برنامج الأغذية العالمي
Programme Alimentaire Mondial
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Agenda item 8

For approval

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PROTRACTED RELIEF AND RECOVERY OPERATION – GUATEMALA 10457.0

Recovery and Prevention of Malnutrition for Vulnerable Groups	
Number of beneficiaries	576,930
Duration of project	Three years (planned project start date: 1 December 2005)
WFP food tonnage	28,857 mt
Cost (United States dollars)	
Total food cost	20,235,000
Total cost to WFP	27,445,337

NOTE TO THE EXECUTIVE BOARD

This document is submitted for approval by the Executive Board.

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 Guatemala, 49.3 percent of children under 5 suffer from chronic malnutrition (height-for-age or stunting); this is the sixth highest prevalence rate in the world and the highest in Latin America and the Caribbean; 12 percent of infants are born underweight and 50 percent of children are chronically malnourished by the age of 3. The problem is concentrated in rural areas and among the indigenous population; the chronic malnutrition rate is 69.5 percent compared with 35.7 percent in non-indigenous areas.

Guatemala is prone to droughts and floods that affect the most vulnerable segments of the population. It has also been hit hard by the coffee crisis, whose effects on food security are widespread. These factors are of particular concern to a country with large income and social disparities where most infants are malnourished and at high risk of morbidity and mortality.

In June 2005, a joint food security and nutrition assessment by WFP, the United Nations Children's Fund and the Government revealed that these combined climatic and economic shocks have prevented households from recovering their livelihoods and nutritional well-being.

This protracted relief and recovery operation is a response to these findings; it will help save lives through supplementary and therapeutic feeding, and will fight chronic malnutrition by addressing several of the underlying causes in the target areas, including (i) limited access to food of adequate quantity and quality, (ii) inadequate weaning, care and health practices and (iii) women's limited control over community resources. The operation will be implemented through the Ministry of Health's primary health care structures in partnership with WFP, the World Health Organization/Pan-American Health Organization and the United Nations Children's Fund. Its activities form part of the WFP/United Nations Children's Fund joint programming effort in Guatemala.

This operation supports the Government's hunger-reduction strategies; it is in line with WFP's Strategic Objectives 1 and 3, with the Common Country Assessment/United Nations Development Framework 2005 to 2008 and with WFP's Enhanced Commitments to Women.

DRAFT DECISION*

The Board approves PRRO Guatemala 10457.0 "Recovery and Prevention of Malnutrition for Vulnerable Groups" (WFP/EB.2/2005/8-B/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

1. In 2000, 56 percent of Guatemala's population – 6.4 million people – were living in poverty, including 16 percent in extreme poverty. The situation appears to have worsened, with extreme poverty rising to 22 percent in 2002,[1] on which year chronic malnutrition (height-for-age or stunting) among children under 5 was 49.3 percent – the sixth highest in the world and the highest in Latin America and the Caribbean. At the current rate of progress, Guatemala faces significant challenges in meeting the hunger Millennium Development Goal (MDG) 1 target 2.[2]

2. The country has one of the highest income-inequality rates in the world – 48.3 (Gini index 2004). Indigenous groups – 42.8 percent of the population – suffer most from inequality: 72 percent are poor compared with 44 percent of non-indigenous people.[3] There are large disparities between urban and rural areas. Acute and chronic malnutrition are concentrated in rural areas and among the indigenous population, where rates of 69.5 percent for children under 5 compare with 35.7 percent in non-indigenous areas.

TABLE 1: PREVALENCE OF CHRONIC MALNUTRITION IN CHILDREN UNDER 5 (%)

	1987	1995	1998/1999	2002
Urban	41.2	35.3	32.4	36.5
Rural	62.1	56.6	54.4	55.5
Indigenous	71.7	67.8	67.3	69.5
Non-indigenous	48.2	36.7	34.1	35.7

ENSMI: 1987–2002.

3. Economic shocks and recurrent drought and flooding are common in Guatemala. This situation is of particular concern to a country with large income and social disparities where most of the infant population is already malnourished and at nutritional risk.

4. Two types of shocks contributed in particular to a deterioration in food security between 2002 and 2005: climatic irregularities and the drop in international coffee prices. In early 2002, WFP initiated an emergency operation (EMOP) in response to a nutritional emergency caused by prolonged drought. The emergency illustrated how quickly a natural event can turn a situation of chronic food insecurity into an acute and life-threatening situation for poor, marginalized and food-insecure families. In the coffee crisis, landless wage labourers were among the hardest hit by lay-offs and cost cutting, leading to negative effects on household food security; the nutritional status of young children and pregnant and lactating women was particularly affected.

[1] Krznaric, R. 2005. *The Limits on Pro-Poor Agricultural Trade in Guatemala: Land, Labor, and Political Power*. New York, UNDP Human Development Report Occasional Paper.

[2] According to the MDG hunger and poverty targets, by 2015 global malnutrition must be reduced by 50 percent (from 33.5 percent [ENSMI 1987] to 17 percent) – an average of 1.1 percent per year – and chronic malnutrition from 57.9 percent (ENSMI 1987) to 23.2 percent – an average of 2.3 percent per year. ENSMI. 2001. *Mother and Child Survey*.

[3] See footnote 1.

5. Findings of the June 2005 joint food security and nutrition assessment led by WFP in collaboration with the Secretariat to the Presidency on Food and Nutritional Security (SESAN), the Ministry of Health, the Social Investment Fund (FIS) and the United Nations Children's Fund (UNICEF) reveal that these shocks have prevented households from recovering their livelihoods and nutritional well-being. In some areas, the prevalence of chronic malnutrition has worsened since early 2002.

6. The needs assessment pointed to a link between malnutrition and lack of access to adequate quantities and quality of food, combined with a vicious cycle of diseases. This is demonstrated by high levels of chronic malnutrition – 88 percent in some rural indigenous communities – in the many areas where a high percentage of the population do not have access to the basic food basket.

7. Malnutrition is also linked to a lack of knowledge among caregivers of nutrition and health, which results in inadequate feeding of young children and inadequate hygiene and health practices. Women's limited access to education and restricted participation in decision-making over the use of resources is another important factor.

8. The assessment reconfirmed that the risk of acute malnutrition is especially high during the seasonal lean period of April to August. Diet diversity is limited – mainly basic grains, salt and pulses. Consumption is drastically reduced during the lean period: families often deplete food reserves and animal assets because they do not have enough to eat.

9. Children of 6 to 36 months are especially vulnerable to food shortages, which can cause irreparable damage to their cognitive and physical development. In the National Mother and Child Survey (ENSMI) of 2002, half of the 1.5 million children who had reached 36 months were found to be chronically malnourished.

10. In the first months of life, Guatemalan children are already shorter than the reference population by one standard deviation; 12 percent of babies are born underweight. Only 40 percent of children under 6 months of age are exclusively breastfed, and families do not have access to appropriate energy/micronutrient-dense food for their young children. Official surveys indicate that families begin to introduce poor-quality liquids such as sugar water under inadequate hygiene conditions as early as the first three months of life when micronutrient-rich food is critical for children's early development.

TABLE 2: MALNUTRITION INDICATORS IN CHILDREN AGED 6 TO 36 MONTHS

	% with chronic malnutrition (height for age <-2Z)	% with global malnutrition (weight for age <-2Z)	% with acute malnutrition (weight for height <-2Z)
Age group			
6–11 months	31.0	16.2	2.3
12–23 months	57.1	30.2	3.7
24–35 months	49.2	25.9	1.5

Adapted from: ENSMI, 1987–2002.

11. Micronutrient deficiencies of iodine, iron and vitamin A are widespread in Guatemala: only 65 percent of the salt consumed by households has the 15 ppm of iodine considered adequate. Iron deficiency anaemia affects 65.3 percent of children aged 6 to 11 months,[4] 22 percent of pregnant women and 20 percent of women of child-bearing age; the population in rural and indigenous areas is disproportionately affected. Vitamin A deficiency affects 18.5 percent of children under 5.

12. Public health interventions fall short of assisting young children affected by macronutrient and micronutrient deficiencies, particularly those living in marginalized areas.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

13. A consensual strategic framework to combat hunger and food insecurity was announced shortly after the new government assumed office on 14 January 2004. In May 2005, a law on food security and nutrition (FSN) was adopted that recognizes access to food as a right of all citizens. The National Food Security and Nutrition System (SISAN) was created with the support of SESAN and the National Food Security and Nutritional Advisory Body (CONASAN). SESAN is responsible for drawing up strategic and operational plans to solve the critical problems of malnutrition and hunger in communities identified as food-insecure and nutrition-insecure, and for ensuring implementation of the required actions involving government institutions, civil society and international cooperation. CONASAN is the main decision-making body and has representatives from all relevant ministries.

14. Following adoption of the FSN law, and with WFP support, the Government organized an inter-institutional workshop at which interventions to help achieve the hunger MDG were identified. These highlighted the need for supplementary feeding of children aged 6 to 36 months and of pregnant and lactating women. This protracted relief and recovery operation (PRRO) is to be jointly implemented by WFP, the World Health Organization/Pan-American Health Organization (WHO/PAHO) and the UNICEF; it supports the Government's hunger-reduction strategies with relief and recovery assistance.

Policies, Capacities and Actions of Other Major Actors

15. The United States Agency for International Development (USAID) has an extended record of providing Guatemala with food aid assistance to support development activities and relieve emergencies. Most recent donations have been made to the Government through the McGovern-Dole International Food for Education and Child Nutrition Programme. The USAID mission in Guatemala provides technical and financial cooperation to institutions such as Catholic Relief Services (CRS), the Cooperative for Assistance and Relief Everywhere (CARE) and the Save the Children Federation, which are responsible for implementing nutrition and food-security activities in targeted areas through Title II programmes. The European Commission provides food aid as food for work and food for training and through dining halls for children under 12 and for pregnant and lactating women.

[4] ENSMI, 2002.

OBJECTIVES OF WFP ASSISTANCE

16. The objectives of WFP assistance in this PRRO are to:

- reduce acute malnutrition among children under 5 in targeted areas (relief component: Strategic Objective 1) – save lives in crisis situations;
- prevent a decline in the nutritional status of children aged 6 to 36 months and of pregnant and lactating women (recovery component: Strategic Objective 3 – support the improved nutrition and health status of children, mothers and other vulnerable people) by:
  - ◊ supporting the nutritional status of children aged 6 to 36 months by providing Vitacereal, a nutritional and culturally appropriate fortified blended food;
  - ◊ supporting the nutritional status of pregnant and lactating women by providing Vitacereal;
  - ◊ improving nutrition, health, sanitation and care practices through training;
  - ◊ improving the nutritional and health status of children by providing basic health care from the Ministry of Health, including growth monitoring, vaccination, deworming tablets, vitamin A, folic acid and iron for children, iron and folic acid for pregnant and lactating women, and prenatal care for pregnant women; and
  - ◊ strengthening community structures through the empowerment of women's community-based organizations (CBOs).

WFP RESPONSE

Nature and Effectiveness to Date of Assistance Related to Food Security

17. This PRRO follows up on the relief assistance provided under EMOP 10174.0 "Emergency Assistance to Families Affected by Drought with Acutely Malnourished Children" and the relief component of Central America Regional PRRO 10212.0 "Targeted Food Assistance for Persons Affected by Shocks and for the Recovery of Livelihoods".

18. WFP implemented EMOP 10174.0 in 2002, when the acute nutritional crisis caused by prolonged drought had led the Government to declare a state of public calamity. The EMOP provided therapeutic and supplementary feeding for 25,000 young children and their families.

19. In 2004, regional PRRO 10212.0 provided 7,329 mt of food aid to 275,000 people in 109 municipalities in the 16 targeted departments. This included food assistance through the Ministry of Health to 2,470 children under 5 with severe acute malnutrition, 31,641 children with moderate acute malnutrition and 3,424 pregnant and lactating women.

20. The proposed PRRO has different objectives and targeting mechanisms from those of ongoing and previous WFP programmes. PRRO 10212.0 and country programme (CP) 10092.0 do not target chronically malnourished children aged 6 to 36 months. WFP's response to counter the effects of economic shocks and recurrent disasters has been integrated into the existing CP by emphasizing its recovery intervention strategy and addressing nutritional requirements, education and training needs, and asset creation and preservation. Design of the new PRRO is based on lessons learned from ongoing

mother-and-child health (MCH) interventions in Guatemala and from WFP experience in other parts of the world. It does not represent an expansion of previous WFP assistance.

21. Through capacity-building regional development project (DEV) 10411.0, WFP has been supporting the Government's formulation of national policy and food-based programmes, and will assist in strengthening its technical capacity to target, manage and show the impacts of food-based social programmes. The PRRO will be complemented by regional DEV 10421.0, which is (i) building the Government's capacity to strengthen integrated micronutrient programmes targeting children aged 6 to 36 months and to improve the production of low-cost culturally and nutritionally appropriate fortified complementary foods, (ii) raising awareness of the high social cost of micronutrient deficiencies and the low cost of addressing these problems and (iii) strengthening networking among governments, United Nations agencies, the private sector and other actors to resolve vitamin and mineral deficiency problems.

22. The PRRO will be implemented jointly by WFP, UNICEF and WHO/PAHO. It aims to ensure an integral programme approach in line with United Nations reform and to enhance programme impact through focused targeting of the most vulnerable people. In this collaborative framework, the operation supports the Global Strategy for Infant and Young Child Feeding (WHO and UNICEF 2002), which promotes timely, adequate, safe and appropriate supplementary feeding with continued breastfeeding as a development condition for all children (WHO 2003). The PRRO builds on WFP, WHO and UNICEF shared objectives to help eradicate child malnutrition, as stated in global and regional memoranda of understanding.

Strategy Outline

23. Research indicates that targeting children aged 6–36 months is the most efficient way of fighting malnutrition in relief and recovery settings. Food programmes in Guatemala have traditionally reached primary school-age children and children aged 3 to 5 through food supplementation with family rations, but this excludes the target group that gives the highest returns from nutrition interventions. Preventive measures that target pregnant and lactating women and their children are urgently needed before another generation becomes affected by the irreversible effects of stunted growth and development.

24. The ongoing mobilization of political will and the creation of institutional mechanisms under SISAN provide the conditions for reducing hunger and malnutrition efficiently. Food-based nutrition interventions targeting mothers and children under 3 who are at risk of chronic malnutrition are imperative, as are activities that promote behaviour change and access to basic services. This PRRO will address acute malnutrition through the relief component, and chronic malnutrition and the special nutritional needs of young children and women through the recovery component.

25. **Under the relief component,** food aid through therapeutic feeding will contribute to improving the nutritional status of acutely malnourished children, who will also receive specialized treatment for symptoms associated with acute malnutrition. The following is the main activity of the relief component:

- Therapeutic feeding for acutely malnourished children under 5, meeting technical standards of the Ministry of Health. At the request of the government and UNICEF, WFP will provide therapeutic food for 3,000 children, with technical backstopping from UNICEF and WHO. If the case load increases, UNICEF will cover the product costs. Specialized ministry staff will provide treatment for 30 days per child. Children completing therapeutic feeding will receive out-of-hospital treatment and will subsequently be assisted through the PRRO's nutritional recovery component. The

relief component includes regular weight monitoring and medical check-ups for targeted children.

26. **Under the recovery component**, supplementary feeding complemented by nutrition training and basic health services will prevent further deterioration of the nutritional status of young children and pregnant and lactating women and will help to break the intergenerational transfer of chronic malnutrition. The following are the main activities of the recovery component:

- Targeted supplementary feeding to support the nutritional status of children aged 6-36 months and pregnant and lactating women. Insufficient access to food of adequate quantity and quality will be addressed through providing Vitacereal, a fortified supplement endorsed by the Ministry of Health and developed by WFP, PAHO, the Nutrition Institute of Central America and Panama (INCAP) and UNICEF. Vitacereal is procured locally, so its use will help to build production capacity and enhance project sustainability. It is suitable as a weaning food and as food for pregnant and lactating women. Acceptability tests in the targeted communities show that it meets the cultural preferences of children and women. Vitacereal is nutritionally valuable for early-childhood development because it is based on high-quality soya and maize, is energy-dense and has a high protein value.
- Training for behaviour change. In conjunction with distributions of supplementary products, pregnant and lactating women and women with children under 3 will participate in awareness-raising sessions on nutrition, health, sanitation and care practices, in line with Enhanced Commitment to Women (ECW) I.3. Nutrition training for improved practices is a key component of the PRRO and will include the correct preparation of Vitacereal, the benefits of exclusive and continued breastfeeding, prenatal and postnatal information services and HIV/AIDS-awareness raising. Sanitation training will include training mothers in water treatment at the municipality level. The ministry is responsible for this component, which will be implemented through health promoters with technical support from UNICEF.
- Basic health care for children and pregnant women. Under the basic health service package, children will benefit from growth monitoring for the control and early detection of malnutrition, and will receive deworming tablets, vaccinations, vitamin A, folic acid and iron. Pregnant women will benefit from prenatal care; pregnant and lactating women will receive iron and folic acid supplementation.
- Strengthening of community structures and empowerment of women in project-related CBOs. The PRRO will ensure that women's and men's views and decisions about food distribution and asset management are considered equally. Women will be involved in food distribution committees and other programme-related local bodies; at least half of the representatives and half of the chairpersons, secretaries and treasurers on food distribution and asset-creation committees will be women (ECW V.2). Implementing agencies will ensure that nutrition training and food distribution responsibilities do not interfere with women's daily tasks.

Exit Strategy

27. Programme sustainability will be promoted by local procurement of Vitacereal as way of building local production capacity and creating a competitive market for high-quality weaning food. Vitacereal, which is available at lower cost than comparable national products and is tailored to local consumption habits, will improve the efficiency of foodbased social programmes and may eventually be commercially available. Purchase of a locally developed food with an established brand name will help the Government and the commercial sector gradually to take ownership for the provision of this product.

28. The Government's strengthened commitment to hunger eradication indicates its willingness to accept a gradual phase-in and to make increasing financial contributions to cover PRRO activities.

BENEFICIARIES AND TARGETING

29. The PRRO will apply vulnerability analysis and mapping (VAM) methodology and strict targeting criteria to reach those most vulnerable to acute and chronic malnutrition and food insecurity. The operation will cover 83 municipalities in 13 departments, mainly in the highlands, where the Government is committed to strengthening its institutional capacity; 33 municipalities – 40 percent of the total – are located in the four provinces that are most vulnerable to natural disasters: Chiquimula, Totonicapán, Sololá and Chimaltenango. Assistance will be limited to women and children whose nutritional vulnerability is directly associated with a lack of sufficient and appropriate food intake. The following geographical targeting criteria will be used:

- acute malnutrition rate (weight for height) less than –2SD;
- chronic malnutrition rate (height for age) more than 40 percent in children 6-36 months old; for communities where this information is not readily available, a proxy chronic malnutrition rate of at least 65 percent in children in the first grade of primary school can be used.[5]

30. Target groups in selected communities will be:

- acutely malnourished children under 5;
- children aged 6–36 months; and
- pregnant and lactating women.

[5] The geographical targeting will be refined once the baseline data are available for the target group of children aged 6–36 months.

TABLE 3: BENEFICIARY CATEGORIES AND RATIONS

Beneficiary category	Number of beneficiaries			Days per year	Commodity	Ration per person per day (g)	Quantity (mt)	Price (US$/mt)	Total commodity cost (US$)
	Year 1	Year 2	Year 3						
Therapeutic feeding: children under 5									
	3 000	3 000	3 000	30	F-75 F-100	100	27	2 000	**54 000**
Food supplementation:children 6-36 months									
	135 000	220 000	220 000	310	Vitacereal	120	21 390	700	**14 973 000**
Food supplementation with nutrition and health training:pregnant and lactating women									
	100 000	150 000	150 000	155	Vitacereal	120	7 440	700	**5 208 000**
Total annual case load									
	238 000	**373 000**	**373 000**				**28 857**		**20 235 000**

NUTRITIONAL CONSIDERATIONS AND FOOD BASKET

31. The nutritional value of the PRRO's relief component is based on dietetic treatment of severe malnutrition in two basic phases: F-75 therapeutic milk for the first phase and F-100 therapeutic milk for the second, consistent with Ministry of Health technical norms.

32. The nutritional value of the food basket for the recovery component is designed to supplement breastfeeding and other food intakes. The nutritional value of Vitacereal is 16 percent protein, 400 kcal/100 g and 6 percent fat, fortified with vitamins and minerals – 120 g daily for children and 120 g daily for pregnant and lactating women. Rations will be accompanied by deworming treatment.

IMPLEMENTATION ARRANGEMENTS

33. The PRRO is based on strong community participation in project implementation. Community involvement will help to build local capacities and enhance project sustainability and project ownership at the community level. By ensuring compliance with the ECW on women's equal involvement in decision-making positions of programme-related local bodies, the project will support the empowerment of women in food assistance processes (ECW V). It will ensure that project responsibilities do not add to already heavy workloads. The project will seek to identify partners that provide community participation and leadership training to support the improved decision-making power of women serving on committees (ECW V.3). The project also meets the gender policy by providing a micronutrient-rich product to improve the nutritional status of pregnant and lactating women (ECW I).

34. While preparing this PRRO, WFP consulted and worked with SESAN and the Ministry of Health, other government institutions such as the General Secretariat of Planning and Programming, the Secretariat of Social Works of the First Lady and the Ministry of Education, local authorities, donors and United Nations agencies, including the Food and Agriculture Organization of the United Nations (FAO), UNICEF, WHO/PAHO and INCAP.

35. SESAN will be the coordinating body for the PRRO. Implementation will be the responsibility of the Ministry of Health and will be carried out by the Health Services Unit for first-level health care (UPS I). The implementation strategy will follow a two-pronged approach based on Ministry of Health community health centres and health posts and on its Programme for Extended Coverage of Basic Health Services.

36. Food distribution for the supplementary feeding of children under 3 will involve mothers collecting Vitacereal from the community distribution point every month, when they will receive guidance on preparing the weaning food and on basic nutrition and health care. Through the Food and Nutritional Security Programme (PROSAN), the Ministry of Health will be responsible for nutritional surveillance, which will be carried out by Ministry of Health staff, non-governmental organizations (NGOs) and health volunteers. Children's growth monitoring will be carried out at the health centres and posts of the Ministry of Health Integral Health Care System (SIAS), every month for children under 12 months, and every two months for children over 12 months. WHO/PAHO and UNICEF will provide technical assistance to strengthen the institutional structure and for nutritional surveillance at the municipal and community levels. They will also provide deworming tablets, vitamins and additional micronutrients.

37. Food distribution for the supplementary feeding of pregnant and lactating women will involve the women collecting individual rations of Vitacereal every month in conjunction with their participation in nutrition, health and hygiene training. Vitacereal rations for women will come in a different package from those intended for children and will include information on women's specific nutritional needs during pregnancy and breastfeeding. The Ministry of Health will provide capacity-building in nutrition and health for project staff at health centres and for workers under the extended coverage. WFP and its partners will support the government in developing simple, direct and culturally sensitive community educational tools.

38. The project is based on local production and procurement of Vitacereal. Purchasing locally developed blended food with an established brand name is part of the strategy of enabling the government and local producers gradually to take ownership of the process. The procurement of Vitacereal under standard WFP rules and regulations will contribute to the expansion of local suppliers' market base. Regular local tenders open to established companies that use similar production methods and to companies willing to invest in the production of fortified blended foods are expected to serve as a price catalyst. If during the life of the PRRO the price of Vitacereal becomes prohibitively high compared with the budgeted price, WFP will float international and regional tenders.

39. Local production and procurement of Vitacereal will contribute to overall emergency preparedness in the Latin American and Caribbean region, building up WFP's limited supplier base for cereal-based and soya-based fortified blended foods.

40. WFP will increase the capacity of its procurement and supply chain/support function units by hiring sufficient and competent staff, to be trained by the regional bureau. A production strategy review will be carried out to support local production of Vitacereal.

41. The Government will be responsible for covering the logistics costs associated with receiving food aid. WFP will cover the costs from the warehouse to distribution centres. The ports of Santo Tomás de Castilla and Quetzal and National Institute for Agricultural Trade (INDECA) warehouses will be used. Health centres will serve as delivery points for the communities and will be responsible for delivery to beneficiaries. WFP will work with the Government early on to prepare a gradual hand-over strategy to include government coverage of full landside transport, storage and handling (LTSH) costs.

42. Locally produced/procured food will be transported from the production plants to INDECA warehouses and from these to community stores set up at the headquarters of health providers or other suitable locations. The storage facilities will be provided by either the municipalities or NGOs and must meet the minimum security standards required for the storage of food. Ministry of Health Technical Assistance Unit (UAT) staff will facilitate this process. WFP and INDECA procedures will be used for food distribution at the municipality level. Food will be transported from INDECA to the community stores every one or two months. The responsibility for food storage will rest with the providers of health services at each location. The project monitoring tools will include a set of forms to support food distribution at the local level. Food will be distributed from the community stores to beneficiaries on a monthly basis.

PERFORMANCE MONITORING

43. The Ministry of Health will be responsible for monitoring implementation of the PRRO. The ministry will strengthen monitoring at the community level to improve chronic and acute malnutrition surveillance (see Annex III). With WFP and NGO support, the Ministry of Health will conduct a baseline study using the height-for-age indicator and rapid needs assessment methodology.

44. A community-based food monitoring system will be established and linked to the women's and children's integrated health care strategies that are already in place. WFP's Procedures and Operational Manual and a set of training activities will help implementing partners to follow WFP's targeting and monitoring requirements. WFP field monitors and the monitors hired by other implementing partners will monitor the implementation phases.

45. This PRRO will undergo an external evaluation with the support of Headquarters.

RISK ASSESSMENT AND CONTINGENCY PLAN

Risk Assessment

46. WFP will work to overcome the following factors, which could influence the effectiveness of this PRRO:

- changes in funding priorities that result in insufficient government, donor or partner resources;
- unreliable and late partner monitoring data on nutritional status;
- insufficient non-food inputs that undermine the opportunities to build an integral programme approach;
- dilution of the supplementary food; and
- increased food procurement costs.

Contingency Planning

47. A food shortage could temporarily draw food aid away from the preventive activities in the recovery component of the PRRO. Should a large emergency occur, WFP would respond flexibly and seek additional resources through the relief component of the PRRO.

SECURITY CONSIDERATIONS

48. The United Nations has established a United Nations Department of Safety and Security (UNDSS) and prepared a regularly updated security plan. UNDSS is working with WFP to train WFP staff in security issues before they are assigned to the field. According to the security inspection carried out in November 2004, WFP Guatemala complies with minimum operating security standards (MOSS) and works to ensure maximum security for its staff. All current and newly contracted staff will receive security awareness training (SAT).

RECOMMENDATION

49. The Executive Board is requested to approve PRRO 10457.0, which will assist up to 373,000 beneficiaries per year at a cost to WFP of US$27.4 million, as shown in Annexes I and II.

ANNEX I

PROJECT COST BREAKDOWN			
	Quantity *(mt)*	**Average cost per mt**	**Value *(US$)***
WFP COSTS			
A. Direct operational costs			
Mixed and blended food (RC) *	28 830	700	20 181 000
F75-F100 (RL) **	27	2 000	54 000
Total commodities			**20 235 000**
External transport			6 264
Internal transport			2 179 255
Other direct operational costs			502 400
Total direct operational costs			**22 922 919**
B. Direct support costs (see Annex II for details)			**2 726 929**
C. Indirect support costs (7 percent)			**1 795 489**
TOTAL WFP COSTS			**27 445 337**

* Recovery

** Relief

ANNEX II

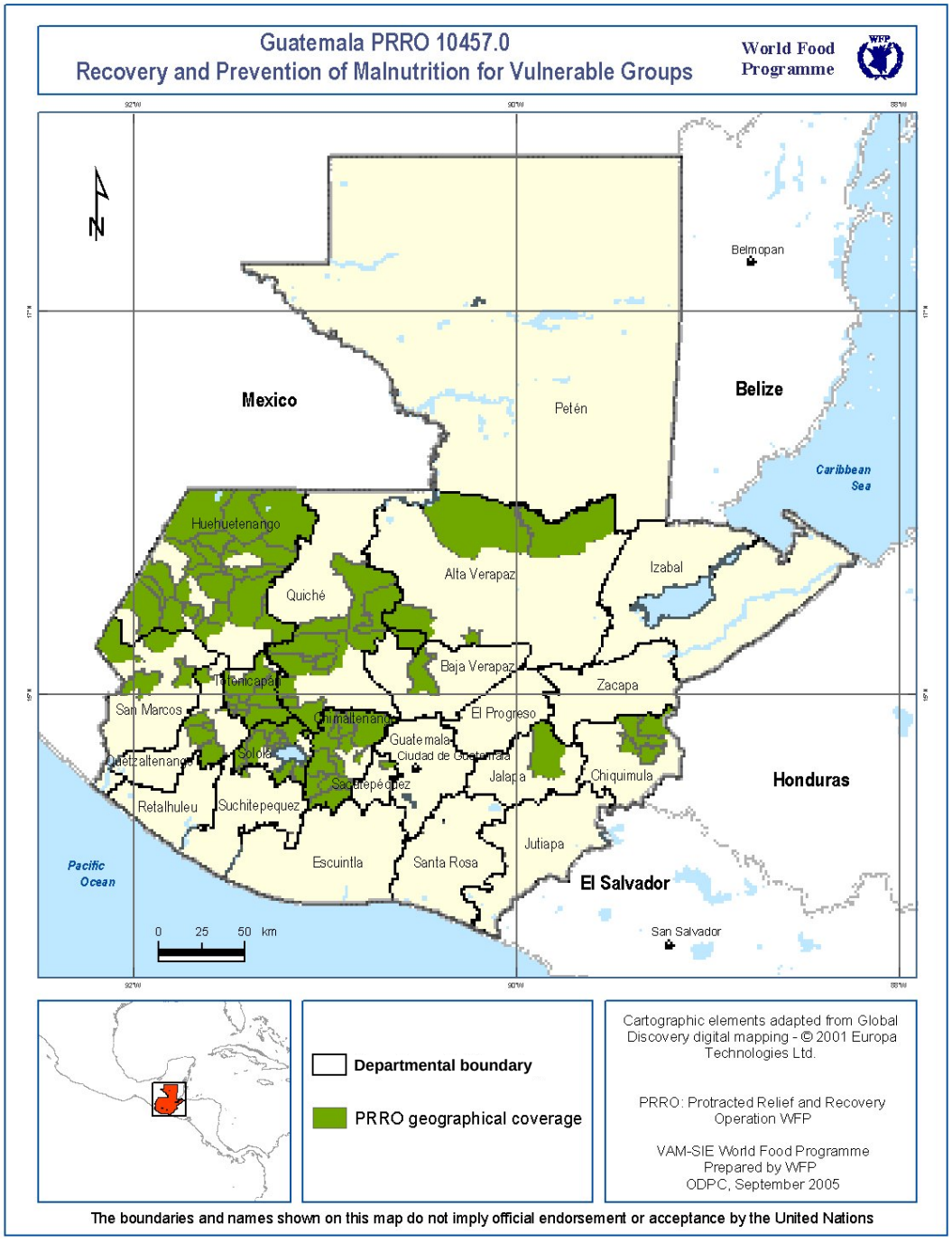
DIRECT SUPPORT REQUIREMENTS (*US$*)	
Staff	
International professional staff	
National professional officers	501 050
Temporary assistance	426 513
Overtime	6 000
International consultants	45 000
National consultants	807 434
Staff duty travel	287 004
Staff training and development	57 200
Subtotal	**2 130 201**
Office expenses and other recurrent costs	
Rental of facility	150 375
Utilities (general)	24 590
Office supplies	37 831
Communication and IT services	33 240
Insurance	31 525
Equipment repair and maintenance	33 733
Vehicle maintenance and running costs	50 315
Other office expenses	37 831
United Nations organization services	47 288
Subtotal	**446 728**
Equipment and other fixed costs	
Furniture, tools and equipment	35 000
Vehicles	60 000
Telecommunications/information technology equipment	55 000
Subtotal	**150 000**
TOTAL DIRECT SUPPORT COSTS	**2 726 929**

ANNEX III

LOGICAL FRAMEWORK MATRIX FOR GUATEMALA PRRO 10457.0		
Results hierarchy	**Performance indicators**	**Risks, assumptions**
OUTCOMES		
Relief component **Strategic Objective 1: Save lives in crisis situations** 1. Reduced acute malnutrition among children under 5	1.1 Prevalence of acute malnutrition among children under 5, by gender (weight-for-height) 1.2 Recovery rate among children under 5 children assisted 1.3 Under-5 mortality rate in targeted areas (pilot indicator as part of the specific, measurable, achievable, realistic and time-bound [SMART] initiative)	**Assumption(s):** External economic shocks that aggravate the current nutritional situation
Recovery component **Strategic Objective 3: Support the improved nutrition and health status of children and pregnant and lactating mothers** 2. Reduced level of malnutrition among children under 3	2.1 Prevalence of chronic malnutrition among children under 3, by gender	**Assumption(s):** Government, donors and partners continue to fund their commitments to reducing early childhood malnutrition **Risk(s):** Major natural disasters or other emergency situations that divert resources away from recovery
3. Reduced level of malnutrition among pregnant and lactating mothers	3.1 Low birth weight rate	
4. Improved nutrition, health, hygiene and care practices through training	4.1 Percentage of trained pregnant and lactating women who practise exclusive breastfeeding during the first 6 months 4.2 Percentage of women trained to prepare Vitacereal properly for their children	
5. Improved nutritional and health status of targeted children and women through provision of basic health services	5.1 Prevalence of anaemia among pregnant and lactating mothers 5.2 Prevalence of anaemia among children under 3 5.3 Prevalence of vitamin A deficiency among children under 3 5.4 Percentage coverage of children under 3 by vaccination campaigns	
6. Community structures strengthened through empowerment of women's CBOs	6.1 At least half of the representatives and half the chairpersons, secretaries and treasurers on food-distribution and asset-creation committees are women (ECW V.2)	

LOGICAL FRAMEWORK MATRIX FOR GUATEMALA PRRO 10457.0		
Results hierarchy	**Performance indicators**	**Risks, assumptions**
KEY OUTPUTS	**OUTPUT LEVEL INDICATORS**	
Relief component 1.Timely provision of food in sufficient quantity for children under 5 and pregnant and lactating mothers in relief situations	1.A.1 Number of acutely malnourished or at-risk children receiving food assistance through therapeutic feeding schemes 1.A.2 Tonnage of food distributed in relief situations, by commodity and project category 1.A.4 Percentage of planned food that is distributed in relief situations, by commodity and project category	**Assumption(s):** Health services supply micronutrient supplements and deworming tablets that are timely and sufficient **Risk(s):** Intra-household distribution of complementary food may divert food away from targeted children
Recovery component 2. Timely provision of nutritious food in sufficient quantity for targeted children under 3 in recovery operations	2.1 Proportion of chronically malnourished or at-risk children under 3 receiving the allocated quantity of Vitacereal on a monthly basis	
3. Timely provision of nutritious food in sufficient quantity for pregnant and lactating mothers in recovery operations	3.1 Number of pregnant and lactating women receiving the allocated quantity of Vitacereal on a monthly basis	
4. Pregnant and lactating women trained in nutrition, health and sanitation	4.1 Number of pregnant and lactating women trained	
5. Provision of basic health services to children and pregnant and lactating mothers	5.1 Number of targeted children receiving iron, folic acid and vitamin A supplements and deworming treatment 5.2 Number of targeted pregnant and lactating women receiving iron and folic acid 5.3 Number of children under 3 in targeted areas that are included in vaccination schemes	
6. Community structures strengthened through empowerment of women's CBOs	6.1 At least half the representatives on food-distribution committees are women 6.2 At least half the representatives on human asset creation committees are women 6.3 At least half the chairpersons, secretaries and treasurers on food-distribution committees are women 6.4 At least half the chairpersons, secretaries and treasurers on human asset creation committees are women (ECW V.2)	

ANNEX IV



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

CARE	Cooperative for Assistance and Relief Everywhere
CBO	community-based organization
CONASAN	National Food Security and Nutritional Advisory Body (Guatemala)
CP	country programme
CRS	Catholic Relief Services
DOC	direct operational costs
DSC	direct support costs
ECW	Enhanced Commitments to Women
EMOP	emergency operation
ENSMI	National Mother and Child Survey (Guatemala)
FAO	Food and Agriculture Organization of the United Nations
FSN	food security and nutrition
INCAP	Nutrition Institute of Central America and Panama
INDECA	National Institute for Agricultural Trade (Guatemala)
ISC	indirect support costs
ITSH	internal transport, storage and handling
LOU	letter of understanding
LTSH	landside transport, storage and handling
MCH	mother and child health
MDG	Millennium Development Goal
MOSS	minimum operating security standards
NGO	non-governmental organization
ODOC	other direct operational costs
ODPC	Latin America and the Caribbean Regional Bureau
PAHO	Pan-American Health Organization
PROSAN	Food and Nutritional Security Programme (Guatemala)
PRRO	protracted relief and recovery operation
RC	Recovery Component
RL	Relief Component
SAT	security awareness training
SD	standard deviation
SESAN	Secretariat to the Presidency on Food and Nutritional Security
SIAS	Integral Health Care System

SISAN	National Food and Nutritional Security System
SMART	specific, measurable, achievable, realistic and time-bound
UAT	Technical Assistance Unit
UNDSS	United Nations Department of Safety and Security
UNICEF	United Nations Children's Fund
UPS I	Health Services Unit for first-level health care (Guatemala)
USAID	United States Agency for International Development
WHO	World Health Organization