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SUMMARY EVALUATION REPORT CÔTE D'IVOIRE PRRO 106720

**Assistance to Populations Affected by the
Côte d'Ivoire Protracted Crisis**

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.

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EXECUTIVE SUMMARY

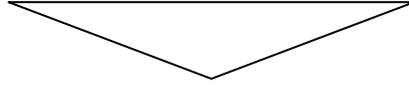
The complex socio-political crisis that broke out in 2002 resulted in a division of Côte d'Ivoire into two parts with a "zone of confidence" separating the two. In 2007 this zone was dismantled under the Ouagadougou Agreement. While moving in the right direction, the situation remained volatile and was marked by high malnutrition rates and low education performance in the Northern parts of the country, combined with a need to disarm, demobilize and reintegrate combatants and support the return of internally displaced persons.

The Protracted Relief and Recovery Operation 106720 started in July 2007 and aimed to contribute to the return of stability and household food security by preserving human and productive assets while promoting recovery and self-reliance of vulnerable people affected by the crisis in Côte d'Ivoire. It was designed to assist one million people through four components: i) food for education; ii) food for recovery; iii) nutrition and HIV and AIDS; and iv) relief.

The evaluation was conducted from November 2008 to January 2009 by a team of three consultants. It found the PRRO:

- was relevant to the needs of people and aligned within its policy context, although it will need to adjust to maintain its relevance as the Government and its partners shift its focus from emergency and recovery towards development. The rations were appropriate to needs and the stated objectives;
- in 2008 the PRRO reached only 81 percent of beneficiaries. Only 52 percent of originally planned commodities were distributed, mainly due to resource constraints. This level of achievement was not a sign of efficiency. It required suspending some programme activities and reducing ration sizes, due to funding shortfall. Programme implementation was undertaken in cooperation with a large number of partners in Government, non-governmental organizations and the United Nations family, which created positive synergies but also required communication and coordination;
- was effective in attaining the educational outcomes of the school feeding programme, registering an increase in enrolment and retention rates. Gender equity indicators in this sector face, however, other challenges which were compounded by the fact that the take-home rations component could not be implemented. The nutrition component also demonstrated to be effective in meeting threshold rates for supplementary and therapeutic feeding. Relief and recovery distributions were found to be effective in facilitating return, reintegration and recovery of farming activities, although the component for the latter was greatly reduced.

DRAFT DECISION*



The Board takes note of “Summary Evaluation Report Côte d'Ivoire PRRO 106720” (WFP/EB.2/2009/6-C) and the management response in WFP/EB.2/2009/6-C/Add.1 and encourages further action on the recommendations, taking into account considerations raised by the Board during its discussion.

* 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.



BACKGROUND

Context

1. The complex socio-political crisis that broke out in 2002 resulted in a division of Côte d'Ivoire into two parts with a "zone of confidence" separating the two. In 2007 this zone was dismantled under the Ougadougou Agreement. The agreement included steps to revive and implement the disarmament, demobilization and reintegration initiatives agreed upon in the United Nations Security Council decision of October 2005. While moving in the right direction, the situation remained volatile.
2. With an average gross domestic product (GDP) per capita of US\$866, half of the population is living under the poverty line, with 14.8 percent living below the extreme poverty line of US\$1 per person per day. According to the 2006 United Nations Development Programme (UNDP) Human Development Report, Côte d'Ivoire is 164th out of 177 countries in the Human Development Index scale, in steady decline since 1980. As a corollary, the humanitarian situation has deteriorated over the years, adversely affecting internally displaced persons and other vulnerable groups.
3. Likewise food insecurity is high. The 2006 joint Food and Agriculture Organization of the United Nations (FAO)–WFP emergency food security assessment¹ determined 9 percent of the population to be food-insecure with an additional 20 percent being at risk. These averages mask high disparities between geographical regions, with Guiglo recording 43 percent of households as food-insecure. The food security monitoring system also pointed to problems in the northwestern departments of Man and Bouaké, with 40 percent and 28 percent food-insecure households, respectively. Countrywide, the global acute malnutrition (GAM) rate was 6.8 percent in 2006² and severe acute malnutrition prevalence 1 percent, although chronic malnutrition was high at 33 percent. Again, the national averages mask differences in regions: the five Northern regions showed 17.5 percent global malnutrition rates and 4 percent severe acute malnutrition prevalence in 2008³, a deterioration from the rates in the north in 2006 of 13.6 percent GAM.⁴
4. The under-5 mortality rate is high at 125 deaths per 100,000 live births (2005). Only a third of the births are attended by skilled personnel. In the same year, maternal mortality was 690 deaths for 100,000 live births. With an HIV prevalence rate of 4.7 percent nationwide (6.4 percent in women and 2.9 percent in men) Côte d'Ivoire was the most affected country in West Africa. HIV and AIDS are concentrated in urban areas.
5. According to the United Nations Children's Fund (UNICEF), the national net primary enrolment rate in 2006 was estimated at 55 percent (male 59 percent, female 51 percent), but only between 26 percent in the north (Savanes) and 31 percent in the northwest (Bafing, Denguele, Worodougou) regions. They also have the lowest girls' enrolment rates (21–25 percent). The national school feeding programme, run by the *Direction nationale des cantines scolaires* (DNC, National Office for School Feeding) of the Ministry of Education in the southern regions, is resuming its presence in the north. Most government

¹ 2006 WFP and FAO Emergency Food Assessment conducted in 10 of 19 regions

² Multiple-indicator cluster survey (MICS) 2006 conducted nationwide

³ Standardized Monitoring Assessment of Relief and Transitions (SMART) methodology

⁴ Note different methodologies used in the two surveys and geographical locations not exactly corresponding



staff, including teachers and health workers, who used to work in the north fled to the south during the civil war. Their return has been hampered by insecurity and reluctance of volunteer teachers and health workers associated with the *Forces Nouvelles* to leave their positions.

Description of the Operation

6. Protracted relief and recovery operation (PRRO) 106720 was planned for an 18-month period (1 July 2007–31 December 2008) to assist 1 million people, supplying 47,256 mt of food, at a total operational cost of US\$41 million. In November 2008 the project was extended to 31 August 2009, with the budget raised to US\$80 million.
7. The PRRO's overall goal was to contribute to the return of stability and household food security by preserving human and productive assets while promoting recovery and self-reliance of vulnerable people affected by the crisis in Côte d'Ivoire. It aimed to address four of WFP's five corporate Strategic Objectives.
8. The PRRO was designed to assist 1 million people through four components: i) food for education (85 percent of beneficiaries) using typical education performance indicators and, in coordination with UNICEF, implementing parts of a comprehensive package; ii) food for recovery (9 percent of beneficiaries) including food for work to construct rural infrastructure and food for training for adult literacy and agriculture; iii) nutrition and HIV and AIDS (5 percent of beneficiaries), including supplementary and therapeutic feeding for acutely malnourished children under 5 and assistance to people living with HIV and AIDS; and iv) relief (2 percent of beneficiaries) including general food distribution and emergency food distributions, both targeted to internally displaced persons (IDPs), returnees and refugees.

Evaluation Features

9. The evaluation serves accountability and learning purposes. It was conducted from November 2008 to January 2009. It involved a preparatory mission, desk review of documentation, a preliminary survey and elaboration of the detailed evaluation methodology and fieldwork. The evaluation mission visited 42 locations and undertook interviews and meetings with key stakeholders from the Government, WFP and its partners. Field data were collected also through focus group discussions and questionnaires. The evaluation was undertaken by a team of three consultants specialized in food security, health and nutrition, and education, who were assisted by a data analyst. The evaluation followed WFP's Evaluation Quality Assurance System.

PERFORMANCE HIGHLIGHTS

Operation Design: Relevance and Appropriateness

10. The PRRO aimed to alleviate food insecurity by supporting the resettlement of IDPs, the rehabilitation of rural infrastructure and vocational training of war-affected children. These objectives are relevant to the needs as originally assessed and are well in line with government policies: food security is part of the Poverty Reduction Strategy (2008) for Côte d'Ivoire, but the focus of the Government and its partners is shifting from an emergency response to prioritizing development. Beneficiaries and partner organizations



are now often able to generate income and/or run social services. Food aid is no longer an autonomous tool, delivered on its own, but has to be aligned with and integrated into local development strategies that address food insecurity.

11. School feeding, the largest component of the PRRO, ranked high in importance for national policy: it was seen as an opportunity to bring public services back to the northern parts of the country. It aimed to foster access to primary education there during an institutional crisis that followed on the socio-political crisis. The national plan for the development of education, which is part of the national poverty reduction policy, aims to increase the sustainability of school feeding by the collection of contributions from the beneficiary schoolchildren and their parents. With the Ministry of Education having better access to rural areas – a major achievement of the rehabilitation of countrywide public services – the priorities for school feeding are changing, increasingly calling for more capacity development and greater reliance on the DNC to plan, implement and monitor school feeding
12. Assistance to malnourished children and women was coordinated with the national nutrition programme, active in nutritional education. Nutritional aid was directed to simultaneously improve nutritional status and change behaviour. The HIV and AIDS component is by and large aligned with government policies concerning both HIV and AIDS and food security. The National Strategy to Fight HIV and AIDS (2006–2010) integrates food and nutritional assistance into the support offered to people infected with HIV or affected by AIDS, making it one of its six priority areas. It also promotes access to fortified foods. The PRRO supports this Plan by providing micronutrient-fortified food (corn-soya blend and oil) to food-insecure people living with HIV and AIDS. However, the PRRO provided limited support to income-generating activities and vocational training, which would be important supplementary activities to sustain the nutritional outcomes of this component.
13. A different food ration was designed for each of the activities, considering the specific exigencies of each group of beneficiaries. This customization was appropriate for matching programme activities with their stated goals. For instance, recipients of nutrition and health activities were provided with fortified foods; and the caloric value of school feeding was appropriately designed to meet about a third of daily food needs of school children. All other components used rations designed to meet the daily needs of the recipients.

Outputs and Implementation Processes

14. In 2008, 706,505 people participated in the various programme activities, versus the planned total of 704,250. When benefiting family members are included for the components where family rations were distributed, a total of 792,294 people were reached compared to the foreseen 981,000 beneficiaries (81 percent). Of the total beneficiaries 45 percent were women or girls and 95 percent were 18 years or younger. The largest group of beneficiaries was schoolchildren reached through the school feeding programme (84 percent), followed by the participants in the HIV and AIDS component (6 percent), general food distribution (6 percent), nutrition (3 percent), food for work (1 percent) and food for training (less than 1 percent).
15. While in absolute terms the total number of beneficiaries of assistance is more or less on target, the number and size of rations distributed were less than originally planned. The PRRO was insufficiently funded and affected by high food and fuel prices, which required suspending three activities and reducing the number of rations per beneficiary over the



implementation period. As a whole, 52 percent of planned food was delivered, with an implementation rate that was highly uneven among activities, as shown in Table 1. Food for education remained the largest component. Distributions for the relief component increased significantly (albeit remaining a small part of the overall operation), while the other components all distributed less than originally planned.

Programme components	Planned		Actual		Actual versus planned %
	mt	% of total	mt	% of total	
Relief	1 274	3	3 256	13	256
Nutrition and HIV and AIDS	9 762	21	6 823	28	70
Food for education	28 342	60	12 305	50	43
Food for recovery	7 878	17	2 248	9	29
Total	47 256	100	24 633	100	52

16. The Abidjan sub-office distributed the largest amount of food; it is in charge of school feeding in the southern regions. The relatively smaller number of beneficiaries and total amount of food distributed – but larger amount of food per person – in the northern regions of Bouaké, Korhogo and Man reflect the higher degree of food insecurity in these regions and the greater role of food for recovery and the nutrition and health component.

Sub-office location	Beneficiaries		Food Distributed		Kg per beneficiary
	Number	% of total	mt	% of total	
Abidjan	285 451	36	5 879	24	21
Bouaké	81 103	10	5 992	24	74
Guiglo	171 483	22	4 274	17	25
Korhogo	99 530	13	3 780	15	38
Man	83 929	11	2 718	11	32
Odienné	70 799	9	1 990	8	28
Total	792 294	100	24 633	100	31

17. The food-for-education component was implemented through the DNC and its network of regional and departmental offices. It assumed the responsibility for distribution and fully managed the school feeding programme in the southern regions (where it operates a government-run school feeding programme). In the northern regions, school feeding was implemented in partnership with Caritas and the Cooperative for Assistance and Relief Everywhere (CARE) (for logistics) and the DNC (for the coordination and supervision of



school canteens). The nutrition component was implemented through the Ministry of Health (including its supplementary and therapeutic feeding centres), UNICEF and non-governmental organizations, with the various partners providing inputs that complemented each other. The food-for-work activities were designed with the involvement of local professionals, such as the engineers from the national infrastructure office, and local building companies. The design and supervision of food-for-work activities was assured by the main donor and benefited from the participation of communities, which also organized local labour and provided part of the raw materials. The relief component was implemented in coordination with the International Organization for Migration and complemented FAO's seeds distribution programme.

18. WFP-supported programme activities were integrated into the programmes of implementing partners. Different arrangements were established, depending on the nature of the partnership. These arrangements used some implementing partners for the delivery, storage and distribution of food and included cooperating partners who used food aid provided by WFP to complement their assistance programme. The PRRO design and the context in terms of security, logistics and limited presence of public services in many rural areas created a strong dependency on the expertise of the partners. For instance, the identification of beneficiaries was done by implementing partners following the PRRO criteria, while WFP reviewed beneficiary lists for consistency and to involve external expertise when needed. The PRRO essentially relied on the implementing partners for targeting and implementation. Most implementing partners were highly satisfied with the achievements of the PRRO, but they were concerned with difficulties in managing contracts, reporting of activities and accounting. Adjustments to programme activities were made without sufficient consultation and sharing of information.
19. Shortfalls in funding (US\$22 million was available against the estimated requirement of US\$41 million), combined with the effects of high food and fuel prices, resulted in a reduced number of components and rations but also in pipeline breaks and subsequent delays in food deliveries to recipients. To contain expenditures, the PRRO purchased some food commodities in the region, such as pulses in Burkina Faso. Lengthy clearance procedures resulted in heavy demurrage charges, delays and subsequent pipeline breaks. Local Associated Women's Production Groups in the villages provided some food for school feeding, although with a negative economic balance.

Results

20. The PRRO achieved its goals in part: the livelihoods and nutritional status of critically food-insecure and malnourished people were stabilized overall.
21. The results of food for education needed to be reviewed separately for the northern and southern regions of the country. In the south, the education system is stronger, with a significant Government-managed school feeding programme taking place in 2,218 schools, in addition to 3,013 schools assisted by the PRRO. The total enrolment rate in a sample of assisted schools increased by 19.3 percent between school years 2006/07 and 2007/08 and by 13.6 percent between 2007/08 and 2008/09, which compares well with the national average of 3.2 percent. The PRRO contributed significantly to accelerating access to primary education, although other factors – including the gradual return of peace and stability in the northern regions – played a role. In 2008/09 the rate of growth of primary school enrolments declined because the “peace effect” had worn off.



TABLE 3: SCHOOL ENROLMENT, BY SCHOOL YEAR						
Year	Enrolment in sample schools (units)			Increase on previous year (percent)		
	Girls	Boys	Total	Girls	Boys	Total
2006/07	995	1 253	2 248	-	-	-
2007/08	1 185	1 497	2 682	19.1	19.5	19.3
2008/09	1 351	1 697	3 048	14.0	13.4	13.6

22. The second major objective of school feeding was to narrow the enrolment gap between boys and girls and to enhance retention. In four regions, the ratio of girls to boys enrolled in primary schools was as low as 1 to 4. As girls grow older, they face strong social pressure to drop out of school to work at home and await marriage. Take-home rations that were to address such pressure were not implemented for lack of resources. Nevertheless, school feeding rations for girls and boys had a positive effect on retention of girls.
23. For the nutrition component, the adherence and recovery rates of beneficiaries in supplementary feeding centres and therapeutic feeding centres were positive. The main indicator that the PRRO used in supplementary feeding programmes for children under 5 was weight-for-height, signalling recent rapid weight loss and vulnerability to mortality. Data were collected by implementing partners, but not in a consistent, systematic way: size or weight scales were often broken or missing and monitoring of some indicators over time was poor. Nonetheless, the monitoring system recorded recovery rates of 84 percent for therapeutic feeding and 75 percent for supplementary feeding, which were both above the thresholds of 80 percent and 70 percent, respectively. The defaulter rates were below the threshold for supplementary feeding, but above it for therapeutic feeding; this was explained as owing to difficult access to feeding centres and inadequate rations for care-givers (mothers) to attend to their children during the treatment period. (Note that this ration was changed with the PRRO budget revision in November 2008.) The percentage of children born with weight below 2.5 kg was 9 percent, which is below the threshold of 10 percent. The results of these components are highly dependent on the capacities and resources of the nutrition centres, whose services were not supported by updated nutrition and health professional staff. Goodwill did not overcome major deficiencies, which included logistics constraints and low priority given to transport of food for these activities.
24. The geographic focus on Bouaké (40 percent of beneficiaries) and Korhogo (29 percent) of the HIV and AIDS component coincided with a greater concentration of technically competent partners, which increased its effectiveness. The implementing partners supported the creation of self-help groups affiliated with local networks to access a combination of anti-retroviral treatment, nutrition and welfare schemes. However, the PRRO also struggled with combining the targeting criteria – high food-insecure areas tend to be rural, while the prevalence rates for HIV and AIDS are higher in urban areas – and implementing partners were not always able to supply the full package of assistance, which includes prevention, treatment and follow up. Nonetheless, a sample monitoring of the change in weight of people living with HIV and AIDS under treatment and receiving nutritional aid in Bouaké showed constant weight gain, with a peak after five to six months. Similarly, positive feedback was received from beneficiaries who attributed their improvements in health and weight gain to the food assistance, which also enabled them to



adhere for a longer period to anti-retroviral treatment and reduce opportunistic infections. The full potential of the component was not realized because of the lack of associated livelihood support programmes.

25. Relief distributions to IDPs and returnees during the return period and during the lean season when they risked food insecurity facilitated the recovery of farming activities of returnees. The supporting recovery activities (food for work and food for training) enhanced human and material capital in areas affected by conflict, although to a lesser extent as these components were scaled back significantly. Where food-for-work schemes took place they rehabilitated rural infrastructure, improved rural production capital and provided alternative job sources to marginalized peasants. Most interventions included the rehabilitations of farm-to-market roads and bridges designed to tap the potential of agriculture in isolated areas. The reactivated basic rural infrastructure positively affected agricultural production and rural household livelihood, according to interviewed beneficiaries.

Crosscutting Issues

26. Several PRRO activities directly addressed women's needs. Some initiatives made use of women's interest in starting small businesses; undertaking such challenges created a sense of solidarity. Gender equity was at the core of the nutrition and HIV and AIDS activities. The gender awareness-raising and training activities for implementing partners resulted in more gender-sensitive allocation of food.
27. Security concerns in the field made it advisable to organize training on protection issues for implementing partners. The extent of the training was adequate to the security challenges faced.

CONCLUSIONS AND RECOMMENDATIONS

Overall Assessment

28. The PRRO was relevant to the needs of people and was aligned with the policy context, although it will need to adapt to stay relevant as the Government and its partners shift their focus from emergency and recovery to development. The rations were appropriate to the needs and objectives.
29. In 2008, the PRRO reached 81 percent of its beneficiaries. Due to funding shortfalls only 52 percent of the planned total tonnage was delivered. This coverage was not a sign of efficiency: it required suspending some programme activities and reducing ration sizes. Programme implementation was undertaken in cooperation with a large number of partners in the Government, NGOs and the United Nations system, which created positive synergies but also required communication and coordination.
30. The PRRO was effective in reaching its objectives related to the educational outcomes of the school feeding programme, registering an increase in enrolment and retention rates. Gender equity indicators in the sector face other challenges, which were compounded by the fact that the take-home rations component could not be implemented. The nutrition component also proved to be effective in meeting threshold rates for supplementary and therapeutic feeding. Relief and recovery distributions were found to be effective in



facilitating return and reintegration of IDPs and recovery of farming activities, although the latter component was greatly reduced.

Lessons for the Future

31. Given that the context of the PRRO is changing, so should the orientation of the PRRO. There is still no analysis of how these changes and resulting challenges affect the underlying rationale for the operation and its relevance. For instance, it would be appropriate to shift operational strategy to an approach that increases the involvement of local partners in identifying, planning and implementing activities, as is already the case in school feeding in the south.
32. Higher food insecurity in the northern regions, where development is progressing at a slower rate than in the south, is significant for geographical targeting. Food aid is expected to be more needed and effective in those areas, whereas in the southern regions assistance may shift towards a greater emphasis on capacity development.
33. Regional procurement can further contribute to containing the increase in the costs of food and transport and, wherever possible, should be aligned with the emerging food security policies. Technical assistance for women's village groups is not necessary. It would be more constructive to reorient their production to horticulture.

Recommendations

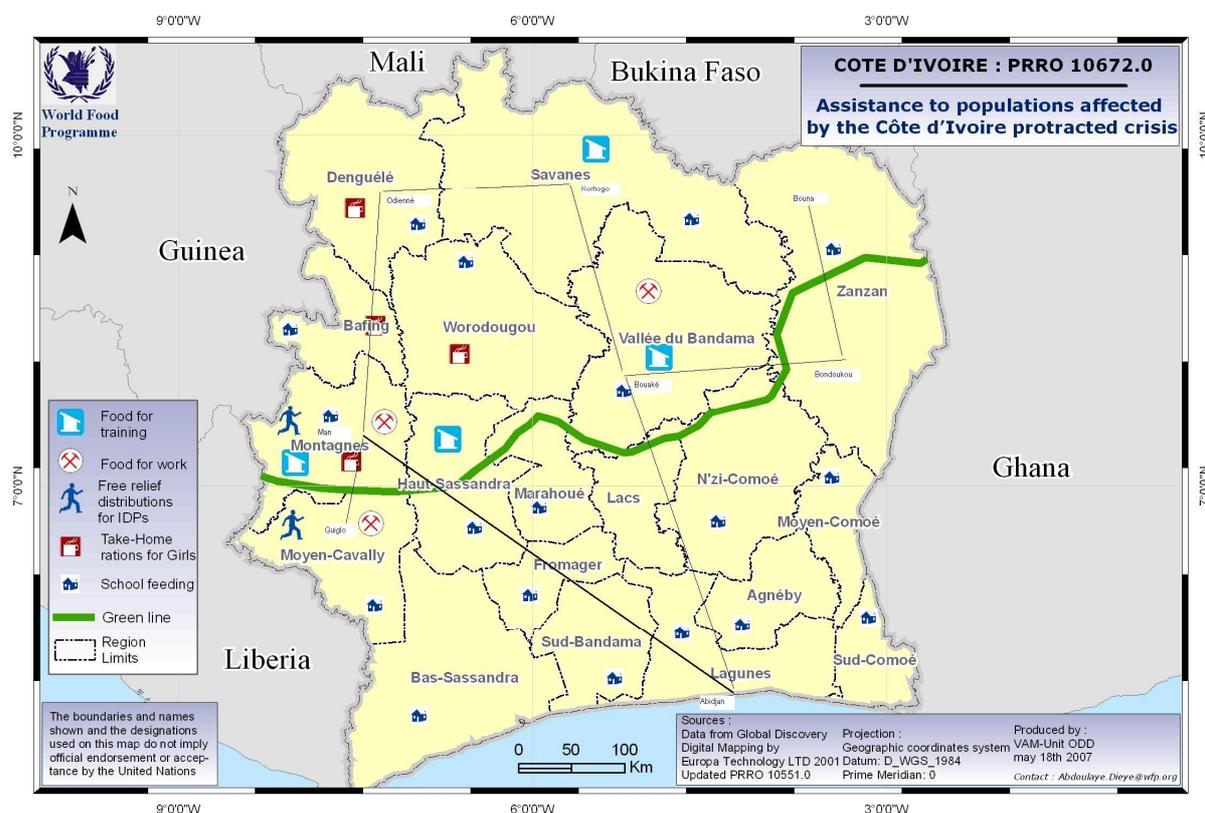
34. **Recommendation 1:** The country office should develop a country strategy that situates WFP in the new, development-oriented context in a way that is coherent with changing government and donor priorities. The country strategy should:
 - i) be based on an understanding of, and a corresponding strategy to address, the needs of resettled IDPs. WFP's support should be integrated into local development plans, for instance by ensuring that food for work is integrated with larger plans for rural infrastructure development, food for training with rural development initiatives, etc;
 - ii) include WFP's approach to HIV and AIDS covering care and treatment, mitigation and prevention.
35. **Recommendation 2:** The new PRRO should focus on a smaller number of programme activities, mainly to support the national nutrition and education plans. In so doing, it should:
 - i) align its human resources with the priority areas and include a nutritionist with experience in HIV and AIDS;
 - ii) fine-tune geographical targeting of the nutrition programmes to areas with the highest malnutrition rates, based on a detailed, participatory needs assessment, and prioritize the northern regions with high malnutrition rates for school feeding;
 - iii) implement stringent criteria for admission and discharge of beneficiaries of supplementary and therapeutic feeding;
 - iv) include affected people in the monitoring and exchange of information concerning assistance provided under the HIV and AIDS component, and complement the nutrition component with food for training based on an analysis of job opportunities;



- v) strengthen the DNC's skills in planning, monitoring and evaluation, and logistics coordination, and encourage the DNC, the school management committees and village authorities to exempt poor children from paying the school feeding fee; and
- vi) secure resources to implement the take-home ration component for girls in northern regions, especially in upper grades, starting with a pilot initiative.



MAP OF CÔTE D'IVOIRE



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.



ACRONYMS USED IN THE DOCUMENT

CARE	Cooperative for Assistance and Relief Everywhere
DNC	<i>Direction Nationale des Cantines Scolaires</i> (National Office for School Feeding)
FAO	Food and Agriculture Organization of the United Nations
GAM	global acute malnutrition
GDP	gross domestic product
IDP	internally displaced person
PRRO	protracted relief and recovery operation
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund