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PROTRACTED RELIEF AND RECOVERY OPERATIONS – SOMALIA 200443

Strengthening Food and Nutrition Security and Enhancing Resilience

| | |
|-------------------------------------|---------------------|
| Number of beneficiaries | 2,874,000 |
| Duration of project | 3 years (2013–2015) |
| WFP food tonnage | 498,069 mt |
| Cost (United States dollars) | |
| WFP food cost | 311,675,399 |
| WFP cash/voucher cost | 42,115,272 |
| Total cost to WFP | 862,886,857 |

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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

Addressing humanitarian requirements and enhancing resilience in protracted crises present opportunities and challenges: in Somalia WFP's responses need to be nuanced in view of the significant variations in vulnerability to food insecurity, adaptability, governance and insecurity. Protracted relief and recovery operation 200443 takes advantage of political and institutional opportunities in many parts of Somalia and was designed in consultation with the Government and local authorities, United Nations agencies, non-governmental organizations and donors. It continues a shift begun under emergency operation 200281 from life-saving relief assistance – primarily general food distributions – towards recovery assistance that enables communities to cope more effectively with hardships.

Under the joint framework for enhancing resilience in Somalia developed by WFP, the Food and Agriculture Organization of the United Nations and the United Nations Children's Fund, WFP will contribute targeted interventions to restore and create assets and will seasonally align its programmes with its partners to maximize complementary impacts. In line with the 2012 Istanbul II conference, WFP will extend this work to other areas and engage in capacity development for the Government and partners.

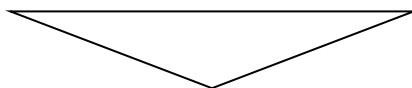
Consistent with the recent country portfolio evaluation, WFP has increased its community consultations to enhance understanding of seasonality and design programmes that enable households to increase their assets and their ability to withstand shocks.

The operation will target up to 2.9 million people over three years with food and voucher and cash transfers. It has the following objectives:

- enhance the resilience of communities through food for assets and enhanced partnerships – Strategic Objective 2;
- rebuild household food and nutrition security with preventive and therapeutic interventions, school meals and food for assets – Strategic Objective 3; and
- protect livelihoods during shocks and seasonal vulnerability through nutritional support and targeted relief, as appropriate – Strategic Objective 1.

It will also enhance capacities to address acute hunger in disasters and will build ministerial capacities with a view to eventual hand-over, addressing Strategic Objective 5.

DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation Somalia 200443 “Strengthening Food and Nutrition Security and Enhancing Resilience” (WFP/EB.2/2012/9-C/3).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

SITUATION ANALYSIS AND SCENARIOS

Context

1. Somalia is one of the poorest and most food-insecure countries in the world; it has some of the worst development indicators¹ and is often portrayed as “the most failed state”.² Of the population of 7.5 million,³ 43 percent live on less than US\$1 per day. Unlike neighbouring countries, Somalia has been unable to invest consistently in basic services, agriculture and safety nets.
2. Somalia has not had a functioning central government since 1991. The recent election of the first President in 20 years to lead a new Government is the end of the Roadmap for Ending the Transition and an opportunity to consolidate the partnership with the international community and with the various regional administrations.
3. Somaliland and Puntland have lower levels of vulnerability as a result of greater stability and improved governance. Central Somalia suffers from frequent and severe seasonal shocks. Areas in the south have weak government structures and more diverse livelihoods. Security has improved in Mogadishu, but it remains a challenging operational environment.
4. An estimated 1.4 million internally displaced people – one of the world’s highest concentrations^{4,5} – include pastoral dropouts who are adopting different livelihoods, people escaping conflict and people seeking access to social services or humanitarian support. Their different needs influence the type and level of humanitarian response.
5. The prevalence of HIV among adults is estimated at 1.2 percent in Somaliland, 1.0 percent in Puntland and 0.6 percent in south-central Somalia;⁶ only 3 percent have access to anti-retroviral therapy (ART). The incidence of tuberculosis (TB) is 290/100,000, of whom 160/100,000 were sputum-smear positive.⁷ A WFP nutrition and vulnerability study of ART and TB clients indicated that 45 percent of adults on treatment needed nutritional rehabilitation.⁸
6. School enrolment and literacy rates are among the lowest in the world, especially for girls. Only 28 percent of children aged 6–12 attend primary school. The rate in south-central Somalia is 22 percent, in Puntland 36 percent and Somaliland 39 percent; girls account for 38 percent of pupils.⁹

¹ United Nations Children’s Fund (UNICEF). 2011. *The State of the World’s Children*. New York.

² Anderson, J. 2009. Letter from Mogadishu: The Most Failed State. *The New Yorker*, 14 December.

³ Estimates vary from 7.5 million to 9.1 million; the figure of 7.5 million is used in United Nations documents.

⁴ See: <http://www.unhcr.org/pages/49e483ad6.html>

⁵ To avoid double counting, only the 910,000 IDPs from Mogadishu are counted as “in crisis”.

⁶ Joint United Nations Programme on HIV/AIDS (UNAIDS). 2012. *Global AIDS Response Progress Reporting, 2012*. Geneva.

⁷ World Health Organization. 2010. *Somalia Tuberculosis Profile*. Geneva.

⁸ WFP. 2012. National Nutrition and Vulnerability Profiling Study of ART and TB Clients in Somalia. (unpublished).

⁹ UNICEF primary school survey in Somalia 2006–2007. Available at www.unicef.org/somalia/children_87.html

7. Women are particularly vulnerable to food insecurity,¹⁰ and the incidence of sexual and gender-based violence has increased.¹¹ Children are vulnerable to recruitment as soldiers and labourers, and to landmines.

Food Security and Nutrition

⇒ Nutrition

8. The health and nutrition situation is extremely poor. Mortality among children under 5 is 180/1,000¹² and maternal mortality is 1,400/100,000. The prevalence of acute malnutrition among children under 5 remains above 17 percent; the figure for severe acute malnutrition¹³ is 4.7 percent. There are consistently 50,000–85,000 pregnant and lactating women (PLW) acutely malnourished. The peaks of acute malnutrition in 2008 and 2011 highlighted the compound effect of food insecurity on nutrition vulnerability.
9. Stunting prevalence is 15 percent nationally,¹⁴ with major disparities¹⁵ and a rate of increase that may be the fastest in the world.¹⁶ Micronutrient deficiencies are a major problem: vitamin A deficiency affects 33 percent of children under 5 and 54 percent of women of reproductive age; iron deficiency affects 59 percent of children under 5 and 42 percent of women of reproductive age.¹³
10. Poor feeding practices are widespread: 5 percent of infants under 6 months are exclusively breastfed, and 27 percent are continuously breastfed until 24 months. Most children are weaned on to plant-based foods at three or four months, particularly in riverine and agro-pastoral communities where milk is scarce.
11. Somalia experienced food and nutrition crises in 1991/92, 2006, 2008 and 2011. Every year there are lean-season hardships for many people. Factors affecting food security include: i) drought, which limits households' access to food; ii) conflict, including disputes over resources, leading to displacement; iii) lack of governance or safety nets to prevent households from adopting extreme coping mechanisms; iv) land degradation; and v) flooding.

⇒ Climate

12. The climate is arid and semi-arid. The seasons are: i) the dry *jilaal* from January to March, typically the most difficult time; ii) the *gu* rains from April to June; iii) the dry *hagaa* from July to September; and iv) the *deyr* rains from October to December. Seasonal variations in food and nutrition security are normal, with deteriorations during the *jilaal*

¹⁰ Penney, A. 2008. *Identification of a Livelihood Strategy and Programme to address Underlying Causes of Food Insecurity in Somalia*. Gruppo Soges and the EU. Available at: http://eeas.europa.eu/delegations/somalia/documents/more_info/eu_strategy_linking_relief_rehabilitation_and_development_en.pdf.

¹¹ Inter-Agency Standing Committee (IASC) Protection Monitoring Network, August 2011; Protection Cluster Somalia, January 2012.

¹² See: <http://data.worldbank.org/indicator/SH.DYN.MORT>

¹³ FSNAU meta-analysis of nutrition data. Unpublished.

¹⁴ See: Somalia National Micronutrient Study at www.fsndu.org

¹⁵ See: FSNAU post-deyr nutrition analysis technical report 2011/12. Available at www.fsnau.org

¹⁶ Save the Children. 2012. *State of the world's mothers 2012: Nutrition in the first 1,000 days*. Available at <http://www.savethechildren.ca/document.doc?id=195>

and *hagaa*.¹⁷ The lean seasons are periods with low terms of trade because of higher food prices and lower productivity during which food is scarce for poor households.

13. A trend analysis highlights the impact of droughts and poor rainfall: 1.2 million rural people and 540,000 urban¹⁸ people are in “crisis” or “emergency” phases each season. In WFP operational areas, 500,000 rural and 300,000 urban people are affected.¹⁹

⇒ *Livelihoods*

14. The main livelihoods are pastoralism and agro-pastoralism. Some people depend on settled agriculture, with links to the urban population; fishing remains a minority activity. Trade dominates in towns. Somalis rely on the coping capacities of individuals, households and communities to protect lives and livelihoods. There are no state social-support systems and few humanitarian, development or investment strategies addressing the causes of crisis. Coping strategies have been eroded, and some shocks overwhelm the poorest people.

15. Pastoral migration varies because poor rains require greater movements. When pasture and water are available, women and children manage goat and sheep herds close to home and men manage camels and cattle. During dry periods, men, older children and some women migrate further. At the end of drought years, some household members migrate for weeks or months, leaving the vulnerable at home with few animals. The availability of meat and milk falls significantly during dry seasons, with negative impacts on food and nutrition security.

⇒ *Agriculture*

16. Since 2007, local production has met only 22 percent¹⁵ of cereal needs; food imports and food assistance are important in meeting national food requirements. Recent assessments estimate that 25 percent of the population have inadequate access to food.²⁰
17. Agricultural production is primarily in southern and central regions along the Juba and Shabelle rivers and in rain-fed areas in Bay and Bakool. In the north, the main production areas are Boroma and Gebiley districts. The main harvests are the *deyr* in January/February and the *gu* in July; off-season harvests are gathered in parts of riverine and agro-pastoral areas.

⇒ *Markets*

18. The prices of food and household goods have risen significantly since 2008 as a result of global spikes in the cost of grain and fuel²¹ and are still fluctuating.²²

¹⁷ WFP Somaliland Food Security Assessment, 2007; WFP Puntland Food Security Assessment, 2008; WFP Central Food Security Assessment, 2011.

¹⁸ Defined by a population of more than 5,000; data on urban populations is available for the past four years only.

¹⁹ WFP. 2012. Trend Analysis of Food and Nutrition Insecurity in Somalia.

²⁰ A large percentage of this population consists of IDPs reliant on external assistance.

²¹ The prices of imported rice and local cereals increased by 200 percent to 400 percent in the first six months of 2008; further price increases in 2011 exacerbated the famine.

²² WFP Somalia country office market analysis, 2011.

19. WFP analyses²³ show that vouchers or cash transfers would be appropriate in many areas in view of the functionality of markets, particularly in Somaliland and Puntland. Central Somalia depends on imports and surplus production from the south, where agricultural production is erratic. These variations in food supply and market conditions, coupled with security constraints, make food a preferable transfer modality to ensure that households in central Somalia have access in most seasons. The 2011 humanitarian response to the famine showed that cash and vouchers are viable options for the south; however, strong engagement on the supply side of the markets is necessary.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

20. In Somaliland and Puntland, the authorities are developing their institutions and communities. Somaliland has a National Development Plan (2012–2016) with economic, infrastructure, governance, social and environmental elements. Puntland is preparing its next five-year plan on the basis of a regional development plan. The authorities in central Somalia and the border areas are generally under-resourced.
21. WFP worked with the Ministry of Health, the United Nations Children’s Fund (UNICEF), the World Health Organization and the Somalia Food Security and Nutrition Analysis Unit (FSNAU) to develop the National Nutrition Strategy endorsed by the Transitional Federal Government and the Somaliland and Puntland health authorities in 2011. The relevant elements are: i) access to and utilization of services to address malnutrition in children and women, including food-based treatment and prevention; ii) increased availability of micronutrient and deworming interventions; and iii) improved local capacity to deliver nutrition interventions.
22. The Somaliland Ministry of Education is developing an education strategy that includes school meals. WFP has supported the development of school feeding units in Somaliland and Puntland to ensure quality, consistency and oversight.
23. Complementing current approaches, WFP implements annual strategy reviews with government counterparts to identify priorities and food and non-food solutions.

Policies, Capacities and Actions of other Major Actors

24. The 2011–2015 United Nations Somali Assistance Strategy identifies three priorities: i) social services; ii) poverty reduction and livelihoods; and iii) good governance and security.
25. The Food and Agriculture Organization of the United Nations (FAO), UNICEF and WFP have developed a joint strategy for enhancing resilience that involves harmonizing their operations to reduce communities’ vulnerability to shocks. The strategy builds on initiatives such as the Inter-Governmental Authority on Development regional workshop and the 2012 Istanbul II conference on Somalia.

²³ Cash and vouchers market analysis, Somaliland and Puntland, March 2012; WFP Somalia country office food security and nutrition assessment, August 2011; WFP food market and supply conditions in southern Somalia, November 2011 (unpublished documents, available on request).

26. The strategy, which is aligned with donors' interest in raising the threshold for emergency assistance, ensures that interventions address long-term issues without invoking emergency responses. The assistance package for communities will foster improved and diversified livelihoods, reliable safety nets and basic services, enabling households to reduce dependence on emergency assistance.
27. There is general support for market-based interventions. Many agencies are using voucher and cash transfers, and some non-governmental organizations (NGOs) have formed a cash and voucher monitoring group led by the Overseas Development Institute; UNICEF is leading an evaluation of cash programming. WFP's evaluation of its voucher modality showed improved food consumption scores, dietary diversity and beneficiary satisfaction compared with in-kind assistance. The success of the project indicates that market-based approaches are appropriate and could be scaled up.

Coordination

28. WFP and FAO co-lead the food security cluster, whose coordination is critical to harmonizing food, cash and voucher transfers. Information on and experience with cash and voucher transfer activities are shared among partners through the food security cluster to determine priorities and avoid duplication. WFP also coordinates its activities bilaterally with agencies implementing cash and voucher transfer activities. In addition, WFP leads the logistics cluster and is active in the nutrition and education clusters.
29. WFP is a representative of the United Nations on the Health Sector Committee and is a member of the Joint United Nations Team on AIDS; it participates in the quarterly HIV and TB working groups.

OBJECTIVES OF WFP ASSISTANCE

30. The objectives of protracted relief and recovery programme (PRRO) 200443 are to enhance resilience in communities and households affected by recurrent shocks, and to ensure that WFP can continue to save lives in emergencies and protect livelihoods.
31. In line with Strategic Objectives 1, 2, 3 and 5²⁴ and the East and Central Africa Regional Strategy, WFP will target vulnerable pastoralists, agro-pastoralists, internally displaced persons (IDPs) and urban poor by:
- enhancing medium-term and long-term resilience in vulnerable communities through food-for-assets (FFA) interventions and complementary activities through increased engagement with stakeholders;
 - rebuilding food and nutrition security in households affected by shocks through nutrition activities, school meals and FFA interventions; and
 - protecting livelihoods during shocks and seasonal vulnerabilities through nutritional support and targeted relief, as appropriate.

The specific outcomes and outputs of the PRRO are shown in the logical framework in Annex II.

²⁴ Strategic Objective 1 – Save lives and protect livelihoods in emergencies; Strategic Objective 2 – Prevent acute hunger and invest in disaster preparedness and mitigation measures; Strategic Objective 3 – Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations; and Strategic Objective 5 – Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.

32. WFP and its partners aim to enhance government and local authority systems and capacities to prepare for, assess and respond to acute hunger arising from disasters. It will continue to build operational capacities in counterpart ministries for planning, oversight and implementation of health, nutrition and education activities.

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

33. The humanitarian context has been oriented towards emergencies for a long time. Since 2009, WFP's emergency operations (EMOPs) have addressed hunger and food insecurity by meeting the urgent needs of the most vulnerable and building early-recovery elements into emergency activities.
34. A recent country portfolio evaluation (CPE) of WFP's operations from 2006 to 2010 highlighted as positive developments: i) the shift in strategy from general food distributions to targeted interventions; and ii) the development of area-specific strategies with authorities and engagement with them in response analysis.
35. Through EMOP 200281, WFP introduced voucher transfers in Somaliland. The evaluation showed that beneficiaries accessed a more diverse food basket and consumed more calories using vouchers as compared with in-kind assistance. Greater beneficiary satisfaction was reflected in the fact that households consumed nearly the entire value of the transfer, whereas with in-kind transfers some food was sold to pay for other priorities. While not feasible countrywide, the success of the project indicates that market-based approaches are appropriate and could be scaled up.
36. In early 2010 WFP had to curtail operations in the south following a withdrawal from the areas because of harassment and obstruction by *al-Shabaab* and the group's subsequent ban of WFP; in November 2011 another 16 agencies were banned. In late 2011 and early 2012, WFP was able to extend assistance into some areas of the south.

Strategy Outline

37. A paradigm shift is needed to address the protracted crisis in Somalia. In view of the improving political situation, recent enhancements of partnerships and capacities, and donor interest in a long-term approach, WFP is focusing on enabling communities to cope with crises, with emphasis on partnerships with FAO, UNICEF and local authorities.
38. A transition to the enhancement of community coping capacities will take into account differences in regional and livelihood contexts, stability levels, seasonal food gaps and the capacities of communities, cooperating partners and local government. WFP will coordinate with partners to reduce the need for emergency relief, and will link relief assistance to productive activities (as elaborated in paragraph 57).
39. WFP, FAO and UNICEF are aligning their operations with a view to enhancing food production, ensuring that basic services are available and promoting social safety nets. This will involve community-based assessment and consultation, and a package of predictable assistance provided over three years.
40. Collaboration with FAO is fundamental in terms of food security analysis and livelihood-oriented activities. WFP contributes vulnerability analysis and mapping (VAM) expertise to seasonal food security and nutrition analysis led by FAO and FSNAU. Food security is jointly monitored, particularly in Mogadishu, and market data are shared.

WFP's cash-for-assets (CFA) and FFA interventions will be coordinated with FAO interventions for diversifying livelihoods, increasing household productivity and improving access to markets.

41. Collaboration with UNICEF is also important: WFP's school meals and preventive nutrition programmes complement UNICEF's support for similar services provided by health and education authorities. In nutrition treatment programmes, WFP and UNICEF ensure that links exist between the treatment of moderate and severe acute malnutrition and that micronutrient supplementation, deworming supplies and soap are provided.
42. Although relief assistance will constitute a large component of PRRO 200443, WFP will continue to shift to predictable conditional programmes to fill seasonal hunger gaps and anticipated humanitarian needs.

Enhancing Resilience

43. FAO, UNICEF and WFP define resilience as the ability to anticipate, resist, absorb and recover in a timely and efficient manner from external pressures and shocks in ways that preserve integrity and do not deepen vulnerability. This includes the ability to withstand threats and the ability to adapt to new options in crises.²⁵
44. Activities will address the medium-term and longer-term vulnerabilities of groups exposed to shocks. CFA and FFA activities will be implemented through partnerships with communities in combination with activities to enhance community ability to withstand threats and adapt during times of shock. These interventions will enhance community and household asset levels, thereby reducing reliance on emergency assistance.
45. The greatest opportunities arise in Somaliland and Puntland, which are stable and have good access; opportunities in southern and central regions will also be sought.
46. Vulnerabilities, seasonal needs and opportunities for complementarity with other stakeholders will be identified in community consultations with a view to long-term sustainability. Interventions such as water harvesting, fodder production and land stabilization will focus on households to mitigate the effects of seasonal food insecurity and protect livelihoods. Activities along pastoral migration routes will also be considered.
47. In view of the need for technical capacities and mid-term commitment, these approaches require stability and experienced partners. Where health, nutrition, education and safety-net services are provided by WFP or partners, CFA and FFA activities can be integrated into community plans to ensure that impact is achieved. This includes areas where the FAO/UNICEF/WFP resilience strategy is being implemented; districts in different livelihood zones will be selected initially with a view to expanding the approach during PRRO 200443. A joint results framework is being developed; community assessment and consultations will have started by the fourth quarter of 2012.

Supporting Recovery and Providing Predictable Safety Nets

48. Where technical and institutional capacities and partnerships are available, CFA and FFA activities will be implemented to: i) assist recovery and protect livelihoods by restoring household and community assets depleted by shocks; and ii) prepare for and set up partnerships for the transition to disaster risk reduction.

²⁵ FAO/UNICEF/WFP Somalia. 2012. Somalia: a Resilience Strategy: A background document for the Istanbul II Conference on Somalia.

49. Building on its existing nutrition programmes, approaches and partnerships, WFP will aim to treat and prevent moderate acute malnutrition, address micronutrient deficiencies in target groups and ensure that other activities are sensitive to nutrition issues.
50. For the treatment of moderate acute malnutrition, the emphasis will be on partnerships, particularly with UNICEF, local authorities and communities, to enhance the complementarity of WFP's nutrition interventions. The targeted supplementary feeding programme (TSFP) will use static and mobile sites to extend coverage. Outreach workers will maximize coverage and create awareness of community practices. The programme will be implemented in all operational areas, with the focus in southern and central regions.
51. For prevention of moderate acute malnutrition, the approaches will be as follows:
- Where there are seasonal variations in global acute malnutrition (GAM) and little access to health services, seasonal blanket supplementary feeding (BSF) for communities will be implemented, focusing on IDP settlements and vulnerable rural areas to prevent deterioration of nutrition status.
 - In Somaliland and Puntland, mother-and-child health (MCH) clinics are functioning and GAM prevalence is stable, though intervention is necessary. Preventive food-based nutrition services will be integrated into a package of ante-natal and post-natal care to prevent malnutrition, and increase the utilization of health services during the first 1,000 days of life.
52. The preventive approaches will complement treatment; a referral system will mitigate the risk of duplication and ensure continued access for older children and PLW. To complement the integration of health and nutrition services in the north, a one-off incentive ration will be provided for mothers giving birth under medical supervision to promote healthy pregnancies and safe deliveries.
53. In all operational areas, the care-and-treatment approach in HIV and TB clinics will incorporate a food-by-prescription element for the treatment of acutely malnourished ART and TB clients. This will be complemented by monthly family rations to protect household food security.
54. In primary schools, WFP will provide two daily cooked meals in highly food-insecure areas with functioning education systems to offset the costs of schooling, particularly during lean seasons when children might otherwise migrate with livestock. A cash or food incentive will be provided for girls attending at least 80 percent of school days per month. Partnerships with ministries of education and UNICEF will be enhanced to ensure the provision of complementary services and improved quality of education.
55. In view of the engagement of educational authorities and other stakeholders, school feeding will focus on Somaliland and Puntland and South-Central. As a result of accessibility constraints in areas bordering Ethiopia and Kenya, school snacks will be provided but will be gradually replaced with cooked meals.
56. Relief assistance will depend on long-term food-security trends, seasonal needs, geographical and timing issues, and levels of assistance provided by WFP or others in any district. The trigger will be a combination of seasonal Integrated Food Security Phase Classifications (IPCs) and VAM and early-warning information. The frequency and severity of crises and the seasonal situation in any district will determine whether a ration of 80 percent or 55 percent of energy requirements is provided for three months or six months. Central Somalia, Mogadishu and the border areas are prone to shocks and are therefore likely to require relief assistance.

57. Relief assistance will target groups facing severe food insecurity and will be delivered through FFA activities or through family rations linked to activities such as TSFP. Relief FFA for immediate access to food will focus on activities requiring limited technical expertise. Where partners' capacities are low, infrastructure is inadequate and needs are high during a poor season, general food distributions will be implemented; wet feeding will be implemented in Mogadishu. These approaches recognize the challenges of relief distributions by ensuring a level of self-targeting or objective targeting through the link with the TSFP.
58. If WFP regains access to southern Somalia, it will apply these approaches. The humanitarian, security, social and political conditions will determine the most suitable way to respond to needs in currently inaccessible areas.

Transfer Modalities

59. Food will remain the primary transfer modality: it has been identified as the most cost-effective and appropriate option in areas where there is low market functionality or where programme objectives, such as improved nutrition status, are better met through this modality.
60. WFP has identified 18 districts, primarily in the north, where vouchers or cash transfers are more appropriate than in-kind assistance in that they provide advantages such as promoting beneficiary choice, improving dietary diversity and stimulating markets. Vouchers or cash will be phased in to reach an estimated 13 percent of beneficiaries. Vouchers will be used to support asset-creation, family rations under TSFP and for HIV and TB programmes. Where relevant, the incentive for girls' attendance will be given to mothers as a cash transfer intended for the purchase of food.
61. In view of the uncertainty of achieving project outcomes with cash transfers, the modality will be tested on a small scale where it serves primarily as an incentive. Outcomes will be compared with those of voucher transfers: if cash transfers meet the food security objectives cost-effectively, more may be phased in. WFP has developed delivery and verification systems that mitigate the risk of diversion. WFP will monitor markets to ensure that suppliers fulfil their commitments and that beneficiaries obtain the required items. Provisions are in place to alter transfer modalities if required.

Hand-Over Strategy

62. PRRO 200443 will reduce the need for predictable humanitarian interventions by reducing seasonal needs. This is particularly relevant in Somalia where lack of adequate institutions limits the number of activities that can be handed over to communities.
63. The PRRO envisages capacity development for local authorities and partners to enable them to respond to food and nutrition insecurity. WFP will develop capacities in the ministries of health and education in Somaliland and Puntland through training, funding for posts, monitoring missions and technical expertise, and by providing equipment. Previous support has changed the role of ministries from implementing partners to support for strategy development and improvements in oversight and planning. WFP will work to increase ownership of hunger solutions through consultations on project design and the development of joint capacities.

BENEFICIARIES AND TARGETING

64. Analysis of ten IPCs²⁶ over the past five years has identified the livelihoods and districts consistently in “crisis” or “emergency”, and those less prone to shocks.
65. Data on livelihoods, land use and degradation, population density, vegetation and rainfall are used to identify programme opportunities. The regions most frequently in crises are Gedo, Middle Juba, Lower Shabelle and Middle Shabelle. Agro-pastoral areas in Bay region are prone to nutrition insecurity, but not food insecurity.
66. WFP and stakeholders assess each district of each livelihood zone on the basis of indicators of malnutrition, mortality, disease, food access and availability, dietary diversity, coping strategies, access to water, insecurity, displacement, gender considerations and livelihood assets, using VAM and six-monthly assessments led by FSNAU. WFP’s trend analyses identify food insecurity variations with a view to improved targeting. WFP has developed a village-level database relating to populations and political and socio-economic vulnerability indicators such as livelihoods, IDP presence, access to water, schools and hospitals, and targeted supplementary feeding coverage.
67. In view of high GAM prevalence, treatment of moderate acute malnutrition through TSFP will be implemented in all areas. Moderately malnourished children aged 6–59 months and acutely malnourished PLW will be eligible. Admission and discharge will be based on anthropometric criteria, with a maximum stay in the programme of four months.
68. Seasonal blanket supplementary feeding to prevent acute malnutrition in children aged 6–36 months will be implemented during the *jilaal* and *hagaa* dry seasons in areas vulnerable to malnutrition.
69. Prevention of acute malnutrition in children aged 6–23 months and PLW will be implemented at MCH clinics, with a focus on towns and surrounding areas. Women giving birth under medical supervision will receive a one-off household ration to promote healthy pregnancies and safe deliveries.
70. Malnourished ART and TB clients will be eligible for nutritional rehabilitation when their body mass index is below 18.5. Chronically ill PLW will be eligible for rehabilitation when their mid-upper arm circumference is less than 21 cm. Discharge will be based on the same indicators, with a maximum length of stay in the programme of six months for ART clients and eight months for TB clients. ART clients will receive household support for six months, TB clients for eight months.
71. The targeting of relief distributions in assisted villages is based on criteria related to baseline livelihood data. Beneficiaries able to work on FFA interventions or who could be linked to other activities such as TSFP will be identified. Community involvement in targeting ensures transparency.
72. In the insecure and politicized environment of Mogadishu, WFP provides daily hot meals for the most vulnerable people at wet-feeding sites as a self-targeting mechanism for relief food distributions.

²⁶ See: www.fsnau.org

73. When household members are forced to migrate, CFA, FFA and food-for-training (FFT) projects support children and disabled and elderly people left behind. These activities favour the engagement of women.

74. Beneficiary targets are based on analyses of populations in crisis and emergency phases over the past five years, VAM, cooperating partners' capacities and previous responses. WFP plans to reach 1.56 million people each year – 2.9 million people in total. WFP's village database takes into account population and vulnerability to ensure the accuracy of beneficiary figures.

75. Table 1 shows beneficiaries by activity.

| TABLE 1: BENEFICIARIES BY ACTIVITY TYPE AND YEAR | | | | | |
|---|--|------------------|------------------|----------------------|----------------------|
| Activity | Target population | Cumulative | | | |
| | | Year 1 (2013) | Year 2 (2014) | Year 3 (2015) | Total (2013–2015) |
| Objective 1: Enhancing medium-term and long-term resilience in vulnerable communities through increased engagement with stakeholders (Strategic Objective 2) | | | | | |
| CFA/FFA/FFT ^a | General population in WFP/FAO/UNICEF supported areas; food security as entry point | 61 000 | 92 000 | 145 000 | 183 000 |
| Objective 2: Rebuilding food and nutrition security in households affected by shocks (Strategic Objective 3) | | | | | |
| CFA/FFA/FFT | General population; food security as entry point | 208 000 | 177 000 | 125 000 | 318 000 |
| TSFP | Malnourished children aged 6–59 months; PLW | 718 000 | 718 000 | 718 000 | 1 180 000 |
| MCH clinics, preventive health and nutrition | Children aged 6–23 months; PLW | 180 000 | 189 000 | 199 000 | 310 000 |
| Delivery incentive for MCH clinics | Women giving birth under medical supervision | 240 000 | 252 000 | 265 000 | 757 000 |
| School meals | Schoolchildren in grades 1–8 | 100 000 | 120 000 | 135 000 | 194 000 |
| Cash/food incentive for girls' attendance | Primary school girls | 45 000 | 54 000 | 61 000 | 77 000 |
| TB/HIV nutrition, institutional feeding and household support | Malnourished TB/HIV clients and families; select in-clients | 100 000 | 100 000 | 100 000 | 204 000 |
| Objective 3: Protecting livelihoods during shocks and seasonal vulnerabilities (Strategic Objective 1) | | | | | |
| BSF - seasonal | Children aged 6–36 months | 122 000 | 122 000 | 122 000 | 366 000 |
| CFA/FFA | Populations in crisis ^f | 50 000 | 50 000 | 50 000 | 75 000 |
| Household relief: cash/food | Populations in crisis ^f | 575 000 | 575 000 | 575 000 | 863 000 |
| Wet feeding | Mogadishu – general population | 70 000 | 70 000 | 70 000 | 70 000 |
| Subtotal^c | | 1 560 000 | 1 584 000 | 1 605 000 | 2 474 000 |
| Contingency household relief cash/food | Populations in crisis ^f | | | 400 000 ^b | 400 000 ^b |
| TOTAL^{c,d,e} | | | | | 2 874 000 |

^a Planning figures increase 15 percent in year 1 and 25 percent in year 2 reflecting the transition from Strategic Objective 3 approaches to Strategic Objective 2 approaches.

^b Contingency emergency relief will reach 400,000 additional people during a drought year.

^c Adjusted to avoid double-counting of those assisted in more than one activity or year.

^d The monthly average number of beneficiaries is 1.2 million.

^e Planned beneficiaries receiving cash or vouchers: 85,374 in year 1, 142,522 in year 2 and 142,522 in year 3 for all programmes.

^f Populations in IPC phases 3 (crisis) and 4 (famine).

NUTRITIONAL CONSIDERATIONS AND RATIONS; VALUE OF CASH AND VOUCHER TRANSFERS

76. Diets in Somalia lack diversity, macronutrients and micronutrients. Seasonal increases in the availability of meat and milk provide a significant proportion of protein and micronutrients. Sorghum or maize grown in southern and north-western Somalia are the staples; imported rice and pasta are rapidly becoming preferred foods. Pulses add protein and micronutrients to the dry ration.
77. Ready-to-use supplementary food (RUSF) for prevention and treatment of malnutrition will be used because it is easy to deliver and is accepted by beneficiaries. The use of Plumpy'sup® in the treatment of moderate acute malnutrition is part of a harmonized WFP/UNICEF protocol. Research indicates that RUSF is shared less than fortified blended cereals.
78. Relief rations provide a maximum of 80 percent of energy requirements for the general population during lean seasons: much household food is home-grown or purchased, even in emergencies. A reduced ration providing 55 percent of energy requirements will be provided in areas where livestock or crops are more readily available.
79. Supercereal is included in household rations to address micronutrient deficiencies. The target groups are children over 5, adolescent girls and women of reproductive age.
80. The FFA rations were designed to match the average daily labour rate and provide a nutritionally balanced mix of foods.
81. Cash and voucher values correspond to the equivalent in-kind ration. They are calculated on the basis of market prices using the food component of the FSNAU minimum-expenditure basket. Fluctuations in market prices and currencies will be monitored to ensure that beneficiaries receive adequate rations through cash and voucher modalities.

TABLE 2: FOOD RATION/TRANSFER BY ACTIVITY

| Activity | Ration size (g/person/day) | | | | | | | | | No. of feeding days per year | Energy (kcal) | % Energy from protein | % Energy from fat |
|---|----------------------------|--------|----------|--------------|-------|-------------|-------------|-----|-----------------------------|------------------------------|---------------|-----------------------|-------------------|
| | Cereal | Pulses | Veg. oil | Super-cereal | Sugar | Plumpy' sup | Plumpy' doz | HEB | C&V (US\$/household/month)* | | | | |
| CFA/FFA/FFT | 417 | 56 | 29 | 56 | - | - | - | - | 108 | 120 | 2 119 | 12.5 | 21.6 |
| TSFP Children aged 6–59 months/PLW | - | - | - | - | - | 92 | - | - | - | 60–120 | 500 | 10.2 | 54.9 |
| BSF seasonal – children 6–36 months | - | - | - | - | - | - | 50 | - | - | 90 | 272 | 10.2 | 54.9 |
| BSF MCH – PLW | - | - | 25 | 250 | - | - | - | - | - | 180 | 1 161 | 13.2 | 35 |
| BSF MCH – children 6–23 months | - | - | - | - | - | - | 50 | - | - | 365 | 272 | 10.2 | 54.9 |
| Delivery incentive for MCH clinics | 139 | 56 | 29 | 56 | - | - | - | - | - | 30 | 1 167 | 11.7 | 28.1 |
| School meals | 150 | 30 | 25 | 80 | 10 | - | - | - | - | 225 | 1 214 | 10.7 | 25.4 |
| School snacks | - | - | - | - | - | - | - | 200 | - | 225 | 900 | 10.7 | 30.0 |
| Cash/food incentive for girls' attendance | - | - | 20 | - | - | - | - | - | 6 | 270 | 177 | - | 100 |
| TB/HIV nutrition support | - | - | 25 | 250 | - | - | - | - | 54 | 180 - HIV 240 - TB | 1 161 | 13.2 | 35 |
| Institutional feeding (in-patient) | 450 | 150 | 40 | 90 | 10 | - | - | - | - | 30 | 2 890 | 12.3 | 17.6 |
| TB/HIV household support | 139 | 56 | 29 | 56 | - | - | - | - | - | 180–240 | 1 167 | 11.7 | 28.1 |
| Wet feeding | 375 | 150 | 30 | 40 | 3 | - | - | - | 81 | 312 | 2 310 | 13.0 | 16.1 |
| Relief ration – 80% | 278 | 56 | 29 | 56 | - | - | - | - | 54 | 30–180 | 1 631 | 12.3 | 25.0 |
| Relief ration – 50% | 139 | 56 | 29.0 | 56 | - | - | - | - | - | 30–180 | 1 146 | 12.6 | 31.2 |

* C&V = cash and vouchers. Figures refer to average US\$ value per modality; actual value will be based on local prices.

| TABLE 3: TOTAL FOOD/CASH AND VOUCHER REQUIREMENTS BY ACTIVITY | | | | | | | | | |
|---|----------------|---------------|---------------|---------------|--------------|---------------|------------|----------------|---------------------|
| Activity | Cereal | Pulses | Veg. oil | Super-cereal | Sugar | RUSF* | HEB | Total (mt) | Cash/voucher (US\$) |
| CFA/FFA/FFT | 75 156 | 10 093 | 5 227 | 10 093 | - | - | - | 100 569 | 14 395 190 |
| TSFP – children 6-59 months, PLW | - | - | - | - | - | 14 754 | - | 14 754 | - |
| BSF MCH children 6-23 months | - | - | - | - | - | 2 820 | - | 2 820 | - |
| BSF MCH – PLW | - | - | 940 | 9 402 | - | - | - | 10 342 | - |
| BSF seasonal – children 6-36 months | - | - | - | - | - | 1 745 | - | 1 745 | - |
| Delivery incentive for MCH clinics | 3 099 | 1 249 | 647 | 1 249 | - | - | - | 6 244 | - |
| School meals | 13 460 | 2 693 | 2 243 | 7 179 | 897 | - | - | 26 472 | - |
| School snacks | - | - | - | - | - | - | 176 | 176 | - |
| Cash/food incentive for girls attendance | - | - | 761 | - | - | - | - | 761 | 945 714 |
| TB/HIV nutrition, institutional feeding and household support | 21 487 | 7 162 | 1 910 | 4 297 | 476 | - | - | 35 332 | 1 262 588 |
| Wet feeding | 28 350 | 11 340 | 2 268 | 3 024 | 227 | - | - | 45 209 | - |
| Relief ration – 80% | 140 024 | 34 687 | 17 961 | 34 687 | - | - | - | 227 359 | 16 802 614 |
| Relief ration – 50% | 13 050 | 5 256 | 2 724 | 5 256 | - | - | - | 26 286 | 8 709 166 |
| TOTAL | 294 626 | 72 480 | 34 681 | 75 187 | 1 600 | 19 319 | 176 | 498 069 | 42 115 272 |

* Treatment programmes use Plumpy'sup®; preventive programmes use Plumpy'doz®.



IMPLEMENTATION ARRANGEMENTS

82. Activities and levels of engagement will vary geographically. Beneficiaries will be targeted on the basis of levels of stability, seasonal food gaps and the capacities of governments and partners in each region.
83. As recommended by the CPE, enhanced staff capacities are needed to ensure that monitoring, community engagement and partnerships are adequate. The more intensive activities have been successful, but they require more technical programme officers, better logistics and more security support. Personnel levels take into account the rest and recuperation cycle for international staff and staffing at area and sub-offices, which affect direct support costs. Where access is limited, WFP will rely on cooperating partners and third-party monitors.

Participation

84. WFP will increase the involvement of communities in planning and implementation by establishing committees, as recommended by the CPE. It will share more information with beneficiaries on rations and targeting criteria through radio broadcasts and a community hotline.
85. WFP uses ration cards, registers and beneficiary lists to ensure transparency in targeting. Where possible, ration cards are provided in the names of women. Self-targeting is used in the wet-feeding programme in Mogadishu. In all activities, identification and registration of beneficiaries remains the responsibility of implementing partners, under WFP's guidance.
86. Government and local authorities will be consulted regularly to review WFP approaches and developments in government strategies.

Partners

87. WFP will work with government counterparts and its 110 NGO partners, whose roles are expected to increase. In particular, CFA and FFA will build on the experience of both NGOs engaged in asset-creation projects and from experience in other countries where resilience-building interventions have been scaled-up. WFP will increase cooperating partners' capacities through training and workshops.
88. WFP will continue to partner with FAO on agriculture and livelihoods activities, UNICEF and the World Health Organization on health and nutrition, the Office of the United Nations High Commissioner for Refugees on IDP issues, UNICEF on education and FSNAU on food security and nutrition assessments.

Capacities

89. WFP has area offices in Hargeisa, Bossaso, Galkayo and Mogadishu, and sub-offices in Berbera and Garowe. There are plans to increase support for the southern border area office and establish offices in secure and accessible areas.
90. Of WFP's 596 budgeted staff for PRRO 200443, 65 percent will be posted in Somalia, including 57 international staff.
91. Partners' capacities are constrained by scarcity of qualified staff, limited facilities and equipment and restricted access. WFP is addressing this, with a focus on enabling

communities to cope with shocks and is exploring options to increase the availability of cooperating partners and suppliers.

Non-Food Inputs

92. WFP will ensure that non-food items such as cooking utensils, screening materials for nutrition programmes and materials for CFA and FFA are procured.
93. As part of WFP's strategy to improve the quality of projects, particularly in relation to mid-term approaches and nutrition, there will be an increase in investments for capacity development to ensure sustainability.

Environmental Impact

94. WFP is considering using energy-efficient stoves in its school meals programmes; if the pilot is successful they will be rolled out in phases.
95. WFP is working with FAO, the International Fund for Agricultural Development and others to ensure that reservoirs, dams and boreholes do not have a negative environmental impact.

Delivery Arrangements

96. Most WFP food arrives by sea and is transported to Somalia from Mombasa, Dar-es-Salaam and Djibouti; the ports of Mogadishu, Bossaso and Berbera are the main points of entry. Since 2007, WFP's ships have been protected by naval escorts.
97. Deliveries are made to 1,200 final distribution points and six extended delivery points; each has logistics staff and food-tracking systems. Commercial companies are contracted for ocean and landside transport.
98. Cooperating partners transport food for a few activities, particularly in Mogadishu where their warehouses are some distance from distribution sites for security reasons.
99. The paper voucher system set up under EMOP 200281 will be used while an electronic system is developed. Cash and voucher transfers will take advantage of Somalia's extensive telecommunications network.
100. With regard to cash transfers under the school meals incentive for girls' attendance, a review of the current e-money and *hawalas*²⁷ systems will identify the optimum approach.

Procurement

101. WFP has in the past purchased maize, pulses and Supercereal from Kenya, South Africa and Uganda. WFP will continue to review the possibility of in-country purchases.
102. WFP will enhance its linkages with farmers and small-scale traders in collaboration with FAO, the International Fund for Agricultural Development and others. The CFA and FFA activities will help to maximize agricultural production.

²⁷ In the absence of banks, *hawalas* are an alternative money-transfer system; e-money is an electronic system of sending money through mobile telephones.

PERFORMANCE MONITORING

103. The PRRO has a mature monitoring and evaluation system that includes a beneficiary feedback hotline.
104. Measurement of outcomes will be based on data collected by WFP and third-party monitors, FSNAU assessments, reporting by cooperating partners, information from the Global Fund to fight AIDS, TB and malaria, and partners' data on TB, HIV and AIDS. The appropriateness of transfer modalities will be reviewed and adjusted if the context changes.
105. Monitoring by third parties trained by WFP will, in coordination with area offices, cover areas where access is restricted. Where access by road is constrained, the United Nations Humanitarian Air Service will operate flights to enable monitoring.
106. Where possible, WFP will participate in joint monitoring and evaluation with the Government and United Nations counterparts. Additional women monitors and enumerators will be recruited to reflect the opinions of women beneficiaries.
107. In line with the CPE, impact studies of nutrition, relief, education and coping capacities will be carried out; thematic studies will focus on market analysis and pastoral issues, and there will be regular rapid assessments. WFP will evaluate PRRO 200443 in its final year.

RISK MANAGEMENT

108. It is not clear how political and security conditions will develop, particularly in the south, but WFP maintains its preparedness and coordination arrangements.
109. Re-engagement in areas currently controlled by *al-Shabaab* would change the scale of PRRO 200443 in that 1 million additional people would need assistance.
110. Insecurity is the main risk to implementation. A change in the conflict situation could reduce access in some areas, and *al-Shabaab* may regain control in parts of Mogadishu, border areas and central Somalia.
111. The main operational risks for PRRO 200443 are outlined in a risk matrix (Annex III):
 - contextual – insecurity, lack of governance, the emergence of semi-autonomous entities, weak institutions and financial structures, and drought;
 - programmatic – access restrictions, reliance on third-party monitoring, the ban on WFP operations in *al-Shabaab* areas and potential influx of new beneficiaries, and lack of donor funding;
 - institutional – misappropriation of assistance, corruption by partners, conditionality of funding, and compromised reputation.
112. WFP's risk-management system maximizes oversight of staff, partners and processes; it includes third-party monitoring, improved programme design, greater inclusivity and transparency in planning, improved targeting and standard operating procedures. WFP will continue to participate in the risk-management unit of the United Nations Resident Coordinator's office.
113. Risks associated with different transfer modalities will be evaluated according to context. Food could be sold by beneficiaries to meet other needs, which could compromise WFP's reputation. Cash and voucher transfers are subject to price fluctuations that could reduce beneficiaries' access to food. Monitoring of participating traders and market prices will ensure prompt adjustments to response options.

114. WFP will participate in United Nations contingency planning and will use the emergency preparedness and response planning approach to respond to conflict, drought, returning refugees and potential re-engagement in areas controlled by *al-Shabaab*.
115. WFP has retained national staff from offices in the south, and maintains a roster of national staff and contacts with previous cooperating partners and transporters.
116. Lack of continuous contributions would force WFP to prioritize relief assistance and would reduce its ability to partner with FAO, UNICEF and donors.

SECURITY CONSIDERATIONS

117. The security situation is volatile. Somaliland is affected by clan disputes and increasing anti-government activities in districts bordering Puntland. *Al-Shabaab* maintains its capacity for terrorism in Mogadishu and along the borders with Kenya and Ethiopia.
118. Provisions have to be made for operational adjustments in response to changing security conditions. In view of threats to humanitarian staff, WFP has developed a management model with links to security advisers, local authorities and community leaders to ensure continued access.
119. International and national staff will be required to complete security training in Nairobi; other staff will be trained at their work locations.
120. The absence of reliable external security services entails substantial expenditure to establish minimum operating security standards. WFP's capital investments will include a new complex in Dolow.
121. More armoured vehicles and security equipment are required to enable safe access. In areas where United Nations vehicles cannot be used, vehicle hire results in additional costs. Insecurity prevents the installation of telecommunications equipment. Satellite telephones have to be used because there are limitations in VHF radio networks and mobile telephone networks are unreliable.
122. WFP manages the United Nations Humanitarian Air Service under a special operation to ensure safe travel.

ANNEX I-A

| PROJECT COST BREAKDOWN | | | |
|---|------------------|--------------------|--------------------|
| Food ¹ | Quantity (mt) | Value (US\$) | Value (US\$) |
| Cereals | 294 626 | 100 626 361 | |
| Pulses | 72 480 | 43 477 350 | |
| Oil and fats | 34 681 | 55 597 722 | |
| Mixed and blended food | 94 682 | 110 953 943 | |
| Others | 1 600 | 1 020 023 | |
| Total food | 498 069 | 311 675 399 | |
| Cash transfers | | 7 199 267 | |
| Voucher transfers | | 34 916 005 | |
| Subtotal food and transfers | | | 353 790 671 |
| External transport | | | 61 396 334 |
| Landside transport, storage and handling | | | 153 335 522 |
| Other direct operational costs | | | 69 225 033 |
| Direct support costs ² (see Annex I-B) | | | 168 688 755 |
| Total WFP direct costs | | | 806 436 315 |
| Indirect support costs (7.0 percent) ³ | | | 56 450 542 |
| TOTAL WFP COSTS | | | 862 886 857 |

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

² Indicative figure for information purposes. The direct support costs 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 (US\$) | |
|---|--------------------|
| Staff and related costs | |
| International professional staff | 68 140 080 |
| Local staff - national officers | 6 878 841 |
| Local staff - general service | 7 169 364 |
| Local staff - temporary assistance | 20 098 910 |
| Local staff - overtime | 619 638 |
| Hazard pay and hardship allowance | 5 877 650 |
| International consultants | 625 320 |
| United Nations volunteers | 531 576 |
| Consultants | 7 425 327 |
| Duty travel | 15 395 212 |
| Subtotal | 132 761 918 |
| Recurring expenses | |
| Rental of facility | 3 091 814 |
| Utilities | 4 236 768 |
| Office supplies and other consumables | 848 760 |
| Communications services | 2 150 922 |
| Equipment repair and maintenance | 288 000 |
| Vehicle running costs and maintenance | 2 318 400 |
| Office set-up and repairs | 5 654 366 |
| United Nations organization services | 2 652 643 |
| Subtotal | 21 241 673 |
| Equipment and capital costs | |
| Vehicle leasing | 1 601 400 |
| Communications equipment | 4 560 959 |
| Local security costs | 8 522 805 |
| Subtotal | 14 685 164 |
| TOTAL DIRECT SUPPORT COSTS | 168 688 755 |

| ANNEX II: LOGICAL FRAMEWORK | | |
|---|---|--|
| Results | Performance indicators | Assumptions |
| Strategic Objective 1: Save lives and protect livelihoods in emergencies | | |
| Outcome 1.1 Stabilized acute malnutrition in children under 5 in targeted areas | ➤ Prevalence of acute malnutrition among children under 5 (% weight-for-height) maintained below the five-year average of 17.9% as measured by GAM prevalence | Conflicts or natural disasters do not disrupt food production and consumption. No outbreaks of measles, cholera or avian influenza occur. |
| Outcome 1.2 Improved food consumption over assistance period for targeted households | ➤ Household food consumption score is ≥ 80% for borderline and acceptable household groups combined | Partners provide complementary non-food inputs such as water and sanitation. Adequate number of qualified nutrition and health workers are available. Basic nutritional and health facilities are accessible to all targeted beneficiaries. |
| Output 1.1 Food and non-food items, cash transfers and vouchers distributed in sufficient quantity and quality to targeted groups under secure conditions | <ul style="list-style-type: none"> ➤ No. of women, men, girls and boys receiving food, non-food items, cash and vouchers, by category, activity, transfer modality and as % of planned ➤ Tonnage of food and value of cash and vouchers distributed, by type, as % of planned ➤ % of vouchers redeemed ➤ Quantity of fortified foods, complementary foods and special nutritional products, by type, as % of planned and of actual distribution | Food pipeline and assistance are predictable and stable. Security situation allows WFP and partners to implement activities and monitor effectiveness. Diversion of assistance can be prevented through beneficiary verification and monitoring. Manipulation of cash transfers can be mitigated through market monitoring. |
| Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures | | |
| Outcome 2.1 Early-warning systems, contingency plans and food security monitoring systems put in place and enhanced with WFP capacity-development support | ➤ Disaster preparedness index improves in applicable areas/ministries | Government and partner capacities are adequate and predictable, and promote integration of services. Enough qualified government and partner staff are available to support implementation. WFP trains cooperating partner staff to increase capacity. |



| ANNEX II: LOGICAL FRAMEWORK | | |
|--|--|--------------------------------------|
| Results | Performance indicators | Assumptions |
| <p>Outcome 2.2 Hazard risk reduced in targeted communities</p> | <ul style="list-style-type: none"> ➤ Community asset score increased over base value in ≥ 80% of communities assisted | |
| <p>Output 2.1 As per output 1.1</p> | | |
| <p>Output 2.2 Disaster mitigation assets built or restored by targeted communities</p> | <ul style="list-style-type: none"> ➤ Risk reduction and disaster mitigation assets created or restored, by type and unit of measure | |
| Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations | | |
| <p>Outcome 3.1 Enrolment for girls and boys, including IDPs and refugees, in assisted schools stabilized at pre-crisis levels</p> | <ul style="list-style-type: none"> ➤ Retention rate for girls and boys ≥ 85% ➤ Gender ratio of girls to boys enrolled = 1:1 | As for Strategic Objectives 1 and 2. |
| <p>Outcome 3.2 Reduced acute malnutrition in targeted populations</p> | <ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition among children under 5 (% weight-for-height) reduced by 10% ➤ Supplementary feeding includes a recovery rate of >75%, a death rate of <3%, default rate of <15% and non-response rate <5% ➤ Prevalence of acute malnutrition using mid-upper arm circumference reduced among target group for BSF and MCH interventions among children aged 6–36 months | |
| <p>Outcome 3.3 Improved nutritional recovery of ART and TB clients</p> | <ul style="list-style-type: none"> ➤ Nutritional recovery rate for TB and ART clients >75% | |
| <p>Outcome 3.4 Increased access to productive assets</p> | <ul style="list-style-type: none"> ➤ Community asset score increased over base value in ≥ 80% of communities assisted | |
| <p>Output 3.1 As per output 1.1</p> | | |
| <p>Output 3.2 Livelihood assets developed, built or restored by targeted communities and individuals</p> | <ul style="list-style-type: none"> ➤ No. of community assets created or restored by targeted communities, by type and unit of measure | |



| ANNEX II: LOGICAL FRAMEWORK | | |
|---|---|--|
| Results | Performance indicators | Assumptions |
| Strategic Objective 5: Strengthen the capacities of governments to reduce hunger | | |
| Outcome 5.1 Progress made towards government-owned hunger solutions | <ul style="list-style-type: none"> ➤ National capacity index improves over base value in applicable areas for health/nutrition activities ➤ National capacity index improves over base value in applicable areas for education activities | Stable security and political conditions continue. Government stability, resources and interest in partnerships will enable appropriate engagement. Adequate number of qualified government/partner staff are available to support implementation. |
| Output 5.1 Capacity and awareness developed through WFP-led activities | <ul style="list-style-type: none"> ➤ No. of government counterparts trained in programme design and planning, implementation procedures and practices, by category | |



| ANNEX III: RISK MATRIX | | |
|--|---|--|
| Risk | Mitigation | Residual risks |
| Institutional risks | | |
| <p>Diversion of WFP food and sale of rations by beneficiaries results in WFP assistance appearing in markets and cross-border trade. This financial and reputational risk would affect programme implementation.</p> | <p>Shift to more targeted interventions to ensure that those most in need receive assistance, and to reduce inclusion errors.</p> <p>Improve standard operating procedures to reduce the likelihood of post-distribution sales by beneficiaries, clarify the roles of cooperating partners during distribution, improve targeting guidance and increase transparency.</p> <p>Establish a beneficiary feedback system [completed in mid-2010]; raise awareness about distribution modalities in radio broadcasts and other communications.</p> <p>Improve coordination with partners to ensure that targeted communities receive assistance packages that address not only immediate food needs but also underlying causes of food and nutrition insecurity.</p> | <p>Some food diversion remains.</p> |
| <p>Prevailing level of insecurity limits access to some areas of operation.</p> | <p>Employ third-party monitoring to ensure adequate coverage in inaccessible areas.</p> <p>Include a provision for regular cross-border monitoring under PRRO 200443, subject to funding availability.</p> <p>Coordinate through the food security cluster to ensure assistance is provided in inaccessible areas.</p> | <p>Access constraints limit oversight of third-party monitors.</p> |
| <p>Insecurity puts the health and safety of WFP staff at risk; resources may be diverted or damaged.</p> | <p>Increase community and local authority engagement in WFP strategies and approaches.</p> <p>Adhere to minimum operating residential security standards.</p> | <p>Security risks remain.</p> |
| <p>Capacity and availability of cooperating partners and service providers are limited.</p> | <p>Continue training on programme issues for cooperating partner staff.</p> <p>Continue work to identify service providers.</p> | <p>There is high turnover of cooperating partner staff.</p> |



ANNEX III: RISK MATRIX

| Risk | Mitigation | Residual risks |
|--|--|---|
| Conflict spreads to new regions, affecting access. | Where feasible and in accordance with humanitarian principles, negotiate with the parties in control to allow access to populations in need. Expand third-party monitoring as necessary on the basis of lessons learned. | Certain areas remain inaccessible. |
| Funding environment is challenging. | Continue advocacy among donors on humanitarian needs and with the United Nations country team to draw on common humanitarian funds for food assistance. | Funding risk remains because of operational context. |
| Requirements increase for populations in and fleeing from inaccessible areas. | Continue advocacy for funding through humanitarian mechanisms and from donors. Revise distribution criteria if necessary. | Sudden influx of beneficiaries from inaccessible areas affects resources. Further banning of United Nations agencies and NGOs leads to reduced ability to meet existing needs. |
| Contextual Risks | | |
| Security threats and instability affect communities. | Installation of permanent Government following recent elections. | Society remains fractured and several local administrations remain in place. |
| Challenges in conducting population census: various estimates by the United Nations and World Bank. | Develop a village-level database to prioritize where relief assistance is programmed, taking into account population data and political and socio-economic vulnerability indicators. [completed] Use nutrition programming and screening to determine household food requirements. Update population data. [the United Nations Population Fund, with support from WFP] | Exclusion or inclusion errors at the village level in certain areas remain. |
| Programmatic Risks | | |
| Cash and voucher transfers are at risk of inflation or currency fluctuation, with recipients unable to purchase sufficient food; supply may be affected by market closures or shortages. | Determine through monthly evaluations whether transfer values or modalities require modification. Continue market monitoring and capacity development. | Fluctuating transfer values affect beneficiaries. |

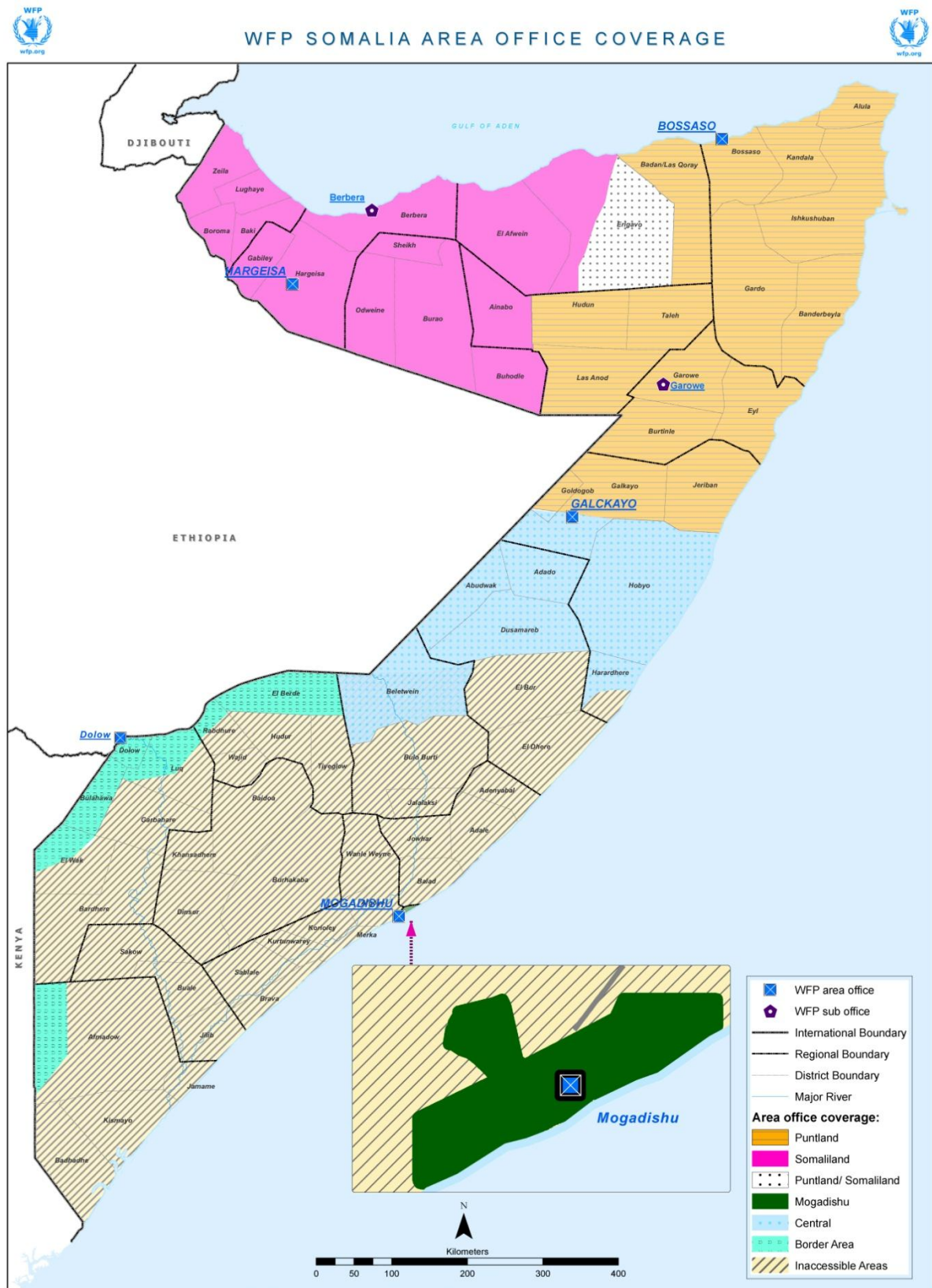


ANNEX III: RISK MATRIX

| Risk | Mitigation | Residual risks |
|---|--|---|
| Food and non-food assistance is diverted. | Conduct systematic monitoring and spot checks for all activities. For cash and vouchers, implement: i) penalties for and disqualification of traders not adhering to regulations; ii) review of beneficiary selection procedures and verification of beneficiary lists using identity cards; iii) increased security measures at distribution points; iv) confidential beneficiary lists; and v) timely and systematic disbursement of funds and verification. | Access limitations contribute to residual risk of diversion. |
| Difficulties in monitoring interventions are compounded by a reliance on cooperating partners and third-party monitoring. | Develop standard monitoring procedures for cooperating partners. If security deteriorates, deploy third-party agencies or suspend interventions. Improve monitoring and evaluation to balance compliance requirements with quality and to better inform programme design and implementation. | Diversion risk remains because of lack of direct oversight by WFP staff. Limited monitoring coverage or a continued focus on compliance leads to limited outcome level or impact analysis of operations. |
| Household ration sizes based on families of six people may not correspond to actual numbers of people. | Shift to a more targeted approach to reach the most vulnerable; review distribution criteria and distribute food on the basis of actual family size (if possible). | Households report highly inflated member numbers that do not lead to corrected ration sizes. |



ANNEX IV



The boundaries and names on this map do not imply official endorsement or acceptance by the United Nations. The regional and District boundaries reflect those endorsed by the Government of the Republic of Somalia in 1986. Datum: WGS 1984, 38N. Data Sources: UNDP, FSNAU, WFP. Produced on 23 May 2012 by the WFP-Somalia VAM Unit.

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

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| ART | anti-retroviral therapy |
| BSF | blanket supplementary feeding |
| CFA | cash for assets |
| CPE | country portfolio evaluation |
| EMOP | emergency operation |
| FAO | Food and Agriculture Organization of the United Nations |
| FFA | food for assets |
| FFT | food for training |
| FSNAU | Food Security and Nutrition Analysis Unit |
| GAM | global acute malnutrition |
| IDP | internally displaced person |
| IFAD | International Fund for Agricultural Development |
| IPC | Integrated Food Security Phase Classification |
| MCH | mother-and-child health |
| NGO | non-governmental organization |
| PLW | pregnant and lactating women |
| PRRO | protracted relief and recovery operation |
| RUSF | ready-to-use supplementary food |
| TB | tuberculosis |
| TSFP | targeted supplementary feeding programme |
| UNICEF | United Nations Children's Fund |
| VAM | vulnerability analysis and mapping |