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For approval on a no-objection basis

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COUNTRY PROGRAMME— ZAMBIA 10447.0 (2007–2010)

Support for National Capacity Building for the Management of Hunger Reduction Programmes

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NOTE TO THE EXECUTIVE BOARD

This document is presented to the Executive Board for approval on a no-objection basis.

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

This country programme document presents a programme of activities for 2007–2010. It is based on the Fifth National Development Plan of the Government of Zambia, the United Nations Development Assistance Framework (2007–2010), and the findings of a joint Government/WFP participatory mid-term self-evaluation of the second Zambia country programme (2002–2006) conducted in July/August 2005. The goal of the country programme is to strengthen the institutional and technical capability of the Government to provide social safety nets to assist hungry poor households, particularly those affected by HIV/AIDS, to meet their education, health and nutrition needs on a sustainable basis while enhancing their ability to cope with external shocks.

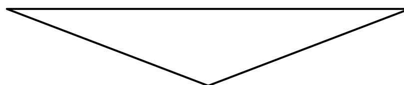
The country programme has three main outcomes, to which all activities contribute:

- enhanced national capacity to institute and manage national food-assistance programmes for on-site school feeding, improved health and nutrition, and disaster management and mitigation;
- greater well-being for poor and hungry people through improved health and nutrition practices and a reconstituted asset base that will increase the capacity of households and communities to rehabilitate or create and maintain assets; and
- enhanced future income-earning capability for children from poor food-insecure households through improved eligibility for further education and vocational training.

The country programme will focus on (i) improving the nutritional and health status of pregnant and lactating women, malnourished children and people living with HIV/AIDS, (ii) increasing access to basic education for all, especially girls and orphans, and (iii) contributing to the achievement of sustainable livelihoods and reduced vulnerability to disasters and food insecurity for vulnerable communities. Activities will focus in areas of chronic food insecurity, high rates of malnutrition and high prevalence of HIV/AIDS.

The budget takes into account the limited resources for development; it has been capped at US$34.4 million; the available resources cover the needs of 936,178 beneficiaries during the four years. WFP will therefore seek contributions from other sources amounting to US$5.5 million to address the needs of an additional 20,000 beneficiaries – pregnant women, tuberculosis and HIV/AIDS patients receiving anti-retroviral therapy and malnourished children – by scaling up activities of the Nutritional Programme for Vulnerable Groups.

DRAFT DECISION*



The Board approves on a no-objection basis country programme Zambia 10447.0 (2007-2010) (WFP/EB.1/2007/8/2), for which the food requirement is 52,201 mt at a cost of US$28.9 million for all direct operational costs.

* 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

1. Zambia ranks 166th of 177 countries in the 2005 United Nations Development Programme (UNDP) Human Development Report. In the 1990s, Zambia's economic development was adversely influenced by declining copper prices, which led to a steady decrease in all development indicators. In 2002–2003, two thirds of the population of 10.76 million could not meet their basic nutritional needs; 23 percent of households were headed by women and 20 percent of children under 19 were orphans.[1] In 2002, about 67 percent of the population lived below the official poverty line, compared with 70 percent in the early 1990s.[2]

2. Poverty reduction remains a challenge because of a heavy debt burden, weak institutional capacity and ineffective public spending. In 2004–2005, Zambia reached the heavily indebted poor countries completion point; it has since received debt relief, increased aid inflows and higher foreign investment in the mining sector. But poverty levels remain high: 74 percent in rural areas, 52 percent in towns and 76 percent among small farmers and people living in "urban low-cost areas".[3] Over the past decade, the trend in the majority of the Millennium Development Goals (MDGs) has been negative.

3. The impact of HIV/AIDS further undermines steps to reduce poverty: an estimated 16 percent of people aged between 15 and 49 are HIV positive.[4] Prevalence rates are higher among young women than men, but among older age groups the prevalence rates are higher for men. Women, the primary caregivers, are more susceptible to HIV/AIDS so their productive activities are often reduced, which in turn slows down agricultural production and adversely affects food security because more women than men are involved in food production at the household level.

4. Agriculture, the main occupation of 72 percent of the workforce, accounts for 18 percent of gross domestic product (GDP).[5] Subsistence farming accounts for 80 percent of maize and cassava production. Growth in agriculture is slow because of inefficient farming practices, lack of inputs, dependence on rain-fed agriculture and undeveloped markets. Food production is constrained by the rapid changeover to cotton and tobacco and by market disincentives for local producers caused by cheap imported foods. Poor agricultural performance contributes to continued food insecurity throughout Zambia: the Living Conditions Monitoring Survey (LCMS) III indicates that 76 percent of food-crop farmers are food-insecure; they are predominantly women and endure severe shortfalls during the September–February lean season, mainly because of inadequate production in rainy seasons.

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[1] LCMS III, 2002–2003. Central Statistical Office, November 2004.

[2] Ibid.

[3] Ibid.

[4] Zambia Demographic and Health Survey (ZDHS), 2001–2002, CSO.

[5] Fifth National Development Plan (FNDP).

5. The poor lack income and access to education, health, safe water and infrastructure. Income poverty has been accompanied by deterioration in indicators of human welfare: stunting rose by 10 percent in the 1990s; 49 percent of children under 5 were stunted, 23 percent were underweight and 5 percent were wasted in 2002;[6] 10 percent of children die before their first birthday and an additional 6 percent do not survive beyond 5.

6. Rural households rely mainly on their own production – 55 percent of consumption expenditure, compared with 4 percent for urban households.[7] The Zambia Vulnerability Assessment Committee (VAC) survey in June 2005 found that in the most vulnerable drought-prone areas this proportion reached 80 percent, confirming the vulnerability of rural households to production-related food insecurity.

7. Adult illiteracy is widespread: 32 percent of people over 15 are unable to read or write; up to 40 percent of women are illiterate. Primary enrolment and completion rates, which fell in the early 1990s, have begun to improve in the last two years,[8] but attendance rates are much lower in rural areas than in towns.

8. These trends must be reversed for Zambia to attain the MDGs. The Fifth National Development Plan (FNDP) aims to reduce poverty by promoting pro-poor economic growth, supporting infrastructure development, improving governance, improving access and quality in social and public services, and mainstreaming HIV/AIDS, gender and the environment. The Government is committed to an anti-corruption policy and sees macroeconomic stability as a prerequisite for export-oriented growth led by the private sector. Attaining the MDGs and the FNDP goals will require considerably enhanced government commitment to poor people, a sustained injection of resources and an acceleration of growth.

9. Zambia is prone to drought and floods. Since the 2001/02 crop season, there have been periodic crop failures as a result of erratic rainfall, in common with other countries in the region. WFP Zambia has responded to these food crises through two regional emergency operations (EMOPs) and the three-year protracted relief and recovery operation (PRRO) 10310. In line with government policy, WFP has combined relief distributions with labour-based activities and expanded community school feeding and nutrition activities to meet the relief food requirements.

10. The FNDP sets targets for the development of agriculture and health, with particular attention to HIV/AIDS, education and social protection, in line with the MDGs. Under the United Nations Development Assistance Framework (UNDAF), United Nations agencies propose to support the FNDP by focusing on (i) HIV/AIDS, (ii) basic social services, (iii) governance and (iv) food security. The United Nations is engaged in the Government-led Joint Assistance Strategy for Zambia (JASZ).

11. The country programme (CP) will contribute to achieving national development targets in these UNDAF areas by providing the Government with models to be replicated in (i) primary-school enrolment, (ii) nutrition supplementation, (iii) home-based care for HIV/AIDS and tuberculosis (TB) patients in the national anti-retroviral therapy (ART) programme, (iv) dissemination of health and nutrition practices, and (v) asset creation at the household and community levels. The CP will pilot a combination of food assistance

[6] Most recent data available.

[7] LCMS III.

[8] Net primary enrolment rates of 75 percent were recorded in 2002–2003 by LCMS III.

and cash transfers[9] targeting low-capacity households in line with FNDP social-protection targets. A remaining challenge is to mainstream disaster preparedness and food security across sectors within development plans; WFP will continue its advocacy role in this. WFP will support the Disaster Management and Mitigation Unit in the Office of the Vice-President and the VACs by strengthening institutional capacity in vulnerability analysis and mapping (VAM) in partnership with other United Nations and donor agencies. The Government will receive support to develop vulnerability baselines and strengthen early warning systems, including enhanced capacity to analyse market availability and access to identify the most appropriate responses to chronic and emergency food insecurity.

PAST COOPERATION AND LESSONS LEARNED

12. A participatory mid-term self-evaluation of the second Zambia CP (2002–2006) in July/August 2005 examined "the relevance, efficiency and effectiveness" of WFP's response to food insecurity among targeted hungry poor people and served as a capacity-building exercise for the Government, country office staff and partners. The findings have been taken into account in formulating this CP document.

13. Recent food shortages were addressed through EMOPs and a PRRO, which normally address transitory food insecurity; they do not address the structural causes of food insecurity or build resilience to disaster in the most vulnerable households and communities. The aim of this CP is therefore to help vulnerable families to increase their resilience to disasters. The CP will have built-in measurable mechanisms that will address underlying and root causes of food insecurity that may be lacking in PRROs.

14. The goal of CP 10447.0 (2007–2010) is to strengthen the technical capacity and institutional capability of the Government to provide safety-net programmes to assist hungry poor households, particularly those affected by HIV/AIDS, to meet their education, health and nutrition needs on a sustainable basis while enhancing their ability to cope with external shocks. The CP will primarily target rural households and will address the immediate and underlying causes of reduced productivity.

15. CP 10447.0 contributes to MDGs 1–7, focusing on the areas identified in the third UNDAF. It was formulated in collaboration with ministries and United Nations and other partners, and conforms to WFP's Strategic Objectives 2–5.

16. Lessons from recent experiences with EMOPs include the need for increased collaboration among development partners and the Government, particularly with regard to providing social safety nets such as cash transfers. Local food procurement is effective in encouraging domestic production, provided that good-quality stocks are available on the local market, but in-kind donations remain essential to fill gaps, stabilize markets and ensure household food security.

[9] The country office is primarily interested in complementing cash with food assistance as appropriate. It will not provide cash, but will complement disbursement by other agencies when food availability falls.

STRATEGIC FOCUS OF THE COUNTRY PROGRAMME

17. In line with the priorities identified in the FNDP, the strategic focus of this CP will be WFP Strategic Objectives 2 and 5, complementing with the FNDP and UNDAF national capacity-building objective.

18. In the context of the UNDAF programmes supporting the FNDP, CP 10447.0 will help the Government to expand and replicate successful models for basic primary education, health and nutrition services for children under 5, pregnant and lactating women at risk of malnutrition, and TB and HIV/AIDS patients, and for attaining sustainable livelihoods through the creation of diversified assets in food-insecure districts most subject to natural disasters. The three components will be implemented in the framework of national food assistance programmes to enhance the development of markets for food crops, mobilize local food production and enhance resilience to natural disasters. In accordance with the FNDP, the CP will be flexible to allow ownership of activities at the community level.

19. The CP will strengthen the capacity of government institutions and counterparts at the district level to enhance government and community ownership. The aim of capacity-building will be to empower the national Government and local governments, enabling them to take over technically and financially. Capacity-building strategies will be developed at the national and local levels; appropriate resources will be allocated. As a component of this, an exit strategy to prepare for the handover of activities to the Government will be formulated. District and community-level programme-management bodies already exist in the districts where WFP will implement the CP. WFP implementing partners have working relationships with these bodies dating from the 2005–2006 relief operation, which was largely decentralized. Orientation workshops have been held to formulate the logical framework, coordination mechanisms and the functions and responsibilities of the implementing partners, expanding the capacity-building work already done.

20. The intended outcomes of the CP are:

- greater well-being for poor and hungry people through improved health and nutrition practices, diversified livelihoods and increased capacity of households and communities to rehabilitate or create and maintain assets;
- enhanced self-sufficiency and future income-earning capability for children from poor food-insecure households through improved literacy, numeracy, life skills and education in HIV prevention; and
- enhanced national capability to institute and manage national food-assistance programmes for on-site school feeding, improved health and nutrition and disaster management and mitigation.

21. WFP will focus on the following (see Annex II):

- support for integrating school feeding, health and nutrition education and asset creation into community and district development plans;
- support for increased access to primary education;
- improved nutrition of (i) pregnant and lactating women and their households, (ii) children at risk of malnutrition and their mothers/caregivers and (iii) food-insecure TB and HIV/AIDS patients, and increased capability of mothers/caregivers in the most food-insecure districts and communities to feed and care for their children; and

➢ enhanced capacity of vulnerable households and communities to create, rehabilitate and maintain assets that provide secure and sustainable livelihoods and increase resilience to natural disasters.

22. Given the positive contribution of local food procurement to rural development, WFP will continue, to procure cereal and high-energy protein supplements (HEPS) in Zambia, resources permitting. Stocks and markets will be monitored by a regional market specialist out-posted to the country office. A cassava pilot project implemented under the refugee operation will be evaluated for possible replication to promote crop diversification and market development.

23. These actions will be carried out in the framework of three core components in which WFP food resources will be combined with non-food resources: (i) Assistance to Basic Education (ABE): 18,295 mt, 35 percent; (ii) Nutrition Programme for Vulnerable Groups and Health and Nutrition Education (NPVG/HNE): 18,111 mt, 35 percent; and (iii) Food for Assets (FFA): 15,795 mt, 30 percent. Activities will focus on lesson-learning, advocacy and capacity-building to support national strategies and programmes and build government commitment and capacity. A national baseline of vulnerabilty and appropriate interventions will enhance the monitoring of interventions.

24. A VAM exercise in May/June 2005 confirmed previous VAM assessments showing that the food deficit and vulnerable districts are concentrated in Central, Southern and Western provinces; parts of Northwestern, Luapula and Eastern Provinces are also affected. The 2005 VAM assessments also confirmed that the burden of poverty falls disproportionately on women. In Central, Southern and Western provinces, 27 districts were identified as the most vulnerable areas in the country on the basis of food insecurity, proneness to drought/floods, poverty, health, drop-outs among girls at primary school, malnutrition among children under 5 and prevalence of HIV/AIDS.

25. WFP assistance will continue to be concentrated in these areas and focused on low-capacity households and groups below the poverty line. Given that nutritional support to food-insecure ART patients increases adherence to drugs by 42 percent and significantly improves immunity,[10] WFP will continue to support food-insecure beneficiaries of the national treatment programme for HIV/AIDS patients receiving ART.

26. At the sub-district level, targeting will continue to involve local authorities and communities, incorporating vulnerability indicators such as household dependency ratios and the number of orphans and households headed by women in line with the targeting practices of national institutions such as the Public Welfare Assistance Scheme.

27. To ensure geographic concentration and a critical mass of activity, the CP will complement the activities of other United Nations agencies, NGOs, community-based organizations (CBOs), bilateral donors and projects financed by international financial institutions. The three WFP components will give combined support to the target populations so that benefits are synergized and beneficiary households can dispense with food assistance as soon as possible. Given the focus of the CP on supporting the management of national food-assistance programmes and enhancing disaster management and mitigation capability, WFP will need to provide human and financial resources to ensure the transfer of technical competence and the creation of institutional mechanisms.

[10] "A pilot community randomized trial of nutritional supplementation to improve adherence and clinical outcomes among food-insecure HIV/AIDS patients receiving ART in Lusaka, Zambia." Centre for Infectious Disease Research in Zambia (CIDRZ), 2006.

Component 1: Assistance for Basic Education

28. A major challenge is to increase enrolment and retention in primary education, particularly among orphans and children from vulnerable low-capacity households, who are often kept out of school because of lost opportunity costs and lack of access. In the primary education sub-sector, WFP will continue to support national efforts to expand access and enrolment in basic education, particularly for vulnerable children. The component is based on the lessons learned from WFP's second CP and the ongoing PRRO; it will provide the Government with models of support for orphans and other vulnerable children (OVC) that can be replicated and expanded.

29. Under the previous CP, 102,000 children were fed each year under a pilot programme at 250 schools in seven food-insecure and educationally disadvantaged districts in Southern, Western and Eastern provinces: Siavonga, Gwembe, Sinazongwe, Livingstone, Kazangula, Mongu and Chadiza. At the request of the Government, which has prioritized education in the FNDP, there is a proposal to expand the activity to an annual average of 210,000 primary schoolchildren at 400 schools in ten districts in Southern, Western and Eastern provinces in order to achieve an annual 10 percent increase in enrolment and attendance rates over initial baseline data.

30. Assuming complementary inputs by the Ministry of Education, the United Nations Children's Fund (UNICEF) and host communities, intended benefits include increased enrolment and retention rates and improved numeracy, literacy and life skills for children enrolled in participating schools, ultimately improving eligibility for secondary education and vocational training. A cluster approach to geographic concentration of the CP components is envisaged, whereby ABE will be implemented in districts where HNE activities of the NPVG and FFA components are in operation.

Component 2: Nutritional Programme for Vulnerable Groups and Health and Nutrition Education

31. In line with the FNDP, NPVG/HNE will be part of a programme to (i) reduce early childhood mortality associated with malnutrition, (ii) reduce maternal malnutrition and (iii) complement the national TB and ART programmes with nutritional and adherence support to increase compliance among food-insecure patients. This activity will be implemented in line with the Government's national food and nutritional policy, which is a five-year strategic plan for strengthening and scaling up food nutrition interventions. The policy falls into the institutional framework of the National Food and Nutrition Commission. Activities will include providing fortified blended food, strengthening capacity in nutrition centres at the provincial, district and community levels and enhancing HNE at the community level. A partnership of the Ministry of Health, National Food and Nutrition Commission, WFP and UNICEF with technical support from the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO) will carry out complementary activities to increase the impact of the activity in rural areas by strengthening district health management teams and district health centres and boosting their outreach services; 438,400 beneficiaries will receive supplementary food through the NPVG.

32. In the targeted communities, food-insecure pregnant and lactating women with children under 2 will receive a micronutrient-rich supplement; distribution of a ration of fortified blended food and vegetable oil will be integrated into antenatal care. The caseload will be broadened to include food-insecure beneficiaries under the programme for the prevention of mother-to-child transmission of HIV/AIDS. Severely and moderately malnourished

children will continue to be a core target group; severely malnourished children will receive rations of dried skim milk, sugar and vegetable oil with combined mineral-vitamin mix (CMV), and the therapeutic formula mixes F75 and F100 provided by UNICEF; moderately malnourished children will receive highly enriched protein supplements.

33. Primary distribution sites will be government hospitals and clinics, currently supported by UNICEF. Food supplements will be one aspect of a care and treatment programme implemented by resident nutritionists. The ration will include a take-home component to promote continuity of recovery; mothers and caregivers will receive nutritional counselling to promote good health among affected children and families.

34. The effects of the escalating HIV/AIDS epidemic are an economic and social challenge to Zambia. In response, the Government began to provide free ARV drugs in May 2005 and continues to scale up its efforts throughout the country. At the Government’s request, WFP will continue to provide nutritional support for food-insecure patients, refining the programme for eventual handover to the National Aids Council.

35. TB in-patients and non-breadwinning outpatients currently receive an individual ration of HEPS; breadwinners and home-based care beneficiaries receive a full family ration for up to eight months. Patients in government-sponsored ART receive HEPS and oil for twelve months, which may be extended by six months depending on recovery. Patients living in families with three or more members receive a full family ration of maize, pulses and vegetable oil. Priority will be given to paediatric cases. Any increase in the numbers of TB and HIV/AIDS beneficiaries will be followed up in collaboration with the Ministry of Health to ensure that the Government’s efforts are complemented. To reduce the number of repeat TB and HIV/AIDS beneficiaries, NPVG activities will include HNE and counselling. Components will be coordinated with the ministries of health and education and other partners.

36. Another consequence of the escalating HIV/AIDS epidemic is an increase in HIV/AIDS orphans. The result is that grandparents, uncles, aunts and cousins care for numbers well beyond their means, which threatens the food security of entire households. Vulnerable households hosting orphans will be eligible for take-home rations of maize, pulses, vegetable oil and HEPS or for a combination of take-home rations and cash transfers. Subject to the availability of resources, WFP will seek to continue its current programme of support for home-based care centres for OVC.

Component 3: Food for Assets

37. In times of disaster, the low capacity of community-based management structures increases people’s vulnerability. Hungry poor people cannot create and maintain such structures because they lack knowledge of good management practices and cannot give time to training because they are busy trying to meet their basic needs. The 2005–2006 mid-term evaluation noted that lack of market linkages was a major constraint for beneficiaries who had developed new livelihood skills and community assets such as beehives and fish farms.

38. The long-term objective of this component is to improve livelihoods and food security in rural communities and households, particularly those headed by women, and to increase resilience to natural disasters. The immediate objectives are (i) to enhance the capacity of targeted communities to set up and run community-based management structures that contribute to long-term food security, (ii) to enhance the capacities of community-based

structures to create, manage and maintain their assets[11] (iii) to improve access to training in HNE, HIV/AIDS awareness and income-generating activities and (iv) to strengthen the capacity of national institutions and development partners to respond rapidly to natural disasters through selective transfer of skills and capacity. FFA interventions will complement non-food assistance to address current causes of food insecurity, lack of inputs, poor infrastructure and HIV/AIDS. WFP will advocate for complementary activities to address needs in the medium and long term, replacement of livestock, establishment of small irrigation schemes and provision of inputs. Preference will be given to implementing partners with technical competence and adequate funding that operate in communities where components 1 and 2 take place. If further resources become available, CP components will be supplemented by interventions that strengthen consumption transfers and safety-net programming for vulnerable groups. The emphasis will be on pregnant women, ART/TB patients and malnourished children through scaled up NPVG activities.

IMPLEMENTATION STRATEGY

39. The third CP is based on the goals of the FNDP, the experience of implementing the second CP and recent emergency-relief activities. Priorities were identified at the district level as part of the formulation of the FNDP. The components will be implemented through provincial governments, district councils and steering committees, and CBOs. Special emphasis and extra resources are being devoted from the outset to building awareness of CP components and buy-in to facilitate implementation and hand-over as appropriate.

40. The rate of transfer of responsibility for the programmes to government institutions and the sustainability of the programme will depend on the Government's commitment to achieving the MDGs in terms of funding, especially in districts with minimal social services and infrastructure. The Government will need to ensure that budget provision is made at the district level for the components.

41. The Ministry of Finance and National Planning will be in charge of coordination and will continue to chair the Country Programme Management Committee (CPMC) of ministries, which will meet at least twice per year. WFP will be responsible for oversight of the CP and establishment and reassessment of linkages with other national development programmes. With the Government and other CPs, WFP will aim to improve coordination of development plans and strategies through agreed United Nations structures.

42. The CP approach will be participatory, with emphasis on community management and evaluation of components. Support for asset creation will be based on community requests. The ABE activity will be carried out in schools where parent-teacher associations (PTAs) and school feeding management committees (SFMCs) are committed to participation; schools will be helped to form such committees if none exist. In supplementary feeding of children at risk of malnutrition, emphasis will be placed on community-based nutrition education and outreach activities to improve feeding practices. Activity steering committees (ASCs) and asset-maintenance committees will be elected by communities to be responsible for activity planning and monitoring and evaluation (M&E). Community mobilization committees will mobilize people, particularly women, and help to form

11 During project implementation, steps will be taken to create sustainable organizational structures and processes for the management of assets after the project period.

asset-maintenance committees and community education committees for decisions on programme activities. Committees for asset maintenance, community mobilization and community education will be regularly elected, trained and supported. To promote community ownership and development, orientation workshops will be held for all national, provincial and district stakeholders in line with the FNDP. These workshops will review and validate the proposed institutional framework and coordination mechanisms, and the arrangements for implementing, monitoring and evaluating the different activities.

43. The CP will be implemented by building on and strengthening local structures and systems for social assistance programmes that are in line with national strategies. To involve ministries in programme management, ASCs will operate under the chairmanship of the Ministry of Community Development and Social Services; they will include representatives from the Office of the Vice-President, the Ministry of Health, the Ministry of Education, the Ministry of Agriculture and Cooperatives, the Ministry of Finance and National Planning, the Food Programme Management Unit, and WFP, and implementing partner, community and beneficiary representatives. The ASCs will meet every three months to give policy direction, coordinate resources and ensure integration of components in the national development framework. An operational contract for each activity will be signed by WFP, the Ministry of Finance and National Planning and the ministry concerned.

44. The success of the CP depends on partnerships with the Office of the Resident Coordinator, UNICEF, FAO and the Joint United Nations Programme on HIV/AIDS (UNAIDS). UNICEF has aligned its CP to cover 2007–2010; its exclusive focus on HIV/AIDS will enable partnerships to support paediatric HIV patients, prevention of mother-to-child transmission (PMTCT) interventions, water and sanitation, and educational support for school feeding. FAO provides technical assistance and inputs for FFA activities designed to increase productivity; HIV mitigation activities are channelled through the United Nations joint programme.

45. In line with the Enhanced Commitment to Women IV, WFP ration cards will be issued with the names of both men and women as family food entitlement holders. This initiative will enhance women's control of family rations. Where applicable, at least 50 percent of the representatives on food committees will be women.

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

46. During review and approval of this CP, meetings to prioritize activities and areas for implementation were held with ministries, United Nations agencies and non-governmental organizations (NGOs). Current working relationships with United Nations agencies will be reinforced – for example the WFP and FAO co-chairing of the United Nations country team food-security theme group and joint social-protection activities with UNICEF. In line with the policy directive in the document "A Policy for Results-Oriented Monitoring and Evaluation in the World Food Programme" (WFP/EB.A/2002/5-C), a results-based M&E system has been developed to enable WFP Zambia to fulfil its commitments on management, performance measurements, accountability, learning and advocacy.

47. WFP maintains sub-offices in Eastern, Central, Western, Northern, Copperbelt and Southern provinces; these are indispensable given the size of the country, low population density, dispersed settlement, poor roads and high transport costs. In view of the level of needs, the increased complexity of programme operations, programme development and management, the increased number of implementing partners, increased capacity-building

and M&E, and the distances involved, the equipment and staffing of the sub-offices will be enhanced to support increased food deliveries.

48. To assist with evaluation, the country office will obtain technical support from Headquarters, the regional bureau, the Regional Directors' team and United Nations Development Group (UNDG) partners – the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF, FAO, UNDP and WHO. Developing a logical framework with implementing partners and stakeholders will strengthen M&E for all components; an annual plan for data collection and reporting will be developed for each activity. The monitoring systems for the CP will be aligned to regional monitoring systems to provide primary information on the performance of WFP-supported activities. The M&E system will be adapted to national information needs and systems and will complement national statistical capacities. Indicators will measure progress towards the goals and strategic orientations of the CP, particularly regarding capacity-building for the Government.

49. To establish a common framework for priority setting and outcome targets, joint baseline surveys of nutrition, education and rural livelihood and infrastructure will be carried out in the targeted districts by the relevant ministries, with support from the UNCT and other stakeholders. Follow-up surveys will be made one year after the start of operations.

50. NGOs will continue to provide technical support and training for FFA and NPVG/HNE. Partnerships will be developed with national NGOs for advocacy and local monitoring of the asset-building, health and education activities in support of results-based monitoring and management.

51. Annual reviews will be held by the ASCs and CPMC; these will be led by the Ministry of Finance and National Planning with the participation of implementing partners, United Nations partners and other institutions. Donor representatives will be encouraged to participate; visits will be arranged to show them CP components.

52. The mid-term evaluation of CP components will be undertaken in 2009 in collaboration with partners and the WFP regional bureau to assess the effectiveness of the CP in meeting the intended outcomes in the UNDAF priority areas.

ANNEX I-A

BENEFICIARY COVERAGE BY COMPONENT AND FOOD ALLOCATION				
CP Component	**Quantity of commodities (mt)**	**Distribution by component (%)**[1]	**Number of beneficiaries men/women/total (CP period)**	**% of women beneficiaries (CP period)**
Component 1: Assistance to Basic Education	18 295	35	Boys: 158 889 Girls: 158 889 **Total: 317 778**[2]	50
Component 2: Nutritional programme for Vulnerable Groups and Health and Nutrition Education	18 111	35	Men: 153 440 Women: 284 960 **Total: 438 400**	65
Component 3: Food for Assets	15 795	30	Men: 72 000 Women: 108 000 **Total: 180 000**	60
Total CP	**52 201**	**100**	**936 178**	**59**

[1] Commodities allocated to each activity as percentage of total commodities (figures rounded).
[2] Beneficiaries counted taking into account new entries to grade 1 and graduating grade 9 students on an annual basis. Total number of rations over four years: 840,000.

ANNEX I-B

FOOD RATION TABLE										
	Cereal	**Pulses**	**Oil**	**CSB***	**Sugar**	**DSM****	**Salt**	**Total**	**kcal**	**Protein (%)**
	g/day									
Component 1										
School feeding			10	100				**110**	479	11
Component 2										
Therapeutic feeding			60	180	50	80		**370**	1 721	12
Supplementary feeding				250				**250**	975	13
Orphans institutional	139	17	14	180				**349**	1 367	12
Hospital feeding				180				**180**	702	13
ART outpatient				200				**200**	780	13
TB outpatient				200				**200**	780	13
PMTCT (women)				180				**180**	702	13
PMTCT (children)				180				**180**	702	13
MMC*** household	150	50	10					**210**	781	13
TB household	150	50	10					**210**	781	13
ART household	150	50	10					**210**	781	13
PMTCT household	150	50	10					**210**	781	13
Component 3										
FFA	379	38	19				8	**443**	1 620	11

* Corn-soy blend.

** Dried skim milk

*** Moderately malnourished children

ANNEX I-C

FOOD REQUIREMENTS (mt)										
	Caseload	**Days**	**Cereal (g)**	**Pulses**	**Oil**	**CSB**	**Sugar**	**DSM**	**Salt**	**Total**
Component 1										
School feeding	317 778	198	0	0	1 663	16 632	0	0	0	**18 295**
Component 2										
Therapeutic feeding	14 400	60	0	0	52	156	43	69	0	**320**
Supplementary feeding	64 000	120	0	0	0	1 920	0	0	0	**1 920**
Orphans institutional	14 000	365	710	85	71	920	0	0	0	**1 786**
Hospital feeding	20 000	30	0	0	0	108	0	0	0	**108**
ART outpatient	20 000	365	0	0	0	1 460	0	0	0	**1 460**
TB outpatient	12 000	240	0	0	0	576	0	0	0	**576**
PMTCT (women)	12 000	210	0	0	0	454	0	0	0	**454**
PMTCT (children)	12 000	365	0	0	0	788	0	0	0	**788**
MMC household	160 000	120	2 880	960	192	0	0	0	0	**4 032**
TB household	30 000	240	1 080	360	72	0	0	0	0	**1 512**
ART household	50 000	365	2 738	913	183	0	0	0	0	**3 833**
PMTCT household	30 000	210	945	315	63	0	0	0	0	**1 323**
Component 3										
FFA	180 000	198	13 500	1 350	675	0	0	0	270	**15 795**
Total	**936 178**		**21 852**	**3 983**	**2 971**	**23 013**	**43**	**69**	**270**	**52 201**

ANNEX II: RESULTS MATRIX

Results chain	Performance indicators	Risks and assumptions
UNDAF outcome(s)	**UNDAF outcome indicators**	Favourable political environment with peace and stability.
1. National and household food security achieved.	1.1 Draft national food security policy developed and in place by the end of 2010.	
2. An efficient, competitive and sustainable agricultural sector developed that ensures food security and increased income.	2.1 Increased national food and agricultural production.	Government commitment to implementing the poverty reduction strategies and frameworks.
3. Security of all vulnerable Zambians enhanced by ensuring that incapacitated and low-capacity households have sufficient livelihood security to meet basic needs and are protected from the worst risks and impacts of shocks.	3.1 Famine and early-warning system developed with the Government by 2010.	The negative impacts of HIV/AIDS are reversed.
4. The aspirations of the people of Zambia realized and education for all and the MDGs achieved.	4.1 Primary enrolment, retention and completion rates for boys and girls are 100%. 4.2 Pupil/teacher ratio is reduced.	
5. HIV infection rates and socio-economic impact reduced.	5.1 Number of people who are HIV-infected: HIV prevalence rates (by residence, age and sex). 5.2 Number of health facilities providing PMTCT. 5.3 % of mothers accessing PMTCT.	
Zambia CP outcomes		
1. Strengthened technical capacity and institutional capability of the Government to provide safety-net programmes to help hungry poor households to meet their education, health and nutrition needs on a sustainable basis while enhancing their ability to cope with external shocks.	1. The Government has institutional mechanisms and adequate human and financial resources in place at national, regional and district levels to implement and coordinate all WFP-assisted feeding programmes. 2. Gender parity in enrolment, retention and completion achieved in all WFP-assisted schools. 3. 60% of WFP-assisted households are able to meet a minimum food consumption index.	The Government and WFP will strengthen the institutional framework for CP management and oversight that facilitates effective integration and linkages among CP components as well as with other related development activities. Sustained government and donor commitment to the CP components.

ANNEX II: RESULTS MATRIX		
Results chain	**Performance indicators**	**Risks and assumptions**
CP outcomes	**Outcome indicators**	
1.1 Increased enrolment of boys and girls in WFP-assisted schools (Strategic Objective 4). 1.2 Improved attendance of girls and boys in WFP-assisted schools (Strategic Objective 4). 1.3 Improved capacity to concentrate and learn among boys and girls in WFP-assisted schools (Strategic Objective 4). 1.4 Reduced gender disparity in enrolment, retention and completion between boys and girls in WFP-assisted primary and secondary schools and non-formal education centres.	1.1.1 % increase in number of boys and girls enrolled in WFP-assisted schools. 1.2.1 % attendance of boys and girls enrolled in WFP-assisted schools. 1.3.1 Teachers' perception of children's ability to concentrate and learn as a result of school feeding. 1.4.1 Ratio of girls to boys enrolled, retained and completing in WFP-assisted schools.	No pipeline breaks. Fuel and transport available. Enough qualified teachers. Availability of non-food items. No natural disasters. Current national education strategies and priorities maintained for the next five years. Community willingness to participate. Timely provision of inputs from the cooperating partners and ministries.
CP outputs	**Output indicators**	
2.1 Adequate quantities of food given to targeted children and adolescents as per programme design and requirements. 2.2 Gender balanced school committees established in all WFP-assisted schools. 2.3 Women participate fully in PTAs and SFMCs. 2.4 Community members participate in implementation of school feeding. 2.5 School feeding management committees and teachers trained in food management. 2.6 Cooking shelters and storage sheds in place. 2.7 New schools targeted under the new CP.	2.1.1 317,778 school children receive WFP food in four years (by age and sex). 2.1.2 18,295 mt of food distributed in four years. 2.2.1 Number of SFMCs established and functioning. 2.3.1 % of women in leadership positions in school feeding committees. 2.4.1 Number of community members in school feeding committees. 2.5.1 Number of committee members and teachers trained in food management. 2.6.1 100% construction of cooking shelters and storage sheds at schools. 2.7.1 Number of schools selected for school feeding.	No pipeline breaks. Fuel and transport available. Enough qualified teachers. Availability of non-food items. No natural disasters. Current national education strategies and priorities maintained for the next five years. Community willingness to participate. Timely provision of inputs from the cooperating partners and ministries.

ANNEX II: RESULTS MATRIX

Results chain	Performance indicators	Risks and assumptions
CP outcomes	**Outcome indicators**	
3.1 Reduced level of malnutrition among children under 5 in targeted areas.	3.1.1 Prevalence of under-5 malnutrition in targeted areas (by height, weight and age, disaggregated by gender). 3.1.2 Recovery, default and mortality rates.	Ministry of Health arrangements in place. Government commitment to reduce malnutrition and HIV/AIDS rates continues to be a national priority. Complementary resources and support from other partners are available. WFP ensures the staff, logistics and M&E are in place to support the community-based approach.
3.2 Reduced level of malnutrition among pregnant and lactating women in targeted areas.	3.2.1 Prevalence of malnutrition among pregnant and lactating women in targeted areas, using weight change in pregnant women and low birthweight.	
3.3 Improved quality of life of beneficiaries in HIV/AIDS and TB programmes.	3.3.1 Weight change among beneficiaries. 3.3.2 Treatment adherence rate by treatment and care programmes (recovery, default and mortality rates).	
CP outputs	**Output indicators:**	
4.1 Provision of adequate quantities of food for targeted young children vulnerable to nutrition and health risks as per CP requirements.	4.1.1 18,111 mt of food resourced and procured as per CP requirements. 4.1.2 Tonnage of food delivered through the Food Programme Management Unit (FPMU) to young children. 4.1.3 Number of mothers or caregivers trained in health and nutrition.	
4.2 78,400 under-nourished children attending community nutrition at health centres receive a monthly take-home ration in targeted areas for four years.	4.2.1 Number of under-nourished children attending community nutrition at health centres.	
4.3 Beneficiary-specific health and nutrition education for women.	4.3.1 Number of women trained in health and nutrition.	
4.4 Adequate quantities of food for targeted women vulnerable to nutrition and health risks as per CP requirements.	4.4.1 Tonnage of food delivered through FPMU to women	
4.5 132,000 HIV/AIDS patients and their dependents receive monthly dry ration through HBC* for up to a year for four years.	4.5.1 Number of beneficiaries receiving monthly dry rations (by sex and age).	

ANNEX II: RESULTS MATRIX

Results chain	Performance indicators	Risks and assumptions
4.6 12,000 TB patients and their dependents receive a monthly dry ration through HBC for a period not exceeding a year. 4.7 20,000 ART patients receive a monthly patient-and-family ration for up to 12 months.	4.6.1 Number of TB and chronically ill patients receiving a daily ration. 4.6.2 Number of patients phased out of the CP in a year. 4.7.1 Number of ART patients receiving a daily ration. 4.7.2 Number of ART patients sufficiently well after a year to be phased out of the CP.	
CP outcomes	**Outcome indicators**	
5.1 Increased ability to meet food needs in targeted households in crisis situations or vulnerable to shocks (Strategic Objective 2).	5.1.1 Proportion of beneficiary household expenditures devoted to food. 5.1.2 Dietary diversity. 5.1.3 % of households with a low food consumption index. 5.1.4 Coping strategy index in beneficiary households. 5.1.5 Perceived usefulness of assets created.	There is a sustained flow of resources from the Government, WFP and donors. That the assets created are used frequently and correctly and are well maintained.
CP outputs	**Output indicators**	
6.1 Targeted participants identified and trained in income-generating activities/asset creation/HIV/AIDS training. 6.2 Short-term access to food for vulnerable families in exchange for work. 6.3 Vulnerable households take part in FFA. 6.4 Women participate fully in food-management committees. 6.5 Household/community assets created.	6.1.1 Number of beneficiaries trained (by age and sex) by the end of the CP. 6.2.1 180,000 beneficiaries receive WFP food assistance in four years. 6.3.1 15,795 mt of food distributed in four years. 6.4.1 % of women in decision-making positions in food-management committees. 6.5.1 Number and type of assets created that contribute to family food needs.	Households, communities and service providers will apply the acquired knowledge and skills to sustain the activities.

* Home-based care.

ANNEX III

PLAN FOR COUNTRY PROGRAMME BY COMPONENT (US$)				
	Component 1	**Component 2**	**Component 3**	**Total**
Food (mt)	18 295	18 111	15 795	**52 201**
Food (value)	7 317 960	5 819 332	4 182 300	**17 319 605**
External transport	222 833	424 338	258 248	**905 419**
LTSH (total)	3 175 829	3 373 876	2 913 072	**9 462 777**
LTSH (per mt)	174	186	184	**181**
ODOC	449 059	494 164	245 696	**1 188 919**
Total DOC	**11 165 681**	**10 111 710**	**7 599 316**	**28 876 720**
DSC[1]				**3 277 758**
ISC[2]				**2 250 813**
Total WFP costs				**34 405 292**
Government contribution	1 516 963	2 730 528	379 240	**4 626 731**

[1] The DSC amount is an indicative figure. The annual DSC allotment for a CP is set annually following an assessment of DSC requirements and resource availability.

[2] The ISC rate may be amended by the Board during the CP.

Targeted Districts for WFP Country Programme

Chiengi
Kaputa
Mpulungu
Mbala
Nchelenge
Nakonde
Kawambwa
Mporokoso
Mungwi
Isoka
Mwense
Luwingu
Kasama
Chilubi
Chinsali
Mansa
Chama
Samfya
Milenge
Mpika
Mwinilunga
Solwezi
Chililabombwe
Chingola
Lundazi
Kitwe
Lufwanyama
Ndola
Chavuma
Kabompo
Serenje
Masaiti
Mambwe
Zambezi
Mpongwe
Chipata
Mufumbwe
Kasempa
Katete
Mkushi
Petauke
Chadiza
Kapiri Mposhi
Kabwe
Nyimba
Lukulu
Kaoma
Mumbwa
Chibombo
Kalabo
Mongu
Lusaka
Chongwe
Luangwa
Kafue
Itezhi-tezhi
Namwala
Mazabuka
Senanga
Monze
Siavonga
Sesheke
Shang'ombo
Choma
Gwembe
Kazungula
Kalomo
Sinazongwe
Livingstone

Legend
- FI
- FI, HIV
- FI, HIV, OVC
- FI, HIV, SD
- FI, HIV, UW
- FI, OVC
- FI, SD
- FI, UW
- FI, UW, SD
- FI, HIV, OVC, SD
- HIV,
- HIV, OVC
- Districts non targeted

N

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.

ANNEX IV-A

ANNEX IV-B

WFP Operational Districts

Refugee Camps/Settlements
Operational Districts
Sub Offices
District Boundaries

Chiengi
Kaputa
Mpulungu
Mbala
Nchelenge
Mwange
Nakonde
Kawambwa
Kala
Mporokoso
Mungwi
Isoka
Mwense
Luwingu
Kasama
Chilubi
Chinsali
Mansa
Chama
Samfya
Milenge
Mpika
Mwinilunga
Meheba
Chililabombwe
Mufulira
Solwezi
Chingola
Lundazi
Kitwe
Ndola
Lufwanyama
Luanshya
Masaiti
Chavuma
Kabompo
Serenje
Mambwe
Zambezi
Mpongwe
Chipata
Mufumbwe
Kasempa
Petauke
Mkushi
Katete
Chadiza
Kapiri Mposhi
Kabwe
Nyimba
Lukulu
Kaoma
Mumbwa
Chibombo
Kalabo
Mongu
Mayukwayukwa
Chongwe
Luangwa
Kafue
Itezhi-tezhi
Namwala
Mazabuka
Senanga
Monze
Nangweshi
Siavonga
Lusaka
Sesheke
Shang'ombo
Gwembe
Choma
Kazungula
Kalomo
Sinazongwe
Livingstone
N

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

ABE	Assistance to Primary Education
AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
ASC	activity steering committee
CBO	community-based organization
CIDRZ	Centre for Infectious Disease Research in Zambia
CMV	combined mineral-vitamin mix
CP	country programme
CPMC	Country Programme Management Committee
CSB	corn-soy blend
DOC	direct operational costs
DSC	direct support costs
DSM	dried skim milk
ECW	Enhanced Commitments to Women
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FFA	food for assets
FNDP	Fifth National Development Plan
FPMU	Food Programme Management Unit
GDP	gross domestic product
HBC	home-based care
HEPS	high-energy protein supplement
HIV	human immune-deficiency virus
HNE	health and nutrition education
ISC	indirect support costs
JASZ	Joint Assistance Strategy for Zambia
LCMS	Living Conditions Monitoring Survey
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MMC	moderately malnourished children
NGO	non-governmental organization
NPVG	Nutritional Programme for Vulnerable Groups

ODJ	Regional Bureau Johannesburg (Southern Africa)
ODOC	other direct operational costs
OVC	orphans and other vulnerable children
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
PTA	parent-teacher association
SFMC	school feeding management committee
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VAC	vulnerability assessment committee
VAM	vulnerability analysis and mapping
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey