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PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 8

For approval



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DEVELOPMENT PROJECT— CENTRAL AFRICAN REPUBLIC 10361.0

Support for Education for All and Health

Number of beneficiaries	130,000 (annual average)
Duration of project	Four years (1 October 2005–30 September 2009)
Cost (United States dollars)	
Total cost to WFP	18,770,571
Total cost to the Government	996,800

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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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EXECUTIVE SUMMARY

Since 1996, the Central African Republic has experienced a series of rebellions and a climate of insecurity, which have resulted in reduced quality of health and education services. The project will provide support to the Central African Government with the aim of meeting Millennium Development Goals 1, 2, 4 and 5, as well as WFP's Strategic Priorities 3 and 4, which relate to primary education for all and the health of children and mothers. The beneficiaries are primary schoolchildren, children under 5 and pregnant and lactating women who suffer from malnutrition. The project will be able to provide assistance for 520,000 beneficiaries for four years, supplying approximately 20,392 mt of food at a cost of US\$18.8 million. With regard to the healthcare component, education in basic hygiene and nutrition is vital; with regard to the educational component, community participation will ensure that canteens operate well. Training sessions will be organized for the responsible technical ministries, members of the management committees, canteen cooks and heads of health centres.

DRAFT DECISION*

The Board approves Central African Republic development project 10361.0 "Support to Education for All and Health" (WFP/EB.3/2004/8-A/1).

* 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

Project Justification

1. The landlocked Central African Republic faces many challenges. Bangui, the capital, is more than 1,000 km from Douala in Cameroon, the port on the Atlantic coast through which products pass for the Central African Republic. With 67 percent of the population living below the poverty threshold on less than US\$1 per day, the Central African Republic is included among the least-developed and food-deficit countries; it is ranked 168th of the 175 countries in the Human Development Index of the United Nations Development Programme (UNDP) for 2003. The deterioration of all sectors results from years of economic and social crises. The country has experienced a series of rebellions, and a climate of insecurity has prevailed since 1996. The last armed crisis led to a change of government on 15 March 2003. These repeated conflicts have worsened the living conditions of vulnerable people.
2. The population is estimated at 3.5 million people, with a growth rate of 2.5 percent and a density of 4.2 to 6.1 habitants per km². The under-15 population is estimated at 43.1 percent of the total.
3. The economic situation has continued to worsen since October 2002, following a major decline that began many years ago with a sudden decline in the prices of cotton, coffee and wood. Staff salaries are irregular, causing strikes and demotivation. Gross domestic product per person fell from US\$349 in 1995 to US\$263 in 2003. The reduction of social spending has consequently reduced the quality of health and educational services. The part of the budget devoted to education has decreased from 15.5 percent in 1997 to 9.2 percent in 2003.
4. The educational system faces many problems: insufficient availability of education, unequal access, lack of teachers, lack of learning materials and poor quality of teaching. In 2001–2002, the gross primary schooling rate was 67 percent, while the net schooling rate was 55.88 percent. The net enrolment rate in the first year of primary school was 37 percent for the 2000–2001 primary school year; only one third of 6-year old children registered in first year of primary school. The five prefectures selected for the project have a schooling rate of 38 percent, which is below the national average of 55.9 percent. To overcome these problems, the Government has requested and obtained support for the management of the educational system. Six projects of French Technical Assistance and the Project Educa 2000 are also being implemented. The United Nations Children's Fund (UNICEF) supported the education of girls in community schools and the training of teacher-parents; UNDP supports the development of policies for the enhancement of the Education for All plan.
5. Schooling for all the levels shows a large disparity between the north and south regions and between boys and girls, whose gross schooling rates are 79 percent and 55 percent respectively. The net schooling rate for girls is 41 percent. The repetition rate ranges from 27 percent in first grade to 39 percent in second grade, where 40 percent of pupils are girls. The dropout rates for 2000–2001 were 8 percent in the first year of primary school and 16 percent in fourth grade. Poverty is increasingly accentuated at the household level since children often leave school with empty stomachs or have nothing to eat when they return home. This contributes greatly to the low rate of attendance and the increase in the drop-out rate. The illiteracy rate among adults, which is 51.8 percent, is also a factor affecting the enrolment of children in school.



6. Health institutions register a very low rate of attendance. In 2001, the coverage ratio of prenatal consultation was 31.4 percent, with an average of 1.9 visits per woman registered. These low rates are linked to women's lack of confidence in the public health system, demotivation of staff and the practice of illegal payments, making care inaccessible. The ratio of number of assisted births reported to number of attended births is 13.4 percent only. The recorded birth rate is only 18.5 percent. The maternal mortality rate is 948 per 100,000 live births, one of the highest in the world, and increasing. Infant mortality rates are high at an average 130 per 1,000 and 146 per 1,000 in the rural areas.
7. Because the national HIV/AIDS prevalence is 15 percent and is one the Government's top priorities, the Government has set up a direct liaison between the Secretariat of the National Committee Against HIV/AIDS and the Prime Minister's office, and maintains an office at the Ministry of Health. A national Strategic Plan to Combat HIV/AIDS in the Central African Republic (December 2002) shows that rural areas are the most affected at 17 percent, compared with 13 percent in urban areas. The estimated prevalence among women of child-bearing age varies between 7.2 percent and 29.3 percent. The cause of death of 85 percent of teachers is HIV/AIDS. Almost 80 percent of those affected with HIV/AIDS suffer from tuberculosis.
8. The Central African Republic figures among the countries with a notably high level of malnutrition. Of all live births in 2000, 72.4 percent of children were in a normal nutritional state, 21.4 percent were suffering from moderate malnutrition and 6.2 percent from severe malnutrition. Chronic malnutrition is 39 percent according to the 2000 Multiple Indicators Cluster Survey (MICS). Cases of malnutrition among women are not rare. Food habits in the country do not favour food diversification. Customs and habits prevent pregnant women from consuming certain food rich with protein such as milk, eggs, fish and many others. Although salt is locally iodized, deficits can still be seen in certain areas of the southeast of the country. Lack of vitamin A is widespread — 68 percent of children from 6 to 36 months and 17 percent of women from 15 to 49. Iron-deficiency anaemia affects most children and mothers. Poor hygiene and sanitation and lack of access to drinking water related to inadequate weaning practices lead to very high morbidity.
9. Intestinal infections from parasites account for 55 percent of diseases in the tropical areas, according to World Health Organization (WHO) estimates. The tropical climate, which inhibits hygienic conditions, favours rapid development of intestinal worms affecting the most disadvantaged sections of the population, especially children in rural areas. Monitoring visits during the project showed that parasites were responsible for 80 percent of absenteeism in school. With financial support from Canada, the WFP country office carried out parasite control activities on a trial basis, the results of which are conclusive. It will also be necessary to continue the experiment and introduce parasite control into schools in the framework of this project.
10. Since WFP assistance activities in the Central African Republic started in 1966, 10 development projects, 15 emergency operations and 1 recovery operation have been carried out, at a cost of US\$60.5 million.
11. The Central African Republic development project 5837.00 "Improvement of Nutritional Status of Most Vulnerable Communities" was approved by the Executive Director of WFP on 1 March 1999. The operational plan was signed in July 1999. The first distributions took place in March 2000. This project includes: (i) primary schools with a canteen service; (ii) kindergartens; (iii) nutritional rehabilitation centres and mother-and-child health (MCH) centres; (iv) labour-intensive activities; and (v) intensive functional literacy. The project aims at an annual average of 68,050 beneficiaries for four years. In 2001, a



technical review mission recommended that the labour-intensive activities and the intensive functional literacy activities terminate, streamlining the project to three parts.

12. Concurrently, protracted relief and recovery operation (PRRO) 10189.0, whose first distributions took place on May 2003, is being implemented for an initial 15-month period. This PRRO provides assistance to 150,350 beneficiaries, including those affected by or living with HIV/AIDS, and people displaced or repatriated after internal armed conflicts.
13. In 2003, self-evaluation project 5837.00 served as a reference in designing a new phase of the project. This project was the object of a multi-disciplinary formulation mission consisting of representatives of the WFP office in the Central African Republic, the WFP Regional Centre for Central Africa and UNESCO, with the participation of a specialist in school feeding, a doctor and an external consultant in nutrition. The recommendations made at the beginning of the mission were directed towards revising the present project description.

PROJECT OBJECTIVES AND EXPECTED RESULTS

Long-Term Objectives

14. The project will support the policy undertaken by the Central African Government with the aim of realizing the Millennium Development Goals (MDGs) 1, 2, 4 and 5, as well as the WFP Strategic Priorities 3 and 4 concerning improving nutrition and health of infants and mothers and education for all.

Immediate Objectives

15. The immediate project goals are:
 - a) **Primary schools:** (i) to contribute to the growth of enrolment in the schools for 5 percent per year; (ii) to raise the rate of school attendance of enrolled children, notably girls, by 15 percent; and (iii) to encourage continuation of schooling by reducing the dropout rate by 10 percent.
 - b) **Kindergartens:** (i) to contribute to an increase in enrolment of 5 percent per year; and (ii) to increase the attendance rate of enrolled children by 20 percent.
 - c) **Health structures:** to participate in improving the care and monitoring of women and children under 5 who suffer from malnutrition, in the following intervention sites:
 - **Nutritional rehabilitation centres:** to contribute to reducing the risks for moderately malnourished children from 6 months to 5 years with weight/age ratio less than 80 percent or -2 standard deviation from becoming severely malnourished by organizing the distribution of fortified porridge
 - **MCH centres:** to participate in improving the nutritional state of pregnant and lactating women suffering from malnutrition in WFP-supported institutions, while increasing food security at the family level.

Expected Results

16. The expected results of the project are:
 - a) **Primary schools:** An average of 98,000 students per year will receive morning porridge and a hot lunch daily for four school years at 175 days per year.



- b) **Kindergartens:** An average of 2,000 children per year will receive morning porridge and a hot meal at noon daily for 4 years.
- c) **Nutritional rehabilitation centres:** An average 12,500 children per year suffering from malnutrition will receive sweetened porridge made of blended food, to be served on-site five days out of seven for 90 days. The mothers of these children will receive an individual dry ration, distributed twice a month to encourage them to be attentive and to not interrupt the treatment of their children. They will attend at least eight nutrition and health education sessions. They will all learn how to prepare an enriched porridge by using local foodstuffs and drinkable water for all food/drinks.
- d) **MCH centres:** A family ration will be given twice a month for six months (180 days) to 5,000 pregnant and lactating women suffering from malnutrition so that:
- improved monitoring of at-risk pregnancies will result from all monitored women undergoing at least one monthly visit, and at least three while under care;
 - all women will attend at least eight sessions on nutrition and health education, with the aim of:
 - ◇ encouraging exclusive breast feeding for the first six months;
 - ◇ building child-related capacities — food preparation, hygiene and child care — which will be needed by 95 percent of women; women will be trained to make porridge for infants following the principles of good hygiene and using local ingredients, and to prepare balanced meals for children.

TABLE 1: BENEFICIARIES AND PERCENTAGE OF FOOD RATIONS ALLOTTED					
Category of beneficiaries	Annual number of beneficiaries			Quantity of food (kg per year)	Percentage of food per category
	Women/girls	Boys	Annual total		
Primary school children	40 000	58 000	98 000	3 481 450	68.36
Kindergarten children	1 000	1 000	2 000	58 800	1.15
Children under 5 suffering from malnutrition	6 250	6 250	12 500	146 250	2.87
Mothers of children suffering from malnutrition	12 500	-	12 500	281 250	5.52
Pregnant and lactating women suffering from malnutrition	5 000	-	5 000	1 125 000	22.10
Total	64 750	65 250	130 000	5 092 750	100



THE ROLE AND METHODS OF FOOD AID

Purposes of Food Aid

17. Food aid will be supplied in support of several educational and nutritional activities. This aid will fulfill three essential purposes:
- **Food and nutritional complement:** (i) the food complement for children in primary schools and kindergartens; and (ii) the nutritional complement for children and pregnant and lactating women suffering from malnutrition.
 - **Promotion:** (i) to encourage families to enrol their children in kindergartens and primary schools benefiting from WFP assistance; (ii) to keep children in school regularly throughout the school cycle; and (iii) to ensure regular attendance by malnourished children by providing their mothers with an individual ration.
 - **Transfer of income:** pregnant and lactating women suffering from malnutrition will receive a family ration.

Food Intake and Product Justification

18. **Education component.** The food basket will contain cereals, blended food such as corn-soya blend (CSB), pulses, vitamin A-enriched vegetable oil, sugar and iodized salt. Two meals will be served in the schools and kindergartens benefiting from WFP assistance: porridge in the morning and a hot meal at noon.
19. **Health component.** An enriched porridge of blended foods, sugar and oil will be served to the children on-site for five days. At weekends, the rations will be distributed for two days in a mix already prepared with all ingredients. Corn flour, vitamin A enriched oil, pulses and iodized salt will constitute the food basket for women. Mothers suffering from malnutrition will receive an individual ration every two weeks to compensate for the lost time — roughly two hours — at the health centre. The family rations, which constitute five individual rations, will be distributed twice a month to pregnant and lactating women.

TABLE 2: SUMMARY OF DAILY RATIONS (g)

	Children suffering from malnutrition	Mothers of children suffering from malnutrition	Pregnant and lactating women	Primary school children	Kindergarten children
Number of operation days	90	90	180	175	175
Type of ration	Individual	Individual	Family	Individual	Individual
Corn flour		200	200x5=1 000	120	100
Blended food	110			25	25
Vegetable oil	10	15	15x5=75	15	10
Beans		30	30x5=150	30	20
Sugar	10			10	10
Iodized salt		5	5x5=25	3	3
Total weight	130	250	245x5=1 250	203	168
Energy (kcal)	550	953	953x5=4 765	800	650



PROJECT STRATEGY

Geographic Coverage

20. Geographic targeting of school feeding activities was carried out in consideration of the high food vulnerability rate, the 38.1 net rate of schooling, which is less than the national average of 55.9 percent, the poverty level of less than US\$1 per day and the population density of six inhabitants per km². Six prefectures were chosen: Ouaka, Basse Kotto, Kémo, Nana-Grebizi, Ouham and Nana-Mambéré. Vulnerability analysis and mapping (VAM) during implementation should allow for validation of the geographical targeting. A further prefecture will be integrated into the project on a trial basis — Lobaye, which includes 15 UNICEF-supported community schools.
21. For the health component, targeting will not be geographical but institutional: only institutions and organizations showing sufficient capacity will be selected in order to guarantee the project's success. Priority will go to intervention areas of the school canteen component, where the health institutions will be encouraged to become eligible.

Implementing Institutions

22. Project implementation will be entrusted to the Food Management Service (FMS) of the Ministry of Planning and Cooperation, to the ministries of education, health and social affairs at the central and prefecture levels, and to WFP. The implementation and monitoring of the management of food at extended delivery points will be the responsibilities of WFP and FMS, through United Nations volunteers and inspectors.
23. With regard to the education component, a coordinating institution is provided for in the operation plan, which will meet with heads of primary schools and academic inspectors at the central and prefectural level. Three head offices — family health and population, community health and studies and planning — will be involved in coordination through MCH services, nutrition and food hygiene and health statistics. The technical offices responsible for each component will ensure liaison between coordination units and WFP.
24. The responsible personnel from technical ministries should come from the decision-making level in their departments; they will be assisted by a staff member with computer skills. The main tasks of the technical personnel in charge consist in ensuring monitoring of the technical aspects of the project, updating staff and preparing trimester results and impact reports.
25. The meetings on coordination and project monitoring will be organized as follows:
 - a monthly meeting between the WFP project leader and the technical supervisors of each component or their representatives;
 - a three-monthly summary meeting between the WFP project leader and the coordination units of each component; and
 - an annual meeting of the management committee with members of the coordination unit, the Ministry of Planning and International Cooperation, and WFP; a representative of the National Committee Against HIV/AIDS should participate as well as the head of the Information, Education and Communication sector in the Ministry of Health; this Committee will analyse M&E aspects, validate the annual summaries, identify priority actions and propose solutions to the general implementation problems.



Implementation

26. With regard to the health component, education in basic hygiene and nutrition is fundamental for the project to be effective. With regard to the educational component, community participation is essential for the smooth operation of the canteens and for achieving goals. It is necessary to organize a preparatory phase to ensure a good start and improved operations of the project's activities.

⇒ *Preparatory phase*

27. In accordance with Enhanced Commitment to Women VI.2, a benchmark study will be carried out prior to first distributions in order to set out a quantitative and qualitative basis that will later serve for indicator monitoring.

28. In order to be able to measure the project's influence during its four years, a global list of institutions benefiting from assistance will be jointly drawn up by the Government and WFP before the first distribution, and will remain valid until the end of the project. The list will not undergo any modification, other than measures allowing for the exclusion of institutions that do not respect the procedures established by WFP and in adding others that fulfill the desired conditions.

29. Communities in selected prefectures will be informed of the possibilities offered to them to benefit from food aid. The communities concerned will submit requests in which they indicate that they satisfy the requisite criteria. A pre-selection can then be made on the basis of records.

30. Prior to inclusion as a school or health centre, the WFP office and the technical officers of the project will carry out a quick assessment mission in order to verify the capacities of the establishments before they can be included in the project. The theoretical maximum number of beneficiaries will be indicated. The institutions will then be chosen according to different criteria.

31. A training period is planned in order to strengthen capacities of agents operating in the field, including healthcare workers, teachers, members of management committees and cooks. The agents will be trained in filling out data sheets, managing and storing food, and preparing meals. A two-year plan will be established for this.

32. It will be advisable to obtain an agreement in principle from the Government on the support of trained personnel in the same organizations for the entire duration of the project.

33. A survey of knowledge, attitudes and practices will take place at the beginning and at the end of the project with technical personnel of the Ministry of Public Health and Population to develop messages to be conveyed and to assess the changes that have been brought about for mothers.

⇒ *Implementation*

34. Programme contracts (*contrats-programme*) will be introduced under the educational component, linking local communities with schools and WFP. The contracts will provide details of the responsibilities of each party. Community participation assumes great importance, because it constitutes a first, crucial step towards making activities suitable for the beneficiary community. Consequently, the project plans two possible types of contributions by parents — in-kind and financial. Canteen managers will keep a register of these contributions.



35. The operating rules of the canteens will be recorded in a guide, including recipes to demonstrate various uses of food supplied by WFP.
36. Any misuse of food will lead to the exclusion of guilty institutions for the duration of the project.
37. Parasite-control activities and HIV/AIDS-awareness activities will be conducted in the schools receiving WFP assistance.
38. Children suffering from moderate malnutrition will be taken care of for three-month periods; pregnant and lactating women suffering from malnutrition will be taken care of for six-month periods.
39. Education in basic hygiene and nutrition is fundamental to reaching the goals. Women will be encouraged to supply local food to make culinary demonstrations.

BENEFICIARIES AND ADVANTAGES

40. The project beneficiaries in the health institutions supported by WFP are (i) schoolchildren in the targeted regions, (ii) children suffering from malnutrition and (iii) pregnant and lactating women suffering from malnutrition.
41. In view of the poverty in the country and delays in payment of salaries, teachers and cooks will receive a hot meal every school day during the first two years of the project. A technical mid-term review will determine if this practice should be maintained.

Criteria for Selecting Beneficiary Institutions

42. In the education component, beneficiary institutions will be public, grant-maintained or village schools in the selected prefectures that have:
 - a low enrolment rate;
 - a low attendance rate;
 - a source of drinking water;
 - adequate separate latrines for boys and girls;
 - safe storage;
 - a covered kitchen and a place to eat meals;
 - sufficient staff to guarantee preparation and distribution of meals;
 - at least two functional classrooms and two teachers; and
 - a committee to manage the canteen on a daily basis, including two men and two women representatives of the parents' association, a girl and a boy representing the students, a teacher and a cook; this committee will ensure the smooth running of the canteen and oversee the conditions in which the students take their meals and the school environment.
43. Since operations concentrate on rural areas, the schools in regional and district capitals of the prefecture will not be able to receive assistance, apart from those attended by girls only, in order to support their schooling. Only kindergartens where the children are supported by WFP will be selected.



44. The centres should fulfil the following the criteria for the health component.
- There are community-based health centres and non-governmental organizations (NGOs) offering health and nutrition education activities that can prepare the porridge on-site at least five days a week.
 - They can justify a minimum of activities each month — about 30 new children suffering from malnutrition and enough trained staff to supervise pregnancies and child growth.
 - They should treat malaria, parasitosis, anaemia and vitamin A deficiency and give vaccinations; the price of treatment should be accessible and consistent.
 - There should have been no misappropriations of any kind; the centres should have an operating management committee that meets at least once a month.

Criteria of Beneficiary Selection

45. **Education:** All children enrolled in the selected establishments will receive morning porridge and a hot lunch.
46. **Health:** Beneficiaries belong to these categories:
- underweight children (weight/age <80 percent) to identify cases of kwashiorkor, and those suffering from moderate and severe malnutrition (red and yellow areas on the growth charts);
 - pregnant women suffering from malnutrition — body mass index (BMI) less than or equal to 18.5; no weight gain or loss of weight between two consecutive weighings; less than 145 cm in height; adolescent pregnancy; and uterus height unchanged between two consecutive measurement periods, anaemia and oedema of lower limbs or arterial hypertension;
 - lactating women — mothers with children underweight at birth or with twins, with BMI <18.5, insufficient or no lactation and anaemia.
47. Children suffering from moderate malnutrition will be cared for in 90-day periods; pregnant and lactating women suffering from malnutrition will be cared for in 180-day periods. The people under care will be considered to have recovered in the following cases:
- children suffering from malnutrition: regaining weight into the green area and maintenance of this level for two consecutive weighings at 15-day intervals; increasing growth curve into the green area after elimination of oedema;
 - pregnant women: at the end of the first trimester after birth (i) if the child does not have enough weight at birth or is in the green area of growth and (ii) if there is a regular monthly weight gain; and
 - lactating mothers: BMI becomes greater than 18.5 at two consecutive weighings.

PROJECT SUPPORT

Partnership

48. The project will attempt to synergize with the activities of United Nations system organizations, by working as much as possible in the same sectors and regions. Activities of UNICEF and the Food and Agriculture Organization of the United Nations (FAO) will have a direct effect on the educational component in certain targeted regions because they



favour community mobilization and development of school vegetable gardens. The health component is supported by UNICEF activities in all regions of the country: the extended vaccination programme, vitamin A distribution, preparation for least-risk maternity, the Bamako initiative in medicine, information, education and communication campaigns aiming at behavioural changes. The United Nations Population Fund (UNFPA) supplied the technical materials for MCH and family planning and operates in family education in 50 primary schools in the selected prefectures that participate in the project. Reproductive health forms part of school programmes in third grade to fourth grade. UNFPA also produced radio programmes on women's health. FAO plans to provide seeds and garden tools to at least 100 WFP-supported primary schools. WHO operates in the field of least-risk maternity and provides technical support to parasite-control activities.

49. The European Union will continue to supply medicine through the European Community Office of Humanitarian Aid and will undertake projects aimed at improving transport infrastructures. French Cooperation supported the educational sector in training and institutional management capacity-building and promotion of quality secondary schools.
50. WFP will strengthen its partnership with community groups and NGOs such as *Cooperazione Internazionale* (COOPI) and *Amis d'Afrique* that work in the health sector to ensure the selection and training of local actors and community mobilization.

Logistics of Food Aid

51. Significant logistics problems include: (i) the distance from the Douala port, (ii) the deterioration of roads, (iii) chronic insecurity and (iv) the lack of private transporters in the Central African Republic. Local procurement of 2,000 mt of corn wheat will contribute to reducing landside transport, storage and handling costs (LTSH). WFP will be responsible for all internal transport storage and handling (ITSH) operations, delivery to extended delivery points (EDPs) and distribution to beneficiaries by private transporters selected through tenders. ITSH funds will be directly managed by the WFP office. The Government will finance the storage infrastructures.

Non-food Items

52. The following essential items will be provided by WFP after an inventory of needs.
 - Health (100 centres): pots, ladles, Salter weighing scales for babies, measuring tapes, upright/supine height gauge, manuals for all types of malnutrition, calculators, weaning recipe books and nutritional and health education materials.
 - Education (500 schools, 100,000 students): measuring utensils, kitchen utensils, notebooks with the WFP logo and HIV/AIDS-awareness messages.

Training

53. Training sessions in food use, management and storage will be organized by members of canteen management committees. To this end, WFP will be able to call on the collaboration of organizations with experience in the field of community mobilization. Partnerships will be established with regional agents in charge of community development in the Ministry of Social Affairs. Training for cooks should focus on the use of foodstuffs and basic hygiene.
54. For the health component, complementary training will focus on essential aspects of selecting beneficiaries, and basic indicators and their significance; it will be organized by WFP in collaboration with the Ministry of Health and specialized NGOs to ensure the



reliability of monthly reports. Each centre should own a school feeding nutrition and recipe book.

55. The technical supervisors of the project and the FMS personnel could benefit from computer-training relating to statistical work and report editing.

MONITORING AND EVALUATION

56. An M&E system based on a sampling of beneficiary institutions will be established on the basis of indicators, sources of identification and hypotheses established in the logical framework. A monitoring plan will then be developed to specify responsibilities, stakeholders, methods of collecting data for the established indicators, the schedule of follow-up missions and financing. The data based on the indicators are shown in the logical framework, disaggregated by sex, will be collected in WFP-supported institutions.
57. Each institution will be visited twice a year according to the plan. With respect to the education component, WFP, NGOs, community groups and other actors will make visits to support community mobilization. With regard to the health component, the visits will permit the study of technical matters, including systematic measurement of malnutrition during consultations with “healthy” children. An assessment will be carried out on stocks, organization and the required documents. Follow-up monitoring will be carried out by the representative of the technical officers of the project, the medical officer of the prefecture and WFP. The head of planning at the prefecture level should participate on at least one occasion, especially at the beginning of the project.
58. M&E reports will be made monthly in three copies: one kept at the beneficiary institution and one for WFP, one for the technical supervisor of the project who will use the reports in collaboration with WFP. All the reports will be analysed and the observations/results will be communicated to the beneficiary institutions and to participants in the monitoring. The three-monthly reports will be discussed and validated by the coordination institutions; the pilot committee will validate the annual reports.
59. A technical review will be carried out in the second year of the project to examine the possibility of introducing dry rations in some schools in the project and to recommend adjustments if necessary. An evaluation will be carried out a year before the end of the project.

Sustainability and Exit Strategy

60. The socio-economic situation of the country does not currently permit considering even a partial WFP withdrawal. Indeed, the Government could gradually encourage local communities to provide significant support to the education of children, especially in managing school canteens. A WFP exit strategy will be proposed for the medium term depending on socio-economic development in the country.

PROJECT FEASIBILITY

61. **Technical feasibility:** The project supports the national Education for All strategy. School canteens and health centres in rural areas are a vital factor in promoting education and health. They encourage parents to enrol and keep their children in school; pregnant and lactating women and mothers of malnourished children are encouraged to attend health institutions. To realize the project’s potential, the ministries concerned will give priority to



schools and health centres participating in the project by providing the necessary materials and qualified teachers.

62. **Economic feasibility:** A minimum of Government investment is necessary to build school infrastructures. Parents of students and communities will be asked to contribute to enable the project to proceed smoothly.
63. **Social feasibility:** Success depends on the mobilization of actors and the entire community. Community and parent involvement in management of canteens and nutritional rehabilitation centres through management committees and parents' associations will be essential to ensure follow-up on WFP assistance in the future.

RISKS

64. Insufficient technical supervision capacity in beneficiary institutions could, in the absence of preliminary training, create major constraints that hinder implementation of activities in the health component.
65. If the economic crisis persists, the influx of people looking for food could exceed the capacities of the beneficiary institutions.
66. Given the scope and extent of the HIV/AIDS epidemic, efforts to re-establish adequate levels of nutritional could be insufficient.
67. Household poverty could cause some families to withdraw their children from school for long periods.
68. Lack of teachers could compromise results. It is therefore essential for the Government to give priority to settling this problem so that school enrolment in the intervention areas can increase.
69. Lack of resources in food management services and technical ministries could reduce follow-up capacity.
70. Budgetary constraints in WFP and the technical ministries could have a negative impact on the maintenance of trained staff positions that are essential for the project's operations.

DISINCENTIVES, MARKET DISTURBANCES AND DEPENDENCE

71. WFP's contribution will be 5,098 mt of food per year, or 20,393 mt for the four-year duration. These quantities represent an insignificant fraction of the food requirements of the population. Considering the small quantities imported under the project framework, no effect on local production is foreseen.

COORDINATION AND CONSULTATION

72. The project was prepared by WFP with the technical support of UNESCO and two consultants in nutrition and participative evaluation. It has been discussed with (i) bilateral agents — French Cooperation and the European Union, (ii) multilateral organizations — UNICEF, UNFPA, WHO and UNDP and (iii) NGOs operating in the education and health sectors — *Cooperazione Internazionale (COOPI)*, *Amis d'Afrique* and *Foyer de charité*.



RECOMMENDATION TO THE BOARD

73. The Board is requested to approve Central African Republic development project 10361.0 “Support to Education for All and Health” (WFP/EB.3/2004/8-A/1), of which the food cost is US\$7.8 million and the total cost to WFP is US\$18.8 million, as detailed in Annexes I and II.



ANNEX I

BREAKDOWN OF PROJECT COSTS			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct Operational Costs			
Commodity*			
– Corn flour	12 872	348	4 479 456
– Blended foods	2 245	370	830 650
– Pulses	2 761	400	1 104 400
– Vegetable oil	1 447	800	1 157 216
– Sugar	745	280	208 600
– Iodized salt	323	55	17 765
Total	20 393		7 798 087
External transport			2 182 737
Total ITSH			4 688 241
Other direct operational costs			833 818
Total direct operational costs			15 502 883
B. Direct support costs (see Annex II for details)			2 039 707
Total direct support costs			17 542 590
C. Indirect support costs (7.0 percent)			1 227 981
TOTAL WFP COSTS			18 770 571

¹ This is a notional food basket used for budgeting and approval purposes. The contents may vary depending on the availability of commodities.



ANNEX II

DIRECT SUPPORT REQUIREMENTS (US\$)	
Personnel expenses	
International professional staff	557 200
National general service staff	221 445
Temporary personnel	20 501
Overtime	5 313
United Nations volunteers	582 000
Staff duty travel	87 624
Sub-total	1 474 083
Office expenses and other recurrent costs	
Collective services	40 000
Office supplies	30 000
Communication and IT services	20 000
Insurance	4 000
Repairs and maintenance of equipment	24 000
Vehicle maintenance and running costs	46 650
Sub-total	164 650
Equipment and other fixed costs	
Communication and IT equipment	70 000
Sub-total	70 000
TOTAL DIRECT SUPPORT COSTS	1 708 733



LOGICAL FRAMEWORK — DEVELOPMENT PROJECT, CENTRAL AFRICAN REPUBLIC 10361.0

Hierarchy of results	Performance indicators	M&E	Assumptions and risks
Goal	Impact indicators	Sources of verification	
To reduce extreme poverty and hunger by ensuring primary education for all, reducing infant mortality and improving maternal health.	Poverty index. Net rate of schooling, by sex. Rate of infant malnutrition. Rate of malnutrition of pregnant and lactating women.	Ministry of Planning Ministry of Education Ministry of Health Ministry of Health	New socio-political and military conflicts could provoke population displacement.
Objectives	Results indicators	Sources of verification	
To contribute to:			
1. Increase enrolment by 5 percent per year in schools and 20 percent in kindergartens.	1.1 Number of girls/boys enrolled.	Baseline study/school records/survey on school feeding	Poverty could cause some families to withdraw their children from school.
2. Increase school attendance of enrolled children by 15 percent, especially for girls.	2.1 Rate of monthly attendance, by sex.	Baseline study/school records/survey on school feeding	
3. Encourage continued schooling by reducing the percentage of dropouts by 10 percent.	3.1 Dropout rate, by sex.	Baseline study/school registers/survey on school feeding	
4. Reduce the risk that children from 6 months to 5 years suffering from moderate malnutrition would suffer severe malnutrition.	4.1 Number of women who know how to prepare enriched porridge. 4.2 Recovery rate of children.	Baseline study/monthly reports	Many people suffering from malnutrition could also be affected by HIV/AIDS and not respond to efforts in recovery nutrition.
5. Improve the nutritional state of pregnant and lactating women suffering from malnutrition in the WFP-supported institutions, by ensuring food at the family level.	5.1 Recovery rate of women.	Baseline study/monthly reports	



LOGICAL FRAMEWORK — DEVELOPMENT PROJECT, CENTRAL AFRICAN REPUBLIC 10361.0

Hierarchy of results	Performance indicators	M&E	Assumptions and risks
Results	Product indicators	Sources of verification	
1.1 145,000 primary school children having a hot lunch for four school years.	Number of girls/boys receiving a ration. Number of canteen operating days.	Canteen registers of canteens/monthly reports/school feeding survey	Lack of teachers may limit achieving the expected results.
1.2 8,000 kindergarten students having a hot lunch for four years.	Number of girls/boys receiving a ration. Number of canteen operating days.	Canteen registers/monthly reports/school feeding survey	
4.1 50,000 children suffering from malnutrition receiving an enriched porridge for 60 days.	Number of children suffering from malnutrition receiving a ration.	Registers of children suffering from malnutrition/monthly reports	The capacities of the technical supervision and of the food aid management are lacking and represent major constraints, worsened by the demotivation of personnel in beneficiary institutions.
4.2 50,000 mothers attend at least eight sessions of nutritional education and learn to prepare enriched porridge for their children.	Number of mothers receiving a ration. Number of nutrition education sessions; number of participants. Number of mothers who know how to prepare enriched porridge.	Enrolment registers of children suffering from malnutrition/monthly reports	
5.1 20,000 pregnant and lactating women learning better food, health and childcare practices.	Number of women receiving a ration. Number of sessions on nutritional health, number of participants. Number of mothers who know how to prepare enriched porridge.	Registers of women suffering from malnutrition/monthly reports	

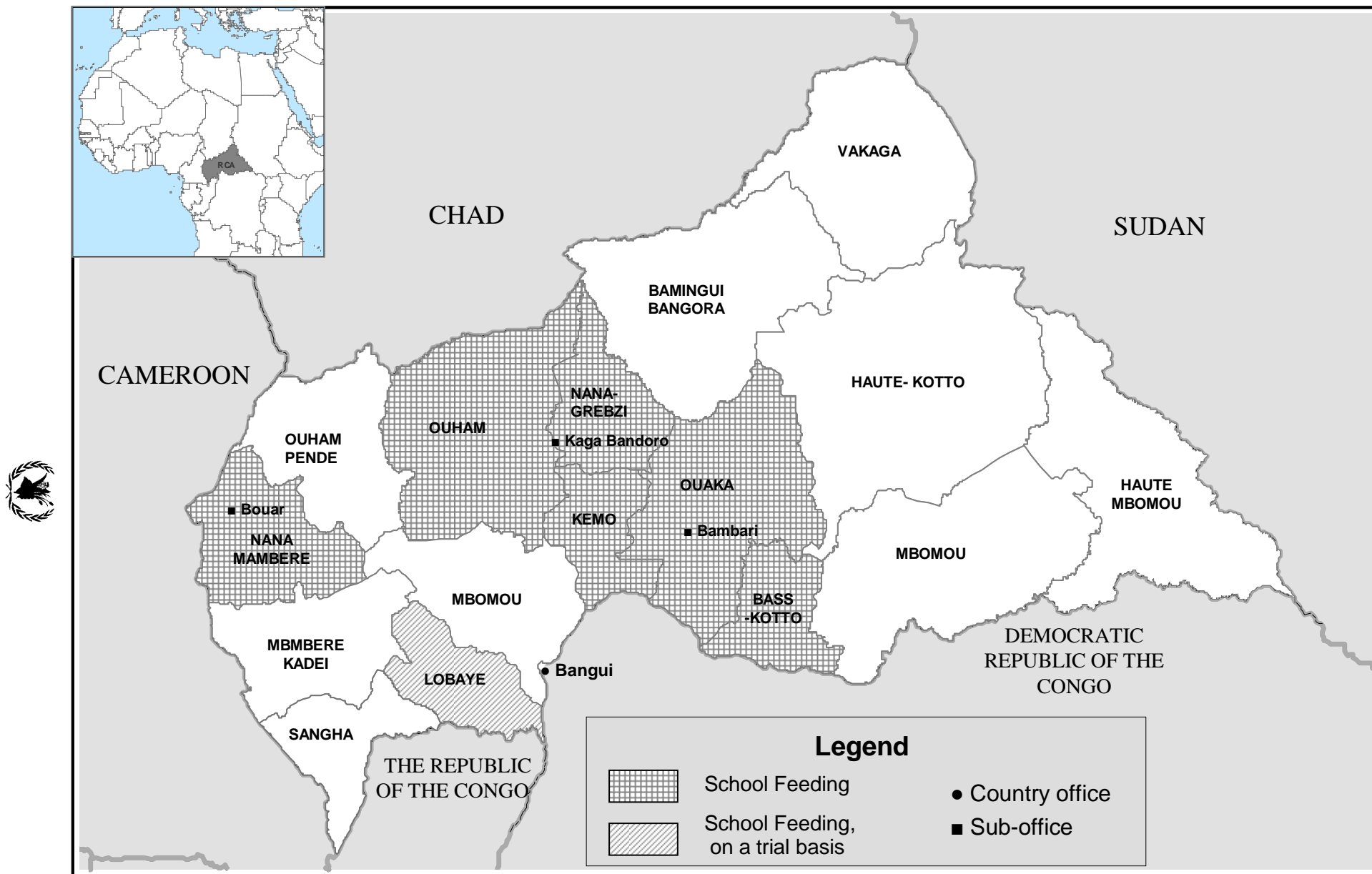


LOGICAL FRAMEWORK — DEVELOPMENT PROJECT, CENTRAL AFRICAN REPUBLIC 10361.0

Hierarchy of results	Performance indicators	M&E	Assumptions and risks
Activities	Inputs/resources	Sources of verification	
Ordering food.	20,372 mt of food products in four years.		
Informing/selecting/mobilizing communities and beneficiary structures.	600 institutions benefiting from food aid.		Budgetary constraints could have a negative impact on personnel recruitment and job maintenance.
Training beneficiary institution's coordinators.	Training costs.		
Buying and distributing non-food items.	Procurement costs.		
Transporting and distributing food.	Distribution costs.		
Ensuring monitoring of activities and evaluation of results.	Cost of monitoring and evaluation activities.		Lack of FMS means and technical ministries could reduce M&E follow-up capacity.



GEOGRAPHICAL TARGETING OF SCHOOL FEEDING PROGRAMMES



The designation 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

BMI	body mass index
COOPI	<i>Cooperazione Internazionale</i>
CSB	corn-soya blend
EDP	extended delivery point
FAO	Food and Agricultural Organization of the United Nations
FMS	Food Management Service
ITSH	internal transport, storage and handling
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MCH	mother-and-child health
MDG	Millennium Development Goal
MICS	Multiple Indicators Cluster Survey
NGO	non-governmental organization
PRRO	protracted relief and recovery operation
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WHO	World Health Organization

