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

Executive Board
Third Regular Session

Rome, 19 - 22 October 1998

REPORTS OF THE EXECUTIVE DIRECTOR ON OPERATIONAL MATTERS

Agenda item 9

BASIC ACTIVITY WITHIN APPROVED COUNTRY PROGRAMME–YEMEN 2453.04

Support through health centres (Basic Activity 2)

Total cost to WFP	7,534,642 dollars
WFP food cost	3,692,305 dollars
Total cost to Government	1,815,231 dollars
Number of beneficiaries	48,939
Duration	Two years (September 1998–August 1999)

All monetary values are expressed in United States dollars.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for information to the Executive Board.

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session of 1996, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

The WFP focal points for this document are:

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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Documentation and Meetings Clerk (tel.: 066513-2641).

1. Most health indicators in Yemen are lower than the average for least developed countries. There are high mortality rates for infants, children under five and mothers. Attendance at mother and child health (MCH) clinics and other health centres is low. There is frequently malnutrition among expectant and nursing mothers, and children. The prevalence of tuberculosis and leprosy is high and outpatients are among the poorest; treatment is expensive and defaulting patients are costly for the authorities, as well as a health risk to others.

2. The long-term objective of this activity is to support government efforts to expand and improve primary health care. The immediate objectives are to use food to: a) reduce cases of low birth weight and improve the nutritional status of malnourished children under five by providing food through health centres implementing MCH services (such as pre-natal, birthing and post-natal care, immunization, growth monitoring, and education in nutrition, health and family planning); and b) to improve the cure rates of tuberculosis outpatients and support the eradication of leprosy by providing food. A small part of the food commitment (six percent) will be assigned to small-scale food-for-work activities related to health infrastructure.

3. For MCH, the primary function of food is nutritional support through rations provided through MCH centres to expectant mothers, nursing mothers and children under five who fall below specified medical criteria; food will also act as an income transfer which will encourage their regular attendance. For tuberculosis and leprosy outpatients, food will act mainly as an incentive to complete their course of treatment.

4. The Ministry of Public Health (MOPH) is responsible for implementation. The activity is focused on selected governorates and centres selected on the basis of poverty, availability of services, and accessibility for beneficiaries. WFP will perform primary transport, while secondary transport will be a joint responsibility between WFP and MOPH. Health centre staff will execute the distributions, reporting on beneficiaries, commodities distributed and carry-over stocks.

5. Most (93 percent), of the participants will be in MCH centres. The beneficiaries will be around 27,000 mothers and 26,000 children under five; 3,450 tuberculosis outpatients and 800 leprosy patients. Food supplementation will have greatest nutritional impact when targeted to moderately or severely malnourished children and expectant mothers. Improved attendance of outpatients will reduce the rate of defaulters for tuberculosis and leprosy sufferers. The food incentive to attract patients represents a very small cost compared with the investment in treatment.

6. MOPH will provide a manager, nutrition advisers, MCH specialists, accountants, and an auditor at the central level; feeding directors in all governorates; and storekeepers and guards for each centre. WFP will increase training of implementation staff, focusing on technologies, recording, reporting and identification and management of risk conditions. WFP staff will assist with reporting and monitoring according to performance indicators.