

Community-Managed Targeting and Distribution of Food Aid

**A review of the experience of Save the Children UK in
sub-Saharan Africa**

Ellen Mathys, MPH



Save the Children

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Published by
Save the Children
1 St John's Lane
London EC1M 4AR
UK

First published 2004

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Typeset by Neil Adams
Printed by Biddles, King's Lynn, Norfolk

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Acknowledgements

Thanks to Jose Lopez, Michael O'Donnell, Olex Kamowa, Save the Children UK; Save the Children US; Department for International Development; World Food Programme; CARE International; Concern Universal; Africare; Red Cross and C-SAFE.

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Abbreviations

ADC	Area development committee (Malawi)
CFSAM	United Nations Crop and Food Supply Assessment Mission
CMTD	Community-managed targeting and distribution
CSB	Corn–soya blend
DA	District assembly
DC	District commissioner
DCPC	District civil protection committee (Malawi)
DDRC	District drought relief committee (Zimbabwe)
DEO	District Extension Officer
DFID	Department for International Development
DSC	District steering committee (Malawi)
ECHO	European Community Humanitarian Office
EMOP	Emergency Operation (WFP)
EPA	Extension planning area (Malawi)
FAO	Food and Agriculture Organisation
FBM	Food basket monitoring
FCJTF	Food Crisis Joint Task Force (Malawi)
FSM	Food security monitoring
FUM	Food usage monitoring
GFD	General food distribution
GoM	Government of Malawi
GoT	Government of Tanzania
GoZ	Government of Zimbabwe
GVH	Group village headman/men (Malawi)
HEA	Household economy approach
HH	Household
HPM	Household profile monitoring
HRSC	Humanitarian Response Sub-Committee (in FCJTF, Malawi)

JEFAP	Joint Emergency Food Aid Programme (Malawi)
MT	Metric tonne
MVAC	Malawi Vulnerability Assessment Committee
NA	Not available
NBM	Non-beneficiary monitoring
NGO	Non-governmental organisation
NM	Nutrition monitoring
NPA	Norwegian People's Aid
PDM	Post-distribution monitoring
PLWHA	People living with HIV/AIDS
PME	Process monitoring and evaluation
PMO	Prime Minister's Office
RDC	Rural district council (Zimbabwe)
SFP	Supplementary feeding programme
SIDA	Swedish International Development Agency
TA	Traditional authority (Malawi)
TCRS	Tanganyika Christian Refugee Service (Tanzania)
TFP	Therapeutic feeding programme
UN	United Nations
VAC	Vulnerability assessment committee (in FCJTE, Malawi)
VC	Village committee (Malawi, equivalent to VRC and VCPC)
VCPC	Village civil protection committee (Malawi, equivalent to VRC)
VDC	Village development committee (Malawi)
VDC	Village distribution committee (Tanzania)
VH	Village head/s (Malawi)
VRC	Village relief committee
WFP	World Food Programme

Executive summary

Introduction

Save the Children UK has utilised variations on the community-managed targeting and distribution (CMTD) approach to food aid targeting in food distribution interventions in several countries in sub-Saharan Africa. The objective of this report is to evaluate the application of the CMTD approach in Tanzania (1998–99, in Singida and Dodoma Regions), Zimbabwe (2001–03, in Binga, Kariba and Zvimba districts) and Malawi (2002–03, in Salima and Mchinji Districts, across several programme phases) by Save the Children and its implementing partners. CMTD is an approach to food aid targeting that is designed to enhance community participation and leadership in the distribution process, based on the principle that beneficiary communities themselves are best placed to identify and target the most vulnerable or crisis-affected households in their communities, as well as to undertake and manage the distribution process itself.

The three settings of focus in this report varied considerably – the Tanzania programme was designed to protect livelihoods in populations facing recurring adverse seasons; the Malawi programme aimed to prevent nutritional deterioration in what was perceived to be a rapidly worsening food security crisis; and the Zimbabwe programme aimed to prevent deterioration in a similar agricultural context, but compounded with a highly complex political, agricultural and economic climate. The CMTD approach was adapted to each context, giving rise to significant differences in 1) the targeting guidelines developed for project staff to follow, 2) the issues that arose and the targeting procedures actually followed in the field, and 3) success of the programmes as defined by various types of monitoring data.

Methodology

The author undertook a comprehensive review of reports related to these programmes, including both those written by Save the Children and those written by external evaluation consultants. Key informant interviews were also held with Save the Children programme staff for each of the country programmes. Gaps remained in the monitoring data available, and these gaps are clearly identified in the tables and figures. Overall, however, conclusions may be drawn regarding the successes and challenges that arose in implementation of the targeting frameworks in each setting.

Conclusions

1. Owing largely to contextual factors (eg, political, social, cultural), Tanzania and Malawi (Phases 1 and 2) were best able to achieve true community-managed targeting and distribution. While the Zimbabwe programme diverged from the original CMTD protocols in the face of a very complex and challenging political environment, Save the Children's Zimbabwe programme is developing innovative mechanisms for promoting accountability of decision-makers to beneficiaries.

In terms of the institutional experience of Save the Children with CMTD, the Tanzania programme provided a very strong foundation of developing and adapting the CMTD approach, documenting lessons learned, and building partnerships with government and agencies to expand the approach nationally. Largely because of contextual factors, the targeting approach implemented in Tanzania most closely embodied the principles of CMTD. Extensive training and technical support were provided by the Tanzania team to the Malawi team, and thus Phases 1 and 2 of the Malawi programme (ie, the phases funded by the Department for International Development [DFID] prior to initiation of the Joint Emergency Food Aid Programme [JEFAP] consortium co-ordinated by the World Food Programme [WFP]) were very similar. These programmes were best able to place the locus of control for distribution implementation and

management into the hands of the community. This was achieved through extensive sensitisation of targeted communities, repeated formal public meetings to ensure community support of programme-related decisions, and the explicit understanding that responsibility for supervising the programme lay largely in the hands of community members themselves.

The Zimbabwe programme was unable to achieve this transfer of responsibility for reasons entirely outside its control: the control of food resources was (and continues to be) highly politicised and decision-making responsibility is more centralised in the hands of local authorities than in Tanzania and Malawi. This necessitated Save the Children taking a more active role in undertaking and directly monitoring the distribution, to reduce the risk of favouritism and bias in the distribution process and to ensure that food reached those truly in need.

2. Although CMTD requires less agency staff involvement during the distribution process itself than traditional agency-run distribution programmes, the initial sensitisation of government leaders and targeted communities can be quite time-consuming in practice.

Ideally, CMTD would incorporate three village-level public meetings at the outset to ensure full community participation in selecting village relief committees, approve beneficiary selection criteria and approve beneficiary lists. This was often impractical for three reasons. First, staff availability was insufficient to support three meetings per targeted village, particularly given that in many cases the meetings would happen on different days. This agency staff support proved quite important for ensuring community comprehension and ownership of the process, as well as the capacity of relief committees to operate effectively.

Second, CMTD requires establishing partnerships with central, district and local leaders to ensure full support for the approach at all levels. This is clearly easier for agencies to accomplish where they have a long-term presence (eg, through community development projects) in the programme area or the time to build institutional partnerships, such as in Tanzania. Accordingly, it is more difficult to achieve in areas where agencies are newly operating or scaling up rapidly, such as in Malawi (Phase 3).

Finally, the transfer of responsibility from formal leaders to community members (or community-based committees) often engenders tensions regarding the appropriate role of local leaders in the process. Tensions often arose regarding whether leaders should be allowed to be members of relief committees; in Zimbabwe, national regulations dictated that distributions be led by local leaders alone. Time is required to clearly allocate responsibilities for leaders, community-based committees and community members alike, in a way that promotes public acceptance of the process and is culturally appropriate.

3. Despite the considerable effort invested in establishing a detailed household economy approach-based needs assessment as a basis for developing target criteria, beneficiary communities diverged from these criteria to some degree according to local perceptions of need.

In Tanzania (Singida), 15–22 per cent of households were under-registered, with the likely outcome that food would be distributed to unregistered households. In Zimbabwe, under-registration was far more prevalent, with 70–81 per cent of households under-registered by mid-2003. In Malawi, registration of households for maize appears to have proceeded well, though corn soya blend (CSB) allocation per household showed little correlation to the number of individuals in the household.

It was often reported through qualitative research that the amount of food provided through the general food distribution (GFD) programmes was insufficient relative to needs, leading to some degree of community support for redistribution. The sentiment was also voiced that redistribution of food aid from targeted poor households to those who are better off promotes long-term food security of the community, given the vital role of the better-off in supporting the poor. The results are visible in household profile monitoring data, which indicates that 5–12 per cent, 10–13 per cent and 7–23 per cent of the beneficiaries of maize were unintended (‘inappropriately targeted’) households falling outside the selection criteria in Tanzania, Zimbabwe and Malawi (Phases 1, 2) respectively.

In addition to this ‘official’ distribution of food aid to unintended beneficiaries, many of those who were appropriately targeted shared their food with others. In Tanzania, over 15 per cent of the food was consumed by

individuals considered to be outside the household; in Zimbabwe, small proportions of food aid were reported to be consumed outside the household; and in Malawi (Phase 1) 48–69 per cent of respondents reported using food aid for something other than household consumption.

Additional effort should be directed towards monitoring strategies that capture the reasons for this redistribution. Where ‘inaccurate targeting’ stems from a large imbalance between the level of need and the availability of food aid, the implications for the programme are clear. Where it stems from corruption on the part of decision-makers, this should be measurable through non-beneficiary monitoring (to capture perceptions of fairness) cross-checked with household profile monitoring (to capture the proportion of beneficiaries falling outside the targeting criteria). The concern that excluding the traditionally better-off from the distribution may undermine long-term intra-community support mechanisms has considerable merit, and should be investigated further. The assertion is not made here that general food distributions should be untargeted; rather, redistribution may serve to strengthen long-term food security of the poor, and further research into the dynamics of this process may elucidate how food aid interventions may be modified to ensure impact on the poor while allowing for the inevitable sharing of this valuable resource.

4. Where circumstances are appropriate for the implementation of CMTD, it should be considered, in view of its relative success (such as in Tanzania) and the potential long-term community benefits of local programme management and participatory decision-making. Additional field-level research should be conducted on how CMTD might be implemented more quickly, given the clear benefits of community-managed targeting in the era of HIV/AIDS.

CMTD will be most feasible where the agency has a long-term presence in the target community, and the programme is directed towards livelihood support rather than prevention of mortality in an acute emergency. However, in many settings, divergence will be necessary because of resource constraints. Recent innovations by the Zimbabwe programme provide a chance to investigate mechanisms for promoting community accountability in a context where the risk of inappropriate targeting is significant, and exclusion of socially or politically marginal groups in decision-making is institutionalised. The strategy

is to promote parallel community structures (committees and feedback mechanisms) that work alongside those managing the distribution, but serve to communicate community complaints to a national committee without creating risk to those raising the complaint. This promotes accountability and community participation, two core principles of CMTD. Save the Children's Zimbabwe programme should put in place plans to closely monitor this pilot project, and to evaluate the medium-term impact of these feedback mechanisms on key outcomes (ie, proportion of beneficiaries meeting selection criteria, proportion of eligible households excluded from the programme, proportion of aid used for purposes other than consumption and qualitative research on how these decisions are made). Increasingly, implementing agencies report that targeting households with AIDS-related vulnerability is difficult in the field. CMTD is an important way to allow communities to target such vulnerable households without requiring that outside agencies receive documentation of beneficiaries' HIV status. Communities themselves are best positioned to identify those in need of assistance, and CMTD allows communities to identify and target the chronically ill without the administrative, stigmatising burden of identifying people living with HIV/AIDS explicitly.

1

Introduction

In the food security crises of recent years, Save the Children UK has played a vital role in the provision of nutrition and food security support in both emergency response and recovery programmes. Save the Children has also invested heavily in developing approaches to needs assessment, with the objective of improving the capacity of implementing agencies to target vulnerable families with sufficient and adequate support. Since 1998, Save the Children has utilised variations on the basic distribution model of community-managed targeting and distribution (CMTD) in several countries. The goal of this report is to compare and evaluate the targeting systems established in Tanzania (1998–99), Zimbabwe (2001–03) and Malawi (2002–03), and to document the considerable lessons learned for CMTD application in future emergencies.

In recent years, the issue of targeting has assumed renewed importance owing to the number and scale of food aid programmes around the world, the recognition of negative impacts of poorly programmed food resources, and the desire to judiciously link food distribution with long-term recovery and/or social safety nets for the very poor. The combination of frequent adverse environmental events and HIV/AIDS, particularly in Southern Africa, has given rise to complex epidemiological patterns of vulnerability that are not yet well understood or documented. Further, in most emergencies the HIV status of beneficiaries will be unknown to agencies, though affected households will be known by the local community. Thus administrative targeting of people living with HIV/AIDS (PLWHA) (through confirmation of serostatus) is not feasible. For these reasons, the identification of approaches to better target food to those in need – the aim of CMTD – is particularly vital.

The CMTD approach to food aid is based on the following core principles:

- **active community participation** in all phases of the project, from needs assessment through programme evaluation
- **clear delineation of roles and responsibilities** among all parties, including central and local government, humanitarian agencies and communities themselves
- **accountability of relief committees** (and other decision-makers) to their communities, and mechanisms for ensuring this accountability
- **transparency of essential information** between implementing partners, local government, community leaders and community members to enable people to make informed decisions.

Where a food targeting and distribution programme genuinely embodies these four principles, the result should be:

The genuine transfer of responsibility for targeting, managing and monitoring the food distribution from the implementing agency to the beneficiary community.

The comparative analysis draws from two main sources: key informant interviews with Save the Children programme staff (conducted by the author in June and July of 2003), and a review of monitoring reports published by Save the Children. This report has seven sections. Section 2 provides an overview of the food distribution programmes in the three study countries, with detailed summaries provided for reference. Section 3 summarises the guidelines developed for targeting, while Section 4 examines issues or complications that arose in the process of implementing those guidelines at village level. Section 5 presents the main findings on registration performance, distribution performance and food aid utilisation for each programme. Section 6 evaluates the programmes against the core principles of CMTD. Section 7 presents conclusions and recommendations.

2

Save the Children UK general food distribution programmes

The programmes of focus in this report are discussed in brief below. Tables 1–3 provide summary descriptions of each programme for reference.

Tanzania

In October 1998, Save the Children initiated a general food distribution (GFD) programme in Singida and Dodoma Regions as part of a World Food Programme (WFP) emergency operation (EMOP) in response to several years of adverse climatic conditions (ie, flooding, drought) (Table 1). Save the Children collaborated with the Prime Minister's Office (PMO) and regional and district authorities, and implemented the distributions with the Tanganyika Christian Refugee Service (TCRS) and Norwegian People's Aid (NPA) in Singida and Dodoma Regions respectively. The GFD of 1998/99 provided the foundation of institutional learning about CMTD for Save the Children. The approach was adopted on a national scale for multi-agency distributions during the 2000/01 season. Although the 1998/99 Save the Children distributions are the focus of this evaluation, the lessons learned about the approach in later years and other regions are noted where applicable.

Zimbabwe

Save the Children directly implemented a Department for International Development (DFID) general food distribution programme in Binga District during the latter part of the 2001/02 agricultural season (from October 2001), in close collaboration with the District Drought Relief Committee. The programme aimed to provide almost a full ration (75 per cent) to support rural livelihoods and assets retention, and prevent deterioration of nutritional status following drought-induced crop failure. Shortly thereafter (January 2002), Save the Children began distributing rations to 'social welfare cases' in Kariba District. By January 2003, distributions began in the Mutorashanga mining communities of Zvimba District. As summarised in Table 2 below, the number of beneficiaries targeted varied widely throughout the distribution period in Binga and, to a lesser extent, Kariba Districts, but remained highly targeted (geographically) in Zvimba District.

Malawi

Save the Children implemented GFDs in three phases in Mchinji and Salima Districts (Table 3). Factors distinguishing the phases include funding sources, targeting approach and scale of targeting (coverage rate). In Phase 1 (March–May 2002), Save the Children directly implemented a DFID-funded food distribution intended to provide approximately 50 per cent of households with a maize ration and 50 per cent of the under-five population with a corn–soya blend (CSB) commodity. Save the Children adopted the CMTD approach with slight adaptations to suit the local context. In Phase 2 (June–July 2002), food distributions were co-ordinated and supplied by the WFP as part of a regional EMOP. The food component of the emergency response was overseen by the Malawi Humanitarian Response Committee/Joint Emergency Food Aid Programme (JEFAP), composed of government, donors, UN agencies and non-governmental organisations (NGOs). Food aid delivery was conducted by the

implementing agencies of the NGO Consortium. Save the Children continued to manage the distribution in Mchinji and Salima Districts, but owing to a sharp reduction in food aid allocations, the agency began to distribute only to the worst-affected extension planning areas (EPAs) in the districts. CMTD was still utilised. Finally, in Phase 3 (August 2002–June 2003), an intensive effort was made to standardise targeting methodologies across implementing agencies. CMTD was altered significantly to facilitate distribution at the village level. Beneficiary selection criteria were standardised across the country. The level of targeting increased as the ‘hungry season’ progressed. At a national level, WFP reports that the total number of GFD beneficiaries (through the JEFAP programme) rose from 545,788 (July 2002) to a high of 2,860,856 (May 2003).¹ As a regional co-ordinating structure, the United Nations Regional Inter-Agency Coordination Support Office for the Special Envoy for Humanitarian Needs in Southern Africa (RIACSO) was established to support national crisis response efforts.

Table 1: Save the Children general food distribution programmes in Tanzania^{2,3,4,5,6,7,8}

Donor(s) and institutional partners⁹	Commodities were procured by WFP. The Tanzania Disaster Relief Committee (TANDREC), the Prime Minister’s Office (PMO)/Disaster Management Department, Regional Disaster Relief Committees and District Disaster Prevention Committees were the principal Government of Tanzania (GoT) counterparts. Singida Region: Save the Children collaborated with Tanganyika Christian Refugee Service (TCRS). Dodoma Region: Save the Children collaborated with Norwegian People’s Aid (NPA).
Needs assessment	Singida Region: A needs assessment was conducted in September 1998 following several years of crop failure owing to drought and/or floods. Dodoma Region: Not available (NA)
Programme objectives	The programme was implemented to support the livelihoods of the rural poor who were experiencing the cumulative negative effects of several years of bad harvests.
Period of programme implementation	Singida Region: October 1998–February 1999, March–April 1999: A six-month ration was distributed between October 1998 and February 1999. Additional rations were distributed to selected villages based on the expected harvest from March–April 1999. Dodoma Region: NA

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Table I *continued*

Geographical area targeted and total population	<p>Singida Region (October 1998–April 1999): Round 1 (October–December 1998): 88 villages Round 2 (January–February 1999): 88 villages Round 3 (March 1999): 52 villages Round 4 (April 1999): 83 villages Dodoma Region: NA Total: 569 of the 800 villages in Singida and Dodoma</p>
Planned and actual targeted population (no., %)	<p>Singida Region (October 1998–April 1999): Planned: 148,539 people (60% of population in targeted villages) Actual: Round 1: 153,629 people (62% of population in targeted villages) Round 2: 159,496 people (64% of population in targeted villages) Dodoma Region: Planned: NA Actual: NA</p>
Ration size	<p>Singida Region (October 1998–April 1999): Planned: 400 g/person/day maize (12 kg/person/month), equivalent to 68% requirements Actual: Round 1: 30.93 kg/3 months = 10.31 kg/person/month = 86% of planned ration, 59% requirements Round 2: 20.12 kg/2 months = 10.06 kg/ person/month = 84% of planned ration, 57% requirements Round 3: NA Round 4: 20.26 kg/2 months = 10.13 kg/person/month = 84% of planned ration, 58% requirements Dodoma Region: Planned: NA Actual: NA</p>
Total distribution, metric tonnes (MT)	<p>Singida and Dodoma Regions (October 1998–June 1999): 33,000 MT food for 1.25 million beneficiaries Singida Region (October 1998–April 1999): NA Dodoma Region: NA</p>
Criteria for beneficiary selection	<p>Singida and Dodoma Regions (October 1998–June 1999): Selective targeting of poorest households by locally elected village relief committee (VRC), advised to register approximately 60% of total households based on initial needs assessment. Beneficiary selection criteria related principally to land size, number of cattle owned, and income-generating activities practised by household members.</p>
Monitoring and evaluation systems (see Figure 8, page 53)	<p>Singida Region: Monitoring systems included the following: 1. Food basket monitoring 2. Food usage monitoring/surveys (both using the same 30 sampled villages) Dodoma Region: NA</p>

Table 2: Save the Children general food distribution programmes in Zimbabwe^{10,11,12,13,14}

Donor(s) and institutional partners	DFID (September 2001 to date); Swedish International Development Agency (SIDA) (January–June 2003); European Community Humanitarian Office (ECHO) (July 2003 to date). Government of Zimbabwe (GoZ) partners included the District Drought Relief Committee, comprising of the District Assembly, Rural District Council, Agritex, Department of Social Welfare and Ministry of Health.
Needs assessment	Binga District: Needs assessments were conducted in May 2001, May/June 2002 and April/May 2003. Kariba District: Needs assessments were conducted in July 2001, May/June 2002 and April/May 2003. Zvimba District (Mutorashanga): Needs assessments were conducted in February 2001 and July/August 2002.
Programme objectives	The programme was implemented to achieve two broad objectives: 1. to support livelihoods with food aid to avoid excessive livestock sales and reduce the need for people to engage in income-generating activities that would diminish their farming activities and compromise children's welfare; and 2. to prevent a decline in nutritional status.
Period of programme implementation	Binga District: October 2001 to date. Kariba District: January 2002 to date Zvimba District: January 2003 to date Note: All programmes experienced intermittent interruptions and changes in programme implementation.
Geographical area targeted and total population	Binga District (October 2001 to date): 18/21 wards from October 2001–March 2002; 21/21 wards from April 2002 onwards. Total district population of 118,824. Geographical targeting was based on household economy approach (HEA) assessment. Kariba District (January 2002 to date): 1,112 wards targeted from January 2002 to date. Total district population of 34,654. Geographical targeting was based on needs as assessed using household economy analysis. The excluded ward is dominated economically by commercial fishing and tourism, and therefore did not require food aid. Zvimba District (January 2003 to date): Parts of 2 wards out of 29, based on residence in mining communities. Total district population of 209,337. Geographical targeting was based on the identification of the Mutorashanga as the target population; the rest of the district was covered by WFP-supported general food distributions.

continued overleaf

Table 2 *continued*

<p>Planned, actual targeted population (no., %)</p>	<p>Binga District (October 2001 to date): November 2001–March 2002: Planned: 50,000 people (42% of district population) Actual: November 2001–February 2002: Varied from 43,349 to 50,458 people (87–101% of target) March 2002: Distribution suspended (0% of target) April 2002: Planned: 124,000 people (104% of district population) Actual: 118,805 people (96% of target) May 2002–August 2002: Planned: 15,000 people (13% of district population) Actual: 15,000 people (100% of target) September 2002: Planned: 39,000 people (33% of district population) Actual: Distribution suspended (0% of target) October 2002–April 2003: Planned: Varied from 94,000 to 124,000 (79–104% of district population) Actual: Varied widely from 8,344–124,000 people (9–100% of target) May–June 2003: Planned: 21,000 people (18% of district population) Actual: Varied from 38,463–49,554 people (183–236% of target)</p> <p>Kariba District (January 2002 to date): January–December 2002: Planned: 6,000 people (17% of district population) Actual: Varied from 3,700–6,000 people (62–100% of target) January–April 2003: Planned: 12,000 people (35% of district population) Actual: Varied from 7,661–12,041 people (64–100% of target) May–June 2003: Planned: 6,000 people (17% of district population) Actual: Varied from 5,843–5,996 people (97–100% of target)</p> <p>Zvimba District (January 2003 to date): Planned: 6,500 people (3% of district population) Actual: Varied from 6,539–6,717 people (101–103% of target)</p>
<p>Ration size</p>	<p>Binga District: October 2001–March 2002: Planned: 10 kg maize meal, 2 kg beans, 375 ml oil per person per month = 1,575 kcals = 75% requirements Actual: Unknown (approximately 100% of planned ration estimated)</p>

continued opposite

Table 2 continued

Ration size continued	<p>October 2002–March 2003:</p> <p>Planned: 10 kg maize meal, 2 kg beans, 375 ml oil per person per month = 1,575 kcals = 75% requirements</p> <p>Actual: 48.8 kg maize meal/5.7 household size = 8.6 kg/person/month = 86% of planned ration</p> <p>9.7 kg sugar beans/5.7 household size = 1.7 kg/person/month = 85% of planned ration</p> <p>3.6 kg oil/5.7 household size = 0.63 kg/person/month</p> <p>Kariba District (July 2002–February 2003):</p> <p>Planned: 10 kg maize meal, 2 kg beans, 375 ml oil per person per month = 1,575 kcals = 75% requirements</p> <p>Actual: 41.6 kg maize meal/5.9 household size = 7.1 kg/person/month = 71% of planned ration</p> <p>8.3 kg sugar beans/5.9 household size = 1.4 kg/person/month = 70% of planned ration</p> <p>3.1 kg oil/5.9 household size = 0.53 kg/person/month</p> <p>Zvimba District (January–February 2003):</p> <p>Planned: 10 kg maize meal, 2 kg beans, 375 ml oil per person per month = 1,575 kcals = 75% requirements</p> <p>Actual: 36.9 kg maize meal/5.5 household size = 6.7 kg/person/month = 67% of planned ration</p> <p>7.4 kg sugar beans/5.5 household size = 1.3 kg/person/month = 65% of planned ration</p> <p>2.7 kg oil/5.5 household size = 0.49 kg/person/month</p>
Total distribution (MT)	<p>Binga District (cumulative total to end of June 2003): 7,019 MT maize meal to 805,743 beneficiaries (8,865 MT maize meal, beans and oil)</p> <p>Kariba District (cumulative total to end of June 2003): 1,157 MT maize meal to 115,665 beneficiaries (1,431 MT maize meal, beans and oil)</p> <p>Zvimba District (cumulative total to end of June 2003): 395 MT maize meal to 39,494 beneficiaries (489 MT maize meal, beans and oil)</p>
Criteria for beneficiary selection	<p>In all regions, beneficiaries were selected on the basis of the criteria of two categories:</p> <ol style="list-style-type: none"> 1. Poor beneficiaries: criteria were derived from initial HEA needs assessments, and related principally to the amount of land owned, the number of cattle owned, and the types of economic employment practised by the household. Specific land sizes and numbers of cattle owned were defined locally for each village. 2. Social welfare beneficiaries: Criteria included child-headed, elderly-headed, female-headed and disabled-headed households without alternative sources of income.

continued overleaf

Table 2 *continued*

<p>Monitoring and evaluation systems (see Figure 8, page 53)</p>	<p>Monitoring systems included the following:</p> <ol style="list-style-type: none"> 1. Commodity tracking/process monitoring 2. Household profile monitoring onsite 3. Post-distribution monitoring offsite: <ol style="list-style-type: none"> a) community interviews b) household interviews 4. Ongoing food security monitoring of key early warning indicators 5. Planned and in pilot phase: monitoring through feedback channels for community and children.
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Table 3: Save the Children general food distribution programmes in Malawi ^{15,16,17,18,19,20,21,22}

<p>Donor(s) and institutional partners</p>	<p>Mchinji and Salima Districts/Phase 1: DFID (March–July 2002). Save the Children managed the distribution. DFID commodities actually continued to be distributed to the end of September 2002.</p> <p>Mchinji and Salima Districts/Phase 2: International donors (June–July 2002). From June 2002, WFP assumed leadership of the multi-agency distribution effort. Save the Children distributed WFP commodities during June–July 2002. The multi-agency programme was called the Malawi Humanitarian Response Committee/JEFAP, led by a consortium of over 20 NGOs. Save the Children began implementing WFP-funded distributions in June–July 2002.</p> <p>Mchinji and Salima Districts/Phase 3: WFP/JEFAP received donations from 25 sources internationally, with significant contributions from the USA, European Commission, UK, Japan, Germany and Canada (August 2002–June 2003). WFP continued to lead the distribution through the JEFAP structure.</p>
<p>Needs assessment</p>	<p>Save the Children conducted household economy assessments in October/November 2001, nutrition surveys from December 2001–March 2002 in Salima and Mchinji Districts, and a National Household Economy Study in April/May 2002.</p> <p>The UN conducted a crop and food supply assessment mission (CFSAM) in May 2002, which determined food aid allocations for Malawi for June 2002–March 2003. Food needs were quantified for three phases: June–August 2002, September–November 2002, and December 2002–March 2003. National food aid availability was low at this time because of the time lag required for procurement, and evidence of post-harvest food security.</p> <p>The Malawi vulnerability assessment committee (VAC) conducted two rolling national vulnerability assessment surveys in July/August 2002 and November/December 2002 to guide geographical targeting until the 2002/03 crop harvest. Finally, the Malawi VAC conducted a third food security assessment in May/June 2003 to determine the food security situation for the following marketing year.</p>

continued opposite

Table 3 continued

<p>Programme objectives</p>	<p>Mchinji and Salima Districts/Phase 1: To meet the immediate food needs of poor households through the provision of a short-term ration, and thereby prevent hunger-related mortality.</p> <p>Mchinji and Salima Districts/Phase 2: To distribute one-month maize rations to the most vulnerable households in the EPAs known to be most acutely affected by hunger.</p> <p>Mchinji and Salima Districts/Phase 3: To prevent severe food shortages at household level that could lead to deterioration in nutritional status and starvation; safeguard the nutritional well-being of vulnerable segments of the population such as people living with HIV/AIDS, children, expectant and nursing women, and the elderly; preserve productive and human assets; [and] prevent distress migration from affected areas to urban centres and neighbouring countries until the harvest of April–June 2003.²³</p>
<p>Period of programme implementation</p>	<p>Mchinji and Salima Districts/Phase 1: Mchinji: March–July 2002. Salima: May–July 2002</p> <p>Mchinji and Salima Districts/Phase 2: July 2002</p> <p>Mchinji and Salima Districts/Phase 3: August 2002–June 2003</p>
<p>Geographical area targeted and total population</p>	<p>Mchinji and Salima Districts/Phase 1 (March–July 2002): Mchinji: All villages in the district were included. In total, the district encompassed approximately 90,000 households. Salima: All villages in the district were included. In total, the district encompassed approximately 71,000 households.</p> <p>Mchinji and Salima Districts/Phase 2 (June–July 2002): Mchinji: The food assistance programme was geographically targeted to the two most affected EPAs, namely Kalulu and Mikundi. Salima: As in Mchinji, the programme was targeted to the two most affected EPAs, namely Chipoka and Tembwe.</p> <p><i>Note: During this period, geographical targeting was based on the identification of traditional authorities (TAs) that roughly corresponded to the EPAs identified as most in need by the FAO/WFP CFSAM (May 2002). Additionally, agencies worked with district-level authorities to identify TAs most in need of food aid. Within targeted TAs, the worst-affected villages were selected, and within these villages, at least 15% of the village population would be registered for food aid.</i></p> <p>Mchinji and Salima Districts/Phase 3 (August 2002–June 2003): Mchinji and Salima: The total population covered expanded from August 2002–June 2003. By January 2003, over 20,000 beneficiary households benefited from the programme in each of the two districts. Distributions began to be reduced in April 2003.</p>

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Table 3 *continued*

<p>Planned and actual targeted population (no., %)</p>	<p>Mchinji and Salima Districts/Phase 1 (March–July 2002): Mchinji District: Planned: 45,444 households (227,220 people) (50% of households) and 45,000 under-fives (50% of under-five population) Actual (March 2002): 43,803 households (47% of district population) and 41,417 under-fives (46% of under-five population) Actual (June 2002): 46,239 under-fives (51% of under-five population) Actual (July 2002): 45,768 under-fives (50% of under-five population)</p> <p>Salima District: Planned: 35,000 households (65% of district population) Actual (May 2002): 36,573 households (51% of district population) and 35,000 under-fives (50% of under-five population)</p> <p>Mchinji and Salima Districts/Phase 2 (June–July 2002): Mchinji District: Planned: NA Actual: 3,798 households (equivalent to 17–27% of households in targeted Kalulu and Mikundi EPAs, and 5% of total district population)</p> <p>Salima District: Planned: NA Actual: 5,801 households (equivalent to 17–33% of households in targeted Chipoka and Tembwe EPAs, and 10% of total district population)</p> <p>Mchinji and Salima Districts/Phase 3 (August 2002–June 2003): Mchinji District: Planned: NA Actual: 3,798–3,998 households/month (August–October 2002); 22,158–27,698 households/month (November 2002–June 2003).</p> <p>Salima District: Planned: NA Actual: 8,800–10,434 households/month (August–September 2002); 13,824–22,933 households/month (October 2002–June 2003).</p>
<p>Ration size</p>	<p>Mchinji and Salima Districts/Phase 1 (March–June 2002): Mchinji District: Planned: 50 kg maize/household/month (March) (1-month ration) 10 kg CSB/child/month (March, June–July) (3-month ration) Actual: Full ration for maize; varied widely for CSB</p> <p>Salima District: Planned: 50 kg maize/household/month (May–July) (2-month ration) 10 kg beans/household/month (May–July) (2-month ration) 10 kg CSB/child/month (May–July) Actual: Full ration for maize; varied widely for CSB</p>

continued opposite

Table 3 continued

<p>Ration size continued</p>	<p>Mchinji and Salima Districts/Phase 2 (July 2002): Mchinji District: Planned: 50 kg maize/household/month and 10 kg CSB/child/month Actual: Full ration for maize, NA for CSB Salima District: Planned: 50 kg maize/household/month and 10 kg CSB/child/month Actual: Full ration for maize, NA for CSB</p> <p>Mchinji and Salima Districts/Phase 3 (August 2002–June 2003) Mchinji District: Planned: 50 kg maize/household/month 12.5 kg CSB/household/month 10 kg beans/household/month 2 kg oil/household/month (from early 2003, often distributed as 2 litres oil) Actual: 50 kg maize/household/month (August 2002–March 2003); 12.5–25 kg maize/household/month (May–June 2003) Salima District: Planned: 50 kg maize/household/month 12.5 kg CSB/household/month 10 kg beans/household/month 2 kg oil/household/month (from early 2003, often distributed as 2 litres oil) Actual: 50 kg maize/household/month (August 2002–March 2003); 12.5–25 kg maize/household/month (May–June 2003)</p>
<p>Total distribution (MT)</p>	<p>Mchinji and Salima Districts/Phase 1 (March–June 2002): Mchinji District: 2,190 MT maize and 411 MT CSB (March only), 463 MT CSB (June) and 458 MT CSB (July) = total of 2,190 MT maize, 1,332 MT CSB Salima District: 3,700 MT maize, 750 MT beans, 750 MT CSB (May only)</p> <p>Mchinji and Salima Districts/Phase 2 (June–July 2002): Mchinji District: NA Salima District: Total of 1,806 MT maize, 361 MT beans, 361 MT CSB</p> <p>Mchinji and Salima Districts/Phase 3 (August 2002–June 2003): Mchinji District: Total of 190 MT maize (geographically targeted) Salima District: Total of 290 MT maize (geographically targeted)</p>

continued overleaf

Table 3 *continued*

<p>Criteria for beneficiary selection</p>	<p>Mchinji and Salima Districts/Phase 1 (March–July 2002): Criteria were developed at village level, and were based principally on land cultivated, livestock owned and economic activities practised by household members.</p> <p>Mchinji and Salima Districts/Phase 2 (July 2002): As above.</p> <p>Mchinji and Salima Districts/Phase 3 (August 2002–June 2003): Criteria are established by WFP and JEFAP and provided to village relief committees (VRCs), but the responsibility for identifying beneficiary households who meet the criteria rests with VRCs. Criteria emphasise the ‘poorest of the poor’ (<i>osaukitsitsa/ovutikitsitsa</i>), with special consideration for households that are: caring for orphaned children < 18 yrs of age (where both parents have died), child-headed (orphan-headed or headed by individual unable to perform functions of head of household; elderly-headed (> 60 yrs of age), affected by chronic illness or HIV/AIDS; female-headed; affected by two or more years of successive crop failure; or caring for children receiving supplementary or therapeutic feeding.</p>
<p>Monitoring and evaluation systems (see Figure 8, page 53)</p>	<p>Mchinji and Salima Districts/Phase 1 (March–July 2002): Monitoring system (March–July 2002) included:</p> <ol style="list-style-type: none"> 1. Process monitoring and evaluation (PME) (conducted on ongoing basis) 2. Food security monitoring (FSM) and ad hoc nutritional surveys 3. Food basket monitoring (FBM) (completed for most, though not all, distribution activities) 4. Household profile monitoring (HPM) (conducted with beneficiaries on site) 5. Food usage monitoring/surveys (FUM) (conducted with beneficiaries mid-way through ration period) 6. Non-beneficiary monitoring (NBM) (conducted with non-beneficiaries several weeks after distribution) <p>Mchinji and Salima Districts/Phase 2 (July 2002): Monitoring system (June–July 2002) included:</p> <ol style="list-style-type: none"> 1. Process monitoring and evaluation (PME) 2. Food security monitoring (FSM) 3. Food basket monitoring (neither FUM nor NBM was conducted) 4. Household profile monitoring (HPM) <p>Mchinji and Salima Districts/Phase 3 (August 2002–June 2003): Monitoring guidelines (August–December 2002) varied widely throughout that period. Monitoring guidelines (January 2002–current) include:</p> <ol style="list-style-type: none"> 1. On-site monitoring 2. Beneficiary post-distribution monitoring 3. Non-beneficiary post-distribution monitoring <p><i>Note: From August 2002, WFP modified monitoring forms to be used by JEFAP agencies. In October 2002, WFP co-ordinated a series of inter-agency workshops leading to the development of new monitoring forms, to be used from January 2003.</i></p>

3

Use of the CMTD approach: guidelines developed

The CMTD approach was adapted to local conditions in Tanzania, Malawi and Zimbabwe. As a result, differences exist among the guidelines developed for each of the three countries. This section examines those differences, so that the implications of variations in methodology may be better explored. Section 5 discusses the extent to which Save the Children and its implementing partners were able to work within these guidelines under field conditions.

Targeting guidelines in Tanzania

Introduction

Of the three study countries, Tanzania was the country in which the groundwork for piloting and developing the CMTD approach was established. CMTD (as envisioned in Tanzania) was designed to achieve a fair food distribution through several key design elements: clear delegation of roles and responsibilities of all parties; free and complete provision of information to beneficiary communities to enable them to make well-informed targeting decisions; and continual emphasis on community participation, transparency and accountability of distribution committees to their communities.

Because Save the Children and institutional partners made considerable effort

to document their experience with the CMTD approach, the approach has evolved since its inception. The adoption of CMTD on a national scale in 1999 stimulated the development and dissemination of CMTD guidelines that took into account several years of learning about CMTD, and represented a synthesis of ‘best practices’ that had been identified through multi-agency collaboration, monitoring and evaluation activities. It is these ‘best practices’ that are evaluated in this report. Deviations from the approach utilised by Save the Children in 1998/99 are not significant enough to warrant a separate evaluation.

Initial food security assessment

The initial phase of programme development – initial needs assessment – was conducted by Save the Children in collaboration with the Government of Tanzania (GoT) and implementing partners. The involvement of village communities took the form of their participation as organisers of and respondents in key informant and focus group interviews. The objectives of the initial assessment included: 1) identification of villages to be included in the distribution (geographical targeting); 2) determination of the distribution period(s) for target areas; 3) quantification of the proportion of the population in target villages to be included in the distribution, based on vulnerability criteria established through community-based qualitative research; 4) quantification of the percentage of food requirements predicted to be unmet over the distribution period, and thus the need for food aid by target households; and 5) the total amount of food aid to be distributed to target villages in metric tonnes.

Village public meeting no.1

Prior to village public meeting no.1, a sensitisation meeting was held with district and village leaders, whose support and collaboration were vital to the success of the approach. District leaders then formally requested the participation of all members of targeted villages in village public meeting no.1 at a specified date, time and location. The public meeting served three principal objectives: to

introduce the CMTD approach, to provide comprehensive information on food aid allocations, and to facilitate the election of a village relief committee (VRC) (Singida) or village distribution committee (VDC; Dodoma). VRC/VDC members were to be elected on the basis of such characteristics as literacy, honesty and trustworthiness; additionally, the committee was to be gender-balanced and representative of the community as a whole. Facilitators were to inform the community that the responsibilities of the VRC/VDC included developing beneficiary selection criteria and registering eligible households, as well as managing the distribution. Community members were to understand that they retained the right to endorse or vote against the beneficiary list composition as well as change the members of the committee, if they felt that the process was being directed unfairly.

VRC/VDC meeting no.1

The VRC/VDC members convened to develop beneficiary selection criteria based on qualitative research techniques (eg, wealth ranking) and a discussion of how different types of households were affected by recent adverse events. The responsibilities of committee members and logistics/timeline of the distribution were to be discussed, and a committee chairperson and secretary were to be elected.

Village public meeting no.2

The second public meeting served to provide community members with the opportunity to discuss, modify (if necessary) and endorse the beneficiary selection criteria. Public endorsement and documentation of selection criteria by the entire community – beneficiaries and non-beneficiaries alike – is a key mechanism for transparency and accountability in this approach. Agency facilitators emphasised that distributing the food aid according to levels of need in the community was the responsibility of the VRC/VDC rather than of the outside agency.

Registration of beneficiaries by criteria and village public meeting no.3

Following the development of the beneficiary list by the committee, agency staff reviewed the list to address instances of under-registration or over-registration and ensure that the numbers identified corresponded roughly with the planned coverage and ration size. A third public meeting was then held to allow for public confirmation of the beneficiary list. A public reading of the complete beneficiary list allowed for public debate and verification of the eligibility of each beneficiary. When public endorsement of the beneficiary list was achieved, the community was to be informed of the beneficiary household ration entitlement, the total quantity of food aid to be delivered to the village, arrangements for delivery and storage, date(s) of distribution, and arrangements for distribution of any excess food remaining after distribution day.

Delivery of food to village and food distribution to registered households

Responsibility for provision and security of a suitable, safe storage facility was held by the VRC/VDC. The distribution of rations during the distribution process was confirmed with signature of receipt by the beneficiary.

Final public review meeting and end-of-distribution report

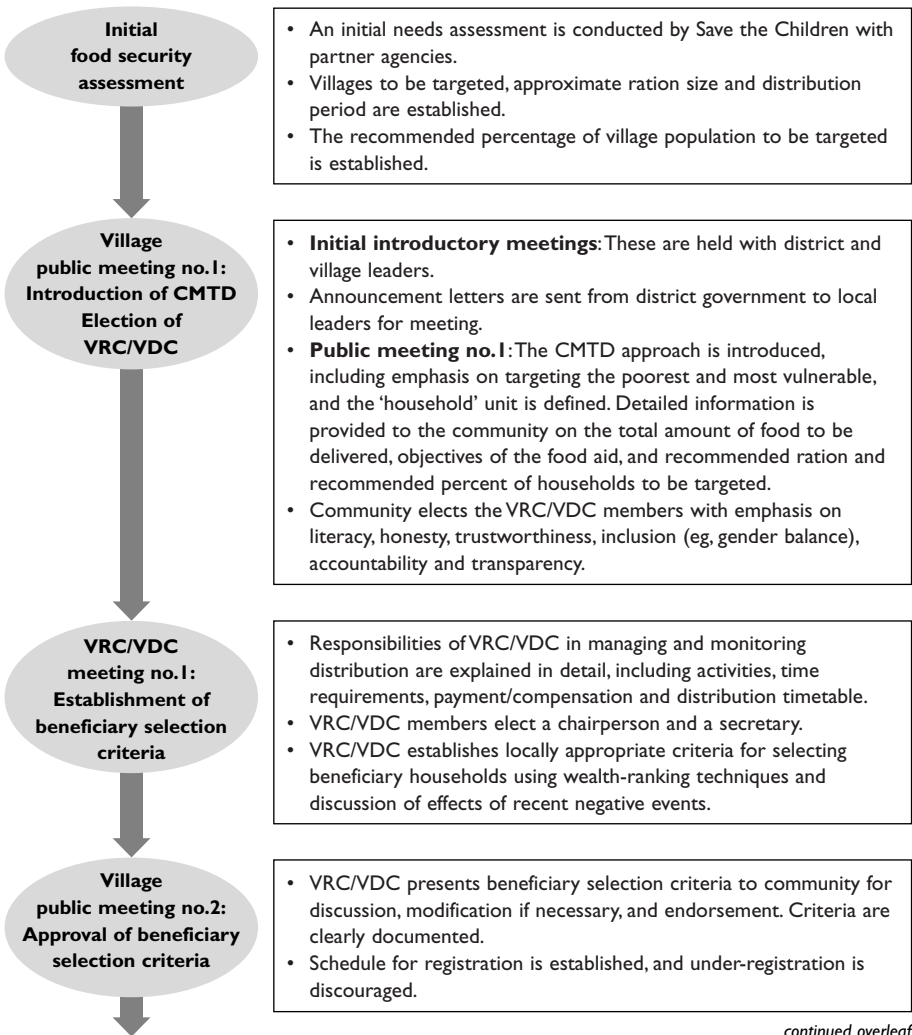
An optional final public meeting was to provide the opportunity to review lessons learned and elicit feedback from all participants. The end-of-distribution report was compiled on the basis of monitoring and stock records.

Monitoring

The monitoring system included four components. Programme/process monitoring tracked commodity movement and management. Food basket monitoring (FBM) conducted on site determined the ration size received and the food security profile of beneficiary households relative to pre-established selection criteria. Food usage monitoring (FUM), conducted off site post-distribution, explores household utilisation of food aid resources for various purposes, with a view to understanding the types and magnitude of impact of the

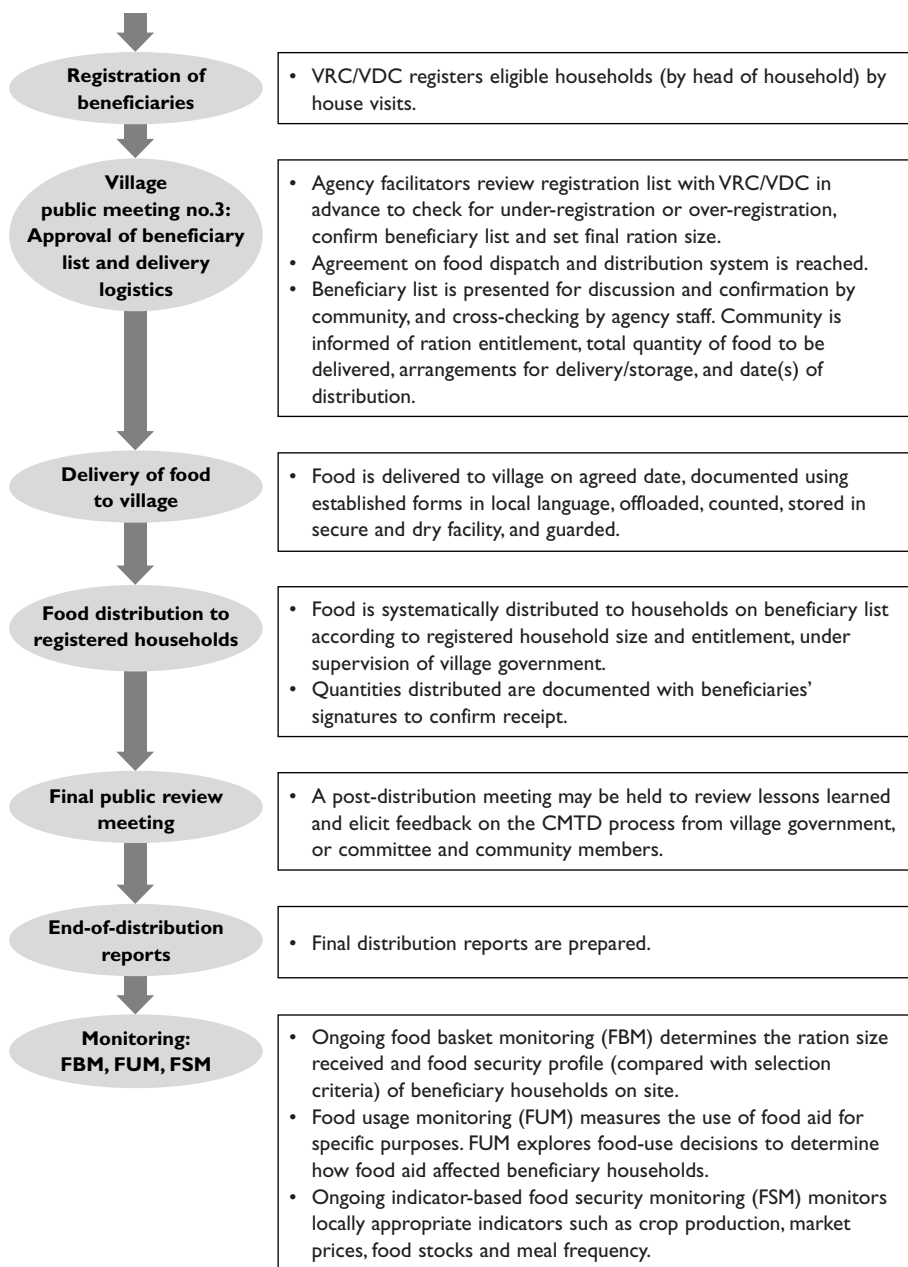
food on recipient households. Finally, ongoing food security monitoring (FSM) monitors locally appropriate indicators such as crop production of key food and cash crops, market prices, food stocks and meal frequency. FSM was used to detect changes in the overall food or livelihood security context that would warrant changes in emergency programming.

Figure 1: Targeting guidelines in Tanzania



● **Community-managed targeting and distribution of food aid**

Figure 1 *continued*



Targeting guidelines in Zimbabwe

Introduction

Though the CMTD approach used in Tanzania from 1998 to 2001 was well documented for dissemination, Zimbabwe in 2001 was a very distinct operating context, requiring the adaptation of the CMTD guidelines to local conditions. The socio-political environment presented a series of key challenges to food aid targeting: the threat of politicisation of food aid against the background of the forthcoming national elections, the historical practice by the Government of Zimbabwe (GoZ) of not targeting national food-based assistance programmes (and thus the relatively unfamiliar and controversial nature of targeting), and the pressure on local leaders to secure food assistance for their constituencies. Save the Children staff were required by the Ministry of Public Works and Social Welfare to rely on existing local authorities to register beneficiaries, rather than work through independent committees. For these reasons, the system established in Zimbabwe would be more aptly described as ‘community based’ than ‘community managed.’

Initial food security assessment

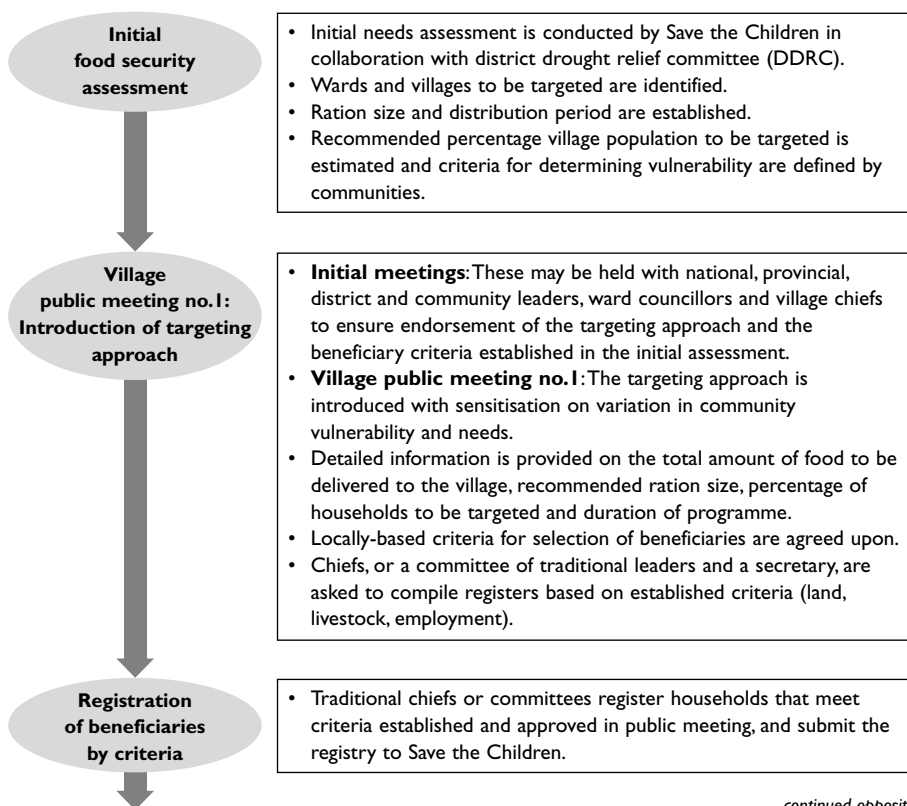
As in Tanzania, the initial needs assessment, based on the household economy approach (HEA) model, was conducted in collaboration with government counterparts and established the basis for geographical (ie, village) targeting as well as the approximate size and duration of the ration and the approximate percentage of the population to be targeted in selected villages. In both countries, critical decisions regarding the villages covered and the amount of food to be allocated were made by Save the Children and partners, with extensive use of participatory research techniques and triangulation.

Village public meeting no.1 and registration of beneficiaries by criteria

As noted above, the targeting approach established for Zimbabwe diverges from the Tanzania model in the beneficiary selection process. Responsibility for

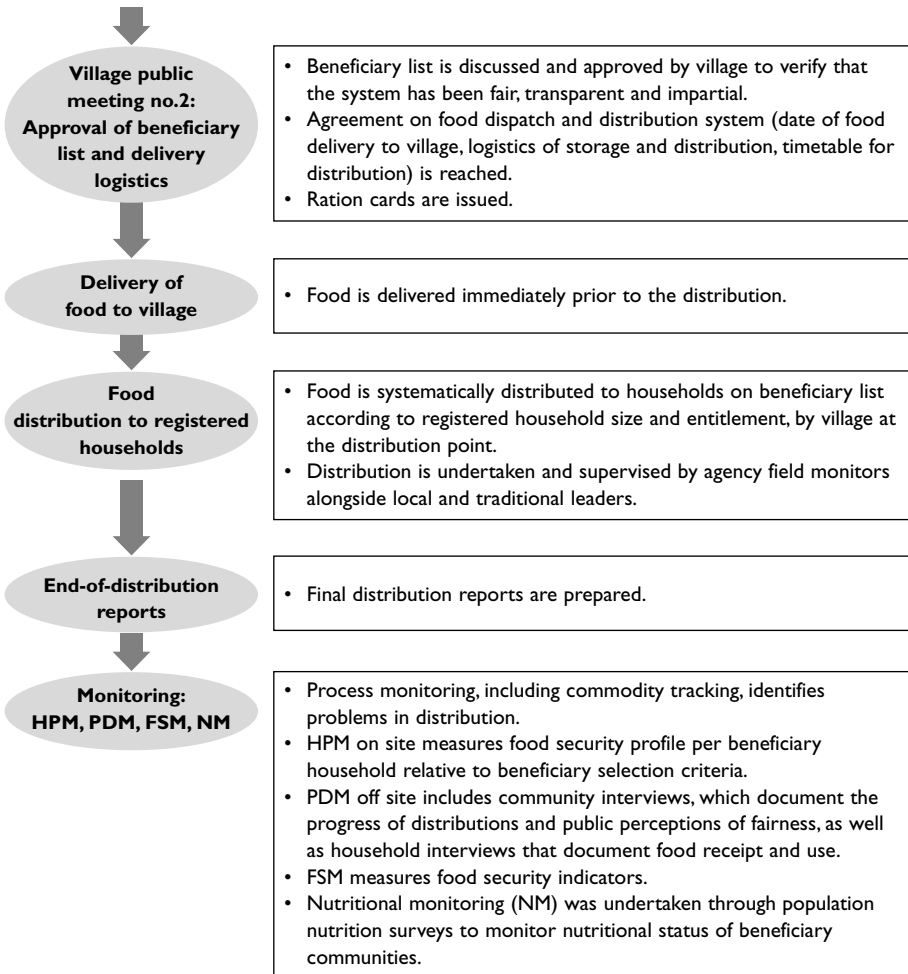
identifying and registering beneficiaries rested with local chiefs or with a committee composed of traditional leaders and a secretary. Unlike the VRCs/VDCs of Tanzania, the Zimbabwe committees did not necessarily include ordinary community members. Thus, although the beneficiary selection criteria are discussed and agreed upon in the first public meeting (based on the criteria established by Save the Children in the initial assessment), ordinary community members (and thus the poor or marginalised) did not have a formal, active role in developing the list. It was intended, however, that village public meeting no.2 would provide the community with an opportunity to discuss, modify (if necessary) and endorse the list.

Figure 2: Targeting guidelines in Zimbabwe



continued opposite

Figure 2 continued



Village public meeting no.2

In both Tanzania and Zimbabwe, Save the Children targeting guidelines stated that the registry list must be discussed and endorsed by the community prior to distribution. Actual implementation of that policy is discussed in Chapter 4, Figure 6: Issues encountered in Zimbabwe.

Delivery of food to village and food distribution to registered households

Supervision of the distribution process was to be undertaken solely by the VRCs/VDCs in Tanzania, with Save the Children staff designated explicitly to support the committee, rather than take on a supervisory role. In contrast, in Zimbabwe, Save the Children field monitors occupied a much more active role in undertaking and supervising distributions.

Monitoring

The monitoring system included five components. Programme/process monitoring tracked commodity movement and management and identified problems in distribution. Household profile monitoring (HPM), conducted on site, assesses the eligibility of actual beneficiaries by documenting their food security profile against the beneficiary selection criteria. Post-distribution monitoring (PDM) conducted at village level includes community interviews, which enquire about the progress of the distribution process and explore community perceptions about the fairness and effectiveness of that process. PDM also includes household-level interviews that document food receipt and use (analogous to FUM). FSM was used to detect changes in the overall food or livelihood security context that would warrant changes in emergency programming, as in Tanzania. Finally, nutrition monitoring tracked changes in population nutrition status.

Targeting guidelines in Malawi (Phases 1 and 2)

Introduction

Because of the active collaboration of Save the Children staff of both the Tanzania and Malawi programmes, Phase 1 of the Malawi programme essentially incorporates the Tanzania approach to CMTD. The divergence of the Malawi Phase 1 approach from the Tanzania model derives from four factors:

1) differences in local leadership structures, 2) the administrative level at which public meetings are held, 3) the role of Save the Children in supervising distribution, and 4) use of non-beneficiary monitoring.

Initial food security assessment

As in Tanzania, the HEA-based initial assessment results in the identification of target villages and the quantification of food aid allocation, target number of beneficiaries and anticipated distribution period.

Village development committee (VDC) public meeting no. 1

One unique characteristic of local leadership structures in Malawi is that formal government leadership does not extend to the village level. Below the district level, governance is the responsibility of traditional leaders, including traditional authorities (TAs – at the area development committee level), group village headmen (GVH – at the VDC level), and village heads (at the level of the village relief committee – VRC – established during CMTD). Because of time constraints, Save the Children held public meetings at the GVH/VDC level, which included a number of villages led by their respective village heads. In order to elect VRC members, people attending the meetings were grouped by village, so that each village could elect its VRC. By the end of VDC public meeting no.1, all participants from the VDC are aware of the CMTD approach, the total food to be allocated and approximate ration entitlement, and the responsibilities of their respective VRCs whom they have just elected.

VRC meeting no. 1

All the VRCs meet to establish the beneficiary selection criteria, on the basis of the results of the initial HEA-based needs assessment. Each VRC elects a chairperson and a secretary to represent that village; collectively, all the VRCs elect a general chairperson and a secretary to represent the VRCs in the public meetings. Responsibilities and logistics of distribution are discussed in detail.

VDC public meeting no.2

The general chairperson or the secretary presents the names of the elected members of each village's VRC. The beneficiary selection criteria established at the VRC meeting no.1 are then presented for discussion, modification if necessary, and endorsement by all the villages present. When agreement has been reached on the beneficiary criteria, the planned number of households to be targeted, the total food aid allocation to the villages and the planned ration size are announced. This will enable the select members of the VRCs to make well-informed decisions about selecting target households on the basis of widely agreed and documented criteria.

Registration of beneficiaries by criteria, and VDC public meeting no.3

Each VRC develops a village registry, and presents it at the VDC public meeting no.3 for public discussion, modification if necessary, and endorsement. The list is validated through public consensus and cross-checked. Once agreement is reached, ration cards are distributed to beneficiaries and detailed plans for food delivery are agreed upon.

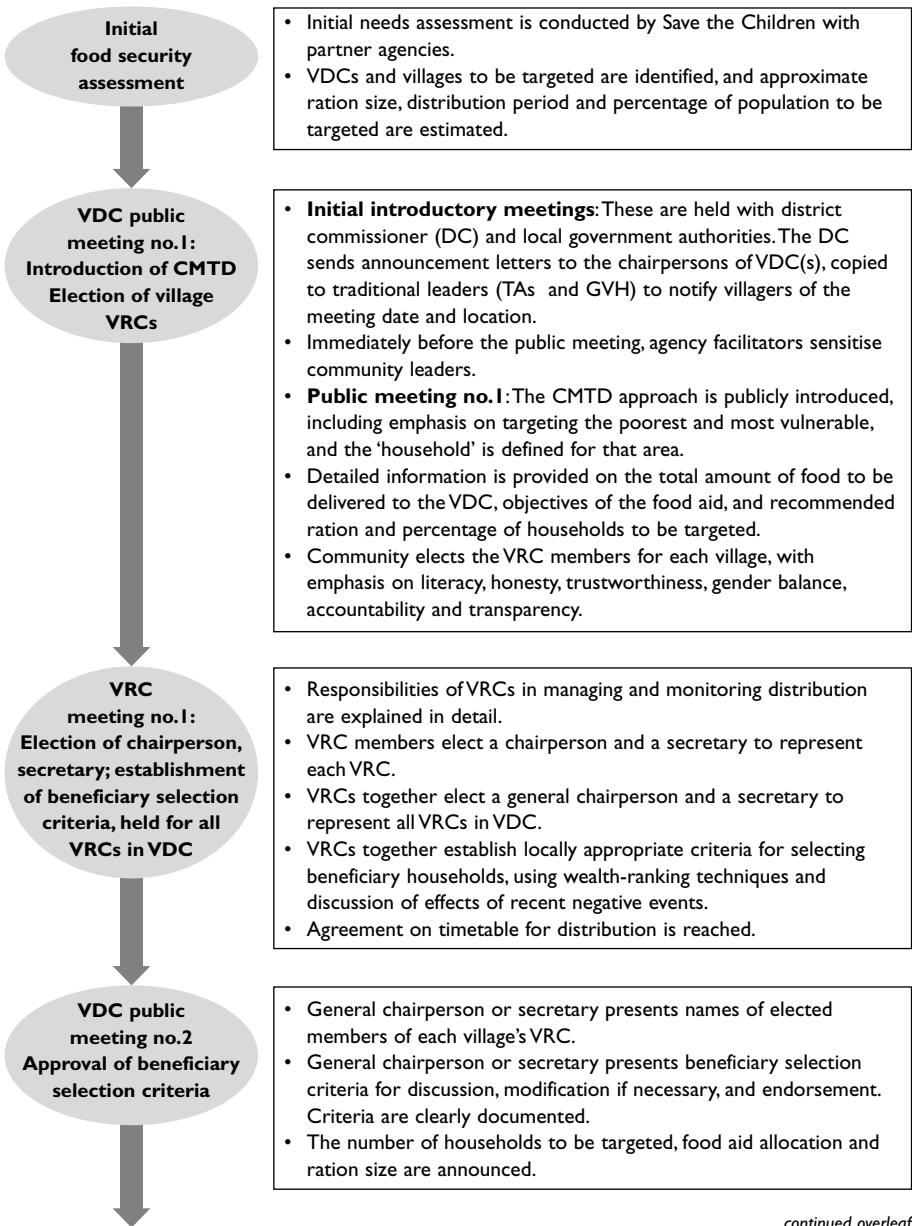
Food delivered to village and food distribution to registered households

As in Tanzania, recipient communities are charged with maintaining adequate, secure storage facilities for food aid.

End-of-distribution reports and monitoring

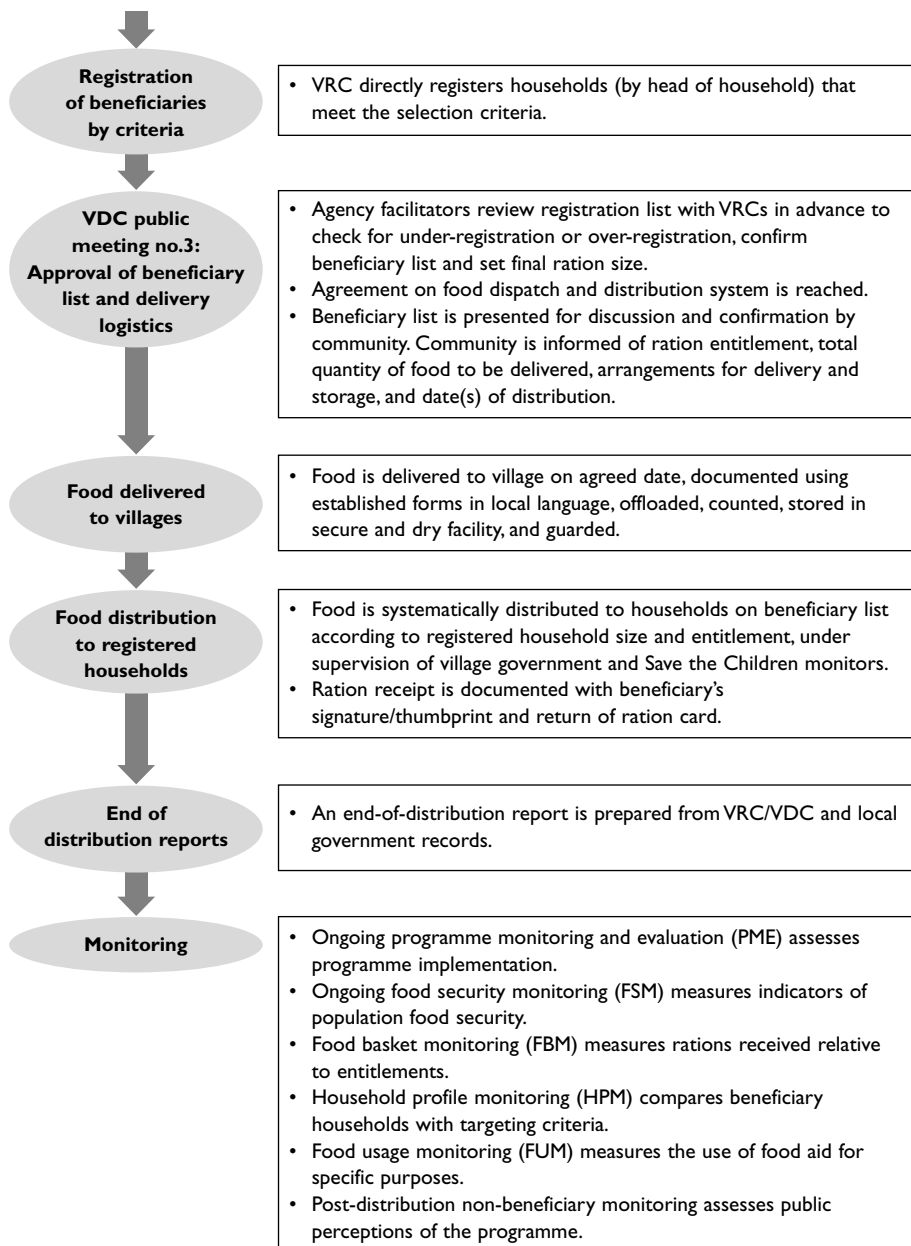
During Phase 1, six types of monitoring were to be undertaken: 1) process monitoring and evaluation (PME), 2) food security monitoring (FSM, with ad hoc nutritional surveys), 3) food basket monitoring (FBM), 4) household profile monitoring (HPM), 5) food usage monitoring (FUM), and 6) a new monitoring activity, non-beneficiary monitoring (NBM). During Phase 2, only PME, FSM, FBM and HPM were completed. Neither FUM nor NBM was conducted during this short period, as discussed below.

Figure 3: Targeting guidelines in Malawi (Phases I and 2)



continued overleaf

Figure 3 continued



Targeting guidelines in Malawi (Phase 3)

Introduction

Phase 3 saw the formal incorporation of the Save the Children Mchinji and Salima programmes into the national initiative co-ordinated by the Joint Emergency Food Aid Programme (JEFAP). The development of standardised inter-agency guidelines for programme implementation brought about significant changes for Save the Children programmes. From August to the end of December 2002, the lack of adequate formalised targeting guidelines (only brief, loosely disseminated ‘guidance notes’ were provided) resulted in considerable variation in targeting practices among agencies. A series of workshops in October 2002 documented current practices and led to the development of a JEFAP manual for food distributions, including targeting. The guidelines described below represent as closely as possible the approach that Save the Children (and other agencies) attempted to follow over the period August 2002 to June 2003, as encapsulated in the JEFAP manual. The guidelines were designed to simplify and standardise targeting and distribution. As a result, however, design elements that promoted local participation, ownership, leadership, management and accountability were compromised, as discussed below.

Initial food security assessment

In April/May 2002, a Crop and Food Supply Assessment Mission (CFSAM) undertaken by the Food and Agriculture Organisation (FAO) and World Food Programme (WFP)²⁴ estimated that roughly 3.2 million people would be in need of humanitarian assistance between June 2002 and March 2003. The assessment identified the number of the most severely affected populations by district, and recommended a phased approach that would scale-up food aid over three periods: June–August, September–November and December–March. These findings and recommendations were consistent with a National Household Economy Study carried out by Save the Children in April/May 2002.²⁵ The Malawi Vulnerability Assessment Committee (MVAC) conducted two rolling assessments to direct the geographical targeting and needs assessments for the planned scale-up of food aid in Phases 2 and 3 of the JEFAP programme.²⁶ These two rolling assessments were undertaken by MVAC in July/August 2002 and

November/December 2002. The MVAC conducted a third food security assessment to evaluate the food security situation for the next agricultural marketing year (June 2003 to March 2004) in May/June 2003.

VDC public meeting no.1

Prior to the first public meeting, the guidelines direct implementing agencies to work closely with a committee formed at the district level (ie, the district civil protection committee (DCPC) or the district steering committee (DSC). Sensitisation is conducted with the district commissioner (DC), the district assembly (DA), and the DCPC/DSC to generate endorsement and support. They may then assist in providing sensitisation to TAs (area development committee level), as well as their GVH (VDC level), to clarify the targeting and distribution process and confirm which villages are to be targeted. These GVH then assist in sensitising all the village heads (VH) in their district. By this stage, the GVH and VH should understand the basic CMTD approach as it will be used in their villages. At this point, VDC public meeting no.1 is held. The basic objectives of this meeting are the same as in Phases 1 and 2. Those attending are grouped by village to elect village committee (VC) members. By the end of VDC public meeting no.1, all participants from the VDC are aware of the CMTD approach, the total food to be allocated and approximate ration entitlement, and the responsibilities of their respective VCs whom they have just elected. The main difference introduced into the VDC public meeting no.1 in this phase is that the criteria for beneficiary selection are pre-established and announced, rather than developed by the community themselves.

VC meeting no.1

Meetings may be held with VCs to discuss VC responsibilities and elect committee representatives.

VDC public meeting no.2

The names of the elected members of each village's VC are presented. The beneficiary selection criteria are announced and discussed with villagers. The planned number of households to be targeted, the total food aid allocation

to the villages, and the planned ration size are announced. This is to enable the select members of the VCs to make well-informed decisions about selecting target households based on the pre-established criteria.

Registration of beneficiaries by criteria, and VDC public meeting no.3

Each VC develops a village registry, and presents it at the VDC public meeting no.3 for public discussion, modification if necessary, and endorsement. The list is validated through public consensus and cross-checked. Once agreement on this is reached, ration cards are distributed to beneficiaries and detailed plans for food delivery are agreed on. The community is informed of beneficiary names, ration size entitlement, total quantity of food aid to be delivered, site of final distribution point and date of distribution.

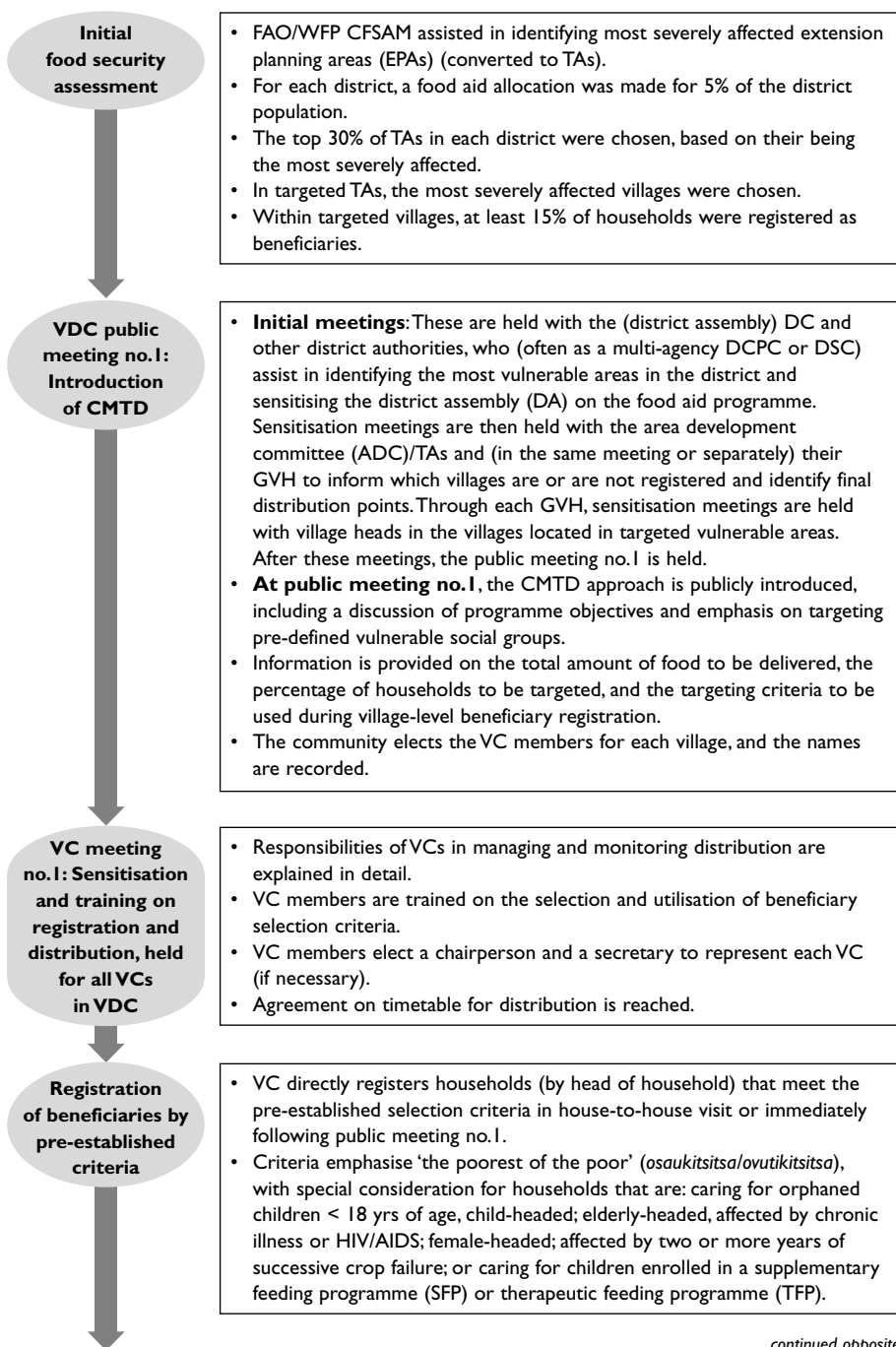
Food delivered to village and food distribution to registered households

After distribution and storage, the food is systematically distributed to households on the beneficiary list according to registered household size and entitlement, under the supervision of field monitors of the JEFAP agency. Ration receipt is documented with the beneficiary's signature/thumbprint and mark on ration card.

End-of-distribution reports and monitoring

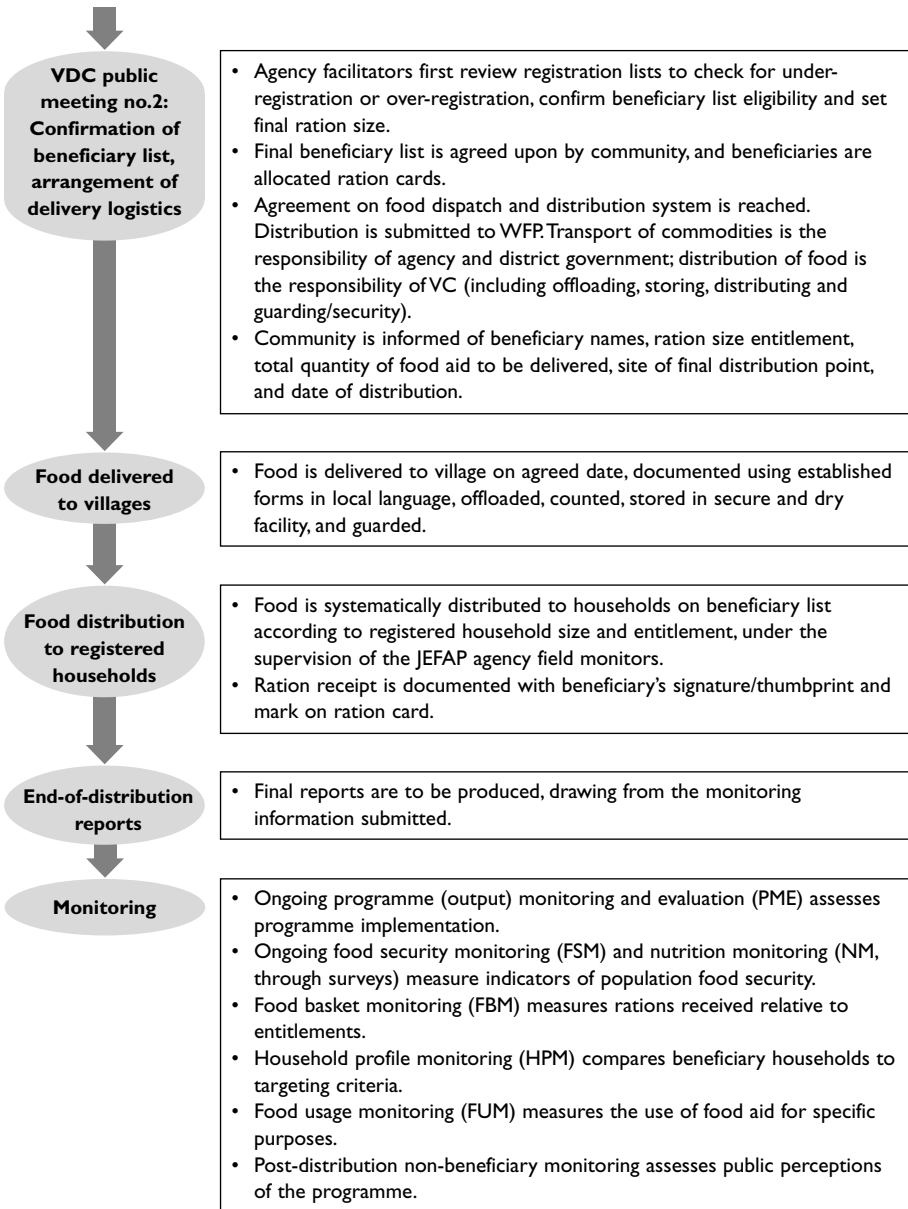
As noted above, the monitoring system underwent several modifications over the Phase 3 period. A series of workshops held with implementing partners in December 2002 led to substantial revisions of monitoring guidelines and forms. The *Manual for the provision of general food distributions during emergency programmes in Malawi* (March 2003)²⁷ recommended a fairly comprehensive monitoring system, including the following activities: food basket monitoring (FBM), household profile monitoring (HPM), food usage monitoring (FUM), situational monitoring (FSM and NM), non-beneficiary monitoring (NBM) and programme monitoring and evaluation (PME).

Figure 4: Targeting guidelines in Malawi (Phase 3)



continued opposite

Figure 4 continued



4

Issues encountered in CMTD implementation

Chapter 3 outlines the targeting policies and procedures established by Save the Children country programmes in the three countries. Over the course of implementation, a number of issues arose that resulted in, or necessitated, departures from these guidelines. Chapter 4 describes the issues encountered by Save the Children staff in programme implementation, and the results of these issues for food targeting.

Tanzania

Tanzania presented a relatively fertile ground for CMTD development, given the history of village-level decision-making. Save the Children staff in Tanzania achieved a high level of community participation and leadership infrequently seen in general food distribution (GFD) programmes. That said, numerous issues arose in connection with the implementation of the approach at local level. Achieving the transfer of programme management responsibility to local communities required a delicate balance between two processes: the deliberate involvement and sensitisation of local leaders to lead their community through the process, and the transparent transfer of decision-making power to a diverse, representative committee of community members. In some villages, participation in the public meetings was poor, thereby hampering the public's

awareness of the programme and their ability to hold committee members accountable for their decisions.

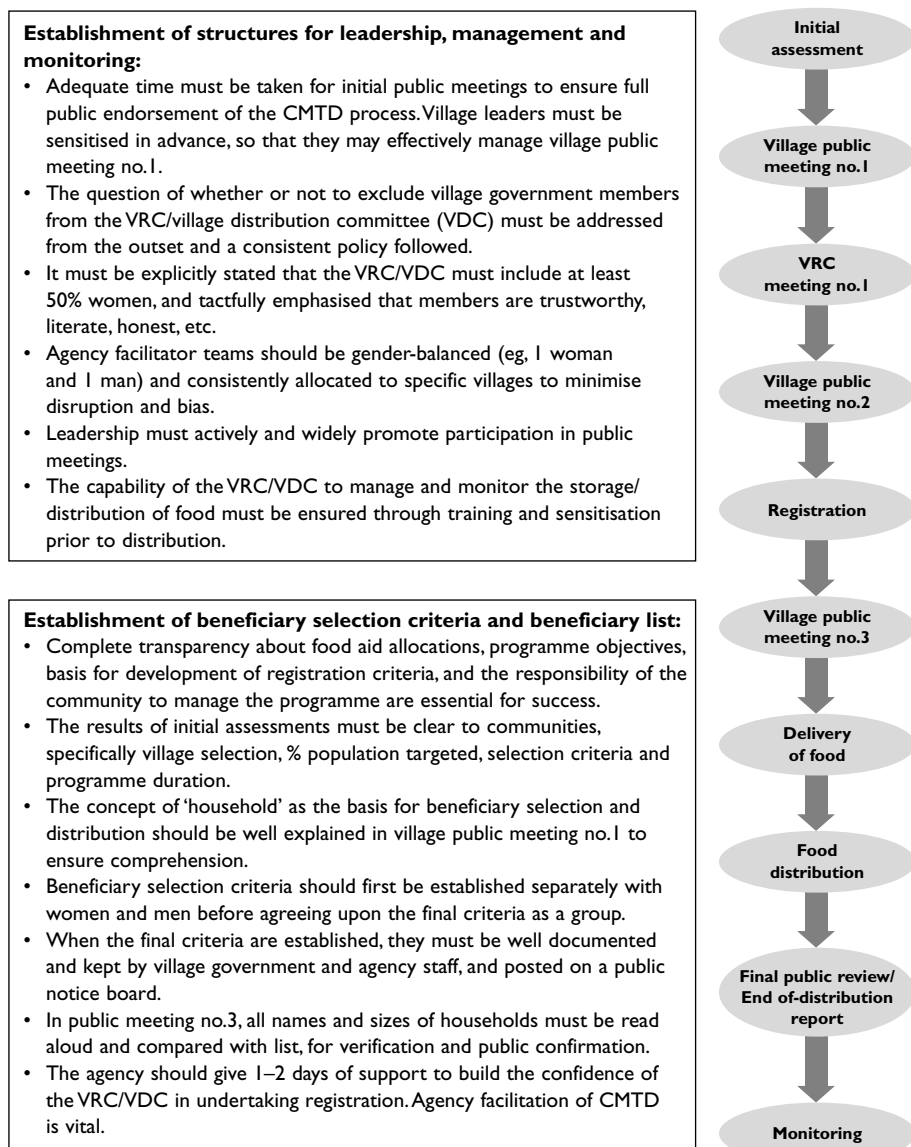
Save the Children staff found that tensions arose regarding whether village leaders were to be permitted to participate in the committees. Even where public perceptions of CMTD were very positive on the whole, it was often strongly felt that local leaders should be committee members, by virtue of their entitlement as village leaders or their familiarity with the community. Save the Children concluded that a clear and consistent policy on this issue must be formulated at the start of any programme, and should be consistent across the programme coverage area. Similarly, a locally acceptable policy on compensation of committee members (through cash, or other goods or services) must be established at the outset.

Two closely related issues – transparency and accountability – proved a bit problematic in practice. More time had to be spent with local leaders in the beginning, in order to sensitise and mobilise them so that they could effectively support, promote and supervise the distribution programme. Complete transparency with leaders and community members about vital information was essential. Save the Children strove to provide all information on the results of the initial needs assessment; the rationale behind village selection; percentage of people targeted; selection criteria and programme duration; the amount of food aid allocated; GFD programme objectives; and the explicit responsibilities of all participants in targeting and distribution. Save the Children had to be prepared to spend the time necessary – sometimes several days longer than expected per village – to ensure that all participants had the knowledge and skills necessary to undertake the activity properly. Where capacity-building and sensitisation were inadequate, control of the programme could never be truly assumed by the beneficiaries. Similarly, sensitisation of government leaders would further institutionalise the approach.

Several methodological issues arose that are not atypical for this type of exercise. Public confusion about the concept of ‘household’ as the basis for targeting (rather than the individual or extended family), as well as the lack of clear-cut and distinct criteria for identifying different categories of households for targeting, generated ambiguity at times about how beneficiary selection decisions should be made. Several cases of corruption on the part of the village

relief committee (VRC) were identified, as well as cases of significant under-registration with potential room for bias by the committee members in selecting additional beneficiaries. To address gender inequality, programme staff encouraged women to pick up the food rations, to promote the use of the ration

Figure 5: Issues encountered in Tanzania



for the welfare of women and children in the home, but women were present only half of the time (a range of 45–53 per cent across distribution rounds). After the CMTD approach was applied in additional areas of the country, it was suggested that gender balance be ensured among programme staff.

Figure 5 *continued*

Distribution:

- The issue of compensation for the VRC/VDC must be resolved and a policy established to avoid tensions arising.
- The issue of ownership of empty food aid containers (eg, compensation for VRC/VDC) must be resolved in advance.
- The use of proper measuring scoops should be demonstrated prior to distributions to ensure entitlement awareness.
- It must be decided in advance whether the head of household will be registered regardless of gender, or whether at distribution the adult woman will be targeted. This decision should be based on an understanding of the culture and norms of the area.
- Timely communication among World Food Programme (WFP), the agency and villages regarding changes or delays in dates or times of distributions can prevent tensions/frustration in targeted communities.
- For later distributions, it is only necessary to meet with public officials, before commencing with village public meeting no.3.
- Communities can reliably store food in a new location and arrange for distribution the following day in an emergency.
- Where VRC/VDC capacity is sufficient, the distribution of multi-month rations is cost-effective and socially preferable.
- Agency food monitors must be seen as supporting VRCs/VDCs rather than as acting in a supervisory role.

Assessment, monitoring and evaluation:

- Provision of adequate staff and time for periodic updating of needs assessments is a vital but often overlooked priority.
- Basic demographic data (eg, population figures) must be cross-checked from multiple sources prior to distribution.
- It is important to conduct ongoing food security monitoring with a flexible programme design to be able to adapt to changing conditions programmatically.
- Focus group interviews proved more useful for food use monitoring than household-level interviews.
- The final public review was not undertaken in this programme, but was recommended, to increase accountability.

Zimbabwe

Three broad factors profoundly affected the food targeting system in Zimbabwe: the political context, economic conditions and financial/logistical challenges of scaling-up to respond to the emergency (see Figure 6). The highly polarised political environment generated pressures to control the distribution programme through centralising decision-making power within local leadership structures, as well as opportunities for abuse of the programme at local level. Although national regulations dictated that responsibility for developing beneficiary lists rested with local leaders (rather than community committees), village public meetings nos.1 and 2 were intended to provide a counterbalancing, cross-checking function whereby community members could influence the beneficiary selection process. Time constraints restricted the holding of these public meetings at the outset of the programme in 2001, but the meetings remained a key part of the process in Zimbabwe. As a second cross-checking function, Save the Children undertook a more direct role in distributing food with oversight by local authorities. Monitoring data indicates that community participation in the targeting and distribution varied significantly between areas of operation, and appears to have been greatest in Zvimba. Community participation depends, to a large extent, on the degree to which community members are adequately informed about the timing, location and objectives of community meetings. Many community members reported believing (incorrectly) that public meetings were not held, or were to be attended by the registered beneficiaries only. Thus, the vital mechanism for instilling transparency and accountability into this targeting system – within which decision-making power was ultimately not community-managed – was not fully taken advantage of. It has been observed that attendance at public meetings is improving, however, as a result of active efforts on the part of Save the Children.

The economic environment complicated the situation further. The lack of maize on the markets implied that all categories of households, even those earning a steady local income, lacked effective purchasing power and may have needed food assistance. In the context of general food shortage on the market, normal poverty criteria (ie, of the 'poor' group) lose their relevance to some degree to the process of targeting. Save the Children staff report that communities often expressed criticism that the inadequate coverage of the distribution programmes did not address the true extent of food insecurity. While the insufficiency of food and cash resources allocated for the regional food crisis response (and thus the presence of unmet need) is undeniable, the issue also raises questions about the selection of targeting criteria across types of crises, depending upon the extent to which food supply/availability and accessibility/affordability have been affected. In other words, asset- and income-based indicators do not necessarily imply greater access to food, where food is unavailable for purchase and harvests have failed. The general food shortage was also likely to have been a factor in the under-registration of households (to 'spread out' the food aid to a greater percentage of households), as discussed in Section 6.

Finally, logistical constraints were significant, including irregularities in food delivery and inaccuracies in commodity tracking. The rapid scale-up within such a difficult operating environment is highly commendable, as was the flexibility of Save the Children programme staff in adapting quickly to changing political demands on the programme. The maintenance of regular monitoring systems, and analysis of monitoring data for programme improvement, have shown considerable improvement over the life of the programme. As a minor additional issue, monitoring activities have identified a small percentage of households receiving food aid from other distribution programmes, which indicates a need for better co-ordination with WFP and its implementing partners in overlapping coverage areas.

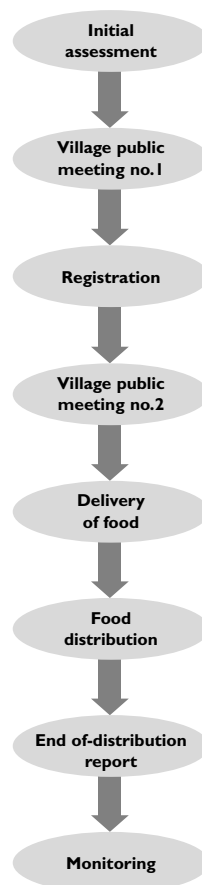
Figure 6: Issues encountered in Zimbabwe

Establishment of structures for leadership, management and monitoring:

- Owing to political restrictions, authority for identifying beneficiaries was placed with local leaders rather than participatory, representative committees as envisioned.
- Training and hiring of new staff (as well as purchase of equipment) required more than one month, and thus delayed the start of the distribution longer than intended.
- According to monitoring data, participation of community members in decision-making processes was greatest in Zvimba. Community participation in programme management and monitoring was reported to be relatively low in Binga and Kariba Districts.
- Despite the high prevalence of child-headed households in distribution areas, the marginalisation of children prevented their participation in decision-making.

Establishment of beneficiary selection criteria and beneficiary list:

- Lack of public awareness and attendance at community public meetings resulted in many respondents having never attended a public meeting prior to food distribution.
- Leaders were opposed in principle to targeting for several reasons: it was stated that all community members needed food aid; targeting was feared to undermine traditional internal social support networks; leaders may have been afraid of witchcraft if they targeted; and national food assistance programmes were traditionally untargeted. It was necessary to hold a meeting with the district assembly (DA) and the District Extension Officer (DEO) (of the rural district council) to endorse targeting to get the village leaders to agree to compile registers.
- The household economy approach (HEA) conceptual framework and initial assessment results were not always clear to beneficiary communities, preventing them from being used effectively for targeting. Community perceptions of the targeting process and beneficiary list were associated with their participation in the process, particularly at the registry verification meeting.
- In some instances, registers were compiled late and poorly. It was found that there was no distinction between 'social welfare' and 'poor' beneficiaries. This required additional staff input to supervise, review and support the registration process.



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Figure 6 continued

Distribution:

- Save the Children's transition to an advocacy/capacity-building role left the agency ill equipped to respond to the crisis rapidly.
- Additional Save the Children support was needed to promote entitlement awareness. Some leaders misinformed beneficiaries of distribution dates, highlighting the need to advertise the distribution widely in targeted communities.
- The number of distribution points requested by local leaders exceeded Save the Children capacity.
- Late delivery of food aid led to social tensions, due in part to poor communication between communities and suppliers.
- Although Save the Children wanted the flexibility to register new beneficiaries meeting eligibility criteria during a distribution, the agency sought also to discourage public gathering at distribution points. Similarly, business centres were found to be poor distribution points because of crowds and alcohol consumption among non-beneficiaries.
- Consistent packaging of ration commodities (ie, rather than variation in the volume of commodities per package) and provision of adequate measuring equipment (eg, scoops) would prevent public confusion and reduce inaccuracies.
- Wild animals and floods created insecurity for beneficiaries, including children who carry food for elderly beneficiaries.
- Beneficiary households often received food from multiple agency sources, requiring closer multi-agency collaboration.

Assessment, monitoring and evaluation:

- Very significant amounts of food were unaccounted for from December 2002–May 2003. Monthly commodity management reports are vital to detect such issues rapidly.
- 'Ghost beneficiaries' and undeserving beneficiaries regularly come to distributions, requiring public verification of lists. Examples were found of beneficiaries not meeting criteria; when identified, their ration cards were confiscated. Some individuals in need were not registered because they did not believe that food would actually be distributed.
- Over 20% of sampled communities considered the registration process to be unfair because of high exclusion rates.
- The amount of food used by households for each use (eg, consumption, sale or exchange) should be measured during post-distribution household surveys.
- Community feedback mechanisms were found to be vital to enhance accountability and transparency.

Malawi (Phases 1, 2 and 3)

Each new phase of the Malawi GFD saw significant shifts in one or more of the following factors: the donor(s) funding the programme, the institutional context (ie, association with WFP and other implementing agencies), the availability of food aid (and thus the percentage of the population to be targeted), guidelines for targeting food aid, and guidelines for monitoring the distribution. The main change with Phase 2 was a sharp reduction in the percentage of the population targeted. In terms of the targeting system specifically, the shift from Phase 2 to Phase 3 was most significant, as the establishment of the WFP-co-ordinated Joint Emergency Food Aid Programme (JEFAP) consortium resulted in the establishment of standardised protocols for all phases of the targeting process. While the departure from ‘classic’ CMTD guidelines in Zimbabwe was necessitated principally by prevailing (highly constraining) political conditions, in Malawi the divergence originated in the formation of the JEFAP consortium of NGOs, and consequent attempts to provide consistency to targeting and distribution procedures followed by all non-governmental organisations (NGOs) nationwide.

In theory, CMTD was to be the basis of the approach for Phase 3. In reality, however, many aspects of CMTD *per se* proved very difficult to implement in that context. Resources were inadequate for most agencies: there was insufficient time to allow for full sensitisation of target communities, staff needed to be hired quickly during the scaling-up of operations (and many of them were unfamiliar with CMTD), and agencies (including WFP) struggled to cope with the perceived scale of the emergency in terms of providing the promised food. Communications between WFP, the NGO consortium and participating communities were hampered initially by inadequate radio systems, interruptions

in distribution due to logistical factors (poor road networks, pipeline breaks), and lack of effective feedback to the field staff from the analysis of monitoring data.

Over the Phase 3 period (August 2002–June 2003), workshops were held to document lessons learned by NGOs on targeting and distribution, and to inform the development of cohesive, practical guidelines. Three participatory workshops were held in October 2002 for agencies distributing food in the southern, northern and central regions of Malawi, highlighting issues that had arisen in the field to date. Although these reports provide a wealth of information regarding the issues that were encountered in implementation at field level, the discussion encompasses all members of JEFAP rather than Save the Children specifically. Thus the issues discussed in Figure 7 for Phase 3 are those identified as important by the consortium members before comprehensive guidelines for targeting, distribution and monitoring were established.

A formal manual was finalised in March 2003 providing guidelines on GFD (including targeting).²⁸ At the time of writing the present review, the monitoring data from Phase 3, and particularly for the distributions following release of the manual, were not available. The WFP summary document, *Malawi: WFP emergency operation (July 2002–June 2003) final report*, became available as this document was being completed, and every attempt has been made to capture lessons learned in that post-emergency operation evaluation, though it does not disaggregate findings by implementing agency.²⁹ A WFP-supported evaluation undertaken in October/November 2002, using secondary data review and qualitative research techniques, does provide an indication of the impacts of the food aid,³⁰ as does an evaluation commissioned by Save the Children(UK) in June 2003.³¹

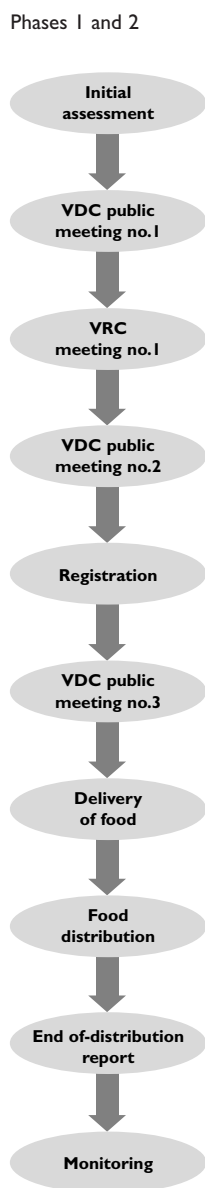
Figure 7: Issues encountered in Malawi (Phases 1, 2 and 3)

Establishment of structures for leadership, management and monitoring:

- In Phases 1 and 2, over one-fifth of non-beneficiaries felt that the VRC election process was unfair, mainly because of the exclusion of marginal groups from the VRC.
- In Phase 3, wide variation existed among JEFAP agencies in terms of the leadership structures provided with the responsibility to identify vulnerable areas. Concerns of bias on the part of administrative leaders led to the recognition that a multi-level task force or steering committee must be formed to achieve a consensus about areas to be included in the distribution, based on existing agricultural and other population-level data. This was not always done.
- Owing to time constraints, some agencies brief local leaders and the community at the same meeting, rather than conducting sensitisation with local leaders.

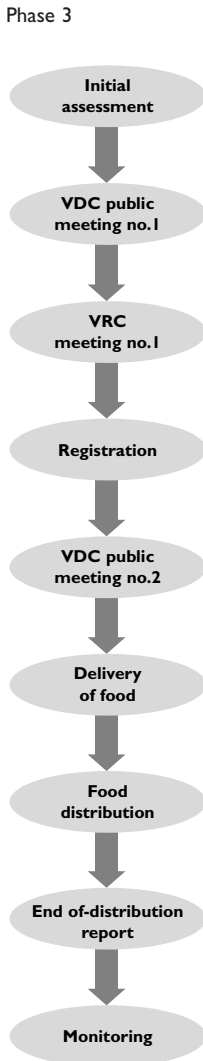
Establishment of beneficiary selection criteria and beneficiary list:

- In Phases 1 and 2, the process of developing a beneficiary list and confirming eligibility of members was undertaken over several public meetings. In Phase 3, some agencies completed the entire process in the first public meeting.
- In Phase 3, considerable inter-agency variation existed as to whether, and how, registration cards were distributed and managed. In at least one case, registration cards were continually collected and re-issued to new beneficiaries to achieve greater community coverage.
- Public perceptions about the level of vulnerability and need for assistance at the local level far exceeded the food available through the programme, leading to tensions in the targeting process.



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Figure 7 continued



Distribution:

- Phase I: Estimates of the percentage of the population falling into the 'poor' category by all criteria consistently fell between 60% and 70% of the population, but food allocation was sufficient for only 50% of the population in each district, and thus the VRCs had to tighten-up the thresholds for inclusion.
- Phase I: They had very good luck in distributing maize (households received 100% of their entitlement), but poor performance with corn-soya blend (CSB), because it was shared widely. More sensitisation was needed on CSB entitlements.
- A relatively small proportion of respondents felt that the distribution had increased social tensions between beneficiaries and non-beneficiaries.
- During Phase 3, agencies followed very different policies regarding their role in supervision of delivery/distribution/security for food commodities vis-à-vis the VRCs.
- Redistribution (not sale) of distributed commodities was widespread during Phase 3.

Assessment, monitoring and evaluation:

- Inconsistent or inadequate monitoring systems hamper comparative evaluations.
- Considerable difficulties arose during all phases in utilising monitoring forms, as well as interpreting monitoring data to evaluate programme performance, because of inappropriate sampling schemes and lack of quantitative indicators.
- The amount of food put towards each use should be measured during post-distribution household surveys, to measure the relative impacts on beneficiaries.
- Monitoring systems were inadequate to capture the exclusion of eligible groups.
- During Phase 3 in particular, feedback from monitoring data was inadequate.

5

Main findings on use of the CMTD approach

Through the use of monitoring data, the effectiveness of the CMTD approach can be evaluated. Despite variation in the specific monitoring activities undertaken by each country programme (see Tables 1, 2 and 3 in Chapter 2), all activities drew from the following monitoring framework. This variation in monitoring systems gives rise to variation in the information available in the tables and figures below. It has been observed in previous Save the Children reports that inconsistencies in data collection and recording systems hamper cross-country comparisons and comparative evaluations (see Chapter 6). On the whole, however, the considerable collaboration (through provision of staff support and sharing of information) has resulted in similarities in main-findings data that allow a number of conclusions to be drawn about each programme. Results are discussed under three headings: registration performance (which may draw from process monitoring and evaluation (PME), household profile monitoring (HPM), food basket monitoring (FBM) and non-beneficiary monitoring (NBM)), distribution performance (which draws principally from FBM and NBM), and food aid utilisation (drawing from food usage monitoring (FUM)).

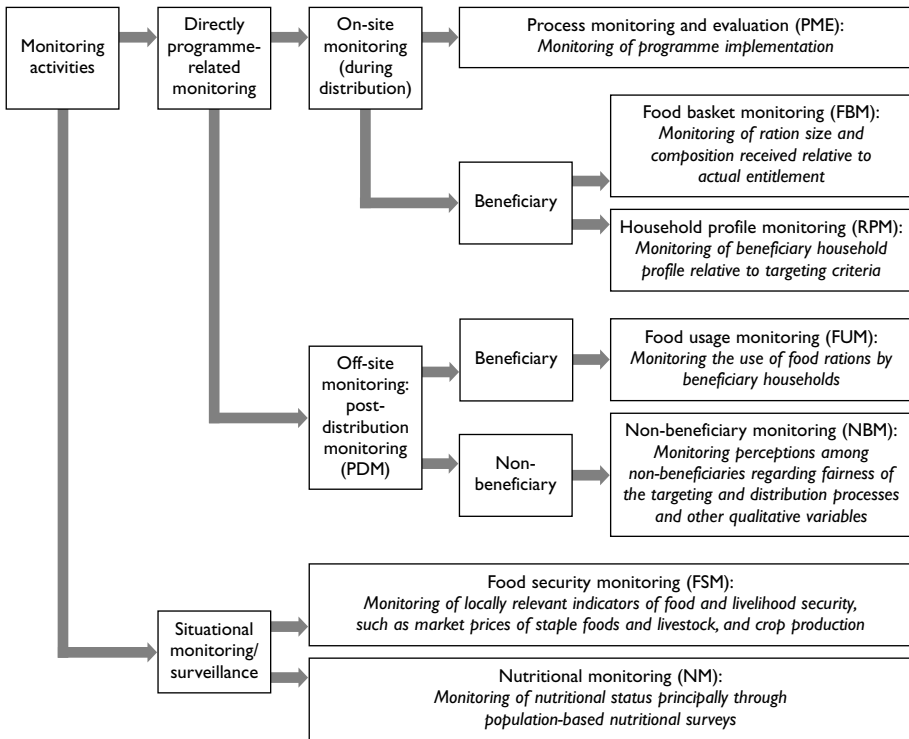


Figure 8: Types of monitoring activities integrated into distribution programmes

Tanzania

The discussion of main findings below focuses on the Singida programme, because of greater data availability.

Registration performance

The general food distribution (GFD) in Singida was intended to target approximately 60 per cent of the population in the district (ie, roughly 120,000–150,000 people in affected villages) (Table 4). Among those households selected by relief committees to receive rations, at least three-quarters (75–84 per cent) were registered correctly (ie, all household members were registered). For the remaining households, the bulk were under-registered, implying that the number of individuals included in the beneficiary list from

that household was less than the number of individuals actually resident in the household. The under-registration of 15–22 per cent of households by an average of 1–2 members had the effect of ‘spreading out’ food aid for more families.

Targeting criteria were developed through community-level qualitative research. The selection of beneficiaries was based principally upon three variables: size of land owned (typically +/-3 acres), number of cattle owned (typically +/-2), and types of income-generating activities practised (Figure 9). The criteria represented in Figure 9 are the most common criteria agreed on by participating villages, and thus represent the typical picture for the beneficiary population as a whole. Over the three distribution rounds of Phase 1, about half to two-thirds (49–66 per cent) of beneficiary households fell into the poorest categories of households, with ≤ 3 acres of land, ≤ 2 cattle, and zero or low-income-generating activities. At least an additional one-quarter to one-third (26–39 per cent) of households had a similar profile, with the exception that they owned >3 acres of land, which was fairly unproductive during the distribution period. Thus, these two groups accounted for almost all (88–95 per cent) of the beneficiaries. The percentage of beneficiary households reporting a member of the household participating in business or fixed employment was negligible. Thus, it was concluded that despite some measurable under-registration, the overwhelming majority of beneficiaries fit the intended target criteria.

Distribution performance

The intended percentage of the population to be targeted with a maize ration in Singida, based on needs assessments, was about 60 per cent in the first two rounds, and variable by village in the fourth round on the basis of local needs (within a range of 57–75 per cent). The reported level of under-registration was relatively low, as indicated above. As a result, the percentage of the population actually reached was fairly close to intended target thresholds: 62 per cent, 64 per cent and 74 per cent in the first, second and fourth rounds respectively (Table 4). The actual ration delivered, as might be anticipated, was somewhat lower than planned: 84–86 per cent in Singida, meeting almost 60 per cent of dietary energy requirements (Table 5).

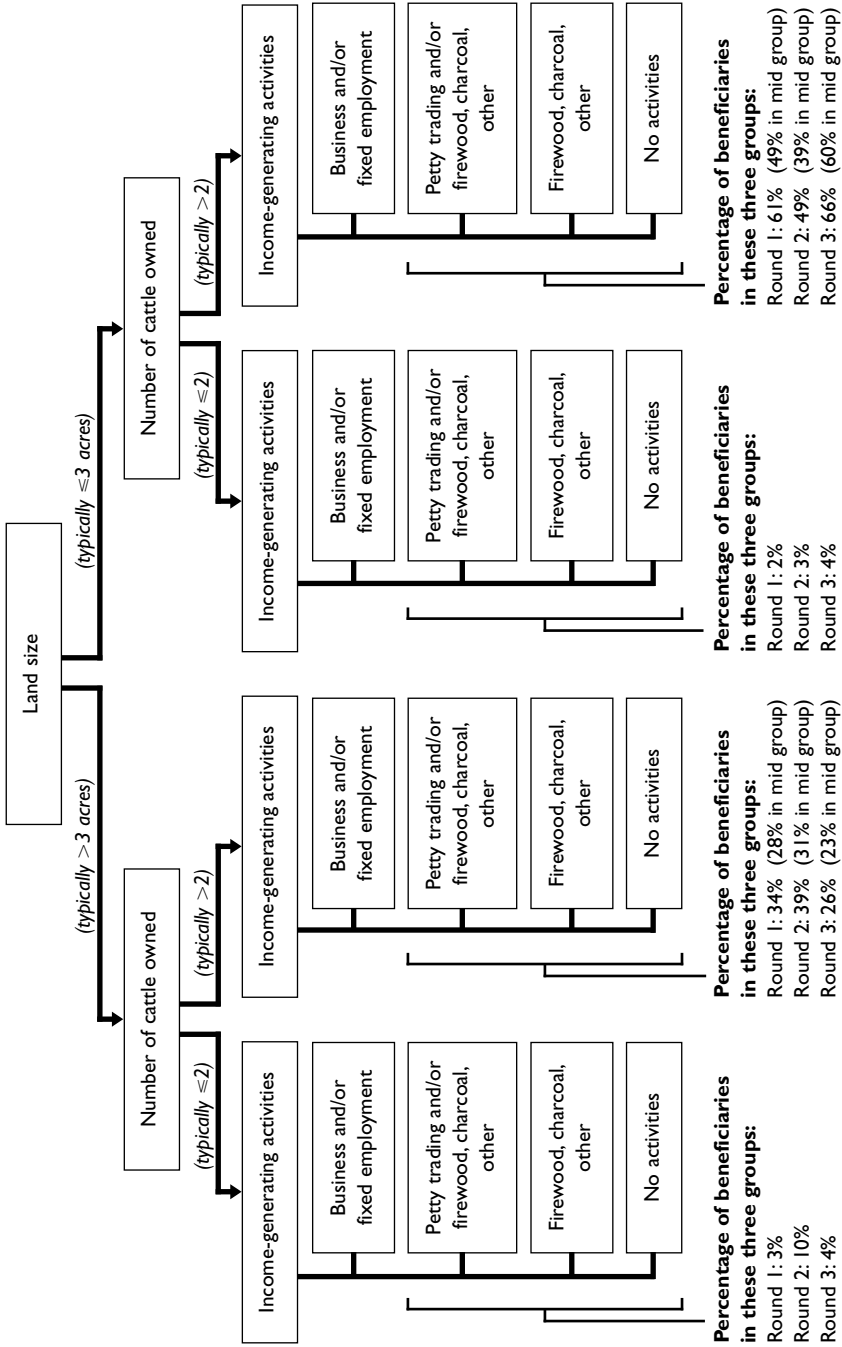


Figure 9: Main findings in Tanzania: targeting by beneficiary selection criteria in Singida Region

Table 4: Main findings in Tanzania: registration performance

Targeted beneficiaries	Singida				Dodoma	
	Round 1	Round 2	Round 3	Round 4	Round 1	Round 2
Total population	247,565 (88 villages)	247,565 (88 villages)	NA	178,198	NA	NA
Planned target population (% of total population)	148,539 (60% of population)	148,539 (60% of population)	NA	119,368 (57–75% of population)	NA	NA
Actual targeted population	153,629	159,496	NA	132,666	NA	NA
Actual percentage of population targeted	62%	64%	NA	74%	NA	NA

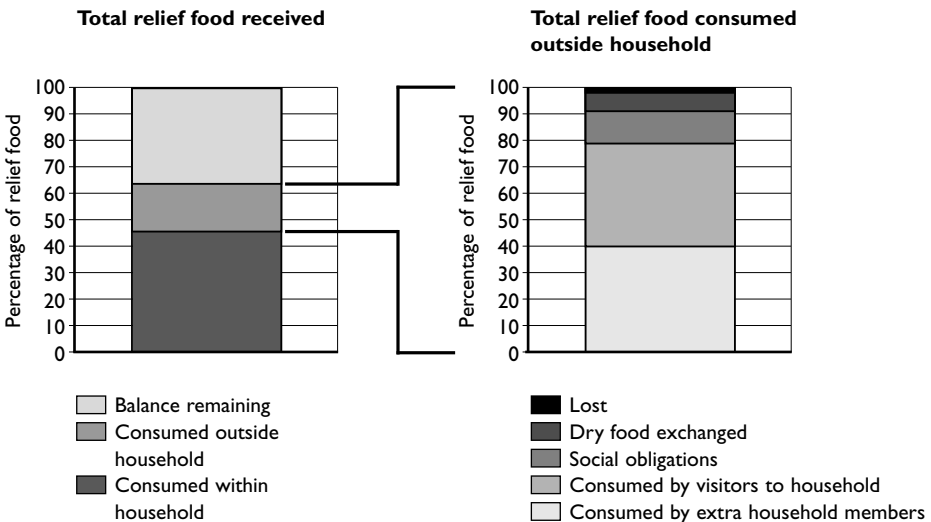
Accuracy of registration	Singida				Dodoma	
	Round 1	Round 2	Round 3	Round 4	Round 1	Round 2
Percentage of registered households correctly registered	84%	75.2%	NA	76.9%	NA	NA
Percentage of registered households under-registered	15.4%	22.3%	NA	17.3%	NA	NA
Average number of individuals under-registered per household	1	1.93	NA	1.75	NA	NA
Percentage of registered households over-registered	0.6%	2.5%	NA	5.8%	NA	NA
Average number of individuals over-registered per household	2	1	NA	2	NA	NA

Food aid utilisation

Food usage monitoring (FUM) documented the proportion of relief food that was put towards each use by beneficiary households, rather than the percent of households reporting using relief food for a specific purpose (Figure 10). This allows a more representative analysis of the relative importance of each use of food among beneficiaries than the latter approach (as conducted in Malawi, see Figure 17, page 71). Of the food consumed prior to the monitoring exercise, almost three-quarters (72 per cent) was reported to have been consumed within the household. The balance (28 per cent of total rations received) had been

Table 5: Main findings in Tanzania: distribution performance

Ration size (maize only)	Singida				Dodoma	
	Round 1	Round 2	Round 3	Round 4	Round 1	Round 2
Planned ration size (amount maize)	12 kg/ person/ month	12 kg/ person/ month	12 kg/ person/ month	12 kg/ person/ month	NA	NA
Planned ration size (% requirements)	68%	68%	68%	68%	NA	NA
Ration size announced by village distribution committee (VRC) (amount maize)	10.97 kg/ person/ month	10.92 kg/ person/ month	NA	10.80 kg/ person/ month	NA	NA
Ration size announced by VRC (% requirements)	62%	62%	NA	61%	NA	NA
Ration size announced by VRC (% planned ration)	91%	91%	NA	90%	NA	NA
Actual ration size (amount maize)	10.31 kg/ person/ month	10.06 kg/ person/ month	NA	10.13 kg/ person/ month	NA	NA
Actual ration size (% requirements)	59%	57%	NA	58%	NA	NA
Actual ration size (% planned ration)	86%	84%	NA	84%	NA </td <td>NA</td>	NA

**Figure 10: Main findings in Tanzania: food aid utilisation by beneficiaries**

consumed by individuals who had *not* been registered to receive the rations (ie, 'people outside the household'). Of that amount (28 per cent), over three-quarters had been utilised for two principal uses: feeding extra household members (who had not been registered), and feeding visitors to the household. If this trend is projected on to the entirety of food aid received, about two-thirds of the food is consumed by registered household members, and the rest used for additional unregistered individuals, exchange and other minor uses.

Zimbabwe

It is vital to note from the outset that the Binga programme fluctuated very widely in terms of the percentage of the population intended to be targeted (range: roughly 20–100% during the period 2001–03), because of complex political factors and a rapidly changing food security situation.

Registration performance

Monitoring reports in May and July of 2003 indicate high levels of under-registration in Binga, Kariba and Zvimba Districts (Table 6). In Binga, only 30 per cent of beneficiary households were correctly registered. The remaining 70 per cent were under-registered, with the net effect of achieving greater programme coverage with a diluted ration. A correlation is evident between the number of household members and the individuals registered, with about 75 per cent of beneficiary household members on average receiving rations. Similarly, 70 per cent of households were under-registered in Kariba. However, the ration provided to those registered households is lower than in Binga, with only 62 per cent (compared with 75 per cent) of household members receiving rations. The prevalence of under-registration is greatest in Zvimba: 81 per cent of households are under-registered, with an average of 68 per cent of household members receiving rations. In both Zvimba and Kariba, under-registration appears to result largely from registering a maximum of five people per household regardless of household size.

Table 6: Main findings in Zimbabwe: registration performance

Registered beneficiaries ³²	Binga (2001–2003) ³³										Kariba (2002–2003)		Zvimba (2003)
	Nov 01– Mar 02	Apr 02	May 02– Aug 02	Sep 02	Oct 02– Apr 03	May 03– Jun 03	Jan 02– Dec 02	Jan 03– Apr 03	May 03– Jun 03	Jan 03– Jun 03			
Total district population	118,824										34,654		209,337
Period													
Planned targeted population (% of total population)	50,000 (42%)	124,000 (104%)	15,000 (13%)	39,000 (33%)	94,000– 124,000 (79–104%)	21,000 (18%)	6,000 (17%)	12,000 (35%)	6,000 (17%)	6,000 (3%)			6,500 (3%)
Actual targeted population	43,349– 50,458	118,805	15,000	0	8,344– 124,000	38,463– 49,554	3,700– 6,000	7,661– 12,041	5,843– 5,996	6,539– 6,717			6,539– 6,717
Actual percentage of target population reached	87–101%	96%	100%	0%	9–100%	183–36%	62–100%	64–100%	97–100%	101–103%			

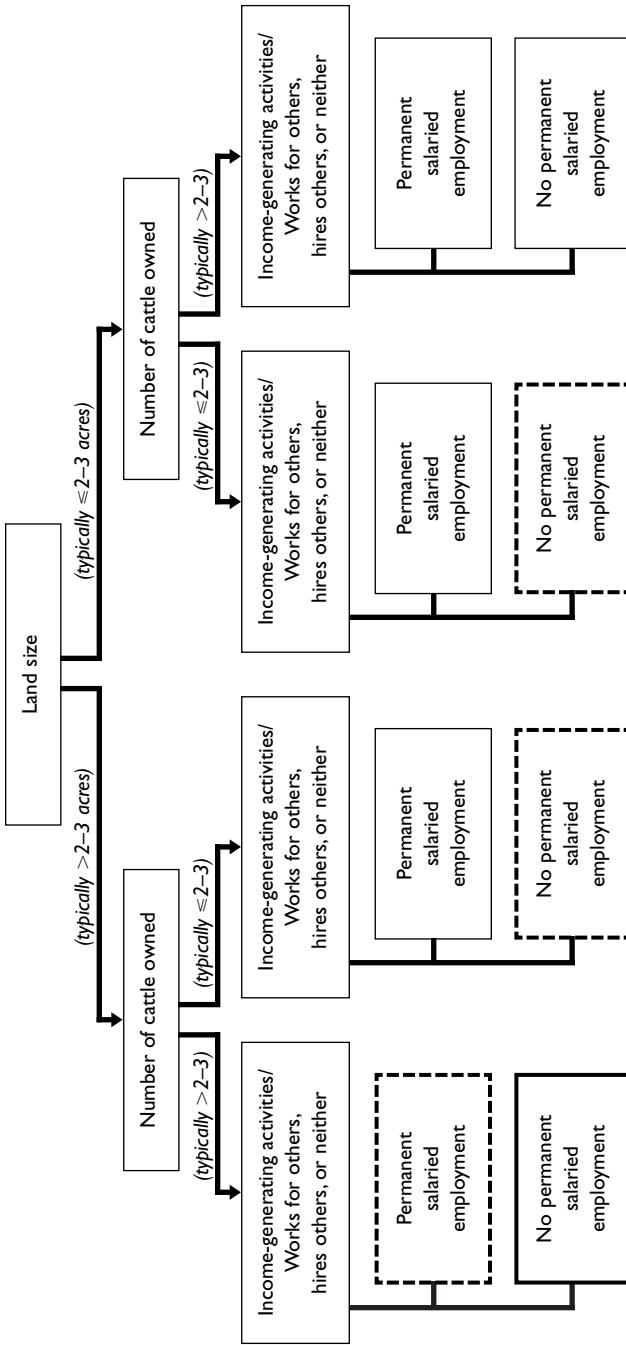
Accuracy of registration ³⁴	Binga (2001–2003)		Kariba (2002–2003)		Zvimba (2003)
	July 2003	30% (est.)	July 2003	30% (est.)	July 2003
Date of monitoring data	July 2003	30% (est.)	July 2003	30% (est.)	July 2003
Percentage of registered households correctly registered	70% (est.)	70% (est.)	70% (est.)	70% (est.)	81% (est.)
Percentage of registered households under-registered	0%	0%	0%	0%	0%
Average percentage of actual household members receiving rations	75%	62%	62%	62%	68%

It should be underscored that after the beneficiary lists were compiled, the correct number of rations was almost always given based on the number of individuals registered. As of July 2003, 94–100% of beneficiary households reported receiving the correct amount of rations for the number of household members registered. Thus, the departure from targeting guidelines begins at the level of registration. Community participation in the registration process is reportedly limited in Binga and Kariba, where it has at times been perceived that kraal heads, village heads or Save the Children staff make the decisions, with little community input. Respondents in Zvimba consistently reported a different picture in which decisions were made by the community themselves.

Save the Children allowed for some flexibility in registration (Figure 11). This allowed village leaders to use their discretion in developing the beneficiary lists. The range indicated for land (2–3 acres) and livestock (2–3 cattle) highlights the variation in criteria used across different phases of the distribution programme. Save the Children allowed for some flexibility in application of beneficiary selection criteria to allow the programme to include needy households that did not fit all of the established criteria; it was felt that meeting three of the four criteria would be sufficient for inclusion.³⁵ Nevertheless, a review of post-distribution monitoring (PDM) data indicated that over half (61 per cent) of beneficiaries were definitely correctly targeted. An additional quarter (26 per cent) of households were in need of food aid and met most of the criteria, and thus were considered to be correctly targeted as well. Only 13 per cent of households were definitely incorrectly targeted. Thus, approximately 87–90 per cent of beneficiaries are considered to be correctly targeted.³⁶

Distribution performance

The percentage of intended beneficiaries successfully reached with food aid varied widely over time in Binga (Table 6). At times (eg, in September 2002), distribution was suspended due to political tensions. In other instances, the intended target population tripled, with mixed success in achieving coverage. Such sharp increases in the target population corresponded to initiation of general food distributions alongside the ongoing ‘social welfare’ programmes. For these reasons, distribution data in Binga does not indicate a clear trend in



Note: A thick dark border indicates that the beneficiary household met all eligibility criteria. A thick dashed border indicates that the beneficiary household met most eligibility criteria. A thin border indicates that the beneficiary met none of the eligibility criteria.

- = 61% of beneficiaries
- = 26% of beneficiaries
- = 10-13% of beneficiaries

Figure 11: Main findings in Zimbabwe targeting by beneficiary selection criteria

coverage or accuracy of targeting over time. In Kariba and Zvimba, the target population remained between 6,000 and 12,000, with 62–100 per cent of the target population reached in Kariba, and roughly 100 per cent of the target population reached in Zvimba. Most respondents report that people in need are likely to receive food aid, though this varies over time depending on 1) perceived level of need, 2) perceived levels of favouritism by kraal heads and village heads in selecting beneficiaries, and 3) whether the respondent is receiving a ration.

Additionally, the ration size distributed to beneficiaries was less than the beneficiary entitlement (ie, the planned ration) (Table 7). Over the 2002/03 programmes, recipients received 86 per cent, 71 per cent and 67 per cent of the planned maize ration in Binga, Kariba and Zvimba respectively.

Food aid utilisation

Most food aid is reported to be consumed within the household (Figure 12). Small amounts (<5 per cent) of maize are used to repay debts. Because of under-registration and reduction of the ration size, the food received is consumed more

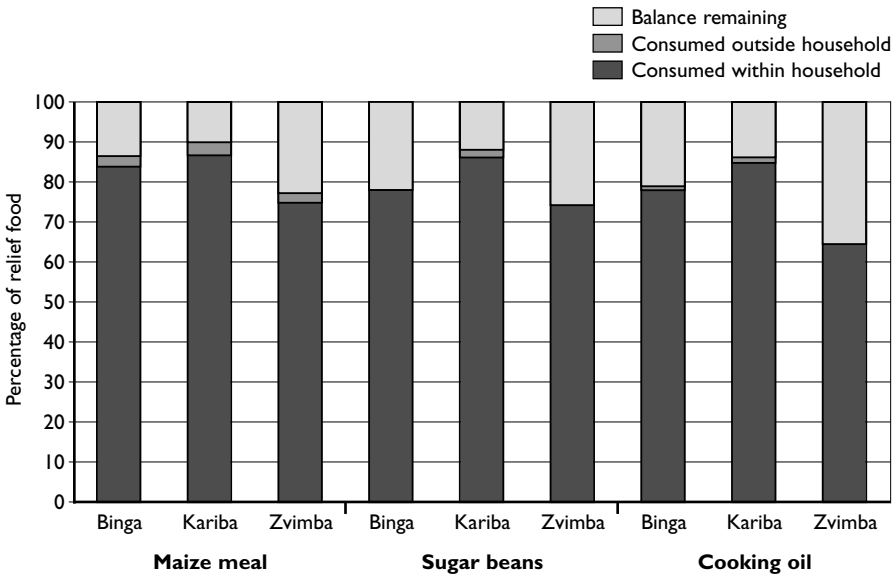


Figure 12: Main findings in Zimbabwe: food aid utilisation by beneficiaries³⁷

Table 7: Main findings in Zimbabwe: distribution performance³⁸

Ration size (Maize, sugar beans, oil)	Binga (2001/02)	Binga (2002/03) ³⁹	Kariba (2002/03)	Zimba (2003)
Planned ration size (amount maize) (amount sugar beans) (amount oil)	10 kg/person/month 2 kg/person/month 375 ml/person/month	10 kg/person/month 2 kg/person/month 375 ml/person/month	10 kg/person/month 2 kg/person/month 375 ml/person/month	10 kg/person/month 2 kg/person/month 375 ml/person/month
Planned ration size (% requirements from maize) (% requirements from sugar beans) (% requirements from oil)	57% 11% c. 7%	57% 11% c. 7%	57% 11% c. 7%	57% 11% c. 7%
Actual ration size (amount maize) (amount sugar beans) (amount oil)	NA	8.6 kg/person/month 1.7 kg/person/month 0.65 kg/person/month	7.1 kg/person/month 1.4 kg/person/month 0.53 kg/person/month	6.7 kg/person/month 1.3 kg/person/month 0.49 kg/person/month
Actual ration size (% requirements from maize) (% requirements from sugar beans) (% requirements from oil)	NA	49% 9% 9%	40% 7% 7%	38% 7% 7%
Actual ration size (% planned ration from maize) (% planned ration from sugar beans) (% planned ration from oil)	NA	86% 85% NA	71% 70% NA	67% 65% NA

quickly than intended (within 10 days, 13 days and 21 days in Binga, Kariba and Zvimba respectively). Most households have access to maize from other sources such as gifts, loans, stocks and local purchase. Fewer than 5 per cent of households reported procuring maize from the Grain Marketing Board by July 2003.

Malawi

Registration performance

In Phase 1, the programme was intended to reach 50 per cent of households with a maize ration and 50 per cent of children under five years of age with corn-soya blend (CSB) throughout each district. In Phase 2, the programme was targeted geographically in two extension planning areas (EPAs) per district, with an objective of reaching an average of 5 per cent of the district population in Mchinji (17–27 per cent of the population in targeted villages) and 10 per cent of the district population in Salima (17–33 per cent of the population in targeted villages). The size of the population actually reached by the programme was only slightly less than the intended number (Table 8).

During the registration exercises of Phases 1 and 2, VRC members largely agreed that the principal target group included those households on the far left of Figures 13 and 14: cultivating two acres of land or less, owning no livestock, and engaging in low-income-generating activities or not engaging in income generation at all. Yet, given the relative food insecurity in the second and third groups (owing to low land productivity for those cultivating more than two acres in the third group, and to the low livestock-ownership threshold – one animal – for the second group), it was concluded in monitoring reports that it was reasonable to include these households as beneficiaries as well. Household profile monitoring data collected on site indicated that the majority of beneficiaries fell into these three eligible groups (77 per cent and 88 per cent in Phases 1 and 2 respectively in Mchinji, and 85 per cent and 93 per cent in Phases 1 and 2 respectively in Salima). It is also observable that registration performance

Table 8: Main findings in Malawi (Phases 1 and 2): registration performance

Targeted beneficiaries	Mchinji			Salima	
	Phase 1, Round 1	Phase 1, Round 2	Phase 1, Round 3	Phase 2, Round 1	Phase 2, Round 1
Total population	90,888 households (454,440 pop.)				
Planned targeted population (% of total population)	Maize: 45,444 households (= 50% of population = 227,220) CSB: 45,000 children (= 50% of total under-five population)	CSB: 45,000 children (= 50% of total under-five population)	CSB: 45,000 children (= 50% of total under-five population)	Maize, beans: 35,000 households (= 65% of population) CSB: c. 35,000 children (= 50% of total under-five population)	71,000 households
Actual targeted population	Maize: 43,803 households CSB: 41,417 children	CSB: 46,239 children	CSB: 45,768 children	Maize: 3,798 households CSB: 45,768 children	Maize: 5,801 households CSB: c. 35,000
Actual percentage of target population size reached	Maize: 47% of total district population CSB: 46% of total under-five population	CSB: 51% of total under-five population	CSB: 50% of total under-five population	Maize: 5% of total district population (but 17–27% of population in targeted villages) CSB: 50% of total under-five population	Maize: 10% of total district population (but 17–33% of population in targeted villages) CSB: 50% of total under-five population

Monitoring information that would allow us to examine the accuracy of the numbers of household members registered in Phases 1 and 2 of the Mchinji and Salima programmes was not collected.

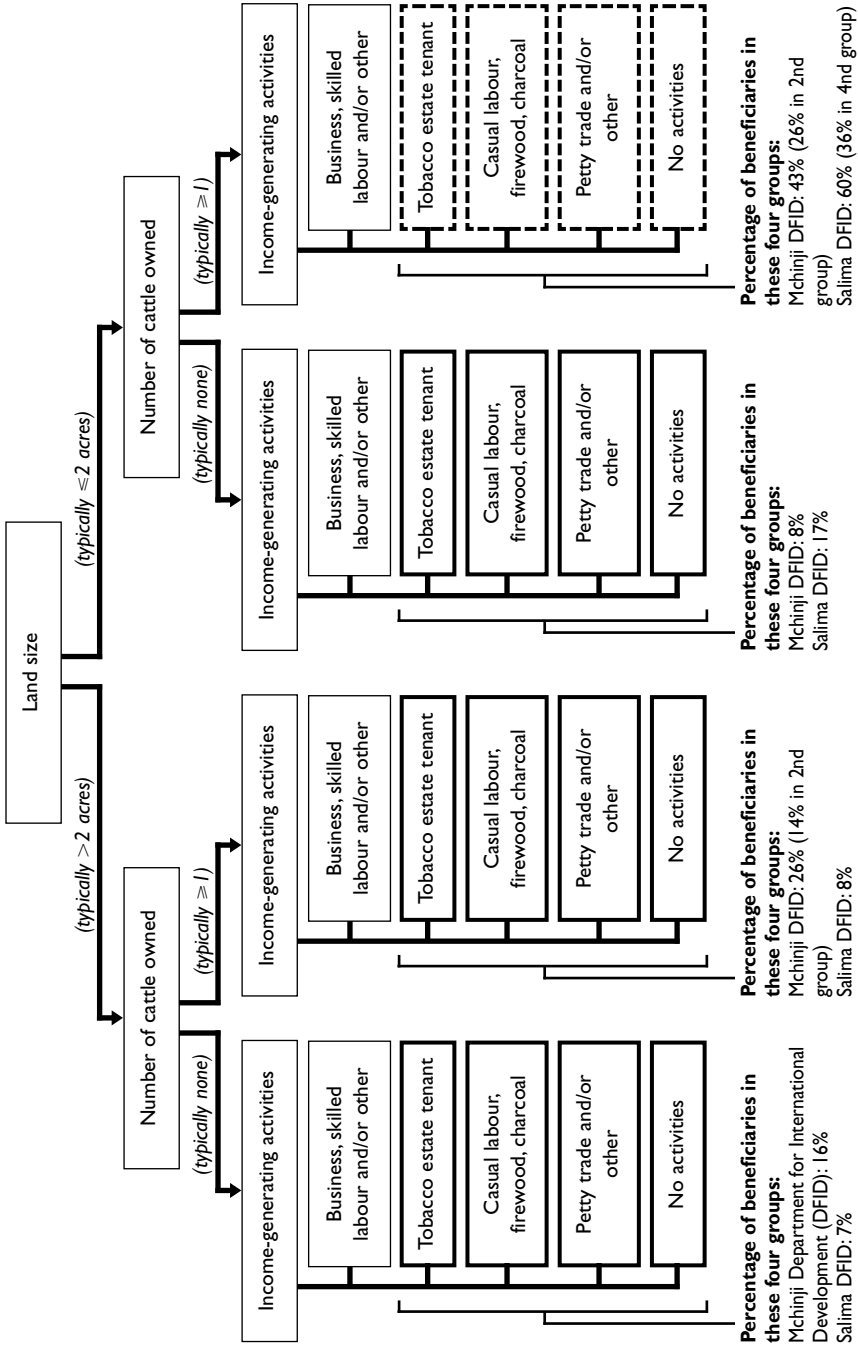


Figure 13: Main findings in Malawi (Phase I): targeting by beneficiary selection criteria

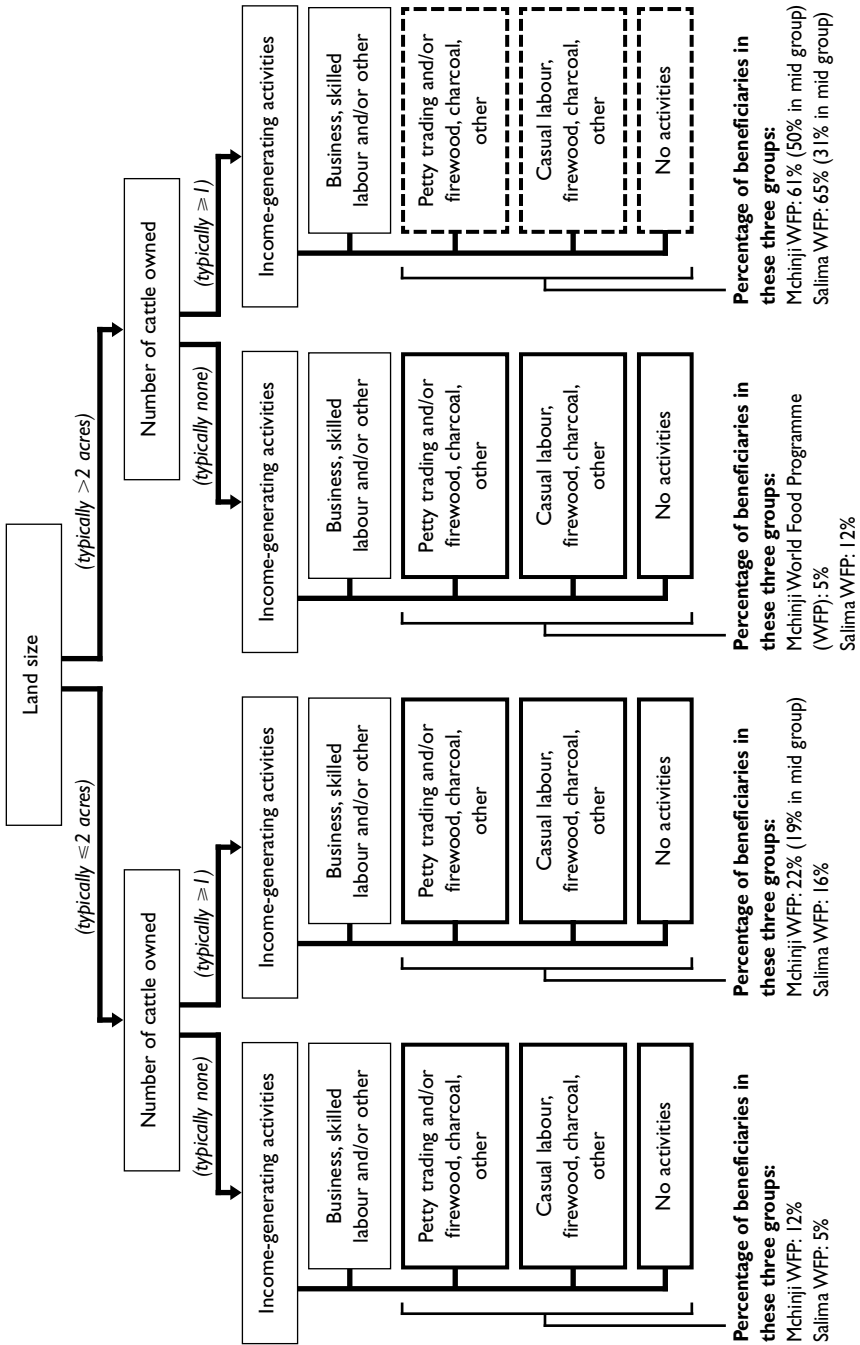


Figure 14: Main findings in Malawi (Phase 2): targeting by beneficiary selection criteria

improved from Phase 1 to Phase 2, perhaps partly as a result of the much narrower geographical targeting practised in Phase 2, as well as the inclusion of other 'social' criteria such as: households with orphans, elderly-headed households, female-headed households, households with at least one member chronically ill, and child-headed households. During Phase 1, most non-beneficiaries (79 per cent and 70 per cent in Mchinji and Salima respectively) reported feeling that the process of electing the VRC was fair and transparent. Those who reported otherwise felt that the choice of VRC members was imposed by community leaders or was not inclusive of socially marginal groups.

An evaluation conducted in October/November 2002 for Phase 3 operations highlights the contradiction between targeting protocols and Malawi social systems.⁴⁰ Malawi households tend to reside in a cluster of households (ie, extended family unit) that is somewhat economically interdependent, and typically includes the young, adults, the elderly, and possibly the disabled or chronically ill. Thus, targeting by household (ie, those who live under the same roof or eat from the same pot) may fail to take account of the economic relationships within these traditional residential clusters. This issue falls outside the scope of the present evaluation, but may assist in explaining the frequency of redistribution.

Distribution performance

FBM data indicated that about 100 per cent of registered households received the correct ration of maize (Table 9). However, inaccuracies in targeting were extensive with the CSB programme (Figures 15 and 16). Households registered as beneficiaries of CSB were intended to receive 10 kg of CSB (one bag) per child under five years of age. However, as the figures illustrate, most households received one bag of CSB, regardless of the number of eligible children in the household. Of those households surveyed in Mchinji, 82 per cent received one bag of CSB, although about half (48 per cent) of targeted households had two or more eligible children in the home. In Salima, the picture was similar, though somewhat less pronounced: 64 per cent of households received one bag, even though only one-quarter (26 per cent) of targeted households actually had only one eligible child in the home.

Table 9: Main findings in Malawi (Phases 1 and 2): distribution performance for maize only

Ration size (see Table 8 for planned rations)	Mchinji				Salima	
	Phase 1, Round 1	Phase 1, Round 2	Phase 1, Round 3	Phase 2, Round 1	Phase 1, Round 1	Phase 2, Round 1
Planned ration size (amount maize)	50 kg/ household	NA	NA	50 kg/ household	50 kg/ household	50 kg/ household
Ration size announced by VRC (amount maize)	50 kg/ household	NA	NA	50 kg/ household	50 kg/ household	50 kg/ household
Ration size announced by VRC (% planned ration)	100%	NA	NA	100%	100%	100%
Actual ration size (amount maize)	50 kg/ household	NA	NA	50 kg/ household	50 kg/ household	50 kg/ household
Actual ration size (% planned ration)	100%	NA	NA	100%	100%	100%

Food aid utilisation

Data from Phase 1 monitoring provides an indication of the proportion of households reporting using the maize rations received for internal consumption only, not the average percentage of the ration put towards each use (Figure 17). In Mchinji about one-half of respondents (52 per cent) reported using the maize for consumption only, while the corresponding figure was less than one-third in Salima (31 per cent). Those households reporting using the maize for purposes other than internal consumption were asked to identify the uses of the grain. About four-fifths of those households in both districts reported sharing the food with individuals considered by agency staff to be ‘outside the household’. A second use, reported much less frequently, was reserving grain for seed. Unfortunately, the monitoring data collected does not allow for a quantitative exploration of the amount of food used for each purpose.

In terms of perceptions of programme impact, beneficiaries reported that the Phase 1 food distribution had brought about the following impacts, in declining order of importance: improvement of nutritional status, reduction in migration

● Community-managed targeting and distribution of food aid

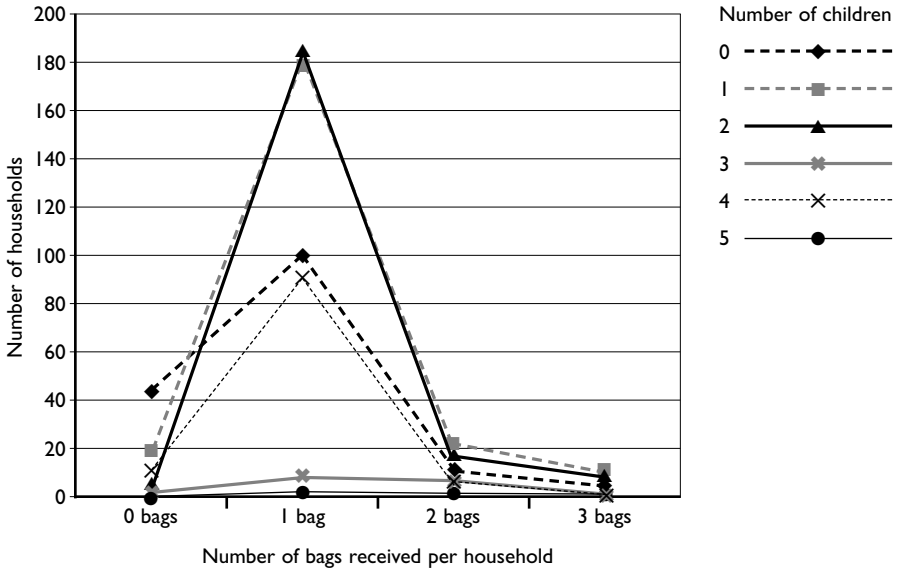


Figure 15: Main findings in Malawi (Phase I): distribution performance for CSB in Mchinji

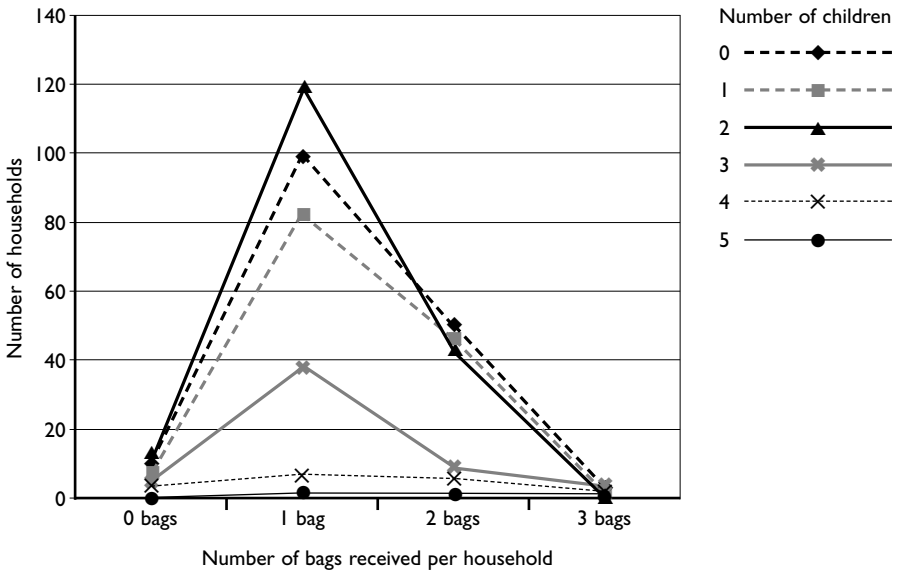


Figure 16: Main findings in Malawi (Phase I): distribution performance for CSB in Salima

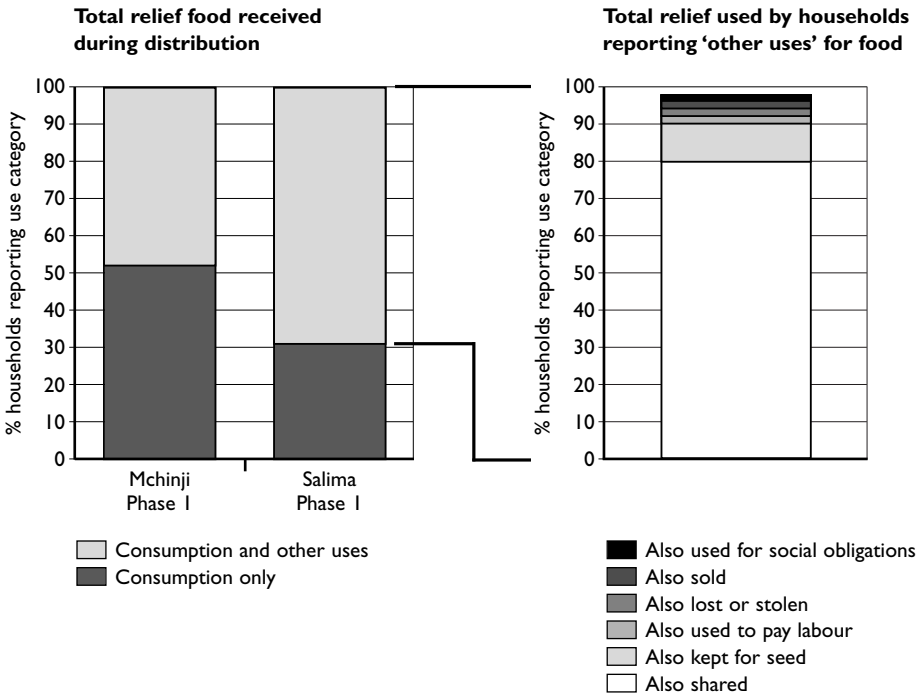


Figure 17: Main findings in Malawi (Phase I): food aid utilisation by beneficiaries

for food, prevention of premature crop harvests, reduction in prevalence of hunger-related diseases and decline in food prices.

Data from the October/November 2002 WFP-supported evaluation indicates high levels of redistribution of grain received by beneficiaries, in accordance with a very high perceived level of need in the community. It was also reported that community members felt that a certain degree of redistribution to village leaders (eg, to village chiefs) was acceptable and appropriate, provided that the chief did not assume complete control of the distribution. This underscores again the conclusion that targeting food aid by household, whereby the household is defined by the activities and assets of its economically productive members, is not in accordance with Malawi custom. This is an area worthy of future research.

6

Cross-country comparison of CMTD implementation

Chapter 5 summarised the largely quantitative key findings relevant to programme performance and use of the food aid distributed. An evaluation of the CMTD system implemented in these three contexts must encompass qualitative indicators as well. Specifically, one must ask the questions: To what extent did each of these programmes comply with the core principles of CMTD? Where departure from these principles occurred, what seems to be the explanation for this departure? What appear to be the prerequisites, or enabling factors, for the use of a true CMTD approach?

The core principles of CMTD, as envisioned by Save the Children and pictured in Figure 18, indicate four principal benchmarks for this evaluation:

- **Active community participation in the programme.** Community members should be actively involved in every phase of the activity, from the initial needs assessment through to the final evaluation.
- **Clear delineation of roles and responsibilities among all parties.** Responsibilities for establishing beneficiary selection criteria, identifying and confirming beneficiaries, supervising and monitoring food delivery/stores, distributing rations, supervising distribution and conducting ongoing monitoring activities should be clear from the outset. This underscores the difference between *community-managed* and *community-based* targeting and distribution: the former should place the locus of control of the programme in the hands of beneficiaries, while the latter entails active participation by communities in a project that is ultimately agency-managed.

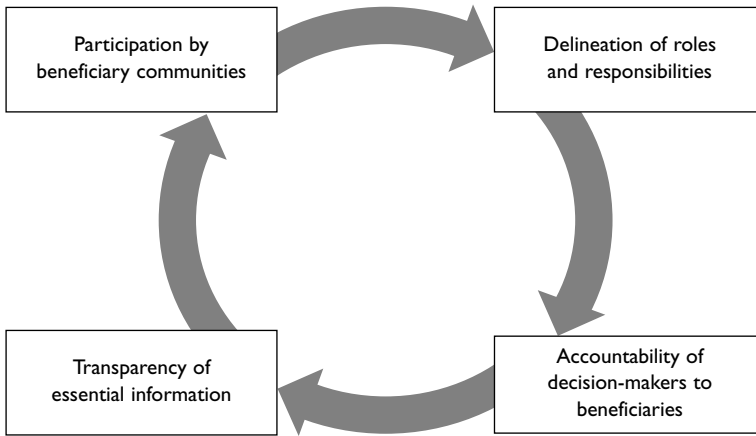


Figure 18: Core principles of CMTD

- **Accountability of decision-makers to targeted communities.** Both agency staff and village relief committee members should be expected to be held accountable to target communities themselves for their performance. Mechanisms should be in place to ensure this accountability, such as allowing community members to change the composition of the relief committee where necessary.
- **Transparency of information to allow responsible, informed decisions to be made.** Transparency of essential information is essential between implementing partners, local government, community leaders and community members. Such essential information includes the results of the needs assessment (including profiles of vulnerable households and the areas targeted for assistance), the amount of food to be provided and expected duration, objectives of the distribution, and expectations for community involvement.

Where a food aid distribution programme genuinely embodies these four principles, the result should be:

- the transfer of responsibility for targeting, managing and monitoring the food distribution from the implementing agency to the beneficiary community.

Active community participation in the programme

Needs assessment methods utilised participatory (ie, Participatory Rural Assessment) research techniques in Tanzania, Malawi (particularly Phases 1, 2) and Zimbabwe, combined with collaboration with government officials, for geographical and socio-economic targeting. The targeting guidelines established for all three country programmes incorporated formal mechanisms – in the form of multiple public meetings – to encourage community participation. Participatory community meetings to develop selection criteria and beneficiary lists seem to have been most reliably held in Tanzania. This fact may be attributed to several factors: the objective of the programme was to protect livelihoods rather than lives; the programme was implemented with other agencies, and additional resources for programme implementation were available; and the socio-cultural context of rural Tanzania was more consistent with village-level participatory decision-making than elsewhere. In Zimbabwe, several factors complicated community participation in programme management: the acute politicisation of food aid resources at a national level, leading to favouritism and exclusion for political reasons; major logistical challenges posed by frequent and significant changes in intended programme coverage (ie, the time and staff requirements to undertake extensive community sensitisation and participation in a rapidly changing setting); and a cultural tradition in which decisions are more centralised in formal authorities than in Tanzania. Monitoring data indicates that, with the exception of Zvimba, it was commonly believed by targeted communities that programme management decisions rested solely with local leaders or Save the Children. In Malawi, community participation in Phases 1 and 2 approximated that in Tanzania. In contrast, however, elements of community participation were lost in the agency guidelines (eg, community development of locally appropriate beneficiary selection criteria), as well as lost in practice at the field level because of the need to rapidly scale-up to what was perceived to be a rapidly worsening emergency.

Clear delineation of roles and responsibilities among all parties

In all country programmes, agreements with government authorities and community leaders, as well as the initial community sensitisation meetings, were designed to delineate the responsibilities of all parties *vis-à-vis* all stages of the programme. In practice, tensions that arose related to responsibility for supervision of the distribution. Ultimately, the question of programme supervision relates closely to the issue of who actually ‘owns’ the programme: the community or the implementing agency. The Tanzania programme explicitly ‘handed over’ management of the distribution to the local community, and the staff of Save the Children, Norwegian People’s Aid (NPA) and Tanganyika Christian Refugee Service (TCRS) were present at distributions solely to provide support to the village relief committees (VRCs), rather than to supervise or monitor the process *per se*. In Zimbabwe, the political environment called for a greater degree of supervision by agency staff, a role undertaken by agency field monitors at the distribution site. In Malawi (Phases 1, 2), Save the Children worked to achieve the same type of partnership with beneficiary communities and relief committees as sought in Tanzania. Phase 3, however, was marked by a shift in responsibility for programme management to implementing agencies, such that communities were explicitly directed to target the food resources solely at vulnerable groups as defined by the humanitarian community, and expressly prohibited from redistributing food resources based on local perceptions of need. Although this issue has not been clearly investigated in the research conducted to date, it is reasonable to speculate that ambiguities may have arisen in targeted communities regarding the roles of community relief committees in programme implementation.

Accountability of decision-makers to targeted communities

Accountability of decision-makers to community members implies that community members should be able to influence key decisions (eg, development of beneficiary selection criteria and beneficiary lists), and ultimately be able to bring about change in the composition of those relief committees based on their

performance. The public meetings designed to achieve community consensus on the membership of relief committees, beneficiary selection criteria and beneficiary lists are a formal mechanism to provide community members – including socially marginal groups – with the opportunity to ensure that key decisions are fair and transparent. This involves a transfer of power, to a degree, from local leaders to community members, and as such will naturally engender some resistance. Until the time of writing this paper, Zimbabwe presented the greatest difficulties as the political environment gave rise to favouritism and corruption in the distribution, with a lack of accountability of community leaders to either their communities or the agency. To its considerable credit, Save the Children's Zimbabwe programme is currently developing innovative mechanisms to promote accountability in this complex environment. These 'feedback channels' are designed to provide an 'dependent, relevant, realistic and child-friendly mechanism that allows the full range of community members to demand and receive full accountability of the aid projects set up to benefit them.'⁴¹ The feedback channels would involve the establishment of non-political and socially representative complaints committees at distribution points. Two types of committees are envisioned: community committees, and children's committees. The complaints committees would work closely with a central hearing committee to document and address community concerns without relying on local authorities (who are also programme implementers in this setting) for this task. The piloting and evaluation of this intervention – particularly the children's committee, given the likely prevalence of abuse and marginalisation of children in distribution programmes – should be of particular interest, for those wanting to understand the extent to which CMTD-type approaches can be implemented in a politically sensitive context.

Transparency of information to allow responsible, informed decisions to be made

Transparency of information is closely related to the three issues noted above: it presumes community participation and the transfer of responsibility for programme management to community representatives. Similarly, without formal expectations of accountability to the community, transparency of

information loses its intended value. This evaluation found that Save the Children strove to be transparent in its programme-related decisions to the degree feasible in each country programme. Difficulties arose at times regarding public comprehension of this information. Two common examples related to the communication to the population of the results of the household economy approach (HEA) needs assessment. Communities often did not understand the definition of 'household' as the unit for targeting. As noted previously, the traditional 'clustering' of residences in Malawi undermined the relevance of the 'household' concept for community members. Similarly, a conflict often arose between the targeting of households by 'wealth group' (where the criteria defining each group, such as land cultivated or animals owned, may have had little relevance to food insecurity under current economic conditions), and the targeting of individuals by socially defined vulnerable group (eg, the elderly-, female- or child-headed households, the disabled, etc). These issues are not unique to the country programmes evaluated in this paper, but require extra attention on the part of agency staff when applying the results of an HEA assessment to a CMTD-based food aid programme. The degree to which local decision-makers (ie, relief committees and local leaders) were transparent in their decisions and distributions is difficult to evaluate. While under-registration and redistribution are present in every programme, it is not clear to what degree community members were informed of the reasons for the reduction in rations. Qualitative post-distribution monitoring and non-beneficiary monitoring results indicate public perceptions that the relief committees and/or local leaders were guilty of bias and/or corruption in distributions. This level of transparency – between local decision-makers and community members – should be investigated further so that the determinants of ration allocation at village level can be better understood.

7

Conclusions and recommendations

Although this evaluation draws only from the experience of three country programmes, several key conclusions and recommendations may be made regarding the implementation of CMTD.

1. Due largely to contextual factors (eg, political, social, cultural), Tanzania and Malawi (Phases 1 and 2) were best able to achieve true community-managed targeting and distribution. Phase 3 of the Malawi programme was more agency-based in terms of development of beneficiary selection criteria, which were no longer defined locally. Although the Zimbabwe programme diverged from the original CMTD protocols in the face of a very complex and challenging political environment, the programme is developing innovative mechanisms for promoting accountability of decision-makers to beneficiaries.

In terms of the institutional experience of Save the Children with CMTD, the Tanzania programme provided a very strong foundation for developing and adapting the CMTD approach, documenting lessons learned, and building partnerships with government and agencies to expand the approach nationally. Largely owing to contextual factors, the targeting approach implemented in Tanzania most closely embodied the principles of CMTD. Extensive training and technical support were provided by the Tanzania team to the Malawi team, and thus Phases 1 and 2 of the Malawi programme (ie, the phases funded by Department for International Development, prior to initiation of the Joint

Emergency Food Aid Programme consortium co-ordinated by World Food Programme) were very similar. These programmes were best able to place the locus of control for distribution implementation and management into the hands of the community. This was achieved through extensive sensitisation of targeted communities, repeated formal public meetings to ensure community support of programme-related decisions, and the explicit understanding that responsibility for supervising the programme lay largely in the hands of community members themselves.

The Zimbabwe programme was unable to achieve this transfer of responsibility for reasons entirely outside its control: the control of food resources was (and continues to be) highly politicised and decision-making responsibility more centralised in the hands of local authorities than in Tanzania and Malawi. This meant that Save the Children had to take a more active role in undertaking and directly monitoring the distribution, to reduce the risk of favouritism and bias in the distribution process and ensure that food reached those truly in need.

2. Although CMTD requires less agency staff involvement during the distribution process itself than traditional agency-run distribution programmes, the initial sensitisation of government leaders and targeted communities can be quite time-consuming in practice.

Ideally, CMTD would incorporate three village-level public meetings at the outset to ensure full community participation in selecting village relief committees, approve beneficiary selection criteria and approve beneficiary lists. This was often impractical for three reasons. First, insufficient staff were available to support three meetings per targeted village, particularly given that the meetings would often take place on different days. This agency staff support proved quite important for ensuring community comprehension and ownership of the process, as well as the capacity of relief committees to operate effectively.

Second, CMTD requires the establishment of partnerships with central, district and local leaders to ensure full support for the approach at all levels. This is clearly easier for agencies to accomplish where they have a long-term presence (eg, through community development projects) in the programme area, or the

time to build institutional partnerships, such as in Tanzania. Accordingly, it is more difficult to achieve in areas where agencies are newly operating or scaling-up rapidly, as in Malawi (Phase 3).

Finally, the transfer of responsibility from formal leaders to community members (or community-based committees) often engenders tensions regarding the appropriate role of local leaders in the process. Tensions often arose regarding whether leaders should be allowed to be members of relief committees; in Zimbabwe, national regulations dictated that distributions be led by local leaders alone. Sufficient time is needed to clearly allocate responsibilities for leaders, community-based committees and community members alike, in a way that promotes public acceptance of the process and that is culturally appropriate. Leaders should be actively involved in the process in some form, in accordance with their position of authority in the community. Creative solutions should be identified at the outset to prevent conflict over this issue.

3. Despite the considerable effort invested in establishing a detailed household economy approach-based needs assessment as a basis for developing target criteria, beneficiary communities diverged from these criteria to some degree, according to local perceptions of need.

In Tanzania (Singida), 15–22 per cent of households were under-registered, with the likely outcome that food was distributed to unregistered households. In Zimbabwe, under-registration was far more prevalent, with 70–81 per cent of households under-registered by mid-2003. In Malawi, registration of households for maize appears to have proceeded well, though corn-soya blend allocation per household showed little correlation to the number of individuals in the household.

It was often reported through qualitative research that the amount of food provided through the general food distribution (GFD) programmes was insufficient relative to needs, leading to some degree of community support for redistribution. The sentiment was also voiced that redistribution of food aid from targeted poor households to those who are better off promotes long-term food security of the community, given the vital role of the better-off in supporting the poor. The results are visible in household profile monitoring data which indicates that 5–12 per cent, 10–13 per cent and 7–23 per cent of the

beneficiaries of maize were unintended ('inappropriately targeted') households falling outside the selection criteria in Tanzania, Zimbabwe and Malawi (Phases 1, 2) respectively.

In addition to this 'official' distribution of food aid to unintended beneficiaries, many of those who were appropriately targeted shared their food with others. In Tanzania, over 15% of the food was consumed by individuals considered to be outside the household; in Zimbabwe, small proportions of food aid were reported to be consumed outside the household; and in Malawi (Phase 1), 48–69% of respondents reported using food aid for something other than household consumption.

Additional effort should be directed towards monitoring strategies that capture the reasons for this redistribution. Where 'inaccurate targeting' stems from a large imbalance between the level of need and the availability of food aid, the implications for the programme are clear. Where it stems from corruption on the part of decision-makers, this should be measurable through non-beneficiary monitoring (to capture perceptions of fairness), cross-checked with household profile monitoring (to capture the proportion of beneficiaries falling outside targeting criteria).

The concern that excluding the traditionally better-off from the distribution may undermine long-term intra-community support mechanisms has considerable merit, and should be investigated further. It has been observed that criteria used to define poverty during non-crisis years – such as land under cultivation or animal holdings – may not be relevant indicators of food security status in crisis years, thus reducing the distinction between wealth groups for targeting. The assertion is not made here that GFDs should be untargeted; rather, redistribution may serve to strengthen long-term food security of the poor, and further research into the dynamics of this process may elucidate how food aid interventions may be modified to ensure impact on the poor while allowing for the inevitable sharing of this valuable resource.

4. Where circumstances are appropriate for the implementation of true CMTD, it should be considered, given its relative success (as in Tanzania) and the potential long-term community benefits of local programme management and participatory decision-making.

CMTD will be most feasible where the agency has a long-term presence in the target community, and the programme is directed towards livelihood support rather than prevention of mortality in an acute emergency. CMTD is best integrated with ongoing poverty alleviation programmes, which build familiarity and rapport with target communities, as well as community capacity for programme management.

In many settings, divergence from CMTD will be necessary because of resource constraints. Recent innovations by the Zimbabwe programme provide a chance to investigate mechanisms for promoting community accountability in a context where the risk of inappropriate targeting is significant, and exclusion of socially or politically marginal groups in decision-making is institutionalised. The strategy is to promote parallel community structures (committees and feedback mechanisms) that work alongside those managing the distribution, but serve to communicate community complaints to a national committee without creating risk to those raising the complaint. This promotes accountability and community participation, two core principles of CMTD. The Zimbabwe programme should put in place plans to closely monitor this pilot project, and to evaluate the medium-term impact of these feedback mechanisms on key outcomes (ie, proportion of beneficiaries meeting selection criteria, proportion of eligible households excluded from the programme, proportion of aid used for purposes other than consumption and qualitative research on how these decisions are made).

5. The area of greatest importance for further development is that of monitoring and evaluation strategies for the food distribution programmes.

Save the Children should strive to identify consistent indicators for monitoring, as well as a common report template to facilitate cross-country comparison and trend tracking. The first step – often problematic – is to establish the most reliable population estimates possible as a basis for indicator calculations. A comprehensive monitoring system – including the monitoring activities identified in Figure 8 (page 53) – should be the objective. Quantitative data (defined consistently) is vital for trend tracking, for such indicators as: proportion of beneficiaries meeting eligibility criteria, ration size received per household, and percentage of ration put towards each use. Although

non-beneficiary monitoring is often conducted using qualitative research techniques, population-representative surveys are necessary to identify the proportion of eligible households excluded from the programme (exclusion error). The tables and figures in this report highlight differences in monitoring information collected by each programme. Finally, monitoring and evaluation systems should be circular: they should be utilised to inform programme design and implementation (a step noted to be missing in Malawi, Phase 3), but the results should also be fed back to local communities if the community is to ultimately manage the programme.

Notes

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- 10** Michael O'Donnell, Save the Children UK Zimbabwe Programme, personal communication, August 2003.
- 11** Save the Children UK, Harare, Save the Children UK, 2001.
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