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de Alimentos

**Executive Board
Annual Session**

Rome, 6–10 June 2005

PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



Distribution: GENERAL
WFP/EB.A/2005/9-A/2
26 April 2005
ORIGINAL: ENGLISH

DEVELOPMENT PROJECT – CENTRAL AMERICA REGION CAPACITY-BUILDING PROJECT 10421.0

Capacity-Building of Integrated Micronutrient Programmes in Central America and Belize

| | |
|-------------------------------------|-------------|
| Duration of project | Three years |
| Cost (United States dollars) | |
| Total cost to WFP | 5,970,000 |
| Total cost to Government | 7,240,000 |

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for approval by the Executive Board.

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 matters of dispatch of documentation for the Executive Board, please contact the Supervisor, Meeting Servicing and Distribution Unit (tel.: 066513-2328).



EXECUTIVE SUMMARY

Micronutrient deficiencies affect a third of the world's population. In Central America, they pose serious challenges to human and economic development; in particular, they place young children at risk. To address the problem of insufficient access to culturally and nutritionally appropriate fortified foods for children aged 6–36 months, WFP will act as a catalyst in support of seven countries in the region. WFP will bring together governments, the private sector and other actors to improve formulas, production modalities and distribution mechanisms for fortified complementary foods for young children. The project will also work to expand awareness of the importance of tackling micronutrient deficiencies in young children. The project will work through collaborative efforts to reduce the cost of complementary foods and increase their nutritional value, taking into consideration cultural appropriateness. The project will also identify best practices, support formulation of policy and legislation, and advocate for greater financial commitment to reduce micronutrient malnutrition in young children. This capacity-building project will have a duration of three years at a cost of US\$5.97 million.

DRAFT DECISION*

The Board approves Development Project — Central America Region Capacity-Building Project 10421.0 “Capacity-Building of Integrated Micronutrient Programmes in Central America and Belize” (WFP/EB.A/2005/9-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.



PROBLEM ANALYSIS

1. Vitamin and mineral deficiency (VMD), sometimes referred to as “hidden hunger,” affects 2 billion people, one third of the world’s population. Micronutrient deficiencies affect human health and development potential and are major contributors to child mortality and morbidity. In crisis situations, they exacerbate disease-related mortality.¹
2. VMD reduces human productivity, generating economic costs that place unnecessary burdens on social systems. The World Bank has estimated that missed economic opportunities attributable to micronutrient deficiencies could amount to as much as 5 percent of gross domestic product (GDP) every year; a comprehensive sustainable approach to addressing VMD would cost less than 0.3 percent of GDP.² Savings in terms of nutrition recovery costs and lost human capital resulting from comprehensive integrated micronutrient programmes would offer enormous social dividends.
3. The causes of micronutrient and macronutrient deficiencies in Central America are behavioural and resource-related. The main direct causes include limited access to micronutrient-rich, high-energy foods, especially complementary infant foods, poor breastfeeding practices and high rates of diarrhoea and acute respiratory infection; underlying causes include household poverty and inadequate sanitation and healthcare. Women’s access to education and empowerment is an important determinant of malnutrition in children, because women with little influence or power inside their home are less able to guarantee fair distribution of household food.

VMD in Central America

4. Although VMD statistics are generally limited, especially at the sub-national level, data on chronic malnutrition is often used as a proxy indicator because it indicates micronutrient deficiencies related to the strong correlations and linkages among all forms of malnutrition. Statistics on chronic malnutrition and micronutrient deficiencies show that nutritional problems tend to be more concentrated among indigenous groups and other marginalized populations compared to national averages in the region.
5. Central America faces significant chronic and VMD malnutrition; young children are at high risk. Their grain-based diets do not provide enough vitamins and minerals and may contain phytates, which inhibit the absorption of iron. According to recent survey information, iron and vitamin A deficiencies are the two most common problems; information is scarce, however, on deficiencies in folates, zinc, iodine and vitamin B12.
6. Iron deficiency anaemia (IDA) is the world’s most prevalent nutritional deficiency. One in four children in the region suffers from anaemia; in Central America, the highest rates are in Guatemala (50 percent) and Honduras (47 percent). Iron deficiency in young children impairs physical growth, cognitive development and the immune system. During school age, IDA affects performance; in adults it causes fatigue and reduced work capacity.
7. Vitamin A deficiency (VAD) is the most common global cause of preventable blindness in children and is associated with increased morbidity and mortality. VAD is associated with insufficient food and poor breastfeeding and infant feeding practices; low maternal

¹ UNHCR, UNICEF, WFP, WHO. 2003. *Food and Nutrition Needs in Emergencies*. Rome.

² World Bank. 1994. *Enriching Lives: Overcoming Vitamin and Mineral Malnutrition in Developing Countries*. Washington DC, World Bank Development in Practice Series.



reserves lead to deficiencies in breastfed infants. VAD compromises immune systems, increasing the risk of disease and early death for millions of children. Extrapolations from the best available data suggest that VAD affects 8.2 million children under 5 in the region: in Central America, the highest prevalence rates are in Guatemala (21 percent) and El Salvador (17 percent).³

| MICRONUTRIENT AND MACRONUTRIENT DEFICIENCIES IN CENTRAL AMERICA AND BELIZE | | | |
|---|---|--|--|
| Countries | Estimated % of children under 6 with sub-clinical vitamin A deficiency | Estimated % prevalence of IDA in children under 5 | Chronic malnutrition among children under 5 (1995–2003)⁴ |
| Guatemala | 21 | 50 | 49 |
| Honduras | 15 | 47 | 29 |
| El Salvador | 17 | 28 | 25 |
| Nicaragua | 9 | 34 | 20 |
| Costa Rica | 9 | 26 | 6 |
| Belize | 24 | 19 | 15 |
| Panama | 6 | 34 ⁵ | 14 |

Sources: National Programme on Food and Nutrition, Panama (PRONAN) 2000; Belize and Costa Rica: FAO nutritional profiles; all others *The Micronutrient Initiative, Vitamin and Mineral Deficiencies: A Global Progress Report*. Ottawa, 2004.

8. Governments in Central America have taken steps to reduce micronutrient deficiencies, developing nutrition policies, adopting related legislation, establishing technical committees and investing in fortification, but these efforts fall short of preventing micronutrient malnutrition in young children. According to an estimate by the Economic Commission for Latin America and the Caribbean (ECLAC), El Salvador, Guatemala, Honduras and Nicaragua are not on track to meet the nutrition targets of the Millennium Development Goals (MDGs) by 2015.⁶
9. General awareness and political and financial commitment to reduce micronutrient deficiencies in young children is low compared with resource allocations for other development priorities. About 1 percent of social spending is allocated to food-based programmes, among which investment in fortified food for young children is very small.
10. Food fortification has several comparative advantages over other options: it can be a low-cost, effective means with wide reach. In Central America, government fortification efforts have concentrated on providing vitamin and mineral supplementation through staple foods – sugar, salt and wheat – rather than developing nutritionally and culturally appropriate complementary foods for young children that are accessible to low-income

³ The Micronutrient Initiative. 2004 *Vitamin and Mineral Deficiencies: A Global Progress Report*. Ottawa.

⁴ UNICEF. 2005. *The State of the World's Children*. New York.

⁵ Children aged 6–24 months.

⁶ ECLAC. 2004. *Social Panorama of Latin America 2002-2003*. Santiago.



families and intended for inclusion in social programmes. Low-income families generally cannot afford these products even when they are available.

11. Studies and WFP mission findings have identified factors that impede wider access to fortified complementary foods: high production costs, low nutritional value, food that is culturally inappropriate and distribution bottlenecks that impede access to remote areas with a higher prevalence of VMDs. Without significant government subsidies, most products are commercially non-viable among poor food-insecure populations, and their long-term use in social programmes remains unsustainable. Many of the fortified foods available are culturally and nutritionally unsuitable for children in the complementary feeding period: the liquid products available in several countries, for example, pose a risk by substituting rather than complementing breast milk; several products also have a high sugar content, and others have not been accepted by beneficiaries because of poor marketing strategies and use of imported and unfamiliar products.
12. Fortified complementary products have not been sufficiently integrated into nutrition programmes, thus missing the opportunity to include fortified products in integrated micronutrient programmes. Social programmes tend to promote therapeutic feeding and institutionalized feeding rather than preventive approaches to micronutrient and macronutrient deficiencies. Food-based programmes tend to reach school-age children rather than pre-school children because they are easier to contact through schools.
13. Social nutrition programmes could be expanded and improved by including fortified complementary foods for young children and by targeting and outreach to the poorest areas.

WFP Efforts towards VMD Reduction

14. This project will draw on WFP's important contributions to overcoming micronutrient deficiencies in Angola, Bangladesh, Bolivia, India and Zambia, including work on formula development, local production and awareness raising.
15. Recent WFP efforts in the region, including the joint ECLAC/WFP hunger studies and fora, technical targeting workshops with the Mexican Secretariat of Social Development (SEDESOL) and work with the Brazilian Government, have highlighted the need for policies and programmes that address micronutrient deficiencies and improve access to nutritious foods to prevent child malnutrition. In some countries, there is hesitation to alter products because they are associated with government programmes or have a national identity. These issues were highlighted at the ECLAC/WFP Andean Hunger Forum in Quito in 2004; a recommendation of the meeting was to rely on local products when developing fortified foods for children.
16. In Central America, WFP supports child nutrition and health by providing fortified products designed for children aged 6–59 months. Food aid is combined with efforts to improve access to healthcare and education for women and girls. In WFP emergency operations (EMOPs) and protracted relief and recovery operations (PRROs), fortified foods are provided to prevent nutritional decline.
17. WFP has recently worked with the governments of Peru and Guatemala to develop locally fortified products in integrated nutrition pilot projects in remote areas. The pilots address causes of malnutrition such as limited access to food of sufficient quality and quantity, inappropriate complementary feeding practices and inadequate health practices. A central component is development of local production capacity for low-cost culturally appropriate micronutrient-rich foods for young children and pregnant and lactating women. WFP has also worked with governments to reduce costs by relying on local products. In



Ecuador, for example, WFP helped stimulate local production while supporting better nutrition. These projects provide important lessons for designing and implementing national integrated micronutrient programmes in Central America.

Project Rationale

18. Micronutrient fortification is internationally recognized as a most effective and cost-efficient development option; it is, however, under-utilized by governments in the fight against malnutrition. Public-health interventions in the targeted countries fall short of reducing widespread micronutrient deficiencies, one of the main reasons being that few food-based social programmes target children aged 6–36 months.⁷ Collaborative efforts by governments and WFP demonstrate that there is agreement to expand fortification efforts to reach young children and to provide affordable complementary fortified foods. The partnership between WFP and the Government of Guatemala is an example of the role that WFP can increasingly assume in promoting micronutrient-rich weaning foods to complement breast-feeding.
19. Many products could be improved by reducing production costs, but governments must be convinced that changing fortified formulas is cost-effective, and mothers must be aware of the benefits of nutritious weaning food. Expanding micronutrient programmes as components of integrated nutrition programmes requires (i) directing more resources to them, (ii) strengthening capacity in programme design, (iii) adapting fortified formulas to local conditions and (iv) increasing awareness of the importance of micronutrients in diet. Political will is needed to allocate sufficient resources to address micronutrient deficiencies.
20. As a recognized partner for nutrition and micronutrient programmes in Central America, WFP will consolidate its regional experience in food fortification and nutrition programming to improve the quality and availability of foods for young children in emergency and development situations. The current pilot project in Guatemala has increased WFP's visibility in the area of food fortification; WFP will capitalize on its relationships with governments, the Institute of Nutrition of Central America and Panama (INCAP), the United Nations Children's Fund (UNICEF) and other partners to mobilize political commitment. Emphasis will be placed on augmenting resources to improve delivery of fortified complementary foods on an increasing scale.
21. WFP is well positioned to facilitate greater access to fortified complementary foods for young children. Its long experience in the region, especially with mother-and-child health (MCH), and its recent efforts to develop low-cost products for integrated nutrition activities position WFP to work with governments and the private sector to advocate and build capacity for addressing VMDs and helping to achieve the MDGs.

PROJECT OBJECTIVES AND OUTPUTS

22. The overall objective of the proposed capacity-building project is to increase government commitment and capacity to reduce hunger and malnutrition through targeted integrated micronutrient social programmes.

⁷ Pregnant and lactating women are an important target group in MCH programmes. In this project, they would be assisted through the integrated nutrition programmes. The emphasis on children aged 6–36 months is based on the lack of nutritious food for this group in development and emergency situations.



23. The specific objectives are to:
- support governments in Central America to strengthen or develop integrated micronutrient programmes targeting children aged 6–36 months;
 - improve formulas and production of low-cost culturally and nutritionally appropriate fortified complementary foods;
 - increase government awareness of the high social cost of micronutrient deficiencies and the low cost of addressing these problems; and
 - strengthen networking among governments, United Nations agencies, the private sector and other actors to resolve VMD problems.
24. The intended outcomes are:
- strengthened technical capacity to develop, produce and distribute nutritious foods for young children in development and emergency situations;
 - increased commitment by governments and the private sector to address micronutrient deficiencies;
 - collaborative approaches among governments, institutions and partners to support integrated micronutrient programmes;
 - national policies that address VMD in young children; and
 - increased government resources to support integrated micronutrient programmes.
25. The intended outputs are:
- improved fortified complementary foods available for use in integrated micronutrient programmes;
 - adequate foods for young children available for use in emergencies; and
 - networks in place to support micronutrient policy and programming.

IMPLEMENTATION STRATEGY

26. In partnership with the governments of Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama, this project will address micronutrient deficiencies through two main components:
- technical support to enhance the capacity to produce and distribute fortified complementary foods for children aged 6–36 months in development and emergency contexts; and
 - advocacy and networking to expand fortification and integrated nutrition programmes; the project will work to inform policy and increase resources for fortification through the public and private sectors.
27. This capacity-building project incorporates a demand-driven approach and learning by experience to support governments in addressing hunger problems. The strategy builds on the objectives of the Global Strategy for Infant and Young Child Feeding, emphasizing promotion of timely, adequate, safe and appropriate complementary feeding with continued breastfeeding for all children.⁸

⁸ WHO. 2003. *Global Strategy for Infant and Young Child Feeding*. Geneva.



28. This project, an integral part of the strategy of the regional bureau, has well developed links to corporate work in the areas of Strategic Priority (SP) 5, policies on micronutrient fortification, mainstreaming nutrition in WFP, nutrition in emergencies,⁹ and gender. It is designed to complement regional bureau initiatives, in particular development project (DEV) 10411, “Capacity-Building and Technical Assistance in Support of Food-Based Social-Protection Programmes” and the region’s emergency preparedness and response strategy.
29. WFP will be involved in planning, designing and implementing project activities; links will be established with country office vulnerability analysis and mapping (VAM) to identify areas with high child anaemia and iron deficiency. In countries where WFP does not have a permanent presence, partners will be identified through the regional bureau’s memoranda of understanding (MOUs). The project will draw on WFP’s corporate experience to ensure synergies at the field and Headquarters levels.

Technical Assistance

30. The project will build on existing programming advances and address access to fortified complementary foods for children aged 6–36 months. Supported by WFP and INCAP, the main technical partner for this project, governments will take stock of existing products and programmes addressing micronutrient deficiencies in early childhood. Activities will be identified on the basis of the findings to improve fortified complementary food for young children. Country strategies will vary according to policy and programmatic context, considering the need for mechanisms for product development, distribution and marketing in each country.

⇒ *Assessments and studies*

31. In each country, the status of micronutrient efforts will be assessed to understand where gains in efficiency and effectiveness can be achieved. The major concern is to identify which products are available on the market or distributed through social programmes, their reach, nutritional content, cost-effectiveness and compliance with national and international standards. Supported by partners such as UNICEF, INCAP/the Pan American Health Organization (PAHO), the Micronutrient Initiative (MI) and the Global Alliance for Improved Nutrition (GAIN), WFP will promote discussion with governments on how products can address more effectively the needs of young children. Activities will add to the understanding of fortification and help practitioners in the field to strengthen nutrition policy and programme implementation. The following activities will be carried out:
- i) a review of data on micronutrient deficiencies at the national and sub-national levels and status of ongoing micronutrient programmes targeting young children – effectiveness, efficiency, outreach and targeting – providing an inventory of fortified complementary foods to be made accessible to all practitioners, and development of an inventory of best practices;
 - ii) a technical assessment of existing fortified complementary foods available on the market or through food-based social programmes; the project will assess the cost, nutritional content, distribution reach and cultural appropriateness of these products and make recommendations on improving their nutritional quality and availability for poor young children;

⁹ “Food for Nutrition: Mainstreaming Nutrition in WFP” (WFP/EB.A/2004/5-A/1); “Micronutrient Fortification: WFP Experiences and Ways Forward” (WFP/EB.A/2004/5-A/2); “Nutrition and Emergencies: WFP Experiences and Challenges” (WFP/EB.A/2004/5-A/3).



- iii) a review of emergency food-based responses to assess the appropriateness of foods given to young children; the project will support production of nutritious foods for young children in different types of emergency responses; and
- iv) exploration as feasible of linkages between fortification, HIV/AIDS, food security and nutrition, and of more detailed assessment of the potential for social programmes to address the micronutrient needs of people living with HIV/AIDS.

⇒ *Development and production of fortified complementary foods*

32. The project will work with governments, the private sector as feasible and INCAP to develop and improve fortified complementary foods, in line with WFP's strategic orientation in the region and on the basis of experiences from collaboration with governments, particularly in countries where WFP already provides technical assistance in fortification – Bolivia, Ecuador, Guatemala and Peru. The project will:

- define country-specific technical assistance strategies in development, production and distribution of fortified complementary foods; the technical support provided by the project will be country-specific reflecting the needs of the public and private sectors, and will support governments in developing and improving formulas that are low-cost, locally produced and nutritionally and culturally appropriate, with special attention to indigenous children;
- support formula development or modification as appropriate in each country and production and distribution mechanisms, including acceptability testing; a food technologist will work with the government to develop formulas with the support of the country's national food fortification alliances, and work with the WFP technical advisory group to ensure consistency with broader WFP policies; WFP will provide the pre-mix and governments will provide the basic commodities to be fortified;
- address issues related to private-sector involvement in producing fortified complementary foods, measures to improve national and regional procurement, quality control, packaging, social marketing and consumer awareness; and
- assist governments and the private sector in adopting support policies and legal frameworks and to adhere to the standards and codes of practice on food safety and food quality of the Codex Alimentarius Commission.¹⁰

⇒ *Integrating fortified complementary foods in nutrition social programmes*

33. WFP will work with governments to introduce fortified complementary foods in their social programmes and ensure integrated programmatic approaches. The aim is to improve access to fortified complementary foods among children aged 6–36 months through MCH programmes, building on existing MCH programme partnerships and arrangements in the seven countries. The project will:

- develop country-specific technical assistance requirements through a demand-driven process that will allow governments to define, design and manage integrated micronutrient programmes; technical assistance partners will be identified to promote south-south cooperation and exchange in Central America, for example drawing on

¹⁰ A subsidiary body of the Food and Agriculture Organization of the United Nations (FAO) and WHO, the highest international body on food standards. The project will consider the new guidelines under preparation by the Codex Alimentarius Commission on fortification of complementary foods.



the experience of the Food and Nutrition Surveillance Information System (SISVAN); and

- organize workshops and training on:
 - food management, targeting and outreach;
 - deworming, sanitation and health activities through partnerships;
 - promotion of exclusive and continued breastfeeding to ensure intake of macronutrients and micronutrients among young children;
 - nutrition support to pregnant and lactating women, consistent with ECW 1; and
 - a monitoring and surveillance system, including establishing baselines for impact analysis.

⇒ *Emergency food for young children*

34. Preliminary discussions with governments in the region highlighted the importance of providing nutritious emergency rations for young children. In consultation with INCAP/PAHO, WFP will provide recommendations for technical improvements of emergency foods for children aged 6–36 months based on a technical assessment of available products. WFP will advocate for the integration of foods for young children in emergency-response stocks, will support governments in identifying opportunities for stockpiling commodities with a longer shelf life and ensure that adequate consideration is given to young children, for example in contingency plans. A review of existing products and product development will be undertaken to ensure that nutritious foods are available for young children during emergencies.

⇒ *Monitoring and assessment of results*

35. The technical steering committee established for this capacity-building project with representatives from Tufts University, governments, UNICEF and INCAP/PAHO will provide support for developing methodologies related to baselines and impact assessments. The project will establish mechanisms for monitoring results at the output, outcome and impact levels. The results from monitoring and assessment will feed into advocacy, resource mobilization and policy formulation.
36. The project will establish baselines for tracking improvements in formulas and production of fortified complementary foods, adherence to food safety standards and integration of products into social programmes and will evaluate the effectiveness and efficiency of all modified or developed fortified complementary foods. This feedback will be incorporated into project activities and shared with partners.
37. The project will use a case-study approach to measure selected indicators at the outcome and impact levels such as changes in anaemia in children assisted by government nutrition programmes benefiting from the project. The nutritional effects of programmes will be determined using control groups. Selection of sample sites will give preference to food-insecure areas with available nutritional data.

Advocacy and Networking

38. Major components of the project are networking and mobilization of actors to support food fortification and develop awareness of the high social costs of VMDs. Mobilizing political will and resources from the public and private sectors through evidence-based



advocacy are central to achieving an expanded coverage of fortified complementary foods in Central America.

39. Advocacy messages would focus on (i) improving children's access to complementary foods as a means of achieving the MDGs and (ii) the benefits of fortification and integral micronutrient programmes, with the aim of enhancing legal frameworks, policies and government programmes. Advocacy supported by WFP and awareness-raising messages would promote an understanding that households and societies gain when children are better nourished, educated and skilled. WFP will advocate with governments, parliaments, national fortification alliances and special hunger initiatives such as the Hunger Front in Guatemala.
40. Creating an environment for improved access to fortified complementary foods will require the involvement of the private sector, consumer groups and state institutions. Resource mobilization will be mainstreamed, with efforts directed towards the ministries of commerce and national planning and the private sector. Resource mobilization efforts would emphasize the obligations attached to social responsibility, including adherence to international instruments on continued breastfeeding and the *Codex Alimentarius*. Activities with UNICEF and other partners will include:
 - annual consultations on awareness and technical matters in all countries for all relevant actors to generate government support for VMD eradication and create a platform to formalize partnerships with the private sector, promote food fortification and disseminate lessons learned; and
 - a regional forum to share experiences and achievements in the seven countries; WFP will seek to establish a regional network in support of targeted micronutrient programmes.

PROJECT IMPLEMENTATION

41. The project will be implemented under the supervision of the regional bureau in collaboration with Headquarters technical services.
42. A core project team in the regional bureau to coordinate regional and country-level activities will be led by a project manager (a nutritionist), a food technologist and a staff assistant, supported by short-term consultants including specialists in results-based management (RBM), social marketing, advocacy, gender and training.
43. The project manager will be supervised by the Regional Director. The other members of the team will prepare the technical service proposals, provide technical assistance and ensure that quality standards are maintained in line with project objectives. The team will work with the INCAP/PAHO regional office in Guatemala and the UNICEF regional office. The technical steering committee will provide support in developing baseline and impact-assessment methodologies.
44. The project manager will appoint country coordinators, working through WFP offices when applicable, to ensure collaboration among all actors.

Partnerships

45. A demand-driven process will be initiated whereby governments assume full partnership with WFP. On the basis of government priorities, WFP may also provide support in logistics and procurement, facilitating regional mechanisms as appropriate. The project will build on existing cooperation with UNICEF, INCAP, PAHO and the World Health



Organization (WHO), and support the Global Strategy for Infant and Young Child Feeding.¹¹

46. UNICEF will be WFP's main partner in advocacy to influence national policies, legal frameworks and resource allocation for social programmes. Advocacy will be based on existing guidelines and recommendations of the Global Strategy for Infant and Young Child Feeding, placing renewed emphasis on the nutrition needs of children during the complementary feeding period. INCAP/PAHO will be the main partner for technical assistance. Collaboration under existing MOUs with non-governmental organizations (NGOs) such as Action Against Hunger and Plan International will be developed to support project implementation. WFP will continue to collaborate with technical assistance providers such as the Centre for Disease Control and Prevention (CDC), GAIN, national fortification alliances, the USAID Micronutrient Programme (MOST), the Food and Nutrition Technical Assistance Project (FANTA) and MI.

Budget

47. This project does not contemplate food delivery as a component. There are therefore no direct operational costs (DOC). Direct support costs (DSC) account for 36 percent of project costs; other direct operational costs (ODOC) account for 64 percent, including the cost of the premix. Direct technical assistance accounts for 52 percent, advocacy and networking 17 percent, consultants and overheads 27 percent and contingencies 4 percent.
48. The cost to governments is about US\$315 per mt, including the base cereal, milling, fortification and packaging. WFP will support local tendering at the request of governments.

BENEFICIARIES AND BENEFITS

49. This project draws from SP 5, with a focus on capacity-building, strengthening private-sector/government linkages, knowledge sharing and strengthening partnerships to reduce micronutrient deficiencies in young children. Through capacity and alliance building, the project will improve the services provided under food-based social programmes and benefit children at nutritional risk. Links with other capacity-building efforts have the potential to produce multiplier effects across sectors such as health, nutrition, education and sanitation.
50. The beneficiaries are:
- an average 100,000 children per country receiving micronutrient-fortified products and other assistance through integrated government micronutrient programmes;
 - children receiving nutritious foods in the first days of an emergency;
 - government staff and policymakers with enhanced technical capacity for design and implementation of effective low-cost responses to micronutrient deficiencies, including development, production and distribution of fortified complementary products;
 - government staff and policymakers with enhanced technical capacity to respond to the needs of young children in emergencies; and

¹¹ WHO. 2003. *Global Strategy for Infant and Young Child Feeding*.



- national fortification alliances, special national hunger initiatives, academic institutions and technical consultative groups with networks and alliances to address micronutrient malnutrition in young children.

51. The benefits are:

- improved composition and production of fortified complementary products;
- increased incorporation of fortified complementary products in government social programmes;
- enhanced capacity to design, target, manage and show impact from integrated micronutrient programmes;
- shared best practices on integrated micronutrient programmes for young children, providing for more informed decision-making, resource allocation, policy formulation and programme management;
- strengthened partnerships between governments, national fortification alliances, the private sector and other actors for production and distribution of micronutrient-fortified products;
- increased in-kind resources provided by governments, including human resources and basic commodities for fortification;
- fortified products for young children integrated into emergency-response stocks; and
- improved acceptability of fortified complementary products through social marketing and consumer communication.

MONITORING AND EVALUATION

52. This project will monitor and report on results in an RBM framework. The project includes monitoring and assessment of results as one of the specific capacity-building activities. The technical steering committee will provide support in development of a package of indicators for use by the project and governments in food-based social programmes and study methodologies.

53. The logical framework in Annex III provides impact, outcome and output level indicators that will be included in the monitoring system and measured during the project and at its end, at which time an external evaluation will examine the progress and results in the context of SP5 and enhanced capacity to improve fortified complementary foods and promote their inclusion in integrated micronutrient programmes. Costs are included as part of DSC.

RISKS

54. Risks are related to the political will of Central American governments to allocate resources for improved access to complementary foods through integrated micronutrient programmes. The project aims to mitigate the risk of governments not providing in-kind resources to support the project through early and ongoing mobilization of resources and political will.



COORDINATION AND CONSULTATION

55. WFP will ensure coordination with United Nations and other consultation processes at the country and regional levels. The project will build on the current United Nations Development Assistance Framework (UNDAF)/Common Country Assessment (CCA) commitments and continue to support monitoring of progress towards the MDGs. At the country level, the project will coordinate with national fortification alliances, ministries, the private sector and national special hunger initiatives, including the Hunger Front in Guatemala. WFP will continue to advocate for hunger and malnutrition to be part of the Poverty-Reduction Strategy Paper (PRSP) process in Central America.
56. Important networks, alliances and institutes include the Global Strategy for Infant and Young Child Feeding, the International Vitamin A Consultative Group (IVACG), the International Nutritional Anaemia Group (INAG), Tufts University, Emory University of Public Health and the Latin American Nutrition Forum (LATINUT). WFP will continue to be involved in consultative technical groups such as the United Nations Standing Committee on Nutrition (SCN).
57. WFP will continue to support regional summit and consultation processes and advocate for the inclusion of hunger and malnutrition on political agendas. For example, in May 2005 WFP and the Government of Panama will host a technical consultation in conjunction with the fourth Summit of Heads of State for Countries Associated with the Caribbean States.

RECOMMENDATION

58. The project is recommended for Board approval within the budget detailed in Annexes I and II.



ANNEX I

| PROJECT COST BREAKDOWN* — ODOC (US\$) | |
|--|------------------|
| Staff and staff-related costs | |
| International consultants (including travel) | 1 016 596 |
| National consultants | 625 540 |
| Temporary assistance | 184 008 |
| United Nations volunteers | |
| Non-WFP staff training | 881 772 |
| Travel | 241 488 |
| Sub-total | 2 949 404 |
| Recurring expenses | |
| Rental of facility | |
| Utilities (general) | |
| Office supplies | |
| Communications and IT services | |
| Insurance | |
| Equipment repair and maintenance | |
| Vehicle maintenance and running costs | |
| Contracted services | |
| Other office expenses | |
| Sub-total | |
| Equipment and capital costs | |
| Agricultural tools and equipment | |
| Kitchen and canteen material and equipment | |
| Health-related materials and equipment | |
| School-related materials and equipment | |
| Building materials | |
| Vehicles | |
| TC/IT equipment | |
| Other tools, materials and equipment | |
| Food transformation costs | 638 996 |
| Sub-total | 638 996 |
| TOTAL ODOC | 3 588 400 |

* ISC amount to US\$390,746.



ANNEX II

| DIRECT SUPPORT REQUIREMENTS (US\$) | |
|--|------------------|
| Staff | |
| International professional staff | 1 375 200 |
| National professional officers | |
| National general service staff | 75 750 |
| International consultants | 60 000 |
| Staff duty travel | 225 000 |
| Sub-total | 1 735 950 |
| Office expenses and other recurrent costs | |
| Rental of facility | 45 396 |
| Utilities (general) | 24 590 |
| Office supplies | 37 830 |
| Communication and IT services | 56 745 |
| Insurance | 18 915 |
| Equipment repair and maintenance | 8 197 |
| Vehicle maintenance and running cost | - |
| Other office expenses | 22 068 |
| Sub-total | 213 740 |
| Equipment and other fixed costs | |
| Furniture, tools and equipment | 16 000 |
| Vehicles | - |
| TC/IT equipment | 28 000 |
| Sub-total | 44 000 |
| TOTAL DSC | 1 993 690 |



ANNEX III: DEVELOPMENT PROJECT — CENTRAL AMERICA REGION CAPACITY-BUILDING PROJECT 10421.0

Strategic Priority 5: Help governments to establish and manage national food-assistance programmes

| Results hierarchy | Performance indicators | Risks, assumptions |
|--|---|---|
| <p>Impact</p> <p>1. Increase government commitment and capacity to reduce hunger and malnutrition through integrated micronutrient social programmes.</p> | <p>Impact level indicators</p> <p>1.1 Percentage of anaemia in children aged 6–36 months in project.</p> <p>1.2 Percentage of social investment dedicated to integrated micronutrient programmes.</p> <p>1.3 Percentage of stunting in children aged 6–36 months in project.</p> | <p>Governments have the political will to address VMDs in Central America.</p> <p>This indicator would be assessed on a case study basis.</p> |
| <p>Outcomes</p> <p>1. Strengthened government technical capacity to develop, produce and distribute adequate foods for young children in development and emergency situations.</p> | <p>Outcome-level indicators</p> <p>1.1 Percentage of project-related food-based social programmes that incorporate improved fortified complementary foods for children aged 6–36 months.</p> <p>1.2 Percentage of government contingency plans that include provision of improved foods for young children.</p> | |
| <p>2. Increased commitment of governments and the private sector to address micronutrient deficiencies.</p> | <p>2.1 Percentage of policies and initiatives that address fortified complementary foods, promoting culturally appropriate foods that are low-cost with high nutritional value.</p> <p>2.2 Percentage of government resources directed to commodities for fortified products for children aged 6–36 months.</p> <p>2.3 Percentage of nutrition social programmes that adopt complementary activities to support integrated approaches using fortified complementary foods.</p> | |
| <p>3. Collaborative approaches developed by countries, institutions and partners to support integrated micronutrient programmes.</p> | <p>3.1 Number of partnerships formalized at the national and regional levels to address micronutrient policies and programmes.</p> <p>3.2 Number of contracts signed with the private sector for product fortification.</p> | |
| <p>Outputs</p> <p>1.1 Improved fortified complementary foods for children aged 6–36 months available for use in integrated micronutrient programmes.</p> <p>1.2 Adequate fortified complementary foods for young children available for use in emergencies.</p> | <p>Output-level indicators</p> <p>1.1.1 Number of improved fortified complementary foods modified, developed, tested and approved.</p> <p>1.1.2 Number of national government staff trained in fortified complementary food project design.</p> <p>1.2.1 Stocks of fortified complementary foods for young children integrated into government emergency response rations.</p> <p>1.2.2 Number of children receiving fortified complementary foods in government nutrition programmes and emergency responses.</p> | |
| <p>2.1 Advocacy and support for national policy formulation to address VMD in young children through integrated micronutrient programmes.</p> | <p>2.1.1 Number of workshops and consultations.</p> <p>2.1.2 A regional forum on VMDs in young children.</p> | |
| <p>3.1 Networks in place to support micronutrient policy and programming.</p> | <p>3.1.1 Network in place to facilitate training, workshops, south-south knowledge sharing and upcoming events related to VMDs in young children.</p> | |



ACRONYMS USED IN THE DOCUMENT

| | |
|---------|--|
| CCA | Common Country Assessment |
| DOC | direct operational costs |
| DSC | direct support costs |
| ECLAC | Economic Commission for Latin America and the Caribbean |
| ECW | Enhanced Commitments to Women |
| EMOP | emergency operation |
| FANTA | Food and Nutrition Technical Assistance Project |
| FAO | Food and Agriculture Organization of the United Nations |
| GAIN | Global Alliance for Improved Nutrition |
| GDP | gross domestic product |
| IDA | iron deficiency anaemia |
| INAG | International Nutritional Anaemia Group |
| INCAP | Institute of Nutrition of Central America and Panama |
| IVACG | International Vitamin A Consultative Groups |
| LATINUT | Latin American Nutrition Forum |
| M&E | monitoring and evaluation |
| MCH | mother-and-child health |
| MDG | Millennium Development Goal |
| MI | Micronutrient Initiative |
| MOU | memorandum of understanding |
| NGO | non-governmental organization |
| ODOC | other direct operational costs |
| PAHO | Pan-American Health Organization |
| PRONAN | National Programme on Food and Nutrition, Panama |
| PRRO | protracted relief and recovery operation |
| PRSP | Poverty Reduction Strategy Paper |
| RBM | results-based management |
| SCN | United Nations Standing Committee on Nutrition |
| SEDESOL | Secretariat of Social Development – Mexico |
| SISVAN | Food and Nutrition Surveillance Information System |
| SP | Strategic Priority |
| TACRO | UNICEF Regional Office for Latin America and the Caribbean |
| UNICEF | United Nations Children’s Fund |
| VAD | vitamin A deficiency |
| VAM | vulnerability analysis and mapping |
| VMD | vitamin and mineral deficiency |
| WHO | World Health Organization |

