برنامج الأغذية العالمي | Programme Alimentaire Mondial | World Food Programme | Programa Mundial de Alimentos

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PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval

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PROTRACTED RELIEF AND RECOVERY OPERATIONS— UGANDA 10121.3

Protracted Relief for Internally Displaced Persons and Refugees	
Number of beneficiaries	881,000 (annual maximum)
Duration of project	36 months (1 April 2009–31 March 2012)
Cost (United States dollars)	
WFP food tonnage	149,843 mt
WFP food cost	85,694,167*
Total cost to WFP	177,107,545

* This amount includes US$2,992,339 for a cash transfer pilot project equivalent to 4,602 mt of mixed food commodities.

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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EXECUTIVE SUMMARY

In recent decades, Uganda has experienced the damaging effects of civil conflict within its borders and political instability in neighbouring countries. A civil war fought across the Acholi subregion in the north has left much of the population there displaced in camps and transit sites. Instability in the Sudan and the Democratic Republic of the Congo has led thousands of refugees to seek asylum in the West Nile and Southwest subregions of western Uganda.

However, there are now potential opportunities for resolving some of these longstanding crises. The initiation of peace talks between the Lord's Resistance Army and the Government of Uganda in 2006 has rekindled hope for a resolution of this conflict and the predicament of the internally displaced in camps. The signing of the Sudan Comprehensive Peace Agreement in 2005 has likewise increased the prospect that Sudanese refugees in West Nile will be able to return home. However, violence is likely to continue in the Democratic Republic of the Congo, leading to further refugee influxes into the Southwest subregion.

In response to this changing context, the Government launched its Peace, Recovery, and Development Plan to mobilize human and financial resources for the conflict-affected areas; the plan provides a framework for the efforts of the humanitarian community. An external evaluation of the previous protracted relief and recovery operation (Uganda PRRO 10121.1) and the findings of several emergency food security assessments have confirmed the continued need for humanitarian assistance in the crisis-affected areas. Therefore, the overall goal of the proposed protracted relief and recovery operation is to support the Government's efforts to save lives and address acute malnutrition among internally displaced persons and refugees affected by protracted crises.

To achieve this goal, WFP and partners will address the immediate causes of undernutrition through an innovative relief programme. General distributions will be aimed at preventing beneficiaries from becoming malnourished; beneficiaries will receive either a food ration or cash/vouchers and will attend on-site sensitization about caring practices. Supplementary and therapeutic feeding will be provided for beneficiaries who are already malnourished, using a community-based approach and introducing locally developed nutritional products. These relief efforts will be phased out of two areas (Acholi and West Nile) over the course of the operation; complementary recovery activities in the country programme will support this transition.

This document represents a modification of PRRO 10121.2. In line with the Executive Board's request, it is streamlined with a clear focus on life-saving humanitarian assistance. The activities are consistent with the goals of WFP Strategic Objective 1 (saving lives and addressing acute malnutrition), Millennium Development Goal 1 (eradicating extreme poverty and hunger) and Goal 1 of the WFP country strategy for Uganda (preventing hunger-related deaths). However, their success will depend upon continued positive political developments in Uganda and neighbouring countries.

DRAFT DECISION*

The Board approves the proposed PRRO Uganda 10121.3 "Protracted Relief for Internally Displaced Persons and Refugees" (WFP/EB.1/2009/9-A/2).

* 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.

SITUATION ANALYSIS AND SCENARIOS

Overall Context

1. Since the 1990s, the Government of Uganda has promoted a development agenda that has led to a reduction in national poverty, with visible improvements in many welfare indicators. Its score on the human development index has improved steadily since 1995, and Uganda now ranks 154th out of 177 countries worldwide. HIV prevalence has been reduced from 18 percent in 1993 to 6.5 percent in 2007.[1] Economic growth has averaged 5.5 percent per year since 2000. Progress has also been made on reaching the hunger target for Millennium Development Goal 1, with the prevalence of undernourishment decreasing from 24 to 19 percent between 1990 and 2000.[2]

2. However, this trend of overall improvement has not been reflected in two groups that have been directly affected by protracted humanitarian crises – internally displaced persons (IDPs) and refugees.

3. *Internally displaced persons.* As a result of 22 years of civil war in northern Uganda between the Lord's Resistance Army (LRA) and the Government, over 720,000 people in the Acholi subregion remain internally displaced, living in camps and transit sites with limited access to their homes.[3] Before the conflict, the subregion was considered the granary of Uganda, consistently produced grain surpluses for domestic and sometimes international markets. At the height of the insurgency, however, more than 80 percent of the population in the four districts of the Acholi subregion (Gulu, Amuru, Kitgum and Pader) were displaced.

4. In recent years the security situation has improved substantially. The initiation of peace talks between the LRA and the Government in 2006 rekindled hope for a resolution to the longstanding conflict. For the moment, there is relative stability and a gradual return process: IDPs have started to move out of the 122 "mother camps", establishing over 700 transit sites closer to their homes, and 15 percent of the IDPs have returned all the way to their villages of origin. However, the anticipated signing of the peace agreement has been postponed numerous times, and the LRA has reconstituted some of its forces in neighbouring countries. The issue of establishing lasting security is not fully resolved.

5. *Refugees.* Political instability in the Democratic Republic of the Congo (DRC), Rwanda and the Sudan has led 95,000 refugees to seek asylum and assistance in the West Nile and Southwest subregions of Uganda.[4] Refugees have been hosted in six settlement areas.[5] The signing of the Sudan Comprehensive Peace Agreement in 2005 opened the way for Sudanese refugees in West Nile to return home: 30,000 were repatriated in 2008, leaving just 45,000 in the subregion.

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[1] Ministry of Health, 2008, *National HIV/AIDS Strategic Plan.*

[2] WFP. 2006. *World Hunger Series 2006: Hunger and Learning*. Rome.

[3] A full-scale verification exercise of the IDP population was conducted in 2007. The Office of the United Nations High Commissioner for Refugees (UNHCR) also provides regular updates. See Inter-Agency Standing Committee Working Group. 2008 (October). *Update on IDPs Movement*

[4] The last full-scale verification exercise of the refugee population was completed in 2008. The figures are included in: UNHCR and WFP. 2008. *Joint Assessment Mission for Refugees in Uganda*. Kampala

[5] The settlement areas in West Nile are Moyo, Adjumani, Ikafe, Imvepi, Madi Okollo and Rhino Camp.

6. Most refugees in the Southwest have come from the DRC and, more recently, Kenya, and are located in five settlement areas.[6] While Rwanda has achieved stability within its borders and the political violence in Kenya has come to an end, the fighting in the eastern part of the DRC continues. Thus, while there are prospects for improvements in both Acholi and West Nile, it is unlikely that the 45,000 Congolese refugees in the Southwest will return home in the near future and additional refugees are likely to arrive from the DRC.

Food Security and Nutrition Situation

7. In 2005, a comprehensive food security and vulnerability assessment (CFSVA) identified the internally displaced and refugee community as among the most food-insecure in Uganda. This analysis has been followed up through a food security and nutrition monitoring system, nutrition surveys, emergency food security assessments and joint assessment missions to monitor trends over time. A new CFSVA was conducted in 2008, and data analysis is being finalized. Field observations suggest that the IDPs and refugees continue to face serious food insecurity.

8. WFP recognizes that acute malnutrition arises from multiple causes. The conceptual model of the United Nations Children's Fund (UNICEF) identifies three direct causes of acute malnutrition: inadequate dietary intake, disease, and inadequate maternal and child caring practices. The protracted crises have contributed to all of them.

⇒ *Internally Displaced Persons*

9. *Acute malnutrition levels.* Over the last three years, an extensive relief operation has maintained the global acute malnutrition (GAM) rate below 10 percent in the Acholi subregion. Although this figure represents a significant achievement, the increase of the GAM rate in Gulu and Amuru districts, from below 5 percent to 8.7 percent in 2008[7] is of concern.

10. *Food intake.* Many IDPs depend on humanitarian assistance to meet their food needs. An emergency food security assessment (EFSA) undertaken during the 2008 lean season indicated that, on average, only 50 to 60 percent of the IDPs' food needs were met by their own production, markets, gathering and borrowing; the remainder were covered by food assistance. Food production remains a challenge for many IDPs due to limited access to land and inputs, while high food prices have made market purchases more difficult.[8]

11. As security improves, more land is available and food production is expected to increase, leading to an expected decline in the numbers of IDPs requiring food assistance. A workshop in October 2008 brought together district officials, United Nations agencies and non-governmental organizations (NGOs) to analyse the food requirements over the next year, using emergency food security assessments, nutrition surveys, etc. The analysis found that over 239,000 IDPs could be phased out from general food distributions, while

[6] The settlement areas in the Southwest are Kiryandongo, Kyangwali, Kyaka II, Nakivale, and Oruchinga.

[7] *Action contre la faim* (Action Against Hunger – ACF). 2008. *Nutritional Anthropometric Survey – Gulu/Amuru Districts, Northern Uganda*. Kampala.

[8] WFP. 2008. *Emergency Food Security Assessment: Gulu/Amuru Districts.* Kampala.

another 295,000 would need assistance only on a seasonal basis. However, more than 443,000 people would require continuous assistance through September 2009.[9]

12. The consequences of high HIV prevalence among IDPs (estimated to be double the national average), and its impacts on the physical well-being and productivity of affected people, have affected the food and nutrition security of the population and its livelihood opportunities.

13. IDPs also lack sufficient food providing adequate micronutrients. The 2006 Demographic and Health Survey indicated that iron deficiency was 77 percent among IDPs, with only 10 percent of children having eaten iron-rich food in the previous 24 hours.[10] In contrast, deficiency levels of Vitamin A and iodine were low: most IDPs receive Vitamin A supplementation, and 95 percent of households have access to iodized salt. Preliminary results from a more recent micronutrient study appear to support these findings.[11]

14. *Caring practices.* The Ministry of Health recommends that children be breastfed exclusively for the first six months in order to prevent infections and ensure optimal nutrition. Yet only 25 percent of infants in Kitgum district[12] and 40 percent in Pader district[13] are exclusively breastfed over the first six months – in part because of inadequate sensitization of caregivers. Complementary foods are introduced too early and, in some cases, the wrong types of food are provided. For example, 49.5 percent of caregivers in Kitgum district gave infants plain water, possibly because of insufficient breast milk; others provided them with tea.

15. *Diseases.* The most prevalent diseases in the IDP camps and transit sites are malaria (50 percent in Pader, 70 percent in Kitgum), respiratory infections (14 percent in Pader and 12 percent in Kitgum) and diarrhoea (11 percent in Kitgum).[14] In 2007, 55 percent of deaths among children 0–59 months were associated with malaria.[12] AIDS-related illnesses add to the underlying causal factors associated with malnutrition and disease patterns affecting both children and adults.

16. Some of these diseases could be prevented. Only 53 percent of the IDPs own a mosquito net and just 33 percent of children sleep under one.[10] The transmission of diarrhoea and respiratory infections could be reduced through better sanitation practices.

17. IDPs do not have adequate access to health services. Only 40 percent in Kitgum and 42 percent in Gulu have a health facility within the recommended 5 km radius.[12] Moreover, the health centres are not adequately equipped with medicines and personnel to treat common illnesses or acute malnutrition. As a result, people are forced to travel distances of up to 50 km to obtain adequate care. As people return to their places of origin, the distances to health services will further increase. The pronounced increase in GAM rates in

[9] WFP. 2008. *Phase-Off Workshop Report for Acholi Subregion* (draft). Findings have been shared with donors in individual meetings and larger forums.

[10] Government of Uganda. 2006. *Uganda Demographic and Health Survey*. Kampala.

[11] Discussions with lead researchers of the Makerere University food consumption study.

[12] Makerere University. 2007. *Nutrition and Health Survey of Children and Women in Kitgum District.* Kampala.

[13] Ministry of Health, United Nations Children's Fund (UNICEF) and WFP. 2007. *Nutrition and Health Assessment in Internally Displaced Persons Camps in Pader District.* Kampala.

[14] Ministry of Health and WFP. 2008. *Nutrition and Health Survey in Kitgum and Pader Districts* (draft). Kampala.

Gulu and Amuru may be attributable to the return process, which is much more advanced than in Kitgum and Pader.

⇒ *Refugees*

18. *Acute malnutrition levels.* The GAM rates among refugees have been maintained below 10 percent in both the West Nile and Southwest subregions.[4] For West Nile, the prevalence ranges from 3.8 percent in Imvepi refugee settlement to 7.6 percent in Palorinya, while in the Southwest, they vary from 2.7 percent in Oruchinga to 6.1 percent in Nakivale. Across the settlements in these subregions, there is no clear pattern of either improvement or deterioration. These surveys are undertaken every November, between the first and the second harvests – a time of relative food security.

19. *Food intake.* The food intake in refugee settlements is adequate, but in most cases depends on food assistance from WFP. In West Nile and the Southwest, refugees receive a food ration covering between 40 and 60 percent of the recommended daily allowance (RDA) depending on their food security situation.[4] New arrivals and extremely vulnerable individuals receive a full ration. One of the main constraints is limited access to cultivable land. Under the Development Assistance to Refugee Hosting Areas (DAR) programme, the Government of Uganda provides land to refugees, but the plots are small.

20. Based on the data available for the general population of West Nile and Southwest, the most prevalent micronutrient deficiency among refugees is expected to be anaemia. Almost 70 percent of children and 30 percent of women aged 15 to 49 are estimated to experience some form of iron deficiency.[10] By contrast, Vitamin A and iodine deficiency levels are relatively low, due to widespread Vitamin A supplementation[15] and the availability of iodized salt in the settlements.

21. *Caring practices.* One of the principal challenges to adequate care is the lack of knowledge among refugee women about appropriate breastfeeding practices. The average length of exclusive breastfeeding is between 2.8 and 4.6 months, while 50–65 percent of infants do not receive breastmilk within the first hour after they are born, as recommended.[10] Moreover, the complementary foods often introduced during this period, such as tea or plain water, are not nutritious and may lead to higher rates of diarrhoea.

22. *Diseases.* The principal diseases that contribute to acute malnutrition among the refugees are malaria (59–70 percent), respiratory infections (46–50 percent), diarrhoea (36-38 percent) and intestinal worms (36–43 percent). The high rates of malaria reflect, in part, the limited use of mosquito nets for children (20–30 percent).[16] The incidences of respiratory infections and diarrhoea result from crowded conditions and inadequate sanitation and hygiene.

⇒ *Scenarios*

23. In August 2008, the Government of Uganda, WFP, representatives of IDPs and refugees, donors and other partners reviewed the likely future scenarios and the appropriate programme responses in workshops held at district and national levels.

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[15] For example, Vitamin A supplementation had a coverage of 80–90 percent in Rhino Camp, West Nile. Arua District Directorate of Health Services. 2008. *Rhino Camp/Imvepi Refugee Settlements: Anthropometric and Epidemiological Survey Report*. Kampala.

[16] Arua District Directorate of Health Services. 2008. *Rhino Camp/Imvepi Refugee Settlements: Anthropometric and Epidemiological Survey Report.* Kampala. The percentages on diseases and net usage are taken from Rhino Camp and Imvepi settlements.

24. *Internally displaced persons.* For the Acholi subregion, it was generally agreed that the most likely scenario was that security would improve but a peace agreement would not be signed. Hence, people are likely to progressively return home throughout 2009. Nevertheless, there is a need to be prepared for two possible variations. A more positive scenario would be a rapid conclusion to a peace agreement between the LRA and the Government of Uganda, leading to mass homeward movements of IDPs in Acholi – and posing challenges for the humanitarian response. A less positive scenario would be a resumption of fighting, causing renewed displacement.

25. *Refugees.* The repatriation of Sudanese refugees in West Nile is expected to increase again between January and May 2009 (when people can return and still complete a harvest). An alternative scenario is that fighting resumes in Southern Sudan, slowing the pace of repatriation and possibly even leading to new influxes of refugees into Uganda.

26. Continuing instability in the DRC suggests the need to be prepared for the possibility of a significant influx of refugees into the Southwest. A more serious, but less likely scenario is that the region is engulfed in a wider conflict, triggered by the fighting in the DRC. In that case, up to 100,000 refugees may seek asylum in Uganda.[17]

POLICIES, CAPACITIES, AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

27. In October 2007, the Government launched its Peace, Recovery and Development Plan (PRDP) for the Acholi, Teso, Lango and Karamoja subregions. The programme aims to mobilize human and financial resources to the crisis-affected districts. It has four strategic objectives: i) consolidation of state authority; ii) rebuilding and empowering communities; iii) revitalization of the economy; and iv) peacebuilding and reconciliation. It makes specific provisions for humanitarian assistance and community recovery for IDPs. The PRDP functions within the Poverty Eradication Action Plan (PEAP 2004) developed to meet the Millennium Development Goals (MDGs).

28. For refugees in the West Nile and Southwest subregions, the Government of Uganda and the Office of the United Nations High Commissioner for Refugees (UNHCR) have developed the Self-Reliance Strategy (SRS) and the DAR programme, under which the Government allocates land to the refugees and UNHCR provides complementary inputs. The PRDP and SRS are complemented by national sector plans. The Ministry of Health is currently implementing its National Health Sector Strategic Plan II.

29. The Government has requested assistance from the humanitarian community to implement the programmes outlined in the PRDP, the SRS, the DAR and their associated plans.

Policies, Capacities and Actions of other Major Actors

30. There is a strong humanitarian community in Uganda. WFP, the Food and Agriculture Organization of the United Nations (FAO), UNICEF, the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) are the main United Nations

[17] UNHCR. 2008. *Updated Contingency Plan for DRC Influxes.* Kampala.

agencies engaged in the areas of food security, health and nutrition. UNHCR works in camp management and protection in IDP areas and oversees repatriation and resettlement in refugee locations. The Office for the Coordination of Humanitarian Affairs (OCHA) facilitates joint planning and response. NGOs are active in the areas of food security, health and nutrition across the subregions.

COORDINATION

31. The Office of the Prime Minister leads coordination efforts in the humanitarian field. For the PRDP, a policy and monitoring committee provides a forum for dialogue between central and local levels. Under the decentralized structure, the district Chief Administrative Officer coordinates all investments at the local level through sector committees. The Government-chaired District Disaster Management Committees oversee the implementation of emergency planning and response activities.

32. Within the humanitarian community, the Humanitarian Coordinator and the Inter-Agency Standing Committee/United Nations country team lead response efforts applying the cluster approach. Six clusters have been established: i) food security; ii) emergency education; iii) water and sanitation; iv) health, HIV/AIDS and nutrition; v) protection; and vi) early recovery. Clusters comprise line ministries, United Nations agencies, NGOs and interested donors and meet on a monthly basis both in Kampala and at the district level.

33. In preparing the strategy for this protracted relief and recovery operation (PRRO) and the accompanying emergency operation and country programme, WFP organized a series of regional workshops that brought together government actors and the humanitarian community to discuss possible directions and activities. The workshops were supplemented by consultations with the Government, United Nations agencies and donors in Kampala. There was broad consensus on the strategy reflected in this document.

OBJECTIVES OF WFP ASSISTANCE

34. The overall goal of this PRRO is to support the Government's efforts to save the lives of IDPs and refugees in Uganda affected by protracted humanitarian crises (Strategic Objective 1). Its specific objective is to reduce or stabilize acute malnutrition – and thereby lessen the risk of death – among IDPs and returnees in Acholi, refugees and IDPs in West Nile and refugees in the Southwest.

35. This objective supports the first target under Strategic Priority Area 1 – Emergency Humanitarian Action – of the WFP country strategy for Uganda (2009–2014): "There are no deaths from acute hunger, and the productive assets of the most food- and nutrition-insecure households are safeguarded against droughts and floods."

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food-Security Related Assistance to Date

36. WFP has provided food assistance to IDPs since 1996 and to refugees since 1988. In 2005, the Executive Board approved PRRO 10121.1 for 2.6 million beneficiaries. This was followed by the approval in February 2008 of PRRO 10121.2 for 1.3 million beneficiaries.

The proposed PRRO will supersede PRRO 10121.2. In line with the Executive Board's request, it is streamlined with a clear focus on life-saving humanitarian assistance. The recovery and follow-up school feeding components will be handed over from PRRO 10121.2 to the country programme. In July 2007, an independent PRRO evaluation made several findings relevant to the formulation of this PRRO; subsequent studies and evaluations have also identified lessons learned and recommended adjustments in WFP's approach for the proposed PRRO.

37. According to the end-of-term evaluation of Uganda PRRO 10121.1,[18] general distributions, supplementary and therapeutic feeding played a critical role in keeping GAM rates below 10 percent. However, it noted with concern the increased malnutrition rates in return areas once food assistance stopped (for example in Lira district) and indicated the importance of developing an appropriate phase-out strategy.

38. A 2008 evaluation of the joint WFP–Norwegian Refugee Council (NRC) general food distributions noted that the same food basket had been provided to the beneficiaries for a number of years without variation.[19] It proposed the possibility of using local commodities as alternative components of the basket. The evaluation also suggested that alternative strategies including cash or voucher programmes earmarked for food be explored.

39. A Department for International Development (United Kingdom) evaluation of health, nutrition and HIV/AIDS responses in 2008 identified several challenges relevant to supplementary and therapeutic feeding programmes.[20] It noted that village health teams do not receive training on nutrition, thereby limiting their ability to play a meaningful role in community-based approaches to malnutrition. It also indicated that nutrition did not seem to be a priority for district governments.

40. An internal review of WFP's pilot community-based supplementary feeding programme in Karamoja found that the approach had led to a significant increase in the number of children accessing the service and suggested that it be used more widely. However, it discovered that not all the trained village health workers were referring patients. It also suggested exploring the use of local foods in fortified blends and ready-to-use products.

Strategy Outline

41. The PRRO response will focus on the direct causes of acute malnutrition and will consist of three complementary tools: i) general distributions (mostly food but in some cases cash/vouchers); ii) supplementary feeding; and iii) therapeutic feeding. Each of these activities will be designed in innovative ways to best meet the nutritional needs of the targeted populations. The PRRO will be sensitive to HIV- and AIDS-related vulnerabilities associated with the food and nutrition security conditions among IDPs, addressing special needs where appropriate.

42. These approaches are embedded in district development plans and are consistent with the aims and the duration of the PRDP, SRS and DAR. They have been reviewed by donors and United Nations joint programming mechanisms, and support the 2006–2010 United Nations Development Assistance Framework objectives and the MDGs.

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[18] Uganda PRRO 10121.1 external evaluation report, August 2007.

[19] NRC. 2008. *Evaluation of General Food Distribution in Northern Uganda: Gulu, Amuru and Kitgum districts, 2005–2008.* Oslo.

[20] Attawell, K. 2007. *Evaluation of the Joint Emergency Health, Nutrition and HIV/AIDS Programme in Northern Uganda.* London, DFID.

⇒ *General distributions*

43. The general distributions will contribute to addressing all the direct causes of acute malnutrition – inadequate food intake, diseases and inappropriate caring practices – with a focus on improving food intake. Given that other agencies have a comparative advantage in developing responses to disease and improving caring practices, WFP activities will complement those efforts.

44. *Food or cash/vouchers.* The first component is aimed at helping to meet the assessed food intake gap of the populations in specific regions in terms of both quantity and quality. The operation will provide cash/vouchers or food transfers according to the season. Cash/vouchers will be used during the post-harvest period (September to February), when prices are low and cash/vouchers have maximum purchasing power.[21] WFP is discussing with several banks the possibility of making the cash transfers through automated teller machines or coupon systems.

45. Food will be distributed during the lean season (March to August) when prices are highest and the injection of cash vouchers may contribute to inflation. The food basket will consist of maize, pulses, vegetable oil and corn-soya blend (CSB). Micronutrient powder will also be provided to help address the high levels of anaemia among IDPs and refugees. However, reducing iron deficiency has a potentially negative side effect: providing iron supplements to children affected with malaria without any anti-malarial treatment may increase the risk of mortality. WFP will therefore join with other agencies to provide mosquito nets where appropriate (see section on complementary items) and refer beneficiaries suspected of suffering from malaria to health units.

46. As part of its Purchase for Progress (P4P) initiative, WFP also plans to identify food baskets consisting of local products such as millet, cassava, fish and dried meat, as alternatives to the standard ration. This approach has several benefits: i) the baskets are in line with local preferences; ii) they can have high micronutrient content; and iii) they show beneficiaries nutritious combinations of food that are locally available. These baskets would only be introduced once the Technical Advisory Group in Headquarters had cleared them and the P4P office had established quality standards and appropriate logistical arrangements.

47. *Complementary items.* The second component focuses on helping to prevent two major conditions affecting IDPs and refugees: malaria and diarrhoea. WFP will strongly encourage UNICEF and UNHCR to provide insecticide-treated mosquito nets, soap and water purification tablets. Where there is a gap, WFP will consider providing these items.

48. *Sensitization.* This third component will be carried out when beneficiaries are gathered together just before the general distributions. Sensitization messages will cover topics relevant to particular locations, covering caring practices (e.g. breastfeeding) food intake (e.g. micronutrients) disease prevention (e.g. malaria) and sanitation. It will use a combination of methods to convey the messages, including dramas, locally created pop songs, posters and leaflets. Partners, WFP monitoring staff, camp management and parish development committees will conduct the sensitization.

[21] Because cash/vouchers are a pilot intervention for the country office, they will be gradually phased in starting in September 2009.

⇒ *Supplementary feeding*

49. Supplementary feeding assists children aged 6–59 months and pregnant and lactating women who suffer from moderate wasting. The supplementary feeding programme will introduce a community-based approach and new products.

50. *Community-based approach.* The nearest health centres can be as far as 50 km from the malnourished children's homes, making it difficult for beneficiaries to collect their take-home food rations. WFP will introduce a community-based approach, which will improve the access for beneficiaries and will ultimately result in an increased recovery rate. Village health teams, including traditional birth attendants, will be trained to: i) identify children and pregnant and lactating women with moderate wasting; ii) provide basic information on how to address the problem (e.g. changing feeding practices); and iii) make referrals where necessary. Supplementary feeding rations will be provided through government health centres and, where necessary, mobile clinics within a 5 km walk. The programme will continue to use existing supplementary feeding centres for people living near one. WFP will also partner with the Ministry of Health to conduct deworming of children every six months and address hookworm infections.

51. *New products.* The WFP supplementary feeding programme currently provides a combination of CSB, oil and sugar. In the short term, WFP would like to begin using Supplementary Plumpy™, which provides a tasty food ration specifically designed to meet the nutritional needs of the malnourished child. The families will be targeted using general distributions to help lessen the risk that the Supplementary Plumpy™ will be shared with other household members. In the medium term, WFP, in conjunction with Makerere University, will explore the possibility of designing local supplementary feeding products to substitute for the more expensive Supplementary Plumpy™.

⇒ *Support to therapeutic feeding*

52. WFP will support therapeutic feeding for severely wasted children. The Government of Uganda and UNICEF take the lead on these programmes, but WFP still has a critical role in providing CSB, oil and sugar during the second and third phases of the treatment. It also offers a ration for two caregivers to ensure that the people remaining with the severely wasted children are able to meet their own needs.

53. WFP supports the Government of Uganda and UNICEF in shifting where possible to a more community-based approach for therapeutic feeding. WFP plays a smaller role when the Government and UNICEF are present, but can help support the programmes in locations not covered by UNICEF.

⇒ *Phasing down*

54. General distributions, supplementary feeding and therapeutic feeding can be used in combination in locations where GAM rates exceed 10 percent or are below 10 percent but with aggravating factors such as disease or shocks. As the situation improves, especially in Acholi and West Nile, the programmes will be gradually phased down. Through a consultative process, and based on a range of nutritional and food security assessments, WFP will work with beneficiaries, government and other partners to determine which communities no longer require food assistance (see "Beneficiaries and Targeting" for more details on the process). In the areas where the PRRO programmes are phased down, the WFP country programme will support recovery and development activities, including P4P. The aim is to help the populations become net producers, rather than net recipients, of food.

BENEFICIARIES AND TARGETING

55. Based on consultations with the Government, United Nations agencies, NGO partners and current beneficiaries, this PRRO will address the basic needs of the following people:

- 766,000[22] IDPs and returnees in camps, transit sites and home areas[23] in the Acholi subregion; and
- 115,000[24] refugees in resettlement areas in the West Nile and Southwest subregions.

56. Special attention will be given to extremely vulnerable individuals (EVIs) including the elderly, the disabled, the sick and orphans, providing them with a full ration.

57. Table 1 summarizes the beneficiary numbers by intervention type and year.

TABLE 1: BENEFICIARIES, BY TYPE OF INTERVENTION

Activities	2009/10			2010/11			2011/12		
Internally Displaced Persons									
	Female	**Male**	**Total**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
General distributions	398 000	368 000	**766 000**	199 000	184 000	**383 000**	-	-	**-**
Supplementary feeding	27 576	18 384	**45 960**	13 788	9 192	**22 980**	6 894	4 596	**11 490**
Therapeutic (patients)	5 515	3 677	**9 192**	2 758	1 838	**4 596**	1 371	914	**2 285**
Therapeutic (caretakers)	11 030	7 354	**18 384**	5 516	3 676	**9 192**	2 742	1 828	**4 570**
Refugees									
	Female	**Male**	**Total**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
General distributions	50 000	45 000	**95 000**	47 000	43 000	**90 000**	44 000	41 000	**85 000**
Supplementary feeding	2 280	1 520	**3 800**	2 160	1 440	**3 600**	2 040	1 360	**3 400**
Therapeutic (patients)	570	380	**950**	540	360	**900**	510	340	**850**
Therapeutic (caretakers)	1 140	760	**1 900**	1 080	720	**1 800**	1 020	680	**1 700**
TOTAL[25]	448 000	413 000	**861 000**	246 000	227 000	**473 000**	44 000	41 000	**103 345**

[22] This figure was determined through a consultative meeting in Gulu. See: WFP. 2008. *Phase-Off Workshop Report for Acholi Subregion* (draft).

[23] IDPs will be given assistance in their home areas until they are able to produce their first harvest and meet their needs.

[24] This total number of assisted refugees represents the sum of the current number of refugee beneficiaries (95,000) plus the expected new arrivals between April 2009 and March 2012 (20,000). Since over 30,000 refugees are expected to repatriate during the same period, the annual number of beneficiaries is expected to decline over the operation's three years.

[25] The total number of beneficiaries is not equal to the sum of the individual activity components because some households may benefit from more than one activity.

58. As IDPs return home and re-establish their livelihoods, it should be possible to phase out general distributions by the third year. For planning purposes, it has been assumed that half will become self-sufficient in 2010/11 and the remainder in 2011/12. For refugees, repatriation should permit a significant phase-down of general distributions in West Nile, with approximately 15,000 departing each year. However, new influxes in the Southwest (which have averaged 10,000 annually for the last three years) will gradually increase those numbers. On balance, there will be a slight decrease in the number of refugee beneficiaries during the operation.

59. The targeting of food-insecure households is based on rigorous periodic needs assessments. For general distributions, the determination of needs will use a three-step process. First, WFP and partners have established a food security and nutrition monitoring system that monitors consumption and coping patterns and can trigger emergency assessments. Second, a comprehensive set of assessments – land use and crop yield surveys, EFSAs (which include market analysis) and nutritional surveys – will be undertaken at least once a year to identify geographic areas of need and the most vulnerable and food-insecure population groups. The integrated food security phase classification system will be used to highlight these geographic areas, synthesize all sources of evidence and build consensus among partners about the food security situation. Third, response options will be determined at consultative workshops with all partners in order to ensure complementary programming.

60. For the supplementary and therapeutic feeding programmes, beneficiary numbers have been projected on the basis of moderate and severe acute malnutrition rates. Entry and exit will be based on standard admission and discharge criteria (e.g. weight-for-height, mid-upper arm circumference). All moderately malnourished children age 6–59 months and pregnant and lactating women will be considered for the supplementary feeding programme.

NUTRITIONAL CONSIDERATIONS AND RATIONS

61. *Ration size:* Most displaced and refugee beneficiaries have an assessed calorie gap of 40–60 percent. Hence they will receive a food ration or cash/voucher equivalent covering 50 percent of their RDA. EVIs in all locations will receive 100 percent of their RDA.

62. *Ration composition:* For general distributions, the food ration will consist of maize or maize meal, pulses, CSB, fortified vegetable oil and micronutrient powder. WFP will explore alternative food baskets using local products tailored to the needs and tastes of each subregion, securing the necessary approval for any changes and making any required budget revisions. The ration for the supplementary feeding programme is composed of either Supplementary Plumpy™ or a mix of CSB, oil and sugar, which will address micronutrient needs, particularly for vitamin A, iodine and iron. The therapeutic feeding ration is a mix of CSB, oil and sugar given as a complement to special food products provided by nutritional partners.

63. General distributions last from 3 to 12 months, supplementary feeding for 90 days and therapeutic feeding for 30 days. High-energy biscuits (HEB) will also be distributed to refugees during influxes and repatriation. Table 2 shows the food basket and cash/voucher equivalent by intervention type.

TABLE 2: FOOD BASKET AND CASH/VOUCHER EQUIVALENT[26] BY ACTIVITY (per person per day)								
Ration	**Maize grain or meal *(g)***	**Pulses *(g)***	**Vegetable oil *(g)***	**Supplementary Plumpy™ *(g)* or micronutrient powder (packet)**	**Sugar *(g)***	**CSB *(g)***	**Cash *(US$)***	**Kcal**
General distributions – 50 percent of RDA								
Standard	200 (grain)	40	10	1 (micronutrient powder)		50	17	1 123
General distributions – 100 percent of RDA								
Standard	390 (meal)	70	30	1 (micronutrient powder)		50	37	2 127
Supplementary feeding								
Centre-based			25		15	229		1 197
Community-based				92 (Supplementary Plumpy™)				500
Therapeutic feeding								
Patients			10		10	60		369
Caretakers	400 (meal)	65	30			40		2 107

64. Table 3 shows the total commodity requirements for the PRRO beneficiaries for 36 months.

TABLE 3: TOTAL COMMODITY REQUIREMENTS FOR THREE YEARS *(mt)*									
Type of intervention	**Maize grain or meal**	**Pulses**	**Vege-table oil**	**Supplementary Plumpy™/ micronutrient powder**	**Sugar**	**CSB**	**HEB**	**Cash *(equivalent in mt)***	**Total**
General distributions	89 084	17 425	4 969	399 (powder)	-	19 944	58	4 602	136 482
Supplementary feeding	-	-	165	3 809 (Plumpy™)	99	1 516	-	-	5 589
Therapeutic feeding	5 407	879	473	-	68	946	-	-	7 772
Total	**94 491**	**18 304**	**5 607**	**4 208**	**167**	**22 406**	**58**	**4 602**	**149 843**

[26] In line with WFP interim guidance on pilot cash transfers, WFP has calculated the cash equivalent of the daily food ration on the basis of the free-on-board prices.

IMPLEMENTATION ARRANGEMENTS

Participation

65. The formulation of the PRRO strategy and implementation arrangements was based on extensive consultation with beneficiary representatives. District-level workshops involving beneficiary leaders and women representatives were held in each of the project areas to identify lessons from previous interventions and design an appropriate response to the realities on the ground. Several evaluation missions interviewed households directly about their experiences with WFP's programmes. Those views have been taken into account in the design of the proposed PRRO.

66. Beneficiaries will continue to be involved in the registration and food distribution process through the community food management committees, in which women hold more than 50 percent of the leadership positions. For the large majority of the households, rations cards are issued in women's names, since they are the food entitlement holders and food rations are collected at the distribution site by women.

Partners

67. Government plans at the national, district, subcounty and parish levels provide the framework for the PRRO activities. District officials and line ministries have been involved in the development of the PRRO strategies through national- and district-level stakeholder consultations and will lead or complement the implementation efforts.

68. WFP also works with a range of partners, including FAO, UNHCR, UNICEF and ACF to carry out joint assessments. WFP's partners for programme implementation include UNICEF, UNHCR, NRC, World Vision, *Aktion Afrika Hilfe* and many community-based organizations.

⇒ *Non-food inputs*

69. WFP funds for other direct operational costs (ODOC) will be used for assessments, cooperating partner activities, non-food items (e.g. weighing scales) and other requirements. For government capacity-building, the focus will be on training, joint missions, staff exchanges and sites visits.

⇒ *Environmental issues*

70. This PRRO takes account of environmental concerns. By intervening to meet the net nutrition gap, it ensures that beneficiaries do not have to resort to unsustainable coping strategies such as cutting down trees to sell as firewood in order to buy food.

⇒ *Logistics arrangements*

71. WFP logistics moves imported and locally procured food to final delivery points (FDPs) in Acholi, West Nile and Southwest subregions. Commodities arriving at Mombasa are transported to WFP central delivery points (CDPs) at Tororo and Kampala by rail (4 percent) and road (96 percent). Locally procured commodities are purchased in regions of Uganda with surpluses, moved to the CDPs and from there transported to 13 extended delivery points (EDPs). During the post-harvest period, WFP warehouses will be used as market collection points under the P4P project. For this project to succeed, the WFP fleet

will need to be increased. Commercial transport companies will be engaged where security and infrastructure concerns are favourable; otherwise WFP fleets will be mobilized.

⇒ *Procurement plans*

72. WFP has significant experience in purchasing food commodities in Uganda to support food assistance programmes in Burundi, the DRC, Rwanda and Uganda. Provided that untied cash contributions are available and market conditions favourable, WFP expects that local purchases will account for 45 percent of cereals and pulses and 35 percent of fortified food. For this PRRO, local food previously not used by WFP in Uganda may be purchased from small farmers under the P4P initiative.

PERFORMANCE MONITORING

73. The results-based management (RBM) approach provides the basis for WFP's existing monitoring and evaluation (M&E) system. The system captures and analyses performance results and disseminates them for management decision-making, corporate reporting, and use by the United Nations and the Government.

74. The logical framework is presented in Annex II. Corporate outcome indicators including GAM rates and supplementary feeding recovery rates and their associated output indicators will be followed closely, in part through a food and nutrition security monitoring system. A mid-term evaluation of the PRRO activities will be undertaken in 2010 in collaboration with partners.

RISK ASSESSMENT AND CONTINGENCY PLANNING

75. Since conditions in Uganda are unpredictable, provision must be made for possible changes to activities. Factors that could potentially disrupt operations have been outlined in the scenarios. UNHCR, WFP and other partners have developed joint contingency plans for possible influxes of refugees from the DRC. In collaboration with OCHA, the food security and agricultural livelihoods cluster has prepared contingency plans for renewed fighting in the IDP areas.

SECURITY CONSIDERATIONS

76. Concerns over the security situation remain paramount in WFP's operational planning. Acholi and West Nile are phase II, while the Southwest is phase I. WFP is part of the United Nations Country Security Plan and the "area security plan" (which usually corresponds to a district). Each area has a security coordinator who can recommend evacuations to security officers in each agency and to the United Nations Security Management Team. WFP complies with minimum operating security standards and minimum security telecommunications standards.

77. The introduction of cash/vouchers into the general distributions raises particular security concerns. Learning from other agencies' experiences with cash distributions, WFP will work through the established banking system, using automated teller machines or a coupon system.

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity ***(mt)***	**Average cost per mt** ***(US$)***	**Value** ***(US$)***
WFP COSTS			
Direct operational costs			
Food commodities[1]			
– Maize grain	69 977	404	28 255 398
– Maize meal	24 514	330	8 089 620
– Pulses	18 304	609	11 147 136
– Corn-soya blend (CSB)	22 406	584	13 079 495
– Vegetable oil	5 607	1 068	5 989 229
– Sugar	167	450	75 150
– Micronutrient powder/ Supplementary Plumpy™	4 208	3 800	15 990 400
– HEB	58	1 300	75 400
– Cash/vouchers	4 602	650	2 992 339
Total food commodities	**149 843**		***85 694 167***
External transport			11 612 504
Landside transport			15 544 741
ITSH			12 377 438
Total LTSH			27 922 179
Other direct operational costs			18 200 000
A. Total direct operational costs			**143 428 850**
B. Direct support costs[2] (see Annex I-B)			**22 092 220**
C. Indirect support costs[3] (7.0 percent)			**11 586 475**
TOTAL WFP COSTS			**177 107 545**

[1] This is a notional food basket for cash/voucher equivalent used for budgeting and approval. The contents may vary.
[2] Indicative figure for information purposes. The direct support costs allotment is reviewed annually.
[3] The indirect support cost rate may be amended by the Board during the project.

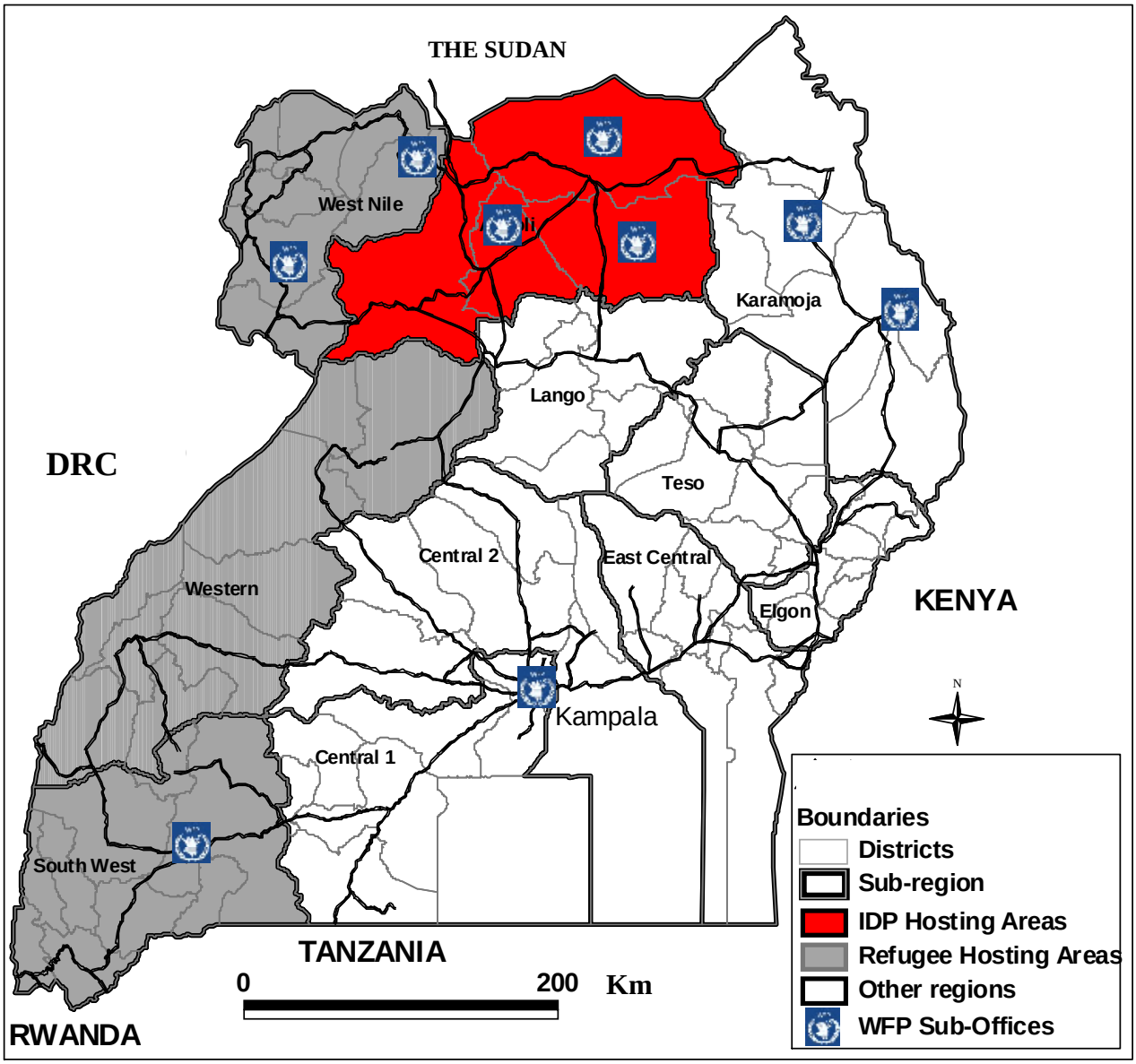
ANNEX I-B

DIRECT SUPPORT REQUIREMENTS *(US$)*	
Staff	
International professional staff	5 829 105
National professional officers	2 014 500
National general service staff	2 999 300
Temporary assistance	270 660
Overtime	197 140
Incentives	159 215
International consultants	378 675
National consultants	107 180
Staff duty travel	1 589 505
Staff training and development	597 750
Subtotal	**14 143 030**
Office expenses and other recurrent costs	
Rental of facility	814 330
Utilities (general)	248 200
Office supplies	297 200
Communication and information technology services	451 100
Insurance	124 250
Equipment repair and maintenance	268 880
Vehicle maintenance and running cost	1 859 400
Other office expenses	688 430
United Nations organization services	515 100
Subtotal	**5 266 890**
Equipment and other fixed costs	
Furniture, tools and equipment	461 750
Vehicles	1 099 550
Telecommunications and information technology equipment	1 121 000
Subtotal	**2 682 300**
TOTAL DIRECT SUPPORT COSTS	**22 092 220**

ANNEX II: LOGICAL FRAMEWORK		
Results chain	**Performance indicators**	**Risks and assumptions**
Objective: Save lives and address acute malnutrition in internally displaced and refugee populations (Strategic Objective 1)		
Outcome 1 Reduced or stabilized acute malnutrition in children under 5 among IDPs and refugees	➢ Less than 10 percent prevalence of acute malnutrition among children under 5, assessed using weight-for-height ➢ Recovery rate in supplementary feeding programme (SFC) greater than 75 percent ➢ Default rate in supplementary feeding programme less than 15 percent	➢ No major outbreaks of diseases occur in the project areas
Output 1.1 Timely provision of food and cash in sufficient quantities to targeted beneficiaries through general distributions	➢ 704,800 beneficiaries (80 percent of planned) receiving assistance, by gender and age group ➢ 109,186 mt of food or cash equivalents (80 percent of planned) distributed, by type	➢ No major access problems due to conflict or natural disasters ➢ Sufficient and timely resources secured from donors
Output 1.2 Timely provision of supplementary and therapeutic micronutrient-fortified food in sufficient quantities to targeted beneficiaries	➢ 88,002 beneficiaries (80 percent of planned) receiving food assistance, by gender and age group ➢ 10,689 mt of food (80 percent of planned) distributed, by food type	➢ No major access problems due to conflict or natural disasters ➢ Sufficient and timely resources secured from donors

ANNEX III

MAP OF OPERATIONAL AREA IN UGANDA



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

ACF	*Action contre la faim* (Action Against Hunger)
CBO	community-based organization
CDP	central delivery point
CFSVA	comprehensive food security and vulnerability assessment
CO	country office
CSB	corn-soya blend
DAR	Development Assistance to Refugee Hosting Areas
DRC	Democratic Republic of the Congo
EDP	extended delivery point
EFSA`	emergency food security assessment
EVIs	extremely vulnerable individuals
FAO	Food and Agriculture Organization of the United Nations
FDP	final distribution point
GAM	global acute malnutrition
HEB	high-energy biscuits
IDP	internally displaced person
ITSH	internal transport, storage and handling
LRA	Lord's Resistance Army
LTSH	landside transport, storage and handling
MDG	Millennium Development Goal
MUAC	mid-upper arm circumference
NGO	non-governmental organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
ODOC	other direct operational costs
P4P	Purchase for Progress
PEAP	Poverty Eradication Action Plan
PRDP	Peace, Recovery and Development Plan
PRRO	protracted relief and recovery operation
RBM	results-based management
RDA	recommended daily allowance
SRS	Self-Reliance Strategy
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UPDF	Uganda People's Defence Force
WHO	World Health Organization