

## OPERATION EVALUATION

### Myanmar Protracted Relief and Recovery Operation 200299: “Supporting Transition by Reducing Food Insecurity and Undernutrition Among the Most Vulnerable” (2013-2017)

An evaluation of WFP’s operation

### **Evaluation Report**

December 2016

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**WFP Office of Evaluation**

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## **Disclaimer**

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## TABLE OF CONTENTS

<b>Acronyms .....</b>	<b>i</b>
<b>Operational Fact Sheet.....</b>	<b>v</b>
<b>Map .....</b>	<b>v</b>
<b>Executive Summary .....</b>	<b>vi</b>
<b>1. Introduction .....</b>	<b>1</b>
1.1. Evaluation Features.....	1
1.2. Country Context.....	3
1.3. Operation Overview.....	7
<b>2. Evaluation Findings .....</b>	<b>8</b>
2.1. Appropriateness of the Operation.....	8
2.2. Results of the Operation.....	18
2.3. Factors Affecting the Results.....	37
<b>3. Conclusions and Recommendations.....</b>	<b>41</b>
3.1. Overall Assessment.....	41
3.2. Recommendations.....	45
<b>Annexes .....</b>	<b>2</b>
Annex 1: TOR .....	2
Annex 2: Methodology.....	21
Annex 3: National Indicators.....	25
Annex 4: M&E Issues.....	28
Annex 5: Bibliography .....	29

### **List of Supplementary Annexes (see separate document)**

- Annex 1: List of persons and institutions interviewed
- Annex 2: Exit debrief participants
- Annex 3: Interview topical outlines
- Annex 4: Fieldwork schedule
- Annex 5: Evaluation matrix
- Annex 6: Team composition
- Annex 7: PRRO 200299 outputs indicator tables

### **List of Tables:**

Table 1: Planned and actual beneficiaries by component and sex of beneficiary .....	ix
Table 2: Beneficiaries by modality .....	x
Table 3: Planned and actual beneficiaries of nutrition activities for women and children.....	xii
Table 4: Planned and actual food distribution by activity and year.....	xii
Table 5: Planned and actual cash distribution in US\$ by activity and year.....	xiii
Table 6: Basic food basket, relief .....	10
Table 7: Type of SO1 modality transfer by region/state in 2015/2016 .....	11
Table 8: Food ration per day, asset creation.....	12
Table 9: PRRO 200299 Coherence with government policies and partners .....	16
Table 10: Planned and actual food/cash distributed under relief, by year.....	19
Table 11: Planned and actual food/cash distributed under asset creation, by year....	24
Table 12: Assets created 2013-2015 .....	26
Table 13: M&E issues arising and outstanding from evaluation requests .....	39

### **List of Figures:**

Figure 1: Percent funded of total requirements.....	viii
Figure 2: Percent contributions by top donors.....	viii
Figure 3: Planned beneficiaries by component as proportion of total planned beneficiaries, 2015.....	x
Figure 4: Actual beneficiaries by component as proportion of total actual beneficiaries, 2015.....	x
Figure 5: Beneficiary proportion by sex and by year .....	xi
Figure 6: Planned and actual beneficiary proportion by sex and activity, 2015 .....	xi
Figure 7: Number of planned versus actual beneficiaries by modality .....	xi
Figure 8: Planned and actual food tonnage (MT) distributed by year .....	xiii
Figure 9: Planned and actual cash distributed in US\$ by year .....	xiii
Figure 10: Map of WFP PRRO 200299 activities in Myanmar - 2016.....	v
Figure 11: Post Monsoon Food Security in Myanmar 2015 .....	5
Figure 12: Funding trends by annual requirement in US\$ .....	7
Figure 13: Actual vs planned beneficiaries, by component and year .....	18
Figure 14: Percent of nutrition beneficiaries reached against target .....	28
Figure 15: Percent achieved of planned SF schoolchildren by modality.....	32
Figure 16: Ratio of boys to girls receiving MAM prevention and treatment.....	36

## Acronyms

<b>AAP</b>	Accountability to Affected Populations
<b>ACF</b>	Action Contre la Faim
<b>ACRD</b>	Al Country Agency for Rural Development
<b>ACTED</b>	Agency for Technical Cooperation and Development
<b>ADB</b>	Asian Development Bank
<b>ADRA</b>	Adventist Development and Relief Agency
<b>AGE</b>	Action for Green Earth
<b>AHRN</b>	Asian Harm Reduction Network
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AMDA</b>	Association of Medical Doctors of Asia
<b>AMI</b>	Aide Médicale Internationale
<b>ART</b>	Anti-Retroviral Therapy
<b>ASEAN</b>	Association of Southeast Asian Nations
<b>AYO</b>	Ar Yone Oo Social Development Association
<b>BCC</b>	Behaviour change communication
<b>BR</b>	Budget Revision
<b>BSF</b>	Blanket Supplementary Feeding
<b>CARD</b>	Community Association for Rural Development
<b>CAS</b>	Community Asset Score
<b>CBT</b>	Cash-based Transfer
<b>CDN</b>	Consortium of Dutch NGOs
<b>CMC</b>	Camp Management Committee
<b>CO</b>	Country Office (WFP)
<b>COMET</b>	Country Office Monitoring and Evaluation Tool
<b>CP</b>	Cooperating Partner
<b>CSP</b>	Country Strategic Plan
<b>CU<sub>5/2</sub></b>	Children Under Five (or Two) Years of Age
<b>DHS</b>	Demographic and Health Survey
<b>DDS</b>	Diet Diversity Score
<b>DSC</b>	Direct Support Costs
<b>DOTS</b>	Directly Observed Treatment Short-course
<b>DRR</b>	Disaster risk reduction
<b>EB</b>	Executive Board (WFP)
<b>ECCE/D</b>	Early Childhood Care and Education/Development
<b>EFA</b>	Education For All
<b>EM</b>	Evaluation Manager
<b>EMOPS</b>	Emergency Operations
<b>EPAR</b>	Emergency Preparedness and Response
<b>EQAS</b>	Evaluation Quality Assurance System
<b>ET</b>	Evaluation Team
<b>F/CMC</b>	Food/Cash Management Committee
<b>FAO</b>	Food and Agriculture Organisation
<b>FBF</b>	Fortified Blended Food
<b>FCS</b>	Food Consumption Score
<b>FESR</b>	Framework for Economic and Social Reforms

<b>FFA</b>	Food Assistance for Assets
<b>FGD</b>	Focus Group Discussion
<b>FLA</b>	Field Level Agreement
<b>FMC</b>	Food Management Committee
<b>FSIN</b>	Food Security Information Network
<b>GAM</b>	Global Acute Malnutrition
<b>GCA</b>	Government Controlled Area
<b>GEEW</b>	Gender Equity and Empowerment of Women
<b>GFD</b>	General Food Distribution
<b>HDI</b>	Human Development Index
<b>HEB</b>	High Energy Biscuit
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPA</b>	Health and Poverty Action
<b>I/NGO</b>	International / Non-Governmental Organisation
<b>IASC</b>	Inter-Agency Standing Committee
<b>ICRC</b>	International Committee of the Red Cross
<b>IDS</b>	Institute of Development Studies
<b>IDP</b>	Internally Displaced Person
<b>IFAD</b>	International Fund for Agriculture Development
<b>IMAM</b>	Integrated Management of Acute Malnutrition
<b>ISC</b>	Indirect Support Costs
<b>IYCF</b>	Infant and Young Child Feeding
<b>KII</b>	Key Informant Interview
<b>KMSS</b>	Karuna Myanmar Social Solidarity
<b>LOI</b>	Letter of Intent
<b>LOP</b>	Life of Programme
<b>LTSH</b>	Landslide, Transport, Storage and Handling
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MAPDRR</b>	Myanmar Action Plan on Disaster Risk Reduction
<b>MAM</b>	Moderate Acute Malnutrition
<b>MDG</b>	Millennium Development Goal
<b>MDM</b>	Médecins du Monde France
<b>MDR-TB</b>	Multi-Drug Resistant Tuberculosis
<b>MEET</b>	Myanmar Enhancement to Empower Tribal
<b>MHAA</b>	Myanmar Health Assistant Association
<b>MHDO</b>	Myanmar Heart Development Association
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MMK</b>	Myanmar Kyat
<b>MNAPFNS</b>	Myanmar National Action Plan for Food and Nutrition Security
<b>MoALI</b>	Ministry of Agriculture, Livestock and Irrigation
<b>MoE</b>	Ministry of Education
<b>MoH</b>	Ministry of Health and Sports
<b>MoPF</b>	Ministry of Planning and Finance (previously known as Ministry of National Planning and Economic Development)
<b>MOU</b>	Memorandum of Understanding
<b>MSP</b>	Multi Stakeholder Platform
<b>MSWRR</b>	Ministry of Social Welfare, Relief and Resettlement
<b>MT</b>	Metric Tonne

<b>MTR</b>	Mid-term Review
<b>NAG</b>	Network Activities Group
<b>NAP</b>	National AIDS Programme
<b>NaTaLa</b>	Ministry for the Progress of Border Areas and National Races and Development Affairs
<b>NCV</b>	Noble Compassionate Volunteers
<b>NESP</b>	National Education Sector Plan
<b>NGO</b>	Non-Governmental Organisation
<b>NGCA</b>	Non-Government Controlled Area
<b>NPAFNS</b>	National Plan of Action for Food and Nutrition Security
<b>NSFP</b>	National School Feeding Programme
<b>NTP</b>	National Tuberculosis Programme
<b>nRS</b>	northern Rakhine State
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs (United Nations)
<b>OECD - (DAC)</b>	Organisation for Economic Cooperation and Development (Development Assistance Committee)
<b>OEV</b>	Office of Evaluation (WFP)
<b>OG</b>	Operational Guidelines
<b>OHCHR</b>	Office of the High Commissioner for Human Rights (United Nations)
<b>OISCA</b>	Organisation for Industrial, Spiritual and Cultural Advancement
<b>OpEv</b>	Operation Evaluation (WFP)
<b>PDM</b>	Post-distribution Monitoring
<b>PDR</b>	People's Democratic Republic, Lao
<b>PC</b>	Progetto Continenti
<b>PLHIV</b>	People Living with HIV
<b>PLW</b>	Pregnant and Lactating Women
<b>PRRO</b>	Protracted Relief and Recovery Operation
<b>PTA</b>	Parent-Teacher Association
<b>RB</b>	Regional Bureau (WFP)
<b>REACH</b>	Renewed Efforts against Child Hunger and Undernutrition
<b>REAM</b>	Renewable Energy Association
<b>RPF</b>	Rahmonnya Peace Foundation
<b>RSB</b>	Rice Soya Blend
<b>SABER</b>	School Feeding Systems Approach to Better Educational Results
<b>SAM</b>	Severe acute malnutrition
<b>SDC</b>	Swiss Agency for Development and Cooperation
<b>SDG</b>	Sustainable Development Goal
<b>SF</b>	School Feeding
<b>SLP</b>	Seasonal Livelihood Programme
<b>SMART</b>	Smart, Measurable, Achievable, Relevant, Time-bound
<b>SO</b>	Strategic Objective
<b>SOP</b>	Standard Operating Procedure
<b>SPR</b>	Standard Project Report
<b>SRF</b>	Strategic Results Framework
<b>SUN</b>	Scaling Up Nutrition
<b>TB</b>	Tuberculosis
<b>THR</b>	Take Home Ration
<b>TOR</b>	Terms of Reference

<b>TSF</b>	Targeted/therapeutic supplementary feeding
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>UNCT</b>	United Nations Country Team
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNDP</b>	United Nations Development Programme
<b>UNEG</b>	United Nations Evaluation Group
<b>UNESCAP</b>	United Nations Economic and Social Commission for Asia and the Pacific
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>US\$</b>	United States Dollar
<b>USA</b>	United States of America
<b>USAID</b>	United States Agency for International Development
<b>USDA</b>	United States Department of Agriculture
<b>VAM</b>	Vulnerability Analysis Mapping
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organisation
<b>WSB++</b>	Fortified Wheat Soya Blend



## Operational Fact Sheet

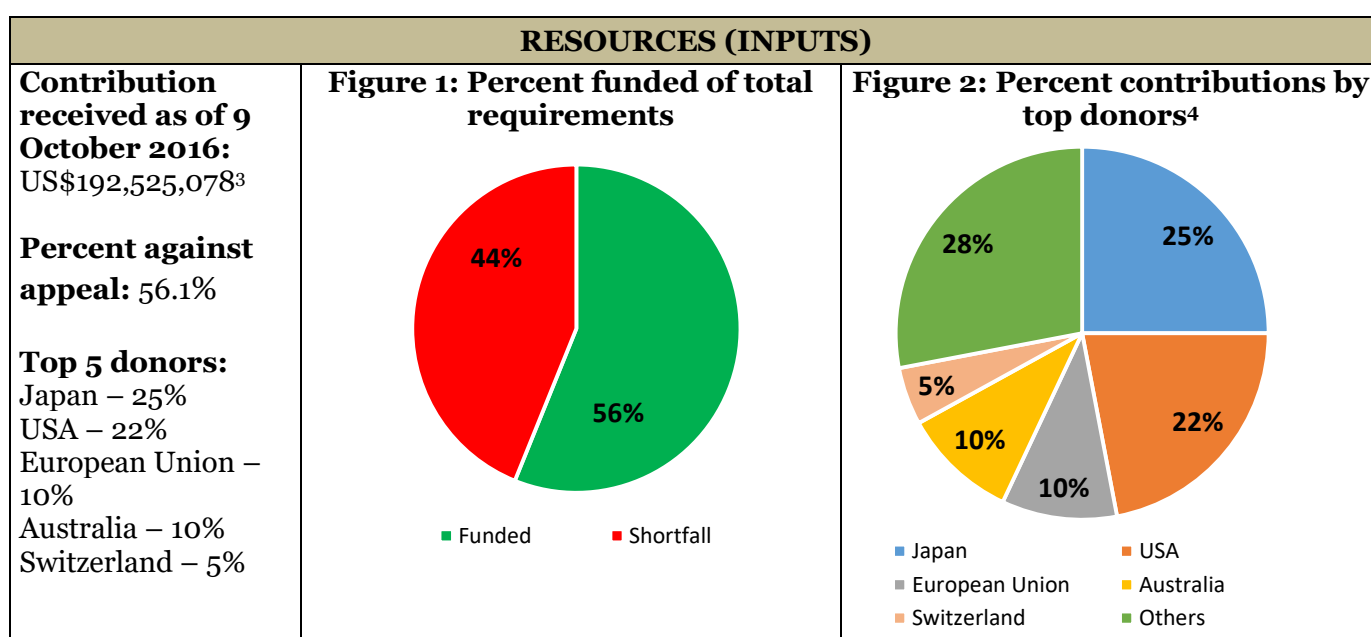
OPERATION OVERVIEW	
<b>Type/Number/ Title</b>	Protracted Relief and Recovery Operation (PRRO) 200299: Supporting Transition by Reducing Food Insecurity and Undernutrition Among the Most Vulnerable
<b>Approval</b>	Approved by the Executive Board on 14 November 2012
<b>Amendments/ Budget Revisions (BR)</b>	<p><b><u>Budget Revision 1:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Previous Budget:</b> US\$167,687,584</li> <li>• <b>New Budget:</b> US\$176,645,497</li> <li>• <b>Date Approved:</b> 3 May 2013 (revised rate approved)</li> <li>• <b>Nature of Revision:</b> The landside, transport, storage and handling (LTSH) rate for this project was increased from US\$99.61 to US\$167.50 per metric tonne (MT). Total increase to the budget is US\$8,957,913.</li> </ul> <p><b><u>Budget Revision 2:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Previous Budget:</b> no change</li> <li>• <b>New Budget:</b> no change</li> <li>• <b>Date Approved:</b> November 2013</li> <li>• <b>Nature of Revision:</b> Technical revision to realign the budget structure to WFP's new financial framework. No revisions to the overall budget or beneficiary numbers.</li> </ul> <p><b><u>Budget Revision 3:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Previous Budget:</b> US\$176,645,497</li> <li>• <b>New Budget:</b> US\$204,455,828</li> <li>• <b>Date Approved:</b> 17 March 2014.</li> <li>• <b>Nature of Revision:</b> Budget revised due to unforeseen increase in emergency relief assistance, increase in direct support costs (DSC), and also to align the project with WFP's new Strategic Plan and Strategic Results Framework (SRF) (2014-2017). The BR involves increased food commodities by 31,363 MT at a cost of US\$19,056,901; increased capacity development and augmentation budget by US\$1,396,870; increased DSC by US\$6,185,314; increased indirect support costs (ISC) by US\$1,819,368. Total increase to budget is US\$27,810,331. The total beneficiary target also increases from 1,570,000 to 1,690,000 (excluding overlap).</li> </ul> <p><b><u>Budget Revision 4:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Previous Budget:</b> US\$204,455,828</li> <li>• <b>New Budget:</b> US\$203,614,798</li> <li>• <b>Date Approved:</b> 27 April 2015 (revised rate approved)</li> <li>• <b>Nature of Revision:</b> Budget revised to reflect the decrease in the LTSH rate from US\$ 118.10 to US\$ 96.13 per MT. The total decrease in the project budget including ISC is US\$ 841,030.</li> </ul> <p><b><u>Budget Revision 5:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Previous Budget:</b> US\$203,614,798</li> <li>• <b>New Budget:</b> US\$206,609,072</li> <li>• <b>Date Approved:</b> 17 September 2015</li> <li>• <b>Nature of Revision:</b> Increase in cash transfer by US\$2,798,387 to</li> </ul>

	<p>reflect the 400,000 increase in beneficiaries under Relief.</p> <p><b>Budget Revision 6:</b></p> <ul style="list-style-type: none"> <li>• <b>Previous Budget:</b> US\$206,609,072</li> <li>• <b>New Budget:</b> US\$341,402,438</li> <li>• <b>Date Approved:</b> 24 September 2015</li> <li>• <b>Nature of Revision:</b> Budget revised following project lifetime extension from 1 January 2016 to 31 December 2017. Total budget increase US\$134.8 million. The revision involves: a 94,656 increase in food at a cost of US\$66.9 million; a US\$16.2 million increase in cash-based transfers; a US\$3.1 million increase in the capacity development and augmentation budget; a US\$17.7 million increase in DSC; and a US\$8.8 million increase in ISC.</li> </ul> <p><b>Budget Revision 7:</b></p> <ul style="list-style-type: none"> <li>• <b>Previous Budget:</b> US\$341,402,438</li> <li>• <b>New Budget:</b> US\$343,056,450</li> <li>• <b>Date Approved:</b> 18 July 2016</li> <li>• <b>Nature of Revision:</b> To reflect the increase in the LTSH rate from US\$114.59 to 144.89 per MT. As a result of the LTSH revision, the total project plan increased by US\$1,654,012 (including ISC).</li> </ul>	
<b>Duration</b>	<u>Initial:</u> 01 January 2013 – 31 December 2015	<u>Revised:</u> 01 January 2013 – 31 December 2017
<b>Planned beneficiaries</b>	<u>Initial:</u> 1,570,000	<u>Revised:</u> 2,916,320
<b>Planned food requirements</b>	<u>Initial:</u> In-kind food: 175,544 MT of food commodities Cash and vouchers: US\$2,700,000	<u>Revised:</u> In-kind food: 301,563 MT of food commodities Cash and vouchers: US\$21,746,697
<b>US\$ requirements</b>	<u>Initial:</u> US\$167,687,584	<u>Revised:</u> US\$343,056,450
<b>OBJECTIVES AND ACTIVITIES</b>		
<b>Cross-cutting results</b>	<b>Gender:</b> Gender equality and empowerment improved	
	<b>Protection and accountability to affected populations (AAP):</b> WFP assistance delivered and utilised in safe, accountable and dignified conditions	
	<b>Partnerships:</b> Food assistance interventions coordinated and partnerships developed and maintained	
Contributed to Myanmar UNDAF (2012-2015) outcomes 1,2,4 and 5; and MDGs 1,2,3,4,6	<b>WFP SOs<sup>1</sup></b>	<b>PRRO outcomes, aligned under strategic objectives</b>
	SO 1	<b>Strategic Objective (SO) 1:</b> Save lives and protect livelihoods in emergencies
		<b>Outcome 1.1:</b> Stabilised or improved food consumption over assistance period for targeted households and/or individuals

<sup>1</sup> WFP Strategic Results Framework (SRF 2014-2017). The programme was re-aligned from corporate SOs (1 and 3) to SOs 1, 2 and 4 with the revised WFP SRF 2014-2017, at which time some indicator changes were made and the cross-cutting and capacity building indicators were added.

			disasters
	SO 2	<b>Strategic Objective 2:</b> Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies	
		<b>Outcome 2.1:</b> Improved access to assets and/or basic services, including community and market infrastructure	- Conditional transfer of food/cash upon labour inputs in works schemes, called food assistance for assets (FFA) - Through FFA, household/
		<b>Outcome 2.2:</b> Adequate food consumption reached or maintained over assistance period for targeted households	community assets construction/ rehabilitation - Alternative livelihood support activities to poppy farmers
	SO 4	<b>Strategic Objective 4:</b> Reduce undernutrition and break the intergenerational cycle of hunger	
		<b>Outcome 4.1:</b> Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women (PLW), and school-aged children.	-Targeted Supplementary Feeding (Moderate Acute Malnutrition, MAM treatment) -Provision of food baskets and fortified blended food (prevention of wasting) - Provision of supplementary/ complementary fortified micronutrients/foods (prevention of stunting)
		<b>Outcome 4.2:</b> Increased equitable access to and utilisation of education	- School feeding (SF): Take home rations (THR), which shifted to school meals (high energy biscuits, HEB) in WFP-supported pre-primary and primary schools
		<b>Outcome 4.3:</b> Enhancing treatment success through the provision of nutritional support to antiretroviral therapy (ART) and/or TB treatment clinics	-Food assistance to HIV/TB clients
		<b>Outcome 4.4:</b> Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels	-Aligning with partners (NGOs/ United Nations/ Government) to promote complementary activities (breastfeeding, immunisation, deworming/micronutrient supplementation) -Technical assistance to transition to a national SF programme; health and nutrition education
<b>PARTNERS</b>			
<b>Government</b>	Ministry of Planning and Finance (MoPF) (previously known as the Ministry of National Planning and Economic Development); Ministry for the Progress of Border Areas and National Races and Development Affairs (NaTaLa); Ministry of Agriculture, Livestock and Irrigation (MoALI) (previously known as Ministry of Livestock, Fisheries and Rural Development); Ministry of Health and Sports (MoH); Ministry of Social Welfare, Relief and Resettlement (MSWRR); Ministry of Education (MoE); Department of Rural Development; Township General Administrative Department and District Relief and Resettlement Department.		
<b>United Nations</b>	The Food and Agriculture Organisation (FAO), The Office for the		

	Coordination of Humanitarian Affairs (OCHA), The Joint United Nations Programme on HIV/AIDS (UNAIDS), The United Nations Development Programme (UNDP), The United Nations Population Fund (UNFPA), The United Nations High Commissioner for Refugees (UNHCR), The United Nations Children's Emergency Fund (UNICEF), The United Nations Office on Drugs and Crime (UNODC) and the World Health Organisation (WHO)
<b>Non-Governmental Organisations (NGOs)<sup>2</sup></b>	<p><b>40 international NGOs</b> including the following 2015 partners: Action Contre la Faim (ACF), Agency for Technical Cooperation and Development (ACTED), Adventist Development and Relief Agency (ADRA) International, Aide Médicale Internationale (AMI), Asian Harm Reduction Network (AHRN), Association of Medical Doctors of Asia (AMDA), Consortium of Dutch NGOs (CDN), Health Poverty Action (HPA), Malteser International, Médecins Du Monde France (MDM), Médecins Sans Frontières – Holland, Organisation for Industrial, Spiritual and Cultural Advancement (OISCA), Partners Asia, Plan International, Save the Children International, Terre des Hommes Italia, World Vision International, Progetto Continenti (PC).</p> <p><b>17 national NGOs</b> including the following 2015 partners: Action for Green Earth (AGE), All Country Agency for Rural Development (ACRD), Ar Yone Oo Social Development Association (AYO), Community Association for Rural Development (CARD), Grassroots Empowerment and Ecosystem Nurturing, Karuna Myanmar Social Solidarity (KMSS), Medical Action Myanmar, Myanmar Health Assistant Association (MHAA), Myanmar Heart Development Organisation (MHDO), Network Activities Group (NAG), Noble Compassionate Volunteers (NCV), Myanmar Enhancement to Empower Tribal (MEET), Rahmonnya Peace Foundation (RPF), Renewable Energy Association Myanmar (REAM).</p>
<b>Others</b>	International Committee of the Red Cross (ICRC)



<sup>2</sup> List of partners (cumulative) based on partner lists 2013, 2014 and 2015 shared by CO with the ET on 20 July 2016.

<sup>3</sup> WFP. 2016. Resource Situation Summary. 9 October 2016.

<sup>4</sup> WFP. 2016. Terms of Reference, Operation Evaluation Myanmar PRRO 200299.

## OUTPUTS

**Table 1: Planned and actual beneficiaries by component and sex of beneficiary**

Year	Component	Planned			Actuals			% achieved
		Male	Female	Total	Male	Female	Total	
2013	Relief assistance	125 000	125 000	250 000	164 423	191 700	356 123	142%
	Asset creation	190 000	190 000	380 000	135 622	102 114	237 736	63%
	Nutrition	26 890	40 290	67 180	19 254	29 205	48 459	72%
	(HIV/TB support) <sup>5</sup>	8 000	8 000	16 000	6 497	5 481	11 978	75%
	School Feeding <sup>6</sup>	347 000	347 000	694 000	297 843	265 873	563 716	81%
	<b>Subtotal 2013 (with overlap)<sup>7</sup></b>	<b>696 890</b>	<b>710 290</b>	<b>1 407 180</b>	<b>623 639</b>	<b>594 373</b>	<b>1 218 012</b>	<b>87%</b>
2014	Relief assistance <sup>8</sup>	150 000	150 000	300 000	147 619	171 414	319 033	106%
	Asset creation	195 000	195 000	390 000	128 740	96 771	225 511	58%
	Nutrition	35 200	52 800	88 000	26 384	47 215	73 599	84%
	(HIV/TB support)	9 000	9 000	18 000	6 547	5 930	12 477	69%
	School Feeding <sup>9</sup>	282 000	282 000	564 000	303 301	279 970	583 271	103%
	<b>Subtotal 2014 (with overlap)</b>	<b>671 200</b>	<b>688 800</b>	<b>1 360 000</b>	<b>612 591</b>	<b>601 300</b>	<b>1 213 891</b>	<b>89%</b>
2015	Relief assistance	429 400	429 600	859 000	399 249	433 830	833 079	97%
	Asset creation	99 000	76 000	175 000	71 234	52 232	123 466	71%
	Nutrition	39 000	61 500	100 500	29 088	49 223	78 311	78%
	(HIV/TB support)	11 000	12 000	23 000	7 362	5 554	12 916	56%
	School Feeding	181 200	170 800	352 000	128 491	111 938	240 429 <sup>10</sup>	68%
	<b>Subtotal 2015 (with overlap)</b>	<b>759 600</b>	<b>749 900</b>	<b>1 509 500</b>	<b>635 424</b>	<b>652 777</b>	<b>1 288 201</b>	<b>85%</b>
2016 (Actuals Jan- June)	Relief assistance	202 848	219 752	422 600	138 368	149 899	288 267	68%
	Asset creation	101 670	85 280	186 950	76 700	57 861	134 561	72%
	Nutrition	45 640	81 170	126 810	28 505	45 463	73 968	58%
	(HIV/TB support)	11 000	12 000	23 000	4 669	3 525	8 194	36%
	School Feeding	255 000	245 000	500 000	96 010	88 624	184 634	37%
	<b>Subtotal 2016 (with overlap)</b>	<b>616 158</b>	<b>643 202</b>	<b>1 259 360</b>	<b>344 252</b>	<b>345 372</b>	<b>689 624</b>	<b>55%</b>
<b>Total (includes subtotal overlaps and double counting across years)<sup>11</sup></b>		<b>2,743,848</b>	<b>2,792,192</b>	<b>5,536,040</b>	<b>2,215,906</b>	<b>2,193,822</b>	<b>4,409,728</b>	<b>80%</b>

Source: Data shared by CO to the ET by email on 20 June 2016 and on 7 October 2016.

<sup>5</sup> The HIV/TB nutritional supports are grouped under the nutrition component for tables/figures unless noted otherwise to show the disaggregated differences.

<sup>6</sup> Note that the higher SF beneficiary figure in 2013 - 2014 was due to the counting of family members for THR distribution.

<sup>7</sup> Subtotal for each year is the sum of beneficiaries across activities, thus, it includes overlap of beneficiaries across activities.

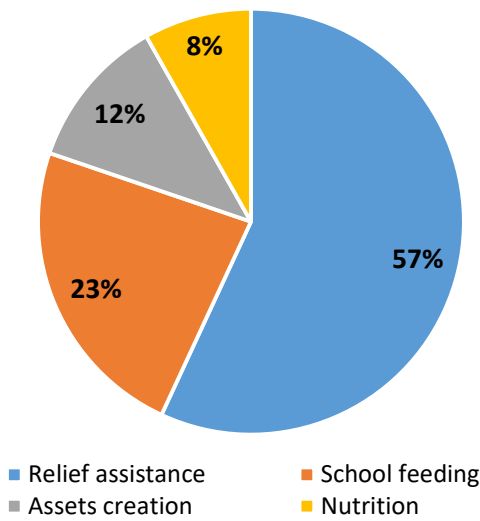
<sup>8</sup> A total of 603 male and female beneficiaries of relief (food) also received cash this year, which is added to the actuals. Cash beneficiaries are not included in the percent-achieved calculation, as no planned figures for this cash activity for 2014.

<sup>9</sup> Note that the higher SF beneficiary figure in 2013 - 2014 was due to the counting of family members for THR distribution.

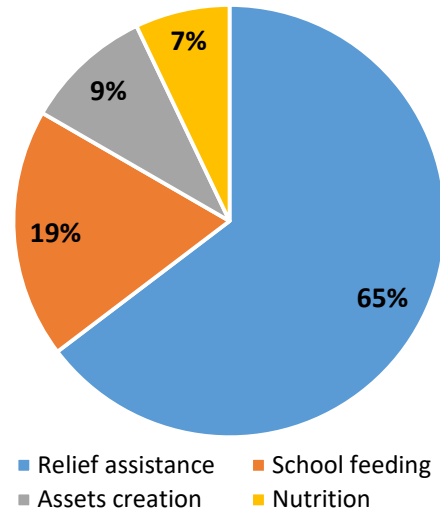
<sup>10</sup> The actuals provided by the CO for this year do not include additional beneficiaries of the THR.

<sup>11</sup> This total provides an idea of overall progress in reaching the planned beneficiaries across the evaluation period, but it should be noted that the total includes double counting of the same beneficiaries receiving assistance across components and for more than one year.

**Figure 3: Planned beneficiaries by component as proportion of total planned beneficiaries, 2015**



**Figure 4: Actual beneficiaries by component as proportion of total actual beneficiaries, 2015**



Source: Data shared by CO to the ET by email on 16 October 2016.

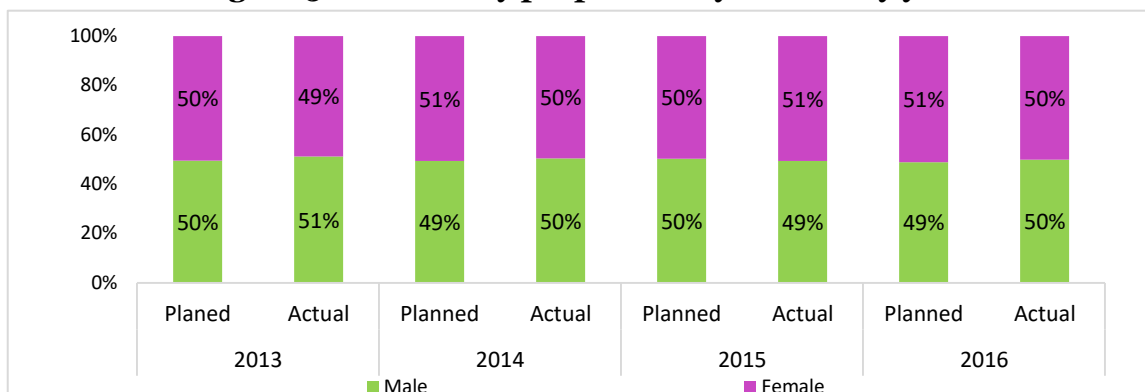
**Table 2: Beneficiaries by modality**

Year	Planned / Actual	Food	Cash
2013	Planned	1 387 180	20 000
	Actual	1 206 772	11 240
2014	Planned	1 330 000	30 000
	Actual	1 166 638	47 253
2015	Planned	1 310 500	199 000
	Actual	1 187 620	100 582
2016	Planned	1 118 360	141 000
	Actual (Jan-June)	505 590	184 034

Source: Data shared by CO to the ET by email on 16 October 2016.

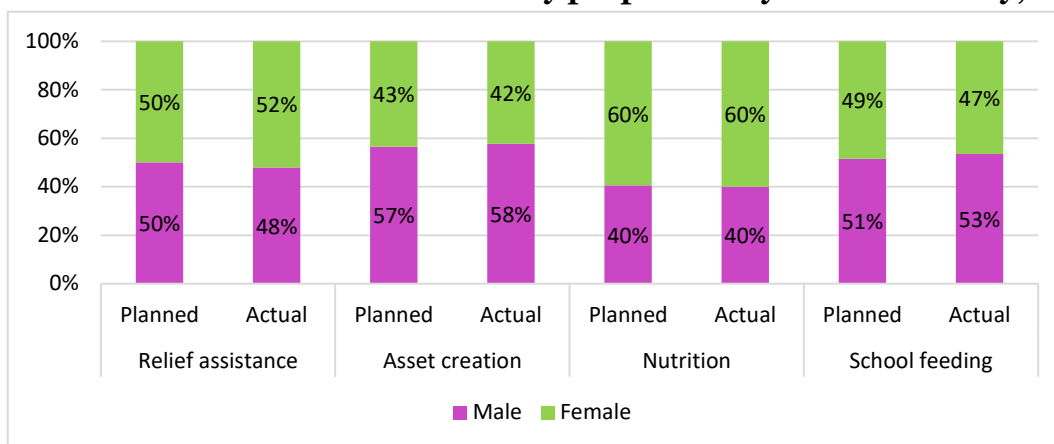
Note: for the following three figures, the 2016 actuals reflect progress from January to June.

**Figure 5: Beneficiary proportion by sex and by year**



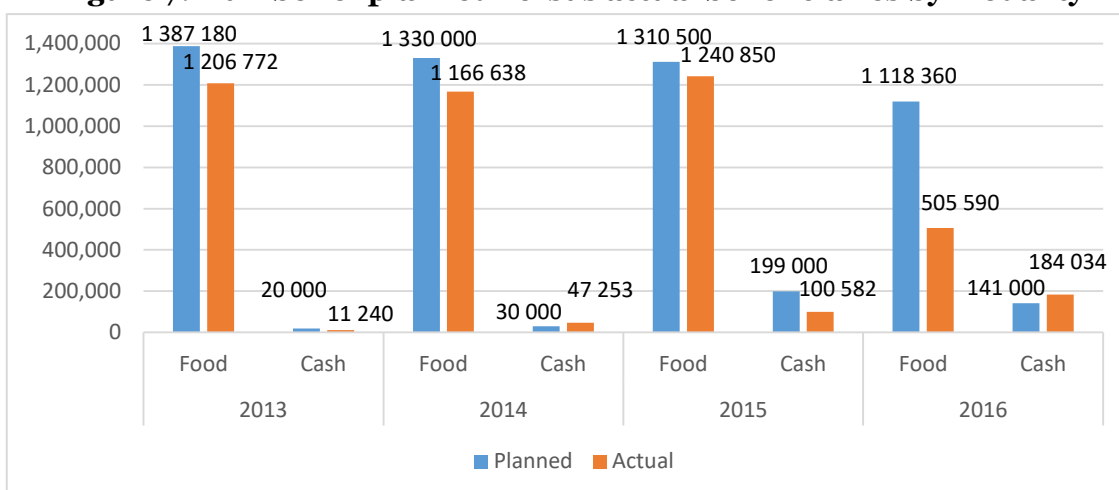
Source: Data shared by CO to the ET by email on 16 October 2016.

**Figure 6: Planned and actual beneficiary proportion by sex and activity, 2015<sup>12</sup>**



Source: Data shared by CO to the ET by email on 16 October 2016.

**Figure 7: Number of planned versus actual beneficiaries by modality**



Source: Data shared by CO to the ET by email on 16 October 2016.

<sup>12</sup> Data for planned versus actual male and female beneficiaries by activity was extracted by ET from a beneficiary table shared by CO on 4 July 2016.



**Table 3: Planned and actual beneficiaries of nutrition activities for women and children**

		Prevention of stunting		Prevention of MAM			Treatment of MAM		
		PLW	Infants 6-23m	PLW	Infants 6-23m	Children 24-59m	PLW	Infants 6-23m	Children 24-59m
2013	Planned	4 000	11 280	8 800	6 876	20 624	600	3 750	11 250
	Actual	2 286	5 592	6 616	5 085	15 256	616	3 252	9 756
2014	Planned	6 000	17 400	9 600	13 200	19 800	2 000	8 000	12 000
	Actual	4 030	7 405	12 448	15 194	22 523	1 549	4 180	6 270
2015	Planned	8 000	16 000	13 500	16 800	25 200	3 000	7 200	10 800
	Actual	6 230	10 921	8 298	18 433	27 649	1 916	1 946	2 920
2016 (Jan-June)	Planned	9 662	18 338	17 122	21 151	31 727	170*	11 456	17 184
	Actual	3 045	4 570	9 803	19 253	28 880	170	3 299	4 948

Source: Data shared by CO to the ET on 16 October 2016 by email.

\* According to the CO, PLW treatment for MAM was not in PRRO plan for 2016, so 170 is the figure from the ACF FLA plan to continue providing for 170 PLW to support their children under six months of age in the programme. Treatment of acute malnutrition for PLW was suspended according to the mid-term review recommendation to: give priority to children under five (CU5) and to enhance skills of CPs to implement the current MAM programme instead of expanding that activity.

**Table 4: Planned and actual food distribution by activity and year**

Year	Activity	Planned MT	Actual MT	% achieved
2013	Relief	26 160	41 228	158%
	Nutrition	2 514	2 784	111%
	HIV/TB support	1 616	1 440	89%
	School Feeding	17 646	10 398	59%
	Asset creation	11 556	6 078	53%
	<b>Subtotal 2013</b>		<b>59 492</b>	<b>61 928</b>
2014	Relief	45 672	42 647	93%
	Nutrition	3 521	2 690	76%
	HIV/TB support	1 818	1 474	81%
	School Feeding	14 645	8 556	58%
	Asset creation	11 556	4 732	41%
	<b>Subtotal 2014</b>		<b>77 212</b>	<b>60 099</b>
2015	Relief	50 940	45 206	89%
	Nutrition	2 312	3 138	136%
	HIV/TB support	2 020	1 036	51%
	SF	11 858	958	8%
	Asset creation	965	2 258	234%
	<b>Subtotal 2015</b>		<b>68 095</b>	<b>52 596</b>
2016 (Actuals Jan-June)	Relief	39 742	15 251	38%
	Nutrition	5 590	728	13%
	HIV/TB support	4 513	753	17%
	School Feeding	2 722	403	15%
	Asset creation	3 198	540	17%
	<b>Subtotal 2016</b>		<b>55 765</b>	<b>17 675</b>
<b>Total</b>		<b>257 777</b>	<b>184 700</b>	<b>72%</b>

Source: Data shared by CO to the ET on 4 July and 16 October 2016 by email.

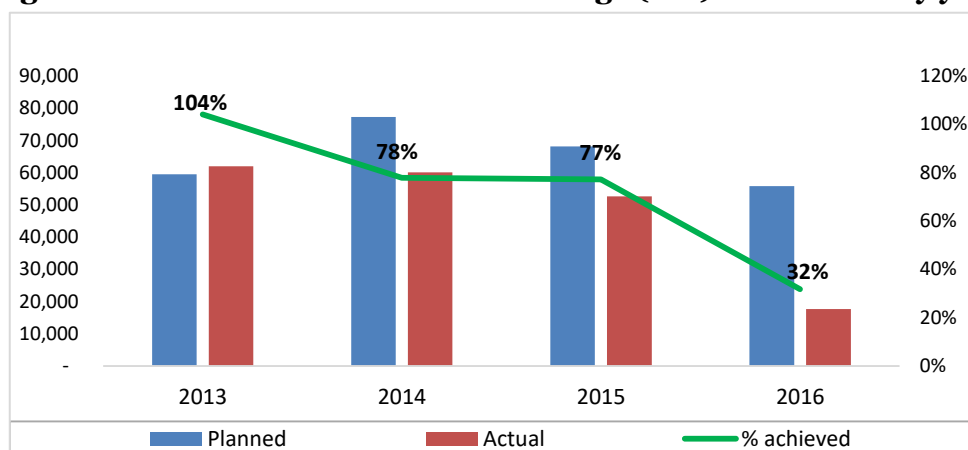


**Table 5: Planned and actual cash distribution in US\$ by activity and year**

Year	Activity	Planned US\$	Actual US\$	% achieved
2013	Relief	<i>No cash modality this year</i>		
	Asset Creation	600 000	191 887	32%
	<b>Subtotal 2013</b>	<b>600 000</b>	<b>191 887</b>	<b>32%</b>
2014	Relief	0	22 315	<i>Cannot calculate, no planned value</i>
	Asset Creation	900 000	805 601	90%
	<b>Subtotal 2014</b>	<b>900 000</b>	<b>827 916</b>	<b>92%</b>
2015	Relief	3 396 774	1 161 564	34%
	Asset Creation	4 553 225	750 964	16%
	<b>Subtotal 2015</b>	<b>7 949 999</b>	<b>1 912 528</b>	<b>24%</b>
2016 (Actuals Jan-June)	Relief	4 249 901	2 937 770	69%
	Asset Creation	2 985 000	1 587 035	53%
	<b>Subtotal 2016</b>	<b>7 234 901</b>	<b>4 524 805</b>	<b>63%</b>
<b>Total</b>		<b>16 684 900</b>	<b>7 457 136</b>	<b>45%</b>

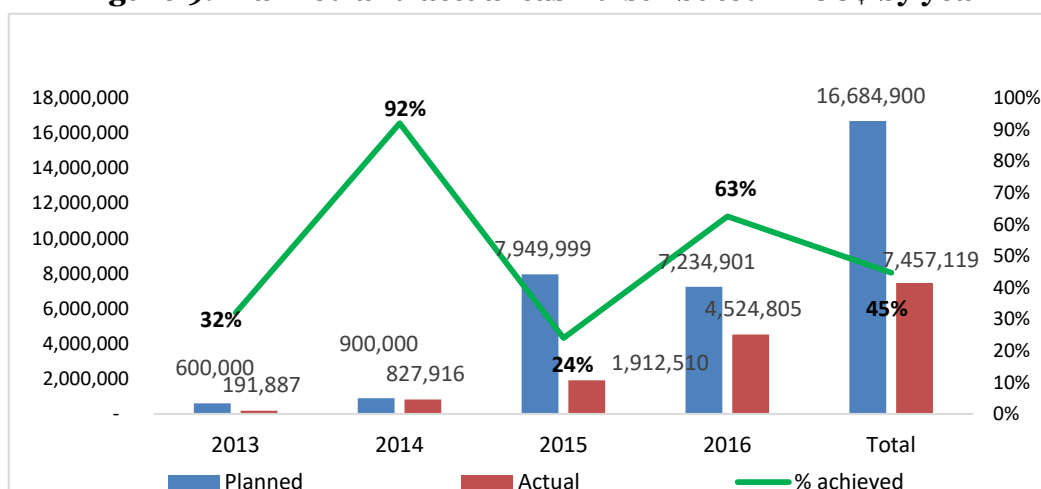
Source: Data shared by CO to the ET on 4 July and 16 October 2016 by email.

**Figure 8: Planned and actual food tonnage (MT) distributed by year**



Source: Data shared by CO to the ET by email on 16 October 2016.

**Figure 9: Planned and actual cash distributed in US\$ by year**



Source: Data shared by CO to the ET by email on 16 October 2016.

## OUTCOMES

<b>Colour-code key</b>	<b>Attained</b>	<b>Not attained</b>
	<b>Not measured or reported or N/A</b>	<b>Target missing (no possible assessment) and/or indicator not part of revised logframe</b>

<b>WFP Strategic Objectives</b>											
<b>Outcome</b>	<b>Target<sup>13</sup></b>		<b>Baseline<sup>14</sup></b>		<b>2013<sup>15</sup></b>		<b>2014<sup>16</sup></b>		<b>2015<sup>17</sup></b>		
	<b>Value</b>	<b>Date</b>	<b>Value</b>	<b>Date</b>	<b>Value</b>	<b>Date</b>	<b>Value</b>	<b>Date</b>	<b>Value</b>	<b>Date</b>	
<b>Cross-cutting results</b>											
<b>Partnerships:</b> Number of partner organisations that provide complementary inputs and services								31	Nov 2014	38	2015
<b>Partnerships:</b> Proportion of project activities implemented with the engagement of complementary partners	100%	2015						100	Nov 2014	100	2015
<b>Partnerships:</b> Amount of complementary funds provided to the project by partners (including INGOs/NGOs, civil society, private sector organisations, international financial institutions and regional development banks)	US\$19 million	2015								9	2015
<b>Protection and AAP:</b> Proportion of assisted people (men) informed about the programme (who, what, where)	80%	2014 SRF	98 (98)	Oct 2014 (Nov 2013)				99	Nov 2014	84	Oct 2015
<b>Protection and AAP:</b> Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site	90%	2014 SRF	99 (99)	Oct 2014 (Nov 2013)				99	Nov 2014	100	Oct 2015
<b>Protection and AAP:</b> Proportion of assisted people (women) informed about the programme (who, what, where)	80%	2014 SRF	96 (96)	Oct 2014 (Nov 2013)				99	Nov 2014	81	Oct 2015
<b>Protection and AAP:</b> Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme site	90%	2014 SRF	99 (99)	Oct 2014 (Nov 2013)				98	Nov 2014	100	Oct 2015
<b>Gender:</b> Proportion of households where females and males together make decisions over the use of cash, voucher or food	20%	2014	11 (13)	Oct 2014 (Oct 2013)				11	Nov 2014	7	Oct 2015
<b>Gender:</b> Proportion of households where females make decisions over the use of cash, voucher or food	60%	2014	73 (66)	Oct 2014 (Oct 2013)				73	Nov 2014	85	Oct 2015
<b>Gender:</b> Proportion of households where males make decisions over the use of cash, voucher or food	20%	2014	16 (21)	Oct 2014 (Oct 2013)				16	Nov 2014	8	Oct 2015

<sup>13</sup> Targets from WFP. 2016. PRRO 200299. Standard Project Report (SPR) 2015, unless noted otherwise because of differences in cited targets with the SRF 2014-2017.

<sup>14</sup> WFP. 2016. PRRO 200299. Standard Project Report (SPR) 2015. Baseline values that differ from previous reports are presented in parentheses ( ). The CO notes that baseline values are re-established every year because of the shifts in beneficiary target populations.

<sup>15</sup> Values/Dates show programme monitoring report latest follow-ups for that year, and as reported in SPR 2013.

<sup>16</sup> Values/Dates show programme monitoring report latest follow-ups for that year, and as reported in SPR 2014.

<sup>17</sup> Values/Dates show programme monitoring report latest follow-ups for that year, and as reported in SPR 2015.

<b>Gender:</b> Proportion of women beneficiaries in leadership positions of project (e.g., food) management committees <sup>a</sup>	50% (46%)	2015 (2014)	51 (54)	Oct 2014 (Oct 2013)			51	Nov 2014	46	Oct 2015
<b>Gender:</b> Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution <sup>b</sup>	50% (52%)	2015 (2014)	51 (56)	Oct 2014 (Oct 2013)			51	Nov 2014	56	Oct 2015
<sup>a</sup> <b>Gender (2<sup>nd</sup> gender indicator):</b> WFP SRF 2014-2017 sets this target at >50%.										
<sup>b</sup> <b>Gender (3<sup>rd</sup> gender indicator):</b> WFP SRF 2014-2017 sets this target at >60%.										
<b>Additional observation:</b> Gender Marker Rating (2015) as per the Inter-Agency Standing Committee (IASC) Gender Marker: 2A <sup>18</sup>										
Outcome	Target		Baseline		2013		2014		2015	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
<b>SO1: Save lives and protect livelihoods in emergencies</b>										
<b>Relief Component</b>										
Diet Diversity Score (female-headed households) <sup>c</sup>	4.5	2015	5.9	Oct 2014			5.9	Oct 2014	5.5	Oct 2015
Diet Diversity Score (male-headed households) <sup>c</sup>	4.5	2015	5.9	Oct 2014			5.9	Oct 2014	5.5	Oct 2015
Food Consumption Score (FCS): percentage of households with poor Food Consumption Score (female-headed) <sup>d</sup>	0.73% (1.16)	2015 (2014)	3.66 (5.8)	Oct 2014 (Oct 2013)			3.66	Nov 2014	0.4	Oct 2015
FCS: percentage of households with poor Food Consumption Score (male-headed) <sup>d</sup>	0.36% (1.0)	2015 (2014)	1.78 (1.5)	Oct 2014 (Oct 2013)			1.78	Nov 2014	0.1	Oct 2015
FCS: percentage of households with acceptable Food Consumption Score <sup>d</sup>					79.91	Nov 2013			95.2	Oct 2015
FCS: percentage of households with poor Food Consumption Score <sup>d</sup>					0.45	Nov 2013			4.80	Oct 2015
FCS: percentage of households with borderline Food Consumption Score <sup>d</sup>					19.64	Nov 2013			0.0	Oct 2015
<sup>c</sup> <b>Diet Diversity Score (DDS):</b> WFP SRF 2014-2017 sets target for SO1 DDS at 80 percent of targeted households/individuals consume average of at least 3 food groups per day.										
<sup>d</sup> <b>FCS:</b> WFP SRF 2014-2017 sets target for SO1 FCS at 80 percent of targeted households/individuals have at least borderline food consumption.										
Outcome	Target		Baseline		2013		2014		2015	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
<b>SO2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies</b>										
<b>Asset Creation Component</b>										
CAS: percentage of communities with an increased Community Asset Score	80%	2015	72 (64)	Jun 2013 (May 2012)	72	Jun 2013	80	Jun 2014	60	Jun 2015
Diet Diversity Score (female-headed households) <sup>e</sup>	4.5	2015	4.9	Mar 2015			5.1	Jun 2014	5.7	Jun 2015
Diet Diversity Score (male-headed households) <sup>e</sup>	4.5	2015	5.14	Mar 2015			5.2	Jun 2014	5.6	Jun 2015
FCS: percentage of households with borderline Food Consumption Score	7.03%	2014	35.14 (36) (27)	Mar 2014 (May 2012) (May 2011)	30	Jun 2013	23.58	Jun 2014		
FCS: percentage of households with borderline Food Consumption Score (female-headed)	5.34% (9.54)	2015 (2014)	26.7 (47.7)	Mar 2015 (Mar 2014)			32	Jun 2014	10.5	Jun 2015
FCS: percentage of households with borderline Food	4.84%	2015	24.2	Mar 2015			22.06	Jun 2014	21.2	Jun 2015

<sup>18</sup> WFP. 2016. Gender WFP Myanmar. May 2016.

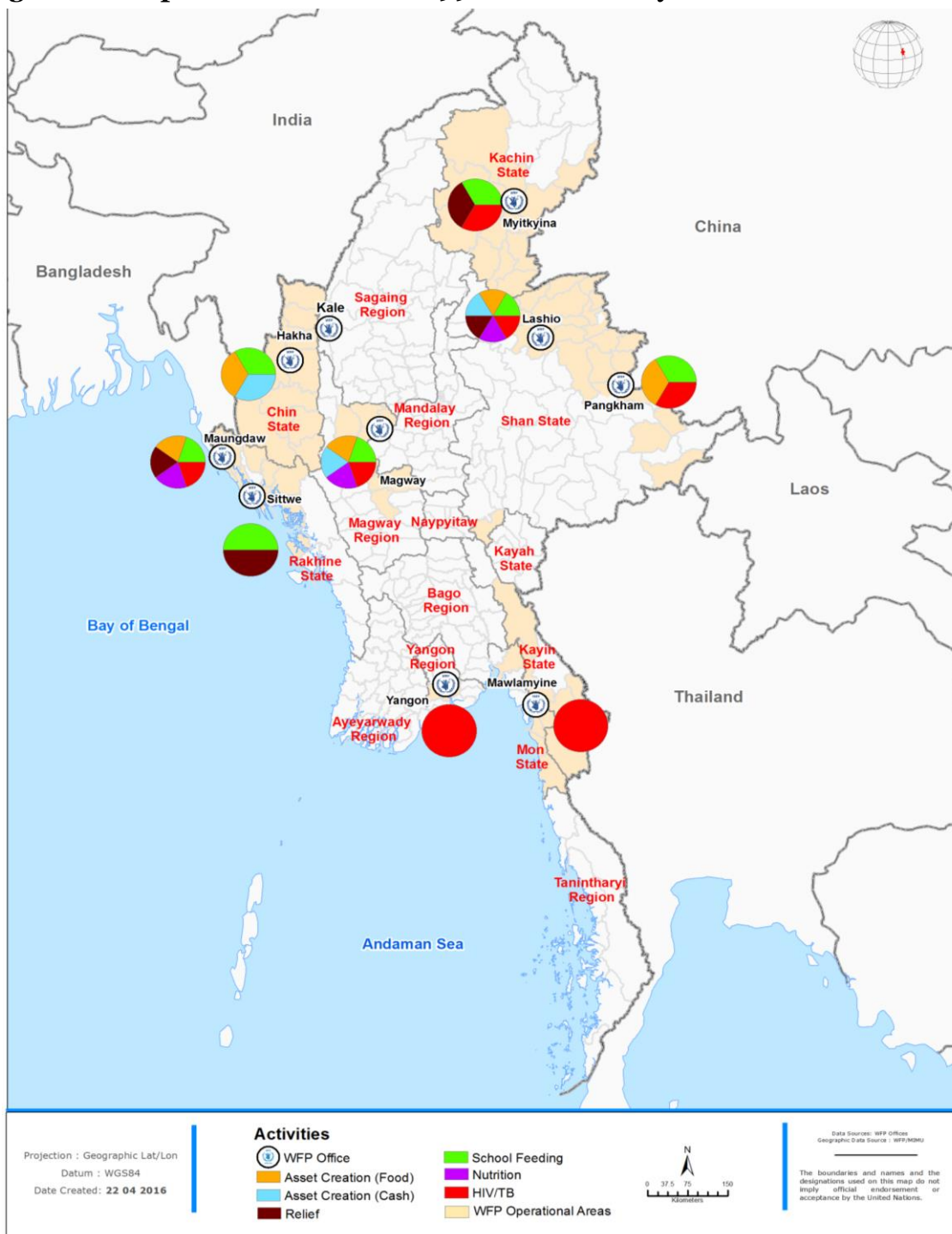
Consumption Score (male-headed)	(6.58)	(2014)	(32.9)	(Mar 2014)						
FCS: percentage of households with poor Food Consumption Score <sup>f</sup>	3.01%	2014	15.04 (6) (14)	Mar 2014 (May 2012) (May 2011)	2.3	Jun 2013	5.08	Jun 2014		
FCS: percentage of households with poor Food Consumption Score (female-headed)	2.34% (5.52)	2015 (2014)	11.7 (27.6)	Mar 2015 (Mar 2014)			9.33	Jun 2014	0	Jun 2015
FCS: percentage of households with poor Food Consumption Score (man-headed)	1.7% (2.55)	2015 (2014)	8.5 (12.8)	Mar 2015 (Mar 2014)			4.32	Jun 2014	0	Jun 2015
<sup>e</sup> DDS: WFP SRF 2014-2017 sets target for SO2 DDS at 80 percent of targeted households/individuals consume average of at least 4 food groups per day.										
<sup>f</sup> FCS: WFP SRF 2014-2017 sets target for SO2 FCS at 80 percent of targeted households have acceptable food consumption.										
Outcome	Target		Baseline		2013		2014		2015	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
<b>SO4: Reduce undernutrition and break the intergenerational cycle of hunger</b>										
<b>Older Indicators (not part of revised logframe)</b>										
FCS: percentage of households with acceptable Food Consumption Score	>80%	2012	59	May 2011	68	Jun 2013				
Prevalence of acute malnutrition among children under 5	≤10%	2012			10	Sept 2013				
Prevalence of stunting among children under 2	Reduced 5%	2012			53	Jun 2013				
Gender ratio: ratio of girls to boys enrolled in WFP-assisted primary schools	1.0	2012	0.8	Nov 2012	0.93	Nov 2013				
Retention rate in WFP-assisted primary schools	50%	2012			97	Nov 2013				
<b>Nutrition Component</b>										
MAM treatment default rate: children 6-59 months (%)	<15%	2015	5 (9)	Nov 2014 (Jun 2014)	10	Sept 2013	5	Nov 2014	3	Nov 2015
MAM treatment mortality rate: children 6-59 months (%)	<3%	2015	0 (0)	Nov 2014 (Jun 2014)	0.3	Sept 2013	0	Nov 2014	0	Nov 2015
MAM treatment non-response rate: children 6-59 months (%)	<15%	2015	5 (0)	Nov 2014 (Jun 2014)	12	Sept 2013	5	Nov 2014	0	Nov 2015
MAM treatment recovery rate: children 6-59 months (%)	>75%	2015	80 (34) (71)	Nov 2014 (Jun 2014) (Mar 2013)	77	Sept 2013	80	Nov 2014	95	Nov 2015
Proportion of children 6-23 months consuming a minimum acceptable diet – stunting prevention	>70%	2015	20.3	Nov 2014			20.3	Nov 2014	29.3	Nov 2015
Proportion of eligible population who participate in programme (coverage) – MAM prevention, children 6-59 months	>70%	2015	90.37	Nov 2014			90.37	Nov 2014	95	Dec 2015
Proportion of eligible population who participate in programme (coverage) – stunting prevention, children 6-23 months	>70%	2015	94.4	Nov 2014			94.4	Nov 2014	77.5	Nov 2015
Proportion of target population who participate in an adequate number of distributions – MAM prevention, children 6-59 mo	>66%	2015	97.04	Nov 2014			97.04	Nov 2014	99.3	Nov 2015
Proportion of target population who participate in an adequate number of distributions – stunting prevention, children 6-23 mo	>66%	2015							86	Nov 2015

ART Adherence Rate (%) <sup>g</sup>	80	2015	97.5 (92)	Nov 2014 (Dec 2012)	97	Dec 2013	97.5	Nov 2014	97	Oct 2015
ART Default Rate (%)	<15%	2015							3.42	Oct 2015
ART Nutritional Recovery Rate (%) <sup>h</sup>	>75%	2015							77	Oct 2015
ART Survival Rate at 12 months (%) <sup>i</sup>	85%	2015	89 (91)	Nov 2014 (Dec 2012)	92	Dec 2013	89	Nov 2014	91	Oct 2015
TB Treatment Default Rate (%)	<15%	2015							5	Oct 2015
TB Treatment Nutritional Recovery Rate (%) <sup>h</sup>	>75%	2015							77	Oct 2015
TB Treatment Success Rate (%) <sup>i</sup>	85%	2015	75 (78) (80)	Oct 2014 (Mar 2014) (Dec 2012)	85	Dec 2013	75	Nov 2014	81	Oct 2015
<sup>g</sup> This indicator is not included in the WFP SRF 2014-2017.										
<sup>h</sup> Default and nutritional recovery rates were not part of the original logframe, thus not tracked until 2015.										
<sup>i</sup> This indicator is not included in the WFP SRF 2014-2017.										
<b>SF Component</b>										
Attendance rate (boys) in WFP-assisted primary schools <sup>j</sup>	95	2015	95 (95) (96)	Nov 2014 (Nov 2013) (Nov 2012)	95	Nov 2013	95	Nov 2014	94	Nov 2015
Attendance rate (girls) in WFP-assisted primary schools	95	2015	95 (95) (94)	Nov 2014 (Nov 2013) (Nov 2012)	94	Nov 2013	95	Nov 2014	93	Nov 2015
Enrolment (boys): Average annual rate of change (increase) in number of boys enrolled in WFP-assisted primary schools	6%	2015	6.6 (7)	Nov 2014 (Nov 2012)	6	Nov 2013	6.6	Nov 2014	-4	Nov 2015
Enrolment (girls): Average annual rate of change (increase) in number of girls enrolled in WFP-assisted primary schools	6%	2015	5.8 (5)	Nov 2014 (Nov 2012)	5	Nov 2013	5.8	Nov 2014	-6	Nov 2015
<sup>j</sup> This indicator is not included in the WFP SRF 2014-2017.										
<b>Capacity Building Component</b>										
National Capacity Index	NA <sup>19</sup>									

<sup>19</sup> According to WFP SRF2014-2017, the target increase should be based on CO initial assessment. This tool was not implemented in the CO.

# Map

**Figure 10: Map of WFP PRRO 200299 activities in Myanmar - 2016**



Source: WFP. 2016. PRRO 200299 Operational Activities Map, updated 22 April.

## Executive Summary

- 1. Evaluation features.** The independent evaluation of the Myanmar Protracted Relief and Recovery Operation (PRRO) 200299 commissioned by World Food Programme (WFP) Office of Evaluation (OEV) and conducted by TANGO International reflects the corporate emphasis on accountability and learning. The PRRO main components include: relief assistance; food assistance for assets (FFA); nutrition support to women, children and HIV/TB patients; school feeding (SF) and capacity building. The evaluation scope covers the design phase and all activities up to this evaluation (January 2013-September 2016).<sup>20</sup> Since the PRRO was extended through December 2017, the purpose is not as a final evaluation, but to provide results on achievements that can inform current and future operations. The intended audience and users of the results are internal stakeholders: Country Office (CO) and sub-office staff, Regional Bureau (RB) and OEV; and externally, the country team of international and national non-governmental organisation (I/NGO) cooperating partners (CPs), United Nations agencies, donors and the Government of the Union of Myanmar, and the beneficiaries.
- 2. Country context.** The country has seen rapid social, economic and political changes in recent years including its first civilian government in nearly 50 years in 2011. Myanmar ranked 148 out of 188 countries on the 2015 Human Development Index. Officially, 26 percent of the population lives below the poverty line (US\$1.25/ day), but World Bank estimates the rate at 38 percent (2014). The 2015-16 Demographic and Health Survey noted that stunting and wasting affect 29 percent and 7 percent of children under five (CU5), respectively, while also putting pregnant and lactating women (PLW) at risk. Causes are multifaceted, including poor dietary diversity, poverty, food insecurity, inadequate care and feeding practices, exacerbated by socio-political or environmental shocks. The country's vulnerability to natural disasters combined with the government's weak emergency response and safety net capacity affects its socio-economic progress. The government has cease-fire agreements with most ethnic armed groups, though conflicts still occur in Kachin, Kayin, Rakhine and Shan, and tensions in mid-October 2016 in Rakhine have shut down WFP's access to the region. Limited quality of education services and infrastructure, high costs, poverty, diverse languages and ethnicities, and conflict challenges the education sector. Primary school enrolment disparities exist by region, by household economic status and mothers' education. Finally, Myanmar has one of the highest HIV prevalence rates in Asia (with an estimated 220,000 people living with HIV) as well as a high burden of TB, TB/HIV co-infection, and multi-drug resistant TB.
- 3. Methodology.** The Evaluation Team (ET) used a qualitative approach triangulated with secondary information to address the three main evaluation questions: 1) how appropriate is the operation?; 2) what are the results of the operation?; and 3) what factors affect the results? Methods included a comprehensive literature review, direct observation, and in-depth, semi-structured interviews with 124 key informants such as WFP and partner staff, and focus group discussions with 442 beneficiaries (199 female/243 male). Field mission took place from 29 August to 22 September 2016. The states were selected in consultation with the CO to provide a sample diverse in socio-cultural context, geography, activities and complexity. There were some challenges obtaining complete data. To mitigate this, the ET worked with the CO to resolve discrepancies, and conducted extensive triangulation with the primary qualitative data and other information sources to address any limits to evaluability.
- 4. Appropriateness of the operation.** The ET finds the PRRO design, objectives and activities appropriate and based on solid analysis of context and population needs. The

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<sup>20</sup> The TOR specified August 2016, but this was extended until October 2016 to incorporate essential updates from CO.



implementation and adjustment of activities builds upon systematic monitoring and assessment of the complex context. Gender and protection issues are mainstreamed in the design per WFP's Humanitarian Protection Policy and Gender Policy, and the ET finds that WFP strives for gender balance and women's leadership across activities.

5. WFP adopted an appropriate three-fold approach under relief, providing a mix of relief food and/or cash assistance to vulnerable households in conflict-affected areas, during lean season, and after disasters. Asset creation, including direct food/cash transfers, is appropriate as it supports vulnerable and food insecure households in the absence of government safety nets; and the types and scale of asset creation activities are highly relevant to the limited availability and poor condition of community and household land infrastructure in Myanmar. Nutrition interventions are relevant given high rates of malnutrition, as is food assistance to support treatment for HIV/TB patients. For the SF component, the shift from take-home ration (THR) to high-energy biscuit (HEB) is appropriate to extend programme reach and to directly benefit children in school. HEB is also a relevant modality in emergencies as a nutrient and calorie dense food.
6. The PRRO supports government and WFP policies, and the new Country Strategic Plan (CSP) will align with the new forthcoming United Nations Development Assistance Framework (UNDAF). WFP aligns with government strategies and provides technical support for the development of national policies such as the National School Feeding Programme. The ET finds the capacity-building cross-cutting component relevant to the interest and capacity of government to address food security, nutrition and SF priorities, and finds WFP could play a greater strategic role with government in asset creation and gender equality. Related to such, the CO has a renewed opportunity to align its FFA component with the recently released FFA manual (June 2016) under the new CSP and to update FFA strategies at sub-office level. The ET finds that WFP has positioned itself with government and partners to make the biggest difference for the target populations under this PRRO and for future programming.
7. **Operation outputs and outcomes.** Relief component. Relief exceeded or nearly met output targets in 2013-15 and is on track to meet 2016 targets. Beneficiary exclusion errors exist in Rakhine due to outdated internally displaced persons (IDPs) registration lists; otherwise, no problems were noted with coverage. The PRRO is successfully shifting from food to cash. Assistance to IDPs in Kachin and Shan has moved from blanket rations to vulnerability targeting, which optimises WFP resources and is well applied. WFP has initiated transition towards self-reliance models for IDPs in those states and has developed a transition strategy for Rakhine, which is in line with WFP Humanitarian Principles, but transition on hold due to ongoing tensions. To successfully operationalise transition, the livelihood sector needs to enhance livelihood opportunities and partners' capacities. Lean season and emergency support activities have met targets, which is noteworthy given the complexity of transport. The good performance on relief outputs has facilitated the achievement of outcomes: meeting targets for dietary diversity and food consumption score in the years for which data are available.
8. Asset creation component. Attainment against annual FFA beneficiary targets was lower than planned from 2013-15 (58 to 71 percent) due to late and restricted (earmarked for relief) donor contributions and postponed FFA activities to prioritise life-saving aid. Cash modalities are used effectively where security and infrastructure allow. The 2016 output targets will likely be met. In addition to recent hires of new M&E staff, WFP Myanmar could also provide FFA training or refresher to its staff in order to reduce strain and bring FFA programme into line with current policy and guidance as recommended in the 2014 synthesis report on the impact of FFA. In 2016, WFP has more strongly emphasised FFA in transition and self-reliance efforts, and shifted to a cluster approach that better integrates FFA with nutrition and SF activities. Further, CP livelihood activities are generally insufficient due to low CP capacity, as reported in the



2015 standard project report (SPR), to support and grow FFA results, though this is improving. FFA has contributed to the outcomes of improving access to services and markets, and has helped stabilise relations between different groups. Still, progress on outcome indicators is mixed, but the CO confirms that concrete measures have been put into place to strengthen outcome measurement and monitoring in asset creation (e.g., training and learning programme on extended outcome monitoring in asset creation).

9. Nutrition (stunting and moderate acute malnutrition–MAM). Nutrition support to PLW and CU5 reached 72 percent of target beneficiaries since the beginning of the PRRO. Attainment levels have varied yearly due to funding shortages, pipeline breaks and local conflict. WFP has reached all planned sites, and has distributed 94 percent of planned food for MAM prevention. Actual tonnage is at 11 percent for MAM treatment, and 41 percent for stunting prevention. Output data are not yet available for the indicators on nutrition messaging and education. Outcome data are limited, though data from local SMART surveys indicate a decline in global acute malnutrition (GAM) in WFP-assisted areas. In some areas of northern Rakhine, GAM rates declined below emergency levels in 2016—a significant achievement—yet in disaster-prone areas, GAM remains at critical levels. Recovery rates for MAM treatment beneficiaries exceeded the SPHERE standard each year, and default rates are well below the corporate target. A major constraint to improving nutrition outcomes is low CP capacity in nutritional assessment, targeting, nutrition counselling and behaviour change. WFP strengthened its nutrition capacity in 2016. Under the new CSP, WFP should consider further resources and training for CPs, and ways to promote WFP and partner efforts in complementary services such as with health, care and feeding, and water and sanitation.
10. Nutrition (HIV/TB): Attainment of annual targets for HIV and TB beneficiary numbers is low (56-75 percent), owing to limited drug and health services and low CP capacity. The PRRO reached all targeted institutional sites in 2016, tripling the number of assisted health centres to 132. While this activity is small relative to the whole PRRO, outcome indicators show substantial impact. The PRRO met target adherence and survival rates for HIV patients, exceeded the target for nutritional recovery, while the default rate is very low. Evaluation inquiries validated the critical role of food assistance to the survival of HIV patients, many of whom cannot obtain employment or afford to buy food—yet more awareness of this nutrition-treatment link is needed in government. Successful completion of treatment among TB patients was close to target except for in 2014. Some data gaps exist: default and nutritional recovery rates have only been reported since 2015, and other useful outcome indicators are not tracked such as the number of patients who relapse after treatment and then re-enrol. Areas for improvement include co-locating treatment, care and support, which would enable more intensive counselling and better outcomes for patients, especially in light of the high HIV/TB coinfection rate. There is an opportunity to strengthen linkages between food assistance and government clinic-level service delivery and storage. Despite these successes, cuts to the Global Fund for food assistance may lead to a reduction in WFP support for these activities in 2017.
11. School feeding. On average, approximately 500,000 students and family members were reached annually (75 percent of target), and 20,315 MT of food (43 percent of target) was delivered through 2015. Gender parity for enrolment was achieved in 2013-14 and near target in 2015. The primary attendance rate in 2012-15 was at/near target, but girls lagged behind boys by a full percentage point. Average annual change in enrolment was near or above target in 2013-14, but dropped after 2015 due to the shift in modalities, security, and pipeline breaks. HEB distribution is effective and efficient, boosts student motivation, improves health and reduces hunger. It is unclear whether HEBs are a strong attendance incentive for the poorest households; thus, an assessment of possible HEB expansion or pilot of other modalities is needed. In all, SF is greatly appreciated,

though constraints in capacity for some district/township education officers reduce efficiency, which WFP and the Ministry of Education are addressing with training.

12. **Factors affecting results.** Internal factors. The CO has made changes to modalities and procurement sources to improve cost-effectiveness. Stable pipelines and the effective delivery of the new cash modality under relief have helped achieve outcomes. CO staff capacity was strained to provide adequate support and monitoring across PRRO activities and with CPs, particularly for nutrition and FFA. The CO recently added technical staff in protection, cash assistance and nutrition. Ongoing improvements to M&E processes have increased data quality in the latter years. WFP has good relations with the government, providing considerable technical support for national policies to strengthen long-term development, such as the national SF programme, which will continue under the next CSP. External factors. There are government and CP capacity issues beyond WFP's control such as the lack of leadership in the livelihood sector which makes it difficult for WFP to implement an IDP transition strategy. Traditional gender practices also pose a challenge to the CO's work on improving gender equity and women's decision making across components.
13. **Conclusions. Overall, the ET finds that the PRRO is a well-implemented programme that is being delivered in a challenging and dynamic environment.** Relevance. The PRRO is highly relevant and coherent with the priorities and policies of the key stakeholders and is appropriate to needs of the target groups. The PRRO is in a very dynamic context, and WFP maintains relevance through regular consultations with the government and by adjusting implementation approaches. Efficiency. WFP has delivered dependable assistance, especially to IDPs, in a complex operating environment where it regularly confronts challenges on security, access, emergency response, limited infrastructure and CP capacity. Effectiveness. WFP assistance is well designed and well-targeted, and activities effectively meet the needs of beneficiary groups; though, some outcomes are constrained by funding shortfalls and lack of technical skills among CPs. Impact. WFP has strengthened government capacity through technical support to develop national policies on emergency preparedness and response, SF and nutrition, which have a direct, positive and long-term impact on WFP's main beneficiaries. Sustainability. WFP has worked to enhance national capacity and assist the government to develop policies that support ownership and eventually, national management of activities. WFP's capacity activities are highly relevant but in an early stage that will carry on in the next CSP. Gender, equity and protection. WFP is working to ensure that gender and protection issues and supportive practices are mainstreamed into assistance. WFP has identified the need for additional training on these practices at sub office and CP levels. WFP commissioned a gender analysis for ongoing FFA activities and a study on care practices in Rakhine state; the RB suggests that an overall Gender Analysis is needed.
14. **Recommendations.** The recommendations are grouped as operational and strategic by timeline periods and within those, ordered by priority. Each is labelled with the responsible stakeholder for implementation.

**Operational:** Short Term (current PRRO 2016-17; with continuation to next CSP)

**R1. Conduct ongoing review with additional mixed methods assessments, to continue building the evidence base for transition strategies,** through: consolidation of ongoing assessments of beneficiary eligibility with VAM data; provision of support and input to the Rakhine State Development Plan; and advocacy with humanitarian sector partners to increase their support to livelihoods, as feasible. When: 2017; Who: CO leads, RB provides technical assistance as required.

**R2. Support development of livelihood strategies for all beneficiary groups, with a primary focus on IDPs,** led by the government and relevant sector partners,

in order to leverage opportunities for greater coherence with ongoing initiatives, as feasible. This includes: 1) update CO FFA strategies to be in line with the corporate FFA guidance manual and as per the agreed Management Response to the Executive Board (EB) on the external five-country FFA Evaluation series of 2015; and 2) update asset creation strategies at the sub-office level, initiating a consultation process in WFP operational areas, and clarifying roles within potential partnerships. When: 2017 and beyond; Who: CO.

**R3. Strengthen the integration of nutrition education and training, with a focus on behaviour change communication and infant and young child feeding approaches**, into all activities through combined trainings for sub-office and partner staff in coordination with other sector actors and government. This includes gathering information on nutritional status in a more systematic way to assess outcomes. And continue to raise awareness and advocate with government on the important role of nutrition in treatment programmes for people with HIV, TB and multi-drug resistant-TB (MDR-TB), and around solutions to malnutrition including care practices, sanitation and gender equity. When: 2017 and beyond; Who: CO leads, RB provides nutrition technical assistance as required.

**R4. Ensure that food assistance and clinical services are fully integrated as part of the provision of assistance to HIV and TB patients**, by ensuring staff at health facilities are provided with comprehensive and refresher trainings, and working with the National AIDS Programme, National TB Programme and clinical health services to fully integrate the provision of food and treatment (and storage) within health facilities. When: 2017 and beyond; Who: CO.

**Strategic recommendations** (2018 and in the next CSP):

**R5. Continue to support the Ministry of Education to develop a national SF programme**, through review and expansion of HEB, systems strengthening support, and provision of technical assistance to government to pilot alternative SF modalities or incentives, including school meals to the poorest families. When: ongoing into next CSP; Who: CO leads, RB provides technical assistance as required.

**R6. Update gender analysis to align with updated WFP policies and CO vision**: Roll out gender training for CPs and sector partners, and use the trainings to strengthen outreach to men in nutrition and behaviour change communication (BCC) activities for PLW and CU5. Continue to promote leadership positions for women in camp and food management committees. When: 2018; Who: CO, RB.

# 1. Introduction

## 1.1. Evaluation Features

1. **Purpose.** This independent evaluation, commissioned by World Food Programme's (WFP) Office of Evaluation (OEV) and carried out by TANGO International, addresses the renewed emphasis on providing accountability and evidence for results. The Myanmar Protracted Relief and Recovery Operation (PRRO) 200299 "Supporting Transition by Reducing Food Insecurity and Undernutrition Among the Most Vulnerable" was identified for evaluation based on utility and risk criteria<sup>21</sup> and selected by the WFP Regional Bureau (RB). The timing ensures that findings can shape the design of WFP country strategy and subsequent operations.<sup>22</sup>
2. **Objectives and scope.** The primary objectives of this evaluation are to assess and report on the performance and results of the operation (accountability), and to determine the reasons why certain results occurred or not (learning). The scope includes all activities and processes from the PRRO development (January 2012) to the start of the evaluation (September 2016) that are relevant to answer the key evaluation questions: (1) How appropriate is the operation? (2) What are the results of the operation? (3) Why and how has the operation produced the observed results?<sup>23</sup> Since the PRRO extends through December 2017, the scope of this evaluation does not include final conclusions on achievements and impacts, nor is the evaluation type final.
3. **Stakeholders and users.** The primary internal stakeholders and intended audience are: WFP country office (CO) and sub-office staff, who will directly act upon the findings; RB, who will use the findings to provide strategic guidance to the CO and apply learnings to the region; and OEV, who will continue to improve evaluation processes and compile the findings into an annual synthesis for the Executive Board (EB). The primary external stakeholders are beneficiaries, as the results may change programming and affect their lives, and the Cooperating Partners (CPs), United Nations Country Team (UNCT), civil society groups, donors, and government representatives at various levels with an interest in operational changes and the overall progress toward food security.
4. **Methodology.** The study methods included secondary data and document review and primary qualitative data collection. This methodological approach was selected based on the rationale that it ensures triangulation and validation of data across multiple sources, it captures a wide range of stakeholder perspectives and it provides rigorous evidence on the operation's progress within the budget and time constraints. The document review involved extensive and systematic analysis of over 200 internal and external documents such as monitoring data, WFP corporate guidance, relevant external literature, and strategies and policies of the government and partner agencies.<sup>24</sup> The observations and recommendations of the CO midterm review (MTR), carried out in November 2014, were also used as reference points when reviewing field activities. The MTR covered all PRRO activities and was conducted to assess if activities implemented since 2013 were achieving their objectives.<sup>25</sup> The final evaluation makes note of progress and continuing challenges since the MTR. The data collection included semi-structured key informant interviews (KIIs) with 124 interviewees (38 female/86 male), focus group discussions (FGDs) with 442 beneficiaries (199 female/243 male), and direct observation at 52 sites (10 schools, 16 IDP/protracted relief, 10 asset creation, 16 health centres/nutrition).<sup>26</sup>

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<sup>21</sup> As stated in the Terms of Reference (TOR): The utility criteria looked both at the timeliness given the operation's cycle and the coverage of recent/ planned evaluations. The risk criteria was based on a classification and risk ranking of WFP COs.

<sup>22</sup> WFP. 2016. TOR. Operation Evaluation Myanmar PRRO 200299.

<sup>23</sup> See Supplementary Annex 5: Evaluation Matrix for specific areas of analysis and sub-questions related to these questions.

<sup>24</sup> See main report Annex 5 for the complete bibliography.

<sup>25</sup> WFP Myanmar. Mid-Term Review of PRRO 200299. 2014.

<sup>26</sup> See Supplementary Annex 1 for the list of interviews.

5. The evaluation team (ET) organised an inception meeting in Yangon on June 22 and began document review. The fieldwork took place 29 August-22 September. Interviews were conducted with staff at the CO and Government Ministry headquarters in the cities of Yangon and Naypyidaw, respectively, and the ET travelled to the regions/states of Kachin, Magway, Shan and Rakhine.<sup>27</sup> The regions/states were selected in consultation with the CO to provide a sample diverse in ethnic and socio-cultural contexts, geography, activities, and complexity (i.e., conflict situations). The criteria used to select site visits considered accessibility, availability, WFP performance, and the timing of activities. See Annex 2: Methodology for a discussion of the sampling methodology.
6. The evaluation design was structured around Organisation for Economic Cooperation and Development Assistance Committee (OECD-DAC)<sup>28</sup> principles of relevance, effectiveness, efficiency, impact and sustainability; standards used as the framework for the conclusions (Section 3). The ET analysed findings using data triangulation, which is the comparison and validation of information from primary and secondary sources and from debriefings<sup>29</sup> and follow-up discussions with stakeholders. The standard TANGO approach for analysis uses matrices to organise notes and identify patterns and congruence across data sources, as well as differences in perspectives across respondent groups. The main analysis lens included: a gender lens on the integration of gender and equity analysis into the design and implementation; a results lens to compare results against plans; a lens that observes the operation in light of WFP's humanitarian principles,<sup>30</sup> such as self-reliance and participation, and the quality and accountability standards embodied in the Sphere Handbook;<sup>31</sup> a broader well-being lens that looks at connections beyond the operation, such as livelihood activities and resettlement strategies; and a sustainability lens in terms of government capacity.
7. **Gender responsive methods and ethical safeguards.** The ET was gender balanced. In terms of design, the evaluation sought to understand the dynamics of gender equity with regard to assistance, and to verify the nature and extent of women's participation in the PRRO. The ratio of female to male beneficiaries interviewed was 0.82. The ET conducted separate male and female FGDs to allow women to express themselves freely. The data collection tools<sup>32</sup> integrated gender considerations to capture information on gender equity in various contexts, discrimination, and power relations between males and females. Gender mainstreaming was examined for each component: i.e., the extent gender issues were addressed; sex-disaggregated data; and stakeholders' views.
8. The ET applied United Nations Evaluation Group (UNEG) principles: independence, impartiality, honesty and integrity.<sup>33</sup> The international team leads ensured ethical safeguards for data quality and confidentiality were enacted during each interview: e.g., the ET clearly explained the purpose of the evaluation and the intended use of the information, obtained consent before the interview, and assured participants that feedback was confidential. There were no interview refusals during the fieldwork. Field data collection protocols included on-site measures to engage proactively with minority ethnic groups through culturally and linguistically appropriate interview techniques, and gender-appropriate local translators from the same ethnic group. In addition, for interviews with children, the ET followed the United Nations Children's Fund (UNICEF) guidance for ethical research involving children.<sup>34</sup>

<sup>27</sup> See Supplementary Annex 4 for the fieldwork schedule.

<sup>28</sup> OECD. 1991. Principles for Evaluation of Development Assistance. See Section 3 for definitions of these standards.

<sup>29</sup> See Supplementary Annex 2 for the list of debrief participants.

<sup>30</sup> WFP. 2004. Humanitarian Principles.

<sup>31</sup> The SPHERE Project. 2010. Sphere Handbook.

<sup>32</sup> See Supplementary Annex 3 for the interview topical outlines.

<sup>33</sup> UNEG. 2011. Integrating Human Rights and Gender Equality in Evaluation.

<sup>34</sup> Graham, A., M. Powell, N. Taylor, D. Anderson & R. Fitzgerald. 2013. Ethical Research Involving Children.

9. WFP representatives and government counterparts of the Ministry for the Progress of Border Areas and National Races and Development Affairs (NaTaLa) accompanied the ET in the field, as required by government security protocols. When involving WFP, CP, or government staff in the organisation of interviews, the ET proactively addressed any risk of introducing response bias by clearly explaining roles and responsibilities and emphasising the learning objective of the interview. The ET maintained impartiality and transparency by regularly communicating with the CO and key stakeholders to determine accuracy and resolve inconsistencies.
10. **Expertise.** The field team included two TANGO international consultants and two national consultants with combined expertise in emergency relief, gender, food security, nutrition, livelihoods, HIV/TB, and capacity building. The international consultants have experience in Myanmar working on food and livelihood security programmes and humanitarian response, and with WFP, including prior evaluations in this series.
11. **Quality assurance.** The ET organised local translators where necessary who were vetted by the sub office to provide quality language support during field visits. The evaluation followed the OEV's Evaluation Quality Assurance System (EQAS). To ensure data quality, the ET analysed the data regularly and collaboratively, implementing systematic checks on accuracy, consistency, reliability and validity. The ET adjusted lines of questioning to incorporate emerging issues or to achieve additional clarity. There was regular communication with WFP management and technical staff to validate findings and request additional information, where required. The ET organised debriefing calls with CO focal points after work in each region and organised debriefing meetings with sub office staff to validate preliminary findings before departing.
12. **Limitations.** There were some challenges obtaining complete output and outcome data. To mitigate this and to ensure reliable secondary data, the ET worked closely with the CO to resolve (or at least to better understand) discrepancies in reported output and outcome values. The WFP monitoring and evaluation (M&E) unit was very responsive, but this exchange was time consuming for both parties and, in the end, not all gaps could be filled due to time constraints and the absence of some data (see M&E discussion in Section 2.3). While the ET can draw clear conclusions on output and outcome achievements after 2015, the findings are less clear for the first years of the operation. Thus, there are some limitations to evaluability due to inconsistent or unavailable secondary data. The ET has also attempted to mitigate this through extensive triangulation with the primary qualitative data and other information sources. It should be noted that the ET was able to travel to all sites as planned, collecting a solid set of primary data representative of the breadth of activities and regions of the operation, which is a considerable achievement for evaluability given the closing of some key areas due to security issues that occurred shortly after the field mission.

## 1.2. Country Context

13. Please see Annex 3 for national indicators, disaggregated by sex and rural/urban.
14. **Demographic, economic and political context.** The Republic of the Union of Myanmar is divided into 14 states and regions, Naypyitaw Union Territory, and 5 self-administered zones. The estimated population is 51,486,253 with 135 ethnic groups. Nearly one-third of the population live in urban areas.<sup>35</sup> The country has seen rapid social, economic and political changes in recent years. A civilian government was formed in 2011, establishing the first non-military rule since 1962.<sup>36</sup> Myanmar ranked 148 out of 188 countries on the 2015 Human Development Index.<sup>37</sup> Moderate economic growth is

<sup>35</sup> Republic of the Union of Myanmar. 2014. Population and Housing Census. Highlights of the Main Results. Census Report Volume 2-A. (Note: This is the most recent census.)

<sup>36</sup> WFP. 2016. WFP Myanmar Country Brief, Internal document, unpublished. April.

<sup>37</sup> UNDP. 2015. Human Development Report 2015.

sustained by expansions in the agriculture, industry and services sectors.<sup>38</sup> Agriculture employs 61 percent of the labour force, and paddy rice is the main staple crop.<sup>39</sup> Pest infestations, droughts and floods are common causes of crop loss.<sup>40</sup> Myanmar is the second largest opium producer after Afghanistan, with most production done in Shan State. Opium poppy cultivation is associated with the difficult living conditions of farmers such as lack of food security and household debt, among other factors.<sup>41</sup> Officially, 26 percent of the population falls below the poverty line (US\$1.25/day),<sup>42</sup> although the World Bank estimates the rate to be 38 percent (2014).<sup>43</sup> The highest poverty rates are in Chin (73 percent) and Rakhine (44 percent) states.<sup>44</sup>

15. **Social protection context.** Budget allocations to the social sector have increased, particularly for education and health.<sup>45</sup> Yet, poor safety net coverage leaves a significant proportion of the population extremely vulnerable to shocks, particularly where poverty and food security levels are already high.<sup>46</sup> In 2014, the country was categorised with “very low commitment” to tackling hunger and undernutrition in the Hunger and Nutrition Commitment Index.<sup>47</sup> This finding was also noted by WFP, citing such factors as low spending on health, lack of a separate nutrition budget line and lack of social safety nets to prevent families from falling into poverty.<sup>48</sup>
16. **Conflict and displacement context.** While the government has made strong progress in signing cease-fire agreements with most ethnic armed groups, armed and inter-communal conflicts still occur in the remote and border areas, including: Kachin, Kayin, Rakhine and Shan, causing internally displaced persons (IDPs) and refugee movements in and out of the country.<sup>49,50</sup> Conflict in Kachin continued throughout 2013 between government forces and armed groups. Due to low intensity and sporadic skirmishes in northern and eastern Shan State and southern Kachin State, security control remained stringent in 2016. In addition to IDPs, there remain over 100,000 Myanmar refugees in nine camps in Thailand. An assisted voluntary repatriation programme was started in 2016 with limited uptake so far.<sup>51</sup> The violence between Muslim and Buddhist communities in Rakhine displaced 140,000 people in 2012 with ongoing tensions up to 2016.<sup>52,53</sup> As of June 2016, approximately 120,000 people remained displaced in Rakhine.<sup>54</sup> The Rakhine social unrest is attributed to human rights violations and movement restrictions, which also limit their access to basic services, health care, education, and livelihood opportunities.<sup>55,56</sup> The status of women in Myanmar has been shaped by decades of military rule. Violence, particularly sexual

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<sup>38</sup> World Bank. 2015. Myanmar Economic Monitor.

<sup>39</sup> Republic of the Union of Myanmar & WFP & FAO. 2015. Agriculture and Livelihood Flood Impact Assessment in Myanmar.

<sup>40</sup> United Nations Development Programme (UNDP). 2013. A regional perspective on poverty in Myanmar.

<sup>41</sup> United Nations Office on Drugs and Crime (UNODC). 2015. Southeast Asia Opium Survey 2015. Lao PDR, Myanmar.

<sup>42</sup> UNDP & UNICEF. 2011. Integrated Household Living Conditions Survey in Myanmar (2009-2010).

<sup>43</sup> Calculations by the World Bank expand the consumption basket used to determine the poverty line by including expenditures on health and durable goods, and account for spatial differentials in cost of living. This study also finds that a high concentration of households are living very near the poverty line. Source: World Bank Group. 2014.

<sup>44</sup> UNDP & United Nations Children's Fund (UNICEF). 2011. Integrated Household Living Conditions Survey in Myanmar (2009-2010).

<sup>45</sup> Republic of the Union of Myanmar, Ministry of National Planning and Economic Development (MoPF) & UNICEF. 2012.

<sup>46</sup> WFP. 2012. WFP in Myanmar: Looking forward 2013-2017. Internal document, unpublished.

<sup>47</sup> Institute of Development Studies (IDS). 2015. The Hunger and Nutrition Commitment Index (2014).

<sup>48</sup> WFP. 2015. Myanmar Atlas. The State of Food Security, Poverty and Vulnerability through Lens of the Zero Hunger Challenge. Internal document, unpublished.

<sup>49</sup> UNICEF. 2014. Conflict Analysis Summary Myanmar. Internal document, unpublished.

<sup>50</sup> Republic of the Union of Myanmar, Ministry of Education. 2014. National AIDS Programme. Global AIDS Response Progress Report Myanmar.

<sup>51</sup> United Nations High Commissioner for Refugees (UNHCR). 2016. Thailand-Myanmar Border Refugee Population Overview. September. ProGres Database. Internal document, unpublished.

<sup>52</sup> WFP. 2016. WFP Myanmar Country Brief; WFP. 2013. Myanmar PRRO 200299. Standard Project Report (SPR).

<sup>53</sup> Email communication from WFP Myanmar Country Director to sector partners, 14 October 2016.

<sup>54</sup> United States Agency for International Development (USAID). 2016. Burma – Complex Emergency. Fact sheet #3, Fiscal Year (FY) 2016. July 5, 2016.

<sup>55</sup> WFP. 2015. A Study on Gender and Acute Malnutrition in Rakhine State. Internal document, unpublished.

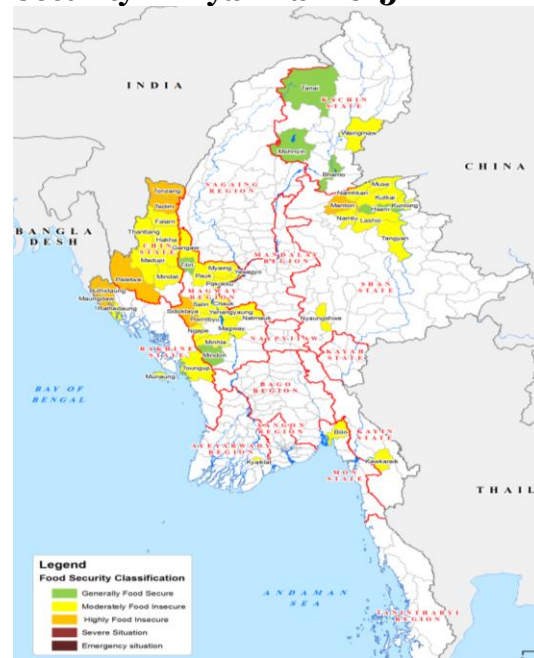
<sup>56</sup> Office of the High Commissioner for Human Rights (OHCHR). 2016. Report of the Special Rapporteur on the situation of human rights in Myanmar. (A/HRC/31/71).

violence in the context of armed conflict, has been reported as widespread and systematic, and occurring with impunity.<sup>57</sup> The protracted state of conflict and displacement in various parts of Myanmar prompts negative coping mechanisms, growing sexual violence and vulnerability to risky migration practices, with women and girls from ethnic minorities at the highest risk.<sup>58</sup>

17. **Environment and natural disaster context.** Myanmar is highly vulnerable to climate-related risks and the associated impacts on household livelihoods and food security. The lack of adequate water resource management exacerbates the population's vulnerability to flash floods, drought, and erratic rainfall.<sup>59</sup> Flooding and landslides exacerbated by Cyclone Komen in 2015 destroyed over one million acres of farmland and affected almost two million people. In 2016, severe seasonal flooding affected half a million people, causing temporary displacement and damaging agricultural land and infrastructure, particularly in Ayeyarwady, Magway and Mandalay.<sup>60</sup> The country's vulnerability to more frequent and severe disasters combined with the government's poor emergency response capacity affects its socio-economic progress.<sup>61</sup> Forests and soils have been degraded from years of logging and unsustainable land management, which in turn exacerbates the risk of landslides and flooding during seasonal rains.<sup>62</sup>

18. **Food security and nutrition.** The nationwide prevalence of food poverty fell from 10 percent in 2005 to five percent in 2010.<sup>63</sup> Most food-insecure zones are in mountainous areas of Upper Myanmar.<sup>64</sup> Food security challenges stem from environmental, socio-political and economic issues, which have been described in previous paragraphs. According to the Demographic and Health Survey (DHS) 2015-2016, 29 percent of children are stunted and 8 percent severely stunted. The DHS also reports that 7 percent of children are wasted and 1 percent are severely wasted.<sup>65</sup> The prevalence of anaemia among children 6 to 59 months is 57 percent.<sup>66</sup> Causes of malnutrition among pregnant and lactating women (PLW) and young children are multifaceted, including inadequate dietary intake, high morbidity, household food insecurity, inadequate care and feeding practices, poor water, sanitation and hygiene (WASH) practices, and lack of healthcare access. Micronutrient deficiencies further add to the burden of malnutrition.<sup>67</sup> Progress has been uneven and the country faces challenges, yet, aims to meet the World Health Assembly targets for wasting, anaemia and stunting.<sup>68</sup>

**Figure 11: Post Monsoon Food Security in Myanmar 2015**



Source: FSIN. 2015. Post Monsoon food security situation.

<sup>57</sup> Organisation for Economic Co-operation and Development (OECD). 2013. Multi-dimensional Review of Myanmar. Volume 1. Initial Assessment, unpublished.

<sup>58</sup> WFP. 2016. Gender WFP Myanmar.

<sup>59</sup> WFP. 2015. Myanmar Atlas.

<sup>60</sup> UNOCHA. 2016. Myanmar Humanitarian Bulletin. Issue 3. July-September.

<sup>61</sup> WFP. 2016. WFP Myanmar Country Brief, April.

<sup>62</sup> Republic of the Union of Myanmar, Ministry of Environmental Conservation and Forestry. 2012. Myanmar's National Adaptation Programme of Action to Climate Change.

<sup>63</sup> WFP. 2012. WFP in Myanmar: Looking forward 2013-2017, May.

<sup>64</sup> WFP. 2015. Myanmar Atlas.

<sup>65</sup> Republic of the Union of Myanmar, MOH. 2016. Demographic and Health Survey 2015-16 Key Indicators.

<sup>66</sup> Republic of the Union of Myanmar, MOH. 2016. Demographic and Health Survey 2015-16 Key Indicators.

<sup>67</sup> Republic of the Union of Myanmar & UNICEF. 2011. MICS 2009-2010.

<sup>68</sup> WFP. 2016. Myanmar Nutrition Factsheet, April.



19. **Health context: HIV/AIDS & TB.** Myanmar has one of the highest HIV prevalence rates in Asia with 0.8 percent in 2015.<sup>69</sup> HIV prevalence remains high for people who inject drugs (23 percent), men having sex with men (7 percent) and female sex workers (6 percent). These vulnerable populations are found in townships that grew from displaced households fleeing insecurity (mainly in Shan, Kachin and Rakhine States), and there is a causal link between malnutrition in this population and opportunistic infections and TB; this is relevant as the townships are part of the PRRO area. Myanmar also faces a high TB burden, not only for TB prevalence, but also for TB/HIV co-infection and multi-drug resistant TB (MDR-TB).<sup>70,71</sup>
20. **Education context.** Findings from multiple indicator cluster surveys (MICS) show very little difference in primary enrolment between urban and rural areas, but there are disparities in net enrolment by geographic location, economic status of households and mothers' education level.<sup>72</sup> While the majority of children attend school, about 74 percent complete primary and 74 percent lower secondary.<sup>73</sup> The lack of sex-disaggregated data for primary and secondary school level (enrolment and completion) is stressed both in the 2014 National Education For All (EFA) Review Report, and the 2012 UNICEF Situation Analysis of Children in Myanmar. However, the National EFA Review Report also shows that Myanmar has a high level of female enrolment as a proportion of all children in school, with no gender disparity issues at the primary and secondary school levels.<sup>74</sup> The immediate causal factors hampering education are the limited quality of education services, poverty, and mothers' level of education.<sup>75</sup> Girls are also likely to drop out from school at an early age in order to care for the household, aging parents and younger siblings.<sup>76</sup> Also pertinent to the PRRO are Early Childhood Care and Education/Development (ECCE) services. There are disparities in access to ECCE services across regions/states; for instance, under four percent of pre-primary children access ECCE in Rakhine State.<sup>77</sup>
21. **Gender equity and empowerment of women (GEEW) context.** Myanmar ranks 85 out of 155 countries on the Gender Inequality Index (2014).<sup>78</sup> The government signed the Convention on the Elimination of all Forms of Discrimination Against Women. Yet, the shortage of gender research, low public awareness, cultural norms, and limited institutional capacity hinder the development of effective policies and programmes for GEEW.<sup>79</sup> The Ministry of Social Welfare, Relief and Resettlement (MSWRR) is leading reforms to enhance GEEW.<sup>80</sup> Gender parity in primary school has been achieved (index: 0.98, 2014).<sup>81</sup> Indicators at the national level (see Annex 3: National Indicators), show a trend of poorer nutritional status among male children than females. Yet, in Rakhine State, male children are fed a great quantity and variety of foods, particularly protein. Male children are more likely to see health care providers, and males are brought for malnutrition treatment earlier than female children who are malnourished.<sup>82</sup>
22. The high level of gender inequality in Myanmar is sustained over generations through cultural and religious beliefs and practices.<sup>83</sup> For instance, the cultural orientation

<sup>69</sup> UNAIDS. 2015. Estimates for 2015.

<sup>70</sup> WFP. 2016. PRRO 200299 Quarterly Narrative Report: January-March 2016. PU-AMI.

<sup>71</sup> WFP. 2016. Myanmar HIV/TB Programme, April.

<sup>72</sup> Republic of the Union of Myanmar, MoPF and Ministry of Health and Sports (MoH) & UNICEF. 2011. MICS 2009-2010.

<sup>73</sup> Republic of the Union of Myanmar, MoE. 2014. National EFA Review Report.

<sup>74</sup> Republic of the Union of Myanmar, MoE. 2014. National EFA Review Report.

<sup>75</sup> Republic of the Union of Myanmar, MoPF & UNICEF. 2012. Situation analysis of Children in Myanmar. July.

<sup>76</sup> WFP. 2016. Gender WFP Myanmar. May.

<sup>77</sup> Republic of the Union of Myanmar, MoPF & UNICEF. 2012. Situation analysis of Children in Myanmar. July.

<sup>78</sup> UNDP. 2015. Human Development Report.

<sup>79</sup> UNFPA. 2016. Myanmar Country Profile.

<sup>80</sup> WFP. 2016. Myanmar Gender, May.

<sup>81</sup> Republic of the Union of Myanmar, MoE. 2014. National EFA Review Report.

<sup>82</sup> WFP. 2015. A Study on Gender and Acute Malnutrition in Rakhine State.

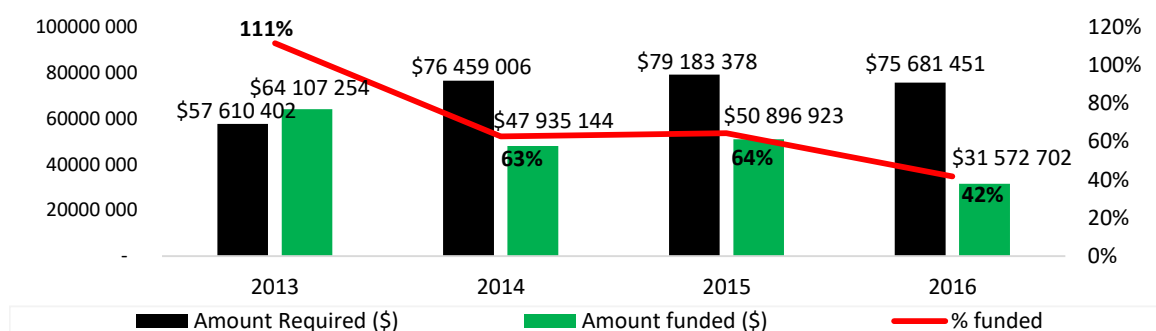
<sup>83</sup> WFP. 2016. Gender WFP Myanmar. May.

towards males increases the gender equity gap in the treatment of malnutrition, as it often prevents malnourished girls from receiving timely treatment.<sup>84</sup> In its 2016 Gender factsheet, WFP reports that traditionally daughters/mothers have the responsibility to take care of aging parents and take care of the household while the father is considered as household head and primary decision maker over resources. In this context, WFP noted that women have limited access to food and other resources.<sup>85</sup>

### 1.3. Operation Overview

23. The Executive Board (EB) approved PRRO 200299 in November 2012 for three years: January 2013-December 2015. Seven budget revisions (BR) have increased the total budget and target beneficiaries to respond to emergency relief needs and to add the cash modality under relief, to align the budget with new financial and strategic frameworks, and to extend the operation for two years to 31 December 2017. All BR are appropriate considering regular strategic realignments that occurred since the project start such as landslide, transport, storage, and handling (LTSH) increase/decrease (BR1, BR4, BR7), WFP's new financial framework and Strategic Results Framework (SRF) (BR2, BR3), cash increase to support additional beneficiaries affected by cyclone Komen (BR5), and project lifetime extension (BR6). The original budget of US\$167,687,584 increased to US\$343,056,450 over five years, and the planned number of beneficiaries increased from 1,570,000 to 2,916,320.<sup>86</sup> The budget is funded at 56 percent of the total requirement<sup>87</sup> and 42 percent of the 2016 annual requirement (Figure 12).

**Figure 12: Funding trends by annual requirement in US\$**



Source: Data shared by CO to the ET by email on 7 October 2016.

24. The operation partners with 40 international non-governmental organisations (INGOs) and 17 national NGOs, as well as government and United Nations agencies. Refer to the Operational Fact Sheet for a complete operational overview. The PRRO activities support WFP Strategic Objectives (SO) 1, 2 and 4 as follows:<sup>88</sup>

**SO1: Save lives and protect livelihoods in emergencies.** Relief component activities include:

- General food distribution (GFD) or cash-based transfers (CBT) to: IDPs, former IDPs and the most food insecure and vulnerable people in northern Rakhine State (nRS); and
- Short-term GFD or cash to beneficiaries affected by natural disasters.

<sup>84</sup> WFP. 2015. A Study on Gender and Acute Malnutrition in Rakhine State.

<sup>85</sup> WFP. 2016. Gender WFP Myanmar. May.

<sup>86</sup> Note: at the time of draft report submission the ET was informed of a BR7, to be updated in the final draft with the most recent budget revision pending information from the CO.

<sup>87</sup> Based on 10 October 2016 Resource Situation.

<sup>88</sup> Sources: WFP. 2012. Project for Executive Board Approval. Protracted Relief and Recovery Operations - Myanmar 200299 (Project Document); WFP Myanmar. 2016. PRRO 200299 Logframe. The PRRO was re-aligned from SOs 1 and 3 to SOs 1, 2 and 4 with the revised WFP SRF 2014-2017, along with logframe indicator changes such as adding the cross-cutting and capacity building indicators.

**SO2: Support or restore food security and nutrition, and establish or rebuild livelihoods in fragile settings and following emergencies.** Asset creation/livelihoods component activities include:

- Food assistance for assets (FFA), which is conditional food or cash transfers for labour contributing to construction or rehabilitation of household/ community asset schemes; and
- Alternative livelihood support activities to poppy farmers.

**SO4: Reduce undernutrition and break the intergenerational cycle of hunger.** Nutrition component activities include:

- Blanket supplementary feeding (BSF) for children 6-23 months old and PLW (prevention of stunting);
- BSF for children 6-59 months old and PLW (prevention of wasting);
- Targeted/therapeutic supplementary feeding (TSF) for children 6-59 months and PLW (phased out for PLW in 2016)(treatment of MAM) and three months follow up feeding for cured children of severe acute malnutrition (SAM);
- Food assistance to people living with HIV/AIDs (PLHIV) and TB clients; and
- Messaging and counselling on specialised nutritious foods and infant and young child feeding (IYCF) practices to targeted caregivers and beneficiaries.

School feeding (SF) component activities include:

- Take home rations (THR) in WFP-supported schools (phased out in 2015); and
- Shifting to school meals in the form of high energy biscuits (HEB) to WFP-supported pre-primary and primary schools.

Capacity building component activities include:

- Policy advice, trainings, technical support provided to government counterparts and partners to enhance the management of food security, nutrition and SF, and emergency preparedness and response where possible (through implementing transition strategy and coordination during disaster response).

25. The CO is undertaking a strategic review and developing a new Country Strategic Plan (CSP,) to be drafted by April 2017. The new CSP will emphasise inter-agency linkages and will align with the new WFP corporate strategic plan (2017-2021) that will address the relevant Sustainable Development Goal (SDGs). While the ET's recommendations incorporate timelines into the next CSP, it is recognised that the CO focus may shift in line with the new strategic plans.

## **2. Evaluation Findings**

### **2.1. Appropriateness of the Operation**

26. This section describes the evaluation findings relating to the first evaluation question, "How appropriate is the operation?" and responds to the evaluation criteria of relevance. It addresses the appropriateness of operation objectives, design, geographic targeting and activities to population needs. This is followed by discussion of the internal and external coherence of the operation.

#### **2.1.1 Appropriateness to needs**

27. **Design and objectives.** Overall, the ET finds the PRRO design and objectives appropriate to population needs based on adequate context analysis. The design builds upon PRRO 200032 (2010-2012),<sup>89</sup> with adjustments based on stakeholder feedback and analysis of population needs. Interviews with WFP staff indicate that the design builds on evaluations of previous PRROs and Emergency Operations (EMOPS), and draws on consultations with the government, partners, donors and United Nations

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<sup>89</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

agencies.<sup>90</sup> Interviews with WFP and government representatives indicate that the dialogues between WFP and government are regular and constructive, which has led to design improvements related to beneficiary targeting and transfer modalities.

28. The ET finds that ongoing adaptations to activities have been based on adequate monitoring of the complex operational context. The nutrition and food security activities draw on many different assessments and evaluations, from WFP food security updates to Food Security Information Network (FSIN) bulletins, among others.<sup>91</sup> WFP conducts market price monitoring of the commodities in its food basket.<sup>92</sup> Post-distribution monitoring (PDM) is systematically used to monitor outputs and outcomes and to adjust activities. Relief activities are based on relevant assessments such as transfer modality scoping missions<sup>93</sup> and cash assessments.<sup>94</sup> The PRRO budget has been adjusted twice, in March 2014<sup>95</sup> and September 2015,<sup>96</sup> to respond to increases in relief beneficiaries. Asset creation activities are informed by market and agricultural assessments conducted by WFP, CPs and the Food and Agriculture Organisation (FAO).<sup>97</sup>
29. **Gender and protection analysis at design.** Gender and protection issues are mainstreamed per WFP Humanitarian Protection Policy and WFP Gender Policy (2015-2020)<sup>98</sup> by routinely reviewing and addressing feedback collected from target populations. The earlier versions of these policies informed the design of the PRRO,<sup>99</sup> as reflected in the goal to reach 52 percent female beneficiaries overall, and in the aim for gender equality and sensitivity stated in the operational guidelines, where, for instance, equal and active participation of women is promoted among the Food Management Committees (FMC).<sup>100</sup> The CO practice to regularly review gender and protection issues is evident in WFP's Rakhine gender study.<sup>101</sup> The study analyses the context-specific practices, behaviours and gender dynamics that affect malnutrition. Additionally, WFP collects sex-disaggregated information for all activities.<sup>102</sup>
30. **Appropriateness of geographic targeting.** The ET finds the targeting to be appropriate overall. SO1 targeting implicitly covers the main areas in the northeast and southwest affected by conflict and displacement. For SO2 and SO4, the ET finds that the PRRO properly focuses on areas with high levels of poverty, food insecurity and malnutrition. For instance, FFA township selection is based on vulnerability analysis mapping (VAM) food security monitoring, with priority given to moderately and highly food insecure townships.<sup>103,104</sup> Areas affected by natural disasters and areas where IDPs resettle or return are also eligible for targeting, which is appropriate.<sup>105</sup>
31. For SO4, supplementary nutrition is provided in Kachin, Shan and Rakhine states and in Magway region, identified in the most recent MICS (2009-10) and valid surveys by NGO partners in their operational areas as having high levels of chronic and acute malnutrition. In addition, WFP and CPs use a MAM decision tool<sup>106</sup> developed by the Global Nutrition Cluster (MAM Task Force, June 2014) to determine which MAM interventions to support for each geographic area. The PRRO also targets vulnerable

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<sup>90</sup> WFP. 2013. Myanmar PRRO 200299 SPR 2013.

<sup>91</sup> WFP. 2015. Myanmar Atlas; SMART surveys conducted by Action Contre la Faim in 2013 and 2015, and also by Save the Children & UNICEF; Plan. 2015.

<sup>92</sup> WFP. 2016. Myanmar PRRO 200299 Commodity Price Variation.

<sup>93</sup> WFP. 2015. Mission Report. Transfer Modality Scoping Mission in southern Rakhine/Sittwe, Myanmar.

<sup>94</sup> WFP. 2014. Kachin Cash Assessment Report.

<sup>95</sup> WFP. 2014. Budget increase to protracted relief and recovery operation. Budget Revision 3.

<sup>96</sup> WFP. 2015. Project budget revision for approval by the regional director. Budget Revision 5.

<sup>97</sup> WFP. 2015. Myanmar PRRO 200299 Entitlement Revision.

<sup>98</sup> WFP. 2012. WFP Humanitarian Protection Policy; WFP. 2015. WFP Gender Policy (2015-2020).

<sup>99</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

<sup>100</sup> WFP. 2016. Operational Guidelines. PRRO 200299. Internal document, unpublished.

<sup>101</sup> WFP. 2015. A Study on Gender and Acute Malnutrition in Rakhine State.

<sup>102</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

<sup>103</sup> WFP. 2014. SOP Asset Creation.

<sup>104</sup> WFP. 2015. Myanmar Atlas.

<sup>105</sup> WFP. 2016. CO Presentation for Evaluation.

<sup>106</sup> WFP. 2016. Myanmar SOP Nutrition.

populations particularly affected by conflicts, natural disasters, and lean months.<sup>107</sup> The ET agrees with the MTR finding that HIV/TB activity targeting does not directly align with data on the high prevalence of HIV/Acquired Immune Deficiency Syndrome (AIDS) or TB. The HIV/AIDS, TB and MDR-TB nutritional support activities are based less on geographic need than on co-location with available treatment services. The CO staff pointed out that the government selects where WFP provides supports for government programmes based on where treatment is available, which is mostly in areas of high prevalence. The CO strategy for CP programmes is to provide services to more remote areas.

**32. Appropriateness of relief assistance.**

The ET finds the relief component activities highly relevant (see Section 1.3) and appropriate to achieving SO1. WFP assessments show that in conflict-affected border areas, WFP provides essential relief food assistance to IDPs to ensure food security, and to former IDPs to support relocation/resettlement.<sup>108</sup> Interviews with beneficiaries, government, United Nations partners, and CPs indicate that WFP food assistance remains critical to new, existing and former IDPs, specifically in areas where livelihood opportunities are limited due to remoteness, poor market development, and ongoing conflict and movement restrictions. These interviews also indicated that the lean season support in Maungdaw district remains relevant, especially in areas where development has been limited by mobility restrictions related to ongoing tension and conflict. WFP assessments and interviews with lean-season-support beneficiaries indicate extreme coping strategies such as begging are common during the lean season.<sup>109</sup> Interviews with WFP management indicate ongoing reflection on the continuation of lean season food assistance. WFP acknowledges the importance of continuing this activity, which mainly reaches isolated Muslim communities, as a highly relevant intervention to address lean season vulnerability as well as being a stabilizing factor for the tensions in the area. At the same time, WFP questions whether to continue this activity in Maungdaw district alone, given other pockets of poverty in Myanmar where this activity would also be relevant, but recognises it does not have the resources to provide this assistance at such a scale. Additional life-saving support is activated when rapid-onset disasters occur. Interviews across external stakeholders indicate that the relevance of this support is increasing given the frequency and severity of natural disasters, especially given the nascent government capacity to respond.

**33.** SO1 activities use a combination of GFD and/or CBT. The ET finds the GFD modality appropriate in emergency contexts and in situations where movement and access to markets are limited, such as in the IDP camps in Rakhine state. Table 6 shows the food basket composition, which meets the WFP (and SPHERE) minimum standards of kilocalories per day (2100), but not the percentage requirement of kilocalories from protein (10-12 percent) and fat (17 percent).<sup>110</sup>

**34.** The project document planned GFD as the principal transfer modality for SO1 and stated CBT will only be considered for SO2 assets creation. However, WFP assessments and interviews with WFP staff, CPs and beneficiaries indicate the introduction of cash

**Table 6: Basic food basket, relief**

Commodity	g/person/day
Rice	450
Pulses	60
Oil	30
Salt	5
<b>Total grams</b>	<b>545</b>
Total kcal/day	2 104
% Kcal from protein	8.2%
% Kcal from fat	15.3%
Feeding days per month	30 days/month

WFP. 2012. Project Document. Myanmar PRRO 200299.  
WFP. 2016. Operational Guidelines. PRRO 200299.

<sup>107</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>108</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

<sup>109</sup> WFP. 2015. Protracted Relief (Cash-Based Assistance) Proposal. WFP Maungdaw.

<sup>110</sup> WFP CO informed the ET that WFP adjusts rations based on local diet preferences, and that the food ration was reviewed by technical units before approval of the project document (PRRO 200299). The CO also notes, SPHERE standards state that in places where other food is available, the WFP food basket does not need to meet 100 percent of the daily requirements.

for assets in 2013 was successful, and CBT was subsequently expanded to SO1 activities through pilots for IDPs in Kachin and Shan. Interviews with beneficiaries where cash was introduced show that while there was initial reluctance to accept cash due to risk of loss and high price volatility, they are now generally accustomed to, and prefer, the cash transfer modality. Interviews indicate that the main benefit of cash over food is the ability to purchase preferred food for a more diversified diet. Interviews with WFP staff further indicate that CBT addresses the sale of food commodities to meet other household expenditure needs, achieves greater cost-effectiveness by reducing storage and handling costs, and enables WFP to reach beneficiaries in a timelier manner. The benefits indicated in interviews align with those stated in the WFP Myanmar Cash-Based Transfer brief (2016). The relief standard operation procedure (SOP) indicates that a full cash ration should be equivalent to market pricing of a full GFD ration. Interviews with WFP management indicate the minimum cash ration was calculated at Myanmar Kyat (MMK) 13,000<sup>111</sup> and was in the process of being further tailored to regional and seasonal differences. In Shan and Kachin, WFP also implements a mixed model of food (rice) and cash for IDPs: 11.5-13.5 kg of rice plus MMK 2,500 up to 6,000 (US\$6) per person.<sup>112</sup>

35. Table 7 shows a further breakdown of transfer modalities at the time of the evaluation for the project states and regions where SO1 IDP and lean season support activities were implemented. Emergency relief support after disasters includes cash and/or food, depending on the local context and nature of the disaster.

**Table 7: Type of SO1 modality transfer by region/state in 2015/2016**

Activity type	Kachin	Shan	Rakhine
IDP	GFD CBT (Government controlled area (GCA) only) Mixed food & cash (GCA only)	GFD CBT Mixed food & cash	GFD CBT (nRS only)
Lean season support			GFD CBT (nRS only)

Sources: Myitkyina, Lashio, Maungdaw and Sittwe sub offices presentations to the ET during field visit. The following documents were also consulted: WFP. 2016. Cash Based Transfers; WFP. 2016. Operational Brief. Maungdaw Sub-Office. Updated September; WFP. 2016. Protracted Relief Update Report. Sittwe, August; WFP. 2016. Concept Note on IDP Prioritization exercise IDPs in Lashio Area Office, May. Draft; and WFP. 2016. Communication Plan for Food Modality Transition. Kachin.

36. A mix of CBT and GFD is currently applied across SO1 activities, depending on accessibility to well-functioning markets, availability of food, cost efficiency, availability of financial service providers, protection and gender considerations, safe environment and beneficiary preference.<sup>113</sup> The MTR also noted the relevance of cash-based programming where income generation is very limited.<sup>114</sup> Interviews with SO1 and SO2 beneficiaries, WFP staff, government staff and CPs indicate that CBT and GFD are applied in the appropriate circumstances. The same interviews confirm the SPR 2015 statement that food distribution remains the selected modality in cases where the assessed situation is not conducive to cash transfers, i.e., for IDPs in Sittwe and Mrauk U districts in Rakhine, and parts of Kachin and Shan.<sup>115</sup> This finding is consistent with the 2015 Transfer Modality Scoping Mission Report, which underlines a strong preference for in-kind distribution in Muslim camps and villages in Rakhine, and identifies market access, protection concerns, lack of supply and price fluctuation as main challenges. It also underlines targeting as a highly political issue to consider before changing a modality, and does not recommend switching to cash.<sup>116</sup> Interviews with beneficiaries and CP staff further indicate that the criteria for shifting to cash are applied properly,

<sup>111</sup> The CO noted that this amount “reflects inflation.”

<sup>112</sup> WFP. 2016. Cash-Based Transfers. WFP Myanmar; WFP Myitkyina Sub Office PowerPoint presentation to the ET (1-3 September).

<sup>113</sup> WFP. 2016. Operation Guidelines. PRRO 200299.

<sup>114</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>115</sup> WFP. 2016. Operation Guidelines. PRRO 200299.

<sup>116</sup> WFP. 2015. Mission Report. Transfer Modality Scoping Mission in southern Rakhine/Sittwe, Myanmar, 2-6 March.



that WFP is proactively monitoring the appropriateness of the SO1 modalities, and that WFP management has demonstrated a clear willingness to adapt transfer modalities to best meet beneficiary needs as local situations change.<sup>117</sup> In all, the ET finds the introduction of CBT for relief appropriate and the application of the modalities appropriate to operational context and beneficiary needs.

37. **Appropriateness of asset creation component.** The component targets households affected by natural disasters, conflicts, or areas of food insecurity to support SO2, and fill a void in the absence of a government social safety net. According to the design document, the FFA activities aim to: (i) mitigate future disaster risk through soil conservation, watershed management, land terracing and counter-erosion tactics; (ii) increase market access by rehabilitating or constructing infrastructure; and (iii) diversify household income sources.<sup>118</sup> The MTR found that the asset creation component meets one or more of WFP’s key objectives and provided important support to targeted poor, food insecure communities.<sup>119</sup> The ET agrees with that finding. The direct food and cash transfers meet the consumption gap of vulnerable population groups. The types and scale of asset creation activities are highly relevant to the limited availability and poor condition of community and household land infrastructure in Myanmar. WFP, CP and beneficiary interviews confirm that the type and scale of assets such as terraces and other agriculture earthworks are appropriate to the immediate livelihood needs of beneficiary households, and that the improvement and recovery of assets such as check dams and embankments reduces disaster risk at a community level, mainly posed by flooding. In addition, beneficiary interviews indicate that assets such as roads are an important enabling factor to access basic services such as education and health care.
38. The FFA SOP and activity guidelines did not explicitly reference WFP corporate guidance documents such as the FFA guidance modules (2011)<sup>120</sup> and the recently released FFA manual (June 2016).<sup>121</sup> However, interviews with WFP staff indicate corporate guidance is incorporated in the sub office asset strategies and is an important resource for the ongoing development of livelihood strategies. The ET finds that the two core functions of FFA, to provide short-term access to food and build resilience over time, are reflected in the current asset creation activities. Opportunities remain to further strengthen asset creation through improved alignment with the WFP FFA framework in the design of the next CSP. WFP also intended to work with FAO and the United Nations Office on Drugs and Crime (UNODC) to provide former poppy farmers with agricultural inputs and food assistance to support their shift to alternative livelihoods, which is appropriate, although the ET found no evidence of specific targeting of former poppy farmers.<sup>122</sup>
39. The cash modality was piloted in 2011 in the more accessible WFP-targeted townships. The ET agrees with the supporting evidence from the MTR, finding that both food and cash modalities for assets (FFA) are appropriate, depending on local feasibility criteria for CBT. The food ration meets the per person/day/work norm to diversify nutritional value.<sup>123</sup> These values reflect the total food

**Table 8: Food ration per day, asset creation**

Commodity	g/person/day
Rice	450
Pulses	60
Oil	20
Salt	5
<b>Total</b>	<b>535</b>
Total kcal/day	2 015
% Kcal from protein	8.6 %
% Kcal from fat	11.6 %
No. of feeding days/month	60 days/year

WFP. 2012. Project Document. Myanmar PRRO 200299.

<sup>117</sup> WFP. 2015. Myanmar PRRO 200299 Entitlement Revision. Summary Recommendation.

<sup>118</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

<sup>119</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>120</sup> The five modules are referenced in: WFP. 2013. Building resilience through asset creation.

<sup>121</sup> WFP. 2016. Food Assistance for Assets (FFA) manual.

<sup>122</sup> The CO reports that assistance was given to former poppy farmers in Northern and Southern Shan State from 2005 to 2012.

<sup>123</sup> WFP. 2013. WFP Myanmar. Operational Guidelines of PRRO Myanmar 200299. Asset Creation Programme.

transfer per day per household, with an assumed five members per households. Table 8 shows the food basket composition, which meets WFP minimum standards of kilocalories per day (2,100), but not the percentage requirement of kilocalories from protein (10-12 percent) and fat (17 percent).

40. As per the asset creation SOP, the transferred cash amount is based on local market price analysis and is set through consultation between WFP and the CPs.<sup>124</sup> An average of US\$2.50 per day was planned at the project design phase.<sup>125</sup> According to the WFP Cash Based Transfer factsheet, the transfer increased to approximately MMK 3,500 (US\$3.50) per person/per day at the time of the evaluation. As an indicative reference, this amount is MMK 100 less than the minimum daily wage per person (MMK 3,600), as established by the government on 1 September 2015.<sup>126</sup> Interviews with beneficiaries confirm that the FFA cash amount is sufficient to support consumption needs of the most vulnerable.<sup>127</sup>
41. **Appropriateness of nutrition component.** Targeting and selection processes are appropriate considering limited countrywide and updated nutrition data. Data from the MICS (2009-2010) were used at the design stage and completed with partners' Smart, Measurable, Achievable, Relevant, Time-bound (SMART) surveys (ACF 2013, ACF 2014) to guide WFP in identifying and selecting the geographic areas with the highest prevalence of stunting and wasting.<sup>128</sup> This is in line with the WFP Nutrition Policy and the Nutrition SOP, where it is recommended nutrition programmes be based on needs and on accurate assessments of the country context.<sup>129</sup> Beneficiary targeting for all three nutrition activities is coherent with the Sphere Minimum Standard in food security and nutrition.<sup>130</sup> Considering the poor national maternal and child nutrition and health indicators (see Section 1.2 and Annex 3: National Indicators), the ET agrees with the MTR<sup>131</sup> finding that WFP's nutrition interventions under SO4 are highly relevant and generally acceptable to the target population. The introduction of Supercereal Plus, or fortified wheat soya blend (WSB++), aligns with WFP's Nutrition Policy<sup>132</sup> and the MTR recommendations, and is highly appropriate to address and prevent malnutrition among CU5. Similarly, the ET reaffirms the MTR finding that distribution of fortified blended food/rice soya blend (FBF/RSB) to PLW is appropriate for improving their nutritional status through prevention.<sup>133</sup> The major challenges reported to the ET by some female IDPs in Sittwe concerned the difficulty in acquiring firewood and lack of access to clean water to cook the blended food; similar concerns were reported at mid-term. These responsibilities fall mainly to women, and some female respondents stated that it was sometimes difficult to prepare the blended food due to time and resource constraints.
42. Beneficiary targeting for the HIV/TB component as per revised HIV/TB SOP<sup>134</sup> is appropriate and aligns with the Sphere Minimum Standard in food security and nutrition.<sup>135</sup> According to the PRRO design, WFP provides in-kind food assistance through CPs and clinics to PLHIV on antiretroviral therapy (ART) and to TB patients on directly observed treatment short-course (DOTS) to ensure their nutritional recovery, adherence and treatment success.<sup>136</sup> Food assistance is also provided on site at

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<sup>124</sup> WFP. 2013. WFP Myanmar. Operational Guidelines of PRRO Myanmar 200299. Asset Creation Programme.

<sup>125</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

<sup>126</sup> WFP. 2016. Cash Based Transfers. WFP Myanmar. Information triangulated with online references, where the minimum wage per day is reported as MMK 3600 (Eg., Department of Labour and Employment of the Philippines).

<sup>127</sup> WFP. 2016. Food Assistance for Assets (FFA) manual. And WFP. 2016. Cash Based Transfers. WFP Myanmar.

<sup>128</sup> WFP. 2016. Standard Operating Procedures – Nutrition.

<sup>129</sup> WFP. 2012. WFP Nutrition Policy. And also: WFP.2016. Standard Operating Procedures – Nutrition.

<sup>130</sup> The Sphere Project. 2013. Humanitarian Charter and Minimum Standards in Humanitarian Response. Chapter 7.

<sup>131</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>132</sup> Coherence with WFP policies is further discussed in Section 2.1.2.

<sup>133</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>134</sup> WFP. 2016. Operational Guidelines for HIV/TB.

<sup>135</sup> The Sphere Project. 2013. Humanitarian Charter and Minimum Standards in Humanitarian Response. Chapter 7.

<sup>136</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.



government facilities for MDR-TB and HIV patients through the government's National AIDS Programme (NAP) and National Tuberculosis Programme. ART patients receive six months of food assistance and TB patients receive it for the duration of their treatment. For PLHIV, food is needed to tolerate the ART drug side effects, adhere to treatment schedules, and improve their overall chances of survival. TB and MDR-TB patients are often malnourished and need an adequate diet to recover. Food assistance is critical to helping ensure that TB patients do not default and risk developing MDR-TB, and to helping MDR-TB patients complete the full 22 months of treatment. In October 2014, WFP and the National Tuberculosis Programme (NTP) agreed to a partnership whereby WFP provides technical assistance and food and nutrition assistance to MDR-TB clients in treatment at government clinics and the government provides the drugs and clinical care. The use of food assistance to support MDR-TB adherence and the national programme for HIV/AIDS is highly appropriate. The CP-administered food support would benefit from greater integration of on-site services where possible. Unfortunately, in October 2016 the Global Fund decided to discontinue funding food support to HIV programmes in Myanmar as of 2017 due to substantial budget cuts.

43. **Appropriateness of school feeding component.** This SO4 component aims to improve children's access to and utilisation of education in pre-primary and primary schools that are targeted based on food security and education indicators. The project document advised that SF include a daily fortified biscuit or THR of 10kg of rice per school-year month where food transfers to families are justified (e.g., nRS); additionally, it advised that future support be integrated with other nutrition and asset creation activities at the community level.<sup>137</sup> The 2014 MTR found that HEB had several advantages over THR: it is a more child-friendly approach that addresses short-term hunger and provides additional micronutrients; it was also found to provide better outcomes and more coverage at lower cost than THR, which allowed greater coverage of schools and daily on-site feeding rather than monthly distributions. For these reasons, HEBs replaced THR in 2015-2016. Where feasible, WFP is supporting asset creation activities to complement SF and strengthen their contribution to SO4.
44. The ET finds HEB distribution in schools an appropriate modality for contributing to the intended outcomes. Teachers report that HEB motivates children to attend school, improves concentration and alleviates hunger. While THR provided a safety net for food insecure households and an incentive for children to attend school, the MTR found that THR did not reach the poorest children who were not in school, and had less impact on short-term hunger and learning than HEB.<sup>138</sup> Parents and teachers interviewed by the ET voiced a preference for a hot meal, as HEB are a snack and a meal is viewed as more nutritious and more appropriate to local food customs – a view pertinent to WFP's long-term technical support for a national school feeding programme. The ET observed that school health interventions carried out by the government such as deworming, health education and health check-ups, are present in some schools and integrated with SF in these instances, but need to expand where possible.
45. **Appropriateness of capacity building component.** In the PRRO design, WFP recognised the government's commitment to poverty alleviation, health and education reforms, and disaster risk reduction (DRR), but also recognised that, in some areas, the scale of need was beyond the government's capacity to address.<sup>139, 140</sup> While capacity building was not part of the original results framework, the design did seek to enhance national capacity and shape national policies to promote ownership and the eventual handover of activities. The realignment of the PRRO to the WFP SRF (2014-2017) added this component to the logframe under SO4. In addition, the CO mainstreamed

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<sup>137</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

<sup>138</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>139</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

<sup>140</sup> PRRO coherence with government strategies is discussed in Section 2.1.3.

knowledge sharing and capacity development across activities with the recognition of their importance in contributing to the sustainability of food security programmes.<sup>141</sup> The ET finds the capacity-building component and activities promoting national policy development and technical capacity relevant to the emerging interest and capacity of the government to address food security and nutrition priorities across the country.

### **2.1.2 Coherence with WFP corporate strategy**

46. The PRRO clearly contributes to SO1, SO2 and SO4 of the WFP Strategic Plan 2014-2017<sup>142</sup> and aligns with the WFP SRF 2014-2017.<sup>143</sup> It should be noted that the WFP Strategic Plan and the 2008-2013 SRF<sup>144</sup> were guiding WFP's approach in Myanmar until 2013 (first PRRO project year). The PRRO is closely aligned with other relevant WFP corporate policies, including the Evaluation Policy (2016-2021), which guides this evaluation; the new Gender Policy (2015-2020), informing the revised logframe; WFP's Role in Peace building in Transition Settings Policy (2013); School Feeding Policy (2013); Humanitarian Protection Policy (2012); Nutrition Policy (2012); Policy on Disaster Risk Reduction and Management (2011); HIV and AIDS Policy (2010); Policy on Capacity Development (2009); and the Vouchers and Cash Transfers as Food Assistance Instruments Policy (2008), among others.
47. In terms of internal coherence, the PRRO is relevant to each key pillar of the CO country strategy, which outlines WFP's strategic approach in Myanmar around five strategic pillars: nutrition, education, safety nets, disaster preparedness and response, and knowledge sharing.<sup>145</sup> The PRRO is the main WFP operation in Myanmar; interviews with WFP staff indicate that additional funding is proactively incorporated into the PRRO to better meet its objectives. Revisions to the PRRO logframe have been closely coordinated with the CO strategic review process.<sup>146</sup> The CO indicates this evaluation will contribute to the design of the Country Strategic Plan (2018-2022) to be drafted through mid-2017, which will be aligned with the corporate changes of the integrated roadmap.<sup>147,148</sup> The ET finds the CO is proactive and forward-looking in their learning and strategic planning process, and that this will allow the CO to be ready when it is time to mobilise resources and partnerships under its new country portfolio.

### **2.1.3 Coherence with government policies and strategies**

48. According to SPR 2013, WFP closely coordinated the inception of the operation with the government and partners and aligned its activities with the national priorities outlined in the Nay Pyi Taw Accord for Effective Development Cooperation of January 2013.<sup>149</sup> The PRRO design is also aligned with the government's strategic direction outlined in the Framework for Economic and Social Reform 2012-2015 (FESR),<sup>150</sup> which set the policy priorities for achieving the government's 20-year National Comprehensive Development Plan (2011-2031, consisting of four 5-year plans).<sup>151</sup> The FESR is a significant policy because it reiterated the government's commitment to achieve the Millennium Development Goals (MDGs) and other human development objectives by 2015. This is relevant as the PRRO is aligned to MDGs 1,2,3,4,6 and now to the Sustainable Development Goals (SDGs) (discussed further in Section 2.1.4).
49. Numerous national policies and plans have been developed since the launch of the FESR, some of which have been influenced by WFP technical support. The ET finds that

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<sup>141</sup> WFP. 2016. Presentation to Evaluation Mission.

<sup>142</sup> WFP. 2013. WFP Strategic Plan (2014-2017).

<sup>143</sup> WFP. 2013. WFP Strategic Results Framework (2014-2017).

<sup>144</sup> WFP. 2007. WFP Strategic Plan and WFP Strategic Results Framework (2008-2013).

<sup>145</sup> WFP. 2012. WFP in Myanmar: Looking forward 2013-2017.

<sup>146</sup> WFP. 2016. Presentation to Evaluation Mission.

<sup>147</sup> WFP. 2016. Presentation to Evaluation Mission.

<sup>148</sup> WFP. 2016. Policy Country Strategic Plans. Revision Mode.

<sup>149</sup> WFP. 2013. Myanmar PRRO 200299 SPR 2013.

<sup>150</sup> Republic of the Union of Myanmar. 2012. Framework for Economic and Social Reforms 2012-2015.

<sup>151</sup> ADB. 2014. Myanmar Unlocking the Potential: Country Diagnostic Study.

WFP has positioned itself to make the biggest difference for the target populations under this PRRO and for future programming. However, there is room for growth in playing a strategic role with government partners in the areas of asset creation and gender equality, as well as in the coordination of disaster response activities, as shown in the table below. Table 9 shows WFP’s alignment with key national policies and engagement with government partners since the design of the PRRO.

**Table 9: PRRO 200299 Coherence with government policies and partners**

PRRO activity	Related key national policies	Government partner <sup>2</sup>	Current PRRO engagement <sup>2</sup>
Relief	Myanmar Action Plan on Disaster Risk Reduction (MAPDRR, 2009-15)	MSWRR: Relief and Resettlement Department	WFP technical support to design and implement EPR
Asset creation	FESR (2011-15) Section 5: promote rural development through cash for work for public assets Social Protection Strategic Plan, 2014	Covered under agreement with NaTaLa	MSWRR
SF (and capacity building)	National Education Sector Plan (NESP 2016-21), and National SF Programme (now part of the NESP) Education for All Plan of Action 2014 Social Protection Strategic Plan, 2014	Ministry of Education (MoE): Department of Basic Education	WFP technical support of NESP and NSFP, capacity development with key MoE personnel
Nutrition and health (and food security capacity building)	National Comprehensive Development Plan-Health Sector (2010/11- 2030/31) National Plan of Action for Food and Nutrition Security (NPAFNS, 2011-15) <sup>3</sup> Myanmar National Action Plan for Food and Nutrition Security (MNAPFNS, 2016-25) Strategic Plan for Early Childhood Care and Development (2014-18) National Strategic Plan for Tuberculosis Control, and Plan on HIV and AIDS (2011-15)	Ministry of Health (MoH): National TB Programme (NTP), and National AIDS Programme (NAP)  Ministry of Agriculture, Livestock and Irrigation (MoALI): Rural Development	Cooperation on WFP food support to MDR-TB and HIV, Funded by Global Fund through NTP , NAP MNAPFNS promotes Zero Hunger initiatives in country, with role of WFP in each, this is supported by Scaling-Up Nutrition (SUN) and other United Nations Network activities VAM: support of surveys for Food Security Atlas, provide trainings to government staff, establish info management resources centres
GEEW	National Strategic Plan for the Advancement of Women (2013-22)	No formal partnership, as reported by CO	WFP engagement in Gender Theme Group and engagement with MSWRR: Relief and Resettlement Department
Operations, general	All of the above	Ministry of Planning and Finance (MoPF) and NaTaLa	Basic agreement, principal counterparts for policy and operational levels

<sup>1</sup> WFP. 2016. Operation Evaluation PRRO 200299 Inception Package, by TANGO International.

<sup>2</sup> WFP. 2016. Presentation to Evaluation Mission.

<sup>3</sup> Not renewed after ending December 2015.

#### 2.1.4 Coherence with United Nations system-wide commitments

50. The PRRO contributes to the following priorities of the United Nations Strategic Framework for Myanmar (2012-2015): (1) increase inclusive growth, (2) increase equitable access to quality social services, and (3) reduce vulnerability to natural

disasters and climate change.<sup>152</sup> WFP aligns with SDG2, which provides a comprehensive approach to address food security and nutrition.<sup>153</sup> WFP aims to support the achievement of SDG2 by building “Zero Hunger Capacity” through SDG17—partnerships to facilitate national capacities to ensure food and nutrition security.<sup>154</sup> Prior to 2015, the PRRO contributed to MDGs 1, 2, 3, 4 and 6.

51. The ET finds a high level of alignment between the PRRO and United Nations partners. PRRO 200299 was extended through December 2017 to align the operation with the efforts of the United Nations Country Team (UNCT), among other reasons related to the political context. The relief component contributes to the strategic objectives of the UNCT Humanitarian Response Plan 2016.<sup>155</sup> The extension also aligns the PRRO with the first UNDAF in Myanmar, which will commence in 2018.<sup>156</sup> The PRRO is relevant with the FAO Country Programming Framework 2012-2016 outcomes related to improving livelihoods and food security, and improving preparedness for and mitigation of disasters and climate change.<sup>157</sup> The PRRO is relevant to the UNICEF Country Programme 2011-2015 component on young child survival and development.<sup>158</sup> For SF, WFP tries to target schools in UNICEF target areas where WASH facilities have been established so that SF is complemented with health and hygiene activities. The MTR found SF activities sometimes complement UNICEF activities in education, peace building and WASH in schools, thus it is particularly important for the agencies to build upon their mutual strengths and expertise.<sup>159</sup> However, constraints such as funding and different geographic focus among other United Nations partners have limited their capacity to support interventions that complement PRRO activities; for example, livelihood opportunities for IDPs and resettled populations, improved infrastructure and learning materials for primary schools, and strengthening of nutrition services. As shown in Table 9, WFP also plays a key role in the SUN<sup>160</sup> and Renewed Effort Against Child Hunger and Undernutrition (REACH) initiatives,<sup>161</sup> with the latter facilitating the United Nations Network for Food Security and Nutrition<sup>162</sup> that is chaired in 2016 by WFP’s Country Director.

### **2.1.5 Coherence with partners in Myanmar**

52. The project document specifically acknowledges that positive results are achieved when WFP assistance is complementary to partners.<sup>163</sup> The ET finds that WFP partnership decisions have been strategic, by acknowledging its limitations, the strengths of others, and that WFP has established coherency with relevant sector initiatives, where possible. In addition, the PRRO supports the presence of I/NGOs in the WFP targeted geographic areas through their engagement as CPs. Interviews with CP staff show that for many of the (mainly national) CPs, WFP is

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<sup>152</sup> UNCT. 2011. United Nations Strategic Framework 2012-2015.

<sup>153</sup> WFP. 2015. Sustainable Development Goals: Quick Guide for WFP Staff, October.

<sup>154</sup> WFP. 2016. Country Capacity Strengthening (CCS).

<sup>155</sup> UNCT. 2015. Humanitarian Response Plan 2016.

<sup>156</sup> WFP. 2015. Project for Executive Board Approval. Budget increase (BR 6).

<sup>157</sup> FAO. 2012. Country Programming Framework 2012-2016.

<sup>158</sup> UNICEF. 2010. Country Programme Myanmar.

<sup>159</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>160</sup> SUN. 2012. Scaling Up Nutrition (SUN) Movement Strategy 2012-2015.

<sup>161</sup> REACH is a joint initiative that facilitates the United Nations Network for Food Security and Nutrition including WFP, FAO, WHO, UNICEF, UNFPA, UN Women and UNOPS, to focus on making progress towards MDG 1/Target 3 (to halve the proportion of underweight CU5 by 2015).

<sup>162</sup> The United Nations Network activities include (as reported by CO): supports to the government; development of the MNAPFNS with different ministries; and facilitating national nutrition stocktaking (e.g., situation analysis, policy framework review, and stakeholder and coverage mapping). The United Nations Network supports coherence within the United Nations system and the United Nations Network for Food Security and Nutrition is one of the SUN networks in Myanmar. The SUN MSP (multi-stakeholder platform of government, donor, civil society, United Nations networks for SUN) has facilitated selection of 20 core nutrition actions (CNAs) for Myanmar in 2016.

<sup>163</sup> WFP. 2012. Project Document PRRO- Myanmar 200299.

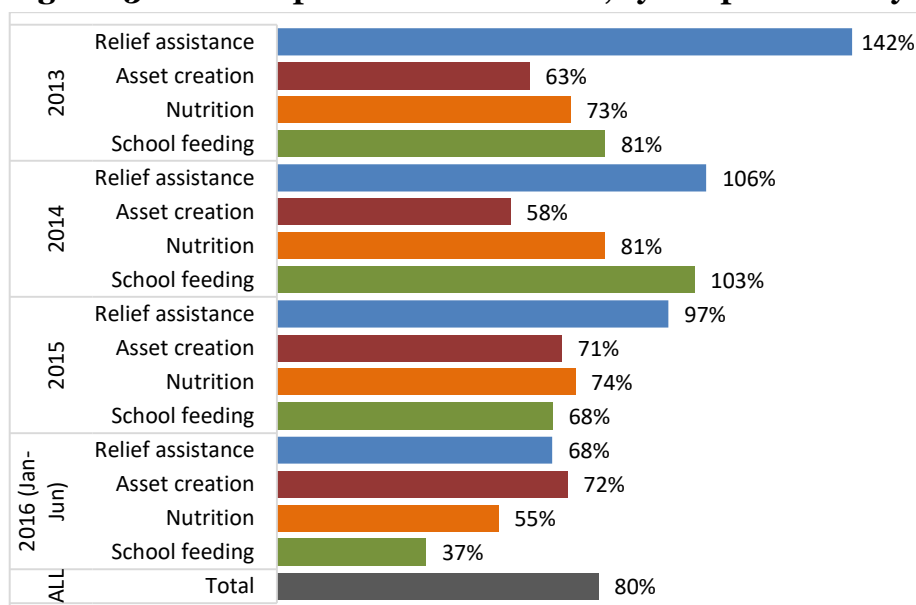
their largest financial partner.<sup>164</sup> WFP formalises collaboration with CPs through Field Level Agreements (FLAs) with a review of the documents confirming explicit recognition of coherency between WF-CP initiatives.

53. ET interviews with WFP, CPs, humanitarian and development sector partners confirm that WFP has established coherency where possible. However, these interviews also acknowledge that coherency is not always possible due to limited partner capacity (including staff and financial resources, and technical capacity) to undertake interventions in nutrition, education and livelihood in the WFP operational areas, as already described for United Nations partners under 2.1.4.

## 2.2. Results of the Operation

54. This section discusses findings regarding the second evaluation question, “What are the results of the operation?” and the evaluation criteria of effectiveness and impact. The analysis includes the extent to which assistance was provided against plan, the accuracy of beneficiary targeting and selection, and whether assistance was timely and of sufficient quantity and quality. Output data are presented up to June 2016. The section then analyses progress toward outcomes and unintended outcomes. Results are discussed by programme component, followed by crosscutting results. The section ends with a discussion of the operation’s contribution to higher-level development results.
55. The CO M&E unit has made substantial progress in recent years to improve the data collection and reporting on programme outputs and outcomes reported in this section.
56. **Overview of programme outputs.** The operation reached 4,409,728 out of 5,536,040 planned beneficiaries<sup>165</sup> (Operational Fact Sheet, Table 1), which is 80 percent overall for the three and a half years of the operation, as shown in Figure 13.

**Figure 13: Actual vs planned beneficiaries, by component and year**



Source: Data shared by CO to the ET by email on 16 October 2016.

Note: The planned and actual beneficiary values for each year sum across activities of each component; thus, sums include overlap of beneficiaries across activities and across components.

<sup>164</sup> Refer to the Operational Factsheet for a listing of all partners.

<sup>165</sup> This total provides an idea of overall progress in reaching the planned beneficiaries across the evaluation period, but it should be noted the total double-counts the beneficiaries receiving assistance across components and for more than one year.

## 2.2.1 Relief component (SO1): outputs and outcomes

57. WFP employed three main activities toward achieving SO1, the relief component: food/cash assistance to IDPs and those returned to places of origin or relocated/resettled in new communities in Rakhine, Kachin and Shan; lean season food/cash assistance to food insecure households in nRS; and short-term food/cash assistance to beneficiaries affected by natural disasters, mainly in Rakhine State and the Central Dry Zone. As an example of caseload for relief activities, GFD beneficiaries jumped from 318,430 in 2014 to 770,149 in 2015, with a major increase in CBT beneficiaries as well (relief cash beneficiaries are the same people as food recipients); see Supplementary Annex 7: Table 2. CO information is organised for all SO1 beneficiaries combined, as presented in the operational factsheet. Note: discussion of gender results for all SOs is found in Section 2.2.5 Cross-cutting results.

### Planned and actual relief outputs

58. WFP exceeded relief output targets for 2013-2014. The 2013-14 SPRs and interviews with CO staff indicate that the main reason for this was the scaling up of support to IDPs, mainly in Rakhine State. In 2015, the percentage of actual beneficiaries reached was only slightly lower than planned (97 percent, Figure 13). At 68 percent achievement by June 2016, WFP is on track to achieve, and likely exceed, its 2016 beneficiary target. Interviews with CO staff indicate this is due to the increase in unplanned beneficiaries due to seasonal flooding and to renewed tensions in Rakhine State and new displacements due to new armed clashes in Shan State as of September 2016. Interviews with CO staff further indicate that, although the additional beneficiaries due to natural disasters were not incorporated in SO1 annual targets, this additional caseload was expected due to the frequency of natural disasters in Myanmar.
59. Table 10 shows relief component planned and actual beneficiaries for food and cash. The figures reflect WFP's intention to explore cash where feasible, as discussed under Section 2.1 and confirmed in interviews with CO management. The percentages achieved by June 2016 show that WFP is on track toward achieving cash and food distribution targets for this year. WFP staff interviews indicate that since the programme is still shifting from food to cash, the output numbers reflect some double counting, and mixed-modality beneficiaries are counted under both food and cash recipients.

**Table 10: Planned and actual food/cash distributed under relief, by year**

Year	Food (MT)			Cash (US\$)		
	Planned	Actual	% achieved	Planned	Actual	% achieved
2013	26,160	41,228	158%	N/A	N/A	N/A
2014	45,672	42,083	93%	N/A	22,315	N/A
2015	50,940	42,083	83%	3,396,774	1,161,564	34%
2016 (Jan-Jun)	39,742	18,373	46%	4,249,901	2,937,770	69%

Source: Data shared by email from CO to ET on 26 October 2016.

60. **Targeting and eligibility for IDPs.** In Kachin and Shan states, the ET finds that the shift in 2016 from blanket rations (see Section 2.1) to a vulnerability targeting system for IDPs is appropriate and effectively implemented to meet IDP food security needs and prioritise WFP resources where they are needed most. The detailed targeting criteria and the prioritisation and validation process are clearly described in the 2016 targeting strategy and based on appropriate assessments.<sup>166,167</sup> There are some differences in criteria between the two states to ensure targeting is appropriate to the local context. Interviews with beneficiaries and WFP and CP staff in the states of Kachin and Shan indicate that the criteria are generally well understood, acceptable to beneficiaries and properly applied by WFP and CPs. The ET finds that concerns raised by the CPs, Camp

<sup>166</sup> WFP. 2016. IDP Targeting Strategy; WFP. 2016. Food Modality Transition in IDP Camps in Kachin State; WFP. 2016. Brief of Operation Lashio. Evaluation Mission.

<sup>167</sup> The roll-out was still ongoing in Shan at the time of the evaluation.

Management Committees (CMC) and beneficiaries around exclusion or inclusion error are addressed by WFP. Interviews with beneficiaries, WFP and CP staff, and United Nations and humanitarian sector representatives indicate that, in general, the targeting system is transparent, the criteria are appropriate, and the introduction of vulnerability targeting is an effective way to distribute WFP resources equitably.

61. In the central part of Rakhine, the blanket GFD system for IDPs remained unchanged since the start of the PRRO. In northern Rakhine, Maungdaw district, WFP implemented a transition plan based on completed livelihood assessments of IDPs in January 2016. Based on these livelihood assessments, WFP phased out partially in September 2016. However, remaining plans for a complete phase-out are on hold after tensions flared in Maungdaw district in October 2016. The ET finds that eligible IDPs are receiving WFP food assistance in Shan and Kachin states. Interviews with beneficiaries, government representatives, WFP and CP staff, and humanitarian sector partners indicate that IDP registration is annually updated in Shan and Kachin, and that WFP lists used for distributing assistance for the most part reflect the current IDP population. However, for IDPs in Sittwe and Mrauk U districts in Rakhine, interviews indicate that WFP lists are based on 2012 IDP registration data and are therefore outdated. For example, children born to IDPs after their initial registration with the government are not included in WFP's assistance to that IDP household. Interview findings are not conclusive on the extent of exclusion errors. This can only be clarified by updating the GFD eligibility listing; interview findings show extensive discussions between WFP and CPs since 2014 on how to undertake this update. The exercise is complex, with varying opinions on the eligibility criteria. Some interviews with CPs and United Nations representatives indicate a concern that an eligibility update would fuel tensions. However, ET interviews with beneficiaries indicate an update could be carried out effectively with the participation of humanitarian sector and government partners, to ensure broad ownership over process and results, and if done with a structured and transparent validation process within IDP communities. A detailed assessment methodology for the eligibility update is currently being prepared in consultation with CPs. However, the process is on hold due to the recent tensions in nRS.
62. **Transition for returning/resettled IDPs.** The ET finds WFP is effectively planning and managing the transition for returning and resettled IDPs in project areas where a transition strategy document has been developed (northern Shan,<sup>168</sup> Maungdaw,<sup>169</sup> Rakhine<sup>170</sup>). The ET observes that no strategy has been developed yet for Kachin, although a livelihood profiling and rapid market assessment was conducted in Oct/Nov 2015.<sup>171</sup> There are limited opportunities for IDPs to return but some resettlement has occurred and will likely continue. WFP has continued food assistance for at least the first six months of resettlement, and in some cases up to a year, as necessary.<sup>172</sup>
63. In Rakhine, WFP developed a 2016 Transition Strategy to guide its assistance to former IDPs who returned to places of origin or were resettled/relocated to new communities by the government.<sup>173,174</sup> The ET finds the transition strategy and roadmap an appropriate response to the government decision to resettle or return IDPs. The strategy's emphasis on shifting from food assistance to self-reliance initiatives, livelihood recovery and resilience building is also appropriate. Interviews with WFP staff show that, in some townships, WFP has already implemented a shift from only food

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<sup>168</sup> WFP. 2016. IDP Targeting Strategy 2016. And WFP.2016. Concept Note on IDP Prioritization exercises IDPs in Lashio Area.

<sup>169</sup> WFP. 2016. WFP Maungdaw Sub Office Targeting Exercise.

<sup>170</sup> WFP. 2016. IDP Targeting Strategy 2016. And WFP. 2016. WFP Transition Strategy for IDPs in 9 Townships in Rakhine State. March to December 2016. And WFP. 2016. Zone 1 Update.

<sup>171</sup> WFP. 2016. IDP Targeting Strategy 2016. And WFP. 2016. Results of livelihood profiling/rapid market assessment in Kachin.

<sup>172</sup> WFP. 2016, Lashio concept note on IDP prioritization.

<sup>173</sup> Email from CD, 2016.09.30, on WFP food transition strategy in Rakhine State.

<sup>174</sup> WFP. 2016. WFP Transition Strategy for IDPs in 9 Townships in Rakhine State. And also: WFP 2016. Transition to needs-based targeting for former IDPs and their host communities in Rakhine State (updated 14 October).



assistance (SO1) for those returned/resettled/relocated to targeted support including cash/food for asset creation activities (SO2) and lean-season feeding (SO1) for the most vulnerable. Nutrition support to CU5 and PLW was also continued.<sup>175</sup> Interviews with resettled IDPs indicate some concerns regarding their ability to meet food needs without GFD. However, additional follow-up interviews with WFP staff reveal a detailed awareness of these issues and an intention to regularly reflect on the appropriateness and feasibility of the transition. For example, as of October 2016, given the renewed violence in Maungdaw district, WFP decided to put the transition on hold and temporarily reinstate support to former IDPs.<sup>176</sup>

64. The ET finds the Rakhine transition strategy necessary and relevant and acknowledges WFP's efforts to strengthen the evidence base and communication. Partners were generally aware of the transition strategy<sup>177</sup> and the ongoing WFP assessments to inform any change in food assistance. During the evaluation mission, the ET was not able to review the assessment tools or sampling approaches as WFP was still in the process of piloting the survey tools. Interviews with WFP staff indicate that transition assessment methodologies differed by location, and as reflected in the 2016 Transition Strategy, were mainly based on qualitative consultations. Interviews with donor and humanitarian sector partners report some concerns about whether the evidence base was robust enough to inform a transition, especially where options for income generation and livelihood opportunities are complicated. A September 2016 news article that critiqued the WFP transition strategy further reflects sector partner misunderstandings about the transition purpose and approach.<sup>178</sup>
65. In addition to the transition planning for IDPs, the ET finds WFP is effectively planning for the return of refugees from Thailand after ceasefire agreements in October 2015 and after the new government was elected in 2016. An internal concept note and interviews with WFP staff indicate that WFP intends to raise approximately US\$2 million for cash assistance for up to 3,000 former IDPs as well as livelihood support to 4,000 former IDPs and members of receiving communities in concentrated return areas.<sup>179</sup>
66. **Targeting for lean season food assistance.** The ET finds the lean season food assistance effective in meeting the food needs of the poorest and most vulnerable households when their livelihood opportunities are limited. Lean season assistance is provided monthly from June to November in Buthidaung and Maungdaw districts through a full GFD ration or cash equivalent, with approximately 90 percent receiving cash at the time of the evaluation.<sup>180,181</sup> The ET finds the targeting criteria specified in the relief SOP appropriate and correctly applied. Interviews with beneficiaries, WFP and CP staff indicate WFP does extensive verification of beneficiaries and is highly responsive in addressing inclusion or exclusion error, even addressing individual cases.
67. **Assistance delivery for IDPs and lean season support.** The ET finds the food and cash distribution process for all SO1 operating areas to be in line with the WFP relief SOP and effective, especially considering the remoteness of sites and the operational complexities of food transport in Myanmar. CPs determine distribution timing and frequency in consultation with WFP; distribution is typically monthly.<sup>182</sup> PDMs and beneficiary interviews indicate no concerns with timing or frequency. CP reports and PDMs indicate rare and minor delays in food distribution and no delays in cash distribution,<sup>183</sup> which was confirmed by interviews with beneficiaries, CP and WFP staff.

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<sup>175</sup> WFP. 2016. Food Modality Transition in IDP Camps in Kachin State.

<sup>176</sup> Email from CD to food security partners, 14 October 2016.

<sup>177</sup> The ET did not review the Transition Strategy as it was still an internal WFP document at the time of evaluation.

<sup>178</sup> <http://frontiermyanmar.net/en/news/un-agency-cuts-food-aid-rakhine-idp-camps>

<sup>179</sup> Concept Note shared by the CO with the ET.

<sup>180</sup> WFP. 2016. WFP Maungdaw Sub Office PowerPoint presentation to the ET.

<sup>181</sup> WFP. 2011. Myanmar PRRO 200032. Mid-Term Review (1-21 December 2011).

<sup>182</sup> WFP. 2014. Asset Creation PDMs; WFP. 2015. Asset Creation PDMs; WFP. 2013. Operational Guidelines of PRRO 200299.

<sup>183</sup> Plan International Myanmar. 2016. Narrative Report. 1<sup>st</sup> February to 30<sup>th</sup> April.



The ET again finds WFP proactive in addressing factors underlying delays, as possible, e.g., an issue of poor alignment between WFP and CP SOPs in Rakhine that caused delays for certain food items in 2016 was being resolved at the time of the evaluation.

68. Direct observation and interviews with beneficiaries, CP and WFP staff indicate food and cash distributions are conducted in an orderly manner by either WFP and CPs, or CPs and FMCs. Special assistance is given to those who need it, e.g., the elderly and PLW. PDMs and beneficiary interviews indicate no major safety or security concerns related to distribution. Some beneficiaries did state they felt unsafe carrying large amounts of cash, but no thefts have been reported. In addition to the bi-annual PDM, WFP conducts regular monitoring of food and cash distributions, but WFP is not able to meet the target of 100 percent cash distribution monitoring due to high staff workloads.<sup>184</sup> The WFP relief SOP leaves the decision on how much advance notification to give beneficiaries to the CPs. CP proposals, PDMs and interviews with beneficiaries show that beneficiaries are generally informed of the distribution date at least 2-3 days in advance, which beneficiaries indicate is sufficient.<sup>185,186</sup>
69. A review of ration books and PDMs, corroborated with interviews with beneficiaries, WFP and CP staff, indicate that beneficiaries received 100 percent of their food and cash entitlement, and pipeline breaks for SO1 activities were rare, with two notable exceptions in Rakhine and Kachin states. In Rakhine, WFP standards were not followed in Sittwe district, where FMCs required a small amount of rice from IDPs as payment for the extra handling needed to move the food from the WFP drop-off to distribution points.<sup>187,188</sup> Interviews with WFP and CP staff showed this was being addressed at the time of the evaluation. In Kachin state, the government did not permit WFP to deliver food in the non-government controlled area (NGCA) due to security concerns. Interviews with WFP staff and humanitarian sector partners report intense follow-up by WFP with government to request NGCA travel permission, and in September, a WFP mission was approved entry to assess IDP food needs.
70. The ET finds that the distributed food and cash are used in line with the SO1 purpose, and the quantity and quality are sufficient. PDMs and interviews with beneficiaries further show that distributed food and cash were mainly used for family food consumption.<sup>189</sup> Some sale of commodities—mainly of rice and pulses—did occur, to meet other household expenses such as education and health care. There is also some exchange of commodities for fresh food. In addition, beneficiaries indicate a preference for chickpeas over butterbeans, which were introduced after a rise in market prices for chickpeas. Interviews with WFP staff indicate that chickpeas will be brought back if pricing allows. At the time of the evaluation, WFP was reviewing the amount of cash distributed monthly to the most vulnerable households (MMK 13,000) and less vulnerable households (MMK 9,000).<sup>190</sup> Interviews with beneficiaries confirm that the MMK 13,000 is not a reliable cash equivalent for a full food ration at local market prices throughout the year, and that regular review is indeed necessary.
71. **Emergency food assistance targeting and delivery.** The 2012-15 SPRs and interviews with WFP staff show that WFP provided emergency food relief to support the government response to natural disasters every year since the PRRO started. Interviews with WFP and government staff indicate that the targeting was effectively conducted by the government. The largest response was for Cyclone Komen in 2015. WFP provided emergency food assistance in seven states/regions. Affected communities were assisted

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<sup>184</sup> WFP. 2016. Operation Guidelines. PRRO 200299.

<sup>185</sup> WFP. 2015. Emergency Relief Post Distribution Monitoring Report. First round.

<sup>186</sup> WFP. 2014. Emergency Relief Post Distribution Monitoring Report.

<sup>187</sup> WFP. 2015. Emergency Relief Post Distribution Monitoring Report. First round.

<sup>188</sup> WFP. 2015. Mission Report. Transfer Modality Scoping Mission in southern Rakhine/Sittwe, Myanmar.

<sup>189</sup> WFP. 2013. Rakhine Emergency Relief PDM Report; WFP. 2013. Kachin Emergency Relief PDM Report; WFP. 2016. WFP Myitkyina Sub-Office Monthly Report (April); WFP. 2016. WFP Maungdaw Sub-Office Monthly Report (May).

<sup>190</sup> WFP. 2016. WFP Myanmar Cash-Based Transfer brief.

with HEBs, rice, oil, salt and pulses. CBT was also introduced in flood-affected areas where markets were functioning. WFP also provided transport as part of its food assistance.<sup>191</sup> Interviews with WFP staff indicate no budget was allocated specifically to this transport activity. WFP relied on additional funds raised for its emergency responses, and relied on PRRO capacity to deliver its assistance.

#### Planned and actual relief outcomes

72. **Stabilised or improved food consumption over the assistance period for targeted households and/or individuals.** The outcome indicators for the relief component are diet diversity score (DDS) and food consumption score (FCS). Overall, the ET finds that the high achievement and quality of relief outputs has contributed to the realisation of the PRRO outcome to stabilise or improve food consumption. Both the DDS target (4.5 food groups) and the FCS target (80 percent of targeted households have at least borderline food consumption) were met in the years where data are available (2014 and 2015 for DDS; 2013 and 2015 for FCS) (Factsheet, Outcomes table).
73. **Unintended outcomes.** The ET finds an unintended high dependency on WFP food assistance to IDPs. Some dependency is always expected and WFP has strategies in place to address this such as shifting from GFD/CBT to asset creation. However, interviews with beneficiaries, government representatives, WFP and CP staff, and humanitarian sector partners indicate that the dependency on WFP food assistance is higher than WFP can effectively manage, primarily due to the lack of a clear livelihood strategy in SO1 operating areas in which to ground a food assistance transition strategy. Interviews with humanitarian partners indicate there is no strong sector leadership on livelihoods in the PRRO areas and livelihood working groups either do not exist or are nascent. This has created difficulties for WFP in planning and implementing transition from high-dependence food/cash aid to supporting self-reliance for returning/resettled IDPs. In the absence of traditional livelihood sector partners like United Nations Development Programme (UNDP), International Fund for Agriculture Development (IFAD) and FAO, WFP is not sufficiently equipped to be at the forefront of livelihood development. This dynamic has contributed to the negative perception by humanitarian sector partners around WFP's efforts to initiate transition, specifically in Rakhine where the political situation surrounding IDPs is complex.

#### **2.2.2 Asset creation component (SO2): outputs and outcomes**

74. WFP employed a single main activity toward achieving SO2: conditional transfer of food/cash upon labour inputs in works schemes, called FFA. For some projects, there is distribution of non-food items (NFI) to support asset creation and maintenance.<sup>192</sup> Note: discussion of gender results for all SOs may be found in Section 2.2.5.

#### Planned and actual asset creation outputs

75. WFP did not meet its annual targets for FFA beneficiaries in 2013-2015: 63 percent in 2013, 58 percent in 2014, 71 percent in 2015 (Figure 13). Interviews with WFP and CP staff indicate the main reasons for this were late donor contributions, which left insufficient time to implement FFA due to seasonal limitations, and limited flexible funding that can be used for FFA (most funding is earmarked for relief).<sup>193</sup> Additionally, the extent to which FFA is given least priority among operational activities to prioritise life-saving activities (e.g., relief) further led to FFA activity postponement/suspension. The majority of CPs for FFA are national organisations. For many national CPs, FFA and the intended linkages to livelihood development were new activities. CPs did not have other livelihood interventions in place to develop the essential synergies to utilise the community and household assets for improved livelihoods and income opportunities.

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<sup>191</sup> WFP. PRRO 200299. Standard Project Report (SPRs) 2013-15.

<sup>192</sup> WFP. 2016. WFP Asset Creation Guidelines. Note: WFP does not report data on NFI distribution in a structured manner.

<sup>193</sup> WFP. 2015. PRRO 200299. Standard Project Report (SPR) 2015.

The ET finds this is slowly improving but that, in general, CP livelihood activities and their capacity to implement are still insufficient to support and grow WFP's FFA results. The ET did identify some notable exceptions where international CPs, or national CPs with direct international support, have demonstrated the feasibility and sustainability of integrated livelihood approaches incorporating WFP's FFA, e.g., in the Dry Zone.

76. The ET finds that WFP has taken effective measures to address the aforementioned constraints and is on track to meet and likely exceed 2016 targets. In 2016, WFP placed stronger emphasis on FFA due to its relevance to SO1 transition initiatives and WFP's focus on self-reliance versus dependency. A new initiative in 2016 was the development of regional asset creation strategies, which were a new initiative implemented at sub-office level. The strategies show increased focus on integration and complementarity with other PRRO and external initiatives. They also show a shift to a cluster approach that targets contiguous village tracts and fosters a critical mass of local knowledge and peer-learning, instead of targeting isolated villages. Although the asset creation strategies do not include specific reference to the FFA manual and tools, the ET finds that the general approaches set out in the asset strategies align with the 2016 FFA manual. Interviews with WFP and CP staff indicate that accompaniment by sub office staff with CPs in designing and implementing FFA activities has improved and is sufficient at current levels. At the same time, interviews with WFP staff indicate very high workloads, e.g., for sub office engineers, which is not sustainable without additional staff support.<sup>194</sup> WFP staff interviews show that field monitors are unable to monitor 100 percent of CBT activities as required, and rely on CP staff for the majority of monitoring. The ET finds the CO could also provide FFA training or refresher to its staff in order to reduce strain and bring FFA programme into line with current policy and guidance as recommended in the 2014 synthesis report on the impact of FFA.<sup>195</sup>
77. Table 11 shows SO2 planned vs actual food and cash distributions. Similar to the relief component, the actual values for food and cash distributed reflect WFP's intention to explore cash where feasible. Interviews with WFP staff clarify that security and safe-cash infrastructure limitations impeded roll out of CBT in Rakhine State in 2015, accounting for higher use of food and lower use of cash than planned. The percentages achieved by June 2016 show that WFP is on track toward achieving the cash distribution target for this year, with a clear shift towards the cash modality.

**Table 11: Planned and actual food/cash distributed under asset creation, by year**

Year	Food MT			Cash (US\$)		
	Planned	Actual	% achieved	Planned	Actual	% achieved
2013	11,556	6,078	53%	600,000	191,887	32%
2014	11,556	4,732	41%	900,000	805,601	90%
2015 <sup>196</sup>	965	2,558	234%	4,553,225	750,964	16%
2016 (Jan-June)	3,198	540	17%	2,985,000	1,587,035	53%

Source: Data shared by email from CO to ET on 26 October 2016.

78. **Targeting and beneficiary selection.** The ET finds the VAM analysis was sufficient to inform effective geographic targeting from 2013-2015, and targeting has further improved in 2016 owing to the shift to a cluster approach at village-tract level. This shift was supported by in-depth analysis of VAM information, which included additional validation through community consultation to identify priority zones that included the highest concentration of nutrition and food insecure villages. This concentration of FFA improved the efficiency and overall effectiveness of CP and WFP activities.

<sup>194</sup> Note: At the time of revising this report the CO provided the update that each SO with significant FFA activity has completed recruitment of engineers.

<sup>195</sup> WFP. 2014. Synthesis Report of the Evaluation Series on the Impact of Food for Assets (2002-2011). WFP/EB.A/2014/7-B.

<sup>196</sup> The low percentage (16 percent) achieved for cash in 2015 is due to a budget revision following the floods to increase cash. However, the BR was only approved in November and funding confirmed in December.

79. The ET finds the beneficiary targeting process effective and in line with SOP. Interviews with beneficiaries, WFP and CP staff confirm the beneficiary targeting process within selected townships and priority zones is based on participatory approaches and has remained largely the same throughout the PRRO implementation.<sup>197</sup> Village tract, household and project selection is conducted jointly by WFP, CPs and a village project management committee consisting of men and women. The asset creation SOP stipulates that 30 percent of committee members must be women, and the ET confirms this for the sites visited during field work. In designing the project, these stakeholders consider local food production, livelihoods, income generation options, job opportunities and level of food security.<sup>198</sup> WFP uses a vulnerability index to prioritise household participation in FFA. The following selection criteria were most frequently applied for household selection: landless household, marginalised farmer, poor household, female-headed household, unemployed household, and household with potential resource land.<sup>199</sup> Interviews with beneficiaries, WFP and CP staff also confirm the increased emphasis on integration with other activities, to the extent possible within overall PRRO targeting strategies, e.g., contributing to the outcomes of SF and nutrition activities, and to the development of productive community assets to support transition strategies. The ET finds that the level of consultation with community members meets the general expectation for community-based participatory planning set out in the FFA manual; local needs are identified, programme responses are sufficiently tailored, and there is strong ownership by local stakeholders. There is no reference in the regional asset creation strategies to the specific features and tools set out in the 2016 FFA manual.<sup>200</sup> However, interviews with WFP and CP staff and beneficiaries indicate that the asset creation activities considered the four basic features for participatory planning for FFA,<sup>201</sup> and that structured participatory methods were used.
80. **FFA delivery.** The ET finds that the selection of cash or food modalities for the FFA activities is based on communities' needs and on market and capacity assessments conducted at sub office level, and those modalities are effective in the local context. The shift to cash in the FFA activity is also effective and is properly informed by feasibility studies. PDMs and beneficiary interviews indicate cash is the preferred modality in most areas where it has been introduced, with the exception of areas where difficult access to markets and uncertainty of food availability in the markets remain limiting factors.<sup>202</sup> The ET finds that the village project management committees established to manage implementation of FFA activities are effective. Committee members have good role clarity and include community leaders as well as representatives from the vulnerable households targeted by the activity. Interviews with beneficiaries confirm their expectations for the effectiveness of the Food/Cash Management Committee (F/CMC) are met, e.g., the right people benefit from the activity and all voices are heard, including where different ethnic or religious groups are involved. Women were active participants in FGDs about their roles and contributions to the committees.
81. The process for food or cash distribution is similar as described under Section 2.2.1. Review of PDMs and interviews with beneficiaries, and WFP and CP staff indicate that SOP steps are followed, and that the food and cash distributions are well organised by F/CMCs with support from CPs, with no serious problems reported.<sup>203</sup> Waiting times are less than two hours. Some beneficiaries highlighted high transport costs to/from the distribution points as a problem. However, the ET finds that the distribution points are centrally located and that transport costs do not affect participation. The ET finds the

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<sup>197</sup> WFP. 2014. SOP Asset Creation.

<sup>198</sup> WFP. 2016. CO Presentation for Evaluation.

<sup>199</sup> WFP. 2016. Mini-Impact Assessment on Individual/Household Assets.

<sup>200</sup> WFP. 2016. Food Assistance for Assets (FFA) manual.

<sup>201</sup> WFP. 2016. Food Assistance for Assets (FFA) manual.

<sup>202</sup> WFP. 2015. Asset Creation PDMs 2015.

<sup>203</sup> WFP. 2015. Asset Creation PDMs 2015.

number of days worked by an FFA participant sufficient to cover household food needs for a month. A review of PDMs shows a range of 30-40 days of work for FFA participants, which was confirmed by beneficiary and CP interviews. Based on PDMs and beneficiary interviews, the ET further finds no problems with the quality of food. Almost all cash is used to purchase food, and almost all food is consumed by beneficiaries.<sup>204</sup> There is some sharing and sale of food items, but this is within acceptable norms for food assistance.

82. Interviews and direct observation conducted with CP staff and with local officials show that the quality of the discrete asset creation projects meets, and often exceeds, the construction standards for public assets of the same type. The assets are relevant to community and household needs for nutrition/food insecure households. Table 12 shows the cumulative count of assets completed from 2013-2015. Other types of assets completed during the previous and current PRRO include schools, fish ponds, drinking water ponds and community forest rehabilitation.<sup>205</sup>

**Table 12: Assets created 2013-2015**

Asset type	Count
Agricultural land with new/rehab irrigation scheme (hectare)	1713 ha
Cultivated land with soil and water conservation measures (hectare)	5738 ha
Feeder roads built or rehabilitated, and maintained (kilometre)	1459 km
Check dams and gully structures constructed (volume)	47 610 m <sup>3</sup>
Earth dams and flood dikes constructed (volume)	218 065 m <sup>3</sup>

Source: Data shared by email from CO to ET on 26 Oct 2016. Actuals for 2016 are not available.

83. The review of asset creation design plans, site observation, and interviews with beneficiaries, WFP and CP staff, and government representatives show that asset creation activities are designed in line with local standards and availability of local materials. For all asset creation activities, WFP encourages in-kind contribution from the beneficiaries,<sup>206</sup> commonly given in the form of labour, local transport or preparation of construction materials like gravel. Interviews indicate that F/CMCs of completed projects remain active to manage maintenance of the asset. All sites visited show practical and fair arrangements for both the distribution of benefits, e.g., increased availability of cultivable land or day labour opportunities, and inputs, e.g., landowners pay agriculture day labourers to maintain assets that benefit the landowner. For all sites visited, the ET also found that asset creation projects were designed to provide benefits to more than one village, both in terms of direct cash or food and via access to the asset benefits once built. WFP and CP staff indicate that even villages that do not participate in FFA receive some benefits from the assets, e.g., downstream villages that have more cultivable land or less severe flooding due to improved upstream irrigation.

#### Planned and actual FFA outcomes

84. **Improved access to assets and/or basic services, including community and market infrastructure.** SO2 output results show that where assets were created, there are meaningful improvements in household and community livelihood assets and road assets that facilitate improved access to basic services and markets, which is the intended outcome. However, outcome data show that WFP only achieved its target for communities with an improved community asset score (CAS) in 2014. (The reasons for the inability to achieve this target in 2015 are described in paragraph 75). Based on site observation, the review of the SOP and sub-office strategies and interviews with WFP and CP staff, the ET expects that the target of 80 percent will be met in 2016.

85. The 2016 mini-impact assessment conducted by WFP shows that FFA is contributing to the aims to: (i) mitigate future disaster risk (ii) increase market access and (iii) diversify household income sources.<sup>207</sup> These benefits were consistently validated in beneficiary

<sup>204</sup> WFP. 2015. Asset Creation PDMs 2015.

<sup>205</sup> WFP. 2016. Mini-Impact Assessment on Individual/ Household Assets.

<sup>206</sup> WFP. 2013. Operational Guidelines of PRRO Myanmar 200299.

<sup>207</sup> WFP. 2016. Mini-Impact Assessment on Individual/Household Assets.

and CP staff interviews. The assessment shows that water management assets have significantly reduced risk of flooding. Beneficiary interviews confirm this and further indicate that land terracing has reduced upland soil erosion. The assessment also notes the increased road infrastructure, and the ET's interviews confirm the improved roads have reduced travel time and facilitated greater access to schools, health facilities and markets for previously isolated communities. Finally, the assessment provides evidence of improved yields and income for the majority of respondents, up to 8 percent, mainly as a result of increased arable land due to water management assets, soil conservation and terracing. Interviews indicate that farmers still rely on their main crops. There is some evidence of diversification, although the ET finds this is limited and largely contingent on the CP's experience.

86. **Adequate food consumption reached or maintained over assistance period for targeted households.** The 2015 SPR states, “due to the reduced number of beneficiaries, vulnerable communities were not able to create all planned community assets in order to increase their resilience to upcoming shocks. Consequently, their vulnerability to food insecurity is increased.”<sup>208</sup> However, data for the FCS and DDS outcome indicators show mixed results (see Operational Fact Sheet). There is improvement in DDS for both male and female-headed households, and targets have been met. However, targets for households with borderline FCS have not been met, although the data do show meaningful improvements compared to baseline. In addition, the ET finds the FCS target setting unreasonable for a FFA activity alone, when viewed in the context of the high baseline values for households with borderline FCS.
87. **Unintended outcomes.** The ET finds several unintended positive outcomes of the FFA activities. The mini-impact assessment indicates FFA has supported farmers to reduce slash-and-burn agriculture, due mainly to terracing land development.<sup>209</sup> In Rakhine State, the ET found convincing evidence that FFA activities were a stabilising factor in the relations of different ethnic and religious communities: beneficiary interviews consistently indicated inter- and intra-community communication and collaboration were strengthened due to the experience of developing and maintaining common assets with equitable benefit sharing. Finally, the ET finds that FFA, and the increased emphasis on linking it to other livelihood and nutrition interventions, has made a meaningful contribution to developing CPs' livelihood development capacity. Interviews with CP and WFP staff indicate this provides a good basis for sector capacity development to plan and implement much-needed additional livelihood initiatives.

### **2.2.3 Nutrition component (SO4): outputs and outcomes**

88. WFP supplementary feeding activities address undernutrition in PLW and children aged 6-59 months in three ways: prevention of MAM for PLW and children 6-23 months and 24-59 months; treatment of MAM for the same target groups; and prevention of stunting among PLW and children aged 6-23 months. There are three modalities to address undernutrition: prevention of wasting through BSF, treatment of MAM through clinical diagnosis and targeted supplementary feeding, and prevention of stunting through blanket complementary feeding.<sup>210</sup> CPs are responsible for providing nutrition education and counselling to beneficiaries receiving fortified blended foods. WFP also supports children cured of SAM for three months to help avoid relapse.<sup>211,212</sup>

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<sup>208</sup> WFP. 2015. PRRO 200299. Standard Project Report (SPR) 2015.

<sup>209</sup> The assessment also makes note of beneficiaries in Chin State who obtained land certificates in the course of the PRRO. The attribution of this change to the FFA activities could not be verified as the ET did not visit Chin.

<sup>210</sup> WFP. 2016. Myanmar, SOP Nutrition, 2016.

<sup>211</sup> WFP. 2016. Nutrition Programmes, Operational and Context Analysis, May.

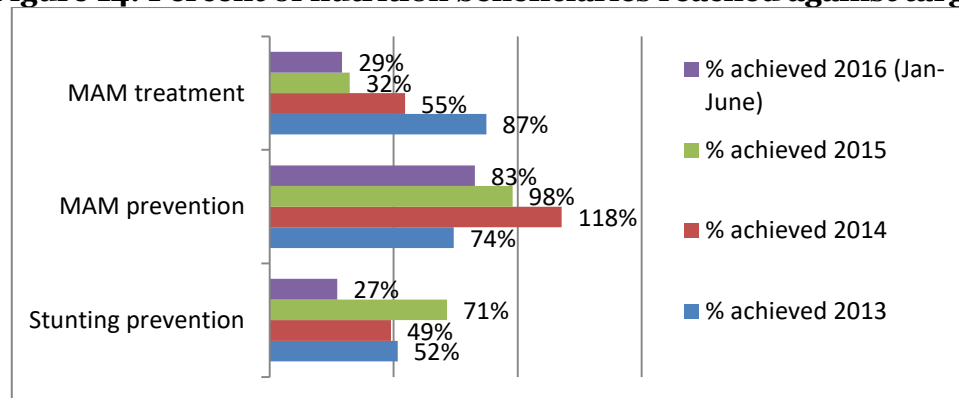
<sup>212</sup> Note: the nutrition discussion here covers MAM/stunting only; support to ART/TB patients is discussed separately, and discussion of gender results for all SOs may be found in Section 2.2.5.



### Planned and actual nutrition (MAM and stunting) outputs

89. Over the life of the programme (LOP), nutrition support for PLW and CU5 reached 71.7 percent of targeted beneficiaries (72.6 percent female; 70.4 percent male),<sup>213</sup> with considerable variation by year (Table 3). Delivery has been interrupted by funding shortages, pipeline breaks, lack of available fortified blended food, and local conflicts, as reflected in the beneficiary results below (Figure 14).

**Figure 14: Percent of nutrition beneficiaries reached against target**



Source: WFP. SPRs 2013-2015.

90. **Beneficiary targeting and selection.** Once it is determined which nutrition-specific interventions are appropriate to an area, CPs identify the beneficiaries according to internationally accepted standards for diagnosing malnutrition. The ET did not find any issues with beneficiary selection processes not following these standards.
91. **Delivery of assistance, by nutrition activity.** The MAM prevention activity serves the largest number of PLW and CU5. The delivery of MAM prevention services exceeded targets in 2014 (Figure 14). In 2013, more male children than female children received services (80.6 percent compared to 67.3 percent). In 2014, fewer male children were enrolled in MAM support than females (112.9 percent vs 116 percent) and again in 2015 (102.5 percent vs 117.4 percent), while in 2016 the percentages were equal. However, in 2015, the number of CU5 receiving support was higher than planned due to underused resources for stunting prevention, while only 62 percent of PLWs received support. By mid-2016, pipeline breaks resulted in fewer beneficiaries being reached (91 percent of CU5; 57 percent of PLW; Table 3). While overall coverage of eligible populations has been high, interruptions in actual deliveries mean that some beneficiaries did not receive food consistently throughout the year.
92. The stunting prevention activity targets areas with high levels of chronic malnutrition and reached the second-largest number of beneficiaries in the nutrition component.<sup>214</sup> The percentage of beneficiaries reached rose gradually from 2013 to reach 68 percent of targeted CU2 and 78 percent of PLW in 2015, then dropped off when the CO decided in 2015 to reduce support to stunting prevention and prioritise the prevention and treatment of MAM and CU5, while also prioritising commodity stock for emergency assistance interventions.<sup>215</sup> As a result, just over one-quarter of beneficiaries for stunting prevention were reached by mid-2016. In 2013, slightly more male children were enrolled in stunting prevention than girls (50.4 percent vs 48.8 percent), though this shifted in 2014 (41.7 percent males compared to 43.4 percent females) and 2015 (63.6 percent compared to 73.1 percent). In 2016, there were again more female children in the stunting prevention programme (25.9 percent compared to 23.9 percent).
93. The MAM treatment is focused in Rakhine and Magway due to the high proportion of wasting. The activity reached 87 percent of target in 2013, but in 2015 decreased to one-

<sup>213</sup> ET computation using WFP data.

<sup>214</sup> WFP. 2014. PRRO 200299. Standard Project Report (SPR) 2014.

<sup>215</sup> WFP. 2015. PRRO 200299. Standard Project Report (SPR) 2015.

third of planned beneficiaries. The CO noted that only 25 percent of eligible beneficiaries were reached in Rakhine due to low awareness and travel restrictions, and due to the low enrolment, in 2015 the CO shifted resources to MAM prevention activities.<sup>216</sup>

94. WFP nutrition assistance reached 100 percent of planned sites. Over the LOP, WFP distributed 7791 MT of food for MAM prevention (94 percent of target) while actual tonnage for MAM treatment was 11 percent of target, and 41 percent for stunting prevention (see Table 5 of Supplementary Annex 7). The CO was not able to provide output data on its nutrition messaging/education activity for this evaluation.<sup>217</sup>

#### Planned and actual nutrition (MAM and stunting) outcomes

95. **Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, PLW and school-aged children.** Currently, the CO measures mainly nutrition coverage rather than impact while SPRs nutrition outcome indicators are not disaggregated by sex. WFP staffs acknowledge that the CO needs to gather information on nutritional status in a more systematic way in order to assess outcomes. Local SMART surveys show that global acute malnutrition (GAM) rates are declining in WFP-assisted areas. For example, in some areas of Rakhine, GAM rates declined below emergency levels in 2016,<sup>218</sup> which is a significant achievement. Yet in other areas, especially those prone to disasters, GAM rates remain at critical levels, signalling the continuing need for food assistance complemented by effective behaviour change communication (BCC) and health and nutrition education. Wasting is now at 7 percent in Myanmar, with the highest rates in Rakhine (13.9 percent), Yangon (12.6 percent) and Taninthayi (10.3 percent).<sup>219</sup> Magway is not among the highest anymore for wasting (6.2 percent) which is lower than the national average. Recovery rates for those receiving MAM treatment exceeded the Sphere standard of 75 percent each year, and default rates (3-5 percent), are well below the corporate target of 15 percent, with low non-response rates and zero death rates (see Operational Fact Sheet).
96. The quality of children's diets is generally poor in Myanmar. CO 2015 data show that only 29 percent of children in the PRRO have a minimally acceptable diet (the outcome indicator for stunting prevention). Contributing factors are limited knowledge about nutrition and feeding practices, cultural beliefs, gender bias toward boys, poverty, and scarcity of nutritious foods.<sup>220</sup> The PRRO seeks to address this by counselling caregivers on IYCF practices and on preparing FBFs. While beneficiaries were aware of their ration entitlement and how to prepare it, the ET observed in some IDP camps in Rakhine that nutrition information was often given by volunteers rather than CP staff, and in some instances information was delivered in a top-down style not conducive to promoting understanding or behaviour change. Local CPs acknowledged they rely on volunteers due to limited financial resources, and sub office staff agreed CPs require more technical and financial support to strengthen their ability to do nutritional assessment and targeting, and to train staff and volunteers. The MTR recommended CPs receive capacity strengthening in order to implement MAM activities more effectively,<sup>221</sup> which the ET endorses. WFP has identified these challenges in PDM reports. The November 2014 PDM concluded most beneficiaries receive adequate information about ration size and storage requirements but less than 60 percent received health education or materials.<sup>222</sup> The 2015 PDM in Rakhine noted that beneficiaries who need counselling may not be receiving it, and that sub offices and CPs need strengthening in nutrition education

<sup>216</sup> WFP. 2015. PRRO 200299. Standard Project Report (SPR) 2015.

<sup>217</sup> This and other data limitations are discussed in Section 2.3. The CO also informed the ET that nutrition messaging and education started at the end of 2015 and were therefore not included in the 2015 SPR. That is why the output data were not available at the time of the evaluation. Data were collected in 2016 and will be included in the 2016 SPR.

<sup>218</sup> WFP. 2016. WFP Nutrition Programmes, Operational and Context Analysis (May).

<sup>219</sup> Republic of the Union of Myanmar, MOH. 2016. Demographic and Health Survey 2015-16 Key Indicators.

<sup>220</sup> WFP. 2014. PRRO 200299. Standard Project Report (SPR) 2014

<sup>221</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>222</sup> WFP. 2014. WFP Myanmar PRRO 200299 Nutrition PDM 2014.



counselling.<sup>223</sup> The ET recognises that improving counselling services would require additional resources, but finds it critical to strengthening current service delivery and also to changing the beliefs and practices that help perpetuate high rates of malnutrition.

97. **Unintended outcomes.** WFP lacked institutional capacity to support CP nutrition activities before 2016, and CPs lacked staff and skills to adequately deliver nutrition education and counselling. This has had the unintended outcome of limiting the potential impact of the food supplement, which to be most effective requires changes in health, in diet and feeding practices, including providing girls with equal access to nutritious food. As noted, WFP has strengthened its nutrition capacity in 2016 but some CPs in some areas require considerably more financial and technical support to effect behaviour change among men and women. Another unintended consequence was that nutrition programme beneficiaries did not receive assistance for several months in 2015 when FBFs were prioritised as emergency food relief for cyclone victims.

#### Planned and actual ART/TB recovery support outputs

98. The purpose of the ART/TB recovery activity is to enhance treatment success by providing nutritional support to ART and/or TB patients in government and NGO clinics. WFP has reached 56-75 percent of beneficiaries annually under the PRRO (Table 1). The low attainment is attributed to limits in the government's ability to provide drugs and health services, and because few CPs have the capacity to implement this type of activity.<sup>224</sup> Despite these limitations, WFP increased its planned beneficiary numbers by 63 percent from 2013 to 2016. This includes a shift in the percentage of ART patients to TB patients; in 2013, of patients receiving food assistance, 76 percent were on ART and 24 percent were TB patients on DOTS; by 2016, the ratio had changed to 57 percent of patients on ART and 43 percent on DOTS. In all years, there were more male than female beneficiaries among HIV/AIDS and TB patients, especially in 2015, where in both programmes the beneficiaries were 57 percent male and 43 percent female. WFP achieved its targets for the number of institutional sites assisted, and in 2016 tripled the number of health centres it is assisting to 132 sites.

#### Planned and actual ART/TB recovery support outcomes

99. **Enhancing treatment success through the provision of nutritional support to ART and/or TB treatment clinics.** This component serves relatively few beneficiaries (12,916 in 2015) but outcome indicators show a substantial impact: WFP exceeded its targets of 80 percent for adherence rates for ART patients and 85 percent for survival rates (see Factsheet). WFP exceeded its target of >75 percent for nutritional recovery rates, which is above SPHERE standards, though data were only reported as of 2015, and the 3 percent default rate is very low. CPs told the ET that the food assistance is critical to the survival of their ART patients, many of whom are unable to find employment or afford to buy food. ART survival rates were 91 percent in 2015, well above the target of 85 percent. ART patients told the ET they share the food with family members, but the ration is still sufficient for their needs. Outcome indicators for successful completion of treatment among TB patients are also high (75-85 percent) though below WFP's target of 85 percent in all years except 2014 (see Factsheet). WFP did not report adherence rates for TB patients.
100. WFP only began reporting on default and nutritional recovery rates in 2015, which are important indicators of the activity's effectiveness. Other outcome indicators, such as the number of patients who complete treatment but then relapse and return to the programme, are not tracked; one CP estimated that about 15-20 percent of their ART clients and 15 percent of TB clients are repeat patients. Various factors influence the risk of relapse, and most are outside WFP and clinic control. Still, relapse is an important

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<sup>223</sup> WFP. 2015. WFP Myanmar PRRO 200299 Nutrition PDM 2015.

<sup>224</sup> WFP. 2015. PRRO 200299. Standard Project Report (SPR) 2015.

indicator of programme effectiveness and a reflection of dependency on food assistance, and should be tracked. Tracking the incidence and causes of relapse will help WFP to support or advocate for complementary interventions, such as income-generating activities for graduated patients, to help ensure sustainable recoveries.

101. One area for WFP to examine as part of its long-term strategy is how it can support CPs to achieve better integration of treatment, care and support for ART and TB patients. Food assistance and treatment services are sometimes provided at different venues, often due to storage limitations at clinics. Ensuring that food assistance and clinical services are integrated into one treatment site and one process would enable more intensive counselling and potentially better outcomes for HIV/TB co-infected patients. This is particularly important as data indicate that relapsed TB patients have an HIV/TB coinfection rate of 65 percent. Co-locating services may be more feasible for patients in urban areas who are close to treatment sites rather than those dependent on rural clinics, but since the majority of patients are in urban areas, such an integration of services would be timely. In rural areas, migrant workers and their spouses are also at risk of HIV but rural clinics and drug supplies are limited. There is an opportunity for WFP to investigate whether it could support the government and CPs to expand ART and TB treatment in rural areas, if funding is available to do so.
102. The TB food assistance component has demonstrated strong treatment success rates. There are few alternatives for TB patients to obtain food, and evidence indicates weight gain in co-infected patients initiating TB treatment is strongly associated with favourable TB treatment outcomes.
103. **Fortified rice.** Rice fortification is part of the National Action Plan for Food and Nutrition Security (Response to the Zero Hunger Challenge) with targets for 2018, 2020 and 2025 clearly laid out in the action plan. Rice fortification is also part of WFP's nutrition agenda in Myanmar. WFP provides support to the development of national policies related to fortified rice and has also supported the introduction of fortified rice in Myanmar in cooperation with PATH. According to WFP nutrition staff, locally produced fortified rice is well accepted and households understand its health benefits. Beginning in 2016, WFP plans to support the integration of fortified rice into national social safety net programmes, where possible.

#### **2.2.4 SF component (SO4): outputs and outcomes**

##### Planned and actual SF outputs

104. WFP achieved 75 percent of its target for SF from 2013 to June 2016, reaching over 1.5 million primary and pre-primary schoolchildren against a target of 2.1 million (see Table 9 of Supplementary Annex 7). Over the LOP thus far, 20,315 MT of food have been delivered against a target of 46,871 MT (43 percent). WFP delivered SF to 98 percent of its targeted institutions from 2013-2015.<sup>225</sup> In 2016, the number of targeted schools doubled to 3,221, and as of mid-2016, WFP had achieved 58 percent of its target.<sup>226</sup>
105. Attainment of SF targets has varied by year, repeatedly affected by security issues restricting people's movement and food deliveries, delay of the beginning of the school year in some areas due to disasters, and funding availability (Figure 15). The Kachin sub office resumed SF in December 2015 after it was suspended in 2011 due to armed conflict.<sup>227</sup> WFP currently has sufficient HEB to supply schools until April 2017.

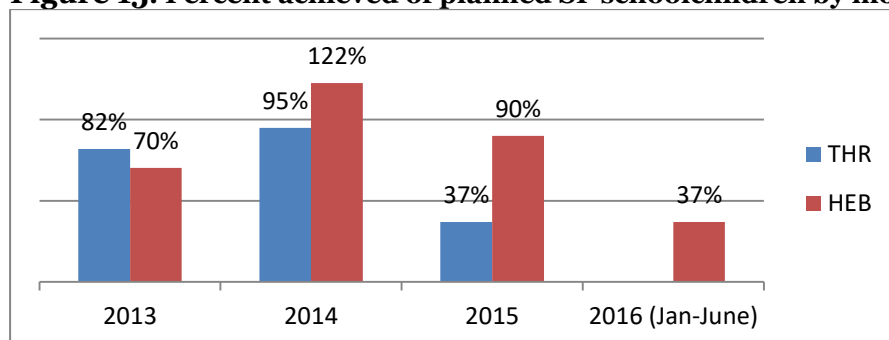
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<sup>225</sup> See corresponding tables of the supplementary annex for the full output data.

<sup>226</sup> Note: discussion of gender results for all SOs may be found in Section 2.2.5.

<sup>227</sup> WFP. 2016 WFP Myanmar. Kachin State Operational Brief. August 2016.

**Figure 15: Percent achieved of planned SF schoolchildren by modality**



Source: Data shared by email from CO to ET on 26 October 2016.

106. **Beneficiary targeting and selection.** The targeting prioritises schools in food insecure areas with a high prevalence of malnutrition,<sup>228</sup> low enrolment, attendance and/or high dropout rates, and safe drinking water and hand-washing facilities. MoE makes the initial selection of schools, then WFP sub offices verify the schools meet the selection criteria. The schools visited by the ET appear to meet the targeting criteria, though in poorer schools the quality of water and sanitation facilities was low. WFP states that it works to ensure a balance between choosing schools with better WASH facilities and poorer schools that are more in need based on the primary criteria of food security, nutrition and education indicators. The ET finds the targeting of schools for SF is generally appropriate; it also notes the MTR recommendation that schools be selected based on need rather than on the presence of partner interventions.<sup>229</sup> Since the impact of SF is reduced without complementary interventions, the ET believes that as SF expands, continuing efforts to advocate for partner support to improve the educational environment are necessary.

#### Planned and actual SF outcomes

107. Despite delivery interruptions, the attendance rate at WFP-assisted primary schools in 2012-2015 was at or near target, ranging from 94-96 percent for boys and 93-94 percent for girls (see Operational Fact Sheet). Gender parity was achieved in enrolment in WFP-supported schools in 2013-2014 and nearly achieved in 2015, though overall, girls lagged behind boys in attendance.<sup>230</sup> Parents told the ET that they value education and appreciate SF but would send their children to school without it, though this may not apply to the very poorest families. Average annual change in enrolment, used to track SF's success in supporting equal access to education, achieved or exceeded the 6 percent target for boys in 2013 and 2014 while the increase in girls' enrolment remained slightly below target. These rates fell considerably in 2015 due to the change in modality from THR to HEB, the change in implementation responsibilities from WFP to MoE, insecurity, inadequate funding and the prioritisation of flood relief.<sup>231</sup>
108. The ET finds that HEB distribution is effective and efficient, contributes to improved attendance and student motivation, reduces short-term hunger and improves attention and the general health of students. HEBs have been well received by children, parents and teachers, and non-recipient communities told the ET they would like the SF programme for their children. Teachers and parents confirmed that with the HEB, students are healthier and lose fewer days to illness. Teachers stated children are more enthusiastic about coming to school, and parents are more willing to enrol children in early childhood care and development (ECCD) centres that provide HEBs. Parents say HEBs have improved children's appetites and allowed them to gain weight. KIs stated that SF is especially valued in rural agricultural areas where families typically eat only in

<sup>228</sup> WFP. 2016. School Feeding Standard Operating Procedure.

<sup>229</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>230</sup> While there is parity at the national level, girls' enrolment lags behind that of boys in north Rakhine state (0.85 to 0.94). See Plan International and REACH, Joint Education Needs Assessment, North Rakhine State, Myanmar. November 2015.

<sup>231</sup> WFP. 2015. PRRO 200299. Standard Project Report (SPR) 2015.

the morning and evening, as SF provides an important mid-morning snack for the children. Teachers stated that HEBs were easy to distribute and that distribution does not disrupt classroom activities.

109. Children and parents reported that children wash their hands at home at appropriate times, without prompting from the parents. While long-term behaviour change cannot be assessed at this point, this response indicates that SF hygiene education is being transferred to homes.
110. **Unintended outcomes.** HEBs provide a much smaller income transfer than THR, which the MTR recommended to phase out. With the change to HEBs, parents report saving only MKK 50-100 (US\$0.04-0.08) per day on snacks. Given that, as noted in the MTR, THR enabled poorer families to send their children to school. However, in some areas it was observed by WFP that children only showed up on distribution days. It is possible that the change to HEB has decreased that incentive at schools that previously received THR. Teachers also state that HEBs are not an adequate incentive for the poorest families to send their children to school when the child's labour is needed. It is not clear whether the change in modality to HEB has changed the incentive for the poorest families to send children to school, but it is suggested that WFP review this and consider targeting an additional SF incentive, such as a meal pilot, to the poorest families.

#### **Capacity Building (SO4)**

111. **Nutrition.** The ET finds that WFP has contributed significant support to the government's objective to reduce undernutrition among mothers and CU5. WFP has worked closely with the MoH on policies and supported the development of national guidelines for the Integrated Management of Acute Malnutrition (IMAM). WFP is also providing technical advice to the government on rice fortification. WFP, with UNICEF, succeeded in bringing the REACH facilitation method to Myanmar, and they were effective in advocating for the establishment of the United Nations Network for Nutrition and Food Security (which incorporates the United Nations SUN network). WFP, UNICEF and the REACH coordinator worked to expand the REACH process to nine United Nations agencies in 2016.
112. **HIV/TB.** WFP assisted the government to develop the first national guideline for nutritional care and support for PLHIV. This contributed to promoting recognition of the importance of nutrition in HIV/TB treatment, as it filled gaps in government's 2011 guidelines on the clinical management of HIV infection, which did not include the role of food or nutrition. In 2014, WFP signed a two-year agreement with the NTP and NAP to supply food and technical assistance to government programme for treatment and counselling to MDR-TB and PLHIV patients. However, reduced Global Fund support for food in 2017 may jeopardise continuation of this activity.
113. **School feeding.** The National School Feeding Programme (NSFP) is considered a flagship programme of the Ministry of Social Welfare National Social Protection Strategic Plan and part of the National Education Sector Plan (NESP). These milestones are the result of technical consultations between WFP and the MoE in 2014-2015. Collaboration between WFP and the MoE on the NSFP was formalised by a Letter of Intent (LOI) in June 2015 that outlines the terms of cooperation on designing and implementing NSFP strategies and action plans, developing a school feeding policy and strengthening capacity of key personnel. By late 2015, more than half of NSFP targets had been achieved. Progress was hindered by challenges that included available funding to expand the programme, as well as operational difficulties in transporting HEBs due to remoteness, road access and high transport costs in some areas, lack of storage facility at schools, mismanagement in some areas (e.g., selling HEBs in markets), and limited capacity and interest of teachers and Technical Education Officers in some areas. In 2016, WFP was actively addressing the operational issues.

114. Other achievements to build government capacity for the handover of implementation responsibilities for school feeding include the MoE's approval in 2016 of Operational Guidelines (OG) developed by WFP and the MoE that define standard procedures for implementing the NSFP nationally. Trainings on the guidelines were held in 2016 for MoE national, state/region, Township and District Education Officers, along with continuing training of Technical Education Officers, headmasters and teachers on the roles and responsibilities of MoE staff at different levels for food delivery, distribution, storage, and monitoring processes for SF.
115. WFP-MoE collaboration on NSFP in 2016 include a national workshop on "School Feeding System Approach for Better Education Result" (SABER) a tool to assess the policies and systems needed to support a national SF programme, and a visit to the Brazil Center of Excellence for senior government officials. It is expected that the use of SABER will contribute to government's ability to measure outcome indicators for SF.
116. **Emergency preparedness and response.** WFP's capacity building focus in this area is on two main areas. One is to support the resettlement of former IDPs to assist households to transition from dependence on relief assistance to development activities that will help households re-establish livelihoods. The second is to strengthen coordination with MSWRR and support the government's efforts in ensuring sustainability in emergency preparedness and response measures.<sup>232</sup>

### 2.2.5 Cross-cutting results

117. **Partnerships.** Outcome indicators show that 31 and 38 organisations were providing complementary inputs in 2014 and 2015, respectively, and that 100 percent of project activities were implemented with the engagement of complementary partners. WFP's partnerships extend beyond those providing complementary services: the range of WFP partnerships in 2015 included 16 national and 36 INGOs, plus two Red Cross and 10 United Nations partners.<sup>233</sup> WFP did not achieve its target of U\$19 million in complementary funds from partners in 2015, receiving only US\$9 million in funds. The shortfall in complementary funds underscores partners' financial limitations in providing complementary services that would amplify the impact of WFP activities. Partnerships with government ministries are broad and directly reflect WFP's strategic focus on its beneficiary population. While specific partner relationships are discussed in detail in each section of this report, all partner organisations met by the ET stated that they have a good working relationship with WFP.
118. **Protection and accountability to affected populations.** The PRRO exceeded targets for protection and accountability to beneficiaries (see Operational Fact Sheet). In 2015, 100 percent of interviewed women and men reported they did not experience safety problems travelling to/from WFP programme sites. In 2014, 99 percent of men and women were informed about the programme; this fell in 2015 to 81 percent of women and 84 percent of men but remained above target for accountability. These reported achievements are supported by ET interviews: female FGD members in several locations said they did not face any problems collecting assistance and were informed about entitlements.
119. WFP took several measures in 2015 to strengthen its protection and accountability functions. A Protection Advisor, funded by the Swiss Agency for Development and Cooperation (SDC), joined the CO staff, which enabled the CO to implement WFP's Humanitarian Protection Policy and better address protection issues. WFP made improvements ensuring that distribution points were accessible and safe, especially for women. WFP extended the complaint and feedback mechanism to all beneficiaries.<sup>234</sup>

<sup>232</sup> WFP Myanmar. Ways Forward Capacity Building and Handover. Undated

<sup>233</sup> WFP 2015. SPR 2015.

<sup>234</sup> WFP. 2015. PRRO 200299. Standard Project Report (SPR) 2014.

Relief beneficiaries interviewed were aware of the presence and purpose of the complaint mechanisms. For example, in Kachin State, posters in the Kachin and Myanmar languages explaining the mechanism and providing hotline numbers were displayed at distribution sites, and FGD members were able to point out the locations of complaint boxes. Most beneficiaries said they had not used the new system, and many prefer to give direct verbal feedback to CPs. NGOs report most IDP complaints have been about reductions in assistance. Sub office staffs explain they investigate all complaints and may spend an entire day investigating one household's complaint, noting that if CPs do more thorough household verification, such complaints may be reduced in the future.

120. WFP is one of the few agencies with a formal complaint system; agency partners in one sub office said that ideally, there should be one mechanism for all agencies but also state they “are lucky to have one complaint system operating.” Partners say they do not know exactly how the system works; WFP can address this by providing information on complaints received and resolved at regular agency and working group meetings. A recent mission report by an RB M&E advisor suggests standardising the system across sub offices and activities and assessing its effectiveness,<sup>235</sup> a recommendation that the ET endorses.
121. Other measures WFP has taken to ensure accountability include: establishing a complaint system for asset creation activities; using checklists on protection and gender issues during the 2015 flood response to ensure that protection was integrated into the response;<sup>236</sup> increasing PDM; and conducting community-based vulnerability assessments to refine targeting to the most vulnerable households.
122. **Gender equality and empowerment of women improved.** The CO has been selected as a gender award pilot country and established a goal to earn the 2016 WFP Certificate for Excellence in Gender Mainstreaming. PRRO outcome indicators for gender reflect changes in women's authority over to household food management. For example, the proportion of households where females make decisions over the use of cash or food was 85 percent in 2015, exceeding the target. WFP efforts to ensure IDP women are registered as beneficiaries have contributed to this increase.<sup>237</sup> Outcome indicators for joint decision-making show low achievement against targets; this also reflects the dominant cultural position of women over household food decisions.
123. Outcome indicators for women assuming leadership positions in committees hover around the 50 percent participation mark but show little change (see Operational Fact Sheet). Under relief, women's involvement in F/CMCs increased slightly in 2015 as WFP strengthened its efforts to include women in trainings and support their participation in food distribution. Women's participation in CMCs is minimal, especially in Rakhine; in Sittwe, female FGD participants told the ET that they would like to be members of the CMC but, as women, the men do not allow them. Gender roles that often exclude women from decision-making roles remain a barrier to women's equal participation in the relief programme, especially in Rakhine.<sup>238,239</sup>
124. Under FFA, there is limited reporting by WFP on gender aspects. WFP encouraged gender balance in trainings on food/cash distributions in 2013,<sup>240</sup> and the SPR 2014 states active participation by women in the F/CMCs, including in duty-bearer roles. Community-level participatory processes were used to help identify major gender

<sup>235</sup> WFP. 2016. Myanmar mission report, Regional M&E Advisor. The report states, “The beneficiary feedback mechanism was very recently (2015) expanded to cover all WFP activities across the country. The feedback modalities are not necessarily applied in similar manner across the sub-offices and activities. Furthermore, the mechanisms for analysing, responding to and reporting beneficiary complaints are not standardised across sub-offices.”

<sup>236</sup> WFP. 2015. PRRO 200299. Standard Project Report (SPR) 2014.

<sup>237</sup> WFP. 2014. PRRO 200299. Standard Project Report (SPR) 2014.

<sup>238</sup> WFP. 2014. PRRO 200299. Standard Project Report (SPR) 2014. Page 10.

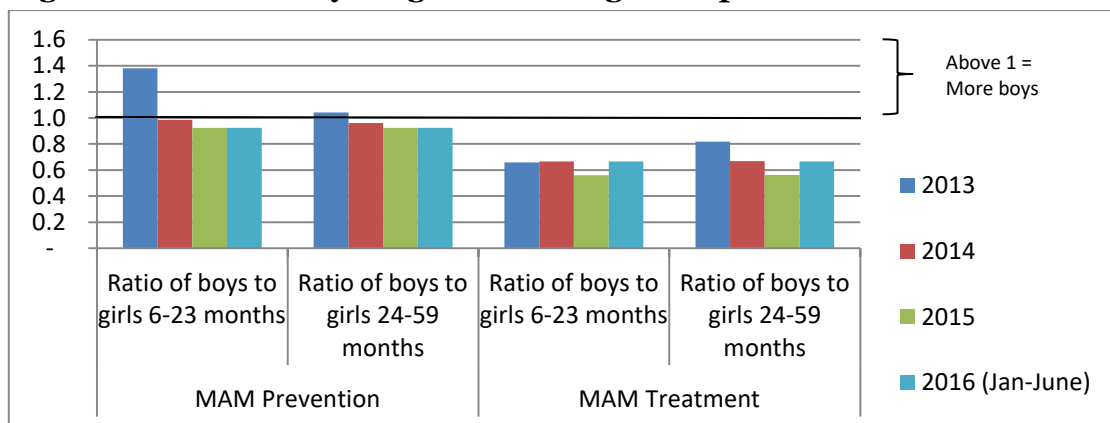
<sup>239</sup> WFP. 2015. Emergency Relief Post Distribution Monitoring Report. Second round. Page 5.

<sup>240</sup> WFP. 2013. PRRO 200299. Standard Project Report (SPR) 2013. Page 8.

inequities in the areas where WFP works. WFP established equal wages for men and women as a work norm, though focus group members stated that this did not carry over into non-WFP labour markets. Interviews with beneficiaries, CP and WFP staff indicate that while WFP promoted women’s leadership, and most F/CMC have female members and representatives from different ethnic and religious groups, male leaders still make the majority of decisions. Interviews with WFP and CP staff indicate a basic awareness received through project orientations on gender equality, which is shared with beneficiaries to a limited extent. At the time of the evaluation, the ET does not yet find sufficient capacity at the field level to implement appropriate and effective gender-sensitive programming. The CO states that it is working to enhance capacity at field level with gender trainings and has translated the corporate gender guidelines in Myanmar to enhance understanding and capacity. The CO acknowledges, and the ET agrees, that field level capacity building is a long term process and the work so far to strengthen capacity is a first step to help field staff understand general principles and to reflect on gender issues in their work and how men and women may be affected differently.

125. Nutrition activities have achieved their target of 60 percent female beneficiaries. The joint study by WFP and Columbia University in 2015 on the gendered aspects of care and treatment of malnourished CU5 in nRS found higher rates of malnutrition among girls to be linked to care practices that favour boys over girls (see Figure 16).<sup>241</sup> WFP and CPs are working to reduce gender inequalities in care practices through nutrition education and by expanding outreach to men and other caretakers. WFP reports that men show increasing interest in receiving nutrition information, which was confirmed by the ET in FGDs with male beneficiaries.

**Figure 16: Ratio of boys to girls receiving MAM prevention and treatment**



Source: Data shared by email from CO to ET on 26 October 2016.

126. In HIV/TB support, food assistance is provided to patients in treatment regardless of gender. WFP’s planned number of beneficiaries is nearly equal for men and women. Slightly more men than women receive food assistance. This is due to the seasonal migration by men for work, which exposes them to higher risk of HIV and TB, and to drug use.<sup>242</sup> As noted, the wives of male migrant workers are also an at-risk group that may not be adequately served by government health clinics and thus by WFP, and represents a clientele that could benefit from programme expansion.
127. SF has had a strong impact on women’s participation in school activities. Parents told the ET in FGDs that prior to the introduction of HEB, the parent-teacher association (PTA) members were mainly men. The HEB distribution enlists several parents each day to help supervise hand washing, HEB distribution, and clean up. At several schools, PTA members told the ET that membership has shifted from mainly men to women because participation in HEB distribution is easier for women, as women have more time and

<sup>241</sup> Reynolds, Kayla. 2015. A Study on Gender and Acute Malnutrition in Rakhine State. WFP and Columbia University, August.

<sup>242</sup> WFP 2014. PRRO 200299. Standard Project Report (SPR). 2014.

food preparation is traditionally the purview of women. Active PTAs are an asset to the current SF programme, increasing community ownership and interest in education.

128. The RB noted in February 2016 that data collection tools should be reviewed for gender inclusiveness and sensitivity, with the support of the RB gender focal point.<sup>243</sup> According to RB, the programme would also benefit from undertaking an overall Gender Analysis.

### **2.2.6 Contribution of the operation to higher level results**

129. The PRRO supports higher-level development results through its alignment with the government's strategic direction and policy priorities for the National Comprehensive Development Plan (2011-2031), as described in Section 2.1.3. The PRRO's support of vulnerable populations directly enables government's progress towards achieving MDGs 1,2,3,4, and 6, and now the SDGs. Evidence of this contribution to higher-level humanitarian results may be summed up in the following: The overall purpose of the PRRO is to support transition by reducing food insecurity and undernutrition among the most vulnerable. The ET finds that the PRRO has made an important contribution to achieving this higher-level result for its beneficiaries, overall, with strong attribution for the large IDP sub-populations in country. The achievement of SO1 and SO4 outcomes has stabilised food security and nutrition levels for IDPs. This provides a solid basis for return and resettlement of IDPs, and the 2016 food assistance transition initiatives that emphasise self-reliance over dependency on food aid. These transition initiatives are implemented mainly through SO2 activities, which evidence shows have been successful in linking with livelihood initiatives where context allows, both for IDPs and other vulnerable groups. In addition to driving transition for IDPs, the PRRO supports national priorities for improved access to basic education for all children and access to health services, especially for vulnerable women and children.
130. The PRRO also contributes to higher-level development results by providing essential safety nets for IDPs, PLWs and CU5, ART/TB patients and primary school children in the absence of a government social protection programme. Its efficient delivery of food and cash assistance protects the health and wellbeing of a highly vulnerable population, and in turn enhances the effectiveness of complementary services provided by government and humanitarian actors including United Nations agencies and NGOs.

### **2.3. Factors Affecting the Results**

131. This section describes the internal and external factors that affected the results. The discussion addresses the third evaluation question, "Why and how has the operation produced the observed results," and the evaluation criteria of efficiency, impact and sustainability.

#### Internal Factors

132. **Resource mobilisation.** Adequate funding for the PRRO has been a challenge. Despite this, the CO has been able to deliver reliable relief assistance under SO1, but funding shortfalls have caused a reduction in the number of planned beneficiaries under SO2 and SO4 in each year of the PRRO.
133. **Cost-effectiveness/efficiency.** A review of SPRs and interviews with WFP staff indicate that the change from in-kind food to cash assistance in SO1 and SO2 has reduced costs associated with food logistics and improved programme efficiency.<sup>244</sup> The CO also improved efficiencies in its use of resources in SO1 through the introduction in 2016 of a vulnerability targeting system for IDPs. The system ensures that the most vulnerable are assisted while prioritising available resources and adjusting support to families who have external income. Under SF of SO4, cost-effectiveness has been

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<sup>243</sup> WFP. 2016. WFP Regional Bureau, M&E report.

<sup>244</sup> WFP. 2014. SPR 2014.



promoted by phasing in HEBs, which are delivered at half the cost of THR.<sup>245</sup> The CO has been able to provide nutritious, locally appropriate foods by procuring nearly 95 percent of its commodities in country. Local procurement by WFP has improved programme efficiency and planning by reducing transportation costs and delivery delays, while providing a market for small vendors and for small-scale rice farmers in Rakhine state.<sup>246</sup> HEBs, vegetable oil, and FBF had to be procured outside of the country to ensure that quality standards were met, which reduced the impact of SO4 by causing pipeline breaks in SF and nutrition activities. WFP is addressing procurement issues for SF by investigating the feasibility of local production of HEBs.

134. **Logistics and delivery.** There were no major delays or breaks in food assistance to relief beneficiaries; the CO's ability to provide uninterrupted assistance over the LOP to its most vulnerable beneficiaries shows its strong management and logistics capacity and is a significant accomplishment given the complicated logistics, geographic remoteness, and the socio-political contexts. This accomplishment is reflected in the positive outcomes for the PRRO SOs. Cash assistance, a new modality under relief, has been distributed on time and in an orderly manner. WFP management has shown a willingness to adapt transfer modalities to best meet beneficiary needs, and is setting up a pilot for cash delivery through mobile money or electronic vouchers in 2016 to replace cash physical delivery by CPs. Interviews with WFP staff show that WFP Myanmar operates under an integrated supply chain model with close coordination among CO staff, including Programme, Procurement and Logistics, Budget and Programming.
135. **WFP capacity and human resources.** CO capacity has been stretched to provide adequate support to the diverse PRRO activities, which reduced the CO's ability to provide technical guidance to sub offices and CPs, mainly for SO4. The implementation of nutrition and BCC activities under SO4 has been hampered by a shortage of WFP staff with nutrition expertise. The CO hired additional nutrition staff in 2016, and it is expected that this will strengthen CO and sub office oversight of CPs. The ET finds that the CO places strong emphasis on filling vacant posts and improving staff technical capacity. In the course of 2016, the CO has added technical staff in protection, asset creation, CBT and nutrition to better support programme activities under all SOs, and has also added staff to programme support functions like M&E. Donors stated that programme management has improved over the past two years, with a particular emphasis on strengthening M&E (discussed further below).
136. **WFP's ability to partner and build partner capacity.** WFP has a good working relationship with government and is clearly appreciated and respected by government counterparts, which has facilitated implementation of the PRRO. WFP has devoted a great deal of staff resources to technical support to government to develop national policies and plans (e.g., National SF Programme) that will strengthen government's ability to support long-term development. However, there is potential for playing a stronger strategic role with government partners in the areas of: asset creation and gender equality, which currently have no government partners (as shown previously in Table 9); in logistics, which has been requested by government health partners; and in clarifying roles between WFP and government during disaster response. The CO has working agreements with numerous I/NGOs, in addition to its government partners, which represents a challenge in terms of coordination and quality monitoring of a large number of partners of varying capacity. The CO currently has an overall agreement (MOU) with the main government counterpart (which is NaTaLa) that effectively guides sector interventions and ensures coherence with government initiatives.
137. **CO M&E.** The efforts of the ET and CO M&E unit to retrieve and compile the necessary output and outcome data have been extensive. In multiple instances, the CO

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<sup>245</sup> WFP. 2014. Mid-term Review of PRRO 200299.

<sup>246</sup> WFP. 2014. SPR 2014. Page 19.

communicated that the requested data (e.g., beneficiaries disaggregated by intervention, year, sex, age group and/or beneficiary type) were not readily available and had to be compiled, where available. The organisation, accessibility and usability of output data is important because it enables the CO to conduct real-time programme learning, and to strengthen its accountability and adaptive management mechanisms that will ultimately facilitate the achievement of programme objectives.

138. The ET finds that the CO has worked to improve PRRO data quality after 2015 and it continues to improve. The ET recognises that some of the main M&E issues observed in the earlier years of the PRRO have been acknowledged in the COMET Myanmar implementation guidance of August 2016 along with a plan for how they will be addressed, including: dedicating full-time staff to input data as focal points for each sub office or component to resolve the backlog; clarifying who is responsible to finalise and validate various reports through updated TORs; and clarifying the data quality standard and the deadlines for submission, particularly related to FLA and CP data.<sup>247</sup> In addition to Country Office Monitoring and Evaluation Tool (COMET), the CO is introducing three other information management systems (SPRING, SCOPE and MDCA) to enhance the availability and quality of operational data and to increase the efficiency of data collection and reporting processes; an M&E strategy to consolidate the current work in systems and process strengthening is also being developed. The CO’s commitment to addressing these challenges is reiterated in the August 2016 M&E SOP and the July 2016 Executive Brief SOP. This structured guidance will contribute to improved data collection/quality and will be useful for establishing processes for future programmes.
139. Interviews with M&E unit staff indicated that the unit’s recent progress in strengthening CO information management has contributed to an emerging leadership role within the CO in generating and disseminating good practices and lessons learned for capacity strengthening in multiple programme areas, e.g., gender and asset creation. The ET finds that the unit is in the process of putting in place the staffing required to meet these responsibilities in addition to fulfilling the corporate M&E functions. Interviews with WFP show that M&E staffing levels at CO level have increased from three to seven staff during 2015-2016 and additional recruitment of M&E staff is ongoing in specific sub offices, although staff induction is not yet complete.
140. Overall, the CO worked hard to provide timely and organised responses to the ET’s questions and data requests, though some gaps still exist. Table 13 lists some of the main issues that arose during the team’s secondary data collection and analysis, including how the CO responded to resolve the issue, and those that remain outstanding.

**Table 13: M&E issues arising and outstanding from evaluation requests**

M&E Issue	CO Response	Outstanding data issues
<b>General comments</b>		
<b>Complexity of beneficiary and tonnage calculations that exclude overlap</b>	CO provided estimates of the percentage of beneficiaries that overlap across the main components.  Ongoing revisions to output figures by CO to determine the actual beneficiary and tonnage values by activity.	Due to the level of effort required to conduct the calculation, non-overlap beneficiary totals have not been calculated for this evaluation.
<b>Output data at activity and beneficiary</b>	This level of data was not available for the inception report due to	Disaggregation for some interventions and beneficiary groups were not readily available, e.g., for the relief component where beneficiaries by modality were

<sup>247</sup> WFP. 2016. COMET Myanmar. Complementary Guidance for COMET Implementation. August.

**Table 13: M&E issues arising and outstanding from evaluation requests**

M&E Issue	CO Response	Outstanding data issues
<b>group levels not readily available upon request</b>	the level of effort required by the CO to compile. Ongoing revisions to output figures by CO.	provided only. Thus, the ET prioritised requests that could be accomplished in the evaluation timeline per the minimum requirements for EQAS reporting. Other activity-specific data gaps are listed in Annex 4.
<b>Disconnect between outputs reported and the outcome indicators<sup>248</sup></b>	These monitoring and reporting procedures are standard practice for WFP, such as the beneficiary counting procedures and the content of the SPR.	The WFP corporate standard and format for reporting output and outcome indicators (e.g., SPRs) that is required of the CO does not always allow a clear linkage to be shown between the output and the outcome results—particularly for a large and complex programme as this. <sup>249</sup> The ET finds that the link between output and outcome results could be better understood through the presentation of results by region/state; this information was not provided to the ET. Another example is the nutrition outcome indicators are not disaggregated by sex making the results difficult to interpret.  The ET has attempted to explain insufficient or mixed results of outcome indicators with information from other data sources, such as for asset creation <sup>250</sup> and nutrition components.

External factors

141. **Government capacity.** Limited data collection by government and external agencies has had an impact on all SOs in that projected targets and achievements are sometimes based on older data (e.g., the most recent MICS was 2009-2010) or based on local surveys. This has made it difficult to precisely forecast need and achievements.
142. WFP assistance to PLHIV/TB patients under SO4 demonstrates a positive impact on recovery in 2015, but government capacity to provide drugs and clinical services, especially in rural areas, is limited and so limits the potential reach of this activity. Government engagement and capacity in SF is growing with extensive WFP technical support, which will strengthen MoE support to SF under SO4 at all levels and will pave the way for an eventual handover to government. SF is contributing to the children’s learning environment, but its impact is diluted by the current quality of the education environment, which is low due to lack of infrastructure, inadequate learning materials, and a shortage of qualified teachers in some areas. While schools and parents are enthusiastic about SF, limitations in the capacity and engagement of some district and township MoE officers raise challenges to its efficient implementation. In 2016, WFP and the MoE are addressing engagement by providing SF trainings on NSFP operational guidelines for national, state/region, Township and District Education Officers, and through continued training of Technical Education Officers, headmasters and teachers in logistics and monitoring procedures for SF.
143. **Donor support.** Donors acknowledge WFP as a critical frontline actor in providing food assistance to IDPs and other vulnerable groups. Interviews with donor representatives indicate that WFP is generally perceived as an efficient and effective partner. Interviews further indicated that donors observed improvements in programme

<sup>248</sup> The ET identified a few factors contributing to this disconnect: i) Beneficiary counting and reporting procedures limit the use of output data to explain outcomes (e.g., BSF or SF beneficiaries counted if provided ration just once); ii) Regional differences in outcomes may vary greatly, but regional differences are not reported in SPR (e.g., FCS poorer in Rakhine State); iii) Baselines for outcomes re-established every year make it difficult to assess changes over the LOP; iv) Limitations of outcome measures discussed previously in Sections 2.2.2 (assets) and 2.2.3 (nutrition).

<sup>249</sup> The ET recognises that major changes to CO structure and the corporate results framework are forthcoming, and commends any efforts to clarify the line-of-sight from activity to outcome result.

<sup>250</sup> The CO has further explained that they are addressing this corporate-level limitation through a training and learning programme on asset creation in which extended outcome indicators and their linkages within the results chain are being developed and examined. A deliverable of this will be data collection tools to enable robust impact evaluations.

management and M&E, and donors in Myanmar appear committed to providing long-term financial support. At the same time, increasing funding constraints mean that donors support the development of evidence-based transition context-appropriate strategies that encourage self-reliance for SO1 and SO2.

144. **Partner capacity.** The livelihood sector lacks partners providing strong sector leadership in the PRRO areas. This has created difficulties for WFP in planning and implementing a transition strategy for returned and resettled IDPs from SO1 assistance to self-reliance. United Nations partners are limited in their ability to complement PRRO activities by funding constraints, and different geographic foci, among other factors. This affects support to livelihood opportunities for IDPs and resettled populations under SO1, and the provision of improved infrastructure and learning materials to complement SF under SO4. Local NGOs are valuable partners who know the local context and extend WFP's outreach to remote areas but are almost solely dependent on WFP funds to carry out PRRO activities. Some also lack sufficient funds to acquire the technical skills to effectively deliver quality services, both in potential livelihood support and in IYCF practices to reduce malnutrition among all PRRO beneficiaries. The capacity of local partners to incorporate gender-sensitive programming varies, and many do not have gender specialists, though most partner staff met by the ET are familiar with the principles of gender equity. Further, as observed in the 2014 MTR,<sup>251</sup> a need remains for a coordinated response by agency partners to provide complementary services around health, care and feeding, and water and sanitation to ensure that gains in nutritional status are sustained under all SOs.
145. **Gender bias.** Overall, the PRRO has largely attained targets for gender equity in the proportion of male and female beneficiaries participating in activities under each SO. However, traditional practices around gender pose a challenge to the CO's work on improving gender equity in all of its interventions. Enrolment and attendance of girls in school is near parity with boys and is an area of success for WFP and government in SO4. Women traditionally have decision-making power over household food decisions; however, cultural norms favour providing more food and higher quality food to boys over girls. WFP is promoting women's leadership in F/CMCs under SO1, but in areas like Rakhine state women are still barred by men from becoming members of the more influential CMCs. In addition, a dearth of gender research in Myanmar, strong traditional roles and low public awareness of gender equity, along with limited institutional capacity hinder the development of effective policies and programmes for GEEW by government.
146. **Security and disasters.** Ethnic conflict and communal violence have caused interruptions in WFP's ability to deliver relief assistance in border areas and in NGCAs, and created additional IDPs who required WFP assistance. Most recently in October 2016, security issues in Rakhine state have forced WFP to delay the implementation of its transition strategy for SO1 beneficiaries. Myanmar's vulnerability to cyclones, floods and landslides have required WFP to respond to emergencies, and in some cases, to prioritise food resources originally allocated to nutrition beneficiaries to aid disaster victims. The prioritisation of emergency also led to delays in the asset creation activities.

## 3. Conclusions and Recommendations

### 3.1. Overall Assessment

147. The evaluation gathered sufficient evidence to address all evaluation questions and to draw conclusions around the evaluation criteria. The OECD-DAC evaluation criteria are used to outline the evaluation conclusions:

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<sup>251</sup> WFP. 2014. Mid-term Review of PRRO 200299.

- Relevance, the extent the assistance was coherent with the priorities and policies of the stakeholders and appropriate to the needs of the target groups;
- Efficiency, measuring the outputs of the programme (including their timeliness, quantity and quality) in relation to the inputs—considering cost and alternative modalities and processes to achieve the results;
- Effectiveness, measuring the extent that the programme achieved its outcomes and objectives, and the main contributing factors to the results;
- Impact, addresses the positive and negative changes produced by the development programme, directly or indirectly, intended or unintended; and
- Sustainability, which is concerned with how the benefits—and in this case the programme—are likely to continue after handover.<sup>252</sup>

148. Overall, the ET finds that the PRRO is a well-implemented programme that is being delivered in a challenging and dynamic environment. For all SO activities the CO has identified challenges and capacity gaps, and is taking steps to address them. Since 2015-2016 the CO has improved technical standards and strengthened programme support functions. While there is room for some improvements, the overall PRRO results are in line with corporate standards.

149. **Relevance, Coherence and Appropriateness:** This conclusion addresses the first evaluation question: How appropriate is the operation? The ET finds the PRRO design and implementation relevant to the needs of its targeted beneficiary groups. Geographic targeting appropriately focuses on areas most affected by conflict, displacement, food insecurity and malnutrition, and disasters. Stakeholders confirmed to the ET that WFP relief assistance is critical to IDPs in conflict-affected border areas to ensure food security, to those relocated/returned/resettled to support resettlement, and to food insecure people during the lean season. Asset creation is appropriate to vulnerable communities in the absence of a government social safety net and activities provide infrastructure that benefits the wider community. WFP food assistance to malnourished PLW and CU5 is appropriate given the high GAM rates, and nutrition counselling and education for caregivers, while it requires strengthening, is relevant to improving IYCF practices to improve nutrition. Food assistance to ART and TB patients is appropriate; it aids survival by patients who cannot work, and improves adherence and supports nutritional recovery of its beneficiaries. The ET agrees with the MTR that the HIV/TB activity targeting could be better targeted towards areas of high prevalence,<sup>253</sup> though it recognises that the need to align with available clinical services is a constraint to this. SF is an appropriate response to improving attention and alleviating short-term hunger so that children are better able to learn.

150. The PRRO is implemented in a very dynamic context, and WFP and government work to maintain relevance through regular consultations and by adjusting implementation approaches around targeting and transfer modalities when necessary.

151. WFP has ensured appropriateness through regular and systematic monitoring of the complex operational environment. The PRRO has adapted its activities and transfer modalities based on monitoring conditions around food security, commodity prices and other market dynamics, changes in context and beneficiary populations (e.g., an increase in IDPs), and agricultural assessments.

152. The ET finds that food and/or cash transfer modalities are appropriate for different PRRO activities. For SO1 and SO2, WFP applies food and cash transfer modalities. SO4 activities apply only food transfer modalities. The ET finds the mix of transfer modalities applied in the PRRO highly appropriate to each activity. WFP has further demonstrated

<sup>252</sup> See: <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

<sup>253</sup> WFP. 2014. Mid-term Review of PRRO 200299.

a reflective and adaptive approach in selecting the most appropriate modalities to suit the dynamic operational contexts of this PRRO.

153. The PRRO closely aligns with relevant WFP corporate policies and CO country strategy. PRRO components complement the strategic objectives of United Nations partners (UNICEF, FAO, the SUN and REACH initiatives) and contribute to the realisation of the UNCT Humanitarian Response Plan and the first UNDAF in 2018. It is also aligned with relevant national policies and the government's objectives for the MDGs and SDGs. FLAs with CPs explicitly states coherence between PRRO and CP initiatives.
154. The second and third evaluation questions on results and factors affecting results are addressed through the following conclusions:
155. **Efficiency:** WFP's overall operations are efficient given the constraints of a complex operating environment where it faces security issues that constrain access, the need to respond to emergencies, and limited infrastructure and CP capacity.
156. WFP has reached 80 percent of its planned beneficiaries over the life of the PRRO. Notably, WFP has delivered mostly uninterrupted food and cash assistance to relief beneficiaries throughout the PRRO, attesting to the efficiency of its logistics operations in a challenging environment. A review of available evidence and stakeholder interviews indicated that beneficiaries received their full entitlement, and that pipeline breaks for SO1 activities were infrequent. Distribution arrangements in Sittwe district were changed when it was found that they did not follow WFP standards. WFP regularly monitors distributions, but is unable to monitor all cash distribution due to high staff workloads. Concerns raised by CPs and beneficiaries around relief entitlements are followed up by WFP. Targeting is done to ensure efficiency. WFP has shifted from a blanket distribution system for IDPs to a more targeted distribution system based on livelihood assessments in some areas. This has increased the efficiency of relief operations. WFP is developing an assessment methodology to increase the efficiency of distribution in Rakhine state when conditions permit. WFP also does extensive verification of beneficiaries for lean season assistance. Targeting for nutrition activities is based on available data and valid local surveys on malnutrition, and individual assistance is given according to internationally accepted standards.
157. SOPs have been drawn up and are followed for the various PRRO components. Food and cash distributions were observed to be carried out in an orderly manner with little waiting time. Distribution points are centrally located, and transport costs do not appear to be an obstacle to participation.
158. **Effectiveness:** WFP effectively assisted transitions for resettled and returned beneficiaries in Shan and Kachin states. WFP has developed a transition strategy for Rakhine state but can continue to strengthen and more effectively communicate the evidence base around the transition for former IDPs, given the high sensitivity around this issue. WFP intends to monitor the outcome of the transition assistance to ensure that beneficiaries are able to meet their food needs. Emergency relief and lean season food assistance is well targeted and effective in meeting the needs of the most vulnerable households. The prioritisation of life-saving relief activities has in some cases affected the ability of the CO to meet targets for some programme activities such as under nutrition and asset creation. Interviews with WFP staff indicate that such immediate disaster relief will be continue to be prioritised in the next CSP. HEBs were provided to targeted schools. There were supply suspensions to some schools due to natural disaster that delayed the start of the 2015/2016 school year; overall feeding days were below target in 2015.<sup>254</sup> WFP is also planning for the return of refugees from Thailand to ensure it has adequate funds and an effective response. The dynamic context means that WFP is at times unable to gain access to targeted areas due to security restrictions (e.g.,

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<sup>254</sup> WFP Myanmar. 2015. SPR 2015.

NGCA in Kachin state); WFP followed up intensively with government and was successful in obtaining access.

159. FFA is effectively targeted, and where assets have been created they are of good quality and based on community consultation about their needs. Asset creation strategies at sub office level do not specifically reference current corporate guidance, although, the actual processes/activities for asset creation do broadly meet corporate standards. WFP did not meet targets for FFA up to 2015 due to late and restricted (earmarked) donor contributions (i.e. limited flexible funding / lack of dedicated funding for asset creation activities), and was initially unable to guide CPs in the implementation of what was a new activity for them. Consequently, some CPs did not have the livelihood interventions in place to develop the needed synergies to use community and household assets to generate improved income opportunities and enhanced livelihoods. WFP is addressing these challenges, and is emphasizing the relevance of FFA to reducing dependency and aiding transition initiatives. WFP is improving the efficiency of FFA activities by focusing on integration with PRRO and external initiatives, and by targeting contiguous village tracts to generate a critical mass of local knowledge.
160. WFP applies various guidelines and tools to ensure that specific activities are effective in addressing the needs of their target population; for example, the CO developed a tool to determine which MAM interventions are required in a particular area. WFP effectively communicated the rationale for the targeting system to IDPs so that targeting criteria are transparent and understood by beneficiaries. Beneficiaries reported no major safety concerns or gender discrimination when receiving cash or food.
161. WFP's nutrition assistance has reduced malnutrition among PLW and CU5 but its potential reach is curtailed by a scarcity of technically skilled partners, especially in remote areas. Some national CPs do not have sufficient technical capacity on nutrition which affects the effectiveness of WFP activities. ART and TB beneficiaries and CPs stated that WFP food assistance is essential to the survival of them and their families, as they are often unable to work or to find employment. There is an opportunity to strengthen linkages between food assistance and government clinic-level service delivery. HEBs are effective in providing children with additional calories and nutrients needed to support their growth. Central-level MoE officials consider the HEB activity successful and are satisfied with the coordination, communication, and training from WFP at the headquarters and sub office levels.
162. **Impact:** WFP has provided technical support to government to develop policies in emergency preparedness and response, nutrition, and education, which have had a direct positive impact on WFP's main beneficiaries. There is some operational overlap between WFP and other United Nations partners such as in SF, though partners face constraints to support such complementary interventions, limiting their potential impact. There is an unintended high dependency on WFP food assistance to IDPs primarily due to the absence of livelihood opportunities and sector partners, an area that WFP is addressing with CPs and other partners.
163. **Sustainability:** WFP recognises both the government's commitment to addressing national development challenges and the limits to its current capacity to do so. There are opportunities in the next CSP to strengthen engagement with government partners. The PRRO has worked to enhance national capacity and assist government to develop policies that support ownership and, eventually, national management of activities. WFP's capacity building activities are highly relevant but at an early stage that will carry over into the next CSP.
164. WFP is providing policy advice and technical assistance to government to establish a sustainable National SF Programme. The main challenges at the national level to the NSFP are delays on decisions around staffing, budget, and senior representation roles



due to the change of government. The MoE faces staff and financial constraints and most technical assistance focuses on trainings rather than material support. The MoE has funds for transportation and storage but not for capital expenses related to NSFP implementation, such as computers and Internet connectivity required for reporting attendance. This is expected to slow NSFP implementation at township and school levels. WFP and the MoE are pursuing opportunities for future funding through the United States Department of Agriculture (USDA) McGovern Dole fund in FY2017-2018. Government will include SF in its 2017-2018 budget, which will lay the groundwork for eventual SF expansion and handover. WFP envisions scaling up the provision of HEB to one million children by 2021.

165. **Gender, equity and protection:** WFP is working to ensure that gender and protection issues are mainstreamed into assistance, and that appropriate practices that support gender equity and protection are in place. This includes the registration of IDP women as beneficiaries and the strengthening of a complaint and feedback system for beneficiaries. The application of these practices is routinely monitored through PDMS and meetings with beneficiaries during distributions to ensure continuing relevance. WFP has identified the need for additional training at sub office and CP level on gender analysis and mainstreaming practices. WFP has strongly supported the equal and active participation of women in FMCs, which the ET finds highly relevant to preserving women's traditional decision-making power over household food resources. WFP commissioned a gender analysis in ongoing FFA activities and a study on gender and care practices in Rakhine state, which the ET finds relevant given the scarcity of research on gender dynamics and malnutrition in Myanmar. Malnutrition activities focus on the health of women and their children and WFP and CPs are working to include men and other caretakers in nutrition education sessions. Food support to ART and TB patients is given without regard to gender. SF has had a strong impact on women's participation at schools and on PTAs; since PTA members participate in daily HEB distribution activities, women have largely replaced men as members of PTAs.

### **3.2. Recommendations**

166. The recommendations are grouped as operational and strategic by timeline periods and within those, ordered by priority. Each is labelled with the responsible stakeholder for implementation.

#### **Operational recommendations (2016-17; with continuation to next CSP)**

**R1:** Conduct an ongoing review with additional mixed methods assessments, as necessary, to continue building the evidence base for transition strategies.

- Consolidate ongoing assessments of beneficiary eligibility with VAM data.
- To the degree possible, provide support and input to the Rakhine State Development Plan, including strategies for appropriate transition of people from protracted relief assistance.
- Advocate with other United Nations organisations and NGOs to increase their support to livelihoods, particularly in northern Rakhine State, and to extend their assistance into currently unassisted areas as feasible.

*When:* 2017

*Who:* CO leads; RB provides technical assistance to assessment methods as required

**R2:** Support development of livelihood strategies for all beneficiary groups, including IDPs, led by the Government and relevant sector partners in order to leverage opportunities for greater coherence with ongoing initiatives, as feasible. This includes updating CO FFA strategies to be in line with the corporate FFA guidance manual and as per the agreed Management Response to the Executive Board on the external five-country FFA Evaluation series of 2015. The ET recognises that this recommendation may require additional resources from the CO.



- Initiate consultation process, where this does not yet exist, on livelihood sector development in WFP operational areas. The purpose: take stock of opportunities and challenges, and establish role clarity within potential partnerships.
- Clarify internal and external alignment of FFA activities especially towards FFA manual and corporate guidance and components such as FFA Theory of Change, Seasonal Livelihood Programme (SLP), and Three-Pronged Approach (3PA).
- Build on asset creation strategies to develop broader livelihood strategies at sub office level that include a focus on integration with internal and external activities.

*When:* 2017 and beyond

*Who:* CO

**R3:** Strengthen the integration of nutrition education and training, with a focus on behaviour change communication (BCC) and infant and young child feeding (IYCF) approaches, into all activities through combined trainings for sub office and cooperating partner (CP) staff in coordination with other sector actors. The ET recognises this recommendation may require additional resources from the CO. Gather information on nutritional status in a more systematic way in order to assess outcomes.

- Ensure the integration of a nutrition education component into all programme activities in a manner that complements and connects to the specific activity.
- Strengthen nutrition capacity in national NGOs through training, linking to networks for knowledge acquisition, nutrition, academic networks, and where possible increasing WFP financial support for some CPs in some cases to hire nutrition technical staff.
- Encourage international NGO partners to support the technical development of national NGOs in nutrition.
- Partner with other agencies and organisations to promote and encourage dialogue by government around solutions to malnutrition, including care practices, sanitation and gender equity that will support a comprehensive approach to reducing malnutrition where food assistance is only one component.

*When:* 2017 and beyond

*Who:* CO leads, RB provides nutrition technical assistance as required

**R4:** Ensure that food assistance and clinical services are fully integrated as part of the provision of assistance to PLHIV and TB patients. The ET recognises that reduction in Global Fund resources may affect the CO's ability to fully implement R4, where possible the CO should:

- Ensure that staff at health facilities are provided with comprehensive training in the principles and management of the programs, with regular refresher trainings to address issues of staff turnover at clinics.
- Work with the National AIDS Programme (NAP), National TB Programme (NTP) and clinical health services to fully integrate the provision of food and treatment within health facilities. This will require addressing storage and management challenges to clinics. Continue to raise awareness and advocate with government on the important role nutrition in treatment programmes for PLHIV and TB/multi-drug resistant (MDR)-TB, where possible.
- Strengthen linkages between food assistance and government clinic-level service delivery, where possible.

*When:* 2017 and beyond

*Who:* CO

### **Strategic recommendations (2018 and in the next CSP):**

**R5:** Continue to support the Ministry of Education (MoE) to develop a National School Feeding Programme through expansion of high energy biscuits (HEB) and systems strengthening support (e.g., SABER) and with the provision of technical assistance to government to pilot alternative school feeding modalities, including school meals.

- Review whether the current modality of HEB is positively or negatively affecting the ability of poor families to send children to school; and if yes:
- Review the need to target an additional school feeding incentive, such as a meal pilot, to the poorest families.

*When:* ongoing into next CSP

*Who:* CO leads; RB provides technical assistance as required

**R6:** Update gender analysis to align with updated WFP policies and CO vision. The ET recognises that R6 may require additional resources from the CO.

- Roll out gender training for with CPs and sector partners.
- Use gender training to also strengthen outreach to men in nutrition and BCC activities for pregnant and lactating women and children under five.
- Continue to promote leadership positions for women in camp management committees as well as food management committees.

*When:* 2018

*Who:* CO, RB

## **Annexes**

### **Annex 1: TOR**



## **EVALUATION QUALITY ASSURANCE SYSTEM**

Office Of Evaluation

*Measuring Results, Sharing Lessons*

[FINAL – 4 MARCH 2016]

### **TERMS OF REFERENCE- OPERATION EVALUATION**

#### **MYANMAR – PROTRACTED RELIEF AND RECOVERY OPERATION 200299 – SUPPORTING TRANSITION BY REDUCING FOOD INSECURITY AND UNDERNUTRITION AMONG THE MOST VULNERABLE**

##### **1. Introduction**

1. These Terms of Reference (TOR) are for the evaluation of the Myanmar Protracted Relief and Recovery Operation (PRRO) 200299 ‘Supporting Transition by Reducing Food Insecurity and Undernutrition among the Most Vulnerable’ in Myanmar. This evaluation is commissioned by the WFP Office of Evaluation (OEV) and will last from June to November 2016. In line with WFP’s outsourced approach for Operation Evaluations (OpEv), the evaluation will be managed and conducted by an external evaluation company amongst those having a long-term agreement with WFP for operations evaluations.
2. These TOR were prepared by the OEV focal point based on an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold: 1) to provide key information to the company selected for the evaluation and to guide the company’s evaluation manager and team throughout the evaluation process; and 2) to provide key information to stakeholders about the proposed evaluation.
3. The 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 TOR.

##### **2. Reasons for the Evaluation**

###### **2.1 Rationale**

4. In the context of renewed corporate emphasis on providing evidence and accountability for results, WFP has committed to increase evaluation coverage of operations and mandated OEV to commission a series of Operation Evaluations in 2013 -2016.

5. Operations to be evaluated are selected based on utility and risk criteria.<sup>255</sup> From a shortlist of operations meeting these criteria prepared by OEV, the Regional Bureau (RB) has selected, in consultation with the Country Office (CO) the Myanmar PRRO 200299 “Supporting Transition by Reducing Food Insecurity and Undernutrition among the Most Vulnerable” for an independent evaluation. In particular, the evaluation has been timed to ensure that findings can feed into future decisions on the design of WFP’s Country Strategic Plan (CSP) and follow-up operation in Myanmar.

## 2.2 Objectives

6. This evaluation serves the dual and mutually reinforcing objectives of accountability and learning:
  - **Accountability** – The evaluation will assess and report on the performance and results of the operation. A management response to the evaluation recommendations will be prepared.
  - **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.

## 2.3 Stakeholders and Users

7. **Stakeholders.** A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and many of these will be asked to play a role in the evaluation process. Table one below provides a preliminary stakeholders’ analysis, which will be deepened by the evaluation team in the inception package in order to acknowledge the existence of various groups (women, men, boys and girls) that are affected by the evaluation in different ways and to determine their level of participation. During the field mission, the validation process of evaluation findings should include all groups.

**Table 1: Preliminary stakeholders’ analysis**

Stakeholders	Interest in the evaluation
<b>INTERNAL STAKEHOLDERS</b>	
Country Office (CO)	Responsible for the country level planning and operations implementation, the CO is the primary stakeholder of this evaluation. 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, partners for the performance and results of its operation.
Regional Bureau (RB) based in Bangkok	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices.
Office of Evaluation (OEV)	OEV is responsible for commissioning OpEvs over 2013-2016. As these

<sup>255</sup> The utility criteria looked both at the timeliness of the evaluation given the operation’s cycle and the coverage of recent/planned evaluations. The risk criteria was based on a classification and risk ranking of WFP COs taking into consideration a wide range of risk factors, including operational and external factors as well as COs’ internal control self-assessments.

	evaluations follow a new outsourced approach, OEV has a stake in ensuring that this approach is effective in delivering quality, useful and credible evaluations.
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 will feed into an annual synthesis of all OpEvs, which will be presented to the EB at its November session.
<b>EXTERNAL STAKEHOLDERS</b> (See Table 2 for list of 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. Various ministries are partners in the design and implementation of WFP activities, including the Ministry of Health, Ministry of Education and the Ministry of Social Welfare, Relief and Resettlement. At local level, WFP works with local development committees.
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 (UNICEF, FAO, WHO).
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.
Civil society	Civil society groups work within the same context in which WFP operates and have an interest in areas related to WFP interventions (food security, nutrition, education, gender equity, etc.). Their experience and knowledge can inform the evaluation and they will be interested in the evaluation findings, especially those related to partnerships.
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.

8. **Users.** The primary users of this evaluation will be:

- The Myanmar CO and its partners in decision-making related notably to programme implementation and/or design, country strategy and partnerships.
- Given RB's core functions the RB is expected to use the evaluation findings to provide strategic guidance, programme support and oversight,
- OEV will use the evaluation findings to feed into an annual synthesis of all OpEvs which will analyse the findings of WFP operation evaluations conducted during 2016, highlighting performance and lessons, and contributing to learning at corporate level.

### **3. Subject of the Evaluation**

9. Myanmar, with an estimated population of 51.4 million, is the second largest country in Southeast Asia.<sup>256</sup> The nation's economy is one of the least developed in the world and is suffering the effects of extended isolation and stagnation. Myanmar has a low Human Development Index, ranking 148th out of 187 countries according to the 2015 UNDP's Human Development Report.<sup>257</sup> A range of socio-political, environmental and economic shocks continue to compromise food and nutrition security in many areas of the country. More than 13 million people live below the poverty line, and close to three million people are considered food poor.
10. One in three children under 5 is chronically malnourished, with the prevalence of stunting and wasting at 35 and 8 percent, respectively. Over 80 percent of children under the age of two are anaemic and micronutrient deficiencies persist, contributing to child mortality. Myanmar is also one of the world's 22 high tuberculosis (TB) burden countries, with a prevalence rate three times higher than the global average and one of the highest in Asia. HIV prevalence is concentrated among key populations. The consequences of chronic malnutrition coupled with HIV-TB coinfection are far-reaching, reducing the human development and income-generating potential of individuals, stifling economic growth, and increasing the cost of healthcare and other social services.
11. Without a major breakthrough in the peace process, localised conflicts in Kachin, Kokang and Shan and continued inter-communal violence in Rakhine still result in massive internal displacements of people across the country.
12. Myanmar's education expenditure is low, compared to the ASEAN member states. However, the Government has increased 26.3 percent of its basic education expenditure between 2013/14 and 2014/15. Low education indicators remain a concern, particularly in poor and remote rural areas.
13. Myanmar is among the Asia-Pacific countries that are most prone to natural disasters, including floods, tropical cyclones, earthquakes, landslides and drought, putting burden on already strained economy. The floods and landslides in July-August 2015 caused by Cyclone Komen destroyed more than 1 million acres of farmland and devastated almost 2 million people, slowing down the economic growth from 8.5 percent in 2014/2015 to only 6.5 percent in 2015/2016.
14. Despite such setbacks, Myanmar has made significant progress recently. The country has achieved the Millennium Development Goal of halving hunger by 2015. Myanmar is undergoing an unprecedented transition period. The country's first relatively free and fair general election in 25 years has brought a landslide victory to Aung San Suu Kyi's National League for Democracy. Continued economic reforms have supported consumer and investor confidence despite ongoing business environment and socio-political challenges. These transitions have the potential to create opportunity and shared prosperity for the people of Myanmar and for the country to become one of the most dynamic economies in the region.
15. WFP continues to support Myanmar under a three-year PRRO (2013-2015), which was extended by two additional years (December 2017) through:

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<sup>256</sup> "Myanmar Census 2014." UNFPA Myanmar. UNFPA.

<sup>257</sup> "Statistics - Human Development Reports (UNDP)." Human Development Report 2015.

- i) a **relief component** comprising GDF for internally displaced persons affected by the intercommunal violence in Rakhine State and ethnic conflict in Kachin and northern Shan, as well as for the most food-insecure populations in Rakhine.
- ii) A **nutrition component** through which WFP provided pregnant and lactating women and children 6 to 59 months for treatment and prevention of moderate acute malnutrition (MAM), as well as prevention of stunting. Food and nutrition assistance was also provided to PLHIV and TB clients in different states of Myanmar.
- iii) A **school feeding** programme in pre-primary and primary schools, comprising the distribution of high energy biscuits.
- iv) **Asset-creation activities** for vulnerable communities which helped strengthen livelihoods and accelerated **post-disaster recovery** – improving people’s food security and long-term resilience.

16. The project document including the project logframe, related amendments (Budget revisions) and the latest resource situation are available on wfp.org at this [link](#).<sup>258</sup> The key characteristics of the operation are outlined in table two below:

**Table 2: Key characteristics of the operation**

OPERATION		
Approval	The operation was approved by The Executive Board in November 2012	
Amendments	<p>There have been six budget revisions (BR) to the initial PRRO.</p> <p>BR 1 (approved by the Deputy Executive Director in July 2013) increased the landside transport, storage and handling (LTSH) costs, which resulted in an increase of US\$8.9 million of the overall project budget, from US\$167,687,584 to US\$176,645,497.</p> <p>BR 2 (November 2013) was technical in nature and realigned the PRRO’s budget structure to WFP’s new financial framework, with no impact on the overall budget.</p> <p>BR 3 (approved by the Executive Director in March 2014) aimed to scale up the relief assistance and the nutrition components to meet the needs of 5,000 IDPs affected by conflict. The overall budget increased from US\$176,645,497 to US\$204,455,828.</p> <p>BR 4 (approved by the Regional Director in June 2015) adjusted the LTSH costs downwards, resulting in a decrease of the overall budget, from US\$204,455,828 to US\$203,614,798.</p> <p>BR 5 (approved by the Regional Director in September 2015) provided two months of relief assistance and cash-for-assets assistance to 400,000 flood-affected people following the cyclone Komen. Cash-based transfers more than doubled from US\$2,700,000 to US\$5,498,387. The overall budget increased from US\$203,614,798 to US\$206,609,072.</p> <p>BR 6 (approved by the Executive Board in November 2015) extended the PRRO by two years (until the end-December 2017) and made provisions for continuous assistance to communities affected by the wide spread flooding and heavy rains that followed the Cyclone Komen. The budget increased by a substantial 60% from US\$206,609,072 to US\$341,402,438.</p>	
Duration	Initial: 3 years (January 2013–December 2015)	Revised: 5 years (January 2013 – December 2017)
Planned beneficiaries	Initial: 1,570,000 (adjusted to avoid double-counting)	Revised: 2,916,320

<sup>258</sup> From WFP.org – Countries – Myanmar – Operations.

Planned food requirements	<u>Initial:</u> In-kind food: 175,544 mt of food commodities Cash and vouchers: US\$2,700,000	<u>Revised:</u> In-kind food: 94,656 mt of food commodities Cash and vouchers: US\$21,746,697	
US\$ requirements	<u>Initial:</u> US\$167,687,584	<u>Revised:</u> US\$341,402,438	
<b>OBJECTIVES, OUTCOMES AND ACTIVITIES (as per realigned logframe)</b>			
Cross-cutting results	Gender: Gender equality and empowerment improved		
	Protection and APP <sup>259</sup> : WFP assistance delivered and utilized in safe, accountable and dignified conditions		
	Partnerships: Food assistance interventions coordinated and partnerships developed and maintained		
	WFP SOs <sup>260</sup>	PRRO specific objectives and outcomes	
Contributed to Myanmar UNDAF (2012-2015) outcomes 1, 2, 4 and 5; and MDGs 1, 2, 3, 4, and 6	Strategic Objective 1	Objective 1: Save lives and protect livelihoods in emergencies	Activities
		Outcome 1.1: Stabilized or improved food consumption over assistance period for targeted households and/or individuals	- Food/ cash assistance to internally displaced persons (IDPs) and returnees - Protracted relief assistance to food insecure households in northern Rakhine - Short-term food/cash assistance to beneficiaries affected by natural disasters
	Strategic Objective 2	Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies	
		Outcome 2.1: Improved access to assets and/or basic services, including community and market infrastructure	- Conditional transfer of food/cash upon labour inputs in works schemes (FFA/CFA) - Alternative Livelihood support activities to poppy farmers - Household/Community Assets construction/rehabilitation
		Outcome 2.2: Adequate food consumption reached or maintained over assistance period for targeted households	- Technical assistance to transition to a national school feeding programme; School snacks in informal primary schools; High Energy Biscuits to promote attendance <sup>261</sup> ; health and nutrition education; deworming
	Strategic Objective 4	Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger	
		Outcome 4.1: Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women	- Targeted Supplementary Feeding (MAM treatment) - Provision of supplementary/complementary fortified micronutrients/foods (prevention of stunting)
		Outcome 4.2: Increased equitable access to and utilization of education	- Promotion of nutrition education and growth monitoring

<sup>259</sup> Accountability to affected populations

<sup>260</sup> Strategic Objectives

<sup>261</sup> The PRRO originally envisaged the provision of take-home rations but these have been suspended.

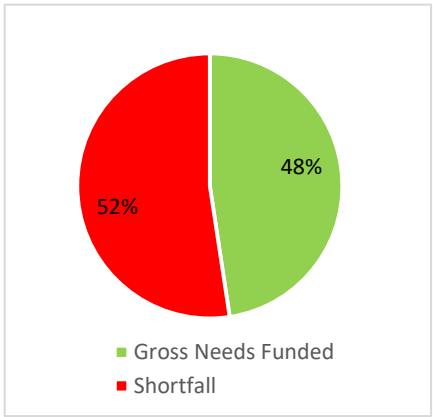
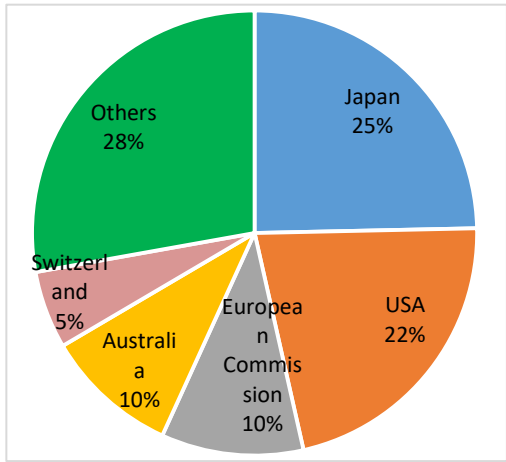


	Outcome 4.3: Enhancing treatment success through the provision of nutritional support to ART and/or TB treatment clinics	-Food assistance to HIV/TB clients
	Outcome 4.4: Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels	-Aligning with partners (UNICEF/NGOs/Government) to promote complementary activities (breastfeeding, immunization, deworming/micronutrient supplementation)

**PARTNERS**

Government	Ministry of National Planning and Economic Development; Ministry of Border Affairs; Ministry of Livestock, Fisheries and Rural Development (MLFRD); Ministry of Health; Ministry of Social Welfare, Relief and Resettlement (MSWRR); Ministry of Education; Department of Rural Development; Township General Administrative Department and District Relief and Resettlement Department.	
United Nations	The Food and Agriculture Organization (FAO), The Office for the Coordination of Humanitarian Affairs (OCHA), The Joint United Nations Programme on HIV/AIDS (UNAIDS), The United Nations Development Programme (UNDP), The United Nations Population Fund (UNFPA), The United Nations High Commissioner for Refugees (UNHCR), The United Nations Children's Emergency Fund (UNICEF), The United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO).	
NGOs	36 international NGOs including among others Action Contre la Faim (ACF), Adventist Development and Relief Agency (ADRA), Health Poverty Action, Terre des Hommes Italia, Save the Children (SCF), World Vision International 16 national NGOs including among others All Country Agency for Rural Development, Karuna Myanmar Social Services, Medical Action Myanmar, Heart Development Organization, Noble Compassionate Volunteers	
Others	International Committee of the Red Cross and the Nippon Foundation.	

**RESOURCES (INPUTS)**

<p>Contribution received As of 2 March February 2016: US\$ 162,777,197 48% against appeal</p> <p>Top 5 donors: Japan-25% USA- 22% EUR commission – 10% Australia – 10% Switzerland – 5%</p>	<p>Figure 1: % funded of total requirements</p>  <p>Legend: ■ Gross Needs Funded (48%) ■ Shortfall (52%)</p>	<p>Figure 2: Top Donors</p> 
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**PLANNED OUTPUTS (at design)**

Figure 3: Planned % of beneficiaries by activity

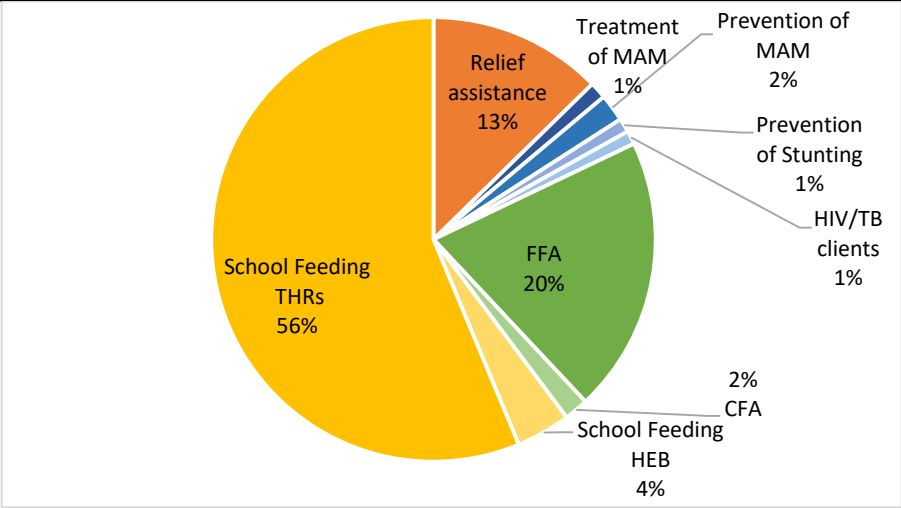


Figure 4: Planned % of women/girls versus men/boys by activity

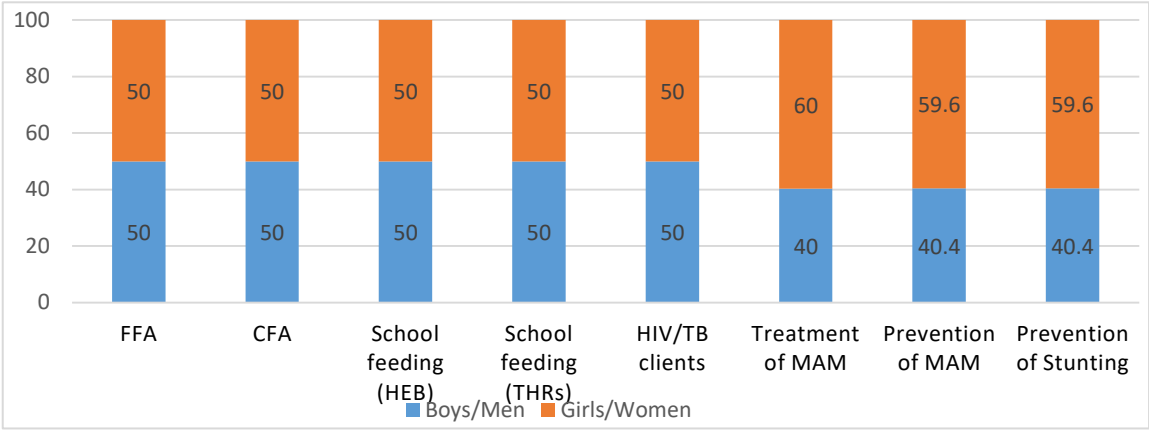
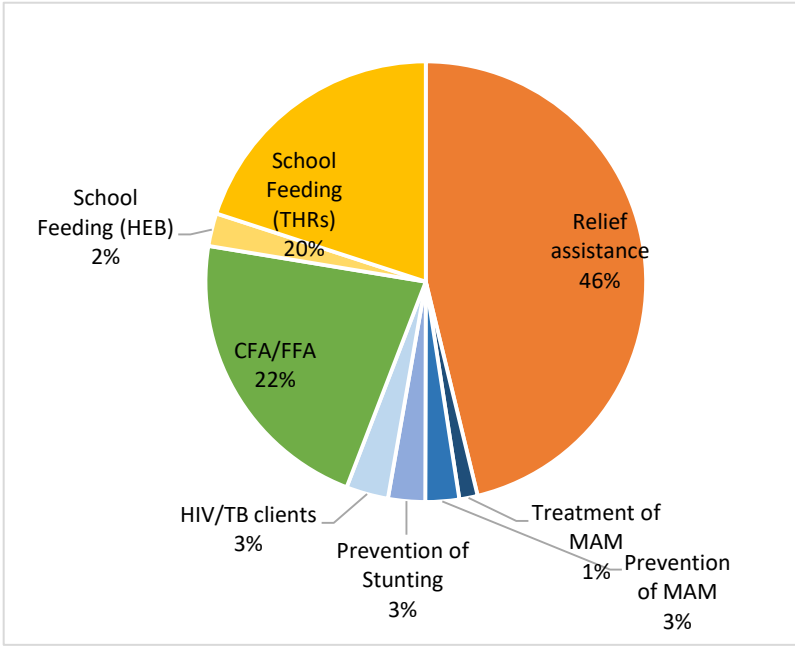


Figure 5: Planned % of food requirements by activity



## 4. Evaluation Approach

### 4.1. Scope

17. **Scope.** The evaluation will cover PRRO 200299 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 time from the development of the operation (January – December 2012) and the period from the beginning of the operation until the start of the evaluation (January 2013 – August 2016).

### 4.2. Evaluation Questions

18. The evaluation will address the following three questions:

**Question 1: How appropriate is the operation?** Areas for analysis will include the extent to which the objectives, targeting, choice of activities and of transfer modalities:

- Were appropriate at project design stage to the needs of the food insecure population including the distinct needs of women, men, boys and girls from different groups, as applicable, and remained so over time.
- Are coherent with relevant stated national policies, including sector and gender policies and strategies and seek complementarity with the interventions of relevant humanitarian and development partners.
- Were coherent at project design stage with relevant WFP and UN-wide system strategies, policies and normative guidance (including gender<sup>262</sup>), and remained so over time. In particular, the team will analyse if and how gender empowerment and equality of women (GEEW) objectives and mainstreaming principles were included in the intervention design in line with the MDGs and other system-wide commitments enshrining gender rights.

**Question 2: What are the results of the operation?** While ensuring that differences in benefits between women, men, boys and girls from different groups are considered, the evaluation will analyse:

- The level of attainment of the planned outputs (including the number of beneficiaries served disaggregated by women, girls, men and boys);
- The extent to which the outputs led to the realisation of the operation objectives as well as to unintended effects highlighting, as applicable, differences for different groups, including women, girls, men and boys; how GEEW results have been achieved;
- How different activities of the operation dovetail and are synergetic within the PRRO and with what other actors are doing to contribute to the overriding WFP objective in the country; and
- The efficiency of the operation and the likelihood that the benefits will continue after the end of the operation.

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<sup>262</sup> Relevant WFP Policies include: Cash & voucher Policy, Capacity Development and Hand-Over Policy, School Feeding Policy, Nutrition Policy, Resilience Policy, WFP role in humanitarian system, Humanitarian Protection Policy, Safety Net Policy, WFP's corporate partnership strategy. For a brief on each of these and other relevant policies and the links to the policy documents, see the WFP orientation guide on page 14. For gender, in addition to WFP Gender policy, refer to <http://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx> for information on United Nations system wide commitments

**Question 3: Why and how has the operation produced the observed results?** The evaluation should generate insights into the main internal and external factors that caused the observed changes and affected how results were achieved. The inquiry is likely to focus, amongst others, on:

- Internally (factors within WFP’s control): the processes, systems and tools in place to support the operation design, implementation, monitoring/evaluation and reporting; the existence or lack of synergies across the various PRRO activities; the governance structure and institutional arrangements (including issues related to staffing, capacity and technical backstopping from RB/HQ); the coordination arrangements; Have the appropriate partnerships been built with the Government (at different levels) and with other actors? What lessons emerge for the future especially as the new government takes over?
  - Externally (factors outside WFP’s control): the external operating environment; the funding climate; external incentives and pressures; etc. Given the complex operational environment in Myanmar, the evaluation should assess the extent to which the government transition has and/or might impact on WFP’s programmes. The evaluation should also review whether WFP has adapted its operations in an appropriate and timely manner to the evolving socio-political situation, funding climate and development needs in the country.
19. Throughout the evaluation and in making recommendations, the team should make forward considerations to inform the design of WFP’s Country Strategic Plan and its future operation giving due consideration to the fast changing transition context of Myanmar. The CO would benefit from recommendations on how best it can position itself, adjust its overall strategy, deepen the synergies across the PRRO interventions to support more effectively the Government in assessing and responding to food insecurity and undernutrition and achieve the Zero Hunger Challenge objectives by 2025.

### **4.3 Evaluability Assessment**

20. Evaluability is the extent to which an activity or a programme can be evaluated in a reliable and credible fashion. The below provides a preliminary evaluability assessment, which will be deepened by the evaluation team in the inception package. The team will notably critically assess data availability and take evaluability limitations into consideration in its choice of evaluation methods. In doing so, the team will also critically review the evaluability of the gender aspects of the operation, identify related challenges and mitigation measures and determine whether additional indicators are required to include gender empowerment and gender equality dimensions.
21. In answering question one, the team will be able to rely on assessment reports, minutes from the project review committee, the project document and logframe, evaluations of past operations, reviews of the ongoing PRRO,<sup>263</sup> as well as documents related to government and interventions from other actors. In addition, the team will review relevant WFP strategies, policies and normative guidance.
22. For question two the operation has been designed in line with the corporate strategic results framework (SRF) and selected outputs, outcomes and targets are recorded in the logframe.

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<sup>263</sup> Mid-term review of PRRO 200299. Final report, March 2015.

Monitoring reports as well as annual standard project reports (SPRs) detail achievement of outputs and outcomes thus making them evaluable against the stated objectives.

23. However, answering question two is likely to pose some challenges owing in part to: i) incomplete baseline data for the activities, which will need to be partly reconstructed using findings from various assessment reports; ii) the re-alignment of the logframe during the implementation of the PRRO following the approval of WFP Strategic Plan (2014-2017) and Strategic Results Framework; and iii) data gaps in relation to efficiency.
24. For question three, the team members will have access to some institutional planning documents and is likely to elicit further information from key informant interviews.
25. Table three below summarise the key sources of data available:

<b>Data sources</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
SPR	√	√	√
Mid-term review report		√	
School feeding baseline			√
PDM Relief	√	√	√
PDM Asset creation (food)	√	√	√
PDM asset creation (cash)	√	√	√
PDM school feeding THR	√		
PDM school feeding HEB	√		
PDM Nutrition	√	√	√
PDM HIV/TB		√	
PDM protracted relief	√		√
Gender study on acute malnutrition in NRS			

26. Other evaluability challenges include:
- Access constraints: The rainy season stretches from May to September. While accessibility tends to improve at the end of the rainy season from September onwards, poor road conditions will limit the ability of the evaluation team to visit some field sites. Potentials of risks of floods or other natural disasters could undermine the field work as well as further limit the CO's capacity to engage with the evaluation team. The international evaluators will require a visa to enter the country as well as travel permits to visit different areas. Those should be requested sufficient time in advance.
  - Local languages: There are approximately a hundred languages spoken in Myanmar. The evaluation team will require the services of local interpreters.

#### **4.4. Methodology**

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

- Employ relevant internationally agreed evaluation criteria including those of relevance, coherence (internal and external), coverage, efficiency, effectiveness, impact and sustainability (or connectedness for emergency operations), giving special consideration to gender and equity issues.
- Use applicable standards (e.g. SPHERE standards; UNEG guidance on gender<sup>264</sup>);
- Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and using mixed methods (e.g. quantitative, qualitative, participatory) to ensure triangulation of information through a variety of means. Participatory methods will be emphasised with the main stakeholders, including the CO. The selection of field visit sites will also need to demonstrate impartiality.
- Be geared toward addressing the key evaluation questions taking into account the evaluability challenges, the budget and timing constraints;
- Be based on an analysis of the logic model of the operation and on a thorough stakeholders analysis;
- Ensure through the use of mixed methods and appropriate sampling that women, girls, men and boys from different stakeholders groups participate and that their different voices are heard and used;
- Be synthesised in an evaluation matrix, which should be used as the key organizing tool for the evaluation.

#### **4.5. Quality Assurance**

28. OEV's Evaluation Quality Assurance System (EQAS) 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 the review thereof. It is based on the UNEG norms and standards and good practice of the international evaluation community (DAC and ALNAP) and aims to ensure that the evaluation process and products conform to best practice and meet OEV's quality standards. EQAS does not interfere with the views and independence of the evaluation team.

29. At the start of the evaluation, OEV will orient the evaluation manager on EQAS and share related documents. EQAS should be systematically applied to this evaluation and the evaluation manager will be responsible to ensure that the evaluation progresses in line with its process steps and to conduct a rigorous quality control of the evaluation products ahead of their submission to WFP. OEV will also share an Orientation Guide on WFP and its operations, which provides an overview of the organization.

### **5. Phases and deliverables**

30. The evaluation will proceed through five phases. Annex two provides details of the activities and the related timeline of activities and deliverables.

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<sup>264</sup> These are put into context of WFP evaluation in the OEV technical note on integrating gender in evaluation. Evaluation team will be expected to review this TN during the inception phase and ensure that gender is well mainstreamed in all phases and aspects of the evaluation.

31. **Preparation phase** (March-May 2016): The OEV focal point 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.
32. **Inception phase** (June-July 2016): This phase aims to prepare the evaluation team for the evaluation 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 interaction with the main stakeholders.

- **Deliverable: Inception Package.** The Inception Package details how the team intends to conduct the evaluation with an emphasis on methodological and planning aspects. The IP will be shared with CO, RB and OEV for comments before being approved by OEV. It will present an analysis of the context and of the operation, the evaluation methodology articulated around a deepened evaluability and stakeholders' analysis; an evaluation matrix; and the sampling technique and data collection tools. It will also present the division of tasks amongst team members as well as a detailed schedule for stakeholders' consultation. For more details, refer to the [content guide for the inception package](#).

33. **Evaluation phase** (September 2016): The fieldwork will span over three weeks and will include visits to project sites and primary and secondary data collection from local stakeholders. Two debriefing sessions will be held upon completion of the field work. The first one will involve the country office (relevant RB and HQ colleagues will be invited to participate through a teleconference) and the second one will be held with external stakeholders.

- **Deliverable: Exit debriefing presentation.** An exit debriefing presentation of preliminary findings and conclusions (powerpoint presentation) will be prepared to support the debriefings.

34. **Reporting phase** (October–November 2016): 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 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.** The evaluation report will present the findings, conclusions and recommendations of the evaluation in a concise report of 40 pages maximum. Findings should be evidence-based and relevant to the evaluation questions. Data will be disaggregated by sex and the evaluation findings and conclusions will highlight differences in performance and results of the operation for different beneficiary groups as appropriate. There should be a logical flow from findings to conclusions and from conclusions to recommendations. Recommendations will be limited in number, actionable and targeted to the relevant users. These will form the basis of the WFP management response to the evaluation. For more details, refer to the [content guide for the evaluation report](#) and the [OpEv sample models for presenting results](#).

35. **Follow-up and dissemination phase:** OEV will share the final evaluation report with the CO and RB. The CO management 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 RB will coordinate WFP’s management response to the evaluation, including following up with country offices on status of implementation of the actions. OEV will also subject the evaluation report to an external post-hoc quality review to report independently on the quality, credibility and utility of the evaluation in line with evaluation norms and standards. A feedback online survey on the evaluation will also be completed by all stakeholders. The final evaluation report will be published on the WFP public website, and findings incorporated into an annual synthesis report, which will be presented to WFP’s Executive Board for consideration. This synthesis will identify key features of the evaluated operations and report on the gender sensitivity of the operations among other elements. Findings will be disseminated and lessons will be incorporated into other relevant lesson sharing systems.

**Notes on the deliverables:**

The inception package and evaluation reports shall be written in English and follow the EQAS templates.

The evaluation team is expected to produce written work that is of very high standard, evidence-based, and free of errors. The evaluation company is ultimately responsible for the timeliness and quality of the evaluation products. If the expected standards are not met, the evaluation company will, at its own expense, make the necessary amendments to bring the evaluation products to the required quality level.

The evaluation TOR, report and management response will be public and posted on the WFP External Website ([wfp.org/evaluation](http://wfp.org/evaluation)). The other evaluation products will be kept internal.

**Table 3: Key dates for field mission and deliverables**

Entity responsible	Phase	Activities	Key dates
EM/ET	Inception	Draft Inception Package	11 <sup>th</sup> July 2016
EM/ET	Inception	Final Inception Package	29 <sup>th</sup> July 2016
CO/ET	Evaluation	Evaluation field mission	5-26 September 2016
ET	Evaluation	Exit Debriefing Presentation	26 <sup>th</sup> September 2016
EM/ET	Reporting	Draft Evaluation Report	31 <sup>st</sup> October 2016
EM/ET	Reporting	Final Evaluation Report	28 <sup>th</sup> November 2016
CO/RB	Follow-up	Management Response	22 <sup>nd</sup> December 2016



## **6. Organization of the Evaluation**

### **6.1 Outsourced approach**

36. Under the outsourced approach to OpEvs, the evaluation is commissioned by OEV but will be managed and conducted by an external evaluation company having a long-term agreement (LTA) with WFP for operations evaluation services.
37. The company will provide an evaluation manager (EM) and an independent evaluation team (ET) in line with the LTA. To ensure a rigorous review of evaluation deliverables, the evaluation manager should in no circumstances be part of the evaluation team.
38. The company, the EM and the ET members will not have been involved in the design, implementation or M&E of the operation nor have other conflicts of interest or bias on the subject. They will act impartially and respect the [code of conduct of the profession](#).
39. Given the evaluation learning objective, the evaluation manager and team will promote stakeholders' participation throughout the evaluation process. Yet, to safeguard the independence of the evaluation, WFP staff will not be part of the evaluation team or participate in meetings with external stakeholders if the evaluation team deems that their presence could bias the responses.

### **6.2 Evaluation Management**

40. The evaluation will be managed by the company's EM for OpEvs (as per LTA). The EM will be responsible to manage within the given budget the evaluation process in line with EQAS and the expectations spelt out in these TOR and to deliver timely evaluation products meeting the OEV standards. In particular, the EM will:
  - Mobilise and hire the evaluation team and provide administrative backstopping (contracts, visas, travel arrangements, consultants' payments, invoices to WFP, etc).
  - Act as the main interlocutor between WFP stakeholders and the ET throughout the evaluation and generally facilitate communication and promote stakeholders' participation throughout the evaluation process.
  - Support the evaluation team by orienting members on WFP, EQAS and the evaluation requirements; providing them with relevant documentation and generally advising on all aspects of the evaluation to ensure that the evaluation team is able to conduct its work.
  - Ensure that the evaluation proceeds in line with EQAS, the norms and standards and code of conduct of the profession and that quality standards and deadlines are met.
  - Ensure that a rigorous and objective quality check of all evaluation products is conducted ahead of submission to WFP. This quality check will be documented and an assessment of the extent to which quality standards are met will be provided to WFP.
  - Provide feedback on the evaluation process as part of an evaluation feedback e-survey.

### **6.3 Evaluation Conduct**

41. The ET will conduct the evaluation under the direction of the EM. The team will be hired by the company following agreement with OEV on its composition.

42. **Team composition.** The evaluation team is expected to include 3-4 members, including the team leader and 2-3 international and national evaluators. It should include women and men of mixed cultural backgrounds and nationals from Myanmar. At least one team member should have WFP experience.
43. **Team competencies.** The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in the following areas (listed in order of priority):
- Relief response in the context of complex/protracted population displacements.
  - Nutrition (possibly including HIV/TB)
  - School feeding
  - Asset creation & livelihoods
  - Cash-based programming
  - Gender expertise / good knowledge of gender issues within the country/regional context as well as understanding of UN system-wide and WFP commitments on gender.
  - All team members should be familiar with capacity development and handover issues in their respective fields.
44. All team members should have strong analytical and communication skills; evaluation experience and familiarity with the country or regional context (especially in view of the complex operating environment in Myanmar).
45. Oral and written language requirements include full proficiency in English. As specified in section 5, the Inception package and Evaluation report will need to be written in English.
46. The **Team Leader** will have good communication, management and leadership skills and demonstrated experience and good track record in leading similar evaluations. He/she should also have excellent English writing and presentation skills, technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools.
47. 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 package, exit debriefing presentation and evaluation report in line with EQAS; and v) provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.
48. **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.
49. 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); and v) provide feedback on the evaluation process as part of an evaluation feedback e-survey.

## 6.4 Security Considerations

50. 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.
51. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:
- Travelling team members complete the UN system’s applicable Security in the Field courses in advance, print out their certificates and take them with them. (These take a couple of hours to complete.)
  - 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.

For more information, including the link to UNDSS website, see [EQAS for operations evaluations](#) page 34.

## 7. Roles and Responsibilities of WFP Stakeholders

52. **The Country Office.** The CO management will be responsible to:

- Assign a focal point for the evaluation. Valerie Fuchs, Programme Officer will be the CO focal point for this evaluation.
- Comment on the TORs, inception package and the evaluation report.
- Provide the evaluation manager and team with documentation and information necessary to the evaluation; facilitate the team’s contacts with local stakeholders; set up meetings, field visits; provide logistic support during the fieldwork; and arrange for interpretation, if required.
- Organise security briefings for the evaluation team and provide any materials as required
- Participate in discussions with the evaluation team on the evaluation design and on the operation, its performance and results and in various teleconferences with the evaluation manager and team on the evaluation products.
- Organise and participate in two separate debriefings, one internal and one with external stakeholders.
- Prepare a management response to the evaluation recommendations.
- Provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.

53. **The Regional Bureau.** The RB management will be responsible to:

- Assign a focal point for the evaluation. Clare Mbizule, Regional M&E Adviser will be the RB focal point for this evaluation.
- Participate in discussions with the evaluation team on the evaluation design and on the operation, its performance and results. In particular, the RB should participate in the evaluation debriefing and in various teleconferences with the evaluation manager and team, as required.
- Provide comments on the TORs, inception package and the evaluation report.
- Coordinate the management response to the evaluation and track the implementation of the recommendations.

- Provide feedback to OEV on the evaluation process as part of an evaluation feedback e-survey.
54. **Headquarters.** Some HQ divisions might, as relevant, be asked to discuss WFP strategies, policies or systems in their area of responsibility and to comment on the evaluation TOR and report.
55. **The Office of Evaluation.** OEV is responsible for commissioning the evaluation and Julie Thoulouzan, Evaluation Officer will be the OEV focal point. OEV's responsibilities include to:
- Set up the evaluation including drafting the TOR in consultation with concerned stakeholders; select and contract the external evaluation company; and facilitate the initial communications between the WFP stakeholders and the external evaluation company.
  - Enable the company to deliver a quality process and report by providing them with the EQAS documents including process guidance, content guides and templates as well as orient the evaluation manager on WFP policies, strategies, processes and systems as required.
  - Comment on the draft inception package.
  - Comment on the evaluation report and approve the final version.
  - Submit the final evaluation report to an external post-hoc quality review process to independently report on the quality, credibility and utility of the evaluation and provide feedback to the evaluation company accordingly.
  - Publish the final evaluation report on the WFP public website and incorporate findings into an annual synthesis report, which will be presented to WFP's Executive Board for consideration.
  - Conduct an evaluation feedback e-survey to gather perceptions about the evaluation process and the quality of the report to be used to revise the approach, as required.

## **8. Communication and budget**

### **8.1 Communication**

56. Issues related to language of the evaluation are noted in sections 6.3 and 5, which also specifies which evaluation products will be made public and how and provides the schedule of debriefing with key stakeholders. Section 5 (paragraph 32) describes how findings will be disseminated.
57. To enhance the learning from this evaluation, the evaluation manager and team will also emphasise transparent and open communication with WFP stakeholders. Regular teleconferences and one-on-one telephone conversations between the evaluation manager, team and country office focal point will assist in discussing any arising issues and ensuring a participatory process.

### **8.2 Budget**

58. **Funding source:** The evaluation will be funded in line with the WFP special funding mechanism for Operations Evaluations (Executive Director memo dated October 2012 and July 2015). The cost to be borne by the CO will be established by the WFP Budget & Programming Division (RMB).
59. **Budget:** The budget will be prepared by the company (using the rates established in the LTA and the corresponding template) and approved by OEV. For the purpose of this evaluation the company will:

- Use the management fee corresponding to a medium operation.
- Budget for domestic travel.

Please send queries to Julie Thoulouzan, at [Julie.thoulouzan@wfp.org](mailto:Julie.thoulouzan@wfp.org); +39 06 6513 350

## **Annex 2: Methodology**

### **Proposed approach and objectives**

This operation evaluation (OpEv) scope includes Myanmar PRRO 200299 including all activities and processes related to its formulation, implementation, resourcing, monitoring, evaluation, and reporting relevant to answer the evaluation questions in the Evaluation Matrix. The period covered by this evaluation captures the development phase of the operation (January-December 2012) and the beginning of the operation until the start of the evaluation (January 2013–September 2016). Given that this is not a final evaluation, the attainment of results is only assessed for the three and a half years of implementation thus far, and final conclusions on attainment of objectives are not made.

The primary objectives of this Operation Evaluation (OpEv) are accountability and learning: to assess and report on the performance and results of the operation to-date, to determine the reasons why certain results occurred or not, and to provide evidence-based findings that will inform operational and strategic decision-making for the current PRRO and to contribute to the design of the next Country Strategic Plan (CSP). Specifically, WFP Myanmar emphasised the opportune timing of the evaluation to inform the preparation of the next WFP Myanmar strategic plan.

The key questions outlined in the TOR that are addressed by the ET are:

- Question 1: How appropriate is the operation?
- Question 2: What are the results of the operation?
- Question 3: Why and how has the operation produced the observed results?

For each main question above, the evaluation answered the associated sub-questions along with any additional guidance presented in the ToR. The evaluation also took into account the specific interests of the CO as emphasised during the handover call and in the list of additional questions/topics prepared by the CO. These questions and topics were further clarified during the evaluation inception meeting between the ET Leader and WFP Myanmar on 22 June 2016.

The evaluation examined crosscutting issues, including gender, protection, partnerships and environment, with special consideration to gender and equity issues. The ET assessed the degree to which the activities of WFP and partners meet the standards set forth in WFP's corporate gender policy (i.e., mainstreaming of gender in operations, capacity development, accountability and partnerships, and advocacy and research), and examined successes and shortcomings and the reasons for both.

The ET triangulated information from stakeholders by eliciting a wide range of responses to the same issues from different stakeholders, participating in different activities, and situated in differing social and environmental contexts. This was complemented by periodic reviews of data quality, accuracy, and reliability and cross-referencing with other data sources, including secondary data. The ET members are experienced researchers and ensured that information was obtained without bias.

### **Data collection methods, sampling and tools**

The ET used an approach comprised of 1) secondary literature and data review, and 2) collection of primary qualitative data. The desk review of the project documentation available for the current and previous PRRO, WFP corporate policy

documents, and published material related to the evaluation topics in Myanmar mainly occurred during the inception period. Additional documents collected during and after the fieldwork were triangulated with the literature review from inception and with the primary data.

The ET used the following primary data collection methods during the site visits:

- Structured FGDs with beneficiaries and CP staff (grouped by PRRO sector and disaggregated by sex as required);
- Structured KIIs with beneficiaries, CP staff, national and local government representatives, United Nations agency representatives, and other key stakeholders in the PRRO sectors;
- Direct observation of project outputs such as rehabilitated assets, and direct information dissemination and food distribution services facilitated by the operation;
- Reflection meeting with WFP staff at the start of the fieldwork and debriefs before departure. The reflection meeting format used Chatham House Rules and focused on (1) identifying what is working well in the programme and what activities are considered a challenge, and (2) pathways of change with observable milestones to inform fieldwork focus. Internal and external debrief presentations were also held at the end of fieldwork to discuss preliminary findings and evaluation process next steps.

The ET used a two-stage purposive sampling strategy for primary data collection at field sites. The first stage was undertaken during the evaluation inception meeting to select four main locations from among the PRRO states and regions. Four field visits (Kachin, Magway, Lashio and Rakhine districts) varying between 3-5 days each were agreed on in consultation with the CO to allow sufficient time in Yangon and Naypyidaw before and after the field tour. The criteria used to select the main PRRO field locations were as follows:

- a) Diverse ethnic and socio-cultural context
- b) Geographic dispersion
- c) Diversity and intensity of activities
- d) Complexity of the implementation environment: conflict and IDPs in Kachin and Rakhine

Based on these criteria, the ET selected Kachin, Magway, Lashio and Rakhine states/regions. These PRRO locations are located in the southwest, central and northeast of Myanmar. They are generally multi-activity sites and include the majority of beneficiaries and MT of distributed food. Kachin and Rakhine are highly complex operating environments due to local tensions and government restrictions on operations. Chin state was also initially selected based on the diverse ethnicity and complexity in implementation environment (geographic remoteness) but was dropped due to accessibility problems during the rainy season.

The second stage of sampling identified the specific activities to visit within each location. The ET provided the CO with the following activity dispersion by region and by day: relief (10 site visits), school feeding (9 site visits), nutrition (6 nutrition and relief site visits, 9 PLW/CU2 site visits, 6 nutrition and HIV/TB site visits), assets (5 food for assets site visits, 5 cash for assets site visits). The ET then requested the CO to identify specific activities to visit on each day, following the predetermined activity dispersion criteria, and the following additional criteria:

- a) Accessibility: physical accessibility with reasonable travel times from the main towns to where the ET would be allowed to overnight
- b) Availability: availability of interview participants to meet with the ET
- c) PRRO performance: the ET visited activities that are on-track and off-track toward project targets
- d) Timing of WFP activities: the ET prioritised activity visits that had distribution or other direct service delivery planned during the fieldwork days

For each day at the main locations, the CO provided several options for the specific activity visits by the ET. The ET then made the final selection with emphasis accorded to the PRRO performance criteria.

The ET travelled to each main project location as one team. Within each location, the ET split into two teams of two. Each two-person team consisted of one international and one national team member. The ET maximised gender parity in each team but also prioritised matching the team competencies with the type of activity that was visited. Each two-person team visited one activity in the morning and one in the afternoon. As much as possible, lunches were taken together with the whole team for debriefing purposes. Every evening, there was a full team debriefing session to consolidate information collected that day and identify priority lines of inquiry for the following day.

The CO staff organised FGD and KII participants, as well as the direct observation schedules, in field sites in advance to allow sufficient time to process travel approvals. Travel approvals would not allow main field site visit locations to be changed. However, the ET was flexible in accommodating schedule changes within a discrete field site visit to maximise convenience to interview participants. FGDs and KII with United Nations partners, government representatives and CP staff in Yangon were determined by the ET in consultation with the CO. The CO then organised the agreed meetings.

During the inception phase, the ET developed the data collection tools, which were reviewed and adjusted for gender and cultural appropriateness. Field data collection protocols included on-site measures to proactively engage with women and minority ethnic groups. The ET conducted gender-disaggregated data collection with same-gender facilitation, both for adults and children, where possible.

The methods also observed ethical principles for evaluators such as informed consent, systematic inquiry, respect for people, and responsibilities for public welfare.<sup>265</sup> The evaluation followed OEV EQAS standards. The ET maintained impartiality and transparency during data collection, and the ET regularly communicated with the CO and stakeholders to ensure data quality, validity, consistency, and accuracy. The TANGO evaluation manager closely guided the team on quality standards and reviewed the ET reports to ensure compliance with these standards.

The ET ensured appropriate ethical considerations were in place for all interviews, particularly for any interviews with vulnerable populations such as HIV/TB patients. All interviewees were informed of the purpose of the interview, its duration, how they were identified to participate in the interview, their rights as interview participants, and that the ET will keep the specific interview findings confidential. Interviewees also informed how the information they provide would be used to assess the PRRO programme overall, but with no direct attribution to them personally or their specific

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<sup>265</sup> American Evaluation Association. 2004.



project site. Finally, interviewees were asked whether they consent to participating in the interview through verbal consent. Pictures, also with verbal consent, were taken to help visualise the range of PRRO activities and infrastructure. The ET indicated that all photographs would be used for internal WFP purposes only and would not be disseminated outside of the organisation. The ET was prepared to take note of an interview or photo refusals, but there were none. For interviews with children, the ET followed the guidance provided by UNICEF for ethical research involving children.

At the end of the mission, the ET held an internal debriefing for WFP to present and help validate preliminary findings and emerging conclusions of the evaluation, and solicit input and observations from WFP to further inform the evaluation. This presentation was then modified as appropriate for an external debriefing.

## Annex 3: National Indicators

### Relevant National Indicators

#### Development and population

- Human Development Index (HDI) Ranking (2014): 148 (out of 188 countries) <sup>266</sup>
- Myanmar's HDI value (2014): 0.536 <sup>267</sup>
- Gross Domestic Product (2014): US\$64,33 billion <sup>268</sup>
- Gross Domestic Product growth rate (2014): 8.5 percent<sup>269</sup>
- Gross National Income (2014): US\$4,608 <sup>270</sup>
- Average household size (2014): 4.4 (no significant variation between urban/rural areas)<sup>271</sup>
- Fertility rate (births per woman) (2014): total 2.3 (urban 1.8/ rural 2.5) <sup>272</sup>

#### Poverty

- Proportion of population below the national poverty line US\$1.25 (2014): 25.6 percent<sup>273</sup>
- Poverty gap (2010): 0.041<sup>274</sup>
- Unemployment rate (aged 15-64) (2014): 4 percent (female 4.1, male 3.9 percent)<sup>275</sup>
- Unemployment rate (aged 15-29) (2014): 7.7 percent<sup>276</sup>
- Youth (aged 15-24) unemployment rate (2013): 9.9 percent<sup>277</sup>
- Landless people rate (2013): regional disparities between Delta region (50 to 80 percent) and Dry zone/hilly regions (25 to 45 percent)<sup>278</sup>
- Disability prevalence rate (2014): 4.6 percent<sup>279</sup>

#### Education

- General literacy rate (aged 15 and up) (2014): 89.5 percent<sup>280</sup>
- Youth literacy rate (2013): female 95.8 percent, male 96.2 percent<sup>281</sup>
- **Completion rate:**
- Primary completion rate (2014-2015): 80.5 percent (female 95.5 percent, male 94.5 percent)<sup>282</sup>
- Middle school completion rate (2014-2015): 44.1 percent (female 45.9 percent, male 43.7 percent)<sup>283</sup>
- **Gross/net enrolment rate:**
- Gross enrolment rate pre-primary school (2012): female 9.4 percent, male 8.9 percent<sup>284</sup>
- Gross enrolment rate primary school (2012): female 113.6 percent, male 114.7 percent<sup>285</sup>
- Gross enrolment rate tertiary school (2014): female 14.9 percent, male 12.1 percent<sup>286</sup>
- Net enrolment rate primary school (2014-2015): 86.4 percent<sup>287</sup>
- Net enrolment rate lower secondary school (2014-2015): 63.5 percent<sup>288</sup>

<sup>266</sup> UNDP. 2015.

<sup>267</sup> Idem.

<sup>268</sup> World Bank. 2016 (accessed).

<sup>269</sup> Idem.

<sup>270</sup> UNDP. 2015.

<sup>271</sup> Republic of the Union of Myanmar. 2014.

<sup>272</sup> Idem.

<sup>273</sup> Asian Development Bank (ADB). 2016 (accessed); confirmed also by UNDP. 2015.

<sup>274</sup> ADB. 2012.

<sup>275</sup> Republic of the Union of Myanmar. 2014.

<sup>276</sup> Idem.

<sup>277</sup> UNESCAP. 2015.

<sup>278</sup> USAID. 2013.

<sup>279</sup> Republic of the Union of Myanmar. 2014.

<sup>280</sup> Idem.

<sup>281</sup> UNICEF. 2015.

<sup>282</sup> Republic of the Union of Myanmar, MoE. 2015. (Disaggregated data not available.)

<sup>283</sup> Republic of the Union of Myanmar, MoE. 2015. (Disaggregated data not available.)

<sup>284</sup> UNICEF. 2015.

<sup>285</sup> Idem.

<sup>286</sup> World Bank. 2016 (accessed).

<sup>287</sup> Republic of the Union of Myanmar, MoE. 2015. (Disaggregated data not available.)

<sup>288</sup> Republic of the Union of Myanmar, MoE. 2015. (Disaggregated data not available.)

- Net enrolment rate upper secondary school (2014-2015): 32.1 percent<sup>289</sup>

**Net attendance rate:**

- Primary school (2013): female 90.6 percent, male 89.8 percent<sup>290</sup>
- Secondary school (2013): female 58.6 percent, male 58.0 percent<sup>291</sup>
- Gender Parity Index: primary school 0.98 (2014)<sup>292</sup>

**Food security and nutrition, and maternal health**

- Underweight moderate and severe for children (2016): 19 percent and 4 percent<sup>293</sup>
- Underweight for U5s by sex (2009): female 28.2 percent, male 31.1 percent<sup>294</sup>
- Overweight for U5s by sex (2009): female 2.5 percent, male 2.7 percent<sup>295</sup>
- Stunting moderate and severe for children (2016): 29 percent and 8 percent<sup>296</sup>
- Moderate stunting for U5s by sex (2009): female 33.4 percent, male 36.7 percent<sup>297</sup>
- Wasting moderate and severe for children (2016): 7 percent and 1 percent<sup>298</sup>
- Moderate wasting for U5s by sex (2009): female 7.0 percent, male 8.6 percent<sup>299</sup> (severe: female 1.8 percent, male 2.4 percent)
- Low birthweight (2013): 8.6 percent<sup>300</sup>
- Antenatal care visit of women with live birth (2010): 83.1 percent<sup>301</sup>
- Anaemia among pregnant women (2011): 33.3 percent<sup>302</sup>
- Anaemia among non-pregnant women (15-49 years) (2011): 30.1 percent<sup>303</sup>
- Prevalence of visible goitre (Iodine Deficiency Disorders)(2006): 2.2 percent<sup>304</sup>
- Adequately iodised salt consumption(2009-2013): 69.0 percent<sup>305</sup>
- Vitamin A supplementation coverage (under-5 children)(2009): 55.9 percent<sup>306</sup>
- Vitamin A supplementation coverage (post-partum mothers)(2009): 66.4 percent<sup>307</sup>
- Prevalence of Vitamin B1 deficiency in pregnant and lactating women: 6.8 percent (pregnant) and 4.4 percent (lactating)<sup>308</sup>

**Gender**

- Gender Inequality Index and rank (2014):0.413, rank 85 out of 155 countries<sup>309</sup>
- Gender Development Index not available due to a lack of data
- Employment to population rate (female aged 15-24 years) (2014): 51.0 percent<sup>310</sup>
- Employment to population rate (female aged 15 and up) (2014): 72.4 percent<sup>311</sup>
- Ratio of female to male labour force participation (2014): 91.2 percent<sup>312</sup>
- Labour force female (2014): 49.4 percent<sup>313</sup>
- Unemployment, female (2014): 3.5 percent<sup>314</sup>

<sup>289</sup> Republic of the Union of Myanmar, MoE. 2015. (Disaggregated data not available.)

<sup>290</sup> UNICEF. 2015.

<sup>291</sup> Idem.

<sup>292</sup> Republic of the Union of Myanmar, MoE. 2014. National EFA Review Report.

<sup>293</sup> Republic of the Union of Myanmar, MOH. 2016. Demographic and Health Survey 2015-16 Key Indicators. Page 23.

<sup>294</sup> World Bank. 2016 (accessed).

<sup>295</sup> Idem.

<sup>296</sup> Republic of the Union of Myanmar, MOH. 2016. Demographic and Health Survey 2015-16 Key Indicators. Page 21.

<sup>297</sup> World Bank. 2016 (accessed).

<sup>298</sup> Republic of the Union of Myanmar, MOH. 2016. Demographic and Health Survey 2015-16 Key Indicators. Page 22.

<sup>299</sup> World Bank. 2016 (accessed).

<sup>300</sup> Idem.

<sup>301</sup> UNESCAP. 2015.

<sup>302</sup> World Bank. 2016 (accessed).

<sup>303</sup> Idem.

<sup>304</sup> Republic of the Union of Myanmar & UNICEF. 2012. (Note: these are the latest figures available for this indicator.)

<sup>305</sup> UNICEF. 2015.

<sup>306</sup> Republic of the Union of Myanmar & UNICEF. 2011.

<sup>307</sup> Republic of the Union of Myanmar & UNICEF. 2011.

<sup>308</sup> Republic of the Union of Myanmar, MoH. 2014. (Note: citing data from the National Nutrition Centre. 2009.)

<sup>309</sup> UNDP. 2015.

<sup>310</sup> World Bank. 2016 (accessed).

<sup>311</sup> Idem.

<sup>312</sup> Idem.

<sup>313</sup> Idem.

- Contraception prevalence of usage (2011): 46.0 percent<sup>315</sup>
- Rate of female-headed households (2010): total 20.8 percent (urban: 26.7 percent, rural: 18.7 percent)<sup>316</sup>
- Female seats in parliament (2015): 4.7 percent<sup>317</sup>

### **Health: HIV & TB<sup>318</sup>**

- HIV prevalence among adults aged 15 and over (2014): 0.5 percent; Number of PLHIV (2015): 220,000
- Adults aged 15 to 49 HIV prevalence rate (2015): 0.8 percent
- Number of women aged 15 and over living with HIV (2015): 77,000, or 35 percent of total estimated number of adults (15 and over) living with HIV
- Number of children aged 0 to 14 living with HIV (2015): 9,700
- Orphans due to AIDS aged 0 to 17 (2015): 110,000
- AIDS deaths (2013): 10,507<sup>319</sup>
- **Estimates of Tuberculosis (TB) burden (2014):<sup>320</sup>**
- Mortality (HIV+TB only): 4,100 persons, rate 7.7/100,000 population
- TB Prevalence (including HIV): 240,000 persons, rate 457/100,000 population
- TB Incidence (including HIV): 200,000 persons, rate 369/100,000 population
- Incidence (HIV+TB only): 19,000, rate 36/100,000 population

### **Mortality**

- Life expectancy at birth (2014): 66.8<sup>321</sup>
- Infant mortality rate (per 1,000 live births) (2014): 62<sup>322</sup>
- Mortality rate, under-5 (per 1,000 live births) (2014): 72<sup>323</sup>
- Mortality rate (per 1,000 adults) (2013): female 180.7, male 238.0<sup>324</sup>
- Maternal mortality ratio (deaths per 100,000 live births) (2013): 200.0<sup>325</sup>

### **Environment<sup>326</sup>**

- Global Adaptation Index rank (2014): 163
- Global Vulnerability Score (2014): 0.510
- Global Readiness Score (2014): 0.233
- Disaster Preparedness Score (2014): 0.700

### **Water and sanitation<sup>327</sup>**

- Population with access to improved water sources (2015): 74 percent rural area, 93 percent urban area
- Population with access to improved sanitation (2015): 77 percent rural area, 84 percent urban area

<sup>314</sup> Idem.

<sup>315</sup> Republic of the Union of Myanmar & UNICEF. 2011.

<sup>316</sup> Republic of the Union of Myanmar, MoPF & UNICEF & UNDP. 2011.

<sup>317</sup> UNDP. 2015.

<sup>318</sup> UNAIDS. 2015.

<sup>319</sup> UNESCAP. 2015.

<sup>320</sup> WHO. 2015.

<sup>321</sup> Republic of the Union of Myanmar. 2014.

<sup>322</sup> Idem.

<sup>323</sup> Idem.

<sup>324</sup> Indexmundi. 2016 (accessed).

<sup>325</sup> UNESCAP. 2015.

<sup>326</sup> Notre Dame Global Adaptation Index. 2016 (accessed).

<sup>327</sup> UNESCAP. 2015.

## Annex 4: M&E Issues

M&E Issue	CO Response	Outstanding data issues
<b>Activity-specific comments</b>		
<b>FFA:</b> <b>The number of assets completed first-half of 2016 not available</b>	The CO advises that the COMET system does not yet allow these actuals to be retrieved because not all completion reports are available.	The ET is not able to assess planned v. actual achievement of this output indicator for 2016.
<b>SF:</b> <b>The calculation for indirect beneficiaries of THR is unclear/ inconsistent across years</b>	CO advised that THR beneficiaries are based on average HH size of five with 2-3 children per HH. Yes, the ET finds that the THR beneficiary calculation changes each year. E.g., the 2013 calculation of THR beneficiaries is double the THR participants. The 2014 calculation of THR beneficiaries is 2.2 times more. The revised figures provided for 2015 THR beneficiaries are the same values as the THR participants.	The calculation for estimating THR beneficiaries is not the same from year to year. Inclusion of THR beneficiaries in the total beneficiaries figure is also not consistent. 2015 THR beneficiary figures provided to the ET are back-estimated from the actual beneficiary total for that year instead of using the calculation logic of 2 children per HH.
<b>Nutrition:</b> <b>Health and nutrition education/ messaging indicators not reported</b>	These are new SRF indicators and thus not available for SPR reporting in 2015. They will be included in SPR 2016. Nutrition PDMs provided report process indicators but are limited to specific regions and a few locations.	The ET is not able to assess planned v. actual achievement of this output indicator.
<b>HIV &amp; TB:</b> <b>Some planned and actual data by client type are not available, including:</b> No planned figures for HIV and TB clients separately Cannot establish planned and actual food distributed by client type Tracking of co-infection clients is not consistent MDR-TB client data unavailable because the activity started in the second quarter of 2016	CO provided annual operational plan (FLA) and budget revision estimates to establish the separate planned data for HIV and TB.	The same data gaps remain as listed under the M&E Issue column. The ET is unable to assess how many beneficiaries graduated from food assistance permanently; the CO is not required to track repeat clients, this is important information on programme success.
<b>Capacity building:</b> <b>Output indicators not reported, and NCI (outcome) was not available for implementation by the CO</b>	According to the CO, capacity building activities were extensively implemented in 2015-2016 but output and outcome indicators were not systematically monitored. The CO collected other evidence of capacity building activities for the team to assess progress: E.g., training records, listing of activities by type/ location/audience.	The ET is not able to assess planned v. actual achievement of the capacity strengthening output and outcome indicators.

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