

# Consortium for Southern Africa Food Security Emergency



Project Review

July 2004

TANGO International

## **Executive Summary**

In response to the southern Africa food security crisis in 2002, and in close coordination with the World Food Program, CARE, CRS and World Vision established a regional collaboration called the Consortium for Southern Africa Food Security Emergency (C-SAFE), as part of each agency's larger response to the situation in southern Africa. C-SAFE is a jointly planned and implemented response of the three core members and partners, with World Vision acting as the lead agency and signatory to the Transfer Authorization with USAID's Office of Food-for-Peace (FFP).

C-SAFE intended to employ a developmental relief approach toward the alleviation of food and livelihood insecurity by, addressing the immediate nutritional needs of targeted vulnerable groups as well as building productive assets and working with communities to increase their resilience to future food security shocks. The consortium members felt strongly that the severity of this food and livelihood security emergency reflects the fragility of livelihoods throughout the southern Africa region, and that any strategy seeking to reverse this trend should ensure that interventions address not only acute, but also chronic food insecurity. The response should be founded on a broader and more diversified understanding of livelihood and safety net recovery, and just as importantly, complement ongoing developmental programming that C-SAFE members have undertaken in this region for more than a decade.

To determine the effectiveness of this large scale collaboration, C-SAFE commissioned this internal review to capture lessons learned and to provide input for program modification for the remainder of the project. This review was carried out over a six week period between April 15 and May 30, 2004. The major accomplishments, challenges and recommendations are summarized below.

### **Accomplishments**

#### ***Developmental Relief***

In an effort to enhance both short- and long-term program effectiveness, partners implemented a development relief framework that sought to address immediate food needs of targeted vulnerable groups as well as building productive assets and working with communities to increase their resilience to future food security shocks. As such, C-SAFE represented an alternative to typical emergency projects in Southern Africa in that it used a developmental relief conceptual model as its basis, simultaneously combining relief and development interventions in an overall project design.

#### ***Consortia***

The implementing partners felt that the consortium approach has facilitated stronger collaboration among organizations typically focused upon their own programs, the sharing of lessons learned to other countries, as well as paved the way for advocacy with UN agencies at the country and regional level. In this way, the consortia approach adopted by C-SAFE has given a greater voice to individual PVOs in negotiations with WFP and other UN agencies regarding commodity pipeline management and food programming policies. Another benefit of the consortium commonly acknowledged by individual country groups has been an enhanced

understanding of and appreciation for developmental relief programming among prospective donors. Achievements have included funding for some transitional programming (e.g. MAPP, FFW), increasing partnership with WFP (including loans for food) and FFP as well as other NGOs, and increased influence on policy issues regarding food security. Collaboration was strengthened through the use of working groups, and overall organizations became more supportive of one another.

Country consortia reported that commodity management, FFW and nutrition were the program areas that benefited most directly from cooperation supported by the C-SAFE RPU. Important lessons were also shared on targeting criteria, M&E and HIV/AIDS programming. Food commodities distributed to AIDS affected households has strengthened the relationship between agencies and communities. Road rehabilitation programs assisted agency potential to reach out to communities that were in previously inaccessible areas. In HIV/AIDS programming, the RPU's assistance in HIV/AIDS programming has assisted staff with increasing programming quality, as well as in the development and implementation of HIV/AIDS workplace policies of several agencies. C-SAFE was one of the first large scale programs to look at providing food aid as a safety net to AIDS affected households.

As a result of the consortium, members in all three countries felt there was increased accountability, transparency, lesson sharing, and interagency cooperation. Increased collaboration among representatives of partner agencies will carry forward beyond C-SAFE ensuring cross-agency learning that likely would not occur in the absence of consortium support for partner cooperation. Moreover, the consortium members have reported that a common understanding of the food security problems in each country have emerged, and with a willingness to collaborate in other areas. Evidence of this can be seen in the work and planning for consortium DAPs in Zambia and Malawi, and an interest in joint expansion of the MAPP program by all agencies in Zimbabwe.

### ***Regional Structure***

According to numerous implementing partners, the RPU provides good leadership, bringing together many skilled personnel from various organizations to develop and implement innovative programming. Although opinions were somewhat mixed, it was generally perceived that the regional approach to programming applied by C-SAFE was value adding. Some respondents believed that the additional administrative layer created by the RPU slowed down the implementation process. The majority of others thought that the RPU was essential in laying the groundwork for activities, making regional decisions and negotiating with FFP on regional issues. It was perceived that C-SAFE would not have been recognized as a regional entity had the constant pressure of the RPU and Steering Committee not been in place, or the unique aspect of a regional focus been emphasized to donors.

### ***Technical Support***

The technical advisors of the RPU assisted in sharing information across membership, and facilitating networking between the different consortium members. There was also the provision of direct technical assistance through site visits, press releases, newsletters, and other documentation. For HIV/AIDS, the regional officer provided programming advice to many C-SAFE members who do not have a specific HIV point person. For M&E, the RPU supported the

M&E officers in each country. In terms of financial assistance, all the consortium members felt that the support provided by the RPU was very useful. For commodity management, at the regional level the support has been weaker than intended, although a system has been agreed upon and better support is now being provided.

### ***Commodity Pipeline***

The effectiveness of a second food pipeline for southern Africa was also perceived by consortium members to be a key accomplishment of C-SAFE. Complementing the existing WFP pipeline, the commodities provided through C-SAFE allowed WFP and other food aid agencies to fill periodic gaps in supply. The commodity management system implemented by C-SAFE also allowed agencies to better exchange best practices in the areas of targeting, food programming and program monitoring. Finally, the establishment of the C-SAFE pipeline allowed participating agencies to collectively and effectively engage with WFP in regional food policy decisions.

### **Programming Impact**

#### ***HIV/AIDS***

Each of the C-SAFE country consortia have made significant progress in improving targeting of chronically ill affected households through the input of community committees, Home-based Care (HBC) groups and Village AIDS Committees (VACs). On-going staff training and capacity building exercises have provided technical updates on current issues in food aid programming in the context of HIV/AIDS and provided C-SAFE managers, government representatives and NGO staff with an opportunity to exchange information regarding local developments. HIV/AIDS learning needs assessments have been completed in all three countries and staff training workshops held in Malawi and Zambia; the Zimbabwe training is scheduled for late May. Implementing partners and USAID/FFP staff have also noted that C-SAFE's bimonthly HIV/AIDS and Nutrition Newsletter has proven to be an excellent tool for sharing NGO experiences and up-to-date information on HIV/AIDS and food programming.

#### ***Monitoring and Evaluation***

M&E point persons were established in each country that are assigned the responsibility of coordinating the M&E activities for their respective country. There is regular communication between the M&E advisor in the RPU and her counterparts in the various countries through country visits and regular quarterly workshops.

Several key steps were taken to improve livelihood security monitoring in the three countries participating in C-SAFE. Baseline surveys for each of the participating countries were completed in Year 1. The surveys helped to establish baseline values of indicators against which future measurement of goal-related changes would be made and increased understanding of how livelihood security factors impact the lives of rural households. The surveys have also helped to identify communities and geographic areas with relatively low food security in order to improve targeting for the most vulnerable groups. UNICEF is using the data regionally for more extensive analysis and FAO Rome will soon publish two reports on food HIV/AIDS and food security. End Use Monitoring is conducted in Zimbabwe and an assessment of Targeting Criteria in Malawi also provided valuable information for improvement of C-SAFE programming.

### ***Innovative Programming: MAPP***

The MAPP utilizes Zimbabwean private sector enterprises, entrepreneurs, and markets to mill, package and sell sorghum to urban and rural wage-earning households, which, due to the current crisis, are largely unable to purchase sufficient cereals at affordable prices. The program utilizes a dual marketing structure of sales through miller-owned stores and a separate network of small-scale traders in order to simultaneously maintain affordable prices and encourage market activity by entrepreneurs. By providing low-cost food to people who would normally buy food through market channels, it increases the scope and breadth of C-SAFE beneficiaries. The project, designed and implemented by C-SAFE, represents the first time that aid agencies in the region have boosted food availability via existing commercial markets. C-SAFE is currently in the design phase of expanding the MAPP beyond the pilot city of Bulawayo, to several other urban centers in Zimbabwe.

### ***Establishment of a Learning Center***

In order to improve program quality and capitalize on the collective strengths of the consortium, C-SAFE established a regional Learning Center. The Learning Center's objectives are to document better practices and lessons learned with regard to developmental relief, vulnerability and targeted supplementary feeding, HIV/AIDS programming and other topics deemed relevant by C-SAFE members. As of this writing, a coordinator had been brought on board, and two important 'learning activities' had been identified for implementation in June, July and August: they are 1) Targeted food assistance programming and 2) Food-For-Assets in a high HIV/AIDS prevalence context.

### ***Impact on Vulnerability***

While additional supportive evidence is still being gathered, C-SAFE members were convinced that it has made a significant contribution in the avoidance of a food security catastrophe in the region. In Zambia, qualitative data based on feedback from country consortia suggests there are positive impacts as a result of the interventions. In terms of both food availability and access, C-SAFE interventions are known to have prevented significant numbers of households from experiencing a significant increase in vulnerability. As a country consortium, the experience allowed for increased understanding of the context as well as how to program better.

In Zimbabwe, C-SAFE cushioned the shock of drought and poor governance by meeting essential consumption needs of households during nationwide food shortages, and protected productive assets. In addition, the consortium's efforts have helped reduce the politicization of food and monopoly power of the government to control local availability of food supplies and household access to food supplies. The End Use Monitoring system provided C-SAFE with concrete information on what was happening in the areas of operation.

In Malawi, C-SAFE has been able to fill some critical gaps in short-term food security programming, meeting the immediate food needs of some of the countries most vulnerable communities. Working on the C-SAFE program has increased perspectives regarding dependency issues, as well as the potential for the communities to make a difference for themselves.

### **Key Challenges**

### ***Funding Constraints***

The USAID/FFP funding restrictions have placed significant constraints on the consortium's ability to implement program activities intended to achieve Strategic Objectives 2 and 3. This made it difficult for each of the country consortia to implement a true developmental relief program. In the initial stages of implementation the project essentially operated as a relief intervention, with limited transitional programming such as the MAPP and partial funding to FFW projects. Members of the RPU and the country consortia stated clearly, that while they set out to implement 'developmental relief' programming, the FFP funding source was not sufficiently flexible to fund the transitional and developmental aspects of 'developmental relief' creating disappointment among the PVO members who were committed to this model. The Malawi and Zambia consortia have, however, continued to make significant efforts to move toward transitional programming in year two, and will continue to do so by pursuing DAP funding.

### ***Administrative Constraints***

Given that C-SAFE was a large regional project in multiple countries with multiple partners, the administrative burden associated with the project was huge. This was due, at least in part, to a lack of detailed guidance from FFP regarding acceptable format of budgets and reports. A critical period of 6 months elapsed between the initial concept paper submission in August 2002 and the conditional program approval given with the Transfer Authorization of January 2003. The amount of time that the RPU had to dedicate to revising and renegotiating project funding proposals and budgets took time away from providing more technical backstopping to the Country Offices. Although representatives from USAID felt that World Vision was doing a good job managing the program, this administrative burden frustrated some of the country partners that desired more technical support.

At country level, the staff that were in charge of the program from the lead agencies often were not given the authority to make decisions regarding the implementation of the program which slowed down decision making considerably. Furthermore, technical staff assigned to the program were not working on the program full time. Given the size and importance of the C-SAFE program, adequate resources should be made available to insure that senior staff are managing the program and are authorized to make programmatic decisions, and that technical staff are fully engaged with the project.

### ***GMO Restrictions***

Import restrictions on GMO foods hampered the ability of humanitarian organizations to rapidly supply their operations with an adequate food supply since much of the early pipeline was from the US Government, and hence, contained GMO. These restrictions complicated the issue of acquiring acceptable commodities for export to the region given the fact that milling, while a viable option, was very expensive and is not an allowable cost under US Government policy. As a result, the types of commodities made available for each of the C-SAFE countries to be used in food aid interventions varied considerably. Although the Zambian Government provided almost 2000 MTs in the first few months of the emergency response. C-SAFE and other food aid actors in Zambia still struggle to comprise an appropriate ration mix given the persistent policies of the government to prohibit GMO.

### ***Commodity Management***

Commodity management at the regional level experienced numerous problems throughout the early stages of C-SAFE implementation. Part of this was due to the lack of effective commodity management systems and poor communication. This led to a lack of consistent protocol for documentation and billing, late and/or insufficient reconciliation of contracted services, and unclear policies regarding reimbursement and/or repayment for resource loans between partners.

### ***HIV/AIDS Programming***

One of the big challenges facing HIV/AIDS programming other than the appropriate commodity mix has been access to resources to fund point persons in each of the countries to establish effective HIV/AIDS networks or working groups. At the time of this review FFP had not funded HIV/AIDS technical staff.

### ***Monitoring and Evaluation***

As an internal management tool, C-SAFE has instituted a system for generating monthly output reports. C-SAFE partners in Zambia and Malawi offices complained that the current monthly reporting system is burdensome and is not being used effectively to inform programming. Information is collected and passed on to the RPU and is rarely analyzed to influence programming decisions. Program officers in several countries wanted more information on the actual impact of their programs, and felt that this type of information was not being gathered in Malawi and Zambia. In Zimbabwe C-SAFE was able to use the monthly output system to inform program activities. Although outcome monitoring systems were developed for each country, they were never implemented because of lack of funding support for SO2 and SO3.

In terms of the Community and Household Survey (CHS) being carried out jointly with C-SAFE and WFP, numerous implementing partners in all three countries complained about its usefulness. Although they acknowledged that it represented a good collaborative effort between WFP and C-SAFE, problems were encountered on the analysis of the information, the timeliness of the reports and the quality of the reporting. The reports were having limited to no impact on the programming decisions that implementing partners were making at this stage in its development.

### **Recommendations**

A number of recommendations are derived from this review. These are summarized below.

#### ***Funding***

- 1. FFP should provide the resources to C-SAFE to implement its transitional and developmental (resilience oriented) activities and allow the program to realize its Developmental Relief goals.** Given the fact that the program has almost a year and a half remaining, FFP should apply expanded flexibility to its programmatic funding source (202e) to allow for implementation of the activities encompassed under SO2 and SO3 in Zimbabwe and Zambia in Year 3. C-SAFE represents one of FFP's earliest attempts to engage in Development Relief Programming and should be supported in its efforts to carry out such programming. It is likely that Malawi and Zambia will transition to a DAP to carry out such activities.

2. **More resources are needed to adequately support the Learning Center-** Given the fact that this is one of the first times that the three largest food aid NGOs are working together on a regional program, the opportunities to capture lessons learned should not be under funded. Lessons on the implementation of a developmental relief program of this size will prove invaluable for future guidance to similar programs.

### *Programming*

3. **C-SAFE, with the support of FFP and other complementary resources, should strengthen its support to its HIV/AIDS programming-** C-SAFE represents a unique opportunity to have a significant impact on HIV/AIDS through the use of food aid. It is one of the largest programs of its kind providing food to AIDS patients. Thus the C-SAFE program can enable the implementing partners the opportunity to examine the linkages between food security and AIDS on the ground and not in theory.

Resources should be provided to establish point persons in each of the country offices to support HIV/AIDS activities, to provide training and to enhance capacity building of local institutions. The scale of activities carried out by C-SAFE and the lessons learned could also be used to leverage government and donor policies concerning chronically ill households in the region. With minimal investments, this program could have a larger impact on HIV/AIDS in the southern Africa Region than it is currently having. This opportunity should not be missed. C-SAFE RPU (and/or others) should develop a HIV and AIDS and food security framework to guide implementation of such a program in country, as well as a monitoring system to evidence impact.

4. **It is extremely important that C-SAFE be allowed some degree of flexibility in the commodity choice/mix in order to meet both the immediate demands of beneficiaries, as well as learn more about the appropriate use of food aid in an environment where HIV prevalence is high.** With the ARV rollout at hand, and a renewed commitment to TB control throughout the region, there are strong implications for a food adjunct for people living with illness. C-SAFE partners should also have the opportunity to pilot a range of products to non-traditional age groups, such the use of multi-mix or other fortificants, F75/100, fortified non-fat dry milk, infant weaning foods and breast milk substitutes. C-SAFE should also seek ways to procure HEPS and other kinds of commodities more appropriate for the actual patient from EURONAIID or other donors. The innovative use of alternative commodities could provide valuable information on how to reach more people in a more appropriate, cost-effective way.
5. **Given the current food security problems facing the three countries in Southern Africa, a balanced approach is needed to address both the longer term food security considerations related to livelihood erosion of farmers dependent on rain fed agriculture and the HIV/AIDS pandemic.** HIV/AIDS and food insecurity are intertwined in a vicious cycle. HIV/AIDS exacerbates food insecurity and malnutrition, as sickness and death cause declines in work, income, food availability, and time available for care of younger children at a time when more money is required for health care. As food insecurity worsens, the risk of HIV transmission is likely to increase as



households are forced into riskier livelihood strategies. Malnutrition increases the likelihood of opportunistic diseases associated with HIV/AIDS and hastens the onset of full-blown AIDS and ultimately death.

### *Monitoring and Evaluation*

6. **The Community and Household Survey currently being implemented jointly by WFP and C-SAFE needs to be adjusted or overhauled to make it more relevant to program decision making-** Currently it is not being used by project implementers because it comes out late, is poorly analyzed, and is in a format that is not useable. In addition, consideration should be given to the sampling strategy being used, since the overlap for C-SAFE areas is not adequate. A review of the system should take place as soon as possible to make it more useful for the remainder of the project.
7. **The output monitoring system currently being implemented should be reviewed to determine how it can be made more useful to Country Programs-**Currently the monthly reports are not being effectively used to provide feedback to improve program implementation. To date, the monthly output monitoring system has primarily served to highlight diverse criteria used in participating countries and the difficulty in consolidating C-SAFE beneficiaries under specific categories. Ways must be sought to insure that these reports provide useful and timely information to influence management decisions.
8. **There is a real need to develop a global flow chart of C-SAFE M&E data systems across all countries in order to avoid overlaps, inefficiencies and information gaps while mapping out opportunities for corrective measures to be taken.** This needs to be done as soon as possible so that gaps can be filled before the end of the program. (M&E)
9. **Monitoring and evaluation systems being implemented in the different countries need to be reviewed to ensure that they are tracking program impacts-**Efforts need to be made to insure that the end use monitoring that has been developed in Zimbabwe or some similar system is transferred and made operational in the other countries operating under C-SAFE.

### *Advocacy*

10. **C-SAFE should engage in more food security advocacy opportunities in each of the countries it is operating-**Much better communication needs to take place with the other institutions engaged with food security policy and programming. In addition, better communication regarding C-SAFE activities needs to take place with the USAID Missions in Zimbabwe and Zambia. This is especially important in Zambia as the consortium moves to a DAP after the third year. Finally, C-SAFE should take advantage of maximizing representation opportunities in other global forums where the lessons learned from HIV/AIDS programming can be shared. For example, C-SAFE should send representatives to the HIV/AIDS conference being held in Bangkok Thailand.

- 11. C-SAFE should work closely with WFP to insure that food aid programs are not discontinued in Zimbabwe-** C-SAFE and WFP should continue to help cushion the shock of poor governance and HIV/AIDS by meeting essential consumption needs of affected households. Working with WFP and USAID, efforts should be made to advocate that targeted distributions should continue once the MOU that currently enables humanitarian assistance organizations to operate expires in June.

*Administrative Support and Staffing*

- 12. To insure that adequate support is being provided to the consortia operating in each of the countries, it is important that lead agencies insure that senior staff with the authority to make decisions are put in coordination roles-** This will insure that timely decisions regarding the program can be carried out. In addition, technical staff responsible for supporting C-SAFE activities should be more fully dedicated to the program. The program is too big and too important to be supported by staff whose time is divided between C-SAFE and other projects. The Steering Committee should provide both strategic guidance and assistance in procuring adequate funding to support necessary technical staff.
- 13. As Malawi transitions to a DAP, adequate support must be provided by C-SAFE to insure that proper exit strategies are being implemented as the consortium phases out of 16 Districts.** As C-SAFE evolves out of a District, care must be taken to make sure that local institutions and/or communities are capable to take on the tasks formally carried out by C-SAFE. This is especially the case where chronically ill households have been provided support. Similar support will have to be provided as Zambia transitions to a DAP.
- 14. Commodity systems operating at the regional level should continue to be improved to avoid many of the mistakes made in the beginning of the program –** The efforts currently being made by the RPU to overcome past inadequacies in commodity management should be supported and continued.

## Acronym List

ADRA	Adventist Development and Relief Agency
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CCG	Country Coordinating Group
CTS	Commodity Tracking System
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Security Emergency
CSR	Commodity Status Report
DFID	UK Department for International Development
DM&E	Design, Monitoring and Evaluation
EDP	Extended Delivery Point
EMOP	Emergency Operation
FAO	Food and Agriculture Organization
FDP	Final Delivery Point
FFP	Office of Food for Peace
FFP	Food for Peace
FFW	Food for Work
GMO	Genetically Modified Organisms
HQ	Headquarters
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Disease Syndrome
IR	Intermediate Result
IT	Information Technology
LEDU	Learning and Evaluation Design Unit
LSR	Loss Status Report
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MIPP	Marketing Intervention Pilot Program
MOH	Ministry of Health
MOU	Memorandum of Understanding
MUAC	Mid upper arm circumference
NGO	Non-governmental Organization
OVC	Orphans and Vulnerable Children
PLHA	People Living with HIV/AIDS
PLW	Pregnant /Lactating Women
PMTCT	Prevention of Mother-to-Child Transmission
PRRO	Protracted Relief and Recovery Operation
PVO	Private Voluntary Organization
RPU	Regional Program Unit
RSR	Recipient Status Report
SADC	Southern African Development Community
SC	Steering Committee of C-SAFE Consortium
SO	Strategic Objective
TOT	Training of Trainers
UN	United Nations
USAID	United States Agency for International Development
VAC	Vulnerability Assessment Committee
VSL	Village Savings and Loans
WFP	United Nations World Food Programme
WV	World Vision
WVUS	World Vision United States

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## I. INTRODUCTION

In response to the southern Africa food security crisis in 2002, and in close coordination with the World Food Program, CARE, CRS and World Vision established a regional collaboration called the Consortium for Southern Africa Food Security Emergency (C-SAFE), as part of each agency's larger response to the situation in southern Africa. C-SAFE is a jointly planned and implemented response of C-SAFE's three core members and partners, with World Vision acting as the lead agency and signatory to the Transfer Authorization with USAID's Office of Food-for-Peace (FFP).

The Consortium represents the most significant collaborative initiative (both in scale and profile) embarked on by the three of the region's largest PVOs. Adding to its uniqueness, C-SAFE proposed a program that was not exclusively emergency or development oriented. Instead, C-SAFE intended to work along the entire relief to development continuum, addressing the immediate nutritional needs of targeted vulnerable groups as well as protecting/building productive assets and working with communities to increase their resilience to future food security shocks. The consortium members felt strongly that the severity of this food and livelihood security emergency reflects the fragility of livelihoods throughout the southern Africa region, and that any strategy seeking to reverse this trend should ensure that interventions address not only acute, but also chronic food insecurity. The response should be founded on a broader and more diversified understanding of livelihood and safety net recovery, and just as importantly, complement ongoing developmental programming that C-SAFE members have undertaken in this region for more than a decade.

To determine the effectiveness of this large-scale collaboration, C-SAFE commissioned this internal review to capture lessons learned and to provide input for program modification for the remainder of the project. The primary objectives of the C-SAFE review are:

- Document the rationale for C-SAFE and determine the appropriateness of the response (both functional and programmatic).
- Identify positive and negative practices, experiences, and impacts that have occurred as a result of C-SAFE, capturing both programmatic and cost-benefit elements.
- Develop recommendations for the Consortium that can improve the efficiency and effectiveness of on-going and future responses.

This review has been derived in large measure from the direct feedback from the lead agencies and C-SAFE country staff, RPU and Steering Committee personnel, representatives from FFP and WFP, as well as numerous implementing partners in each of the three participating countries. The feedback received regarding the C-SAFE program, as summarized by the reviewer, represents a cross-section of seventy-two individual interviews as well as written questionnaires submitted by country staff, RPU personnel and FFP representatives. Although statements reflecting the reviewer's opinion of certain aspects of C-SAFE are included in this review, most statements are based on submitted project documents and/or the direct input from implementing partner, RPU, SC and FFP staff.

The review is organized in the following manner. First, the project rationale is discussed as well as the context in which C-SAFE is being implemented. Second, the discussion focuses on the appropriateness of the response, covering such issues as the development relief conceptual framework, the value-added of consortiums, and the program modalities for which C-SAFE is being implemented. Third, the review summarizes the preliminary achievements that have been derived from the program, both in general as well as from a country-specific perspective. The next section focuses on the key challenges that have faced the program from its inception. Finally, the review concludes with a set of recommendations for how C-SAFE can improve its effectiveness in on-going activities as well as future initiatives.

## **II. PROJECT RATIONALE**

At the inception of C-SAFE in mid-2002, Southern Africa was experiencing the most severe food security crises to hit the region in a decade. In September 2002, it was estimated that nine million people in six countries (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe) were already in need of food aid, and another 14.4 million would require it by March 2003<sup>1</sup>. In response to this crisis and in close coordination with the World Food Program and the UN's Regional Inter-Agency Coordination Support Office (RIACSO); CARE, CRS and World Vision established a regional collaboration called the Consortium for Southern Africa Food Security Emergency (C-SAFE). As agreed among the three C-SAFE core members, each of the three core C-SAFE members takes the role of Lead Agency in one country. As established in Year 1 of the C-SAFE program – CARE continues to be the Lead Agency in Malawi, CRS is the lead in Zambia, and World Vision is the lead in Zimbabwe.

The final Transfer Authorization for the first year reflected an overall program value of 114 million USD, including 160,000 MT of commodity for the three countries most affected by the recent crisis: Zambia, Zimbabwe and Malawi. The C-SAFE pipeline would focus on complementary feeding, to targeted vulnerable groups, and in particular, households affected by chronic illness, which is commonly used by C-SAFE implementing partners as a proxy indicator for AIDS and other chronic illness (CARE Zambia currently uses TB as a proxy indicator due to high co-morbidity rates). This pipeline would complement that of WFP, which focused initially on general feeding, with the exception of Zimbabwe, where in coordination with WFP, the PVOs would use C-SAFE commodities for general distribution in nine districts to fill gaps in the national food aid distribution plan. The consortium adopted a conceptual framework that addressed not only acute, but also chronic vulnerability, thereby capitalizing on the PVO members' longtime presence in the region, and taking care not to undermine ongoing developmental programming that its members had been engaged in for decades (C-SAFE Year 1 Semi-Annual Progress Report to USAID/FFP, October 2002 – March 2003, pg. 5).

C-SAFE has been designed to function as a unique collaborative approach to improving food security along the entire relief to development continuum. In an effort to enhance both short- and long-term program effectiveness, partners seek to address immediate nutritional needs of

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<sup>1</sup> Southern Africa Development Community, Regional Emergency Food Security Assessment Report, 16 September 2002.

targeted vulnerable groups as well as building productive assets and working with communities to increase their resilience to future food security shocks. The goal, strategic objectives, and intermediate results of the C-SAFE Program are:

<b>GOAL: Improved household food security among targeted households in Malawi, Zambia and Zimbabwe</b>			
SO1	Improve/ maintain health and nutritional status of vulnerable communities and households	IR1.1	Improve/ maintain nutritional status of targeted vulnerable groups
		IR1.2	Increase support to chronically ill households affected by HIV/AIDS
SO2	Increase/ maintain productive assets among targeted vulnerable communities and households	IR2.1	Increase/ maintain agricultural production
		IR2.2	Improve market linkages
SO3	Increase resilience to food security shocks among vulnerable communities and households	IR3.1	Strengthen community risk reduction strategies

### III. CONTEXT OF IMPLEMENTATION

#### A. Political, Economic and Climatic Conditions

In recent decades, Southern Africa has experienced a number of political, economic and natural disasters, whose effects have been cumulative as well as devastating. These events include major droughts in the early 1980s and 1991/92, the economic collapse of copper mines in Zambia, as well as both droughts and major floods in Malawi, Zambia and Zimbabwe. Humanitarian crises in the region are not only climatic in origin, but the result of a combination of cross-cutting factors – chronic poverty, the HIV/AIDS pandemic, over-dependence on maize as the staple crop, poor governance, and economic crises – all of which are exacerbated by periodic severe climatic conditions. While the food security crisis throughout the region highlights several common factors, it is important to recognize the specific issues and circumstances that affect targeted interventions within particular national contexts (C-SAFE Year 1 Semi-Annual Progress Report to USAID/FFP, October 2002 – March 2003, pg. 6).

The cumulative effects of these disasters have been devastating in terms of the degradation of nutritional status and livelihoods. According to a 2002 Regional Food Security Assessment Report<sup>2</sup>, malnutrition rates (height-for-age) among children under five are 49% in Malawi, 39.9% in Zambia, and 41.3% in Zimbabwe. As is typical in situations where subsistence living

<sup>2</sup> Southern Africa Development Community, Regional Emergency Food Security Assessment Report, 16 September 2002.

and poverty are widespread, these disasters have led (directly and indirectly) to the loss of essential economic assets from large numbers of already poor households. Thus, their productive capacities have been diminished, and it will be extremely difficult for them to rebuild their livelihoods to former levels.

The impact of food shortages and depletion of the household productive and non-productive asset base is further exacerbated by the high prevalence of HIV/AIDS (adult infection rates average around 24% for the region).<sup>3</sup> Since the epidemic is aggravated by poverty, it has had a disproportionate impact on the poor as a result of the depletion of productive labor, income and food reserves. Diversion of meager household cash resources to cover health care and funeral costs further limits the ability of poor households to afford agricultural inputs, education costs, nutritious foods and other basic household expenses. Women, as the primary care-givers, have been particularly affected by health problems, and their productivity is undermined due to the time taken to care for the sick (C-SAFE Year 1 Semi-Annual Progress Report to USAID/FFP, October 2002 – March 2003, pg. 7).

The following descriptions highlight important factors contributing to each country's respective crisis.

**Zambia:** In two decades, Zambia has transitioned from being one of the most prosperous countries in Sub-Saharan Africa to being ranked as one of the Least Developed Countries in the world. Recent reports place absolute poverty levels at around 73% of the rural population and child poverty is growing at alarming rates, as evidenced by the increasing numbers of orphans (16% of all children), street children and child-headed households.<sup>4</sup> The combination of prolonged dry spells and excessive floods have destroyed a significant portion of maize harvests, which under normal conditions, consists of more than 60% of the diet.<sup>5</sup> Poverty and food insecurity have been exacerbated by poor policy and governance, and by the agricultural system's over-reliance on maize as their staple crop. Agriculture employs 75% of the national labor force and maize accounts for 75% of the land cropped. National maize production in 2001/02 was reduced 42% compared to the average year.<sup>6</sup> These statistics, when approached from a livelihoods perspective point to a marked decline in the resilience of Zambian households in the face of repeated shocks.

Despite its potential to enhance economic growth and reduce poverty, and despite the fact that land scarcity is not a critical issue in Zambia, agriculture has failed to provide rural farmers with sustainable livelihoods. Reliance on maize has been brought about by years of government policy, which encouraged maize mono-cropping through subsidized inputs and credit. The resulting breakdown of traditionally diverse cropping systems and seed systems has left small-scale Zambian farmers reliant on a highly external input dependent production system with few resources to support it. Meanwhile, the collapse of government supports following economic liberalization policies of the 1990s has led to a decline in the use of

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<sup>3</sup> UNAIDS Report of the Global HIV/AIDS Epidemic, 2002.

<sup>4</sup> Following Angola, Mozambique and Malawi – according to Zambia's PRSP.

<sup>5</sup> FEWS Net. Zambia, June 2002.

<sup>6</sup> FAO/WFP Crop and Food Supply Assessment, 18 June 2002.



agricultural inputs used by rural subsistence farming households. As a result, soil fertility has dropped, as has overall maize production. Furthermore, continued use of genetically depleted hybridized seed stock has left crops increasingly susceptible to climatic variation.

This context of worsening poverty and low agricultural productivity has reached crisis levels, not only as a result of unfavorable weather but also an intensifying HIV/AIDS pandemic. The 2000 National Census estimates HIV/AIDS prevalence at 16% in Zambia, out of a total population of 9.3 million.

**Malawi:** Over the past thirty years, households in Malawi have been exposed to a large number of shocks that have led to an ongoing decline of rural livelihoods. More than 60% of the population is experiencing chronic poverty every year and it has some of the worst child malnutrition and mortality rates in Africa. The highest concentration of poverty is in southern region of the country where 68.1% of households are poor, compared to the central region with 62.8% and the north with 62.5%. The current level of poverty is characterized by deep inequality. The richest 20% of the population in Malawi consumes nearly half of all goods and services, whereas the poorest 20% consume only 6.3%. Livelihood deterioration in Malawi has been due to a wide array of political, economic and social changes and population pressures that have impacted households and communities through time. Overlaying all these factors has been the HIV/AIDS pandemic, affecting more than 20% of the population and contributing to a further decline in rural livelihoods.

Malawi's history of food deficits is the combined result of long-term economic dependence on the agricultural sector, a high and accelerating rate of rural population growth and adverse climatic conditions. Over 80 % of the population derives their livelihoods from agriculture directly through subsistence farming or indirectly through employment on small estates (commercial farms). Agricultural employment in Malawi is constrained by a mono-season rainfall which results in significant dry-season underemployment. With the high dependence on agriculture, a large percentage of the population is particularly vulnerable to the impact of climate changes such as floods and drought, macroeconomic changes and more recently, HIV/AIDS.

The tremendous demand placed on agricultural resources as a result of these factors has severely impacted most Malawians' ability to obtain food and livelihood security. The most recent food shortages of 2002/03 were caused by a flood and drought but were complicated by an array of factors including chronic poverty and ineffective food and agriculture policy.<sup>7</sup> Shocks to this system – in the form of floods, droughts and increasing rates of HIV/AIDS – carry serious implications for the health and nutrition of the entire population.

It is critical that the current emergency is understood not just as a one-year crisis; but instead, as the culmination of a long period of rural economic and livelihood decline, exacerbated by adverse weather conditions, the HIV/AIDS pandemic, and other food security shocks. A rapid food security assessment carried out in Malawi by CARE and Save the Children (2002) revealed that such shocks have forced families to harvest unripe maize and consume seed stock

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<sup>7</sup> FEWS Net. Malawi Food Security Warning, 18 July 2002, Lilongwe, Malawi.

to feed household members, further endangering long-term household food and nutrition security.

**Zimbabwe:** The acute food security shortage in Zimbabwe is partly attributable to a severe drought, but is also due to disruptions in agricultural production as a result of the controversial land reforms and the overall political climate. In recent years Zimbabwe has seen a rapid decline in GDP coupled with a simultaneous increase in inflation, which grew from 51% at the beginning of 2001 to 198% by December 2002. Projections for inflation in 2003 were 500%. The destruction of the commercial agricultural sector has led to a radical decline in foreign exchange inflows into Zimbabwe. Meanwhile, the decline of agricultural output has dramatically increased demand for imported foodstuffs, thus increasing demand for hard currency, and resulting in an inflationary spiral.

Price controls have also affected food availability. A range of commodities including maize and maize meal, sugar, wheat and wheat products, vegetable oils, dairy products, and petrol are assigned “gazetted” prices, and while in some cases they are set to loosely approximate regional “market” prices at the government-mandated foreign currency exchange rate, in other cases they are far lower<sup>8</sup>. These factors, and the decline in output, have resulted in an inflationary spiral that has further undermined the viability of most private sector activity in the country, and has led to the emergence of an illicit “parallel” market for basic commodities. By late 2002, Zimbabwe was experiencing severe food and fuel shortages, and food insecurity was widespread.

The December 2002 VAC report indicated that some 7,180,000 people (52% of the total population) would require an estimated 345,000 MT of emergency cereal food assistance through March 2003.<sup>9</sup> It is estimated that roughly 60% of Zimbabweans live below the poverty level,<sup>10</sup> and a Nutrition Survey conducted by World Vision (1999) in Zimbabwe revealed that one out of four children was chronically malnourished with negative implications for learning ability and future development.

Zimbabwe has been particularly hard hit by the HIV/AIDS pandemic. An estimated one out of every three adults in Zimbabwe is currently infected with HIV<sup>11</sup>, average life expectancy in Zimbabwe has declined to 42 years and more than 600,000 children were AIDS orphans.<sup>12</sup>

Analysts agree that Zimbabwe’s food security prospects most probably will not improve in the near future. The political crisis has taken huge tracts of fertile land out of production with significant negative impacts on supplies and motivation for the private sector to invest. The government acquisition of 11 million hectares (27 million acres) of land from commercial

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<sup>8</sup> Controlled prices are referred to as “gazetted” prices in official GoZ parlance, in reference to the book, or “gazette”, in which the prices are published.

<sup>9</sup> January 30, 2003, “December 2002 Southern African Development Community (SADC) Vulnerability Assessment Committee’s (VAC) Regional Emergency Food Security Assessment Report”.

<sup>10</sup> United States CIA Country Data Files – Zimbabwe, 1999.

<sup>11</sup> UNAIDS Report of the Global HIV/AIDS Epidemic 2002.

<sup>12</sup> UNOCHA, Integrated Regional Information Network, 26 March 2003.

farmers has caused major disruptions in production as well as a reduction in planting by farmers who have resettled those lands. Moreover, the price of maize has risen by 167% since August 2002.<sup>13</sup> As with Zambia and Malawi, many households are resorting to negative coping strategies such as gold panning, prostitution, and distress sales of household assets.

An interim USAID report projects a likely “decline” scenario for Zimbabwe that “reflects a continuation of the status quo of gradual deterioration of principal humanitarian, economic, and political indicators, and increasing dependence of large segments of the population on external assistance to survive”.<sup>14</sup>

Compared to Malawi and Zambia, the scope of the problem and number of beneficiaries in Zimbabwe is larger, with a much stronger need for relief assistance. Cumulative socio-economic shocks (e.g. Grain Marketing Board monopoly, food import policy, food pricing policy and land reform) are responsible for household vulnerability. US and EU embargos on development support limits the possibility of longer-term programming. The adversarial nature of NGO-Government relations makes it difficult to address food insecurity and the diminished capacity of domestic seed production impacts recovery of the agricultural sector.

## **B. Institutional Context**

The World Food Program (WFP) established a regional presence in Johannesburg in May 2002 to coordinate the urgent implementation of its Emergency Operating Plan (EMOP) for the six countries hardest hit by the severe food security crisis in Southern Africa (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe). The EMOP outlined the critical food security situation and the need for a significant donor response. In the three most affected countries, food assistance was required for roughly 6.7 million people (49% of the population) in Zimbabwe, 3.3 million people in Malawi (29%), and 2.9 million in Zambia (26%)<sup>15</sup>. Interagency negotiations led to the establishment of the Regional Inter-Agency Coordination Support Office (RIACSO) (C-SAFE. 2003 Year 1 Semi-Annual Progress Report: 5).

In the context of the regional UN response to the food security crisis, and given that many of the factors that contributed to the crisis were common to several countries in the region (climatic change, HIV/AIDS pandemic, declining yields, etc.) CARE International, Catholic Relief Services (CRS) and World Vision (WV) began discussing the establishment of a regional program in early 2002. Responding to FFP feedback on submission of a preliminary concept paper, a formal proposal was submitted in August of that year. The proposal reflected a considerable scale-back in both geographic coverage (from six EMOP countries to Zimbabwe, Zambia and Malawi only) and in size (from 632,700 MT to 160,000 MT in year one) as mandated by FFP in their initial review of the program (C-SAFE. 2003 Year 1 Semi-Annual Progress Report: 9).

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<sup>13</sup> WFP Country Briefs – Zimbabwe, 2002.

<sup>14</sup> January 31, 2003, “US Agency for International Development Interim Humanitarian Assistance Strategy for Zimbabwe.”

<sup>15</sup> Southern Africa Development Community, Regional Emergency Food Security Assessment Report, 16 September 2002.

The revised C-SAFE proposal called for coordination with the WFP and RIACSO in Johannesburg, and included strategies for complimenting the WFP pipeline with a focus on supplementary feeding (as opposed to WFP's general feeding pipeline). In addition to its focus on supplementary feeding, the consortium adopted a conceptual framework that addressed not only acute, but also chronic vulnerability, thereby capitalizing on the PVO members' longtime presence in the region.

The C-SAFE program is designed as a collaborative intervention coordinated by three core members – CARE, CRS and WV. The Memorandum of Understanding allowed for the facilitation of a single grant agreement with USAID. Under the terms of the MOU, WV serves as the prime grantee, with CRS and CARE serving as sub-grantees. At the country level, CARE, CRS and WV take on the role of Lead Agency in Malawi, Zambia and Zimbabwe, respectively. The Lead Agency in each of the three countries is given primary responsibility for coordinating activities and managing sub-grants to other qualified PVOs and local partner organizations (See Annex 1).

Management oversight of C-SAFE region-wide activities is the responsibility of the Regional Program Unit (RPU) based in Johannesburg, South Africa. The RPU is charged with ensuring that project implementation is consistent with the strategic directives, quality standards and conceptual programmatic framework of C-SAFE as agreed to by all consortium members. Specific roles of the RPU include development and maintenance of monitoring and evaluation systems, implementation of baseline and final surveys, facilitation of institutional learning through collection and dissemination of best practices and provision of technical assistance, as well as oversight of regional commodity management and logistic functions.

A C-SAFE Steering Committee (SC), made up of senior regional managers from CARE, CRS and WV provides oversight to C-SAFE members and the RPU. The SC holds regular meetings with the RPU manager and provides strategic direction for the overall C-SAFE program. Finally, the primary role of the SC is advocacy, fundraising and strategic planning for the consortium.

## **IV. APPROPRIATENESS OF RESPONSE**

### **A. Developmental Relief**

C-SAFE adopted a developmental relief conceptual framework that addressed not only acute, but also chronic vulnerability (See Annex 2). In addition to improving nutritional status of vulnerable groups (Objective 1), C-SAFE seeks to increase productive assets (Objective 2) and improve community resilience to food security shocks (Objective 3). These latter objectives are viewed as crucial in addressing key food and livelihood insecurity issues as well as ensuring sustainability over the long term.

The stated objectives of C-SAFE were consistent with the mission of the organizations that participated in the consortium and implementation followed the existing structures of the implementing partners. Programming that emerged from the consortium was viewed by some of

the smaller NGOs in Malawi as far superior to what was initially envisioned, and helped NGOs move forward. In Zambia ADRA benefited greatly from joining the consortium, particularly in terms of improving commodity management and alternative food aid programming.

C-SAFE's combination of a large scale collaboration and a "developmental relief" approach did not make the traditional FFP review process an easy fit since the proposal did not reflect strict emergency programming, nor did traditional DAP rules apply (The funding came from an emergency source). Equally, C-SAFE's uniqueness was initially a challenge to communicate and translate into smooth implementation within the PVO member circles. It remains a formidable, but by all accounts very worthwhile effort (C-SAFE. 2003 Year 1 Semi-Annual Progress Report: 10).

C-SAFE represented an alternative to many emergency responses in Southern Africa using a developmental relief model in order to address immediate food needs of targeted vulnerable groups as well as build productive assets and work with communities to increase their resilience to future food security shocks. It is the reviewer's opinion that various follow-on projects in the region have borrowed some elements of this approach in their design. For example, WFP shares many common elements with C-SAFE in its approach to transitional programming as implemented in Protracted Relief and Recovery Operation (PRRO) projects.

Although C-SAFE should be lauded for promoting cutting edge thinking for developmental relief, such new concepts were not well understood by various donors and the implementing agencies. First, there was confusion over the rhetoric and definitions of concepts associated with this approach, making it difficult to communicate across agencies and funding mechanisms. Second, because there was no clear guidance on what such projects should look like, there was considerable ambiguity on the part of the donor as to what it should or shouldn't fund, slowing down decision making. Because SO2 and SO3 were not adequately resourced, C-SAFE could no longer be considered a Development Relief Project. Third, the design of the program preceded the necessary structural changes that were needed in Food for Peace in order to effectively fund all of the activities related to developmental relief. In summary, although the C-SAFE project triggered many future initiatives around the developmental relief theme within Food for Peace, it was not able to take full advantage of these future changes in on-going implementation.

## **B. Consortia**

The complex legal structure of interagency agreements and funding approval requirements presented a significant challenge to the process of consensus building and decision making, particularly in the initial stages of the consortium. While the three lead agencies initially preferred separate TAs in order to implement C-SAFE programming, FFP required that a single TA be adopted for funding one primary grantee with sub-recipients. Although the FFP's legal concerns were resolved with the designation of World Vision as the lead agency for C-SAFE, key program management issues remained. In particular, the designation of one lead agency was at odds with the implementation of a joint management structure as adopted in the MOU. As a result, difficulties were experienced in the initial stages due to the distinct legal requirements of sub-recipient agreements and the multi-agency MOU.

This initial difficulty in establishing the consortium configuration was also due in part to disagreements around NICRA as well as what it meant to be a lead agency. Considerable discussions were carried out between the legal entities of the three agencies for months before agreements were obtained. Much of the difficulties in organizing the consortium in the beginning centered on differences in organizational culture found within each of the agencies. These differences have slowed down consensus building and decision-making processes.

Despite these differences, significant efforts have been made to harmonize systems and approaches across the C-SAFE membership. Regular Country Coordinating Groups (CCGs) and consortium-wide meetings have addressed administrative issues such as meeting donor, RPU and local USAID Mission requirements for information, updating all members on cutting edge issues and organizing capacity building activities and strategy workshops. Regional and country consortia have also made attempts to connect sector specialists, e.g. commodities/logistics, M&E and so forth, to the respective agency counterparts. In the interest of enabling effective collaboration among regional and national partners, C-SAFE has addressed the need for specific, ongoing task forces to deal with issues surrounding HIV/AIDS, nutrition, FFW, program finance, commodity management, and M&E. These task forces continue to examine issues such as the modification of the distribution mechanism and the standardizing of rations. There has also been more networking between staff members of the NGOs which has promoted a synergy of comparative strengths among participating agencies with respect to particular programming areas. Similarly, a greater understanding of distinct country contexts has helped partners reach consensus on key operational issues, affording NGOs greater leverage with various Government, donor and UN agencies as well as an enhanced regional profile for C-SAFE.

Consortium members recognized that C-SAFE has “opened the door” to longer-term interventions in emergency programming, especially if there were greater flexibility in funding and activities. C-SAFE members, such as the consortium in Zambia, felt that current focus on HIV/AIDS in its food programming under C-SAFE will have long-term benefits.

Some consortium members identified aspects of the regional consortium that were problematic. For example, members in some countries felt that the use of a regional consortium meant that food need priorities in some countries took precedence over those in other countries. For instance, larger amounts of resources were allocated to one country (e.g. Zimbabwe) in relation to others even though food insecurity was significant in these countries as well. It was also mentioned that perhaps a faster response could have been mounted by a single agency compared to a consortium, since consensus building across agencies slows down the timing of the response. Three partners with the same vote was considered problematic by some implementing agencies, especially when decisions needed to be made quickly.

The multiple layers of C-SAFE has at times created a situation in which there was a disconnect between the decision made regarding a particular aspect of programming (e.g. selection of indicators for measuring program impact) and the context in the country for which the program has been designed. Some felt that this did not empower country consortia to make context-specific programming decisions. Whether real or perceived, the impression that programming decisions need to be approved by the RPU slowed down the process of achieving country-specific C-SAFE objectives.

Given that the alternative to collaboration through the consortium might have meant there would have been no PVO pipeline into southern Africa, the majority of respondents acknowledged that the benefits of working together outweighed the challenges. As a result of the consortium, there was increased accountability, transparency, lesson sharing, and interagency cooperation. Increased collaboration will carry forward beyond C-SAFE, as well as cross-agency learning that may not have occurred otherwise. One person from CRS headquarters indicated that C-SAFE sharing has spilled over such that sharing is now occurring in other contexts with the three PVO partners. Ongoing collaboration between the three lead agencies in Sierra Leone and Angola, as well as planned collaborative efforts specified in the ICB grants, builds on the collaborative approach implemented through C-SAFE.

C-SAFE also forced FFP at the regional level to assess whether their funding mechanisms were appropriate for developmental relief, and what changes would need to occur in order to make this happen. It also created an environment in which the NGOs were able to challenge and support one another, offering critiques of independent programs and incorporating best practices into consortium activities.

Commodity management, despite some of the problems that were encountered, was seen as one area in particular where expertise was developed and shared across agencies. Working in a consortium is both a learned skill and a commitment. Partners in Malawi had an advantage over the other country consortia since a consortium had already been developed prior to C-SAFE that was looking at ways to address food insecurity within the country.

A challenge was the difficulty in balancing the goals and objectives of C-SAFE and those of the individual organizations and ensuring these are consistent. This challenge may become more significant as consortium members move from general food distribution to more transitional activities, especially in Zimbabwe.

Some longer-term impacts of a consortium approach include the development of a feasible alternative to WFP for food aid as well as demonstrated ability that NGOs can coordinate activities themselves. For example, the work of the consortium helped forward some of the Malawi national government's strategies for poverty alleviation and food security. Capacity was built for small and large NGOs, and in a limited sense with communities engaged with home based care.

The regional approach has facilitated stronger collaboration among organizations typically focused upon their own needs and in competition with one another. The sharing of lessons learned within the C-SAFE countries as well as between countries paved the way for advocacy with UN agencies at the regional level. PVOs have gained leverage with WFP and other UN agencies regarding commodity pipeline management and food programming policies as a result of their participation in the consortium. Similarly, members of each country consortia were also able to influence the policy of donors by helping them understand and appreciate the importance of effective developmental relief programming. Achievements have included funding for some transitional programming (e.g. MAPP, FFW), increasing partnership with WFP (including food loans to cover pipeline gaps) and FFP as well as other NGOs, and increased influence on policy

issues regarding food security. Collaboration was strengthened through the use of working groups, and overall organizations became more supportive of one another.

Specific achievements include increased focus in programming, systems for commodity movement, HIV/AIDS programming (including the integration of C-SAFE's food pipeline w/existing and new complementary programming), and the addition of an HIV/AIDS technical advisor who developed new learning avenues, such as the HIV/AIDS newsletter and a training series on HIV/AIDS and Opportunities in Food Programming.

### **C. Regional Program Unit (RPU)**

As stated earlier, management oversight of the regional activities is the responsibility of the Regional Program Unit (RPU), based in Johannesburg. According to numerous implementing partners, the RPU provides good leadership, bringing together many skilled personnel from various organizations to develop and implement innovative programming. Many partners felt that the RPU was essential in laying the groundwork for activities, making regional decisions and negotiating with FFP on regional issues. It was perceived that C-SAFE would not have been recognized had the constant pressure of the RPU not been in place, or the unique aspect of a regional focus been emphasized to donors. In addition it is important to acknowledge the leadership provided by Carol Jenkins, Director of Food Resources for World Vision – US. Respondents noted that her participation and guidance in the project was instrumental in enhancing the visibility of the consortium, particularly within USAID.

The RPU provided guidance and technical expertise, especially on M&E and HIV/AIDS. Although this technical input was valued, several consortium members in each of the three countries felt that more investment in technical expertise should have been done at the country office level, rather than housing this expertise at the regional level. The commodity management support at the regional level was not viewed as effective in the beginning, but appears to have improved recently. Similarly, a number of consortium members in each country joined donor representatives in questioning the value-added of an extra administrative layer, and felt that the resources should have been invested at the country office level.

### **D. Steering Committee (SC)**

With regards to the steering committee, one of its key roles was to liaise with high level stakeholder organizations throughout the region as well as with donor/funding institutions. Several stakeholders felt that the steering committee could have done much more to secure complementary funding for the program, as well as engaged more effectively in strategy development of the project.

Although the steering committee has taken a role in decisions when C-SAFE required them to, there was a tendency to focus on management issues rather than strategic issues, such as how to deal with FFP when SO2 and SO3 were not funded, and relationships with WFP. Only one steering committee member had a job description that allowed them to focus upon C-SAFE.



With regards to the critical task of raising funds for SO3 (building community resilience to food security shocks), the steering committee only put together one proposal to OFDA which was not funded and no further action was taken with that proposal. In addition, the steering committee did not take the opportunity to promote the experiences of C-SAFE food aid programming in a high HIV/AIDS prevalence context to secure more FFP resources. Given the crucial role of the SC to C-SAFE (strategic planning, fundraising and advocacy), many respondents felt that if the SC would continue to neglect these responsibilities, then they should be delegated elsewhere.

## **E. Complementary Funding**

Although some complementary funding was obtained to assist with implementation of C-SAFE activities, USAID representatives felt that the NGOs could have provided more matching funds for the proposed activities. They cited that cost share was less than 1% of the total C-SAFE program.

Several of the NGOs acknowledged that more complementary funding should have been obtained from their own organizations, but they indicated that the need for complementary funding was identified very late, once they found out there would be problems funding SO2 and SO3.

In similar efforts in the future, if NGO's are expected to provide cash resources for cost sharing of non-food programming inputs, these arrangements should be clearly stated in accompanying institutional agreements from the very beginning.

Two other factors influenced the NGOs' ability to secure alternative funding. First, the C-SAFE program was identified as a USAID program, not an international NGO consortium program. This made it difficult to secure funding from European donors, such as DFID or the EU. Second, because C-SAFE was a consortium program, it was difficult for the individual NGOs not in the lead to secure additional resources from their own agencies. It was felt that the agency could not get adequate credit for the additional resources it would bring to bear in the consortium effort. As one stakeholder indicated, agency self-interest conflicted with the common good of the consortium.

Despite multiple setbacks, many of the NGOs were able to secure complementary resources to implement a part of the program and were able to complement C-SAFE activities with other development activities in program areas where other projects were being implemented.

In Malawi, the consortium obtained complementary funding for Food for Work from the USAID Mission and additional resources for HIV/AIDS activities from other sources. Road rehabilitation projects have opened up access to areas which were out of reach, and CARE Malawi C-SAFE activities complemented some of the work being implemented by a DFID funded program called SPLIFA. Agriculture recovery projects funded by OFDA have been used in a complementary way with C-SAFE and have been beneficial with increased access to agricultural inputs and expertise (SCF-Malawi). Training of staff within the organization on other programs has been transferred to C-SAFE and used to then train community members.

Links have also been established with Co-Guard for malnourished women and children (CARE-Malawi). Additionally, a member of the Malawi consortium obtained private funding from faith-based organizations in the U.S., which assisted in the funding of home-based care activities as well as road rehabilitation projects.

In Zambia, consortium members were able to combine C-SAFE activities with already-established HIV/AIDS programming. In addition, some C-SAFE FFW programs have been able to facilitate linkages with on-going agriculture programs, including promotion of conservation farming and crop diversification, as well as in monitoring activities. CARE Zambia was successful in combining C-SAFE with a number of ongoing projects leading to an integrated approach to programming in some areas of the country. C-SAFE worked closely with CARE's Adding to Food Project (CIDA), its condom project (ECHO), seeds and tools projects (DFID, FAO), and others. World Vision-Zambia was able to link C-SAFE activities with some of their FFA programs funded by WFP, FAO and WV Australia, as well as some new linkages with a recently funded livestock program. World Vision also obtained money from private donors to support C-SAFE activities.

In Zimbabwe OFDA provided funding for a hospital feeding and a school feeding program, as did ECHO, to CRS. Also in Zimbabwe, CARE linked their micro-credit and agricultural recovery activities with their C-SAFE activities. CRS-Zimbabwe has integrated drip irrigation and vegetable gardens interventions with those who were also receiving supplemental feeding, and there are plans to do further integration with HIV/AIDS training. Collaboration has also existed with WFP through the linking of C-SAFE's M&E system with that of WFP's EMOP through the CHS.

## **F. Institutional Relationships**

### ***USAID***

Because C-SAFE was designed as a regional program, the primary oversight provided by USAID was through the regional Food for Peace officer. At the country level, the relationship between C-SAFE and the USAID Missions was mixed. To some extent there was a lack of consistency between Mission strategies and this regional FFP initiative, raising concerns about the ability to obtain approval for funding from FFP in Washington, D.C. It also made it extremely difficult for the country consortia which had to balance meshing the approach/strategy of the local Mission, with that of FFP, which were often perceived as in conflict. There was a general lack of agreement within the U.S. government on what developmental relief means and units such as OFDA were not necessarily supportive. FFP has been supportive within its parameters, such as the involvement of field staff in meetings and during implementation, however there has been confusion around what could or could not be funded, which resulted in proposal revisions and delayed implementation. Even when FFP approved C-SAFE, there were still issues with what legally could be funded, creating further confusion. For example, initial guidance from FFP Washington indicates that some of the costs that were eventually funded in YR 2 will not be allowable in YR 3.'

In the opinion of the reviewer, the links with the USAID Country Mission in Malawi were much stronger than they were in Zambia and Zimbabwe. Although there was good and consistent communication between C-SAFE and FFP in Zambia, this did not translate into good communication with the Zambia Mission. The lack of strong communication links with the USAID Missions in Zambia and Zimbabwe may have led to limited buy-in on the part of the Missions in these countries. In contrast, partners suggested that communication between C-SAFE and WFP in Zambia has improved over the life of the project.

Given that C-SAFE was a regional developmental relief project, implemented in multiple countries with multiple partners, the administrative burden associated with the project was huge. The key administrative challenge faced by the RPU was that of renegotiating and revising funding proposals, budgets and implementation plans in order to gain FFP approval (See Annex 3). Specifically, there was a significant lack of standard guidance regarding allowable activities, particularly those pertaining to medium and long-term objectives (SOs 2 and 3). Had there been a clearer understanding of the activities that would be allowed by FFP from the outset, the RPU would likely have had more time to provide technical support to the Country Offices. Although representatives from USAID felt that World Vision was doing a good job managing the program, this administrative burden frustrated some of the country partners that desired more technical support.

### ***World Food Programme***

The regional approach adopted by C-SAFE encouraged WFP to consider the NGOs as more than just implementing partners. This difference was highlighted at a recent NGO coordination meeting in Rome where the disparity between the way WFP works with C-SAFE and the way it contracts with other NGOs separately was evident. There are frequent regional and in-country coordination meetings with WFP concerning program and logistic issues. Additionally, there has been the arrangement of loans between C-SAFE and WFP, both in-country as well as across countries, to the benefit of both parties in terms of bridging potential pipeline breaks

The development of C-SAFE strengthened relationships with WFP in some respects, but caused tensions in other ways. In Malawi, WFP and C-SAFE consortia had essentially the same members, which allowed for good collaboration and increased integration. For instance, the C-SAFE and WFP consortia merged to form one chronically ill working group. In Zimbabwe, as a result of C-SAFE, WFP began to view the consortium members as more of an equal partner than an implementing partner, with increased participation of C-SAFE in policy making decisions. Many stakeholders felt that C-SAFE provided competition to WFP for regional food programming, requiring WFP to take notice of what C-SAFE was doing programmatically. Shared implementation of the CHS monitoring system and an alternate pipeline provided a platform for discussions around food programming for the chronically ill and orphans and vulnerable children. There was increased openness by WFP to listen to the C-SAFE agencies, although several NGOs mentioned this was somewhat limited.

However, because parallel programs were being implemented, there were also instances of mistrust. Implementing partners in Malawi and Zimbabwe suggested that relationships were not always based upon mutual needs or objectives, and WFP saw itself as a superior partner that did not treat the NGOs with respect or perceive them as being on equal footing. For example, in

Malawi – where C-SAFE contracts WFP to provide logistics services - a great deal of tension existed between C-SAFE and WFP. Some of the consortium members in Malawi felt that WFP was resistant to being held accountable for contractual obligations related to commodity management. CARE as the lead agency was in a weak position to attempt to influence WFP to fulfill its obligations, and WFP often deferred to the regional level when it did not like what it was being asked at the country level, thus stalling programs even further. Many of these differences have been worked out through a series of working group meetings. At the M&E level, WFP worked with C-SAFE jointly regarding setting up the regional CHS. Programmatically, WFP has modeled some of its programs after C-SAFE and visa versa.

### ***Government Agencies***

The relationships that C-SAFE has established with government agencies in the various countries are variable. Although certain C-SAFE members in each country enjoy productive relationships with government, a degree of variability was evident in each country consortia. These relationships are described below.

In Zimbabwe, where it is more difficult to work with government agencies at the national level, working relationships have been established with the government at the district level, as well as the ward and village levels.

In Malawi, several good working relationships have been established between C-SAFE and government agencies. The Malawi Ministry of Agriculture and the Ministry of Health, as well as donors have taken a great deal of interest in the C-SAFE programming. Some partners are working closely with the Ministry of Agriculture and MASF in the coordination of food for work activities.

In Zambia, working relationships have been established with the government at local and national levels, although stronger linkages could have been developed with the Disaster Management and Mitigation Unit. At the district level there has been good collaboration and interest expressed from the MOH, MOA and to a lesser degree Community Development and Social Services office.

Several stakeholders indicated that C-SAFE needs to be more engaged in the food security policy dialogue going on in the three respective countries and at the regional level. Given the size of the program and the number of agencies involved, C-SAFE could play a significant role in development relief thinking and in the role of food aid, especially how it links with HIV/AIDS (e.g. Zambia).

## **G. Program Modalities**

As stated previously, C-SAFE was designed as a developmental relief project with three main objectives. The first objective was to improve or maintain nutritional status of vulnerable communities and households. Particular emphasis was given to chronically ill households affected by AIDS. The second objective focused on increasing or maintaining productive assets among targeted vulnerable communities and households through food for work, increased agricultural production and improved market linkages. The third objective focused on increasing

resiliency to food security shocks among vulnerable households through community emergency preparedness and drought/flood mitigation.

Unfortunately, the resources to support Strategic Objectives 2 and 3 were deemed un-allowable under FFP emergency funding. Primarily, the shorter-term relief objective of SO1 was approved with limited funding for FFW activities in SO2 and no funding for SO3. FFP provided the food for FFW, but each country consortia was left to find funding for tools, materials and technical assistance. Some were able to find the resources and others did not. This made it difficult for each of the country consortia to implement a true developmental relief program. Essentially the project operated as a relief intervention when additional resources were not found to support the transitional programming. Because the transitional programming was under-funded, some implementing partners and government ministries expressed concern that the program had the potential of creating dependency within beneficiary communities. This was especially true where C-SAFE was operating by itself with no other programming activities. How this funding problem impacted program implementation is summarized below:

- In Malawi, only two objectives were funded, however the third objective, which focused on increasing community resiliency to shocks through disaster preparedness, growth monitoring, HIV/AIDS training, was not funded. Complementary funding was not available to increase capacity of District and Community AIDS Committees, or fund disaster preparedness activities and community/kitchen gardens. Additionally, resources were not available to fund nutritional education training for home-based care workers, or the seed multiplication/crop diversification training for farmers. Some gardens were developed, but more could have been done if there had been more funding. Although the local USAID Mission did secure some complementary funding for FFW there was still not enough for all the tools, materials, seeds and tree seedlings that were needed.
- In Zimbabwe, complementary funding for tools and materials for FFW was not available, nor were there resources for activities or community resiliency programming. Funding was provided to support MAPP.
- In Zambia, FFP resources were not available to fund SO2 and SO3, making it difficult to implement anything more than short-term relief programming in the first year. Both CARE and World Vision were able to direct complementary funding from WFP, FAO and DFID to C-SAFE programming in various food aid, reproductive health, agriculture and livestock projects in several areas of the country. Although these combined projects are promising for the future of integrated programming in the country, C-SAFE remains hopeful that in the future additional resources will be freed up from monetization to enable SO2 to be implemented in a revised fashion.

Although funding for SO2 and SO3 was difficult to obtain as part of the initial submissions of this grant, a change in 202e and ITSH policies after the first year of the grant did free up some resources to carry out SO2 at the end of the 2<sup>nd</sup> year of C-SAFE. Unfortunately, because C-SAFE is considered a continuing program, it will not have such flexibility with the 202e funds in the third year of implementation. Because of this funding shortfall, the Steering Committee (SC)

attempted to secure resources from OFDA. This proposal was eventually rejected primarily due to the fact that the country missions were not supportive.

## **H. Technical Assistance**

The technical advisors of the RPU assisted in sharing information across membership, and facilitating networking between the different consortium members. There was also the provision of direct technical assistance through site visits, newsletters, and other documentation. For HIV/AIDS, the regional officer provided programming advice to many C-SAFE members who do not have a specific HIV point person. For M&E, the RPU supported the M&E officers in each country. In terms of financial assistance, all the consortia members felt that the assistance provided by the RPU was very useful.

For commodity management, at the regional level the support has been weaker than intended, although a system has been agreed upon and better support is now being provided. However, the experience in commodity management in the first year has been negative due to conflicting advice and lack of resolution of shipments. Both HIV/AIDS and commodity management areas could benefit from more personnel and capacity building.

Inter-agency exchanges and loans of technical assistance have begun to occur in Year 2. For instance, the CARE-Zimbabwe FFW expertise was shared with the other members. CRS also provided a mitigation expert to assist in the development of the OFDA proposal.

Within each country, the CCGs have promoted complementarity and specialized capacities among participating stakeholders, however implementing partners indicated that this process was difficult at times since country programs often focused on their own programming first. Consortium members have had the opportunity to learn from each other on issues of targeting criteria for such programs as nutrition, HIV/AIDS and food security monitoring. There has been an effort to solicit the expertise of non-implementing agencies, but this could have been improved. In Malawi, C-SAFE partners indicated that although they have increased their capacity in nutrition and logistics, this could have been better organized. In the beginning, individual NGOs promoted their own organizations first, however this changed over time.

Different agencies have taken the lead role in different types of programming (e.g. CRS for MAPP and CARE for FFW in Zimbabwe), and have shared experiences with other partners. NGOs were able to add expertise in their areas, such as FFW, or HIV/AIDS, within the working groups. In Zimbabwe, World Vision has assisted other agencies in commodity management and CRS has assisted agencies with developing collaborative relationships with local agencies. CRS and WVI have learned a great deal about FFW from CARE, and WVI and CARE have learned about supplementary feeding from CRS' hospital program.

In Malawi, consortium members indicated that regular meetings facilitated communication as well as increased standardization of such things as implementation strategies. Despite the time commitment, meetings held every two weeks meant that problems did not go unaddressed for long periods of time.

In the beginning, CCG members in Malawi would occasionally send staff members without adequate knowledge or authority to attend meetings, primarily because of staff constraints faced by various organizations. This led to delays in decision-making as well as repetition of the same issues discussed. However, the quality of the interaction in these meetings increased over time.

In Zimbabwe, consortium members also reported that frequent meetings and open dialogue has been beneficial. The working groups for logistics, M&E and finance have met regularly. However, better program coordination would have been facilitated by having a coordinator with a stronger programming background in the lead.

In Zambia, improvements in communication within the consortium included expanded information sharing, especially as more consortium activities occurred and lessons were learned.

Country consortia reported that commodity management, FFW and nutrition were the program areas that benefited most directly from cooperation supported by the C-SAFE RPU. Important lessons were also shared on targeting criteria, M&E and HIV/AIDS. Food commodities distributed to AIDS affected households has strengthened the relationship between agencies and communities. Road rehabilitation programs assisted agency potential to reach out to communities that were in previously inaccessible areas. In HIV/AIDS programming, the RPU's assistance in HIV/AIDS programming has assisted staff with increasing programming quality, as well as developing and implementing HIV/AIDS workplace policies for staff.

## **V. PRELIMINARY ACHIEVEMENTS**

As stated in the regional proposal, the C-SAFE consortium seeks to address both acute and chronic food shortages, beginning with improving the health and nutritional status of the most vulnerable populations, followed by programs focusing on building productive assets and improving resilience to food security shocks. In order to do so, the consortium has attempted to facilitate collaboration on a geographic and institutional scale previously untried in the region. In Years 1 and 2 of the project, a significant amount of time and resources has been invested in coordinating commodity tracking and distribution systems, targeting procedures, and monitoring and evaluation programs of each of the primary PVOs involved.

In the first year of C-SAFE, coordination was challenging in terms of establishing systems, roles and responsibilities, and a format for smooth communications both between NGO members in countries and regionally. The benefits, however, of working together are beginning to be appreciated, especially in terms of the NGOs' ability to influence policy and planning around food aid (especially with respect to partners such as WFP, FFP and USAID), as well as monitoring and evaluation systems in the region. The targets for C-SAFE Strategic Objectives were established in the regional proposal as follows:

<b>Objective 1: Improve/maintain health and nutritional status of targeted vulnerable communities and households</b>
“Activities under SO1 will target approximately 1,222,675 vulnerable individuals and households in the three countries (48,938 in Malawi; 231,312 in Zambia and 943,425 in Zimbabwe). In addition to continuing the supplemental ration distribution begun during Year 1, C-SAFE will introduce education and training related to nutrition, diet, and crop diversification to support the longer-term food security and nutritional status of the vulnerable groups receiving food.” (Regional USAID Proposal, April 2003)
<b>Objective 2: Increase/maintain productive assets among targeted vulnerable communities and households</b>
“Approximately 336,205 people will benefit on a yearly basis from interventions linked to SO2 (16,099 in Malawi; 209,934 in Zambia and 110,172 in Zimbabwe). FFW is the mechanism through which a majority of these activities will be implemented.” (Regional USAID Proposal, April 2003)
<b>Objective 3: Increase resilience to food security shocks among vulnerable communities and households</b>
“SO3 will benefit approximately 170,000 people on a yearly basis by strengthening local systems to prepare for, predict, and respond to future food shortages. In each of the three countries, C-SAFE will help develop local capacity for disaster early-warning and monitoring.” (Regional USAID Proposal, April 2003)

C-SAFE effectively began in Zimbabwe at the end of the first semi-annual period (February/March 2003), as this was when commodities first began arriving in Zimbabwe and slightly later (April/May) in Malawi and Zambia. Zimbabwe received commodities first due to its more critical food deficit situation.

During the first year of implementation, the primary focus of C-SAFE activities was on Objective 1. While Objective 2 was also planned for implementation, late approval of the Year 1 budget, and rejection of costs related to tools and technical assistance for FFW hampered progress on its implementation. Similarly, the majority of the costs associated with Objective 3 were not approved, making implementation during Year 1 impossible. As of December 2003 however, some of the rejected costs associated with Objective 2 were reconsidered during the budget review for Year 2. Unfortunately, complementary funding to support Objective 3 was not funded by OFDA or other donors (C-SAFE Year 1 2<sup>nd</sup> Semi-Annual Progress Report to USAID/FFP, 1 April 2003 – 30 September 2003: 5).

Although a comparison of the total number of C-SAFE beneficiaries reached in comparison to the numbers planned for the first year indicates that the program fell short of its targets set in the initial proposal, significant progress was made towards goals of effective long-term collaboration among the agencies. During the first year in particular, progress was significantly hampered by late arrival of commodities and delays associated with the TA approval process (as previously noted). Furthermore, a considerable amount of time, effort and resources during Year 1 were directed towards establishing the consortium as an operational entity, renegotiating and revising funding proposals, expanding the capacity of PVO members in each of the three participating



countries as well as coordinating commodity management and monitoring and evaluation systems. Progress made on the C-SAFE objectives in each country is summarized below.

## ***Zambia***

### **Consortium Development**

Regular consortium-wide meetings have addressed administrative issues focused on meeting donor, RPU, and USAID Mission requirements, harmonizing information systems across C-SAFE membership and pursuing monetization of commodities for Year 2 of C-SAFE. The consortium has also established specific task forces to deal with issues surrounding finance, commodity management and M&E. Workshops and trainings on commodity management, program management and HIV/AIDS have been held in all three countries. Members have noted that interagency collaboration has increased consortium leverage in on-going negotiations with the government regarding acquisition of food import permits.

### **Progress in Achieving Objective 1<sup>16</sup>**

Although CARE-Zambia commodity resources were used to complement general distribution in Mumbwa and Chibombo districts towards the end of the food crisis period, all other distributions were supplementary in nature. Many PVO activities focused on developing staff capacity to sensitize communities on the utilization of bulgur wheat and sorghum, bulgur being a new introduction to the food basket in Zambia. Activities focused primarily on improving the nutritional status of chronically ill, pregnant and lactating women, children under five, orphans and vulnerable children. Specific projects included training of trainers in preparation of bulgur wheat, cooking demonstrations and distribution of pamphlets aimed at educating community members in food preparation and nutrition. Post-distribution evaluations were held in order to assess targeting, sensitization, transport and distribution methods.

## ***Malawi***

### **Consortium Development**

In order to ensure consistency in approaches to programming among nine NGO members, C-SAFE Malawi holds bi-monthly meetings to discuss progress and challenges in program implementation. Working groups have been established in the areas of Nutrition, Chronically Ill Programming, Commodities and Food for Work in order to establish common targeting criteria and protocols for each activity area.

### **Progress in Achieving Objective 1**

C-SAFE Malawi conducted food distributions to chronically ill-affected households through home-based care groups and Village AIDS Committees (VAC). C-SAFE also implemented a supplementary feeding program for malnourished children under five and pregnant and lactating mothers in collaboration with CoGuard, a consortium initiative led by Africare. C-SAFE members also held meetings with district level Targeted Nutritional Program (TNP) Committees (Government of Malawi) to plan for implementation of supplementary feeding activities. Additional projects directed by various C-SAFE Malawi members included education and training for HBC volunteers and health professionals, creation and training of

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<sup>16</sup> Objectives 2 and 3 in Zambia were not implemented. It is expected that Objective 2 will be implemented in the near future.

VACs and Village Relief Committees and preparation of outreach centers for MUAC screenings developed in conjunction with various district administrations.

### **Progress in Achieving Objective 2**

C-SAFE Malawi has begun to rehabilitate roads and construct/rehabilitate water harvesting structures using FFW. FFW activities were chosen by communities in order to improve access to markets, schools, or hospitals. The water harvesting structures will enable communities to cultivate crops using irrigation during winter. C-SAFE Malawi plans to conduct an Environmental Impact Assessment, funded by the local Food for Peace Mission in order to provide a baseline against which to measure the environmental impact of the FFW activities. C-SAFE will also conduct specific monitoring exercises to provide baseline and final snapshots of the effects of FFW on targeted communities. Pre- and post assessments will also be used to measure the use of rehabilitated infrastructure.

## ***Zimbabwe***

### **Consortium Development**

Consortium members have harmonized implementation of general food distributions by establishing Commodity and M&E coordination teams. These teams meet on a monthly basis and have conducted joint trainings in commodity management and survey implementation. Simultaneous meetings of both teams have provided a basis for agreeing on definitions, ensuring consistent and timely reporting and enhancing communication between all members of the consortium.

### **Progress in Achieving Objective 1**

As the country with the most critical food security situation among the three countries involved in C-SAFE, the Zimbabwe consortium has primarily been involved in coordinating distributions for general feeding programs. Late arrival of C-SAFE commodities necessitated the coordination of interagency loan agreements for commodities among Implementing Partners (CARE, CRS, WV). In addition to its general distribution program, C-SAFE Zimbabwe has taken steps to improve targeting and distribution through of complementary feeding through improved registration processes, household verification exercises and program review workshops held in coordination with participating partners and hospitals throughout the country.

### **Progress in Achieving Objective 2**

The most notable intervention towards SO2 in Zimbabwe has been the Marketing Assistance Pilot Project (MAPP). C-SAFE received approval for the MAPP program in June 2003 and had all staff in place by August. The MAPP M&E plan included a baseline survey that was conducted in September. The first milled sorghum was available in retail markets later that month. (See Best Practices for a description of MAPP). Additionally, two consortium-wide workshops were conducted to build capacity and ensure consistency with respect to FFW programming, including a training workshop on PRA techniques. In May 2003, C-SAFE partners and technical advisors drafted a strategy for FFW based on agreed standard indicators and reporting/documentation procedures.

## **A. Programmatic Impacts**

### ***HIV/AIDS***

In July 2003, the RPU hired a regional HIV/AIDS and Nutrition Advisor. Since that time, the advisor has focused interagency meetings on two main priorities: strengthening targeting mechanisms and building capacity of field staff. Several partners are working on the deliberate inclusion of TB patients in food aid programs as there is a high correlation between TB and HIV/AIDS throughout the region. The initiative requires that C-SAFE partners work closely with health centers and HBC teams in order to identify beneficiaries and support ‘graduation strategies’ for those who recover from illness and resume productive activity. On-going staff training and capacity building exercises have provided technical updates on current issues in food aid programming in the context of HIV/AIDS and provided C-SAFE managers, government representatives and NGO staff with an opportunity to exchange information regarding local developments. HIV/AIDS learning needs assessments have been completed in all three countries and staff training workshops held in Malawi and Zambia; the Zimbabwe training is scheduled for late May. An HIV/AIDS and Nutrition Newsletter is published bi-monthly to share NGO experiences and useful information with C-SAFE members and outside partners.

In the first 18 months of the program, each of the C-SAFE country consortia have made significant progress in improving targeting of chronically ill affected households through the a range of mechanisms, including community committees, Home-based Care (HBC) groups and Village AIDS Committees (VACs). Increasing awareness of the specific (and unique) needs of individuals and families affected by HIV, AIDS or both has led to a more purposeful approach to both targeting and service delivery. C-SAFE staff are now more clear about when a short term food aid intervention is required (as with the chronically ill or HIV positive PLW), and where a longer term food security strategy is actually the most appropriate starting point (for households headed by an asymptomatic HIV positive individual, for instance). The development of ‘discharge criteria’ for some beneficiary categories (such as TB patients) has unseated the previously-held belief that AIDS-affected beneficiaries would require food aid in perpetuity.

Due to the pervasiveness of the HIV/AIDS pandemic throughout the region, implementing partners have had numerous opportunities to strengthen networks with various donor agencies and regional HIV/AIDS stakeholders. However, C-SAFE funding constraints and the lack of staff dedicated to HIV/AIDS have limited the extent of this participation of C-SAFE partners in these networks.

### ***Promotion of Effective Targeting of Beneficiaries Affected by HIV and/or AIDS***

Community-based targeting mechanisms for households affected by HIV/AIDS were considered to be fairly successful processes among C-SAFE partners. In Malawi, the use of a participatory approach with existing HBC groups and volunteers, as well as existing community-based structures, coupled with field staff, promoted effective targeting and made it easy to identify beneficiaries affected by AIDS-related illnesses. Qualitative studies indicated that appropriate targeting was occurring, with the most vulnerable receiving assistance from the community-based targeting methods. It allowed participating NGOs to conduct sensitization meetings with all concerned stakeholders regarding C-SAFE programming, as well as allowed for frequent

monitoring and evaluation to check progress and receive feedback regarding the inclusiveness of targeting. The approach reduced stigmatization, and created a sense in communities that the whole community was assisted through targeting of orphans. There was also trust that the communities were choosing the most vulnerable in their communities to receive assistance.

Similarly, in Zambia, C-SAFE has promoted effective targeting of beneficiaries affected by AIDS-related illnesses through targeting individuals currently participating in the HBC programs, which have previously been diagnosed with a chronic illness by the government health clinics. The appropriateness of this beneficiary selection process was verified through home visits. There has also been training with satellite/relief committees that incorporated community health agents into these activities, which has helped streamline beneficiary processes. Formal linkages with local clinics, district health officials, traditional healers, PMTCT projects and VCT centers have facilitated appropriate targeting of TB patients and HIV positive PLW, providing examples of best practice now being integrated in Malawi.

In Zimbabwe, targeting beneficiaries affected by HIV/AIDS was an issue in Year 1, and under the free food distribution, there was some concern that the community-based targeting methodology reinforced already existing lines of exclusion. Positively, under the FFW program, C-SAFE effectively targeted to increase the cultivation of land of PLHA. In addition, C-SAFE partners have recently encountered a greater degree of openness in rural communities with regard to the identification of AIDS-affected households, indicating that stigma may be diminishing in these areas. Technical assistance provided by the RPU increased understanding of how to target individuals and households affected by HIV and/or AIDS.

### ***Responsiveness to Populations Affected by HIV and/or AIDS***

In Zambia, C-SAFE has been able to respond appropriately to HIV/AIDS affected households within the targeted areas, however, resources are limited and therefore coverage is not complete. It was also recognized that there is a need to support community and government capacity to care for PLHAs.

In Malawi, C-SAFE was one of the first large scale programs to look at providing food aid as a safety net to HIV/AIDS affected households, however, limited amounts of food aid meant that communities had to make difficult choices between which households received food aid. Some of the FFW interventions did assist HIV/AIDS affected households with long-term food security. Qualitative surveys indicated that rations helped households increase production and to send their children to school, as well as had immediate benefits of increasing physical well-being. However, programs are now needed to address longer-term skill building. Food is an important element in supporting people living with HIV and/or AIDS, but a more holistic response is needed that addresses multiple factors, such as poor nutrition, farming practices, access to appropriate health care and information.

In Zimbabwe, there was sufficient food to support AIDS affected households and assist them in improving food access. CARE Zimbabwe has been experimenting with a new targeting method

using social mapping, and there is interest to share this approach with other consortium members.

### ***Food for Work***

Food for Work activities have been carried out in Malawi, Zimbabwe and to a limited extent in Zambia. Consortium members in Malawi conducted a number of cross visits in their respective implementing areas to review the quality of the technical work, community participation, challenges to successful implementation and lessons learned. The findings of this evaluation were written up in a report and shared with consortium members. In almost every case, community members prioritized road rehabilitation in order to connect villages to important socio-economic services such as schools, hospitals and markets. In general, the consortium members were satisfied with the quality of the work, but did highlight potential problems resulting in different design standards, and an inability to address repeated water damage and lack of proper drainage systems. In most cases, C-SAFE food selection criteria were adhered to, although there were some biases detected. The most pervasive problem associated with FFW projects was the lack of adequate equipment, tools and food. The key lesson learned from this evaluation was that there are ample opportunities for capacity building through increased use of technical advisors on road construction and maintenance. The findings of this study are going to be incorporated into a FFW manual that will be shared across consortium members

In Zimbabwe, consortium members have had to work through district officers to be allowed to carry out food for work activities. For example, CARE Zimbabwe met resistance from one district officer when they discussed their intention to carry out FFW activities in the district. CARE asked if they could implement the program on a pilot basis and allow the government official to judge if it was a success or not. Impressed with the work, the district officer allowed CARE to continue to implement such programming in a wider area.

FFW activities carried out in Zimbabwe have begun to shift emphasis away from roads to more sustainable food security activities. Impact evaluations have demonstrated that the FFW is working and norms regarding ration size have been agreed upon by partner agencies.

With regards to World Vision in Zimbabwe, innovative efforts have been used to modify the End Use Monitoring tool to determine food for work impact. For example, interviews were conducted with both adults and children regarding the impact of the FFW activities. Children were asked to draw what they saw as the most significant aspect of FFW activities. Through such efforts, World Vision was able to determine that proper drainage systems were not installed along the road, making it difficult for children to get to school due to crossing numerous streams. This highlights the importance of obtaining the perspective of multiple stakeholders.

In Zambia, FFW staff training and the development of community start-up strategies are under way and WFP has been involved in standardization of FFW norms. Strategies will be focused on structural rehabilitation of feeder roads, construction of grain storage facilities, improved farming techniques, water conservation and seed multiplication.

### ***Monitoring and Evaluation***

In February 2003, C-SAFE held a DM&E workshop that made significant progress in defining both ‘outcome’ (impact level) indicators and core ‘output’ (activity level) indicators, as well as establishing systems for collecting, analyzing and reporting essential data from the field. Defining the C-SAFE Conceptual Framework, revisiting/confirming the strategic objectives, and developing lists of activities that fall under each was extremely useful, especially in preparation for the revisions of Year 1 proposals and development of the Years 2 and 3 proposals by each country consortia. Although the outcome of this workshop was viewed as invaluable to the development of a regional proposal, some stakeholders felt that the flexibility of the program was unintentionally compromised by limiting the choice of indicators for measuring program impact.

Several key steps were taken to improve livelihood security monitoring in the three countries participating in C-SAFE. Baseline surveys were completed in each of the participating countries during year 1. The surveys helped to establish baseline values of logical framework indicators against which future measurement of goal-related changes would be made and increased understanding of how livelihood security factors impact the lives of rural households. The surveys have also helped to identify communities and geographic areas with relatively low food security in order to improve targeting for the most vulnerable groups.

Another activity that was completed was the pilot testing and implementation of the Community and Household Surveillance (CHS) system in all three countries. The surveillance system is a joint venture with the World Food Program, which monitors outcomes of general food distributions and livelihood trends across six countries in southern Africa (C-SAFE countries plus Lesotho, Mozambique and Swaziland). This monitoring system requires further refinement in order to make it useful to program decision makers in each of the countries.

C-SAFE regional M&E workshops continue to review and revise monitoring systems to improve tracking of the impacts of food aid on expenditure shifts, household production and individual health and productivity improvements, particularly among chronically ill and AIDS affected households.

### ***Networking / Learning***

In an effort to improve program quality and capitalize on the collective strengths of the consortium, C-SAFE established a regional Learning Center. The Learning Center’s objectives are to document better practices and lessons learned with regard to developmental relief, vulnerability and targeted supplementary feeding, HIV/AIDS programming and other topics deemed relevant by C-SAFE members. With funding provided from FFP, the PVOs and WFP-Rome (20,000), C-SAFE was able to hire a Learning Centre Coordinator in April 2004. Since then three priority areas have been identified for learning activities during the remaining months of the fiscal year. These are: 1) ‘Guidance notes on food programming for the chronically ill;’ 2) Food-For-Assets in a high HIV/AIDS prevalence context; and 3) a ‘C-SAFE/WFP partnership review for the CHS.’ Consultants are currently being recruited and dissemination of findings is expected by October

Although sufficient funding for the establishment of the Learning Center was not available until Year 2 of C-SAFE, structured learning and networking activities have been taking place at both country and regional level. Both Zambia and Malawi consortia have organized internal exchange visits and study tours to get a first-hand look at best practices, and country-level HIV/AIDS trainings have benefited from the participation of staff from other C-SAFE countries who have shared their perspectives on C-SAFE programming.

## **B. Programmatic Impact on Vulnerability**

While additional supportive evidence is still being gathered, C-SAFE is convinced that it has made a significant contribution in the avoidance of a food security catastrophe in the region. In Zambia, improvements in food security have not yet been measured sufficiently; however qualitative data suggests there are positive impacts as a result of the interventions. In terms of both food availability and access, C-SAFE Zambia consortia members feel that C-SAFE interventions are known to have prevented significant numbers of households from experiencing a significant increase in vulnerability. As a country consortium, the experience allowed for increased understanding of the context as well as how to program better. Shifts from general distributions to more targeted distributions were well understood by the population.

In Zimbabwe, C-SAFE cushioned the shock of drought and poor governance by meeting essential consumption needs of households during nationwide food shortages, and protected productive assets. In addition, the consortium's efforts have helped reduce the politicization of food and monopoly power of the government to control local availability of food supplies and household access to food supplies. The End Use Monitoring system provided C-SAFE with concrete information on what was happening in the areas of operation.

In Malawi, C-SAFE has been able to fill some critical short-term food gaps as partners work together for longer-term funding. Consortium members felt that WFP would not have been able to meet intermediate needs on its own, and the abrupt end to food distributions in 2003 would have had significant impacts upon many chronically ill and food insecure households. Working on the C-SAFE program has increased perspectives regarding dependency issues, as well as the potential for the communities to make a difference for themselves. Although the resources were not available to make sustainable differences, the potential exists for the future, especially given the pooling of information, practices and resources from a wide variety of organizations. The needs are still the same, which requires a longer-term, holistic approach.

## **C. Key Successes and Better Practices**

The following successes ("better practices") have been identified through an ongoing exchange between implementing partners and documented through a series of regional strategy review meetings and project Situation Reports.

### **Zambia:**

C-SAFE Zambia has been very effective in applying complementary funding and drawing on the comparative strengths of implementing partners in developing HIV/AIDS and FFW

interventions. The Zambia consortium has successfully combined C-SAFE activities with a number of ongoing projects leading to an integrated approach to programming in several areas of the country. C-SAFE programs have been able to facilitate linkages with on-going agriculture programs, including promotion of conservation farming and crop diversification, as well as in monitoring activities. An Adding to Food Project (CIDA), condom project (ECHO), seeds and tools projects (DFID, FAO), and others were jointly implemented in Zambia through CARE. Similarly, World Vision-Zambia was able to link C-SAFE activities with some of their FFA programs funded by WFP, FAO and WV Australia, as well as some new linkages with a recently funded livestock program. World Vision has also been effective in obtaining funding from private donors to support C-SAFE activities.

CARE-Zambia has also initiated two studies to inform implementation of enhanced HIV/AIDS interventions. The first seeks to document both the extent and severity of the impact of HIV/AIDS on food security, the other looks into the resilience of social systems and coping strategies in the context of food security and HIV/AIDS.

### **Malawi:**

C-SAFE Malawi has established working groups in the areas of FFW, HIV/AIDS (Chronic Illness) and Nutrition in an effort to pool information and resources, while developing consistent policies and procedures within specific activity areas. Each working group has made progress toward developing consistent targeting and evaluation systems while strengthening existing relationships with smaller NGOs and government ministries. Over the life of the project, consortium members in Malawi have consistently collaborated with Ministry of Health (MoH) staff, Health Surveillance Assistants (HSA), Home Based Caregivers (HBC), and Village and District AIDS Committees to improve targeting of beneficiary households, particularly those affected by HIV and AIDS.

### **Zimbabwe:**

C-SAFE Zimbabwe's Marketing Assistance and Pilot Program (MAPP) utilizes existing private sector enterprises, entrepreneurs, and markets to mill, package and sell sorghum to urban and rural wage-earning households, which, due to the current crisis, are largely unable to purchase sufficient cereals at affordable prices. The program utilizes a dual marketing structure of sales through miller-owned stores and a separate network of small-scale traders in order to simultaneously maintain affordable prices and encourage market activity by entrepreneurs. By providing low-cost food to people who would normally buy food through market channels, it increases the scope and breadth of C-SAFE beneficiaries. The project, created by C-SAFE, represents the first time that aid agencies have sought to boost food availability using existing commercial markets. C-SAFE is currently in the design phase of expanding the MAPP beyond the pilot city of Bulawayo, to several other urban centers in Zimbabwe.

The Zimbabwe consortium has also been credited by both internal and external reviews as having successfully implemented an expanded End Use Monitoring Tool. The tool has proven particularly useful to implementing partners seeking to improve programming for the chronically ill in that it combines traditional food distribution indicators with a qualitative assessment of HIV and AIDS affected households from a livelihood perspective.



## VI. KEY CHALLENGES TO SUCCESSFUL IMPLEMENTATION

### A. General Challenges

#### 1. Impact of Funding Restrictions on Implementation of the ‘Developmental Relief’ Model

The USAID/FFP funding restrictions have placed significant restraints on the consortium’s ability to implement program activities intended to achieve Strategic Objectives 2 and 3. In addition to protracted negotiations regarding acceptable expenditures, FFP sought legal opinions from USAID, leading to further delays in the approval of project budgets. In Year 1, the late approval of the operating budget and rejection of costs for tools, agricultural inputs, training, technical assistance and other capital equipment have significantly hampered progress in FFW programming, a major component of C-SAFE’s medium-term strategy for increasing and/or maintaining productive assets among vulnerable communities. Although the money was small in comparison to the overall budget, such money was critical to the successful implementation of the transition components of the program and capacity building of C-SAFE staff and local partners. For example, restricted resources for training and travel did not allow for the C-SAFE partners to share lessons learned as much as they could have.

In Zimbabwe and Malawi, private NGO funding and Mission funds were acquired to purchase tools. Despite these additional private funds, Zimbabwe had to scale back implementation of FFW activities dramatically and Zambia has been able to implement FFW projects on a very limited scale due to a lack of complementary funds. Similarly, the majority of costs associated with Objective 3 have not been approved, which rules out implementation of long-term development strategies intended to sustain livelihood improvements after the life of the C-SAFE project. At the writing of this report, there were indications from FFP that some of the rejected costs would be reconsidered for the remainder of Year 2.

As a result of these funding constraints, the RPU and individual country consortia (CCGs) have developed budget amendments and alternative funding proposals aimed at securing resources needed for implementation of SO 2 and 3. C-SAFE program staff submitted an Amendment to its FY04 Program Plan to USAID/FFP. The amendment requested that given the recent revision to USAID’s 202e funding guidelines (giving more flexibility to FFP in covering programmatic costs), C-SAFE would like to renew its earlier request for funding to purchase tools for FFW, as well as technical assistance for FFW implementation. Additional funds for training in HIV/AIDS and food programming in all three C-SAFE countries had also been requested. Some additional cash was secured for these activities. However, because C-SAFE was considered a continuing project, such flexibility with 202e resources was denied for its third (and final) year of the TA. .

C-SAFE submitted a proposal to OFDA, led by CRS, in October 2003 entitled ‘*Strengthening Community Resilience to Food Security Shocks*’. The OFDA had recommended that C-SAFE revise the proposal to focus exclusively on SO3 (Increase resilience to food security shocks among vulnerable communities and households) in all three countries. Unfortunately, the OFDA proposal was finally rejected in April 2004.

Funding constraints related to SO2 and SO3 have led the C-SAFE consortium in Malawi to opt out of the regional program with the intention to focus on longer term food security issues through a DAP. The consortium in Zambia is planning to follow a similar course of action after the third (and final) year of C-SAFE. Although Zimbabwe intends to continue the consortium with a developmental relief focus, it is uncertain what structure it might take given the current political climate in the country.

## **2. Field-level Operations**

The primary constraints to successful implementation of SO1 centered on the coordination of logistic networks for targeting and distribution of food commodities. Geographic location of distribution sites and lack of adequate equipment and health data have each presented challenges in terms of implementation and evaluation of field activities. Furthermore, ineffective communication of program objectives has sometimes resulted in the misconception among community members and government officials that C-SAFE is congruous with WFP's EMOP.

Among C-SAFE country consortia, the Zimbabwe consortium continues to experience severe constraints as a result of economic decline and political unrest in the country. While the economic situation causes significant shocks to communities and households, specific consequences of economic deterioration have impacted program implementation. Severe shortages of cash and fuel have affected the consortium's capacity to pay commodity laborers and transport materials and personnel needed for timely completion of projects. Although harvests did prompt the USAID Mission to direct scaling down exercises, the prevailing country context has continued to worsen. As a result, C-SAFE Zimbabwe members have begun to form complaints committees to ensure that beneficiaries have avenues to address selection issues. Finally, despite a recent Government policy that all NGO distributions would come under government control as of September 2003, NGOs and WFP were able to negotiate a settlement to maintain control on the grounds that distributions are based entirely on need. This negotiated settlement expires in June 2004 and it is unclear whether the government will allow for further distributions.

## **3. Program Management at the Country Level**

To effectively manage a regional program as large as C-SAFE, it is important to have dedicated and experienced staff in each of the country offices managing the program and providing technical support. One problem that was highlighted in the visits to each of the countries was that the people in charge of the program from the lead agency were not given authority to make decisions on behalf of the lead agency or were too junior and lacked enough program experience to adequately guide program implementation. Often times decisions have been delayed due to the need to seek the authorization of consortium decisions from more senior staff in the agency. In addition, the technical staff overseeing aspects of program implementation have not been fully dedicated to the project, and are often used to support other activities carried out by the lead agency country office. Given the size and importance of the C-SAFE program, adequate resources should be made available to insure that senior staff are managing the program and are authorized to make programmatic decisions, and that technical staff are fully engaged with the project.

#### **4. GMO Restrictions**

Import restrictions on GMO foods hampered the ability of humanitarian organizations to rapidly supply their operations with an adequate food supply since much of the early pipeline was from the US Government, and hence, contained GMO. SADC governments took the stance (which varied slightly from country to country) that GMO products had not been shown to be sufficiently safe for human consumption; and that they did not want their indigenous crops contaminated by the modified versions. This policy, generally supported by the governments of Malawi, Zambia and Zimbabwe complicated the issue of acquiring acceptable commodities for export to the region given the fact that milling, while a viable option, was very expensive and is not an allowable cost under US Government policy. Although the government of Zambia provided nearly 2000MTs of commodity in the first few months of the emergency response, C-SAFE and other food aid agencies face significant challenges resulting from the government's continued prohibition of GMO. Furthermore, C-SAFE implementing partners have experienced numerous logistic-related constraints including, but not limited to, negotiation of import permits, unavailability of rail transport and delays at border crossings, and reconciliation of inadequately packaged and/or spoiled commodities.

#### **5. Commodity Management**

Commodity management at the regional level experienced numerous problems throughout the early stages of C-SAFE implementation. Part of this was due to the lack of effective commodity management systems and poor communication. This led to a lack of consistent protocol for documentation and billing, late and/or insufficient reconciliation of contracted services, and unclear policies regarding reimbursement and/or repayment for resource loans between partners. Incorrect information from the RPU on docking of commodity shipments meant that information to partners and communities was incorrect, creating credibility gaps. Recently, significant changes have been made in the staffing and structure of the RPU commodities management unit in order to improve overall commodity management.

C-SAFE has invested large amounts of time and effort in providing commodity monitoring mechanisms that are only capable of providing historical information that is rarely used for corrective action. There is a strong need to provide real time management information that can inform program decisions.

Given the effort to set up the commodity management systems in each country, considerable time and energy of the C-SAFE staff in the various countries was spent on this activity in the first year. Although reporting was cumbersome at the beginning, the process was streamlined and systems were in place that allow for smoother operations. For some of the implementing partners, capacity to handle FFP commodities was greatly enhanced as a result of C-SAFE. This was especially true for the smaller NGOs working in Malawi and ADRA in Zambia. Efforts were made to explain the C-SAFE commodity distribution process to field staff and communities in an effort to make it more transparent. However some consortium members found that the commodity management systems set up by C-SAFE caused complications for NGOs that already had systems set in place, by requiring new reporting methods. Considerable time was spent on reconciling these differences.

### *Appropriateness of Commodity Type*

The types of commodities made available for each of the C-SAFE countries to be used in food aid interventions varies considerably due to government restrictions centered on GMO issues. Many partner agencies have added nutritional training to the introduction of new commodities.

In Zambia, the commodities consisted of bulgur wheat, pinto beans and some sorghum. Sorghum is a less preferred grain and is often used to make beer. No oil, CSB or maize is being used because of the GMO issue. Bulgur was introduced and has been widely accepted. At the beginning, there were some mixed feelings in the communities regarding the Bulgur wheat; however this was more accepted as time progressed (CRS Zambia). Considerable effort was made by C-SAFE partners to provide nutrition education and cooking demonstrations to gain this acceptance. The use of bulgur wheat for chronically ill individuals was not as good of a choice due to the difficulty of digesting the wheat. . None of Zambia's commodities are fortified with even basic micronutrients (Vitamin A, iron) which could be very influential in supporting C-SAFE's targeted beneficiaries.

In Zimbabwe, the commodities used include maize meal, sorghum, bulgur wheat, pinto beans, CSB and vegetable oil. A basic basket has been designed for general distribution and targeted supplemental feeding. The Government of Zimbabwe does not allow sorghum to be used for General distribution. The need to mill the maize because of the government stance on GMO issues has been an issue. Sorghum is being used to fill market gaps in Bulawayo through the MAPP project. It is less preferred to maize and bulgur. Vegetable oil distributed in Zimbabwe through USAID Title II is fortified with vitamin A.

In Malawi, the commodities are maize meal, pinto beans and vegetable oil. Similar to the other two countries, maize has to be milled due to government concerns over GMO issues. Commodities were viewed as culturally appropriate, however implementing partners felt that there should be more flexibility in the future to change commodities given more information known about the nutritional needs of PLHA. For example commodity mixes that are more fortified, such as CSB, would be more beneficial.

The RPU indicates that for the majority of the beneficiaries in targeted feeding (e.g. chronically ill, under 5s, PLW), the most appropriate commodities are CSB and oil. The available level of these commodities varies between countries, with Zimbabwe having good access to CSB, with supplies of CSB and oil in Malawi being more limited, and prohibited entirely in Zambia. This is a significant concern, since it indicates a failure to provide the necessary foods to the most vulnerable groups in these countries. Cereals and beans, while useful for short-term feeding of families affected by illness or crop failure, fail to meet the needs of the chronically ill since they are less palatable, contain inadequate nutritional value, and take time to prepare. This is compounded by a lack of vegetable oil, which typically is unaffordable to most chronically ill households. Without a regular intake of fat or vegetable oil, it is very difficult to meet the increased energy demands and the vitamins essential to protecting/restoring health in PLHA and children (especially vitamins A and E) cannot be easily absorbed. Without CSB and oil, C-SAFE is clearly failing to meet the needs of possibly the most vulnerable group in Zambia—the HIV

infected children. Malawi also suffers with a level of supply that simply fails to meet the level of demand.

While the rationale for the use of household rations is strong, it cannot undermine the commitment to protect the well-being of primary beneficiaries with the provision of an appropriate commodity. With the ARV rollout at hand, and a renewed commitment to TB control throughout the region, there are strong implications for a food adjunct for people living with illness. It is extremely important that C-SAFE be allowed some degree of flexibility in the commodity choice/mix in order to meet both the immediate demands of beneficiaries, as well as learn more about the appropriate use of food aid in an environment where HIV prevalence is high. C-SAFE partners should also have the opportunity to pilot a range of products to non-traditional age groups, such the use of multi-mix or other fortificants, F75/100, fortified non-fat dry milk, infant weaning foods and breast milk substitutes. The innovative use of alternative commodities could provide valuable information on how to reach more people in a more appropriate, cost-effective way.

## **6. HIV/AIDS Programming**

One of the big challenges facing HIV/AIDS programming other than the appropriate commodity mix has been access to resources to fund point persons in each of the countries to establish effective HIV/AIDS networks or working groups. This is especially true of Zimbabwe. Working groups have been established in Malawi and more recently, Zambia, but there is no person fully dedicated to follow up. The RPU recognizes this as a constraint and wants to seek funding to address this issue, but is unable to develop proposals to seek support because this function has been designated to the Steering Committee of C-SAFE.

## **7. Monitoring and Evaluation**

There are point persons in each country that are assigned the responsibility of coordinating the M&E activities for their respective country. Unfortunately the limited availability of staff in Zimbabwe and Zambia affected the setting up of systems. In addition, the M&E staff was only partially dedicated to the C-SAFE program in two out of three of the C-SAFE countries.

The M&E team maintains regular communication with the M&E advisor in the RPU through country visits and regular quarterly M&E workshops to review progress to date and share lessons learned on different M&E tools/activities being implemented in individual countries. Although the RPU M&E advisor helps coordinate M&E activities and provides technical support when asked, she does not have authority over the other M&E staff. This has influenced the lack of strategic planning and use of M&E and information flow systems as a whole. As a result of this lack of authority, there was a proliferation of idiosyncratic data collection instruments among the country programs despite on-going efforts of the RPU to standardize them. There is a real need to develop a global flow chart of C-SAFE M&E data systems in order to avoid overlaps, inefficiencies and information gaps while mapping out opportunities for corrective measures to be taken.

Although the baselines that were carried out in year 1 of the project were well received, these baselines have not been used by the country offices for follow up purposes since their

completion. Additional analyses have not been carried out by C-SAFE and the information that was collected has not been used systematically for advocacy or to establish benchmarks in areas that have been recently hit by flooding (e.g. Zambia). It should be noted that FAO and UN ICEF have both used the C-SAFE baseline data to conduct further analysis on food security and HIV/AIDS in the region. Reports are pending.

In terms of output monitoring, many country offices complained that the current monthly reporting system is burdensome and is not being used to effectively inform programming. Information is collected and passed on to the lead agency and RPU and is rarely analyzed to influence programming decisions, except in Zimbabwe. Program officers in each of the countries wanted more information on the actual impact of their programs, and felt that this type of information was not being gathered in Malawi and Zambia. In Zimbabwe C-SAFE was able to use the monthly output system to inform program activities. Although outcome monitoring systems were developed for each country, they were never implemented because of lack of funding support for SO2 and SO3.

In addition, M&E officers and member agencies have faced significant challenges in coordinating output information recorded by the commodity management system with the information coming out of the M&E system. Currently the information from the commodity management system is being used for reporting.

Promising work being carried out on end-use monitoring in Zimbabwe where C-SAFE has expanded the use of the usual End-Use tool, to encompass measuring the livelihood status of beneficiaries and non-beneficiaries. The tool was piloted in Zimbabwe and is now being adopted in Zambia, but has yet to be implemented in Malawi. The Zambia consortium has adapted the tool by conducting quarterly rather than monthly surveys and has interviewed beneficiaries at home rather than at food distribution points. Zimbabwe will also test a new End-Use Monitoring Tool for FFW. If the instrument provides useful results, it will also be replicated in Zambia.

Before these end-use monitoring tools can be replicated in the other countries, they need to be modified to include sections on how food for assets affects chronically ill households and individuals. New sections should also focus on expenditure shifts, household labor, children and orphans, money for medical expenses, and diet diversity at the household level. Questions on perceptions of food aid impact on health and productivity at the individual level will also be included.

In terms of the Community and Household Survey (CHS) being carried out jointly with C-SAFE and WFP, numerous implementing partners in all three countries complained about its usefulness. Although they acknowledged that it represented a good collaborative effort between WFP and C-SAFE, problems were encountered on the analysis of the information, the timeliness of the reports and the quality of the reporting. For example the draft outcome report from Zambia is very poorly written and points to insufficient data analysis. Data usefulness and interpretation is hampered by a limited sample size, or sufficient overlap in C-SAFE areas. The reports were having limited to no impact on the programming decisions that implementing partners were making. Many felt that the system should be scrapped and replaced with a system that was more relevant to C-SAFE programs.

Another problem that was highlighted in the review of M&E at a C-SAFE RPU workshop held in February 2004 was that the results framework initially adopted by the program was not consistent with the overall program goals and interventions. The specific concern was that the nutritional indicators to be tracked for Strategic Objective 1 were not appropriate given that the majority of the interventions were food security related. It was later decided that these indicators would be used only in intervention situations where such measurements made sense such as MCH activities or supplemental feeding for under 5 children. Where inappropriate – i.e. HH rations to HH affected by AIDS and other chronic illness - more livelihoods oriented indicators would be utilized.

Another issue highlighted by the M&E staff that needs to be addressed involves the establishment of clear criteria regarding the targeting of beneficiaries, especially the chronically ill, as well as discharge of beneficiaries from the program. Some agencies are using actual household chronically ill numbers while others are making estimates based on average family size. The M&E staff has opted to support the second approach since it is more cost effective.

Clear criteria also need to be established for admitting and discharging food for assets beneficiaries. Although the consortium in Zambia has recently adopted standard criteria, individual PVOs in Malawi and Zimbabwe continue to use various discharge criteria. Currently each country PVO is using its own criteria. The learning center has prioritized this topic for its first learning task, and is in the process of developing ‘Guidance Notes’ for food programming to the ‘chronically ill.’ Guidelines will eventually address each of the four targeted vulnerability group categories.

## **8. Learning Center**

From a regional perspective, the concept of a learning center that helps capture lessons learned across the various countries makes good sense. This is especially true since this is one of the first times that the three largest NGOs are working together on such a large regional effort. C-SAFE received funding from FFP, the PVOs and some from WFP-Rome, in Year 2 and has since hired a learning coordinator.

Although money has been made available to carry out some consultancies, it will not be enough to capture all of the valuable lessons learned from a project of this magnitude. If FFP could make more resources available for this purpose, it could pay significant dividends for the design for future development relief projects.

## **B. Country-Specific Challenges**

### **Malawi**

In Malawi, C-SAFE contracted WFP to provide transport services of its commodity pipeline. Numerous problems arose in terms of communication, protocol for documentation and billing, late or insufficient reconciliation of contracted services and unclear policies regarding reimbursement and/or repayment for resource loans between partners. WFP felt that the reporting formats used by C-SAFE were too complicated and too labor intensive. They also said

that the PVOs would make last minute changes in distribution plans making it difficult to plan effectively. In addition, WFP pointed out that 5 of the 9 NGOs in the consortium had distributions that were below the minimum that they are used to delivering, creating inefficiencies. C-SAFE staff pointed out that WFP had problems making on-time deliveries, and sometimes delivered the wrong commodities. They also felt that the turnover of WFP staff led to misunderstandings of NGO programming. Similarly, C-SAFE program implementation in Malawi was also affected by staffing issues. As an example, the country M&E officer was only available to C-SAFE on a half-time basis. Poor communication between C-SAFE and WFP led to early and unaccounted for deliveries and problems around cost sharing and reimbursement for infested shipments. Two major pipeline breaks also occurred with detrimental consequences for beneficiary households. A series of meetings have been held to address these problems and it appears that many of issues have been worked out.

As C-SAFE Malawi transitions to a DAP, programming areas will be reduced from 23 Districts to 8 Districts. Exit strategies are being developed for the programming activities that were carried out in all 23 districts with particular emphasis on the Districts being phased out. There is concern that the capacity building and resources necessary for effective transition may not adequate to transfer C-SAFE activities to local partners and communities.

## **Zimbabwe**

One of the major issues that could affect C-SAFE operations in Zimbabwe is fact that the MOU signed between the Government and WFP will expire in July. If the Government decides not to renew this agreement it could affect C-SAFE programming.

With regards to the MAPP in Zimbabwe, the project is generally viewed as being successful, especially in its innovative approach to targeting urban poor while using existing market mechanisms to deliver the food. However there was concern expressed by FFP that the milling losses were excessively high (30-40%). Recently, extraction rates have improved as the MAPP has expanded to using additional millers. Discussions have taken place as to whether it is appropriate to consider alternative milling methods. For example, analyses of extraction rates of different milling options indicated that hammer milling yields higher extraction rates than roller milling; however there is concern over the maintenance of quality. If MAPP is to be replicated in other regions of Zimbabwe or in other countries, it will be important to take important contextual issues into account such as targeting, commodity type and quality control.

The C-SAFE consortium in Zimbabwe has experienced some problems in moving to better program integration due to the current decision making processes being implemented by the lead agency. The coordinator of the consortium has limited authority to make decisions and must always defer to the senior managers of the Country Office. This slows down decisions and may also lead to inconsistent messages. In addition, the limited program background of the coordinator makes it difficult to insure that World Vision's programming input is adequately represented in program discussions with the other implementing partners. A person with adequate programming background should accompany the coordinator to all consortium meetings that involve program decisions.



## Zambia

C-SAFE programs in Zambia have been affected not only by the GMO issue, but also by the government's attitude towards food aid in general. C-SAFE is in a good position to engage in the policy debate around food aid since it is implementing programs that address the interaction of HIV/AIDS and food security. In many respects, C-SAFE has capitalized on this position through advocating among government, the UN and donors for enhanced coordination of food aid throughout the country. Still, more could be done to effectively engage in the food security policy dialogue through continued participation in food security forums and pursuit of collaborative relationships with government agencies.

The limited funding for SO2 and SO3 has created the impression among some government agencies in Zambia that C-SAFE is only interested in supporting relief interventions and not transition programming. This is primarily because programming activities in the first year of C-SAFE focused on SO1. Government agencies are concerned that such a focus will lead to increased dependency rather than more sustained solutions to food insecurity. Resources provided through monetization will allow for the implementation of transition programming.

C-SAFE efforts in Zambia have also been hampered by the lack of, or late hiring of staff dedicated on a full time basis to HIV/AIDS and M&E. This was primarily due to the fact that it was difficult to find such staff to support programming efforts.

## VII. Recommendations

A number of recommendations are derived from this review. These are summarized below.

### *Funding*

1. **FFP should provide the resources to C-SAFE to implement its transitional and developmental (resilience oriented) activities and allow the program to realize its Developmental Relief goals.** Given the fact that the program has almost a year and a half remaining, FFP should apply expanded flexibility to its programmatic funding source (202e) to allow for implementation of the activities encompassed under SO2 and SO3 in Zimbabwe and Zambia in Year 3. C-SAFE represents one of FFP's earliest attempts to engage in Development Relief Programming and should be supported in its efforts to carry out such programming. It is likely that Malawi and Zambia will transition to a DAP to carry out such activities.
2. **More resources are needed to adequately support the Learning Center-** Given the fact that this is one of the first times that the three largest food aid NGOs are working together on a regional program, the opportunities to capture lessons learned should not be under funded. Lessons on the implementation of a developmental relief program of this size will prove invaluable for future guidance to similar programs.

### *Programming*

- 3. C-SAFE, with the support of FFP and other complementary resources, should strengthen its support to its HIV/AIDS programming-** C-SAFE represents a unique opportunity to have a significant impact on HIV/AIDS through the use of food aid. It is one of the largest programs of its kind providing food to AIDS patients. Thus the C-SAFE program can enable the implementing partners the opportunity to examine the linkages between food security and AIDS on the ground and not in theory.

Resources should be provided to establish point persons in each of the country offices to support HIV/AIDS activities, to provide training and to enhance capacity building of local institutions. The scale of activities carried out by C-SAFE and the lessons learned could also be used to leverage government and donor policies concerning chronically ill households in the region. With minimal investments, this program could have a larger impact on HIV/AIDS in the southern Africa Region than it is currently having. This opportunity should not be missed. C-SAFE RPU (and/or others) should develop a HIV and AIDS and food security framework to guide implementation of such a program in country, as well as a monitoring system to evidence impact.

- 4. It is extremely important that C-SAFE be allowed some degree of flexibility in the commodity choice/mix in order to meet both the immediate demands of beneficiaries, as well as learn more about the appropriate use of food aid in an environment where HIV prevalence is high.** With the ARV rollout at hand, and a renewed commitment to TB control throughout the region, there are strong implications for a food adjunct for people living with illness. C-SAFE partners should also have the opportunity to pilot a range of products to non-traditional age groups, such the use of multi-mix or other fortificants, F75/100, fortified non-fat dry milk, infant weaning foods and breast milk substitutes. C-SAFE should also seek ways to procure HEPS and other kinds of commodities more appropriate for the actual patient from EURONAIID or other donors. The innovative use of alternative commodities could provide valuable information on how to reach more people in a more appropriate, cost-effective way.
- 5. Given the current food security problems facing the three countries in Southern Africa, a balanced approach is needed to address both the longer term food security considerations related to livelihood erosion of farmers dependent on rain fed agriculture and the HIV/AIDS pandemic.** HIV/AIDS and food insecurity are intertwined in a vicious cycle. HIV/AIDS exacerbates food insecurity and malnutrition, as sickness and death cause declines in work, income, food availability, and time available for care of younger children at a time when more money is required for health care. As food insecurity worsens, the risk of HIV transmission is likely to increase as households are forced into riskier livelihood strategies. Malnutrition increases the likelihood of opportunistic diseases associated with HIV/AIDS and hastens the onset of full-blown AIDS and ultimately death.

### *Monitoring and Evaluation*

- 6. The Community and Household Survey currently being implemented jointly by WFP and C-SAFE needs to be adjusted or overhauled to make it more relevant to program decision making-** Currently it is not being used by project implementers

because it comes out late, is poorly analyzed, and is in a format that is not useable. In addition, consideration should be given to the sampling strategy being used, since the overlap for C-SAFE areas is not adequate. A review of the system should take place as soon as possible to make it more useful for the remainder of the project.

7. **The output monitoring system currently being implemented should be reviewed to determine how it can be made more useful to Country Programs-**Currently the monthly reports are not being effectively used to provide feedback to improve program implementation. To date, the monthly output monitoring system has primarily served to highlight diverse criteria used in participating countries and the difficulty in consolidating C-SAFE beneficiaries under specific categories. Ways must be sought to insure that these reports provide useful and timely information to influence management decisions.
8. **There is a real need to develop a global flow chart of C-SAFE M&E data systems across all countries in order to avoid overlaps, inefficiencies and information gaps while mapping out opportunities for corrective measures to be taken.** This needs to be done as soon as possible so that gaps can be filled before the end of the program. (M&E)
9. **Monitoring and evaluation systems being implemented in the different countries need to be reviewed to ensure that they are tracking program impacts-**Efforts need to be made to insure that the end use monitoring that has been developed in Zimbabwe or some similar system is transferred and made operational in the other countries operating under C-SAFE.

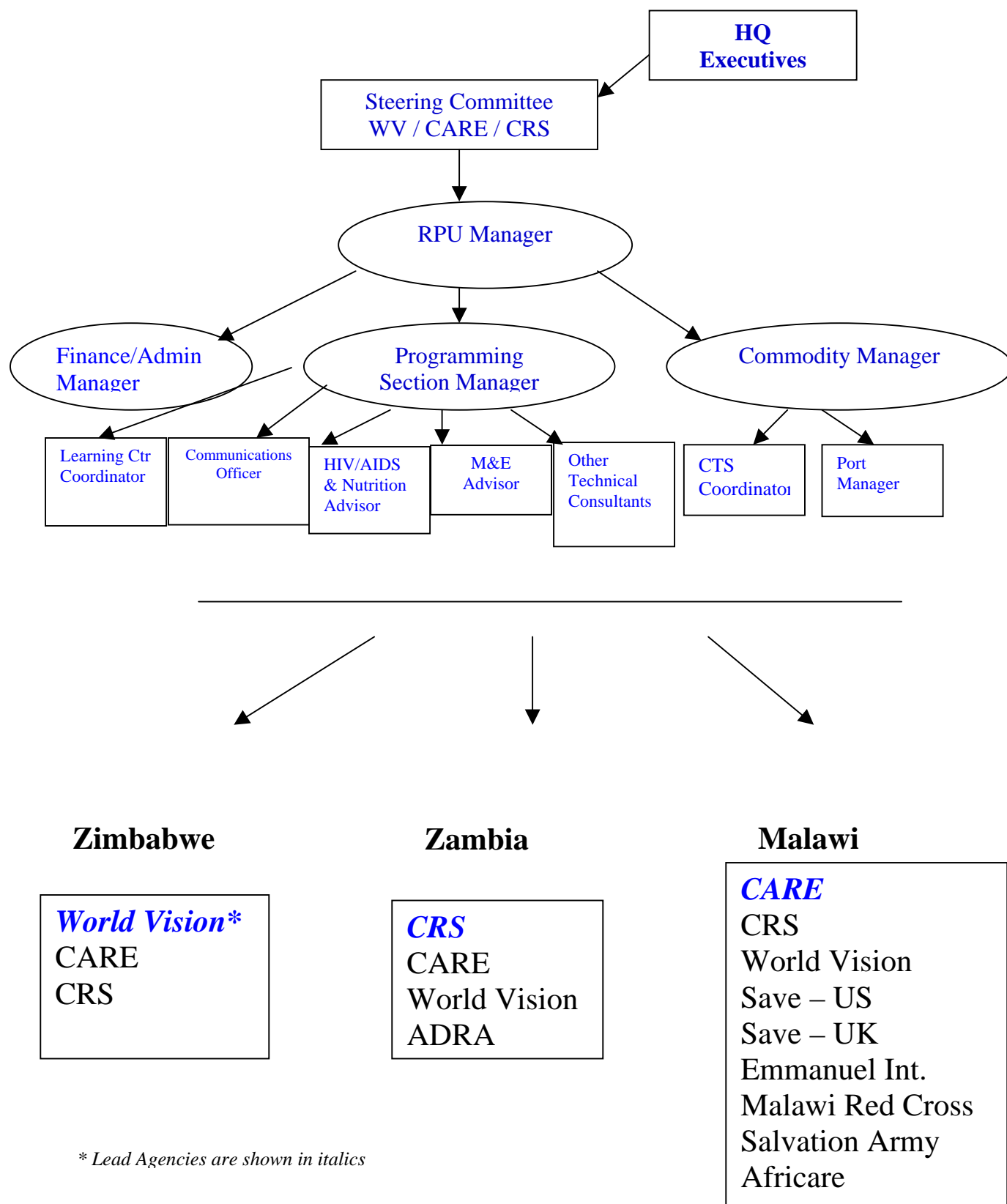
#### *Advocacy*

10. **C-SAFE should engage in more food security advocacy opportunities in each of the countries it is operating-**Much better communication needs to take place with the other institutions engaged with food security policy and programming. In addition, better communication regarding C-SAFE activities needs to take place with the USAID Missions in Zimbabwe and Zambia. This is especially important in Zambia as the consortium moves to a DAP after the third year. Finally, C-SAFE should take advantage of maximizing representation opportunities in other global forums where the lessons learned from HIV/AIDS programming can be shared. For example, C-SAFE should send representatives to the HIV/AIDS conference being held in Bangkok Thailand.
11. **C-SAFE should work closely with WFP to insure that food aid programs are not discontinued in Zimbabwe-** C-SAFE and WFP should continue to help cushion the shock of poor governance and HIV/AIDS by meeting essential consumption needs of affected households. Working with WFP and USAID, efforts should be made to advocate that targeted distributions should continue once the MOU that currently enables humanitarian assistance organizations to operate expires in June.

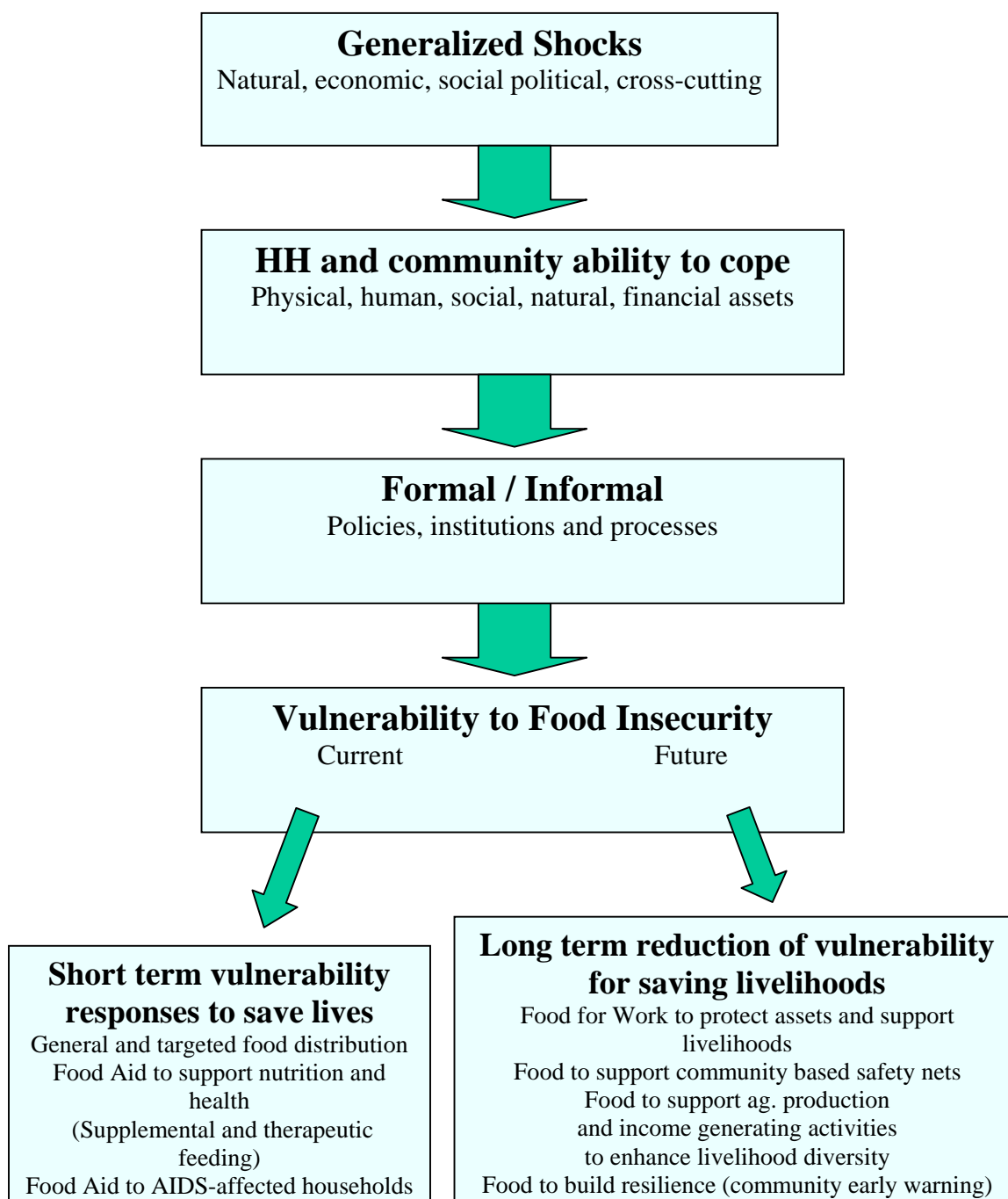
#### *Administrative Support and Staffing*

- 12. To insure that adequate support is being provided to the consortia operating in each of the countries, it is important that lead agencies insure that senior staff with the authority to make decisions are put in coordination roles-**This will insure that timely decisions regarding the program can be carried out. In addition, technical staff that are responsible for supporting C-SAFE activities should be more fully dedicated to the program. The program is too big and too important to be supported by staff whose time is divided between C-SAFE and other projects. The Steering Committee should provide both strategic guidance and assistance in procuring adequate funding to support necessary technical staff.
- 13. As Malawi transitions to a DAP, adequate support must be provided by C-SAFE to insure that proper exit strategies are being implemented as the consortium phases out of 16 Districts.** As C-SAFE evolves out of a District, care must be taken to make sure that local institutions and/or communities are capable to take on the tasks formally carried out by C-SAFE. This is especially the case where chronically ill households have been provided support. Similar support will have to be provided as Zambia transitions to a DAP.
- 14. Commodity systems operating at the regional level should continue to be improved to avoid many of the mistakes made in the beginning of the program –** The efforts currently being made by the RPU to overcome past inadequacies in commodity management should be supported and continued.

## ANNEX I: C-SAFE REGIONAL STRUCTURE



## ANNEX II CONCEPTUAL FRAMEWORK FOR REDUCING SHORT AND LONG TERM VULNERABILITY TO FOOD INSECURITY





### ANNEX III. C-SAFE REVISED MONITORING AND EVALUATION PLAN, JUNE 2004

LOGFRAME INDICATOR	DATA SOURCE AND METHOD	DATA ANALYSIS	FREQUENCY OF DATA COLLECTION	PERSON/UNIT RESPONSIBLE	COMMENTS
<b>OBJECTIVE 1 Improve / Maintain health and nutritional status of vulnerable communities and households</b>					
% of children age 6-59 months below -2Z score wt /ht and wt/age	C-SAFE partners Growth monitoring systems and nutritional assessments, clinic registers, any supplementary feeding programs, UNICEF data, etc.	% of acutely malnourished children 6-59 months old / total of children 6-59 months old in targeted population.	When ever done in country over a 6 months period of time	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	Information should be gathered by M&E officers for C-SAFE areas and findings incorporated in semi-annual report
Change in the Copying Strategy Index (CSI)	Baseline, CHS Focus groups for update Final evaluation survey	Total score of the CSI calculated using frequency and severity ranking; will be disaggregated by vulnerable groups	Semi-Annual CHS Revision of the severity ranking, every 6 months End of program	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	
<b>IR 1.1 Improved nutritional status of targeted children women and vulnerable groups</b>					
Number of meals per day	Baseline, CHS, Final evaluation survey	Average number of meals per day for adults and children; will be disaggregated by vulnerable groups	Semi-Annual CHS End of program	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	
Food diversity	Baseline, CHS, Final evaluation survey	Number of food types consumed in the past 24 hours; will be disaggregated by vulnerable groups	Semi-Annual CHS End of program	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	
Food Consumption Index (FCI)	Baseline,	Total Daily Score of the FCI;	Semi-Annual CHS	M&E in country	Indicator to look at



LOGFRAME INDICATOR	DATA SOURCE AND METHOD	DATA ANALYSIS	FREQUENCY OF DATA COLLECTION	PERSON/UNIT RESPONSIBLE	COMMENTS
	CHS, Final evaluation survey	will be disaggregated by vulnerable groups	End of program	M&E RPU for consolidation PM and lead for use and dissemination	food consumption pattern in last 3 days prior the survey or in past 24 hours
<b>IR 1.2 Increase support to households affected by HIV and AIDS</b>					
School enrollment	Baseline, CHS, Final evaluation survey	% of school age children (6-18) from Chronically Ill (CI) Households enrolled; to be compared to no CI households	Semi-annual CHS End of program	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	
Perception of impact of food aid on Chronically Ill Households	End Use Monitoring (Zim) Post Distribution Monitoring (Zam)	% of CI Households reporting a positive impact of food aid on their livelihood system in term of labor, health, care taker, etc.	Monthly (Zim) Quarterly (Zam)	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	
<b><u>Objective 2 Increase productive assets among vulnerable communities and households</u></b>					
Percentage of Households selling productive assets for food	Baseline, CHS, Final evaluation survey	% of Households selling any productive assets in order to buy food; will be disaggregated by vulnerable groups	Semi-Annual CHS End of program	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	
Asset wealth distribution	Baseline, CHS, Final evaluation survey Market prices survey	% of Households in Asset Very Poor and Asset Poor Categories	Semi-Annual CHS End of program Semi annual Update on asset prices	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	
<b><u>IR2.1 Increase / Maintain agricultural activity</u></b>					
Household number of months of self-provision	Baseline, CHS, Final evaluation survey End Use Monitoring (Zim) Post Distribution Monitoring (Zam)	Average Number of months of cereals in stock at the moment of the survey; will be disaggregated by vulnerable groups	Semi-Annual CHS Monthly (Zim) Quarterly (Zam) End of program	M&E in country M&E RPU for consolidation PM and lead for use and dissemination	
<b><u>IR 2.2 Improved market linkages</u></b>					
Increased of trading opportunities	FFW assessments – Focus groups MAPP (ZIM)	% of households reporting an increase in their trading opportunities (sales and	Post-assessment to be conducted when FFW activities are completed	M&E in country, FFW in country M&E RPU for consolidation	Pertinent when ever road rehabilitation activities are

<b>LOGFRAME INDICATOR</b>	<b>DATA SOURCE AND METHOD</b>	<b>DATA ANALYSIS</b>	<b>FREQUENCY OF DATA COLLECTION</b>	<b>PERSON/UNIT REPOSIBLE</b>	<b>COMMENTS</b>
		purchases)		PM and lead for use and dissemination	conducted

## ANNEX IV: M&E TOOLS

Tool	Country	Timeline	Description	Uses	Constraints	Recommendations
<b>Baseline</b>	All	May 2003	-Thorough livelihoods survey of C-SAFE operational areas	-Identify vulnerable groups -Provide baseline figures against which to measure future achievements -Used by a variety of external organizations in understanding livelihoods situation in the region	-CSI calculated differently from CHS -Does not provide district-level data	
<b>Activity and Narrative reports</b>	All	Monthly	-An activity report to quantify all outputs (# trained, kms road completed, etc) -A narrative report to explain reasons for not reaching targets, problems, successes	-Discussed in C-SAFE meetings -Record of progress -Accounts for commodities distributed -Recently linked to RSR	-Initially gave different beneficiary numbers from RSR, until the 2 sheets were linked. -Difficult to sum numbers initially as different countries were reporting mixture of household or individual rations	-Circulate between countries to improve cross-learning
<b>CHS</b>	All	October 2003 February 2004	-Surveillance effort with WFP to monitor outcomes (use by WFP) and change in context in WFP and C-SAFE operational areas	-Provides comparison between beneficiary and non-beneficiary households	-Heavy analysis not supported by small sample size -Different modes of operation for WFP and C-SAFE make partnership problematic -Late production of reports	-Significantly limit analysis -Timely completion of reports will increase usefulness of data
<b>Growth Monitoring for children under 5</b>	Zimbabwe and Zambia					
<b>MAPP Baseline</b>	Zimbabwe					

<b>EUM</b>	All	Zim-monthly Zam-to be completed Mal- to be completed	-Examines use of food aid, effects on CI affected households, community's perception of distribution process	-Quantify outcomes cited in qualitative surveys		
<b>FFW Assessments</b>	All	Zim-completed Mal- to be completed Zam- to be completed	Qualitative surveys as to community's perception of FFW benefits, drawbacks, beneficiary selection process, activity selection process-both of FFW itself and of the specific project chosen	-Identify outcomes (positive/negative) and community perspective on FFW	-Don't have pre-assessment surveys in many cases	-Conduct pre-activity assessment prior to upcoming FFW activities
<b>Food Security Surveys</b>	Malawi	January 2004, March 2004	Rapid food security survey in C-SAFE operational districts including CSI and asset sales	-Provides district-level data -Provides comparison between beneficiaries and non-beneficiaries -Rapid turn around provides recent picture of food security situation -Basis for year-to-year comparison	-Has provided information contrary to other systems, including CHS	-Adjust CHS to provide more timely information and negate the need for this additional tool
<b>Qualitative Surveys</b>	Malawi	Nov 2003	Qualitative survey of beneficiaries and non-beneficiaries to assess the outcomes, positive and negative, of the targeted food distributions to CI affected HHs. Also examined beneficiary selection process.	-Affirmed no need to change, or tighten, selection criteria -Outcomes cited by the community will be quantified through EUM		

## **ANNEX V: DOCUMENTS REVIEWED**

- C-SAFE. 2003. C-SAFE Quarterly Regional Meeting – Harare – 2&3 December 2003.
- C-SAFE. 2003. Future Scenarios for C-Safe 2007: S-C Meeting 29 September 2003.
- C-SAFE. 2003. Review and Strategy Meeting: Summary and Notes.
- C-SAFE. 2003 Year 1 Semi-Annual Progress Report #1: 1 October 2002 – 31 March 2003.
- C-SAFE. 2003. Year 1 Semi-Annual Progress Report #2: 1 March 2003 – 30 September 2003.
- C-SAFE 2004. 3<sup>rd</sup> Semi-Annual Progress Support to USAID/FFP: 1 October – 31 March 2004.
- C-SAFE. 2004. HIV/AIDS and Nutrition Newsletter #4.
- C-SAFE. 2004. Minutes for the Monitoring and Evaluation Workshop.
- C-SAFE. 2004. Quarterly Review. March 2004.
- C-SAFE. 2004. Situation Report, Nov 2003 – Jan 2004.
- C-SAFE. 2004. Situation Report, Feb – March 2004.
- C-SAFE-Malawi. 2003. Community and Household Surveillance Trend Report.
- C-SAFE Malawi. 2004. Commodity Program Follow Up Visit Report.
- C-SAFE Malawi. 2004. Community and Household Surveillance (CHS) – First Round Oct. – Nov. 2003. Final Report.
- C-SAFE Malawi. 2004. Focus Group Report on Targeting within Chronically Ill Programming (Draft).
- C-SAFE Malawi. 2004. Food for Work Program Evaluation Trip Report.
- C-SAFE Malawi. 2004. Food Security Survey (Draft report).
- C-SAFE. Malawi. 2004. Strategy Statement.
- C-SAFE Zambia. 2004. Strategy Statement.
- C-SAFE Zambia. 2003. Community and Household Surveillance Zambia Outcome Report (Draft).
- C-SAFE Zimbabwe. 2004. Memos on Market Assistance Pilot Programme (MAPP).
- C-SAFE Zimbabwe. 2004. Strategy Statement.
- FAO/WFP. Crop and Food Supply Assessment, 18 June 2002.

FEWS Net. 2002. Malawi Food Security Warning, 18 July 2002, Lilongwe, Malawi.

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McCorkle, Constance M., Catherine Robins and Guy Sharrock. 2004. C-SAFE Report on Monitoring and Evaluation Workshop.

Southern Africa Development Community. 2003. Vulnerability Assessment Committee's (VAC) Regional Emergency Food Security Assessment Report.

Southern Africa Development Community. 2002. Regional Emergency Food Security Assessment Report, 16 September 2002.

UNAIDS. 2002. Report of the Global HIV/AIDS Epidemic.

UNOCHA. 2003. Integrated Regional Information Network.

United States Central Intelligence Agency (CIA). 1999. Country Data Files – Zimbabwe.

USAID. 2003. Interim Humanitarian Assistance for Zimbabwe.

World Food Programme. 2002. Country Briefs – Zimbabwe.

## **ANNEX VI: CONTACT LIST**

### **Steering Committee**

Paul Macek (CRS Regional)

Chris Conrad (CARE Regional)

Rein Paulsen (WV Regional)

### **Country Leads**

Orhan Morina (CRS Zambia)

Sylvester Kalonge (CARE Malawi)

Derick Brock (WV Zimbabwe)

Krishnan Unny (CRS Zambia)

### **RPU**

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Angie Stankovic (Finance)

Michka Seroussi (M&E)

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Kristy Allen-Shirley (Communications)

Steve Goudswaard (Manager)

Ivica Stankovic (Commodities)

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Dominicia Malenge (DMMU Zambia)  
Leonard Soko (DMMU Zambia)

## **ANNEX VII: Scope of Work for C-SAFE Review**

### **February – April 2004**

#### **Background:**

In response to the southern Africa food security crisis in 2002, and in close coordination with the World Food Program, CARE, CRS and World Vision established a regional collaboration called the Consortium for Southern Africa Food Security Emergency (C-SAFE), as part of each agency's larger response to the situation in southern Africa. After a series of negotiations beginning in June 2002, a pre-authorization letter was issued from USAID's Office of Food for Peace (21 November), to allow C-SAFE to start spending; and on 15 January, the Transfer Authorization (TA) was signed. The final TA reflected an overall program value of 114 million USD; including 160,000 MT of commodity for the three most affected countries by the recent crisis: Zambia, Zimbabwe and Malawi.

At the inception of C-SAFE in mid-2002, southern Africa was experiencing one of the most severe food security crises to hit the region in a decade. In September 2002, it was estimated that nine million people in six countries (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe) were already in need of food aid, and another 14.4 million would require it by March 2003<sup>17</sup>.

C-SAFE adopted a conceptual framework that addressed not only acute, but also chronic vulnerability, thereby capitalizing on the PVO members' longtime presence in the region, and taking care not to undermine ongoing developmental programming that its members had been engaged in for decades. In addition to improving nutritional status of vulnerable groups (Obj. 1), C-SAFE seeks to increase productive assets (Obj. 2) and improve community resilience to food security shocks (Obj. 3). These latter objectives are viewed as crucial in addressing food and livelihood insecurity.

C-SAFE is a jointly planned and implemented response of C-SAFE's three core members and partners, with World Vision acting as the lead agency and signatory to the Transfer Authorization with USAID's Office of Food-for-Peace (FFP). The Consortium represents the most significant collaborative initiative (both in scale and profile) embarked on by the three largest American PVOs. Adding to its uniqueness, C-SAFE proposed a program that was not exclusively emergency or development oriented. Instead, C-SAFE intended to work along the entire relief to development continuum, addressing the immediate nutritional needs of targeted vulnerable groups as well as building productive assets and working with communities to increase their resilience to future food security shocks. The consortium members felt strongly that the severity of this food and livelihood security emergency reflects the fragility of livelihoods throughout the southern Africa region, and that any strategy seeking to reverse this trend should ensure that interventions address not only acute, but also chronic food insecurity, and should be founded on a broader and more diversified livelihood and safety net recovery, and just as importantly, complement

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<sup>17</sup> Southern Africa Development Community, Regional Emergency Food Security Assessment Report, 16 September 2002.

ongoing developmental programming that C-SAFE members have undertaken in this region for more than a decade.

It was also felt that the experience of working together offered a unique opportunity to share best practices and learn from one another on critical issues around HIV/AIDS, its interaction with food insecurity and finding appropriate and innovative responses that address this devastating pandemic.

C-SAFE's combination of a large scale collaboration and a "developmental relief" approach did not make the traditional FFP review process an easy fit since the proposal did not reflect strict emergency programming, nor did traditional DAP rules apply (however, the funding came from an emergency source). Equally, C-SAFE's uniqueness was initially a challenge to communicate and translate into smooth implementation within the PVO member circles. It remains a formidable, but worthwhile, challenge.

### **Objectives of C-SAFE Review:**

- Document the rationale for C-SAFE and context for implementation.
- Identify positive and negative practices, experiences, and impacts that have occurred as a result of C-SAFE, capturing both programmatic and cost-benefit elements
- Document the extent to which C-SAFE is fulfilling the rationale
- Develop recommendations for modification to C-SAFE's strategic plan
- Develop recommendations for the Consortium that can improve the efficiency and effectiveness of future similar responses
- How has the funding source/process impacted the implementation of C-SAFE?

**Proposed Time Period:** Maximum of 21 days.

### **C-SAFE Review Key Informants:**

Beneficiaries

Consultant Supervisor – Carol Jenkins

Steve Goudswaard – C-SAFE RPU Manager

Kara Greenblot – C-SAFE Programming section Manager

C-SAFE Steering Committee – Paul Macek

C-SAFE HQs Partners: CARE and CRS

C-SAFE Regional Partners: non S-C members of CARE, CRS and WV regional offices

Country Consortia Representatives: - Sylvester Kalonge (Malawi), Catherine Lowery (Zambia), Jamo Huddle (Zimbabwe).

UN regional stakeholders (RIACSO members)

Local Partners

Donors

### **Specific Tasks to Be Conducted by the External Consultant:**

- Determination of appropriateness of the response (both functional and programmatic) -- compare the problem at the time of C-SAFE's inception, within the operating context (donor reality, funding reality, political situation etc.); determine appropriateness within current operating context (shifting/evolving needs, etc.)
- Identification of constraints and difficulties
- Determination of progress toward targets (compare stated objectives and activities with actual progress) including activities/targets not achieved and reasons for shortfall.
- Identification of successes (key successes and particular achievements should be analyzed) and document best practice.
- Recommendations for future
- Analysis of project management, including financial and programmatic
- Analysis of C-SAFE's impact on vulnerability
- Analysis of collaborative activities and analysis of any efficiencies/benefits achieved as a result of the program – determine the value add of the consortium approach.
- Analysis of whether commodity type used is the most appropriate.

### **Definition of Process:**

Techniques for data collection will include the following:

- telephone interviews / on-site visits with key informants
- on-site visit in Johannesburg, South Africa with RPU
- relevant working file reviews (reports, proposals, etc.)
- focus group discussions with country consortia representatives from all three countries
- focus group discussions with beneficiary representatives
- review of key documents describing southern Africa food security context in 2001/2002

### **Expected Outputs:**

At the end of the SOW, the following outputs will be expected and will be the responsibility of the external consultant to produce.

An MSWord 6 document in 12 point font of no less than 30 pages that provides a review (as outlined above) of the three key objectives. The document will be presented in both electronic and hard copy. It is the responsibility of the external consultant to coordinate all tasks, ensure completion of the scope of work, and prepare the document for submission to the Consultant Supervisor. The submission date will be no later than XX.

The final review document will meet the following objectives:

- Document the rationale for C-SAFE
- Identify positive and negative practices, experiences, and impacts that have occurred as a result of C-SAFE, capturing both programmatic and cost-benefit elements
- Develop recommendations for the Consortium that can improve the efficiency and effectiveness of future similar responses