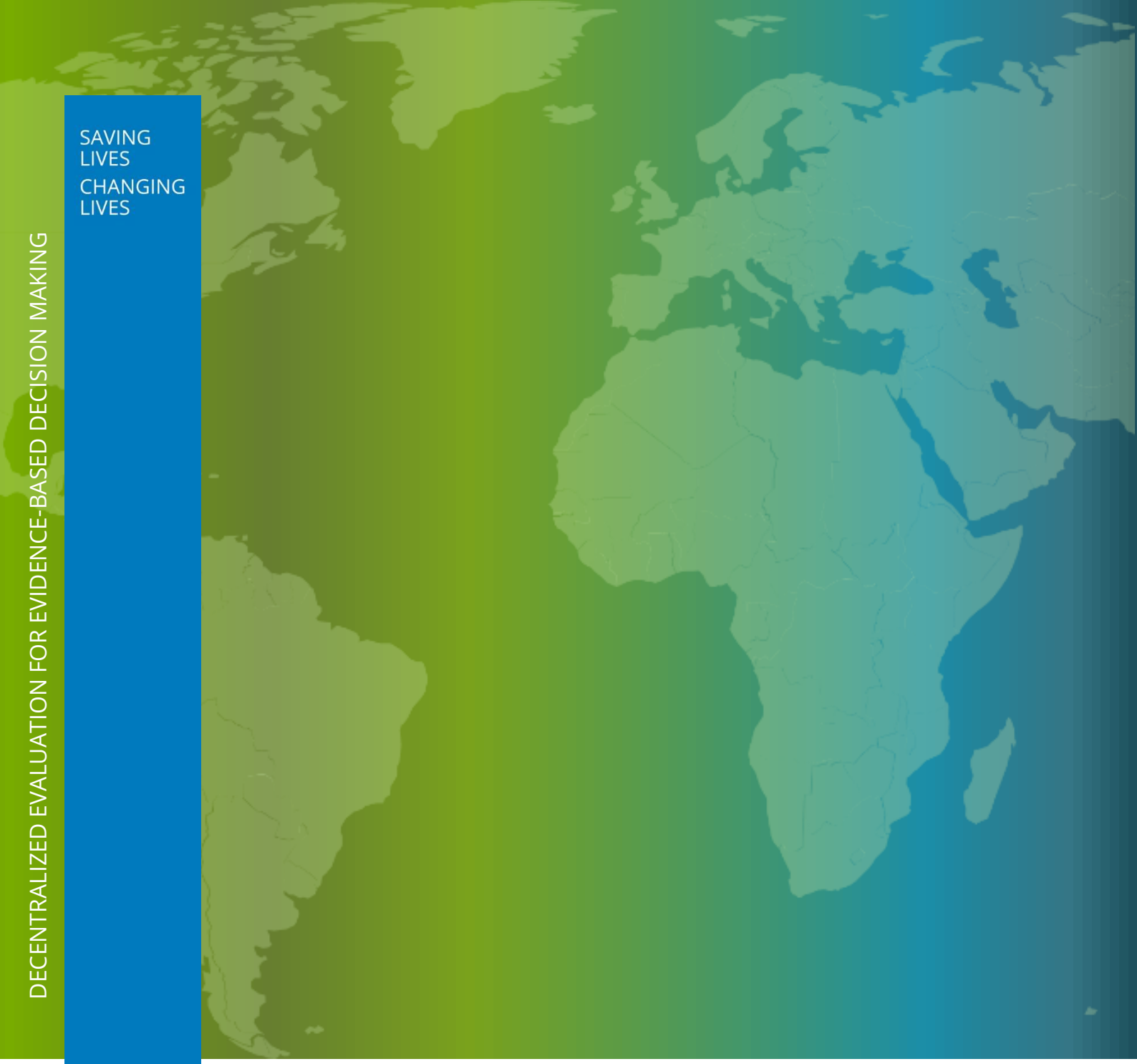
SAVING LIVES
CHANGING LIVES

DECENTRALIZED EVALUATION FOR EVIDENCE-BASED DECISION MAKING



Decentralized Evaluation

Final Evaluation of Protracted Relief and Recovery Operation 200938: 'Rebuilding food and nutrition security and strengthening disaster management capabilities in Sierra Leone'

June 2016 to December 2017

Evaluation Report

April 2018

WFP Country Office, Sierra Leone
Evaluation Manager: Mohammad Nasir Uddin Khan

Prepared by
Martin Fisher, Team Leader (disaster management)
Lourdes Vázquez García (nutrition and HIV)
Mohamed Moigua (livelihoods and capacity building)

WFP
World Food Programme

THE KONTERRA GROUP

Acknowledgements

The Evaluation Team wishes to acknowledge and thank the staff of the WFP Sierra Leone Country Office and Sub-Offices for their welcome, their time and their willingness to respond to our questions and requests for information. In particular, we thank Nasir Khan for his role in managing the evaluation process and scheduling numerous meetings on our behalf, as well as Johnson and Joseph who drove us safely around the country, and to Mariama, Fatumata and Alusan who helped with translations in several of the districts.

Martin Fisher, Lourdes Vazquez and Mohamed Moigua

*

Table of Contents

List of Figures

List of Tables

Executive Summary

1. This document reports on the final evaluation of the World Food Programme's (WFP's) Protracted Relief and Recovery Operation (PRRO) 200938 '*Rebuilding food and nutrition security and strengthening disaster management capabilities in Sierra Leone'*. The decentralised evaluation was commissioned by WFP Sierra Leone Country Office (CO) covering the period from the PRRO's preparation in early 2016 and through its 19-month implementation phase.

2. The two objectives of the evaluation exercise were to report to the WFP CO on:

- Accountability – to assess and report on the performance and results of the operation;
- Learning – to determine the reasons why certain results occurred or not, and to suggest lessons, good practices and pointers for learning.

3. The report offers evidence-based findings to inform operational and strategic decision-making, focusing on learning lessons, given that the findings should help to inform the Country Office's Transitional Interim Country Strategic Plan[1] from January 2018, and ultimately its first Country Strategic Plan starting in January 2019.

4. Principal users of this report are expected to be the WFP Sierra Leone managers who will use the findings and recommendations to guide them on programming adjustments or improvements, particularly for the forthcoming Country Strategic Plan. Beyond WFP, the findings will also be useful to national authorities and partner agencies through contributing to a knowledge platform of lessons learnt on strengthening resilience situations.

Context

5. The Ebola Virus Disease epidemic in Sierra Leone (from late March 2014 to November 2015) had severe impacts on the country's economy and food security situation, as well as its health systems. Many households experienced new or increased food insecurity as Ebola-related fears and restrictions on movement and mass gatherings disrupted trade, increased food prices and reduced household income.

6. The Government, looking ahead in mid-2015 to a post-Ebola period, developed its National Ebola Recovery Strategy[2] to 'build back better' and to limit the serious damage done by the disease outbreak and economic effects it had caused. The strategy includes three priorities relevant to this operation: (i) maintaining zero cases of Ebola; (ii) implementing immediate recovery priorities; and (iii) transitioning back to the 2013–2018 Agenda for Prosperity.

Subject of the evaluation

7. After the Ebola outbreak was declared over in January 2016, this operation was specifically designed to reflect and support the Government's 'building back better' recovery strategy. The operation addressed the three main priorities identified for the recovery process:

- Restoring and rebuilding livelihoods devastated by Ebola, with a Safety Nets component targeted towards vulnerable people in food-insecure communities and Ebola orphans.
- Enhancing the utilization of health and nutrition services weakened by the Ebola outbreak. The operation's activities were designed to rebuild confidence in the national health system by addressing malnutrition in certain segments of the population.
- Strengthening national capabilities to prepare for and respond to future emergencies, including Ebola flare-ups and localized flooding.

[1] WFP, 2017. Available at: https://docs.wfp.org/api/documents/WFP-0000022235/download/

[2] Government of Sierra Leone, 2015. Available at: https://reliefweb.int/report/sierra-leone/national-ebola-recovery-strategy-sierra-leone-2015-2017

Methodology

8. The evaluation was designed to assess the planning and activities of Protracted Relief and Recovery Operation 200938 against the evaluation criteria of relevance, effectiveness, efficiency, impact, sustainability, coverage and coherence. The principal question to be answered was: *"How can future strategic and operational decisions be optimally informed by results and lessons from the [operation]'s performance?"*, and sub-questions can be found in the Terms of Reference (attached as Annex 4).

9. In order to respond to these questions, the evaluation team used a range of information gathering techniques, largely qualitative, to gather information, which was then triangulated with available data and documentation. The team undertook briefings with relevant WFP staff, key informant interviews with Government officials, with involved United Nations agency staff and staff from other organizations. They also held interviews and focus group discussions with communities and community leaders, talking with the different genders and groups of beneficiaries who had participated in the activities. This also allowed direct observation and informal approaches as appropriate and ensured the inclusion of different groups of stakeholders to avoid biases, including gender bias.

10. Limitations: upcoming elections meant that many Government staff were not available for interviews as planned, and while alternatives were proposed it became clear to the Evaluation Team that these replacements were often not particularly informed about the WFP activities and could contribute little of substance. Follow-up appointments were made where possible, but due to a general consensus on feedback there is probably no real impact on the overall findings.

Key Findings

11. The key findings of the evaluation team are summarised below, structured according to the main themes of the intervention, and indicating the type and strength of evidence supporting each finding.

Nutrition

12. The food-by-prescription activity for people living with the human immune-deficiency virus and tuberculosis is a very valuable contribution towards improved use of Government health facilities and encouragement of affected people to stick to their drug treatment plans, while at the same time directly improving their nutritional status. This meets the planned objectives in this area. However, numbers of patients eligible for the programme outstrips the availability of food, meaning new patients cannot be admitted until others are discharged which happens only infrequently.

13. The implementation modality through quarterly distributions is a major constraint to programme efficacy and effectiveness, and the food package provided as family support by itself without complementary activities is insufficient to achieve Outcome 2.1 of the operation. Food management – from delayed deliveries to poor storage facilities – was frequently inadequate, resulting in additional hardship for vulnerable people and often additional costs for partners.

14. In common with all aspects of the operation, record keeping and use of collected nutrition data is poor, often inaccurate or incomplete, and little follow-up analysis appears to be done with it. Regular training sessions need to be held more frequently than in the past, but they must also be more practical, held in the clinics with the relevant health staff and using real patient data.

15. For the targeted supplementary feeding programme, while it was justified to address moderate acute malnutrition at the outset, the priority focus now should move to the stunting prevention programme. However, determination of the effectiveness of the programme is constrained by the numerous issues related to data quality and reporting, and

the under-reporting of defaulters and non-response categories. While the nutrition outcomes appear to have met Sphere standards, this does not entirely reflect the reality of the programme.

16. Where a substantial proportion of children fail to respond to treatment, and many moderate acute malnutrition cases cannot be admitted on time, the targeted supplementary feeding programme design, the proper application of the protocol and the training of the staff at field level should be systematically reviewed.

17. In the stunting prevention programme, outputs were lower than planned due to budgetary constraints that led to late initiation of activities, with the delayed scaling-up to the entire district to come in 2018. Progressive phased implementation process, on-going community mobilization, specialized nutrition product acceptability and the reported benefits since beneficiaries started to consume them, are key aspects to the good acceptability of the programme among communities overall. Programme performance is very good, with 98 percent of beneficiaries successfully graduated and less than two percent defaulter rate. The programme, which also aimed to test how the provision of incentives improved immunization rates, has shown within this pilot phase that using food as an incentive can be effective to improve immunization rates.

18. The compound nature of stunting calls for embedding the stunting programme into a more comprehensive multi-sectoral approach, addressing the multi-factorial causes of undernutrition. The programme remains primarily food driven and complementary activities envisaged as part of the operation (such as the infant and young child feeding behaviour change communication component and improved understanding of gender issues) have not been initiated. This pilot programme and lessons still being learned constitute a very valuable starting point to inform the on-going development of a National Comprehensive Strategy to stunting prevention.

Livelihoods

19. WFP made some valuable contributions using food assistance for rehabilitating agricultural assets in a number of districts which had fallen into a poor condition due to the Ebola restrictions. Work groups received food support to clean and improve tree crop plantations and inland valley swamp rice plots, the results of which improved crop yields and increased market income for the farmers.

20. The outcomes are more productive plots which can be sustained into the future, as well as enhanced livelihoods for the landowners, though better complementarity with other technical partners and a closer focus on the seasonal calendar would have improved these benefits even more. The Evaluation Team considers a more equitable approach in future could be working specifically on community-owned farms or communal land, which would spread the benefits to the wider community.

21. WFP and its partners also worked with farmers and farmer groups to develop their post-production skills and marketing options through the Purchase for Progress initiative, and although limited in scale this did produce some tangible benefits for those involved.

Safety Nets

22. As a sub-set of the livelihoods component, safety net support through lean season distributions and to households hosting Ebola orphans was implemented. Both interventions involved a small number of food distributions in the operational period.

23. For the lean season support, while the geographical and beneficiary targeting was appropriate and positive, the numbers of beneficiaries per location was very limited and the distributions only happened once. As such, any impact was negligible, not least as the food supplied was shared widely within the community with the individual beneficiary households retaining at most ten days of food for themselves. These quantities of food could

have been better used for more developmental livelihoods activities aiming to improve the communities' options over a longer period.

24. For the support to orphans, only three months of food assistance was delivered in early 2017. While welcomed by the households concerned, it was not sustained as a programme activity and again the impact of the assistance was short-lived. Beneficiary targeting and verification appear to have been appropriate, although (as in some of the nutrition activities) the intake and discharge criteria were not always clear.

Disaster Management

25. A limited amount of work towards strengthening capacities in the disaster management field has been done under this component, in cooperation with the Government's Office of National Security which was complimentary regarding WFP's support. This has been through a series of training sessions with key staff in a range of related subjects, complemented by some simulations and demonstration visits.

26. The operation document was very superficial in its description of the work, and the Evaluation Team finds that no real plans or targets were set from the outset so the activities appear to have been very ad hoc rather than structured. The Office of National Security reports the support as being valid and relevant, but the Evaluation Team considers that more could have been achieved if a proper plan of action for the component had been developed from the outset and followed. There was, for example, little evidence of the cascade of skills enhancement to district levels, and in 19 months only a handful of district-level staff had been included in the seven workshops organised. There were no activities in this component after March 2017, apparently because of obligations that came up only in August that year.

27. Given that the intention is to assist the Office of National Security to develop and roll out a national disaster response plan and assume its responsibilities for coordinating and responding to future emergencies, WFP should have some interest in pushing this agenda forwards. If this support is to continue – as the Team is suggesting – then a more structured approach to its engagement will be required.

Cross-cutting Issues

28. A further major finding of the Evaluation Team concerns the area of data collection, management, analysis and reporting. The report gives many examples of the weakness of the current systems and finds that they need to be dramatically improved in many areas to be able to provide accuracy and accountability for the programming.

Conclusions

29. Some good work has been achieved in all components of the operation, but this has been limited to a large degree by the funding constraints resulting in slow start-up and delayed rollout of some of the activities. The operation's design aligned closely with the Government's Ebola recovery strategy which was its principal intent.

30. Overall, the nutrition interventions and the livelihoods and food assistance for assets activities were found to have been very relevant, with the activities under the disaster management component to have been appropriate but limited in scope. The ET considers the safety nets support through lean season distributions and food assistance for orphans to have been much less relevant and too short-term to make any real difference.

31. Issues with the targeted supplementary feeding programme activities have highlighted the need to refocus the nutrition interventions onto the stunting prevention work which is achieving positive results in its current pilot phase and should continue.

32. Food assistance for assets activities have enabled many small farmers to rehabilitate their fields and improve their income, and this is likely to be self-sustainable in the future. However, any new similar interventions should consider working at a broader community

level, and with complementary inputs from other partners. Any future disaster management interventions need more structure.

33. The whole area of monitoring and reporting of data, across all activities but particularly in the nutrition component, and ensuring such data is analysed and used effectively, requires significant improvement.

Recommendations

34. The findings and conclusions of this evaluation led to the evaluation team making the following recommendations. Summaries are presented here with further details given in the main report:

R1. The Country Office, with its partners and with support and direction from the Regional Bureau in Dakar, should urgently and significantly improve the quality of monitoring, reporting and programme quality assurance systems, particularly of the nutrition components. Timeframe: immediate and ongoing.

R2. The Country Office should immediately review the assistance approach to treatment of moderate acute malnutrition through the current targeted supplementary feeding programme and prioritise the programme focus towards the prevention of stunting. Timeframe: from now onwards, to inform the stunting prevention programme expansion plans under the Transitional Interim Country Strategic Plan

R3. The Country Office and its partners should ensure that the challenges, identified gaps and lessons learned during the pilot phase of the stunting prevention programme are identified and incorporated prior to its proposed expansion. Timeframe: During the current transitional period and planning for the Country Strategic Plan.

R4. In support of Recommendations 2 and 3, the Country Office should reinforce and build its evidence-base on nutrition programming. Timeframe: research component by mid-2018 ahead of the expansion of the current stunting prevention programme, with other issues to be ready for inclusion in the Country Strategic Plan.

R5: The Country Office should improve the quality of programming and beneficiary targeting of food by prescription services, and forge livelihood linkages for graduated clients living with the human immune-deficiency virus. Timeframe: During the current transitional period and planning for the Country Strategic Plan.

R6. The Country Office, with support from the Regional Bureau in Dakar, should explore alternative modalities to in-kind food as part of food by prescription services. Timeframe: During the current transitional period, with modality changes ready by mid-2019 under the Country Strategic Plan.

R7. The Country Office should consider undertaking a nutrition-sensitive gender analysis, to align the upcoming Country Strategic Plan with updated WFP Policies and to contribute towards the infant and young child feeding behaviour change communications strategy and other Country Strategic Plan components. Timeframe: by the end of September 2018.

R8: The Country Office should not actively plan for annual short-term safety nets distributions, as implemented to date, but use available resources for additional food for asset activities producing livelihood enhancements to targeted vulnerable communities. Timeframe: With effect from April 2018.

R9: The Country Office should develop a more robust engagement with the Office of National Security to finalise and roll out the national disaster response plan. Future WFP engagement should follow a more developed structure with an agreed workplan and target. Timeframe: during the second quarter of 2018.

R10: The Country Office should continue to implement its food for asset activities but consider working on community-owned project sites rather than individually-owned farms. Additional partners should be incorporated into the planning to ideally provide complementary resources. Timeframe: from April 2018 onwards.

1. Introduction

1. This document reports on the final evaluation of the World Food Programme's (WFP's) Protracted Relief and Recovery Operation (PRRO) 200938 '*Rebuilding food and nutrition security and strengthening disaster management capabilities in Sierra Leone*'. The decentralised evaluation was commissioned by WFP Sierra Leone Country Office (CO) covering the period from the PRRO's preparation in early 2016 and through its 19-month implementation phase to 31 December 2017. The Terms of Reference (ToRs) are attached as Annex 1.

2. The work was carried out by a team of three external independent evaluators from The KonTerra Group, over the period from November 2017 to April 2018, with three weeks of data gathering and field work in Sierra Leone immediately after the end of the operational period, from 20 January to 10 February 2018.

3. The two objectives of the evaluation exercise were to report to the WFP CO on:

- Accountability – to assess and report on the performance and results of the operation; particularly focusing on accountability to the affected populations, gender equity and women's empowerment;
- Learning – to determine the reasons why certain results occurred or not, and to suggest lessons, good practices and pointers for learning. It offers evidence-based findings to inform operational and strategic decision-making. The objective of learning has been given particular focus, given that the findings should help to inform the CO's Transitional Interim Country Strategic Plan (T-ICSP)[3] from January 2018, and ultimately its first Country Strategic Plan (CSP) starting in January 2019.

4. The main stakeholders of the PRRO were the WFP CO staff, external partners from the Government of Sierra Leone at central and district levels, and various non-governmental agencies (NGOs), as well as the beneficiaries around the country. All these groups have interests in the results of the evaluation and many of them (see list of interviewees in Annex 2) were contacted during the evaluation process to contribute towards the findings.

5. Principal users of this report are expected to be the WFP Sierra Leone CO managers (and their colleagues at the Regional Bureau in Dakar), who will use the findings and recommendations to guide them on programming adjustments or improvements, particularly as they design the forthcoming CSP. Beyond WFP, the findings will also be useful to national authorities and partner NGOs through contributing to a knowledge platform of lessons learnt on strengthening resilience situations, particularly in the West and Central African region.

Overview of the Evaluation Subject

6. The subject of this final evaluation is WFP's PRRO 200938. An outbreak of the Ebola virus disease (EVD) (from late March 2014 to November 2015) crippled the national economy, resulting in increased food insecurity and reversing the improving trends in health and nutrition indicators that were still recovering from the earlier years of civil war (1991 to 2002). After the EVD outbreak was finally declared over in January 2016, this PRRO was specifically designed to take on the bulk of the activities from WFP's earlier Country Programme (CP 200336), with the exception of the school feeding component which did not continue.[4] It operated from 01 June 2016 to the end of December 2017 (ie: 19 months). It was approved on 01 August 2016, although activities had already begun from June; and they will continue after the PRRO ends, under the new T-ICSP.

[3] WFP, 2017. Available at: https://docs.wfp.org/api/documents/WFP-0000022235/download/

[4] The ET notes, however, that the PRRO's 2016 Standard Project Report (SPR) rather confusingly includes updates on SF activities as well, even though these were not covered by the PRRO. The ET received no explanation why this happened.

7. The Government, looking ahead in mid-2015 to a post-Ebola period, developed its National Ebola Recovery Strategy (NERS) (July 2015–June 2017)[5] to 'build back better' and to limit the serious damage done by the disease outbreak and economic effects it caused. The NERS included three priorities relevant to this operation: (i) maintaining zero cases of Ebola; (ii) implementing immediate recovery priorities; and (iii) transitioning back to the 2013–2018 Agenda for Prosperity.

8. The PRRO aimed to reflect and support this strategy and therefore addressed the three main objectives identified for the recovery process:

- Restoring and rebuilding livelihoods devastated by EVD, focusing on the most food-insecure populations and Ebola survivors. A Safety Nets component was also included, targeted towards vulnerable people in food-insecure communities and Ebola orphans.
- Enhancing the utilization of health and nutrition services weakened by the Ebola outbreak. The PRRO's activities were designed to rebuild confidence in the national health system by addressing malnutrition in certain segments of the population.
- Strengthening national capabilities to prepare for and respond to future emergencies, including Ebola flare-ups and localized emergencies.

9. The planned beneficiary numbers, disaggregated by gender/component, and the transfer values, are summarised in Table 1 and provided in more detail later in the report.

Table 1: Planned Beneficiary and Transfer Value Details for the PRRO

Principal Objective	Activities	Planned total (19 months)			
		Beneficiaries		Transfer Values	
		Male	Female	US$	MT
Restoring livelihoods & safety nets	Lean season support, asset creation	99,840	108,160	5,186,218	
	Lean season support, support to orphans, asset creation[6]	181,920	197,080		8,470
Health and nutrition	Prevention of chronic malnutrition and treatment of MAM, Food by Prescription, caregiver rations	82,305	196,804		7,508
Disaster management	Contingencies and capacity enhancement	43,200	46,800		1,485

Source: PRRO Project Document

10. A Logical Framework included in the programme document presented outcome indicators for each of the PRRO's components (see Annex 3). The anticipated outcomes of the PRRO were aligned to two of WFP's Strategic Objectives (SOs 2 and 3), and to the Sustainable Development Goals (SDGs) as shown here:

- SO2: Improve nutrition - Strategic Result 2 – No-one suffers from malnutrition (SDG Target 2.2)
- SO3: Achieve food security - Strategic Result 3 – Smallholders have improved food security and nutrition through improved productivity and incomes (SDG Target 2.3).

Partners

11. WFP partnered with a number of Government ministries at national and district level, and with a variety of NGO partners in the operational implementation. In addition, several United Nations agencies were engaged in this operation in some way or had an interest in it at policy level. Each of these will be introduced under the relevant sections below, with the full list of partners provided as Annex 4.

[5] Government of Sierra Leone, 2015. Available at: https://reliefweb.int/report/sierra-leone/national-ebola-recovery-strategy-sierra-leone-2015-2017

[6] According to the project document (page 10), planned total sex-disaggregated beneficiaries for asset creation (using a food modality) amounted to 22,000 (10,560 men, 11,440 women), although the total number quoted is 26,000. This report assumes 22,000 is correct.

Resource Requirements and Funding Situation

12. After two minor budget revisions to cover costs associated with in-kind donations, the final budget for the PRRO was US$34,133,669. As of 15 January 2018, a total of US$19,653,106 had been made available by donors, representing 57.6 percent of the overall needs.[7] The four principal donors were Japan, the United Kingdom, Canada and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

13. The funding shortfall resulted in the planned cash-based transfer (CBT) component of the lean season support being dropped altogether as no contributions were received for this work. Other activities were scaled back or their start dates were delayed – for example, it is likely that additional safety nets support may have been possible had the income been healthier,[8] and the creation of assets was done through a food rather than CBT modality. The stunting programme pilot was focused on Moyamba district, excluding Pujehun which had been planned. Some programme budgets, such as cash for providing complementary non-food inputs to the FFA activities, were also significantly limited.

Other Issues

14. The Evaluation Team (ET) considered that the Logical Framework as presented in the Project Document did not appear to be comprehensive enough to cover all expected activities and outputs of the PRRO, in that some indicators were missing and there was limited consideration of gender issues despite a Gender Marker score of 2A.

15. Considerations of gender equality and empowerment of women (GEEW) was requested as a focus of this evaluation. The project document indicated that the long-term effects of the EVD outbreak would impact most heavily on vulnerable groups and women in particular and committed that all PRRO activities would align with WFP's Gender Policy and the SDG5 on gender equality.

16. The evaluation aimed to investigate (via a broad 'gender lens') how the short and longer-term benefits women and marginalised groups had gained from the intervention, and whether they had been empowered in new ways in decision-making or management bodies in which they work.

17. The ET saw no evidence of any gender analysis done to inform the PRRO design, which simply shows a larger number of females (548,844) than males (407,265) being targeted for assistance. There were some errors in this too, particularly included in the 'prevention of mother-to-child HIV' transmission (PMTCT) category where the support was exclusively being targeted to girls and women, but males were listed as planned beneficiaries. Further details are presented in the next section.

18. No previous evaluations were done for the PRRO. A regional evaluation for the Ebola Response was undertaken, and a mid-term review of a Japanese Government-supported bilateral project was done in early 2016. However, common themes highlighted in both these reviews and the PRRO evaluation were to strengthen data collection, information management and reporting, and the ET also believes that suggestions to enhance and make better use of technical support from the Ministry of Agriculture, Forest and Food Security (MAFFS), as highlighted in the bilateral project review, continue to be fully relevant to the ongoing livelihoods support work undertaken by this PRRO.

Context

19. The Republic of Sierra Leone is a country of 7.4 million people on the Atlantic coast of West Africa. Administratively it is divided into five provinces plus the capital area; then 16 districts further divided into 190 chiefdoms.[9] Sierra Leone is a least economically

[7] An earlier resource report of 17 December 2017 indicated this total had reached US$20,323,746, but the CO could not explain how or why this dropped significantly after the end of the operation.
[8] This point was not specifically confirmed by the CO
[9] The administrative boundaries were changed in July 2017, with the earlier numbers being 14 districts and 149 chiefdoms.

developed country with a gross domestic product per capita of US$594 (2017 est.[10]), ranking it 174th out of 185 countries assessed. In 2016 the country ranked 179th out of 188 on the United Nations Development Programme (UNDP) Human Development Index (HDI).[11] Sierra Leone has the world's highest estimated maternal mortality ratio with 1,360 deaths per 100,000 live births, and under-five mortality is the fifth highest globally, with 114 deaths per 1,000 live births.[12]

20. The EVD outbreak created a severe humanitarian crisis and heavily impacted economic growth, as well as overburdening the authorities through their efforts to deal with the situation. The EVD had a particular impact on the already weak healthcare infrastructure, through a loss of staff and systems, and a reluctance by many people to access health services via the Government clinics.

21. Over half the country's population live under the national poverty line of approximately US$2 per day, with those in deprived, densely populated urban communities being particularly vulnerable. Other highly vulnerable groups include people living with disabilities, children and orphans of EVD patients and survivors of the disease.

22. The 2017 Global Hunger Index[13] ranks Sierra Leone as 117th of the 119 countries surveyed, denoting 'alarming' levels of hunger across the country. Half the population is food insecure, with levels of food insecurity exceeding 60 percent in some chiefdoms of every district.[14] Levels of acute malnutrition classified as 'poor'[15] still persist in a number of districts, and although the trend has shown some slight improvements since 2000, this situation remains a critical challenge for the country.

23. Many households (HHs) experienced new or increased food insecurity as Ebola-related fears and restrictions on movement and mass gatherings disrupted trade, increased food prices and reduced household income. Women frequently bore the brunt of additional family care responsibilities throughout and after the EVD crisis, as well as assisting with extended families and relatives.

24. The PRRO therefore targeted former Ebola hotspots correlated with the highest levels of moderate and severe food insecurity as established by the 2016 Comprehensive Food Security and Vulnerability Assessment (CFSVA). A country map and further details showing these areas is included as Annex 5. Consideration was given to local agriculture potential and other food security and livelihoods activities being run by the Government departments and other agencies. The health and nutrition support activities were targeted to those districts with the highest levels of global acute malnutrition (GAM), although food-by-prescription (FbP) support was to be more widespread. Due to resource constraints, the stunting prevention programme (SPP) was focused only in Moyamba district.

25. Women and girls account for 51 percent of the population, mostly engaged in subsistence farming, petty trading and family management. The 2016 HDI Report gives a Gender Inequality Index of 0.65, again placing Sierra Leone 179th of 188 countries assessed. These inequalities have decreased slightly over time but remain significant in some sectors. Adolescent pregnancies are common with the mothers frequently stigmatized and not accessing essential health services. Adolescent girls and children are particularly vulnerable to under-nutrition; malnutrition (including overweight) is widespread and chronic in some places. Some 70 percent of pregnant women are anaemic.

26. During the implementation period, there were no other WFP CO activities in the country except for the short-term interventions in the flood emergency response just

[10] International Monetary Fund, 2017; available at IMF World Economic Outlook (WEO) Database, October 2017
[11] UNDP, 2015; available at: http://hdr.undp.org/en/composite/GII
[12] Source: Levels and Trends in Child Mortality. Estimates developed by the UN Inter-Agency Group for Child Mortality Estimation. Report 2017 (data corresponding to 2016).
[13] The Global Hunger Index is composed of the proportion of the undernourished as a percentage of the population, the prevalence of underweight children under the age of five and the mortality rate of children under the age of five (calculated average, in percentages).
[14] WFP, 2015; Comprehensive Food Security and Vulnerability Analysis
[15] World Health Organization classification

mentioned and technical assistance to the Ministry of Education, Science and Technology to support the implementation of their revised national school meals programme.

27. The only significant external events during the PRRO's implementation period were serious flooding and a lethal mudslide outside Freetown in August 2017, resulting in considerable WFP resources being refocused for a limited period to respond to those emergencies, leading to a corresponding delay in some of the PRRO activities. There were no refugee or displacement situations, and the country remained peaceful.

28. Gross Official Development Assistance to the country in 2016 amounted to US$725 million, 46 percent of which was for humanitarian aid.[16] Complementary to WFP's work, other NGO actors in the food security sector include Catholic Relief Services, Save the Children and World Vision, who have provided a mix of targeted cash transfers, agricultural input vouchers and other complementary activities, which all contribute to improved food access and household purchasing power while promoting market recovery.

Evaluation Methodology and Limitations

29. The focus of the evaluation was on the full project cycle of the PRRO and all its subsequent activities. The methodological approach was tailored to the ToR and was mixed-methods, although largely qualitative, with robust use of triangulation techniques, and analysis and cross-referencing of both secondary and primary data.

30. The ToR's 20 sub-questions were clustered under the seven evaluation criteria of the Organisation of Economic Cooperation and Development (Development Assistance Committee) (OECD-DAC), and the use of an Evaluation Matrix (Annex 6) formed the basic analytical framework of the evaluation. Full details of the methodology followed (updated from that in the Inception Report (IR)) is included as Annex 7 to this document.

31. The principal question to be answered through this evaluation was: *"How can future strategic and operational decisions be optimally informed by results and lessons from the PRRO's performance?"* The evaluation assessed performance of the PRRO against the logframe's outcome indicators and has therefore tried to highlight lessons learned, the relevance and validity of the assumptions made during the design phase and offer advice on the way forward. Specific objectives included: i) determining the effect of the assistance (food and cash transfers) on food and nutrition security, livelihoods, employment opportunities, the local economies, social cohesion among the vulnerable and food insecure populations; and ii) to determine the reasons for the observed effects and produce evidence-based findings that would allow the CO (and other WFP programmes) to make informed decisions about the most appropriate ways forward.

32. The ET visited projects and partners in seven of the 16 districts of the country (Western Urban, Western Rural, Kenema, Pujehun, Moyamba, Port Loko and Bombali - see map as Annex 5 and full field schedule as Annex 8) over eight 'field days' (late January/early February 2018). This covered all five[17] provinces, with the districts and project sites independently selected by the ET based on secondary data analysis during the inception phase. The ET believes this selection demonstrated a representative sample of the national activities, a broad range of partners and a balanced geographical spread including coverage of some areas of high food insecurity. Quota sampling of respondents according to their involvement in the programme activities was then possible. The ET believes this allowed a fair and impartial summary overview of the overall PRRO activities, albeit with limited time.

33. A range of information gathering techniques, largely qualitative, was used to gather data, which was then triangulated with available data and documentation. The ET undertook briefings with relevant WFP staff (CO and sub-office levels), key informant interviews (KIIs) with a total of 155 people (covering WFP staff, Government officials,

[16] Source: http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm
[17] A fifth province, North-West, was formed in July 2017 after boundary changes.

personnel from United Nations agencies and from other international and local organizations) (details in Annex 2). Contacts with two of the PRRO's three main donors had to be done by email rather than in person.[18] The team held interviews and 29 separate focus group discussions (FGDs) with communities and their leaders, talking with the different genders and groups of beneficiaries who had participated in the various activities.

34. The site visits (12 for livelihoods and safety nets; 14 for nutrition) also allowed direct observation and informal approaches as appropriate and ensured the inclusion of different groups of stakeholders and community members to avoid biases, including gender bias. Questions used for these sessions are shown in the Evaluation Matrix.

35. The methodology employed the overview of a 'gender lens' in all aspects of the enquiry, aiming to gather balanced information from all sections of the communities. Cultural norms in Sierra Leone enable women and men to interact and work together, so FGDs – certainly for the food assistance for assets (FFA) sector – were generally mixed, although in one case it was women-only and in two cases were chaired by women. Other vulnerable groups, notably the physically handicapped, were also actively included in these discussions where possible, not least as they had been selected as vulnerable beneficiaries. In the nutrition sector the beneficiaries were mostly female, and female translators were used for these discussions. Annex 7 provides more detail.

36. This report aims to comply fully with WFP's Decentralized Evaluation Quality Assurance System (DEQAS), as based on the norms, standards and good practice of the international evaluation community.[19] Quality assurance has been integrated throughout, initially by the team leader, internally by a KonTerra quality advisor, and finally by the WFP Evaluation Manager.

37. No particular ethical issues were encountered, and the ET remained aware of the sensitivities surrounding the recent EVD crisis. The ET ensured that interviews with human immune-deficiency virus (HIV) patients and their support groups were held confidentially in discrete settings. No interviews were held with children. All interviewees, including in the FGDs, were advised that their participation was voluntary and that data collected would be used on the basis of informed consent, confidentiality and non-attribution. The United Nations Evaluation Group's Code of Conduct for Evaluation was adhered to throughout the process.

38. Limitations: identified as a possible constraint in the IR, upcoming elections meant that many Government staff were not available for interviews as planned, and while alternatives were proposed it became clear to the ET that these replacements were often not particularly informed about the WFP activities and could contribute little of substance. Follow-up appointments were made where possible, but ultimately not all key informants were interviewed. However, as there was good consensus in the feedback from those met, it is considered unlikely that divergent views would have been heard, and thus this factor is likely to have no real impact on the overall findings. The CO has a designated gender focal person, but she was on leave during the evaluation and was not interviewed by the team.

39. In terms of validity and reliability, the ET remains concerned about the quality of some of the data provided, and the very delayed receipt of it, meaning that triangulation of this data with other sources has been challenging. More details are provided in the Findings section to follow, but the ET considers the overall information base to be weak.

[18] To date two of these key donors have not responded to the Evaluation Team's questions.

[19] Specifically, the United Nations Evaluation Group (UNEG), Organisation of Economic Cooperation and Development (Development Assistance Committee) (OECD-DAC) and the Active Learning Network for Accountability and Performance in Humanitarian Action (Overseas Development Institute) (ALNAP)

2. Evaluation Findings

40. The PRRO activities covered by this report fall under several distinct areas of intervention, and the ET was asked to consider a range of questions relative to all the activities. For the sake of readability and to avoid excessive repetition, findings under the criteria of relevance/appropriateness, effectiveness, efficiency and impact[20] will be presented for each of the sectoral areas, with other criteria and cross-cutting themes in the final paragraphs of this section.

Nutrition: Food by Prescription for people living with HIV (PLHIV) and tuberculosis (TB)

41. Through FbP services for PLHIV and TB patients, the PRRO aimed to provide nutrition assessment and counselling for all clients, along with nutritious food for those who were malnourished and following a treatment regime. This was to help ensure participants continued to benefit from lifesaving services. The FbP services also supported orphans and other vulnerable children (OVC). The details of the food rations and duration of support are as follows:

- Anti-retroviral treatment (ART) for acquired immune-deficiency syndrome (AIDS) clients: malnourished adults received a six-month ration of SuperCereal (250 gr/day) and vegetable oil (25 gr/day) as part of the nutritional recovery treatment, and a quarterly family package (27 kg rice, 5.4 kg pulses, 4.5 kg vegetable oil and 0.36 kg salt). The family package provided a total of 1,501 Kcal/day (i.e. 71.4 percent of daily energy requirements for one person). For children aged 6-59 months, nutritional treatment was composed of SuperCereal Plus (200 gr/day). The OVCs' food ration was similar to that of ART clients.
- TB clients enrolled in Directly Observed Treatment Short-Course (DOTS): non-malnourished patient receive food support during the intensive phase covering the first three months of TB treatment. Malnourished patients may receive support for up to eight months (250 gr SuperCereal/day) depending on the time it takes them to reach the discharge criteria (they should be supported for at least six months). The entitled family package, as per the PRRO document, is similar to that for ART clients.

42. This component of the PRRO was funded by the Global Fund[21] and implemented in collaboration with Sierra Leone's National AIDS Secretariat (NAS), the National AIDS Control Programme (NACP), the National Leprosy and TB Control Programme (NLTCP), and the NGO partners Network of HIV Positives in Sierra Leone (NETHIPS), Child Fund and Caritas Makeni.

43. Table 2 lists beneficiary outputs by year and percentage of attainment. Overall, FbP activities reached 63.5 percent and 141.6 percent of planned beneficiaries in 2016 and 2017, respectively. The programme reached fewer TB beneficiaries than planned in 2016 (36 percent) though this increased in 2017 (142.8 percent), while a greater number of HIV beneficiaries were reached in 2016 (170.8 percent) and 2017 (190.6 percent). For TB clients, the low level of achievement in 2016 is explained because the programme only began in the last months of the year due to budgetary constraints combined with the need to adequately train the staff involved before implementation. Note there are discrepancies in the figures from the TB database and those reported in the Standard Project Report (SPR) 2016.

[20] See questions and sub-questions on page 9 (table 2) of the Terms of Reference in Annex 4.
[21] The Global Fund to Fight AIDS, Tuberculosis and Malaria

Table 2: Nutrition beneficiary targets and achievements, by year and activity

Beneficiary Group	2016 (June-December)			2017		
	Planned	Actual	% actual v. planned	Planned	Actual	% actual v. planned
ART clients[22]	4,794	8,177 (3,572 m; 4,605 f)	170.8%	4,208	8,023 (3,194 m; 4,829 f)	190.6%
TB clients	12,601	4,527 (showing as 0 in SPR)	36.0%	13,300	18,970 (9,105 m; 9,865 f)	142.8%
Activity supporters[23]	12,586	6,324 (3,036 m; 3,288 f)	50.2%	13,208	16,596 (7,966 m; 8,630 f)	125.7%
Total Beneficiaries	29,981	19,028 (14,501 in SPR)	63.5%	30,778	43,609 (20,265 m; 23,324 f)	141.6%

Source: WFP SPRs 2016 & 2017, WFP TB database

44. Though ART beneficiary numbers reached were certainly higher than planned in both 2016 and 2017,[24] the ET cannot accurately determine the total number of ART beneficiaries reached during the whole PRRO. Only regular monthly reporting including those newly-admitted beneficiaries would provide accurate data,[25] and no system was in place until late 2017. The various data sources made available refer only to the total number of beneficiaries reached monthly/quarterly and they do not match (see Annex 9). Also, targeted beneficiaries were not necessarily malnourished, and there were many inclusion errors as explained below.

45. Targeting of undernourished ART clients, despite developed selection criteria and training and measurement equipment being provided, had not been followed in the ART sites visited by the ET. Findings from KIIs and FGDs confirmed that the implementation of FbP discharge criteria was delayed, mostly to the second or third quarters of 2017. Service providers explained that it was not easy to discharge ART clients, as they had often been in the programme for years. Many had no means of livelihood and there was no linkage with other safety net programmes once they graduate.

46. Discharge criteria are followed differently in each district: some tried to stick as closely as possible to the criteria, in others they only started doing so in December 2017. In at least in one district, meetings are held to assess the socio-economic conditions of those beneficiaries fitting discharge criteria, with a final decision being taken on that basis. Overall, all stakeholders interviewed explained they also needed clarification regarding admission criteria for the OVCs.[26]

47. When FGD participants were asked why they had been admitted to the FbP programme, all reported that the criterion was to be HIV positive and being on ART drugs, and no mention of their nutritional condition was made. The fact that the great majority of FGD participants had been in the programme for more than two years clearly indicates the non-implementation of the protocol.

[22] This includes PMTCT and OVC clients

[23] WFP CO explained that activity supporters indicate the family support to the HIV/TB clients (a multiplying factor of 0.77 and 0.6 would have been applied for 2016 and 2017, respectively); this roughly corresponds to the size of the family support ration detailed in paragraph 36 above). Thus, the ET understands that the difference between the ART/TB clients and the total beneficiaries planned in the PRRO document should correspond to this category. Therefore, figures presented in SPRs 2016 and 2017 have been re-calculated on this basis.

[24] 6,998 beneficiaries in third quarter 2016. Source: WFP PLHIV Dispatch plan, July-September 2016. SPR 2017 reports 8,023 people.

[25] Total beneficiaries in the programme at the start + admissions during the life-course of the PRRO.

[26] The ET found ART sites where all OVCs had been removed except those whose parents had died from HIV, and others where FGD participants indicated that their children were also beneficiaries regardless of their HIV status. In other places, children whose parents died due to the disease had been removed. Two FGDs mentioned *"if they do not receive support, caregivers do not take care of them, and they cannot go to school as they suffer from stigmatization"*.

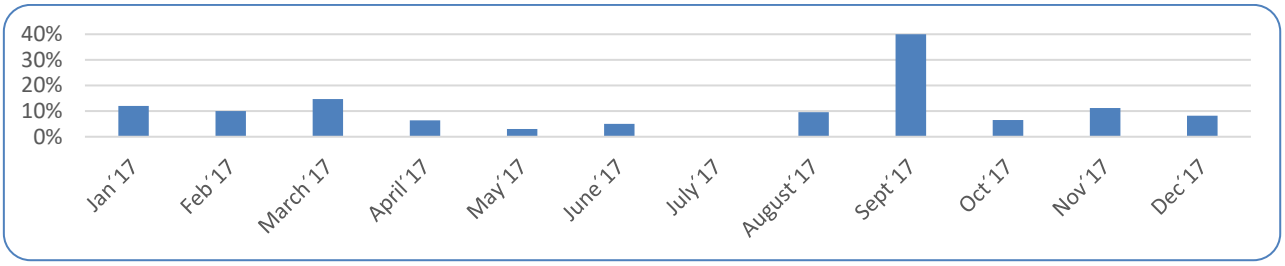
48. Most FGD participants, who had been in the programme for some years, did not appear malnourished to the ET's nutritionist,[27] and for some the ration card showed a weight indicating a body mass index (BMI) above 18.5. Reviews of the available site registers indicated that calculating the BMI incorrectly was the most common error resulting in inclusion errors.[28] In other places, observation of height measurement was found inadequate, either because the client was not correctly positioned, the reading was not accurate, or the growth measuring tape was wrongly placed on the wall (in one facility, all the adult heights logged were between 135 cm to 150 cm).

Only two PLHIV respondents had been recently discharged, and one of them complained that getting adequate explanations was an area that staff should improve upon: "*I was told that my weight was good and did not need to continue in the programme … at first, I was confused, I did not know if they were referring to the drugs too.*"

Another participant summarised what was, overall, voiced by most, explaining: *"WFP plays a great role in HIV survival. The family push you away and you are stigmatized. Thanks to WFP we have earned confidence and continue our lives… but the issue of BMI is threatening us. Those discharged feel discriminated against. Some of us share our food with them. A few friends are afraid to take the medicines when they have less food. On occasion, they become weak again as they are left without support and have no means of survival …"*

49. The District Health Management Team (DHMT) in Moyamba district initially reported that ART treatment defaulters had increased since the updated FbP protocol was implemented (in March 2017), though measures undertaken through increased defaulter tracing and sensitization carried out by support group volunteers addressed this. Nonetheless, this defaulting trend tendency was not confirmed through analysis of the available data, as Figure 1 shows.[29]

Figure 1: ART treatment defaulters, Moyamba District, 2017



Source: Data from Health Clinics, Moyamba District

50. ART clients are weighed by Nutrition Assessment Counselling Support (NACS) staff during their monthly visits to the site and if found to be malnourished they are meant to be admitted and provided with specialized foods and a family package. However, new malnourished ART cases could not be immediately admitted: rather, their names were included on a waiting list and whenever there were exits from the programme for any reason, the replacement was made in the following quarterly distribution (i.e. not before three months after diagnosis). The fact that there was a fixed target caseload for the programme and only quarterly distributions prevented the timely provision of nutritional treatment to acutely malnourished ART clients fit to be enrolled. A delay of such a long period is unacceptable and places the person at greater risk of ongoing nutritional deterioration and non-compliance with the ART treatment. All these issues have negatively affected programme coverage.

51. Overall, WFP distributed 93.5 percent and 106.1 percent of planned tonnages in 2016 and 2017 respectively. The ET finds the higher level of food distributed in 2017 is due to the

[27] Criteria for admission includes also non-malnourished individuals on ART second line treatment and bedridden patients. Based on available data, the ET estimates that a low proportion of clients would fall under these categories: 116 bedridden clients and 211 PLHIV on 2nd line treatment out of the 8,600 assessed ART clients, thus accounting only for a small proportion of the non-malnourished individuals observed categories (source: Nutrition Assessment of ART clients in Sierra Leone in 2016)

[28] At one ART site this was as high as 63 percent (out of those completed/available registers).

[29] The peak in September was due to shortage of ART drugs

greater numbers of beneficiaries reached than planned, as per updated needs and increased funding from the Global Fund.[30] However, evaluation findings show that WFP was not able to reach all beneficiaries with the planned full ration because food requirements were higher than the resources available. WFP did not provide the family package to TB clients until May 2017 and the ration was slightly reduced by two kilograms (kg) of rice. In addition, ART clients aged 6-59 months only received SuperCereal Plus for treatment of moderate acute malnutrition (MAM), and no family package.[31] Table 3 below displays the food quantities distributed for the FbP programme during the course of the PRRO.

Table 3: Food commodities planned and distributed, FbP activities

Commodity	2016 (June-December)			2017		
	Planned mt	Actual mt	Actual vs planned %	Planned mt	Actual mt	Actual vs planned %
CSB (+, ++, WSB)	n/a	429.4	-	n/a	1,006.9	-
Vegetable oil	n/a	80.7	-	n/a	159.6	-
Pulses	n/a	118.0	-	n/a	205.5	-
Rice	n/a	537.4	-	n/a	958.5	-
Salt	n/a	6.9	-	n/a	10.8	-
Total	1,254	**1,172.5**	**93.5 %**	2,207[32]	**2,341.4**	**106.1 %**

Source: extracted from WFP COMET: commodities distributed by sub-category, and PRRO narrative

52. Food supply has reportedly been adequate though with occasional pipeline breaks to DOT sites,[33] explained by bureaucratic issues around the renewal of partners' field level agreements (FLAs), as well as delays in WFP pre-positioning food (for both HIV and DOT sites), mainly due to logistical and access constraints. A few DOT sites reported having been left without sufficient food because they received bi-monthly supplies with no consideration of a buffer stock, and the number of new admissions during that period was higher than the amounts of food supplied.

53. Food storage and management was mentioned as a major challenge faced overall and was generally considered to be a priority for adequate programme functioning. During the evaluation mission, the few DOT sites (and sites for other nutrition activities) visited had empty stores,[34] and it was clear that the stores' conditions were far below the minimal storage requirements. Occasionally, food spoilage due to weevil infestation was reported.

54. Discussions with ART recipients of the FbP programme confirmed that they all received adequate amounts of food, and usually on time. ART clients had no complaints about occasional delays as they were always informed by the support groups on the updated dates for the next distribution. However, this was mentioned to be a major challenge for the partners: when pre-positioning is delayed there is insufficient time to inform the beneficiaries as well as preparing the distribution on time. From the beneficiaries' perspective too, having to travel more than once per month to the site to collect drugs and food on different days involves additional cost and wasted time.

55. Food Distribution Points (FDPs) are mostly in separate locations from the ART site to prevent stigma and keep confidentiality, a factor highly appreciated by recipients. That said, some situations still need to be improved.[35]

56. Participants in the FGDs valued the food support as crucial to their recovery as well as to indirectly supporting their HHs, highlighting in a few cases that this is more important

[30] The results of the baseline 2016 nationwide nutrition assessment of ART clients to determine the proportion of clients in need of FbP services were used to advocate for the increase in Global Fund resources, thus enabling WFP to scale up nutritional support as per updated needs.

[31] Source: HIV quarterly distribution and dispatch plans.

[32] Planned food quantities for FbP activities were underestimated for the year 2017. Re-calculated in Table 3.

[33] January 2017 and in July 2017

[34] The evaluation mission coincided with the period in which the FLA are renewed and therefore the last distribution received was in November-December (see paras 185-191 for more information)

[35] Feedback from one FGD explained: "*the FDP is just in town, very open, and everybody knows about us … they say 'here is the food of the HIVs … and everybody is pointing their fingers at us.*"

than any risk of discrimination, indicating the high vulnerability that some of the beneficiaries face. They also explained that transport costs were a burden to them. They reported that the quantities of SuperCereal were sufficient if these are not shared with other family members, though many of them do share with the children.

57. For the family package, clients reported that the amounts provided were not enough to support their HHs, and did not last more than five weeks, but nevertheless were critical for their own survival as it helped them to adhere to treatment that would otherwise be too difficult to follow because they do not have other means of support.

58. To ensure transparency and accountability in the distributions, WFP in collaboration with the partners held district level meetings before and after all the distributions. While these meetings helped to ensure effective distribution implementation, they were basically food driven and the full FbP quality programming, having many other components besides the distribution of food, is not usually considered.

Analysis of progress toward achieving outcomes and objectives

59. The logical framework of the PRRO defines the outcome for the nutrition activities as: 'Stabilized or reduced undernutrition, including micronutrient deficiencies among children 6-59 months, pregnant and lactating women (PLWs) and school age children', and for the FbP component 'adequate food consumption reached or maintained over assistance period for targeted HH'. Indicators of measurement are presented in Table 4, as well as if any measurements were taken prior to the evaluation mission.

Table 4: Outcome 3 of logical framework, FbP programme

	Measured	
Performance Indicators Outcome 3	**2016**	**2017**[36]
- ART and TB recovery and default rates	No	Yes (TB)
- Food consumption score (FCS)	Yes	Yes
- Diet diversity score (DDS)	Yes	Yes
- Reduced coping strategy index (rCSI)	Yes	Yes

Source: PRRO document

60. At the PRRO's inception, PHU and partner staff, as well as some WFP staff at SO level, did not have the technical capacity and adequate tools to facilitate the collection of indicators for the FbP programme. WFP started to collect these indicators in 2017 after staff had been fully trained. However, for the ART component, the delayed start of monthly reporting[37] and in database implementation (Q4 2017) did not allow progress at output and outcome levels to be followed.

61. The development of protocols and tailored monitoring tools, nationwide training (a total of 450 participants, 258 in FbP for PLHIV and 192 for TB), and supply of anthropometric equipment to sites were all indicated to have enormously contributed to improved implementation and integration of FbP services within the regular system; and WFP is working in close coordination with NAS and NLTCP in the development of FbP national guidelines for HIV/TB. However, staff turnover, the problems with reporting, together with non-focused (or absent) WFP supervisory visits, were all found to negatively affect an effective monitoring system implementation.

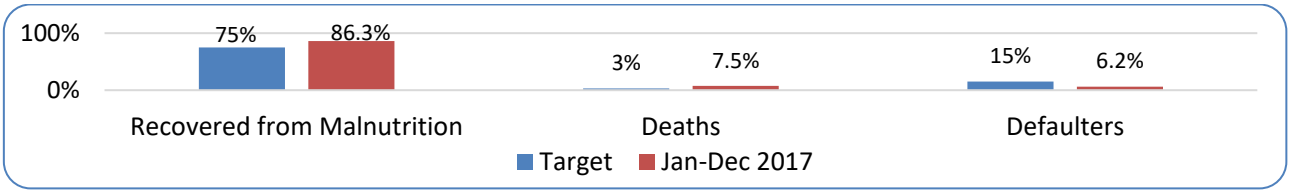
Regarding training, DHMT focal persons mentioned: "*the training was very technical in terms of reporting and should have been longer with practical exercises*" … "*during the training, we were only told about the reporting tools, and very briefly*". One service provider also highlighted "*we have had the monthly report booklet only since July-August 2017. The training was in 2016 and I forgot …*".

62. Globally, the results presented in Figure 2 below for FbP for TB clients in 2017 are satisfactory, and meet outcome indicators for recovery and defaulters, in line with

[36] The SPR for 2017 was not released at the time of report writing.
[37] This only started in July 2017 at some sites, and in December at others.

international standards. The high death rate might be worrying: however, it is important to note that targets are internationally agreed for targeted supplementary feeding programmes (TSFPs), and it is unknown whether the same death rate target of three percent would also be valid for programmes targeted at TB or ART clients. To add to this, the presentation of outcome indicators aggregated by all sites/districts, while not a mistake in itself, can mask poor performance in individual sites or districts when only aggregated data are presented.

Figure 2: Outcome indicators, FbP for TB clients, 2017



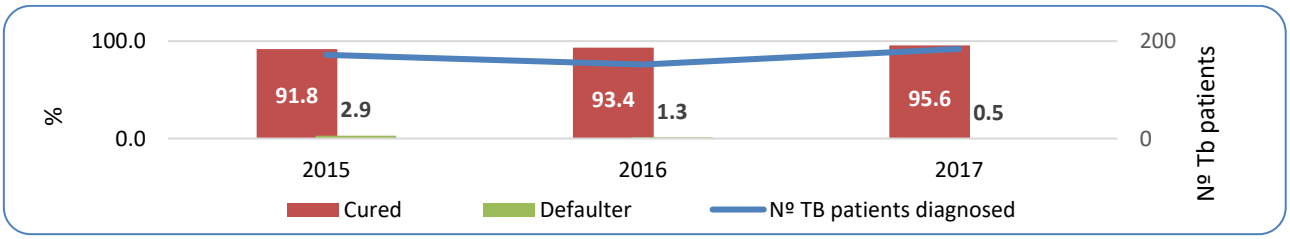
Source: WFP TB database, 2017

63. Interviews with health service providers and a review of programme monitoring data[38] strongly indicate that staff capacities were weak. Interviewees highlighted the problems they faced in report filling, the need for refresher training to improve skills, supervisory visits as a means to learn from the mistakes they had made, and to benefit from on-the-spot training. Overall, reporting was found inadequate, with a large number of information gaps and inaccuracies (see details in Annex 9).

64. Beneficiaries in FGDs and KIIs indicated a very high level of satisfaction overall. Recipients, health staff and key informants all noted that the programme was of great benefit to those enrolled and had resulted in treatment success, by way of facilitating treatment initiation (TB)[39] and adherence to ART drugs. The food support provided helped them improve their health and nutritional status.

65. The ET requested data from DHMT and NAS's Head Office to show evidence on the above, but only limited data from Moyamba district were made available by the time of report finalisation. Figure 3 shows that in Moyamba compliance with treatment and TB success rates was improved in 2017, as well as a decrease in defaulters. As a positive unintended effect, an increase of individuals coming to DOT sites for voluntary testing was noted and, in turn, an increase in the number of diagnosed TB cases.

Figure 3: TB patients, cure & defaulter rate, Moyamba district 2016-2018



Source: Moyamba DHMT

66. The ART adherence and TB success rates were part of the indicators within the logframe during the previous CP, and the ET does not know the reasons why they were removed from the PRRO's logical framework. Nonetheless, it would be worth following them – firstly because they are part of the ultimate goal of WFP's FbP programming,[40] and secondly, as they contribute to the WFP efforts to create and strengthen the evidence base, as this remains critical to ensure donor support.

67. Regarding food security, at the start-up of the intervention 44.4 percent of the eligible ART beneficiaries were food insecure, with a borderline (26.5 percent) or poor food consumption score (FCS) (17.9 percent).[41] Data from the SPRs indicated improvements by

[38] Registers and monthly reports available at the sites visited, as well as monthly reports kept at WFP SOs
[39] Increased TB cure success rate because the family ration provided during the first three months, during the acute phase, encourages patients to go on with the full treatment course.
[40] WFP, 2012, HIV and AIDS Policy
[41] Nutrition Assessment of ART clients in Sierra Leone. 20 July-30 August 2016. WFP/NAS.

the end of 2016 (19 percent of HHs with poor/borderline FCS), and a critical deterioration by the end of 2017, with 91 percent of HHs being food insecure (50.9 percent poor and 40.1 percent borderline FCS). The dietary diversity score (DDS) was also lower in 2017 (3.4) compared to 2016 (5.7), while the percentage of HHs having a reduced or stabilized coping strategy index (rCSI) had improved (50.4 percent in 2016 to 68 percent in 2017). Inconsistencies[42] and sampling issues[43] raise questions on data quality and reliability. Nevertheless, the ET concludes that the food package provided[44] as HH support by itself, unaccompanied by other activities, is definitely insufficient to effectively support adequate food consumption of food insecure households, and achieve Outcome 2.1 of the PRRO.[45]

Key findings & conclusions – Nutrition: Food by Prescription for PLHIV & TB

- This activity is a very valuable contribution towards improved use of Government health facilities and encouragement of affected people to stick to their drug treatment plans, while at the same time directly improving their nutritional status, thereby meeting the PRRO's objectives in this area.
- The food package provided as family support by itself without complementary activities is insufficient to achieve Outcome 2.1 of the PRRO.
- Numbers of PLHIV patients eligible for the FbP programme outstrips the availability of food, meaning new patients cannot be admitted until others are discharged. Discharge criteria have not been thoroughly followed until late in the PRRO, so ART sites have waiting lists of eligible patients.
- The implementation modality through quarterly distributions is a major constraint to programme efficacy and effectiveness
- Record keeping and use of collected data is poor, often inaccurate or incomplete, and little follow-up analysis appears to be done with it. Trainings need to be on-the-job and more frequent than in the past. Direct WFP supportive supervision needs to be strengthened.
- Food management – from delayed deliveries to poor storage facilities – was frequently inadequate, resulting in additional hardship for vulnerable people and often additional costs for partners

Nutrition: Targeted Supplementary Feeding Programme for treatment of Moderate Acute Malnutrition

68. The TSFP addressed moderate acute malnutrition (MAM) as a component of the integrated management of acute malnutrition (IMAM) among children aged 6–59 months and PLWs, and teenage PLWs irrespective of nutritional status. The TSFP was to be implemented in five districts but, due to budgetary constraints, only four were finally targeted (Bonthe, Kambia, Kenema, Port Loko). The TSFP was delivered through Government health facilities (peripheral health units (PHUs)) in line with the national recovery plan. In total, WFP supported 353 PHUs with TSFP activities through partnerships with Community Action for the Welfare of Children (CAWeC), Pure Heart Foundation-SL, Sierra Leone Poverty Agency (SILPA), and the Directorate of Food and Nutrition (DFN) of the Ministry of Health and Sanitation (MoHS).

69. To encourage caregivers of children with severe acute malnutrition (SAM) to remain in in-patient facilities (IPFs) until the recovery of the child and to reduce drop-outs, WFP

[42] A higher proportion of food insecure households should also show a lower percentage of households with reduced/stabilized rCSI
[43] Mobile post-distribution monitoring carried out in 2016: final sample was very low (167, this is 24% of the planned sample) and respondents were mostly from the Western Area (ie: in and around Freetown)
[44] The family package provided 1,501 kcal/day for one person for three months. This would be more similar to an individual than a household ration (for a HH size of five persons, this package would provide 14% of each member's nutritional requirements), considering recommendations regarding the design of rations for FbP programmes (source: Integrating nutrition and food security into HIV care and treatment programmes; Operational Guidance. WFP and WHO; 2008).
[45] Outcome 2.1.: Adequate consumption reached or maintained over assistance period for targeted households.

provided them with a monthly ration of rice, pulses and fortified vegetable oil (1,935 Kcal/day).

70. Table 5 below displays beneficiary outputs by year and percentage of attainment against plans for the TSFP component. It should be noted that the MAM database figures provided for 2016 and 2017 are significantly different from those presented in the SPRs. In the SPR 2017, for example, beneficiary numbers for children (6-23 months) and children (24-59 months) are each given as 18,534, which is highly unlikely, totalling 37,068 as against 38,667 shown in the database. Accurate gender disaggregation is not possible because gender data in the database does not match with the total number of admissions.[46]

Table 5: TSFP beneficiary targets and achievements, by year and activity

Beneficiary Group	2016 (July-December)			2017		
	Planned (from PRRO document)	Actual (from MAM database)	% actual v. planned	Planned from PRRO document)	Actual (from MAM database)	% actual v. planned
TSFP - Children 6-23 months	23,127	26,156	169.35%	34,691	24,092	114.6%
TSFP – Children 24-59 months		13,008			14,575	
TSFP - PL girls (< 18 years old)	1,742	2,659	152.6%	1,742	5,779	331.7%
TSFP - PLW (> 18 years old)	15,680	10,488	66.9%	15,680	19,539	124.6%
TSFP - Total beneficiaries	**40,549**	**49,311**	**121.6%**	**52,113**	**63,985**	**122.8%**
As reported in Annual SPRs		*53,001*			*62,386*	
Caregiver support for IPF children with SAM	1,680	0	0	2,520	2,170	86.1%

Source: PRRO document, WFP MAM and IPF databases.

71. Over the life of the PRRO, the TSFP activities for children 6-59 months reached 129 percent of the target, and 110.4 percent of planned PLW beneficiaries (71 percent female and 29 percent male). In 2016, the programme reached fewer PLWs than planned (66.9 percent) because it only started in November due to funding constraints. For the same reason, support to caregivers of children with SAM in IPFs was also delayed until May 2017, reaching 51.7 percent of planned beneficiaries overall.

72. The number of children 6-59 months reached by TSFP is roughly similar in 2016 (36,134) and 2017 (38,667) (note caveat in para 70). However, the seven-month period covered in 2016 compared to the full year of 2017, and the evidence that GAM rates have remained unchanged,[47] raises questions on beneficiary data reliability. Additional issues that compromise accurate analysis of achievements against planned targets are the many discrepancies found during the ET's review of secondary data and reports (see Annex 3).

73. Table 6 below shows actual versus planned food commodities distributed for the TSFP component, with a breakdown of actual distributions versus quantities planned.

Table 6: Commodities Planned vs Actual by year and activity (in mt)

Commodity	2016 (July- December)			2017		
	Planned	Actual	% of Planned	Planned	Actual	% of Planned
Treatment for children	*(in metric tonnes)*					
SuperCereal Plus (CSB++)	416	554.774	132.6%	624	599.224	96%
SuperCereal (CSB+)		356.863			664.298	
Oil	862	14.591	43.1%	862	64.642	84.5%
Total	**1,278**	**926.228**	**72.5%**	**1,486**	**1,328.164**	**89.4%**
IPF-Caregivers' support						
Rice	n/a	0.0	-	n/a	38.626	-
Pulses	n/a	0.0	-	n/a	7.837	-
Super Cereal (CSB+)	n/a	0.0	-	n/a	0.6	-
Oil	26	0.0	-	38	2.614	-
Total	**26**	**0.0**	**0.0%**	**38**	**49.677**	**130.7%**

Source: SPRs PRRO narrative, COMET database

[46] Eg: Total admissions in 2016 = 36,164 and totals under columns gender male/female admissions = 56,607 (source: TSFP database).
[47] Sierra Leone National Nutrition Survey 2017 (August-October), ACF Canada and Irish Aid.

74. Overall, WFP distributed 72.5 percent and 89.6 percent of the planned tonnage in 2016 and 2017 respectively. In 2016, the quantities of SuperCereal Plus (or corn-soya blend (CSB++)) delivered were higher than planned due to the increased number of targeted children 6-59 months, and the lower achievement in terms of tonnage delivery is related to the lower percentage of PLWs reached (66.9 percent). In contrast, in 2017 WFP assisted many more beneficiaries (122.8 percent of target) without the adequate provision of specialized nutritional products (89.4 percent of plans) to cover the nutritional needs of those malnourished children and PLWs, resulting (beyond the quantitative figures) in the impossibility to achieve quality programming since the specialized food products would have to be shared between many more beneficiaries. One other possibility might be that the total number of beneficiaries was lower than those stated.

75. The ET found that most TSFP sites had a pre-defined number of beneficiaries, regardless of the number of children with MAM, eligible to be enrolled in the programme, and new MAM cases were kept on a waiting list until whenever there was a discharge.[48] This fixed caseload varied between PHUs but the total beneficiary number could never exceed the target for the district. The ET considers that even a small delay in starting treatment is unacceptable as the child is at a greater risk of nutritional deterioration, it negatively influences programme compliance, and has important implications in attaining good coverage.

76. A review of TSFP registration books revealed that admission criteria were not always followed due to a number of inclusion errors: weight-for-height (WfH) calculations were frequently wrong, leading to children with SAM (WfH<-3SD) being admitted as MAM (mid-upper arm circumference (MUAC)>12.5 and >11.0),[49] and errors in calculations of a child's age also resulted in the wrong admission of children below six months of age. Although less frequently, non-malnourished PLWs >18 years and with MUAC >23.0 were also admitted.

77. The original TSFP protocols and set-up were based on bi-monthly visits, where measurements were taken, MAM evolution was followed, and food supplements as well as nutrition and health education were provided. In Port Loko and Kambia, the TSFP set-up changed soon after implementation to monthly visits, reportedly because of storage issues at the PHU level and food infestation being found from time to time. The shift from bi-monthly to only monthly visits[50] has important implications for the follow up of MAM cases, the duration of treatment and length of stay until recovery, and for the early referral of MAM cases whose nutritional condition deteriorates and become SAM. While the ET understands that monthly TSFP might be the only option in some instances, as seemed to be the case in Bonthe[51] for a few PHUs, the disadvantages and challenges of this modality as well as alternative solutions should have been thoroughly discussed beforehand.[52] If monthly TSFP was considered to be the only option, protocols should have been reviewed and tailored accordingly.

During an FGD with caregivers of enrolled children, the ET observed two children with SAM. Through a review of their ration cards, the ET observed that these two children had received a food ration for two months in November 2017, at which time they were still MAM; by the time of the field visit in February 2018 they had not attended a follow up visit for over two months.

TSFP protocols state that children with MAM and PLWs[53] should receive treatment for a maximum of three months. After this period, if the patient has still not recovered from MAM, they are considered as "failure to respond to treatment" and should be discharged as non-responders, in which case the protocol

[48] One of the TSFP sites visited had not admitted new MAM cases since August 2017 because they decided to keep the target caseload to the SAM cases referred from OTP for treatment consolidation.
[49] For example: In one PHU, 15 out of 120 children were SAM cases (12.5%).
[50] The shift from bi-monthly to only monthly visits implied that nutritional evolution of MAM cases is followed only once in the month and, in the event of food not being available – due to late pre-positioning or a pipeline break - beneficiaries are informed not to attend until the PHU receives the food supply
[51] Some communities need to travel by boat to reach the PHU and there is only one trip in the week (during market day).
[52] For example, the improvement of storage conditions with support from the community.
[53] Except teenage PLWs; this category should be discharged once the infant reaches six months old.

to address the failure to respond should be applied.[54] In the PHUs where TSFP was implemented monthly, the ET found that a great majority of children had been effectively discharged as cured after the three month period, but in the registration books it was common to observe that the MUAC measurements of many of them had been changed to fit the cured discharge criteria, when in fact they were still MAM.

78. As with the FbP component, food supply has been adequate though with occasional pipeline breaks[55] - reportedly explained by bureaucracy issues with the FLA renewals[56] - and delays mainly due to logistical and access constraints. Late pre-positioning was mentioned by partners as one of the major challenges affecting programme compliance. As an alternative solution, TSFP sites in one district had no fixed distribution day, and beneficiaries were informed through community health workers, mothers' support groups (MSGs) and the partners' field monitors about the next distribution. However, service providers in some PHUs found this to be a problem because it disturbed routine PHU activities and it was difficult (and costly) to inform communities on time.

79. Discussions with TSFP recipients (PLWs and caregivers of children 6-59 months) confirmed that they all received adequate rations as per the protocol, and only very occasionally did they have to go home without food because there was none at the PHU. Some respondents stated that the ration was enough until the next follow up visit, though others said that it was too small because either it was shared with small siblings or they gave it to the child three times a day.[57] Despite education provided by service providers, few mothers reported giving only CSB to the malnourished child.

80. In the FGDs, all mothers and caregivers referred to having been trained on the use of MUAC; half of them confirmed that they had the MUAC at home, but only a few reported using it occasionally because for many the MUAC was already damaged and not fit for purpose.[58] Service providers at PHU level during TSFP days explained that PLWs and caregivers of children with MAM received health and nutrition education and were referred to the MSGs for further support. Respondents reported that the main education topics were related to hygiene, how to use and prepare the food ration, and occasionally, about the care of the child. No mention of infant and young child feeding (IYCF) messaging was made.

81. Major concerns reported during the FGDs were the low numbers of children admitted into the programme, the occasional lack of food, and the difficulty to attend distribution days due to long distances and reduced access during rainy season.

Analysis of progress towards achieving outcomes and objectives

82. Overall, TSFP activities were valued as satisfactory by recipients and health staff. The PHU health staff and partners welcomed the programme and the support it provided to the malnourished children, and all mentioned as a great achievement the restoration of confidence in the health system, observed by the increased attendance at health facilities since the TSFP was implemented. The support ration delivered to caregivers of children with SAM in IPFs was considered crucial in the improvement of IPF outcomes, as defaulters were reported to have reduced since the caregivers' food provision started.

83. The logical framework of the PRRO defined the outcome for the nutrition activities as: "Stabilized or reduced undernutrition, including micronutrient deficiencies among children 6-59 months, PLWs and school age children. Indicators of measurement are presented in Table 7, as well as whether they were measured at any time prior to the evaluation mission.

[54] http://severemalnutrition.org/sites/default/files/1699.%20Sierra-Leone-IMAM-National-Protocol-2014.pdf
[55] January and October 2017 there was no supply, and in July food commodities were delivered only in Kenema.
[56] See paras 186-192 for more on this issue
[57] Some PLWs also explained that they ate CSB porridge three times a day until the ration was finished.
[58] WFP CO reported latterly to the ET that the introduction and training of MUAC was done during the Ebola period, and its use was continued under the PRRO activities. The ET did not get any direct feedback on this detail from beneficiaries.

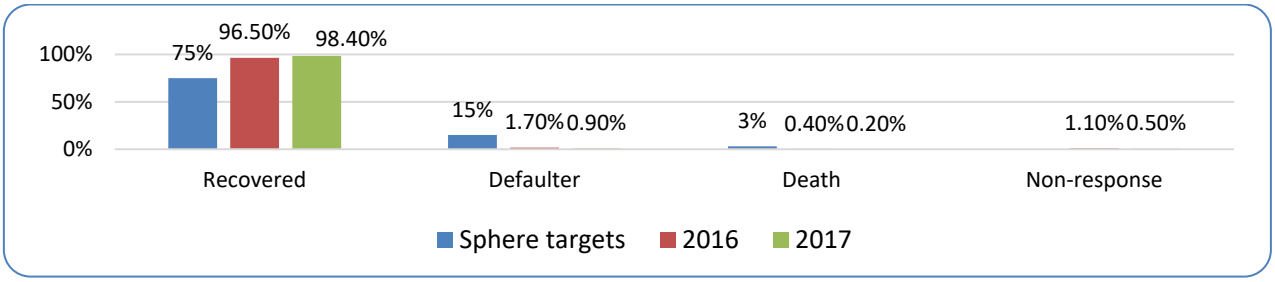
Table 7: Outcome 2.2. of logical framework, TSFP programme

	Measured	
Performance Indicators Outcome 2.2	**2016**	**2017**
- Recovery, default, mortality and non-response rates	Yes	Yes
- Proportion of target population participating in adequate number of distributions	Yes	Yes
- Proportion of eligible population who participates in programme	No	Yes
- Proportion of children who consume a minimum acceptable diet	Yes	Yes

Source: PRRO document

84. Globally, the results presented in the SPRs for TSFP outcomes are satisfactory (Figure 4). The TSFP met all three outcome indicators for recovery, deaths and defaulters, well above Sphere targets. However, defaulters and non-responders were under-reported; this, together with the significant deficiencies in programme reporting, as well as the many inconsistencies found between the different data sources reviewed (see Annex 9), raises further questions about data quality and reliability and, as a consequence, the validity of TSFP outcomes.

Figure 4: TSFP Outcome Indicators, 2016-2017



Source: Evaluation Team with data from WFP CO

85. Interviews with TSFP service providers at PHUs all highlighted the difficulties they had in filling the monthly reports, as well as the need for refresher training and supportive supervision. Registration and report-filling for both PHU and partner staff was also the major problem mentioned by the MoHS nutritionists in charge of TSFP, and all partners suggested that more WFP involvement in joint monitoring visits and refresher training[59] was required. High staff turnover and unpaid salaries were other significant challenges.

86. WFP has been working with the Government for the integration of TSFP as part of Integrated Management of Acute Malnutrition (IMAM) for several years by providing technical assistance, policy advice, development of guidance and monitoring tools, and participating in the development (and periodical review) of the national IMAM protocols. Under the PRRO, WFP continued to provide technical assistance, and provided the salary of one nutritionist based at the DFN national office until December 2017 as well as financial support for field level monitoring and supervision by DFN staff. The latest training on TSFP management was carried out in the last quarter 2015 under the CP, though no refresher training has been organised since.

87. The minimum acceptable diet among children 6-23 months from post-distribution monitoring (PDM) carried out in the last quarter of 2016 (33.3 percent) and 2017 (30.4 percent) showed no improvement (target: 50 percent) in the diet of smaller children attending the TSFP.

88. The national prevalence of GAM from the Standardised Monitoring and Assessment of Relief and Transition (SMART) survey conducted in August-October 2017 was 5.1 percent (95% CI[60]: 4.6-5-6), with 4.0 percent MAM (95% CI: 3.6-4.5) and a SAM rate of 1.0 percent (95% CI: 0.8-1.3), thus indicating no changes with the findings from 2014.[61] While it is well established that, at population level, TSFP activities by themselves and in isolation cannot

[59] The latest training on TSFP management was carried out in the last quarter of 2015.
[60] CI = confidence interval
[61] GAM and MAM rates were 4.7% (95% CI: 4.3-5.2) and 3.7% (95% CI: 3.3-4.1), and this slight difference is not statistically significant.

reduce levels of acute malnutrition, it could be expected that TSFP, as a component of IMAM, makes a valuable contribution to prevent a worsening of the nutritional situation in the targeted districts.

89. Coverage data from SPR 2017 indicates that 80.4 percent of the eligible population participated in TSFP. The ET was informed that a desk review method was used for coverage calculations.[62] While it is acknowledged that the reported number of enrolled beneficiaries by the end of December 2017 was high (25,492 children aged 6-59 months, and 21,898 PLWs), the ET notes that the many inconsistencies found in the reporting system makes it impossible to verify the number of eligible beneficiaries at that time. Different issues have been mentioned to negatively affect high coverage attainment, and to have a coverage estimate, a specialized cross-sectional survey[63] should be conducted.

Key findings and conclusions – Targeted supplementary feeding programme

- TSFP activities integrated as part of IMAM services contribute to the stabilization of GAM rates in the targeted districts. However, determination of TSFP effectiveness is constrained by the numerous issues related to data quality and reporting, and the under-reporting of defaulters and non-response categories. While the nutrition outcomes appear to have met Sphere standards, this does not entirely reflect the reality of the programme.
- The monthly TSFP modality, without tailored protocols, functioned in a very similar way to a blanket model programme, where targeted beneficiaries receive a pre-defined ration for a limited period of time and then are discharged (regardless of nutrition status). This has had important implications on programme quality, effectiveness and coverage.
- Where a substantial proportion of children fail to respond to treatment, and many MAM cases cannot be admitted on time, the TSFP design, the proper application of the protocol and the training of the staff at field level should be systematically reviewed.
- In general, the programme has increased the levels of confidence in the health system that was seriously damaged as result of the Ebola outbreak.

Nutrition: Stunting Prevention Programme

90. The SPP aimed to contribute to the prevention of stunting during the 1,000 days window of opportunity through the provision of a monthly ration of Nutributter® to children 6-23 months and of CSB+ to PLWs.[64] It also included social and behaviour change communication (BCC) to promote best practices on IYCF and hygiene, optimal use of specialised nutrition products, and improved understanding of gender-related issues. In addition, the SPP sought to test how the provision of food incentives improved immunization rates to attract mothers and children back to the health facilities.

91. The SPP had a two-year duration, beginning with a pilot phase covering 51 out of the 102 PHUs in Moyamba district for the first year, then scaling up across the entire district in the second year.[65] However, due to late resourcing the programme only started in February 2017. WFP supported the SPP's activities through partnership with World Vision, the DFN of the MoHS, the DHMT in Moyamba, and the Abdul Latif Jameel Poverty Action Lab for Africa (J-PAL).[66]

92. The development of guidelines and tailored monitoring tools, comprehensive training to 101 health staff of 51 PHUs and seven partner field monitors (February 2017),

[62] Number of eligible persons enrolled within the MAM programme/Population in area of interest ∗ MAM prevalence in population targeted. (*Source*: CRF indicators Compendium 2017-21.pdf).
[63] Semi-quantitative evaluation of access and coverage (SQUEAC) or Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC).
[64] Pregnant (from 16 weeks) and lactating (up to 6 months age of child)
[65] A planned second pilot district (Pujehun) was not started due to budgetary constraints.
[66] J-PAL: a research unit at the University of Cape Town in South Africa

thorough community mobilization and sensitization campaigns (April), and registration of eligible beneficiaries through a mass registration (May) were conducted prior to programme set-up and initiation of SPP activities through PHUs in June 2017.

93. Table 8 below displays beneficiary outputs by year and percentage of attainment, and actual versus planned food commodities distributed for the SPP component.

Table 8: SPP nutrition beneficiary & distribution, planned and actual, by year

Beneficiary Group	2016 (July-December)			2017		
	Planned	Actual	% actual v. planned	Planned	Actual	% actual v. planned
Children 6-23 months	17,144	0	-	35,770	9,061	25.6%
					(4,349 m; 4,712 f)	
PLWs	34,287	0	-	34,287	10,801 f	31.5%
Total	51,431	0	-	70,057	19,962	28.5%
Commodity (mt)	**Planned**	**Actual**	**% Planned**	**Planned**	**Actual**	**% Planned**
Nutributter®	62	0.0	-	261 mt	18.8 mt	7.2%
SuperCereal (CSB+)	617	0.0	-	1,252 mt	79.2 mt	6.3%
Total	**679**	**0.0**	**-**	**1,513 mt**	**98.1 mt**	**6.5%**

Source: WFP SPRs 2016 and 2017; World Vision end of project report; data extracted from WFP COMET (from CO); PRRO narrative

94. Overall, during the life course of the PRRO, WFP reached 17.6 percent of the targeted children 6-23 months and 15.7 percent of PLWs. In 2017, SPP activities for children 6-23 months and PLWs reached 25.6 percent and 31.5 percent of planned beneficiaries, respectively (21.8 percent male and 78.2 percent female). The delayed start, once funding was secured, combined with the delay in scaling-up the activities to the entire district (planned for the last quarter of 2017), are the major reasons for the low attainment.

95. WFP distributed only 6.5 percent of the planned tonnage overall, directly related to the low attainment in the number of beneficiaries reached. For 2017, WFP distributed 18.8 mt of Nutributter® and 79.2 mt of SuperCereal, and these amounts are well aligned with the beneficiary numbers enrolled in the SPP and those attending monthly distributions.[67]

96. Food commodity supply was reportedly roughly adequate but with recurrent delays in the pre-positioning of food due to logistical constraints faced by WFP, including the bad road conditions during the rainy season. This was mentioned by partners as a major operational challenge. In January 2018, SPP activities suffered from a pipeline break[68] and by the time of the ET's field visit in February, activities had still not resumed. The ET reiterates that ensuring regular and timely procurement and delivery of sufficient quantities of Nutributter® and SuperCereal is crucial, as periods without nutritional products can soon reverse gains, creating confusion among beneficiaries and health service providers regarding entitlements and guidelines and, in turn, potentially undermining programme compliance and effectiveness.

97. While all service providers interviewed referred to the programme very enthusiastically, they also explained that the activities carried out during the SPP distribution days[69] were very time consuming and they had to stay until late to serve all beneficiaries. This, together with the long distances for some communities and the long waiting times for some beneficiaries, was mentioned as a major operational challenge. Other challenges highlighted by some PHUs were the lack of space to organize a smooth flow of activities, inadequate storage arrangements and the lack of a shaded waiting area.

98. The SPP's convergence with IMAM services is well established in the protocols and children found with SAM are referred for out-patient treatment; however, the ET noted that this was not always followed by the staff.[70]

[67] World Vision; narrative monthly reports.
[68] Again due to delays in the renewal of the partners' FLAs
[69] Checking beneficiary´s card, measuring, immunization, registration, food distribution, nutrition and health related education messages.
[70] At FGDs with mothers of children 6-23 months, the ET found 3 children with SAM; mothers stated that the children were thinner than a few months ago. The nurse in-charge explained that the high workload had prevented them from picking up on their nutrition condition.

99. The SPP is subject to the conditionality of an updated vaccination schedule. The first J-PAL monitoring round (carried out in July 2017) found that the link between immunization and food distribution days largely did not work because the normal day for immunization in most PHUs is scheduled on Fridays, with food distribution days organised all through the week to ensure coverage of all 51 PHUs in one month.

100. A joint review meeting held in October 2017[71] was crucial for pairing immunisations with the SPP distribution days within PHUs.[72] Since then, health service providers received directions from the DHMT to start immunizing during distribution days. In addition, while negotiations between WFP, World Vision and the DHMT in Moyamba district are still ongoing about a common planning schedule, PHU service providers visited by the ET explained that they had already assigned two separate food distribution days, one during ante-natal care sessions for PLWs and one during vaccination days for children. However, the challenge still persists though mostly in PHUs with higher beneficiary caseloads. To overcome this, staff of one PHU explained that monthly vaccination outreach had been intensified in order to have more time available during the food distribution day to carry out all the activities involved as part of the SPP.

101. The ET agrees with the recommendation made by J-PAL after their visit in November 2017[73] of investing in efforts to create a more reliable schedule for the SPP distributions within each PHU, and also stresses the importance for all partners to commit, through effective collaboration and information sharing, to the detailed implementation plan agreed, especially WFP pre-positioning ahead of time.

102. Overall, FGD respondents stated that Nutributter® was highly accepted by the children. They said that the children's health had improved, they had gained weight, were more active and strong, and that any sick children had improved appetites. Side effects were not reported. Sharing with older siblings was occurring occasionally, and for them the ration lasted for no more than three weeks. For PLWs, the SuperCereal ration lasted only for two to three weeks, as they were taking porridge more often than recommended.

103. The main community barriers identified during the FGDs were long travel distances for some communities, the PHU workload resulting in non-admission of beneficiaries fitting the criteria, and misinformation and spreading of inaccurate messages, which could affect quality consumption. The PLWs requested improvements to SuperCereal packaging.

104. Group discussions confirmed that on-site education during distribution days primarily focused on the importance of the programme, how to use the supplements provided and hygiene measures during preparation; only occasionally they included basic health education sessions on other topics, with no particular focus on IYCF.

Analysis of progress towards achieving outcomes and objective

105. The outcome indicators included in the PRRO logframe related to the SPP component that are common with the programme design document[74] are presented in Table 9, though none of these had been measured by the end of the PRRO. Note that the logframe did not include outcome indicators specific for the SPP, nor for the BCC component of the programme. Without measurements, the ET collected available data from the partners on indicators related to processes and programme performance, and the PHUs' programme-related data for Moyamba district.

[71] Stunting Prevention Programme Review report. October 2017
[72] Incorporating incentives for immunization into Moyamba's stunting programme. Dec 2016. Emily Cupito. J-PAL Africa.
[73] Ibid 1
[74] Draft stunting prevention programme design.

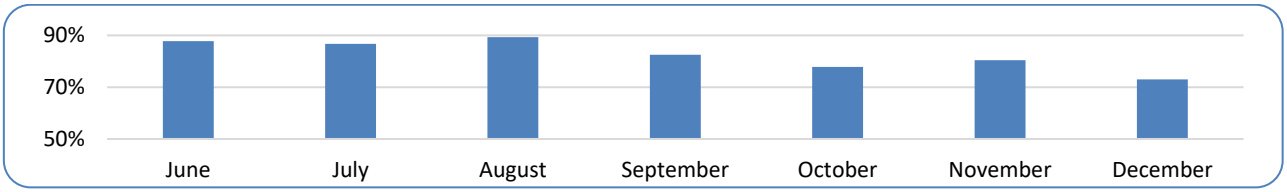
Table 9: Outcome 2.2. of logical framework (stunting prevention programme)

Performance Indicators
- Proportion of target population who participated in an adequate number of distributions - Proportion of eligible population who participated in programme - Proportion of children who consumed a minimum acceptable diet

Source: PRRO document

106. A review of the outcome indicators showed that overall performance was quite good, with 97.9 percent of beneficiaries successfully graduating from the programme and a very low defaulter rate (1.6 percent).[75] Figure 5 below shows the trend evolution of SPP monthly attendance since the first distribution (June 2017) as an indirect measure of beneficiary acceptability and compliance with the programme. This compliance remained throughout the period, with roughly stable monthly attendance at over 80 percent, except in October (77.8 percent) and December 2017 (73.0 percent).[76] Detailed analysis by beneficiary category showed that the decrease in attendance in December mostly concerned pregnant (60 percent) and lactating (63.8 percent) women.

Figure 5: SPP beneficiaries planned vs actual (June–December 2017)

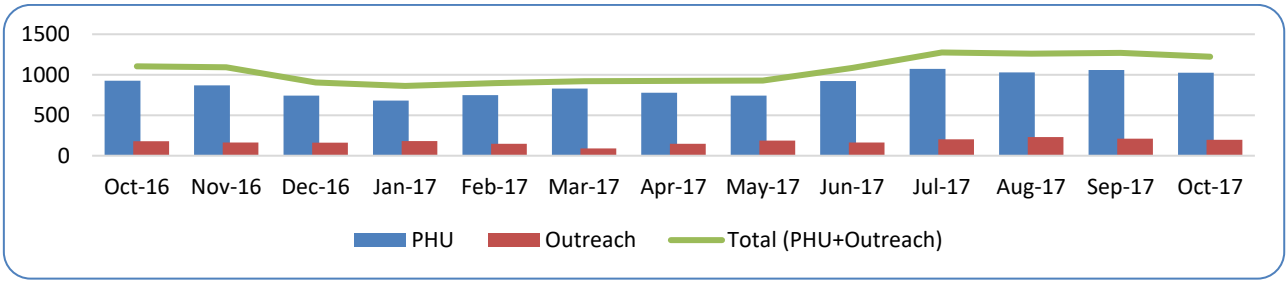


Source: World Vision - Last Mile Mobile Solution data

107. Feedback from the DHMT KIIs and from FGDs indicated a high level of satisfaction with the programme. In one group, respondents commented that males in the community were very grateful because their children and women were now healthier, and had had, in one case, the initiative to organise themselves and build a fence for the PHU. Health service providers and stakeholders highlighted that immunization rates, ante-natal care visits and clinic attendance overall had increased since the SPP started. There was also the anecdotal perception that MAM cases were recovering while being enrolled in the programme.

108. Data in Figure 6 shows a generally increasing trend in the number of children fully immunised since the SPP began in June 2017 in Moyamba district, indicating that the conditionality aspect of the SPP can work through helping to improve immunization rates. However, the reported increase in ante-natal care visits and clinic attendance was not confirmed through an analysis of the DHMT data.

Figure 6: Number of children 0-11 mo. fully immunised, Oct 2016-Nov 2017, Moyamba



Source: DHMT in Moyamba district

109. The ET found two different registration systems for the SPP at PHU level; an innovative information technology solution, the Last Mile Mobile Solution (LMMS), that is used by the partner's field monitors to register and track each beneficiary's programme

[75] The remainder percentage up to 100% included 0.2% deaths and 0.2% miscarriages.
[76] The decreased attendance observed in October was reportedly due to a mass immunization campaign carried out under the National Immunization Day throughout the district (World Vision; October monthly report); no explanations were found for the lower attendance at the end of the year.

participation during distributions, while in parallel the health staff were registering beneficiaries in the records specifically designed and tailored to SPP requirements.

110. Health staff highlighted the many difficulties they had with registration and monthly report filling due to data errors in the registers provided, insufficient space to register new admissions, prioritization of LMMS over the normal registration system which resulted in insufficient support from the partner's field monitors, time constraints combined with difficulties to find the beneficiary in the registers and, ultimately, a lack of understanding on how to fill the monthly report and unavailability of the data needed to complete them. All staff requested new booklets and further training. Because of the above it was impossible to adequately follow progress of SPP activities during the PHU visits.[77]

111. One DHMT informant complained that they still did not have a database to input the few monthly reports received (10 to 20 percent), and they relied on the partner's regular feedback despite the fact that they should be participating more actively in the monitoring side of the programme.

112. The ET acknowledges that LMMS improves accountability as well as prevents double registration, and that monitoring through LMMS can improve programme performance efficiency and effectiveness through near real-time evidence on processes and coverage. However, the health staff responsible for SPP implementation will most likely not have the capacities to manage the LMMS reporting side of the programme, particularly with the high staff turnover overall; in addition, the system requires technology and maintenance. Therefore, the ET considers that the LMMS is not the best suited reporting system when considering sustainability and integration into the Government system.

113. On the other hand, the ET considers that WFP and partners did not take advantage of the near real time LMMS tracking to identify weaknesses in the programme and to make necessary programmatic adaptations[78] as the programme progressed. Sharing and discussion of these data among partners and with local stakeholders should have led to a common understanding of strengths and gaps in programme coverage, and to local leadership responses to address the identified gaps.

114. The current programme immediately fills a micronutrient gap by providing beneficiaries with Nutributter® and SuperCereal to enrich the typical diet, but efforts have not been invested thus far into longer term sustainable solutions, despite this being considered in both the PRRO and the programme design documents through the development of the IYCF BCC component and improved understanding of gender. WFP and UNICEF have recently started informal discussions on fields of collaboration regarding the latter. The ET notes that this should be seen as a priority because the programme appears to be primarily food driven and this compromises programme achievements and outcomes.

115. The ET also highlights the importance of planning. As part of the SPP scale-up implementation plan to come, the organization of refresher training for the PHU staff will be required, as it is likely the knowledge gained through the initial training[79] (October 2017) will be lost by the time the SPP is scaled-up to all the PHUs in Moyamba district.

Key findings and conclusions – Stunting Prevention Programme

- Outputs are lower than planned due to budgetary constraints that led to late initiation of SPP activities, with the delayed scaling-up to the entire district to come in 2018.

[77] The LMMS system is only available at PHU level during the food distribution days. During the ET visit, it was neither possible to determine the number of beneficiaries admitted at each PHU visited nor to triangulate registers with monthly reports when these were available (monthly report booklet was distributed as late as October in the PHUs visited).

[78] For example, identifying the geographical areas with low participation through LMMS, in combination with simple though well focused qualitative enquiry, might identify barriers to participation such as lack of awareness of distribution days or low perceived importance of SPP (among others), and suggest adjustments (e.g. increased targeted mobilization and communication efforts, community engagement for road rehabilitation).

[79] 101 staff of the remaining 51 PHU were trained as part of the initial implementation plan to scale up the programme to the entire district in the last Q 2017.

- Progressive phased implementation process, on-going community mobilization, specialized nutrition product acceptability and the reported benefits since beneficiaries started to consume them, are key aspects to the good acceptability of SPP among communities overall. Programme performance is very good, with 98 percent of beneficiaries successfully graduated and less than two percent defaulter rate.
- The first pilot phase shows that using food as an incentive can be effective to improve immunization rates.
- The late pre-positioning of food, the absence of a SPP schedule pairing with vaccination days, and the high workload during SPP distribution days, are major operational challenges already identified in the early stages of implementation. The ET found that little progress has been achieved since then to overcome them, except for some more SPP distributions being done during vaccination days.
- The LMMS, despite its advantages over the more traditional registration system, does not allow service providers to fulfil monthly reporting requirements; in addition, staff turnover combined with lack of computer skills, and the technology and maintenance needs make this system unrealistic when considering sustainability and integration into the MoHS's regular system.
- Additionally, the partner's prioritization of LMMS over the more traditional reporting system has as a consequence that the PHU's SPP implementers do not have the capabilities to manage either of the two reporting systems.
- The compound nature of stunting calls for embedding the SPP into a more comprehensive multi-sectoral approach, addressing the multi-factorial causes of undernutrition. The SPP remains primarily food driven and complementary activities envisaged as part of the PRRO (such as the IYCF BCC component and improved understanding of gender issues) have not been initiated.
- This pilot SPP and lessons still being learned is a very valuable starting point to inform the on-going development of a National Comprehensive Strategy to stunting prevention.

Relevance and appropriateness of the nutrition interventions

116. Malnutrition for PLHIV speeds the progression of the virus and is an indicator of early mortality;[80] food insecurity compounds the wasting associated with HIV. Substantial practical experience and evidence-based research shows that food insecurity is a significant barrier to ART adherence, and that food assistance improves this aspect among PLHIV.[81] Based on the convergence of these risk factors in Sierra Leone, the ET finds that the FbP programme is appropriate to the stated objectives and to the context. Key stakeholders stated that they considered the FbP approach to be critical to the national HIV response.

117. WFP has been implementing TSFP activities in Sierra Leone since 2010 in districts with GAM rates over five percent. Following the EVD outbreak, data from a MUAC-based nationwide massive nutrition screening (2015) showed an overall increase in GAM rates, with three districts recording GAM rates above 10 percent; and the 2015 CFSVA also indicated increased levels of food insecurity overall. Therefore, WFP resumed TSFP activities under the CP in the districts with the highest GAM and food insecurity levels, and these continued during the PRRO.

118. The treatment of MAM through a TSFP is considered a relevant intervention when GAM rates among children 6-59 months exceed 10 percent, or 5-9 percent if aggravating factors[82] exist. In this context, the ET considers that MAM treatment through TSFP was appropriate at the time of the PRRO's design.

[80] Koethe, J.R. and D. Heimburger, 2010
[81] Singer, A. W., S. D. Weiser & S. I. McCoy, 2015
[82] These include increased food insecurity, child mortality rate higher than 1/10,000/day; presence of epidemics and high prevalence of respiratory or diarrhoeal diseases.

119. With GAM rates remaining stable at five percent (as per the last national survey carried out during PRRO implementation in 2017[83]) MAM treatment through TSFP is no longer justified because, with these GAM rates, a preventative approach to MAM is more appropriate,[84] and implementing the SPP addresses both conditions simultaneously.[85] The SPP was therefore found to be very relevant.

Appropriateness of activity choices and transfer modality

120. The ET finds that all activities of the nutrition component are appropriate for the needs of the targeted beneficiaries. For the FbP, the family package provides 70 percent of energy requirements for one person every three months. While the ET finds that this combined ration is appropriate, as evidence shows that food insecurity and undernutrition undermine treatment and long-term adherence for PLHIV and TB,[86] the quantities delivered through the family package are insufficient to achieve adequate food consumption over the assistance period for the targeted vulnerable households.

121. The current FbP model uses in-kind food, which is found appropriate, though other alternative modalities that have been successful elsewhere, such as cash/voucher schemes,[87, 88] were not explored. Cash-based approaches are viewed as more efficient and more cost-effective than food, mainly for the family support ration.[89] The exploration of alternative modalities is especially important as the in-kind model does not adequately address several programme constraints, such as the misaligned timing of food delivery and drug dispersals, the weak linkage between ART sites for patients follow up and drug provision and FDPs, and the difficulties that clients face in paying transport costs.

122. The TSFP activities implemented through bi-monthly follow up visits up to a maximum of three months follow national IMAM protocols[90] and is found to be appropriate. However, the ET finds that the move to monthly visits in some cases had significant implications in reducing programme quality. The CO could have considered alternative approaches or solutions based on consultations with stakeholders.

123. Selection of commodities is appropriate according to WFP's technical guidelines and beneficiaries expressed satisfaction with them. WFP also provided a support ration with rice, pulses and fortified vegetable oil to mothers and caregivers of children with SAM in IPFs with the objective to reduce drop-outs.

124. Due to the late resourcing of the SPP, the programme only started in February 2017. The ET agrees with the CO that delaying the SPP's scaling-up[91] into 2018 was the right decision at the time, considering the nature of the pilot project itself, and the need for an ongoing review of programme achievements and challenges. An analysis of identified weaknesses and gaps to incorporate lessons learned and to make programme improvements was also required before the programme was expanded.

Geographic targeting and beneficiary selection.

125. The geographic targeting and selection processes were appropriate, and interviews with stakeholders confirmed that the process was participative. For FbP, a baseline nationwide assessment of the nutrition status among ART clients was conducted with the aim to determine the proportion of ART and PMTCT clients in need of FbP services.[92] Results were

[83] Sierra Leone National Nutrition Survey 2017. ACF Canada, Irish Aid.
[84] MAM decision tool; 2014. Global Nutrition Cluster. MAM Task Force
[85] A comprehensive stunting prevention or preventative interventions for acute malnutrition both use the same blanket distribution approach. This includes BCC activities to promote IYCF and hygiene good practices.
[86] Young, S., A. Wheeler, S. McCoy & S. Weiser. 2014
[87] Mazinza Kawana B. et al (2014). Cash or Food? Which Works Better to Improve Nutrition Status and Treatment Adherence for HIV Patients Starting Antiretroviral Therapy. London: Institute of Development Studies.
[88] Temin, M. (2010). HIV-social protection: what does the evidence say? Geneva: UNAIDS.
[89] Miller, E. and Samson M. (2012) "HIV-sensitive Social Protection: State of the Evidence 2012 in sub- Saharan Africa. Commissioned by UNICEF and produced by the Economic Policy Research Institute, Cape Town.
[90] Available at: http://severemalnutrition.org/sites/default/files/1699.%20Sierra-Leone-IMAM-National-Protocol-2014.pdf
[91] The scaling up to the entire district had been planned to occur in the last quarter of 2017, as per the 2017 implementation plan reviewed.
[92] Overall, among adult ART clients (non-including PLW), 51% were underweight (BMI<18.5); almost half of the children (48%) aged 6-59 months were also malnourished, and 39% PLW had a MUAC<23. As noted in the report, results should be taken with caution and not

used to advocate for the increase in Global Fund resources, thus enabling WFP to scale up nutritional support to this caseload as per updated needs.

126. For TSFP, the selection of the target districts was based on GAM levels combined with high food insecurity (see para 111), and the availability of an appropriate partner willing to engage in treatment of MAM. For the pilot SPP, the district selection was made based on the combination of high stunting levels (SMART 2014), high food insecurity and poor diet diversification (CFSVA 2015), and low immunization rates (Sierra Leone Demographic and Health Survey 2013).

127. Beneficiary targeting is coherent with the Sphere standard in food security and nutrition,[93] and with Sierra Leone's National Food and Nutrition Security Policy.[94]

Coherence with WFP corporate strategy

128. Overall, the PRRO's nutrition activities are aligned with WFP's policy objectives. Under FbP, this was the HIV and AIDS policy (2012), ensuring the fulfilment of WFP's responsibilities under the joint United Nations Programme on HIV/AIDS (UNAIDS).[95] The FbP activities are also coherent with WFP's Nutrition Policy (2012) and the Policy on Capacity Development (2009).

129. For the TSFP, the PRRO is aligned with WFP's global mandate to treat MAM in areas where GAM rates exceed 10 percent via efforts to integrate TSFP within IMAM. At the time of programme design this was appropriate, although with GAM rates remaining stable and now within acceptable parameters, MAM treatment through TSFP is no longer justified and the CO's priority focus should be on reducing the high stunting rates.

130. The SPP component is well aligned with the WFP Strategic Plan's (2017-2021)[96] main focus to prioritize preventative interventions within the 'window of opportunity'. The design followed the Nutrition Policy framework,[97] although the provision of complementary food should be accompanied by interventions aimed to promote IYCF best practices as well as the use of nutritious food products; and the PRRO, despite stating that the action would be complemented with a BCC strategy, did not suggest how the CO would coordinate with UNICEF and/or other stakeholders to develop and implement a comprehensive BCC approach with strong community involvement.

Coherence with Government policies and strategies

131. The PRRO contributed to the Government's Nutrition for Growth (N4G) commitment[98] of reducing the prevalence of stunting from 25.7 percent to 11.7 percent by 2020, and achieving the 2030 Agenda for Sustainable Development of meeting internationally agreed targets on stunting and wasting in children under five years of age by 2025.[99] The PRRO nutrition activities were well aligned with the objectives and strategic interventions of the National Food and Nutrition Security Policy (2012-2016), and with the strategic actions to be undertaken to support the realization of the priority areas identified in the National Food and Nutrition Security Implementation Plan (2013-2017).

132. The CO also continued to support the DFN by providing the salary of one nutritionist based at the directorate's National Office to give guidance and oversight of the TSFP programme.

---

interpreted to reflect the nutrition status of PLHIV overall, as only 8,600 ART clients participated out of the estimated 15,390 PLHIV on ART (furthermore, well off clients who are not interested in food support were more likely to opt-out of the survey). (*Source:* Nutrition Assessment of ART clients in Sierra Leone. 20 July-30 August 2016. WFP/NAS).

[93] The Sphere Project. 2013. Humanitarian Charter and Minimum Standards in Humanitarian Response.

[94] Available at: https://extranet.who.int/nutrition/gina/sites/default/files/SLE%202012%20Sierra%20Leone%20Nutrition%20Policy%20pdf%20version.pdf

[95] Since 2006, WFP has been the lead for integrating nutrition and/or food support in HIV responses under the Division of Labour of the Joint United Nations Program on HIV/AIDS

[96] Available at: https://docs.wfp.org/api/documents/WFP-0000019573/download/?_ga=2.63199468.2137494008.1520003362-2094503721.1516139225

[97] WFP Nutrition Policy 2012 and WFP Nutrition Programming for nutrition-specific interventions; 2012.

[98] Available at: http://docs.scalingupnutrition.org/wp-content/uploads/2016/08/Sierra-Leone-Nutrition-for-Growth-Position-Paper.pdf

[99] Available at: http://statehouse.gov.sl/wp-content/uploads/2017/12/afp.pdf

Coherence with partners (including United Nations agencies)

133. By providing nutrition support to malnourished clients, the PRRO contributes to SDG1: Ending poverty, Goal 2: Zero Hunger, and Goal 3: Good Health and Well-Being. In support of global partnerships (SDG 17), WFP provided technical, logistical and procurement support for 'The Four Foods' study.[100]

134. The PRRO's design aligned with Pillars 3 (accelerating human development) and 6 (strengthening social protection systems) of the United Nations Development Action Framework (UNDAF) 2015-2018.

135. The PRRO also aligned with WFP Sierra Leone's commitment to Scaling Up Nutrition (SUN), promoting improved nutrition for people in need. Since the launch of the SUN initiative in 2012, WFP has partnered with the Government to enhance availability of and access to quality health care services that address the diverse causes of malnutrition. WFP's support of the SUN mandate included an expansion of nutrition-sensitive public health actions to curb the spread of EVD and other threats, and to reinforce adherence to HIV and TB treatment.

Safety Nets

136. The provision of safety net measures was included in the PRRO document under the objective of 'improved food security' and covered two areas of intervention: lean season distributions for highly vulnerable households through food and cash-based transfers, and support to children orphaned by Ebola, using food.

137. Distributions of cash transfers for lean season support did not take place as no contributions were received from donors for this; food commodities were used for this activity, which occurred only in the month of August 2017 in six districts. The implementing partner in all districts was the National Commission for Social Action (NaCSA). Although planned for 2016, no such distributions happened that year due to budget limitations. Table 10 below shows the planned and actual amounts distributed and the beneficiary breakdown.

Table 10: Lean Season and Contingency Support – beneficiaries & distributions

Period	Planned beneficiaries	Planned total	Actual F / M	Beneficiaries Actual Total	Actual v. Planned	Planned Food mt	Actual Food mt
Lean Season Support							
2016	88,400 female 81,600 male	170,000	No lean season distributions carried out in 2016 due to lack of funding			2,632 mt	0 mt (0 %)
2017	88,400 female 81,600 male	170,000	48,062 F 44,365 M	92,427	54 %	2,632 mt	1,424 mt (54 %)
Contingency Support (responses to localised emergencies, including the mudslide)							
2016	90,000		6,364 F 6,013 M	12,377	13.8 %	1,485 mt	180.8 mt (12.2 %)
2017	90,000		8,772 F 8,125 M	11,924	13.2 %	1,485 mt	290 mt (19.5 %)

Source of data: WFP CO

138. Contingency support was not linked to any specific emergency situation in the planning but was actually used to provide food support to families affected by floods, fires and storms, and in one case to help 60 returning would-be migrants repatriated to Sierra Leone from Libya. Assistance periods varied from 15 to 60 days for different cases, which accounts for the variance in percentages between actual and planned as shown above.

139. The ET visited four communities where the lean season support had been distributed and held FGDs with the beneficiaries and others in the villages. Most FGDs indicated that

[100] The study was undertaken by Tufts University, the United States Agency for International Development (USAID) and the NGO Project Peanut Butter, and aimed to assess the efficiency and cost-effectiveness of specific nutritious foods for MAM treatment. WFP also partnered with the Abdul Latif Jameel Poverty Action Lab (J-PAL) Africa, a research institution based at the University of Cape Town, to design and monitor the stunting prevention and immunization programme.

less that 20 percent of the village households had been on the beneficiary list, given that targetting was towards the most vulnerable people.

140. Targeting was based on former Ebola hotspots with the highest levels of moderate and severe food insecurity based on the findings of the CFSVA. Beneficiaries selected from these areas were the most vulnerable using the WFP selection criteria. However, the ET noted that a few of the beneficiary villages visited during the field mission appeared significantly more prosperous in comparison to many of the other villages in the same neighbourhood, raising further questions on the robustness of the assessment and verification processes

141. All feedback indicated that this cohort within the villages were the true recipients; this was verified with certain individuals the ET met who were clearly less able than others: a disabled man on crutches, a blind village leader, elderly women heading households etc, and they all confirmed that they had been on the lists. Particularly positive was the fact that the beneficiary lists had been compiled by the communities themselves – albeit with some guidance from NaCSA – and verified by WFP using the 'Open data Kit Collect' mobile software which allocates 'points' based on identified vulnerabilities. All communities interviewed indicated that their original lists had not been amended by either NaCSA or WFP, which definitely empowered the communities to make the decisions over recipients and contributed to better community cohesion.

142. However, the community-level coping mechanisms at this period of the year meant that all food rations received by households were in fact distributed much more widely through the village, so all households in the community benefited to some extent. Three months of supplementary food for a household was said to have lasted about ten days in most cases, because of this dilution. In one place, food had been distributed at the time of the Eid, so the community had had a big party and used the food for that. Individual recipients did not object - it was the way the community functioned.

143. While the inputs were appreciated as useful and timely, and of good quality, the ET does question the validity and effectiveness of this one-off input of food which does not then remain within the targeted households. It is not known whether cash would have been shared in the same manner, though when asked, people said food was more welcome than cash anyway as it could not be misused for other things.

144. Evidence from one nutritional study[101] suggests that although the lean season is a tough time for many people in Sierra Leone, the quality of their dietary intake often improves because they are forced to find forest products and consume a wider variety of food (and nutrients) than their normal diets. This fact, when considered against the short-term inputs and broad distribution of WFP's basic lean season support, and against the cost of the partners' involvement and WFP's purchase and movement of food, make the economics of the intervention very questionable.

145. One-off distributions were intended to provide support for three months, although not all FGD respondents were clear on what they should receive and when. The total quantity of rice distributed via this activity in 2017 (929.94 mt) to the 92,427 reported beneficiaries provided 10 kg per beneficiary over the assistance period. Food was distributed to groups of beneficiaries for them to redistribute amongst themselves – most of the FGD respondents thought they had either received 25 kg or 50 kg of rice (one bag), whereas the bags were in fact 50 kg. Illiteracy is the most likely reason for this confusion, but this issue was not expressed as a concern – people were satisfied that they got what they had been promised. Other rations varied slightly between sites, based on availability due to pipeline breaks.

[101] 'Linking Agriculture, Natural Resource Management and Nutrition Project, Sierra Leone', endline survey. Concern Worldwide and Welthungerhilfe, Freetown, April 2016. Section 4.2.6, page 49

Support to Orphans

146. A second safety net component was the provision of food to households hosting children <18 years who became orphaned due to the EVD. In this case the partner, Street Child, working in conjunction with the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), managed the programme with verified lists of beneficiaries who received additional food support.

147. The following Table 11 indicates quantities and numbers supported in 2017. Distributions to orphans via Street Child were carried out only twice to cover a 90-day period in the year, in February/March (for 60 days), and in May (for 30 days).[102]

Table 11: Support to Orphans (beneficiary and distribution details, 2017)

Partner	Distribution date 2017	No. of Orphans Female / Male		Total by distribution	Total individuals	Planned for 2017	Actual vs Planned, %
Street Child	February	3,861	3,561	7,422	8,254 *	7,000	124%
Street Child	May	4,622	4,465	9,067			
WFP to 'Interim centres'	Through 2017	214	196	410	410 **		
Food Commodities		**Planned 2016**	**Planned 2017**	**Actual 2016**	**Actual 2017**	**Actual total (mt)**	**Actual vs Planned, %**
Support to Orphans		1,155 mt	1,405 mt	No data	623.8	623.8 mt	44.4% *(2017 only)*

Source: Data from WFO CO * Calculated as being an average between the two Street Child distributions ** Calculated as an average across all months of distributions.

148. The figures above are compiled from CO data from distribution reports and represent likely numbers of individual orphans assisted (that is one individual over multiple months = one beneficiary). Where monthly differences are shown in the CO data, an average figure is taken. Although a figure of 124 percent of planned beneficiary numbers reached is shown in the Table, this is somewhat misleading: the distributions only cover three months of food in 2017,[103] somewhat diluting the idea of a consistent safety net for the hosting families. The team unfortunately did not meet any orphans or their host families directly. There is no data for food distributions in 2016 nor for gender disaggregation.

149. The partner talked of 'new orphans' waiting to get on the lists, but the ET was unable to verify who these may be, given that they had presumably been orphaned sometime prior to January 2016 and not since, so possibly any 'waiting list' was due to an imposed ceiling of numbers due to food availability, as in some of the nutrition activities mentioned earlier. Further analysis of the available data shows numbers fluctuating widely between the mentioned distributions in some districts, and not changing at all in others, and it remains unclear how this caseload was identified, managed and monitored. More details on this are given in Annex 10.

150. Street Child staff confirmed that orphans reaching 18 years of age were meant to come off the support programme, but said it was challenging to simply cut them when the extended family continues to need the assistance. The ET could not confirm whether they all did stop receiving this support when they reached that age.

151. At the outset of the evaluation field mission, the ET was informed by the CO that there was no institutionalised feeding for orphans. However, a review of the distribution data (supplied well after the field mission had ended) and subsequent confirmation from the CO, indicates that there were indeed 14 institutions supported by WFP noted 'orphans at interim care centres' that also received food support during 2017, all in the Western Urban and Western Rural areas. Due to the misinformation received, the ET was unable to visit these places or meet staff or children concerned.

[102] Street Child had an FLA from 01 February to 30 April 2017, later extended to mid-May 2017.
[103] Reported by WFP CO during the reporting phase of this evaluation to have been due to resource constraints.

Analysis of progress towards achieving outcomes and objective

152. The logframe indicators related to Outcome 2.1 are reported below (from para 161 onwards), as they are not disaggregated between this safety nets component and the livelihoods work.

153. In both the lean season and the orphans' support, the ET believes that the quantity and frequency of the food provided will have had little or no significant impact in addressing food security of the targeted groups. The quantities were limited, the number of beneficiaries (for lean season) were small, and the distributions occurred once or twice in 19 months, and the ET cannot consider this as an efficient or sustainable intervention.

Key findings and conclusions – Safety Nets

- Given the limited scale and infrequency of the lean season support, and the fact that the food was widely distributed through the communities, it is difficult to consider that it had anything more than a token impact
- Similarly, by providing only three months of food to households hosting EVD orphans in 2017, the food security of the children or their hosts was only temporarily addressed
- Allowing and supporting the communities to self-select their most vulnerable members was seen as highly positive and directly leading to better community cohesion
- Data analysis and reporting was again very weak and inconsistent in this area, particularly for the support provided to orphans

Livelihoods and Capacity Building

154. A principal component of the PRRO activities was the creation and rehabilitation of productive agricultural assets at community level, to contribute towards enhanced crop production and improvements to the income of communities. The project document identified 50,000 targeted beneficiaries for the FFA activities, 22,000 of whom (11,440 women, 10,560 men)[104] would receive food support. The remaining 28,000 were targeted for cash support, but this was not implemented due to lack of funding.

155. From the data received, 9,826 people (4,563 women, 5,013 men) directly benefitted from these FFA activities, representing 44.7 percent of planned target beneficiaries. Women represented 46.4 percent of the total direct beneficiaries. On the assumption that each beneficiary uniquely represented one household and noting an average household size of five persons, there were 49,130 indirect beneficiaries (23,395 female, 25,735 male).

156. Activities for the crop rehabilitation work were under-brushing, pruning and toileting of planted tree crops (mainly palm trees and cocoa trees). For the inland valley swamp (IVS) component, the main tasks were brushing, bund construction for the control of water, nursery establishment and transplanting. The women did the clearing of vegetation, and work on vegetable gardens. The IVS farming was targeted over the upland ecology to promote double cropping of rice due to perennial availability of water in lowlands, in addition to discouraging traditional upland shifting cultivation which contributes toward deforestation and land degradation.

157. Many of these were individual landholdings (mostly the tree crop plantations); in some cases, principally the IVS plots, they were larger community-held assets. Other small one-off projects were also supported. Table 12 below indicates both the range of activities implemented as well as the beneficiaries against each.

[104] It was unspecified whether these were direct targeted beneficiaries or indirect.

Table 12: FFA Activities and number of beneficiaries; direct and indirect

Activity	No. of projects	Direct Beneficiaries			Indirect Beneficiaries		
		Male	Female	Total	Male	Female	Total
Inland Valley Swamps (IVS) (rehab., cultivation, development)	56	1,567	1,227	2,794	7,835	6,135	13,970
Tree crop rehabilitation	81	3,203	2,238	5,441	16,015	11,190	27,205
Cocoa plantation establishment	26	141	30	171	705	150	855
Vegetable cultivation	23	14	1,046	1,060	70	5,230	5,300
Clearing of water drainage in Western Area Urban and Rural	10	-	-	-	-	-	-
Feeder road rehabilitation	0	88	22	110	440	110	550
Dumpsite/garbage clearing	1	134	116	250	670	580	1,250
Total		**5,147**	**4,679**	**9,826**	**25,735**	**23,395**	**49,130**

Source: WFP CO data

158. Data from WFP shows some beneficiaries on feeder road rehabilitation even though no project was planned for this activity. Although the cleaning of water drains was mentioned as an activity (in Freetown), there is no record of beneficiaries for this activity. The dumpsite/garbage clearing was a one-off project proposed by a partner, in Bo city which was not a target area in terms of vulnerability, and where the beneficiary workers were not the most vulnerable even locally. While the project itself may have had significant benefits to the surrounding community, it appears as a deviation from the plans.

159. The main partner for the agricultural activities was the MAFFS, who assisted the work through initial site identification and follow-up technical support during the process via their outreach officers. Beyond the necessary crop rehabilitation work (brushing, pruning and toileting the trees), beneficiary farmers were helped with technical training to improve the ongoing management of their assets. Results were widely reported to be positive, producing increased yields, and therefore income, from the various crops. Farmers indicated that now the major cleaning work had been done, ongoing maintenance would be possible from their own resources and using the earlier work groups. The increased yields they have already experienced will act as the incentive.

160. Many of the plots were privately owned and the ET considers that future interventions should prioritise community farms instead rather than individual plots. Although there was no evidence of this approach having caused problems (as the food assistance was provided for the work itself), any longer-term benefits will go to the landowner. Community-owned and managed farms would ensure any benefits accruing from the inputs are more equitably shared amongst all households in the communities.

161. The work however was done using work groups of the targeted beneficiaries (mixed female and male), constituted to work together on each plot. The ET heard how this was a new concept for many communities, who realised the effectiveness of working together in groups rather than individually. They reported that it had – unexpectedly - directly strengthened the sense of mutual support amongst them and had led to other joint activities without any external assistance (which in one community included the building of a maternity room).

162. Table 13 below indicates the planned and distributed food quantities (in metric tons) by year for this asset creation work. While actual quantities were significantly over the planned figures, note that there was no cash-based support to these activities and the use of food compensated for this. The food provided was a basket of rice, pulses, vegetable oil and salt. It is also noted that this distribution information is not provided in the SPRs.

Table 13: Quantities of food commodities (in mt) provided for FFA activities

	Planned 2016	Planned 2017	Planned total	Actual 2016	Actual 2017	Actual vs Planned
Asset Creation	176	470	646	572.7	994.1	242%

Source: PRRO project document (planned); WFP CO distribution data (actual)

163. WFP implemented its 'Three-Pronged Approach' (3PA) in this component, whereby they identified the most appropriate programmatic strategies in specific geographical areas between the Government and its partners through an integrated context analysis at the national level. This was followed by seasonal livelihood programming assessments at the sub-national level, bringing together communities, the authorities and partners to design operational plans, and then community-based participatory planning at the local level to ensure that the communities have a strong voice and will lead in setting priorities.

164. While feedback from the landholders and farmers was positive, some seasonality concerns were expressed to benefit from the next fruiting season: in some cases, the projects were quite delayed after planning, and full benefits of yield improvement were lost. Also, for the IVS rehabilitation, the partners failed to budget for hand tools which delayed the work; and once rehabilitated, rice seedlings were not available, so again the impact was lessened. The 3PA should – in the ET's opinion – have picked these issues up in advance and ensured either WFP had adequate cash provision for non-food items or had engaged partners with complementary inputs (for example, the United Nations Food and Agriculture Organisation (FAO) with seedlings), and despite it being given as an assumption in the project logframe it did not materialise and should be a lesson to be heeded for the future.

165. The ET considers that overall the FFA activities were very relevant in terms of rehabilitating existing assets and improving livelihoods of the farmers involved, with the shorter-term benefits (food for several weeks) being made available to the work group participants. With the MAFFS support, appropriate activities were identified, and the complementary technical training they also delivered will help towards sustainability of the projects.

Livelihoods Support: work with Farmers' Organisations

166. This component of the PRRO was implemented in partnership with the various District Agriculture Offices of MAFFS for technical advice. WFP worked with 11 farmer-based organizations (FBOs) and 31 agricultural business centres (ABCs) across the country on purchase for progress (P4P) activities, aiming to give smallholder farmers better access to markets for their produce and to enhance their income streams. A total of 11,000 farmers were members of the 42 P4P-supported groups (55 percent women).

167. Thirty-five ABCs/FBOs were reported to have received training from WFP in post-harvest handling as well as market access.[105] Training was confirmed by the chairperson of Nyawa Kama Baimba ABC interviewed during the field mission. A total of 70 smallholder farmers from the ABCs/FBOs were trained, 43 of whom were women (61.4 percent). The training also advised them on maintaining sustainable access to markets. Through the P4P training, farmers are more aware of better handling and marketing procedures, helping them to gain market opportunities.

168. Of the 42 ABCs/FBOs supported, 12 had sold food to WFP and other partners. Total quantities sold by farmers to the FBOs, ABCs and to the markets were 426.75 mt during the PRRO implementation period, including 381.75 mt rice and 45 mt pigeon peas. WFP also facilitated links between some farmers and private sector buyers, providing an opportunity for them to sell into the markets beyond WFP. This was appreciated, as the prices were said to be better for the farmers than those offered by WFP.

[105] Although all 42 groups were invited but seven groups never showed up for training

Analysis of progress towards achieving outcomes and objective

169. As shown in Table 14, the percentage of households with borderline FCS is more than double the target point for both sexes. The acceptable FCS is about one-fourth of the target value for male-headed households and one-fifth for female-headed.

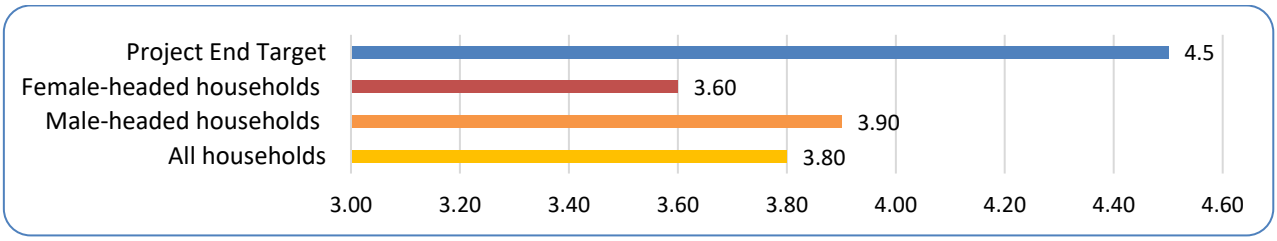
Table 14: Households with borderline and acceptable Food Consumption Score

Indicators (Outcome 2.1 in LogFrame)	Project End Target	Male-headed	Female-headed	All
FCS: % of HHs with borderline FCS	<18.00	41.60	40.80	43.50
FCS: % of HHs with acceptable FCS	>76.00	18.60	15.40	17.80

Source: WFP SPR 2017 (Indicators from the project logframe)

170. The project targeted a DDS of at least 4.5 by December 2017. Data in Figure 7 indicates that the end of project score is below the target for both sexes.

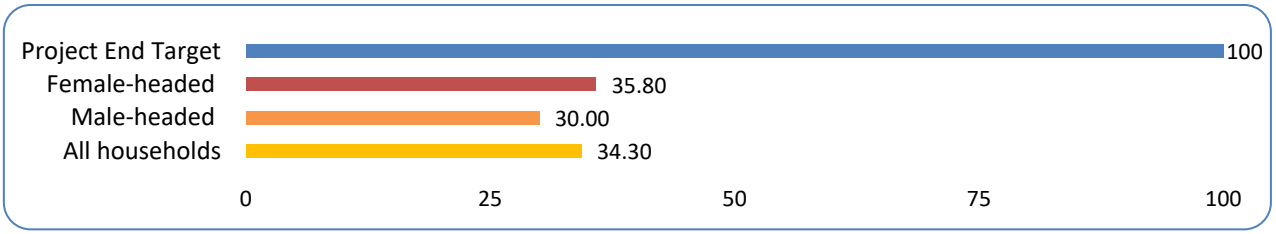
Figure 7: Diet Diversity Score



Source: WFP SPR 2017

171. The PRRO also intended that all households would be able to adopt the five standard food-related coping strategies referred to in the rCSI by December 2017. According to the results displayed in Figure 8, only around one-third of households had reached the target, with a result for female-headed households slightly higher than their male counterparts.

Figure 8: Percentage of households with reduced/stabilized Coping Strategy Index



Source: WFP SPR 2017

Key findings and conclusions – Livelihoods and Capacity Building

- Food support helped the farmers to rehabilitate their agricultural assets by enabling them to have additional labour for the major work activities, which have already shown benefits via improved yields and sales
- In turn, this has improved livelihood levels of the beneficiaries and their families through improved crop yields and sales.
- The P4P training strengthened the capacities of farmers on post-harvest management and quality handling skills and enabled improved access to markets

Disaster Management

172. Building on previous emergency response work done over the recent years between WFP and the Government, together with the recommendations of a 2016 review indicating that the national disaster response plan needed to be upgraded, WFP and the Office of National Security (ONS), Sierra Leone's national disaster management authority, started to develop a 'Capability Enhancement Engagement Plan' as the way forward in early 2016.

173. The PRRO project document, included a plan to "Strengthen national capabilities to prepare for and respond to future emergencies, including Ebola flare-ups and localized

flooding", and budgeted a quantity of contingency food stocks for 90,000 people, to enable WFP to respond to future emergencies quickly. The working assumption was a possible re-emergence of EVD in the country and a necessary return to providing food to those affected, as well as in response to localised flooding and other disasters. No new EVD outbreak actually occurred, although food supplies were used for a range of small-scale responses after floods, fires and storms around the country.

174. In August 2017, following a large mudslide and floods disaster outside Freetown, WFP was tasked to spearhead the humanitarian response, and resources from this PRRO were mobilised on loan, although the response itself was managed under a separate operation.[106] Sixty days of food support (213.65 mt) was given to 7,365 beneficiaries. Inevitably, though, all available CO resources were channelled into the response with a knock-on effect on some of the PRRO's other programming.

175. Additionally, the initial PRRO planning also identified the need for institutional and operational disaster preparedness and response capacity enhancement, with WFP providing technical assistance on various concepts of disaster risk management (DRM) to the ONS. This covered training on preparedness and response planning, early warning and geospatial mapping, and strengthening community awareness and involvement in DRM through community-based planning.

176. Logistics training and simulations on preparedness and response for EVD outbreaks and other disasters were to be held jointly with partners at national and district levels to support ONS staff in emergency preparedness and response, information management and geographic information system technology and tools, DRM, and contingency planning. Thus, the DRM component was directly addressing the Government's identified priorities in this area and can be considered relevant and appropriate. WFP's efforts in these areas paid off as those initially trained by WFP were the site managers and other key focal points deployed by ONS during the landslide emergency.

177. During the implementation period of the PRRO, the CO and ONS collaborated on seven short training courses, as shown in Table 15 below.

Table 15: List of DM training courses

Date	Duration	Name of training	Number of Participants	Training outcome
8-11 Nov '16	3 days	Warehouse & Stock Mgmt	25 *	Basic warehousing skills
22 Nov 2016	1 day	Simulation Exercise	25	Preparedness plans & strategy devmpt
Nov 2016	1 day	Visit to the Q.E. II Quay	25	Overview of port operations
5-6 Dec 2016	2 days	Rapid Response to Disasters	25	Targeting & beneficiary selection IM/GIS Technology and Tools
15-22 Jan '17	3 days	Supply Chain Management	25	Humanitarian Supply Chain processes
30-31 Jan 2017	3 days	Basic Concepts Monitoring and Evaluation	24 *	Knowledge of project monitoring techniques
8-9 Mar 2017	2 days	Project Cycle and Supply Chain Management	25 *	Knowledge of project monitoring techniques

Source: WFP CO

178. Of the three courses (marked *) where participant lists were supplied to the ET, it is clear that although the majority of the participants were ONS staff from Freetown, a number of district security coordinators and other district level employees also attended one or more of the courses.[107] Without a detailed gender analysis or targets for the PRRO overall or the DRM component in particular, there were no gender indicators to be measured, although

[106] The response was run under an 'immediate response emergency operation (IR-EMOP) for operational purposes. Although the SPR 2017 states that food stocks were loaned from the PRRO, in fact the total commodities shown here were debited from the PRRO.
[107] The ET did not find anyone at district level who had attended, or was aware of, the trainings mentioned, but at the time of the field visit they did not have any names available.

the training sessions held were attended by both men and women, as shown in Table 16 below provides a breakdown of the participation in these three courses.

Table 16: Details of participants at DM training courses

Date	Name of training	Total	Females	Males	District Level
8-11 Nov '16	Warehouse and Stock Management	25	9	16	5
30-31 Jan '17	Basic Concepts of Monitoring & Evaluation	24	9	15	4
8-9 Mar '17	Project Cycle & Supply Chain Management	25	5	20	9
	Total number of individuals		*10 (27%)*	*27 (73%)*	

Source: WFP CO participants' lists

179. Overall 37 different individuals participated, some on two or all three of these courses, including ten women.[108] All three courses were held at the Main Logistics Base (MLB) at Port Loko, with WFP contributing a transport allowance and partial per diem + meals to each attendee. WFP opened the MLB to support the humanitarian response to the EVD outbreak. Since that operation, the base has continued to serve as an inter-agency preparedness and rapid response facility and remains in high demand, currently managing stocks on behalf of numerous agencies. WFP now plans to upgrade the MLB to continue to serve as a hub for preparedness and response for the Government and humanitarian partners, with a longer-term view to this becoming a Government-run facility

180. The ET was informed that a written implementation plan was produced, but if so this has not been made available beyond an undated presentation setting out the background to the programme development and the '2016 Roadmap for Implementation'. Even then, there was no list of planned workshops nor topics to be prioritised, nor who would be invited to them, and as such the approach to the implementation appears to be quite ad hoc. 'Full rollout of 2017 implementation plans' was mentioned, but what this referred to is unknown and there appears to be no supporting documentation, nor plan of action for that year.

181. Despite this the ONS reported that collaboration was good, WFP was responsive to their identified needs, and internal capacity enhancement was producing results.

182. The WFP CO and ONS also planned to collaborate with District Disaster Management Committees (DDMCs), prioritising areas with highest vulnerability to extreme weather and natural disasters. Given that the ET did not interact at all with district level officials aware of the WFP activities, it cannot be assessed whether (or to what extent beyond the attendance at the trainings) such collaboration has paid dividends or not.

183. The programme appears to have 'run out of steam' during the second half of the PRRO. Although the operation ran to the end of December 2017, there were no further trainings after early March. WFP's response to the flooding and mudslide in August was given as the reason for this, but there was still a significant gap prior to and after that emergency when nothing is reported to have happened.

184. The ET considers that it is important that this programme enables better skills and knowledge to cascade to district levels, to incrementally build the capacities beyond Freetown. The Government needs to re-assume its statutory role and responsibility of being the principal emergency responder in the country, with WFP (and others) supporting and assisting, and as such ongoing training could be continued for a wider cohort of ONS staff on a more regular and planned basis.

Analysis of progress towards achieving outcomes and objective

185. In terms of addressing Outcome 3.3 of the logframe, the PRRO has made limited contributions towards improved levels of human DM capacity through its training and simulation exercises, but with no specified targets or indicators for this activity, and a very limited rollout of the work to sub-national levels, no measurement is possible.

[108] Participant lists of the other courses shown in Table 1 were not made available

Key findings and conclusions – Disaster Management

- While this component of the programme was considered useful by the authorities, it does appear to have been seriously under-planned and very ad hoc in its delivery, which itself tailed off after March 2017.
- Nevertheless, it delivered some updated training and skills to a number of key ONS staff, through workshops and simulations, some of which were called into use following the August 2017 mudslide. Limited impact was made at sub-national levels.
- WFP is still perceived by the authorities as an implementing agency after a disaster, including being the key provider of resources on demand. WFP's technical inputs need to work towards the ONS taking on this mantle of responsibility, with a 'cascade' of skills to district level, plus the requisite stocks, logistics capacity and technical knowledge being incrementally built.

Cross-Cutting Themes

Gender Considerations

186. Although the project plans were given a Gender Marker code 2A, the ET does not consider the PRRO "contributed significantly to gender equality" in any obvious sense. The ET has not seen or been made aware of any specific gender assessment that is meant to underpin such a marker. Similarly, there was no evidence presented to the ET of an active engagement in gender considerations with the MSWGCA, despite the Ministry being the state authority to advocate for and encourage gender equality (and a WFP partner responsible for the verification of the PRRO's orphan beneficiary lists).

187. More women than men were targeted but how the planning figures were arrived at remains unclear. Supplied data indicates that more females than males were reached, mainly because women are the most affected by HIV/AIDS[109] and thus the number of female PLHIV is higher than males; and also because access to WFP assistance was based on vulnerability and, at least in the nutrition component, priority vulnerable groups targeted specifically include PLWs onto the SPP and TSFP programmes.

188. The review of programme documents and interviews shows that both males and females were served without discrimination, despite the recent regional Ebola response operation evaluation[110] finding that "failure to adhere to WFP's Gender Policy meant that gender issues were not addressed for significant periods." In this instance, the ET also considers that WFP interventions were generally in line with the humanitarian principles.

189. The fact that many women are alone taking care of children, and that they are economically more disadvantaged[111] because of their traditional roles confined to reproduction and caring responsibilities, would indicate the need for a review of the admission and discharge criteria of FbP for this particularly vulnerable group. This becomes more critical when the extra physiological nutritional needs of pregnancy and lactation and the importance to maintain an adequate nutritional status of HIV-infected PLWs to minimize the risk of mother-to-child-transmission are taken into account. Additionally, the selection of beneficiaries should improve gender considerations by refining targeting through PMTCT.

190. Under TSFP, men as well as women (including PHU staff and caregivers) were targeted for nutrition education and trained in the use of MUAC tapes during screening, though group discussions with mothers and caregivers reported that they were primarily the ones encouraged to monitor MUAC in children and seek treatment for malnutrition.

[109] Source: http://www.unaids.org/en/regionscountries/countries/sierraleone

[110] WFP; 2017: Summary Evaluation Report of WFP's Ebola Crisis Response: Guinea, Liberia and Sierra Leone.

[111] Results from the nationwide nutritional assessment among PLHIV carried out in 2016 reports that the levels of unemployment of female clients was almost three times higher than that for male clients. The most common livelihood for women was petty trading, and men were more likely to be enrolled in the formal sector.

191. Interviews with WFP and partners' staff at field level indicated only a very basic awareness of gender aspects, and insufficient capacities to implement appropriate and effective gender-sensitive programming, highlighting to the ET the need for formal orientation on gender equality, and gender dynamics overall.

192. There was however evidence that women were empowered at village levels in terms of being well represented on – or leaders of – food management committees, and the ET certainly experienced numerous examples of female-headed or female-only committees, often with very vocal and engaged women in leadership roles. Many of these structures pre-existed WFP's intervention but were reactivated and given new meaning through their involvement in the PRRO activities.

193. WFP reported 239 food management committees had been formed, made up of 717 women and 478 men members. Within each of these committees there were at least 40 percent women participating. Food distribution committees for ART clients were formed of six people; women were generally in charge of the different food items while men kept order and ensured the distributions flowed smoothly. In several of the patients' support groups – which the ET would have assumed would be women-only – a number of men had proactively been engaged and the FGD feedback was very positive about this.

194. At community level in the livelihoods activities, women were widely represented and identified as beneficiaries. However, it was clear that some of the tree crop rehabilitation work was very physically demanding, and the communities and partners found alternative jobs for the women to do - the clearing of the cut materials, cooking and food preparation, and so on – while the men did the more physical roles. The ET concurs with the comments of the communities met that these jobs were equally necessary in support of the wider group effort, as well as ensuring dignity and direct involvement for the targeted women. Among the ART clients met in the FGDs, no problems during distribution based on gender were mentioned.

Monitoring and Reporting

195. As highlighted earlier, the ET's analysis of the data and documentation provided to it indicates a poor level of data quality, with widespread inconsistencies and often incomplete information. There appeared to be limited internal analysis of any of the numbers collected, or 'red flags raised' where numbers appeared questionable. The ET learnt that collected monitoring data is simply transferred to Freetown with no local level analysis being done at the sub-office level, which the ET believes is vital to ensure data and programme quality oversight. While recognising that this would require certain analytical skills and capacities at the lower levels, simply sending everything through to the CO in Freetown makes poor use of the expensive structures around the country and means decisions or programme adjustments are inevitably delayed, or more likely, totally overlooked.

196. Practically all the figures/data provided across all programming areas show higher beneficiary numbers of females than males: while this is certainly a possibility, it is nevertheless quite surprising and while the ET cannot verify the information one way or another, it is bound to question its validity.

197. But there are also other major concerns about the validity of WFP's data, and mention of numerous cases have been made above. In another brief example from the database, 138.54 mt of food was delivered in 2016 under the heading 'general distribution' in five districts with no details of what it was allocated for. Subsequent enquiry elicited the response that it was "support to orphan [sic], flood, storm and fire victims in different times", but the lack of detail makes any follow up or accurate reporting – and thus accountability - almost impossible. Further specific examples are provided with supporting detail in Annexes 9 and 10.

Partnerships

198. WFP in Sierra Leone works with and through a number of partners to deliver the activities to the community, ranging from Government ministries to local NGOs. Overall the feedback received on these relationships was positive, although some of the local organisations saw their relationship with WFP more as implementers than full partners.

199. Partners work on a contract, or FLA, signed with WFP that guarantees operating and support costs to be paid *pro rata* to the amount of food distributed. While the rates paid differed between partners, and the ET did not have adequate time to assess the reasons for this in detail, it is clear that urban distributions will incur fewer costs than remote rural locations, although only in one case mentioned did the (rural) partner consider the rates insufficient. This was linked to food delivery delays from WFP's side and the partner's need to revisit certain remote sites more than once, as mentioned earlier.

200. However, there are frustrations around the way the FLAs are drawn up. Some district-based partners reported that the document was simply sent to them from Freetown for comment, without any negotiation on activity levels and rates being discussed, and their feedback has to be sent back in writing for the CO to consider. They do not get the option to discuss the realities of district-level expectations with the relevant sub-offices. Calculations of how and why the rates are decided is not presented, simply a headline US$ figure is given per metric tonne delivered. Everything is centred on the CO in Freetown.

201. The ET considers this falls short of the meaning of a true partnership relationship, and inevitably causes frustrations. The partner organisations all have multiple priorities and activities, of which their work with WFP is just one, and closer engagement between them and the CO would be beneficial to both parties.

202. The preparation and finalisation of new or renewed FLAs are also very slow to happen – as an example, during the ET's visit in early February, the FLAs for 2018[112] had not been finalised or signed. Because of this, no food had been distributed during January/early February, and thus the partners were not eligible to receive any payments. Partner agencies then struggle to cover their fixed costs without this income and as they generally have no reserves or alternative resources to draw from, they often have to lay off staff as they cannot finance their salaries. This directly impacts the efficiency and effectiveness of the activities, as trained and experienced staff are lost regularly, because they are forced to look elsewhere for alternative employment. WFP cannot afford for the partners to lose these people – already struggling with reporting requirements and data accuracy, having to rehire and retrain field staff on a regular basis makes little sense.

203. The ET fails to understand why the renegotiation process cannot begin some weeks ahead of the anticipated start date, thus avoiding any breaks in the food deliveries to beneficiaries and payments to partners, and thereby ensuring good staff can be retained by the partners. Similarly, extending the FLA period to more than six months would be appropriate, although the ET realises this is also dictated by the availability of resources.

204. Once the FLA is in place and working, partners were happy that payments were made as per the contracts and no serious issues were reported. It was clear, though, that Freetown-based partners had more engagement with the CO than those based in the districts, again highlighting the over-centralisation of decision making and support structures within the CO.

Protection and Accountability to Affected Populations

205. During visits to the lean season distribution sites, there was remaining evidence of the phone number for the WFP complaints mechanism, and ration quantities were displayed for people to refer to. Many beneficiaries still had their ration cards and confirmed that they had been told what they were entitled to and had received the quantities shown on

[112] Albeit under the new TI-CSP, but this example occurred similarly under the PRRO.

the cards. From those interviewed, respondents said they had been fully satisfied with the distributions and had no complaints and had not tried the line. Feedback at the CO end confirmed that most complaints were of minor misunderstandings rather than particular protection issues and were generally quickly resolved and fed back to the complainant.

Analysis of progress towards achieving outcomes and objective

206. Table 17 below shows the attainment (or not) of the results against the original indicators.

Table 17: Cross-cutting Indicators

Indicator	Project End Target	Baseline value	Previous Follow-up	Latest Follow-up
Gender				
Proportion of household where females and males make decisions over the use of cash, voucher or food	50%	26.2% (FFA) 21.0% (HIV/TB)	- 19.7% (HIV/TB)	23.8% (FFA) 9.4% (HIV/TB)
Proportion of households where females make decisions over the use of cash, voucher or food	30%	27.8% (FFA) 60.0% (HIV/TB)	- 30.7% (HIV/TB)	23.2% (FFA) 37.5% (HIV/TB)
Proportion of household where males make decisions over the use of cash, voucher or food	20%	46.1% (FFA) 19.0% (HIV/TB)	- 49.6% (HIV/TB)	53.1% (FFA) 53.1% (HIV/TB)
Protection and accountability to affected populations				
Proportion of assisted people (men) who do not experience safety problems to/from and at WFP Programme sites	100%	94.0% (FFA) 92.6% (HIV/TB)	- 99.1% (HIV/TB)	98.4% (FFA) 98.3% (HIV/TB)
Proportion of assisted people (women) who do not experience safety problems to/from and at WFP Programme sites	100%	93.3% (FFA) 97.1% (HIV/TB)	- 96.6% (HIV/TB)	99.2% (FFA) 100.0% (HIV/TB)
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain	80%	64.5% (FFA) 62.8% (HIV/TB)	- 67.0% (HIV/TB)	41.8% (FFA) 58.4% (HIV/TB)
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain	80%	67.2% (FFA) 58.1% (HIV/TB)	- 6.2% (HIV/TB)	36.9% (FFA) 58.2% (HIV/TB)
Partnership				
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)	> 0.00	-	-	US$51,238.00 (GD)
Proportion of project activities implemented with the engagement of complementary partners	100%	-	-	66.7%
Number of partner organizations that provide complementary inputs and services	> 0.00	-	-	8.00

Source: WFP SPR 2017. FFA=Food-assistance for Assets; GD=General Distribution

207. It can be seen that many of these targets were not reached, in some cases with the end result being lower than the baseline. At the same time, given the unreliability of data, the ET cannot confirm that these measurements are valid.

Conclusions

208. Based on the findings presented in the previous section, an overall assessment is provided below, clustered as per the evaluation criteria. This is followed by ten recommendations on how amendments can be made to enhance the effectiveness of the continuing programme activities.

209. All activities can be classed as having been very or partially successful, and given the weak operating context and budget shortfalls, the CO is commended on some positive outputs. This has been achieved, as ever, through good working relations with the Government of Sierra Leone at central and district levels and with a range of committed agency partners. The PRRO's objectives have broadly been achieved despite some individual targets being missed.

Relevance and Appropriateness

210. Overall, the nutrition activities were found to have been relevant, and have improved the perception and use of Government health facilities and encouraged patients on TB and ART regimes to stick to their drug treatment plans, while at the same time directly improving their nutritional status.

211. The treatment of MAM through a TSFP (when GAM rates among children 6-59 months exceed 10 percent (or 5-9 percent if aggravating factors exist)), was an appropriate intervention at the time of the PRRO's design. The TSFP's geographic targeting and selection processes were appropriate, but the ET considers that with GAM rates now within acceptable parameters and remaining stable, MAM treatment through TSFP can no longer be justified, and the priority focus should be on reducing the high stunting rates.

212. The SPP was therefore found to be very relevant and it addresses both stunting and MAM simultaneously. The compound nature of the stunting problem requires embedding the SPP into a more comprehensive multi-sectoral approach, addressing the multi-factorial causes of undernutrition. However, the SPP remains primarily food driven and complementary activities envisaged as part of the PRRO (such as the IYCF BCC component and improved understanding of gender issues) have not been initiated.

213. Without a specific gender analysis done prior to the PRRO, but consistently larger numbers of females than males targeted and (apparently) reached, the ET is satisfied that the CO was reacting appropriately to the comments of an earlier evaluation. There was no specific evidence of the WFP operation having enhanced GEEW factors, but widespread evidence did exist of women in committee leadership roles and being directly engaged in programme planning and oversight.

214. The ET considers the safety nets support through lean season distributions and food assistance to HHs supporting EVD orphans to have been inappropriate, given the limited resources available under the PRRO, the short-term period of the support and the small number of actual distributions. Food assistance always be welcomed, but the ET cannot see that there was a real need for these interventions given their limitations.

215. Under livelihoods and FFA, the activities were most appropriate since the tree crop plantations and IVS were abandoned during the EVD outbreak and needed to be rehabilitated/cleaned and developed. The beneficiaries were short of food and were pleased to be able to earn food for carrying out the tasks.

216. For the DM component, the work was relevant as far as it went but undoubtedly more could have been done in 19 months. Without a workplan or specific targets for the period, however, there was a surge of activity halfway through the PRRO, and then nothing more.

Effectiveness

217. The health and nutrition-focused activities have, by and large, been effective, though the determination of TSFP effectiveness is constrained by the numerous issues related to data quality and reporting, the under-reporting of defaulters and non-response categories,

and the numbers of eligible MAM clients having to wait for at least one month before they can start treatment. There are still many concerns around adequate reporting, analysis, timeliness of food distributions, and training, amongst others), and the food package provided as family support to these clients is insufficient to achieve Outcome 2.1 of the operation.

218. The TSFP activities integrated as part of IMAM services contributed to the stabilization of GAM rates in the targeted districts. While the nutrition outcomes and beneficiary targeting are coherent with the Sphere minimum standards in food security and nutrition, this does not entirely reflect the reality of the programme.

219. The number of patients eligible for the FbP programme outstrips the availability of food, so target numbers are set meaning new patients cannot be admitted until others are discharged, which seldom happens, so measurable benefits are only valid for those in the programme rather than the full cohort of those who should be eligible to enrol.

220. In the FFA component, allowing and supporting the communities to self-select their most vulnerable members was seen as highly positive leading directly to better community cohesion, still evident during the ET's visits and seen as an unanticipated outcome by the communities themselves.

221. Food support helped the smallholder farmers to rehabilitate their agricultural assets by enabling access to additional labour for the major work activities, which have already shown benefits via improved yields and sales, but the ET considers that larger community-owned agricultural assets should be prioritised in the future where these exist.

Efficiency

222. Some good work has been achieved in all components of the PRRO, but this has been limited to a large degree by the funding constraints resulting in slow start-up and delayed rollout of some of the activities. With only 57 percent of the requested budget being made available, some activities inevitably suffered and were dropped or scaled back, so many of the PRRO's objectives could not be fully addressed.

223. The principal theme running throughout the evaluation findings is the highly questionable quality and accuracy of the programme data, and unfortunately this overshadows some of the valid and useful implementation that has happened. Maintaining multiple databases, formats and systems is highly inefficient and it is inevitable that errors will develop within and between them, in turn not permitting adequate analysis and fine-tuning of programme activities or permitting full accountability around the work.

224. The timely selection of targeted TSFP beneficiaries was constrained by the processes and the existence of pre-defined beneficiary caseloads in some districts, and these have hindered the timely provision of nutritional treatment to malnourished children and PLWs. The late pre-positioning of food, the urgent need to coordinate the SPP activities with vaccination days, and the high workload during the distribution days, are major operational challenges already identified in the early stages of implementation. The ET found that little significant progress has been achieved since then to overcome them.

225. In the FbP component, the fixed target caseload and only quarterly distributions prevented the timely provision of nutritional treatment to acutely malnourished ART clients fit to be enrolled. A delay of such a long period is unacceptable and places the person at greater risk of ongoing nutritional deterioration and non-compliance with the ART treatment. All these issues have negatively affected programme coverage and efficiency.

226. To capitalise on the FFA investments being made by the communities and by WFP and partners, complementarity of inputs from the CO and other partners (appropriate tools and seedlings, for example), as well as considerations of seasonality, need to be built into programme planning to enhance an efficient delivery.

Impact

227. Under the nutrition component, impact was good in the FbP activities and showed encouraging signs in the SPP pilot phase, but overall it was compromised to an extent by lack of clarity on admission and discharge criteria and limited food availability, in turn limiting the number of eligible clients in the programme.

228. The FFA rehabilitation activities have already improved livelihood levels of the beneficiaries and their families through improved crop yields and sales. With strengthened access to markets, it is likely that future harvests will continue to improve the income levels for these smallholders.

229. Given the very limited scale and infrequency of the lean season support, and the fact that the food was widely distributed through the communities, the ET does not consider that this activity had anything more than a token impact on the targeted communities and their longer-term well-being and should not be prioritised as a future activity unless the vulnerability situation deteriorates dramatically. Similarly, by providing only three months of food to households hosting EVD orphans in 2017, the food security of the children or their hosts was only very temporarily addressed, and the ET questions whether it really had any significant impact.

230. In the DM component, considered useful by the authorities, some positive skills transfers have been made but the work does appear to have been under-planned and as such any impact has been quite limited, principally via some capacity building to a few dozen individuals in the ONS system. Any trickle-down impact at district level was not obvious or reported.

Sustainability

231. Issues with the TSFP activities as explained above have highlighted the need to refocus the nutrition interventions onto the SPP work, which is achieving positive results in the pilot phase and needs to continue, and gradually phase down the MAM programme. At the same time, continuing with the FbP activities will require some adjustments and clarifications, as well as requiring WFP's ongoing commitments to complement the medical inputs.

232. The SPP remains primarily food driven and complementary activities envisaged as part of the PRRO (such as the IYCF BCC component and improved understanding of gender issues) have not been initiated. Its sustainability is dependent on a WFP commitment to support it in the longer term, as well as fine-tuning the work as it progresses However, the pilot SPP programme in Moyamba and the lessons still being learned (to be continued under the T-ICSP) are valuable starting points to inform the on-going development of a National Comprehensive Strategy on stunting prevention.

233. WFP, in close collaboration with NACS and NLTCP, is undertaking important steps to strengthen FbP by providing technical guidance and support in the implementation of FbP programmes nationwide; and WFP has assigned a consultant to work in the development of the FbP national guidelines for HIV/TB in Sierra Leone.

234. In the FFA component, now the major clearance work on the farms has been completed, the beneficiary farmers were positive about being able to maintain the plantations in a good state without further external support. They also realised and acknowledged the benefits of community work groups, and it is likely these will continue to be utilised also for wider community needs.

235. WFP is still perceived by the authorities as an implementing agency after a disaster, including being the key provider of resources on demand. WFP's technical inputs need to work towards the ONS taking on this mantle of responsibility under a developed national disaster response plan, with the WFP support increasingly being focussed into technical advice and ongoing capacity building.

Coverage

236. Areas for the PRRO implementation were well targeted using a range of available assessment data, correlated with EVD-affected information, and covered areas of high food insecurity as priorities. Limitations on numbers enrolled in the nutrition programmes has meant that some eligible beneficiaries remained excluded, and this needs to be resolved in any future operation.

Coherence

237. Overall, the PRRO's design aligned closely with the Government's ebola recovery strategy which was its principal intent. It also followed WFP Nutrition Policy framework, and the nutrition activities are aligned with WFP's policy objectives, particularly the HIV and AIDS policy, the Nutrition policy (2012) and the Policy on Capacity Development (2009). The SPP component is well aligned with the WFP Strategic Plan's (2017-2021), as well as with WFP's commitment to the Scaling-Up Nutrition (SUN) Initiative.

238. The PRRO contributed to the Government's N4G commitment,[113] the National Food and Nutrition Security Policy (2012-2016), the National Food and Nutrition Security Implementation Plan (2013-2017) and towards the 2030 Agenda for Sustainable Development Goals.

239. There was less complementarity with possible in-country partners: more could have been done to involve other partners with supporting inputs and activities, particularly sister United Nations agencies like UNICEF and the FAO, but this of course takes a willingness and commitment from both sides. However, WFP works with and through a range of partners to deliver the activities to the community, and overall the feedback received on these relationships was positive, although some of the local organisations saw their relationship with WFP more as implementers than full partners. Improvements are required in the levels of engagement and the speed with which FLAs are negotiated and signed.

Lessons Learned and Good Practices

Lessons Learned:

Activities such as the FFA described earlier had two purposes: to provide food to vulnerable communities, but also to get agricultural assets rehabilitated to allow the livelihoods of the communities to be strengthened. The non-availability of basic agricultural tools ahead of the rehabilitation work inevitably delayed the start in some cases, which in turn meant that the ideal growing season was missed. Once the work had been done, the non-availability of seedlings and other inputs did not capitalise on the rehabilitation work completed.

Such interventions need to consider the overall project aims and the longer-term impact and sustainability and ensure that these can be achieved by having additional budget resources available and/or a complementary partner able to provide adequate material inputs to ensure the success and sustainability of the activity.

Good Practice:

The most significant good practice noted by the ET was the community-based approach to self-targeting taken by the partners and WFP for the lean season and FFA activities. Where food quantities are limited and to ensure the most vulnerable within a community benefit, this inclusive but self-driven process – advised by the partner and verified by WFP later – proved itself to be fair and focused and gave credibility to the outcome. It helped avoid intra-community conflict and gave the accountability and dignity back to the communities themselves.

[113] Available at: http://docs.scalingupnutrition.org/wp-content/uploads/2016/08/Sierra-Leone-Nutrition-for-Growth-Position-Paper.pdf

3. Recommendations

240. Based on the findings and conclusions of this evaluation, the ten recommendations of the ET are provided below. They are all addressed to the CO and the timeframe for each recommendation is identified, with the outcome meant to contribute towards the ongoing development of the CSP. Recommendation 1 is over-arching, with numbers 2-10 grouped by programme area, with supporting notes on several of them available for guidance in Annex 11 as indicated.

241. The feasibility of implementing any recommendation is dependent on the resources and capacity of the implementers and the context they operate in. While the WFP CO bears a major responsibility to address these recommendations, the ET suggests that there needs to be recognition of other contextual players as mentioned in several cases below.

R1. The Country Office, in conjunction with its programme partners and with support and direction from the Regional Bureau in Dakar, should urgently and significantly improve the quality of monitoring, reporting and programme quality assurance systems, particularly for the nutrition components.

- WFP monitoring activities are primarily focused on food distribution activities with little or no focus on quality programming. Health service providers overall lack the capacities to manage the reporting side of the nutritional programmes, and the monitoring skills of WFP programme officers as well as partner staff are also weak.
- More regular on-the-job practical training sessions are required at all levels, including with partner staff, with regular follow-up.
- WFP staffing profiles should be such to ensure that the Country Office has the technical skills to undertake the required activities.
- For further information and proposals please see notes in Annex 11.

Timeframe: immediate and ongoing.

Responsibility: This is a critical recommendation to improve credibility across the board, and all within the Country Office should be involved in its implementation. Principally the Monitoring and Evaluation Unit should take the lead but with support from other Units and in many cases WFP's partners.

R2. The Country Office should immediately review the assistance approach to treatment of moderate acute malnutrition through the targeted supplementary feeding programme and prioritise the programme's focus towards the prevention of stunting.

- Comprehensive stunting prevention or preventative interventions to address acute malnutrition both use the same blanket distribution approach, along with behaviour change communication to promote infant and young child feeding and good hygiene practices, complemented by other activities. By focusing on stunting prevention, both stunting and moderate acute malnutrition would be addressed.
- The Country Office should also maintain a greater focus on mainstreaming nutrition considerations across all direct interventions (e.g. combine food assistance for assets with nutrition education and communication) to promote behavioural change and empower households to adopt better nutrition related decisions.

Timeframe: from now onwards, to inform the stunting prevention programme expansion plans under the Transitional Interim Country Strategic Plan.

Responsibility: WFP Country Office Nutrition Officer to take the lead.

R3. The Country Office and its partners should ensure that the challenges, gaps and lessons learned during the pilot phase of the stunting prevention programme are identified and incorporated prior to the programme's proposed expansion.

- Stunting is a complex issue; it is a new programme for the country and for the Country Office, and as such requires to be guided with a strong quality and learning process, and therefore focus should be on quality rather than targets. The Country Office should closely work with partners and ensure a collective and shared review of programme achievements and challenges, with the view to address identified weaknesses and gaps, and adjust accordingly as the programme progresses. A more comprehensive multi-sectoral approach, with priority given to infant and young child feeding through behaviour change, needs development.
- For further information and proposals please see notes in Annex 11.

Timeframe: During the current transitional period and planning for the Country Strategic Plan.

Responsibility: WFP Country Office Nutrition Officer to take the lead, in conjunction with relevant partners.

R4. In support of Recommendations 2 and 3, the Country Office should reinforce and build its evidence-base on nutrition programming.

- As the stunting prevention programme is a new initiative in its early stages, WFP should expand its work to demonstrate effectiveness and impact to create a strategic evidence-base for future stunting programming. In addition, strengthening the evidence base of food-by-prescription services remains critical to prioritise these programmes when approaching donors. To do this:
  - Incorporate logframe indicators measuring the ultimate goals of food-by-prescription programming (i.e. anti-retroviral treatment adherence and tuberculosis programme success rates).
  - Include a research component for the stunting prevention programme by monitoring a cohort of children and pregnant and lactating women enrolled in one chiefdom. Also consider the inclusion of baseline and follow-up surveys in random communities before stunting prevention programme scaling-up to the entire district and comparing the stunting prevention programme with a non-stunting prevention programme control group.
  - Build a phase-out strategy for the stunting prevention programme, seeking opportunities to support the development of a locally-produced enriched nutritious food, thus promoting the production and use of locally available nutrient rich foods, reducing the dependency on international supplies, and enhancing Government ownership.

Timeframe: research component by mid-2018 ahead of the expansion of the current stunting prevention programme, with other issues to be ready for inclusion in the Country Strategic Plan.

Responsibility: WFP Country Office Nutrition Officer to take the lead, in conjunction with Monitoring and Evaluation Unit colleagues, and with the support from the Regional Bureau in Dakar.

R5. The Country Office should improve the quality of programming and beneficiary targeting of food-by-prescription services, and forge livelihood linkages for graduated clients living with the human immune-deficiency virus.

- Service provision should be reviewed to allow malnourished clients to immediately start nutrition treatment and support as soon as they are diagnosed.

- Linkages to livelihood activities and vocational training would strengthen programme effectiveness and would provide a pathway for graduating clients to achieve sustainable food security and avoid creating dependency on food-by-prescription.
- For further information and proposals please see notes in Annex 11.

Timeframe: During the current transitional period and planning for the Country Strategic Plan.
Responsibility: WFP Country Office Nutrition Officer to take the lead, with support from the Regional Bureau in Dakar.

R6. The Country Office and its partners, with Regional Bureau support, should explore alternative modalities to in-kind food as part of food-by-prescription services.

- The exploration of alternative modalities is especially important as the in-kind model entails various programme constraints (late pre-positioning of food commodities, different timing of drug and food deliveries, the drug provision through anti-retroviral treatment sites versus delivering of food at final distribution points, the costs incurred by clients etc). The shift from food to a cash-based modality (probably vouchers) should simplify WFP procedures and improve efficiency. First steps in this direction would be:
  - To investigate and analyse the feasibility of using cash or vouchers towards the family support component of food-by-prescription, incorporating lessons from other programmes in the region.
  - To work with partners to design and test a pilot distribution model that incorporates a cash-based modality for the family ration. Assess for client effectiveness, cost and efficiency of distribution, and the feasibility of incorporating the model into the Government health system.

Timeframe: During the current transitional period, with modality changes ready by mid-2019 under the Country Strategic Plan.
Responsibility: WFP Country Office Nutrition Officer in conjunction with partners, and with support from Regional Bureau colleagues.

R7. The Country Office should consider undertaking a broad-based nutrition-sensitive gender analysis, to align the upcoming Country Strategic Plan with updated WFP Policies, and to contribute towards strengthened programming, the infant and young child feeding behaviour change communications strategy and other components of the Country Strategic Plan.

- This will assist the Country Office in ensuring that gender dimensions, including gender equality and the empowerment of women, are constructively integrated into all ongoing and future programming and are understood by WFP staff and the partners' employees, through additional training.

Timeframe: by the end of September 2018, and to feed into the general planning for the Country Strategic Plan activities.
Responsibility: Relevant Programme Officers within the Country Office together with the Regional Bureau in a coordinated approach (eg: deployment of a gender expert to carry out the gender assessment and subsequent training), and in conjunction with the partners involved.

R8: The Country Office should not actively plan for annual short-term safety nets distributions, as implemented to date, but use available resources for additional food activities for assets activities producing livelihood enhancements to targeted vulnerable communities.

- Any impact such one-off activities may have had has been extremely limited, and the resources would be better used through longer-term support activities.
- Communities have proven to be resilient, and single interventions with limited food simply perpetuate a cycle of expectation and dependence which needs to be broken.
- A limited disaster response contingency capacity should remain available, with clear trigger points for its deployment and use, and clear roles of the different partners.

Timeframe: With effect from April 2018, and to inform the general planning for the Country Strategic Plan's activities.
Responsibility: WFP Country Office Programme Unit.

R9: The Country Office should develop a more robust engagement with Sierra Leone's Office of National Security to finalise and roll out the national disaster response plan. Future WFP support should follow a more developed structure with an agreed workplan and targets.

- The aim would be to build the Office of National Security capacity across the board, and through doing so, incrementally transfer the acceptance of responsibility to the official bodies for disaster response, with other external agencies in clearly identified supporting roles.
- This may require a dedicated Disaster Management officer in the Country Office structure, to lead the process from WFP's side, continuing the capacity enhancement and decentralisation of knowledge and skills, as well as continuing the development (and ultimate handover) of the logistics base in Port Loko.

Timeframe: a plan to be developed during the second quarter of 2018, ahead of new activities, and to feed into the general planning for the Country Strategic Plan activities.
Responsibility: WFP Country Office staff member charged with liaison with the Office of National Security and disaster management delivery.

R10: The Country Office should continue to implement its food assistance for assets activities but consider working on community-owned project sites rather than individually-owned smallholdings. Additional partners should be incorporated into the planning to ideally provide complementary resources.

- This approach would convey a better sense of support to the whole community rather than benefits for a few land-owning individuals. The positive experiences of work groups would continue, but with the overall benefits ideally aiding a larger number of community members over a longer period.
- Plans must include the provision of required resources such as tools, seed, extra financial support and technical advice as required.

Timeframe: from April 2018 onwards, and to feed into the general planning for the Country Strategic Plan's activities.
Responsibility: WFP Programme Unit and relevant officers within, and in conjunction with existing and new partners.

List of Acronyms

3PA	Three-Pronged Approach (WFP)
ABC	Agricultural Business Centre
AIDS	acquired immune-deficiency syndrome
ART	anti-retroviral treatment (ART)
BCC	Behaviour Change Communication
BMI	Body Mass Index
CAWeC	Community Action for the Welfare of Children
CBT	cash-based transfer
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CO	Country Office
CP	Country Programme
CSB	Corn Soya Blend (or SuperCereal)
CSP	Country Strategic Plan
DDS	Dietary Diversity Score
DEQAS	Decentralized Evaluation Quality Assurance System
DFN	Directorate of Food and Nutrition
DHMT	District Health Management Team
DOTS	directly observed treatment, short course (for TB)
DRM	Disaster Risk Management
ET	Evaluation Team
EVD	Ebola virus disease
FAO	Food & Agriculture Organization
FBO	farmer-based organisation
FbP	food by prescription
FCS	Food Consumption Score
FDP	final distribution point
FFA	food assistance for assets
FGD	focus group discussion
FLA	Field Level Agreement
GAM	global acute malnutrition
GEEW	gender equality and the empowerment of women
HDI	Human Development Index
HH	household
HIV	human immuno-deficiency virus
IMAM	Integrated Management of Acute Malnutrition
IPF	in-patient facility
IR	inception report
IVS	inland valley swamps
IYCF	Infant and Young Child Feeding
J-PAL	Abdul Latif Jameel Poverty Action Lab for Africa
KII	key informant interview
kg	kilograms
LMMS	Last Mile Mobile Solution
MAFFS	Ministry of Agriculture, Forest and Food Security
MAM	moderate acute malnutrition

MLB	Main Logistics Base
MoHS	Ministry of Health and Sanitation
MSG	Mother Support Group
mt	metric tonnes
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MUAC	Middle Upper Arm Circumference
NACP	National AIDS Control Programme
NACS	Nutrition Assessment Counselling Support
NaCSA	National Commission for Social Action
NAS	National AIDS Secretariat
NERS	National Ebola Recovery Strategy
NETHIPS	Network for HIV Positives
NGO	non-governmental organisation
N4G	Nutrition for Growth
NLTCP	National Leprosy and Tuberculosis Control Programme
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
ONS	Office for National Security
OVC	orphans and other vulnerable children
P4P	Purchase for Progress
PDM	post-distribution monitoring
PLW	pregnant and lactating women
PHU	Peripheral Health Unit
PLHIV	people living with HIV
PMTCT	prevention of mother to-child-transmission
PRRO	Protracted Relief and Recovery Operation
rCSI	reduced Coping Strategy Index
RBD	Regional Bureau (Dakar) (WFP)
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal(s)
SILPA	Sierra Leone Poverty Alleviation
SMART	Standardized Monitoring and Assessment of Relief and Transition
SO	Strategic Objective
SPP	Stunting Prevention Programme
SPR	Standard Project Report
SUN	Scaling up Nutrition
TB	tuberculosis
T-ICSP	Transitional Interim Country Strategic Plan
TSFP	Targeted Supplementary Feeding Programme
ToR	Terms of Reference
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
US$	United States dollar
WfH	Weight for Height
WFP	World Food Programme

ANNEXES

Annex 1: Terms of Reference

EVALUATION of

Final Evaluation of PRRO 200938 in Sierra Leone from June 2016 to December 2017

WFP Sierra Leone Country Office

1. Introduction

1. These Terms of Reference (TOR) are for the final evaluation of the Protracted Relief and Recovery Operation (PRRO) 200938 'Rebuilding food and nutrition security and strengthening disaster management capabilities in Sierra Leone'. This evaluation is commissioned by WFP Sierra Leone Country Office and will cover the period from June 2016 to December 2017.

2. PRRO 200938 (2016–2017) took on activities previously under the country programme (200336) and supported the National Ebola Recovery Strategy through: (i) strengthening livelihoods of vulnerable communities; (ii) improving the nutritional status of malnourished children, pregnant and lactating women, and people living with HIV and TB; and (iii) developing national capabilities to prepare and respond to future

emergencies. Smallholder farmers were also assisted under the Purchase for Progress (P4P) to stimulate productive capacity and enable them to access sustainable, formal markets.

3. Sierra Leone is emerging from an Ebola virus disease (EVD) outbreak that claimed the lives of 3,955 people and left more than 13,000 survivors and orphans. Ebola crippled the economy, increased food insecurity and reversed upward trends in health and nutrition indicators that had not yet fully recovered from the years of conflict between 1991 and 2002. Along with this, Sierra Leone faces long-term challenges associated with damage to natural resources caused by flooding and other effects of climate change. The 2015 Comprehensive Food Security and Vulnerability Analysis indicates that half the population is food insecure, with levels of food insecurity exceeding 60 percent in some chiefdoms of every district. According to the 2013 Demographic and Health Survey, net primary school enrolment is between 62 and 69 percent and drop-out rates are high at 27.8 percent, especially among girls in their early teens (Education Country Status report, 2013). The 2014 Standardized Monitoring and Assessment of Relief and Transition (SMART) shows that at the national level the global acute child malnutrition rate is 4.7 percent and 29.8 percent of children aged 6-59 months are chronically malnourished. Therefore, food assistance remains crucial for the country's most vulnerable populations.

4. These TOR were prepared by the WFP Sierra Leone Country Office based upon an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold. Firstly, it provides key information to the evaluation team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation. These TOR focus on final evaluation of the opration PRRO (200938) - June 2016 to December 2017.

5. These TOR will be finalised based on comments received on the draft version and on the agreement reached with the selected company. The evaluation shall be conducted in conformity with the final TOR.

2. Reasons for the Evaluation

6. The reasons for the evaluation being commissioned are presented below.

2.1. Rationale

7. The WFP Sierra Leone Country Office is commissioning the final evaluation of the PRRO 220938 to assess performance of program operations and associated interventions for the purposes of accountability and program strengthening. This evaluation has been timed to ensure that findings can feed into future decisions on implementation of the TI-CSP starting in January 2018 and the forthcoming CSP starting in January in 2019.
8. The evaluation will have the following uses for the Sierra Leone Country Office: conclusions,recommendations and identified lessons learned will guide the Country Office as appropriate in implementing its TI-CSP and preparing for the forthcoming CSP. The evaluation will document lessons learned, the relevance / validity of the assumptions made during the design phase of the current PRRO 200938 and inform about the way forward. This information will be used WFP Sierra Leone managers as the recommendation from the evaluation will guide them on how to implement to have more impact on beneficiaries. The evaluation recommendations will also be useful beyond the WFP as national authorities and NGOs will be potential users of the results of the assessment. This can contribute to a knowledge platform of lessons

learnt on strengthening resilience situations particularly in the West and Central African region, and elsewhere.

2.2. Objectives

9. Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning.

- **Accountability –** The evaluation will assess and report on the performance and results of the PRRO 200938.
- **Learning –** The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems

10. More in particular, evaluation objectives will include: i) to determine the effect of the assistance (food and cash transfers) on food and nutrition security, livelihoods, employment opportunities, the local economies, social cohesion among the vulnerable and food in-secured populationand ii) to determine the reasons for observed effects and draw lessons to produce evidence-based findings that will allow the CO and other programmes to make informed decisions about transfer modalities and transfer value.

2.3. Stakeholders and Users

11. A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. Table 1 below provides a preliminary stakeholder analysis, which should be deepened by the evaluation team as part of the Inception phase.

12. Accountability to affected populations, is tied to WFP's commitments to include beneficiaries as key stakeholders in WFP's work. As such, WFP is committed to ensuring gender equality and women's empowerment (GEEW) in the evaluation process, with participation and consultation in the evaluation by women, men, boys and girls from different groups.

Table 1: Preliminary Stakeholders' analysis

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
INTERNAL STAKEHOLDERS	
Country Office (CO) Sierra Leone	Responsible for the country level planning and operations implementation, it has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation.
Regional Bureau (RB) Dakar	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. The Regional Evaluation Officer supports CO/RB management to ensure quality, credible and useful decentralized evaluations.

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
WFP HQ	WFP HQ technical units are responsible for issuing and overseeing the rollout of normative guidance on corporate programme themes, activities and modalities, as well as of overarching corporate policies and strategies. They also have an interest in the lessons that emerge from evaluations, as many may have relevance beyond the geographical area of focus. Relevant HQ units should be consulted from the planning phase to ensure that key policy, strategic and programmatic considerations are understood from the onset of the evaluation.
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy.
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings may feed into annual syntheses and into corporate learning processes.
EXTERNAL STAKEHOLDERS	
Beneficiaries	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.
Government	The Government has a direct interest in knowing whether WFP activities in the country are aligned with its priorities, harmonised with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest. In particular, main stakeholders include the Ministry of Education, Science & Technology, the Ministry of Agriculture, Forestry & Food Security, National Commission for Social Action (NaCSA), Ministry of Local Government/Freetown City Council, National Aids Secretariat (NAS), National Leprosy & TB Control, and the Ministry of Health and Sanitations/Food & Nutrition Directorate.
UN Country team	The UNCT's harmonized action should contribute to the realisation of the government developmental objectives. It has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level, including FAO, UNAIDS, WHO, UNICEF, IFAD, UNCDF, and UNWOMEN.
NGOs	NGOs are WFP's partners for the implementation of some activities while at the same time having their own interventions. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships. Key NGO partners include Community Action for the Welfare of Children (CAWeC), Sierra Leone Poverty Agency, Pure Heart Foundation-SL (PHF-SL), Network for HIV positives (NETHIPS), Caritas Makeni, Child Fund-SL, World Vision (WV), Street Child, and Project Peanut Butter.

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
Donors	WFP operations are voluntarily funded by a number of donors. They have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. The main donors to WFP's PRRO Canada, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Japan, the United Arab Emirates and the United Kingdom.

The primary users of this evaluation will be:

- The **Sierra Leone WFP Country Office** and **its partners** in decision-making, notably related to programme implementation and/or design, Country Strategic Plan and partnerships.
- Given the core functions of the Regional Bureau (RB), **the RB** is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight
- **WFP HQ** may use evaluations for wider organizational learning and accountability
- **OEV** may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board.

3. Context and subject of the Evaluation

3.1. Context

13. The Republic of Sierra Leone is a presidential democratic republic that gained independence from the United Kingdom in 1961. With a population of 7 million, it is a low income and food-deficit country. Poverty levels are high, with almost 53 percent of the population living below the income poverty line (USD 1.90 per day). According to the wealth index, a larger proportion of poor households reside in rural areas and urban slums[1]. Sierra Leone has a gross domestic product (GDP) per capita of USD 675. The country is ranked 179 out of 188 in the 2016 Human Development Report.[2]
14. Sierra Leone is recovering from the Ebola Virus Disease (EVD) outbreak which ended in 2016. The country is struggling to regain the socioeconomic progress achieved after the end of the civil war in 2002 with annual growth in GDP at 6.1 percent in 2016 compared to 20.1 percent in 2012 and 2013.
15. The economy is supported primarily by subsistence agriculture, which employs over 60 percent of the population and accounts for almost half of GDP[3]. Sierra Leone is a mineral-rich country, with a quarter of GDP derived from iron ore. However, management of natural resources continues to prove to be a challenge.
16. According to the 2015 Population and Housing Census, 49 percent of the economically active population is female, and slightly more women (52 percent) than men are engaged in agriculture. Economically-active service workers comprise 17 percent of the workforce and 65 percent of petty traders are women. Households headed by women constitute 21 percent of the population[4]. Gender inequalities have decreased, but remain significant in some sectors; Sierra Leone ranks 151 out of 159 countries assessed on the Gender Inequality Index[5].

[1] WFP 2015, CFSVA.
[2] UNDP 2016, Human Development Report.
[3] Bermúdez-Lugo, O. 2015. The Mineral Industry of Sierra Leone. U.S. Geological Survey.
[4] 2015 Comprehensive Food Security and Vulnerability Analysis (CFSVA), WFP.
[5] UNDP 2016, Human Development Report

17. About 51 percent of adult men and women are literate. Enrolment rate for primary education (year 1-6) stands at 72 percent, while completion with pass rate in all core subjects at the end of junior secondary school (year 7-9) was 47 percent in 2011. 6 The 2004 Education Act granted free basic education to Government-assisted primary and junior secondary schools, however attendance and enrolment of children beyond primary school remains low.
18. Until the outbreak of Ebola in May 2014, Sierra Leone was seeking to become a transformed nation with middle-income status, but the country still has high youth unemployment. It continues to face daunting challenges to development of this country. Problems of poor infrastructure and widespread rural and urban improvishment persist in spite of progress and reforms.
19. The country has been ranked as having an "alarming" hunger level, scoring 112 out of 118 surveyed in the 2015 Global Hunger Index. It also ranked 181 out of 188 on the 2015 United Nations Development Programme (UNDP) Human Development Index. In 2014, prior to the outbreak, stunting levels in children under 5 exceeded 30 percent in at least seven districts, and 4.7 percent of children were wasted. The HIV prevalence in Sierra Leone increased from 0.9 percent in 2002 to 1.5 percent in 2005 and has remained at the same level since (SLDHS, 2013).
20. The 2015 Comprehensive Food Security and Vulnerability Analysis indicates that half the population is food insecure, with levels of food insecurity exceeding 60 percent in some chiefdoms of every district. Key drivers of food insecurity include: low agricultural production and productivity, poverty, limited resilience, poor infrastructure, inadequate access to safe water, gender inequality, and limited educational opportunities and indequate income generation and diversification.
21. Over 70 percent of a population of seven million lives below the national poverty line of USD 2 per day. According to the 2013 Demographic and Health Survey, net primary school enrolment is between 62 and 69 percent and drop-out rates are high at 27.8 percent, especially among girls in their early teens (Education Country Status report, 2013). The 2014 Standardized Monitoring and Assessment of Relief and Transition (SMART) shows that at the national level the global acute child malnutrition rate is 4.7 percent and 29.8 percent of children aged 6-59 months are chronically malnourished. Malnutrition rates vary greatly between districts. Malnourished children require special foods, including fortified nutritous food, which many households are unable to access.

3.2. Subject of the evaluation

22. WFP established a presence in Sierra Leone providing humanitarian assistance in 1968. WFP transitioned from humanitarian to relief assistance following the end of the civil war in 2002, with the eventual implementation of a development portfolio including primary school meals, integrated maternal and child health and nutrition support, and United Nations Humanitarian Air Services to neighbouring countries. The operational environment is changing and, together with the Government, WFP will move towards sustainable outcomes, including strengthening Government systems and institutional capacity at all levels.
23. PRRO 200938 (2016–2017), approved budget of USD 32 million, took on activities previously under the Country Programme 200336 (2013-2016) and supported the National Ebola Recovery Strategy through: (i) strengthening livelihoods of vulnerable communities; (ii) improving the nutritional status of malnourished children, pregnant and lactating women, and people living with HIV and TB; and (iii) developing national capabilities to prepare and respond to future emergencies. Smallholder farmers were

[6] Education Country Status Report. UNICEF. 2011.

also assisted under the Purchase for Progress (P4P) to stimulate production capacity and enable them to access sustainable, formal markets.

24. WFP's portfolio was aligned with the Government of Sierra Leone's Agenda for Prosperity and National Ebola Recovery Strategy to support socio-economic development. WFP drew on its comparative advantage by serving as the lead agency for Pillar 6 of the United Nations Development Assistance Framework (UNDAF), which aims to strengthen social protection systems through increasing poor households' access to social safety nets and expanding access to livelihoods and education, and improve nutritional status for vulnerable populations, including adolescent girls.
25. WFP made provisional arrangements to provide emergency support in the instance of an Ebola virus disease outbreak, flood or other emergency. However, given the limited requirements for emergency response, WFP did not reach all planned beneficiaries. Moreover, a delay in funding or underfunding limited WFP's ability to provide a full package of nutrition support to vulnerable groups. PRRO was formally launched in August 2016, however activities from the Country Programme 200336 were transferred to the PRRO as early as June 2016. The PRRO was funded at 81 percent in 2016, which represented 58.9 percent of the total budget of USD 32 million through December 2017.
26. As part of the Ebola recovery operation, support to the Government of Sierra Leone to develop their disaster risk management capabilities was a new component not previously covered in the country programme. Under this mandate, WFP supported the Office of National Security (ONS) to improve capabilities to prepare for emergencies and mobilize a rapid response. This was done through training in logistics, supply chain and project management. WFP convened staff from ONS and humanitarian partners to participate in an Ebola simulation, which served as a stress test to improve the humanitarian community's rapid response capabilities.

4. Evaluation Approach

4.1. Scope

27. The evaluation will focus on all activities of the PRRO:
    a) Nutritional Support for Women, Children and People Living with HIV or TB - support nutrition to vulnerable including malnourished children under 5 years, pregnant women and nursing mothers, and support food and nutrition for people living with HIV on treatment, ARVs and tuberculosis patients under DOTS.
    b) Building and Rehabilitating Productive Assets- support the resilience of some households and communities made vulnerable through targeted safety nets (lean season support), food assitance for assets and local procurement activities.
    c) Providing assistance to respond to sudden disasters as contingency (Ebola, Flood). Providing technical assistance to Office of National Security (ONS) to improve capabilities to prepare for emergencies and mobilize a rapid response. Support to the Government of Sierra Leone to develop their disaster risk management capabilities.
28. The evaluation will cover PRRO 200938 including all activities and processes related to its formulation, implementation, resourcing, monitoring, evaluation and reporting relevant to answer the evaluation questions. The period covered by this evaluation captures the period from the development of the operation until the end of the operation (December 2017). It should be noticed that activities under the PRRO 200938 will continue under the Sierra Leone transitional interim Country Strategic Plan (T-ICSP) (2018), starting in January 2018.
29. The geographic scope of the evaluation will be the same of the PRRO, namely: all districts in Sierra Leone.

4.2. Evaluation Criteria and Questions

30. **Evaluation Criteria.** The evaluation will apply the international evaluation criteria of Relevance, Effectiveness, Efficiency, Impact, Sustainability, Coverage and Coherence. In particular, criteria to be prioritized will be those of Relevance, Effectiveness and Sustainability. Gender Equality and Empowerment of Women should be mainstreamed throughout.

31. **Evaluation Questions.** Allied to the evaluation criteria, the evaluation will address the following key questions, which will be further developed by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of the PRRO which could inform future strategic and operational decisions.

Table 2: Criteria and evaluation questions

Criteria	Evaluation Questions
Relevance/ Appropriateness	Were the activities the most appropriate for the recipients? To what extent was the design of the interventions in line with priorities of the Government, the strategic objectives of WFP, the priorities of the partners of the United Nations and donors? To what extent the transfer modality(ies) were able to meet the needs of the target populations taking into account the specific needs of women, girls, boys and men? To what extent is the intervention (and the selected transfer modalities) in line with the needs of the most vulnerable groups (men and women, boys and girls)? To what extent was the intervention based on a sound gender analysis? To what extent was the design and implementation of the intervention gender-sensitive?
Effectiveness	To what extent were the outputs and outcomes of the intervention achieved /are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the outcomes of the intervention? To what extent did the intervention deliver results for men and women, boys and girls? Were there unintended positive/negative results?
Efficiency	To what extent were the activities cost-efficient? Was the cash transfer modality implemented in the most efficient way? What were the external and internal factors influencing efficiency?
Impact[7]	What are the longer-term effects of programs implemented on the household, their nutrition and food consumption, the local economy, creating assets in the areas of implementation of PRRO? What are the employment opportunities created by the project and its impact among the beneficiaries and non-beneficiaries in the assisted communities? What is the impact on gender aspects, in particular with regard to the empowerment of women?

[7] As this evaluation is not supposed to be a fully fledged Impact Evaluation, the purpose would be to rather explore the wider effects of PRRO contributions to desired objectives through document review and interviews.

	What are the main factors for the positive or negative impacts?
Sustainability	To what extent are the results of the operation sustainable, in particular with regard to the livelihoods and resilience components?
Coverage	Was the coverage in the design and implementation of the operation adequate?
Coherence	To what extent was the operation coherent with national policies, corporate objectives and strategies, as well as seek complementarity with the interventions of relevant humanitarian and development partners?

4.3. Data Availability

32. Based on the methodology developed by the evaluation team during the inception phase, the evaluation team will have access to data from WFP Sierra Leone Country Office and from its sub-offices. Data will be taken care of considering data confidentiality. It is expected that the evaluation will also collect information from other stakeholders through interviews, focus group discussions and review of documentation. The following are the sources of information available to the evaluation team. The sources provide both quantitative and qualitative information, and should be expanded by the evaluation team during the inception phase:
    - Standard Project Report 2016
    - Post distribution Monitoring Reports 2016– 2017
    - Process monitoring on PRRO intervention
    - Ebola L3 evaluations report
    - PRRO project document, Budget revisions and log frame
    - Joint Assessment Reports
    - Emergency Food Security Assessments
    - Standard Monitoring and Assessment in Relief and Transitions (SMART) Nutrition Survey
    - CFSVA report 2015

33. Concerning the quality of data and information, the evaluation team should:

a. assess data availability and reliability as part of the inception phase expanding on the information provided in section 4.3. This assessment will inform the data collection methodology.

b. systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data.

4.4. Methodology

34. The methodology will be designed by the evaluation team during the inception phase. It should:

- Employ the relevant evaluation criteria of relevance, effectiveness, efficiency, impact, sustainability, connectedness, coverage and coherence.
- Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (stakeholder groups, including beneficiaries, etc.). The selection of field visit sites will also need to demonstrate impartiality.
- Using mixed methods (quantitative, qualitative, participatory etc.) to ensure triangulation of information through a variety of means.

- Apply an evaluation matrix geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints;
- Ensure through the use of mixed methods that women, girls, men and boys from different stakeholders' groups participate and that their different voices are heard and used;
- Mainstream gender equality and women's empowerment, as above;
- In accordance with the terms of reference, the mission for which the evaluation services are solicited, has to adopt a participatory, consistent and iterative approach that involve all stakeholders and make use of existing resources of related to this intervention to address the evaluation questions mentioned in previous section (Table 2).

35. The following mechanisms for independence and impartiality will be employed. For the evaluation an Evaluation Committee and an Evaluation Reference Group will be set up inorder to maintain impartiality. The evaluation will be contracted to independent and external evaluators. Views of all stakeholders are taken into account, with different views appropriately reflected in the evaluation analysis and reporting to enhcance the impartiality.

36. Identified potential risks to the methodology may include data gap as well as unavailibility of focal staff. The Inception report will need to include potential mitigation measures based on the assessment of the evaluation team, including e.g. postponed remote interviews.

4.5. Quality Assurance and Quality Assessment

37. WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP's evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.

38. DEQAS will be systematically applied to this evaluation. The WFP Evaluation Manager will be responsible for ensuring that the evaluation progresses as per the DEQAS Process Guide and for conducting a rigorous quality control of the evaluation products ahead of their finalization.

39. WFP has developed a set of Quality Assurance Checklists for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.

40. To enhance the quality and credibility of this evaluation, an outsourced quality support (QS) service directly managed by WFP's Office of Evaluation in Headquarter provides review of the draft inception and evaluation report (in addition to the same provided on draft TOR), and provide:

    a. systematic feedback from an evaluation perspective, on the quality of the draft inception and evaluation report;

    b. recommendations on how to improve the quality of the final inception/evaluation report.

41. The evaluation manager will review the feedback and recommendations from QS and share with the team leader, who is expected to use them to finalise the inception/ evaluation report. To ensure transparency and credibility of the process in line with the UNEG norms and standards[1], a rationale should be provided for any recommendations that the team does not take into account when finalising the report.

42. This quality assurance process as outlined above does not interfere with the views and independence of the evaluation team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.

43. The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in WFP's Directive CP2010/001 on Information Disclosure.

44. The final evaluation report will be subjected to a post-hoc quality assessment by an independent entity through a process that is managed by OEV. The overall rating category of the report will be made public alongside the evaluation report.

4.6. Phases and Deliverables

45. The evaluation will proceed through the following phases. The deliverables and deadlines for each phase are as follows:

Figure 1: Summary Process Map

i. Preparation phase (Mar – Sept 2017): The evaluation manager will conduct background research and consultation to frame the evaluation; prepare the TOR; select the evaluation team and contract the company for the management and conduct of the evaluation.

ii. Inception phase (Oct – Dec 2017): This phase aims to prepare the evaluation team for the data collection phase by ensuring that it has a good grasp of the expectations for the evaluation and a clear plan for conducting it. The inception phase will include a desk review of secondary data and initial interactions with WFP stakeholders. *Deliverable: Inception Report written in English, and in line with DEQAS standards*

iii. Data Collection phase (Jan 2018): The field work will span over three weeks and will include field visits to project sites, primary and secondary data collection from local stakeholders. A debriefing session will be held upon completion of the field work. *Deliverable: presentation for the exit debriefing session(s)*

iv. Reporting phase (Feb – Mar 2018): The evaluation team will analyse the data collected during the desk review and the field work, conduct additional consultations with stakeholders, as required, and draft the evaluation report. It will be submitted to the evaluation manager for quality assurance. Stakeholders will be

[1] UNEG Norm #7 states "*that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability*"

invited to provide comments, which will be recorded in a matrix by the evaluation manager and provided to the evaluation team for their consideration before report finalisation. *Deliverable: Evaluation Report written in English, and in line with DEQAS standards*

v. Follow-up and dissemination phase (Apr 2018): The final evaluation report will be shared with the relevant stakeholders. The management responsible will respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions. The evaluation report will also be subject to external post-hoc quality review to report independently on the quality, credibility and utility of the evaluation in line with evaluation norms and standards. The evaluation report will be published on the WFP public website. Findings will be disseminated and lessons will be incorporated into other relevant lesson sharing systems.

5. Organization of the Evaluation

5.1. Evaluation Conduct

46. The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP evaluation manager. The team will be hired following agreement with WFP on its composition.

47. The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the code of conduct of the evaluation profession.

5.2. Team composition and competencies

48. The evaluation team is expected to include maximum three members, including the team leader and it should include women and men of mixed cultural backgrounds and one Sierra Leone national. To the extent possible, the evaluation will be conducted by a gender-balanced, geographically and culturally diverse team with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the ToR. At least one team member should have WFP experience, experience of working in Sierra Leone.

49. The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in the following areas (in order of importance):
    - Expertise in livelihoods programming, and food security.
    - Expertise in nutrition and HIV and AIDS.
    - Experience with rapid response context, disaster and risk management
    - Good understanding of gender-specific aspects of an intervention.
    - All team members should have strong analytical and communication skills, evaluation experience and familiarity with Sierra Leone.
    - Oral and written language requirements include full proficiency in English.

50. The Team leader will have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent English writing and presentation skills.

51. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the

inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

52. The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.

53. Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s).

5.3. Security Considerations

54. **Security clearance** where required is to be obtained from WFP Sierra Leone Country Office.

- As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.
- Consultants hired independently are covered by the UN Department of Safety & Security (UNDSS) system for UN personnel which cover WFP staff and consultants contracted directly by WFP. Independent consultants must obtain UNDSS security clearance for travelling to be obtained from designated duty station and complete the UN system's Basic and Advance Security in the Field courses in advance, print out their certificates and take them with them.[8]

55. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:

- The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
- The team members observe applicable UN security rules and regulations – e.g. curfews etc.

6. Roles and Responsibilities of Stakeholders

56. **The WFP Sierra Leone Office:**

a- The Sierra Leone WFP Country Office **Management (Director or Deputy Director)** will take responsibility to:

- Assign an Evaluation Manager for the evaluation: **Mohammad Nasir Khan**, M&E Officer
- Compose the internal evaluation committee and the evaluation reference group (see below).
- Approve the final ToR, inception and evaluation reports.

[8] Field Courses: Basic; Advanced

- Ensure the independence and impartiality of the evaluation at all stages, including establishment of an Evaluation Committee and of a Reference Group (see below and TN on Independence and Impartiality).
- Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the Evaluation Manager and the evaluation team
- Organise and participate in two separate debriefings, one internal and one with external stakeholders
- Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations

b- The **Evaluation Manager**:

- Manages the evaluation process through all phases including drafting this TOR
- Ensures quality assurance mechanisms are operational
- Consolidates and shares comments on draft TOR, inception and evaluation reports with the evaluation team
- Ensures expected use of quality assurance mechanisms (checklists, quality support
- Ensures that the team has access to all documentation and information necessary to the evaluation; facilitates the team's contacts with local stakeholders; sets up meetings, field visits; provides logistic support during the fieldwork; and arranges for interpretation, if required.
- Organises security briefings for the evaluation team and provides any materials as required

c- An internal **Evaluation Committee** has been formed as part of ensuring the independence and impartiality of the evaluation. The membership includes the Country Director/Deputy Country Director (Chair), the evaluation manager, the head of the technical unit in charge of the returning refugee operation and nutrition activity, the head of sub-office responsible for implementation, one staff each from finance and supply chain units.

Table : **TOR for the Evaluation committee**

Context: Please see in this document (3.1).
Purpose: The overall purpose of the evaluation committee is to ensure a credible, transparent, impartial and quality evaluation process in accordance with WFP Evaluation Policy 2016-2021. It will achieve this by supporting the evaluation manager in making decisions through the process, reviewing draft evaluation deliverables (TOR, inception report and evaluation report) and submitting them for approval by the CD/DCD who will be the chair of the committee.
The composition of the evaluation committee – described at page Annex 3, Page 23.
Responsibilities of the Evaluation Committee:

Input by Phase	**Estimated time per EC member (excluding the EM)**	**Approximate dates**
Phase 1: Planning • Nominates an evaluation manager. • Decides and approves the indicative evaluation budget.	1/2 day	e.g. End of August, 2017

• Decides the contracting method, well in advance to enable the evaluation manager to plan for the next phase of the evaluation.		
Phase 2: Preparation • Reviews the draft TOR on the basis of : ○ The outsourced Quality Support service feedback ○ ERG comments ○ The EM responses documented in the comments matrix • Approves the final TOR. • Approves the final evaluation team and budget	½ to 1 day	End of August to mid-September
Phase 3: Inception • Briefs the evaluation team including an overview of the subject of the evaluation. • Informs the design of the evaluation during the inception phase as key stakeholders to the evaluation. •Supports the identification of appropriate field visit sites on the basis of selection criteria identified by the evaluation team, noting that the EC should not influence which sites are selected. • Reviews the draft IR on the basis of : ○ The outsourced Quality Support service and evaluation manager feedback ○ ERG comments ○ The Evaluation team responses documented in the comments matrix • Approves the final IR.	2 days	Relevant weeks/month/s e.g. October - December 2017
Phase 4: Data Collection • Act as key informants during the data collection. • Act as sources of contextual information and facilitating data access as per the needs of the evaluation • Attend the end of field work debriefing(s) meeting, and support the team in clarifying/validating any emerging issues and identifying how to fill any data/information gaps that the team may be having at this stage • Facilitate access to stakeholders and information as appropriate.	2 days	Relevant weeks/month/s e.g. Jan.2018
Phase 5: Data Analysis and Reporting • Review the draft ER on the basis of : ○ The outsourced Quality Support service and evaluation manager feedback ○ ERG comments ○ The Evaluation team responses documented in the comments matrix • Approve the final ER.	2 days	Relevant weeks/ month/s e.g. Feb-mar 2018
Phase 6: Disseminate and Follow-up Phase • Facilitate preparation of the management response to the evaluation recommendations • Ensure that all follow-up actions adequately address	1 day minimum	Post completion of

the evaluation recommendations, include a specific timeline within which they can be realistically implemented and are allocated to a specific team/ unit • Approve the Management Responsek • Disseminate evaluation results • Ensure the evaluation report and the management response are publicly available		report e.g. Apr 2018

57. **An Evaluation Reference Group** has been formed, as appropriate, with representation from FAO, UNICEF , NGO partner (WHH, and Cawec), Government of Sierra Leone, WFP Country Office, and Regional Bureau. The ERG members will review and comment on the draft evaluation products and act as key informants in order to further safeguard against bias and influence. The key roles and responsibilities of this team includes providing input to evaluation process and commenting on evaluation products.

Table : **TOR for the Evaluation Reference Group**

Context: Please see this document (3.1) **Purpose:** The overall purpose of the ERG is to support a credible, transparent, impartial and quality evaluation process in accordance with WFP Evaluation Policy 2016-2021. ERG members review and comment on draft evaluation TOR, inception and evaluation report. The ERG members act as experts in an advisory capacity, without management responsibilities. Responsibility for approval of evaluation products rests with the Country Director/Deputy Country Director as Chair of the Evaluation Committee. **Composition of ERG [List selected 8-12 members to ensure sufficient base of expertise]:** Please go through this document Annex 4, Page 23		
ERG members responsibilities by Evaluation Phase	**Estimated time required**	**Approximate dates**
<u>Phase 2: Preparation</u> • Review draft ToR and provide feedback ensuring that the ToR will lead to a useful evaluation output and provide any additional key background information to inform the finalization of the TOR. • Identify source documents useful to the evaluation team. • Attend ERG meeting/conference call etc.	1 day	Relevant weeks/month/s e.g. July-August 2017
<u>Phase 3: Inception</u> • Meet with evaluation team (together and/or individual members) The ERG is a source of information for the evaluation, providing guidance on how the evaluation team can design a realistic/practical, relevant and useful evaluation. • Assist in identifying and contacting key stakeholders to be interviewed, identifying and accessing key documentation and data sources, and identifying appropriate field sites. This is important in their role of safeguarding against bias.	1 day	Relevant weeks/month/s e.g. Oct-Dec 2017

• Review and comment on the draft Inception Report (see inception report Template, Quality Checklist, and Comments Matrix).		
Phase 4: Data collection Act as key informant during the data collection stage. • Assist the evaluation team by providing sources of information and facilitating data access. • Attend the end of field work debriefing conducted by the evaluation team.	1.5 days	Relevant weeks/month/s e.g. Jan 2018
Phase 5: Data Analysis and Reporting • Review and comment on the draft evaluation report (see evaluation report Template, Quality Checklist, and Comments Matrix), specifically focusing on accuracy and on quality and comprehensiveness of evidence base against which the findings are presented, and conclusions and recommendations are made. 242. Particular attention should be given to ensuring that the recommendations are relevant, targeted, realistic and actionable. 243. The ERG must respect the decision of the independent evaluators regarding the extent of incorporation of feedback provided to them by the ERG and other stakeholders, as long as there is sufficient transparency in how they have addressed the feedback, including clear rationale for any feedback that has not been incorporated.	2 days	Relevant weeks/month/s e.g. Feb-Mar 2018
Phase 6: Disseminate and Follow-up • Disseminate final evaluation report internally and externally, as relevant; • Share as relevant evaluation findings within respective units, organizations, networks and at key events; • Provide input to management response and its implementation (as appropriate).	2 days	Post completion of report e.g. Apr 2018

58. **The Regional Bureau:** the RB will take responsibility to:

- Advise the Evaluation Manager and provide support to the evaluation process where appropriate.
- Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as relevant, as required.
- Provide comments on the draft TOR, Inception and Evaluation reports
- Support the Management Response to the evaluation and track the implementation of the recommendations.

  While the Regional Evaluation Officer **Filippo Pompili** will perform most of the above responsibilities, other RB relevant technical staff may participate in the evaluation reference group and/or comment on evaluation products as appropriate.

59. **Relevant WFP Headquarters divisions** will take responsibility to:
    - Discuss WFP strategies, policies or systems in their area of responsibility and subject of evaluation.
    - Comment on the evaluation TOR, inception and evaluation reports, as required.

60. **Other Stakeholders (Government, NGOs, UN agencies)** will be identified for interviews by the evaluation team in addition to the list provided by WFP which will be based on the preliminary stakeholder analysis in Table 1.

61. **The Office of Evaluation (OEV).** OEV, through the Regional Evaluation Officer, will advise the Evaluation Manager and provide support to the evaluation process when required. It is responsible for providing access to the outsourced quality support service reviewing draft ToR, inception and evaluation reports from an evaluation perspective. It also ensures a help desk function upon request.

7. Communication and budget

7.1. Communication

62. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders. Communication with the evaluation team and stakeholders should go through the evaluation manager.

63. As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report, dissemination will be broad and workshops will be conducted internally and with partners, to discuss evaluation results and recommendations, and the way forward.

7.2. Budget

64. **Budget:** For the purpose of this evaluation, the budget will:
    - Be based on pre-determined LTA rates. Country office will share the short TOR (including evaluation scope, objective, timeline) to different LTA firms for a technical and financial proposal using WFP templates.
    - Not cater for domestic travel.
    - Not include any special communication-related provisions.

Please send any queries to Mohammad Nasir Uddin Khan, Evaluation Manager, at mohammadnasir.khan@wfp.org, + 232 (0) 88581001.

Annex 2: List of Interviewees

Name	*Agency*	*Position*
Housainou Taal	WFP CO Freetown	Country Director
Kinday Samba		Deputy Country Director
Mohammad Nasir Khan		Monitoring and Evaluation Officer
Allison Dumbuya		Programme Assistant, M&E
Mohamed Keita		M&E Assistant
Jared Komworno		Logistics Officer
Filippo Pongelli		GIS Specialist
Balla Musa Kandeh		Senior Programme Associate (VAM)
Ahmed Talete		Head, Finance and Admin
Mariama Bah		Finance Officer
Sento Sesay		Senior Finance Associate
Mervin Chiumia		Programme Policy Officer
Michael Stanley		Budget & Programming Officer
Fortune Maduma		Nutrition Officer
Mohammed A Sesry		Nutrition Assistant
William Hopkins		Programme Policy Officer
Betty Cooper		Programme Associate
Filippo Pompili	WFP RB Dakar	Regional Evaluation Advisor
Katherine Faigao	UNICEF Sierra Leone	Food Security Programme Manager
Gilles Keny	World Vision Freetown	Grants Finance Manager
Enos Kawiwa		RAM
Musa Gamunga		Food Security Programme Manager
Mariama Kamara		FAIRO
Alwin Kester-Campbell		Finance Officer
Felicin Daramy		Nutritionist
Tito Tipo Nyabenji	FAO Sierra Leone	FAO Representative
Joseph Brima		Assistant FAO Representative Programmes
Christophe Charbon		Emergency Coordinator
Nabi Kamara	ONS Freetown	Deputy Director, DRR
Festus Kallay	Freetown City Council	Chief Administrator
Mohamed Bah		Finance Officer
Sia Lajaku-Williams	Street Child	Programmes & Donor Compliance Director
Antony Songa	MAFFS Kenema	Block Extension Supervisor
Jestina Wusta-Conteh	WFP SO Kenema	Head of Sub-Office
Victor Pieh		Programme Associate, Livelihoods
Mariam Kangbu		WFP Programme Associate Nutritionist
Alimamy Sesay		Monitoring and Evaluation Officer
Musa Sheriff	Street Child Kenema	Head of Sub-Office, Kenema
Hamilton Luseni		Database Officer/Social Worker
Joseph Mustapha		Social Worker
Sharif Bundu	NACSA Kenema	Community Based Specialist
Mohamed Conteh		District Coordinator
Michael Williams	World Vision Bo	Field Monitor
Abdul Rahman Kargbo	ONS Pujehun	District Disaster Management Coordinator
Gladys Lansana	NACSA Pujehun	District Coordinator
Eddie Bewoh	MAFFS Pujehun	District Agriculture Officer
Mohamed Conteh	Nyawa Kama Baimba ABC	ABC Chairman
Charles Bangura	MAFFS Port Loko	District Agriculture Officer
Jinnah Bockarie		Crops Officer
Rebecca Vincent	WFP SO Port Loko	Monitoring Assistant
Sulaiman Coker		Programme Assistant, M&E
Cynthia Abdulai		Monitoring Assistant
Thomas Bockarie		Head of Sub-Office
Umaru Sesay		Storekeeper

Hassan Mansaray	WFP SO Port Loko	Administrative Assistant
Alusine Jawara		Logistics Assistant
Mohamed Kargbo		Tally Assistant
Julius Bangura	NACSA Port Loko	Community-Based Specialist
James Bongo		Engineer/Clerk of Works
Soriba Yansaneh		District Coordinator
David Conteh	Port Loko District Office	Senior District Officer
Salim Ali Sahid	Street Child Port Loko	Head of Operations, North West Region
Linus Sarkor	WFP SO Makeni	Head of Sub-Office
Adama Kamara		Programme Assistant, Livelihoods
Mohamed Koroma		Monitoring Assistant
Francess Musa		Programme Assistant, School Feeding
Swab Kabbia		Nutrition Assistant
Musa Mansaray	Caritas Makeni	Technical Programme Director
Alfred Haron Thullah		Project Planning Officer
Ursula Langkamp	Welthungerhilfe Freetown	Country Director
Harrison Kurach		Head of Programmes
Sulaiman Bangura		Finance & Administrative Officer
Mohamed Amara	Welthungerhilfe Kenema	Area Manager
Alfred Maada Fobay	Welthungerhilfe Makeni	Area Manager
Dr Amit Bhandari	DFID Sierra Leone	Health Advisor
Dennis Paul	MAFFS	Director of Extension
Kathy Buyah	Min. of Social Welfare, G & CA	Director of Children's Affairs
Alhaji Momodu	National AIDS Secretariat	DIrector
Victor S Camara		M&E Unit Manager
Amara Lebbie		Global Fund Grand Manager
Mohammed Kai Sandi		M&E Surveillance
Kamuh Mansoray		M&E Routine
Idrissa Songo	NETHIPS	Executive Director
Babbah Conteh		Coordinator
Uilhermina Bah		Coordinator Western Area
Isata Bah		Administration Officer
Mudorr Bongura		National Advocacy Officer
Abibatu Taralsallie	NETHIPS - Port Loko	Coordinator
Frederick D. Amara	Project Peanut Butter	Admin/Finance/Office Manager
Mustapha Kebbeh	Child Fund	Program Country Director
Abdul Salin Banguna		M&E Manager and FbP Project Lead
Dr Linda	NLTBCP	FbP Program Manager
Wango Lahai	Ministry of Health	Nutrition Officer
Iye NB Conteh		DOT site nurse
Mary Kamara		DOT site nurse
Momar Kapalca	SILPA – Kenema	Programme Manager
Foday Fotamah		Finance Assistance
Kemoh Jah		Office Assistant
Sahr Christopher Sewa		IT officer –Data clerk
Alfred Kabba Swaray		Chief Executive Director
Name not registered		Field monitor
Name not registered		Field monitor
Albertina Momoh	Happy Kids /HIV support group	Social worker
Abdul James	DHMT, Kenema	HIV focal person
Manodu S Kondeh		TB focal person
Abubakar M Sonah		TB focal person
Anita M Penyikie		Assistant Nutritionist
Christiana A. Cole		Clinical Nutritionist

Martha Koroma	Child Fund Kenema	FbP Programme Officer
Christina Mansague	MOH Kenema, Largo CHC	Nurse – MAM site
Not found/registered		Responsible FbP PLHIV
Vickson KM Bockanie	MOH Kenema, Blama CHC	CHO in charge
Musu Kpoka		MCH aide – MAM
Felix B James	Pure Heart Foundation, Bonthe	Executive Director
Francis A Musa		Programme Manager
David Millon		Nutrition Supervisor
Philip Moserey		Nutrition Monitor
Fatmata Kallon		Nutrition Monitor
Hawa Kunta Koroma		Nutrition Monitor
Leocent Po Mathews	DHMT Moyamba	District HIV/AIDS Supervisor
Mohamed Bangwa		District TB/Leprosy Supervisor
Mohamed Kahil		District M&E
James Tommy		District Cold Room Officer/EPI
Tonia Elsie Thomas		Assistant Nutritionist
Musratu Coke		Clinical Nutritionist
Kadie Yaba Kandeh		District Nutritionist
Alhasson Idleh		Surveillance Officer
Lawrence Massaquol	MoH Moyamba	DOT nurse, Government Hospital
Fatmata Y. Kamara		ART nurse, Government Hospital
Idrissa Turay	Child Fund Moyamba	Project Officer
Betty Mbayo	MoH Moyamba Junction	CHC In-charge, Stunting
Aminata Kamar		Nurse, Stunting
Name not found	MoH Moyamba, Bauya CHC	Nurse, Stunting
Name not found		Nurse CHC in charge, Stunting
Marion Tommy	MoH Moyamba, Falaba CHC	Nurse – Stunting
Mariama Rogers		Nurse – Stunting
Joyce Momah	MoH Bombali	ART nurse/NACS counsellor, Gov't Hosp.
Ibrahim Dumbunga		District supervisor – HIV
Fatu M Kamara		DOT nurse – Government Hospital
Habsatu Bali	MoH Port Loko, Lunsar CHC	ART nurses/NACS counsellors, St John Catholic Hospital
Zainab Kanama	MoH Port Loko, Lunsar CHC	
Nancy Docklay	MoH Port Loko, Nonkowa FDP	MAM nurse
Isatu M Kalokoh		MAM nurse
Josephine Lansana	MoH Port Loko	MAM nurse - Government Hospital
Millicent Nlinah		District HIV focal person
Zainab Bayula		District Nutritionist
Hawa Kallin		District Health Subdirector
Justin Kamara		Clinical nutritionist
Andrew Sesay		District TB focal person
Mamusu Sesay	CAWEC –Port Loko	Nutritionist
Alimany S. Kamoa		Field monitor
Lamin Amin Turiy		Field supervisor
Ansumana J Bungrus		Finance Officer
Abdul B Sanlah		Director
Anita I Sarkoh		Nutrition Manager
155 individuals		

List of Focus Group Discussions (for FFA and Lean Season) held		
Location	*Number of Attendees*	*Activity*
Kpandebu village, Kenema District	5 women, 7 men	FFA: IVS and Tree Cropping
Sawula village, Kenema District	5 women, 4 men	FFA: Inland Valley Swamps
Kpuwabu village, Kenema District	3 women, 6 men	Lean Season Distribution
Weilor village, Kenema District	5 women, 7 men	Lean Season Distribution
Blama Ngieya village, Pujehun District	4 women, 7 men	FFA: Tree Cropping
Helebu village, Pujehun District	3 women, 7 men	FFA: IVS, Tree Cropping and Lean Season
Gandorhun, Pujehun District	3 women, 6 men	FFA: Tree Cropping
Vawahun Sawa village, Pujehun District	10 women, 2 men	FFA: IVS
Rogballan village, Port Loko District	3 women, 3 men	FFA: IVS and tree cropping
Makomp village, Port Loko District	4 women, 3 men	FFA: Tree cropping
Ro-Limba village, Port Loko District	5 women, 2 men	Lean Season Distribution
Katick village, Port Loko District	3 women, 4 men	FFA: IVS

List of Focus Group Discussions (for Nutrition) held		
Location	*Number of Attendees*	*Activity*
Freetown Chest Clinic	4 women, 4 men	FbP TB
Happy Kids FDP, Freetown	4 women	FbP PLHIV
Child Fund FbP, Kenema town	5 women, 3 men	PLHIV FGD
Largo CHC, Kenema District	6 women	MAM
Largo CHC, Kenema District	3 women, 1 man	FbP PLHIV
Largo CHC, Kenema District	5 women, 1 man	FbP TB
Blama CHC, Kenema District	8 women	MAM
Government Hospital, Moyamba town	7 women, 3 men	FbP PLHIV
Government Hospital, Moyamba town	2 women, 2 men	FbP TB
Bauya FDP, Moyamba District	13 women	Stunting
Falaba FDP, Moyamba District	11 women	Stunting
Moyamba Junction FDP, Moyamba Dist.	10 women	Stunting
Nonkoba FDP, Port Loko District	10 women	MAM
Lunsar CHC, Port Loko District	10 women	MAM
Lunsar CHC, Port Loko District	10 women	FbP PLHIV
Gov't Hospital, Makeni, Bombali District	5 women, 1 man	FbP PLHIV
Gov't Hospital, Makeni, Bombali District	1 woman, 5 men	FbP TB

List of Sites Visited (for Nutrition)				
District	*Chiefdom*	*Location*	*Site name*	*Nutrition component*
Western urban	Central I	Freetown	Chest clinic	FbP TB
Western urban	East one	Freetown	Happy kids FDP Support group	FbP PLHIV
Kenema		Kenema town	Child Fund FDP	FbP PLHIV
Kenema		Kenema town	Govt. Hospital	FbP PLHIV
Kenema	Nongowa	Largo	Largo CHC	FbP PLHIV, FbP TB & MAM
Kenema	Blama	Blama	Blama CHC	MAM
Moyamba	Kaiyamba	Moyamba town	Moyamba Hospital	FbP PLHIV and FbP Tb
Moyamba	Kongbora	Bauya	Bauya FDP	Stunting
Moyamba	Fakunya	Falaba	Falaba FDP	Stunting
Moyamba	Fakunya	Moyamba Jctn.	Moyamba Junction FDP	Stunting
Port Loko	Masimera	Nonkoba	Nonkoba FDP	MAM
Port Loko	Marampa	Lunsar	Lunsar CHC	FbP PLHIV and MAM
Port Loko	Maforki	Port Loko town	Port Loko Hospital	MAM
Bombali	B. Sebora	Makeni	Government Hospital	FbP PLHIV and FbP TB

Annex 3: Logical Framework from Project Document PRRO 200938

LOGICAL FRAMEWORK	
Cross Cutting Indicators	
Results	**Performance indicators**
Gender Gender equality and empowerment improved	I.1 Decision-making over the use of food or cash or WFP assistance within the household • Proportion of households where females make decisions over the use of cash, voucher or food; *Baseline: PDM -2015; 25%* *Target: 30%* • Proportion of household where males make decisions over the use of cash, voucher or food; *Baseline: PDM -2015; 28%* *Target: 20%* • Proportion of household where females and males make decisions over the use of cash, voucher or food; *Baseline: PDM -2015; 47%* *Target: 50%*
Protection and accountability to affected populations WFP assistance delivered and utilized in safe, accountable and dignified conditions	II.1 Proportion of assisted people (disaggregated by sex) who do not experience safety problems to/from and at WFP Programme sites; *Baseline: PDM -2015; 98%* *Target: 100%* II.2 Proportion of assisted people (disaggregated by sex) informed about the programme (who is included, what people will receive, where people can complain); *Baseline: PDM -2015; 45%* *Target: 80%* II.3 Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)

LOGICAL FRAMEWORK	
Cross Cutting Indicators	
Results	**Performance indicators**
Partnership Food assistance interventions coordinated and partnerships developed and maintained	III.1 Proportion of project activities implemented with the engagement of complementary partners; *Target: 100%* III.2 Number of partner organizations that provide complementary inputs and services; *Baseline: TBC* *Target: less than 10% from the baseline*

Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies		
Results	**Performance indicators**	**Assumptions**
Outcome 2.1 Adequate food consumption reached or maintained over assistance period for targeted households	▸ Food consumption score (FCS: Poor, Borderline, Acceptable), disaggregated by sex of household head *Baseline: CFSVA – 2016* *Target: Reduced prevalence of poor and borderline food consumption of targeted households by 80%* ▸ Diet diversity score, disaggregated by sex of household head *Baseline: CFSVA – 2016;* *Target: ≥4.5* ▸ rCSI: Reduced Coping Strategy Index (rCSI-Food), percentage of households with reduced/stabilized coping strategy index, disaggregated by sex of household head *Baseline: CFSVA – 2016;* *Target: CSI of 80% of targeted households is reduced or stabilized*	- Further outbreak, containment measures, and/or security incidents do not prevent implementation of activities in a large of part of the project area and does not create additional large scale humanitarian requirement. - Government and partners are able to provide complementary activities to meet beneficiary NFI, hygiene, watsan and other needs to support efforts to care for and contain the virus - Delivery of goods are not hampered by border closures, roadblocks, disruption to regular private transport service, and rains

LOGICAL FRAMEWORK		
Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies		
Results	**Performance indicators**	**Assumptions**
Outcome 2.2 Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children	▸ MAM treatment recovery rate (%);*Target:->75%* ▸ MAM treatment default rate (%);*Target:-<15%* ▸ MAM treatment mortality rate (%);*Target:-<3%* ▸ MAM treatment non-response rate (%);*Target:-<15%* ▸ ART Nutritional Recovery Rate (%) ; *Target:->75%* ▸ ART treatment default Rate (%) ; *Target-<15%* ▸TB treatment default rate (%);*Target:-<15%* ▸ TB Treatment Nutritional Recovery Rate (%);*Target :->75%* ▸ Proportion of children who consume a minimum acceptable diet; *Target:->50%* ▸ Proportion of eligible population who participate in programme (coverage); *Target:->70%* ▸ Proportion of target population who participate in an adequate number of distributions;*Target:- >66%*	- No epidemics of water-borne diseases or malaria aggravate malnutrition - No shock affects the livelihoods or nutritional status of clients and their families
Output 2.1 Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries	▸ Number of institutional sites assisted (e.g. health centres), as % of planned ▸ Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned ▸ Quantity of food assistance distributed, disaggregated by type, as % of planned ▸ Quantity of non-food items distributed, disaggregated by type, as % of planned	- Adequate funding is allocated by WFP - Food is procured, shipped and delivered on time - PHUs screen pregnant women and refer malnourished women for supplementary assistance

LOGICAL FRAMEWORK		
Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs		
Results	**Performance indicators**	**Assumptions**
Outcome 3.1 Increased marketing opportunities for producers and traders of agricultural products and food at the regional, national and local levels	▸ Food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases. ***Target:- 15%*** ▸ Food purchased from regional, national and local suppliers, as % of food distributed by WFP in-country. ▸ Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country. ▸ Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned. ▸ Value of products sold by smallholder farmers and smallholder farmer organizations. ***Target:- TBD by CO – US$ 200,000***	- Local production and marketing are functioning - No weather shocks affect national food production.
Outcome 3.2 Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households	▸ Food consumption score (FCS: Poor, Borderline, Acceptable), disaggregated by sex of household head *Baseline: CFSVA – 2016;* *Target: Reduced prevalence of poor and borderline food consumption of targeted households by 80%* ▸ Diet diversity score, disaggregated by sex of household head *Baseline: CFSVA – 2016;* *Target: ≥4.5* ▸ rCSI: Reduced Coping Strategy Index (rCSI-Food), percentage of households with reduced/stabilized coping strategy index, disaggregated by sex of household head *Baseline: CFSVA – 2016;* *Target: CSI of 100% of targeted households is reduced or stabilized* ▸ Percentage of Communities with an increased asset score *Baseline: TBC* *Target:* 80% of targeted communities exhibit increase in CAS over baseline	- Food is procured, shipped and delivered on time - No shocks disrupt household food security

LOGICAL FRAMEWORK		
Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs		
Results	**Performance indicators**	**Assumptions**
Outcome 3.3 Risk reduction capacity of countries, communities and institutions strengthened	▸ National capacity index *Baseline: NCI TBC* *Target:* Increase of index based on initial assessment	National and provincial disaster management authorities are engaged. Technical staff are available
Output 3.1 Increased WFP food purchase from regional, national and local markets and smallholder farmers	▸ Number of farmers' organizations trained in market access and post-harvest handling skills ▸ Number of smallholder farmers supported ▸ Quantity of food purchased locally from pro-smallholder aggregation systems (in mt) ▸ Quantity of food purchased locally through local and regional purchases (in mt) ▸ Tonnage of food sold by smallholder organizations to markets ▸Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned	No weather shocks affect national food production.
Output 3.2 and 3.3 Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries	▸ Number of institutional sites assisted (e.g. schools, health centres), as % of planned ▸ Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned ▸ Quantity of food assistance distributed, disaggregated by type, as % of planned ▸ Quantity of non-food items distributed, disaggregated by type, as % of planned	- Adequate funding is allocated by WFP - Food is procured, shipped and delivered on time
Output 3.3 Human capacity to reduce risk of disasters and shocks developed	▸ Number of people trained, disaggregated by sex and type of training ▸ Number of technical assistance activities provided, by type	Technical staff are available

Annex 4: List of Partners

1. WFP's principal Government partner at a national level for all the nutritional support activities is the Food & Nutrition Directorate of the Ministry of Health & Sanitation. Other official partners include the Ministry of Education, Science & Technology, the Ministry of Agriculture, Forestry & Food Security (particularly for the Food for Assets activities), Ministry of Social Welfare, Gender and Child Affairs (for the support to orphans), the Office for National Security, the National Commission for Social Action (NACSA), the Ministry of Local Government/Freetown City Council, the National AIDS Secretariat and the National Leprosy & TB Control.

2. Other United Nations Agencies who have worked with WFP on this operation, or which have an interest in it at policy level, include the Food and Agriculture Organisation (FAO), UNAIDS, the World Health Organisation (WHO), the United Nations Children's Fund (UNICEF), the International Fund for Agricultural Development and UNWomen.

3. The main non-governmental partners during this operation have been Community Action for the Welfare of Children (CAWeC), Sierra Leone Poverty Agency, Pure Heart Foundation SL (PHF-SL), the Network for HIV Positives (NETHIPS), Caritas Makeni, Child Fund SL, World Vision, Welthungerhilfe, and Street Child. Another organization, Project Peanut Butter, has worked with WFP and other partners on a 'four foods study'.

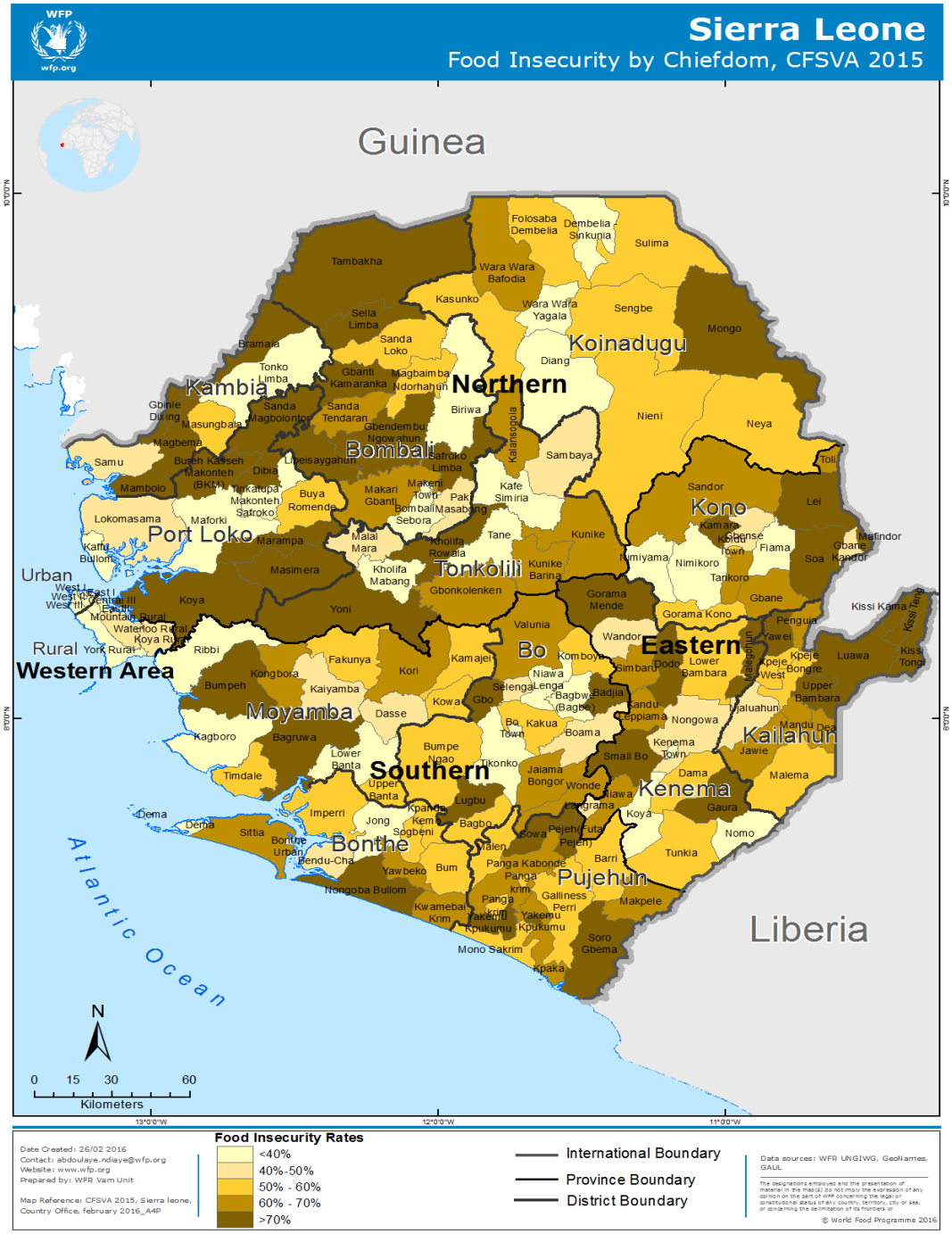
4. The Table below indicates the specific partners for each of the operation's components.

Principal cooperating partners by component

Component	Main activity area	Principal partners
Nutrition	Treatment of MAM Also covering the 'Four Foods Study' (FFS)*	The Ministry of Health and Sanitation/Food and Nutrition Directorate are the principal partners for the implementation of all nutrition activity areas shown Community Action for the Welfare of Children (CAWeC) Sierra Leone Poverty Agency (SILPA) Pure Heart Foundation SL (PHF-SL)
	Stunting Prevention	World Vision (in Moyamba)
	HIV and TB support	National AIDS Secretariat National Leprosy & TB Control UNAIDS Network for HIV Positives (NETHIPS) Caritas Makeni Child Fund SL
Safety Nets	Support to Vulnerable Orphans Lean Season Distributions	Ministry of Social Welfare, Gender & Child Affairs Street Child The National Commission for Social Action (NACSA)
Livelihoods and Food for Assets	Food for Assets activities Tree crop and Inland valley swamp rehab.	Ministry of Agriculture, Forestry & Food Security World Vision Welthungerhilfe
	Farmers' training	Ministry of Agriculture, Forestry & Food Security Food and Agriculture Organisation (FAO)
Disaster management	Capacity and systems development	Office of National Security Ministry of Local Government/Freetown City Council

* The Four Foods Study *is undertaken by Tufts University, USAID, and the NGO Project Peanut butter*

Annex 5: Country Map



Source: WFP Country Office

The PRRO activities – particularly for lean season and food assistance for assets support - were targeted to areas of the country that had been heavily impacted by EVD and had a moderate to high level of food insecurity. Nutrition activities were focused on Bonthe, Kambia, Kenema, Port Loko and Kailahun districts (for TSFP), and the stunting prevention programme pilot was in Moyamba. Food by prescription activities were nationwide via Government health facilities.

The Evaluation Team visited the districts of Kenema (Eastern Province), Pujehun and Moyamba (Southern Province), Port Loko and Bombali (Northern Province) and the Western Area (Urban and Rural).

NB: some district boundary changes in the north, effective in late July 2017, are not shown on this map.

Annex 6: Evaluation Matrix (revised)

Note: the following matrix was presented in the Inception Report based on information available to the Evaluation Team at that stage. Feedback on the matrix at that time overlooked certain assumptions made by the ET, which subsequently became evident during the field mission. Some of the proposed questions were wrong or irrelevant and were thus not used. For sake of completeness, the full matrix is presented in the Final Report, but with clear edits (barred lines) showing amendments and deletions made by the ET during the fieldwork.

Final Evaluation of Protracted Relief and Recovery Operation 200938: 'Rebuilding food and nutrition security and strengthening disaster management capabilities in Sierra Leone'

The following matrix will be utilised by the team members to focus questioning with respect to the questions highlighted in the ToR, grouped by criteria. Each question will be considered relative to the area of activity undertaken. The following colour keys refer to the specific programme areas:

Black text	General / covers all components
Green text	Questions relating specifically to nutritional aspects, HIV/TB support etc
Blue text	Questions relating specifically to the livelihoods component
Orange text	Questions relating specifically to the disaster management component

Criteria 1: Relevance & Appropriateness						
Question 1a: Were the activities the most appropriate for the recipients?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• How were the three component activities decided upon (given the large range of needs in Sierra Leone)? • To what extent were the operation's design and implementation appropriate to the needs of the beneficiaries? • What was the rationale for splitting the activities under this PRRO away from the existing CP, given that the CP is relatively small (now with SF as its principal activity)?	• Evidence of use of problem analysis and previous assessments in designing the PRRO. • Evidence of consultation with partners and different groups of beneficiaries, at design stage and subsequently.	Planning documentation Other CO documentation (food security maps etc) Government officials at different levels WFP staff Partners Beneficiaries	Review of information and reports available Semi-structured interviews FGDs	Thematic analysis of qualitative results identifying emergent themes Triangulation of available data between team members and from different data sources Disaggregation by location, activity and beneficiary group	Strong

Question 1a (continued): Were the activities the most appropriate for the recipients?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• To what extent were the communities themselves involved in selecting the programme beneficiaries? • How were the districts and chiefdoms selected for the different components of the operation, and by whom? • How was the targeting of beneficiaries defined? • Has the operation remained relevant and appropriate through its lifetime? • How and why were the decisions about transfer modality (food or cash) taken, and by whom? • Which assistance modality is most appropriate? Why? • Accountability: what proportion of assisted people were informed about the programme (who was included, what people would receive, where people could complain)? • Protection: what proportion of assisted people did not experience safety problems travelling to or from WFP programme sites?	• Evidence of decision-making process on reasons for developing new PRRO for limited time • Congruence in the logic of design as compared with available information about needs, at planning stage and evolving over time • Number/percentage of beneficiaries reporting problems • Number/percentage of beneficiaries with detailed information of the programme • Grade of awareness of the programme by the community	As above	As above	As above	As above
Nutrition/ health	• Were other alternative health /nutrition strategies examined and assessed during the design and life of the project?	• Evidence of analysis done to identify the differentiated needs of women and men, children, PLW, HIV/TB, malnourished, and the objectives and components designed to respond to such needs.	As above	Review of information and reports available Semi-structured interviews FGDs	Thematic analysis of qualitative results identifying emergent themes Triangulation of available data Disaggregation by location, activity and beneficiary group	Strong

Question 1a (continued): Were the activities the most appropriate for the recipients?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
Livelihoods	~~• How were the participants selected, and by whom?~~ • How were you advised that this programme would improve your long-term capacities to sell to markets?	• Evidence of analysis done to identify the differentiated needs and inputs of women/men/ children in livelihoods activities	Government officials at different levels WFP staff Partners Beneficiaries	Document review KIIs	Analysis of secondary data triangulated with primary data from stakeholders	Strong
Disaster management	• Who identified the gaps to be addressed by this programme? • Are there any further areas of support the authorities would need in this sector to improve their capacity? If so, what are they?	• Evidence of strengthened procedures • Evidence of better skills and capacities • Data from involved parties	Notes/summaries of workshops held Notes/details of interaction during planning stages between WFP & Government	Interviews FGDs	Analysis of secondary data triangulated with primary data from stakeholders	Fair: largely subjective / hypothetical views given limited recent experience of emergency interventions
Question 1b: To what extent was the design of the interventions in line with the priorities of the Government, the strategic objectives of WFP, the priorities of the partners of the United Nations and donors?						
General / all components	• How does this PRRO and its activities align with the official policies and priorities? • How does this PRRO and its activities align to and deliver against WFP's Strategic Objectives and various policies? ~~• How does this PRRO fit into the current and future UNDAF) for the country?~~ • (for donors): Did this operation meet your expectations and deliver towards your government's aid priorities in the country?	• Evidence of, reference to, and use of, national policies and documents of other partners, and comparison with key strategies & documents of other programmes • Extent to which objectives, targeting, methods, activity choice and transfer modalities conform to and support WFP strategies, policies & normative guidance. • The extent to which the project aligns to	WFP SOs WFP Policies Government policy and strategy documents Details of other agencies operating in the country on similar activities Programme documents (for all WFP operations in country)	Document review Semi-structured interviews	Narrative/thematic analysis of available secondary data and documentation Triangulation of above with qualitative feedback	Strong

		• Extent to which objectives, targeting methods, activity choices, protocols and transfer modalities are complementary to other WFP programmes in country	Government officials Partner staff WFP staff			
Question 1c: To what extent were the transfer modality(ies) able to meet the needs of the target populations taking into account the specific needs of women, girls, boys and men, and in line with the needs of the most vulnerable groups?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• What factors were analysed to make these decisions? • Was the selected transfer modality aligned to the beneficiaries' needs, the markets and the project's objectives? • How were the most vulnerable people selected for inclusion in the activities? • What were you informed in advance about the programme's objectives and assistance to be provided? • Overall, were the most vulnerable households or individuals selected for support? • Were any specifically-vulnerable groups overlooked or excluded, and if so, why? • What level of confidence do the beneficiaries have in WFP programming and delivery? • To what extent was the transfer value (~~cash or~~ food) in line with the beneficiaries' needs? • Was any revision of the needs done during the implementation of the operation? • ~~Did the most vulnerable people get targeted and accepted for inclusion in the programme?~~	• Evidence of analysis of differences in context, and if this influenced and transfer modalities in any way. *Following indicators from logframe:* • Proportion of assisted people (disaggregated by sex) informed about the programme (who is included, what people will receive, where people can complain); • Proportion of assisted people (disaggregated by sex) who do not experience safety problems to/from and at WFP Programme sites; • Evidence of vulnerable beneficiaries being specifically included or excluded	Programme documents (for all WFP operations in country) Government officials Partner staff WFP staff Beneficiaries Food security maps (VAM) WFP assessment data WFP M&E data Beneficiaries	Document review Semi-structured interviews FGDs Data analysis	Secondary data and documentation analysis Triangulation of above with qualitative feedback	Strong

~~**Disaster management**~~	~~• Did the DM committees overseeing the most vulnerable communities get targeted and accepted for inclusion in the programme?~~	~~• Evidence from community vulnerability assessments~~	~~WFP assessment data & staff~~ ~~WFP M&E data~~ ~~Beneficiaries~~ ~~Partner staff~~ ~~ONS staff~~	~~Data analysis~~ ~~Semi-structured interviews~~ ~~FGDs~~	~~Quantitative and qualitative~~	~~Strong~~
Question 1d: To what extent was the intervention based on a sound gender analysis?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• How detailed was the gender analysis done to inform the programme design? • What were the internal and external factors that facilitated or constrained gender dimensions into the operation?	• Details of gender analysis done to identify the differentiated needs of women and men in each of the programme components	Planning and assessment documentation WFP staff Partner staff	Document review Feedback from WFP staff, partners and beneficiaries	Analysis of secondary data triangulated with direct feedback received	Fair
Question 1e: To what extent was the design and implementation of the intervention gender-sensitive?						
General / all components	• What gender specific approaches were used in programme design? • Who was consulted regarding the design of the activities and the intended beneficiaries? • What was the situation and specific needs of women & girls in each component areas when the programme was designed? • To what extent were women and girls involved in the needs assessment and programme implementation? • How have you been able to suggest amendments or changes to the activities to improve gender sensitivity?? • Have any changes been made because of your feedback? • Was a complaints procedure in place and easily available to the beneficiaries?	• Degree of analysis done to identify the components designed to respond to such differentiated needs (for women and men). • The extent to which women and men were equally consulted and involved in the design of the PRRO operation, and subsequently • Evidence of availability of complaints mechanism, and verification of its effectiveness and follow-up • Level of intervention of different parts of the community in distributions	Planning and assessment documentation WFP staff Partner staff Beneficiaries	Document review Feedback from WFP staff, partners and beneficiaries	Analysis of secondary data triangulated with direct feedback received	Fair

Criteria 2: Effectiveness						
Question 2a: To what extent were the outputs and outcomes of the intervention achieved?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• Under each component, what has been achieved (outputs and outcomes) in comparison with what was planned or anticipated? • Under each component, what has not been achieved in comparison with what was planned or anticipated? • Have the PRRO's outputs directly led to the outcomes or have there been additional inputs from others?	• Degree of outputs and outcomes delivered against plans • Level and timing of contributions made against budget • Detail of other partners and inputs to the same programme areas	WFP monitoring data WFP staff Finance data	Document review Interviews with WFP staff	Largely quantitative	Strong
Nutrition/ health	*Above questions to be measured against indicators shown here* + • How many activities to develop Government capacities are carried out (training of staff and guidelines/others developed/updated for the different nutrition components) • Education and BCC activities carried out and/or supported, including (as part of stunting component) understanding of gender related issues	• Number of targeted beneficiaries (disaggregated) in each category reached • Food consumption score disaggregated by sex of household head • Diet diversity score, disaggregated by sex of household head. • rCSI: Reduced Coping Strategy Index (rCSI-Food), percentage of households with reduced/stabilized coping strategy index, disaggregated by sex of household head. • MAM treatment default rate • MAM treatment mortality rate • MAM treatment non-response rate (%); • ART Nutritional Recovery Rate (%);	WFP monitoring data WFP programme staff WFP M&E staff Clinic records Clinic staff PDM data Logical framework	Document review Semi-structured interviews	Data analysis and disaggregation	Strong, assuming adequate monitoring data is made available.

Question 2a (continued): To what extent were the outputs and outcomes of the intervention achieved?						
Component	**Sub Question**	**Measure/Indicator (continued)**		**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
Nutrition/ Health (continued)	*244.*	• MAM treatment default rate • MAM treatment mortality rate • MAM treatment non-response rate (%); • ART Nutritional Recovery Rate (%); • ART treatment default Rate (%); • TB treatment default rate (%); • TB Treatment Nutritional Recovery Rate (%); • Proportion of children who consume a minimum acceptable diet; • Proportion of eligible population who participate in programme (coverage); • Proportion of target population who participate in an adequate number of distributions;		As above		
Livelihoods	• How much additional income have the programme activities created for the participating households?	• Number of assets created • Number of participants and beneficiaries (by modality) • Number of farmers' organizations trained in market access and post-harvest handling skills • Number of smallholder farmers supported • Quantity of food (mt) purchased locally from pro-smallholder aggregation systems • Quantity of food (mt) purchased locally through local and regional purchases • Food sold (mt) by smallholder organizations to markets • FCS disaggregated by sex of household head • DDS, disaggregated by sex of household head	Programme planning and assessment documentation WFP warehouse logs Farmers' records Logical framework	Document review M&E data Semi-structured interviews FGDs	Quantitative and qualitative, and triangulation between data	Strong; based on documents and feedback from KII and FDGs

Question 2a (continued): To what extent were the outputs and outcomes of the intervention achieved?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
	245.	• rCSI: Reduced Coping Strategy Index (rCSI-Food), percentage of households with reduced/stabilized coping strategy index, disaggregated by sex of household head.				
Disaster management	• What assessments on DM capacity were undertaken prior to the programme? • How has WFP's support enhanced the Government's capacities in disaster management?	• Number of potential beneficiaries reached • Analysis of level of preparedness for emergency response interventions by all partners • Evidence of assessments / National Capacity Index	WFP monitoring data WFP staff Finance data Assessment data	Document review Interviews with WFP staff	Largely qualitative	Fair
Question 2b: What were the major factors influencing the achievement or non-achievement of the outcomes of the intervention?						
General / all components	• What specific things helped or hindered the full implementation of the PRRO activities? • Overall, were there unintended positive/negative results? • What levels of official support (at different levels) were evident in support of the operation? • What is the perception of other actors about WFP's operation? • What is the status of WFP and partner relations with other humanitarian actors in project areas?	• Analysis of logistics support, supply chain capacity • Evidence of delays or pipeline breaks • Examples of official support offered/available	CO minutes and documentation Logistics data WFP staff Partner staff Government staff	Data analysis Semi-structured interviews FGDs	Quantitative and qualitative, and triangulation between	Strong; based on documents and feedback from KII and FDGs

Question 2b (continued): What were the major factors influencing the achievement or non-achievement of the outcomes of the intervention?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
Nutrition/ health	• What are the links and synergies between activities under the PRRO and nutrition interventions of other actors in the same chiefdoms and/or with the same beneficiaries?	• Number of health staff trained on nutritional assessment, national protocols for treatment and counselling. • Number of staff trained on BCC and grade of involvement.	Partner staff Government staff WFP staff Beneficiaries	Semi-structured interviews Spontaneous interviews (beneficiaries)	Largely qualitative	Fair
Livelihoods	• What are the links and synergies between activities under the PRRO and livelihoods interventions of other actors in the same chiefdoms and/or with the same beneficiaries? • Were there sufficient livelihoods projects available (new or existing) that could be supported by the programme?	• Number of projects presented for consideration for support • Number of projects selected	WFP assessment reports M&E data Partner staff Government staff WFP staff Beneficiaries	Semi-structured interviews	Largely quantitative triangulated with primary data	Fair
Disaster management	• What levels of official support and engagement from the ONS was evident during the programme?	• Evidence of support available • Evidence of ONS being proactive and requesting support	Government staff WFP staff ONS staff	Semi-structured interviews	Largely qualitative	Fair
Question 2c: To what extent did the intervention deliver results for men and women, boys and girls?						
General / overall	• What was the overall quantity of food ~~and cash~~ assistance distributed (disaggregated), in relation to what was planned?	• Quantity of food, non-food & cash assistance distributed, by type, programme component & beneficiary gender, as % of planned • Number of beneficiaries by category, sex, food, non-food items, as % of planned • Breakdown between cash transfers and vouchers, as % of planned	WFP distribution and M&E data Programme documents Programme staff	Interviews Data analysis	Quantitative and qualititative; triangulation	Strong

Question 2c: To what extent did the intervention deliver results for men and women, boys and girls?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
Nutrition/ health	• To what extent did the complementary feeding component contribute as an incentive for inmunization? • Was the availability of food support a direct incentive for patients to join the FbP programme? • To what extent did the FbP component improve the adherence to ART? • To what extent did the provision of nutritional care in FbP improve the recovery of malnourished ART patients?	• Changes over time regarding clinic attendance for the identified categories of patients • Changes over time in immunization rates • Changes over time in numbers of patients joining FbP programme • Changes over time in level of adherence to ART. • Changes over time in recovery rate of malnourished ART patients	Individual data and figures from clinics and treatment centres Clinic staff Partner staff WFP health staff Beneficiaries	Semi-structured and spontaneous interviews with clinic staff and beneficiaries Analysis of available records	Quantitative and qualititative; triangulation	Strong
Question 2c (continued): To what extent did the intervention deliver results for men and women, boys and girls?						
Livelihoods	• What inputs have been made (food, ~~cash,~~ trainings) to this component? • What has this component achieved in terms of asset production (or rehabilitation? • How many people have participated directly? How many people have benefited in total? • ~~What percentage was given as cash and what as food?~~ • What types and numbers of assets have been constructed (by chiefdom)? • Has your 'asset' got a management committee to manage it? • ~~When was the committee established?~~	• Number of rehab-ilitated ~~or constructed~~ assets providing livelihood potential • Number of participants directly involved in the work activities, disagg-regated by category, sex, food, non-food items, as % of planned • Number of overall beneficiaries of these assets, disaggregated by category, sex, food, non-food items, as % of planned • ~~Breakdown between cash transfers and vouchers, as % of planned~~	Programme Planning and assessment documentation WFP monitoring reports WFP programme staff Beneficiaries Partner staff Local authorities Staffing lists Assets management committee meeting minutes	Secondary data Semi – structured interviews and FGDs Observations	Analysis of secondary data + triangulation with observations and primary interview feedback	Strong, subject to adequate monitoring data being available

Question 2c (continued): To what extent did the intervention deliver results for men and women, boys and girls?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
	• Who are the members and how were they chosen? • How many men/women sit on the committee?	• Quantity of food assistance distributed, disaggregated by type, as % of planned • Quantity of non-food items distributed, disaggregated by type, as % of planned • Evidence of increased representation by women on asset management cttees.				
Disaster management	• What inputs have been made (food, ~~cash~~, trainings) to this component? • What responses in the last 19 months have directly benefited from this operation? • How has the operation made a difference to reduce risks for communities? • What examples are available to show it has made a difference?	• Examples of emergency responses undertaken with WFP support • Number of emergency management trainings undertaken, with participant numbers disaggregated by category, sex, food, non-food items, as % of planned • Number of participants and beneficiaries, disaggregated by category, sex, food, non-food items, as % of planned • Quantity of food assistance distributed, disaggregated by type, as % of planned • Quantity of non-food items distributed, disaggregated by type, as % of planned	Programme Planning and assessment documentation WFP M&E reports ONS reports WFP staff Government staff Local community leaders	Secondary data Semi – structured interviews and FGDs Observations	Qualitative and quantitative, and triangulation between	Strong, subject to adequate monitoring data being available

Question 2d: Were there unintended positive/negative results?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• Can you give some examples of how things may have changed because of this operation which were not foreseen? • How has WFP's involvement been instrumental in these changes?	Examples of unintended effects mentioned: • With respect to the beneficiary populations (including any differences between sexes). • With respect to the secondary beneficiaries. • On national institutions	All stakeholders	Principally through discussion in KIIs, FGDs	Analysis of secondary data and reports triangulated with primary data from stakeholders	Fair, given that this is likely to be largely verbal feedback
Nutrition/ health	• Were there unintended positive/negative health results? 146.	• Any noticeable changes in nutrition habits; also related to dependency on food assistance, etc. • Examples of (possibly) keeping a child malnourished in order to benefit from the programme?	Clinic staff Beneficiaries WFP health staff Partner staff	Principally through discussion in KIIs, FGDs	Primary data from stakeholders triangulated where possible with secondary data	Fair, given that this is likely to be largely verbal feedback
Criteria 3: Efficiency						
Question 3a: To what extent were the activities cost-efficient? Was the cash transfer modality implemented in the most efficient way?						
General / all components	~~• How was the cash transfer modality implemented?~~ ~~• What problems were experienced in implementation?~~ ~~• Would there have been alternative/more efficient ways of distributing cash?~~ • What added benefit (or problems) does this modality give (for beneficiaries: to you and your family)?	• Total value of cash distributed to targeted beneficiaries, disaggre-gated by beneficiary and sex, as % of planned. • Detail of cost and speed on making cash payments • Beneficiary perceptions of effectiveness of modalities • Timeliness of distributions.	Secondary data review WFP staff Partners staff Beneficiaries	Semi-structured interviews FGDs	Largely qualitative	Fair, given that this is likely to be largely verbal feedback

Question 3b: What were the external and internal factors influencing efficiency?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• Were the activities delivered in a timely manner (ie: any delays or cancellations)? • What would you suggest are the principal factors influencing this efficiency, both internally to WFP and externally?	Internal factors (example) • Transparency of targeting criteria. • Presence of adequate management arrangements. • Effectiveness of monitoring and data reporting systems. • Use of data and other learning methods to enhance management and respond to changing conditions. • Availability of technical expertise in CO and RB. • Quality of staff capacity building. External factors	Principally via feedback from the beneficiaries and cooperating partners at field level	Semi-structured interviews FGDs	Largely qualitative	Fair, given that this is likely to be largely verbal feedback
Criteria 4: Impact *(focusing on desired objectives and the wider effects of the PRRO's activities)*						
Question 4a: What are the longer-term effects of programmes implemented on the household, their nutrition and food consumption, the local economy, creating assets in the areas of implementation of the PRRO?						
General / all components	• How has the PRRO's activities benefited the population generally and individually? • What changes do you see to official policy as an outcome of this intervention?	• No. of households with improved nutrition and income levels • Examples of upgraded official policy • Examples of better services being delivered as a result of lessons and inputs of the PRRO	All stakeholders	Principally through discussion in KIIs, FGDs	Analysis of secondary data and reports triangulated with primary data from stakeholders	Fair, given that this is likely to be largely verbal feedback
Nutrition/ health	• What changes or trends can be identified in general nutritional status? • What changes are observed in feeding practices and intra-household dynamics related to food and nutrition?	• No. of households with improved nutrition levels • Examples of use of intra-household use of MUAC and changes in gender dynamics related to IYCF / PLW • Evidence of changes in attendance to ante-natal clinic, immunization services and others	MoH and clinic staff WFP health staff UNICEF and other partner staff M&E data from different stakeholders	Principally through semi-structured interviews FGDs	Analysis of secondary data and reports triangulated with primary data from stakeholders	Fair, given that this is likely to be largely verbal feedback

Question 4a (continued): What are the longer-term effects of programmes implemented on the household, their nutrition and food consumption, the local economy, creating assets in the areas of implementation of the PRRO?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
Livelihoods	• How has the operation helped you/your farmers' group directly? • How has this programme helped you develop your market opportunities? • How will you ensure it continues to work? • Have you changed the crops you grow to meet new demands?	• Number of households with improved income levels • Amounts of food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases. • Food purchased from regional, national and local suppliers, as % of food distributed by WFP in-country. • Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country. • Value of products sold by smallholder farmers and smallholder farmer organizations.	Secondary data review Primary data and discussion with farmers' representatives and farmers' groups WFP Staff WFP P4P reports WFP M&E data	Semi-structured interviews and FGDs Data analysis	Triangulation of secondary and primary data	Strong
Disaster management	• Have the inputs of the PRRO decreased the vulnerability of the target communities and households?	• Examples and evidence of more resilient communities • Examples and evidence of more prepared response agencies and procedures	Local authorities ONS staff Community leaders	Interviews and discussion FGDs	Largely qualitative	Fair

Question 4b: What are the employment opportunities created by the project and its impact on beneficiaries and non-beneficiaries in the assisted communities?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
Livelihoods	• How has the operation improved livelihood options at the community level? • Who has directly and indirectly benefited? • Are all interested households able to participate?	• Examples of livelihood options and how these have changed over time • Evidence of improved HH income and/or expenditure • Selection and inclusion criteria	Monitoring data (if this info has been collected) WFP programme and M&E staff Partners Beneficiaries	Interviews and discussion FGDs	Largely qualitative (with reference to monitoring data as available)	Fair
Disaster management	• Has the involvement in the programme of at risk communities helped them improve their economic status, and if so, how? • If not yet, when would you expect to see results?	• Examples of enhanced community income and how this has changed over time	Monitoring data (if this info has been collected) WFP programme and M&E staff Partners Beneficiaries	Interviews and discussion FGDs	Largely qualitative (with reference to monitoring data as available)	Fair
Question 4c: What is the impact on gender aspects, in particular with regard to the empowerment of women?						
General / all components	• ~~In what ways has this programme helped in balancing the decision-making of use of food and cash at household level?~~ • ~~What changes (if any) in this area have you noticed in the last 19 months?~~	• Evidence of changes in patterns of decision-making over the use of food or cash or WFP assistance within HH • Proportion of HHs where females make decisions over the use of cash or food. • Proportion of HHs where males make decisions over the use of cash or food. • Proportion of HHs where females and males make joint decisions over the use of cash or food;	Monitoring data (if this info has been collected) Partners Beneficiaries	Interviews FGDs	Largely qualitative (with reference to monitoring data as available)	Fair

Question 4c: What is the impact on gender aspects, in particular with regard to the empowerment of women?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
Disaster management	• In what ways has this programme helped in increasing the roles women play in this sector? • Are women and men treated equally or differently in the disaster management sector? • What changes (if any) have you noticed in this sector the last 19 months?	• Evidence of increased representation by women on disaster planning and management committees • Evidence of increased levels of authority by women on disaster planning and management committees • Examples provided	Staffing lists Interview and informal responses	Interviews FGDs	Data disaggregation Qualitative analysis	Fair: balanced between factual data and subjective feedback
Question 4d: What are the main factors for the positive or negative impacts? ***(Note from Evaluation Team: we consider this to be largely repetitive of Question 3b)***						
General / all components	• What would you suggest are the main positive or negative impacts of this operation? • Given the shortage of funds against budget, what aspects of the programme could not be delivered, or were scaled back? • What impact has this had? • What are the main opportunities and threats in the external operating environment that have influenced results? (political, economic, institutional and security situation, socio-cultural characteristics and knowledge, behaviour of beneficiaries, ebola crisis, etc) ~~• What activities were dropped or scaled back?~~	• Rate and timing of arrival of donor support against budget and needs • Evidence of proactive WFP fund-raising efforts • Identification of opportunities and threats in the external operating environment	WFP staff, donors, partners WFP financial information	Interviews & discussion	Mainly qualitative + triangulated with available quantitative secondary data	Fair: balanced between factual data and subjective feedback

Criteria 5: Sustainability						
Question 5a: To what extent are the results of the operation sustainable, in particular with regard to the livelihoods and resilience components?						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• Were interventions planned to have long-term benefits or to be quick fixes to identified problem areas? • What handover plans were made, and to whom? • What is the likelihood that the programmes will continue when WFP's operation ends?	• Number and range of ongoing technical assistance activities provided to date, by type • Evidence of handover strategies and alternative support mechanisms	WFP programme and monitoring data WFP programme and M&E staff Beneficiaries Partner staff Local authorities	Interviews Data analysis	Quantitative and qualitative + triangulation between them	Fair, given that the PRRO has just ended so sustainability cannot be directly measured or observed
Livelihoods	• What is the anticipated lifespan of the asset you have rehabilitated or constructed? • What benefits do you anticipate it will provide? • How will it be managed and overseen? • How will it be maintained or repaired?	• No. of technical assistance activities provided, by type • No. of people trained, disaggregated by sex and type of training • Examples of well-functioning assets constructed under the operation • Examples of maintenance plans for these assets • Examples of productive asset management groups established and functioning	Training participants and leaders Records of relevant training areas Records of technical assistance provided over the life of project Local authorities	Document review Semi-structured & spontaneous interviews FGDs Direct observation	Analysis of primary data from stakeholders and participants triangulated with secondary data	Fair, given that the PRRO has just ended so sustainability cannot be directly measured or observed
Disaster management	• What DM components that were previously missing has the programme introduced or upgraded? • What capacity building and/or procedures introduced under this operation have been formalised into your SOPs? • Can you give examples of enhanced capacities?	• Number of technical assistance activities provided, by type • Number of people trained, disaggregated by type of training and sex • Examples of improved official procedures evident following these trainings	Data from national and district disaster management authorities ONS officials & staff Participants of trainings SOPs from the ONS	Document review Semi-structured and spontaneous interviews FGDs Direct observation	Analysis of secondary data triangulated with primary data from stakeholders and participants	Fair, given that the PRRO has just ended so sustainability cannot be directly measured or observed

Component	Sub Question	Measure/Indicator	Main Sources of information	Data Collection Methods	Data Analysis Methods	Expected Evidence quality
Criteria 6: Coverage ***Note from Evaluation Team: This appears largely repetitive of the questions in Criteria 1 above. Sub-questions to be asked only once.***						
Question 6a: Was the coverage in the design and implementation of the operation adequate?						
General / all components	• Given the broad level of needs across the country, did WFP target its interventions appro-priately to those communities and areas in greatest need? • How were you involved in those decisions? • What differences between plans and actuals were observed during implementation, and why did these happen? • What options and means existed for changes (eg: new areas) to be introduced to the programme?	• Comparison between districts of highest food insecurity with programme interventions (both planned and actual) • Evidence of programme changes being introduced • Proportion of eligible population who participate in programme	WFP staff (programme staff and MERVAM Unit) National food security information Government officials Donors WFP staff	Document review Semi-structured interviews FGDs	Analysis of secondary data triangulated with primary data from stakeholders and participants	Strong
Criteria 7: Coherence						
Question 7a: To what extent was the operation coherent with national policies, corporate objectives and strategies? ***Note from Evaluation Team: This appears largely repetitive of question 1b above. Sub-questions to be asked only once.***						

General / all components	• To what extent have national authorities at different levels been involved in the operation?
	• To what extent was the operation design and delivery in line with humanitarian principles and on accountability to beneficiaries?
	• To what extent did the operation adhere to established standards and guidelines (eg: Sphere) where relevant?
		• Degree of coherence between the problems and constraints identified in relevant national strategies and the objectives and activities of the operation
		• Examples of adherence to or deviation from:
		  • Humanitarian Principles
		  • Sphere guidelines
		  • National policies
		  • WFP policies
			Project data
			Monitoring reports
			Policy documents
			WFP staff
			Government officials
				Data analysis
				Interviews
					Largely qualitative triangulated with available quantitative data	Fair

Question 7b: Did the operation seek complementarity with the interventions of relevant humanitarian and development partners??						
Component	**Sub Question**	**Measure/Indicator**	**Main Sources of information**	**Data Collection Methods**	**Data Analysis Methods**	**Expected Evidence quality**
General / all components	• What other complementary/similar activities are being done by other agencies in the country? • What coordination between similar programming agencies was done in the planning stages to ensure complementarity and no overlaps?	• Evidence of coherence of the objectives and activities of the project with those other development partners. • Evidence of joint planning/consultations • Degree of consultation between the WFP office and other actors in relevant areas. • Number of partner organizations that provide complementary inputs and services • Synergies that are fore-seen with other projects and with related sectors.	Project planning data and reports Partner reports WFP staff MoH staff Partner staff	Document review Interviews	Initial identification of baseline used Qualitative and other quantitative analysis	Strong

Annex 7: Evaluation approach and methodology

(copied and updated from Inception Report)

1. This PRRO 200938, including all aspects related to its formulation, implementation, resourcing, monitoring, evaluation and reporting, underwent a decentralised final evaluation for accountability and learning purposes, and thereby to provide guidance on how the CO should move forward under its new TI-CSP. The operation was assessed against WFP standards and plans as summarized in the logframe and key project documents.

2. The period covered by this evaluation covered the planning phase (early 2016) through the operational phase which ran from June 2016 through to December 2017. The activities under the PRRO covered a broad set of interventions in the three areas of improving food security and strengthening livelihoods, improving the nutritional status of vulnerable groups, and strengthening the authorities' capacities in disaster management, all in a post-disaster recovery environment. The overall evaluation reviewed these three areas of intervention, with individual evaluation team members each having specific areas of focus related to the above sectors and aimed to determine how and why these specific activities were selected and the inter-relationships between them.

3. The evaluation set out to answer the evaluation questions as listed in the ToRs. The questions themselves were grouped under the key evaluation criteria developed by the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD/DAC),[1] specifically relating to relevance, appropriateness, effectiveness, efficiency, impact, sustainability and coverage.

4. The questions were further developed during the development of the Evaluation Matrix. The matrix formed the basis for the questioning and data gathering, aiming to answer each of the key questions against each of the three distinct programme areas for the operation. The matrix has added sub-questions relevant to each area, and has drawn, where possible, indicators from the original logframe and other project documents, against which to measure achievements.

5. The methodology employed a mixed method, but largely qualitative, approach to collect primary data, but included also an in-depth secondary review of key documents and data provided by the CO as well as documentation gathered through an on-going process of data collection prior to and during fieldwork. The team sought out additional supporting information and reports to enrich the evidence and analysis. Links to other applicable standards, such as SPHERE and the Humanitarian Principles, are referred to as appropriate.

6. A critical review of available documentation as well as the quantitative data was used to address all of the evaluation criteria as complementary information to the data collected directly. The document review had particular pertinence to addressing questions related to relevance/appropriateness and effectiveness. The CO provided secondary documentation for integration into the evaluation analysis, although some was only supplied after the field mission had been completed.

7. The secondary data review was complemented by primary data collection from key informant interviews (KIIs) and focus group discussions (FGDs) with a range of key stakeholders at national, sub-national and community level in several districts of the country. A broad range of stakeholder opinions was sought on the key evaluation questions and evaluation criteria. At partner and Government level, contacts provided by WFP CO were interviewed on a policy and decision-making level; a range of other views from lower official levels and in the communities, were also sought to complete the picture.

[1] Available from: *www.alnap.org/material/78.aspx (accessed 29 September 2015)*

8. The qualitative data was obtained through a mix of KIIs, FGDs with a broad range of stakeholders during the field visit phase, as feasible within the time constraints. The range of stakeholders was intended to promote the participation of different groups, including beneficiaries (covering women and men (boys and girls were not directly interviewed)) and sought to avoid biases, including gender bias. The qualitative data helped elicit stakeholder perceptions that address all of the criteria and have particular pertinence to relevance/ appropriateness and sustainability parameters. The KIIs and FGDs with beneficiaries will be analysed for patterns, trends and outliers.

9. Qualitative data analysis is based on an iterative process of identifying key thought units related to each evaluation question, organizing these thought units into clusters and identifying the key themes within each cluster. These are then clustered into categories and emergent themes from each category for further analysis and re-categorization to identify key patterns. Evidence for conclusions is to be built via triangulation analysis. Themes or patterns were examined to determine if they came from multiple stakeholder levels and multiple stakeholder categories. Observations or comments that only came from a single source or a single category of stakeholder were given less weight during the building of the analysis. Where GEEW-relevant findings emerge, efforts have been be made to verify and explain these through beneficiary interviews and discussions. Findings highlighted in the report are those emerging from multiple actors and across multiple stakeholder categories.

10. Triangulation of findings from different sources was part of the analysis to substantiate the findings and to develop conclusions. Triangulation involved comparing different sources (i.e. primary qualitative data, secondary documentation, etc), collected by different team members and through different methods (i.e. KIIs, FGDs). For primary qualitative data collected through a single method focused on a single activity (e.g. FGDs relating to lean season support), triangulation involved comparing locations/sites and beneficiary status (women and men, vulnerable groups, committee members etc). In this way, GEEW-sensitive triangulation will be undertaken.

11. Detailed Chiefdom level information, actual sites of intervention and activity, was supplied belatedly by the CO but finally enabled the ET to complete the detailed site mapping and selection of interviewees, and for the CO to assist by pre-arranging meetings and visits.

12. The beneficiary sampling approach addressed the inclusion of women and men in diverse stakeholder groups. In cases where conflicting versions or information emerge, the team pursued in-depth questioning alongside further investigation of secondary data to ensure a balanced review and conclusion was reached.

13. Interviews were done by the ET members either singly or jointly, depending on areas of specialisation and availability (see detailed mission plan). Given the fairly limited timeframe for field-level data collection, regular discussion and information sharing sessions between the team members were held to discuss initial findings, identify areas of convergence and potential gaps for further investigation.

14. Evidence was strengthened through systematic triangulation. To ensure impartiality and reduce the risk of bias, the methods used promoted the participation of different groups of stakeholders, including women, men, boys and girls. In particular, triangulation of the GEEW aspects of the programme were prioritized. To ensure data integrity and factual accuracy throughout the review process, the ET's regular discussions enabled them to compare, triangulate and analyse data collected, supporting continuity and consistency. Triangulation was systematically used as a key tool for validating and analysing findings as follows:

- Source Triangulation: Comparing information from different sources.

- Method Triangulation: Comparing information collected by different methods, e.g. key informant interviews, focus group discussions (separated by gender, vulnerable group), document research.
- Using the evaluation matrix: Data from different sources can assist in identifying key findings, conclusions and results.
- Investigator triangulation: Involving multiple evaluators to assess the same issues.

15. At the end of the field data collection period, the Evaluation Team participated in an internal analysis workshop to discuss and develop the emerging findings, lessons, conclusions and recommendations. GEEW aspects were considered and addressed by this workshop to highlight any specific GEEW-related findings and/or conclusions, and if warranted, specific recommendations on how to improve gender performance were identified. Initial findings and conclusions were shared with the CO at a debriefing meeting at the end of the mission for discussion to elicit feedback, verification and correction of facts.

Gender Considerations

16. Gender was mainstreamed throughout the evaluation methodology with the ET aiming to gather gender-sensitive results of the programme activities, including the roles, cultural beliefs, behaviours and nature of any changes identified for each sector of the community through their involvement in the activities. This helped to build on the limited quantitative data provided via the SPR and other reports and could be triangulated with other primary data collected.

17. The United Nations Evaluation Group (UNEG) guidance on gender has also been used to shape the evaluation approach. The evaluation methodology has integrated a gender equality lens as part of the overall analysis, addressing the substantive aspects related to gender and equality issues within the programme. The evaluation applied gender analysis and assessed the extent to which differential needs, priorities, voices, coping capacities and vulnerabilities of women, men, boys and girls have been taken into account in design, selection, implementation, monitoring and evaluation of the programme. In particular, the team analysed if and how gender empowerment and equality of women/girls (GEEW) objectives and mainstreaming principles were included in the intervention design in line with the SDGs and other system-wide commitments enshrining gender rights.

18. The ToRs indicated that GEEW should be mainstreamed throughout the evaluation, with two specific evaluation questions given in this regard. However, the ET considered that the programme design as presented in the project document appeared largely gender blind, with little mention being made of GEEW aspects beyond certain target groups and noted too that the evaluation of the broader Ebola response operation[2] found that "failure to adhere to WFP's Gender Policy meant that gender issues were not addressed for significant periods."

19. As this PRRO may in fact have had significant gender implications, and potentially responding to those criticisms, the ET:

- Was itself gender-balanced and used female translators when required
- Sought to understand the gender dimensions of the programme within the national and local context
- Applied a broad 'gender lens' during all enquiries and analysis during the evaluation process

2 WFP; 2017: Summary Evaluation Report of WFP's Ebola Crisis Response: Guinea, Liberia and Sierra Leone.

- Applied good practice in the collection of gender sensitive and disaggregated primary data through community processes; seek to understand the gendered impact of the programme on the ultimate beneficiaries.
- Routinely sought gender-disaggregated secondary data, and apply disaggregated analysis wherever that is made possible by available data
- Aimed to present findings and data in as much disaggregated detail as possible
- Sought to work in ways which are sensitive to cultural expectations and in accordance with the UNEG Code of Conduct and ethical guidelines.
- Aimed to interview beneficiaries based on their actual availability; for example, talking with women and men patients already present at clinics visited rather than calling them in specifically, although in some cases the partners had arranged for patients and/or their support groups to be available for interview.
- In site visits, talked with targeted beneficiaries present and not ask for those in the fields or outside the village to return.
- Planned site visits at times of the day convenient for the beneficiary informants, especially respecting mealtimes and work patterns where relevant.

20. A number of sources and tools were used for this approach, starting from specific questions incorporated into the evaluation matrix, with gender sensitive data collection tools building on this foundation, and triangulated with data from different sources and different interviews/feedback, such as observation, spontaneous discussions with community members, and perceptions from the local authorities and WFP staff (and particularly female staff). During the data analysis, the ET paid special attention to ensuring that the different perceptions of women, girls, men and boys, and the various specially-vulnerable groups, are appropriately and accurately represented in the findings.

21. Specific protocols to be followed during these consultations and discussions included considerations around participation (groups of women and groups of girls will be interviewed separately from men and boys; the most vulnerable members of the community will be proactively involved, etc). Wherever possible, the ET paid attention to appropriate timing of FGDs to allow maximum participation.

22. A female ET member (assisted by female translators) led the female FGD groups and some beneficiary interviews, allowing the women and girls to provide their feedback more freely and openly. In addition, steps were taken to ensure that men, women, boys and girls felt that interviews were conducted in appropriate locations so that they could freely express their views and concerns without fear of reprisal.

Ethical Considerations

23. The ET remained mindful of, and sought appropriate guidance with respect to, the traumatic legacy of the EVD crisis. They exercised care when addressing the history and events of the crisis to avoid emotional harm.

24. Interviews were carried out in accordance with UNEG's 2008 Ethical Guidelines for Evaluation, notably to ensure that key informants understood that their participation was voluntary and that data collection from individuals would proceed on the basis of informed consent, anonymity and confidentiality. Participants were informed of the purpose of the evaluation and how the information and perspectives they provided would be used. No WFP staff took part in interviews or FGDs unless they were direct informants. All data collected will solely be used for the purpose of this evaluation, and all field notes will remain confidential and will not be turned over to public or private agencies, including WFP.

25. Finally, the ET will use UNICEF's Procedure for Ethical Standards in research, evaluation, data collection and analysis if child consultation is included.[3] [Note: not relevant as no children were interviewed.]

[3] https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF

Annex 8: Field Mission Schedule

WEEK ONE			
Sat/Sun	20/21 Jan		Arrival of international team members
Monday	22-Jan	am	Team meeting; Finalisation of field mission schedule.
		pm	Main briefing with WFP CO / management
Tuesday	23-Jan		Detailed operational briefings with WFP programme staff:
		all day	VAM officer, M&E staff, health / nutrition officer, logistics, DM, finance/admin, livelihoods
Wednesday	24-Jan	all day	Meetings with partners, donors
Thursday	25-Jan	all day	Meetings with partners, donors
Friday	26-Jan	am	Field work, Freetown urban and rural; continuation of meetings
Saturday	27-Jan	am	Nutritionist travels to Kenema (site visits en route)
WEEK TWO			
Sunday	28-Jan	am	Travel to **Kenema** from **Freetow**n; site visits en route (other TMs)
		overnight	Kenema
Monday	29-Jan	all day	Meetings/FGDs in Kenema
		overnight	Kenema
Tuesday	30-Jan	am	Travel to **Moyamba** (from **Kenema**) (Nutritionist only)
		pm	Meetings/FGDs in Moyamba
		overnight	Moyamba
Wednesday	31-Jan	am	Meetings/FGDs in Moyamba
		pm	Meetings/FGDs in Moyamba
		overnight	Moyamba
Tuesday	30-Jan	am	Travel to **Pujehun** (from **Kenema**) (Other TMs)
		pm	Meetings/FGDs in Pujehun
		overnight	Pujehun
Wednesday	31-Jan	am	Meetings/FGDs in Pujehun
		pm	Meetings/FGDs in Pujehun
		overnight	Bo
Thursday	01-Feb	am	Travel to **Port Loko** (Nutritionist from **Moyamba**)
		am	Travel to **Port Loko** (Other team members from **Bo**)
		pm	Meetings/FGDs in Port Loko
		overnight	Port Loko
Friday	02-Feb	am	Meetings/FGDs in Port Loko
		pm	Meetings/FGDs in Port Loko
		overnight	Makeni
Saturday	03-Feb	am	Meetings in Makeni; return to Freetown
WEEK THREE			
Monday	05-Feb	all day	Consolidation of data / initial findings / follow-up meetings
Tuesday	06-Feb	all day	Consolidation of data / initial findings / follow-up meetings
Wednesday	07-Feb	am	Consolidation of data / initial findings / follow-up meetings
		pm	Preparation of Aide Memoire
Thursday	08-Feb	pm	Debriefing - internal
Friday	09-Feb	am	Debriefing - external
		pm	Departure of international team members

Annex 9: Data Gaps and Inconsistencies

The following sections demonstrate with examples some of the challenges faced regarding registration and monitoring data, and the inconsistencies found.

Inconsistencies on ART number of beneficiaries reached

The ET looked at the following sources made available by WFP CO:

- HIV Quarterly distribution plans
- COMET: Excel file "Beneficiaries by age, sex, month sub-category", prepared by M&E team for the purpose of this evaluation: includes all beneficiaries (ART clients + activity supporters + PMTCT) monthly supported through FbP services.
- Annual FbP report, 2016. Nutritional support to ART clients including OVC through Global Fund Support.

The figures in the table below show the number of beneficiaries reached monthly/quarterly from the different sources, and how none of them matches with each other.

	2016			2017			
Data source	**June**	**Sept**	**Dec**	**March**	**June**	**Aug-Sept**	**Oct-Nov**
WFP Excel file on beneficiaries							
• ART clients	805	590	1,562	1,040	1,031	135	4,125
• Act supporter	6,185	8,021	8,021	none	none	none	none
• PMTCT	none	none	none	5,263	5,771	4,025	2,983
Total	**6,990**	**8,611**	**6,920**	**6,303**	**6,802**	**4,160**	**7,108**
	Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**4Q**
FbP for PLHIV annual report	6,946	6,914	6,910	-	-	-	-
WFP quarterly distribution plans	n/a	6,988	6,988	6,998	6,988	7,453	7,453

Though the WFP PLHIV quarterly distribution plans have a column to account for new beneficiaries admitted, this column was only included in the 3rd and 4th quarterly distribution plans in 2017. In addition, the data of number of beneficiaries for each beneficiary category and the specific ART sites that have new admissions (as well as the number of new admissions) in the 3rd and 4th trimester remained identical, thus suggesting that reliability of data during the related period might be also compromised.

The documentation shared cannot be used by the ET to perform calculations: The number of actual beneficiaries reached by FbP services are those registered at the start of the programme + all the monthly admissions the programme had during the life-course of the PRRO, and this can only be known through regular monthly (or quarterly) programme reporting. In its absence, it is not possible to know how many beneficiaries did finally benefit from the programme.

Other inconsistencies among the various data sources regarding beneficiary data:

- By definition PMTCT beneficiaries are female PLWs; however, in the beneficiary excel file this beneficiary category appears split in all the different age/sex categories for the 2017 reported year (see screenshot below from the data provided to the ET by the CO).

Year-Month	Activity	Beneficiary Group	Female Participants 6-23 months	Female Participants 24-59 months	Female Participants 5-18 years	Female Participants 18 plus	Male Participants 6-23 months	Male Participants 24-59 months	Male Participants 5-18 years	Male Participants 18 plus	Total Participants
2017-03	HIV/TB: Care&	PMTCT clients			118	423			565	256	1.362
2017-03	HIV/TB: Care&	PMTCT clients			38	47	4		27	20	136
2017-03	HIV/TB: Care&	PMTCT clients			106	12			70	10	198
2017-06	HIV/TB: Care&	PMTCT clients			17	153			6	48	224
2017-06	HIV/TB: Care&	PMTCT clients			194	475			202	210	1.081
2017-06	HIV/TB: Care&	PMTCT clients			76	88			49	32	245
2017-06	HIV/TB: Care&	PMTCT clients	1		35	203	3	1	21	38	302
2017-06	HIV/TB: Care&	PMTCT clients			116	202			111	63	492
2017-06	HIV/TB: Care&	PMTCT clients			36	133			29	153	351
2017-08	HIV/TB: Care&	PMTCT clients			70	140			53	51	314
2017-08	HIV/TB: Care&	PMTCT clients	2	3	36	56	2	3	33	21	156
2017-08	HIV/TB: Care&	PMTCT clients			20	216			76	356	668
2017-10	HIV/TB: Care&	PMTCT clients			194	475			202	210	1.081
2017-11	HIV/TB: Care&	PMTCT clients	1	4	10	66	12	21	41	26	181
2017-11	HIV/TB: Care&	PMTCT clients		3	78	105	3	8	50	36	283
2017-11	HIV/TB: Care&	PMTCT clients		11	23	205	1	10	21	31	302

- In COMET, during most of the reporting period, ART client beneficiaries are only included as children 6-59 months (screenshot below illustrating this).

Year-Month	Activity	Beneficiary Group	Female Participants 6-23 months	Female Participants 24-59 months	Female Participants under 5 years	Female Participants 5-18 years	Female Participants 18 plus	Male Participants 6-23 months	Male Participants 24-59 months	Male Participants under 5 years	Male Participants 5-18 years	Male Participants 18 plus	Total Participants
2016-06	HIV/TB: Ca	ART clients			122					246			368
2016-06	HIV/TB: Ca	ART clients			9					7			16
2016-06	HIV/TB: Ca	ART clients			12					10			22
2016-06	HIV/TB: Ca	ART clients			12					8			20
2016-06	HIV/TB: Ca	ART clients			10					7			17
2016-06	HIV/TB: Ca	ART clients			3					2			5
2016-09	HIV/TB: Ca	ART clients	1	1				2	2				6
2016-09	HIV/TB: Ca	ART clients			133					103			236
2016-09	HIV/TB: Ca	ART clients	50	70				40	52				212
2016-09	HIV/TB: Ca	ART clients			24					22			46
2016-09	HIV/TB: Ca	ART clients			7					8			15

- OVCs are not included as a category, thus it has to be assumed that they are included in either the PMTCT or ART client categories.
- In the HIV quarterly distribution plans the different categories of beneficiaries are not disaggregated by sex. With the data made available, the ET cannot ascertain how the presentation of SPR results has been calculated for this component.
- TB beneficiaries are not registered for 2016 though the programme had started by October-December 2016, as noted by the TB database made available to the ET.

Registration booklets for PLHIV and TB:

Registration booklets were not properly filled, with a large number of information gaps and mistakes. For ART FbP services, registration tools were available only since June-July 2017:

- Weight and BMI/MUAC on follow-up visits not registered, neither the date of discharge nor the category of discharge in many cases. If this information is not available in the registration booklet, it makes impossible to adequately fill the monthly reports (MR), and raises the question on how the figures included in the MRs' different exit categories has been calculated.
  - In two sites (1 ART site and 1 DOT site) the registration booklet was not used and instead, in the ART site, a notebook with a few names and measurements were the only registers available. For those measurements that were available (supposedly only for the admission) it was not possible to calculate BMI because all the height measurements were wrong (all adults with height between 135c m to 150 cm due to wrong placement of the height board), thus impossible to know if they fitted the admission criteria. No follow up visits were registered.

- Gross errors in BMI calculations in all sites (except in one TB site that was using a mobile BMI application) leading to non-malnourished clients being admitted. WfH calculations for children 6-59 months as well as BMI for those <18 years were also frequently wrong.
- Number of admissions in the registration books (when available) did not match with the number of admissions registered in monthly reports.

Verification exercise between MRs and WFP database for FbP for PLHIV: The ET looked at monthly/quarterly reports for some of the ART sites visited (from July to December 2017), the WFP database for FbP for PLHIV (data entered only for the last quarter 2017), and the WFP quarterly distribution plans.

- ART sites prepared MRs at the end of the reporting month,[1] and in the FbP database (DB) for PLHIV, data are entered on a quarterly basis; for this verification exercise the ET summed admissions and discharges for October, November and December, and the result should be the figure to cross-reference against the figures in the DB for the 4th quarter of 2017: Almost none of the MRs reviewed matched with the data entered in the FbP database for PLHIV: for most of the sites reviewed, totals at the start of the month, number of admissions, number of discharges and totals at the end of the month were different between MRs at ART sites and the figures reported in the DB. A few examples are shown in the table below.

Category	Data source	ART site in Kenema	ART site in Moyamba	ART site in Port Loko
Total start Q	MR kept at WFP SO	417	98	Figures match, but registers in the DB are supposed to cover a 3 month period, while MR was only covering November
	FbP DB	114	21	
Admissions	MR kept at WFP SO	104	6	
	FbP DB	235	31	
Discharges	MR kept at WFP SO	217	41	
	FbP DB	45	2	
Total end Q	MR kept at WFP SO	304	63	
	FbP DB	304	50	

Source: WFP SOs, WFP CO, ART site in Moyamba,

- The number of beneficiaries who received food support in the 4th Q 2017 as per WFP distribution plans should be equal (or very similar) to the total number of beneficiaries at the end of the quarter indicated in the FbP database for PLHIV. The verification exercise showed that figures did not match; there were important differences between both data sources, with the number of beneficiaries always higher in the database, as shown in table below for a sample of districts and all 14 districts nationwide.

District	Number of Beneficiaries in the 4th quarter 2017	
	4th Q distribution plan	FbP database for PLHIV (4th Q)*
Kenema	527	772
Port Loko	669	745
Moyamba	179	219
Bombali	543	1,495
All districts	7,433	10,277

*Totals at the end of the quarter. Source: WFP 4th Q distribution plan, FbP database for PLHIV

Here is one more example from one ART site to further illustrate these discrepancies:

According to the figures in the Q4 distribution plan 2017 (October-December), 439 PLHIV and OVCs received food support in one ART site in Bombali; the distribution plan indicated also that among all the beneficiaries, there were only 20 new admissions. The MR for December 2017 prepared for that ART site had reported 826 new admissions (assumed to be for the three months belonging to the same quarter) and a total of 1,081 beneficiaries at the end of the month.

[1] Since the third or fourth quarter of the year, depending on the districts and/or sites.

The HIV focal person of the DHMT was responsible for completing the report, and they explained that figures were that high because the MR had been prepared for three ART sites all together; however, in the FbP database for PLHIV the data corresponding to the referred MR is entered for only one ART site, and all the other ART sites pertaining to this district also had data entered, meaning that data are duplicated somewhere.

In any case, number of beneficiaries supported in the quarter for that particular site (as shown by the WFP distribution plans) was much lower than those reported in the database. The ET questions the validity of the data, both in the MR and in the database.

Data gaps and inconsistencies in TSFP registration and reporting

Registration booklets:

At TSFP sites visited, registration booklets were not properly filled with a large number of information gaps and mistakes:

- Mistakes (not infrequent) in WfH and age calculations that resulted in wrong admissions: either children with SAM that should have been admitted into outpatient therapeutic treatment or non-malnourished children under 6 months wrongly admitted by MUAC.
- Weight and/or MUAC measurements and follow up visit dates not registered, neither the category of discharge in many cases. When this information is not available in the registration booklets it is impossible to adequately fill the monthly reports (MR),[2] and it raises the question of how the figures included in the different exit categories have been calculated.
- Very few defaulters reported, and almost no non-responders:
  - Defaulters: The ET noted that when a MAM case was absent there was no blank space left in the registration booklet, and this space is filled-in with the date of the next follow up visit the MAM case attends, regardless of the time period in between visits. Also, out of the 28 rations cards available among FGD recipients, the ET observed three with data showing that the child/PLW should have been discharged as a defaulter a few months earlier, though he/she was still in the programme.
  - Non-responders: Sierra Leone MAM protocols define the maximum time limit for labelling a patient as a non-responder (named as "failure to respond") as failure to reach recovery criteria after three months in TSF.[3] It was common to observe that the MUAC number of many MAM beneficiaries had been changed to fit the cured discharge criteria after three months, when in fact they were still MAM and, therefore, should have been discharged as non-responders. Also, in one TSFP site, many children were discharged as cured but had a MUAC<12.5, therefore all of them were in fact non-responders.
- Many errors in dates registered, e.g. date of admission being the same as date of birth, different follow up visits with same dates registered, or the date of discharge as cured being prior to date of last follow up visit.
  - The registration booklet in one TSFP had two full pages of children who had their last follow up visit in May, though they had already been discharged in April.
- In the registration booklet the great majority of admitted children were below 2 years and very few were 24-59 months; however, the figures reported in MRs and WFP CO database are much higher.[4] For example, in one PHU all but five children admitted were 6-23 months, but in the WFP MAM database 87 children 24-59 month were reported.

[2] Follow up data is also registered in the patient´s ration card, and this is the beneficiary.
[3] MOHS; 2014. Sierra Leone IMAM National Protocols.
[4] Based on the MAM database (for all TSFP sites in the four districts) 37% of MAM enrolled children in 2017 were children aged 24-59 months.

- Also, basically all children in the TSFPs visited were admitted based on MUAC criteria, though in MRs and MAM database (DB) a good proportion (17.3 percent in the DB) would have been admitted based on WfH.
- As per registration booklets, admissions in most TSFPs occurred every two to four months, but the WFP MAM DB has admissions entered for all months (except October 2017).
- The number of admissions in the TSFP sites visited did not match with the number of admissions registered in MRs, nor with the WFP MAM DB. This is illustrated in the table below with a few examples:

	2016 Total children 6-59 mo admitted		2017 Total children 6-59 mo admitted	
	Register booklet	**MAM database**	**Register booklet**	**MAM database**
PHU 1	175	341	144	605
PHU 2	47	203	77	189
PHU 3	Since March 2017 to end December there were 99 children 6-59 months and 52 PLWs admitted. Number of admissions in the MAM database for the same period are 58 children 6-59 months and 14 PLWs			
PHU 4	In December 2017 there were 21 children 6-59 months and 68 PLWs admitted. But in the MAM database there are no admissions since May.			

Monthly reports versus data in WFP MAM database: The ET looked at monthly reports from the following sources: MRs available at PHU, MRs available at WFP SO, and WFP MAM database. For the five TSFP sites visited a total of 82 MRs were reviewed. A triangulation exercise between the various data sources showed that MR data was fully matching the three different sources in only one case (1.2 percent), and MRs kept at PHUs had different data from the MRs kept at WFP SO level in 71 cases (87.7 percent). Furthermore, for more than 60 percent of the MRs reviewed the data entered into the WFP MAM database were quite different from the data in the MRs kept at WFP SO level.[5]

This exercise, together with the gaps and inconsistencies mentioned above, clearly indicates that monthly reports are not reflecting TSFP reality. The value of such reports appears to be as a routine obligation rather than reflective efforts to understand the performance of TSFPs, and raises concerns in relation to the efforts devoted at CO level to monitoring the programme performance and, in direct relationship, to strengthen staff capacities.

Triangulation exercise among data in the various sources	Nº Monthly Reports	%
The three sources match	1	1.2%
MR at PHU = MR at WFP SO, matches with WFP MAM DB except for total beginning and end of month	9	11.0%
MR at PHU is different from MR at WFP SO. MR at WFO SO is similar to WFP MAM DB except for total beginning and end of month	21	25.6%
None of the three data sources match with each other	19	23.2%
MR at WFP SO is different from WFP MAM database (MR at PHU level not available during the time of triangulation exercise)	32	39.0%
Total	82	100.0%

[5] In the calculations, the differences found (between MR vs DB) in the figures entered for "total number of beneficiaries at the start of the month" and "total number of beneficiaries at the end of the month" have not been considered. If they are considered, it would result in 98.8% of the MRs kept at WFP SO level being different from the data inputted in the WFP MAM database.

Annex 10: Data Issues re Orphan Beneficiaries

This Annex relates to the comments given in paragraph 191 of the report regarding problems with data and reporting.

The following picture is a screenshot of the data provided by the CO to the Evaluation Team, with the highlighted yellow cells showing the significant increases in the total numbers between the two distributions to orphans, both through the partner Street Child and WFP's direct distributions to the 'interim centres'.

Safety nets beneficiary data for food to orphans via the partner Street Child are shown for only two distributions in 2017 (February/March; and April's food distributed in May). Some of the beneficiary numbers are identical from month to month, others jump significantly (Bo district: February/March 362 females, 334 males, 695 total; May 603 females, 557 males, 1,160 total). In other places, the total remains the same but the gender breakdown changes significantly (Bombali district: February/March, 177 females, 163 males, 340 total; May, 100 females, 240 males, 340 total).

Both cases, and many other similar ones, do not convey any sense of accuracy or validity and it would appear that the numbers have been concocted on the spot. The green highlighted cells show the districts where the total has remained the same but the gender breakdown has changed considerably.[1]

Screenshot highlighting data concerns

Partner Name	Year	Year-Month	Location	Notes	FEMALE	MALE	Total Beneficiaries
Street Child Sierra L	2017	2017-02	Kambia	Feb & Mar food distributions	406	374	780
Street Child Sierra L	2017	2017-05	Kambia	April food distributed in May	406	374	780
Street Child Sierra L	2017	2017-02	Port Loko	Feb-March distribution	726	670	1,395
Street Child Sierra L	2017	2017-05	Port Loko	April Food distributed in May to orphar	726	670	1,395
Street Child Sierra L	2017	2017-03	Bo		362	334	695
Street Child Sierra L	2017	2017-05	Bo	April food distributed in May	603	557	1,160
Street Child Sierra L	2017	2017-03	Bombali	Feb & March distributions	177	163	340
Street Child Sierra L	2017	2017-05	Bombali	Food distribution for April but actual di	100	240	340
Street Child Sierra L	2017	2017-03	Kailahun	Feb & March distributions	414	382	795
Street Child Sierra L	2017	2017-05	Kailahun		622	574	1,195
Street Child Sierra L	2017	2017-03	Kenema	Feb & March 2017	258	238	495
Street Child Sierra L	2017	2017-05	Kenema		426	394	820
Street Child Sierra L	2017	2017-03	Koinadugu		600	554	1,155
Street Child Sierra L	2017	2017-05	Koinadugu	Food was meant for April but actual di	575	580	1,155
Street Child Sierra L	2017	2017-03	Kono	Feb & March distributions	198	182	380
Street Child Sierra L	2017	2017-05	Kono	April food distributed in May	330	305	635
Street Child Sierra L	2017	2017-03	Moyamba	Feb & March distributions	122	113	235
Street Child Sierra L	2017	2017-05	Moyamba	April food distributed in May to orphan	208	192	400
Street Child Sierra L	2017	2017-03	Pujehun	Feb & Mar distribution	42	37	80
Street Child Sierra L	2017	2017-05	Pujehun	April food for orphans distributed in Ma	70	65	135
Street Child Sierra L	2017	2017-03	Tonkolili	Feb & Mar distributions	190	175	365
Street Child Sierra L	2017	2017-05	Tonkolili	Food was meant for April but actual di	190	175	365
Street Child Sierra L	2017	2017-03	WESTERN RURAL	Feb&March distribution	218	202	420
Street Child Sierra L	2017	2017-05	WESTERN RURAL	April food distributed in May for orphar	218	202	420
Street Child Sierra L	2017	2017-03	WESTERN URBAN	Feb & Mar distribution	148	137	285
Street Child Sierra L	2017	2017-05	WESTERN URBAN	April food distributed in May to orphan	148	137	285

Source: WFP CO, February 2018

[1] As the data was only provided long after the field work ended it could not be cross-verified with the partner's statistics.

Annex 11: Guidance Notes to the recommendations

The following text provides some additional detail to support the proposals in several of the recommendations, indicating specific ideas for follow-up to achieve the changes suggested.

Recommendation 1 responds to the Evaluation Team's concerns about the quality of the current monitoring, evaluation and analytical capacities in the Country Office and in the programme sites. For improved performance and results attained, WFP should temporarily incorporate one nutritionist with extensive technical expertise to assist in the establishment of the systems required. WFP should invest effort and additional human resources to provide quality technical support and strengthen staff capacities through:

- Development of 1) step-by-step manuals to facilitate adequate register and reporting filling among implementers, as well as to comply with protocols and 2) tailored supervisory check list for SPP and FbP to be used by both, WFP and partners.
- Ensuring adequate staffing, monitoring and on the spot coaching and support by WFP program officers, establishing WFP monthly monitoring plans that ensure that each IP's field monitor is coached at least once in the month.
- Increase capacities of WFP staff on SPP and FbP programme monitoring, the appropriate use of the different monitoring tools and reporting templates, and its rationale. WFP staff should be competent enough to train, coach and build capacities of partner staff.
- Develop a refresher training plan including both, formal and on the spot training, to build partners monitoring capacities.
- Support periodic systematic review of data quality to determine its validity, reliability, integrity, timeliness and precision.
- In addition to the SPP regular monitoring system, WFP should monitor performance through periodical post-distribution monitoring surveys to assess coverage and access to food supplements, adherence, caregiver knowledge, attitudes and practices around Nutributter and IYCF. Other data gathered, such as motivators and barriers to participation in the programme, distance to distribution points, and cost of transportation would inform course corrections to improve effectiveness.
- Define and include indicators of the progress of activities and outputs within the log-frame, e.g. capacity building and supportive supervisory visit activities targets or number of educational sessions and participants disaggregated by sex, as well as a more comprehensive set of indicators that allow better performance analysis and measurement of outcomes.
- Develop a monitoring programme database for the stunting prevention programme.

Recommendation 3 indicates that quality and learning from experience is captured from the existing SPP activities to ensure the programme can be positively developed in its expansion. The following are some suggestions on areas to consider alongside those mentioned in Rec. 6:

- Build on the valuable track provided through Last Mile Mobile Solution (LMMS) to identify geographic areas and health facilities (or particular beneficiary groups) with low coverage to make evidence-informed course adjustments. Periodical sharing and discussions of these data with local stakeholders might lead to a common understanding of motivators and barriers, and even to local leadership response to address identified issues.
- On-going community mobilization in place should be reinforced in particular geographic areas based on LMMS monthly data analysis.
- Continue investing efforts to create a more reliable fixed schedule for SPP distributions paired with vaccination activities within PHUs through effective collaboration and sharing of information among partners.
- Ensure regular and timely procurement of nutritional products.
- WFP presence at district level should be strengthened for garnering stakeholder support and enhancing programme quality.

- Strengthening IYCF information, education and communication during distribution days and through on-going Mother Support Groups and Community health worker´s activities, with focus on BCC. Coordinate with UNICEF and partners to provide and further develop information/education/communication materials on IYCF and caring practices, while in parallel working through development of a comprehensive BCC strategy.
- Work through strengthening collaborative partnerships and synergies with UN sisters, NGOs and government related sectors, with the aim of developing complementarity and coordinated interventions that will support a comprehensive approach to stunting where food assistance is only one component.
- Critically review LMMS as a realistic easy to use, feasible, cost-efficient and sustainable reporting system on the basis of sustainability and integration into Sierra Leone government´s regular system.
- Reinforce convergence and integration with IMAM (MUAC screening and referral of SAM cases) to enable a more comprehensive continuum of care from prevention to treatment.

Recommendation 4 indicates that quality of the FbP programming requires improvement, and external livelihood links should be developed to avoid dependence upon the food support provided. The following are some suggestions on areas to consider:

- Shift the distribution modality of FbP for PLHIV from quarterly to monthly distributions. If major operational challenges are found at a first stage and until arrangements with partners are agreed upon, the ET recommends to make the move incrementally; as a priority, the nutritional treatment should be provided monthly by the health staff in ART sites during follow up visits and distribution of drugs, while the family support ration is distributed quarterly through the support groups at food distribution points (FDP).
- Strengthen collaborative relationship and sharing of information between ART sites and support groups through monthly meetings to review records and discuss any issues with the programme.
- Targeting criteria for orphans and other vulnerable children (OVC) should be clarified. To minimize the risk of mother to child transmission, targeting should be reviewed to include all HIV-infected PLW regardless of nutritional status.
- Update FbP protocols, and define ToRs (who, what, when) with clear and detailed responsibilities of staff for both, ART sites and support groups.
- Assess the availability and state of storage facilities in all the ART/TB sites and make a planning to upgrade and improve them and fulfil WFP requirements.
- Elaborate a mapping of livelihood programmes supported by FAO, NGOs or other organizations to identify potential opportunities for livelihood support.
- Work with donors, and NGOs to advocate for funding, and partner with NGOs on programme design and implementation of livelihood activities.

As part of the graduating process, vulnerability analysis through a user-friendly screening tool (questionnaire) might be incorporated as to ascertain who are the most vulnerable, based on well-defined criteria.

Freetown, Sierra Leone, April 2018

World Food Programme, Sierra Leone Country Office

www1.wfp.org/countries/sierra-leone