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**Executive Board
Second Regular Session**

Rome, 22–26 October 2007

PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



Distribution: GENERAL
WFP/EB.2/2007/9-C/3
11 October 2007
ORIGINAL: FRENCH

PROTRACTED RELIEF AND RECOVERY OPERATION HAITI 10674.0

Food Assistance for the Relief and Protection of Vulnerable Groups Exposed to Food Insecurity

| | |
|-------------------------------------|--|
| Number of beneficiaries | 1,422,640 (735,000 per month average) |
| Duration of project | 24 months (1 January 2008 – 31 December 2009) |
| WFP food tonnage | 77,466 mt |
| Cost (United States dollars) | |
| WFP food cost | 36,762,315 |
| Total cost to WFP | 73,924,644 |

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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.

| | | |
|--------------------------|---------------|-----------------------|
| Regional Director, ODP*: | Mr P. Medrano | Pedro.Medrano@wfp.org |
| Liaison Officer, ODP: | Ms S. Izzi | tel.: 066513-2207 |

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

* Latin American and the Caribbean Regional Bureau



EXECUTIVE SUMMARY

Recurrent political troubles, civil strife, insecurity, urban crime and repeated natural disasters in Haiti, whose devastating effects are exacerbated by environmental degradation, have considerably increased people's poverty and their vulnerability to food insecurity.

Haiti fell from 146th in 2002 to 154th of 177 countries on the United Nations Development Programme's 2006 Human Development Index; 76 percent of Haitians live below the poverty line and 56 percent on less than US\$1 per day. In 2005, food production covered only 41 percent of national needs.

One third of newborn babies are born underweight; acute malnutrition among children under 5 is 9 percent; chronic malnutrition is 24 percent; 50 percent of pregnant women and two thirds of children under 5 are affected by anaemia. National surveys show that 72 percent of children aged 6–12 in rural areas suffer from iodine deficiency; 32 percent of school-age children are infected by intestinal parasites. Prevalence of HIV at 5.4 percent is the highest in the hemisphere; tuberculosis is making a comeback, because the two pathologies are closely linked.

Given the scale of needs, the proposed intervention is intended to provide a response to emergencies at the national level, targeting the most vulnerable populations in six of the country's ten departments. Individual components will focus through the country's health and education institutions on mother-and-child health, the nutritional status of the most vulnerable groups, tracking and treating HIV-positive and tuberculosis patients, and school feeding.

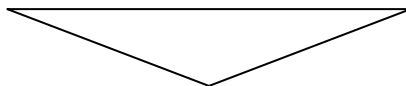
Particular attention will be paid to strategic partnerships, especially with United Nations organizations such as the World Health Organization, the United Nations Children's Fund, the United Nations Population Fund and the United Nations Development Programme, with whom complementary activities will be run. In implementing the relief component, collaboration will also be established with the United Nations Office for the Coordination of Humanitarian Affairs.

The choice of activities and intervention modalities is based on the recommendations of several evaluations conducted in Haiti since 2005. The operation conforms to the Government's priorities as set out in its July 2006 Social Appeasement Programme; it will provide direct support for national policies on universal education and for the national campaigns against parasitosis, malnutrition and HIV/AIDS. WFP will collaborate in the preparation of a Poverty Reduction Strategy Paper and a United Nations Development Assistance Framework. The operation will address Millennium Development Goals 1, 2 and 3 and WFP's Strategic Objectives 2, 3, 4 and 5.

The country's food deficit, the rate of chronic malnutrition among vulnerable groups, problems of violence and security in poor urban districts and the Government's limited resources combine to make it necessary to continue these activities for some time. But Strategic Objective 5, which WFP has already initiated with the deployment of groups in ministries and with training for government and other partners, is a first step in building up the Government's capacity to take over responsibility for the social programmes.



DRAFT DECISION*



The Board approves the proposed PRRO Haiti 10674.0 “Food Assistance for the Relief and Protection of Vulnerable Groups Exposed to Food Insecurity” (WFP/EB.2/2007/9-C/3).

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



CONTEXT AND RATIONALE

Overall Context

1. Haiti is going through a period of political transition. The democratization process begun in 1986 remains fragile. Recurring crises resulted in the overthrow of the Government in 2004 and the deployment of a second United Nations peacekeeping force in a decade. Between 2004 and 2006, the country was led by an interim Government with the support of the international community and the United Nations Stabilization Mission in Haiti (MINUSTAH).
2. Continuing insecurity and violence in poor urban areas exercise constant pressure on populations. Degraded districts where organized crime easily takes hold and where high unemployment often sparks civil strife are the first to suffer the consequences of natural disasters. Efforts undertaken by Haiti's national police and MINUSTAH have improved security conditions in those areas, but they need special attention to consolidate the benefits of the return to peace, including easier access to social services and the restoration of normal conditions in the school system.
3. According to the fourth census conducted by the Haitian Statistics and Computer Science Institute, the population was 8.4 million in 2003. The 2.5 percent annual population growth rate, together with a high Gini coefficient,¹ declining production and lack of any appropriate public policies, all weigh heavily on prospects for economic development and only serve to strengthen the vicious circle of extreme poverty. Haiti's per capita gross domestic product (GDP) of US\$450 placed it 154th of 177 countries on the United Nations Development Programme (UNDP) 2006 Human Development Index; 76 percent of the population live below the poverty line on US\$2 per day; 56 percent suffer extreme poverty on less than US\$1 per day.²

Situation Analysis

4. In 2005, Haiti's food production covered 41 percent of its needs. The deficit is filled largely by imports, which cover 53 percent of needs. Food aid has decreased by 35 percent over the last few years, and now accounts for only 6 percent of requirements. Haitians spend 55 percent of their income on food.³
5. The sum of a number of negative factors such as limited national production capacity, dependency on food imports, catastrophic indicators for basic social services, vulnerability to natural disasters, socio-political instability and widespread poverty considerably restricts the availability of food and severely hampers households' access to food. According to vulnerability analysis and mapping (VAM) in four of the departments targeted by the protracted relief and recovery operation (PRRO), 70 percent of households are food-insecure and almost half subsist on a diet based almost exclusively on starch.⁴ Survival strategies, which include marginal farm production, small trade and occasional labour, have become fewer and increasingly precarious in a context of high unemployment.

¹ 0.66 percent for Haiti as against 0.59 percent for Brazil.

² World Bank, September 2006.

³ <http://www.cnsahaiti.org/statistiques.htm>.

⁴ WFP. *Food insecurity and vulnerability assessment in four departments in Haiti, 2005*.



More often than not, they involve negative tactics such as reducing meals, cutting down trees and prostitution.⁵

6. Women often exhibit precocious fecundity — 12 percent of women under 19 are mothers, with a 45 percent prevalence of maternal anaemia — and widespread malnutrition. One sixth of women have a body mass index (BMI) of under 18.5. Their ability to give birth to healthy children is often compromised as a result, which translates into a large number of babies born underweight — one third of newborns in 2005⁶ — and a rate of child mortality of 57/1,000; 70 percent of women do not receive the 90 tablets of iron/folic acid recommended by the World Health Organization (WHO) during pregnancy; vitamin A tablets are distributed to only 29 percent of lactating women and to infants aged 6–59 months.
7. Any micronutrient deficiency observed in a mother has direct repercussions on the health of her baby: 29,000 babies are born mentally retarded in Haiti every year because their mothers suffered from iodine deficiency during pregnancy;⁷ 72 percent of infants aged 6–59 months whose mothers were anaemic are also anaemic, compared with 61 percent for infants whose mothers were not. In 2005, a national survey found that in the country as a whole, 61 percent of children aged 6–12 suffered from iodine deficiency.⁸ The prevalence of anaemia cuts across the entire population, affecting half of pregnant women and two thirds of children under 5.⁹ Vitamin A deficiency affects 32 percent of children under 5; 10 percent of women reported night blindness during pregnancy.¹⁰
8. Insufficient duration of breast feeding — 1.5 months on average — together with an inadequate diet are often responsible for malnutrition among children. The prevalence of chronic malnutrition, which is 10 percent among babies under 6 months, rises to 37 percent in the 18–23 months age group. The global malnutrition rate has doubled over the past five years to 9.1 percent. One third of all babies are underweight at birth; acute malnutrition among children under 5 is 9 percent; chronic malnutrition is 24 percent.⁶
9. Malnutrition (28 percent), diarrhoea (20 percent) and respiratory infections (11 percent) are among the principal causes of infant mortality among children under 5.¹¹ A national survey found that 32 percent of school-age children were infected by intestinal parasites.¹² Anti-parasite treatment for pregnant women and young children as advised by WHO is not yet part of government policy.

⁵ *Ibid.* and FEWS-NET: *Profiles of lifestyles in rural areas in Haiti* 2005.

⁶ UNICEF/WHO. 2005. *Low birth weight: global, regional and country estimates*.

⁷ Micronutrient Initiative, Haiti: *Vitamin and Mineral Deficiency Damage Report*.

⁸ *Haitian Children's Institute. Enquête sur la prévalence des déficiences en vitamine A et en iode en Haïti*, 2005. (Study on the prevalence of Vitamin A and iodine deficiency in Haiti, 2005).

⁹ MSPP. *Enquête mortalité, morbidité, et utilisation des services* (Study on mortality, morbidity and utilization of services) — *EMMUS IV Haïti 2000–2006*.

¹⁰ EMMUS. *Enquête mortalité, morbidité et utilisation des services* (Study on mortality, morbidity and utilization of services) - *EMMUS IV*, janvier 2007.

¹¹ UNDP. *Rapport national sur les objectifs du Millénaire pour le développement*, 2004. (National report on Millennium Development Goals, 2004).

¹² MSPP, MENJS. *Enquête nationale sur les parasitoses intestinales en milieu scolaire en Haïti*, 2003. (National study on intestinal parasites in Haitian schools, 2003).



10. Despite some reduction, the HIV rate remains the highest in the region at 5.4 percent. It is slightly higher for women than for men, with marked geographical differences. The epidemic represents a public health problem and is part of the government priorities listed in its draft Poverty Reduction Strategy Paper (PRSP).
11. Tuberculosis (TB) has re-emerged together with HIV, because the two pathologies are linked: 32 percent of HIV/AIDS patients are also infected with TB. Poor adherence to treatment results in drug resistance, which is a significant problem with TB sufferers; 50 percent of patients hospitalized with TB are also infected with HIV; 2 percent of HIV-positive patients suffer from some form of drug-resistant TB.¹³

Education

12. The education system is characterized by the Government's limited capacity to meet demand. Of all first-level and second-level basic educational establishments, 92 percent are private. Public schools take in 18 percent of schoolchildren, compared with 82 percent for private schools. Given the extreme poverty of half of Haiti's households, sending children to school is a major challenge for parents who have to make a major financial contribution to school fees, books, materials and uniforms, which are usually obligatory.
13. According to the Haitian Statistics and Computer Science Institute, the net school enrolment rate was 66.3 percent in 2003. A report on the Millennium Development Goals (MDGs) shows that 21 percent of children in the 6–9 age-group have never been to school.¹⁴ The main reason given is the inability of very young children to walk several kilometres to school. Limited or delayed access to school also explains the high number of over-age pupils — 71 percent in 2004 — according to the Ministry of Education, Youth and Sports. The high dropout and repetition rates — two thirds of children fail to complete the first six years of basic education — is also a recurring problem.
14. Differences between schools are enormous in towns and rural areas, reflected in the quality of teaching, schooling and conditions: 44 percent of schools fail to offer a curriculum that allows pupils to complete the primary level. The system is characterized by lack of educational materials and low-quality teaching: only 15 percent of teachers have the requisite academic profile. A mere 33 percent of schools have drinking water; only 67 percent have latrines. Throughout the country, a large number of schools are housed in churches or in buildings with serious sanitary or security problems.

Disaster Management

15. Haiti is, after Cuba, the country in the region most at risk from natural disasters;¹⁵ tropical storms and hurricanes are becoming more frequent. Environmental degradation, endemic poverty and weakened survival mechanisms because of the political, socio-economic and climatic shocks suffered over the past few decades make the country particularly vulnerable. In May 2004, Mapou, a simple tropical depression, and tropical storm Jeanne in September of the same year caused thousands of victims and deprived thousands of households of the immediate resources for survival.

¹³ <http://www.haitimedical.com/gheskio/projets>.

¹⁴ UNDP. 2003. *National report on achieving the Millennium Development Goals*.

¹⁵ Standen, H. 2004. *Design and Development of Early Warning Systems in Haiti — Adapting the NEWS Model to Title II Food Programme Areas*.



POLICIES, CAPACITIES AND INTERVENTIONS BY THE GOVERNMENT AND OTHER STAKEHOLDERS

16. Deterioration of the security environment, the precarious socio-economic situation and a continuing brain-drain have paralyzed the efforts of the Government, whose budget relies on external assistance. However, the PRRO components form part of the Government's priorities as set out in its draft PRSP and of national strategies on nutrition, the fight against HIV/AIDS and intestinal parasites, and universal education. The Government's priorities are also set out in its July 2006 Social Appeasement Programme (SAP).
17. Regarding the prevention and management of natural disasters, the initiatives proposed by the Government are (i) institutional reinforcement of the Civil Protection Office, (ii) inclusion of risk-management in the national planning process and specifically in the PRSP, (iii) development of regional cooperation and (iv) development of a programme covering seismic and biochemical risks.

OBJECTIVES OF WFP ASSISTANCE

18. The PRRO will contribute to achieving WFP's Strategic Objectives 2, 3, 4 and 5, taking account of the MDGs on hunger reduction, mother-and-child health and universal education. It conforms to the Government's priorities.
19. The main objectives are to:
 - protect livelihoods in crisis situations and enhance resilience to shocks;
 - support the improved nutrition and health status of children, of pregnant and lactating women and of TB and HIV-positive patients;
 - support access to basic education by school-age children and adults; and
 - strengthen the capacities of the Government and national non-governmental organizations (NGOs) to establish and manage food-assistance and hunger-reduction programmes.
20. To enhance the food security of the targeted populations, activities proposed under this intervention will focus on access to food supplies and their utilization.

RELIEF AND RECOVERY STRATEGY

21. Since 2003, the country office has managed a range of interventions, including a country programme (CP), two PRROs, a logistics special operation (SO) and an emergency operation (EMOP).
22. In 2005, recognizing the complexity of Haiti's situation, WFP decided to consolidate its emergency, health/nutrition and assets-creation operations into a single operation under PRRO 10382.0, which is due to end in December 2007. The intervention includes a recovery component — 85 percent of resources — grouping community nutrition activities for children under 5 suffering from malnutrition, for pregnant and lactating women and for people living with HIV (PLHIV) or TB, and food for work (FFW). The relief component — 15 percent of resources — makes up the difference in tonnage and allows a rapid response to the immediate needs of victims of natural disasters or civil strife.



23. The evaluation of PRRO 10382.0 and the mid-term evaluation of the CP recognized the relevance of the objectives. Assistance provided under the new PRRO will aim to prevent a worsening of the nutritional status of populations through a community strategy that will target the most vulnerable groups and individuals through established institutions and service providers such as schools and health centres. The recovery component will therefore include health/community nutrition and education as well as the relief component.
24. The relief component was included in the intervention to respond more effectively to current national realities. It should, in the short term, contribute to a return to normality in the educational field and promote social appeasement, stabilization and the maintenance of peace, in line with the principal objectives of the Government and the international community. The relevance of the possible return of an education component in a development project (DEV) will be reviewed regularly.

Component I – Recovery

⇒ *Health/Community Nutrition*

25. Nutritional deficiency during pregnancy and infancy has irreversible consequences on a child's mental development and future health. This component will support targeted complementary feeding programmes responding to the special nutritional needs of the most vulnerable groups — children under 5, pregnant and lactating women, TB patients undergoing treatment and people living with HIV (PLHIV). The current therapeutic approach for children under 5, which follows the protocol of the Ministry of Health and Population, will continue to be used. But special attention will be given to infants aged 6–24 months in terms of vitamins and micronutrients; they will also be monitored to gauge the impact of food assistance. This should help to make the case to the authorities for a review of the paediatric protocols, focusing on children under 2.
26. Beneficiaries will be targeted through established service providers and health centres/dispensaries. Children under 5 suffering from malnutrition, as defined under existing weight-to-age criteria, will be enrolled in the programme for six months and will benefit from dry rations. Advice on nutrition and hygiene will be given to the people responsible for the children; parasite treatment and micronutrient supplementation will be integral parts of the programme.
27. Pregnant or lactating women will receive a complementary take-away ration consisting of enriched foods from the third month of pregnancy and for six months after delivery. The initiative aims to improve their nutritional status, increase babies' birthweight and encouraging women to use mother-and-child health services regularly. They will also receive an iron supplement to counter anaemia and reduce the risk of maternal mortality.
28. With HIV-positive patients or people suffering from TB, a proper diet is essential to support therapies based on anti-retrovirals or anti-TB drugs under direct supervision; this ensures that patients continue their treatment and compensates households for income lost through illness. Targeting of HIV-infected patients will preferably be carried out at health centres qualified to care for them, as recommended by the external evaluation mission.
29. However, in view of the fact that anti-retrovirals are not available in several areas of the country, and given that a stigma is still attached to HIV/AIDS in many health facilities, associations of PLHIV will be re-evaluated as a channel for distribution to this target group with a view to using the ones that offer complementary services such as psychological support. TB patients will benefit from food assistance for the duration of their treatment;

HIV-positive people will receive food for six months, renewable on the basis of a review of medical and socio-economic criteria.

⇒ *Education*

30. Although Haiti's constitution makes basic education obligatory, the educational system still gives rise to excessive inequalities, particularly among children from poor and vulnerable households. A substantial proportion of such children enter the system when they are well over the official age of 6. Of 100 children enrolling in the first year of the basic cycle of studies, only 30 manage to complete the sixth year. Attendance is very irregular, so the rate of children having to repeat classes is 16 percent for the first year of basic education; the drop-out rate is 28 percent in the fifth year.
31. Pupils dropping out of formal education run the risk of being drawn to towns where they often become criminals or gangsters. Crime and gangsterism are growing at such a rate that unless urgent measures are taken an entire generation is in danger of being sacrificed. Thus, in line with a recommendation by the mid-term evaluation mission on school feeding, schools have been selected as an entry point for reaching school-age children and safeguarding them from such hazards. In that context, school feeding, with school canteens as an integral part of the system, remains one of the best ways of contributing to the food security of poor and vulnerable households, of helping improve the security and protection of children and of supporting the government in its policy of enhancing the educational system.
32. Balanced meals for primary schoolchildren will contribute directly to: (i) increasing enrolment and attendance among children who have reached the official age; (ii) reducing the drop-out rate; and (iii) improving the capacity of pupils to concentrate and learn. School feeding will be accompanied by complementary activities designed to improve utilization of the food, for example parasite treatment, nutritional education, personal hygiene and HIV/AIDS awareness. Establishment of school gardens may also be considered in certain cases to diversify children's diets in the context of greater integration between schools and communities.
33. WFP will help to strengthen existing school organizations such as parent-teacher associations and canteen management committees. Cooks will be trained in hygiene, nutrition and the preparation of meals; members of management committees will be trained in food management and storage. In partnership with the United Nations Children's Fund (UNICEF), which helps to enhance the quality of education, WFP will if possible provide logistics support in the distribution of educational materials, particularly as regards community-managed schools with limited resources.
34. WFP will continue to support functional literacy courses for people aged 18 and over, including young women who were forced to leave the educational system too early.

Component II – Relief

35. This component will be more limited in scale than under the preceding PRRO; it will be accompanied by consolidation work planned under the development project being implemented simultaneously. It will cover timely distribution of emergency family rations to households suffering the effects of natural disasters or civil strife in two ways. Distributions may take place as part of immediate relief operations for a period of 15 days following a first rapid evaluation of needs, with priority going to women, the elderly and child heads of household. They may also be an emergency response in a second phase, if needed, for a maximum of two months.



36. Selection will be made on the basis of structural vulnerability criteria such as the socio-economic context and events. Responses to emergencies will be organized on a case-by-case basis with government authorities and partners, in coordination with the Office for the Coordination of Humanitarian Affairs (OCHA) after needs have been evaluated.
37. Stocks will continue to be pre-positioned with partners or at extended delivery points (EDPs) and final delivery points (FDPs) to provide a rapid response to emergencies.
38. WFP intends to extend its activities to distant and inaccessible areas in Ouest and, if resources allow, into the Sud-Ouest to address problems faced by the United Nations system¹⁶ in these areas; the latter is particularly exposed to natural disasters and has few actors on the ground capable of responding rapidly to emergencies.
39. Outside its normal operational areas and in line with partners' capabilities, WFP will pre-position stocks in strategic locations from where they can be delivered rapidly to the most vulnerable areas.
40. Risk-management activities in the PRRO are intended to complement recovery and land settlement, particularly labour-intensive work planned under the development project. Complementarity between the two projects will make it possible to manage the transition between emergency and recovery more effectively and will facilitate the transfer of responsibility for activities.

STRATEGY FOR TRANSFER OF RESPONSIBILITIES

41. The combination of factors such as the food deficit, chronic malnutrition, anaemia among pregnant women, the withdrawal of a number of donors from school feeding programmes, insecurity and violence in degraded urban districts and the Government's scarce resources makes it necessary to continue activities for some time longer.
42. Strategic Objective 5, already initiated with the training of partners, particularly the Government, will be enhanced by the deployment of three groups to units run by ministries with which WFP is working. In this way, normative and operational support will be extended to the National School Canteens Programme (NSCP) run by the new Ministry of Education and Professional Training and the Ministry of Public Health and Population. Two of these groups will be located at central level in the ministries; a third will be with NSCP at the departmental level. The NSCP positions follow a recommendation by the evaluation mission to make school feeding part of an initiative to improve education and assist the Government with regulation and implementation during the transition and preparation period.
43. It is expected that by the end of the PRRO several elements now being developed will be in place and that long-term programming can be envisaged in the social sectors, including finalization of the Poverty Reduction Strategy Paper (PRSP) and the United Nations Development Assistance Framework (UNDAF), and in operational sectors relating to education. This will help to enhance government capacities in preparing national policies on nutrition, school feeding and food security analysis and in planning and implementing programmes, thus contributing to improved national coordination.

¹⁶ UNDP. 2006. *Transitional appeal 2007: support to stabilization in Haiti.*; Foerster, Lynch, Galli. 2007. *Report of the Joint UNDP/UNDP-BCPR/OCHA Mission to Haiti*, in the framework of the joint initiative on the coordination of handover activities.



44. The planned continuation and expansion of activities relating to the WFP Food Security Early Warning System (FSEWS) initiated in Nord and Nord-Est in 2006 — including rainfall measurement, market price surveys, household consumption and survival strategies — are part of the support for the *Coordination nationale de la sécurité alimentaire* (CNSA; National Food Security Coordination Agency) operated by the Ministry of Agriculture, Natural Resources and Rural Development; they also help to enhance government capacities in analysis of food security and household vulnerability in the *Observatoire national de la sécurité alimentaire* (ONSA; National Observatory on Food Security) and help to improve the coordination of aid at the national level. The component is coordinated with the Famine Early-Warning System Network (FEWS-NET).

BENEFICIARIES AND TARGETING

45. Geographical targeting takes into account the Government's priorities, the health and nutrition situation, vulnerability to natural disasters and food aid coverage. For activities associated with school feeding, the Sud-Est Department will therefore be added to the five other departments already involved — Nord, Nord-Est, Nord-Ouest, Ouest and Artibonite. Nutritional support will be concentrated in all these departments, with the exception of Nord-Ouest and Artibonite, which are already covered by other actors. Support for PLHIV or those infected with TB, and emergency operations, will have national coverage. Particular attention will be given to synergy among different areas of the PRRO components and food-for-work activities of the development project.
46. The aid provided will respond to the needs of the following target groups:
- underweight children under 5 on the basis of weight-for-age indices for six months;
 - pregnant and lactating women with a mid-upper arm circumference (MUAC) of less than or equal to 22 cm, from the second trimester to six months after childbirth for a maximum of 12 months, including the first six months of breast feeding;
 - TB patients who have received eight months of treatment according to procedures of the Ministry of Public Health and Population, or longer in the case of resistance to standard treatment;
 - HIV-positive patients and patients under anti-retroviral therapy (ART), or PLHIV in areas where this treatment is not available or where they suffer from stigmatization, under the community approach. The approach takes into consideration socio-economic criteria and a combination of factors including BMI, which will be used and re-assessed regularly with the Ministry of Public Health and Population; assistance will be provided for six months, renewable after a re-assessment of admission criteria;
 - primary schoolchildren for 160 days in each school year, and adults attending the professional and literacy training centres, for the 90 days per year of training;
 - people who are food-insecure after natural disasters or prolonged civil conflict according to a rapid needs assessment: for the first period, women, children and elderly heads of households for a maximum of 15 days; then the most vulnerable households on a case-by-case basis according to a series of temporary or structural vulnerability criteria¹⁷ for a maximum of two months.

¹⁷ Including diet diversity, a *Système d'alerte précoce sur la sécurité alimentaire PAM* (SAPSAP) indicator, according to the observations of correlation with vulnerability to food insecurity established by the 2005 VAM study.



47. The target groups and the planning of beneficiaries are determined on the basis of three national surveys in 2005, 2006 and 2007 that serve as a reference for the monitoring system.¹⁸ In coordination with CNSA, an assessment of the vulnerability of populations and the nutritional situation is planned for the end of 2007 by WFP's Emergency Preparedness and Response Branch (ODAP). It should refine the reference data used and the monitoring indicators in order to measure the progress of the PRRO.
48. The project will target 1,422,640 beneficiaries¹⁹ in two intervention components — relief and recovery. The breakdown of the geographical distribution of beneficiaries by type of intervention is shown in the table below.

| TABLE 1: NUMBER OF BENEFICIARIES, BY TYPE OF INTERVENTION AND DEPARTMENT | | | | | | | | |
|---|----------------|----------------|----------------|---------------|---------------|---------------|-----------------|------------------|
| Type of intervention | Ouest | Nord | Nord-Est | Sud-Est | Nord-Ouest | Artibonite | All departments | Total |
| Immediate relief | | | | | | | 100 000 | 100 000 |
| Emergency response | | | | | | | 100 000 | 100 000 |
| Community nutrition | 442 995 | 141 381 | 75 405 | 65 979 | | | - | 725 760 |
| Support for HIV-positive or TB-affected people | | | | | | | 146 880 | 146 880 |
| School feeding | 96 000 | 93 000 | 70 000 | 30 000 | 20 000 | 21 000 | - | 330 000 |
| Food for training (FFT) | 7 300 | 2 890 | 2 385 | 2 800 | 2 170 | 2 455 | | 20 000 |
| TOTAL | 546 295 | 237 271 | 147 790 | 98 779 | 22 170 | 23 455 | 346 880 | 1 422 640 |

NUTRITIONAL ASPECTS AND RATIONS

49. The food basket of cereals, pulses, corn-soya blend (CSB), fish, vitamin-A enriched oil, iodized salt and high-energy biscuits (HEB) is consistent with national food habits. The enriched products compensate for the lack of micronutrients.
50. The food ration generally serves as a complement, covering at least 45 percent of beneficiaries' caloric needs. In the relief component, however, it represents 100 percent of the daily ration because it is presumed that the affected populations have no other source of supply. These emergency rations are designed on the one hand to limit cooking and fuel needs while covering energy and nutritional needs during critical periods, and on the other to optimize the efficiency of the PRRO while permitting a reallocation of food to the community health activity if it does not start up as expected.

¹⁸ EMMUS IV2005–2007 (2007) for the health and access to basic services sectors; *Recensement général de la population et de l'habitat* 2005 (2006); and *Répertoire des écoles préscolaires, fondamentales et secondaires d'Haïti* 2002/2003 (2005) for the education sector.

¹⁹ This figure takes into account the duration of supplementation cycles of the nutrition activity and re-admissions.



51. The food rations shown in Table 2 respond to the estimated nutritional needs of target groups with respect to WFP standards and the recommendations of the mid-term assessment missions of the school feeding²⁰ and of the PRRO, which terminates at the end of this year. They take into account operational realities in the field, particularly the quantity of food that a beneficiary should carry over long distances after receiving the ration, and low warehouse capacity and stock management at delivery points. In order to avoid risks of stigmatization previously encountered, HIV-positive or TB-affected people will benefit from identical rations to those of other target groups in the community health/nutrition activity.

| Type of intervention | Cereals | Dry pulses | Veg. oil | CSB | Bisc. | Salt | Fish | kcal | Family ration – number of people | Days |
|--|---------------|---------------|--------------|---------------|------------|--------------|--------------|---------------|----------------------------------|------|
| Immediate relief | - | - | - | 200 | 250 | - | 50 | 2 037 | 5 | 15 |
| Emergency response | 300 | 50 | 25 | - | - | 5 | - | 1 469 | 5 | 60 |
| Community nutrition | 50 | 50 | 25 | 100 | - | 5 | - | 949 | 3 | 360 |
| Support to HIV-positive and TB-affected people | 50 | 50 | 25 | 100 | - | 5 | - | 949 | 3 | 360 |
| School feeding | 175 | 40 | 10 | - | - | 5 | 15 | 898 | - | 160 |
| FFT | 300 | 50 | 25 | - | - | 5 | - | 1 469 | 5 | 90 |
| TOTAL (mt) | 31 620 | 14 964 | 6 426 | 20 820 | 375 | 1 602 | 1 659 | 77 466 | | |

52. Table 3 shows the total volume of food required for 1,422,640 beneficiaries for two years.

| Type of intervention | Cereals | Dry pulses | Vegetable oil | CSB | Salt | Fish | Biscuits | Total |
|--|---------------|---------------|---------------|---------------|--------------|--------------|------------|---------------|
| Immediate relief | | | | 300 | | 75 | 375 | 750 |
| Emergency response | 1 800 | 300 | 150 | | 30 | | | 2 280 |
| Community nutrition | 8 316 | 8 316 | 4 158 | 16 632 | 832 | | | 38 254 |
| Support to HIV-positive and TB-affected people | 1 944 | 1 944 | 972 | 3 888 | 194 | | | 8 942 |
| School feeding | 18 480 | 4 224 | 1 056 | | 529 | 1 584 | | 25 873 |
| FFT | 1 080 | 180 | 90 | | 17 | | | 1 367 |
| TOTAL | 31 620 | 14 964 | 6 426 | 20 820 | 1 602 | 1 659 | 375 | 77 466 |

²⁰ Particularly with regard to 50 percent of energy needs in a context of double attendance, and to reduced food diversity in a context of weak institutional management capacity.



METHODS OF IMPLEMENTATION

Partnerships and Capacity-Building

53. WFP will maintain working relations with ministries at the central and departmental levels. The partnerships with United Nations organizations, bilateral donors, governmental organizations and NGOs will enhance programme implementation.
54. WFP and UNDP will continue to support the *Direction de la protection civile* (Civil Protection Directorate) to update CNSA and the assessment scales used during natural disasters through the contributions of ONSA.
55. NGOs will contribute to institutional consolidation, the quality of services provided by the institutions and the involvement of beneficiaries in the participatory process. On the basis of established partnerships, NGOs will be selected according to their experience, capacity and the way in which they implement policies on gender equality. They will be responsible for logistics and food distribution, and the follow-up and preparation of reports in their area and intervention sector.
56. The opening of voluntary screening centres and the improvement of the nation-wide anti-retroviral distribution system will make it possible to explore more solid partnerships capable of impacting on food aid for PLHIV.

OPERATIONAL MATTERS

57. In line with the recommendation of the independent mission, WFP will improve its partnership agreements. A detailed operational addendum will be added that will cover the obligations of the partners in terms of reporting results. WFP will ensure that women and men have equally important roles in distribution committees, in the selection of beneficiaries and projects, and in decision-making. The implementation partners and governmental counterparts will receive training on the Enhanced Commitments to Women.
58. In partnership with the Ministry of Public Health and Population, the United Nations organizations and the NGOs, WFP will provide food aid for the Ministry of Public Health and Population and NGOs. Food will be delivered and distributed to beneficiaries monthly during follow-up medical visits.
59. With regard to the school feeding programme, priority will be given to national, community and communal public schools, then to private schools, attended by children from the poorest families living in the targeted areas. A set of integration criteria will be established with the *Programme national des cantines scolaires* (PNCS; National School Feeding Programme) including schooling costs, rates of attendance and clearance to operate, and with the committee responsible for daily management of school feeding, including parents and teachers; this committee will ensure the proper running of the canteen and will participate in associated activities focused on the school such as training or the creation of school gardens.

Non-Food Aid

60. WFP will maintain its synergies with organizations offering complementary services in the health centres, as stipulated in an agreement signed in 2006 between UNICEF and WFP. UNICEF will ensure, as far as possible, the training of health staff and the supply of vaccines and micronutrient supplements for routine activities and vaccination campaigns, weighing equipment, and laboratory equipment for the production of haemoglobin tests where required. Training in pre-natal and post-natal care, family planning and general health will also be offered in some centres with the support of the United Nations Population Fund (UNFPA).
61. The activities financed by the Micronutrient Initiative will improve the quality of the interventions, particularly by providing micronutrients for children under 2 to minimize the effects of malnutrition on their development. With the aim of countering the lack of micronutrients in the intervention areas, WFP will participate practically and financially with UNICEF in organizing child weeks, which will provide inputs in support of vitamin A distribution and iodized oil capsules, and technical support in the iodization of all salt.
62. The PRRO envisaged the production of educational material on nutrition and the training of partner NGOs, local groups and teachers. WFP will give priority to awareness-raising and nutritional training in schools and health centres. Food aid will be a direct incentive to encourage women to enrol in training programmes, particularly functional literacy, hygiene, nutrition and HIV awareness.
63. Under the national anti-parasite programme, WFP will continue to collaborate with UNICEF in the fight against helminth infection, particularly by deworming twice a year in schools.

Logistic Measures and Local Purchases

64. WFP will continue to import food in containers by sea. Most of it is transferred at Freeport in the Bahamas; 70 percent of food is then sent to Port-au-Prince; the rest goes to Cap-Haïtien. In some cases, transport will be by ships chartered at the ports of origin, especially those in the Caribbean. Insufficient port and warehouse facilities in the north of the country precludes deliveries of large quantities — 50 percent — destined for areas to be supplied from Cap-Haïtien, so transit through the capital is necessary.
65. Haiti continues to face many obstacles that make logistics complex and onerous. The main obstacles are: (i) the weakness of the port infrastructure and slow import procedures; (ii) the inadequacy of the road network; (iii) difficult mountainous country; (iv) inadequate transport capacity; (v) worn out and poorly maintained equipment; (vi) inadequate warehouse capacity at EDPs and FDPs, which results in more frequent deliveries; and (vii) the United Nations phase III security measures.
66. Because official capacities are limited, WFP will continue to provide logistics — import, maintenance, warehousing and transport of food to FDPs. Agreements will be concluded with partners to undertake as far as possible some of the transport from the main warehouses. The main warehouse of Port-au-Prince, which is in an unsecured area that is difficult to reach, will continue to be managed by a logistics subcontractor. The warehouse of Cap-Haïtien will be directly managed by WFP, which will continue to pre-position food at EDPs and FDPs in line with the established re-supply principle.



67. Several initiatives that contribute to improving logistics capacities are adopted in the PRRO, particularly the priority given to allowing strategic partners to manage significant amounts of food, in line with the recommendation of the external evaluation. Other partnerships deal more specifically with matters such as the modernization and renewal of WFP's fleet of trucks and employment of an engineer to optimize fleet maintenance and management. An international logistics officer will be recruited who is an expert in corporate systems such as the WFP Information Network and Global System (WINGS) and the Commodity Movement Processing and Analysis System (COMPAS), with a view to improving the management of the supply chain, for example by improving the planning of the deliveries over time; staff training will continue. It is also expected that the project for improving port and customs installations, started in 2007 by the Inter-American Development Bank (IDB), will produce results.
68. The national market is disorganized and fragmented, and the country has a deficit at the national level. Therefore only a small part of the food required could be guaranteed by local purchases at prices higher than international prices, and only if formal support from donors is obtained, which would allow savings on maritime transport costs. As far as possible, regional purchases of 4 percent of the tonnage could be made with the support of the regional bureau.
69. The Government will continue to provide tax exemptions and waivers to facilitate local and regional purchases and to ensure the timely arrival of food.
70. The landside transport, storage and handling (LTSH) cost of this operation is US\$134/mt.

MONITORING OF RESULTS

71. The PRRO takes into account results-based management; it was designed in conformity with the logical framework in Annex II.
72. The monitoring and evaluation (M&E) system will provide data that will be regularly compared with performance indicators and reference data; the latter will be extracted from the baseline survey of the nutritional and health situation by the Mortality, Morbidity and Services Utilization Survey (EMMUS IV) and that carried out in schools at the beginning of the intervention. The VAM survey planned for the end of 2007 will enable the refinement of monitoring indicators; SAP will enable the gathering of data, particularly relating to household consumption and diet diversity, that will allow PRRO progress to be measured during implementation.
73. Quantitative and qualitative data collection is regularly undertaken by monitors in the field. Standardized project report formats have been adopted by partners with a view to ensuring that data are uniform, homogenous and comparable and to show all progress towards the achievement of expected results. The primary data, disaggregated by sex, will be entered into the database to be analysed and used in quarterly reports.
74. Implementing partners and all WFP field staff involved in M&E will receive training.
75. A mid-term evaluation, for which budgets are set aside, will be carried out by the country office in the second semester of 2009.



ASSESSMENTS OF RISKS AND PLANNING OF EMERGENCY INTERVENTIONS

76. The political and socio-economic situation remains volatile. Many factors could impede implementation, in particular:
- civil conflict in which reorganized gangs cause insecurity in underprivileged neighbourhoods and block access to intervention areas;
 - political instability and the temptation for some people to loot;
 - non-renewal of MINUSTAH;
 - increased frequency of natural disasters in the Caribbean, obstructing the maritime logistics chain;
 - bottlenecks in the overland logistics chain, particularly terminals, customs, limited warehousing capacity at EDPs and FDPs, primary and secondary transport and stock management by partners;
 - the poor state of roads; and
 - partners' weak absorption, planning, organization and monitoring capacity.
77. WFP provides leadership in food aid and logistics within the framework of the United Nations contingency plan. Stocks assigned to ensuring short-term emergency aid supplies are integrated within the current PRRO. WFP will pre-position, when possible, food aid stocks in some of the most at-risk regions. WFP will re-allocate to emergencies the food supplies allotted to the recovery component and will revise the intervention budget in case of need.

SECURITY MEASURES

78. The United Nations security phase is currently phase III in Haiti; the United Nations is operating in the integrated mission context. The security situation is volatile in towns, especially in vulnerable neighbourhoods; the insecurity also extends to some departments. The country office has the services of a security officer who is in liaison with MINUSTAH. WFP has to comply with minimum operating security standards (MOSS) and the minimum security telecommunications standards (MISTS).
79. The topography of the country and poor communications require the use of a greater range of communication systems, whose operational costs are high; these include high-frequency (HF) and very high frequency (VHF) radio and mobile and satellite telephones.

ANNEX I-A

| BREAKDOWN OF PROJECT COSTS | | | |
|--|--------------------------|---|-------------------------|
| | Quantity (mt) | Average cost per mt (US\$) | Value (US\$) |
| WFP COSTS | | | |
| A. Direct operational costs | | | |
| Food ¹ | | | |
| – Cereals | 31 620 | 300 | 9 486 000 |
| – Dry pulses | 14 964 | 500 | 7 482 000 |
| – Vegetable oil | 6 426 | 1 150 | 7 389 900 |
| – CSB | 20 820 | 395 | 8 542 650 |
| – Canned fish | 1 659 | 2 265 | 3 757 635 |
| – Iodized salt | 1 602 | 65 | 104 130 |
| – HEB | 375 | 850 | 318 750 |
| Total food | 77 466 | | 36 762 315 |
| External transport | | | 9 908 556 |
| Landside transport, storage and handling | | | 10 366 665 |
| Other direct operational costs | | | 3 002 000 |
| Total direct operational costs | | | 60 039 536 |
| B. Direct support costs ² (see Annex I-B) | | | 9 048 917 |
| C. Indirect support costs (7.0 percent) ³ | | | 4 836 192 |
| TOTAL WFP COSTS | | | 73 924 644 |

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 | |
| International professional staff | 2 091 780 |
| National professional officers | 715 200 |
| National general service staff | 1 401 500 |
| Incentives | 1 694 568 |
| Temporary assistance | 193 559 |
| Overtime | |
| Staff duty travel | 770 030 |
| Staff training and development | 192 662 |
| Subtotal | 7 715 899 |
| Office expenses and other recurrent costs | |
| Rental of facility | 132 666 |
| Utilities (general) | 77 326 |
| Office supplies | 53 000 |
| Communications services | 81 000 |
| Equipment repair and maintenance | 92 406 |
| Vehicle maintenance and running cost | 222 000 |
| Other office expenses | 115 000 |
| United Nations organizations services | 89 220 |
| Subtotal | 862 618 |
| Equipment and other fixed costs | |
| Furniture, tools and equipment | 26 500 |
| Vehicle leasing | 326 400 |
| Communications equipment | 117 500 |
| Subtotal | 470 400 |
| TOTAL DIRECT SUPPORT COSTS | 9 048 917 |





| ANNEX II: LOGICAL FRAMEWORK | | |
|---|---|---|
| Results chain | Performance indicators | Risks, assumptions |
| Strategic Objective 2: Protect the means of subsistence in crisis situations and strengthen resistance to shocks | | |
| Outcome 2.1 Distribution of food on time and in sufficient quantity to beneficiaries. | <ul style="list-style-type: none"> ➤ Number of beneficiaries receiving WFP food aid for each activity, by % of planned number of beneficiaries, by age group and sex. ➤ Quantities of food products distributed for each activity as % of planned distributions, by food type. ➤ Number of participants in each activity, as % of number planned of participants and by sex. | Sufficient resources and available on time. Security situation allowing for food to be targeted in affected areas. Storage and distribution capacity of partners is adequate. Prior agreement with the Government on targeting modalities. High-quality food received by the country office. Logistic chain clear downstream and at customs clearance. Adequate transport capacity. |
| Output 2.1 Increased capacity of targeted households to subsidize their food needs in crisis situations or if vulnerable to shocks. | <ul style="list-style-type: none"> ➤ Proportion of expenditure that beneficiary households spend on food. ➤ Food diversity increased at the end of the emergency assistance in more than 75 percent of households. | Quality of data collected during the surveys. |
| Strategic Objective 3: Contribute to improve nutrition and the state of health of children, pregnant and lactating women and HIV-positive and TB-affected people | | |
| Outcome 3.1 Supply of nutritional food in good time and in sufficient quantity for young children, pregnant and lactating women and TB and HIV-positive patients. | <ul style="list-style-type: none"> ➤ Number of beneficiaries receiving WFP food aid for each activity, as % of number of planned beneficiaries, by category of project, age group and sex. ➤ Quantities of food distributed for each activity as % of planned distributions, by activity and food type. ➤ Number of participants in each activity as % of number of participants planned, by category of beneficiary and sex. ➤ % of micronutrient-enriched food delivered through WFP nutritional interventions. | Sufficient resources and available on time. No inventory shortage of CSB. Storage capacity of partners. High-quality food received by the country office. Clear logistics chain upstream and at customs. Adequate transport capacity in WFP and partners. Security situation allowing for delivery of food in affected areas. |

ANNEX II: LOGICAL FRAMEWORK

| Results chain | Performance indicators | Risks, assumptions |
|---|--|---|
| <p>Outcome 3.2</p> <p>Supply of de-worming tablets to primary school children</p> | <ul style="list-style-type: none"> ➤ Number of children having received Albendazole tablets in WFP-supported activities, as % of the number planned and by sex. ➤ Number of schools reached by the anti-parasite campaign, as % of number planned. ➤ Number of anti-parasite campaigns carried out, as % of number planned. | <p>Respect of commitments in the Memorandum of Agreement between WFP and UNICEF related to the provision of deworming.</p> <p>Stable and dynamic <i>Equipe santé scolaire</i> (MSSP; Health Education Team) and MENFP.</p> <p>Security situation allows deworming in the intervention areas.</p> |
| <p>Output 3.3</p> <p>Improvement of the nutritional state of targeted children under 5.</p> | <ul style="list-style-type: none"> ➤ Recovery rate of children by age group (6–24 months and 25–59 months) at the end of the supplementation cycle according to weight/age. ➤ % of children advancing from one malnutrition threshold to another at the end of the supplementation cycle — normal weight, weak and very weak for age — by sex and age group. ➤ Drop-out rate at the end of the supplementation cycle, threshold < 15%, by sex and age group. | <p>Sufficient quantity of staff trained in the health centres.</p> <p>Minimum Ministry of Public Health and Population personnel service package made available to beneficiaries.</p> <p>No inventory shortage of CSB.</p> <p>Reliable cooperation partners operating in WFP intervention areas.</p> <p>Access to drinking water.</p> <p>Adequate hygiene and environmental conditions.</p> <p>Security situation allowing the transport of food in the intervention areas.</p> |
| <p>Outcome 3.4</p> <p>Improvement of the nutritional state of targeted pregnant women and lactating mothers.</p> | <ul style="list-style-type: none"> ➤ Number of pregnant women with a positive weight gain of 1 kg/month as % of number enrolled, by category. ➤ % of women whose MUAC at the end of the supplementation cycle is > 22 cm, by category. | |



| ANNEX II: LOGICAL FRAMEWORK | | |
|---|--|---|
| Results chain | Performance indicators | Risks, assumptions |
| <p>Output 3.5</p> <p>Improvement in the nutritional and health state of HIV-positive or TB-affected people.</p> | <p>TB</p> <ul style="list-style-type: none"> ➤ Number of TB patients having completed the therapy, as % of number enrolled, by sex. <p>TB/HIV</p> <ul style="list-style-type: none"> ➤ Number of patients where BMI has increased from the beginning to the end of the supplementation cycle, as % of enrolled, by sex (BMI threshold > 18.5). | <p>Availability of ART in WFP intervention areas.</p> <p>No inventory shortage of anti-TB or anti-retroviral medicine, where available.</p> <p>Partners have an operational community network capable of tracing drop-outs.</p> <p>Partners have an efficient data-collection system.</p> <p>Reliable cooperating partners work in WFP intervention areas.</p> <p>Security situation allows delivery of food in the intervention areas.</p> |
| Strategic Objective 4 : Facilitate access to education and reduce gender inequality in access to education and professional training | | |
| <p>Outcome 4.1</p> <p>Supply of food on time and in sufficient quantity for targeted children, adolescents and adults to improve access to education in primary schools and informal education establishments.</p> | <ul style="list-style-type: none"> ➤ Number of beneficiaries receiving WFP food aid for each activity as % of number planned, by category of beneficiary, category of project, age group and sex. ➤ Quantities of food distributed for each activity as % of planned distributions, by activity and food type. ➤ Number of participants in FFT as % of number planned and by sex. | <p>Sufficient resources available on time.</p> <p>Storage capacity of partners.</p> <p>High-quality product received by the country office.</p> <p>Adequate WFP transport capacity.</p> <p>Clear logistics chain from customs.</p> <p>Effective implementation of the Government's literacy programme.</p> <p>Security situation allows delivery of food in intervention areas.</p> <p>Political conflicts upset the school calendar.</p> |
| <p>Output 4.2</p> <p>Increased schooling of boys and girls in primary schools supported by WFP.</p> | <ul style="list-style-type: none"> ➤ Net enrolment rate: number of boys and girls enrolled in primary schools supported by WFP | <p>Counterparts and implementing partners provide services complementing WFP food.</p> <p>Statistics concerning school-age children are available and updated at the local and national levels.</p> |
| <p>Output 4.3</p> <p>Improvement of the regular attendance of boys and girls in schools supported by WFP.</p> | <ul style="list-style-type: none"> ➤ School attendance rate: number of school days attended in primary schools benefiting from WFP food aid as % of total number of school days. | <p>Favourable security situation.</p> |

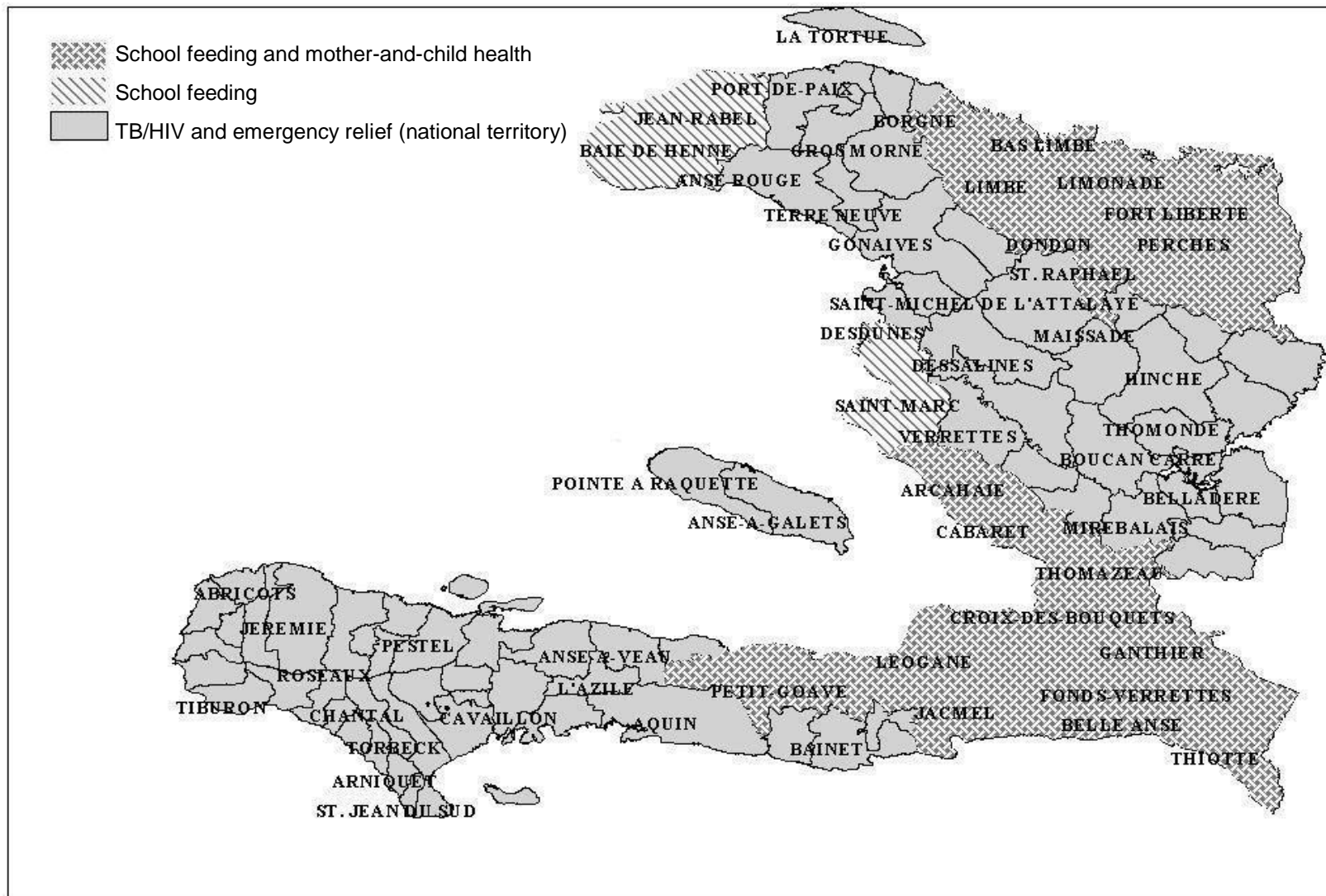




ANNEX II: LOGICAL FRAMEWORK

| Results chain | Performance indicators | Risks, assumptions |
|--|--|---|
| <p>Output 4.4</p> <p>Improvement of the concentration and learning capacity of boys and girls in schools supported by WFP.</p> | <ul style="list-style-type: none"> ➤ Number of children admitted into upper grades in primary schools supported by WFP, by sex. | <p>High-quality national programme defined and applied.</p> <p>Ministry of Education and Professional Training capable of defining and applying teacher certification standards.</p> |
| <p>Output 4.5</p> <p>Reduction of gender differences in primary schools and informal teaching establishments.</p> | <ul style="list-style-type: none"> ➤ Girl/boy ratio in primary schools supported by WFP. ➤ Ratio of women to adolescents and men in FFT. | |
| <p>Strategic Objective 5 : Strengthen the capacity of countries and regions to design and manage food aid programmes and combat hunger</p> | | |
| <p>Outcome 5.6</p> <p>Support for strengthening the capacities of national organizations participating in food aid projects and the fight against hunger.</p> | <ul style="list-style-type: none"> ➤ Number of counterpart staff at the local and national levels trained in WFP technical assistance, as % of number planned, by type of activity and sex. ➤ Number of training sessions carried out for counterpart staff involved in the management of food aid as % of number planned. ➤ Number of field staff hired for monitoring and management of food aid. | <p>Financial resources available.</p> <p>Security situation and political stability are acceptable; continuity of managerial staff.</p> <p>Political will of governmental authorities in place.</p> |

Map of intervention areas, by type of activity (PRRO 10674.0)



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

| | |
|----------|---|
| AIDS | auto-immune deficiency syndrome |
| ART | anti-retroviral therapy |
| BMI | body mass index |
| CNSA | <i>Coordination nationale de la sécurité alimentaire</i> ; National Food Security Coordination Agency |
| COMPAS | Commodity Movement Processing and Analysis System |
| CP | country programme |
| CSB | corn-soya blend |
| DEV | development project |
| EDP | extended delivery point |
| EMMUS IV | Mortality, Morbidity and Services Utilization Survey |
| EMOP | emergency operation |
| FDP | final delivery point |
| FEWS-NET | Famine Early-Warning System Network |
| FFW | food for work |
| FSEWS | Food Security Early Warning System |
| GDP | gross domestic product |
| HEB | high-energy biscuit |
| HF | high frequency |
| HIV | human immunodeficiency virus |
| IDB | Inter-American Development Bank |
| LTSH | landside transport, storage and handling |
| M&E | monitoring and evaluation |
| MDG | Millennium Development Goal |
| MINUSTAH | United Nations Stabilization Mission in Haiti |
| MISTS | minimum security telecommunications standards |
| MOSS | minimum operating security standards |
| MUAC | mid-upper arm circumference |
| NGO | non-governmental organization |
| NSCP | National School Canteens Programme |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| ODAP | Emergency Preparedness and Reponse Branch |
| ONSA | <i>Observatoire national de la sécurité alimentaire</i> ; National Observatory on Food Security |
| PLHIV | people living with HIV |

| | |
|--------|--|
| PNCS | <i>Programme national des cantines scolaires</i> ; National School Feeding Programme |
| PRRO | protracted relief and recovery operation |
| PRSP | Poverty Reduction Strategy Paper |
| SAP | Social Appeasement Programme |
| SO | special operation |
| TB | tuberculosis |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| VAM | vulnerability analysis and mapping |
| VHF | very high frequency |
| WHO | World Health Organization |
| WINGS | WFP Information Network and Global System |