

Ex post evaluation – Djibouti

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Sector: Emergency food aid (72040)
Programme/Project: Food Assistance to vulnerable groups including refugees (BMZ No. 2011 66 628*)
Implementing agency: World Food Programme (WFP)



Ex post evaluation report: 2016

		Planned	Actual
Investment costs (total)	EUR million	27.25**	16.79***
Counterpart contribution	EUR million	0.00	0.00
Financing (all donors)	EUR million	21.20****	16.79***
of which BMZ funds	EUR million	3.75	3.75

*) Projects in the 2015 random sample; **) End-2012 planned figure approved by WFP; ***) Aggregate expenditure end-2012; ****) Donor commitments according to SPR 2012; USD/EUR exchange rate as of 31 December 2012.

Summary: The project co-financed the ongoing Protracted Relief and Recovery Operation (PRRO 20029.3) of the World Food Programme (WFP) to alleviate the worst effects of the food crisis in the Horn of Africa in 2011 to the tune of EUR 3.75 million. From October 2011 to July 2012, all components of the PRRO were supported via the FC contribution: (1) general food distribution to ensure basic provisions, (2) targeted supply with fortified foostuffs (especially for children, pregnant women and the ill), (3) school meals and (4) "Food for Asset" (FFA) measures (remunerating workers with food who work on building or renovating production small and micro infrastructure at household/municipal level). From 2012 onwards the measures also included issuing vouchers for food and "Food for Training".

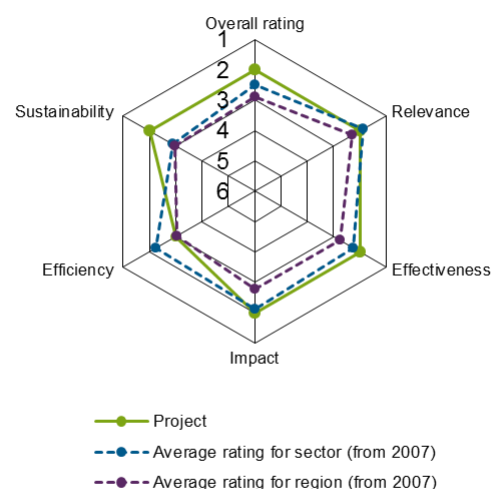
Objectives: The development goal of the project was to help alleviate the worst effects of the food crisis at the time. The project objective was to ensure the short-term improvement of the food situation of the target group.

Target group: According to planned WFP figures, the planned target group comprised up to 93,592 people in 2011 and up to 123,900 people in 2012 who were hungry and destitute and living in rural regions particularly affected by the drought, and vulnerable groups in urban areas and Djibouti refugee camps (moderately malnourished children under the age of 5, pregnant and breastfeeding women, girls in refugee camps and those suffering from HIV/AIDS and tuberculosis).

Overall rating: 2

Rationale: The project had a limited sustainability requirement owing to its nature as emergency aid (rapid response procedure in the event of natural disasters, crises and conflicts in conformity with No. 47 of the FC-TC guidelines). The project was highly relevant in the acute food crisis as a result of the drought in the Horn of Africa in 2011/2012, the coverage rate of measures was still appropriate, after initial delays the target achievement is overall still considered as good and the efficiency was deemed appropriate against the backdrop of high costs owing to the necessary international procurements.

Highlights: The WFP programme supported a range of innovative and structure-building measures, such as the FFA measures, the cooperation with health centres and the integration of the nutritional component into the national plan to combat HIV/AIDS, which enable appropriate connectivity and, over and above the WFP delegated cooperation, fighting chronic food crises in Djibouti.



Rating according to DAC criteria

Overall rating: 2

Classification of the project

The FC measure "Food Assistance to vulnerable groups including refugees" (BMZ No. 2011 66 628) was part of the "Drought Special Commitment" of the Federal Government for emergency aid projects in the Horn of Africa (Ethiopia, Djibouti, Uganda). In the case of Djibouti, this was an individual measure that was not part of a longer-term bilateral cooperation. Due to the urgency of the project, it underwent a condensed auditing procedure in 2011 and was handled as a direct contribution via the WFP. The ex post evaluation covers the period of the FC co-financing, which was fully implemented between October 2011 and July 2012.

In order to reflect the "emergency" character of the aid, the five DAC criteria were expanded to include selected aspects that are used as independent evaluation criteria to assess humanitarian interventions. In compliance with the evaluation framework "German Humanitarian Aid Abroad" (2011) for the joint evaluation of the Federal Ministry for Economic Cooperation and Development and the German Federal Foreign Office, the relevance criterion was expanded to include appropriateness, and the effectiveness criterion to include consideration of the coverage rate. Sustainability was evaluated in terms of the project's ability to be integrated into longer-term development measures.

Overall context

The East African Republic of Djibouti is strategically located on one of the busiest shipping routes at the junction between the Gulf of Aden and the Red Sea, and is bordered by Eritrea, Ethiopia and Somalia. The desert state was home to close to 900,000 inhabitants in 2015, with population growth of around 2.2% p.a. The gross domestic product (GDP) of Djibouti was approximately USD 1.6 billion or USD 1,814 per capita (current USD) in 2014. With a share of over 80% of GDP, the economy of Djibouti is dominated by services and trade in and around the strategically important deepwater port. Despite the high economic growth of 6.5% (2015), the unemployment rate is around 60% (2014). The Human Development Index is 0.47 (2015, rank 168) and 18.8% of the population lives below the poverty line of USD 1.25/day.

The share of agriculture in GDP is below 3%, with agricultural production covering less than 10% of demand. The total land area is 23,200 km², of which about 73% serves as marginal pastureland and less than 0.1% serves as arable land. With an average temperature of more than 30°C, Djibouti City is one of the hottest cities in Africa. Total rainfall is around 120mm over 15 days per year. Djibouti belongs to a group of particularly low-income developing countries with a high structural food deficit and is therefore heavily dependent on imports and world market price fluctuations.

Relevance

The region around the Horn of Africa has been repeatedly hit by serious food crises in recent decades, which were triggered by persistent or recurrent droughts and civil wars, and made crop and livestock farming difficult. Poor rainfall in the rainy season had a significant impact on the drought crisis of 2011. The 2010/2011 growing season was one of the driest in sixty years. In addition, the price increases on the global food markets in the first half of 2011 resulted in a price increase of 56% on the local markets in Djibouti. According to the Famine Early Warning Systems Network (FEWSNET), 120,000 people were dependent on food aid at the time of the project appraisal (PA) in mid-2011. A Rapid Assessment by UNICEF and the Djibouti Ministry of Health in August 2011 revealed increased acute malnutrition rates in children under the age of five compared to the previous year, ranging from 14 to 23% depending on the region, as well as chronic malnutrition rates of up to 37% in rural areas. This precarious food situation was further exacerbated by the influx of refugees from Somalia, which has been triggered by the tense security situation in the war-torn country and by food shortages in the conflict region. In mid-2011, Djibouti had to provide for approximately 20,000 refugees, among which parts of the newcomers had particularly poor nutrition. The core problem at the time of the PA lay in supplying the affected Djiboutian population groups and the increasing number of refugees with food.

In an appeal in 2011, the Djibouti government asked the international community for assistance in responding adequately to the crisis, in order to prevent the short-term deterioration of the nutritional status of the refugees and the local populations most affected by the droughts. The overall support requirements were estimated at USD 33 million, of which only 52% had been pledged as of August 2011¹. Financing requirements had soared to USD 36 billion by the end of 2012, of which 78% could be met by financing commitments by the donor community. The FC contribution amounted to 18% of the funds pledged. Against the backdrop of structural food deficits, exacerbated by the droughts in the region, the huge surge in food prices and the increased influx of refugees in 2011, food aid in Djibouti was appropriate. The deployment of the WFP was coordinated with the National Initiative for Social Development, the national food security strategies and the United Nations Development Assistance Framework. The WFP coordinated the project as part of the UN cluster approach, which was introduced in Djibouti in 2011 for the coordination of humanitarian activities.

The co-financing of WFP deployment as a direct contribution via the existing structures of the WFP is considered appropriate.

The design of the PRRO provided for the distribution of foodstuffs, which had to be procured internationally due to the serious local and regional food deficit. The feasibility and advantagefulness of alternative transfer mechanisms such as food vouchers and cash payments were to be examined in the course of the programme (see Efficiency).

Due to the particular urgency of the project and the appraisal according to No. 47, a detailed target group analysis and a conflict analysis were omitted from the project proposal. The regional focus was selected transparently on the basis of UNICEF SMART studies² on nutrition indicators and with data from the Emergency Food Security Assessment (EFSA), which has been carried out by the WFP in cooperation with the Djibouti government, UNICEF and FEWSNET since 2011 and is updated annually. The selection of households and the monitoring of local distribution were carried out on the basis of the EFSA selection criteria. Owing to a lack of qualified implementation structures, the selection was carried out by means of specially established community committees which were monitored by WFP food aid monitors. The targeted supply of fortified food products was carried out by public health units and in close coordination with UNICEF based on the measurement of average upper arm circumference, in accordance with the treatment protocol of the Djiboutian Ministry of Health's National Food Programme. The refugees were provided for in close cooperation with the Djibouti government (National Office for Assistance to Refugees and Affected Populations; ONARS) and the United Nations High Commissioner for Refugees. Within the scope of existing capacity the use of existing partner structures was ensured in all components and, if necessary, supplemented by private transport companies and NGOs.

Under the given framework conditions, the implementation concept was generally sufficient for reasonably addressing the core problem in the short term. Sufficient consideration was taken of existing risks.³

Relevance rating: 2

Effectiveness

The project was aimed at improving the nutritional status of the target group in the short term. A reduction of the potential for conflict was not envisaged, and no effect was expected with regard to rural development. Output indicators relating to the demand-based distribution of food and measured against the calculated rations for the affected groups of people were used as auxiliary indicators for the evaluation of out-

¹ <http://www.fews.net/>

² SMART: Standardized Monitoring and Assessment of Relief and Transition; <http://smartmethodology.org/>

³ Supply of locals and refugees to reduce the risk of conflict caused by the worsening food situation as a result of the influx of refugees; coordination with national initiatives and the international humanitarian donor community in order to avoid aid duplication, overlap and redundancies; regional distribution based on own data collection and data from UNICEF, as well as close monitoring in the case of distribution by public partners and NGOs to prevent the misuse and misallocation of resources; implementation with the aid of specially established community committees and the exploitation of partner structures when possible in order to avoid parallel structures, as well as international procurement in order to avoid exacerbating local food shortages or market distortions.

comes⁴. These were supplemented by selected WFP programme objective indicators relating to nutritional status and resilience.

Indicator	Ex post evaluation
(1) Demand-based distribution of food	<p>General food distribution: 2011 (3 months⁵): 58,274 people (62% of the intended target group) supplied with 3,479 tonnes of food (80% of planned volume); 2012: 121,818 (almost 100%) supplied with 16,809 tonnes (94%), in addition to 18,639 refugees (86% of demand)</p> <p>Targeted supply with fortified food products: 2011: 2,266 undernourished children under the age of five (48% of planned figure), 606 women (18%), 2,915 HIV/AIDS and tuberculosis patients (54%); 2012: 4,994 children (118%), 4,658 women (169%), 9% and 168% of planned figures for HIV/AIDS and tuberculosis patients respectively</p> <p>FFA measures: 2011: 2,915 people (51% of planned figure); 2012: 6,675 people (136%)</p> <p>Food for Training measures: 400 people (80% of planned figure) took part in literacy programmes in 2011, and 350 people (70%) took part in agricultural training programmes in 2012</p>
(2) Improved nutritional status of households as measured by Food Consumption Score (FCS) ⁶	<p>May 2011: bad FCS in 42% of rural households, borderline FCS in 15%; northwest of the country: 74% of households did not achieve an acceptable level of food intake;</p> <p>Mid-2012: bad FCS in 55% of rural households, borderline FCS in 18%;</p> <p>Mid-2013: 60% of households nationwide did not achieve an acceptable level of food intake; however, improvements of up to 40 percentage points were observed in some districts (e.g. Ali Sabieh and Tadjourah, which together benefited from more than half of the programme services); the FCS of the target group benefiting from the voucher mechanism⁷ improved by more than 20 percentage points</p>
(3) Success of the treatment of undernourishment	<p>Women and children: dropout rate (target level: <15%): 2011: 43%; 2012: 19%; recovery rate (>75%): 2011: 54%; 2012: 77%; mortality rate (<3%): 2011: 2.4%; 2012: 0%</p> <p>Recovery rate for tuberculosis patients in 2012⁸: 79%</p>
(4) Response strategies measured by Coping Strategy Index (CSI) ⁹	<p>National¹⁰: 2011: CSI value of 12; 2012: 16; 2013: 18</p>

⁴ Direct effects which result from the use of outputs (here: food consumption)

⁵ Due to the start time in October 2011

⁶ Short-term indicator of food supply at the household level based on households' food consumption data in households – classified into three groups – over the past seven days.

⁷ Those in need do not receive any food, but are instead given a voucher which they can exchange for food at distribution points or in shops. This allows the target group a certain freedom of choice with regard to the food they prefer.

⁸ No data is available for 2011

⁹ Proxy indicator for food security which expresses the frequency with which households implement response strategies when dealing with a lack of funds and/or food. The "reduced CSI" index (maximum value: 27) relates to the following five strategies: "Rely on less preferred and less expensive foods; Borrow food or rely on help from a friend or a relative; Limit portion size at meal times; Restrict consumption by adults so that children can eat; Reduce the number of meals eaten in a day."

(1) Demand-based distribution of food: In the case of some local implementation partners, corresponding transport capacities had to be created and the planning of the FFA measures by the implementation partners took longer than anticipated. Supply shortages due to delays in international procurement could be avoided through effective storage and cross-distribution between WFP programmes. The coverage ratio of the measures for continuous and seasonal supply within the components “General food distribution” and “FFA” was reasonable compared to the needs identified.¹¹ In the FFA component, the WFP has cooperated with various implementation partners and contributed the foodstuffs as an in-kind contribution for the remuneration of workers.¹²

It was possible to carry out general food distribution to those in need and to supply rations for refugee girls who attended primary school roughly as planned (despite capacity bottlenecks at ONARS). In the course of the project, the demand for special care for undernourished women, children under five and tuberculosis patients proved to be higher than anticipated at planning, although this could have been expected due to the high prevalence rates at the national level.¹³ In response to the capacity constraints in the implementing health centres in 2012, more trainings of the health personnel were carried out, additional food centres were established and new health units were added to the programme. Following these measures, the services significantly exceeded the planned figures for 2012. However, it is also clear that the health system capacity necessary for the specialised supply could and can only be built up gradually and in cooperation with other development partners, in order to meet the specific requirements of the situation in the medium term. An additional challenge in the care of HIV/AIDS patients arose due to the fact that the treatment regulations had to be supplemented by “food on prescription” criteria before the treating centres could dispense food to the patients. As a supplement to the regulations, the WFP successfully worked towards allowing health centres to integrate the provision of food to patients into therapy.

The regional distribution of food is available only for the programme as a whole, and not for individual programme years or components. The Ali Sabieh district benefited from 39% of the programme services, Tadjourah from 22%, Dikhil from 18%, Obock from 9%, Arta from 8% and Djibouti City roughly from 3%. The energy content of the distributed rations was adequate and in line with the WHO recommendations for nutrient uptake¹⁴, local preferences and the national guidelines for the treatment of malnutrition.¹⁵ The distribution of food was closely monitored by the WFP food monitors and the reporting showed no evidence of the systematic misuse or misallocation of services. Low losses of 0.1% were attributable to the repackaging of internationally procured foodstuffs for local transport and to the damage of packaging materials in the course of delivery. The partitioning of rations and resale on local markets cannot be excluded, but could not be investigated in great detail in the context of the EPE. With regard to the refugee component, in a more in-depth study in 2013¹⁶ the WFP discovered high resales of food and recommended monetising 50% of the services for refugees in order to avoid the loss of purchasing power that accompanies these sales.¹⁷

¹⁰ See the WFP Standard Project Report 2013 and WFP EFSA 2013. The regional values in the districts vary due to significant differences in livelihoods and in short-term, climate-related effects between the years under review, and are thus only of use in the case of short-term programme control.

¹¹ Estimate based on FEWSNET, EFSA, FAO and UNICEF data relating to nutritional status (malnutrition rates of the total population) from 2011 and 2012. Households which are classified as food-insecure benefit from the continuous distribution of food as part of general food distribution (relief component); moderately food-insecure households which struggle primarily with seasonal deficits benefit from seasonal distribution within the context of general food distribution and the FFA component.

¹² The implementation partners were the Djibouti Ministry of Agriculture (MoA), the International Fund for Agricultural Development (IFAD), the Food and Agriculture Organization (FAO) and various NGOs. Whether and to what extent further contributions in kind were financed from WFP funds within the scope of subcontracts could not be determined in the context of the EPE.

¹³ UNICEF data: 36,000 children under 5 years chronically undernourished (stunted) and 23,000 children acutely undernourished (wasted) in 2012; 65,000 women suffered from anaemia in 2011 (an indicator of undernourishment).

¹⁴ General food distribution and refugees: 2,150 kcal/person/day; FFA: 2,081 kcal/person/day; special, fortified food rations: 1,359 kcal/person/day for pregnant and breastfeeding women, 820 kcal/person/day for children under the age of five, 2,483 kcal/person/day for HIV/AIDS patients and 2,303 kcal/person/day for tuberculosis patients.

¹⁵ On the basis of recent scientific studies, greater attention would now be given to the diversity of food intake and, if necessary, advanced preparations would be used in some cases for special rations and fortified food products in order to address specific micronutrient deficiencies (see for example the Lancet series on maternal and child undernutrition, 2013).

¹⁶ WFP 2013: Comprehensive market and livelihoods assessment targeting refugees

¹⁷ This is ultimately only indirectly attributable to the WFP, since the distribution of non-food items to refugees (not part of the WFP's mandate) must complement food distribution in order to ensure that refugees do not have to sell the distributed foodstuffs to afford

(2) Nutritional status of households: By mid-2012, the food situation had continued to deteriorate due to recurrent droughts and increasingly exhausted household assets; even in households with own agricultural resources, the share of domestic production had fallen from 30% in 2011 to just 16%. By mid-2013, the situation had stabilised, particularly in the districts which benefited significantly from the substantial programme services. The food situation, however, was improved through the increased application of response strategies (see below), which in the medium term have a negative impact on food security.

(3) Success of the treatment of undernourishment: Significant improvements were made in the treatment of undernourishment through the targeted supply of women and children with fortified foods, as measured against programme-specific indicators¹⁸.

(4) Response strategies: The stress level of households dealing with shocks related to a lack of food or funds as measured by CSI deteriorated due to chronic poverty, the continued high food prices and persistent droughts. This development points to the worsening food crisis.

The results from 2012 are weighted more heavily because aid was provided for only three months in 2011 and it was also the “inception phase” of a newly implemented programme. Indicators 1 and 3 clearly show that the WFP was able to make effective adjustments and to quickly improve the initially moderate values. Indicator 2 is positive and is also influenced to a high degree by the performance of the WFP; indicator 4 is less influenced by the performance of the WFP.

Over and above the programme objective indicators, the participation of women improved continuously in the course of the programme and school attendance amongst refugee girls was boosted¹⁹. In addition, successful resilience- and infrastructure-building FFA measures were implemented in cooperation with other implementation partners and the establishment of social safety nets was encouraged (see Sustainability).

Thanks to the predominantly good achievement of objectives, the good management of the WFP, the continuous improvements and the positive side effects, the effectiveness of the programme is still rated as good.

Effectiveness rating: 2

Efficiency

The cost structure of the project is overall assessed as being adequate²⁰. The WFP charges an administration fee of less than 7%. 52% of the German contribution was used for food; the costs for distribution and transport accounted for 41% of the contribution. No local or regional procurement was possible as a result of the serious local and regional food shortages, which explains the high proportion of transport costs. There is no alternative organisation that could conduct similar operations. Due to a lack of strategic reserves in the country and in order to overcome capacity bottlenecks in the unloading of food supplies at the Port of Djibouti, the WFP also provides storage capacity to a lesser extent, which could effectively mitigate supply shortages in the course of the programme. To avoid the delays initially encountered during the transport to remote distribution points, the WFP contracted additional private transport companies and supported governmental partners in the construction of transport capacities. Existing structures of the

other necessities, which is otherwise often their only source of income. The WFP can combat the resale of food resources by means of improved coordination (e.g. with the UN Refugee Agency, UNHCR) or monetisation (if there are local markets where refugees can buy foodstuffs of their choosing). The fact that proportionate monetisation was recommended in 2013 and implemented in 2014 does not necessarily mean that this would have been effective under the framework conditions in 2011.

¹⁸ Cf. The Sphere Project, 2011: Humanitarian Charter and Minimum Standards in Humanitarian Response

¹⁹ According to WFP reporting, 52% of women accepted food rations from the distribution points already in 2011, although only 25% of ration cards were issued to women. By 2012, 50% of ration cards were issued to women. The proportion of women in management positions on the community committees increased from 27% in 2011 to 50% in 2012. In 2011, 470 refugee girls already received food rations at school, but by 2012 this figure had risen to 509.

²⁰ In accordance with the principles of humanitarian aid, efficiency should be considered primarily in terms of the achievement of objectives and the quality of food aid. The evaluation of production efficiency relates to the question of the expense of food aid as compared to other potentially deployable emergency aid measures. Allocation efficiency is evaluated in terms of the need to prioritise short-term impacts over medium-term effective approaches.

healthcare system and for refugee support were used for local implementation within the framework of the possibilities offered by the programme.

Additional costs incurred for labels and the printing of German DC logos on food packaging. According to the WFP, the costs are dependent on the respective purchasing process and cannot be reported separately. German DC has now dispensed with the costly printing process in favour of other effective visibility measures, which is to be welcomed.

The feasibility and advantageousness of alternative transfer mechanisms, such as vouchers for food and cash payments, were tested in the course of the programme, taking into account the availability of food in local markets. In 2012, around 15,000 people participated in the additional programme. Although in the case of Djibouti the voucher mechanism was more expensive than the provision of food, it was introduced as an additional instrument due to its various advantages (reducing the security risks posed by conflicts at the urban distribution points, strengthening the freedom of choice between different foodstuffs and having a positive impact on the diversity of food intake).²¹ This is also to be welcomed, particularly from a nutritional standpoint. According to the WFP, the so-called alpha value, which compares the costs of providing food aid or vouchers to the target group with the local market value of the same product, amounts to 1.8 for vouchers. In the case of Djibouti, additional costs of 23.5% were incurred compared to the distribution of food.²² A positive development worth highlighting is that the voucher system has allowed an effective and conflict-sensitive tool for combating food insecurity to be opened up for the first time to another target group, namely the needy population of Djibouti City. Thanks to its partnership with the State Secretariat for National Solidarity, the voucher system can also be viewed as a precursor to a social security system.

In the context of the acute food crisis in the Horn of Africa in 2011-2012 and the prospect of a further deterioration of the situation, there was no alternative to emergency food aid at the time of the project proposal. It is positive to note that the WFP made clear reference to the need to address increasing chronic undernourishment by means of resilience-building measures, which in the medium term offer cost advantages over emergency measures²³. As a result, infrastructure-building FFA measures were successfully implemented in the course of the programme in cooperation with other implementation partners and the establishment of social safety nets was encouraged. Thus the PRRO measures were sufficient for the resilience requirement without reducing the funds for general food distribution and for targeted provision to combat the acute crisis.

Efficiency rating: 3

Impact

Although the programme impact is aimed primarily at the short-term improvement of the food situation, food emergency measures can be expected to contribute towards alleviating the worst effects of a food crisis, towards improving the humanitarian situation and towards social stabilisation. In the context of the EPE, the developmental goal was formulated as follows: "Contributing towards alleviating the worst effects of the food crisis at the time." The prevalence of food insecurity and of undernourishment were used as impact indicators, describing the extent of the food crisis in the country and in regional terms on a disaggregated basis. Unfortunately, no data is available for the individual programme regions.

²¹ Due to food shortages in the country, only the distribution mechanism changed, while the provision of food still took place via the WFP, thereby incurring costs for setting up and operating the voucher system; no transportation costs were "saved", however (as was the case in other countries where local markets are functioning and issuing vouchers only consists of handing out a piece of paper).

²² However, the measures corresponded to the specific needs of the target group and contributed to the fact that the FCS of the target group improved by more than 20 percentage points. See also WFP 2012, Cash and Voucher Evaluation, Djibouti.

²³ Cf. AFD & World Bank 2016: Resilience-building infrastructure measures in the African drought areas are advantageous in the medium term for strengthening resilience to drought by means of poverty reduction and they offer cost advantages over emergency measures. The report demonstrates the feasibility in the context of available development assistance budgets, but also shows that a significant portion of the rural population in dry zones will remain vulnerable and in need of support in the form of social security systems and seasonal emergency systems.

Indicator	Ex post evaluation
(1) Food insecurity , as measured by the proportion of the population that is food-insecure (food insecurity, %), is stabilised or reduced	Degree of hunger ²⁴ (nationwide): 2011: 22%; 2012: 21%; 2013 19% ²⁵ Index for security of food supply ²⁶ (rural regions): 2011: 81% of population (chronically, moderately/temporarily ²⁷ , slightly ²⁸) food-insecure; 2013: 96% food-insecure Proportion of the population dependent on food aid ²⁹ : 2011: 89%; 2012: 77%; 2013: 67%
(2) The prevalence of target group-specific undernourishment is stabilised or reduced ³⁰	Prevalence of acute malnutrition in children under the age of five (nationwide) ³¹ : 2010: 10%; 2012: 22% ³² , rural areas: 7% ³³ ; 2013: 18% Acute malnutrition among women of childbearing age: 2012: 14%; 2013: 15%

1. Food insecurity: The WFP programme made an immediate contribution to reducing hunger through the provision of food to the starving population. At a national level, it was possible to slightly reduce the extent of hunger between 2011 and 2013, while food insecurity remained critical in rural areas throughout the course of the programme. Although the proportion of the population dependent on food aid was reduced, the number of people in need increased due to the increased total population of permanent rural residents.³⁴ In 2012, the situation worsened due to chronic poverty, persistent droughts and the consequent lack of recovery of agricultural crops and livestock. It was possible to prevent the further deterioration of the situation by providing food aid to 88% of the households over the course of the year. In 2013 the situation of the chronically food-insecure population was improved thanks to food aid and good rainfall between July and September, but at the cost of a massive increase in the moderately and slightly food-insecure population.

2. Prevalence of undernourishment: Although a contribution through the provision of food and the targeted supply of acutely malnourished women and children under the age of five in the programme regions is plausible, the expected impact must remain limited as other relevant factors such as access to water³⁵, mother/child healthcare and nutrition practices were either not addressed as part of the WFP mandate, or they were addressed only indirectly within cooperations with other implementation partners. The detailed

²⁴ This refers to the FAO's "traditional" hunger indicator. Hunger (undernourishment) is measured by the proportion of the population below the minimum level of food energy intake (%).

²⁵ See UN MDG stats (<http://mdgs.un.org/unsd/mdg/>)

²⁶ The WFP measures the proportion of the population that is food-insecure based on the Food Security Index, which describes access to food and assigns the households to various profiles. The index focuses on access to food, based on the agglomeration of a variety of variables. The profiles differ from year to year due to contextual changes in and methodological improvements.

²⁷ Dependent on food aid, especially during the "lean" season (May-September)

²⁸ With increased risk when shocks occur

²⁹ WFP surveys

³⁰ The prevalence of undernutrition in children under the age of five serves as an indicator of the nutritional status of the overall population. The WFP addresses moderate acute malnutrition (MAM). The mandate for the treatment of severe acute malnutrition (SAM) lies with UNICEF.

³¹ Data from UNICEF

³² Data from the IFPRI (2015 Global Nutrition Report Dataset)

³³ Data from the WFP. The data from the various sources (IFPRI nationwide and WFP for rural areas) differ significantly. Although the EFSA study by the WFP was not representative and a direct comparison is methodologically not possible, the study has clearly demonstrated that the prevalence of global acute malnutrition (GAM) in the 6-11 months age group is particularly serious at 24% (moderate acute malnutrition (MAM): 17%). The WFP achieved results similar to UNICEF in its rural EFSA study in 2013, which is probably due to methodological improvements: the prevalence of acute malnutrition was 18%, and of chronic malnutrition was 35%.

³⁴ The total population of permanent rural residents rose due to the fact that previously unsettled nomads living off livestock remained in the communities following the loss of their livelihoods due to the sale or starvation of their animals.

³⁵ WFP EFSA 2012: 47% of rural households in Djibouti have no access to the humanitarian standard of 15 litres per person/day.

UNICEF SMART studies carried out between 2010 and 2013 came to the conclusion that the feeding practices for infants and young children in particular remain inadequate next to the poor nutritional status of the mothers and a lack of access to clean water.³⁶ The provision of special rations to pregnant and breastfeeding women and to young children in particular, however, laid an important foundation for proper child development during the first 1,000 days of life.

Due to the lack of region-specific data for the regions in which the measures were implemented, the evaluation of the project's contribution towards alleviating the worst effects of the food crisis at the time relies primarily on plausibility considerations. It is assumed that the WFP programme contributed to preventing the further deterioration of the situation in the intervention regions. In particular, in a situation where food aid alone is only able to contribute the bare minimum to survival, the WFP has contributed to the fight against chronic poverty as a cause of food insecurity as far as individually possible by identifying and implementing appropriate measures, such as FFA, cooperation with health centres, and the integration of the nutrition component into the National Plan to Fight HIV/AIDS. The impact is therefore still assessed as good.

Impact rating: 2

Sustainability

Based on its emergency aid character (rapid response procedure in the event of natural disasters, crises and conflicts in conformity with No. 47 of the FC-TC guidelines), the project had a limited sustainability requirement. It is one of the principles of humanitarian aid, very similar to emergency aid, to enable integration to structure-building and development measures in accordance with the Linking Relief, Rehabilitation and Development (LRRD) approach. The capacity development of local players is a critical factor for success. The WFP supported a number of innovative and structure-building measures in Djibouti, enabling appropriate integrability:

In 2011 and 2012 it was possible to rehabilitate 1,715 km of rural access roads thanks to FFA measures. Furthermore, according to the WFP, in 2012 it was possible to make 24,105 communities more resilient against the impact of future shocks by means of infrastructure measures (e.g. the construction of nine wells, the production of 9,300 tree seedlings and the rehabilitation of small dams and erosion protection measures with a total volume of 62,000 m³).

The WFP cooperated with 57 health centres for the targeted nutrition component and, although no data is available in this regard, it is plausible to assume that the use of mother-child healthcare services was encouraged by the food distribution.

The commitment of the WFP to integrate a nutritional component into the National Plan to Fight HIV/AIDS resulted in the introduction of the "food on prescription" principle in cooperation with various programme partners and thus to the continuous improvement of supply of those in need.

The introduction of the voucher system allowed for food security measures to be extended to urban centres. The pilot project promoted the dialogue with government institutions on the topic of social safety nets. The provision of refugees was also switched to the distribution of vouchers. In both cases, the introduction of the voucher system was observed to have a positive impact on the diversity of food intake, which particularly in chronic crises is a cause for concern.

A positive development worth highlighting is that, thanks to the continuous improvement of monitoring and to the support of Integrated Phase Classification³⁷, there is now an improved data basis for planning and implementing future projects. On the basis of its own analyses of the locally specific causal relationships and lessons learnt, the WFP issued recommendations over the course of the programme for further, development-oriented steps towards addressing the chronic food crisis which go beyond the WFP mandate.

³⁶ In particular breastfeeding practices and complementary feeding for infants under the age of two; it was nevertheless possible to improve breastfeeding rates from 25% in 2010 to 49% in 2013, which points to improved mother-child healthcare and advice.

³⁷ Cf. IPC Info: <http://www.ipcinfo.org>: "IPC is a set of standardized tools that aims at providing a common currency for classifying the severity and magnitude of food insecurity. This evidence-based approach uses international standards which allow comparability of situations across countries and over time. It is based on consensus-building processes to provide decision makers with a rigorous analysis of food insecurity along with objectives for response in both emergency and development contexts."

On the basis of the experience gained from WFP deployment in Djibouti between 2011 and 2014, the WFP has approved a new Country Assistance Strategy with a focus on nutrition, refugees and resilience and also made a significant contribution to the International Conference on Resilience-Building in Djibouti³⁸.

Given the limited sustainability requirement and the numerous starting points for future development-oriented measures, the sustainability is overall also rated as good.

Sustainability rating: grade 2

³⁸ Written information from the WFP

Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being **relevance, effectiveness, efficiency** and **overarching developmental impact**. The ratings are also used to arrive at a **final assessment** of a project's overall developmental efficacy. The scale is as follows:

Level 1	Very good result that clearly exceeds expectations
Level 2	Good result, fully in line with expectations and without any significant shortcomings
Level 3	Satisfactory result – project falls short of expectations but the positive results dominate
Level 4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
Level 5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
Level 6	The project has no impact or the situation has actually deteriorated

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment.

Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The **overall rating** on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Rating levels 1-3 of the overall rating denote a "successful" project while rating levels 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (level 3).