Questionnaire/FSOM
	<p>2. Have any of these HH member(s) experienced safety problems 1) going to WFP programme sites, 2) at WFP programme sites, and/or 3) going from WFP programme sites during the last 2 months?</p> <p>3. Did the incident/problem result in some HH members being unable to access the WFP programme site during the last 2 months?</p> <p>4. If yes, could you let me know where the problem occurred (select all that are relevant):</p> <p>a) going to the WFP programme site _ </p> <p>b) at the WFP programme site _ </p> <p>c) going from the WFP programme site _ </p> <p>5. Please let me know the age and sex of all the people that were directly affected. If you answered yes to the previous question (question4) please let us know which HH member was unable to access the site due to safety problems (this should not exceed the number of people listed in question 1).</p> <p>Sex Age was this person unable to access the site (0= no; 1= yes)</p> <p>a) _ _ _ _ </p> <p>b) _ _ _ _ </p> <p>c) _ _ _ _ </p> <p>6. Could you briefly tell us what the nature of the problem/incident was?</p>	<p>If yes, which ones?</p>	<ul style="list-style-type: none"> Beneficiary Contact Monitoring VAM Assessments Outcome assessments HH Questionnaire/FSOM

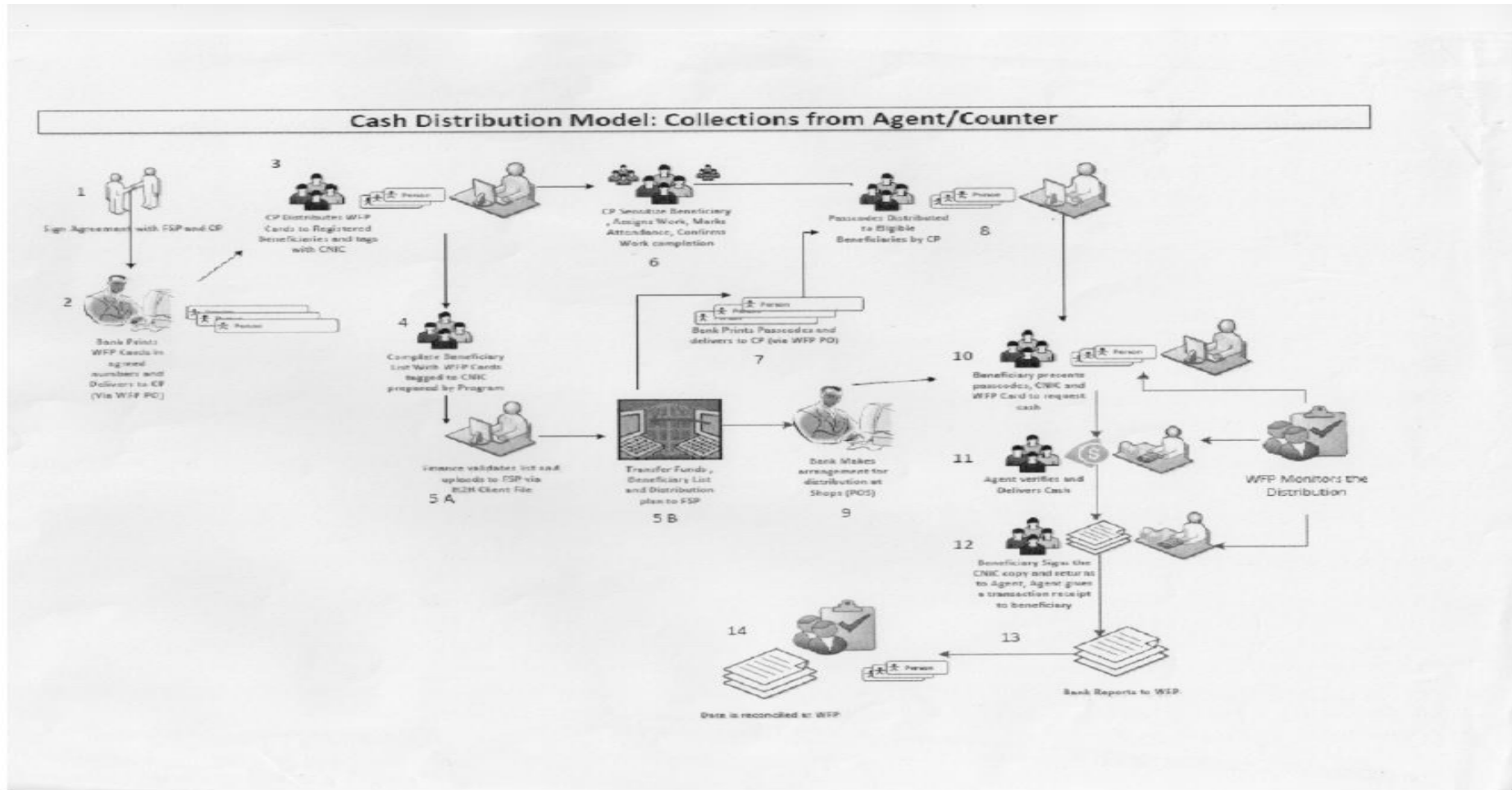
	7. What could be done to make it safer for you or other members of your HH to access WFP programme sites?		
Proportion of affected populations informed about the programme.	<ul style="list-style-type: none"> Do you know how people were chosen to receive assistance? If yes, please describe how they were chosen (if the respondent is unable to describe correctly, the answer should be no to this question) Have you been told exactly what you are entitled to receive? If yes, please describe your entitlements (if the respondent is unable to describe correctly, the answer should be no to this question) 	<ul style="list-style-type: none"> How did you hear about the project?, Is there anything else that you need to know regarding the programme? <p>If not, what would be the best way to advise you?</p>	<ul style="list-style-type: none"> Beneficiary Contact Monitoring VAM Assessments Outcome assessments HH Questionnaire/ FSOM Food Sec and Outcome Monitoring
	<ul style="list-style-type: none"> If you wanted to contact the aid agency (WFP or partner) about anything – for example, to ask a question or to make a complaint – do you know where you could do so? 		<ul style="list-style-type: none"> Beneficiary Contact Monitoring VAM Assessments Outcome assessments HH Questionnaire/FSOM
	<p><i>For affected populations:</i></p> <ul style="list-style-type: none"> Have any of your family members put forward a complaint to any of the following entities in case of problems/dissatisfaction related to WFP assistance? <ul style="list-style-type: none"> WFP Cooperating/Distributing Partner Community/Local Leaders/Govt Food Distribution Mgt Committee Bank/Transfer Agent Other_____ 	<ul style="list-style-type: none"> Were you satisfied with the way the complaint was handled? Yes/No Were you satisfied with the way the complaint was resolved? Yes/No If not, why not? 	<ul style="list-style-type: none"> Beneficiary Contact Monitoring VAM Assessments Outcome assessments HH Questionnaire/FSOM
Ensuring meaningful access to assistance		<ul style="list-style-type: none"> Are you aware of individuals that do not have access to WFP assistance but you feel should receive support? Yes/No Please explain who should be included: What is the percentage of EVIs specially people with disabilities or other special needs able to access WFP assistance? 	<ul style="list-style-type: none"> FSOM/Food Sec and Outcome Monitoring? Focus Group Discussions Monthly strips Periodical distribution / progress reports

Cross- Cutting Gender Indicator:

Cross-Cutting Gender Indicator	Essential questions:	Good to have additional recommended questions:	Data collection
<p>1: Proportion of assisted women, men or both women and men who make decisions over the use of cash, vouchers or food within the household</p>	<p><u>Cash & Voucher:-</u> Regarding the last WFP distribution, who (men, women or both) decides what to do with the cash/voucher given by WFP, such as when, where and what to buy?</p> <ol style="list-style-type: none"> 1. Women 2. Men 3. Women and Men Together <p><u>Food:-</u> Regarding the last WFP distribution, who (men, women or both) decides what to do with the food given by WFP, such as whether to sell, trade, lend or share a portion of it?</p> <ol style="list-style-type: none"> 1. Women 2. Men 3. Women and Men Together <p><u>Food,cash, Voucher:</u> Did all members of the households benefit from this decision? What are important household resources in your household? Who (men, women or both) makes decisions over other important household resources and /or important household issues?</p>		<ul style="list-style-type: none"> • Post-distribution monitoring (PDM) at households • Focal Group discussion • During Distribution Monitoring • VAM assessment

<p>2: Proportion of women beneficiaries in leadership positions of project management committees</p>	<ul style="list-style-type: none"> • Is there a local management committee (MC) for the assistance provided? Y/N • Currently, who occupies the following leadership positions? (see next column man, woman) • What is the gender composition of the MC's leadership positions? (man ----, woman----) • Reference questions (see next column) 	<p>Chairperson: _____ Deputy Chairperson: ____ Treasury: _____ Secretary: _____</p> <ul style="list-style-type: none"> • Are women leaders able to voice their concerns when decisions are made? • Who tends to have more influence over decision making? • What do you think are the reasons for the above question? 	<ul style="list-style-type: none"> • PDM • key informant interview • Focal group discussion • Assessments
<p>3: Proportion of women project management committee members trained on modalities of food, cash or voucher distribution</p>	<ul style="list-style-type: none"> • How many men and women are member of the management committee? Men____, Women_____. • Have there been any training provided to the members of the Management Committee during the last 6 months? Y/N if no go to next question. • If yes, how many Management Committee women and men were trained in the last 6 months? Men _____, Women_____ • How would you explain these results? 		<ul style="list-style-type: none"> • Used in all types of WFP assistance where management committees exist. • Key informant interview

Annex 20: Cash transfer process



Source: Information provided by WFP Finance staff during evaluation (September 2014)

Annex 21: Social protection in Pakistan

Social protection in Pakistan comprises three main federal cash transfer programmes (Zakat, Bait-ul-Mal, and the Benazir Income Support Program (BISP)), as well as a number of smaller programmes that provide social welfare and care services to specific target groups including the unemployed, the under-employed, the elderly, the sick, the poor, the disabled, and children with special needs.



The largest social protection programme is the Benazir Income Support Programme (BISP) and it was launched in July 2008 with an objective of smoothing consumption patterns and cushioning the negative effects of slow economic growth, the food crisis and inflation on the poor. The programme currently reaches 5.4 million households and provides cash transfer of 1500 PKR per household per month. In 2013-14 more than 65 billion PKR (~US\$632 million) was distributed to beneficiaries.

Since 2011, BISP uses Nationwide Poverty Scorecard Survey (assessment questionnaire below) to identify beneficiaries¹⁷⁶. This is an objective method of beneficiary selection, with all households completing a short assessment and being given a score. Households scoring below 16.17 are then eligible for assistance.

The BISP provides cash transfers through the postal system, or Benazir Smart Card or mobile phone banking. Currently, more than 86% of beneficiaries receive their payments through these branchless banking technologies, moving away from the traditional method through the postal system.

¹⁷⁶ Prior to 2011, beneficiaries were selected by parliamentarians, which was a more subjective method of selection.

The Pakistan Poverty Scorecard

Poverty Scorecard Assessment

Province Balochistan **District:** Awaran **Tehsil:** Awaran

Form Number	A5880	Date	
Union Council	Teertaje	Revenue Village	Bazdad
Settlement	Neel Taki	Respondent Name	Washdil
HH Name	Washdil	Parentage	Basham
CNIC #	62755246987	Mobile #	
Address	Neel Taki Bazdad	Enumerator Name	

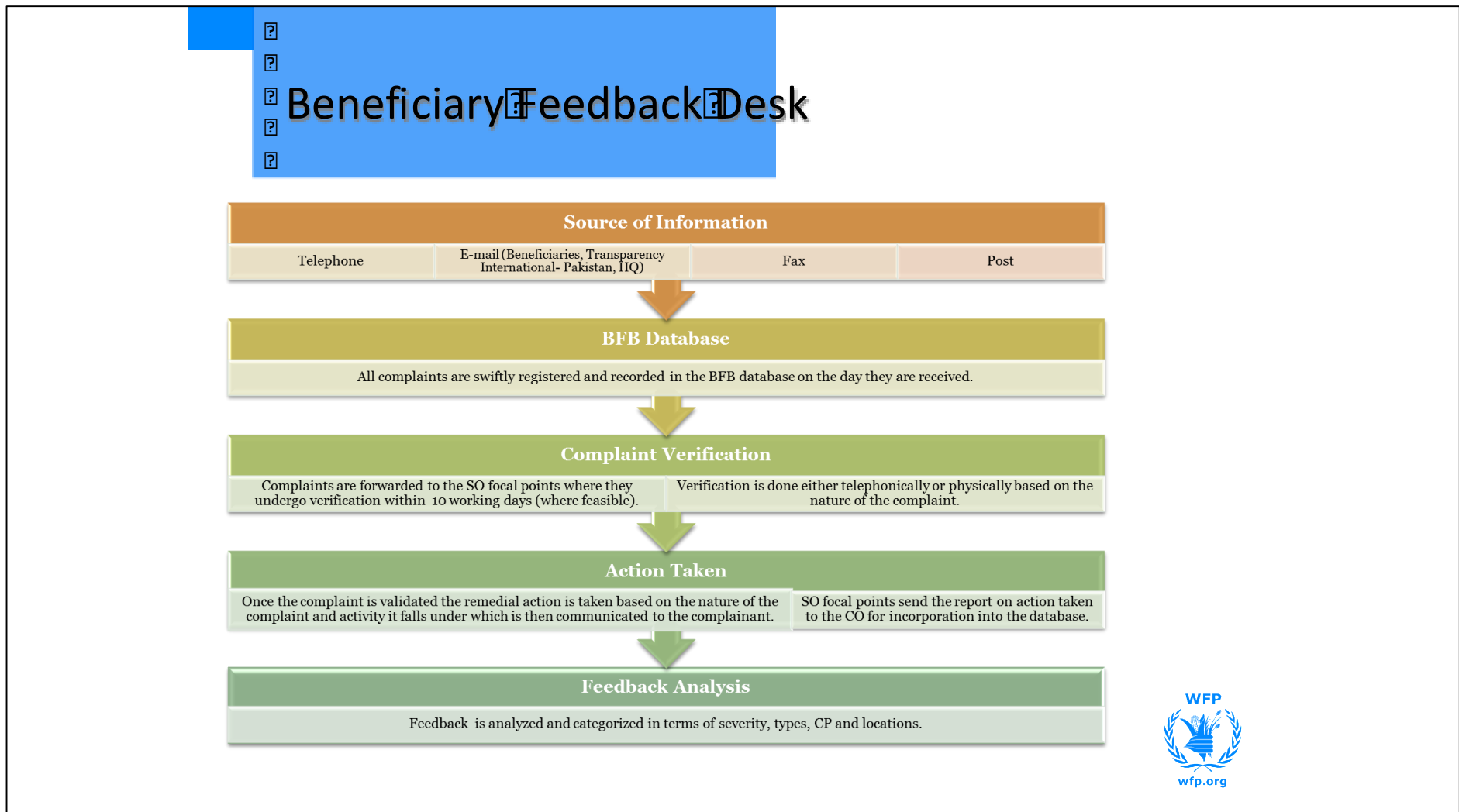
Indicators	Responses
1. How many people usually live and eat in the household? (do not list guest, visitors, etc.)	<input style="width: 100%;" type="text"/>
2. How many people in the household are under the age of 18 or over the age of 65?	(1) "0-2" <input type="checkbox"/> (2) "3-4" <input type="checkbox"/> (3) "5-6" <input type="checkbox"/> (4) "7-or more" <input type="checkbox"/>
3. What is the highest education level of the head of the household (completed)?	(1) Never attended school <input type="checkbox"/> (3) Class 6 to class 10 included <input type="checkbox"/> (2) Less than class 1 to class 5 included <input type="checkbox"/> (4) Class 11, college or beyond <input type="checkbox"/>
4. How many children in the household between 5 to 16 years old are currently attending school?	(1) They are no children between 5 and 16 years old in the household <input type="checkbox"/> (2) All children between 5 and 16 years old are attending school <input type="checkbox"/> (3) Only some of the children between 5 and 16 years old are attending school <input type="checkbox"/> (4) None of the children between 5 and 16 years old are attending school <input type="checkbox"/>
5. How many rooms does the household occupy, including bedrooms and livingrooms? (do not count storage rooms, bathrooms, toilets, kitchen or rooms of business)	<input style="width: 100%;" type="text"/>
6. What kind of toilets is used by the household?	(1) Flush connected to a public sewerage, to a pit or to an open drain <input type="checkbox"/> (2) Dry raised latrine or dry pit latrine <input type="checkbox"/> (3) There is no toilet in the household <input type="checkbox"/>
7. Does the household own at least one refrigerator, freezer or washing machine?	(1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>
8. Does the household own at least one air conditioner, air cooler, geyser or heater?	(1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>
9. Does the household own at least on cooking stove, cooking range or microwave oven?	(1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>
10. Does the household own the following engine driven vehicles?	(1) At least one car/tractor and at least one motorcycle/scooter <input type="checkbox"/> (2) At least one car/tractor but no motorcycle/scooter <input type="checkbox"/> (3) No car/tractor but at least one motorcycle/scooter <input type="checkbox"/> (4) Neither car/tractor Nor motorcycle/ scooter <input type="checkbox"/>
11. Does the household own at least one TV?	(1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>
12. Does the household own the following livestock?	(1) At least one buffalo/bullock and at least one cow/ goat/ sheep <input type="checkbox"/> (2) At least one buffalo, bullock but no cow/goat/ sheep <input type="checkbox"/> (2) No buffalo, bullock but at least one cow/goat/ sheep <input type="checkbox"/> (4) Neither buffalo/bullock nor cow/ goat/ sheep <input type="checkbox"/>
13. How much agricultural land does the household own?	Area <input style="width: 50px;" type="text"/> Unit of area <input style="width: 50px;" type="text"/>

(1) Kanal., (2) Acre, (3) Sq. Feet, (4) Marla, (5) Jarib/Bigha, (6) Murabba

Family Member Information								
Name	Gender	Relation	Marital Status	Age	CNIC/NIC	Employment Status	Disability	PPAF Intervention
Ganjo	Female	nild/Adpoted Ch	Unmarried	4		Not Currently Employed		No
Baiti	Female	nild/Adpoted Ch	Unmarried	8		Not Currently Employed		No
Begam	Female	nild/Adpoted Ch	Unmarried	13		Not Currently Employed		No
Aslam	Male	nild/Adpoted Ch	Unmarried	12		Not Currently Employed		No
Muhammad Salim	Male	nild/Adpoted Ch	Unmarried	22	5110179695625	Not Currently Employed		No
Horo	Female	Wife	Married	49	5110123070666	Not Currently Employed		No
Wash dil	Male	Head	Married	54	62755246987	Not Currently Employed		No

Source: <http://www.pfaf.org.pk/Research/ReportOnPSC.pdf>

Annex 22: The Beneficiary Feedback Desk process



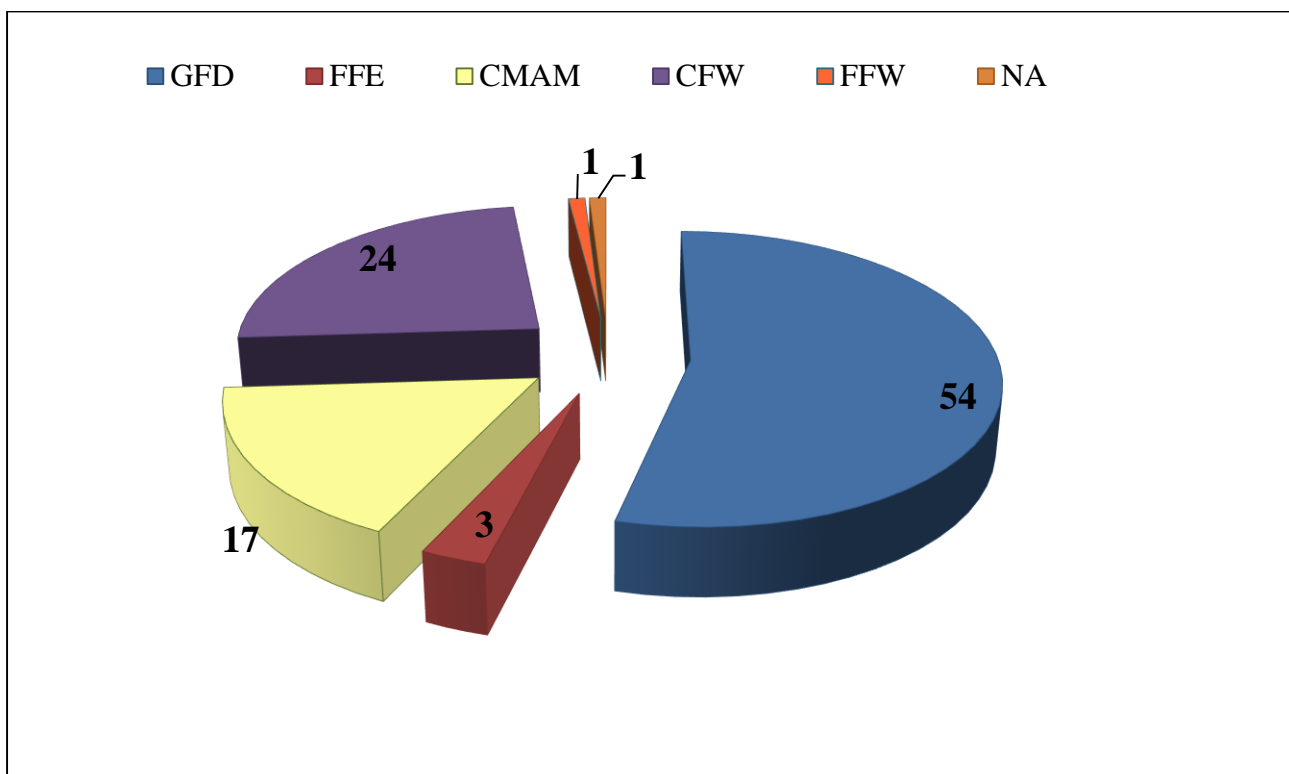
Source: WFP Presentation – Islamabad – 19th September 2014

Annex 23: Feedback received through Beneficiary Feedback Desk (Jan 2013 - Aug 2014)

Types of Complaints	2013	2014	Total Feedback Received	Total Feedback Resolved/Closed
General Query	6	0	6	6
Internal to WFP	1	1	2	1
Political/ Preferential Treatment	65	8	73	70
Misconduct & Corruption	73	20	93	80
Targeting & Registration	249	19	268	263
Quality & Quantity of Food Items/ Cash assistance	38	8	46	39
Refer to UNHCR	0	13	13	0
Related to CP	0	5	5	1
Service Delivery Issues/ Irregularities	205	249	454	328
Selling of Food Items	45	13	58	50
Positive Feedback/ Suggestion	1	2	3	2
Total No. Complaints	683	338	1021	840

Source: WFP Presentation – Islamabad – 19th September 2014

Annex 24: Feedback by activity type



Source: WFP Presentation – Islamabad – 19th September 2014

Annex 25: Outputs from the WFP Vulnerability Assessment and Mapping (VAM) Unit

The VAM unit produces a range of food security reference material, and provides support to a number of regular assessments and surveys. WFP VAM Pakistan supports the following regular activities: ¹⁷⁷

- National surveys (every 3-5 years)
- IDP related bulletins
- Program specific studies such as the PRRO baseline, cash feasibility study, cash appraisal, detailed food security and livelihood assessments, and multi-hazard vulnerability assessments
- WFP works in close collaboration with FAO on IPC surveys, reporting and mapping
- Comprehensive Food Security and Vulnerability Analysis (CFSVA). In Pakistan, VAM has undertaken similar exercise in collaboration with the Ministry of National Food Security and Research. The exercise provided in-depth studies to answer:
 - Who are the people at risk of food insecurity?
 - How many are they?
 - Where do they live?
 - Why are they food insecure?
 - How can food assistance and other interventions make a difference in reducing poverty, hunger and supporting livelihoods?
- Food Security Monitoring Systems (FSMS) monitor threats and risks to current and future food security. VAM Unit has started monitoring of food security situation in 18 districts selected from various food security zones.
 - Identify potential threats to household food security;
 - Provide timely information to initiate contingency plans and trigger emergency food security assessments;
 - Facilitate resource mobilization efforts; and
 - Adjust ongoing food security interventions.
- Geographical Information Systems: VAM uses the most advanced technology, including Geographical Information Systems (GIS), innovative satellite applications, and Personal Digital Assistants (PDA) to collect data in the field.

For example, VAM unit developed Atlas of UN activities in Pakistan, Education Atlas of Pakistan Administered Kashmir and now working on the Education Atlas of Pakistan. VAM unit has a huge archive of thematic maps covering many socio-economic sectors and continuously updating these. VAM unit also provide mapping support to UN agencies, NGO and Government departments. Capacity building of counterpart NGOS and government organizations is a continuous activity of VAM unit

¹⁷⁷ Source: <http://vam.wfp.org.pk>

Annex 26: Key lessons learned

- 1. Limit use of FLA's; increase work through government structures with more LHWs and LHVs. Short-term FLA agreements are not compatible with quality programming in the treatment of acute malnutrition. The shift to increase implementation through government existing systems avoids this contractual issue. The treatment and prevention of acute malnutrition and stunting through the LHW or the LHV at basic health facilities is the most efficient and sustainable modality. In areas of inadequate LHW coverage, government contracting with a single partner, public or private, has proven more effective than multiple partner contracts. This modality is also relevant to the urban context and emergency situations. Lessons from Balochistan illustrate how LHW's can be also be effectively used for training and together LHWs and husbands or male relatives have been successfully deployed. These lessons suggest that the future focus must be on addressing barriers to increasing the number and coverage of LHWs, as well as clarifying their role in nutrition programming, as well as providing sufficient support and inputs.**
- 2. Document, promote and apply lessons learned. Examples of good practice and lessons learned are often documented through success stories or exchanged during programme reviews. Successes have been noted in the FFE in FATA; in particular the tremendous courage and resilience of WFP female beneficiaries, teachers and co-operating partners (e.g. WFP has its own Malala in the form of LHWs). WFP can do much better in capturing best practices including innovations proven to change practice, such as mother support groups led by LHWs, and translate this into a standard package and guidance for facilitation that can be widely used.**

Opportunities should be taken to monitor and document natural experiments and new interventions that could be potentially replicated, including the use of one product for SAM and MAM, and the provision of micronutrient supplementation to adolescent girls.

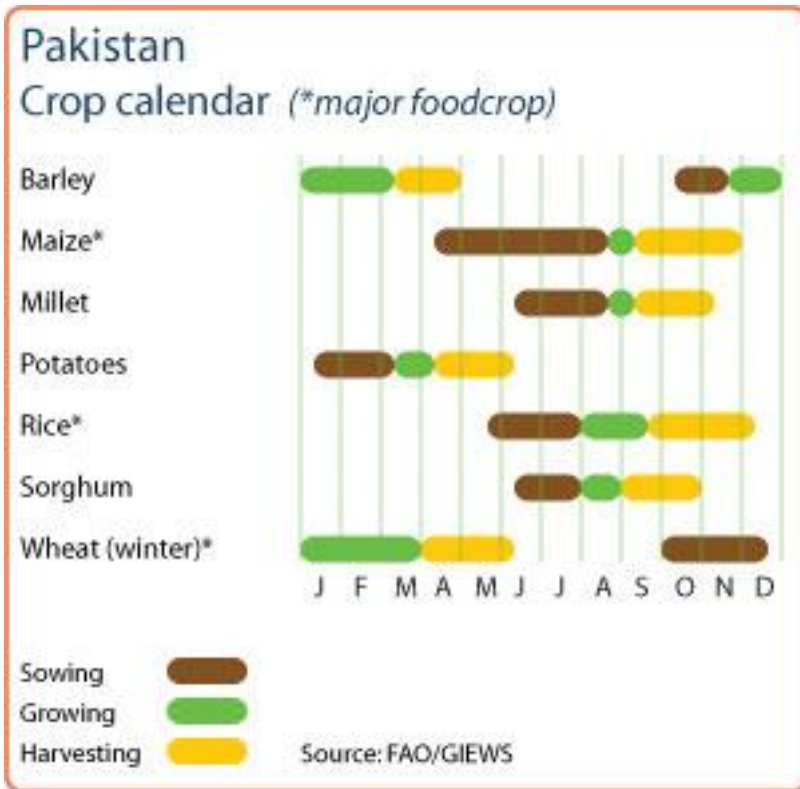
- 3. Develop and test a product for MAM and SAM. WFP technical expertise in the in-country production of specialized nutrition products is first rate in Pakistan and in the region. Lessons learned from this experience have been applied to the development and production of a new LNS for PLW (*Maamta*). WFP can effectively use these lessons to continue to be on the cutting edge. In collaboration with other partners such as UNICEF, GAIN, and MI, WFP should respond to substantial donor interest in testing and developing a product for both SAM and MAM. Provinces such as Punjab must procure ready to use foods already budgeted under PC-1 in 2015 and are already looking at options for local production of an RUTF.**
- 4. Further align efforts to prevent SAM and MAM. The stunting effectiveness project and several years of experience in CMAM have highlighted lessons in the need for convergence in the prevention of stunting and acute malnutrition. As the majority of acutely malnourished and stunted children are under 24 months, the opportunity to address both is obvious. This would be achieved through a focus on prevention including IYCF through the LHW, the use of nutritional products through large scale schemes targeting low income vulnerable groups, and the avoidance of duplicative programming such as parallel treatment of MAM.**
- 5. Seek opportunities to enhance outcomes through greater alignment and complementary programming. Complementarity of programming in given target areas is essential to ensure programme effectiveness and enhance**

outcomes. Lessons from FATA highlight the opportunity for direct synergies between education of girls, nutrition and recovery efforts through CFW.

6. Find ways to secure the supply of commodities for interventions when they act as a pull factor. The availability of food commodities is critical in certain education and nutrition programmes. Pipeline breaks can adversely affect outcomes, long-term trust and thus programme effectiveness. In programmes where the ration is a significant pull factor for uptake of services or the completion of treatment, programming should not be initiated unless rations can be sustained over the course of the intervention.
7. Ensure simplicity and consistency in quality assurance systems for health workers. Health workers frequently raised the importance of not only simplifying protocols and reporting systems but sticking to the same system to avoid confusion. This also has implications for sustainability and cost implications due to training and retraining. Therefore an important lesson learnt for future operations is to develop standard packages, guidelines and tools from the outset and stick to the same commodities to avoid confusion and unmet expectations among beneficiaries.
8. Enhance overall gender and protection understanding as well as dedicated roles and responsibilities. A further learning is to develop among all WFP and co-operating partners' staff a clearer and shared understanding of what gender and protection means for WFP in the context of food security in Pakistan. This includes heightened awareness of why gender and protection issues matter for the realization of project objectives and how to reinforce gender integrated planning and implementation. Enhancing the adoption and promotion of improved gender sensitive approaches throughout the WFP's Country Office with the institutionalization of gender and protection human resources, can be done by expanding the pool of gender and protection competent staff, and strengthening the roles of the gender and protection focal points by allocating at least 20 percent of their time to gender as stated in their ToRs. A more robust application of the IASC gender marker, and clarifying the roles and responsibilities of individuals, units and functions, in how to address gender and protection concerns would also prove beneficial.
9. Enhance gender integration through planning and reporting opportunities. Undertake a gender assessment in parallel to the baseline surveys to further influence the project design so as to ensure fully gender and protection integrated planning, implementation and monitoring. Also, it is important to harmonize the wealth of data compiled and disaggregated by gender so as to enhance its utilization and analysis so as to become more gender aware.
10. Further specific actions the CO can be doing to better meet the minimum UNEG standards:
 - i. Provide for a full-time gender expert in the country office.
 - ii. Integrate gender equality principles in evaluation plans.
 - iii. Strengthen accountability to gender and protection in the country office in line with the UN-SWAP reporting process.
 - iv. Pilot a technical note and scorecard for harmonizing reporting against the UN SWAP Evaluation Indicator.
 - v. Fully integrate gender and protection in the design stage of the project and use a gender marker to track allocation of resources.

- vi. **Developing gender sensitive empowerment indicators: qualitative and quantitative.**

Annex 27: Seasonal calendar



Source: FAO/GIEWS

<http://www.fao.org/giews/countrybrief/country.jsp?code=PAK>

Annex 28: Bibliography

Aga Khan University, Pakistan Medical Research Council, and Pakistan MoH (2011) Pakistan National Nutrition Survey 2011.

Aga Khan University. 2013. Effectiveness of Food Based Interventions to Prevent Stunting among Children in Thatta and Sajawal Districts, Sindh Province. Project Proposal.

ACTED, Final Report: GFD, Jacobabad, October 2012 – January 2013

Aurat Foundation, Pakistan NGO Alternative Report on CEDAW, 2012.

BEST, GFD Project Jalozai Camp – Terminal Report, July – December 2013.

Berg, M., Mattinen, H & Pattugalan, G (2013) Examining protection and gender in cash and voucher transfers. Case Studies of the World Food Programme (WFP) and the Office of the United Nations High Commissioner for Refugees (UNHCR) Assistance. WFP and UNHCR.

Chang, C, Trehan, I, Wang, R et al. 2013. Children Successfully Treated for Moderate Acute Malnutrition Remain at Risk in Subsequent Year After Recovery. Journal of Nutrition. February 2013: 143 (2): 215-20.

FATA 'Learning by Doing' Education Scheme (870 million PKR).

FATA post distribution monitoring reports 2013/2014.

Food Security in Pakistan, 2012-13, Draft Report, Pakistan Ministry of National Food Security and Research.

Government of Pakistan (2011) Agriculture and Food Security Policy (DRAFT) Ministry of National Food Security and Research.

Government of Pakistan (2014) Pakistan Economic Survey 2013-14. Ministry of Finance.

<http://data.worldbank.org/indicator/SP.POP.GROW>

<http://hdr.undp.org/sites/default/files/Country-Profiles/PAK.pdf>

<http://vam.wfp.org.pk>

<http://www.angoc.org/wp-content/uploads/2012/09/12/vietnam-food-and-nutrition-security-situationer/Pakistan.pdf>

<http://www.bbc.co.uk/news/world-asia-29171821>

http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf

<https://www.wfp.org/countries/pakistan/food-security>

IASC, Gender Handbook, Gender and Nutrition in Emergencies, 2012.

IASC, Gender Marker Tip Sheet, Food Security 2 Agriculture & Livelihoods Tip Sheet, September 2012.

IRC & WFP (2013) Displacement, livelihood and food insecurity.

IRC and WFP based on IVAP (IDP Vulnerability Assessment Profiling) survey. November 2013.

Ministry of Finance, Pakistan Economic Survey 2012-13.

Ministry of Health. Guidelines on the Community Management of Acute Malnutrition, 2010 (draft). Revised 2013.

Ministry of National Food Security and Research (2014) Food Security in Pakistan 2012-13. MoNFSR in collaboration with WFP, SDPI, FAO, UNICEF and SDC.

Ministry of Women Development, National Policy for development and empowerment of Women, 2002.

Ministry of Women Development and Empowerment, Gender Reform Action Plans, 2002.

National Disaster Risk Reduction Policy. NDMA, 2013.

National GCC Framework, NDMA Gender and Child Cell, 2013.

National Nutrition Survey (2011) Government of Pakistan Planning Commission/UNICEF.

National Plan of Action for Women (1998) and the National Policy for Development and Empowerment of Women (2002).

National Commission on the Status of Women (NCSW), A Policy Framework for Women's Equal Rights Issues, Concerns and Recommendations for Gendered Policy, 2010.

NDMA, Gender and Child Cell, Progress and Achievements, September, 2014.

NDMA/WFP MIRA Pakistan Floods Report: September 2012

Report Nutrition Information System 2013-14.

Oxfam Pakistan feedback to WFP during Evaluation Stakeholder Presentation, September 26, 2014.

Pakistan Demographic and Health Survey (PDHS), 2012-2013.

Pakistan Food Security Cluster (2012) Detailed Food Security Assessment for 2012 monsoon affected districts of Punjab, Sindh and Balochistan;

Pakistan Food Security Cluster (2013) Guidelines for Cash and Voucher Interventions.

Pakistan Food Security Cluster (2013) Livelihood Recovery Appraisal.

Pakistan Food Security Cluster (2014) Detailed food security assessment – KP/FATA.

Pakistan Food Security Cluster (2014) Detailed livelihood assessment – KP/FATA.

Pakistan National Disaster Management Authority (2012) Multi-sector initial rapid assessment report – Pakistan floods 2012.

Prime Foundation, Project Terminal Report: Feb – June 2013, Dera Ismail Khan.

Provincial Disaster Management Authority KPK, and the FATA Disaster Management Authority.

Sphere Project (2011) Minimum Standards in Humanitarian Response. www.sphereproject.org/handbook

UN Secretary General's Global Education First Initiative (2012).

UNDP (2014) Human Development Report 2014. Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience.

United Nations, Pakistan One UN Program 2013-2017, June 2012.

Valid International, WFP/UNICEF/WHO. 2013. Review of the Community Management of Acute Malnutrition in Sindh, Punjab and Balochistan. Oxford, UK.

WFP (2013) Appraisal of the impact of cash interventions on markets and household food security.

WFP (2013) Does macro-economic stability matter for household food security? Special Focus: Pakistan. WFP Rome, Italy.

WFP (2013) Food Security Bulletin – Issue 1, July 2013.

WFP, Gender Policy 2009.

WFP, Protection Risk Analysis Report Field visit Bannu, September 2014.

WFP, Protection in Livelihood Programmes, 2014.

WFP (2014) Report of Protection Mission to WFP Provincial Office KP/FATA and Field Visit D.I.Khan/Bannu, July 01-11, 2014.

WFP (2013) PRRO 2013-15 Report on Baseline Survey.

WFP (2013) PRRO Baseline survey.

WFP (2013) Standard Monitoring Report 2013. WFP post-distribution monitoring data, July 2014.

WFP (2013) The Feasibility of using cash and voucher assistance to support household food security. A study conducted in eleven districts of Sindh, Balochistan and Khyber Pakhtunkhwa provinces of Pakistan- September 2013.

WFP (2014) Brief: Selling of WFP-relief food by beneficiaries.

WFP (2014) Executive Brief –Pakistan: August 2014 (5 July – 5 August).

WFP (2014) Monthly Monitoring report, May 2014.

WFP (2014) Nutrition Brief, July 2014.

WFP Final Report to USAID, February 2014.

WFP Final Report to the Government of Japan, December 2013.

WFP Final Report to DFID, November 2012- June 2013.

WFP (2014) Success story (social cohesion): A journey towards social harmony and cohesion.

WFP (2014) Training report on disaster risk reduction – Food for Training (DRR-FFT) under PRRO 200250. Report by Alamzeb Qazi (WFP DRR Officer).

WFP, WFP Pakistan Protection Implementation Update, February 2014.WFP Presentation – Islamabad – 19th September 2014.

WFP Operations Update March/April 2014.

WFP Presentation – Islamabad – 19th September 2014.

WFP, Protection and Gender Minimum Questions, 2014.

WFP, Protection risk Matrix, 2014.

WFP, Reporting on UN-SWAP, July 2013.

WFP Standard Project reports 2012, 2013.

WFP Strategic Plan (2008-2013) Executive Board Annual Session, Rome 9-12 June, 2008, 19 May, 2008, p.14.

WFP success story – “Lal Marjana feels empowered and leading a respectful life”.

WFP WOW data 2013-14.

WFP, UNICEF, UNESCO (2013) Nourishing Bodies, Nourishing Minds: Partnering for Children’s Well-being and Equity in Education.

WHO, UNICEF, FANTA. (2010) Indicators for Assessing Infant and Young Child Feeding Practices. Part 1 2008, Part 2 <http://www.who.int>

World Economic Forum, Global Gender Gap Report, October 2013.

Acronyms

ACF	Action Contre La Faim (Action Against Hunger)
AJK	Azad Jammu and Kashmir
AJKRSP	Azad Jammu and Kashmir Rural Support Programme
AKU	Aga Khan University
BEST	Basic Education and Employable Skills Training
BHU	Basic health unit
BISP	Benazir Bhutto Income Support Programme
BR	Budget Revision
CAS	Community asset score
CBDRR	Community-based disaster risk reduction
CEDAW	Convention on the Elimination of Discrimination Against Women
CBDRM	Community-based disaster risk management
CERD	Centre of Excellence for Rural Development
CFW	Cash for work
CMAM	Community Management of Acute Malnutrition
CNIC	Computerised national identity card
CO	Country office (WFP)
CP	Cooperating partner
CRDO	Community Research and Development Organisation
CSB+	Corn soya blend
CWG	Cash Working Group
DDMA	District Disaster Management Agency
DFID	Department for International Development (UK Govt.)
DoH	Department of Health
DRM	Disaster risk management
DRR	Disaster risk reduction
ECHO	European Commission Humanitarian Office
EMIS	Education Management Information System
EQAS	Evaluation Quality Assurance System (WFP)
FAO	Food & Agriculture Organisation (UN)
FATA	Federally Administered Tribal Areas
FCS	Food consumption score
FDMA	FATA Disaster Management Authority
FFE	Food for education
FFW	Food for work
FGD	Focus group discussion
FLA	Field level agreement
FR	Frontier Region
GAIN	Global Alliance for Improved Nutrition
GBV	Gender-based violence
GEEW	Gender Equality and Women's Empowerment
GFD	General Food Distribution
GRAP	Gender Reform Action Plan
GPSIC	Gender and Protection Steering and Implementation Committee
HBL	Habib Bank Ltd
HCT	Humanitarian co-ordination team
HEB	High energy biscuits
HH	Health house (of lady health workers)
HRF	Humanitarian Resource Facility
HUJRA	
IASC	Inter-Agency Standing Committee
IDA	Iron deficiency anaemia
IDD	Iodine deficiency disorders

IDP	Internally displaced person
IFAD	International Fund for Agricultural Development
IOM	International Organisation for Development
IPC	Integrated (Food Security) Phase Classification
IRC	International Rescue Committee
IYCF	Infant and young child feeding
IVAP	IDP Vulnerability Assessment Profile
KPK	Khyber Pakhtunkhwa
LHV	Lady Health Visitor
LHW	Lady Health Worker
LNS	Lipid nutrient supplement
LOS	Length of stay
LRA	Livelihoods Recovery Appraisal
LTSH	Landside transport, storage and handling
MAM	Moderate acute malnutrition
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MHSRC	Ministry of Health Services Regulation and Coordination
MHRVA	Multi-hazard risk vulnerability assessment
MI	Micronutrient Initiative
MNP	Micronutrient powder (Sprinkles)
MoH	Ministry of Health
MoNFSR	Ministry of National Food Security and Research
MPDR	Ministry of Planning Development and Reforms
MT	Metric tonne
MTE	Mid-Term Evaluation
MUAC	Mid-upper arm circumference
NADRA	National Database and Registration Authority
NBNM	Nourishing Bodies Nourishing Minds
NCSW	National Commission on the Status of Women
NDMA	National Disaster Management Authority
NDP	Nutrition Development Partners
NIS	Nutrition Information Systems
NGO	Non-governmental organisation
NNS	National Nutrition Survey (2011)
NoC	No objection certificate
NPFP&PHC	National Programme for Family Planning and Primary Health Care
NSPS	National Social Protection Strategy
NWA	North Waziristan Agency
OCHA	Organisation for Co-ordination of Humanitarian Affairs
ODOC	Other Direct Operational Costs
OPII	UN Operational Plan II (Second Humanitarian Operational Plan)
OTP	Outpatient therapeutic programme
PBSFP	Prevention Blanket Supplementary Feeding Programme
PCA	Project Cooperation Agreement
PC-1	Planning Commission – Proforma 1
PDHS	Pakistan Demographic and Health Survey
PDM	Post-distribution monitoring
PDMA	Provincial Disaster Management Authority
PINS	Pakistan Integrated Nutrition Survey
PIU	Project Implementation Unit
PKR	Pakistani Rupees
PLW	Pregnant and lactating women
PMD	Pakistan Meteorological Department
PMDA	Provincial Disaster Management Agency

PMU	Provincial Programme Management Unit
PRCS	Pakistan Red Crescent Society
PRRO	Protracted Relief and Recovery Operation (WFP)
PRSP	Pakistan Rural Support Programme
PPHI	Peoples Primary Healthcare Initiative
RB	Regional Bureau (WFP)
RUTF	Ready-to-use therapeutic food (treatment of SAM)
RUSF	Ready-to-use supplementary food (treatment of MAM)
SAM	Severe acute malnutrition
SC	Stabilization centre
SDC	Swiss Development Corporation
SDPI	Sustainable Development Policy Institute
SMR	Standard monitoring report
SMS	Short message service
SO	Strategic objective
SOP	Standard operating procedure
SOP	Special Operation Programme
SPA	Strategic priority area
SP	Strategic Plan
SPR	Standard Project Report (WFP)
SRF	Strategic Results Framework
SRSP	Sindh Rural Support Programme
SUN	Scaling Up Nutrition
SWA	South Waziristan Agency
THR	Take-home ration
TIP	Transparency International Pakistan
ToP	Terms of Partnership
ToR	Terms of Reference
TPM	Third Party Monitors
TSFP	Targeted supplementary feeding programme (treatment of MAM)
UBL	United Bank Limited
UC	Union Council
UK	United Kingdom
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Education, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
USI	Universal salt iodisation
VAM	Vulnerability analysis and mapping
WASH	Water, sanitation and hygiene
VRF	Voluntary return form
WEF	World Economic Forum
WFF	Wheat flour fortification
WFP	World Food Programme (UN)
WHO	World Health Organization
WSB +	Wheat soya blend
WOW	WFP Operational Works

Office of Evaluation
www.wfp.org/evaluation



World Food Programme