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BUDGET INCREASES TO DEVELOPMENT ACTIVITIES— REPUBLIC OF THE CONGO DEVELOPMENT PROJECT 200211

Safety-Net Programme

Cost (United States dollars)			
	Current budget	Increase	Revised budget
Food	826,531	170,786	997,317
Cash/Vouchers	4,331,940	5,579,586	9,911,526
Capacity development and augmentation*	20,497	142,905	163,402
Total	6,619,649	6,816,479	13,436,128

* The planning figures for capacity development and augmentation under the current budget are related to the 2013 fiscal year only.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

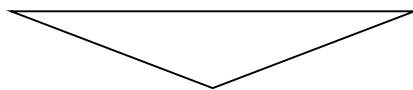
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Should you have any questions regarding availability of documentation for the Executive Board, please contact the Conference Servicing Unit (tel.: 066513-2645).

* Johannesburg Regional Bureau (Southern Africa)

DRAFT DECISION*



The Board approves the proposed budget increase of USD 6.8 million for Republic of the Congo development project 200211, with a ten-month extension from 1 March to 31 December 2014 (WFP/EB.1/2014/6-A*).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

NATURE OF THE INCREASE

1. This increase to development project (DEV) 200211 involves a ten-month extension from 1 March to 31 December 2014 and a budget revision of USD 6.8 million to support:
 - geographic expansion, and doubling the number of beneficiaries to 72,000 at the request of the Government;
 - the 2015–2018 country programme; this will include a safety-net component based on the WFP country strategy document, the recent comprehensive food security and vulnerability analysis (CFSVA), recommendations from the 2013 country portfolio evaluation and an end-of-project appraisal;
 - alignment of the country programme with Outcome 3 of the 2014–2018 United Nations Development Assistance Framework (UNDAF);
 - an increase in the monthly value of electronic vouchers from USD 40 to USD 60; and
 - a six-month extension of the voucher issue period to a maximum of 18 months.

JUSTIFICATION

Summary of Existing Project Activities

2. This safety-net project targets vulnerable households with a monthly income below USD 60, those headed by pregnant and lactating women (PLW), those with children taken out of school¹ and those caring for malnourished people living with HIV (PLHIV) or tuberculosis (TB).
3. The project is operationalized through e-vouchers transferred via mobile devices: the vouchers are conditional on: i) children's re-enrolment and regular school attendance; ii) the use of health services by PLW; and iii) treatment for PLHIV and people with TB; supplementary feeding² is provided for malnourished people in these groups³ for a maximum of six months.
4. The National Development Plan (2012–2016) and the National Social Action Policy (2012) commit the Government to investing more resources in social protection with a view to covering up to 60 percent of the current project budget. In view of the success of the project, proposals are being discussed to increase this amount as the project extends into rural areas. The project is implemented jointly with the Ministry of Social Affairs and Humanitarian Action.

¹ This budget revision carries over households with children taken out of school from the previous phase of the project in Brazzaville and Pointe-Noire. The number of such households will not be increased, and such households will not be included in expansion areas (Lékoumou, Cuvette, Pool and Plateaux).

² Poverty is the main admission criterion for care and treatment of PLHIV and people with TB. Poor nutritional status of anti-retroviral therapy and directly observed treatment, short-course patients determines eligibility.

³ Body mass index below 18.5; patients are discharged when they maintain an index above 18.5 for two consecutive months.

5. In line with the WFP Strategic Plan (2014–2017), particularly Strategic Objective 4, the aims are to:
- develop the Government's capacity to establish, manage and scale up a sustainable safety-net system;
 - treat moderate acute malnutrition among PLHIV and people with TB;
 - improve school enrolment and attendance; and
 - increase access to health services for PLW and their children under 2.

CONCLUSION AND RECOMMENDATIONS OF THE RE-ASSESSMENT

6. An external mid-term evaluation in December 2012 validated the suitability of the e-voucher modality and its success in minimizing fraud and improving monitoring. WFP has implemented the recommendations to enhance coordination among stakeholders and to develop the capacity of the Government and partners, for example through weekly joint work sessions, enhancement of the monitoring and evaluation system, and training of ministry staff. The project report for January–June 2013 showed a 93 percent transfer rate, which indicates positive impact.
7. Following the March 2013 country portfolio evaluation, WFP and the Ministry of Social Affairs and Humanitarian Action confirmed the feasibility of scaling up. Analysis showed that e-vouchers were the most appropriate and effective delivery modality. Targeting criteria were refined and the nutritional value of the food basket was enhanced.⁴
8. A market analysis in Brazzaville and Pointe-Noire, where the project is being implemented, and in Sibiti (Lékoumou), which is to be incorporated under this budget revision, confirmed reliable supply of most products at affordable prices. Given the similar market structures in the other expansion areas for 2014⁵ – Djambala (Plateaux), Kinkala (Pool) and Owando (Cuvette) – no further assessment is required at this stage.
9. The following recommendations will be implemented under this budget revision:
- The voucher value will be increased from USD 40 to USD 60 to take into consideration: i) 21.5 percent inflation between 2011 and 2013, which increased the food basket cost from USD 40 to USD 49; ii) higher beneficiary transport costs, estimated at USD 5; iii) the need for a more nutritious food basket; and iv) an updated food gap calculation and harmonization with a planned cash project by the World Bank and the Ministry of Social Affairs and Humanitarian Action.
 - The period in which beneficiary households can receive vouchers will be extended by six months to a maximum of 18 months.
 - Targeting and transfer mechanisms will be streamlined.

⁴ With a view to allowing for balanced diets the revised voucher system requires the purchase of food by category and limits quantities that can be obtained. It provides: i) a nutrient value of 6.43 (previously 4.83); ii) 45 percent–50 percent of daily energy requirements (previously 40–45 percent); iii) 65 percent of daily protein requirements (previously 34 percent) and an increase in most micronutrients.

⁵ These four towns – administrative centres where health, educational and other social infrastructure are better – are targeted for assistance in 2014: Sibiti and Owando in March, Kinkala and Djambala from June.

- Nutrition education for staff of the Ministry of Social Affairs and Humanitarian Action will be introduced, in collaboration with the United Nations Children’s Fund, with nutrition counselling and assessment training for caregivers at health centres.
 - The visibility of the project will be enhanced through publicity schemes.
10. Financial service providers and retailers will be selected on the basis of capacity assessment and competitive tendering; standard operating procedures will be developed.
11. The ministry and WFP also recommended measures to address stunting, wasting and micronutrient deficiencies. WFP will seek the financial, human and technical resources to integrate the recommendations into its new country programme.

PURPOSE OF EXTENSION AND BUDGET INCREASE

12. The budget revision will enable WFP to assist an additional 36,000 beneficiaries – 8,400 in Brazzaville, 6,000 in Pointe-Noire, 9,000 in Sibiti, 4,800 in Owando; and, from June 2014, 4,800 in Kinkala and 3,000 in Djambala.⁶ Because HIV prevalence rates are below average in all expansion regions except Lékoumou,⁷ more PLW will be included.

TABLE 1: BENEFICIARIES BY ACTIVITY				
Activity	Category of beneficiaries	Current	Increase	Revised
Voucher transfer	PLHIV/TB	19 800	16 200	36 000
	PLW	9 000	19 800	28 800
	Out-of-school children	7 200	-	7 200
Supplementary feeding*	PLHIV/TB	3 300	2 700	6 000
TOTAL (including overlap)		36 000	36 000	72 000

* All project beneficiaries will receive voucher transfers; PLHIV/TB will also receive a nutrition supplement.

13. The geographic expansion targets the four most food-insecure regions⁸ – Lékoumou, Plateaux, Pool and Cuvette⁹ – which also have the highest rates of poverty, malnutrition and micronutrient deficiency. The Government plans to expand the project across all regions, and sees this budget revision as a first step. Because the Ministry of Social Affairs and Humanitarian Action has health facilities and personnel in the administrative capitals for screening PLHIV-TB and assisting PLW, people from the surrounding areas will be served in these centres.

⁶ The planned figures cover up to 100 percent of poor malnourished PLHIV and people with TB and up to 44 percent of poor PLW; the figure for Brazzaville is 5 percent, and for Pointe-Noire 10 percent.

⁷ HIV prevalence rates for women: Lékoumou (7.3 percent), Plateaux (3.4 percent), Cuvette (1.5 percent), Pool (1.6 percent). The national average is 4.1 percent (National HIV Prevalence Survey, 2009).

⁸ WFP currently implements the project in Brazzaville and Pointe-Noire. The administrative capitals for the project are Sibiti (Lékoumou), Djambala (Plateaux), Kinkala (Pool) and Owando (Cuvette).

⁹ Data from a recent CFSVA will be used to refine targeting.

14. This budget revision will help to ensure that the 2015–2018 country programme, which will include a safety-net component, is informed by the new country strategy document, the recent CFSVA, recommendations from the country portfolio evaluation and an end-of-project appraisal. It will also help to align the country programme with the UNDAF.
15. This budget revision will increase the voucher value by USD 20, and extend the period of voucher issue by six months to give households time to move into productive activities or long-term social schemes. Beneficiaries exit from the project when their food security and nutrition status has improved and they have been linked to Government projects.

TABLE 2: REVISED DAILY FOOD RATION/TRANSFER, BY ACTIVITY		
	Voucher transfer	Supplementary feeding
	Revised	Revised
Super cereal (<i>g/person/day</i>)	-	200
Vegetable oil (<i>g/person/day</i>)	-	20
Voucher (<i>USD/household/day</i>)	2	-
TOTAL (USD)	5 432 820	-
TOTAL (mt)	-	119
<i>Kcal/day</i>	-	929
Expected recovery period per patient	-	180 days

FOOD REQUIREMENTS

TABLE 3: FOOD AND VOUCHER REQUIREMENTS BY ACTIVITY			
Activity	Current	Increase	Revised total
Vouchers (<i>USD</i>)	3 671 840	5 432 820	9 104 660
Supplementary feeding (<i>mt</i>)	255	119	374
TOTAL (USD)	3 671 840	5 432 820	9 104 660
TOTAL (mt)	255	119	374

RISK ASSESSMENT AND PREPAREDNESS PLANNING

16. The efficiency of the intervention could be affected by risks such as price and market volatility, limited partner capacity and lack of coordination among social-protection projects and stakeholders. Risk mitigation will include: i) continuous monitoring of prices and markets, with assistance adapted accordingly; ii) selection of service providers through competitive bidding; iii) investment in government capacity development; iv) enhanced coordination and harmonization of projects; and v) development of common tools and approaches.

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (USD)	Value (USD)
Food			
Oil and fats	11	9 666	
Mixed and blended food	108	56 160	
Total food	119	65 826	
External transport		12 671	
Landside transport, storage and handling		34 587	
Other direct operational costs: food		57 702	
Food and related costs¹		170 786	170 786
Cash and vouchers		5 432 820	
Related costs		146 766	
Cash and vouchers and related costs		5 579 586	5 579 586
Capacity development and augmentation		142 905	142 905
Direct operational costs			5 893 277
Direct support costs ² (see Annex I-B)			477 264
Total direct project costs			6 370 541
Indirect support costs (7.0 percent) ³			445 938
TOTAL WFP COSTS			6 816 479

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support cost allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (USD)	
Staff and staff-related	
Professional staff	90 425
General service staff	223 839
Subtotal	314 264
Recurring and other	41 000
Capital equipment	21 000
Security	16 000
Travel and transportation	50 000
Assessments, evaluations and monitoring¹	35 000
TOTAL DIRECT SUPPORT COSTS	477 264

¹ Reflects estimated costs when these activities are carried out by third parties. If the activities are carried out by country office staff, the costs are included in the staff and staff-related and travel and transportation categories.

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger		
<p>Outcome 4.1 Reduced undernutrition among PLHIV and people with TB, children aged 6–59 months, PLW, and school-age children.</p> <p>Linked outputs: A and K (see <i>Outputs table below</i>)</p>	<ul style="list-style-type: none"> ➤ Anti-retroviral therapy (ART)/directly observed treatment, shortcourse (TB-DOTS) patients' nutritional recovery rate <p>Baseline recovery rate: 45% Target recovery rate: >75% Data source: Ministry of Health; monthly cooperating partners reports</p> <ul style="list-style-type: none"> ➤ Food consumption score for ART/DOTS patients, PLW and their children and other households. <p>Baseline: 65% Target: 80% of targeted households/individuals have acceptable food consumption, disaggregated by sex of household head. Data source: Food security outcome monitoring, project bi-annual report.</p> <ul style="list-style-type: none"> ➤ Project-specific indicators: <ul style="list-style-type: none"> - % of supported lactating women who received at least one post-natal check <p>Baseline: to be determined¹ Target: 100% Data source: Health centre registers, monthly cooperating partners reports</p> <ul style="list-style-type: none"> - % of supported pregnant women who received at least four ante-natal checks during pregnancy <p>Baseline: 50% Target: 95%</p>	<p>MTN mobile company functions effectively and delivers quality services.</p> <p>Market shocks do not affect food availability or prices in selected shops.</p> <p>ART/TB-DOTS is not interrupted.</p> <p><i>Circonscription d'action sociale</i> functions adequately, with sufficient staff and resources.</p> <p>Health centres supporting PLW and ART/TB-DOTS patients function adequately.</p> <p>Adequate funding and continuous support from the Government is available.</p> <p>Political and institutional stability continues.</p> <p>Security of staff and assets is not compromised.</p> <p>No major disasters occur.</p> <p>No major outbreaks of disease occur.</p>

¹ Baseline surveys will be carried out between January and March 2014.



ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
	Data source: Health centre registers, monthly cooperating partners reports - % of children aged 9–15 months completing all vaccinations according to the national protocol Baseline: 44% Target: 80% Data source: Health centre registers, monthly cooperating partners reports	
Outcome 4.2 Increased equitable access to and utilization of education Linked output: A	> Retention rate of boys and girls Baseline: 69% Target: 85% retention of boys and girls Data source: school records, Ministry of Education annual reports	
Outcome 4.3 Ownership and capacity strengthened to reduce under nutrition and increase access to education at regional, national and community levels Linked outputs: L and M	> National capacity index for safety net and nutrition interventions Baseline: to be determined ¹ Target: increase of index from initial assessment Data source: capacity analysis	
Project-specific outcomes		
Project-specific outcome 1 Improved ART adherence and success of TB treatment Linked output: A	> ART adherence rate Baseline: 65% Target: rate >95% Data source: Health centre registers > TB treatment success rate Baseline: >58% Target: >85% Data source: Health centre registers, World Health Organization	





ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Cross-cutting results		
Gender and minority empowerment Gender equality and empowerment improved	<ul style="list-style-type: none"> ➤ Proportion of women, men, or both, who make decisions over the use of cash, voucher or food within the household Baseline: to be determined ¹ Target: women: 80%; men: 20% <ul style="list-style-type: none"> ➤ Proportion of beneficiaries from indigenous communities Target: to be determined	
Protection of and accountability for affected populations Food assistance interventions coordinated and partnerships developed and maintained	<ul style="list-style-type: none"> ➤ Proportion of assisted people who do not experience safety problems related to WFP programme sites. Baseline: to be determined ¹ Target: 100% <ul style="list-style-type: none"> ➤ Proportion of assisted people informed about the programme – who is included, what people will receive, where people can complain Baseline: to be determined ¹ Target: 90% <ul style="list-style-type: none"> ➤ Proportion of project activities implemented with complementary partners Baseline: to be determined ¹ Target: 80%	

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
<p>Partnership WFP assistance delivered and utilized in safe, accountable and dignified conditions</p>	<ul style="list-style-type: none"> ➤ Complementary funds provided by partners Baseline: to be determined¹ Target: Ministry of Social Affairs and Humanitarian Action: 60% of project budget; Other partners: USD 150,000 ➤ No. of partner organizations providing complementary inputs and services Target: 3 	
<p>Output A Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries</p>	<ul style="list-style-type: none"> ➤ No. of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned ➤ Quantity of food assistance distributed, as % of planned, disaggregated by type ➤ Quantity of non-food items distributed as % of planned, disaggregated by type ➤ Total value of vouchers distributed, expressed in food/cash, transferred to beneficiaries, disaggregated by sex and category, as % of planned ➤ No. of schools and health centres assisted, as % of planned ➤ WFP expenditure related to distribution of food and vouchers, by activity and transfer modality ➤ No. of vouchers issued in men's names ➤ No. of vouchers issued in women's names ➤ No. of shops participating in the voucher activity 	





ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
<p>Output K Messaging and counselling on specialized nutritious foods and infant and young child feeding practices implemented effectively</p>	<ul style="list-style-type: none"> ➤ Proportion of women/men exposed to nutrition messaging supported by WFP, compared with planned ➤ Proportion of women/men receiving nutrition counselling supported by WFP, compared with planned ➤ Proportion of men and women caregivers receiving three messages delivered through WFP-supported messaging and counselling 	
<p>Output L Policy advice and technical support provided to enhance management of food security, nutrition and school feeding</p>	<ul style="list-style-type: none"> ➤ No. of government staff trained by WFP in nutrition programme design, implementation and technical and managerial skills, disaggregated by sex and type of training ➤ No. of technical assistance activities provided, by type 	
<p>Output M National nutrition, school feeding, safety net policies and or regulatory frameworks in place</p>	<ul style="list-style-type: none"> ➤ No. of national nutrition, school feeding and safety net programmes developed with WFP support ➤ No. of nutrition-sensitive national safety-net policies ➤ No. of technical assistance activities provided, by type 	

ANNEX III



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
CFSVA	comprehensive food security and vulnerability analysis
DEV	development project
DOTS	directly observed treatment, shortcourse
PLHIV	people living with HIV
PLW	pregnant and lactating women
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework