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**Executive Board  
Annual Session**

**Rome, 8–12 June 2009**

## **EVALUATION REPORTS**

*Agenda item 7*

*For consideration*

**E**

Distribution: GENERAL  
**WFP/EB.A/2009/7-E**  
12 May 2009  
ORIGINAL: ENGLISH

### **SUMMARY EVALUATION REPORT BURKINA FASO PRRO 10541.0**

**Reversing Growing Undernutrition in  
Food-Insecure Regions**

## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for consideration.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Director, OEDE\*: Ms C. Heider tel.: 066513-2030

Senior Evaluation Officer, OEDE: Mr A. Cordeil tel.: 066513-2262

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

\* Office of Evaluation



## EXECUTIVE SUMMARY

This report summarizes an independent evaluation of protracted relief and recovery operation 10541.0 in Burkina Faso, approved in December 2006 and extended to December 2009. The evaluation mission was carried out in November and December 2008. Its findings are meant to assist the country office in formulating an extension of the operation.

Roughly half the country's population lack sufficient access to food to meet minimum energy requirements. Since the early 1990s, there has been worrying evidence of increasing prevalence and incidence of undernutrition. During the Niger crisis of 2004/05, wasting among children under 5 was close to 19 percent – well above the World Health Organization's emergency threshold of 15 percent.

The goal of the protracted relief and recovery operation is to reverse nutrition trends in the seven most affected rural regions. Although not preceded by an emergency operation, the operation addresses the objectives of the joint United Nations Children's Fund/WFP 2006 regional nutrition strategy for northern Sahelian countries. It is also consistent with WFP's Strategic Objective 2, stabilizing livelihoods and enhancing resilience to shocks.

The operation seeks to improve the food intakes of nutritionally vulnerable demographic groups – pregnant and lactating women and children under 3 – through supplementary feeding, coupled with an essential package of health care and other measures. Its two-pronged approach focuses on both prevention of undernutrition and rehabilitation of moderate acute malnutrition through clinic- and community-based activities.

The objectives of the protracted relief and recovery operation were found to be relevant, and the two-pronged approach has proved to be effective. Despite some logistics difficulties due to the rainy season and a lack of physical infrastructure, particularly roads, the operation's available resources have been used efficiently. The clinic-based component has stimulated an increase in the number of people seeking health services, which has had a positive impact on the coverage of public health measures, including vaccination, prenatal consultation and facility-based delivery. The complementary clinic- and community-based activities have been effective in bringing primary health care into the reach of a large majority of the population.

Nutritional improvements and increasing rehabilitation rates in all seven targeted regions are measurable outcomes that demonstrate the relevance and appropriateness of the operation's approach. Earlier assessments in Burkina Faso have repeatedly singled these regions out as being highly vulnerable to undernutrition and household food insecurity. Several new projects to develop agriculture and income-generating activities, implemented by Government, the United Nations country team and non-governmental organizations, consolidate the effects of the operation in these regions, providing a context for longer-term sustainable development.

By the end of 2008, the operation was only 57 percent funded, taking into account the extension to December 2009. This low funding level was due to the operation's rapid increase in geographical coverage and beneficiary numbers during 2008. Despite resource constraints,



the numbers receiving food exceeded the target by approximately 23 percent. This was because many beneficiaries did not complete the full period of participation, and subsequently additional people were enrolled. Thus, although the reduction of beneficiary drop-out rates should be a priority, the operation has demonstrated a substantial achievement in reducing high rates of moderate acute undernutrition in the most-affected regions of northern Burkina Faso. Owing to time constraints, the evaluation could not assess the operation's achievements in sustainably reversing the overall trend, but the mission concluded that the operation has been efficient and has had a large impact through the mobilization of local resources; this was made possible by characteristics of the operation's design aimed at increasing community involvement through WFP's cooperating partners.

One of the evaluation's most important recommendations is the consolidation of the operation in its seven target areas, including by developing the nutrition capabilities of all stakeholders and applying defaulter tracing. The mission also recommends examining the use of alternative micronutrient-fortified flours and/or lipid-based food complements in the food basket to combat moderate, acute and chronic malnutrition.

Another very important recommendation is for WFP and its 20 cooperating partners to discuss and evaluate all their information, education and communication techniques for changing food habits, and identify which work best. This will result in lasting changes in food habits throughout the project area.

## DRAFT DECISION\*



The Board takes note of "Summary Evaluation Report Burkina Faso PRRO 10541.0" (WFP/EB.A/2009/7-E) and encourages further action on the recommendations, taking into account considerations raised by the Board during its discussion.

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



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## BACKGROUND

### Context

1. Burkina Faso is among the world's poorest countries, ranking 173<sup>rd</sup> out of 179 in the 2008 human development index.<sup>1</sup> Half the country's population of about 14.5 million people lack sufficient access to the food needed to meet minimum energy requirements. Since the early 1990s, there has been worrying evidence of increasing prevalence of undernutrition, mainly in the country's northern rural areas. During the Niger crisis of 2004/05, the prevalence of wasting in children was found to be almost 19 percent, affecting more than 450,000 children.
2. Burkina Faso shares many problems with its northern Sahelian neighbours – Mali, Mauritania, Niger and Chad. Within this region, there are about 1.4 million wasted children under 5, and serious environmental, public health and economic challenges. In addition, the relationships among severe undernutrition, poverty and food insecurity are complex and not always predictable. For example, some of Burkina Faso's highest levels of wasting are found in the South-West Region, in spite of relatively good rainfall, relatively plentiful harvests and easy migration to plantation agriculture in neighbouring countries.
3. Despite high and, in many cases, increasing rates of malnutrition, the problem of wasting has been largely invisible to donors and other partners. However, since 2001, the Government of Burkina Faso has been formulating policies, plans and protocols to deal with undernutrition, within the framework of its health, food security and agricultural policies. In October 2006, the country's National Plan of Action for Nutrition was revised, based on the Poverty Reduction Strategy Paper of 2003, to become the National Nutrition Policy. This policy was enhanced by a presidential decree establishing a National Nutrition Coordination Council in early 2008, with the Ministry of Health (MoH) as overall nutrition programme coordinator. National protocols for the management of severe acute malnutrition were formalized during 2007.
4. This enhanced policy environment has made it possible for WFP, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and other partners to design a large-scale field intervention aimed at addressing both the causes and the effects of moderate and severe acute malnutrition. The Burkina Faso protracted relief and recovery operation (PRRO) 10541.0 initially focused on the five regions at highest risk of malnutrition, and was extended to two more regions in 2008.

### Description of the Operation

5. PRRO 10541.0 was designed to assist 426,000 children aged 3 years and under, and 242,500 undernourished pregnant and lactating women in five regions highly affected by malnutrition, complementing the WFP country programme. Although nutrition problems exist in all parts of the country, a Government/United Nations assessment mission in 2006 identified the Sahel, North, Centre-North, East and South-West regions as priority regions for breaking the cycle of drought, household food insecurity and under- and malnutrition. The project was planned for 1 January 2007 to 31 December 2008, but full-scale field

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<sup>1</sup> United Nations Development Programme (UNDP). Human Development Indices: A statistical update 2008 – HDI rankings (available at <http://hdr.undp.org/en/statistics/>).



activities were delayed until June 2007 to allow for the arrival of food items and the evaluation of results from a nutrition survey of the five target regions. The total cost of the PRRO was US\$18.3 million, of which US\$9.1 million represented food costs for 24,211 mt. By December 2008, the project was 57 percent resourced, having been extended to an additional two regions in mid-2008. Food price increases and the agricultural production deficit of 2008 also had an impact on the resource deficit. A budget revision was approved in December 2008 that extended the project to 31 December 2009, increasing the total budget to almost US\$29 million to cover 832,147 beneficiaries; food tonnage required was 30,147 mt.

6. Beneficiaries were selected according to anthropometric cut-offs, and receive a monthly supplementary food ration for six months. Information, education and communication activities and weekly cookery demonstrations are complemented by an essential package of basic primary health care, such as deworming and malaria prevention and treatment. Government health services and partner non-governmental organizations (NGOs) implement the programme through the rural clinic network and community village associations.
7. The two objectives of the PRRO are: i) to reduce levels of moderate and acute undernutrition in children under 3, and in pregnant and lactating women – Strategic Objective 3, and Millennium Development Goals 4, 5 and 6; and ii) to enhance the Government's capacity to implement its National Plan of Action for Nutrition, including the development of national nutrition surveillance.

### **Evaluation Features**

8. The evaluation was undertaken in compliance with WFP's former corporate evaluation policy, according to which any operation longer than 12 months was to be evaluated. The first phase of the PRRO ended on 31 December 2008, and the evaluation ran from September 2008 until February 2009. The evaluation therefore serves as a mid-term review of the PRRO, which has been extended in time – to the end of 2009 – and scope – two regions have been added to the original five.
9. A desk review was conducted of documents dating from prior to the PRRO (a baseline survey, vulnerability assessments, agriculture production and food security surveys) and from the course of its implementation (post-distribution monitoring reports, monthly reports, market price monitoring and cooperating partner surveys). During a preparatory mission by the evaluation team leader and evaluation manager the operation's logistics framework was examined, international stakeholders were contacted and detailed logistics for the field mission were confirmed. Meetings were held with several dozen stakeholders both before and after the field visits. Discussions were also held with regional medical officers, clinic health staff, NGO staff, village leaders, beneficiary groups and community focus groups.
10. The main constraints facing the evaluation were a result of the PRRO's geographical extension, which required time-consuming travel for long distances within a limited period. The short duration of activities was another factor limiting the assessment of changes in nutrition status and the results of rehabilitation.



## PERFORMANCE HIGHLIGHTS

### Operation Design: Relevance and Appropriateness

11. The design of PRRO 10541.0 is appropriate to its objectives which are: i) to reduce levels of moderate and acute undernutrition in children under 3, and in pregnant and lactating women – Strategic Objective 3, and Millennium Development Goals 4, 5 and 6; and ii) to enhance the Government's capacity to implement its National Plan of Action for Nutrition, including the development of national nutrition surveillance. These objectives are well-defined, realistic and relevant to the priority concerns of Burkina Faso's Government and WFP.
12. The approaches pursued by the PRRO are consistent with WFP's policies on nutrition, and its policies and operational guidelines for interventions in chronic emergencies. The targeting of regions with the highest levels or risks of food insecurity conforms to WFP's internal policies. Nutritional objectives cannot be met through income growth alone; they also require child and reproductive health programmes aimed at reducing the incidence of low birthweight, promoting exclusive breastfeeding and improving infant and child nutrition.
13. The PRRO's design took into account the conclusions of a national nutritional vulnerability assessment, conducted in September 2006 by the United Nations country team (UNCT) and government agencies, with a view to responding to rising undernutrition and rural food insecurity. This assessment estimated that 49 percent of rural families were not producing enough food for their own requirements, and found that undernutrition among children under 5 was high and rising. It concluded that immediate action was necessary, using integrated activities targeting high-priority regions. Given the scale and complex nature of the problem, responses required close collaboration among government institutions, UNCT members, and NGOs and other civil society partners. Activities should target nutritional rehabilitation and the prevention of malnutrition, taking into account the underlying causes of malnutrition and immediate threats to health.
14. The PRRO objectives and approaches are fully in line with policies for nutrition in northern Sahel countries agreed jointly by WFP and UNICEF after the 2005 crisis. They conform to good practice for addressing moderate and severe acute malnutrition through health care and community-based projects.

### Output and Implementation Processes: Elements of Efficiency

15. Five indicators were established for measuring the PRRO's main output, which was the timely provision of food of appropriate quality and quantity to support nutrition interventions for targeted beneficiaries. The country office and partners attribute the achievement of nearly all set objectives despite the lack of resources to the enormous popularity of the PRRO among partners and beneficiaries, particularly its community-based aspects. From the operation's outset, village committees and the beneficiaries themselves have donated food and firewood to partners such as the *l'Organisation Catholique pour le développement et la solidarité* (Catholic Organization for Development and Solidarity) and the International Federation of Red Cross and Red Crescent Societies.
16. On 30 June 2008, when the total PRRO budget was still US\$18.3 million, about US\$10.8 million had been mobilized, leaving a shortfall of 26 percent. In November 2008, when the operation was extended until 31 December 2009 with a total budget of



US\$28.9 million, the shortfall rose to US\$13 million.<sup>2</sup> The PRRO's major donors are Germany, the United Nations, the European Commission Humanitarian Aid Department and the United States of America.

17. Resourcing from both local and international donors has been relatively poor throughout the PRRO, despite its visibility. For a PRRO focused on nutrition outcomes, the low level of 57 percent resourcing creates a serious problem, which has been only partly overcome by the savings made through sharing logistics with the country programme and purchasing locally. As a result of the shortfall, the PRRO was delayed in getting started and faced logistics challenges and several pipeline breaks; in addition, the implementing capacity of some partners was weak. The PRRO has increased the capacity of NGOs to address nutrition by providing them with in-service training.
18. WFP has been efficient in delivering the available resources; food deliveries have been timely and appropriate. Most monthly PRRO food deliveries to health centres and community projects are made through WFP's four sub-offices and its main food store in Ouagadougou. For an increasing number of villages, monthly deliveries of the relatively small food quantities needed for community projects are subcontracted to local transporters through standard WFP tender processes. Health centre and NGO staff and village committee members have been trained in basic storekeeping and reporting procedures.
19. Most of WFP's food deliveries are supplementary feeding rations for nutritional rehabilitation interventions. Just over 23,000 mt was planned for this purpose, and 10,705 mt has been distributed; this matches the 50 percent resourcing shortfall. Of the planned 628 mt for use in cookery demonstrations, roughly 215 mt has been distributed.
20. Community-based activities started on a small scale, because there were few NGOs working in nutrition. As a result, other non-health NGOs with the capacity to work with WFP and the Government in PRRO activities had to be identified and trained. From June 2007 to August 2008, the number of collaborating NGOs increased from 5 to 19. The resulting rapid increase in community activities meant that distribution targets for supplementary food have been exceeded since May 2008.
21. The country office calculated the monthly costs of rations as ranging from US\$7.20/beneficiary in June 2007 to US\$9.00 in August 2008. Volunteers, known as *bénévoles*, who help with registration, measuring and food storage receive a monthly ration as compensation; at some district clinics, *bénévoles* instead receive monthly cash payments of US\$12.50 to US\$32.50. A simple calculation shows that food is a cheaper incentive for volunteers than cash.
22. Lipid-based supplementary foods have recently been used to treat acute severe undernutrition, with overall results that indicate faster recovery rates. The use of lipid-based supplements enriched with micronutrients for the systematic treatment of moderate malnutrition is also being tested. Assessment of the efficiency of such programmes should be a priority.

## Results

23. Reducing high and increasing rates of moderate acute malnutrition, such as existed in the most severely affected regions of Burkina Faso, is a significant challenge. The baseline survey of March/April 2007 documented a prevalence of 17.7 percent in children under 3. This was well above the WHO 2006 reference standard of 15 percent for a crisis, which

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<sup>2</sup> Country office monitoring bulletin. December 2008. Ouagadougou.



WFP uses as the threshold for initiating emergency blanket supplementary feeding activities.

24. The malnutrition prevalence rates in follow-up surveys were lower, except for in the first follow-up survey (in September/October 2007), taken at a stage at which conditions are usually worse. By the third follow-up survey, in August 2008, moderate acute malnutrition prevalence was down to 15.5 percent, and severe acute wasting was stable at about 5 percent. Thus, although the 10 percent target has not yet been reached, there has been a major positive impact in PRRO target regions, and it could be argued that the continuation of PRRO activities will achieve the target.
25. Overall, the rates of rehabilitation have been good, averaging about 65 percent for the PRRO period. The Sphere guidelines<sup>3</sup> set a standard of at least 75 percent recovery for targeted supplementary feeding interventions, with fewer than 15 percent of beneficiary patients defaulting, but a recent review of such interventions reported a median recovery rate of 62 percent for 27 programmes in chronic situations, which is similar to the rate achieved in Burkina Faso.
26. Trends should also be considered. In all regions of Burkina Faso, including the worst-off region of South-West, there have been progressive improvements in: i) cooperating partners' capacity to implement the PRRO; ii) the number of partners conducting activities, often helping each other; and iii) local populations' awareness of how important it is for them to engage with the programme. The result has been a slow increase of rehabilitation rates, with the most recent rates standing at a very high 85 to 95 percent.

### Cross-Cutting Issues

27. The number of associations working at the field level has increased rapidly, which has brought a substantial number of needy communities who fall outside the system of health and social protection centres into the PRRO. Partner collaboration with the project has taken many different forms. Some, including the International Federation of Red Cross and Red Crescent Societies, have used their networks of village-based volunteers to obtain rapid overviews of vulnerability resulting from natural hazards. The evaluation mission concluded that the comparative advantages of partners' organizational cultures could be used far more effectively to promote local ownership of interventions. For example, Helen Keller International's targeting of elderly women in rural areas as agents for change regarding the eating and feeding habits of younger women merits further exploration to inform planning of a second phase of the PRRO's information, education and communication strategy. Such innovative approaches are also valuable to wider policy discussions concerning nutritional rehabilitation.

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## CONCLUSIONS AND RECOMMENDATIONS

### Overall Assessment

28. The objectives of PRRO 10541.0 are relevant to Burkina Faso's priorities and to the urgent needs of its beneficiaries, among whom there are worrying trends in prevalence rates in child wasting and the nutritional status of mothers. The PRRO is ambitious in scale

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<sup>3</sup> Humanitarian Charter and Minimum Standards in Disaster Response developed by The Sphere Project ([www.sphereproject.org](http://www.sphereproject.org))



and design. Implementing multifaceted activities that deal simultaneously with treatment and prevention and that deliver products, services, information and empowerment is the most appropriate way of operating. The two-pronged approach of dealing with both acute and moderate undernutrition is highly appropriate for the serious undernutrition crisis in Burkina Faso. The evaluation mission also concluded that the PRRO objectives are fully aligned with WFP's Strategic Objectives and with those developed by the WFP Regional Bureau for West Africa in its regional strategy to combat malnutrition. The PRRO is also aligned with WFP policies on nutrition, protracted relief and rehabilitation, gender and HIV/AIDS. Frequent consultation with UNCT for regional and district assessments, monitoring and evaluation ensure close collaboration and complementarity with UNCT and PRRO partner projects.

29. A number of factors have influenced the PRRO's efficiency. Lack of resources from the outset has resulted in pipeline breaks, which have been partly compensated by communities providing food, and by eating habits changing more quickly than expected. The combined use of health facilities and a community-level approach has achieved reasonable coverage and commendable results in a very short period. Clearly, a higher level of resourcing might have resulted in more complete coverage and recovery rates, as essential programme components such as tracing of defaulters could have been pursued more effectively. The combination of imported food with locally developed rehabilitation formulas has increased efficiency to some extent.
30. The linking of food items to non-food products and services in an essential package has been effective. There have been good rates in nutrition recovery and more regular attendances at clinics, as the PRRO has provided beneficiaries with increased opportunities to obtain preventive services such as vaccination, the rates of which have also improved. Regular attendance at clinics for ante- and post-natal care has also increased, making these services more cost-effective and reducing death rates for high-risk pregnancies.
31. The mission found that the PRRO has assisted the development of other nutrition projects with partners in its targeted regions contributing substantially to local capacity-building and facilitating the exchange of ideas and experiences. This has helped make nutrition a higher priority on the national agenda, which should also have an impact in the future.
32. Cross-cutting issues in this project include the establishment of strong partnerships with NGOs and civil society organizations. The PRRO has exceeded all expectations in this area, mainly through facilitating the adoption by other organizations of the operation's focus on nutrition, which has resulted in a substantial increase in coverage and community-level capacity.

### Issues for the Future

33. The main challenges facing the PRRO are inadequate resources, weak implementing capacity on the part of cooperating partners and logistics problems that delay deliveries. The crucial issue for the future is resources, which have been short all along, despite the PRRO's high visibility. Sharing logistics arrangements with the country programme helped but could not prevent a delay in start-up. Declining prices for purchases during 2008 partially ameliorated the resource shortfall.
34. Improvement of the overall nutrition situation is widely used as an indicator for sustainable development. The possibilities presented by using new supplementary foods for nutritional rehabilitation help promote nutrition issues on the development agenda. The evaluation mission suggests that the PRRO approach is a very effective way of improving



the overall nutrition situation, but the short time-frame of such operations should be extended, and they should be provided with more secure funding.

## Recommendations

35. WFP, donors and partners should continue to support the PRRO, which has been broadly successful in its first phase and now requires further funding and sufficiently trained staff to proceed. However, given the likely continuation of funding shortfalls during 2009, it is recommended that the PRRO consolidate its achievements in the areas currently covered. Trade-offs will be inevitable between the increased numbers of beneficiaries served through expanded coverage, and the quality and quantity of inputs and services provided.
36. The potential should be explored for using alternative or additional foods in the ration, including ready-to-use supplementary food for the rehabilitation of moderately wasted children.
37. There is an urgent need for studies of the costs and effectiveness of the intervention models used by a PRRO of this kind. The partnership for ending child hunger REACH has a costing model that could be piloted by applying it to PRRO activities. The potential for locally produced fortified foods should also be reassessed in terms of cost per child/mother rehabilitated and cost per percentage point reduction in population-wide wasting, rather than in terms of cost per metric ton.
38. High default rates have a negative impact on efficiency, and this issue should be studied further. A possible solution could be a shift to the use of lipid-based supplements, which require no cooking and pose fewer problems with such issues as storage and bacterial pollution.

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## ACRONYMS USED IN THE DOCUMENT

MoH	Ministry of Health
NGO	non-governmental organization
PRRO	protracted relief and rehabilitation operation
UNCT	United Nations country team
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization