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PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



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PROTRACTED RELIEF AND RECOVERY OPERATIONS – IRAQ 200035

Support for Vulnerable Groups

Number of beneficiaries	1,760,000 (annual average)
Duration of project	24 months (1 April 2010 – 31 March 2012)
WFP food tonnage	189,504 mt
Cost (United States dollars)	
WFP food cost	114,944,944
Total cost to WFP	234,965,977

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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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EXECUTIVE SUMMARY

After decades of war and instability Iraq is at a crossroads in terms of political stability and economic recovery, but parts of the country remain fragile. Recent improvements in access to basic social services have not yet translated into significant welfare gains for the people: undernutrition, including high rates of global acute malnutrition and stunting in food-insecure districts, is a particular concern. Security and access to social services and employment are the main priorities for Iraqis.

According to the recent comprehensive food security and vulnerability analysis, the food security situation in Iraq improved between 2005 and 2008, but 41 out of 115 districts are still vulnerable or extremely vulnerable to food insecurity.

The Iraqi public distribution system is the largest element of the social protection system and the main source of food for poor people. The Government's National Development Strategy (2007–2010) and the International Compact for Iraq call for the development of social safety nets for the poor and vulnerable to supplement the public distribution system. This is a priority in the National Development Plan (2010–2014) and the United Nations Development Assistance Framework (2011–2014).

In line with WFP's Country Strategy for Iraq (2010–2014), developed in coherence with the Government, donors and cooperating partners, the goal of protracted relief and recovery operation 200035 is to support the Government in improving social protection for vulnerable groups affected by prolonged conflict.

The operation consists of two components:

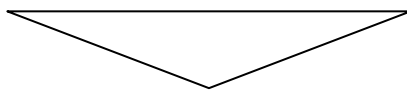
- support for vulnerable groups to restore and rebuild their lives through improved access to food and primary health care; this activity will provide family food rations and encourage pregnant and lactating women and malnourished children under 5 to access health care; and
- school feeding as a safety net to restore attendance and learning, which have been adversely affected by conflict, and to reduce drop-outs among primary schoolchildren.

Hand-over will depend on improved security and the growing capacity of the Government to design, implement and fund safety nets to protect the most vulnerable Iraqis. Support for progressive hand-over of activities to a country programme and the Government will be provided as conditions permit.

The operation is consistent with WFP Strategic Objective 3 and Millennium Development Goals 1, 2, 4 and 5. It is linked to a planned WFP development project responding to a request from the Government to assist with reform of the public distribution system.



DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation Iraq 200035 “Support for Vulnerable Groups” (WFP/EB.1/2010/9/2).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



SITUATION ANALYSIS AND SCENARIOS

Context

1. After decades of war and instability, Iraq can start to build political stability and initiate economic recovery. Despite improvements since 2008, however, security in parts of the country remains fragile. Access to social services, employment and security are the major priorities for Iraqis.
2. The economy is highly dependent on oil revenue and is hence subject to price fluctuations. Gross domestic product (GDP) growth was expected to reach 8 percent in 2009, but the budget deficit is estimated at 27 percent of GDP – US\$16 billion – the highest in the past six years.
3. A quarter of the population¹ – 7 million people – live below the poverty line of US\$2 per day. The rural population is nearly twice as poor as the urban population;² 15 percent of the active population are unemployed and 29 percent are underemployed.³
4. The pace of return of internally displaced persons (IDPs) and refugees is growing: of the 3–4 million Iraqis displaced in Iraq and neighbouring countries since 2003, 1 million have returned.
5. One in ten Iraqi households is headed by a woman and is more vulnerable to food insecurity and poverty;⁴ 28 percent of rural households headed by women are vulnerable to food insecurity, compared with 17 percent of households headed by men. Illiteracy among women is 24 percent, more than double the 11 percent among men.⁵
6. Recent surveys show that primary school enrolment reached an average 87 percent in 2007 and 2008: the figures for different governorates ranged from 56 percent to 96 percent. Nine out of ten children under 15 did not attend school regularly because of insecurity, distance to school and economic hardship;⁶ only 66 percent of primary school entrants reached grade 5.⁷ About 12 percent of children aged 12–18, which is the secondary school age, were still in primary school because of late school entry and repetition; 48 percent were not enrolled at all. Poverty and insecurity are the main causes of low enrolment and high dropout.⁸ In the most food-insecure areas, 14 percent of children under 15 dropped out of school, compared with 9 percent nationally.⁶ Many families prioritized boys' education over girls' education, particularly in rural areas.
7. The Government operates social protection programmes for vulnerable groups and allocates a high proportion of its budget to this sector. But the programmes, which are poorly targeted, inefficient and financially difficult to sustain, have favoured passive

¹ The population was estimated at 29.5 million in 2007 in the United Nations Development Programme 2009 Human Development Report.

² World Bank/Government of Iraq. 2008. *Iraq Household Socio-Economic Survey*. Baghdad.

³ United Nations country team (UNCT)/Government of Iraq. 2009. *Common Country Assessment for Iraq*.

⁴ WFP/Government of Iraq. 2008. *Comprehensive Food Security and Vulnerability Analysis (CFSVA)*. Baghdad.

⁵ 2006 multiple indicator cluster survey.

⁶ 2008 CFSVA.

⁷ United Nations Children's Fund (UNICEF). 2009. *The State of the World's Children*. New York.

⁸ WFP School Feeding Assessment Mission to Iraq, August 2003.



assistance rather than promotion of livelihoods and steps to address poor nutrition and lack of education as underlying causes of vulnerability.

The Food Security and Nutrition Situation

8. Iraq was self-sufficient in cereal production until the late 1970s, but dependency on imported cereals reached 69 percent in 2008. Agricultural production has been affected by insecurity in productive areas, severe drought during 2007, 2008 and 2009, declining yields of major crops, inefficient irrigation and a restrictive regulatory and policy environment.
9. Food security improved between 2005 and 2008: 3 percent of the population – 930,000 people – were food-insecure in 2008, compared with 15 percent in 2005; 22 percent – 6.4 million people – were vulnerable to food insecurity in 2008, compared with 32 percent in 2005. This improvement can be attributed to more favourable security and macro-economic conditions and to the humanitarian work of the Government, United Nations agencies and non-governmental organizations (NGOs). The relatively low national food insecurity statistics, however, mask a more compelling problem at the regional level: in the most food-insecure areas – 41 of 115 districts – food insecurity ranges from 5 percent to 16 percent of the population; vulnerability to food insecurity ranges from 15 percent to 32 percent.⁶
10. The main cause of food insecurity is lack of economic access to food. Food insecurity is characterized by lack of income to complement or replace the public distribution system (PDS) food basket, lack of education, poverty and rural location; it particularly affects households headed by women and current or recently settled IDPs.⁶ The prevalence and scale of food insecurity and the incidence of poverty are highest in rural areas.
11. The PDS is the largest element of the social protection system and the main source of food for poor people. Internal controls and accountability in its management of the supply chain are inadequate: on average, PDS beneficiaries receive only 51 percent of their daily food entitlement of 2,200 kcal per person, and the food basket is often incomplete. The PDS adversely affects markets, creates disincentives for local production and strains the government budget: US\$3.6 billion was budgeted for the PDS in 2009, 7.8 percent of the Government's operational budget. The Government acknowledges the need to reform the PDS while ensuring that vulnerable and food-insecure people remain protected and has asked WFP to assist with the process.
12. Malnutrition is at serious to critical levels in the poorest and most food-insecure districts. Global acute malnutrition (GAM) or wasting among children under 5 improved from 9 percent in 2006 to 5 percent in 2008, but it reaches 15 percent in the most-vulnerable districts. The ratio of underweight children under 5 improved from 16 percent in 2006 to 9 percent in 2008, but stunting among children is 40 percent in the most vulnerable districts. Of the 41 most vulnerable districts, four have GAM rates above 15 percent; nine have GAM rates between 10 percent and 15 percent; eight have stunting levels over 40 percent. Malnutrition is clearly linked to poverty and food insecurity: one in three children in households vulnerable to food insecurity is malnourished; children from the poorest families have the highest rates of acute malnutrition, especially in rural areas.⁶
13. Micronutrient deficiencies are widespread. Iodine deficiency is endemic: only 23 percent of households use iodized salt. A micronutrient survey is planned for 2010 by the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO) and WFP.



14. The prevalence of soil-transmitted parasitic worms in the population was estimated at 5 percent in 2003.⁹
15. In 2006, maternal mortality stood at 84/100,000¹⁰ and under 5 mortality was 41/1,000.¹¹ Low birth weight is estimated at 15 percent; anaemia affects 38 percent of pregnant women, and 26 percent of breastfeeding mothers.
16. The Ministry of Health recently refocused its strategy to promote primary healthcare outreach through primary health centres (PHCs). These are not yet fully operational: in the most vulnerable districts, only 54 percent monitor growth; 61 percent provide pre-natal and post-natal care. Attendance at the centres is affected by instability and insecurity, lack of awareness and the limited functioning of PHCs. On average, mothers attend only half the recommended pre-natal and post-natal consultations.

Scenario

17. To stabilize Iraq the Government will have to respond to growing demands to enhance the quality of life by providing better services. WFP can work with the Government to respond to food insecurity and vulnerability, enhance its capacity to protect vulnerable groups and test national solutions to food insecurity. But the political and security situations are fragile, and there are challenges related to the reconciliation process. There is a need for security-related contingency planning such as investment to reduce security risks and flexibility in the provision of international staff for field activities. The Government is expected to remain committed to PDS reform and the development of social safety nets.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

18. The Government's priorities are set out in the National Development Strategy (2007–2010) and the International Compact with Iraq (ICI). The four principles are: i) enhancing the foundation of economic growth; ii) revitalizing the private sector as an engine of growth and job creation; iii) improving governance and security; and iv) improving the quality of life by achieving the Millennium Development Goals (MDGs) and establishing social safety nets for the poor and vulnerable to supplement or replace the PDS. The National Development Plan (2010–2014) will continue to prioritize the improvement of social safety nets and reform of the PDS.
19. ICI is a government initiative for a new partnership with the international community. The revised ICI for 2009 prioritizes PDS reform with WFP designated as the United Nations lead agency, in coordination with the World Bank.
20. The PDS, one of the largest programmes of its kind in the world, provides monthly rations at a nominal fee for all Iraqis. The main concerns related to PDS are: i) insufficient internal controls and accountability in supply chain management, including procurement,

⁹ http://www.dewormtheworld.org/learn_05.html.

¹⁰ WHO. 2007. *Iraq Family Health Survey*. Baghdad.

¹¹ 2006 multiple indicator cluster survey.



shipping, tracking, warehousing and storage; ii) high costs; and iii) lack of targeting. The Minister of Trade has formally asked WFP to support reform of the PDS, and the Government is ready to commit at least US\$8 million through a WFP development project.

21. Other government programmes for vulnerable groups include training in income generation, cash transfers and micro-credit. These programmes are reported to suffer from problems similar to those in the PDS.
22. The Government's vision for health in the National Development Plan (2010–2014) is a system founded on public health basics to ensure health security. From 2009 to 2013, government spending on health is expected to increase by 10 percent from the national budget and by 15 percent from regional budgets. The improvement in public health and primary health care is expected to reduce morbidity and mortality among children under 5, maternal mortality and child malnutrition.
23. The education policy in the National Development Plan (2010–2014) is to create equal education opportunities for all Iraqis and to achieve MDG 2 on universal primary education. One target is expanded educational programmes for early childhood and primary schools to reduce gender disparity and dropouts and to enhance learning. There are plans to increase the education budget from US\$4 billion in 2009 to US\$4.7 billion in 2010.

Policies, Capacities and Actions of other Major Actors

24. Since 2004, the International Reconstruction Fund Facility has disbursed US\$142 million for agriculture and food security. Major donors include Australia, the European Union, Italy, Japan, the Republic of Korea, Kuwait and the United States of America.
25. The United Nations and the Government signed an assistance strategy on 5 August 2008 that focused on stimulating the private sector, public service reform and the delivery of essential social services. It is preparing a United Nations Development Assistance Framework for 2011–2014, in line with the National Development Plan (2010–2014). A humanitarian action plan has been prepared for 2010.
26. UNICEF works with ministries to ensure that children are protected by: i) providing safe drinking water for schools and hospitals; ii) promoting school attendance by rehabilitating schools and providing books; and iii) providing medical supplies and hygiene for women and children.
27. UNICEF and WHO are working with the Ministry of Health to ensure that children receive regular vaccinations against measles and polio.
28. Recently, international assistance has increasingly focused on policy advice, capacity development and technical assistance to unlock Iraq's potential for economic development and private sector engagement.

Coordination

29. The United Nations country team (UNCT) implemented a revised sector coordination structure at the beginning of 2008 that covers essential social services, protection, governance and economic development. WFP leads the sector outcome team (SOT) on food, co-leads the agriculture SOT and is a participant in the SOTs on health and nutrition, education, and protection and governance.



OBJECTIVES OF WFP ASSISTANCE

30. Protracted relief and recovery operation (PRRO) 200035 aims to support the Government in improving social protection for vulnerable groups recovering from the effects of prolonged instability and conflict. Its objectives are in line with Strategic Objective 3 and contribute to MDGs 1, 2, 4 and 5.¹²
31. The objectives of PRRO 200035 are to:
- support vulnerable groups to restore and rebuild their lives through improved access to food and primary healthcare; and
 - restore attendance and learning and reduce drop-outs among primary schoolchildren in the most food-insecure districts.

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

32. Regional emergency operation 107170, which is assisting 1.2 million beneficiaries from January 2008 to March 2010, has provided food assistance for IDPs who are not registered with or supported by the PDS. It includes pilots for mother-and-child health and nutrition (MCHN) and school feeding. WFP's post-distribution monitoring indicates that IDPs experiencing food insecurity and poor dietary diversity decreased during 2008 from 38 percent to 2 percent as a result of WFP support.
33. A separate WFP development project will start in 2010 with the aims of improving the efficiency of the supply chain of the PDS and enhancing the capacities of national and local authorities to design and implement safety nets.

Strategy Outline

34. PRRO 200035 will have the following components: i) support for vulnerable groups to restore and rebuild their lives through improved access to food and primary healthcare; and ii) school feeding.

⇒ *Support for vulnerable groups to restore and rebuild their lives through improved access to food and primary healthcare*

35. This component will provide a food ration for the families of vulnerable groups, covering malnourished children under 5 and pregnant and lactating women, and will encourage access to health services at PHCs where services have deteriorated in recent years but are now being improved by the Government with support from United Nations agencies and NGOs.
36. Pregnant and lactating women will benefit from monthly pre-natal and post-natal consultations, anaemia measurements and iron-folate supplementation. Malnourished children under 5, with their caregivers, will attend monthly counselling and benefit from health services such as growth monitoring, immunization and nutrition education.

¹² MDG 1: End poverty and hunger; MDG 2: Achieve universal primary education; MDG 4: Reduce child mortality; and MDG 5: Improve maternal health.



37. Increased access to primary healthcare is a first step towards a comprehensive strategy to address malnutrition among children under 5, which is a Ministry of Health priority. Nutritionally fortified food is currently difficult to introduce given the current state of PHCs and limited exposure to such products. During PRRO 200035, however, WFP will explore the feasibility of targeted nutritional support for malnourished children in high-prevalence areas, particularly supplementary feeding for moderately malnourished children under 5 and blanket feeding for children aged 6–24 months. These nutritional interventions, which are currently constrained by limited capacity in PHCs, will be added to the PRRO when conditions allow.
38. WFP capacity-building activities with partners will also: i) support the development of nutrition education materials and provision of basic equipment for PHCs; ii) support nutrition surveillance and micronutrient surveys; iii) study the feasibility of producing fortified weaning food; and iv) advocate for the fortification of food and iodization of salt in partnership with the private sector.

⇒ *School feeding*

39. School feeding will be undertaken in primary schools in areas of high food insecurity with a view to addressing hunger, restoring attendance and learning to pre-conflict levels and reducing drop-outs.
40. It will be complemented with other elements of the Essential Package¹³ in collaboration with partners, particularly nutrition and hygiene education and improvement of water supplies and sanitation at schools. WFP and partners will also seek to introduce de-worming through schools and will advocate for improved facilities at targeted schools – safe buildings, qualified teachers, educational materials, equipment and furniture.
41. WFP will work with the Ministry of Education to develop a national strategy for school feeding in line with WFP school feeding quality standards and enhance government capacity for design, implementation and eventual take-over.

Hand-Over Strategy

42. The effects of war, economic slowdown and 13 years of economic sanctions adversely affected capacity at the institutional and local levels. The Government has signalled interest in introducing MCHN and school feeding as safety nets to protect vulnerable groups; the Government intends to revive the school feeding programme that was operational until 1980 as part of the transition process. WFP will work with government counterparts and provide technical assistance in developing capacities; it will monitor progress to inform the Government's social protection policy and the hand-over strategy. In line with the Iraq Country Strategy (2010–2014), WFP will support progressive hand-over to the Government and to a country programme if needed.

¹³ The Essential Package is a combination of school-based interventions to promote access to and benefit from education; it links the resources of education, health, nutrition and sanitation. School feeding has greater impact when linked to comprehensive health interventions such as water and sanitation, systematic de-worming, micronutrient supplementation, school gardens and cooking and eating utensils.



BENEFICIARIES AND TARGETING

43. Beneficiaries will be targeted in the 41 most food-insecure districts identified in the 2008 comprehensive food security and vulnerability analysis (CFSVA) in two clusters (see Annex III):
- a vulnerable cluster of 3.4 million people in 24 districts, of whom 5 percent are food-insecure and 15 percent are vulnerable to food insecurity; these districts have moderate to high levels of poverty and malnutrition; and
 - an extremely vulnerable cluster of 2.9 million people in 17 districts, of whom 16 percent are food-insecure and 32 percent vulnerable to food insecurity; these districts have the highest rates of food insecurity and poverty.
44. Beneficiary groups will be selected in the 41 districts as follows:
- malnourished children under 5 and their families (five members); children aged 6–59 months with weight-for-age (moderate underweight) and weight-for-height (moderate wasting) identified at PHCs or released from nutrition rehabilitation centres;
 - pregnant and lactating women and their families (five members) will be covered from the third month of pregnancy to six months after delivery as part of preventive nutritional support for the infants; and
 - schoolchildren enrolled in targeted government primary schools: education indicators by district are not available, but the 41 districts are expected to have the lowest levels of attendance and retention as a result of poverty and food insecurity.

TABLE 1: BENEFICIARIES BY ACTIVITY TYPE			
	Beneficiaries¹⁴		
	Men/boys	Women/girls	Total
Rebuilding the lives of vulnerable people			
Malnourished children under 5 and their families (annual average)	303 194	291 306	594 500
Pregnant/lactating women and their families (annual average)	104 805	100 695	205 500
Subtotal	407 999	392 001	800 000
School feeding			
Primary schoolchildren (annual average)	489 600	470 400	960 000
Total	897 599	862 401	1 760 000

¹⁴ Based on data from the 2008 CFSVA, adjusted for population growth. The number of malnourished children under 5 was calculated as the percentage of stunting in the under 5 population in the 41 districts; the number of pregnant and lactating women was estimated as 10 percent of the total female population using WHO international standards.



NUTRITIONAL CONSIDERATIONS AND RATIONS

45. Pregnant and lactating women and the caregivers of malnourished children under 5 will receive family rations of fortified vegetable oil, fortified wheat flour, iodized salt and pulses to provide a balance of protein and fat amounting to 1,100 kcal per person per day. The rations are intended to supplement food received through the PDS. WFP will introduce other fortified foods as soon as possible to optimize nutritional outcomes; in the interim, family rations will increase food availability and micronutrient intake among the most vulnerable families and encourage attendance at health centres.
46. School feeding beneficiaries will receive 100 g of date bars fortified with iron and vitamin A each day: this product was chosen because most schools lack cooking facilities. Date bars are culturally accepted; they offer potential for local production and comply with Iraqi food quality and safety standards, and are endorsed by the ministries of health and education.

TABLE 2: DAILY FOOD RATION, BY ACTIVITY (g/person/day)

Food type	Malnourished children under 5 and their families ¹⁵	Pregnant and lactating women and their families	Primary schoolchildren
Fortified wheat flour	200	200	–
White beans	33	33	–
Vegetable oil	31	31	–
Iodized salt	5	5	–
Fortified date bars	–	–	100
Total	269	269	100
Total kcal/day	1 085	1 085	400
% kcal from protein	56	56	7
% kcal from fat	86	86	24

TABLE 3: TOTAL FOOD REQUIREMENTS, BY ACTIVITY (mt)

Food type	Malnourished children under 5 and families	Pregnant and lactating women and their families	Primary schoolchildren	Total
Fortified wheat flour	85 608	29 592	–	115 200
White beans	14 268	4 932	–	19 200
Vegetable oil	13 127	4 537	–	17 664
Iodized salt	2 140	740	–	2 880
Fortified date bars	–	–	34 560	34 560
Total	115 143	39 801	34 560	189 504

¹⁵ Family rations will be provided for the families of malnourished children under 5 and pregnant and lactating women.



IMPLEMENTATION ARRANGEMENTS

47. Component 1 – support for vulnerable groups to restore and rebuild their lives through improved access to food and primary health care – will be implemented through the Nutrition Research Institute of the Ministry of Health in collaboration with UNICEF, WHO, FAO and NGOs.
48. Beneficiaries will be identified by staff at PHCs, who keep beneficiary lists. PHC staff will distribute coupons for food rations to caregivers of malnourished children under 5 and pregnant and lactating women when they attend for monthly consultations. Food will be distributed monthly in exchange for the coupons by WFP cooperating partners at distribution points near the PHCs. The Nutrition Research Institute will be responsible for implementation and will train and guide PHC staff.
49. UNICEF and WHO will provide equipment for monitoring growth and will facilitate the training of caregivers, focusing on early detection of growth irregularities, appropriate feeding practices, pre-natal and post-natal care, health and nutrition. WFP will complement the equipment at PHCs as needed. UNICEF supports therapeutic feeding for severely malnourished children aged 6–59 months through nutrition rehabilitation centres at hospitals.
50. Component 2 – school feeding – will consist of a daily snack of fortified date bars for primary schoolchildren at government schools in targeted areas provided during the first break, or the first break in each shift where schools operate more than one.
51. School feeding will be implemented through the Ministry of Education in coordination with parent-teacher associations (PTAs). It will focus on community management and evaluation, coordinated by a committee of the Ministry of Education and the School Health and Nutrition Unit of the Ministry of Health. The School Health and School Feeding Department of the Ministry of Education will be responsible for supervision, training of PTAs and monitoring, backstopped by WFP staff. NGO partners will deliver food to schools from their warehouses; PTAs will manage distribution and storage and will help teachers to keep records. Each school will be visited before start-up to assess readiness, exchange information with local people and train PTAs.
52. Complementary activities under the Essential Package will be developed in collaboration with UNICEF, WHO and FAO. WFP and UNICEF will develop joint area-based programming for WFP school feeding; UNICEF will develop child-friendly education activities; the United Nations Educational, Scientific and Cultural Organization will lead an education sector survey in 2010 that will complement WFP's standard school feeding survey.

Procurement

53. Food will be procured internationally or regionally. The date bars for school feeding will initially be imported from the region; they will eventually be produced locally in partnership with the private sector, with backward linkages to stimulate the rehabilitation of agriculture. WFP and partners will provide technical assistance for local production.



Logistics

54. WFP will deliver food to cooperating partners' warehouses for delivery from there to schools and distribution points. The Jordanian corridor from Aqaba through the Karama border crossing is the most practical and cost-effective route. The Syrian corridor from Tartous through the Yarobia border crossing may be re-opened. The Turkish corridor will be used as required for deliveries to northern Iraq through the Zahko border crossing, depending on security at the border. The estimated landside transport, storage and handling rate for the Jordanian corridor is US\$264/mt. Given the urgency of this operation, WFP will cover internal transport, storage and handling costs and supervision.
55. WFP will use the Commodity Movement Processing and Analysis System to track the activities of cooperating partners at the warehouses, dispatch of food from ports, transport and distribution.

WFP Staffing Arrangements

56. In view of the uncertain security situation in Iraq, PRRO 200035 will be managed by the out-posted country office in Amman; three international staff will be based in Baghdad and Erbil with 65 national staff in the governorates. In line with the intention of the Special Representative of the Secretary-General for Iraq to enhance the United Nations presence in Iraq, WFP will operate more frequent rotations from Amman. If security improves, the situation of the country office will be reassessed.

PERFORMANCE MONITORING

57. WFP Iraq will monitor results through indicators in the logical framework (see Annex II). It will establish a comprehensive monitoring and evaluation and reporting system to track implementation, outputs and outcome indicators: reporting formats will be developed and computer equipment provided. Data will be collected through regular reporting by cooperating partners and WFP field staff/focal points, including post-distribution monitoring and rapid assessments. Information will be gender-disaggregated. Counterpart staff will be trained in monitoring and evaluation and results-based management. An impact assessment will be carried out before the end of the operation.
58. WFP baseline surveys will be conducted in 2010 for the MCHN and school feeding components.



RISK ASSESSMENT AND CONTINGENCY PLANNING

Risk Assessment

59. Implementation of PRRO 200035 will be influenced by:

- *Insecurity.* The main risks are: i) increased insecurity or increased political instability, which could delay implementation; ii) the fragile operating environment in some areas, which could expose staff to risks and limit access to beneficiaries; and iii) limited capacity of Iraqi security forces to protect staff. Security conditions limit WFP's effectiveness in monitoring, but WFP believes that the expected presence of national and international staff will keep programme management risks at an acceptable level.
- *PDS and social sector reform.* Political issues and fluctuations in oil prices posing risks to Iraq's fiscal and external accounts may influence government commitment to PDS reform and the implementation of social safety nets. WFP's neutrality, however, enhances the prospects of collaboration with the Government on PDS reform. The Government has demonstrated its commitment to addressing problems of the PDS such as its unsustainable cost; reform will be implemented through a development project and WFP engagement with government counterparts.

Contingency Planning

60. WFP is a member of the United Nations Iraq Humanitarian Action Plan, which focuses on: i) maintaining rapid-response capacity to sudden crises; ii) area-based response to the humanitarian needs of vulnerable populations; and iii) cross-sectoral themes and humanitarian needs. WFP and the UNCT are prepared to respond to disease, natural disasters, mass-casualty attacks, displacement and increased or new access to vulnerable or neglected areas. WFP will undertake a budget revision should it require more resources.

SECURITY CONSIDERATIONS

61. WFP is constructing office blocks compliant with minimum operating security standards in the United Nations compound in Baghdad; the WFP office in Erbil is also compliant. WFP has assessed security risks to guide programme implementation; investments to complement United Nations Department of Safety and Security measures will be made with a view to increasing access to beneficiaries and reducing risks to staff.



ANNEX I-A

PROJECT COST BREAKDOWN			
	Tonnage (mt)	Average cost per mt (US\$)	Value (US\$)
WFP COST			
Direct operational costs¹			
- Fortified wheat flour	115 200	311	35 810 495
- White beans	19 200	911	17 485 896
- Fortified vegetable oil	17 664	1 179	20 824 553
- Fortified date bars	34 560	1 175	40 608 000
- Iodized salt	2 880	75	216 000
Total food	189 504		114 944 944
External transport			15 175 009
Landside transport, storage and handling			50 080 222
Other direct operational costs			15 216 402
A. Total direct operational costs			219 594 371
B. Direct support costs² (see Annex I-B)			24 177 794
C. Indirect support costs (7.0 percent)³			15 371 606
TOTAL WFP COSTS			234 965 977

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

² This is an 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	9 281 445
National professional officers	1 194 250
National general service staff	2 767 000
Temporary assistance	2 751 875
Overtime	35 970
Hazard pay and hardship allowance	2 296 664
Staff duty travel	1 522 607
Subtotal	19 849 810
Office expenses and other recurrent costs	
Rental of facility	556 950
Utilities	92 430
Office supplies and other consumables	63 972
Telecommunications	260 700
Equipment repair and maintenance	43 845
Vehicle maintenance and running cost	535 975
Other office costs	1 223 420
Subtotal	2 777 292
Equipment and other fixed costs	
Vehicle leasing	61 200
Telecommunications equipment	231 925
Local security cost planning	1 257 567
Subtotal	1 550 692
TOTAL DIRECT SUPPORT COSTS	24 177 794





ANNEX II. LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
<p>Outcome 1</p> <p>Adequate food consumption over assistance period for targeted households.</p>	<ul style="list-style-type: none"> ➤ Household food consumption score improved for pregnant and lactating women and malnourished children under 5. 	<p>Security situation improved.</p> <p>Adequate and timely availability of resources.</p> <p>Continued conflict will reduce access to beneficiaries.</p> <p>Accessibility by surface transport.</p>
<p>Output 1.1</p> <p>Food distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions.</p>	<ul style="list-style-type: none"> ➤ Number of women, men, girls and boys receiving food, by category and as % of planned. ➤ Tonnage of food distributed, by type, as % of planned.¹ ➤ Quantity of fortified foods distributed, by type, as % of actual. ➤ Number of timely food distributions compared with planned. 	<p>Availability of capable cooperating partners.</p>
<p>Outcome 2</p> <p>Restored access to primary health care services for pregnant and lactating women and malnourished children under 5.</p>	<ul style="list-style-type: none"> ➤ Percentage of children aged 9–15 months who completed all vaccinations according to national protocol. ➤ Percentage of supported pregnant women who received at least four ante-natal check-ups during pregnancy. ➤ Attendance rate: % of pregnant and lactating women registered with PHCs who attend monthly consultations. 	<p>Security situation improved.</p> <p>Adequate and timely availability of resources.</p> <p>Access to rural areas.</p> <p>Continued conflict will reduce access to beneficiaries.</p> <p>Surface transport: accessibility and availability.</p> <p>Availability of complementary non-food assistance provided by the Ministry of Health, UNICEF and others.</p> <p>Primary health services functioning fully.</p>

¹ Planned distribution includes quantity, quality and timeliness.

ANNEX II. LOGICAL FRAMEWORK

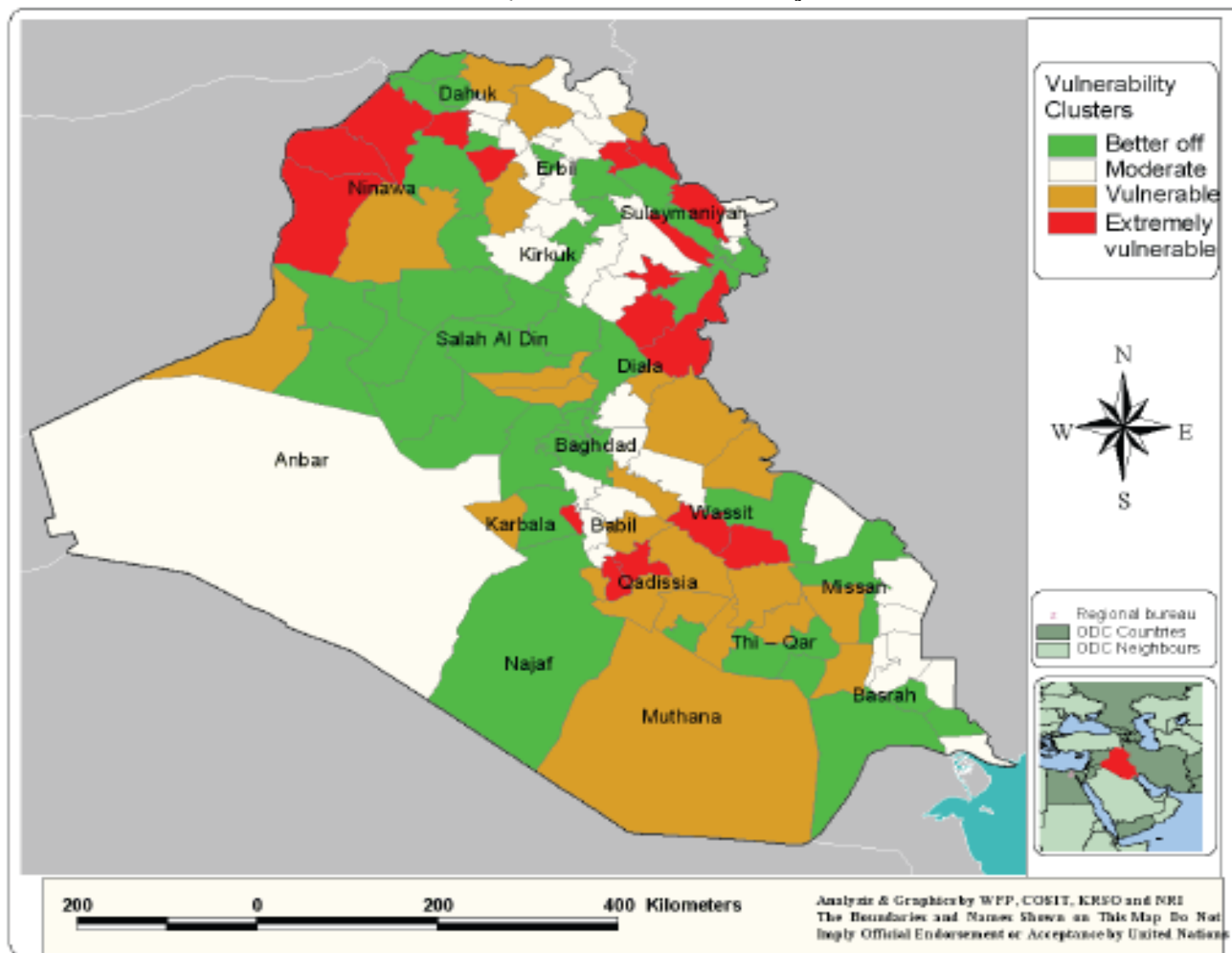
Results	Performance indicators	Risks, assumptions
<p>Output 2.1</p> <p>Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions.</p>	<ul style="list-style-type: none"> ➤ Number of women, men, girls and boys receiving food and non-food items, by category and as % of planned. ➤ Tonnage of food distributed, by type, as % of planned.¹ ➤ Number of timely food distributions compared with planned. ➤ Quantity of non-food items distributed, by type, as % of planned. 	<p>Security situation improved.</p> <p>Adequate and timely availability of resources.</p> <p>Access to rural areas.</p> <p>Continued conflict will reduce access to beneficiaries.</p> <p>Surface transport: accessibility and availability.</p> <p>Availability of capable cooperating partners.</p>
<p>Output 2.2</p> <p>MCHN coverage aligned with programme of work.</p>	<ul style="list-style-type: none"> ➤ Number of PHCs covered under the WFP MCHN programme in targeted areas. 	
<p>Output 2.3</p> <p>MCHN capacity and awareness developed through WFP-organized actions and training.</p>	<ul style="list-style-type: none"> ➤ Number of women participating in nutrition and health education. ➤ Number of training sessions conducted for government counterparts, partners and WFP staff. 	
<p>Outcome 3</p> <p>Restored access to education in assisted schools.</p>	<ul style="list-style-type: none"> ➤ Retention rates for girls and boys. ➤ Attendance rate: number of schooldays on which girls and boys attend classes, as % of school days. ➤ Drop-out rates for girls and boys. 	<p>Security situation improved.</p> <p>Adequate and timely availability of resources.</p> <p>Continued conflict will reduce access to schools.</p> <p>Accessibility by surface transport.</p>
<p>Output 3.1</p> <p>Food and non-food items distributed in sufficient quantity and quality to targeted girls and boys under secure conditions.</p>	<ul style="list-style-type: none"> ➤ Number of primary school girls and boys receiving WFP rations. ➤ Quantity of food distributed to targeted schoolchildren. ➤ Quantity of non-food items distributed, by type, as % of planned. ➤ Number of feeding days compared with actual school days. 	<p>Government agreement on food basket.</p> <p>Adequate and timely resources are available.</p> <p>Accessibility by surface transport.</p> <p>Complementary non-food assistance provided by the Government, UNICEF and others.</p> <p>Availability of capable cooperating partners.</p> <p>Suitability of date bars for schoolchildren.</p>



ANNEX II. LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
<p>Output 3.2</p> <p>School feeding coverage aligned with programme of work.</p>	<ul style="list-style-type: none"> ➤ Number of schools assisted by WFP. 	
<p>Output 3.3</p> <p>School feeding capacity developed through WFP organized actions and training.</p>	<ul style="list-style-type: none"> ➤ Number of school feeding stakeholder workshops organized. ➤ Number of training sessions for government counterparts, partners and WFP staff. 	



MAP: PRRO IRAQ 200035: Vulnerability Clusters



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

CFSVA	comprehensive food security and vulnerability analysis
FAO	Food and Agriculture Organization of the United Nations
GAM	global acute malnutrition
GDP	gross domestic product
ICI	International Compact with Iraq
IDP	internally displaced person
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
NGO	non-governmental organization
PDS	public distribution system
PHC	primary health centre
PRRO	protracted relief and recovery operation
PTA	parent-teacher association
SOT	sector outcome team
UNCT	United Nations country team
UNICEF	United Nations Children's Fund
WHO	World Health Organization