برنامج الأغذية العالمي | Programme Alimentaire Mondial | World Food Programme | Programa Mundial de Alimentos

Executive Board
Second Regular Session

Rome, 22–26 October 2007

PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval

Distribution: GENERAL
WFP/EB.2/2007/9-A/2
11 September 2007
ORIGINAL: ENGLISH

DEVELOPMENT PROJECT CUBA 10589.0

Support for the National Plan on Prevention and Control of Anaemia in the Five Eastern Provinces of Cuba

Number of beneficiaries	254,600: girls 124,754; boys 129,846
Duration of project	Five years: (1 January 2008 – 31 December 2012)
Cost (United States dollars)	
WFP food cost	4,301,155
Total cost to WFP	6,356,943
Government contribution	2,107,945

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

In Cuba, which imports 80 percent of its food, iron-deficiency anaemia is the commonest nutritional disorder: recent studies by the Institute of Nutrition and Food Hygiene show that anaemia prevalence in the eastern region is 56.7 percent among children under 2 and 20.1 percent in children aged 2–5.

Development project 10589.0 will concentrate on the five eastern provinces identified as most vulnerable to food insecurity, supporting the National Plan on Prevention and Control of Anaemia to reduce anaemia to 15 percent by 2015. WFP and the Government have agreed a two-track strategy: WFP will provide iron-rich food and enhance local capacity to produce them in support of anaemic children; the aim is to extend access to an affordable food basket, establish production of enriched blended flour, improve household consumption patterns and support a phase-down.

There are three main components. The first targets aged 6–36 months to ensure access to a fortified food complement to meet daily iron requirements and to ensure that enriched food complements are consumed daily. The second component has the same objectives, focusing on children aged 4 and 5. The third contributes to the sustainable development of local production of micronutrient-enriched food supplements, communication to influence the nutritional behaviour of families, monitoring and nutritional surveillance, development of long-term production of micronutrient-enriched food supplements, a social communication strategy for household consumption patterns and nutritional surveillance.

The Government is committed to taking over the project and phasing in its own resources once local production capacity has increased; the cost-effectiveness of producing cereal-based food supplements guarantees financial feasibility. The handover of WFP assistance for children aged 6–12 months and for those aged 4 and 5 is planned for the end of the third year. During the first three years, national capacity will be consolidated so that local counterparts will be able to take over.

The project design is based on recommendations by the 2004 mid-term evaluation and the 2007 self-evaluation; it included a joint problem analysis by United Nations agencies and agreement on coordination. The project is integrated into three of the five national priority areas of the United Nations Development Assistance Framework; it is in line with Millennium Development Goals 1, 4 and 5, Strategic Objectives 3 and 5, priority area 1 of the Consolidated Framework of WFP Policies, WFP's Enhanced Commitment to Women and regional development project 10421.0.

In accordance with the concentration country list, WFP multilateral contributions will cover only assistance to children aged 6–36 months. The budget under regular resources is US$6.4 million, covering the food needs of 254,600 beneficiaries for five years – only part of the needs.

Directed multilateral or bilateral contributions mobilized by the Government and WFP will cover assistance to children aged 4 and 5, enhancement of local production, monitoring and communications. The project will be integrated into national priorities and the United Nations Development Assistance Framework, so the Government has decided to present it in rounds of negotiation with new and traditional donors. WFP will seek additional funding to meet the estimated requirement of US$5.2 million for an estimated 107,000 beneficiaries and for capacity-building.

DRAFT DECISION*

The Board approves the proposed Development Project Cuba 10589.0 "Support for the National Plan on Prevention and Control of Anaemia in the Five Eastern Provinces of Cuba" (WFP/EB.2/2007/9-A/2) subject to the availability of resources.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (document WFP/EB.2/2007/15) issued at the end of the session.

SITUATION ANALYSIS

1. Cuba has an area of 109,886 km^2 and a population of 11.2 million.[1] An analysis of vulnerability to food insecurity[2] shows that the five eastern provinces – Las Tunas, Holguín, Guantánamo, Santiago de Cuba and Granma – have the lowest development rates and are prone to torrential rain and drought, which exacerbate difficult agricultural conditions.

2. Cuba imports 80 percent of its food. At the end of 2006, the Cuban Parliament acknowledged the poor performance of the agricultural sector, expressed concern about the 35 percent rise in the price of imported food and prioritized new measures to improve food production.

3. The state-subsidized food basket distributed to all Cubans provides 50 percent of daily basic food requirements, excluding fresh vegetables. Coverage of the remaining requirements relies on access to public canteens, local agriculture and subsistence farming.

4. The supply of micronutrients is insufficient; iron-deficiency anaemia is the most common nutritional disorder. Recent studies by the Institute of Nutrition and Food Hygiene (INHA) show anaemia prevalence in the eastern region at 56.7 percent among children under 2 and 20.1 percent in children aged 2–5.[3]

5. Analysis of nutritional status in the east based on United Nations Children's Fund (UNICEF) causal model of malnutrition[4] identified multiple causes: (i) inappropriate food intake; (ii) infectious or parasitic diseases; (iii) lack of iron-rich food; (iv) difficulty of access to food; (v) insufficient knowledge about anaemia; (vi) the wrong use of food supplements; (vii) poor water supply and sanitation; and (viii) poor hygiene, which inhibits iron absorption. These are related to an obsolete food-production infrastructure, unstable distribution and transport limitations.

6. INHA data show that the daily iron intake provided by the food basket for children under 5 is insufficient to address the anaemia rates mentioned above. There is limited access to weaning foods and micronutrient-enriched foods; only 26.4 percent of mothers breastfeed exclusively for 6 months.[5]

7. For 40 years, the Government has given priority to public health and to achieving low rates of mortality, morbidity and malnutrition.[6] Anthropometric indicators – acute and chronic malnutrition and underweight – for children under 5 are less than 5 percent.[7] Cuba ranked 50th in the United Nations Development Programme (UNDP) Human Development

[1] National Statistics Bureau (ONE). 2006. *Economic and Social Overview of Cuba*. Havana.

[2] Physical Planning Institute. 2006. *Analysis and Mapping of Vulnerability to Food Insecurity: Update 3*. Havana.

[3] Anaemia prevalence in children in the five eastern provinces, by age: 6–12 months: 62.6 percent; 12–24 months: 53.4 percent; 2–3: 28.7 percent; 4: 15.3 percent; 5: 13.1 percent.

[4] UNICEF. 1990. *The Causal Model of Malnutrition*. New York.

[5] UNICEF multi-indicator cluster surveys (MICS), 2000 and 2006. There are differences between the urban sector – 21.5 percent – and the rural sector – 37.4 percent.

[6] Millennium Development Goals 2, 3 and 4 have already been achieved. The remaining goals could be achieved by 2015 if the institutions carry out the required actions jointly.

[7] FAO. 2003. *Nutritional Profiles in Cuba*. Rome. FAO. 2006. *The State of Food Insecurity in the World, 2006*. Rome.

Index for 2006. There are no significant deficiencies of vitamin A or iodine, and for the last two years the Government has guaranteed distribution of one litre per day of fortified evaporated milk for children under 12 months.

8. Despite recent improvements in economic conditions, Cuba has not yet recovered from the crisis of the 1990s that brought average daily intake down to 1,800 kcal per person. The main challenges are water supply and transport, which require enormous investments. The United Nations Development Assistance Framework (UNDAF) indicates that children under 5, elderly people, pregnant and lactating women and handicapped people are vulnerable groups deserving special attention.

9. In view of the high anaemia rates, the Government has designed a National Plan for the Prevention and Control of Anaemia (PNPCA), which has four main actions: (i) medical supplementation of food with iron; (ii) food fortification; (iii) food diversification; and (iv) public health measures, including nutritional education. The plan aims to reduce anaemia to 15 percent by 2015 among children and pregnant women. Under action (iii), the Ministry of Public Health has asked the Ministry of Food Industry to introduce cereal-based fortified foods into the diet of children under 5.

10. PNPCA is linked to two other priority health programmes: the national Mother-and-Child Health Care Programme (MCHCP), which focuses on the care of girls and boys under 14 and of pregnant women, and the Primary Health Care Programme, which ensures that there is a family doctor for every 159 inhabitants supported by nurses and voluntary health workers from the Federation of Cuban Women (FMC).

11. In line with WFP's regional focus on child malnutrition and micronutrient deficiencies, the Cuban authorities have expressed interest in collaborating with WFP to (i) introduce cereal-based fortified foods to enhance household eating habits and (ii) become self-reliant in production of these foods. This collaboration will meet the concerns of the Ministry of Public Health, help to counteract the rise in international prices and ensure continued access to an appropriate diet for children aged 6 months to 5 years.

12. For these programmes, the authorities and WFP have agreed a two-track strategy whereby WFP will support the introduction of cereal-based fortified foods for households and enhancement of local production capacity, paving the way for a phase-down. WFP will (i) provide the iron-rich food supplements for children affected by anaemia, first through imports then through local procurement, and (ii) support local capacity to produce the food supplements, improving the formulas to make them more nutritious than the corn-soya blend (CSB) currently used and enhancing technology and skills. Local procurement will help to sustain national production, and the Government will gradually increase its purchases.

13. Since 2004, WFP and the authorities have been planning the capital investments and mobilizing resources. Thanks to the positive reactions of donors, a full production line is likely to be in place by mid-2008. In 2006, under the current project, WFP started to distribute CSB to children under 5. New formulas for fortified cereal-based food for children under 5 with higher iron content and bioavailability have been developed by INHA and the Cuban Institute of Food Research (CIFR); they are currently under evaluation.

14. In view of the work required to influence household food habits, and recognizing that anaemia cannot be addressed with food alone, the authorities are interested in broader cooperation with WFP, UNICEF and the World health Organization (WHO) to improve communication and community awareness and to sharpen the focus on anaemia in the national nutritional surveillance system.

PAST COOPERATION AND LESSONS LEARNED

15. Since 1963, WFP has implemented five development projects (DEVs) in Cuba, 12 emergency operations (EMOPs) and one bilateral project; the value of these is US$237 million,[8] 90 percent of which was devoted to the DEVs. The current DEV 10032.0 "Nutritional Support to Vulnerable Groups in the Five Eastern Provinces" started in 2002, focusing on distribution of fortified food to improve the nutritional status of children and pregnant and lactating women. Studies by INHA established a baseline using a geographical approach and measured the effects on beneficiary groups. A mid-term evaluation in 2004 reviewed beneficiary prioritization, the food basket and capacity-building.

16. A self-evaluation workshop in March 2007 emphasized the relevance, effectiveness and efficiency of the activities. The following achievements and shortcomings were identified:

- The vulnerability analysis and mapping (VAM) studies I, II and III, conducted by the Institute of Physical Planning (IPF) ensured sound geographical targeting of food insecurity.
- Food distribution to primary school children was stable; local production capacity was enhanced.
- Food distributed in primary schools alleviated short-term hunger.[9] Attendance is compulsory, reaching nearly 100 percent. Primary schools are an ideal vehicle for distributing a food supplement to address micronutrient deficiencies among children aged 6–11.
- In view of improved economic conditions and as part of its handover, WFP has encouraged Cuban counterparts to continue this activity. The authorities concerned are developing a scheme to produce and deliver a snack for non-boarding primary schools to complement what is being done in boarding and half-boarding schools, which accounts for 30 percent of schoolchildren.
- Anaemia rates among pregnant women fell from 26.7 percent in 2001 to 23.2 percent in 2005.
- During implementation, the authorities introduced additional food to the basket for pregnant and lactating women, justifying WFP's handover of this group.
- Anaemia rates among children under 2 increased from 30.4 percent in 2001 to 56.7 percent in 2005. Lack of resources, low priority and inadequate food for children under 2 penalized this group; the mid-term evaluation recommended providing CSB starting in 2006.
- Distribution of food complements through food distribution points used for the Government's general ration is the best way to reach children aged 6 months to 5 years, because only a small proportion of them attend pre-schools.
- Some food remained in warehouses for long periods as a result of transport limitations. In compliance with the internal audit, WFP and government counterparts implemented the Commodity Movement Processing and Analysis System (COMPAS); measures are being taken to reduce transport delays.

[8] WFP. 2007. *Annual Report for 2006. WFP Activities in Cuba*. Havana.

[9] Lack of food for a short time reduces glucose levels in the brain, affecting concentration.

- The national Food and Nutrition Surveillance System (SISVAN) implemented through INHA provincial health units supplies quantitative data on project outcomes.
- Some stability has been achieved in the employment and income of food-production workers.

17. No single intervention will reduce anaemia among children and pregnant women: only a combination of actions such as supplying fortified food, medical supplements and training in nutrition will produce results; this is planned in the 2008–2012 UNDAF.

18. WFP rations provide a limited quantity of food compared with the government-subsidized rations, so distribution of them is not expected to affect the food market. Dependence on WFP food aid is unlikely because it complements a national system that has existed for decades.

PROJECT STRATEGY

19. Through this project, WFP will help to achieve PNPCA objectives set according to Cuba's public health projections.

20. Planned interventions are in line with Millennium Development Goals (MDGs) 1, 4 and 5. Priorities and guidelines in the Ministry of Public Health MCHCP are reflected in the 2008–2012 UNDAF,[10] which coincides with the WFP planning period. Food security, disaster mitigation and human development are three of the five UNDAF priority areas in which WFP participates through this project.

21. The project is in line with Strategic Objectives 3 and 5, priority area 1 of the *Consolidated Framework of WFP Policies*,[11] Enhanced Commitment to Women (ECW) I for 2003–2007[12] and DEV 10421.0 in terms of micronutrient fortification.

22. The project aims to achieve the following direct outcomes:

- contributing to the reduction of anaemia among children aged 6 months to 3 years (Strategic Objective 3);
- contributing to the reduction of anaemia among children aged 4 and 5 (Strategic Objective 3);
- improving household eating habits (Strategic Objective 3);
- enhancing food and nutrition surveillance (Strategic Objective 5);
- producing micronutrient-enriched flour made by local counterparts (Strategic Objective 5); and
- enhancing the handling and warehousing of CSB and micronutrient-enriched flour by local counterparts (Strategic Objective 5).

[10] UNDAF (2008–2012).

[11] Consolidated Framework of WFP Policies (WFP/EB.2/2006/4-E); Enabling Development (WFP/EB.A/99/4-A).

[12] Gender Policy (2003–2007) (WFP/EB.3/2002/4-A).

23. The project will concentrate on the five eastern provinces, identified as the most vulnerable to food insecurity, under three main components (see Figure 1):

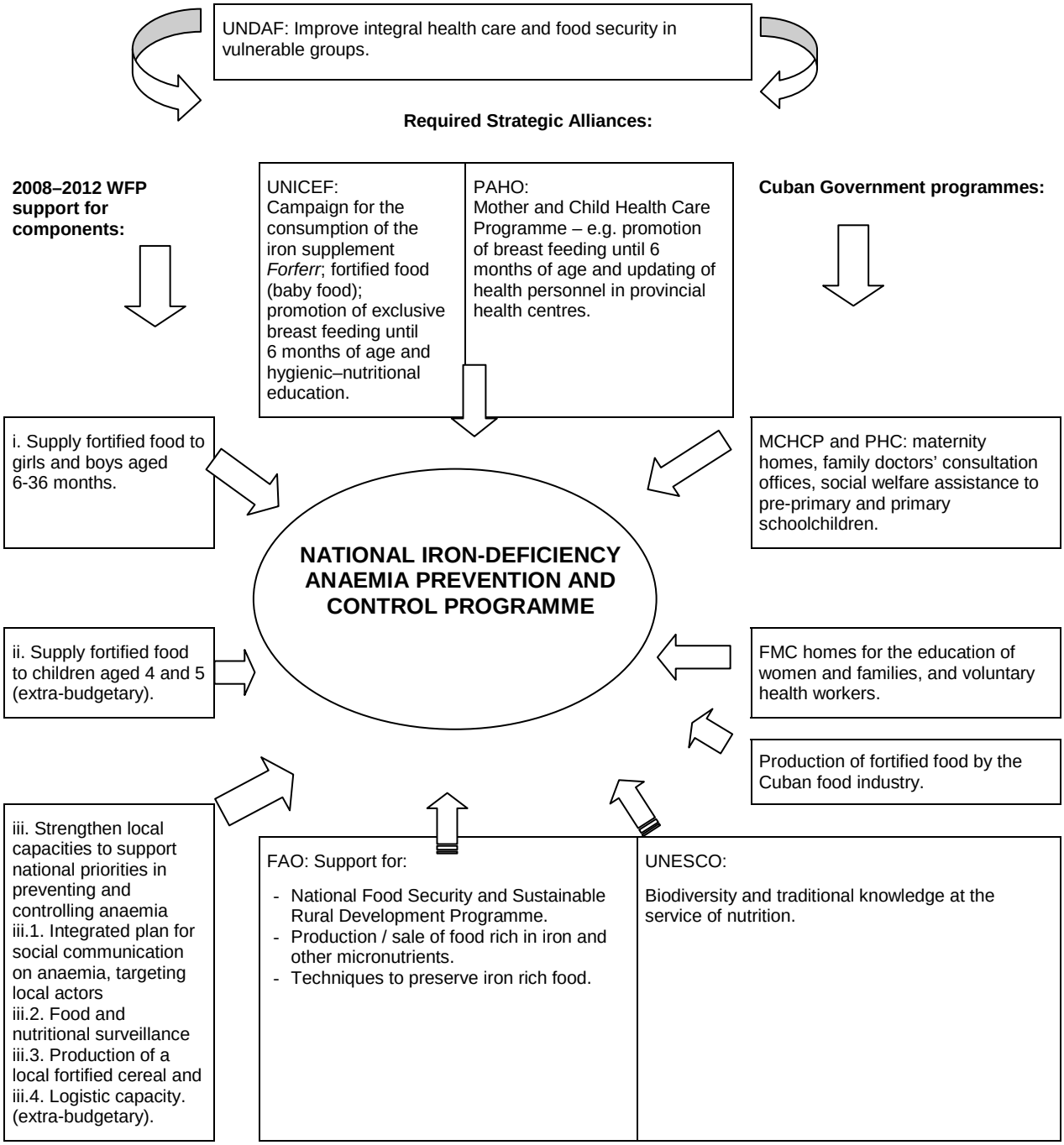
i. Supply fortified food to girls and boys aged 6 months to 3 years;

ii. Supply fortified food to children aged 4 and 5; and

iii. Strengthen local capacities to support national priorities in preventing and controlling anaemia.

The first two components have the same objective but use different funding mechanisms to respect the country concentration list; the third component is essential for the handover.

Figure 1. Public Health Projections in Cuba until 2015
Millennium Development Goals for Cuba



24. A mid-term phase-down strategy will be followed from the outset through the project components to ensure progressive appropriation by the Cuban authorities during project implementation. The Cuban authorities are committed to assume responsibility gradually for assisting children aged 6 months to 5 years. By ensuring that households have access to cereal-based fortified food, component 1 is instrumental in influencing food habits and helps to ensure the daily consumption of fortified food. Component 3, focusing on building up local production capacity of fortified blended flours, nutritional surveillance and community awareness is an essential part of the planned handover to national authorities.

25. By the end of the third year, national capacity will be such that local counterparts will be able to take over assistance for children aged 6–12 months and children aged 4 and 5.

26. The implementation approach is based on integral food security, which combines availability, access, use and sustainability of fortified foods, and on integrating the actions of the Cuban authorities, WFP and other United Nations agencies in the four main PNPCA actions: supplementation of food with iron, food fortification, food diversification and public health measures including nutritional education.

27. The actions are carried out jointly: the Government supplies the food supplement *Forferr* on a short-term basis and under medical prescription in the most severe cases and UNICEF supports it by disseminating knowledge about the consumption of *Forferr*. With regard to fortification, which is a short-term and medium-term measure, the Cuban authorities provide fortified evaporated milk for children aged 6–12 months and a fruit-based baby food for children under 3; UNICEF supplies the fortificants for the baby food. Children aged over 12 months receive 80 g of fortified bread as a complement to their basic ration. The fortified food provided by WFP completes the full daily intake of iron.

28. By supporting the assimilation of cereal-based enriched food in households with children under 5 and development of local capacity to produce and distribute iron-enriched blended flours, WFP contributes to the long-term sustainability of this intervention and to the PNPCA food-diversification objective. WFP and WHO collaborate with health authorities, family doctors, nurses and voluntary health workers to promote the consumption of food supplements and complements, advise mothers and monitor consumption at the household level.

Component 1: Supply Fortified Food to Girls and Boys aged 6 months to 3 years

29. This component completes action started in 2006 under DEV 10032 further to the 2004 mid-term evaluation and ensures the gradual handover to local counterparts. The main problem among young children is anaemia, not protein/energy deficiency. This component will supply fortified food in the short term while production capacity is being established so that children's iron requirements are met and food complements are assimilated into eating habits.

30. WFP will import and distribute CSB until the end of the first year, after which fortified foods will be produced and procured locally; the Cuban authorities will take over from the fourth year. WFP will need to be involved during the first three years while local production capacity is consolidated. The Development Project Action Plan (DPAP) and the Annual Work Plan (AWP) will detail the timing and stages of the handover.

31. The food distribution points of the Ministry of Domestic Trade will be used to distribute the food complement to children aged 6 months to 3 years; the project will benefit 254,600 children of this age group. The ration was calculated by INHA to provide 50 g per person for 360 days per year, 37.7 percent of the recommended daily iron intake. INHA consumption surveys show that subsidized food provides 56.2 percent of the recommended daily iron intake; non-subsidized sources provide 23.6 percent.

32. Until better formulas are available, CSB remains the most suitable product to address anaemia among children under 5: its high content of other micronutrients, particularly vitamin C – 48 mg per 100 g – adds to micronutrient intake and enhances iron assimilation. By the end 2008, new formulas of cereal-based enriched food with a higher iron content will be available locally as a result of the collaboration between INHA, CIFR and WFP.

33. Planned support activities include distribution of leaflets and posters promoting the product and the development and dissemination of culturally appropriate recipes. Target groups are the personnel at distribution points and in the health sector, including voluntary health workers of the FMC.

Component 2: Supply Fortified Food to Children aged 4 and 5

34. This component complements component 1. It has the same justifications, logic and strategy. It will be funded with extra-budgetary resources.

35. The ration was calculated by INHA to provide 50 g per person for 360 days per year; 214,000 children will benefit. The ration provides 37.7 percent of the recommended daily iron intake; added to an average intake of 71 percent provided by subsidized and non-subsidized food sources, this gives an intake of 108.7 percent.

36. Cuban counterparts will take over this component from the fourth year of project implementation.

Component 3: Strengthen Local Capacities to Support National Priorities in Preventing and Controlling Anaemia

37. This component involves training and communication in nutrition, including development of an integrated plan by the Ministry of Public Health, FMC, UNICEF, the Pan-American Health Organization (PAHO) and WFP for a social communication strategy targeting household consumption patterns to address anaemia; it will be aimed at mothers, health workers and food distribution personnel and will include monitoring and evaluation (M&E) by the National Centre for Health Promotion and Education (CNPES) to assess progress. Important communication concepts on nutrition will be established that combine Cuban and United Nations programmes.

38. Nutritional surveillance and sharing of results with decision-makers and implementers at the provincial level are contemplated with a view to enhancing monitoring of the food basket. INHA and its provincial epidemiology and hygiene centres will receive data processing equipment to systematize the gathering of information at the community level on anaemia among children aged 6 months to 5 years, and to facilitate six-monthly reports at the provincial level and publication of annual consolidated monitoring results by INHA.

39. This component covers development of capacity to produce iron-enriched cereals by providing equipment to complete the production line, sharing quality-control methods, fielding technical missions and providing training. The enriched cereals are for children under 5 in the provinces targeted by this project. Distribution to children under 5 in other parts of the country and to other vulnerable groups will depend on the production capacity achieved and on national priorities. The fact that local production can be relied on will facilitate assistance to vulnerable groups in disasters.

40. The logistics capacities for handling, warehousing and distributing micronutrient-enriched flour will be enhanced through training and capacity-building in warehouse and distribution-point management.

MANAGEMENT, MONITORING AND EVALUATION

41. The Ministry of Foreign Investment and Economic Cooperation will coordinate the import, production, storage and distribution of fortified food with the specialized units of the Ministry of Public Health, the Ministry of the Food Industry, the Ministry of Domestic Trade and the Ministry of Education. Because of its multi-sectoral nature, the project will plan and coordinate interventions through the national project committee and equivalent provincial organizations; the committee members are the Ministry of Transport, FMC, the IPF VAM unit, UNICEF and PAHO and the ministries mentioned above.

42. As has been the case so far, the Government will be in charge of the transport, storage and distribution of food. The port of Santiago de Cuba will continue to be the import point for CSB, given its proximity to the project area. Final distribution will be carried out through the decentralized network of Ministry of Domestic Trade distribution points.

43. Once quantity and quality standards for locally produced micronutrient-enriched flour are achieved in the Bayamo factory, local purchase will replace CSB imports under component 1. DPAP and AWP will detail the steps agreed by the Cuban authorities to ensure mobilization of local resources and the handover by WFP.

44. WFP will focus its monitoring on expected results, effectiveness, sustainability and accountability. WFP will conduct regular independent monitoring, will share findings and agree on follow-up action with local counterparts. Reporting will be monthly, quarterly and yearly, in line with current practice, supported by COMPAS. WFP will help to provide M&E capacity-building for counterparts.

45. The INHA Food and Nutritional Surveillance System provides some of the follow-up data on the achievement of objectives. Under MCHCP, community-level information about breastfeeding and anaemia among children under 5 years of age will be revised in the first year of this DEV for inclusion in the surveillance system. Information gathered from the second year onwards will be used to measure progress towards objectives and to prepare for the phase-down.

46. UNICEF and INHA are conducting a knowledge, attitude and practice (KAP) study that will serve as a baseline for measuring progress in improved household eating habits. An INHA survey scheduled for September 2007 under project DEV 10032.0 will serve as a baseline for anaemia prevalence. From 2009, follow-up data will be provided through the INHA Food and Nutritional Surveillance System. Economic indicators and data gathered at the local level by the UNDP Local Human Development Project will be used to integrate information about anaemia prevalence to provide a comprehensive data set by 2010 that will support the handover.

47. Formulation of this DEV included a joint problem analysis by United Nations agencies and agreement on actions to achieve common objectives. The planning matrix in Annex II is based on the results of the consultations and provides common indicators to measure medium-term and long-term impact in line with results-based management principles. The country office works with the IPF VAM unit, which regularly updates food-insecurity data by province and municipality.

48. The project is planned for the five years 2008–2012. The total budget is US$11.5 million: US$6.3 million for component 1 is expected from multilateral contributions; US$5.2 million for components 2 and 3 will be covered by directed multilateral and/or bilateral contributions mobilized jointly by the government and WFP. In view of the integration of this project into national priorities and the UNDAF, the Government has decided to include it in negotiations with new and traditional donors that will include decentralized cooperation and funds for joint programming. These actions are expected to be in addition to WFP multilateral funds and will help to provide sufficient funds to cover all three components.

ANNEX I-A

BENEFICIARY COVERAGE AND FOOD ALLOCATION					
Food (*mt*)	**Component**	**Number of beneficiaries**			**% of girls**
		Boys	**Girls**	**Total**	
CSB 10,889 for children aged 6 months to 3 years.	1– multilateral resources.	129 846	124 754	**254 600**	49
CSB 5,778 for children aged 4 and 5.	2 – extra-budgetary resources.	109 140	104 860	**214 000**	49

ANNEX I-B

FOOD TYPE AND RATION SIZE		
Food type	**Ration/person/day**	**Nutritional content**
CSB	50 g	190 kcal; 9 g protein; 4 mg iron

ANNEX I-C

DIRECT SUPPORT REQUIREMENTS (*US$)*	
Staff	
National general service staff	57 549
Temporary assistance	256 586
Staff duty travel	36 319
Subtotal	**350 454**
Office expenses and other recurrent costs	
Office supplies	1 795
Vehicle maintenance and running cost	64 675
Other office expenses	2 590
Subtotal	**69 060**
Equipment and other fixed costs	
Telecommunications and information technology equipment	2 150
Subtotal	**2 150**
TOTAL DIRECT SUPPORT COSTS	**421 664**

ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Required resources
UNDAF (2008–2012); cooperation area 5 Food Security. Improved sustainable food and nutritional security for the Cuban population by 2012, with emphasis on the most vulnerable groups. (MDGs 1, 4 and 5)	➢ % increase in food production – agriculture, meat, dairy and sea products in the areas of intervention. ➢ Reduction of anaemia rates among children under 5 and pregnant and lactating women. ➢ Number of training sessions in the education sector.		
Development Project: Support for the National Plan on Prevention and Control of Anaemia in the Five Eastern Provinces of Cuba			
Contributed to reducing anaemia prevalence among children aged 6 months to 5 years in the selected provinces. Enhanced national capacity for CSB production, storage and handling; enhanced food and nutritional surveillance system. (Strategic Objectives 3 and 5)	➢ % of iron-deficiency anaemia among children under 3 (haemoglobin <110g/l). ➢ % of iron-deficiency anaemia among children aged 4 and 5 (haemoglobin <110g/l).	Multilateral WFP resources available annually. Government commitments fulfilled. Stable CSB production and distribution. Stable production and distribution of fortified supplements. Acquisition of better eating habits. No single intervention will reduce anaemia prevalence: only a combination of actions such as supplying fortified food, medical supplements and training in nutritional behaviour will give results. Such actions are planned in the UNDAF (2008–2012).	

ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Required resources
Component 1: Supply Fortified Food to Girls and Boys aged 6 months to 3 years			
Outcome 1.1 Contributed to reducing anaemia among children aged 6 months to 3 years in the selected provinces. (Strategic Objective 3)	➢ Reduce to 20% the proportion of children under 3 with iron-deficiency anaemia (haemoglobin <110g/l).	Multilateral WFP resources available annually. Government commitments fulfilled.	
Output 1.1.1 CSB distributed in a timely manner to children aged 6 months to 3 years at distribution points.	➢ Tonnage of food distributed compared with planned. ➢ Number of beneficiaries cared for compared with planned, by sex and province. ➢ Number of feeding days compared with planned.		
Component 2: Supply Fortified Food to Children aged 4 and 5			
Outcome 2.1 Contributed to preventing anaemia among children aged 4 and 5 in the selected provinces selected. (Strategic Objective 3)	➢ Reduce to 15% the proportion of children aged 4 and 5 with iron-deficiency anaemia (haemoglobin <110g/l).		
Output 2.1.1 CSB distributed in a timely manner to girls and boys aged 4-5 at distribution points.	➢ Tonnage of food distributed compared with planned. ➢ Number of beneficiaries cared for compared with. planned, by sex and province. ➢ Number of feeding days compared with planned.		

ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Required resources
Component 3: Strengthen Local Capacities to Support National Priorities in Preventing and Controlling Anaemia			
Outcome 3.1 Improved eating habits in households. (Strategic Objective 5)	➢ Increased % of exclusive breast feeding in first 6 months. ➢ Increased % of children receiving adequate supplementary food, according to public health criteria. ➢ Increased % of consumption of Forferr supplement among children.		
Outputs 3.1.1 Common action plan developed with the MCHCP, UNICEF and PAHO under the National Plan on Prevention and Control of Anaemia.	➢ Work plan developed, including common training in the field with each institution by March 2008.		
3.1.2 Health personnel trained to recommend timely introduction of supplements – *Forferr*, *Mufer*, *Prenatal* – and fortified food.	➢ Number of health personnel trained. ➢ % of production of supplements over consumption estimated. ➢ Availability of supplements in pharmacies and primary healthcare centres.		
3.1.3 Health workers trained.	➢ Number of health workers trained. ➢ Number of practice sessions at the community level.		
3.1.4 Campaign for CSB dissemination, promotion and sensitization.	➢ Number of educational materials delivered to family doctors, health workers and CNPES. ➢ Amount of educational materials delivered to distribution points.		
Outcome 3.2 Enhanced food and nutritional surveillance. (Strategic Objective 5)	➢ Determination of haemoglobin in children aged 6 months to 5 years included in the surveillance system and in annual reports to WFP. ➢ Determination of haemoglobin in children aged 5 reported to WFP by surveys on anaemia every two years.		

ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Required resources
Outputs 3.2.1 Provincial hygiene centres (PHCs) equipped to carry out surveillance.	➢ Number of sets of equipment acquired for PHCs.		
3.2.2 Results of annual surveillance printed in leaflets and available to family doctors.	➢ Number of leaflets with annual surveillance results printed and distributed.		
Outcome 3.3 CSB production and distribution capacity achieved by the government. (Strategic Objective 5)	➢ Proportion of CSB food imported compared with local purchases. ➢ Proportion of local CSB produced and financed by the Government compared with project requirements.	Sustained economic situation to assume expenses of local production of fortified food from the fourth year of the project.	
Outputs 3.3.1 Quality-assurance surveillance system reinforced.	➢ 95% of samples with acceptable levels of fortificant.		
3.3.2 Competence of personnel involved in CSB production enhanced.	➢ Number of trained personnel involved in local production of fortified food.		
Outcome 3.4 Enhanced logistic capacities. (Strategic Objective 5)	➢ % of reduction of CSB loss resulting from poor management and handling in warehouses.		
Outputs 3.4.1 Personnel at distribution points and warehouses trained in storage techniques.	➢ Number of people trained in warehouse management. ➢ Number of warehouse management training sessions.		
3.4.2 Good practice storage manuals distributed.	➢ Number of warehouse standards manuals printed.		

ANNEX III-A

BUDGET SUMMARY (*US$*)			
	Component 1	**Components 2 and 3**	**Total**
	i. Supply fortified food to girls and boys aged 6 months to 3 years	ii. Supply fortified foods to children aged 4 and 5 iii. Strengthen local capacities to support national priorities in preventing and controlling anaemia	
Food (mt)	10 889	These components are estimated at US$5.2 million, but will not be financed through WFP's multilateral funding.	**10 889**
Food (value)	4 301 155		**4 301 155**
External transport	1 138 249		**1 138 249**
Other direct operational costs	80 000		**80 000**
Total direct operational costs	**5 519 404**		**5 519 404**
Direct support costs[1]	421 664		**421 664**
Indirect support costs[2]	415 875		**415 875**
Total WFP cost	**6 356 943**		**6 356 943**
Government contribution[3]	2 107 945		**2 107 945**

[1] The direct support costs amount is an indicative figure. The annual DSC allotment is set annually after assessment of requirements and resource availability.

[2] The indirect support costs rate may be amended by the Board during the period covered by the project.

[3] Transport, storage and distribution of food and operational expenses of the country office and field offices.

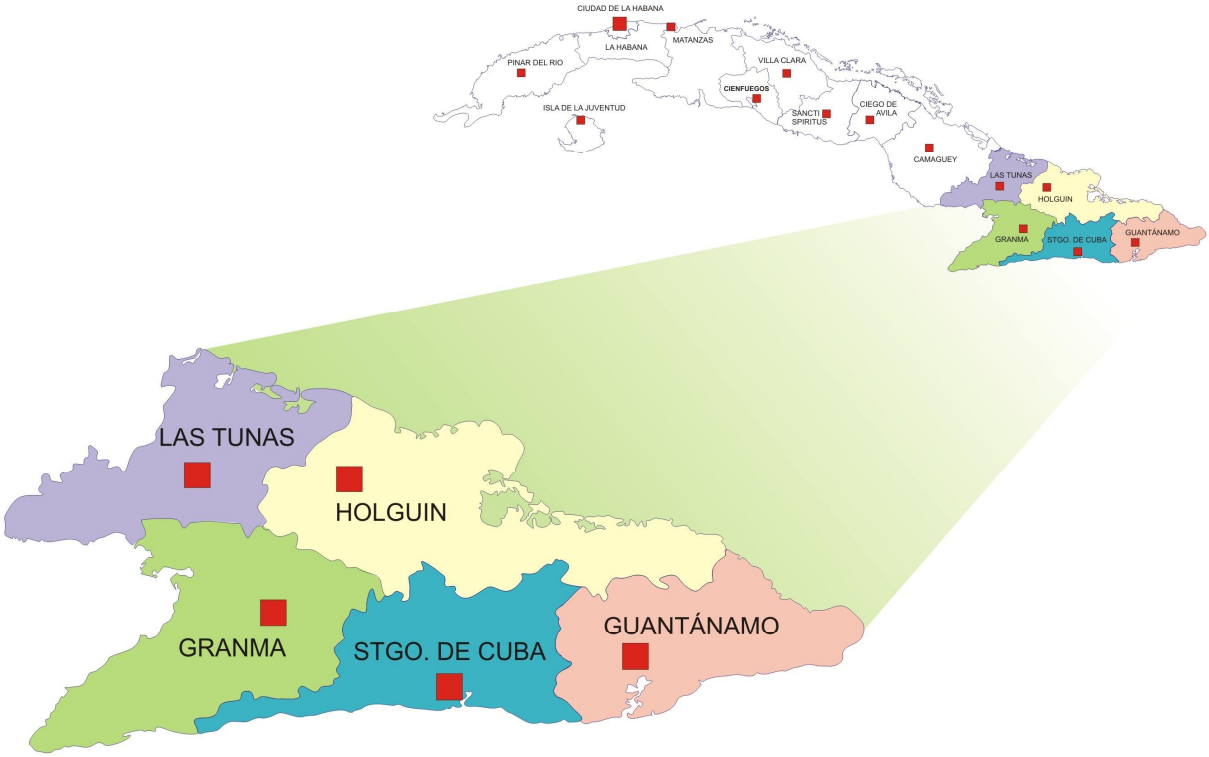
ANNEX III-B

ASSISTANCE FOR CHILDREN AGED 6 MONTHS TO 3 YEARS (MULTILATERAL RESOURCES)						
	2008	**2009**	**2010**	**2011**	**2012**	**Total**
Value of WFP assistance in US$ million	1.4	1.4	1.4	1.0	1.0	**6.3**
Beneficiaries	136 700	136 700	136 700	97 400	97 400	**254 600**
mt	2 461	2 461	2 461	1 753	1 753	**10 889**
Value of government intervention in US$				402 658	402 658	**805 315**
Beneficiaries				39 300	39 300	**78 600**
mt				707	707	**1 414**

ASSISTANCE FOR CHILDREN AGED 4 AND 5 (EXTRA-BUDGETARY RESOURCES)						
	2008	**2009**	**2010**	**2011**	**2012**	**Total**
Value of WFP assistance in US$ million	1.2	1.1	1.0			**3.3**
Beneficiaries	107 000	107 000	107 000			**214 000**
mt	1 926	1 926	1 926			**5 778**
Value of government intervention in US$				1.1	1.1	**2.2**
Beneficiaries				107 000	107 000	**160 500**
mt				1 926	1 926	**3 852**

ANNEX IV

Areas of Project Intervention Map



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

AWP	Annual Work Plan
CIFR	Cuban Institute for Food Research
CNPES	National Center for Health Promotion and Education
COMPAS	Commodity Movement Processing and Analysis System
CSB	corn-soya blend
DEV	development project
DPAP	Development Project Action Plan
DSC	direct support costs
ECW	Enhanced Commitments to Women
EMOP	emergency operation
FMC	Federation of Cuban Women
INHA	Institute of Nutrition and Food Hygiene
IPF	Institute of Physical Planning
ISC	indirect support costs
KAP	knowledge, attitude and practice
M&E	monitoring and evaluation
MCHCP	Mother-and-Child Health Care Programme
MDG	Millennium Development Goal
MICS	multi-indicator cluster survey
ONE	National Statistics Bureau
PAHO	Pan-American Health Organization
PHC	provincial health centre
PNPCA	National Plan on Prevention and Control of Anaemia
SISVAN	Food and Nutrition Surveillance System
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WHO	World Health Organization