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PROTRACTED RELIEF AND RECOVERY OPERATIONS – DEMOCRATIC REPUBLIC OF THE CONGO 200167

Targeted Food Assistance to Victims of Armed Conflict and other Vulnerable Groups

Number of beneficiaries	3,120,000 (yearly maximum)
Duration of project	24 months (1 January 2011–31 December 2012)
WFP food tonnage	234,659 mt
Cost (United States dollars)	
WFP food cost	108,617,662
Total cost to WFP	323,882,196

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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 WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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* Regional Bureau Johannesburg (Southern, Eastern and Central Africa)

EXECUTIVE SUMMARY

Seventeen years of complex armed conflict have severely damaged the economy and infrastructure of the Democratic Republic of the Congo and exacerbated its precarious food security situation. Eighty percent of the population live below the poverty line,¹ and high food prices have had a particularly significant impact on the most vulnerable.

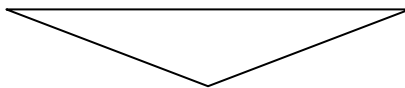
This operation will respond to two main shocks: conflict in the east and Equateur regions; and the effects on the west of the 2008/09 financial crisis, which decimated the mining industry, resulting in unemployment and high levels of acute malnutrition. The 2009 joint nutrition surveys identified Kasai Occidental, Kasai Oriental, Maniema and Katanga provinces as particularly affected.

The operation will address WFP Strategic Objective 1 – Save lives and protect livelihoods in emergencies; 3 – Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations; and 5 – Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. The main relief activities will be general food distribution and treatment of malnutrition; increased emphasis will be put on early recovery, including nutrition interventions, school meals and asset rehabilitation. WFP will strengthen the Government's capacity for policies and structures that address hunger. Food voucher interventions are being piloted in late 2010, and will be integrated into the operation through subsequent revisions, as relevant.

This operation contributes to Millennium Development Goals 1 – Eradicate extreme poverty and hunger; 2 – Achieve universal primary education; and 4 – Reduce child mortality. It is consistent with the Government's draft Poverty Reduction Strategy Paper (2011–2015), the Government's and the United Nations' stabilization plans for areas emerging from conflict in the east, and the evolving plan to support peace consolidation in the west of the country.

¹ United Nations Development Programme. *Human Development Report 2009*. New York.

DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation Democratic Republic of the Congo 200167 “Targeted Food Assistance to Victims of Armed Conflict and other Vulnerable Groups” (WFP/EB.2/2010/9-C/7).

* 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 AND SCENARIOS

Context

1. The Democratic Republic of the Congo (DRC) has a population of 69 million people in a territory the size of Western Europe. Decades of poor governance have eroded state authority and social services. The conflict in eastern DRC has caused 4 million deaths, with intermittent violence continuing in spite of the promising elections of 2006. Armed groups prey on vast areas of the eastern provinces; renewed hostilities between the Government and armed groups in North Kivu and Ituri in late 2008 created massive unrest, challenged state authority, strained regional relations and jeopardized the peacebuilding progress of recent years.
2. Since early 2009, conditions for peace have improved, increasing the possibilities for reconciliation and recovery. In 2010, the United Nations Organization Mission in DRC was reconfigured into the United Nations Organization Stabilization Mission in the DRC (MONUSCO), and presidential and legislative elections are scheduled for November 2011.² However, conflicts with the Lord's Resistance Army (LRA) and the *Forces démocratiques de libération du Rwanda* (FDLR; the Democratic Forces for the Liberation of Rwanda)³ and the army's continued exactions against civilians mean that the peace is still fragile.
3. Ethnic tensions fuel conflicts over land and resources, inhibiting the return of internally displaced persons (IDPs) and Congolese refugees. In late 2009, inter-ethnic violence in Equateur caused 123,000 Congolese to seek refuge in the Republic of the Congo and the Central African Republic.⁴ In August 2010, there were 2 million IDPs.⁵
4. The humanitarian situation has deteriorated in recent years. In the human development index, DRC dropped from 167th in 2007 to 176th in the 2009, and has the lowest gross domestic product per capita in the world, at US\$298.⁶ The weakening of the national currency from 550 francs to US\$1 in 2008 to 903 francs in 2010, and the high inflation rate of 20 percent⁷ affect the economy and purchasing power. Eighty percent of the population live below the poverty line of US\$2 per day.⁶
5. The country has made progress in education, but significant disparities remain. The national gross enrolment rate for primary school is 90.7 percent: 82.7 percent for girls and 98.5 for boys.⁸ Equateur and eastern provinces have lower gross rates. The primary school completion rate is 53.9 percent nationally but only 29.4 percent in North Kivu. School fees

² While MONUSCO's initial mandate is to June 2011, it is likely to be extended through the 2011 general elections.

³ International Rescue Committee. *Special Report: Congo*. Available at www.theirc.org/special-reports/special-report-congo-y.

⁴ Office of the United Nations High Commissioner for Refugees. Fact Sheet DRC, September 2010. Available at www.unhcr.org/4cb847c39.html.

⁵ Office for the Coordination of Humanitarian Affairs. Population Movements, August 2010. Available at www.rdc-humanitaire.net.

⁶ United Nations Development Programme. *Human Development Report 2009*. New York.

⁷ Average for January to August 2010, Banque Centrale du Congo, www.bcc.cd/index.php?option=com_contact&view=contact&id=1&Itemid=61.

⁸ Ministry of Education. Education Statistics Yearbook 2007/2008. Kinshasa.

were a major household expenditure, limiting access to school, but the Government has started implementing universal free primary education.

The Food Security and Nutrition Situation

⇒ *Overview*

6. Conflict has displaced people in Oriental, North and South Kivu in particular, and has limited access to fields and increased pressure on the land around settlement areas.
7. Food prices were 60 percent higher in May 2010 than in May 2008.⁹ Owing to the 2008/09 global financial crisis, mines were closed, leading to increased unemployment in Katanga and Kasai provinces, and migration to rural areas, putting additional pressure on subsistence agriculture. Consequently, food security has deteriorated, and wasting has increased significantly.¹⁰
8. A comprehensive food security and vulnerability assessment in 2008 established that 15 million people were severely or moderately food-insecure; numerous subsequent assessments confirm the poor food security situation.¹¹ The Integrated Food Security and Humanitarian Phase Classification (IPC) in 2010 underlines this, with several territories classified in the “acute food and livelihood crisis” phase (AFLC, phase 3 of the IPC).¹²
9. Agriculture is hampered by land infertility, poor-quality tools and seeds, inadequate markets, deficient infrastructure, repeated looting and illegal taxation. In North and South Kivu, banana bacterial wilt is an increasing concern. Floods and droughts further contribute to vulnerability.

⇒ *Food security situation by province*

10. In North Kivu, households with poor food consumption increased by 42 percent between February 2009 and January 2010,¹³ with significant use of negative coping strategies. Although access to arable land has increased since July 2009, North Kivu has a cereal deficit of 100,000 mt, and households spend more than 60 percent of their incomes on food.
11. In South Kivu, households with poor food consumption increased by 20 percent from July 2009 to February 2010, with IDPs and returnees the most vulnerable; nearly 77 percent rely on markets for food. Conflict increased in 2010, and cultivation has dropped by 25 percent.
12. In Oriental province, 38 percent of people are severely and 54 percent moderately food-insecure; LRA activity is displacing people in Haut and Bas-Uele. Communities can

⁹ FAO. Update on food prices in the DRC, November 2009–May 2010. Kinshasa.

¹⁰ *Programme national de nutrition* (National Nutrition Programme)/United Nations Children’s Fund/WFP. Summary Report, Nutritional Surveys: Provinces of Kasai Occidental and Kasai Oriental, December 2009. Kinshasa.

¹¹ Rapid rural appraisals (RRAs) by the country office’s vulnerability analysis and mapping (VAM) unit in South Kivu, North Kivu, and Haut-Uélé district, Orientale province; preliminary emergency food security assessment (EFSA) in Bunia, Oriental Province; EFSA in South Kivu; Self-Reliance Monitoring System in North and South Kivu; and WFP/FAO RRA in Kungu territory, Equateur province.

¹² FAO/WFP Report of the 3rd Cycle of the IPC, March–April 2010. The other four IPC phases are: phase 1 – generally food-secure; phase 2 – moderate/borderline food insecurity; phase 4 – humanitarian emergency; and phase 5 – famine/humanitarian catastrophe.

¹³ WFP RRA, January 2010. Kinshasa.

cultivate land only within 10 km of their homes, and the last normal harvest was in December 2008. Food consumption is poor or borderline in 61 percent of households in Dungu territory. Food prices remain very high¹⁴ and households spend 70 percent of their incomes on food.

13. The March 2010 IPC determined that food security in Kasai Oriental and Occidental had deteriorated, with malnutrition increasing after the collapse of mining.
14. In Equateur, conflict in late 2009 displaced 200,000 people. A joint WFP/Food and Agriculture Organization of the United Nations (FAO) survey in Kungu territory found that 65 percent of people had poor or borderline food consumption. The conflict prevented IDPs and host populations from harvesting their crops. For several months between harvests, IDPs have small or no food stocks and rely on unsustainable coping mechanisms. Prices for basic foods continue to increase, especially during the lean season.
15. Food security in Katanga has deteriorated, with ten territories moving from moderately food-insecure (IPC phase 2) to AFLC (phase 3). Causes include the decline of mining, isolation due to poor roads, cassava mosaic and other plant diseases and unreliable rainfall.
16. Maniema has high malnutrition rates, and is affected by violence by armed groups, isolation and the influx of IDPs from North and South Kivu.

⇒ *Nutrition situation overview*

17. Between 1990 and 2009, the global hunger index for DRC deteriorated by more than 50 percent. The International Food Policy Research Institute (IFPRI) ranks DRC as one of the countries most affected by chronic hunger and undernutrition.¹⁵ Maternal mortality of 13 deaths per 1,000 deliveries, and 20 percent mortality of children under 5, are among the highest rates in the world. The national stunting rate is 45 percent; underweight is 25 percent. Anaemia prevalence is 60 percent among pregnant women, and 80 percent among children under 2;¹⁶ low birth weight rates average about 8 percent nationally.¹⁶ At 1.3 percent, DRC has medium HIV prevalence¹⁶ and a high tuberculosis (TB) burden.¹⁷
18. The national global acute malnutrition (GAM) rate is 10 percent;¹⁸ many territorial rates are significantly higher. Surveys in November and December 2009 showed alarming acute malnutrition rates among children under 5 and women. In Equateur, Kasai Occidental, Kasai Oriental, Maniema and Katanga, 420,000 children under 5 and more than 100,000 pregnant women required urgent nutrition interventions. GAM rates were more than 10 percent in 52 of 90 territories, and more than the critical threshold of 15 percent in six.¹⁸ Chronic malnutrition rates exceed 60 percent in parts of the Kasais, Equateur and Maniema.

Scenarios

19. Protracted relief and recovery operation (PRRO) 200167 assumes that recent democratic gains will last, credible elections will proceed in 2011 and progress will be made in consolidating peace. Improvement in security is anticipated, enabling increased recovery

¹⁴ Preliminary EFSA, Oriental Province, June 2010. Kinshasa.

¹⁵ IFPRI. 2009. Report on the Global Hunger Index 2009. Washington DC.

¹⁶ ICF Macro International and DRC Government. Demographic and Health Survey (DHS) 2007. Kinshasa.

¹⁷ Ranking 10th out of 22 high-burden TB countries in 2009.

¹⁸ UNICEF and PRONANUT, territorial nutrition surveys in Equateur, Kasai Occidental, Kasai Oriental, Katanga and Maniema, December 2009. Data from accessible zones where partners are present.

activities in 2012. However, the 2010–2012 United Nations Integrated Strategic Framework (ISF)¹⁹ projects that eastern DRC will continue to be threatened by foreign armed groups and military operations will continue to displace the population.

20. Food insecurity and acute malnutrition will continue if food prices stay high, employment and incomes remain stagnant, and agricultural production remains at subsistence levels. In the worst case, these conditions will be exacerbated by new violence, natural disasters and/or political tensions.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

21. Decades of poor governance exacerbated by conflict have limited the Government's capacity to administer. The Poverty Reduction Strategy Paper focuses on peace consolidation, and emphasizes governance, reconstruction and economic recovery, provision of social services, and protection of the environment. The Government has launched a stabilization programme – the *Programme de stabilisation et de reconstruction des zones sortant des conflits armés* (STAREC) – for North and South Kivu, Oriental province, Maniema, and Tanganyika district in the east. National policies include the draft National Food Security Policy, the National Strategic Plan against HIV (2010–2014), the protocol for community-based management of acute malnutrition, and a policy currently under development for universal primary education.

Policies, Capacities and Actions of other Major Actors

22. United Nations interventions in DRC are guided by Security Council Resolution 1925²⁰ and the ISF.
23. Humanitarian interventions are guided by an annual Humanitarian Action Plan (HAP) developed by the United Nations and non-governmental organizations (NGOs). Stabilization interventions are guided by the United Nations' International Security and Stabilization Support Strategy (ISSSS) and the Government's STAREC. A peace consolidation plan is being developed for western Congo, to complement STAREC. United Nations operations are aligned with the United Nations Development Assistance Framework (UNDAF) 2008–2012.
24. The donor community supports the Government, NGOs and United Nations through the Common Humanitarian Fund for the HAP, and the Stability and Recovery Funding Facility for the ISSSS.

¹⁹ The ISF has four main goals: i) addressing ongoing conflicts; ii) stabilizing the conflict-affected areas; iii) consolidating peace across DRC; and iv) ensuring development.

²⁰ S/Res/1925 (2010), which gives MONUSCO a twofold mandate: i) protection of civilians and ii) stabilization and peace consolidation.

Coordination

25. WFP leads the logistics and telecommunications clusters, co-leads the food security cluster, and participates in other clusters. The humanitarian community and the peacekeeping operation synchronize escorts in insecure areas. Government theme groups coordinate development interventions. The United Nations and Government jointly lead the technical coordination committee for stabilization activities.

OBJECTIVES OF WFP ASSISTANCE

26. The main objectives of this PRRO are to:

- reduce the prevalence of acute malnutrition in children under 5 and vulnerable adults – Strategic Objective 1;
- provide adequate food consumption for targeted households, communities, IDPs and refugees – Strategic Objective 1;
- restore the livelihoods of targeted communities, increasing access to assets in fragile, transition situations – Strategic Objective 3;
- stabilize the enrolment of girls and boys, including IDPs and refugees, at pre-crisis levels – Strategic Objective 3; and
- strengthen the Government's capacity to reduce hunger, including through capacity development strategies and local purchase – Strategic Objective 5.

WFP RESPONSE STRATEGY

Nature and Effectiveness of Assistance to Date

27. The 2009 evaluation concluded that WFP assistance was geographically and programmatically appropriate, with a positive impact on child malnutrition and mortality rates. It recommended that WFP concentrate its resources in accessible areas, focusing on achievable activities within available resources. Specific recommendations included increasing synergies with partners, introducing cash and voucher transfers, and strengthening local purchase. A programme review mission recommended continuing relief and recovery interventions in the eastern provinces, and expanding in Kasai and southern Equateur, considering the high malnutrition and food insecurity. The PRRO incorporates these recommendations.

Strategy Outline

28. WFP will provide relief to save lives and protect livelihoods of vulnerable households, particularly those of women. Nutrition interventions will focus on areas with high GAM rates. WFP will support the return and recovery of IDPs, refugees, returnees and other vulnerable people through asset rehabilitation, food for training (FFT), school meals and nutrition interventions.
29. National and provincial government capacities will be enhanced through nutrition and education interventions. Capacity development will include the national nutrition programme (PRONANUT – *Programme national de nutrition*) and early warning and assessment, in collaboration with other agencies.

30. Relief represents 30 percent of WFP's assistance, and recovery 70 percent. This ratio may be adjusted, depending on progress in peace consolidation. WFP will incorporate gender, do-no-harm and protection issues into assessment, planning and monitoring tools and will enforce its corporate gender policy.
31. Vouchers will be incorporated into the PRRO, based on the results of current pilots and studies. Initial assessments are encouraging.²¹

Relief

⇒ *General food distribution*

32. Displaced people will receive a 2,130 kcal food ration for three months, with support to the host population based on assessment results. WFP will coordinate with partners to address non-food needs.
33. Victims of natural disasters will receive a general food ration for a maximum of three months.
34. Returning IDPs will be provided with food assistance for an average of three months. In areas with high concentrations of returnees, WFP will use a community-based approach, with GFD for the most vulnerable returnees and host populations, and asset rehabilitation activities for others.
35. Repatriating refugees expected from the Republic of the Congo, Rwanda, the United Republic of Tanzania, Uganda and Zambia during 2011/12 will receive a family ration for three months. WFP will also support refugees from Angola, Burundi and Rwanda with a seven-day ration on departure from DRC.
36. Victims of sexual violence and their caregivers will be provided food at health centres during the three months of treatment; post-treatment support will be through FFT.
37. Demobilized child soldiers aged 15–17 years will be supported at demobilization centres for an average of three months, in collaboration with the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP).

⇒ *Nutrition interventions*

38. WFP will provide targeted supplementary feeding (TSF) – corn-soya blend (CSB), oil and sugar – for children aged 6–59 months and pregnant and lactating women with moderate acute malnutrition, in line with the national nutrition protocol; and for HIV/TB patients receiving anti-retroviral therapy (ART) or directly observed treatment, short-course for TB (TB-DOTS) whose nutrition status has deteriorated significantly. Health and nutrition centres are selected by the provincial nutrition cluster.
39. WFP will provide individual rations to the caregivers of children admitted to therapeutic feeding centres.
40. In areas where GAM levels exceed 15 percent, or 10 percent with aggravating circumstances, WFP will provide blanket supplementary feeding (BSF) for all children aged 6–23 months to prevent acute malnutrition. Children will receive a daily ration of energy-dense, mineral and vitamin-enriched ready-to-use supplementary food (RUSF) for three months during the lean season.

²¹ WFP. DRC Cash and Voucher Feasibility Assessment, May 2010. Kinshasa.

⇒ *Early recovery*

41. Asset rehabilitation activities will be designed to benefit returnees and host communities and will include shelter rehabilitation, housing, roads, seed multiplication, fishpond rehabilitation, erosion control, water management, reforestation and training. Participants will receive a family ration for an average of three months.
42. Food for training will be provided for victims of sexual violence, demobilized child soldiers, people living with HIV (PLHIV) and other vulnerable groups. Topics will cover basic literacy, accounting, and income-generating skills. FFT beneficiaries will receive an individual ration for up to three months.
43. For the mother-and-child health and nutrition (MCHN) activity, in non-conflict areas where GAM is more than 10 percent, WFP will distribute a ration of CSB, oil and sugar to pregnant women from the third trimester until six months post-partum and to all children aged 6–23 months to prevent acute malnutrition. Complementary MCHN interventions from partners²² include immunization, water and sanitation, communication for behaviour change, and de-worming. MCHN will not be implemented in the same territories as the RUSF blanket feeding for children of 6–23 months.
44. A mid-morning cooked meal will be provided to schoolchildren in food- and nutrition-insecure communities: this will alleviate short-term hunger and help children attend. School feeding will target children in areas with poor education indicators and severely affected by the closure of mines – Kasai Oriental and Kasai Occidental – which have reduced household income, deteriorating food security and a higher risk that children are withdrawn from school. School feeding will also help the recovery of areas recently affected by conflict – North and South Kivu, Orientale, Maniema, Katanga and Equateur. Complementary activities by partners will include deworming and provision of fuel-efficient stoves.

Hand-Over Strategy

45. WFP will support the Ministry of Agriculture in the formulation of the Comprehensive Africa Agriculture Development Programme launched in 2010, and will assist in the development of a national food security policy. It will establish a school feeding coordination unit within the Ministry of Education; finalize the nutrition guidelines for PLHIV, in collaboration with PRONANUT and the Ministry of Health; explore the potential for local production of RUSF; and support agriculture through local procurement and Purchase for Progress (P4P).

BENEFICIARIES AND TARGETING

46. Beneficiary figures for IDPs were estimated by the Office for the Coordination of Humanitarian Affairs (OCHA) and the Population Movement Commission. Refugee and returnee numbers were determined by the Office of the United Nations High Commissioner for Refugees (UNHCR). UNICEF and the Ministry of Education provided information on schoolchildren. Trends in operations, implementation capacities, security and logistics considerations were also considered.

²² Including UNICEF, *Action contre la faim*, Helen Keller International, PRONANUT, Catholic Relief Services and World Vision.

47. Geographic targeting will use IPC, EFSAs and nutrition survey results, lending preference to areas characterized by instability and population movements: Ituri district in Oriental province, North Kivu, South Kivu and Equateur. WFP will also target provinces with the highest incidences of acute malnutrition: Katanga, Maniema, Kasai Occidental and Kasai Oriental. Regular monitoring will inform the adjustment of beneficiary targeting and modalities.

Province	Food (mt)	%	GFD	TSF	FFW	FFT	School feeding	BSF	MCHN
North Kivu	46 664	20	X	X	X	X	X		
South Kivu	46 912	20	X	X	X	X	X		
Oriental	27 961	12	X	X	X	X	X		
Maniema	10 029	4	X	X	X	X	X		
Katanga	62 009	26	X	X	X	X	X	X	X
Kasai	18 882	8		X				X	X
Equateur	22 202	10	X	X	X		X	X	X
TOTAL	234 659	100							

Relief

48. *General food distribution* for the most food-insecure people, including victims of violence, IDPs, returnees and refugees. Beneficiaries will be registered and verified in collaboration with cooperating partners. Targeting will be refined in consultation with local communities, to identify the most vulnerable households.
49. *Targeted supplementary feeding* for pregnant and lactating women and for children aged 6–59 months with moderate acute malnutrition will be implemented in conflict-affected areas and those where GAM rates exceed 10 percent. Nutritional rehabilitation support will be provided to malnourished PLHIV, based on their nutrition status.
50. *Blanket supplementary feeding* using RUSF will be given to all children aged 6–23 months in areas of Kasai, Equateur, Katanga and Maniema where GAM rates exceed 15 percent, or 10 percent with aggravating factors.

Early Recovery

51. *Asset rehabilitation – food for work (FFW)/FFT* will be implemented in North Kivu, South Kivu, Oriental, Maniema, Katanga and Equateur provinces. Household and individual targeting will be determined by the cooperating partner and the community.
52. *MCHN interventions* will target non-conflict territories with GAM rates exceeding 10 percent in Equateur, Kasai Oriental, Kasai Occidental and Katanga provinces. MCHN will benefit all pregnant and lactating women and children aged 6–23 months, regardless of their nutrition status. Planned beneficiary figures are based on population figures and malnutrition prevalence, taking into account the accessibility and presence of capable partners.

53. *School feeding* will be provided in areas where education has been disrupted by large-scale population movement resulting from the recent conflict, and areas with poor educational, food security and nutrition profiles. Individual schools are targeted based on local education office data, and checked by WFP and partners to ensure that they have the capacity to implement the programme. UNICEF's targeting is also taken into account for maximum synergy.

NUTRITIONAL CONSIDERATIONS AND RATIONS

54. The food basket includes cereals, pulses, vegetable oil, CSB+, sugar and salt. Food rations have been calculated to provide balanced amounts of macro- and micronutrients, in accordance with local food habits and cooking practices. To counter micronutrient deficiencies, WFP will ensure that all rations include fortified food, iodized salt and vitamin-A enriched vegetable oil. Palm oil, naturally rich in vitamin A, will be procured locally. WFP will choose cereals corresponding to local food habits.

TABLE 2: BENEFICIARIES AND FOOD REQUIREMENTS, 2011

Component/activity	Total	Women/ girls	Men/ boys	Cereals	Pulses	Oil	Salt	CSB	Sugar	RUSF	Total (mt)
RELIEF											
General food distributions											
IDPs and vulnerable host populations	356 900	249 830	107 070	13 560	3 451	1 017	175				18 203
Victims of natural disasters	12 000	8 400	3 600	432	130	32	5				599
Returning IDPs	248 000	173 600	74 400	8 910	2 673	668	111				12 362
Congolese refugees returning from neighbouring countries	153 900	107 730	46 170	5 484	1 645	411	69				7 609
Repatriating refugees from DRC to their home countries	48 000	14 400	33 600	134	40	10	2				186
Victims of sexual violence, and demobilized child soldiers	46 210	43 417	2 793	1 706	512	128	21				2 367
Nutrition interventions											
Supplementary feeding to moderately malnourished children 6–59 months	197 292	98 647	98 645			353		3 535	353		4 241
Supplementary feeding to malnourished pregnant and lactating women	25 570	25 570				58		579	46		683
Supplementary feeding to HIV patients on ART	5 200	1 560	3 640			23		235	19		277
Supplementary feeding to TB patients	2 167	1 517	650			13		130	10		153
Supplementary feeding to pregnant and lactating women in PMTCT	2 950	2 950				27		266	21		314
Support to therapeutic feeding	2 440	1 221	1 219			2		26	2		30
Blanket supplementary feeding to children 6–23 months (RUSF)	65 100	35 940	29 160							316	316
EARLY RECOVERY											
Asset rehabilitation	581 473	364 815	216 658	20 744	6 196	1 562	274				28 776
Food for training	34 250	23 975	10 275	1 232	370	92	15				1 709
MCHN: Pregnant and lactating women	74 100	57 000				410		4 104	410		4 924
MCHN: Children 6–23 months	91 275	45 638	45 637			220		2 190	219		2 629
School meals	1 169 744	584 872	584 872	26 721	6 526	2 175	1 088				36 510
TOTAL	3 116 571	1 841 082	1 258 389	78 923	21 543	7 201	1 760	11 065	1 080	316	121 888



TABLE 3: BENEFICIARIES AND FOOD REQUIREMENTS, 2012

Component/activity	Total	Women/girls	Men/boys	Cereals	Pulses	Oil	Salt	CSB	Sugar	RUSF	Total (mt)
RELIEF											
General food distributions											
IDPs and vulnerable host populations	126 000	88 200	37 800	5 688	1 706	427	73				7 894
Victims of natural disasters	13 600	4 080	9 520	490	147	37	6				680
Returning IDPs	121 000	84 700	36 300	4 356	1 307	327	54				6 044
Congolese refugees returning from neighbouring countries	6 000	4 200	1 800	204	61	15	3				283
Repatriating refugees from DRC to their home country	42 000	29 400	12 600	118	35	9	1				163
Victims of sexual violence, and demobilized child soldiers	43 710	41 337	2 373	1 598	479	120	20				2 217
Nutrition interventions											
Supplementary feeding to moderately malnourished children 6–59 months	193 710	96 855	96 855			346		3 462	346		4 154
Supplementary feeding to malnourished pregnant and lactating women	27 720	27 720				62		621	50		733
Supplementary feeding to HIV patients on ART	5 200	3 640	1 560			23		234	19		276
Supplementary feeding to TB patients	1 927	1 349	578			13		130	10		153
Supplementary feeding to pregnant and lactating women in PMTCT	5 900	5 900				27		267	21		315
Support to therapeutic feeding											
Blanket supplementary feeding to children 6–23 months (RUSF)	117 540	58 771	58 769							573	573
EARLY RECOVERY											
Asset rehabilitation	765 956	479 453	286 503	993	298	74	12				1 377
Food for training	27 650	19 355	8 295	28 010	8 374	2 106	367				38 857
MCHN: Pregnant and lactating women	74 100	74 100				410		4 104	410		4 924
MCHN: Children 6–23 months	171 000	85 501	85 499			410		4 104	410		4 924
School meals	1 242 500	621 250	621 250	28 512	7 128	2 376	1 188				39 204
TOTAL	2 985 513	1 725 811	1 259 702	69 969	19 535	6 782	1 724	12 922	1 266	573	112 771



TABLE 4: FOOD AND RATION SIZES

Component/activity	Period	Daily ration (g/day/person)						Total			
	(months)	MML*	CSB	Beans	Oil	Salt	Sugar	g	% fat	% protein	Kcal
RELIEF											
General food distributions											
IDPs and vulnerable host populations	3	400		120	30	5		555	11	16	2 132
Victims of natural disasters	3	400		120	30	5		555	11	16	2 132
Returning IDPs	3 to 6	400		120	30	5		555	11	16	2 132
Congolese refugees returning from neighbouring countries	3	400		120	30	5		555	11	16	2 150
Repatriating refugees from DRC to their home country	1	400		120	30	5		555	11	16	2 150
Victims of sexual violence, and demobilized child soldiers	3	400		120	30	5		555	11	16	2 150
Nutrition interventions											
Supplementary feeding to moderately malnourished children 6–59 months	3		200		20		20	240	14	27	1 057
Supplementary feeding to malnourished pregnant and lactating women	9		200		20		20	240	14	28	1 057
Supplementary feeding to HIV patients on ART	6		250		25		20	295	14	28	1 301
Supplementary feeding to TB patients	9		250		25		20	295	14	28	1 301
Supplementary feeding to pregnant and lactating women in PMTCT	12		250		25		20	295	14	28	1 301
Support to therapeutic feeding	1		3		125		10	148	7	14	651
Blanket supplementary feeding to children 6–23 months (RUSF)	3							46.3	58	10	247
EARLY RECOVERY											
Asset rehabilitation	3	400		120	30	5		555	11	16	2 150
Food for training	3	400		120	30	5		555	11	16	2 150
MCHN: Pregnant and lactating women	9		200		20		20	240	14	27	1 057
MCHN: Children 6–23 months	4		200		20		20	240	14	27	1 057
School meals	220 days	120		30	10	5		155			595

* Maize meal



IMPLEMENTATION ARRANGEMENTS

55. *Coordination.* Activities will be designed in coordination with government counterparts, cooperating partners and beneficiary representatives, including women. WFP will continue to work with the many United Nations agencies and NGOs on joint initiatives in education, evaluation, food security, refugee repatriation, nutrition and protection.
56. *Participation.* Food distributions will be carried out by cooperating partners, with food management committees to determine eligibility, ensure food management, arrange logistics and support distributions. At least 50 percent of committee members will be women.
57. *Partnerships.* Partnerships will be defined through field-level agreements (FLAs), which will include provisions regarding gender and protection. WFP will increase its cooperation with NGOs with proven technical capacities. NGO partners' performance will be evaluated before FLA approval and renewal. Project proposals will be reviewed in terms of the relevance of the food assistance, technical and logistical feasibility, definition of target groups, and attention to women's participation and needs. Partners will be responsible for beneficiary verification, food distribution and monitoring, and will provide monthly targeting and food utilization reports. WFP will enhance partners' operational capacities with complementary inputs and training.
58. *Logistics arrangements.* Food from international markets will transit through Mombasa, Dar-es-Salaam, Beira and Matadi ports. Transport services include WFP trucks managed by the Swedish Civil Contingency Agency. Insecurity and poor infrastructure contribute to the high internal transport costs of US\$421/mt. WFP regularly reviews strategies to determine the most economical alternatives.
59. *Procurement.* Local purchases will be mainly from North Kivu, Oriental, Equateur and Katanga, and will be increased through the P4P initiative. Buffer stocks will be kept in Lusaka, Kigoma and Kampala.

PERFORMANCE MONITORING

60. WFP will use vulnerability assessment mapping, EFSAs, RRAs, IPC, nutrition surveys and early warning systems to collect information. Output and outcome data will be collected from partners' monthly reports, and post-distribution, food basket and distribution monitoring. Sub-office programme and logistics staff will spend at least 25 percent of their time in the field. When insecurity prevents access, WFP will outsource tasks to partners.
61. The monitoring and evaluation (M&E) system is being enhanced to improve information collection, analysis and reporting, and will be integrated with VAM systems. All distributions will be entered into the Commodity Movement Processing and Analysis System.
62. Mid-term and final evaluations will be carried out.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Hazard and Risk Assessment

63. The security situation remains volatile. The main risks are armed groups in eastern DRC, the FDLR and the LRA, and the risks of integrating militias into the national army.
64. If the 2011 elections are not credible, national tensions are likely to increase. If critical reforms are not implemented, investment from the international community will be jeopardized.
65. The operation assumes continued conflict and significant logistics challenges, including limited access. WFP has instituted an emergency preparedness and response framework, providing several preparedness and response scenarios. If large-scale hostilities resume, WFP will refocus its assistance towards those directly affected. It will update its contingency plan and contribute to OCHA-led inter-agency contingency planning.

Risks and Assumptions

66. Adequate and timely commitment and delivery of resources are critical for implementation of this PRRO. If further significant shocks occur, additional resources will be required.
67. Further currency exchange devaluation, combined with continued high food prices will reduce the poor's access to food and increase food insecurity and malnutrition.
68. WFP participates in the protection cluster and designs distributions to maximize the protection of beneficiaries.

SECURITY CONSIDERATIONS

69. The Democratic Republic of the Congo is classified as United Nations Security Phase III or IV, except Lubumbashi which is in Phase II. WFP maintains its facilities in compliance with minimum operating security standards and minimum security telecommunications standards.
70. In coordination with the United Nations Department of Safety and Security and MONUSCO, when monitoring and evaluating operations, WFP uses armed escorts as required.

ANNEX I-A

BUDGET COST BREAKDOWN			
Food¹	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	148 273	57 646 617	
Pulses	41 697	18 119 073	
Oil and fats	13 983	16 293 665	
Mixed and blended food	24 874	14 597 432	
Others	5 832	1 960 876	
Total food	234 659	108 617 662	108 617 662
External transport			22 843 062
Landside transport, storage and handling			98 716 349
Other direct operational costs			15 792 551
Direct support costs ² (see Annex I-B details)			56 724 017
Total WFP direct project costs			302 693 641
Indirect support costs (7.0 percent) ³			21 188 555
TOTAL WFP COSTS			323 882 196

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

² Indicative figure for information purposes. The direct support costs 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 (US\$)	
Staff and staff-related costs	
International professional staff	22 003 692
Local staff – national officers	4 039 095
Local staff – general service	5 960 192
Local staff – temporary assistance	5 825 138
Local staff – overtime	60 000
Hazard pay and hardship allowance	823 620
International consultants	500 000
Local consultants	96 000
United Nations volunteers	810 000
Commercial consultancy services	670 000
Staff duty travel	2 063 080
Subtotal	42 850 817
Recurring expenses	
Rental of facility	1 694 000
Utilities general	443 000
Office supplies and other consumables	426 000
Communications and information technology services	1 780 000
Equipment repair and maintenance	165 000
Vehicle running cost and maintenance	1 910 000
Office set-up and repairs	415 000
United Nations organization services	2 000 000
Subtotal	8 833 000
Equipment and capital costs	
Vehicle leasing	1 693 000
Telecommunications/IT equipment	2 500 000
Local security costs	847 000
Subtotal	5 040 200
TOTAL DIRECT SUPPORT COSTS	56 724 017

ANNEX II: LOGICAL FRAMEWORK

Results chain	Performance indicators	Data sources	Risks, assumptions
Strategic Objective 1: Save lives and protect livelihoods in emergencies			
Outcome 1.1 Reduced or stabilized acute malnutrition in children under 5 and vulnerable adults in targeted, emergency-affected populations	<ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition Target: reduction by 2 percentage points for children under 5 in targeted populations ➤ Prevalence of low mid-upper arm circumference (MUAC) Target: Low MUAC prevalence stabilized in targeted populations ➤ Supplementary feeding performance indicators: recovery, defaulter, death and non-response rates 	Nutrition surveys by WFP and partner organizations, and specific, measurable, attainable, relevant and time-bound (SMART) surveys Secondary data from other United Nations agencies, NGOs, Government, PRONANUT Cooperating partners' reports	Complementarity of services: partners focus on mitigating other factors that can affect nutrition status
Outcome 1.2 Improved nutrition status of patients in ART and TB treatment programmes	<ul style="list-style-type: none"> ➤ % of adult ART and TB-DOTS clients with body-mass index (BMI) < 18.5 at initiation of food support attaining BMI > 18.5 after 6 months of food support 		
Outcome 1.3 Reduced or stabilized mortality in children under 5 and adults in targeted, emergency-affected populations	<ul style="list-style-type: none"> ➤ Crude mortality rate Target: reduced/stabilized for 100% of targeted populations ➤ Age-specific mortality rate for children under 5 	SMART surveys Secondary data from other organizations	Insecurity and dilapidated infrastructure make targeted zones inaccessible
Outcome 1.4 Improved food consumption over the assistance period for targeted emergency-affected households	<ul style="list-style-type: none"> ➤ Household food consumption score. Target: exceeds 28 for 80% of targeted households 	VAM assessments Secondary data from other organizations	Targeted zones are inaccessible Pipeline breaks Limited funding for surveys and assessments
Output 1.1 Food and non-food items distributed in sufficient quantities and quality to targeted women, men, girls and boys, under secure conditions	<ul style="list-style-type: none"> ➤ Numbers of women, men, girls and boys receiving food and non-food items, by category and as % of planned ➤ Tonnage of food distributed, by type and as % of planned ➤ Quantities of fortified foods, complementary foods and special nutritional products distributed, by type and as % of planned ➤ Quantities of fortified foods, complementary foods and special nutritional products distributed, by type and as % of total distribution 	Cooperating partners' distribution reports Field visits and monitoring reports of WFP staff and monitoring agents	All food items are available and security conditions do not hamper distributions Presence of cooperating partners with adequate capacities



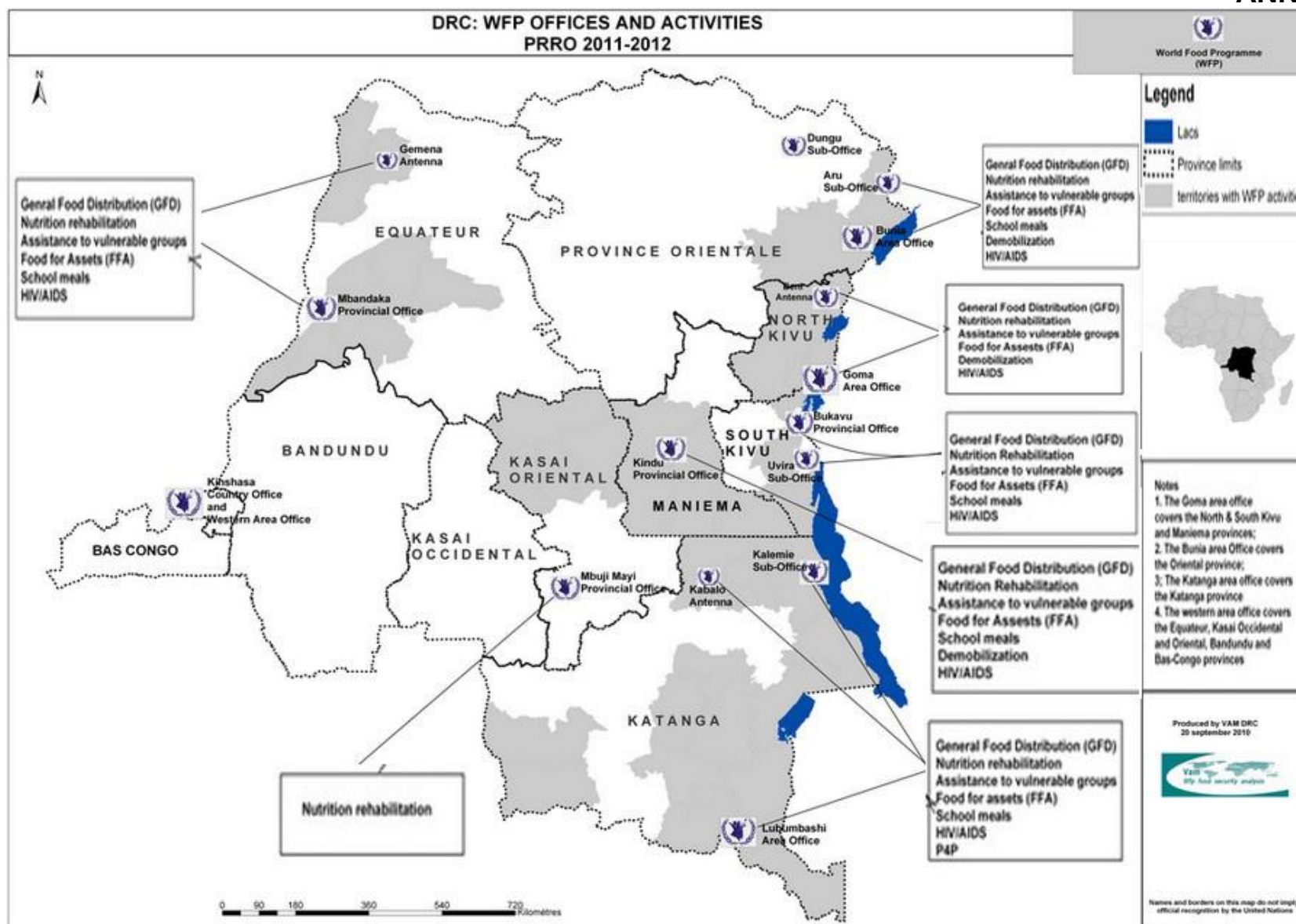
ANNEX II: LOGICAL FRAMEWORK

Results chain	Performance indicators	Data sources	Risks, assumptions
<p>Output 1.2 School feeding coverage aligned with programme of work</p>	<p>➤ Number of schools assisted by WFP</p>	<p>Country programme reports WFP staff's field visits and monitoring reports</p>	<p>Security situation remains stable Timely food deliveries in necessary quantities</p>
Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations			
<p>Outcome 3.1 Adequate food consumption over assistance period for targeted households, communities, IDPs and refugees</p>	<p>➤ Household food consumption score Target: Score >28 for 80% of targeted households</p> <p>➤ Coping strategy index Target: Negative coping mechanisms decreased in 80% of targeted communities</p>	<p>VAM assessments Cooperating partners' M&E reports</p>	<p>Security situation remains stable Availability of non-food items through cooperating partners No pipeline breaks</p>
<p>Outcome 3.2 Targeted communities have increased access to assets in fragile, transition situations</p>	<p>➤ Community asset score Target: Functioning, useful productive assets increased for 80% of targeted communities</p>	<p>VAM assessments Cooperating partners' evaluation reports</p>	<p>Security situation remains stable Non-food items available No pipeline breaks</p>
<p>Outcome 3.3 Enrolment of girls and boys, including IDPs and refugees, in assisted schools stabilized at pre-crisis levels</p>	<p>➤ Retention rate Target: Pre-crisis retention rate met for 80% of sampled schools</p>	<p>M&E reports of cooperating partners and WFP staff</p>	<p>Security situation remains stable No pipeline breaks School infrastructure useable, teachers present, school accessories available</p>
<p>Output 3.1 Food and non-food items distributed in sufficient quantities and quality to targeted women, men, girls and boys, under secure conditions</p>	<p>➤ Numbers of women, men, girls and boys receiving food and non-food items, by category and as % of planned</p> <p>➤ Tonnage of food distributed, by type and as % of planned</p> <p>➤ Quantities of fortified foods, complementary foods and special nutritional products distributed, by type and as % of planned</p> <p>➤ Quantities of fortified foods, complementary foods and special nutritional products distributed, by type and as % of total distribution</p>	<p>Cooperating partners' distribution reports Field visits and monitoring reports of WFP staff and monitoring agents</p>	<p>All required food is available and security conditions do not hamper distributions</p>



ANNEX II: LOGICAL FRAMEWORK			
Results chain	Performance indicators	Data sources	Risks, assumptions
<p>Output 3.2 Livelihood assets developed, built or restored by targeted communities and individuals</p>	<ul style="list-style-type: none"> ➤ Number of community assets created or restored by targeted communities and individuals ➤ Numbers of women and men trained in livelihood-support thematic areas 	<p>Partners' monthly reports WFP staff's field visits and monitoring reports Final country programme report</p>	<p>Availability and use of all components required for asset rehabilitation Security situation remains stable</p>
<p>Output 3.3 School feeding coverage aligned with programme of work</p>	<ul style="list-style-type: none"> ➤ Number of schools assisted by WFP 	<p>Country programme reports WFP staff's field visits and monitoring reports</p>	<p>Security situation remains stable Timely food deliveries in necessary quantities</p>
Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase			
<p>Outcome 5.1 Increased marketing opportunities at the national level through cost-effective WFP local purchases</p>	<ul style="list-style-type: none"> ➤ Food purchased locally, as % of food distributed in-country 	<p>Procurement reports</p>	<p>Local market sufficiently stable to allow in-country purchase</p>
<p>Outcome 5.2 Broader national policy frameworks incorporate hunger solutions</p>	<ul style="list-style-type: none"> ➤ % increase in Government's funding for hunger solution tools in national plans of action 	<p>Government reports</p>	<p>Stable political context</p>





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

AFLC	acute food and livelihood crisis
ART	anti-retroviral treatment
BMI	body-mass index
BSF	blanket supplementary feeding
CSB	corn-soya blend
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
FDLR	<i>Forces démocratiques de libération du Rwanda</i> (Democratic Forces for the Liberation of Rwanda)
FFT	food for training
FFW	food for work
FLA	field-level agreement
GAM	global acute malnutrition
GFD	general food distribution
HAP	Humanitarian Action Plan
IDP	internally displaced person
IFPRI	International Food Policy Research Institute
IPC	Integrated Food Security and Humanitarian Phase Classification
ISF	Integrated Strategic Framework
ISSSS	International Security and Stabilization Support Strategy
LRA	Lord's Resistance Army
M&E	monitoring and evaluation
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
MONUSCO	United Nations Organization Stabilization Mission in the DRC
MUAC	mid-upper arm circumference
NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
P4P	Purchase for Progress
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PRONANUT	<i>Programme national de nutrition</i> (National Nutrition Programme)

PRRO	protracted relief and recovery operation
RRA	rapid rural appraisal
RUSF	ready-to-use supplementary food
SMART	specific, measurable, attainable, relevant and time-bound
STAREC	<i>Programme de stabilisation et de reconstruction des zone sortant des conflits armés</i>
TB	tuberculosis
TB-DOTS	directly observed treatment, short-course for TB
TSF	targeted supplementary feeding
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping