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PROTRACTED RELIEF AND RECOVERY OPERATIONS— DEMOCRATIC REPUBLIC OF THE CONGO 200832

Targeted Food Assistance to Victims of Armed Conflicts and Other Vulnerable Groups

Number of beneficiaries	3,233,000
Duration of project	2 years (1 January 2016–31 December 2017)
Cost (United States dollars)	
Food and related costs	129,629,389
Cash-based transfers and related costs	44,756,005
Capacity development and augmentation	1,470,000
Total cost to WFP	242,709,344

Gender marker code 2A
<https://www.humanitarianresponse.info/system/files/documents/files/gm-overview-en.pdf>

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Armed conflict continues to affect the Democratic Republic of the Congo, causing massive population displacement. At the end of 2014, about 2.7 million people were internally displaced, mostly in the east.

Despite the country's considerable natural resource wealth and agricultural potential, 63 percent of its population of 71 million people are poor, with 6.5 million people facing food security and livelihood crises. National global acute malnutrition averages 8 percent, although rates in some territories exceed "serious" and "emergency" thresholds. About 3.5 million school-aged children are not enrolled in school.

The determinants of food insecurity include poverty, poor infrastructure, inadequate access to basic social services and markets, and poor eating habits. Conflict and population displacement are the major acute shocks, compounded by vulnerability to natural hazards.

Insecurity is likely to persist and possibly increase following the 2016 end of the mandate of the United Nations Organization Stabilization Mission and elections in the Democratic Republic of the Congo and in neighbouring countries.

This protracted relief and recovery operation will operate mostly in conflict-affected areas in the east to improve the food and nutrition security of some of the country's most vulnerable populations: internally displaced groups, returnees, refugees and host communities. It will provide assistance in the form of relief food rations, food assistance for assets, school feeding and nutrition support. WFP will determine the most appropriate transfer modality using sectoral capacity assessments and risk and cost-efficiency analyses.

The operation is aligned with the 2015 United Nations Humanitarian Action Plan, the Government's second-generation Poverty Reduction Strategy and the United Nations Development Assistance Framework. It will contribute to WFP Strategic Objectives 1 and 2, the Zero Hunger Challenge and Sustainable Development Goal 2. It has benefitted from an extensive consultation process and takes into account the recommendations of both internal and external evaluations of WFP's portfolio.

DRAFT DECISION^{*}

The Board approves the proposed protracted relief and recovery operation Democratic Republic of the Congo 200832 “Targeted Food Assistance to Victims of Armed Conflicts and Other Vulnerable Groups” (WFP/EB.2/2015/8-B/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.

SITUATION ANALYSIS

Context

1. The Democratic Republic of the Congo (DRC) is a low-income food-deficit country that ranked second to last in the 2014 United Nations human development index. While it has significant natural resources, its economy has been slow to recover from decades of decline and instability. Gross domestic product increased by 8.5 percent in 2013, owing largely to the mining sector.¹
2. Armed conflict continues, particularly in the east, and the resulting population displacement compounds poverty, which affected 63 percent of the population in 2012. At the end of 2014, some 2.7 million internally displaced persons (IDPs) and 1.78 million returnees were reported in eastern DRC.² The United Nations Organization Stabilization Mission (MONUSCO) is supporting the Government's stabilization programme through the revised International Strategy in Support of Security and Stabilization.
3. About 60 percent of DRC's population lives in rural areas,³ of whom 97 percent rely on agriculture as the main source of income.⁴ Smallholder farming is the most commonly practiced rural livelihood activity, contributing an average of 90 percent of household income. Despite the potential of the sector,⁵ agricultural production increased by only 3 percent between 2010 and 2013, leaving an estimated food production deficit of 30-40 percent.⁶
4. Although there has been some progress in the provision of social services,⁷ 63 percent of the population was affected by poverty in 2012.⁸ Child mortality is 104 of 1,000 children under 5 – 105 for boys and 108 for girls – and infant mortality is 58 of 1,000 live births; maternal mortality is 846 of 100,000 live births. Approximately 27 percent of adolescent girls have one child or are pregnant, and the fertility rate is 6.6 children per woman.⁹
5. HIV remains a major public health problem, with a nationwide prevalence of 1.2 percent. Women are 2.7 times more likely to be infected than men, with high rates of infection among survivors of sexual and gender-based violence, which affects primarily women. Other factors influencing this ratio may include the limited use of condoms by men and negative coping strategies that women are forced to adopt.

¹ World Bank. 2014. *RDC – Rapport de suivi de la situation économique et financière 2014*. Washington, DC.

² Office for the Coordination of Humanitarian Affairs (OCHA). December 2014.

³ Central Intelligence Agency. *The World Factbook*. Washington, DC.

⁴ WFP/International Food Policy Research Institute (IFPRI). Comprehensive food security and vulnerability analysis (CFSVA). January 2014.

⁵ According to the National Agency for Investment, DRC has more than 120 million hectares of land suitable for farming and livestock breeding, of which only 10 percent is utilized.

⁶ Global Food Security Index 2013. Available at: foodsecurityindex.eiu.com

⁷ National budget allocations to the social services sector increased from 10 percent in 2012 to 46 percent in 2014.

⁸ National Institute of Statistics. *Enquête 1-2-3 RDC*. September 2014.

⁹ Demographic and Health Survey (DHS)–DRC II, 2013–2014.

6. An estimated 3.5 million school-aged children are not enrolled in school.¹⁰ Net primary school enrolment is 75 percent,¹¹ with significant disparities between urban and rural areas and among provinces. Factors hampering enrolment are both conflict-related – insecurity, population displacement, the destruction and occupation of schools, and the forced recruitment of child soldiers by rebel groups – and more general, including school expenses and fees, child marriage and child labour. The gender ratio is 0.97 at the primary level, dropping to 0.7 in secondary schools. Schools are highly dependent on communities to cover their costs; approximately 77 percent of all primary school expenses are paid by households.¹⁰ These trends compound both poverty and food insecurity.
7. Despite progress in gender equality legislation, DRC ranks 144th out of 148 countries on the 2012 United Nations gender inequality index. Sexual violence has long been used as a weapon of war and 18,785 cases of sexual and gender-based violence were reported in 2012.¹² While women and girls are exposed to high risks of sexual assault when moving in the public sphere,¹³ men and boys are vulnerable to abduction and forced recruitment into armed groups. In some areas, ethnic minorities are persecuted or at risk of persecution.¹⁴
8. The security situation may deteriorate in 2016, particularly after March when the MONUSCO mandate is due to end and following presidential and provincial elections later in the year. National elections in neighbouring countries could also contribute to insecurity.¹⁵
9. DRC continues to be a protracted humanitarian crisis. A range of stakeholders encourage the continued provision of relief and, where possible, recovery assistance.

THE FOOD SECURITY AND NUTRITION SITUATION

10. The Integrated Food Security Phase Classification (IPC) analysis for the first half of 2015 estimates that 6.5 million people face food security and livelihood crises. Seven territories in Katanga, Maniema, South Kivu, Orientale and Equateur are subject to phase-4 emergency conditions: one in five households have considerable food consumption gaps, resulting in high acute malnutrition and excess mortality, or have suffered extreme loss of livelihoods.
11. The underlying causes of food insecurity are poverty, poor infrastructure and inadequate access to basic social services. Additional drivers include: i) limited access to arable land, particularly in conflict-affected areas and for women; ii) gender inequality; iii) limited access to markets, linked to poor road conditions, high transport costs, informal taxes and insecurity; and iv) poor eating habits.

¹⁰ Ministry of Primary, Secondary and Professional Education, United Nations Children's Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), International Institute on Peace Education (IIPE). 2014. *Rapport d'état du système éducatif*. Kinshasa.

¹¹ UNICEF/Department for International Development/UNESCO. August 2012. *Enquête nationale sur la situation des enfants en dehors de l'école*. Kinshasa.

¹² Ministry of Gender, Family and the Child and the United Nations Population Fund (UNFPA). 2013. *Ampleur des violences sexuelles en RDC et actions de lutte contre le phénomène de 2011 à 2012*. Kinshasa.

¹³ Women's Refugee Commission. 2014. *Cooking in the Congo: Technical assessment of cooking fuel and stoves for displaced communities in North Kivu, Democratic Republic of the Congo*. New York.

¹⁴ Protection Standby Capacity Project (ProCap). 2012. Annual Report. <https://www.humanitarianresponse.info/system/files/documents/files/ProCap%20Final%20Annual%20Report%202012.pdf>

¹⁵ Elections are scheduled for 2015 in the Sudan, the Central African Republic and Burundi, and for 2016 in Uganda, the Congo and Angola.

12. Major acute shocks in the east are conflict and population displacement, compounded by vulnerability to natural hazards including floods and landslides.
13. The 2015 United Nations Humanitarian Action Plan estimates that 7 million people in DRC are in need of humanitarian assistance because of conflict, epidemics, nutritional emergencies and natural disasters. The Humanitarian Action Plan is targeting 5.2 million people in priority areas – of which 2.5 million for food security interventions and 900,000 in the context of the nutrition crisis.
14. Recent assessments in North Kivu, South Kivu, Katanga and Orientale show that the prevalence of severe food insecurity among groups displaced by conflict is more than double the average among local populations. However, the sudden arrival and prolonged stay of internally displaced persons (IDPs) – most of whom reside with host families – and refugees places an additional burden on often meagre resources in host communities and increases land-related tensions.
15. Because they lack capital and access to credit, land or agricultural inputs, the main livelihood source for displaced people is seasonal agricultural labour, which is highly volatile; households depending on casual labour spend up to 72 percent of their income on food.¹⁶
16. Access to income-generating activities for women is even more difficult because of protection concerns. While women may have decision-making power regarding daily labour wages, their lack of control over land prevents them from controlling the sales of agricultural produce.¹⁷ In North Kivu, South Kivu and Katanga, the prevalence of severe food insecurity is higher among households headed by women than among households headed by men.¹⁸
17. Recent data show national global acute malnutrition (GAM) at 8 percent – 9.1 percent among boys and 6.6 percent among girls.⁹ National averages mask important disparities among provinces, with GAM rates in territories of the eastern provinces found to exceed “serious” and “emergency” thresholds. Nationwide, 43 percent of children – 45 percent of boys and 40 percent of girls – suffer from chronic malnutrition.⁹ The prevalence of anaemia is 47 percent among children – with no significant difference between boys and girls – and 38 percent among women. A 2013 survey in eight cities found a 52 percent rate of malnutrition among people living with HIV and AIDS (PLHIV).¹⁹

¹⁶ 2014 CFSVA.

¹⁷ Davis, L., Fabbri, P. and Alphonse, I.M. 2014. Gender Country Profile. Commissioned by the Swedish Embassy in collaboration with the Department for International Development (DFID), the European Union Delegation and the Embassy of Canada Kinshasa. <http://www.lauradavis.eu/wp-content/uploads/2014/07/Gender-Country-Profile-DRC-2014.pdf>

¹⁸ WFP, Ministry of Agriculture, Jan. 2015 Emergency Food Security Assessment (EFSA) North Kivu and Feb. 2015, EFSA South Kivu; WFP-INS, Jan. 2015 EFSA Katanga

¹⁹ Programme National de Lutte contre le Sida (PNLS) and WFP. 2013. *Nutritional treatment for PLHIV in 8 cities in DRC: Update and prospects*. (April). Kinshasa.

18. Maize, palm oil and cassava are the primary sources of energy and protein in the diet, with daily energy consumption averaging 1,960 kcal per person. Only 9 percent of children aged 6–24 months have a minimum acceptable diet, which is a proxy for their nutrient intake for development and growth. Poor childcare practices, inadequate health services, and poor sanitary and hygiene conditions compound the situation. Conflict also worsens essential nutrient deficiencies among the poor.²⁰
19. Studies by WFP and partners indicate that main markets are generally functional and the presence of traders is adequate. Food prices during the first half of 2015 were stable compared with the previous five-year average.²¹ In remote areas poor roads and insecurity lead to higher prices and less functional markets.²²

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

The Government

20. National capacities to address poverty and the effects of successive crises have been eroded by years of conflict, poor governance and corruption. The Government's Growth and Poverty Reduction Strategy 2011–2015 (GPRS-II) gives priority to: i) reinforcing good governance and peace; ii) diversifying the economy, accelerating growth and promoting employment; iii) improving access to social services and enhancing human capital; and iv) protecting the environment and addressing the impacts of climate change.
21. DRC has been a member of the global Scaling Up Nutrition (SUN) movement since 2013 and has adopted both a national nutrition strategy (2011–2015) and a national nutrition policy (2013) coordinated by the *Programme National de Nutrition* (PRONANUT).
22. A 2010–2016 development strategy for education aims to: i) increase access, equality and retention; ii) improve the quality and efficacy of available education; and iii) reinforce governance of the sector.

Other Major Actors

23. A mid-term review of the 2013–2017 United Nations Development Assistance Framework (UNDAF) conducted in June 2015 will lead to a revised UNDAF, which will include a plan to gradually transfer the responsibilities of MONUSCO to the United Nations country team by the end of 2017.
24. Counterpart agencies providing services with complementary linkages to WFP programmes include UNICEF, the Food and Agriculture Organization of the United Nations (FAO), the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Development Programme (UNDP).
25. An extensive network of non-governmental organizations (NGOs) supplies competent and experienced cooperating partners that are crucial to effective implementation of WFP operations.

²⁰ IFPRI. 2012. *Resource Rich Yet Malnourished*. Washington, DC; and Enquête démographique et de santé (EDS)–RDC II 2013–2014

²¹ Market prices collected bi-monthly by the Ministry of Agriculture and through WFP market assessments.

²² WFP and Oxfam. 2013. *Market studies on beans and corn*. (February–April).

Coordination

26. The cluster system operates at both national and provincial levels. WFP co-leads the food security cluster with FAO, leads the logistics cluster and participates in the nutrition and protection clusters. It also engages in the steering committee of the Rapid Response to Population Movement (*Réponse rapide aux mouvements de population – RRMP*) mechanism, led by UNICEF since 2010 to assess needs and alert the humanitarian community to new crises related to moving populations.
27. The 2014 National Guidelines for the Coordination between Humanitarian Actors and MONUSCO provide operational guidance on coordination, preservation of humanitarian space and adherence to humanitarian principles of engagement. A National Humanitarian Coordination Framework, established by the Prime Minister in 2013, serves as the coordination mechanism between the Government and the United Nations humanitarian country team
28. The International Fund for Agricultural Development (IFAD), FAO and WFP collaborate on the development of value chains in support of the National Agricultural Investment Plan through Purchase for Progress (P4P) and other initiatives.
29. Under the leadership of the Ministry of Planning, a forum is being established in North Kivu to coordinate and advocate for sustainable solutions for IDPs and other groups affected by conflict.

OBJECTIVES OF WFP ASSISTANCE

30. Concentrated in conflict-affected areas of eastern DRC, the overarching goal of PRRO 200832 is to improve the food and nutrition security of the country's most vulnerable populations.
31. Specific objectives are to:
 - ensure the food security of IDPs, refugees and other vulnerable groups through the provision of life-saving relief food assistance (Strategic Objective 1);
 - contribute to stabilizing or reducing undernutrition among children aged 6–59 months and pregnant and lactating women (Strategic Objective 1);
 - restore or stabilize access to education and basic health services (Strategic Objective 1); and
 - contribute to improving access to markets and food and nutrition services for returning IDPs, refugees and host communities (Strategic Objective 2).
32. It is aligned with the Humanitarian Action Plan, the GPRS-II and the UNDAF and will contribute to the Zero Hunger Challenge and Sustainable Development Goal 2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture.
33. The PRRO complements and is in synergy with other WFP programmes, including: joint WFP–FAO assistance to smallholder farmers using P4P modalities; regional emergency operation 200799 supporting refugees from the Central African Republic; and four special operations supplying services to the humanitarian community through the food security cluster, the logistics cluster, the United Nations Humanitarian Air Service and emergency road repair.

WFP RESPONSE STRATEGY

Assistance to Date

34. The previous PRRO – 200540 – assisted 1.4 million people in 2014, mainly IDPs and returnees in eastern DRC. Food security indicators showed a positive trend over the course of the operation, and performance indicators for nutritional interventions consistently exceeded targets. In 2014, P4P activities built the capacities of 16,000 small-scale farmers to produce and market 16,000 mt of cereals and pulses in Katanga and Equateur.
35. A country portfolio evaluation (CPE) of WFP operations from 2009 to 2013 found them to be broadly relevant and aligned with the needs of women and men in the country and with government policies and priorities. It recommended that WFP: i) improve its rapid response capacity; ii) increase the use of alternative food assistance modalities; iii) begin a transition to a more development-oriented approach; iv) develop a more ambitious strategy for local purchases; and v) improve the integration of cross-cutting issues throughout the project cycle.

Strategy

36. PRRO 200832 was designed through an internal and external consultation process, taking into account an internal mid-term review of WFP's country strategy and the CPE recommendations. Its focus on conflict-affected areas of eastern DRC is consistent with the prioritization of interventions agreed with stakeholders in 2014.
37. The annual cost is comparable to that of the 2015 costs in PRRO 200540 and is based on historical funding trends, expected resourcing and the high costs of providing food assistance in eastern DRC due largely to poor infrastructure and insecurity.
38. In the protracted humanitarian crisis context of DRC, PRRO 200832 adopts a flexible approach and consistently addresses cross-cutting issues such as gender, protection and environmental sustainability. It will allow WFP to: i) respond rapidly to new and ongoing population displacements; ii) support the safe return or resettlement of IDPs and refugees; and iii) contribute effectively to stabilization. To the extent possible, all activities will include nutrition-sensitive and conflict-sensitive approaches. Synergies will be sought among operation components.

⇒ Relief

39. WFP will respond to acute food security crises resulting from conflict and, to a lesser extent, natural disasters and epidemics by using:
- targeted general food distributions (GFDs), which will support conflict-affected IDPs, refugees and vulnerable host communities, and victims of other shocks, on the basis of their food insecurity; and
 - the Emergency Preparedness and Response Package, and decentralized stocks of high-energy biscuits (HEBs) to be maintained as part of a rapid response mechanism.

40. WFP special operations will be crucial to the timely implementation of the response and effective coordination with others. Whenever feasible, to maximize impact, WFP will seek to coordinate food distributions with the distribution of non-food items by other RRMP actors.
41. Nutrition activities are designed to respond to acute malnutrition:
- Targeted supplementary feeding (TSF) will treat moderate acute malnutrition (MAM) among children aged 6–59 months and among pregnant and lactating women, as part of the National Integrated Management of Acute Malnutrition programme.
 - Blanket supplementary feeding (BSF) will prevent wasting among children aged 6-23 months and among pregnant and lactating women.
 - Nutrition support for PLHIV and clients with tuberculosis (TB) on treatment will be prioritized, as recommended by evaluations and in partnership with other agencies. Given the lower attendance of men at testing facilities, sensitization campaigns for both men and women will be expanded. It is expected that nutrition support will help increase attendance.
42. Nutrition messaging, particularly when distributing cash, will be provided to sensitize beneficiaries to the importance of good nutrition and dietary diversity. Men – particularly local, community and religious leaders – and boys will be included in sensitization campaigns. Ration cards will be issued in the names of women, with the husband’s name included to reduce household tensions.
43. In addition, PRRO 200832 will: i) develop government capacities to implement nutritional surveys and train health workers; ii) fund a Cost of Hunger study to facilitate elaboration of a national SUN action plan; and iii) propose a nutrition situation analysis concerning decision-making for the first 1,000 days “window of opportunity” following conception, with the possible inclusion of cost-of-diet assessments.
44. Although direct interventions to prevent stunting by improving access to nutrients are not within the scope of PRRO 200832,²³ it will contribute to stunting reduction by providing capacity development support for relevant technical departments of the ministries of health and agriculture.

⇒ *School feeding*

45. The school feeding programme will address food insecurity among primary schoolchildren and, through the provision of a daily school meal, encourage displaced and returnee children to continue their education and remain in school. Activities may also contribute to gender and protection outcomes by providing incentives for vulnerable children – particularly girls – to remain in school, possibly reducing the risk of child recruitment into armed groups, child marriage and child labour, especially since children enrol late in school.
46. The programme will address micronutrient deficiencies among school-aged children by distributing fortified foods and micronutrient powders (MNPs). In areas of return, it will contribute to social cohesion and, when linked to complementary partnerships and local purchases, will stimulate agricultural recovery by increasing market opportunities for producers.

²³ In 2015/16 a joint trust fund with Swiss Development Cooperation funding will pilot a multi-sectoral approach to preventing stunting through improved access to nutrients, in collaboration with FAO, UNDP and UNICEF.

47. WFP will conduct baseline and impact studies starting in the first half of 2016 to determine the effect of school feeding on children's food security and access to education and retention in school, assess micronutrient deficiencies, and address gender and protection concerns. It will support the Government in defining a national school feeding programme and in conducting a Systems Approach for Better Education Results exercise in 2016.

⇒ *Recovery*

48. WFP will pursue various strategies to assist former IDPs in returning to their areas of origin or resettling elsewhere and to help other groups affected by the conflict:

- Community-based food assistance for assets (FFA) activities will help target groups rebuild livelihoods. Activities²⁴ will focus on rehabilitating community infrastructure and supporting the restoration of agricultural potential through partnerships with the Government, United Nations and bilateral cooperation agencies, NGOs and communities. FFA will be planned and implemented through participatory and gender-inclusive appraisals. The average duration of assistance will be three to six months, in accordance with seasonal calendars and on the basis of assisted households' food security status. Strong links with P4P will be established in areas where it is being implemented, and International Security and Stabilization Support Strategy strategic plans will be supported in stabilized areas.
- An integrated "package" of FFA, school feeding and nutrition support will be implemented where possible and tailored to the specific needs of a community using a multi-sectoral and multi-stakeholder approach.
- Food assistance for training (FFT) activities will support vocational training, diversification of livelihood strategies and income generation. WFP will also work with partners to develop local actors' capacity to reduce disaster risks.
- Unconditional food distributions followed by FFT will be used to support survivors of sexual and gender-based violence and demobilized child soldiers, among others. This aims to facilitate their return to employment and school, and promote socio-economic and psycho-social reintegration within their communities. More broadly it will further stabilization efforts in areas of return.

49. Since 2010, WFP has provided cash-based transfers (CBTs) using a range of partners and distribution models. Post-distribution monitoring found beneficiaries to be particularly satisfied with cash transfers because of their fungibility. In some cases, however, security and market conditions dictate the use of vouchers. The use of CBTs will increase during the course of this operation, based on proper sectoral analysis and the transfer strategy. New payment options such as electronic vouchers and automated teller machine (ATM) cards may be implemented where feasible.

²⁴ Activities will include: the rehabilitation of roads, schools, markets and health centres, and/or reforestation, reclamation of swampland and degraded soils, communal horticultural schemes particularly involving women, and support for seed multiplication projects.

50. WFP will adhere to minimum standards of protection adopted by clusters in DRC, and integrate and track protection activities. The protection capacities of staff will be strengthened through training. Feedback committees will be established at distribution points, focusing specifically on gender and protection issues. Dedicated hotlines and other mechanisms will assist beneficiaries in registering their feedback and allow WFP and partners to respond appropriately to issues raised. In the case of mobile CBTs, both women and men have access to phones provided free of charge.
51. Since 2014, WFP has been implementing the SCOPE platform in DRC and expects to expand its use. It has also piloted mobile vulnerability analysis and mapping (mVAM) since 2014, collecting food security monitoring data using mobile phone technology. This has increased the speed and cost-efficiency of data collection and afforded access to previously inaccessible areas. To increase WFP's accountability to assisted populations, a system will be set up to enable beneficiaries to contact WFP free of charge to receive information such as distribution schedules and food prices.

Hand-Over Strategy

52. The duration of this operation takes into account the ongoing political process in DRC and the resulting security outlook, together with the UNDAF cycle (2013–2017).
53. Conflict in eastern DRC is expected to continue for the foreseeable future, necessitating a protracted relief response. Political instability and weak local authority will limit the Government's capacity to provide large-scale humanitarian assistance. WFP will continue to develop government capacities in food security and nutrition analysis and response, with a view to eventual national ownership.
54. In response to CPE recommendations, for the duration of PRRO 200832 WFP will explore the potential for moving towards more sustainable, development-focused programming through enhanced dialogue with relevant government ministries and other stakeholders on strategic interventions in the health, nutrition and agriculture sectors, including: the H4+ partnership; prevention of stunting; the maternal, neonatal and child health programme (MNCH) strategy for 2016–2017; and the WFP–FAO P4P project. These interventions will be implemented alongside PRRO 200832.

BENEFICIARIES AND TARGETING

55. The PRRO will assist an average 1.6 million people per year in areas of North Kivu, South Kivu, Katanga and Orientale where IDPs, refugees and returnees are present and where IPC phases 3 – crisis and 4 – emergency – apply. Within these areas, nutrition interventions will be implemented where GAM rates exceed emergency thresholds. Other indicators considered include the coping strategies index and school enrolment rates.
56. GFD will target IDPs, returnees, refugees and/or host families found to be severely food-insecure. Where sudden new displacement occurs, WFP will provide assistance to affected people until their food security status is determined via assessments.
57. Alerts are launched by rapid multi-sectoral assessments conducted by the RRMP or the cluster system when the proportion of households with poor food consumption exceeds 20 percent and the coping strategies index exceeds 20. This alert triggers further exercises – including vulnerability surveys and market assessments by the food security cluster – to facilitate targeting and inform the choice of transfer modality.

58. FFA activities will target food-insecure households with members able to engage in physical labour in areas of return, resettlement and stabilization. People physically unable to engage in FFA but found to be in need of food assistance will be given unconditional transfers.
59. About 60 percent of GFD and 50 percent of FFA beneficiaries are expected to be women or girls. Given the lack of income-generating opportunities for women, PRRO 200832 aims to increase their participation while taking into account existing gendered labour demands. Specific FFT activities will contribute to women's economic empowerment by diversifying skill sets to include carpentry and electrical work, among others.
60. MAM treatment will be implemented where GAM is above 10 percent and/or between 5 and 10 percent with aggravating factors.²⁵ Where GAM is above 15 percent or mortality rates are above critical thresholds,²⁶ a blanket preventive intervention will also be implemented.
61. Treatment activities will target MAM in children under 5 years of age and pregnant and lactating women, in addition to PLHIV and TB clients screened at health centres. Admission and discharge are based on anthropometric criteria for each group according to national protocols.²⁷ Beneficiary estimates use a target 60 percent coverage for children 6-9 months – aligned with UNICEF severe acute malnutrition treatment targets – and 50 percent for pregnant and lactating women. Health centres will be supported to enhance active screening and case detection. Blanket supplementary feeding will target all children aged 6–23 months and pregnant and lactating women within the zone of intervention. Caretakers – both men and women – of severely malnourished children will also be assisted in in-patient therapeutic feeding facilities.
62. School feeding will be implemented in the most food-insecure areas with a high rate of out-of-school children. Primary schools will be targeted on the basis of: i) Humanitarian Action Plan criteria; ii) enrolment and gender disparity rates; iii) being public and recognized by the State; iv) presence of complementary assistance from partners; v) community participation in the management of school feeding; vi) high levels of micronutrient deficiencies; and vii) high agricultural production potential or the presence of P4P in areas of return or where there is stability. Where possible, WFP will implement school gardens in partnership with FAO and the Ministry of Agriculture, both to educate and to diversify the food basket.

²⁵ Targeting is in line with corporate and international standards. As per the 2015 Humanitarian Action Plan, aggravating factors will include: i) a greater than 30 percent increase in admission to nutrition feeding centres in the previous three months; ii) retrospective mortality of children under 5 greater than 2 per 10,000 per day; and iii) IPC phase 3 – “crisis”.

²⁶ Territories in the eastern provinces with GAM greater than 15 percent owing to previous emergency situations include Kansimba (16 percent), Mitwaba (20 percent), Mufunga Sampwe (16 percent) and Manono (13 percent).

²⁷ Admission based on weight-for-height greater than or equal to -3 z-score and less than or equal to -2 z-score or mid-upper arm circumference (MUAC) greater than 115 and less than 125 mm for children 6–59 months, 210 mm for pregnant and lactating women. Discharge based on weight-for-height greater than or equal to -1.5 z-score or MUAC greater than or equal to 115 and MUAC greater than or equal to 125 mm for children 6–59 months and MUAC greater than or equal to 230 mm for pregnant and lactating women.

TABLE 1: BENEFICIARIES BY ACTIVITY*			
Activity	Men/boys	Women/girls	Total
GFD	1 003 644	1 277 365	2 281 009
TSF (children 6–59 months)	184 500	184 500	369 000
TSF (pregnant and lactating women)	-	125 600	125 600
BSF (children 6–23 months)	27 000	27 000	54 000
BSF (pregnant and lactating women)	-	54 000	54 000
Nutrition support for PLHIV and TB	6 900	16 100	23 000
Support for caretakers (therapeutic feeding centres)	960	8 640	9 600
Emergency school feeding	109 656	109 656	219 312
FFA	238 000	292 000	530 000
FFT	4 500	5 500	10 000
TOTAL (adjusted to exclude overlaps)	1 396 000	1 837 000	3 233 000

* Overlaps have been calculated as follows: 25 percent of nutrition beneficiaries overlap with GFD and/or FFA; 40 percent of GFD beneficiaries overlap with FFA (assuming that these people will be assisted as they return or resettle); 40 percent of school feeding beneficiaries overlap with GFD and/or FFA (given that target schools must include at least 40 percent IDP/returnee children). The overlap of school feeding beneficiaries from one year to the next is estimated at 80 percent. Totals are rounded up to the nearest 1,000.

NUTRITIONAL CONSIDERATIONS AND RATIONS/CASH-BASED TRANSFERS

63. The GFD and FFA food basket includes fortified maize flour, pulses, fortified vegetable oil and iodized salt. This provides a balance of macro and micronutrients and respects local dietary preferences and cooking practices.
64. GFD will provide the minimum standard 2,100 kcal/person/day during the first phase of an acute crisis, which lasts three months, as established food security cluster guidelines.²⁸ A reduced ration will be provided during the second phase and to host families, on the basis of assessed needs and gaps. HEBs will be provided to IDPs and refugees upon arrival and for a maximum of three days.
65. The FFA ration has been calculated on the basis of work norms of an average of 22 working days per month.

²⁸ Full rations have been estimated for 70 percent of GFD beneficiaries for a maximum of three months; the ration is then reduced by 30 percent on average and the food gap is determined through assessments.

66. The MAM treatment ration for children aged 6–59 months will consist of a ready-to-use supplementary food (Plumpy'Sup). A lipid-based nutrient supplement (Plumpy'Doz) will be provided to children aged 6–23 months to prevent acute malnutrition. Pregnant and lactating women (both blanket and targeted supplementary feeding beneficiaries), PLHIV and TB patients on treatment will receive SuperCereal with sugar and oil. Caretakers will receive a full GFD ration.

67. School feeding rations will consist of cereals, pulses, vegetable oil, salt and MNPs.

	GFD full ration	GFD reduced ration	NUTRITION						FFA	School feeding
			TSF		BSF		Caretakers	PLHIV/TB		
			6–59 months	PLW*	6–23 months	PLW*				
Cereal	400	300	-	-	-	-	400	-	400	120
Pulses	120	50	-	-	-	-	120	-	120	30
Vegetable oil	30	25	-	25	-	25	30	25	30	10
Salt	5	5	-	-	-	-	5	-	5	5
SuperCereal with sugar	-	-	-	250	-	250	-	250	-	-
HEBs	[333]	-	-	-	-	-	-	-	-	-
Plumpy'Sup	-	-	92	-	-	-	-	-	-	-
Plumpy'Doz	-	-	-	-	47	-	-	-	-	-
MNPs	-	-	-	-	-	-	-	-	-	0.38
CBTs (USD/person/day)	0.48	-	-	-	-	-	-	-	0.48	-
TOTAL	555	380	92	275	47	47	555	275	555	165
Total kcal/day	2 132	1 470	500	1 175	247	247	2 132	1 175	2 132	628
percent kcal from protein	16	10	10.2	13.2	10	10	16	13.2	16	10
percent kcal from fat	11	22	55	35	58	58	11	35	11	18
Number of feeding days per year	90	90	60	90	180	180	7	180	66	220

* pregnant and lactating women.

** HEBs are provided for the first three days after displacement and are not considered part of the GFD ration.

*** In Katanga and Orientale only.

TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS BY ACTIVITY (mt/USD)							
	GFD and caretakers	FFA/FFT	TSF	BFS	HIV/TB	School feeding	Total (mt or USD)
Cereal	48 234	10 164	-	-	-	10 223	68 622
Pulses	12 676	3 049	-	-	-	2 585	18 310
Vegetable oil	3 730	762	283	243	126	847	5 991
Salt	659	127	-	-	-	409	1 195
SuperCereal with sugar	-	-	2 826	2 430	1 264	-	6 520
Plumpy'Sup	-	-	2 037	-	-	-	2 037
Plumpy'Doz	-	-	-	457	-	-	457
HEBs	250	-	-	-	-	-	250
MNPs	-	-	-	-	-	15	15
CBTs (USD)	33 241 403	4 910 400	-	-	-	-	38 151 803
TOTAL	65 549	14 103	5 145	3 130	1 390	14 079	103 396

IMPLEMENTATION ARRANGEMENTS

Participation

68. For GFD, committees of men and women elected through a participatory process will be involved in the verification of beneficiaries, complaints mechanisms and the management of distribution sites. WFP will conduct gender and protection analyses in early 2016 to develop sensitization activities aimed at encouraging equal representation of women and men.
69. For FFA and FFT, communities will participate in planning, implementation of gender- and protection-sensitive activities and monitoring of compliance with WFP work norms. Cooperating partners will conduct beneficiary registration exercises, with the participation of distribution committees.
70. Nutritional treatment and support for PLHIV and TB clients will be managed by health personnel supported by NGO partners. Community health workers will deliver messaging on the appropriate use of nutritional supplements and will also be responsible for outreach, screening, and the promotion of infant and young child feeding practices.
71. Parent–teacher associations will be involved in managing school feeding. Fathers and mothers will participate in kitchen construction, provide fresh foods, support school gardens and supply cooking services.

Partners and Capacities

72. Partnerships with United Nations agencies – particularly FAO, UNDP, UNHCR and UNICEF – will help ensure a comprehensive, multi-sectoral response to needs.
73. Partnerships with government ministries and technical services will continue under Memoranda of Understanding. WFP will support the ministries of planning and agriculture to conduct a comprehensive food security and vulnerability analysis.

74. Food and CBT distributions will be carried out by NGOs using standard WFP field-level agreements, which include provisions for gender sensitivity and protection. In refugee settings, distributions are regulated through tripartite agreements with UNHCR and NGOs. When necessary, WFP will conduct direct distributions. To mitigate protection risks, distributions will be undertaken in secure locations during daylight hours and in the presence of security authorities.
75. MAM treatment will be delivered through health centres, in partnership with NGOs. PRONANUT, supported by WFP and UNICEF, ensures the provision of nutrition, health and hygiene sensitization. MAM prevention will be part of a package of complementary interventions delivered by WFP and partners in target locations. Particular attention will be given to monitoring and evaluation of nutrition activities, with a focus on informing minimum dietary diversity and coverage.
76. School feeding is implemented with NGO partners. WFP will work with UNICEF and others to enhance complementarities with the provision of school supplies; water, sanitation and hygiene (WASH) programme services; deworming; and the Essential Learning Package. Linkages with P4P programmes will be pursued through the purchase of locally produced pulses and cereals.

Procurement

77. In response to CPE recommendations, WFP will increase local procurement, particularly of cereals and pulses, in areas where stocks are available from local traders and farmers. Purchases from P4P will also increase as the programme expands to new areas. Local milling will ensure the availability of maize meal at short notice. WFP will also purchase through the Global Commodity Management Facility when possible to reduce lead times, strengthen local markets and reduce logistics costs.

Logistics

78. International food purchases for eastern DRC arrive through the entry ports of Mombasa and Dar-es-Salaam. Onward transport to primary WFP warehouses is carried out by commercial trucks.
79. WFP contracts local commercial transporters for inland transport. A WFP fleet of all-road trucks is operated in areas where private transporters are unavailable as a result of insecurity or poor road conditions. Rail transport is used occasionally, as are barges on the eastern lakes when needed.
80. Transport and storage costs in DRC are substantially higher than in surrounding countries owing to poor road conditions, security risks and formal and informal levies placed on transporters. WFP implements cost-control measures, including regular market monitoring, and anticipates increased supply-chain visibility and control following the roll-out of the Logistics Execution Support System.

Transfer Modalities

81. WFP will determine the most appropriate transfer modality for GFD and FFA using sectoral capacity assessments and risk and cost-efficiency analyses. It will monitor market prices through data collected by the National Institute of Statistics, the Ministry of Agriculture, sub-offices and partners.

82. For CBTs, WFP will use financial service providers and/or mobile money service providers contracted from local, regional or global markets. DRC will test the roll-out of SCOPECARD, a WFP-developed technology solution to deliver CBTs when local providers are not available.²⁹

Non-Food Inputs

83. WFP and partners will supply equipment and materials needed for FFA and nutrition activities and to support community awareness-raising and assessments. It will supply equipment, technical and financial support, training courses and joint field visits for government partners to improve food security and nutrition monitoring.

PERFORMANCE MONITORING

84. WFP will collect baseline, end-line and post-distribution monitoring information through mobile-device data collection and cooperating partners, and will track household use of CBTs and their impact on markets. Joint missions with government counterparts will enhance shared accountability for programme implementation.
85. Given the extent of insecurity in eastern DRC, WFP has established a third-party monitoring system for inaccessible areas, in compliance with corporate guidelines. It may also expand data collection through remote surveys to improve the frequency and cost-efficiency of monitoring.

RISK MANAGEMENT

86. The major contextual risk is further deterioration of the security environment, expansion of conflict and additional population displacement, with impacts on access that affect WFP's ability to deliver. WFP will continue to monitor the security situation with the United Nations country team, the United Nations Department of Safety and Security (UNDSS) and the Government, and make necessary adjustments to emergency preparedness and response plans.
87. DRC has no comprehensive and effective Government-led institutional arrangement for humanitarian responses. Together with other United Nations agencies, WFP will work to enhance partnerships with specific government bodies on nutrition, early warning, preparedness and response.
88. The major programme risk relates to inadequate funding to implement PRRO 200832 at the planned scale. WFP has a comprehensive resourcing strategy and advocates with donors at both the country and global levels. To supplement resources major donors make available consistently, WFP will engage more with new and emerging donors to the country and will access new multilateral and thematic funding windows where possible.

²⁹ The solution includes the SCOPE platform, a fingerprint scanner, point-of-sale (POS) device and a smartcard enabled with biometrics called the Humanitarian Assistance Card. The cards hold rechargeable vouchers with a currency amount or a list of commodities for beneficiaries to purchase in contracted store locations. At the time of sale, beneficiaries verify their identity with a fingerprint to complete the transaction using the retailer's WFP-issued POS device.

89. In the event that adequate funding is not forthcoming, WFP will be forced to cover life-saving relief GFD and TSF activities to the extent possible. Any reduction in geographic scope, duration or rations would increase food insecurity among the country's most vulnerable people and risk deterioration of the already precarious nutrition situation. A discontinuation of BSF would prevent WFP from addressing important chronic undernutrition issues, whereas suspending recovery and school feeding support could undermine social cohesion, education and protection outcomes and further destabilize the fragile socio-political and security environment.
90. Other programme risks and mitigation actions include:
- inadequate cooperating partner capacity, in which case WFP will undertake direct distributions;
 - poor market and other conditions necessary for CBTs, in which case WFP will provide in-kind transfers where possible;
 - fraud, which WFP will mitigate by increasing internal controls and using more direct payments through financial service providers; and
 - breaks in the food pipeline, which can be minimized by using the Global Commodity Management Facility, CBTs, local purchases and loans from other operations in the region.

Security Risk Management

91. WFP complies with minimum operating security standards and minimum security telecommunications standards, and ensures the safety of its staff and operations in compliance with UNDSS guidelines. When required, and as a last resort, warehouses, convoys and monitoring missions will use armed escorts provided by MONUSCO.
92. Insecurity may force WFP to suspend distributions to protect beneficiaries when food or CBTs attract attention from armed groups. Mitigation actions include distributing smaller food rations more frequently and using alternative distribution sites. Distributions will be informed by do-no-harm analysis.

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (USD)	Value (USD)
Food			
Cereals	68 622	34 830 789	
Pulses	18 310	11 482 912	
Oil and fats	5 991	5 664 167	
Mixed and blended food	9 263	12 079 618	
Others	1 210	527 897	
Total food	103 396	64 585 382	
External transport		9 265 813	
Land transport, storage and handling		48 485 561	
Other direct operational costs – food		7 292 633	
Food and related costs¹		129 629 389	129 629 389
Cash-based transfers		38 151 803	
Related costs		6 604 203	
Cash-based transfers and related costs		44 756 005	44 756 005
Capacity development and augmentation		1 470 000	1 470 000
Direct operational costs			175 855 394
Direct support costs (see Annex I-B) ²			50 975 768
Total direct project costs			226 831 162
Indirect support costs (7.0 percent) ³			15 878 181
TOTAL WFP COSTS			242 709 344

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support cost allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (USD)	
Staff and Staff-Related	
Professional staff	15 572 012
General service staff	10 199 773
Danger pay and local allowances	2 590 801
Subtotal	28 362 585
Recurring and other	7 367 452
Capital equipment	2 395 960
Security	919 968
Travel and transportation	7 285 164
Assessments, evaluations and monitoring¹	4 644 640
TOTAL DIRECT SUPPORT COSTS	50 975 768

¹ Reflects estimated costs when these activities are performed by third parties.

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Cross-cutting		
Gender Gender equality and empowerment improved	Proportion of households where females and males together make decisions over the use of cash, voucher or food Proportion of households where females make decisions over the use of cash, voucher or food Proportion of households where males make decisions over the use of cash, voucher or food Proportion of women beneficiaries in leadership positions of project management committees Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution	
Partnership Food assistance interventions coordinated and partnerships developed and maintained	Amount of complementary funds provided to the project by partners (including non-governmental organizations, civil society, private sector organizations, international financial institutions and regional development banks) Number of partner organizations that provide complementary inputs and services Proportion of project activities implemented with the engagement of complementary partners	
Protection and accountability to affected populations WFP assistance delivered and utilized in safe, accountable and dignified conditions	Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain) Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain) Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain) Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site	



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Strategic Objective 1: Save lives and protect livelihoods in emergencies		
<p>Outcome 1.1 Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and lactating women</p>	<p>MAM treatment default rate (%) MAM treatment mortality rate (%) MAM treatment non-response rate (%) MAM treatment recovery rate (%) Proportion of eligible population who participate in programme (coverage) Proportion of target population who participate in an adequate number of distributions</p>	<p>All required food is available and security conditions do not hamper distribution. Cooperating partners with adequate capacities are available.</p>
<p>Outcome 1.2 Stabilized or improved food consumption over assistance period for targeted households and/or individuals</p>	<p>Diet Diversity Score Diet Diversity Score (female-headed households) Diet Diversity Score (male-headed households) FCS: percentage of households with poor Food Consumption Score FCS: percentage of households with poor Food Consumption Score (female-headed) FCS: percentage of households with poor Food Consumption Score (male-headed) CSI (Food): Coping Strategy Index (average)</p>	<p>Targeted areas are accessible. Funding for surveys and assessments is adequate.</p>
<p>Outcome 1.3 Restored or stabilized access to basic services and/or community assets</p>	<p>Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools Retention rate (boys) in WFP-assisted primary schools Retention rate (girls) in WFP-assisted primary schools Retention rate in WFP-assisted primary schools Prevention of mother-to-child transmission (PMTCT) default rate (%) Anti-retroviral therapy (ART) default rate (%) TB treatment default rate (%)</p>	<p>Security situation is stable. No pipeline breaks occur. School infrastructure is adequate, teachers are present and school supplies are available.</p>



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
<p>Output 1.1 Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>Number of institutional sites assisted (e.g. schools, health centres), as % of planned</p> <p>Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned</p> <p>Quantity of food assistance distributed, disaggregated by type, as % of planned</p> <p>Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned</p> <p>Number of feeding days, as % of planned</p> <p>Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned</p>	<p>All required food is available and security conditions do not hamper distribution.</p> <p>Cooperating partners with adequate capacities are available.</p>
Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies		
<p>Outcome 2.1 Improved access to assets and/or basic services, including community and market infrastructure</p>	<p>CAS: percentage of communities with an increased Asset Score</p> <p>Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools</p> <p>Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools</p> <p>Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools</p> <p>Retention rate (boys) in WFP-assisted primary schools</p> <p>Retention rate (girls) in WFP-assisted primary schools</p> <p>Retention rate in WFP-assisted primary schools</p>	<p>Security situation is stable.</p> <p>Sufficient quantities of food meeting quality standards is available on the market.</p> <p>Arable land, tools and seeds are available.</p>
<p>Outcome 2.2 Adequate food consumption reached or maintained over assistance period for targeted households</p>	<p>Diet Diversity Score</p> <p>Diet Diversity Score (female-headed households)</p> <p>Diet Diversity Score (male-headed households)</p> <p>FCS: percentage of households with poor Food Consumption Score</p> <p>FCS: percentage of households with borderline Food Consumption Score (female-headed)</p> <p>CSI (food): Coping Strategy Index (average)</p>	<p>Funding is available.</p> <p>Security situation permits work to continue.</p> <p>Partners have the capacity to undertake post-distribution monitoring on behalf of WFP.</p>



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
	<p>FCS: percentage of households with borderline Food Consumption Score (male-headed)</p> <p>FCS: percentage of households with poor Food Consumption Score (female-headed)</p> <p>FCS: percentage of households with borderline Food Consumption Score</p> <p>FCS: percentage of households with poor Food Consumption Score (male-headed)</p>	
<p>Outcome 2.3</p> <p>Capacity developed to address national food insecurity needs</p>	<p>NCI: Nutrition programmes National Capacity Index</p> <p>NCI: School Feeding National Capacity Index</p>	<p>Staff capacity is adequate and funding is available.</p>
<p>Output 2.1</p> <p>Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>Quantity of non-food items distributed, disaggregated by type, as % of planned</p> <p>Number of feeding days, as % of planned</p> <p>Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned</p> <p>Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned</p> <p>Quantity of food assistance distributed, disaggregated by type, as % of planned</p> <p>Number of institutional sites assisted (e.g. schools, health centres), as % of planned</p> <p>Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned</p>	<p>All required food is available and security conditions do not hamper distribution.</p> <p>Cooperating partners with adequate capacities are available.</p>



DRC PRRO – 200832 Geographical Coverage



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries



ACRONYMS USED IN THE DOCUMENT

BSF	blanket supplementary feeding
CBT	cash-based transfer
CFSVA	comprehensive food security and vulnerability analysis
CPE	country portfolio evaluation
DHS	Demographic and Health Survey
DRC	Democratic Republic of the Congo
EFSA	Emergency Food Security Assessment
FAO	Food and Agriculture Organization of the United Nations
FFA	food assistance for assets
FFT	food assistance for training
GAM	global acute malnutrition
GFD	general food distribution
GPRS	Growth and Poverty Reduction Strategy
HEB	high-energy biscuit
IDP	internally displaced person
IFPRI	International Food Policy Research Institute
IPC	Integrated Food Security Phase Classification
MAM	moderate acute malnutrition
MNP	micronutrient powder
MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
MUAC	mid-upper arm circumference
NGO	non-governmental organization
P4P	Purchase for Progress
PLHIV	person living with HIV and AIDS
POS	point-of-sale
PRONANUT	<i>Programme National de Nutrition</i> (National Nutrition Programme)
PRRO	protracted relief and recovery operation
RRMP	<i>Réponse rapide aux mouvements de population</i> (Rapid Response to Population Movement)
SUN	Scaling Up Nutrition movement
TB	tuberculosis
TSF	targeted supplementary feeding
UNDAF	United Nations Development Assistance Framework

UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund