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BUDGET INCREASE TO PROTRACTED RELIEF AND RECOVERY OPERATION SOUTHERN AFRICA 10310.0

**Assistance to Populations in Southern Africa
Vulnerable to Food Insecurity and the Impact
of AIDS**

Cost (United States dollars)

	Current budget	Increase	Revised budget
WFP Food cost	295,134,147	35,091,289	330,225,435
Total cost to WFP	643,943,334	87,838,179	731,781,513

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

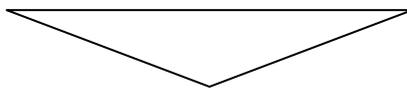
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DRAFT DECISION*



The Board approves the budget increase to PRRO Southern Africa 10310.0 “Assistance to Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of AIDS” (WFP/EB.2/2006/9-B) to enable continued assistance to Zimbabwe until December 2007.

* 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.



NATURE OF THE INCREASE

1. The budget increase to regional protracted relief and recovery operation (PRRO) 10310.0 “Assistance to Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of AIDS” provides for continued food-supported activities in Zimbabwe from 1 December 2006 to 31 December 2007 in response to continuing food insecurity. This will align the Zimbabwe programme with the other six countries in PRRO 10310. In the peak months – December 2006 to March 2007 – 1.9 million people will require food assistance.

JUSTIFICATION FOR BUDGET INCREASE

Background

2. Accurate assessment of the long-term humanitarian requirements for Zimbabwe for the three years of the PRRO was not possible. A budget increase was therefore presented to the Board at its 2005 Second Regular Session (WFP/EB.2/2005/8-C/1) that included additional requirements for Zimbabwe until 30 June 2006. Assistance under the regional PRRO was subsequently extended until November 2006, without additional costs.
3. On the basis of the latest assessment information and current stock situation, this budget increase will cover the additional WFP food aid requirements for Zimbabwe until December 2007. The requirements for the other countries remain unchanged.
4. Food production in Zimbabwe, previously the breadbasket of southern Africa, has remained below subsistence levels since 2000. The fall in food production in the last five years is attributed to a combination of factors including economic stress, acute shortage of farm inputs – particularly fertilizer and draught animals – and significant droughts. The Government’s capacity to import food has been reduced by the declining economy, particularly the shortage of foreign exchange; the fast-track land reform has not achieved its aims and related economic difficulties characterized by hyperinflation and rapidly devaluing local currency have further exacerbated the decline in food production. Zimbabwe is affected by the regional triple threat of food insecurity, high HIV and AIDS prevalence and weakened social services.
5. The resulting food crisis prompted WFP to launch an emergency operation (EMOP) in 2002 that at its height involved distribution of food to 5.5 million people. In mid-2004, the Government declared a “bumper harvest” and asked WFP to shift from large-scale food distribution to activities targeting vulnerable children and people affected by HIV and AIDS. Crop failure during the 2004/05 agricultural season led to renewed negotiations between WFP and the Government regarding expanded food assistance programmes, culminating in a Memorandum of Understanding on 1 December 2005 under which WFP and partner non-governmental organizations (NGOs) provided monthly rations for 4.5 million people through vulnerable group feeding (VGF). This ended in April 2006 after the harvest; activities targeting vulnerable children and people affected by HIV and AIDS continued. WFP also launched urban food support for people living in the open following a



government “clean up” exercise and provided food for farmers displaced during the land reforms.¹

6. The food-security situation in Zimbabwe improved after the April 2006 harvest, but production remains inadequate to meet internal needs, particularly in southern and eastern districts and the Zambezi valley. The 2006 harvest of maize, the staple cereal, is estimated by the Food and Agriculture Organization of the United Nations (FAO) at 1.1 million mt; the human consumption requirement is 1.4 million mt, so a substantial food deficit remains. Previous experience indicates that government imports are unlikely to fill the food gap either in terms of total amount or of dispersal across the country. Government imports are sold at subsidized prices but they remain out of reach for many vulnerable households because food price inflation has reached 2,000 percent, outpacing inflation in other sectors.
7. About 1.9 million people in rural areas, 22 percent of the rural population, will need humanitarian food support to enable them meet their basic food requirements, especially during the lean period in the 2006/07 agricultural marketing season. This figure includes malnourished children and mothers, who need food support throughout the current marketing season. A further food-security assessment is planned for later in 2006 that will focus on the needs of urban populations, including people whose livelihoods were affected by the recent disruptions. As a result, food-assistance requirements can be expected to increase beyond current figures.
8. Over the past year, food aid has been the primary source of food in rural areas during lean seasons; it is also increasingly used to support vulnerable urban populations. The March 2006 community and household surveillance (CHS) survey results showed that in terms of the severity and frequency of coping strategies adopted in response to food shortages, beneficiaries fared significantly better than non-beneficiaries in that they were less likely to reduce food consumption or to borrow food or obtain it on credit. Negative coping strategies included reducing the frequency and amount of food consumed, which has long-term impact on health and nutrition, particularly among children. The CHS survey, carried out every six months since 2003, also showed an increase in negative coping mechanisms over time, including depletion of assets, which can be attributed to increasing household food insecurity resulting from repeated food shortages and continued economic decline. For people with HIV and AIDS, food support has an immediate impact on mobility, allowing beneficiaries to engage in low-impact productive activity. Primary schools consistently reported increased attendance, particularly among orphans, following introduction of school feeding.

Objectives

9. WFP’s continuing programme in Zimbabwe seeks to use relief food assistance to preserve livelihoods and safeguard the nutritional status of children and people affected by HIV and AIDS. In line with regional PRRO 10310.0, these additional relief requirements have the following objectives:
 - to safeguard the nutritional status of children, mothers and other vulnerable groups;

¹ According to a report by Ms A. Tibaijuka, the United Nations Secretary-General’s Special Envoy for Human Settlements in Zimbabwe, 700,000 people lost their homes and/or livelihoods during Operation Murambatsvina.



- to improve food access and enhance resilience to shocks among vulnerable households during acute food insecurity, particularly those affected by HIV/AIDS; and
 - to increase school enrolment, attendance and ability to concentrate.
10. Monitoring and evaluation (M&E) will remain integrated with the regional system, the CHS, post-distribution monitoring and output-monitoring systems in conformity with results-based management (see annex III). Relief food assistance will be channelled through the activities described below, which were selected through consultations with partners and stakeholders, and which reflect past successes and opportunities for the future.

Vulnerable Group Feeding

11. VGF provides a supplementary food ration for households with insufficient crop production and few or no assets or other sources of income to purchase food and meet basic needs. Priority will be given to households catering for orphans or chronically sick people and to households headed by women or elderly people that lack the means of survival.
12. VGF will focus on provinces and districts facing food deficits during the height of the hungry season from December 2006 to March 2007. Potential VGF requirements for the 2007/08 hungry season are not incorporated in this budget revision.
13. WFP will continue to work with the International Organization for Migration (IOM) and NGOs to provide temporary food support for people displaced in the urban “clean up” and land reform. Targeting criteria for this vulnerable population will be refined and exit strategies will be developed.

Food for Tillage

14. As a complement to VGF, some VGF-eligible people will receive food for work completed during the July–November land preparation and planting season as an incentive to participate in training and implementation of conservation farming techniques to increase production in communal farming areas and reduce reliance on food aid. This food-for-tillage programme will be implemented in partnership with FAO and NGOs, drawing on best practices from the region and pilot work in Zimbabwe in 2006.

Home-Based Care for People Affected by AIDS

15. People with AIDS and their families are particularly vulnerable to food insecurity because of their reduced ability to provide income for medical care at the time when adequate food intake and nutrition are needed. Home-based care (HBC) is a multi-service package from WFP and partners that combines a monthly food ration with basic medical care, health education, psycho-social support, counselling and hygiene support for chronically ill people and their families. The HBC food ration helps to ensure adequate food access and intake, to support weight gain and to increase mobility. Associated training for HBC beneficiaries and family members on low-labour agricultural techniques such as drip irrigation for household gardens also help to improve household food security. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), HIV prevalence in Zimbabwe has declined to 20.1 percent – but it remains among the highest in the world.



Reduction of Child Hunger

16. Children in Zimbabwe are especially vulnerable to hunger, particularly the estimated 1.3 million orphans – 20 percent of the country's children. Malnutrition among children under 5 has remained relatively low in Zimbabwe compared to other countries in the region, but chronic and acute malnutrition have increased in some districts in recent years. According to the latest results from the joint Ministry of Health and Child Welfare and United Nations Children's Fund (UNICEF) Food and Nutrition Sentinel Site Surveillance, acute malnutrition (wasting) is estimated at 3.6 percent and chronic malnutrition (stunting) at 31.1 percent.
17. The two main activities planned to address child hunger are school feeding and food support for orphans and other vulnerable children (OVC). School feeding will provide a daily school meal for all pre-school and primary-school children in highly food-insecure districts to increase dietary intake and to contribute to national efforts to increase school enrolment, attendance and the ability to concentrate. The OVC programme provides monthly food rations for children of deceased HBC beneficiaries and other vulnerable children identified at the community level, including out-of-school children. For both activities, WFP will strengthen partnerships with UNICEF, FAO, NGOs and community-based organizations to identify vulnerable children and help them to benefit from a holistic package of assistance involving food, training in life skills and agricultural skills, protection, health and educational support.

Health and Nutrition Support

18. WFP's Family Child Health Nutrition Support (FCHNS)² programme provides nutritional support for pregnant and lactating women; it is linked with programmes that offer voluntary counselling and HIV testing, with nevirapine, to reduce HIV transmission to infants. The programme was originally launched as a pilot prevention of mother-to-child transmission (PMTCT) component; the shift to FCHNS reflects the outcome of a Government-led review of food-supported PMTCT that resulted in a decision to expand targeting beyond HIV-positive people to minimize the risk of stigmatization. WFP will also provide food assistance for selected recipients of anti-retroviral therapy (ART) support to encourage treatment compliance and proper absorption of medication, allowing food-insecure people to benefit fully from their treatment, in line with joint efforts by the Government, the United Nations and donors to increase the number of people on ART.

Beneficiaries

19. WFP plans to provide food assistance to 1.9 million people, concentrating activities in the most food-insecure areas. A complementary food pipeline managed by a group of NGOs under the Consortium for Southern Africa Food Emergency (C-SAFE) and coordinated with WFP will provide additional food support for targeted vulnerable people. WFP and its NGO partners will apply selection criteria relevant to each programme component at the household level, with the exception of school feeding, which will target all pre-school and primary-school children in selected food-insecure districts.

² In Zimbabwe, children's welfare is not associated with mothers only, so "mothers(s) is replaced by "family" or "parent" in programme titles.



Purpose of Extension and Budget Increase

20. The focus, objectives, implementation strategy and expected outcomes of the additional food assistance are consistent with the original PRRO 10310.0 and the inclusion of Zimbabwe among the PRRO countries in April 2005.
21. Monitoring of beneficiary registration, programme outputs and outcomes and food security will continue, using systems that have been highlighted as best practice for WFP.

FOOD REQUIREMENTS

22. Tables 1 and 2 show rations and food requirements by component from 1 December 2006 to 31 December 2007. Figure 1 shows monthly requirements for the same period.

TABLE 1. RATIONS BY COMPONENT (g)						
Component	Cereal grain	Cereal meal	Pulses	Oil	CSB*	Total
Relief						
VGF	333	-	60	-	-	393
Food for tillage	333	-	67	20	-	420
Urban/IDP** support	333	-	33	20	-	386
School feeding (on site)	-	150	60	10	-	220
School feeding (take-home)	-	150	60	10	-	220
OVC skills training	-	333	60	15	100	508
OVC individual	333	-	60	15	100	508
HBC individual	-	333	60	15	100	508
HBC household support	333	-	60	15	100	508
ART support programme	333	-	60	15	100	508
Recovery						
FCHNS	267	-	50	17	50	384

* Corn-soy blend.

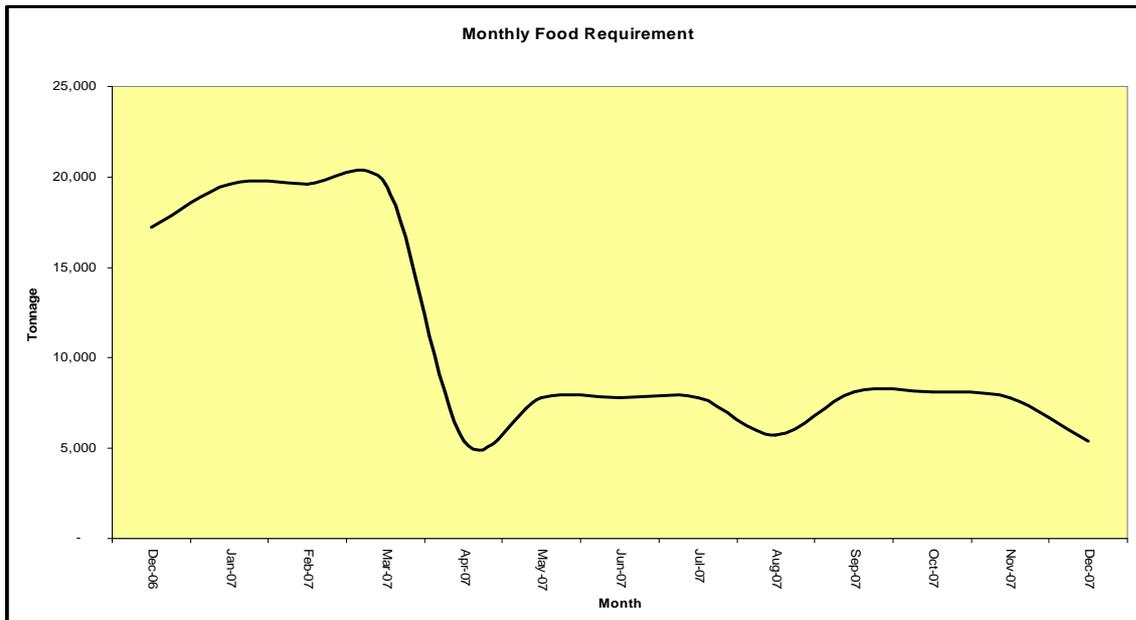
** Internally displaced person.



TABLE 2. FOOD REQUIREMENTS BY COMPONENT (mt)								
Component	Beneficiaries	Days	Cereal grain	Cereal meal	Pulses	Oil	CSB	Total
Relief								
VGF	1 000 000	120	39 960	-	7 200	-	-	47 160
Food for tillage	25 000	90	749	-	151	45	-	945
Urban/IDP support	130 000	390	16 883	-	1 673	1 014	-	19 570
School feeding (on-site)	500 000	199	-	14 925	5 970	995	-	21 890
School feeding (take-home)	-	-	-	-	-	-	-	-
OVC skills training	70 000	390	-	9 091	1 638	410	2 730	13 868
OVC individual	50 000	390	6 494	-	1 170	293	1 950	9 906
HBC individual	60	390	-	8	1	0	2	12
HBC household support	120 000	390	15 584	-	2 808	702	4 680	23 774
ART support programme	3 000	360	360	-	65	16	108	549
Subtotal Relief	1 898 060		80 030	24 024	20 676	3 475	9 470	137 675
Recovery								
FCHNS	15 000	390	1 562	-	293	99	293	2 246
Subtotal Recovery	15 000	390	1 562		293	99	293	2 246
TOTAL	1 913 060		81 592	24 024	20 969	3 574	9 763	139 121



Figure 1: Trend of Monthly Food Requirements



RECOMMENDATION OF THE EXECUTIVE DIRECTOR

23. It is recommended that the Board approve the budget increase to PRRO Southern Africa 10310.0 “Assistance to Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of AIDS” with an additional 139,921 mt of food valued at US\$35 million at an additional cost to WFP of US\$87.8 million.

ANNEX I

PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity ¹			
– Maize	81 592	192	15 712 181
– Maize meal	24 024	192	4 626 002
– Pulses	20 969	449	9 417 816
– Vegetable oil	3 574	714	2 552 587
– CSB	9 763	285	2 782 702
Total commodities	139 921		35 091 289
External transport		49.17	6 879 912
Landside transport		88.82	12 427 769
Subtotal for ITSH		112.62	15 757 903
Total LTSH		201.44	28 185 672
Other direct operational costs			4 719 933
Total direct operational costs			74 876 806
B. Direct support costs			7 214 953
C. Indirect support cost (7 percent of total direct costs)			5 746 423
TOTAL WFP COSTS			87 838 179

¹ This is a notional food basket used for budgeting and approval purposes. The contents may vary depending on the availability of commodities.



ANNEX II

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff	
International professional staff	1 601 850
National professional staff	384 000
National general service staff	2 536 000
Temporary assistance	58 333
Overtime	27 500
International consultants	85 000
National consultants	28 333
United Nations volunteers	52 542
Staff duty travel	543 113
Staff training and development	78 910
Subtotal	5 385 581
Office expenses and other recurrent costs	
Rental of facility	375 000
Utilities (general)	59 580
Office supplies	158 333
Communication and IT services	270 833
Insurance	65 000
Equipment repair and maintenance	53 333
Vehicle maintenance and running costs	379 167
Other office expenses	43 333
Subtotal	1 453 330
Equipment and other fixed costs	
Furniture, tools and equipment	75 833
Vehicles	200 000
TC/IT equipment	100 208
Subtotal	376 041
TOTAL DIRECT SUPPORT COSTS	7 214 953



ANNEX III. LOGICAL FRAMEWORK

Results chain	Performance indicators	Assumptions, risks
Outcomes		
<p>1. Improved food access and enhanced resilience to shocks among vulnerable households, particularly those affected by HIV/AIDS.</p>	<p>1.1 Changes in dietary diversity and intake of vulnerable households measured by food consumption score (FCS).</p> <p>1.2 Changes in household assets of targeted beneficiaries.</p> <p>1.3 Changes in coping strategies measured by coping strategies index (CSI) of targeted beneficiaries.</p> <p>1.4 Changes in food production assessed by increase or decrease in quantity of cereals/tubers harvested.</p> <p>1.5 Changes in the amount of livestock owned.</p> <p>1.6 Changes in household food reserves.</p>	<p>Favourable climate in Zimbabwe continues.</p>
<p>2. Improved nutritional well-being of children, mothers and other vulnerable people supported by WFP programmes.</p>	<p>2.1 Prevalence of malnutrition in children under 5, measured by weight/height or age).</p> <p>2.2 Increased health status of targeted pregnant and lactating women as measured by malnutrition – body-mass index (BMI) – and reduction in the incidence of low birthweight.</p> <p>2.3 Reduced admission because of malnutrition in supplementary feeding programmes.</p>	<p>Non-dietary causes of malnutrition are dealt with by interventions from other United Nations agencies and the Government.</p> <p>Government/donor willingness to have supplementary feeding programmes.</p>
<p>3. Access to education and reduced gender disparity in access to education and skills training.</p>	<p>3.1 Increased enrolment of boys and girls in WFP-assisted primary schools.</p> <p>3.2 Absolute enrolment: numbers of boys and girls enrolled in WFP-assisted primary schools.</p> <p>3.3 Net enrolment rate: percentages of school-age boys and girls enrolled in WFP-assisted primary schools.</p> <p>3.4 Attendance rate: average percentages of boys and girls in WFP-assisted primary schools attending classes.</p> <p>3.5 Teachers' perception of children's ability to concentrate and learn in school as a result of school feeding.</p> <p>3.6 Reduced gender disparity between boys and girls in WFP-assisted primary and secondary schools and skills training.</p>	<p>The Zimbabwe economy is stabilized to the extent that enrolment and absenteeism are not affected by economic factors.</p>

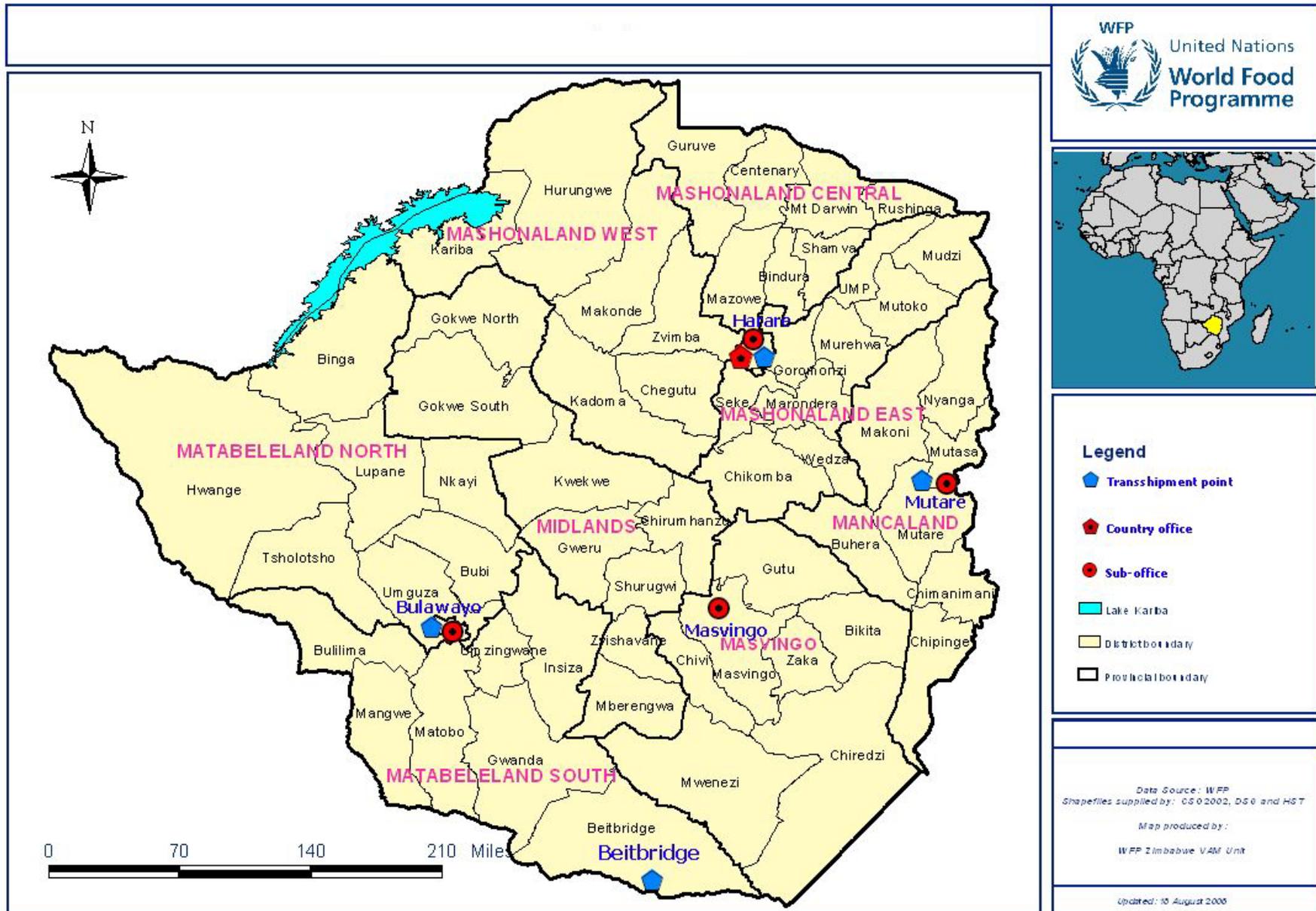


ANNEX III. LOGICAL FRAMEWORK

Results chain	Performance indicators	Assumptions, risks
4. Support for governments in establishment and management of national food-assistance programmes.	4.1 Governments are able to plan and manage food-based programmes.	Continued government willingness to support such programmes.
Outputs		
Targeted food assistance provided to vulnerable communities and households.	<ul style="list-style-type: none"> ➤ Quantity of food distributed, by commodity and project category. ➤ Number of beneficiaries receiving WFP food assistance, by project category, age group and gender. 	
Urban vulnerable feeding (IOM).	➤ 100,000 beneficiaries disaggregated by age and gender.	
Support for HIV/AIDS-affected populations provided.	➤ Number of HIV/AIDS-endemic, food-insecure districts receiving food-supported interventions.	Minimal pipeline breaks.
VGF food for tillage support (FFA*) implemented.	➤ 25,000 beneficiaries participating in food for tillage and income-generating activities, disaggregated by age and gender.	Timely food deliveries.
Nutritional support for malnourished and nutritionally vulnerable individuals and PMTCT provided.	<ul style="list-style-type: none"> ➤ Number of children under 5 reached through food-supported nutrition interventions, disaggregated by gender. ➤ Number of vulnerable women reached through food-supported nutrition interventions. 	
School feeding implemented.	➤ 350,000 boys and girls receiving food aid in WFP-assisted primary schools.	
Continued training and technical support for the Government provided by WFP.	<ul style="list-style-type: none"> ➤ Number of government staff trained in WFP technical assistance programmes. ➤ Technical input into National AIDS Council (NAC) activities by WFP. 	

* Food for assets





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	acquired immune deficiency syndrome
ART	anti-retroviral therapy
BMI	body mass index
CHS	community and household surveillance
C-SAFE	Consortium for the Southern Africa Food Emergency
CSB	corn-soy blend
CSI	coping strategies index
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FCHNS	Family Child Health and Nutrition Support
FCS	food consumption score
FFA	food for assets
HBC	home-based care
HIV	human immune-deficiency virus
IDP	internally displaced person
IOM	International Organization for Migration
M&E	monitoring and evaluation
NAC	National AIDS Council
NGO	non-governmental organization
ODJ	Southern Africa Regional Bureau
OVC	orphans and other vulnerable children
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VGf	vulnerable group feeding