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DEVELOPMENT PROJECT SRI LANKA 10607.0

Support to Improve Mother-and-Child Health and Nutrition

Number of beneficiaries	286,000
Duration of project	5 years (1 January 2008 – 31 December 2012)
Food tonnage	8,250 mt
Cost (United States dollars)	
Total food cost	3,671,250
Total cost to WFP	5,291,340
Government contribution	1,996,500

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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

Undernutrition remains a significant problem among women and children in Sri Lanka, despite substantial progress towards many of the Millennium Development Goals. The rate of child undernutrition is difficult to understand in view of the low mortality rates. In 1993–2000, the prevalence of child underweight declined from 38 percent to 29 percent, its current level. Nationally, 14 percent of children under 5 are wasted and/or stunted and 17 percent are born with low birthweight; there are marked regional differences, however: malnutrition rates are higher in poor districts with few economic opportunities. Poverty is widespread: Sri Lanka is a low-income food-deficit country.

These alarming indicators call for continued integrated interventions, including food supplements to address malnutrition among women and children. WFP has received funds from the Canadian Impact Grant that will contribute to a causal analysis of the malnutrition situation.

Development project 10607.0 is in line with the National Nutrition Plan and reflects the increasing role of the Government in tackling nutritional problems. It incorporates the results of evaluations undertaken by WFP and its partners and supports the United Nations Development Assistance Framework. The target districts of Anuradhapura, Badulla, Hambantota, Monaragala, Nuwara Eliya and Ratnapura were selected on the basis of poverty, food insecurity and undernutrition prevalence; they are included in the priority areas of the United Nations Development Assistance Framework. The most vulnerable health divisions in these districts will be targeted in collaboration with the Ministry of Healthcare and Nutrition and the United Nations Children's Fund; these districts are outside the areas covered by WFP's protracted relief and recovery operation in the north and east of Sri Lanka.

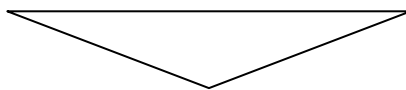
The first objective is to improve the nutritional status of (i) children aged 6–24 months, (ii) malnourished children aged 25–59 months, (iii) pregnant women from the fourth month of pregnancy and (iv) lactating women up to six months after delivery. The second objective is participation of pregnant and lactating women in health and nutrition education, public health interventions and community activities.

WFP will initially import corn-soya blend, which will then be phased out in favour of *Thripasha*, a locally produced blended food. To increase local production of *Thripasha*, WFP will provide capacity enhancement and products or funds. WFP assistance will be gradually handed over to the Government during the project.

To increase the effectiveness of the intervention, WFP will cooperate with the Ministry of Healthcare and Nutrition, and the United Nations Children's Fund in providing a package of health and nutrition services, including supplementary feeding, vaccination programmes and distribution of vitamin A, iron, folate and deworming tablets. The package for children and women forms part of the National Nutrition Plan.



DRAFT DECISION*



The Board approves the proposed Development Project Sri Lanka 10607.0 “Support to Improve Mother-and-Child Health and Nutrition” (WFP/EB.2/2007/9-A/1) subject to the availability of resources.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (document WFP/EB.2/2007/15) issued at the end of the session.



SITUATION ANALYSIS

1. Sri Lanka has attained high levels of literacy, school enrolment and health outcomes despite low levels of per capita income; it ranks 93rd on the Human Development Index with a per capita gross domestic product of US\$4,390. But Sri Lanka is classified a low-income food-deficit country: 25 percent of the 20 million population live below the poverty line. Despite recent improvements net rice production remains insufficient to meet demand; production of secondary food crops such as tubers is declining and additional food demand is met mainly by increased wheat imports. There are disparities in rice self-sufficiency among districts; the main rice-surplus areas are in or near conflict-affected areas.
2. There has been a remarkable reduction in child and maternal mortality in recent years. There are disparities among districts resulting from uneven access to health services, but overall malnutrition indicators remain unacceptably high, despite reduced poverty and mortality rates: among children under 5 the prevalence of underweight is 29 percent; 14 percent are wasted and 14 percent are stunted; 17 percent of children are born with a birthweight below 2.5 kg. The unusual malnutrition pattern in Sri Lanka is not fully understood, hence the need for a causal analysis, for which funds have been allocated to WFP; it will be undertaken with technical partners during the course of the project.
3. In view of persistent undernutrition and chronic poverty, there is a need to continue integrated interventions, including food supplements to address malnutrition among vulnerable women and children in the most food-insecure districts.
4. This project is in line with WFP's Strategic Objective 3, the Strategic Plan (2006–2009) and the Enhanced Commitments to Women (ECW), and the Sri Lanka National Nutrition Plan. It also supports the 2008–2012 United Nations Development Assistance Framework (UNDAF), which commits the United Nations to supporting the National Nutrition Plan to reduce undernutrition among mothers and children through an integrated package.
5. The Government's social development strategy aims to reduce poverty through economic growth and envisages further investments in human capital to increase people's ability to contribute to economic development. The Government is committed to enhancing access to health and education services, especially for women and girls, and increasing the participation and empowerment of the poor. Development project (DEV) 10607.0 is integrated into national and community development plans and will use existing health structures and outreach teams.

PAST COOPERATION AND LESSONS LEARNED

6. Since 1968, WFP has provided food valued at US\$500 million through development, emergency and recovery operations. In recent years, WFP has supported rehabilitation in conflict-affected areas in the north and east and in areas affected by the 2004 Indian Ocean tsunami. Interventions have included an emergency operation (EMOP) and a protracted relief and recovery operation (PRRO) and a country programme (CP) that are ongoing.



7. The PRRO and CP aim to improve (i) livelihood opportunities through food for work (FFW) in areas vulnerable to food insecurity, in line with Millennium Development Goal (MDG) 1, and (ii) the nutritional status of vulnerable groups such as pregnant and lactating women and children under 5, in line with MDGs 4, 5 and 6. They will contribute to improved access to education through the provision of school meals and to enhanced capacities of young people and households headed by women through vocational skills training, in line with MDGs 1 and 2.
8. To address the inter-generational cycle of malnutrition, the Government started a mother-and-child nutrition programme in 1973: the Ministry of Healthcare and Nutrition provides 50 g of *Thripasha* (locally produced blended food) as a take-home ration for pregnant and lactating women and malnourished children, but it provides only 200 kcal per day, not enough to meet the nutritional requirements. The Government gives high priority to this programme, but recognizes its shortcomings and the need to improve administration, production capacity, targeting, monitoring and supervision. The results of a recent WFP best-practice study were taken into account in the design of DEV 10607.0.
9. The 2002–2007 CP helps the Government to address the supplementary food gap and to develop a synergy between food and other interventions through support for interventions such as capacity-building. It is aligned with the National Nutrition Plan and WFP's Enabling Development policy. It was designed as a catalyst in reducing malnutrition and food insecurity among the targeted population.
10. The CP was designed to support the government programme for pregnant and lactating women and children under 3. Vitamin and mineral-rich corn-soy blend (CSB) is provided through health clinics. DEV 10607.0 fosters complementary capacity-building through community mobilization and nutrition education, particularly for women. These are considered extremely useful by the communities; the proposed DEV will continue to build on them.

PROJECT STRATEGY

11. The long-term objective of this DEV is to contribute to MDGs 4 and 5 for reducing child malnutrition and improving maternal health. It also aims to strengthen local capacity for production of *Thripasha* for the National Nutrition Plan.
12. The immediate objectives are to reduce the prevalence of low birthweight among newborns and underweight and wasting among young children. A further objective is to improve the health and nutrition of pregnant and lactating women in the targeted areas. These and the results indicators for outcomes and outputs are in line with WFP's Strategic Plan (2006–2009) and its corporate indicators (see Annex II).

TABLE 1: BENEFICIARIES AND RATIONS					
Food type	Quantity of food (mt)	Number of beneficiaries			% of women
		Men/boys	Women/girls	Total	
Fortified blended food: Corn-soy blend <i>Thripasha</i>	8 250	91 000	195 000	286 000	65



TABLE 2: INDIVIDUAL RATION SIZES AND FEEDING DAYS PER MONTH				
Food type	Feeding days/ month	Children 6-59 months	Pregnant women	Lactating women
Fortified blended food: Corn-soy blend <i>Thripasha</i>	30	100g unified ration: WFP and the Government contribute 50g each.	125g	125g
kcal		401	500	500
% kcal from protein		20	20	20
Estimated monthly number of beneficiaries				
Year 1		59 000	10 000	15 000
Year 2		59 000	10 000	15 000
Year 3		51 000	8 500	13 000
Year 4		44 000	7 500	12 500
Year 5		29 500	5 000	7 500

13. The following outputs are anticipated (see Table 2):
- 182,000 girls and boys aged 6–59 months will receive a monthly take-home ration of fortified blended food; there will be blanket coverage of children aged 6–24 months and targeted coverage of undernourished children aged 25–59 months; and
 - 104,000 pregnant and lactating women will receive a monthly take-home ration of fortified blended food for six months before and six months after delivery; all targeted women will participate in healthcare and nutrition counselling and training.
14. Beneficiaries find *Thripasha* more palatable than imported CSB: it consists of 67 percent maize, 30 percent soya, 3 percent milk powder and vitamin-mineral premix. This DEV will therefore focus on enhancing production capacity for *Thripasha* by helping the Government to set up an extrusion line and to increase storage space at the factory to reduce current bottlenecks; the increased capacity should enable *Thripasha* production to meet all programme requirements for malnourished children and pregnant and lactating women. It will enable WFP to hand over gradually during the five years by eliminating CSB imports and ensuring sufficient national production to supply the Government's programme; as WFP reduces its contribution, the Government will take over the targeted districts and beneficiaries.
15. *Thripasha* will be provided as a take-home ration through mother-and-child health (MCH) clinics in the Targeted Districts; it will be sufficient to allow for sharing in households (see Table 1 and 2). Food will be packaged centrally to ensure hygienic handling and avoid losses at distribution sites. The Ministry of Healthcare and Nutrition will assume responsibility for the logistics of distribution to clinics of CSB from the central warehouse and of *Thripasha* from the factory. While CSB is still being imported, the Ministry of Healthcare and Nutrition will be responsible for customs clearance and quality control.
16. The Ministry of Healthcare and Nutrition has implemented a national training programme for health staff that includes growth monitoring and growth promotion. A standard information, education and communication (IEC) package has been developed for



community and health centres and outreach services to promote good health and nutrition among children under 5. The growth monitoring charts and nutrition and health material to be used in DEV 10607.0, which are in line with national and international standards, have been used monthly during the current CP. Health workers will discuss the growth charts with mothers and offer advice. The Government will ensure that enough personnel are available at health centres and will organize monthly outreach activities.

17. The current WFP implementation modalities, including mobilization for forming community-based organizations, community asset creation to improve household nutrition through initiatives such as home gardens, and community education will continue under the new project phase, carried out by the Government and local non-governmental organizations (NGOs). WFP will continue to use standardized partnership agreements with the Ministry of Healthcare and Nutrition; new partnerships will be considered, depending on the interest and capacity of the Government and other potential partners.
18. From the third year, as local production of *Thripasha* increases, the Government will start to take over the feeding of WFP-assisted beneficiaries; it is expected that by 2013 the Government will have assumed responsibility for the entire food component. This DEV therefore emphasizes (i) increased ownership by the Government and communities and (ii) capacity enhancement for local supplementary food production and associated activities. Funds for training government counterpart officials have been allocated over the five-year period to facilitate this process; a plan of action will be developed to ensure a smooth hand-over.

MANAGEMENT, MONITORING AND EVALUATION

19. The Ministry of Healthcare and Nutrition will have primary responsibility for monitoring and reporting; WFP will provide support by organizing regular meetings of all stakeholders. WFP and the Ministry of Healthcare and Nutrition will jointly visit all project sites, using standardized checklists to verify that the project is being satisfactorily implemented.
20. A baseline for the implementation areas will be established at the beginning of the project; a mid-term review in the second quarter of 2010 will measure progress. Outcomes to be measured include underweight and wasting among children aged 0–59 months, low birthweight and prevalence of malnutrition among pregnant and lactating women using mid-upper arm circumference (MUAC) and/or low weight. Output and process indicators will be measured and reported in the quarterly progress reports of cooperating partners.
21. Continuous coordination and consultation during the previous and current phases of the project have secured the participation of all stakeholders from the planning stage. The involvement of the Ministry of Healthcare and Nutrition, the Nutrition Technical Working Group and the United Nations Children’s Fund (UNICEF) is crucial. Partnerships have been established and enhanced with the Ministry of Agriculture and provincial and district authorities.
22. WFP will continue high-level advocacy with UNICEF for meeting the MDGs to reduce undernutrition among mothers and children. WFP is a member of the Task Force for Causal Analysis of Malnutrition, the Nutrition Coordination Committee of the Ministry of Healthcare and Nutrition and the drafting committee for the Nutrition Policy. WFP will assist the ongoing causal analysis of malnutrition with resources from the Canadian Impact Grant.



23. This DEV will be managed by a steering committee chaired by the Secretary of the Ministry of Healthcare and Nutrition, of which UNICEF, WFP and the Ministry of Finance are the members. Political commitment by the Government is essential to ensure the success of the project, given the high profile of the *Thripasha* programme. The impact of the project will depend on an unbroken WFP pipeline.



ANNEX I-A

BREAKDOWN OF PROJECT COSTS			
	Quantity (mt)	Average cost per mt (US\$)	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Food ¹			
– Corn-soy blend	8 250	445.00	3 671 250
Total food	8 250	445.00	3 671 250
External transport		9.69	79 978
Other direct operational costs		64.36	531 000
Total direct operational costs			4 282 228
B. Direct support costs² (see Annex I-B)		80.35	662 950
C. Indirect support costs (7.0 percent)³			346 162
TOTAL WFP COSTS			5 291 340

¹ This is a notional food basket used 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 costs rate may be amended by the Board during the project.



ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff	
National professional officers	162 500
National general service staff	287 500
Temporary assistance	51 150
International consultants	25 000
Staff duty travel	29 000
Staff training and development	9 500
Subtotal	564 650
Office expenses and other recurrent costs	
Rental of facility	25 000
Utilities (general)	10 000
Office supplies	7 500
Telecommunications and information technology services	10 000
Equipment repair and maintenance	2 800
Vehicle maintenance and running costs	25 000
Other office expenses	10 000
United Nations organizations services	2 500
Subtotal	92 800
Equipment and other fixed costs	
Furniture, tools and equipment	500
Telecommunications and information technology equipment	5 000
Subtotal	5 500
TOTAL DIRECT SUPPORT COSTS	662 950

ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Resources required
UNDAF outcomes			
Economic growth and social services to be focused on districts outside Western Province that have lagged behind, mainly because of poor infrastructure and delivery of services. Economic policies and strategies to address regional disparities.	The MDG and MDG+ are integrated into national policies, budgets and programmes, adapted to the local level and well monitored.		
Development Project: Support to improve mother-and-child health and nutrition			
Outcome 1 Improved nutrition and health among targeted children aged 6-59 months and pregnant and lactating women in WFP-supported mother-and-child health and nutrition (MCHN) areas (Strategic Objective 3).	<ul style="list-style-type: none"> ➤ Prevalence of underweight and wasting (<2 standard deviations (SD) measured by weight-for-age, weight-for-height) in children aged 6–24 months, against the baseline. ➤ Prevalence of acute malnutrition (wasting) in children aged 25–59 months. ➤ Prevalence of low birthweight among newborns, against the baseline. ➤ 80% of pregnant and lactating women and caregivers of young children have increased knowledge of growth monitoring and causes of growth faltering. 	<p>Risk:</p> <ul style="list-style-type: none"> ➤ Political and socio-economic situation is not conducive to programme implementation <p>Assumptions:</p> <ul style="list-style-type: none"> ➤ Government is committed to the National Nutrition Plan. ➤ All stakeholders fulfil their responsibilities. 	Total project budget: US\$5,291,340
Output 1.1 Timely provision of fortified blended food in sufficient quantity for 182,000 targeted children and 104,000 pregnant and lactating women in WFP-supported MCHN areas.	<ul style="list-style-type: none"> ➤ Actual number of children aged 6–24 months and pregnant and lactating women receiving a monthly take-home ration of fortified blended food. 	<p>Risk:</p> <ul style="list-style-type: none"> ➤ Fortified ration is not shared among household <p>Assumptions:</p> <ul style="list-style-type: none"> ➤ Adequate provision of package of services. Partners provide refresher training. 	Food and external transport cost: US\$3,751,228
Output 1.2 Pregnant and lactating women and children receive integrated package of health services.	<ul style="list-style-type: none"> ➤ Actual number of acutely malnourished children aged 25–59 months receiving monthly take-home ration. 		

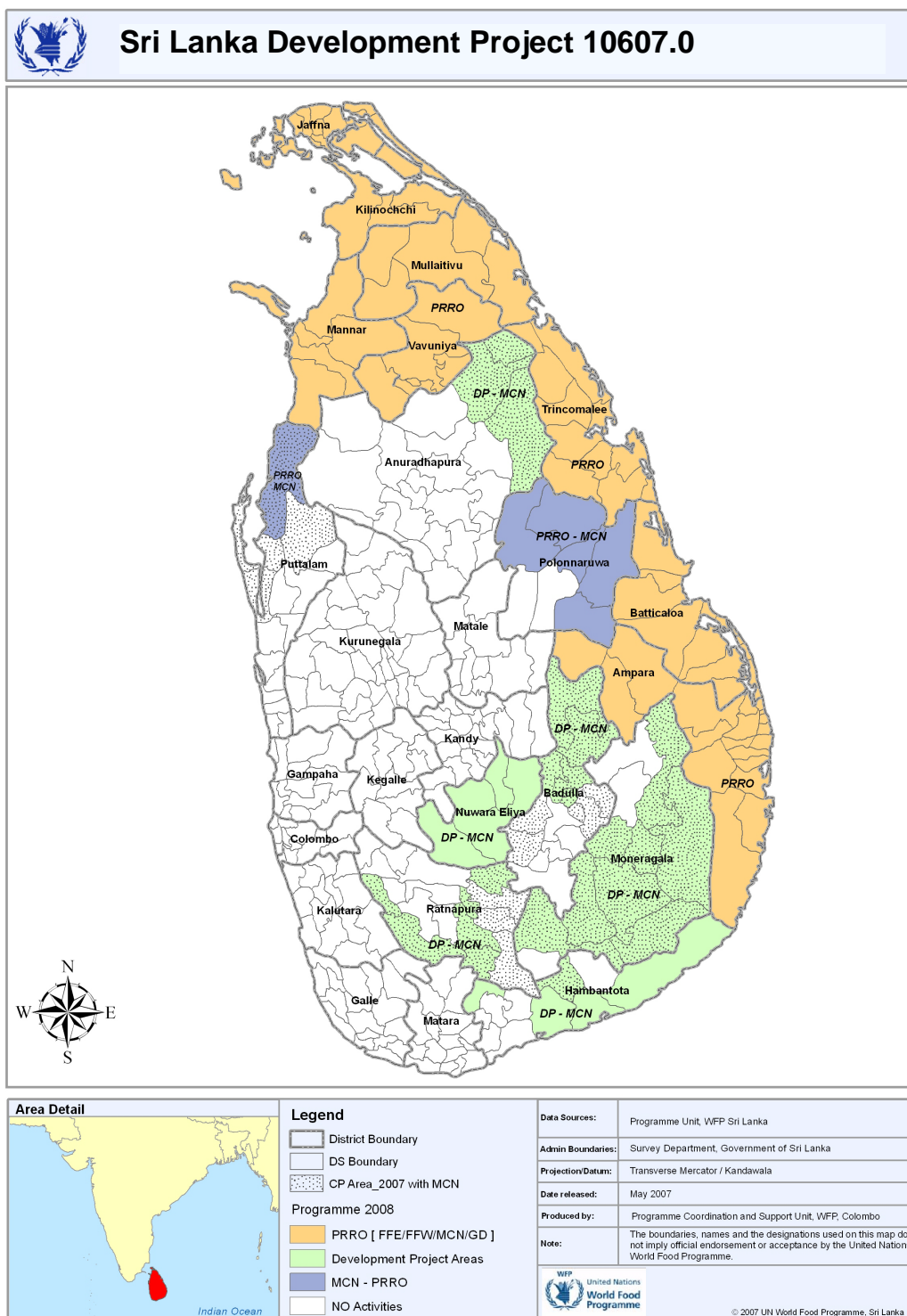


ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Resources required
	<ul style="list-style-type: none"> ➤ Actual number of targeted pregnant and lactating women receiving integrated package of healthcare services. ➤ Number of community activities. 		
<p>Outcome 2</p> <p>Enhancement of government capacity in local production of Thripasha (Strategic Objective 5).</p>	<ul style="list-style-type: none"> ➤ % increase in production of Thripasha. ➤ % increase in coverage of <i>Thripasha</i>. 	<p>Risk:</p> <ul style="list-style-type: none"> ➤ Government commitments are not fulfilled. ➤ Prices of ingredients increase more than rate of inflation. 	
<p>Output 2.1</p> <p>Timely provision of extrusion line and other production equipment.</p> <p>Output 2.2</p> <p>Expansion of storage capacity.</p> <p>Output 2.3</p> <p>Provision of technical support for the Government.</p>	<ul style="list-style-type: none"> ➤ Amount of equipment provided. ➤ Extrusion line set up and functional. ➤ Storage capacity increased, space and tonnage. ➤ Number of training workshops. ➤ Number of personnel trained. ➤ Number of consultancies completed. 	<p>Assumptions:</p> <ul style="list-style-type: none"> ➤ Timely availability of resources from WFP. ➤ Government honours commitments. 	<p>Other tools, material and equipment: US\$200,000</p> <p>Building materials: US\$200,000</p> <p>Partner training budget: US\$30,000</p>



ANNEX III



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

CP	country programme
CSB	corn-soya blend
DEV	development project
ECW	Enhanced Commitments to Women
EMOP	emergency operation
FFW	food for work
IEC	information, education and communication
MCH	mother-and-child health
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
MUAC	mid-upper arm circumference
NGO	non-governmental organization
PRRO	protracted relief and recovery operation
UNICEF	United Nations Children's Fund
UNDAF	United Nations Development Assistance Framework