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PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 7

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PROTRACTED RELIEF AND RECOVERY OPERATION—IRAQ 6085.00

Assistance to malnourished children and their families, patients in hospitals and residents in social institutions

Number of beneficiaries	**1,075,000 comprised of:** **50,000 malnourished children every 3 months (200,000 total)** **200,000 family members of malnourished children every 3 months (800,000 total)** **75,000 hospital and social institution patients for one year**
Duration	Twelve months (1 February–31 January 2000)
Cost (United States dollars)	
Total food cost	15,216,300
Total cost to WFP	20,999,618
Total cost	20,999,618

ABSTRACT

Despite significant improvements in overall food availability in Iraq as a result of the Oil-for-Food Agreement (Security Council resolution (SCR) 986) and the ensuing programme, there continue to be significant health and nutritional problems within the Iraqi population, particularly among children under five. The proposed protracted relief and recovery operation (PRRO) targets these vulnerable groups, complementing therapeutic food provided within the oil-for-food programme through the provision of important micronutrients which are lacking or insufficient in the standard ration. The PRRO rations are provided within a community-based, integrated health care approach to ensure their positive impact on beneficiaries' nutritional status. This is particularly important in the present context of inadequate water and sanitation infrastructure and services—a principal reason for continued high rates of malnutrition. In line with assistance provided under its current emergency operation in Iraq, WFP will also provide food for hospital patients and vulnerable groups housed in social institutions.

Working with the Ministry of Health, the Iraqi Red Crescent Society and UNICEF, WFP will target a total of 200,000 acutely malnourished children and their families during the one-year operation. WFP will provide the children with a specially formulated ration that includes a blended food mix which meets 100 percent of the recommended daily allowance for selected vitamins and minerals. Family members will likewise receive the blended food mix (serving an important nutritional purpose, particularly for mothers) as well as additional rations as an incentive to offset costs involved in taking the child to centres for monitoring during a three-month referral period. Combined with the education of mothers to cope with the situation of poor water supply and to promote healthy feeding practices, the WFP commodities are expected to have a significant impact on the nutritional status of the children enrolled in the programme.

With the Ministry of Health and the Ministry of Labour and Social Affairs, WFP will also target 75,000 hospital patients and other vulnerable people (orphans, disabled, elderly) who are housed in social institutions. Although eligible for SCR 986 rations, these groups in practice rely almost completely on institutional feeding. WFP's contribution plays a crucial role in allowing hospitals and social institutions to meet the overall food needs of their patients and residents.

The duration of WFP assistance is linked to the economic and political situation in Iraq, specifically the continuation or lifting of economic sanctions and/or the termination of the Oil-for-Food Agreement. Should the situation change, WFP would review with the Government the nature and timing of its assistance.

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NOTE TO THE EXECUTIVE BOARD

This document contains recommendations for review and approval by the Executive Board.

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session of 1996, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

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CONTEXT AND RATIONALE

Situation analysis

Security Council Resolution 986: Oil-for-Food Agreement

1. International sanctions imposed on Iraq after the Gulf War in 1990 have crippled the country's oil-dependent economy. In order to mitigate suffering among the population, an agreement was reached between the United Nations and the Government to allow Iraq to sell oil to purchase food, medicine and other humanitarian commodities. Implementation of the programme, known as the Oil-for-Food Agreement under Security Council Resolution (SCR) 986, began in March 1997 and has brought about a significant improvement in the household food situation of the Iraqi people. The general food ration provided from March 1997 to 1998 provided for 2,030 calories per person per day for every resident in Iraq. Under an enhanced phase of the programme, this ration should eventually rise to 2,300 calories per person per day (though shortfalls in oil revenue and pumping capacity are delaying the increase). Access of all households to the food basket has been assured by an efficient distribution system throughout the country.

Parallel WFP assistance

2. At the end of the Gulf War in 1991, WFP, at the request of the Government of Iraq, initiated an emergency operation (EMOP) to support the needs of vulnerable people including malnourished children, expectant and nursing mothers, anaemic women, internally displaced persons, hospital patients, residents in social institutions and social welfare cases. At its peak following a joint FAO/WFP assessment mission in 1995, the EMOP was assisting 2.15 million people. Since 1991, total contributions to WFP's programme in Iraq have amounted to approximately 500,000 tons of food commodities at a value of 225 million dollars. This assistance has been vital to meeting the needs of vulnerable groups before and during the initial implementation of the Oil-for-Food Agreement. The EMOP has phased down substantially in Iraq as the Oil-for-Food Programme has come on line.

Food and nutritional status

3. In spite of the availability of the general food ration, and the above parallel assistance measures, there continue to be outstanding health and nutritional problems within the Iraqi population, particularly among children under five and their mothers. The most comprehensive statistical information on trends in malnutrition among young children has been collected by UNICEF in collaboration with the Ministry of Health (MOH). Results of this survey, conducted in March 1998 indicate that the malnutrition rate among children under five in centre and south Iraq is 22.8 percent underweight (low weight-for-age); 26.7 percent chronic malnutrition (low height-for-age); and 9.1 percent acute malnutrition (low weight-for-height). The figures for the Northern governorates are somewhat better, with 15.1 percent underweight, 25.3 percent chronically malnourished, and 2.7 percent

acutely malnourished. No significant differences were found between rates among male and female children in any of the governorates.[1]

4. UNICEF and the Ministry of Health carried out another survey of the nutritional status of infants in the centre and south (0–11 months) in late October 1998. Preliminary results, available in early November, were consistent with those of the March survey and of a similar UNICEF/MOH survey conducted exactly one year previously. Rates for the two years were as follows:

- *general malnutrition* (underweight for age): 14.7 percent in October 1998 against 14.6 percent in October 1997.
- *acute malnutrition* (low weight-for-height): 8.3 percent in October 1998 against 7.5 percent in October 1997.
- *chronic malnutrition:* (low height-for-age): 11.7 percent in October 1998 against 12.2 percent in October 1997.

5. The main reason for outstanding nutritional problems is the massive deterioration in basic infrastructure, in particular water-supply and waste disposal systems. For example, it is estimated that access to potable water is currently 50 percent of the 1990 level in urban areas, and only 33 percent in rural areas. Deterioration of waste disposal systems is equally severe. The most vulnerable groups have been the hardest hit, especially children under five years of age. Throughout infancy they are subject to the vicious circle of exposure to unhygienic conditions (especially in urban centres), leading to diarrhoea and diseases which negatively affect nutritional status, which in turn reduces immunity to disease.

6. Addressing the root causes of malnutrition among vulnerable groups, in particular young children, requires action on many different fronts. A sharply targeted programme of intervention that reaches those most in need with the appropriate micronutrients, and that vigilantly monitors their situation, is essential to prevent further deterioration of the nutritional status of the most vulnerable people, in particular children under five. Though the general food ration is adequate to maintain the nutritional status of a healthy population—particularly when supplemented with fruit and vegetables—complementary and additional nutritional support is required if those who are suffering from prolonged nutritional stress are to recover and, eventually, begin to catch up. While therapeutic commodities to combat malnutrition are included in the Enhanced Distribution Plan,[2] additional support within a health education context is required to meet micronutrient requirements. Such support must go hand-in-hand with other interventions: the

[1] Caution must be exercised in the interpretation of these results, as the sample was taken from primary health centres and is not necessarily representative of the entire population. However, they are believed to present a reasonably accurate picture of the general situation.

[2] Under an Enhanced Distribution Plan (Distribution Plan IV adopted to cover the period June–December 1998), 3.5 million dollars is allocated for the purchase of therapeutic milk which will be provided to 100,000 malnourished children under five through community child care units (CCCUs), primary health care centres (PHCs) and nutritional rehabilitation centres (NRCs). A total of 5.66 million dollars has been allocated to purchase high-protein biscuits which will be provided to the 100,000 malnourished children and to 600,000 expectant and nursing mothers. The Plan also allocates 2.34 million dollars for the purchase of iron and multivitamins for 600,000 expectant and nursing mothers. During Phase IV, procurement of the above commodities was delayed principally because the items were being purchased for the first time. The first distribution of commodities is expected to begin in early 1999 and to continue under Distribution Plan V (January–June, 1999).

rehabilitation of infrastructure, increased access to potable water, health education, extension of basic health care services to the community level, and others.

Recovery Strategy: The Enhanced SCR 986 Distribution Plan and WFP PRRO

7. The most significant action taken to address the continued problem of malnutrition was the preparation of an “Enhanced Distribution Plan” for the fourth six-monthly phase of the Oil-for-Food Programme. The Secretary-General’s assessment of the first three phases revealed the programme’s strengths and weaknesses, concluding that the deteriorated state of health, sanitation and other essential infrastructure has had a growing negative impact on the well-being of the Iraqi people. In May 1998, based on the Secretary-General’s proposals, United Nations agencies and the Government of Iraq agreed on the Enhanced Distribution Plan, which differs from the three previous distribution plans in two principal ways:

- The Plan recognizes that food was being provided in the absence of many essential conditions which would permit people to reap its full nutritional benefits. The Plan is therefore inter-sectoral, and provides for the allocation of oil proceeds not only to purchase food and medicine, but also for rehabilitation in other sectors where inadequate infrastructure and/or supplies present major obstacles to improved health and nutrition (e.g., potable water, waste disposal).
- Secondly, the Plan provides an enhanced food basket of approximately 2,300 calories, thus meeting the basic caloric needs of the general population. The addition of milk/cheese (in alternating months) to the ration also increases substantially its protein content. Another addition—weaning cereal—constitutes an essential nutritional support for children under one year of age.

8. Unfortunately, the combination of low oil prices and inadequate pumping capacity means that, in practice, the Iraqi population is unlikely to see the fruits of the Enhanced Distribution Plan until well into 1999. In the food sector, it is probable that Iraqis will continue to receive a basket closer to the earlier, lower level of 2,030 calories.

9. The PRRO has been developed within the context of the above Distribution Plan. It is designed to provide nutritional support to malnourished children and food to hospitals and social institutions as the enhanced programme is gradually phased in and also begins to address the root causes of malnutrition. The fact that implementation of the Enhanced Distribution Plan has been delayed only reinforces further the need for rapid WFP parallel assistance. The proposed PRRO will supplement the Enhanced Distribution Plan by meeting the immediate needs of malnourished children and their families and ensuring adequate nutritional intake of hospital in-patients and residents of social institutions. As described below, WFP’s proposed support will be closely coordinated with the Government of Iraq (Ministry of Health), UNICEF and the Iraqi Red Crescent Society.

Needs assessment

10. Malnutrition in children is a result of a combination of inadequate dietary intake, poor maternal and child care, improper feeding practices, insufficient health services and unsanitary environments.

11. The principal reasons for high rates of malnutrition in Iraq are:

a) The inadequacy of water and sanitation infrastructure and services and the resulting high incidence of diarrhoeal and other water-related diseases. Addressing these problems is extremely challenging as the health care infrastructure in the country, which has traditionally had a curative orientation, is not equipped to address commonplace and chronic health problems.

b) Lack of necessary micronutrients in the SCR 986 general ration. Although the ration meets basic caloric requirements, it is deficient in several nutrients which are essential to children’s normal growth and development (such as iron, Vitamin A, and some of the B group vitamins, notably folic acid). The effects of such deficiencies on the health of children, as well as women, are well known. Of these, the high prevalence of anaemia in Iraq is especially notable. Furthermore, for children already suffering from malnutrition, recovery and catch-up growth can only occur through the provision of additional, nutritionally appropriate foods.

c) The fact that primary health care has not been a priority concern has led to the absence of basic health education. Thus, child care and other health-related practices are often not in line with best medical practice. A centralized approach to health care has also meant that there has been little community outreach. While such a system may serve the needs of a generally healthy population under “normal” conditions, its weaknesses become evident in times of emergency and chronic nutritional stress.

d) Inappropriate infant and child care practices. According to the UNICEF/MOH survey of March 1998, only 15 percent of children are breast-fed exclusively in the first six months of life and only one third of children are given no semi-solid/solid food between the age of six and nine months. When sanitary conditions are poor, the importance of exclusive breast-feeding on promoting good nutritional status and reducing infant morbidity and mortality increases. The WFP-supported programme will therefore actively sustain the training of mothers, through the Iraqi Red Crescent Society centres, in appropriate breast-feeding and infant and child care practices.

12. Because of the above outstanding problems of malnourishment, especially among children under five, intervention is required immediately to improve the nutritional status of children while the root causes of the problem are addressed through the larger intersectoral approach.

BENEFICIARY CATEGORIES

Malnourished children

Beneficiaries over one year: 200,000 acutely malnourished children (Approximately 50 percent will be girls) and 800,000 family members

13. According to the previously cited UNICEF/MOH survey, the estimated numbers of malnourished children in Iraq are as follows:

Classification of malnutrition	No. of children affected	
	Area of Iraq	
	Centre/South	North
Underweight (low weight-for-age)	756 000	81 000
Chronic (low height-for-age)	885 000	136 000
Acute (low weight-for-height)	302 000	14 000

14. Although all malnourished children are vulnerable, the most vulnerable are those who are acutely malnourished and need immediate intervention. WFP intends to target this group of children and provide them with a specially formulated ration that includes a blended food mix which will meet 100 percent of the recommended daily allowance (RDA) for selected vitamins and minerals. In addition, oil and sugar will be provided in order to provide the extra energy required for catch-up growth. It is expected that the outreach of the programme will be high thanks to a sufficient referral system established by the Ministry of Health (MOH) for the distribution of high-protein biscuits and therapeutic milk under SCR 986. Under this referral system, all malnourished children are expected to be referred to primary health care centres (PHCs). Children who are referred to PHCs will then be screened for acute malnourishment and enrolment in the programme. Though WFP's optimal target group would be all acutely malnourished children, because of the capacity of available implementing partners in Iraq, WFP will initially be able to target only a maximum of 50,000 children and their families during each three-month cycle (i.e., a total of 200,000 children and 800,000 family members would be reached during the twelve-month operation). Should plans for the expansion of Community Child Care Units (CCCUs), with the support of UNICEF/MOH, fully materialize and the Iraqi Red Crescent Society Centres (ICRS) expand proportionally, WFP could foresee more comprehensive targeting in future phases.

15. The acutely malnourished state of the targeted children requires rapid intervention until the child has surpassed this critical stage. Nutritional science and experience have shown the inadequacy of a one-off, short-term intervention in such situations. Therefore, rations will be provided for a period of three months on the condition that the child is brought for monthly nutritional monitoring. Over a three-month period, the child's ration provides approximately 740 calories a day in the form of a specially designed micronutrient-rich wheat-soya milk blend, whose energy density is further increased by combining it with oil and sugar. Rations will be provided to the mothers of the children; these will also benefit from education programmes by the Iraqi Red Crescent Society in breast-feeding and infant and child care practices.

16. At the same time, the family ration will serve an important nutritional purpose, insofar as the children admitted to the programme are likely to come from the poorer families who are least able to supplement the SCR 986 rations from their own resources. Secondly, provision of a family ration will minimize the dilution of the children's ration which would likely occur due to sharing among family members.

17. Finally, the ration will provide an economic incentive and will help to offset travel costs of families who will need to take their children to the ICRS centres. The local monetary value of the ration will help cover transportation costs and will free a part of these families' limited disposable income, which can then be used to purchase food items containing other

essential vitamins and minerals not present in the SCR 986 ration.[1] The family ration, serving a dual economic and nutritional purpose, provides over a three-month period, approximately 840 calories per person per day as well as important micronutrients (in particular iron). The provision of these rations, combined with education of mothers to cope with the situation of poor water supply and to promote healthy feeding practices, is expected to have a significant impact on the nutritional status of acutely malnourished children. It is also expected that the improved caring practices will be sustained, leading to long-term improvement of the nutritional status not only of the children enrolled in the programme, but also of their siblings.

Hospitals and social institutions

Beneficiaries: 35,000 hospital patients and 40,000 in social institutions

18. Under the present economic conditions, the Government of Iraq does not assume full responsibility for the provision of food to social institutions. These institutions therefore have relied heavily over the past several years on foodstuffs received from WFP. The Ministry of Health (MOH) has requested WFP to continue supporting in-patient feeding within the PRRO proposal. While patients in hospitals and residents of social institutions are eligible to receive SCR 986 rations, in practice they rely on food provided within the institutional setting. In many cases the distance from the hospital would make it difficult for family members to provide food regularly. In addition, hospitals in Iraq are designed to provide in-patient feeding and lack facilities for families to come and cook food individually for their hospitalized family members.

19. The number of beneficiaries for hospital feeding has been calculated at a 70 percent occupancy rate in the centre and south of Iraq, which takes into account seasonal fluctuations for communicable diseases. With regard to the residents of social institutions, the Ministry of Labour and Social Affairs (MOLSA) has requested WFP to cover 40,000 individuals, with orphans and elderly comprising the majority. Both categories of beneficiaries will be targeted by MOLSA according to the established procedures of the social welfare system.

Partnerships

20. WFP will collaborate with the Ministry of Health, the Ministry of Labour and Social Affairs, UNICEF and the Iraqi Red Crescent Society in the implementation of the above activities.

21. The targeted feeding programme for malnourished children will be implemented in collaboration with the IRCS, which is supported by the International Federation of Red Cross and Red Crescent Societies (IFRC). The IRCS is currently implementing a programme for 10,000 acutely malnourished children discharged from nutrition rehabilitation centres (NRCs). WFP and UNICEF will work with the IRCS to build its capacity to expand this programme to 50,000 children. UNICEF will provide training support and education material to IRCS for the implementation of the programme. WFP will provide support and training in the area of food aid management. IRCS will be responsible for distribution of the supplementary food as well as education to the mothers on breast-feeding and infant and child health care practices.

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[1] The estimated monthly local value of the ration is 6.75 dollars per child and 4 dollars per family member.

22. Institutional feeding will be implemented and monitored in close collaboration with MOH and MOLSA. These ministries will provide internal transport of WFP-supplied commodities from central warehouses to all distribution sites.

IMPLEMENTATION PLAN

Goals and objectives

23. The overall objective of the proposed assistance is to contribute to meeting basic humanitarian needs of vulnerable groups of the Iraqi population whose access to food is particularly limited by the current crisis situation. Specific objectives of the PRRO's two components (support to malnourished children and institutional feeding) are:

a) To improve the nutritional status of 200,000 acutely malnourished children through the provision of:

i) specially composed rations directly to the children; and

ii) rations to the families of malnourished children to provide additional micronutrients—particularly iron—to compensate for intrahousehold sharing of rations and to ensure that children remain in the programme for the full three-month period.

b) To ensure adequate nutritional intake of hospital in-patients and residents in social institutions, including orphanages and old persons' homes.

24. WFP's assistance will provide inputs critical to the success of the collaborative efforts of the Ministry of Health, UNICEF and the IRCS. Implementation details for each component are presented below.

Support to malnourished children

25. WFP proposes to implement a programme aimed at improving the nutritional status of 200,000 acutely malnourished children under five years of age. WFP will implement the programme in several phases. The duration of each phase will be three months; each phase will target a maximum of 50,000 malnourished children. Thus, during the one-year operation WFP assistance would be provided to 200,000 malnourished children and 800,000 of their family members. Children will receive a ration of wheat-soya milk (WSM—a blended food that will meet the children's vitamin and mineral requirements), vegetable oil and sugar. The caloric value of the children's ration is approximately 740 .0calories. The families will also receive WSM in addition to vegetable oil, sugar and pulses which will provide a protein supplement to the family ration (see Annex III for details). The caloric value of the family ration is equal to 840 calories per person per day for four family members. In line with WFP's Commitments to Women, the child and family rations will be distributed in almost all cases directly to the mother or another female member of the household.

26. Identification and proper targeting of the children will be facilitated by a screening system, which is currently being extended throughout the country. This system, which is illustrated in the diagram below, involves several levels.

27. **Community Child Care Units (CCCUs).** the CCCUs are the first level of a chain through which children under five are screened and referred to the appropriate health care

structure. The CCCU programme was launched in late 1996 by the Government of Iraq in collaboration with UNICEF, and with support from primary health care centres, nutritional rehabilitation centres, and local and international organizations. The CCCUs represent an important step towards community-based health care and are intended to play an educational role in promoting preventive health care and proper child care practices.

28. The Government and UNICEF have set a target figure of 3,362 CCCUs to be established throughout the country. In August 1998, a review by UNICEF revealed that 1,333 were operational, 55 percent of which were in urban areas.

29. CCCUs will be used to screen children in communities, using the weight-for-age criterion. Children found to be –3 SD weight-for-age (severely malnourished) will be referred to the primary health care centres for direct referral to the nutritional rehabilitation centres. Children identified by the CCCU as –2 SD weight-for-height (acutely malnourished) will either receive UNICEF-supplied high-protein biscuits directly or will be referred to the PHC for the biscuits (this varies across CCCUs.)

30. **Primary health care centres (PHCs).** The PHCs are located throughout the country, and each serves an average of six CCCUs. Children referred from the CCCUs are screened at the PHC according to both weight-for-age and weight-for-height. The severely malnourished are referred to the NRC. The acutely malnourished are referred to IRCS, where they will be enrolled in the WFP-supported programme.

31. **Nutritional rehabilitation centres (NRCs).** Nationally, there are 64 of these in-patient facilities which admit children referred from the PHCs and from out-patient clinics of hospitals. The optimum length of stay in the NRC is 21 days; the minimum stay before release is five days. At discharge, all children are referred back to their community's CCCU for follow-up (home-based therapeutic feeding). Those who still require follow-up (having –2 SD weight-for-height) are also referred to the IRCS for enrolment in the WFP-assisted programme.

32. The screening and referral system is illustrated on the following page.

Referral System for Support to Malnourished Children in Iraq

COMMUNITY

all the children in the community are screened at CCCUs for malnutrition using weight-for-age criteria

all children who are referred back from PHCs receive high-protein biscuits and those referred back from NRCs receive therapeutic milk for one month

CCCU

all children below – *2 SD for weight-for-age* are referred to primary health care centres

all children – *2 SD for weight-for-age* are referred back to receive high-protein biscuits and all children – *3 SD for weight-for-age* are referred back for follow-up to complete the therapeutic milk regime for one month

PHC

all children under – *3 SD weight-for-age* are referred to NRCs for follow-up

malnourished children discharged from NRCs are referred back to PHCs and from PHCs to CCCUs

all **-** *2 SD weight-for height* are referred to IRCS to receive supplementary food rations for three months

NRC

all – *2 SD weight-for-height* are referred to IRCS to receive supplementary food rations for three months

IRCS

WFP

Institutional feeding

33. Hospital feeding, as in previous phases of WFP's emergency operations, will be implemented directly through the Ministry of Health (MOH). For social institutions receiving WFP assistance, implementation will be through the Ministry of Labour and Social Affairs (MOLSA).

Capacity-building

34. The operation will be implemented through the MOH and MOLSA with UNICEF technical support. Capacity of the Iraqi Red Crescent Society, the other principal implementing partner, will also be reinforced through the collaboration of UNICEF and WFP, particularly in training personnel to carry out screening of malnourished children and to provide health education to their mothers.

Monitoring and evaluation

35. During previous phases of its emergency operations, WFP has established the structure for comprehensive monitoring of the distribution of commodities. This structure will be re-activated and reinforced in the proposed PRRO. WFP food monitors make regular field trips for verification of information on commodity movements and collection of statistical information on distribution. Interviews with beneficiaries are carried out at distribution points to obtain information on receipt/acceptability of rations and other pertinent issues such as coping mechanisms.

36. As the commodity tracking system is fully established and efficient, attention will be given to improving pipeline management to ensure timely delivery of the entire planned commodity basket. This will be done for both components of the PRRO, i.e., support to malnourished children and institutional feeding. For the former group, emphasis will also be placed on obtaining information on the effectiveness of targeting (i.e., whether the intended beneficiaries are being reached), and on assessing the effects and impact of the programme on beneficiaries.

37. In order to allow ongoing evaluation of the operation's effects and impact, there will be close collaboration among partners. WFP and UNICEF have already been coordinating activities, along with MOH, in order to avoid duplication of efforts and to minimize the burden of data collection/reporting on health personnel. Types of information to be collected in the malnourished children programme are as follows:

38. **Beneficiary profiles.** For all children admitted into the programme, records on basic characteristics will be kept. This information will be of use to all partners, including MOH, and will be extracted to undertake special analyses of the impact of the programme (e.g., by selecting a sample of children and following them after they leave the programme). The profile will include age; gender; frequency of diarrhoea and of acute respiratory illness in the past month; measles infection; other diseases; breast-feeding history, for children under age two; supplementary feeding (time of initiation, type, quantity and frequency); mother's BMI; and mother (or caretaker's) level of education.

39. **The nutritional indicators at the individual level are:** a) Weight and height: to be measured at enrolment and at each subsequent visit (total of four visits at one-month intervals). This is the principal indicator which will be used for tracking changes in children's nutritional status. It is expected that by the third month of enrolment more than 80 percent of children will be discharged as they attain a weight greater than –2 SD for their height. b) Appearance of clinical symptoms of Vitamin A deficiency (night blindness,

Bitot-spot, xeropthalmia) will be treated with Vitamin A capsules (provided through SCR 986). c) At the time of enrolment children showing clinical signs of anaemia will be referred to a paediatrician for treatment and their status assessed at the last visit. d) Changes in feeding practices: qualitative indicators which will be assessed through interviews with mothers at the time of visits. Periodic small-scale studies, using rapid assessment procedures, will be conducted to assess change over time.

40. **The nutritional indicators at the health centre level are:** a) Total number of children screened: as an indicator of the outreach of the programme. b) Monthly malnutrition rates among the screened children by sex and age (6–23 months and 24-59 months): to allow for assessment and comparison of malnutrition rates in each centre. c) Percentage of children who gain weight in successive months; percentage exceeding –2 SD weight-for-height in each successive month; drop-out/retention rate; re-enrolment rate.

EXIT STRATEGY

41. The duration of WFP assistance is linked to the political situation, specifically the continuation or lifting of economic sanctions and/or the termination of the Oil-for-Food Agreement. As the agreement has just been renewed for a fifth phase of the Oil-for-Food Programme, it is expected that the intersectoral approach will be continued. Under a best-case scenario, where there are sufficient oil sales to fund an Enhanced Distribution Plan, there will be a rehabilitation of infrastructure and the consequent improvement of the health and nutritional situation. When the effects of these improvements are fully realized, there will no longer be a need for emergency assistance. If sanctions are lifted before then, it is expected that emergency assistance from WFP would be required only during a transition period.

RISK ASSESSMENT

42. Implementation of the PRRO in Iraq is dependent upon several key external factors. These include:

a) political stability/security to provide an environment within which programme activities can be implemented. The threat of both internal and external conflict must necessarily be factored into the success of the PRRO.

b) The performance of the United Nations Oil-for-Food Programme. As the WFP operation is planned around the continuation (and improved performance) of this programme, any interruption or cessation of the agreement will affect the parallel assistance provided by WFP.

c) The capacity of local implementing partners. WFP must rely on a very limited number of partners to implement the proposed operation. Local support will be required for the Ministry of Health, while the capacity of the Iraqi Red Crescent Society is dependent on the provision of resources from its own partners. Any interruption to these inputs would necessarily affect ability to implement the operation.

d) Inputs from other United Nations agencies—particularly from UNICEF, which will be supporting the CCCUs. These units will form the basis of the referral system which will be critical to identifying malnourished children for the WFP-supported programme.

e) Donor support for the operation will be critical in ensuring sufficient resources to support activities. It will be essential that the full range of specialized commodities be provided to meet programme objectives.

INPUT REQUIREMENTS

43. The tables in Annex III indicate food aid requirements, staffing, non-food items and technical assistance required to implement this PRRO over a 12-month period.

RECOMMENDATION OF THE EXECUTIVE DIRECTOR

44. This PRRO, targeting malnourished children and their families and people in hospitals and social institutions in Iraq for a period of one year, is recommended to the Executive Board within the budget shown in Annexes I and II.

ANNEX I

PROJECT COST BREAKDOWN

	Quantity *(tons)*	Average cost per ton	Value *(dollars)*
WFP COSTS			
A. Direct operational costs			
Commodity[1]			
– Cereals	10 800	145	1 566 000
– Oil	5 760	840	4 838 400
– Pulses	4 410	430	1 896 300
– Sugar	2 970	280	831 600
– Milk - dried skim enriched	540	1 600	864 000
– Canned fish	1 620	2 000	3 240 000
– WSM	3 960	500	1 980 000
Total commodities	30 060		**15 216 300**
External transport	30 060	73.22	2 200 950
LTSH			
a) Landside transport	30 060	56.00	1 683 360
b) ITSH	30 060	2.94	88 376
Subtotal direct operational costs			**19 188 986**
B. Direct support costs (see Annex II for details)			
Subtotal direct support costs			**418 500**
Total direct costs			**19 607 486**
C. Indirect support costs (7.1 percent of total direct costs)			
Subtotal indirect support costs			**1 392 132**
TOTAL WFP COSTS			**20 999 618**

[1] This is a notional food basket used for budgeting and approval purposes. The precise mix and actual quantities of commodities to be supplied to the project, as in all WFP-assisted projects, may vary over time depending on the availability of commodities to WFP and domestically within the recipient country.

ANNEX II

DIRECT SUPPORT REQUIREMENTS (dollars)		
Details	**Per annum**	**Total**
International staff/Baghdad		
1 Programme Officer (P3)	105 750	**105 750**
Local staff salaries		
1 Secretary (1 x $8,736)	8 736	
2 Senior Food Aid Monitors (2 x $12,996)	25 992	
8 Food Aid Monitors (8 x $9,094)	72 752	
3 Drivers (3 x $7,380)	22 140	
	129 620	**129 620**
Local travel		
DSA Travel/International staff		
1 staff x $100 x 15 days x 12 months	18 000	
Hazard pay (1 staff x $30 x 15 days x 12 months)	5 400	
DSA Travel/Local staff		
10 staff x $100 x 25% x 15 days x 12 months	45 000	
3 drivers x $100 x 25% x 15 days x 12 months	13 500	
R & R		
1 intl. staff x $131 x 5 days x 6 times in 12 months	3 930	
Transport (1 x $600 x 6 times in 12 months)	3 600	
	89 430	**89 430**
Furniture and equipment		
Desks (6 x $500)	3 000	
Conference Table	800	
Desk chairs (6 x $200) + Armchairs (10 x $50)	1 700	
Misc. Furniture	2 000	
	7 500	**7 500**
Office supplies		
Stationery ($500 x 12 months)	6 000	**6 000**
Maintenance of equipment		
($300 x 12 months)	3 600	**3 600**
Vehicles		
2 vehicles (2 x $25,000)	50 000	**50 000**
Maintenance of vehicles		
Spare parts ($500 x 12 months)	6 000	**6 000**
Communication equipment		
Radio handset (6 x $500)	3 000	**3 000**
Communication charges		
($500 x 12 months)	6 000	**6 000**
Data processing equipment		
2 computers (2 x $2,000)	4 000	
2 printers (2 x $800)	1 600	
2 UPS (2 x $600)	1 200	
	6 800	**6 800**
Miscellaneous expenses		
$400 x 12 months	4 800	**4 800**
Total		**418 500**

ANNEX III

TABLE 1. PROJECTED MONTHLY REQUIREMENT BY COMMODITY
CENTRE AND SOUTH IRAQ
February 1999–January 2000

	No. of beneficiaries	Ration gr/day/ben.	30 days req. (tons)	Total req. (tons)
Cereals				
Hospital/Social institutions	75 000	400	900	10 800
Malnourished children < 5	50 000	0	–	–
Families of malnourished children <5	00 000	0	–	–
Total	**325 000**		**900**	**10 800**
Vegoil				
Hospitals/Social institutions	75 000	60	135	1 620
Malnourished children < 5	50 000	30	45	540
Families of malnourished children <5	200 000	50	300	3 600
Total	**325 000**		**480**	**5 760**
Pulses				
Hospitals/Social institutions	75 000	30	68	810
Malnourished children < 5	50 000	0	–	–
Families of malnourished children <5	200 000	50	300	3 600
Total	**325 000**		**368**	**4 410**
Sugar				
Hospitals/Social institutions	75 000	10	23	270
Malnourished children < 5	50 000	30	45	540
Families of malnourished children <5	200 000	30	180	2 160
Total	**325 000**		**248**	**2 970**
Milk-DSE				
Hospitals/Social institutions	75 000	20	45	540
Malnourished children < 5	50 000	0	–	–
Families of malnourished children <5	200 000	0	–	–
Total	**325 000**		**45**	**540**
Canned fish				
Hospitals/Social institutions	75 000	60	135	1 620
Malnourished children < 5	50 000	0	–	–
Families of malnourished children <5	200 000	0	–	–
Total	**325 000**		**135**	**1 620**
WSM				
Hospitals/Social institutions	75 000	0	–	–
Malnourished children < 5	50 000	100	150	1 800
Families of malnourished children <5	200 000	30	180	2 160
Total	**325 000**		**330**	**3 960**
Total	**325 000**		**2 505**	**30 060**

[1] Rations for malnourished children and families of malnourished children are based on a three month period; therefore, the total number of beneficiaries for the one-year project is 200,000 children and 800,000 family members.

TABLE 2. PROJECTED MONTHLY REQUIREMENT BY CATEGORY
CENTRE AND SOUTH IRAQ
February 1999–January 2000

Category	No. of beneficiaries	Ration scale (grams/person/day)							
		Cereals	Veg. oil	Pulses	Sugar	DSE	Can. Fish	WSM	Total
Hospitals/social institutions	75 000	400	60	30	10	20	60	–	
Total Req. (360 days)-tons		10 800	1 620	810	270	540	1 620	–	15 660
Malnourished children < 5[1]	50 000	–	30	–	30	–	–	100	
Total Req. (360 days)-tons		–	540	–	540	–	–	1 800	2 880
Families of Malnourished children < 5 (4 members)[1]	200 000	–	50	50	30	–	–	30	
Total Req. (360 days)-tons		–	3 600	3600	2160	–	–	2 160	11 520
Total Req. (360 days)- tons	**325 000**	**10 800**	**5 760**	**4 410**	**2 970**	**540**	**1 620**	**3 960**	**30 060**

[1]Rations for malnourished children and families of malnourished children are based on a three-month period; therefore, the total number of beneficiaries for the one-year project is 200,000 children and 800,000 family members.