



Distribution: General
Date: 15 February 2019
Original: English

Agenda item 8
WFP/EB.1/2019/8-F/2
Operational matters
For information

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Crisis response revision of Democratic Republic of the Congo interim country strategic plan (January 2018–December 2020) and corresponding budget increase

	Current	Change	Revised
Duration	1 January 2018 – 31 December 2020	N/A	1 January 2018 – 31 December 2020
Total cost	736 739 155	452 884 490	1 189 623 646
Transfer	592 188 503	396 355 187	988 543 690
Implementation	60 625 192	27 400 416	88 025 607
Direct support costs	38 960 160	1 488 050	40 448 210
Subtotal	691 773 855	425 243 653	1 117 017 508
Indirect support costs	44 965 301	27 640 837	72 606 138

Gender and age marker* 2A

Rationale

1. Given evolving dynamics in-country, revision five to the DRC interim country strategic plan (ICSP) scales up WFP's response to a rapidly deteriorating humanitarian situation, including greater population displacement, declining nutritional indicators and the effects of the latest Ebola outbreak.
2. Since the approval of the ICSP in November 2017, the humanitarian situation in the country has deteriorated. Intensified conflict in the Ituri, Kasai, Kasai Central, North Kivu, South Kivu and Tanganyika provinces has resulted in an increase in the number of displaced people requiring humanitarian assistance. Population displacement is likely to continue increasing,

Focal points:

Ms L. Castro
Regional Director
Southern Africa
email: lola.castro@wfp.org

Mr C. Jibidar
Country Director
email: claudio.jibidar@wfp.org

in view of the presidential elections of December 2018 and their potential to generate further violence in the country.

3. On 6 October 2017, in accordance with the provisions of WFP's Emergency Response Activation Protocol, a WFP Level 3 emergency was declared to respond to the needs of affected people by the conflict in the Kasai region. The Level 3 emergency was expanded on 14 May 2018, to include the Ituri, North Kivu, South Kivu, and Tanganyika regions. Based on the five emergency response criteria and as recommended by a Strategic Task Force held on 12 November 2018, the WFP Level 3 emergency response has been extended until 14 April 2019.
4. Inter-communal violence, forced population movement, disease outbreaks, restricted humanitarian access, poor infrastructure, and reduced access to agricultural lands and markets contribute to an extremely complex humanitarian situation. The emergency food security assessments (EFSAs) carried out by WFP and partners in June 2018 in Ituri, Kasai, Kasai Central, Kasai Oriental, Maniema, North Kivu, South Kivu and Tanganyika showed a doubling of the number of food-insecure people, reaching over 13 million in 2018.
5. The tenth Ebola virus disease (EVD) outbreak in DRC was declared in August 2018 and has affected more than 500 people, likely to increase well into 2019, exceeding any previous outbreak in DRC. A potential spread to other parts of DRC and to neighbouring countries is ranked as "very high" by the World Health Organization (WHO) which will have a negative impact on food and nutrition security.
6. A nutrition survey conducted by the Government of DRC and the United Nations Children's Fund (UNICEF) in December 2017 demonstrated that children's nutrition has deteriorated dramatically. Global acute malnutrition (GAM) prevalence is reaching emergency thresholds in some areas of Greater Kasai at over 10 percent, with severe acute malnutrition (SAM) as much as 4 percent. Additionally, mortality rates for children under age five were above emergency thresholds¹ in 46 percent of the surveyed health zones. Based on the EFSAs conducted in June 2018, Ituri, Kasai, Kasai Central, Kasai Oriental, Maniema, North Kivu, South Kivu and Tanganyika, there are an estimated 4.6 million malnourished children.
7. Trend analysis and existing empirical evidence suggest that the nutrition situation in DRC has continued to deteriorate, with the onset of the 'lean season'. WFP's current plan covers about 25 percent of the estimated nutrition response requirements.
8. This fifth revision to the DRC ICSP responds to a deteriorating humanitarian situation across the country, and increases the total number of beneficiaries targeted by WFP by 5 million to 11.8 million over its full 2018–2020 duration.
9. Under outcome 1, the delivery of assistance to shock-affected households through activity 1 will reach an additional estimated 3.3 million beneficiaries, in accordance with the EFSAs carried out in the L3 provinces and the extension of the L3 until mid-2019. The scale of activity 2 will support an additional 119,400 acutely food-insecure people affected by the Ebola outbreak in North Kivu and Ituri, reflecting the 2018 Ebola Strategic Response Plan. These adjustments will be accompanied by a scale-up of on-demand services via Activity 10 of strategic outcome 5.
10. Interventions to treat and prevent acute malnutrition (activities 3, 4 and 5 of strategic outcome 2) will be expanded to target an additional 2.2 million beneficiaries, in response to considerably higher needs than earlier anticipated.
11. Under strategic outcome 3, a cash transfer modality will be included for an estimated 13,000 smallholder farmers. Livelihood support under activity 7 will be scaled up by an

¹ Greater than 2 deaths per 10,000 children per day.

estimated 470,000 beneficiaries in line with the joint WFP/FAO strategy to increasingly shift towards longer-term conditional interventions and in response to additional funds received against this activity.

12. Efforts invested by WFP during 2018 have resulted in good funding levels, almost tripling resources available compared to 2017. Established donors have responded positively, new donors have been brought on board and these trends are expected to continue in 2019. During 2018, the country office secured USD 383.6 million, covering approximately 85 percent of funding requirements of this revision. Preliminary forecasts amounting to approximately USD 37 million have been identified for 2019, of which approximately USD 34 million is earmarked for crisis response. There is confidence that donors will fully meet WFP's Ebola-related funding requirements.

Changes

Strategic orientation

13. No changes are being made to the strategic orientation of the ICSP through this revision.

Strategic outcomes

14. No new strategic outcomes are being added to the ICSP. The revision seeks to scale-up WFP's response within strategic outcome 1, 2, 3, 4 and 5.

Strategic outcome 1 – Targeted food-insecure populations affected by shocks in DRC are able to meet their basic food requirements in times of crisis

15. Following the widespread conflict and resulting displacements, WFP will scale-up food and cash-based transfer (CBT) assistance to an additional 3.4 million conflict-affected populations who experience acute food insecurity under activity 1.
16. The revision will also increase activity 2 to accommodate an Ebola response for an estimated 119,000 people in line with the strategic response plan and scenario planning projections. WFP food assistance is designed, planned and implemented in line with the DRC "National Plan for the response to the Ebola virus disease epidemic in North Kivu Province".

Targeting approach

17. For activity one, WFP will scale-up its response in L3 classified provinces, coupled with results from the updated emergency food security assessments, planned for early 2019. Within the health zones and territories, WFP will work with partners to identify vulnerable households. Internally displaced people (IDP), returnees, disabled persons and vulnerable host families will be prioritized.
18. The targeting for the Ebola-affected populations will be carried out in conjunction with the Ministry of Health and WHO in North Kivu and Ituri provinces as part of the response plan.

Transfer modalities

19. WFP will continue to use a combination of in-kind food and CBT transfer modalities under activity 1. No changes to the composition and size of the ration will be made through this revision.
20. WFP will provide food to Ebola-affected people, caregivers, survivors and contacts to limit population movements under activity 2. Assistance to affected households and communities will be delivered according to three pillars: "care, contain and protect".
21. The "care" pillar primarily targets confirmed and suspected cases in health facilities receiving medical care and aims at sustaining their nutritional status and complementing therapeutic protocols. Under this pillar, beneficiaries receive hot meals prepared from dry rations.

22. The “contain” pillar primarily targets registered contact cases and contributes to mitigating the risk of the spread of the virus. Household rations will be provided to families of Ebola patients for the duration of the 21-day period of observation. Health workers will also be provided with a ration as an incentive for their support in combatting the epidemic.
23. The “protect” pillar targets discharged suspected cases, Ebola survivors and their families supporting their reintegration in communities. The scale up of nutrition assistance to pregnant and lactating women and girls (PLWG) as well as children aged 6–59 months in the EVD most affected areas is also envisaged under this pillar.²

Partnerships

24. WFP will continue to expand its partnerships to support the scale-up of food and CBT assistance under activity 1, and to support the WFP Ebola response, focusing in particular on complementarity of response with United Nations sister agencies and enhancing capacity of local non-governmental organizations (NGOs) such as CARITAS. The partnerships with the Ministry of Health and WHO have risen to prominence through the Ebola crisis, and will require continued investment by WFP.

Country office capacity

25. WFP will augment its staffing complement in line with the scale-up of activities 1 and 2. In the L3 classified provinces, where food and CBT assistance will be scaled up, WFP will recruit additional staff with experience in cash-based programming.
26. Programme and supply chain staff presence has been augmented in North Kivu and particularly in Beni, where the epicentre of the Ebola outbreak exists. In Ituri and in Goma, WFP will strengthen capacity for the response through surge capacity in preparedness and mobile teams to support the response as required.

Strategic outcome 2 – Food-insecure and vulnerable populations in conflict and shock-affected areas have improved nutritional status in line with national protocols by 2021

27. Through this revision, WFP will scale-up moderate acute malnutrition (MAM) treatment (activity 3), prevention of acute malnutrition (activity 4) and prevention of chronic malnutrition (activity 5) to address the increased nutritional needs in the country. The increase reflected in this revision largely accounts for the scale-up in the Kasai region which was not planned in the initial design of the ICSP. The nutrition response as reflected in this revision is being implemented and will continue until December 2019 in line with the 2019 Human Response Plan (HRP).
28. Due to the complex humanitarian situation, the high prevalence of acute malnutrition and associated outcomes in a highly populated area, this revision increases the scale of the management of acute malnutrition in children 6–59 months and PLWG by two-fold from the original plan to accommodate the response in the Kasai.

² The enhanced general food ration is designed to meet the full caloric and micronutrient requirements of beneficiaries through the inclusion of SuperCereal and Plumpy'Sup. Confirmed and suspected cases receiving medical care in Ebola treatment centres (ETCs) are provided with daily nutritious food for the duration of the treatment. The ration and type of food and nutrition products provided to each patient depend on the current stage of the patient illness and the age of the patient. WFP provides dry food rations and nutrition products to the ETCs where managing partners cook hot meals. Discharged suspected cases (negative case) receive a one-month family dry food ration as they exit the ETC, as part of a reintegration package. EVD survivors receive a family monthly dry food ration for the duration of one year, this ration is complemented by Plumpy'Sup (children) and SuperCereal (adults) for the first 3 months over the 12 months. EVD contacts receive a one month family size food ration (broken down into 4 weekly distributions), during their 21-day periods of observation. Health workers and other frontline personnel receive monthly dry food ration.

29. A key change in the nutrition response from the design of the ICSP is the introduction of CBTs for the prevention of chronic malnutrition (activity 5) through maternal and child cash transfers (MCCTs), targeting PLWG. Cash will be provided in those areas where it is feasible, and in-kind modalities will be used in the remaining localities. As part of the MCCT approach, village leaders, the community and husbands will be sensitized on the importance for women to receive the cash directly as this has an impact on their nutritional status as well as the nutritional health of children.

Targeting approach

30. WFP will prioritize areas with Integrated Phase Classification (IPC) 3 or 4, GAM rates greater than 10 percent, high risk of young children's mortality and morbidity and limited access to health services for the nutrition response. To support complementarity with other interventions, priority areas will also include those where WFP is providing food and cash assistance and where UNICEF is providing treatment of SAM.

Transfer modalities

31. Under activity 3, for MAM treatment there have been no changes to the ration across any of the beneficiary groups.
32. For activities 4 and 5, prevention of acute malnutrition and chronic malnutrition, WFP has aligned the commodities with government protocol. Plumpy'Sup will no longer be provided in-country and instead a daily ration of 50 g Plumpy'Doz will be used. In 2019, WFP will provide CBTs to PLWG under activity 5 to help them diversify their diets, and access other household items necessary for health and nutrition. The transfer value for CBTs, within this activity, is estimated at USD 0.67 per person per day.

Partnerships

33. The delivery of WFP nutrition interventions will be done through government health centres to ensure that services are integrated within the national health system. Treatment of MAM, will be implemented in line with national protocol.
34. For the effective implementation of prevention of acute malnutrition, WFP will support the establishment of "multi-sectoral preventive platforms" in targeted areas. These platforms will enable delivery of complementary services to affected populations by partners in different sectors to address the immediate and underlying causes of malnutrition.

Country office capacity

35. WFP has expanded its nutrition capacity within the country in response to the scale-up and will continue to provide technical assistance to the Government and build the capacity of its partners to strengthen the quality of nutrition assistance implementation.

Strategic outcome 3 – Smallholder farmers and vulnerable communities in targeted and crisis-prone areas, especially in eastern DRC, enhance their productive livelihoods and improve their food security and resilience by 2021

36. Under activity 6, WFP planned to provide conditional cash transfers to support farmer organizations' financial capital for 13,452 beneficiaries. The recent multi-sectoral assessment recommends that in-kind is the most appropriate transfer modality in Nyunzu and Kabalo territories. This recommendation is made based on the volatile security context, the absence of financial service providers and a weak market capacity, unable to absorb the cash.

37. WFP will scale up the number of people benefitting from food assistance for assets (FFA) and cash assistance for assets (CFA) under activity 7 to support the joint WFP/FAO strategy to shift from relief assistance towards longer-term interventions across the humanitarian–development–peace nexus. The scale-up is required to enable returnees, IDPs and local communities in rural households to invest in agriculture livelihood opportunities and improve self-reliance. The scale up is also related to additional donor funding received against this activity.

Targeting approach

38. FFA will be used to promote community resilience. Geographical areas are identified based on an analysis of food insecurity using geographical targeting tools such as the IPC. Project selection employs community-based participatory processes while participants in asset creation activities are selected by their communities based on vulnerability. Since 2017, WFP DRC has adopted the Three-pronged approach (3PA), combining Integrated Context Analysis (at provincial level) with Seasonal Livelihood Programming (SLP) at the territory level and the Community-based Participatory Planning (CBPP), in order to analyse and design the activities in support to smallholder farmers and resilience building. An estimated 45 percent of targeted households will be headed by women, while 50 percent of beneficiaries will be women.

Transfer modalities

39. The food transfer under activity 6 will be the same as the FFA ration which is composed of 120 g of beans, 400 g of maize, 5 g of salt and 30 g of vegetable oil.
40. The transfer modalities under activity 7 will remain as planned. Beneficiaries will receive a daily ration of 400 g of cereals, 120 g of pulses, 30 g of vegetable oil and 5 g of salt when they engage in asset creation activities. In areas where CBTs are the most feasible and cost efficient transfer modality, the transfer value will be determined based on the market value of the ration. On average in DRC this transfer value amounts to USD 0.50 per person per day.

Partnerships

41. WFP will continue to integrate FFA interventions with smallholder value chain development to develop resilient livelihoods for women and men. WFP will work with FAO and partners to build assets that will strengthen community resilience to natural shocks and promote economic recovery by rehabilitating gender-transformative social and productive infrastructure. Asset creation/rehabilitation will focus on wetlands reclamation, construction of small bridges and the rehabilitation of feeder roads to facilitate commodity evacuation, aggregation and trade.

Country office capacity

42. WFP will increase its staffing capacity to expand and reach more communities with FFA activities as illustrated by the scale up in this revision. However, the level of insecurity in some targeted areas may limit access to the targeted populations.

Strategic outcome 4 – National institutions in the DRC have strengthened capacity to reduce food insecurity and malnutrition and respond to shocks by 2021

43. Through this revision WFP will integrate, into activity 8, the multi-stakeholder partnership project for Supply Optimization through Logistics Visibility and Evolution (SOLVE). This initiative is funded by the Bill & Melinda Gates Foundation (BMGF) and aims to accelerate on-the-shelf availability of health commodities through sustainable solutions across

17 countries³ over a period of three and a half years (2017-2020). SOLVE partners include The Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations Population Fund (UNFPA), BMGF and WFP among others.⁴

Strategic outcome 5 – The humanitarian community in the DRC have the capacity to effectively respond to shocks through strategic partnership by 2021

44. With the Ebola outbreak in the country, there is a need for WFP to increase its on-demand service provision portfolio under strategic outcome 5. There is an increased need to provide service logistics and emergency telecommunications services to WHO, the Ministry of Health, and other partners who are supporting the Ebola response.
45. WFP will increase storage capacity in Beni and Butembo, as well as in other locations, as the outbreak evolves. Where there are no available leasable storage facilities, mobile storage units (MSUs) will be procured, as well as other equipment needed for the response, such as power light towers and generators, which will be ordered and positioned in several locations in readiness for response.

Cross cutting supply chain challenges

46. Supply chain challenges remain unchanged since the start of the ICSP. These include the high supply chain costs, especially in-country transport costs, because of the remote locations in which WFP is implementing its programmes and the poor state of transportation infrastructure.
47. Equipment that will be required to support the Ebola response will be sourced from the United Nations Humanitarian Response Depot (UNHRD) and pre-positioned in Goma or in neighbouring countries.

Monitoring and evaluation

48. There will be no changes to WFP's monitoring and evaluation strategy as a result of the scale-up of activities introduced through this revision. The strategy will continue to emphasize the measurement of long-term impacts on food insecurity and malnutrition.

Accountability to affected populations, protection, risks, restrictions of gender and disabilities

49. Cash transfers under the prevention of chronic malnutrition will target women and will be accompanied by complementary social behaviour change communication (SBCC) messaging, targeting the entire community (comprising of men, women, adolescents, boys and girls), on nutrition and on information on gender-based violence (GBV) mitigation and response measures. Steps will be taken to ensure that women receiving the transfers are safe and have access to a feedback and complaints mechanism to report challenges, including GBV.
50. Awareness-raising campaigns on the link between gender equality and nutrition will be conducted and include targeting of men and boys, notably on their responsibilities regarding their nutrition and that of their children. WFP will also provide technical support to the Government to advocate for the integration of a gender lens into nutrition-related national frameworks, policies, and legislation.

³ Ethiopia, DRC, India, Kenya, Nigeria, Pakistan, the United Republic of Tanzania, Uganda, and the Ouagadougou Partnership (Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, the Niger, Senegal, Togo).

⁴ African Resource Centre for Supply Chain, Kühne-Stiftung, Plaster Group, E2open, Reproductive Health Supplies Coalition, FP2020.

Proposed exit strategy:

51. WFP will continue to monitor the food security and nutrition situation in the country. In areas where improvements are observed, emergency acute malnutrition prevention and treatment activities will be scaled down.
52. As part of the overall joint WFP-FAO strategy to shift from relief assistance towards longer-term interventions to support the recovery and rehabilitation of rural livelihoods in coordination with FAO agricultural inputs provision, WFP will, where feasible, initiate resilience-building activities in the targeted locations to ensure that the affected population's food security and longer-term livelihood situation improves.
53. Food assistance provided to respond to the Ebola outbreak will be phased out as soon as the outbreak has ended. However, acknowledging that DRC is prone to such outbreaks, WFP will continue to work with the Government and humanitarian community to enhance preparedness and agility to respond when such outbreaks occur. WFP will hold stocks of mobile storage units, and other equipment, in locations within the country or neighbouring countries, to ensure that these can be made available as required.

Security and other risks

54. The greatest risk in DRC is contextual in nature and related to the political instability and limited government capacity to ensure basic service delivery, which affects access to the vulnerable population and limits the level of the government's engagement in delivering humanitarian assistance. The presidential election which is planned for December 2018, could potentially result in further deterioration in the security environment. WFP will continue to involve national and provincial authorities in the design and implementation of its programmes, which will help to ensure their commitment to provide support. Furthermore, strengthening partnerships with national and international organizations at the grassroots level will facilitate access to the target locations, and enhance WFP's ability to deliver the planned food assistance interventions.

Beneficiary analysis

55. This revision will increase the number of beneficiaries under activities 1, 2, 3, 4, 5, 6 and 7 as a result of the expansion of WFP's food assistance programmes in DRC. Under activity 6, an estimated 13,400 beneficiaries have been included to reflect the original project design of this activity. An estimated 68 percent of the overall CSP beneficiaries are women, adolescent girls and girls.

TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY AND MODALITY

Strategic outcome	Activity	Period	Women	Men	Girls	Boys	Total beneficiaries
			(18+ years)	(18+ years)	(0-18 years)	(0-18 years)	
1	1. Provide food assistance to conflict-affected populations.	Current	1 901 206	876 793	1 681 993	732 880	5 192 872
		Increase	1 095 393	504 520	1 216 034	533 688	3 349 635
		Revised	2 996 599	1 381 313	2 898 027	1 266 568	8 542 507
	2. Provide food assistance to populations affected by non-conflict shocks.	Current	14 175	-	7 875	9 450	31 500
		Increase	53 401	857	441	65 212	119 910
		Revised	67 576	857	8,316	74 662	151 410
2	3. Treat moderate acute malnutrition among vulnerable people, including children aged 6-59 months, PLWG and ART/TB-DOTS clients.	Current	202 777	11 061	470 231	180 609	864 678
		Increase	236 041	12 875	547 369	210 237	1 006 522
		Revised	438 818	23 936	1 017 600	390 846	1 871 200
	4. Prevent acute malnutrition among vulnerable groups, including children aged 6-23 months and PLWG.	Current	126 606	-	204 515	58 433	389 554
		Increase	383 293	-	619 158	176 903	1 179 354
		Revised	509 899	-	823 673	235 336	1 568 908
	5. Prevent chronic malnutrition among vulnerable groups, including children aged 6-23 months and PLWG.	Current	20 276	-	27 126	6 946	54 348
		Increase	20 948	-	28 025	7 176	56 150
		Revised	41 224	-	55 151	14 122	110 498
3	6. Provide capacity strengthening to smallholder farmers.	Current	-	-	-	-	-
		Increase	3 228	3 901	3 498	2 825	13 452
		Revised	3 228	3 901	3 498	2 825	13 452
	7. Provide productive assets to smallholder farmers and food-insecure communities.	Current	190 416	230 086	206 284	166 614	793 400
		Increase	112 800	136 300	122 200	98 700	470 000
		Revised	303 216	366 386	328 484	265 314	1 263 400
Total (cumulative)	Current	2 455 456	1 117 940	2 598 024	1 154 932	7 326 352	
	Increase	2 006 496	748 890	2 435 281	1 004 355	6 195 023	
	Revised	4 461 952	1 866 830	5 033 305	2 159 287	13 521 375	
Total (without overlap)	Current	1 972 274	941 704	2 612 867	1 220 541	6 747 386	
	Increase	1 474 441	704 003	1 953 338	912 457	5 044 239	
	Revised	3 446 715	1 645 707	4 566 205	2 132 998	11 791 625	

TABLE 2: FOOD RATIIONS (g/person/day) AND CBT VALUES (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY

Strategic outcome	Strategic outcome 1										Strategic outcome 2								SO 3
	Activities 1			Activity 2							Activity 3				Activity 4		Activity 5		
Beneficiary type	GFD full ration	GFD reduced ration ¹	Students	GFD ²	GFD ³	GFD ⁴	GFD ⁵	GFD ⁶	GFD ⁷	GFD ⁸	MAM treatment PLWG	Care-takers	MAM treatment 6-59 months	PLHIV/ TB	Prevention of acute malnutrition 6-23 months	Prevention of acute malnutrition PLWG	Stunting prevention 6-23 months	Stunting prevention PLWG	FFA
Modality	Food/CBTs	Food/ CBTs	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food/ CBTs	Food/ CBTs
Cereals	400	300	120	400	350	350	150	150			-	400	-	-	-	-	-	-	400
Pulses	120	50	30	120	120	120	60	60			-	120	-	-	-	-	-	-	120
Oil	30	25	10	35	35	35	15	45		25	25	30	-	25	-	25	-	25	30
Salt	5	5	5	5	5	5	2.5	2.5			-	5	-	-	-	-	-	-	5
SuperCereal with sugar	-	-	-		60	60		250		250	250	-	-	250	-	250	-	250	-
SuperCereal Plus							200												
PlumpySup	-	-	-				100		100		-	-	100	-	-	-	-	-	-
PlumpyDoz	-	-	-								-	-		-	50	-	50		-
High-energy biscuits ⁹	(333)	-	-		(500)						-	-	-	-	-	-	-		-

¹ A reduced ration will be provided during the second phase and to host families on the basis of assessed needs.

² "Contain" - Ebola nursing staff

³ "Contain" Ebola response 2 (People in contact)

⁴ "Protect" Ebola response 3 (Family Discharged and Patients Treatment Phase 2 (Stimulation) - Adults)

⁵ "Care" Ebola response 4 (Patients Treatment Phase 1 (Transition) and 2 (Stimulation) - 6-59 months)

⁶ "Care" Ebola response 5 (Patients Treatment Phase 1 - Adults)

⁷ "Protect" Ebola response 6 (Patients Discharged - 6-59 month)

⁸ "Protect" Ebola response 7 (Patients Discharged - Adults)

⁹ High-energy biscuits are not part of the general distribution ration; they are only provided for the first three days after displacement of refugees and internally displaced persons.

TABLE 2: FOOD RATIONS (g/person/day) AND CBT VALUES (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY

Strategic outcome	Strategic outcome 1										Strategic outcome 2								SO 3
Activity	Activities 1			Activity 2							Activity 3				Activity 4		Activity 5		Activities 6-7
Beneficiary type	GFD full ration	GFD reduced ration ¹	Students	GFD ²	GFD ³	GFD ⁴	GFD ⁵	GFD ⁶	GFD ⁷	GFD ⁸	MAM treatment PLWG	Care-takers	MAM treatment 6-59 months	PLHIV/ TB	Prevention of acute malnutrition 6-23 months	Prevention of acute malnutrition PLWG	Stunting prevention 6-23 months	Stunting prevention PLWG	FFA
Modality	Food/CBTs	Food/ CBTs	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food	Food/ CBTs	Food/ CBTs
Micronutrient powder ¹⁰	-	-	0.38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total kcal/day	2 132	1 470	628	2 181	4 477	2 227	1 420	2 104	535	1 175	1 175	2 132	500	1 175	500	1 175	247		2 132
% kcal from protein	16	10	10	60.4	127.9	65.4	64.8	64.8	14	38.9	13.2	16	10.2	13.2	10.2	13.2	10		16
Cash (USD/person/day)	0.50	0.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.67	0.50
Number feeding days	90	90	220	21	21	90 / 6	15 / 6	15	15	15	180	180	180	7	180	180	360	360	66

¹⁰ Micronutrient powders will be provided every other day in accordance with guidelines

Transfers

Food type/cash-based transfer	Current budget		Increase/decrease		Revised budget	
	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)
Cereals	129 165	67 326 169	68 520	40 211 271	197 685	107 537 440
Pulses	35 382	24 755 636	21 557	16 781 144	56 939	41 536 780
Oil and fats	11 526	12 356 234	8 108	3 023 423	19 634	15 379 657
Mixed and blended	23 134	25 602 841	47 733	61 117 957	70 867	86 720 797
Others	2 091	593 450	1 280	133 790	3 371	727 240
Total (food)	201 298	130 634 330	147 197	121 267 584	348 495	251 901 914
Cash-based transfer and comm. vouchers		155 615 508		63 288 215		218 903 723
Total (Food and CBT value – USD)	201 298	286 249 838	147 197	184 555 799	348 495	470 805 637

Cost breakdown

56. With this budget revision, there is a significant increase in the transfer costs, as well as in implementation costs. The transfer costs have increased from USD 191,829,902 to USD 332,052,057. And the biggest increase is within 2018 and 2019, as the country office scales up its operations to meet the increased needs. Transfer costs represent 30 percent of the budget and implementation costs make up 8 percent. Direct support costs (DSC) have increased USD 1 488 050 and this cost is associated with the increase in senior staff, mainly with the inclusion of a second deputy country director position, as well as a senior external partnership position. WFP in DRC has over the past three years been able to maintain approximately 60 percent of its funding needs. This trend was maintained in 2018, where the country office has managed to have over 60 percent funding.

WFP Strategic Results/SDG targets	Total	SR 1	SR 2	SR 3	SR 5	SR 8
WFP strategic outcomes		Strategic outcome 1	Strategic outcome 2	Strategic outcome 3	Strategic outcome 4	Strategic outcome 5
Focus area						
Transfer	396 355 187	210 419 536	151 988 731	31 258 617	2 020 209	668 095
Implementation	27 400 416	6 803 358	18 061 919	2 197 371	197 984	139 783
Total transfer and implementation	423 755 603					
Direct support costs	1 488 050					
Subtotal	425 243 653					
Indirect support costs	27 640 837					
Total	452 884 490					

TABLE 5: OVERALL CSP/ICSP/LEO COST BREAKDOWN, AFTER REVISION (USD)						
WFP Strategic Results	Total	SR 1	SR 2	SR 3	SR 5	SR 8
WFP strategic outcomes		Strategic outcome 1	Strategic outcome 2	Strategic outcome 3	Strategic outcome 4	Strategic outcome 5
TOTAL	1 189 623 646	706 040 329	257 727 677	99 792 476	8 648 896	117 414 267
Transfer	988 543 690	598 963 170	205 704 262	80 755 034	5 687 822	97 433 403
Implementation	88 025 607	40 058 628	28 288 339	9 538 772	2 068 473	8 071 394
Direct support costs	40 448 210	23 926 868	8 005 218	3 408 050	364 734	4 743 341
Subtotal	1 117 017 508	662 948 665	241 997 819	93 701 856	8 121 029	110 248 138
Indirect support costs	72 606 138	43 091 663	15 729 858	6 090 621	527 867	7 166 129