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CORRIGENDUM

- The Executive Summary on the next page replaces the summary in the document.
- The Paragraphs on page 3 replace paragraph 38 in the document.

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EXECUTIVE SUMMARY

Despite improvements since 1998, socio-economic recovery in Indonesia is hampered by increasing population, poor infrastructure and insufficient allocation of resources to human development. Malnutrition rates are above pre-1998 levels: 28 percent of children under 5 are underweight; 44 percent of children aged 24–59 months are stunted. The worst poverty and malnutrition are in eastern Indonesia: in Nusa Tenggara Timur, an alarming increase in malnutrition and food insecurity was reported in early 2007. National production of rice is expected to fall in 2007: imports of 2 million mt are anticipated.

To complement the work of the Government, whose current decentralization is having an impact on social services in remote areas, WFP will address micronutrient deficiencies and emphasize nutrition education: targeted fortified food interventions at health posts for children of 2–5 and pregnant and lactating women and at primary schools for children of 6–13 will be combined with health, hygiene and nutrition education. Training will be made available for health staff and cooperating partners.

Under the current phase of its PRRO, WFP significantly reduced anaemia among young children and mothers; school attendance rates improved as a result of school feeding. This focused approach, endorsed by stakeholders, is expected to ensure maximum impact across Indonesia.

The proposed PRRO includes a contingency reserve for natural disasters. Since late 2004, WFP has led in collaboration with the Government the emergency response to five disasters, assisting 2 million people. In Aceh after the tsunami and in Jogjakarta after the 2006 earthquake WFP's rapid responses were much appreciated and contributed to reconstruction by the Government.

Most of the fortified food for distribution is produced and purchased locally. WFP has promoted micronutrient fortification in commercial products, which has had a positive impact on the nutritional status of large population groups and helps to ensure the sustainability of nutritional rehabilitation.

Under the proposed PRRO, WFP will continue align with the Government and donor-supported programmes: for example, complementary food for children aged 6-24 months, previously covered by WFP, will be a government-supported programme; WFP will offer training and technical assistance. WFP will lead joint programming with agencies and donors to ensure convergence with related sectors such as water and sanitation.

The proposed PRRO is a transitional operation; WFP is working with the Government to develop a phase-out strategy. The Government's plan for school feeding is expected to be ready by the end of the proposed PRRO; in some areas, local authorities have taken over WFP activities. WFP should be able to phase out of Indonesia by the end of 2010, but impoverished areas such as Nusa Tenggara Timur and Nusa Tenggara Barat may need further assistance unless there is an improvement in nutritional indicators and Government resources are available.



Exit Strategy

38. WFP in Indonesia has a good track record of transitioning its activities to Government responsibility. The rice subsidy programme for the urban ultra-poor, affected by the 1998 economic crisis, was phased out in 2004 and taken over by the Government's social safety net programme. Similarly, WFP continues to phase down its post-tsunami operations in Aceh, and plans to completely withdraw from relief activities in Aceh by early 2008.

WFP's focus on nutrition rehabilitation and capacity building is in line with Government strategic priorities. The challenge is in translating these priorities into committed resources at the provincial and district levels and in aligning them with other donor-supported programs. WFP is now working closely with the Government at all levels to ensure that a comprehensive phase-out strategy is in place well before the end of the operation. Concrete steps have already been taken: local authorities in Surabaya (East Java) have already assumed management of former WFP school feeding activities. WFP is also supporting the Government's efforts in revitalizing the national local health post system (posyandu), and it is expected that WFP will also phase out this assistance. In an important step in the phase-out process, the Government has already committed to take over food assistance to the 6-24 month age group in the local health posts from 2008; this was formerly provided by WFP. In addition, WFP is providing important support to the Government in the areas of disaster preparedness, and nutritional surveillance, which further develops the national capacity to reduce food insecurity and hunger.

While some of the poorest provinces, such as NTT and NTB, merit special attention, WFP hopes to phase out completely from Indonesia by the end of 2010. This will depend largely on whether the current economic growth continues and the strengthened Government capacity is also strengthened. WFP has established clear benchmarks for phase out, including an improvement of nutritional indicators to pre-1998 crisis levels (less than 25 percent malnutrition in children under five years of age). A mid-term review of the PRRO will help adjust the exit strategy in line with Government's readiness and capacity.