Ex post evaluation – Kenya

Sector: Health-care sector (CRS Code: 5201000 Food aid/Food security programme)
Programme/Project: Phase I: Food security via health services, BMZ No.: 200866475*; Phase II: Food security in Kenya, BMZ No.: 200967331*
Implementing agency: World Food Programme (WFP)

Ex post evaluation report: 2015

		Project A (Planned)	Project A (Actual)	Project B (Planned)	Project B (Actual)**
Investment costs (total)	EUR million	6.00	6.00	4.00	6.00
Counterpart contribution	EUR million	0.00	0.00	0.00	0.00
Funding	EUR million	6.00	6.00	4.00	6.00
of which BMZ budget funds	EUR million	6.00	6.00	4.00	6.00

*) Random sample 2015; **) The funds for Phase II were raised by EUR 2 million on account of the ongoing drought and greater requirements

Summary: These projects are emergency aid measures to ensure food security as a reaction to the acute drought and food price crisis in the years 2008 and 2009. The projects were carried out from 2009 to 2012 as "Phase I" and "Phase II" by the World Food Programme (WFP) in Kenya, co-financed with German bilateral FC funds. Both phases were integrated into the WFP "Protracted Relief and Recovery Operation" (PRRO) programme. This extensive, long-term programme with total financing of EUR 378 million had three main components: (1) Distribution of food in the regions most heavily affected by the food crisis, (2) Distribution of supplementary food to pregnant women, nursing mothers and children under the age of five, and (3) Food for Assets (FFA) and Cash for Assets (CFA) pilot measures.

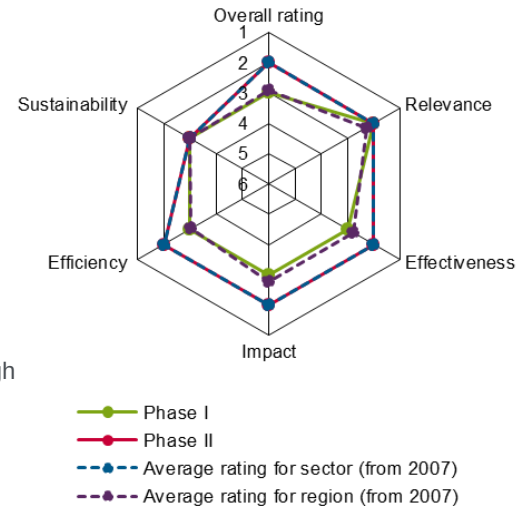
Objectives: The development objective of the project was to help alleviate the worst effects of the food crisis, and to contribute to the economic and social stabilisation of the poor population that was hit hardest by the food crisis. The project objective of Phase I was to improve the food situation and the health of the target group of the previous FC voucher programme "Development of the health sector". Phase II, on the other hand, sought to improve the food situation for those in Kenya most heavily affected by the drought, and was furthermore designed to increase the resilience of the population against ongoing and future crises.

Target group: The target groups of both projects were complementary. The focus of Phase I was women and families in poor urban areas, while Phase II focused on the vulnerable population in arid and semi-arid areas, mainly in rural areas.

Overall rating: 3 (Phase I) and 2 (Phase II)

Rationale: Both projects had a limited sustainability requirement owing to their 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 results of Phase I fell short of expectations, although a satisfactory result was achieved overall. The risk to the target group's food situation proved to be less acute than was originally assumed. The target group benefited from food rations although these were not optimised for the reduction of chronic malnutrition. The results of Phase II are evaluated as good and meet the expectations. No major systematic failings were observed although some components produced varying results. The integrated and flexible programme approach, which contributed through various channels towards alleviating acute and long-term suffering from food threats, should be highlighted.

Highlights: The uncommitted use of a significant part of the Phase I funds for the superordinate PRRO programme was positive, since it was found that the needs and results of food aid to beneficiaries of the voucher programme fell short of expectations.



Rating according to DAC criteria

Overall rating: 3 (Phase I) and 2 (Phase II)

Phase I ("Food Security through Health Care Services") and Phase II ("Food Security in Kenya") were co-financed by the WFP's long-term PRRO (Protracted Relief and Recovery Operation) programme from 2009 to 2013, with the goal of alleviating the food crisis and of constructing and rehabilitating productive capacities. The programme components consisted of distributing food in the regions most strongly affected by the food crisis, including meals at schools; distributing supplementary food items to pregnant women, nursing mothers and children under five (Mother and Child Health Care (MCH) component); and pilot FFA and CFA measures in which productive small-scale and micro-infrastructure was built or rehabilitated at the household and community levels, and workers were compensated with food and/or financially.

In Phase I, the MCH component of the PRRO was initially supported for a specific purpose. Food rations were distributed to the clients of an existing FC voucher programme, in which subsidised vouchers for reproductive health services (safe motherhood, long-term effective family planning (FP), and treatment of the consequences of sexual violence) were sold to poorer segments of the population. The vouchers could be exchanged at accredited healthcare facilities for the respective services – and, through Phase I of the programme evaluated here, also for food. Coupling the distribution of food to the vouchers was intended to create an additional incentive to buy the vouchers, and thus contribute to the sustainability of the pre-existing FC project. Because the Kenyan Ministry of Health had concerns about coupling FP to unrelated "incentives" (in the sense that these were not directly relevant to FP), the food was ultimately not handed out in exchange for vouchers in the FP domain, but only for vouchers in the domains of safe motherhood and treatment of the consequences of sexual violence. Some of the funds from Phase I and all of the funds from Phase II went to the superordinate PRRO as uncommitted funds.

The WFP maintained its own largely satisfactory monitoring system. However, it is not possible in WFP standard project reports to trace individual effects back to particular programme components or donors. Therefore, this evaluation is based on the results of the superordinate WFP programme, which from 2009 to 2013 had a total volume of about EUR 378.2 million[1], to which German FC made a contribution of EUR 12.0 million (3.2%). From 2009 to 2013, the PRRO reached between 3.2 and 3.9 million people each year[2].

Relevance

The relevance of both phases can be classified as high, although for different reasons. For decades now, Kenya has been hit by food crises with distressing regularity, most recently in 2011 in connection with severe droughts in the Horn of Africa. Natural events like droughts and floods have occurred with greater frequency and intensity in the region in recent years, also as a consequence of ongoing climate change. At the start of the projects, high international food prices also contributed to these crises. The food crisis warranted the delivery of emergency aid measures with great urgency.

Due to their dependence on food purchases, poor population groups in urban areas – the target group for Phase I – are strongly affected by price increases and the associated loss of real purchasing power. Against this background, it was reasonable to assume for the project design of Phase I that the target group's food situation would worsen acutely. The voucher programme underlying Phase I was primarily oriented towards poor women, who represent an especially important target group for food programmes. Firstly, women are a disadvantaged population group as regards their access to healthcare services. In addition, secure nutrition is a precondition for pregnant and nursing women to ensure safe pregnancies and the healthy development of their newborn children.

At the start of Phase I, no precise data was available on the target group's nutritional situation, and no initial data was collected during the shortened appraisal process required by the rapid response procedure.

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[1] "Total Expenditures", average exchange rate for 2012 = 0.76 EUR/USD (www.oanda.com, accessed on 15 August 2015).

[2] See WFP's annual Standard Project Reports for programme 106660 in the years 2009-2013.

Over the course of the project, it became evident that problems of chronic malnutrition were more prevalent than acute malnutrition in the target group for Phase I[3,4]. The composition of food rations in Phase I was tailored to preventing and combating acute malnutrition, and not optimised for the reduction of chronic malnutrition. Nevertheless, from today's point of view as well, the project design was appropriate and relevant for a preventative measure intended to protect an existing target group.

Phase II contributed only uncommitted funds to the funding of the superordinate PRRO, which, as a large-scale, innovative pilot programme of the WFP, followed an expanded integrative approach intended to contribute not only to the alleviation of the current food crisis, but also to the eventual eradication of recurring food crises in general. In particular, it sought to build bridges between food assistance and the (re-) construction of productive and social infrastructure. To this end, a mix of measures was pursued, always adapted to fit the local context. At the same time, people in need who could not participate in FFA components (e.g. pregnant women or the elderly) were supported with direct food aid, without being excluded from the use of municipal infrastructure.

The target regions of Phase II, arid and semi-arid regions often in rural areas (so-called ASAL regions), were very strongly affected by the food crisis, and therefore these measures were of very high relevance. The PRRO's fundamental orientation in these areas has remained the same, even as the precise mix of measures has continued to evolve as a function of changing framework conditions and learning processes. For instance, CFA approaches, in which involvement in municipal infrastructure projects is compensated with monetary means, are used even more frequently today. The idea of a locally adapted, diversified approach with strong participatory elements merits a very positive evaluation, from today's point of view as well.

Donor consultation was satisfactory to good for both projects.

Relevance rating: 2 (Phase I + II)

Effectiveness

The indicators for both phases can, in principle, be used to measure project success; however, appropriate output and outcome indicators were not established for all relevant project components. In addition, possibilities should have been provided to verify the selected indicators based on quantitative data. The indicators presented below were reported only at a superordinate level (e.g. the MCH component of the PRRO), but not at the level of the individual measures (e.g. for voucher clients). The data for verifying output and individual outcome indicators come mainly from the WFP monitoring system's standard project reports, WFP evaluations of individual PRRO components, and the final inspection (FI) by KfW.

[3] Hoogendoorn (2012) Progamme Review - Urban Maternal and Child Health and Nutrition PRRO 10666.0, May 1st 2009-April 30th 2012. Study commissioned by World Food Programme Kenya.

[4] Acute malnutrition arises primarily from an acute deficiency in caloric intake, while chronic malnutrition is characterised by an unbalanced and low-calorie diet over a long period of time, and by a lack of diverse, high-quality foods, leading to mineral and nutrient deficiencies.

The achievement of the project objectives defined in the project appraisal (PA) is summarised as follows:

Indicator	Status PA	Ex post evaluation
Output Phase I: (1) Distribution of a total of approximately 5,700 t of food rations to about 40,000 voucher holders per year[5] (pregnant and nursing women as well as victims of sexual violence) during the programme period.	0/5,700 t	According to the FI, about 17,200 voucher holders were reached per year (43%, with 42% of the originally budgeted funds). 10,100 t of food were distributed (as of October 2012). However, the latter figure does not only include the target group for Phase I. The WFP reached 12.7 - 106.3% of the planned number of pregnant and nursing women in the PRRO each year from 2009 to 2012 (through MHC and supplementary feeding). The average number of beneficiaries per year was 104,386 (SPRs).
Target achievement: The quantitative indicator cannot be directly compared, due to different target groups and an unclear reference value. It should be noted that only 42% of the originally budgeted funds were deployed for the voucher programme. With regard to the victims of sexual violence, no explicit indicator was proposed, due to the difficulties in quantifying the problem and the presumably large number of unreported cases. Nevertheless, the programme did succeed in increasing the number of vouchers cashed in, from 325 in the preceding healthcare project to 1,383.		
Outcome Phase I:* (2) The proportion of births with medical supervision increases to 60% in target districts during the programme period. (3) Proportion of pregnant women who take advantage of at least four prenatal check-ups increases to 60% in accredited healthcare facilities during the programme period.	(2) 42%/90% at PA, adjusted to 60% until the FI. (3) 52.3%/90% at PA, adjusted to 60% by 2015 until the FI (which makes it clear that the goal was primarily oriented to the preceding FC project, and not to Phase I which ran until 2012).	(2) 44.0 % (FI) (3) 47.1 % (FI)
Target achievement: not achieved. According to the WFP evaluation, in comparison to preceding healthcare projects lower requirements were imposed on socio-economic criteria for the purchase of subsidised vouchers. However, the demand was overestimated; despite the lower requirements, there was less demand for the vouchers than expected. 34% of the food rations were distributed in connection with postnatal examinations.		
Output Phase II: (1) Number of people who have	(1) Total (SPRs**):	(1) Total:

[5] Since the project practically provided services only to women, the text will refer to project clients as women. In theory, vouchers for FP (for which, contrary to initial plans, no food was given out in the end) and for treatment of victims of sexual assault would not be limited to women.

received food in the current year corresponds to 100% of the annually adjusted needs planning. (2) Quantity of food (within various categories, e.g. grains, pulses) that was distributed in the current year corresponds to 100% of the annually adjusted needs planning.	3,460,500 / 3,460,500 (2009) 3,433,000 (2010) 4,197,310 (2011) 3,916,300 (2012) a) Children under 5 years 720,000 / 720,000 (2009) 716,500 (2010) 917,600 (2011) 888,100 (2012) b) Children 5-18 years 1,659,500 / 1,659,500 (2009) 1,633,500 (2010) 1,908,400 (2011) 1,722,600 (2012) c) Adults 1,081,000 / 1,081,000 (2009) 1,083,000 (2010) 1,371,310 (2011) 1,305,600 (2012) (2) Total: 253,805 t / 253,805 t (2009) 176,028 t (2010) 207,141 t (2011) 73,045 t (2012)	3,598,499 (2009, 104.0%) 3,753,094 (2010, 109.3%) 3,157,560 (2011, 75.2%) 3,951,045 (2012, 100.8%) a) Children under 5 years 550,030 (2009, 76.4%) 1,215,131 (2010, 169.6%) 962,697 (2011, 104.9%) 1,359,148 (2012, 153.0%) b) Children 5-18 years 2,084,339 (2009, 125.6%) 1,341,844 (2010, 82.2%) 1,125,866 (2011, 59.0%) 1,341,542 (2012, 77.9%) c) Adults 964,130 (2009, 89.2%) 1,196,119 (2010, 110.5%) 1,068,997 (2011, 78.0%) 1,250,355 (2012, 95.8%) (2) Total: 158,809 t (2009, 62.6%) 196,162 t (2010, 111.4%) 168,059 t (2011, 81.1%) 95,691 t (2012, 131.0%)
Target achievement: Partially met to exceeded, both for the number of beneficiaries and the quantity of food distributed. The needs planning took account of the current food situation in each year and was increased significantly in 2011. Over the course of the programme, 75.2% - 109.3% of the planned number of people were reached through the PRRO programme in Kenya each year, and 62.6% - 131.0% of the planned quantity of food was distributed each year. Part of the fluctuation is explained by the flexible approach to needs planning. Another part arises from delays in the procurement and delivery of sufficient food supplies, and is linked to corresponding negative consequences such as a reduction in food aid for the population affected. Unfortunately, these fluctuations cannot be completely avoided, and are in an expected to acceptable range for the present project.		
Output/partially Outcome Phase II: (3) Infrastructure created via FFA measures corresponds to 100% of the annually adjusted needs planning, e.g.: a) Conservation of land areas: Protected and/or rehabilitated areas. b) Area with new/rehabilitated irrigation systems. c) Number of communities in which infrastructure measures were carried out to increase resistance to shocks.	513 FFA projects in 2009 / no info a) no info / 36,320 ha (planned in 2009) b) no info / 292 ha (planned in 2009) c) no info / 840 (planned in 2010) no info / 530 (planned in 2011) no info / 543 (planned in 2012)	955 FFA projects 2011 a) 2009: 37,040 ha (102.0%) b) 2009: 255 ha (87.3%) c) 2010: 725 (86.3%) 2011: 723 (136.4%) 2012: 981 (180.7%)

Target achievement: Missed to exceeded. The WFP has not set any unified and comparable performance indicators over the entire period, but rather used annually adjusted indicators (selection from SPRs presented here).

*) The reference value is unclear. We assume that the figures were collected in accredited healthcare facilities, or are representative of such facilities.

**) SPR - Standard Project Report from the WFP.

The project objective of Phase I, namely to protect poor pregnant women and nursing mothers from acute malnutrition and to improve their food and health situation, was partially achieved, although this evaluation is based primarily on qualitative reports[6]. Overall, the achievement of objectives in Phase I fell short of expectations. The demand for reproductive health vouchers was significantly lower than expected[7]. For the women that took advantage of food aid and healthcare services, however, there are reports of positive effects, such as a decrease in anaemia during pregnancy, an improved nutritional situation for newborns and infants, and fewer complications in births and postnatal care.

Phase II sought to improve the food situation of the parts of Kenya's population that were most strongly affected by the drought, especially children under five years old, pregnant women and nursing mothers. The flexible determination of need figures, as performed twice a year by the WFP in coordination with the Kenya Food Security Steering Group, is preferable to an ex ante determination and is thus evaluated positively. Although there were some delays in the delivery of food, no systematic defects were found in the distribution of food or determination of needs.

The FFA and CFA components, which went beyond direct food aid, may also overall be evaluated as good. The infrastructure created (e.g. irrigation systems) and the corresponding utilisation strategies were adopted by a certain number of non-programme beneficiaries, which is interpreted as a sign of their acceptance. The infrastructure's reliance on adequate rainfall (e.g. water conservation and irrigation), and its relatively limited scale, were identified by the WFP as the main points of criticism of the WFP's pilot programme for the eradication of recurring food crises, with regard to a sustainable increase in the resilience of larger parts of the population. However, the limited scale of the FFA and CFA components were appropriate for the pilot phase, and should be adjusted in subsequent WFP programmes.

The effectiveness of Phase I was satisfactory overall, even though the results fell short of expectations. The results of Phase II are evaluated as good, and correspond largely to the expectations of the programme.

Effectiveness rating: 3 (Phase I) and 2 (Phase II)

Efficiency

The efficiency of both phases is evaluated as good. As emergency aid measures of particular urgency, the rapid delivery of financial resources and the rapid, effective and flexible delivery of aid services were of the highest importance.

The co-financing of the WFP should be considered against this background: As the largest humanitarian organisation in the fight against hunger and food crises, and due to its wide-ranging expertise in this domain as well as its experience and its extensive, well-established structures within Kenya, the WFP was an ideal cooperation partner for Phases I and II. It is fair to assume that the creation of KfW's own structures would not have been possible in a reasonably timely manner or with the same level of efficiency. In addition to the high implementation and allocation efficiency, the close cooperation with the WFP should also be assessed as positive in terms of donor consultation, donor coordination and the coherence of the measures taken.

[6] Evaluation in the context of the FI, and in interviews with former project participants conducted for the EPE.

[7] Different factors played a role here: Demand was overestimated already at the beginning of the project, FP vouchers were excluded from the food component, the demand for food (i.e. the acute necessity for food) was overestimated and a certain stigmatization was reported as food aid was partly associated with HIV/Aids Programmes.

58.2% of yearly PRRO resources were used for the direct procurement of food; the remainder covered transport and storage of food as well as cash transfers and other programme costs. An average of EUR 36 was spent per beneficiary per year, although it should be noted that the duration and scope of support services differed with the different programme components. We evaluate the production efficiency as adequate.

Both projects displayed the necessary degree of flexibility for successful emergency aid measures. Having established that demand from the Phase I target group for food rations and vouchers did not correspond to the expected volume, a significant portion of the funds (EUR 3.5 million out of EUR 6.0 million) was promptly used as uncommitted funds for the superordinate PRRO.

Although the allocation efficiency of Phase I was limited due to its focus on the voucher programme and the associated disadvantages as discussed above, the reallocation of a sizeable portion of the Phase I funds to the superordinate PRRO can be evaluated as positive.

With regard to the FC contribution, one positive point to be emphasised is that the funds were delivered promptly, whereas the WFP reported occasional shortfalls in funding to the superordinate PRRO due to delayed delivery of promised funds by various other donors, which also led to certain delays in programme implementation.

Efficiency rating: 3 (Phase I) and 2 (Phase II)

Impact

The overarching development objective of the project was to help alleviate the worst effects of the food crisis, and to contribute to the economic and social stabilisation of the poor population that was hit hardest by the food crisis.

Both phases contributed to alleviating the effects of the food crisis on their respective target groups, although the prevalence of acute malnutrition was higher in the Phase II target group than among the beneficiaries of Phase I[8]. The latter group, however, was affected to an above-average degree by chronic malnutrition and was thus able to benefit from the food rations nevertheless.

A more wide-ranging impact through improved access to healthcare services in Phase I could not be achieved to the extent that was hoped for, as no significant increase in the demand for vouchers ever materialised. However, this overarching development objective was deemed to be overly ambitious for Phase I, and is therefore ignored in the evaluation. On the other hand, through the promotion of an integrated and wide-ranging programme approach, the measures in Phase II helped to ensure that programme effects were not only felt at the target group level, but also extended to the level of overarching development objectives. The following indicator was used to measure the achievement of overarching development objectives: “The prevalence rate of undernourished (underweight) children in the intervention zones is lower than 15% during the programme period.” At the PA stage, the indicator was at 8.9 - 23.8%, and at the time of the ex post evaluation it was at 12.8 - 16.7% (varying by district and data source). Given that another acute food crisis arose during the programme period in 2011, the target value established at the start of the programme was probably no longer realistic for some districts, and it can reasonably be assumed that the prevalence rate of undernourished children in the intervention zones would have been significantly higher without the programme. Through the FFA and CFA components, an additional contribution was made to social and economic stabilisation in the programme regions, above and beyond the food situation as such.

Impact rating: 3 (Phase I) and 2 (Phase II)

Sustainability

Phase I was wholly consistent with the definition of an emergency aid measure, i.e. a short-term measure intended to alleviate human suffering, which includes no reconstruction activities and ends as soon as the

[8] Hoogendoorn (2012) Progamme Review - Urban Maternal and Child Health and Nutrition PRRO 10666.0, May 1st 2009-April 30th 2012. Study commissioned by World Food Programme Kenya.

acute danger to the affected population has receded. Coupling Phase I to the target group of the pre-existing FC voucher programme for reproductive healthcare services was intended to contribute to the sustainability of the pre-existing FC project; for the measures in Phase I, however, there was no appreciable need for sustainability. The assessment of the project's sustainability is therefore omitted.

Phase II, on the other hand, includes elements not only of emergency humanitarian aid, but also of structural and developmental transitional aid, with a short- to medium-term orientation that establishes a bridge from emergency aid to longer-term cooperation on developmental projects, and thus most certainly does have a claim to sustainability. For instance, the production-boosting small-scale and micro-infrastructure projects that were carried out in connection with the FFA and CFA components (e.g. irrigation systems) were selected by participative methods and in cooperation with technical experts, which contributed to their acceptance, use and sustainability. This should be emphasised as a positive aspect in evaluating the sustainability of Phase II, even though the sustainability of the FFA and CFA measures fell somewhat below expectations due to the limited scale and reliance on rainfall that were mentioned earlier. The infrastructure measures were generally aimed at adapting to climate change or at limiting its negative effects, a fact which has a positive influence on the evaluation of their sustainability.

Sustainability rating: no appraisal (Phase I) and 3 (Phase II)

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).