

# BUDGET INCREASE TO COUNTRY PROGRAMME: 200287

## Country Programme Malawi 200287

**Start date:** 01/01/2012 **End date:** 31/12/2016 **Extension/Reduction period:** 24 months **New end date:** 31/12/2018

Total revised number of beneficiaries	<b>3,292,957</b>		
Duration of entire project	<b>7 years</b>		
Extension/Reduction period	<b>24 months</b>		
Gender marker code	<b>2A</b>		
WFP food tonnage	<b>179,410</b>		
<b>Cost (United States dollars)</b>			
	<b>Current Budget</b>	<b>Increase</b>	<b>Revised Budget</b>
Food and Related Costs	88,621,572	59,930,018	148,551,590
Cash and Vouchers and Related Costs	4,449,457	5,793,934	10,243,392
Capacity Development & Augmentation	1,304,362	-	1,304,362
DSC	20,086,895	6,970,287	27,057,182
ISC	8,012,360	5,088,597	13,100,957
<b>Total cost to WFP</b>	<b>122,474,646</b>	<b>77,782,836</b>	<b>200,257,482</b>

<b>Cost (United States dollars)</b>			
	<b>Current Budget</b>	<b>Increase</b>	<b>Revised Budget</b>
Food Transfer	62,074,279	42,205,000	104,279,279
C&V Transfer	4,148,911	5,793,394	9,942,846

## NATURE OF THE INCREASE

1. This sixth budget revision will extend Country Programme 200287 by 24 months (to 31 December 2018) to align with the next United Nations Development Assistance Framework (UNDAF) and Malawi Growth and Development Strategy (MGDS) III.
2. WFP will continue to provide school meals to pre-primary<sup>1</sup> and primary schoolchildren in chronically food-insecure districts with the lowest enrolment, highest drop-out rates and widest gender disparity indicators. A gradual handover of some pre-primary schools to the Government is envisaged as is the continuation of an expansion to the Home Grown School Feeding (HGSF) model introduced in a previous budget revision to reach 164,387 primary school learners in 89 schools. Take Home Rations (THR) will continue to be provided in some districts and will be scaled-up in areas affected by drought.
3. As a result of increased numbers of malnourished children and adults, WFP will scale-up Moderate Acute Malnutrition (MAM) treatment for Anti-Retroviral Therapy (ART) / Tuberculosis (TB) patients. Given heightened food insecurity as a result of El Niño, WFP will treat severe acute malnutrition (SAM) among ART / TB patients. Micronutrient

<sup>1</sup> Children aged 3-5 years.

powders (MNPs) for children aged 6-23 months will be introduced to address micronutrient deficiencies in six districts.

4. Capacity strengthening activities with the Department of Disaster Management Affairs and the Ministry of Agriculture and Food Security will continue.
5. The above changes will result in an increase of US\$ 76,341,288 to the overall budget of this operation.

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## **JUSTIFICATION FOR EXTENSION-IN-TIME AND BUDGET INCREASE**

### **Summary of Existing Project Activities**

6. Since January 2012, WFP has implemented Country Programme 200287 with the following objectives: i) strengthen national capacities to improve primary education outcomes in the country; ii) reduce malnutrition among vulnerable groups; and iii) increase food security nationally and build resilience to shocks at the household and community levels. The operation contributes to WFP Strategic Objectives 2, 3 and 4, United Nations Sustainable Development Goals (SDG) 2, 5 and 17, and UNDAF outcomes.
7. Gender equality is a major challenge in Malawi. Cultural norms are rooted in patriarchy, with high levels of child marriage, lack of land rights and lack of access to justice or protection against sexual and other forms of gender-based violence (SGBV) for women. Gender equality is addressed through this Country Programme, in partnership with UNWOMEN, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and others, by ensuring that men, women, boys and girls benefit equally and are sensitized on gender issues to mitigate SGBV.

### **Component One: Support to Education**

8. WFP provides school meals in primary schools using in-kind food distribution through a centralized model and Cash Based Transfers (CBT) through a decentralized HGSF model. The HGSF model promotes food diversification and provides schools with cash to procure locally-grown produce while supporting smallholder farmers through increased incomes and access to markets.

### **Component Two: Nutrition Support**

9. WFP implements a MAM treatment programme through government health facilities in line with the national Community-based Management of Acute Malnutrition (CMAM) approach and National Nutrition Policy. This programme targets children (aged 6 months to 12 years) and Pregnant and Lactating Women (PLW) in approximately 85 percent of government health facilities<sup>2</sup>.
10. WFP also treats MAM among People Living with HIV/AIDS (PLHIV) and TB clients in areas with high levels of food insecurity and HIV prevalence. A stunting prevention pilot is implemented through a separate Trust Fund, lessons from which will be used to inform Social Behaviour Change Communication (SBCC) and nutrition-sensitive activities such as integrated homestead farming and small livestock promotion.

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<sup>2</sup> The remaining programme beneficiaries are supported through other NGOs and partners.

### **Component Three: Disaster Risk Reduction (DRR)**

11. This aims to strengthen resilience and contribute to increased and sustained food security through increased Government investment in disaster preparedness, prevention and mitigation. WFP supports capacity strengthening of Government and Non-Governmental Organization (NGO) partners for design and implementation of emergency preparedness and response as well as broader social protection and disaster risk.

### **Conclusion and Recommendations of the Re-Assessment**

12. The 2016 Malawi Vulnerability Assessment Committee (MVAC) assessment<sup>3</sup> estimates that 6.5 million people are at risk of food and nutrition insecurity starting July 2016 through March 2017 as a result of the impact of El Niño. Women are particularly vulnerable to food insecurity and undernutrition owing to their higher levels of poverty, poor access to land and limited opportunities for income generation.
13. Stunting remains at 42 percent, reducing only marginally from 47 percent in 2010<sup>4</sup>. The prevalence of wasting at the national level is 3.8 percent, with increased cases in the south of the country.<sup>5</sup> Micronutrient deficiencies are also common, with anaemia affecting 6 out of 10 children aged less than 5 years and 1 in 3 women<sup>6</sup>. Only 15 percent of children under the age of five consume a minimum acceptable diet and 27 percent have a minimum diverse diet<sup>7</sup>.
14. Recent field monitoring indicates increasing numbers of malnourished children and adults, especially PLHIV. According to CMAM routine data from 25 drought-affected districts, MAM and SAM cases among children tripled from January to April 2016, signalling a 116 percent and 34 percent increase in MAM and SAM admissions respectively compared to the same period in 2015<sup>8</sup>. Admissions of adolescents and adults also increased, especially adults on ART with 85 percent and 61 percent increase for SAM and MAM cases respectively<sup>9</sup>. ART admissions among moderately malnourished have also increased by 20 percent between May and June<sup>10</sup>.
15. A World Bank-funded post disaster needs assessment (PDNA) estimates that food and nutrition insecurity affects 82 percent of primary schools leading to a decrease in enrolment, high dropout and absenteeism, with girls worst affected.

### **Purpose of Extension and Budget Increase**

16. This sixth budget revision will extend Country Programme 200287 for 24 months, to ensure alignment with a revised UNDAF and MGDS III. The successor medium-term strategy to the current national growth and development strategy (MGDS II), will take effect from 2019. WFP will conduct an independent strategic review of food and nutrition insecurity, which will inform a new framework for WFP strategic engagement in the country.

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<sup>3</sup> MVAC Assessment, July 2016.

<sup>4</sup> According to the 2014 MDG endline survey.

<sup>5</sup> SMART Survey, 2016.

<sup>6</sup> National Statistical Office and ICF International. 2016. Malawi Demographic and Health Survey 2015-16: Key Indicators Report. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF International.

<sup>7</sup> National Statistical Office. 2015. Malawi MDG Endline Survey 2014. Zomba, Malawi: National Statistical Office

<sup>8</sup> MOH CMAM database

<sup>9</sup> Malawi mVAM bulletin #5. May 2016

<sup>10</sup> Malawi mVAM bulletin #7. July 2016

17. WFP will build on lessons learned from a 2014 mid-term evaluation which concluded the need to design a comprehensive capacity development strategy. A systematic assessment of capacity strengthening needs will be conducted, and in light of contextual challenges, WFP will reassess coverage, plans and handover targets for school feeding and nutrition activities.
18. WFP will continue to provide school meals to primary schoolchildren in 13 chronically food-insecure districts. At the current level of implementation and acknowledging new entrants to the programme, WFP will support up to 1.1 million school children over the next two years. A scale-up of HGFSF, introduced in a previous budget revision, will continue in four districts<sup>11</sup> to reach a total of 164,387 primary schoolchildren. Support to ECD will continue in two districts, with a gradual handover to Government.
19. Hunger, poverty and negative cultural practices prevent girls and orphan boys from attending school. In the lean season, boys may engage in casual work while girls can adopt negative coping mechanisms. On-going efforts will be made to encourage the participation of men in school feeding to reduce the labour burden on women. Women are given certificates of appreciation for the voluntary services they offer.
20. According to the market assessment findings<sup>12</sup>, it is anticipated that markets will be able to support the use of CBT in selected districts. THR, using the cash transfer modality, will be provided in four districts throughout the school year to all girls and orphan boys upon 80 percent attendance.
21. An additional 110,000 primary school learners in four of the most chronically food insecure districts<sup>13</sup> with poor education indicators, will be provided with a THR of Super Cereal for breakfast during the 2016/2017 lean season. This will promote school attendance, reduce dropout and provide a safety net during current drought. There is an expected overlap between beneficiaries who receive THR and those receiving General Food Distribution (GFD) under Protracted Relief and Recovery (PRRO) 200692; however, the two interventions serve different objectives.
22. In line with the country's National Nutrition Policy and Strategic Plan, WFP will support the Ministry of Health to introduce home fortification. WFP will provide micronutrient powders to children aged 6-23 months, targeting 83,451 in 2017 and an additional 85,609 in 2018. Formative research will be conducted in selected districts to inform the design of the programme.
23. Based on consultations with the Ministry of Health and Food and Nutrition Technical Assistance (FANTA), and given the high number of SAM cases among adults on ART/TB treatment, UNICEF will continue to treat SAM among children and WFP will treat SAM cases amongst adults. WFP will procure Ready to Use Therapeutic Food (RUTF) and the Ministry of Health will manage service provision. Treatment of SAM in adults is within the government Nutrition Care Support and Treatment (NCST) guidelines and is prioritised within the Nutrition Response Plan<sup>14</sup>.
24. SBCC will be a key component of the home fortification programme and will promote nutrition and HIV sensitive programming, targeting men and boys and other caregivers as key players in addressing gender equality, nutrition and HIV and AIDS. Other activities

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<sup>11</sup> Owing to resourcing challenges, the scale-up of HGFSF as planned in budget revision five has yet to be fully effected.

<sup>12</sup> MVAC Assessment, July 2016.

<sup>13</sup> Balaka, Chikwawa, Nsanje and Phalombe

<sup>14</sup> Nutrition Response Plan: July 2016 – March 2017.

include integrated homestead farming and small livestock promotion will reach an estimated 10,000 households in seven districts.

25. WFP aims to strengthen its partnerships with UNICEF, UNFPA, FAO and UNDP to complement the activities of this Country Programme and promote a nutrition-sensitive and holistic approach. WFP will continue to support smallholder farmers through its Purchase for Progress (P4P) initiative by strengthening linkages between P4P and HGSF.
26. WFP will continue to support capacity development of Government and NGO partners for the design and implementation of emergency preparedness and response as well as broader social protection and disaster risk management. This includes the development and dissemination of 3PA tools and products, engagement in the review of key policies and strategies and organization of cross-district government learning visits.
27. WFP will conduct sensitization meetings to inform beneficiaries in surrounding communities of the programme as well as feedback sessions on programme performance through focus group discussions.

**TABLE 1: BENEFICIARIES BY COMPONENT**

Component	Category of beneficiaries	Current			Increase / Decrease			Revised		
		Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total
Component 1- support to education	Primary Education - centralized model (in-kind food)	761,187	760,019	1,521,206	149,307	139,495	288,802	910,494	899,514	1,810,008
	Primary Education - HGSF (cash transfers for food procurement)	80,549	83,838	164,387	0	0	0	80,549	83,838	164,387
	Early childhood Development	10,620	11,502	22,122	-1,742	-1,813	-3,555	8,878	9,689	18,567
	<b>Subtotal</b>	<b>852,356</b>	<b>855,359</b>	<b>1,707,715</b>	<b>147,565</b>	<b>137,682</b>	<b>285,247</b>	<b>999,921</b>	<b>993,041</b>	<b>1,992,962</b>
Component 2- Nutrition support	Treatment of MAM (children and PLW)	255,645	335,859	591,504	144,634	191,724	336,358	339,541	446,145	927,862
	Prevention of chronic malnutrition	0	0	0	0	0	0	0	0	0
	Treatment of MAM for ART/TB patients	7,284	7,892	15,176	79,839	83,097	162,936	59,358	56,729	178,112
	Treatment of SAM in ART/TB Patients	0	0	0	22,718	23,645	46,363	20,660	21,503	46,363
	Micronutrient powders	0	0	0	72,352	75,306	147,658	43,661	41,948	147,658
	<b>Subtotal</b>	<b>262,929</b>	<b>343,751</b>	<b>606,680</b>	<b>319,543</b>	<b>373,772</b>	<b>693,315</b>	<b>463,220</b>	<b>566,325</b>	<b>1,299,995</b>
<b>TOTAL</b>		<b>1,115,285</b>	<b>1,199,110</b>	<b>2,314,395</b>	<b>467,108</b>	<b>511,454</b>	<b>978,562</b>	<b>1,463,141</b>	<b>1,559,366</b>	<b>3,292,957</b>

\* There are no direct CBT beneficiaries under HGSF, as cash is transferred to districts/schools who are responsible for procuring locally-grown produce.

28. As part of the mVAM initiative, WFP will make use of active real-time market monitoring collecting data on market functionality within targeted districts. Complemented by data from the statistical bureau, price and inflation trends and volatilities are computed.

	School meals			Nutrition			
	Wet feeding ECD	Wet feeding Primary education	Take home rations	Treatment of MAM for children and PLW	Treatment of MAM for ART/TB patients	Treatment of SAM for ART/TB patients	Prevention of MND's
Maize			333				
Super cereal	50	100			300		
Vegetable oil					30		
Super cereal Plus				200			
Micronutrient powders							0.5
RUTF						276	
Cash/voucher (USD/person/day)	US\$ 0.13	N/A	US\$ 4.2	N/A	N/A	N/A	N/A
<b>TOTAL</b>	<b>50</b>	<b>100</b>	<b>333</b>	<b>200</b>	<b>330</b>	<b>276</b>	<b>0.5</b>
<b>Total kcal/day</b>	<b>188</b>	<b>376</b>	<b>1166</b>	<b>820</b>	<b>1466</b>	<b>1501</b>	<b>0</b>
% kcal from	<b>16.3</b>	<b>16.3</b>	<b>11.4</b>	<b>16.2</b>	<b>14.7</b>	<b>10.8</b>	<b>0</b>
% kcal from fat	<b>19.2</b>	<b>19.2</b>	<b>10.3</b>	<b>22.8</b>	<b>29.5</b>	<b>51.6</b>	<b>0</b>
Number of feeding days per year or per month (as applicable)	<b>208 days/year</b>	<b>208 days/year</b>	<b>30 days / months for 4 months</b>	<b>30 days / month maximum 4 months per person</b>	<b>30 days / Month maximum 4 months per person</b>	<b>30 days / month maximum 2 months per person</b>	<b>30/days per months all year round</b>

## FOOD REQUIREMENTS

29. Food requirements will increase by 60,025 mt. Micronutrient powders and Super Cereal Plus will be procured internationally. WFP will explore the possibility of procuring RUTF regionally or locally using UNICEF and certified suppliers. Super Cereal will be purchased regionally through the Global Commodity Management Facility (GCMF) facility.

<b>TABLE 2. FOOD REQUIREMENTS BY ACTIVITY TYPE</b>			
	<b>Food requirement (mt)</b>		
<b>Activity</b>	<b>Present</b>	<b>Increase (Decrease)</b>	<b>Revised</b>
<b>School Feeding</b>	<b>81,183</b>	<b>44,578.01</b>	<b>125,761</b>
<b>Nutrition Support</b>	<b>22,779</b>	<b>15,447.21</b>	<b>38,226</b>
<b>DRR</b>	<b>15,423</b>	<b>0</b>	<b>15,423</b>
<b>Total Food Requirements (MT)</b>	<b>119,385</b>	<b>60,025</b>	<b>179,410</b>
<b>Total CBT (US\$)</b>	<b>\$4,148,911</b>	<b>\$5,264,459</b>	<b>\$9,413,370</b>

### **Hazard / Risk Assessment and Preparedness Planning**

30. In addition to the risk of inadequate Government capacity to take over school feeding and nutrition activities, two additional risks have been identified:

- Inadequate funding due to competing emergency priorities in the country. Efforts will be made to mobilise additional funding, highlighting resourcing shortfalls and implications for longer-term development.
- Pipeline breaks due to funding constraints and delayed food deliveries. Forward planning and prioritization of local and regional purchases, leveraging the GCMF as appropriate, will be undertaken.

### **RECOMMENDATION OF THE EXECUTIVE DIRECTOR**

31. The proposed extension and additional commitment of food, resulting in the revised budget for Malawi Country Programme 200287, is recommended to the Executive Board for approval.

Date: .....

Date: .....

*Drafted by:* [Elie Iyakaremye] Country Office  
*Cleared by:* [Coco Ushiyama] Country Office on [date]  
*Reviewed by:* [Sarah Longford] Regional Bureau  
*Cleared by:* [Chris Nikoi] Regional Bureau on [02/09/2016]  
*Reviewed by:* [name] Regional Bureau Support (OMO)

## ANNEX I-A

<b>PROJECT COST BREAKDOWN</b>			
	<b>Quantity (mt)</b>	<b>Value (USD)</b>	<b>Value (USD)</b>
<i>Food Transfers</i>	-	-	
Cereals	6,105	\$1,703,397	
Pulses	-	-	
Oil and fats	455	\$373,686	
Mixed and blended food	53,435	\$39,589,305	
Others	30	\$538,611	
<b>Total Food Transfers</b>	60,025	\$42,205,000	
External Transport		\$4,897,480	
LTSH		\$11,006,276	
ODOC Food		\$1,821,263	
<b>Food and Related Costs <sup>1</sup></b>		<b>\$59,930,018</b>	
C&V Transfers		\$5,793,934	
C&V Related costs		-	
<b>Cash and Vouchers and Related Costs</b>		<b>\$5,793,934</b>	
<b>Capacity Development &amp; Augmentation</b>		-	
<i>Direct Operational Costs</i>			\$65,723,953
Direct support costs (see Annex I-B)			<b>\$6,970,287</b>
<b>Total Direct Project Costs</b>			\$72,694,239
Indirect support costs (7,0 percent) <sup>2</sup>			<b>\$5,088,597</b>
<b>TOTAL WFP COSTS</b>			<b>\$77,782,836</b>

<sup>1</sup> This is a notional food basket for budgeting and approval. The contents may vary.

<sup>2</sup> The indirect support cost rate may be amended by the Board during the project.

## ANNEX I-B

<b>DIRECT SUPPORT REQUIREMENTS (USD)</b>	
<b>WFP Staff and Staff-Related</b>	
Professional staff *	1,474,434
General service staff **	1,081,853
Danger pay and local allowances	-
<b>Subtotal</b>	<b>2,556,287</b>
<b>Recurring and Other</b>	<b>2,190,000</b>
<b>Capital Equipment</b>	<b>120,000</b>
<b>Security</b>	<b>240,000</b>
<b>Travel and transportation</b>	<b>1,354,000</b>
<b>Assessments, Evaluations and Monitoring<sup>1</sup></b>	<b>510,000</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>6,970,287</b>

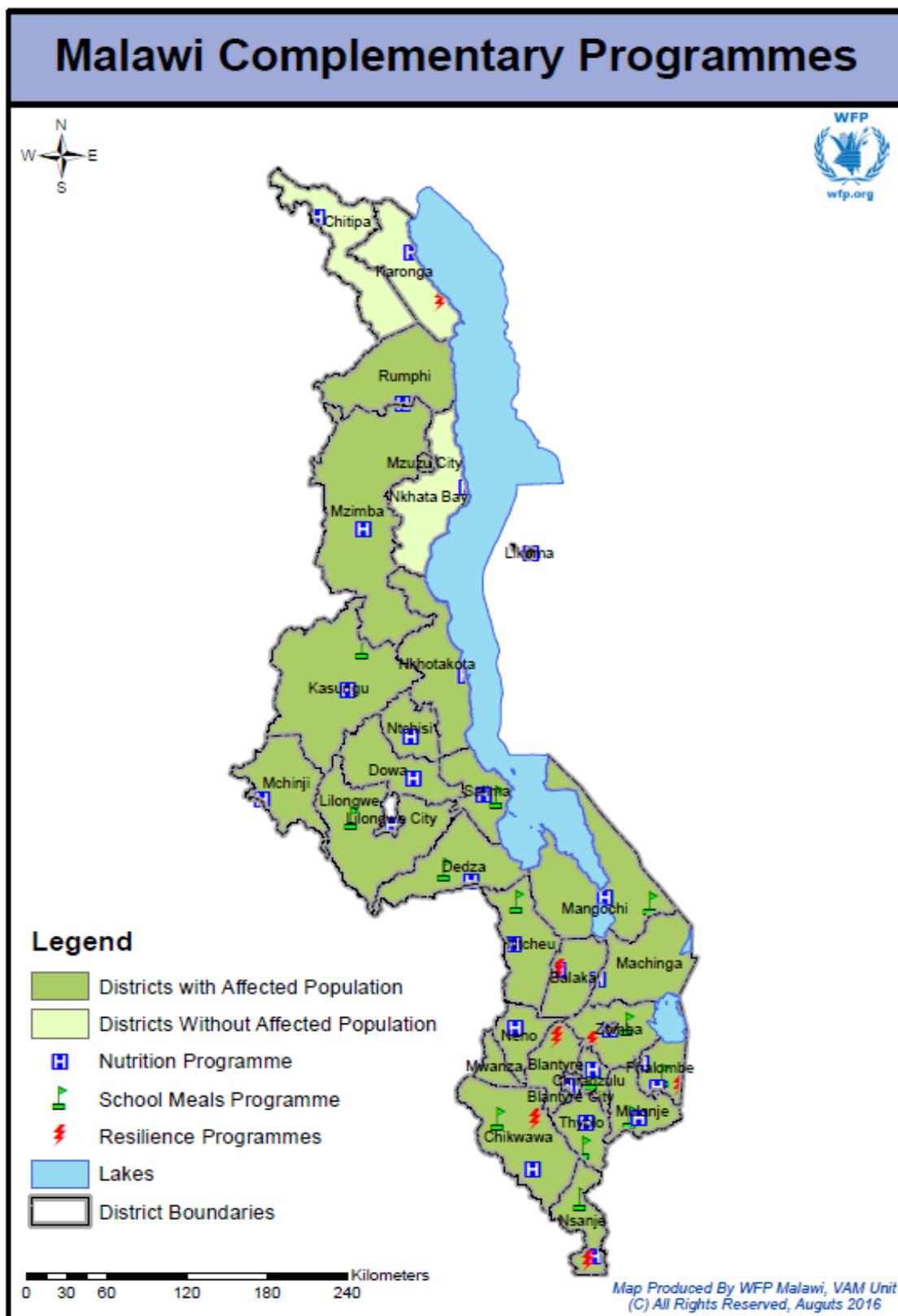
\* Costs to be included in this line are under the following cost elements: International Professional Staff (P1 to D2), Local Staff - National Officer, International Consultants, Local Consultants, UNV

\*\* Costs to be included in this line are under the following cost elements: International GS Staff, Local Staff - General Service, Local Staff - Temporary Assist. (SC, SSA, Other), Overtime

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<sup>1</sup> Reflects estimated costs when these activities are performed by third parties. If WFP Country Office staff perform these activities, the costs are included in Staff and Staff Related and Travel and Transportation.

MAP



## ACRONYMS USED IN THE DOCUMENT

Anti-Retroviral Therapy	ART
Cash Based Transfers	CBT
Community-based Management of Acute Malnutrition	CMAM
Disaster Risk Reduction	DRR
Early Childhood Development	ECD
Food and Agriculture Organization	FAO
Food and Nutrition Technical Assistance	FANTA
General Food Distribution	GFD
Global Commodity Management Facility	GCMF
Home Grown School Feeding	HGSF
Malawi Growth and Development Strategy	MGDS
Malawi Vulnerability Assessment Committee	MVAC
Moderate Acute Malnutrition	MAM
Non-Governmental Organization	NGO
Nutrition Care support and treatment	NCST
post disaster needs assessment	PDNA
Pregnant and Lactating Women	PLW
Protracted Relief and Recovery	PRRO
Purchase for Progress	P4P
Ready to Use Therapeutic Food	RUTF
severe acute malnutrition	SAM
sexual and other forms of gender-based violence	SGBV
Social Behaviour Change Communication	SBCC
Take Home Rations	THR
Tuberculosis	TB
United Nations Development Assistance framework	UNDAF
United Nations International Children's Emergency Fund	UNICEF
United Nations Population Fund	UNFPA
United Nations Sustainable Development Goal	SDG

