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**Executive Board
Second Regular Session**

Rome, 10–13 November 2014

COUNTRY PROGRAMMES

Agenda item 7

For approval



Distribution: GENERAL
WFP/EB.2/2014/7/3
15 October 2014
ORIGINAL: FRENCH

COUNTRY PROGRAMME THE CONGO 200648 (2015–2018)



Gender marker code 2A
<https://www.humanitarianresponse.info/system/files/documents/files/gm-overview-en.pdf>

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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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EXECUTIVE SUMMARY

The Congo is a middle-income country that imports 75 percent of its food needs and has an underdeveloped agriculture sector. Food insecurity affects 14 percent of households; 24 percent of children under 5 years of age are chronically malnourished. Access to health and education services is limited, particularly in rural areas. The country is extremely vulnerable to flooding.

Country programme 200648 will be 60 percent government-funded and will be implemented in partnership with government agencies in all departments except Sangha and Cuvette-Ouest, which are sparsely populated and difficult to access. Its aims are to:

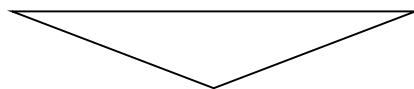
- promote access to education by ensuring that primary schoolchildren have a balanced diet based on local produce;
- support the Government in setting up a social safety net for vulnerable households;
- provide nutrition support to people living with HIV or tuberculosis who are on treatment and malnourished, a supplement for pregnant and lactating women and a supplement for children aged 6–23 months to prevent stunting; and
- provide technical support to the Government to strengthen disaster and risk management.

As recommended by the country portfolio evaluation in 2013, the country programme merges development projects 200211 and 200144. WFP will seek to develop partners' capacities and build resilience in vulnerable populations and communities by providing social protection, combating malnutrition, supporting agriculture and managing risks and disasters, with a view to the sustainable hand-over of responsibilities to the Government.

The school feeding programme will provide a daily school meal in partnership with the Government. The social safety net will use voucher transfers, which have the advantages of preserving beneficiaries' anonymity, enabling better monitoring of beneficiaries' consumption and ensuring maximum nutritional impact by providing access to a variety of foods. The nutrition component will be based on specialized nutritious foods tailored to objectives and the needs of targeted beneficiaries.

The country programme is in line with the National Development Plan (2012–2016), the United Nations Development Assistance Framework (2014–2018) and the WFP Strategic Plan (2014–2017). Its development took into consideration the country strategy for 2014–2018, which is the outcome of lengthy consultations with the Government and partners. It also contributes to achieving Millennium Development Goals 1, 2, 3, 5 and 6.

DRAFT DECISION*



The Board approves country programme the Congo 200648 (2015–2018) (WFP/EB.2/2014/7/3), for which the food requirement is 16,889 mt at a cost of USD 24.5 million, the cash and voucher requirement is USD 18.1 million and the total cost to WFP is USD 56.8 million.

* 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.

PROGRAMME RATIONALE

1. The Congo is a politically stable middle-income country with gross domestic product (GDP) of USD 14 billion¹ and GDP growth in 2012 of 3.8 percent. The economy relies on oil revenues and is fragile, with a narrow base. The Congo ranks 142nd of 187 countries in the human development index,² poverty affects 46.5 percent of the population,³ and the Gini coefficient is 0.43, a sign of major inequality.
2. The population is 4.2 million people, 64 percent of whom live in urban areas, primarily Brazzaville and Pointe-Noire, where population growth rates – of 3.8 and 4 percent, respectively – outpace the national average of 3 percent. The rural exodus is associated with an increase in poverty and a widening of inequalities. Although the incidence of poverty in semi-urban areas does not exceed the national average, poverty is deeper⁴ there than elsewhere.⁵ Low agricultural output and limited domestic markets lead to high dependence on food imports, making poor consumers vulnerable to price spikes and volatility on international markets.

Food Insecurity

3. Alarmingly, the Congo's score on the Global Hunger Index rose from 18.4 in 2005 to 20.5 in 2013.⁶ More than 121,000 households – 14 percent of the population – suffer from food insecurity.⁷ Causes include lack of economic diversity, low agricultural productivity and poverty. The largest numbers of food-insecure people live in Brazzaville and Pointe-Noire, which account for more than half of the population. Households headed by women tend to be more food-insecure than others.
4. The Congo imports 75 percent of its food needs.⁸ Only 42 percent of agricultural output reaches the market,⁹ with 53 percent being consumed by producers themselves.¹⁰ Food marketing is hampered by market fragmentation and isolation and low production capacity resulting from the lack of inputs, compounded by low population density and high transaction costs, and a lack of diversification in the economy. There is also a shortage of infrastructure and expertise in food processing.

¹ Per capita GDP was USD 3,154 in 2012.

² United Nations Development Programme. *Human Development Report, 2013*. New York.

³ Based on the costs of needs for a calorie intake of 2,450 kcal/adult/day and the cost of other essential non-food goods (Congo Household Survey, 2012).

⁴ The depth of poverty is the sum of all the deficits – distance between expenditure and the poverty line – of all poor people, divided by the total number of poor people.

⁵ Depth of poverty: Brazzaville 16 percent; and Pointe-Noire 13 percent.

⁶ The Global Hunger Index measures undernourishment, child undernutrition and infant mortality.

⁷ WFP. 2013. Comprehensive food security and vulnerability analysis (CFSVA) 2013. Country office Vulnerability Analysis and Mapping Unit.

⁸ Food imports exceeded USD 400 million in 2011.

⁹ Eighty-six percent is unprocessed.

¹⁰ African Development Bank. 2011. Agricultural Sector Study 2011.

5. Incomes in rural areas are low because the agriculture sector is weak, which limits household access to dietary diversity. Access to health and education services is also more limited in rural areas.¹¹ Although the rural population makes up just 36 percent of the total, it accounts for 54 percent of the poor.¹²

Nutrition and Health

6. Outside Brazzaville the stunting rate exceeds the 20 percent threshold judged acceptable by the World Health Organization in all departments, and exceeds 30 percent in Lékoumou, Plateaux, Sangha and Kouilou. For children under 5, the rate of wasting is 6 percent and underweight 12 percent.¹³ The highest rates of stunting are found in Lékoumou and Plateaux. The prevalence of acute malnutrition varies by department and may fluctuate considerably with the seasons.¹⁴ Sixty-seven percent of children under 5 are anaemic. The anaemia rate is higher in urban than rural areas, at 68 percent against 65 percent.¹³ The under-5 mortality rate was 65 per thousand in 2012 – one of the highest in the world. About 14 percent of women of childbearing age suffer from acute malnutrition, with body mass index of less than 18.5, and 70 percent of pregnant women have iron and folic acid deficiencies.¹³ Malnutrition has various causes, including food insecurity, lack of dietary diversity, poverty, limited access to health care, poor hygiene, inadequate infant feeding practices and infectious diseases.¹⁵
7. According to the Joint United Nations Programme on HIV/AIDS, 74,000 people were living with HIV in the Congo in 2012. In 2009, the prevalence of the virus was estimated at 3.2 percent nationally,¹⁶ and was higher in urban areas – 3.3 percent – than in rural areas – 2.8 percent. Four departments are particularly badly affected: Pointe-Noire, Brazzaville, Niari and Lékoumou. In 2010, the incidence of tuberculosis was 256 per 100,000 inhabitants; Brazzaville and Pointe-Noire accounted for 95 percent of recorded cases, but this is mainly because of limited screening capacity outside the cities.
8. Access to health services is declining – from 69 percent in 2005 to 66 percent in 2011 – as is use of health services.¹³

Education

9. The net school enrolment rate is slightly higher in urban than rural areas – 91 percent compared with 87 percent – and almost the same for girls as boys, slightly more than 89 percent.¹² Twenty-four percent of pupils do not complete primary education, mainly because of the high cost of attending school. The repetition rate is a high 24 percent, and education quality is poor.

¹¹ Access to health services is 47 percent in rural areas and 75 percent in urban areas (Congo Household Survey, 2012).

¹² Congo Household Survey, 2012.

¹³ Congo Demographic and Health Survey 2012.

¹⁴ WFP will study malnutrition in more detail in the nutrition part of the ongoing food security and vulnerability analysis and in a study on the cost of the diet.

¹⁵ More thorough analysis will be undertaken to improve understanding of the causes of malnutrition, particularly through a cost of the diet study.

¹⁶ Survey of Sero-Prevalence and AIDS Indicators in Congo, 2009.

Gender

10. Despite laws guaranteeing gender equality, the ratification of international instruments and the creation of a specific ministry, women continue to suffer legal and practical discrimination and inequalities. The country does not yet have a policy against gender-based violence.

Minorities

11. Indigenous people accounting for 8 percent of the total population, are the poorest and most vulnerable population group. Indigenous children are the most disadvantaged in terms of access to education and health care services.

Risks and Disasters

12. The Congo is vulnerable to climate change and has experienced several human-induced disasters. Serious floods affected 53,000 people in 2002 and 25,000 people in 2007.¹⁷ In 2011, homes and property were damaged in Likouala; in 2012, Brazzaville and Pointe-Noire suffered significant damage and population displacements. These phenomena threatened the food security of vulnerable populations as they destroyed livelihoods, limited access to markets, and resulted in coping strategies that compromised long-term nutrition status. In the medium term, the Congo could face higher annual temperatures, a shorter dry season and increased average annual rainfall; agricultural, marine and coastal infrastructure are the most vulnerable.¹⁸ Disasters often affect women more than men, because women have more limited access to safety nets and other forms of social protection.¹⁹

Policy Framework

13. In 2012, the Government launched a national development plan to accelerate industrialization and social development with a view to generating equitable wealth. The Congo joined the Comprehensive Africa Agriculture Development Programme (CAADP) in December 2013. It is a member of the Scaling Up Nutrition (SUN) movement and in October 2013 it adopted a strategic framework for combating malnutrition. The inter-ministerial “Congolese Feed Congolese” (*Le Congolais nourrit le Congolais*) initiative linking school feeding with local agricultural production was developed in 2012 with WFP’s assistance.
14. Despite the efforts of several actors, the social safety net is neither comprehensive nor consistent. Although the authorities are aware of the need to support vulnerable populations, particularly through social transfers, implementation remains limited.²⁰
15. Emergency responses need to be better organized and coordinated. A national disaster management, risk reduction and prevention strategy currently under development aims to fill gaps.
16. Over the last 20 years, WFP has implemented emergency and relief operations, along with development projects depending on the political and socio-economic situation. Three projects are under way: a protracted relief and recovery operation (PRRO) assisting refugees

¹⁷ <http://www.preventionweb.net/english/countries/statistics/?cid=39>.

¹⁸ Adaptation Learning Mechanism Project. 2010. Supporting Integrated and Comprehensive Approaches to Climate Change Adaptation in Africa – Congo (Brazzaville).

¹⁹ “WFP Strategic Plan (2014–2017)”. WFP/EB.A/2013/5-A/1.

²⁰ The WFP safety nets programme is the only project being implemented.

from the Democratic Republic of the Congo and the Central African Republic, and two development projects, one for school feeding and the other for social safety nets.

17. Country programme (CP) 200648 has been developed based on the findings of various evaluations, consultations on the country strategy (2014–2018), missions by the regional bureau, and consultations with the Government and partners. The evaluations highlighted: the relevance of WFP's interventions, which are helping to achieve national objectives and promoting ownership of activities by national bodies; WFP's contribution to the development of national policies on nutrition, school feeding and social protection; and the speed and effectiveness of WFP's responses to emergencies and disasters.
18. In line with the recommendations of the country portfolio evaluation, through CP 200648 WFP will:
 - provide expertise to help shape the development policy framework, particularly national guidelines on school feeding linked to local production;
 - develop its own and its partners' technical and operational capacities;
 - use the capacities of Headquarters and the regional bureau to transfer knowledge to the local level;
 - build partnerships to improve the efficiency of its activities;
 - expand its role and activities in the area of social safety nets;
 - design nutrition interventions for preventing stunting;
 - improve communications with all parties;
 - strengthen monitoring and evaluation (M&E); and
 - increase local procurement and support agricultural production.

PROGRAMME PRIORITIES AND PARTNERSHIPS

19. CP 200648 is aligned with the National Development Plan, the United Nations Development Assistance Framework (2014–2018) and the WFP Strategic Plan (2014–2017), and contributes to achievement of Millennium Development Goals 1, 2, 3, 5 and 6.²¹ It is based on both pillars of the country strategy (2014–2018): i) access to sufficient and nutritious food and basic social services; and ii) disaster and risk management. The first pillar includes social protection – school feeding and safety nets – and the nutrition component, with interventions that aim to build the resilience of households and vulnerable communities, focusing on enhancing food and nutrition security, access to education, livelihoods and health care services. The second pillar supports government and community efforts to increase resilience to shocks and consolidate development gains.
20. To address the deterioration of food security, the CP will help the Government establish appropriate policies on school feeding, social safety nets, nutrition, and disaster and risk management; the planned pilot projects will subsequently be scaled up by national authorities.

²¹ Millennium Development Goals: 1 – Eradicate extreme poverty and hunger; 2 – Achieve universal primary education; 3 – Promote gender equality and empower women; 5 – Improve maternal health; 6 – Combat HIV/AIDS, malaria and other diseases.

21. CP 200648 has four components.
- a) *Component 1 – school feeding* – aims to:
 - strengthen food security and support access to primary education and school retention rates (Strategic Objective 4);
 - help the Government prepare and manage a national school feeding programme (Strategic Objective 4);
 - help smallholders increase their agricultural output and link school feeding to local procurement (Strategic Objective 3); and
 - reduce undernutrition by addressing micronutrient deficiencies among school-age children (Strategic Objective 4).
 - b) *Component 2 – social safety net* – aims to help the Government put in place social transfers to support dietary diversity and access to basic social services for vulnerable groups (Strategic Objective 3).
 - c) *Component 3 – nutrition* – aims to improve nutritional recovery among people living with HIV or TB and receiving treatment, and to prevent chronic malnutrition among pregnant and lactating women and children under 2 (Strategic Objective 4).
 - d) *Component 4 – disaster and risk management* – will provide technical support to the Government to improve disaster and risk management (Strategic Objective 3).
22. WFP will leverage its comparative advantage to implement school feeding and social safety net programmes, given that assessments have demonstrated the effectiveness and efficiency of social protection.²² The nutrition component is aligned with the Government's strategic framework for combating malnutrition, the SUN movement, and cooperation with the United Nations Children's Fund (UNICEF). It is also in line with the CAADP National Agricultural Investment and Food and Nutrition Security Programme. WFP's experience in logistics, particularly during emergencies, makes it ideally suited to provide the Government with technical support on disaster relief.

²² Since 2011, WFP has helped the Government put in place the Congo's first social safety net.

23. CP 200648 aims to reach 288,134 beneficiaries (Table 1).

TABLE 1: BENEFICIARIES BY COMPONENT				
	Men/boys	Women/girls	Total	% Women/girls
Component 1 – School feeding Schoolchildren (of which receiving micronutrient powder)	66 267 (250)	66 267 (250)	132 534	50
Component 2 – Social safety net PLHIV/TB PLW	13 320 30 192	22 680 51 408	36 000 81 600	63
Component 3 – Nutrition PLHIV/TB PLW; Children 6–23 months	8 250 0 5 000	16 750 10 000 5 000	25 000 10 000 10 000	67 100 50
Component 4 – Disaster and risk management	N/A	N/A	N/A	N/A
TOTAL (excluding double counting)*	120 919	167 215	288 134	58

* An estimated 50 percent of people living with HIV or TB (PLHIV/TB) receiving social transfers under component 2 (1,110 men and 1,890 women) could be suffering from malnutrition either at the start of the project or subsequently; they would therefore be eligible for nutrition support under component 3, which targets 25,000 beneficiaries. These 3,000 people may therefore receive assistance from components 2 and 3 but will only be counted once. Two thousand pregnant and lactating women (PLW) receiving care in Lékoumou through the social safety net and their 2,000 children under 2 years are also eligible for the intervention combating chronic malnutrition under component 3. In total 7,000 people may benefit from two activities in the programme.

Component 1 – School feeding

24. The school feeding programme will be implemented in rural areas to narrow the gap in access to primary education between urban and rural areas. The main anticipated outcomes are: i) improved access to primary education, school retention rates and learning capacity; ii) strengthened national capacities in school feeding management; iii) links between school feeding and local agricultural production; and iv) improvements in schoolchildren's long-term nutrition status.

25. Over four years 132,500 students will be targeted – 50 percent girls and 12 percent indigenous²³ – in more than 800 primary schools designated by the Ministry of Education in eight priority rural departments.²⁴ WFP will ensure gender balance in the school feeding management committees to avoid excessive burdens for women.

26. The Government has prioritized food fortification to address micronutrient deficiencies nationwide. WFP is positioned as a technical partner and will support the scale up of a pilot project on cassava flour enrichment with a view to marketing the product nationwide. To support production, WFP will initially buy flour as part of local procurement²⁵ for school feeding.

²³ In Likouala and Lékoumou.

²⁴ The Government aims to make school feeding universal in the longer term.

²⁵ Up to 20 mt a year in the experimental phase.

27. During the 2015/16 school year WFP will run a pilot project to address micronutrient deficiencies in five schools (500 schoolchildren) in Cuvette, where 68 percent of children aged 6–59 months are anaemic. Prior surveys will enable baselines to be established, and awareness campaigns and training will target members of school feeding management committees and primary-school teachers. Another survey and an impact evaluation will be carried out at the end of the project. Depending on the findings, the project may be extended to other areas.
28. The Congo has started applying the Systems Approach for Better Education Results (SABER).²⁶ The school feeding programme is managed by WFP and the International Partnership for Human Development, a non-governmental organization (NGO); the Government would like to take over gradually.²⁷ It has therefore requested WFP's assistance in establishing a roadmap for: i) formulation of a national school feeding policy²⁸ linked to local production and integrated into the education sector strategy (2015); ii) putting in place of an administrative structure to manage implementation (2016); iii) evaluation of costs and forecast funding for procuring food and the necessary competence and equipment (2016-2017); and iv) a gradual transition to government management of the school feeding programme.
29. To achieve this transition, in the first year of CP 200648 WFP will invest in developing the capacities of school principals, inspectors and school feeding management committees in the Bouenza, Pool and Plateaux regions. In 2017 the Government will take charge of 18 percent of the students receiving meals in programmes managed by WFP, adding another 12 percent in 2018. These figures are based on an analysis of the capacities of all stakeholders.

Component 2 – Social safety nets

30. This component targets poor households with people living with HIV or TB (PLHIV/TB), or pregnant or lactating women (PLW). WFP provides a cash transfer for the entire household with a view to: i) improving food consumption among vulnerable populations; ii) ensuring that PLW and their children have access to care; iii) improving living conditions among households affected by HIV or TB; iv) improving adherence to treatment of PLHIV/TB; and v) enhancing the Government's capacity to implement a safety net.
31. The component will target 19,600 households – 117,600 beneficiaries – of which 13,600 include a PLW and 6,000 a PLHIV/TB receiving treatment. Households with monthly income of less than USD 60 will be selected to receive a monthly voucher worth USD 60 via text message.²⁹ Vouchers can be exchanged³⁰ at selected shops³¹ for nutritious foods.³² PLHIV/TB targeted through social welfare districts will be referred to health centres for evaluation and nutrition monitoring and to receive treatment.

²⁶ Results of the SABER workshop in the Congo, June 2014.

²⁷ A SABER survey will be organized in 2015 to evaluate the transition towards a government-managed school feeding programme.

²⁸ With the support of the WFP Centre of Excellence in Brasilia.

²⁹ This amount will be reviewed annually; in rural locations, paper rather than electronic vouchers will be used if necessary.

³⁰ Eighty-nine percent of recipients will be women.

³¹ In rural areas, the possibility of organizing fairs will be explored.

³² Beneficiaries may purchase food products of their choice as well as set minimum quantities of the main food groups. They will have up to USD 15 to spend on the foods of their choice after buying the basic food basket. This will ensure that they have a balanced and varied diet while having some choice of products.

32. In return, beneficiaries must adhere to treatment, and PLW must make prenatal and postnatal check-up visits and ensure that their children receive monthly growth monitoring and vaccinations.
33. Vouchers have been used since 2011.³³ Evaluation reports and technical missions have confirmed the voucher mechanism to be sound, as it is more cost-effective than cash and food transfers; the Government prefers vouchers to cash transfers and recognizes that it is important to support the capacity of commercial networks and shops; beneficiaries are less likely to use their transfers for non-food purchases and have access to a nutritious range of foods; adequate markets, distribution and sales networks exist, as do financial services providers, and there is the possibility of organizing fairs in rural areas.
34. Transfers will be made for up to 18 months.³⁴ Households will cease to receive support when they take up an income-generating activity or have received training. The main openings will be through the Fund for Socio-Economic Rehabilitation of Disadvantaged Groups and income-generating activities of the Ministry of Social Affairs, Humanitarian Action and Solidarity. Households unable to engage in productive activities will be referred to long-term assistance funds.
35. Selection of financial services providers and retailers will be based on competitive bidding and evaluation of capacities.
36. Continuous training courses will be provided for district social welfare managers and social workers at the Ministry of Social Affairs, Humanitarian Action and Solidarity. From 2017, WFP will help the Government transfer 12,000 beneficiaries to the management of social welfare districts in Brazzaville and Pointe-Noire.

Component 3 – Nutrition support

37. This component targets malnourished PLHIV/TB receiving treatment and nutrition support but not benefiting from household transfers, and all PLW and children under 2 in Lékoumou, to prevent chronic malnutrition.³⁵ It is intended to: i) promote nutritional recovery of people on anti-retroviral therapy and directly observed treatment, short-term; ii) prevent chronic malnutrition among PLW and children under 2; iii) improve nutrition among all beneficiaries through a communication strategy for behaviour change; and iv) build the capacity of social and health centre staff to monitor nutrition and provide nutrition advice.
38. The component targets 25,000 PLHIV/TB suffering from malnutrition. The nutrition status of people receiving treatment will be assessed at Ministry of Public Health medical centres, and people with a body mass index of 18.5 or less will be given a nutritional supplement of corn-soya blend for six months.³⁶ All malnourished PLHIV/TB in Niari, Lékoumou, Plateaux, Brazzaville and Pointe-Noire³⁷ and in Bouenza and Kouilou will

³³ Lessons learned since the start of the project include the importance of appropriate M&E systems; the need for continuous awareness-raising among stakeholders on the project's content and implementation; and the importance of having standardized modes of operation and a clear division of tasks. Since the outset, the project has had a significant impact on beneficiaries' diets and access to basic social services.

³⁴ Until projects – particularly those promoting income-generating activities – that are currently at the design or pilot phase are fully operational, at which point a budgetary review will reduce the duration to 12 months.

³⁵ Pregnant women will receive nutrition support until their children are six months old.

³⁶ Beneficiaries will be considered to have regained normal weight when their body mass index exceeds 18.5.

³⁷ Departments in which poor PLHIV/TB and their households also benefit from the safety net.

receive nutrition support. In departments with a safety net, medical centres will assess the economic vulnerability of PLHIV/TB and refer those who are entitled to the safety net.

39. The chronic malnutrition rate in Lékoumou is 38.6 percent. In coordination with UNICEF, WFP will launch a pilot prevention project targeting 10,000 PLW and 10,000 children aged 6–23 months who are receiving care through integrated health centres. WFP will distribute micronutrient tablets to all PLW for 12 months.³⁸ Children will receive a small lipid-based nutrient supplement between the ages of 6 and 24 months.³⁹ Assessments, focusing on identifying causes, will be carried out regularly to improve the targeting of interventions and generate learning from the pilot project.
40. A communication strategy for behaviour change will be applied throughout CP 200648 to support this component:⁴⁰ campaigns for promoting best practices in infant and young child feeding and hygiene will be organized with UNICEF and district social welfare workers will be trained on the subject; awareness-raising workshops will be organized on the benefits of a varied and balanced diet, and the importance of medical check-ups and vaccinations. Leaflets and posters will be displayed in shops, social welfare districts, partner health centres and schools.⁴¹ Activities will address both men and women. Training will be provided to develop the capacities of social and health workers involved in the project so they can advise PLHIV/TB and PLW and provide M&E.

Component 4 – Disaster and risk management

41. This component aims to: i) strengthen national risk management capabilities, reduce vulnerability to natural and human-incurred disasters and promote climate change adaptation, particularly through training⁴² and crisis simulation exercises; and ii) provide tools for early warning, contingency planning and risk analysis. The country office will call on specialists from Headquarters and the regional bureau to design and provide technical support.
42. WFP will help the Government and partners to finalize the national strategy for risk prevention and reduction and disaster management, with the aim of creating a permanent platform for addressing risks and disasters effectively and supporting implementation. It will ensure that communities' roles and interests in disaster and risk management are taken into account at the strategic level and during training.

³⁸ Targeted women will receive support for up to 15 months, but the average time will be 12 months, as most women enter the programme after the first three months of pregnancy.

³⁹ Children and PLW suffering from acute malnutrition will receive nutrition support at government-supported health centres.

⁴⁰ In partnership with NGOs where possible.

⁴¹ A partnership with UNICEF and the United Nations Educational, Scientific and Cultural Organization will be established to mainstream nutrition education in schools.

⁴² Particularly on the importance of evaluating the needs of different categories of vulnerable people, especially women, during crises.

TABLE 2: RATIONS/TRANSFERS BY COMPONENT (g/person/day)							
	Component 1		Component 2	Component 3			Component 4
	School meals	Micronutrient pilot project		PLHIV/TB	PLW	Children 6–23 months	
Cereals	150	-	-	-	-	-	-
Beans	40	-	-	-	-	-	-
Oil	15	-	-	20	-	-	-
Salt	5	-	-	-	-	-	-
Canned fish	30	-	-	-	-	-	-
Nutributter	-	-	-	-	-	20	-
SuperCereal	-	-	-	200	-	-	-
Micronutrient tablets	-	-	-	-	0.5	-	-
Micronutrient powder	-	0.4	-	-	-	-	-
Voucher (USD/household/day)	-	-	0.33	-	-	-	-
Total	240	0.4	-	220	0.5	20	-
Total kcal/day	894*	-	-	989–1 176	-	108	-
% kcal from protein	-	-	-	12–13	-	10	-
% kcal from fat	-	-	-	31–32	-	59	-
Number of feeding days per year	180	180	365**	180	365***	365****	-
Capacity development and augmentation (USD)	530 323		477 162	201 498			134 337
TOTAL (mt)	15 789		-	1 100			-
TOTAL (USD)	-		17 016 000	-			-

* Per half day; Government-approved ration

** Vouchers distributed for 18 months.

*** PLW will receive the supplement for an average of 12 months.

**** Children will receive the supplement from the ages of 6 to 23 months.

TABLE 3: TOTAL FOOD/VOUCHER REQUIREMENTS BY COMPONENT (mt)						
	Component 1	Component 2	Component 3			Total
			PLHIV/ TB	PLW	Children 6–23 months	
Cereals	9 868*	-	-	-	-	9 868
Beans	2 631	-	-	-	-	2 631
Oil	987	-	90	-	-	1 077
Salt	329	-	-	-	-	329
Canned fish	1 974	-	-	-	-	1 974
Nutributter	-	-	-	-	108	108
SuperCereal	-	-	900	-	-	900
Micronutrient tablets	-	-	-	1.8	-	1.8
Micronutrient powder	0.036	-	-	-	-	0.036
TOTAL (mt)	15 789	-	990	1.8	108	16 889
Vouchers (USD)		17 016 000	-	-	-	17 016 000

* It is planned for the budget to include 80 mt of enriched cassava flour, which will replace the cereals in selected schools.

43. CP 200648 will be implemented in partnership with the Government and United Nations agencies; collaboration of NGOs and community-based organizations will be pursued. The Food and Agriculture Organization of the United Nations (FAO) and the International Fund for Agricultural Development (IFAD) will work with WFP to support smallholders. UNICEF will play a crucial role in the nutrition component by providing expertise to the nutrition training of stakeholders and by cooperating with WFP on the preparation of common communication strategies for behaviour change; WFP and UNICEF will coordinate all their nutrition-related activities. UNICEF and the United Nations Educational, Scientific and Cultural Organization will also provide platforms for nutrition education as part of the school feeding programme. WFP will provide technical support on disaster and risk management in coordination with the United Nations Development Programme to ensure synergies between interventions. In the nutrition component, particularly in support to farmers, community-based organizations present in the implementation areas will be linked to programme activities. The private sector, especially financial service providers, will play a central role in the safety net component. The company DSM will continue its cooperation with WFP for the flour enrichment project in particular.

PROGRAMME AND RISK MANAGEMENT

44. All activities will be jointly implemented with the Government: school feeding in coordination with the Ministry of Primary Education, Secondary Education and Literacy; the social safety net with the Ministry of Social Affairs, Humanitarian Action and Solidarity through its social welfare districts; and the nutrition component with the support of the Ministry of Public Health through its health districts. The Humanitarian Action Directorate of the Ministry of Social Affairs, Humanitarian Action and Solidarity will be the main beneficiary of technical assistance on disaster and risk management.

45. Procurement will comply with WFP guidelines: it will include 1,000 mt of local produce for school feeding,⁴³ but – given the low levels of local agricultural output – food bought on international markets will cover a large share of project needs. The proportion of local procurement may gradually increase as WFP’s cassava flour enrichment and palm-oil production initiatives progress. WFP has a strategy for procuring from small-scale producers.
46. The resourcing strategy relies mainly on the Government’s contribution. This currently accounts for 60 percent of the total budget and WFP is seeking to increase the proportion to 70 percent. This contribution will cover 60 percent of food, direct and external transport costs, and 100 percent of landside transport, storage and handling costs. WFP will prepare a strategy for traditional donors, new donors such as Brazil and South Africa, multilateral funds such as global funds and the African Development Bank, and private-sector donors such as DSM.
47. The main risks and planned mitigation actions are:
- Market risk, especially inflation, which reduces access to food. Prices will be monitored monthly and the value of food transfers adjusted if inflation passes 10 percent.
 - Unpredictable resource flows, which may prevent effective response to food assistance needs. As State revenues are mainly oil-dependent, fluctuations in international oil prices can also affect the Government’s budgetary flexibility and its ability to finance development programmes. WFP will seek to obtain the Government’s commitment to providing the necessary funds, and will also reduce this risk by expanding the number of donors.
 - Insecurity in neighbouring countries, particularly the Democratic Republic of the Congo and the Central African Republic, which could cause influxes of refugees in border areas and increase the vulnerability of local populations. Emergency and contingency planning will be essential to mitigate this risk.
 - The Government’s lack of capacity, especially in managing the procurement chain, creating a safety net and M&E. Regular assessments of partners’ capacity to implement will be complemented by capacity development plans to minimize this risk.
48. The country office will update its risk register four times a year and take the necessary mitigation measures.

MONITORING AND EVALUATION

49. M&E will be carried out by government partners. Districts and school inspectors will be WFP’s counterparts for the social safety net, nutrition and school feeding components, and will report monthly. Baseline assessments will be conducted to obtain reference data.⁴⁴ Partners will collect and forward data on each indicator monthly. An M&E manager at the country office will collate the data for reporting. Mid-term and final project evaluations will be carried out.
50. All activities will be subject to post-distribution monitoring. Purchases made by safety net beneficiaries will be recorded electronically to facilitate monitoring. A free telephone line and complaint forms will be available to beneficiaries for reporting any problems.

⁴³ Of a total 15,800 mt for school feeding. In 2018, local procurement will cover 10 percent of this activity’s total requirements.

⁴⁴ Missing reference data will be established three months after activities begin and targets adjusted accordingly.

Stakeholder groups will meet monthly⁴⁵ and their observations on implementation of activities, problems encountered and proposed improvements will be gathered into six-monthly reports. Shops participating in the social safety net will be inspected regularly and may be excluded from the project if they fail to comply with the rules. Complaint forms may be filled in at partner health centres to provide feedback on the nutrition component. During distributions, WFP staff will ensure that beneficiaries know their rights and the monitoring and feedback mechanisms available.

51. Components will be reviewed in 2016⁴⁶ to assess implementation over the preceding two years; a final evaluation will be undertaken in 2018. The evaluation will focus on the Government's capacity to manage the safety net and school feeding; optimizing the impact of the nutrition component; and the Government's preparedness to respond to crises and disasters.

⁴⁵ WFP will ensure that men and women in vulnerable groups are equally represented and participate equitably in discussions.

⁴⁶ Nutrition interventions for preventing stunting will be subject to technical evaluation.

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (USD)	Value (USD)
Food			
Cereals	9 788	3 441 740	
Pulses	2 631	1 656 948	
Oil and fat	1 077	1 070 148	
Mixed and blended foods	1 008	809 532	
Other	2 384	6 148 025	
Total food	16 889	13 126 394	
External transport		1 919 926	
Landside transport, storage and handling		7 878 192	
Other direct operational costs		1 556 617	
Food and related costs¹		24 481 128	24 481 128
Cash and vouchers		17 016 000	
Related costs		1 078 314	
Cash and vouchers and related costs		18 094 314	18 094 314
Capacity development and augmentation		1 343 320	1 343 320
Direct operational costs			43 918 762
Direct support costs ² (see Annex I-B)			9 192 908
Total direct project costs			53 111 670
Indirect support costs (7.0 percent) ³			3 717 817
TOTAL COST TO WFP			56 829 487

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

² Indicative figure for information purposes. The direct support cost allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (USD)	
Staff and staff-related	
Professional staff	2 220 483
General service staff	3 110 826
Danger pay	40 000
Subtotal	5 371 308
Recurring and other	1 208 999
Capital equipment	480 000
Security	303 000
Travel and transportation	1 734 600
Assessments, evaluations and monitoring¹	95 000
TOTAL DIRECT SUPPORT COSTS	9 192 908

¹ Reflects estimated costs when these activities are carried out by third parties.

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Cross-cutting		
Gender Gender equality and empowerment improved	Proportion of women beneficiaries in leadership positions of project management committees Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution Proportion of households where females and males together make decisions over the use of cash, voucher or food	
Partnership Food assistance interventions coordinated and partnerships developed and maintained	Proportion of project activities implemented with the engagement of complementary partners Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks) Number of partner organizations that provide complementary inputs and services	
Protection and accountability to affected populations WFP assistance delivered and utilized in safe, accountable and dignified conditions	Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme sites Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain) Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)	



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs		
Outcome 3.1 Increased marketing opportunities for producers and traders of agricultural products and food at the regional, national and local levels	Food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country Food purchased from regional, national and local suppliers, as % of food distributed by WFP in-country	
Outcome 3.2 Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households	FCS: percentage of households with borderline Food Consumption Score (female-headed) CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index FCS: percentage of households with poor Food Consumption Score (female-headed) FCS: percentage of households with borderline Food Consumption Score (male-headed) FCS: percentage of households with poor Food Consumption Score (male-headed) CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index	MTN mobile telephone company provides good services. No major shocks affect food availability and prices. Uninterrupted supplies available for anti-retroviral treatment (ART) and directly observed treatment, shortcourse (DOTS).
Outcome 3.3 Risk reduction capacity of countries, communities and institutions strengthened	NCI: Food security programmes National Capacity Index NCI: Resilience programmes National Capacity Index	





ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
<p>Output 3.1 Increased WFP food purchase from regional, national and local markets and smallholder farmers</p>	<p>Quantity of food purchased locally from pro-smallholder aggregation systems (in mt) Number of smallholder farmers supported Quantity of food purchased locally through local and regional purchases (in mt) Number of farmers' organizations trained in market access and post-harvest handling skills</p>	
<p>Output 3.2 Increased WFP fortified foods, complementary foods and special nutrition products purchased from local suppliers</p>	<p>Quantity of fortified foods, complementary foods and special nutrition products purchased from local suppliers</p>	
<p>Output 3.3 Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned Quantity of non-food items distributed, disaggregated by type, as % of planned Number of institutional sites assisted (e.g. schools, health centres), as % of planned Quantity of food assistance distributed, disaggregated by type, as % of planned</p>	
<p>Output 3.4 Community or livelihood assets built, restored or maintained by targeted households and communities</p>	<p>Number of assets built, restored or maintained by targeted households and communities, by type and unit of measure</p>	

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
<p>Output 3.5 National systems for monitoring trends in food security and nutrition strengthened</p>	<p>Number of government counterparts trained in collection and analysis of food and nutrition security data Number of food security and nutrition monitoring/surveillance reports produced with WFP support</p>	
<p>Output 3.6 National safety nets for food security, nutrition, education, community assets and overall contribution to resilience-building supported</p>	<p>Number of technical assistance activities provided, by type Number of people trained, disaggregated by sex and type of training</p>	
<p>Output 3.7 National nutrition, school feeding, safety net policies and/or regulatory frameworks in place</p>	<p>Number of national programmes developed with WFP support – nutrition, school feeding, safety net Number of technical assistance activities provided, by type Number of national safety net policies that are nutrition-sensitive</p>	
Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger		
<p>Outcome 4.1 Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children</p>	<p>Average number of schooldays per month on which multi-fortified foods or at least 4 food groups were provided Percentage of supported pregnant women who received at least 4 ante-natal check-ups during pregnancy ART Nutritional Recovery Rate (%) Proportion of target population who participate in an adequate number of distributions Proportion of eligible population who participate in programme (coverage) Proportion of children who consume a minimum acceptable diet ART Adherence Rate (%) TB Treatment Success Rate (%) Percentage of children 9-15 months who completed all vaccinations according to the schedule in the national protocol</p>	

ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
<p>Outcome 4.2 Increased equitable access to and utilization of education</p>	<p>Retention rate in WFP-assisted primary schools Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted pre-schools Attendance rate in WFP-assisted primary schools Continuation rate in WFP-assisted primary schools Drop-out rate in WFP-assisted primary schools</p>	
<p>Outcome 4.3 Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels</p>	<p>NCI: School Feeding National Capacity Index</p>	<p>The political and economic situation remains stable.</p>
<p>Output 4.1 Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>Quantity of non-food items distributed, disaggregated by type, as % of planned Quantity of food assistance distributed, disaggregated by type, as % of planned Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned Number of institutional sites assisted (e.g. schools, health centres), as % of planned Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned</p>	



ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
<p>Output 4.2 Messaging and counselling on specialized nutritious foods and infant and young child feeding (IYCF) practices implemented effectively</p>	<p>Proportion of women/men beneficiaries exposed to nutrition messaging supported by WFP, against proportion planned</p> <p>Proportion of women/men receiving nutrition counselling supported by WFP, against proportion planned</p> <p>Proportion of targeted caregivers (male and female) receiving 3 key messages delivered through WFP-supported messaging and counselling</p>	
<p>Output 4.3 Policy advice and technical support provided to enhance management of food security, nutrition and school feeding</p>	<p>Number of technical assistance activities provided, by type</p> <p>Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition-related areas – technical/strategic/managerial – disaggregated by sex and type of training</p>	
<p>Output 4.4 National nutrition, school feeding, safety net policies and/or regulatory frameworks in place</p>	<p>Number of national programmes developed with WFP support – nutrition, school feeding, safety net</p> <p>Number of technical assistance activities provided, by type</p> <p>Number of national safety net policies that are nutrition-sensitive</p>	

ANNEX III



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

ART	anti-retroviral treatment
CAADP	Comprehensive Africa Agriculture Development Programme
CP	country programme
CSI	Coping Strategy Index
GDP	gross domestic product
FCS	Food Consumption Score
M&E	monitoring and evaluation
NCI	National Capacity Index
NGO	non-governmental organization
PLHIV/TB	people living with HIV and/or TB
PLW	pregnant and lactating women
SABER	Systems Approach for Better Education Results
SUN	Scaling Up Nutrition
TB	tuberculosis
UNICEF	United Nations Children's Fund