

برنامج
الأغذية
العالمي



Programme
Alimentaire
Mondial

World
Food
Programme

Programa
Mundial
de Alimentos

**Executive Board
Annual Session**

Rome, 6–10 June 2011

PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 10

For approval



Distribution: GENERAL
WFP/EB.A/2011/10-B/1

11 May 2011
ORIGINAL: ENGLISH

PROTRACTED RELIEF AND RECOVERY OPERATIONS – KENYA 200174

Food Assistance to Refugees

Number of beneficiaries	556,000
Duration of project	3 years (1 October 2011–30 September 2014)
WFP food tonnage	344,179 mt
Cost (United States dollars)	
WFP food cost	96,830,914
Total cost to WFP	338,275,507

This document is printed in a limited number of copies. Executive Board documents are available on WFP's Website (<http://www.wfp.org/eb>).

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.

Regional Director, East and Central Africa: Mr S. Samkange <stanlake.samkange@wfp.org>

Senior Regional Programme Adviser: Mr A. Meygag <abdirahman.meygag@wfp.org>

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms I. Carpitella, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

EXECUTIVE SUMMARY

Kenya hosts 370,000 refugees, mainly from Somalia and the Sudan, in Dadaab and Kakuma camps. The refugees have depended on WFP food assistance since 1991. Kenya's 2007 Refugees Act prohibits refugees from engaging in economic activities outside the camps, which prevents integration into Kenyan society. Prospects for repatriation or resettlement in a third country are limited.

Events in Somalia and the Sudan resulted in 67,500 new asylum seekers in 2010. WFP anticipates a further 73,500 refugee arrivals in 2011 and predicts that the refugee population in Kenya will rise to 520,000 by 2014.

Following a government request for continued international support for refugees, and in line with the recommendations of the September 2010 joint assessment mission, WFP will continue food assistance for refugees in the camps. The operation will focus on relief and on ensuring that the special nutritional requirements of vulnerable groups are met.

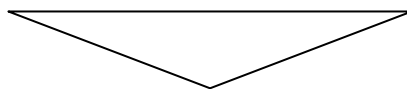
The operation is based on:

- general food distributions to meet minimum nutritional requirements;
- health and nutrition interventions to meet the additional nutritional requirements of pregnant and lactating women, children aged 6–23 months, malnourished children under 5, people living with HIV, tuberculosis patients and people with other chronic diseases;
- school meals to improve enrolment and attendance, and take-home rations as an incentive for girls' education;
- food for training as an incentive for disenfranchised young people to gain life skills; and
- food for assets to improve the food security of host communities and mitigate tensions with refugees.

WFP will review the operation in 2011 to determine the extent to which cash transfers or vouchers would improve delivery of food assistance.

The operation focuses on Strategic Objectives 1, 2 and 3, and supports Millennium Development Goals 1–5 and priorities 2 and 3 of the United Nations Development Assistance Framework.

DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation Kenya 200174 “Food Assistance to Refugees” (WFP/EB.A/2011/10-B/1).

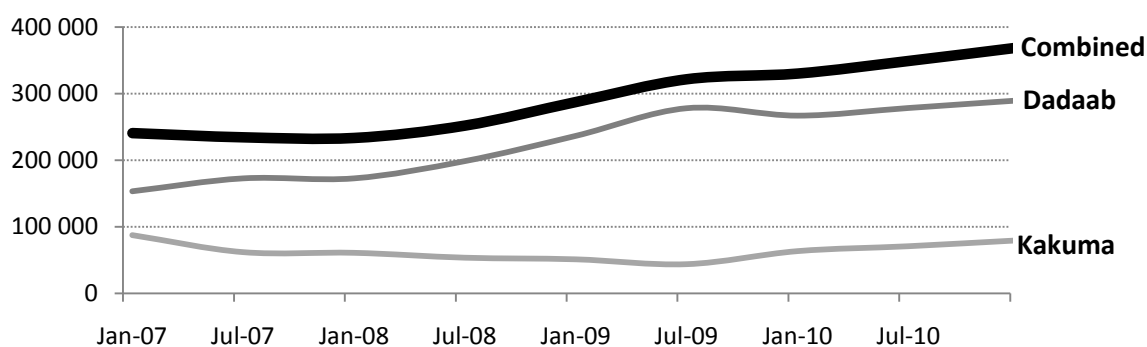
* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

SITUATION ANALYSIS AND SCENARIO

The Overall Context

1. Kenya ranks 128th of 169 countries in the human development index;¹ gross domestic product per capita is US\$1,628.¹ Eighty percent of Kenya is arid and semi-arid land where climatic shocks, food insecurity and poverty are pervasive. Of Kenya's 38.6 million people,² 4.3 million live in arid areas, of whom 920,500³ receive WFP food assistance.
2. Since 1991, Kenya has hosted refugees in camps in arid and semi-arid areas of Dadaab near the border with Somalia and Kakuma near the border with the Sudan. Arrivals of asylum seekers in the past few years from both countries have increased competition for water, grazing land and firewood, sometimes resulting in conflict. Communities surrounding the camps are primarily pastoralist; their livelihood depends on scarce natural resources.
3. The political and security situation in Somalia remains unstable for the foreseeable future. The Transitional Federal Government was established in 2004, but conflict with the Union of Islamic Courts and groups such as Al-Shabaab have continued. On average, 60,000 refugees have crossed the border every year into north-eastern Kenya in the past two years; WFP anticipates that this trend will continue in 2011.
4. The 2005 Comprehensive Peace Agreement improved security in Southern Sudan and contributed to the voluntary repatriation of 37,000 refugees by December 2008. But 5,100 Sudanese refugees arrived from Southern Sudan after the end of voluntary repatriation in 2009, mainly as a result of insecurity and tribal clashes; most of these refugees went to Kakuma. WFP anticipates this trend will continue in 2011.

Figure 1: Population Trends in Refugee Camps, 2007–2010⁴



5. To ease overcrowding in Dadaab camp, the Government allocated an additional 1,370 ha of land, sufficient to accommodate 80,000 refugees. WFP constructed new storage and food distribution facilities in the camp.

¹ United Nations Development Programme (UNDP). *Human Development Report 2010*. New York.

² Kenya National Bureau of Statistics (KNBS), 2009 census.

³ Kenya Food Security Steering Group (KFSSG). 2010. *Long Rains Assessment Report*, p. 41. Nairobi.

⁴ Office of the United Nations High Commissioner for Refugees (UNHCR) Camp Population Statistics, 2007-2010.

6. At the end of 2010, the refugee population was 370,000, with 80,000 in Kakuma and 290,000 in Dadaab.⁵ The Government's encampment policy prevents refugees from integrating into Kenyan society. The potential for repatriation for Somali refugees is low; there are more prospects for Sudanese refugees, but voluntary repatriation and resettlement have slowed in the past two years.

Food Security and Nutrition Situation

7. Joint assessment missions (JAMs) confirm that most refugees in the camps depend on WFP food for survival. Partners and donors have worked to reduce global acute malnutrition to 8 percent in the camps, from 26 percent in 2005. Stunting is relatively low at 21 percent in Dadaab and 29 percent in Kakuma.⁶
8. Dietary diversity remains a challenge for most refugees, who lack resources to supplement the WFP ration with fresh food. As a result, anaemia, particularly among children under 5, remains above emergency thresholds at 70 percent in Dadaab and 74 percent in Kakuma.⁶ The diets of pregnant and lactating women and children aged 6–23 months lack the protein and micronutrients they need.
9. Although prevalence of HIV and tuberculosis (TB) is low in the camps, stigma is high. HIV awareness campaigns by partners, combined with nutrition support to complement clinical treatment, have increased adherence⁷ but chronic diseases such as diabetes and hypertension are increasing, especially among the elderly, whose nutritional needs differ from the rest of the population.⁷
10. The incentive of school meals helps to overcome cultural barriers that reduce enrolment, attendance and completion of basic education by refugee children. Take-home rations are an additional incentive for girls' education.⁷ There is a growing number of disenfranchised young people in the camps who lack skills and are easily lured into criminal activity and substance abuse.⁷
11. Food insecurity in host communities is high. Garissa District, where Dadaab camp is located, has a host population of 530,000, of whom 35 percent are food-insecure. Turkana District, where Kakuma camp is located, has a host population of 855,000, of whom 40 percent are food-insecure. The better quality of services and perceived economic opportunities resulting from humanitarian operations serving the camps continues to attract Kenyans to nearby communities, contributing to the negative environmental effects of the camps.

Scenario

12. Built in the early 1990s for 113,000 refugees, the camps are inadequate for the current population. WFP anticipates 73,500 new arrivals in 2011 and plans for a refugee population of 520,000 by 2014, for whom more land and infrastructure will be needed. WFP will adjust operations and revise the project budget to reflect changing needs.

⁵ UNHCR Camp Population Statistics, 13 November 2010.

⁶ Dadaab August 2010 Nutrition Survey. Kakuma April 2010 Nutrition Survey.

⁷ WFP. 2010. *Joint Assessment Mission, Kenya*. Available at: <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp121116.pdf>

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

13. The Government provides land and security for the camps and agencies. The Ministry of Immigration and Registration of Persons liaises with the Office of the President and Ministry of Internal Security on refugee issues. The 2007 Refugees Act increased the presence of government staff in the camps, which improved cooperation with agencies.
14. The devolution of some executive powers to county governments under the 2010 Constitution may increase the influence of host communities in humanitarian programming and require humanitarian actors to engage with the Government at the county and national levels.

Coordination

15. The United Nations recognizes the need to help the Government to address refugees' needs under the 2009–2013 United Nations Development Assistance Framework (UNDAF). WFP's principal partner is the Office of the United Nations High Commissioner for Refugees (UNHCR), which is responsible for the registration and protection of refugees and for providing durable solutions. UNHCR provides complementary foods to address micronutrient needs; the United Nations Children's Fund (UNICEF) supports nutritional programmes. WFP also cooperates with the Lutheran World Federation (LWF) and the Cooperative for Assistance and Relief Everywhere (CARE) for education and general food distribution (GFD), with the German Agency for International Cooperation, *Médecins sans frontières* (MSF) and the International Rescue Committee (IRC) to implement health and nutrition programmes, and with the Norwegian Refugee Council (NRC) and Don Bosco for skills training for young people.
16. WFP and UNHCR implement programmes under a joint plan of action. Monthly food coordination meetings in Nairobi are attended by WFP, UNHCR, cooperating partners and donors. WFP, UNHCR, partners and refugee representatives share information in the camps before and after food distributions and coordinate activities through fortnightly inter-agency coordination meetings. WFP, UNHCR and UNICEF advocate for essential food and non-food items (NFIs) through joint proposals and donor appeals.

OBJECTIVES OF WFP ASSISTANCE

17. The operation focuses on providing relief and ensuring that the special nutritional requirements of vulnerable groups are met. The objectives are to:
 - meet the food consumption needs and minimum nutritional requirements of refugees (Strategic Objective 1);
 - manage moderate acute malnutrition and prevent severe acute malnutrition in pregnant and lactating women and children under 5 through supplementary feeding (Strategic Objective 1);
 - improve access to micronutrients among pregnant and lactating women and children aged 6–23 months (Strategic Objective 3);

- increase adherence to treatment and meet the nutritional needs of people living with HIV (PLHIV), TB patients and people with chronic diseases (Strategic Objective 3);
 - maintain enrolment and attendance and reduce the gender disparity in primary schools in the camps (Strategic Objective 3);
 - increase enrolment and attendance among disenfranchised young people in training centres (Strategic Objective 3); and
 - increase the capacity of host communities to meet their food needs (Strategic Objective 2).
18. The operation contributes to Millennium Development Goals 1–5 and is in line with UNDAF priorities 2 and 3.⁸

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

19. Between 1991 and the end of 2010, WFP provided 1 million mt of food valued at US\$580 million for refugees in Kenya. Like previous assessments, the 2010 JAM found refugee households to be food-insecure and reliant on WFP assistance.⁹
20. In 2009 and 2010, support from donors enabled WFP to distribute a full food basket to all refugees. Supplementary feeding programmes were instrumental in improving the nutrition of the most vulnerable people, particularly children and pregnant and lactating women. School meals helped to maintain enrolment and attendance among primary schoolchildren,¹⁰ particularly girls, though gender disparities still exist. Food for assets (FFA) addressed food insecurity in host communities and mitigated tensions with refugees.
21. Multi-storey gardens are not a sustainable approach to addressing micronutrient deficiencies:¹¹ lack of space and water, pests, reliance on free inputs and a low preference for vegetables resulted in limited adoption. Micronutrient powders were not accepted by the refugees.¹²

Strategy Outline

22. WFP provides food assistance to refugees through GFD, supplementary feeding, school meals and take-home rations for girls, and addresses food insecurity in host populations through FFA. Support for multi-storey gardens will be discontinued under protracted relief

⁸ 1: Eradicate extreme poverty and hunger; 2: Achieve universal primary education; 3: Promote gender equality and empower women; 4: Reduce child mortality; and 5: Improve maternal health. UNDAF priority 2: Empowering people who are poor and reducing disparities and vulnerabilities; priority 3: Promoting sustainable and equitable economic growth for poverty and hunger reduction with a focus on vulnerable groups.

⁹ JAMs in 1996, 1997, 2002 and 2006; 1999 joint UNHCR/WFP evaluation; joint food consumption survey, January 2004; and WFP/UNHCR/Government of Kenya/donors JAMs in November 2008 and September 2010.

¹⁰ In Kakuma WFP encourages unaccompanied young people in the camps to continue their education by providing school meals for secondary schoolchildren. With the shift in camp demographics, meals in secondary schools will be gradually withdrawn during this phase of the operation.

¹¹ UNHCR. 2010. *Evaluation of Multi-storey Gardens*. Geneva.

¹² WFP. 2010. *Programme for Home Fortification with MixMe™ Multi-Micronutrient Powder in Kakuma*. Nairobi. Micronutrient powders have been replaced by more acceptable products in PRRO 200174.

and recovery operation (PRRO) 200174. All other components remain from the previous phase, with the addition of food-for-skills training for young people.

23. **General food distribution.** WFP provides a full food ration for refugees through fortnightly GFDs. Under PRRO 200174 it will implement biometric identity checks at food distribution points to ensure that only registered refugees residing in the camps collect rations. WFP will also explore the feasibility of transfer modalities such as cash or vouchers, which are being piloted in other operations in Kenya. Fortified blended mixes will continue to be included in the GFD ration to maintain improvements in nutrition.
24. **Mother-and-child health and nutrition.** WFP supports the mother-and-child health and nutrition (MCHN) programme by providing supplementary rations to meet the additional nutritional requirements of children and pregnant and lactating women during the 1000-day window of opportunity from the womb to 2 years of age, and to reduce anaemia in the camps.
25. **Supplementary feeding for malnourished children under 5 and pregnant and lactating women.** Moderately malnourished children under 5 and pregnant and lactating women receive supplementary rations on the basis of standard admission and discharge criteria.¹³ Severely malnourished children receive therapeutic foods and healthcare from UNICEF and UNHCR through community-based therapeutic care.
26. **Institutional feeding.** WFP provides supplementary rations to support clinic patients, meet the nutritional requirements of chronically ill people and improve adherence to treatment among anti-retroviral therapy and TB patients.
27. **School meals.** WFP provides daily high-protein snacks for refugee children attending primary schools, and an incentive take-home ration of sugar for girls with 80 percent or better attendance.
28. **Food for training.** WFP will support a hot lunch programme in training centres for young people who have suffered from poor learning environments. The training, which includes carpentry, masonry, tailoring, information technology and academic subjects, helps young people during early adulthood and aims to mitigate the security risks associated with large numbers of disenfranchised young people in the camps.
29. **Food for assets.** WFP addresses food insecurity in host communities through a family ration for households participating in FFA to enhance resilience to shocks. The component is based on the guidelines for targeting, partner selection and project approval and monitoring in PRRO 106660.

Gender

30. WFP emphasizes gender sensitivity and inclusion of women in all activities and promotes women's participation in decision-making. It will continue to:
 - facilitate women's leadership in food committees;
 - support maternal healthcare;
 - reduce the burden on caregivers of sick or severely malnourished children; and
 - improve girls' access to education and reduce the gender gap in primary schools.

¹³ Weight for height >3 and <2 z scores; mid-upper arm circumference >11.4cm and <12.5cm for children under 5, and <23cm for pregnant and lactating women.

31. Post-distribution monitoring (PDM) indicates that women collect rations for 60 percent of refugee households; in the household they manage the food almost exclusively.
32. Training in prevention of sexual exploitation and abuse is mandatory for food advisory committees, community leaders and partners; information is available at all food distribution points.

Hand-Over Strategy

33. WFP sees no prospect of handing over refugee food assistance during PRRO 200174. A gradual hand-over to the Government of activities targeting host communities will, however, reduce FFA beneficiaries from the 54,000 assisted under PRRO 102583 to 36,000 by the end of 2013 and may reduce the number further if the national rains assessments indicate that food security has improved.

BENEFICIARIES AND TARGETING

34. Beneficiary numbers in Table 1 show the current number of refugees in the camps, plus anticipated net population increases on the basis of trends in new arrivals, births, deaths and repatriations in the last two years. Basing projected beneficiary numbers on trends as opposed to contingency plans has been agreed with UNHCR and donors. Unexpected additional refugee influxes can be addressed through budget revisions. The number of beneficiaries – 556,000 – was adjusted to exclude overlap between activities.

Activity	Kakuma			Dadaab			Total		
	Women and girls	Men and boys	Total	Women and girls	Men and boys	Total	Women and girls	Men and boys	Total
GFD Oct–Dec 2011	43 000	50 000	93 000	176 000	179 000	355 000	219 000	229 000	448 000
GFD Jan–Dec 2012	48 000	57 000	105 000	207 000	208 000	415 000	255 000	265 000	520 000
GFD Jan–Dec 2013	48 000	57 000	105 000	207 000	208 000	415 000	255 000	265 000	520 000
GFD Jan–Sep 2014	48 000	57 000	105 000	207 000	208 000	415 000	255 000	265 000	520 000
MCHN children aged 6–23 months	2 000	2 000	4 000	11 000	11 000	22 000	13 000	13 000	26 000
MCHN for pregnant and lactating women	6 500	-	6 500	19 500	-	19 500	26 000	-	26 000
Malnourished <5s and pregnant and lactating women	1 150	1 150	2 300	3 500	3 500	7 000	4 750	4 750	9 500
Institutional feeding ¹	160	140	300	800	600	1 400	960	740	1 700
PLHIV TB patients and people with chronic diseases	300	300	600	900	900	1 800	1 200	1 200	2 400
School meals	7 000	10 500	17 500	18 600	34 900	53 500	25 600	45 400	71 000
Take-home rations for girls	6 800		6 800	18 200		18 200	25 000		25 000
Food for training	300	300	600	700	700	1 400	1 000	1 000	2 000
Food for assets	7 320	4 680	12 000	14 640	9 360	24 000	18 360	17 640	36 000
TOTAL			117 000			439 000			556 000

¹Includes caregivers of severely malnourished children in therapeutic feeding centres.

35. WFP provides GFD for every registered refugee in the camps; rations are provided fortnightly to compensate for inadequate household storage and to limit theft and sales of food.
36. The health and nutrition interventions will target beneficiaries as follows:
- MCHN targets children aged 6–23 months and pregnant and lactating women;
 - supplementary feeding benefits moderately malnourished children under 5 and moderately malnourished pregnant and lactating women; screening is done by community health workers and health professionals using standard admission criteria;¹⁴
 - patients in hospital and caregivers of hospitalized children receive hot meals; and
 - PLHIV and TB patients enrolled in clinical programmes receive supplementary rations.¹⁵
37. Refugee students enrolled in primary schools are targeted by the school meals programme; girls with 80 percent or better attendance receive a take-home ration. In this phase of the operation, WFP will start to provide lunch for students enrolled in skills training.
38. The 2010–2011 Short Rains Assessment indicated that 311,136 members of host communities require food assistance. The 36,000 beneficiaries in the immediate vicinity of the camps receive food assistance through FFA; the remainder are reached under PRRO 106660. Targeted households are eligible for food assistance when they have contributed labour for the construction of water-harvesting or soil and water conservation assets that increase community resilience to drought.

NUTRITIONAL CONSIDERATIONS AND RATIONS

39. Through GFD, WFP provides 2,178 kcal per refugee per day. This includes corn-soya blend (CSB) to maintain improvements in nutrition and increase micronutrient intake. Flour and vegetable oil are fortified, and salt is iodized. WFP will assess the feasibility of replacing a portion of GFD with cash or vouchers to improve household access to protein and micronutrient-rich fresh foods from the camp markets.
40. Health and nutrition interventions include the following supplementary rations:
- Nutributter® for children aged 6–23 months to improve micronutrient intake and promote growth;
 - CSB and vegetable oil for pregnant and lactating women to provide additional protein and micronutrients;
 - a premix of sweetened CSB,¹⁶ vegetable oil and dried skim milk (DSM) for malnourished children under 5;

¹⁴ Weight for height >3 and <2 z scores; mid-upper arm circumference >11.4cm and <12.5cm for children under 5 and <23cm for pregnant and lactating women.

¹⁵ Rations are provided for PLHIV whether or not they are on anti-retroviral therapy because stigma in the camps is high and adherence to nutrition education, counselling, follow-up and referral help to slow progress of the disease. TB patients receive supplementary rations only during clinical treatment.

¹⁶ Sweetened CSB is more palatable and encourages children to complete treatment.

- a daily GFD ration for patients in hospitals; the rations are cooked by hospital staff and served as hot meals; and
- CSB and vegetable oil to meet the calorie and micronutrient requirements of PLHIV,¹⁷ TB and chronic diseases.

41. Primary schoolchildren receive high-protein snacks designed to address the micronutrient deficiencies in the camps; girls receive take-home rations of sugar, which is preferred by refugees but not included in any other ration. Young people in training centres receive hot lunches of cereals, pulses, vegetable oil and salt.

42. Following completion of work assignments and on the basis of the ration recommended by national food security assessments, host community households in FFA receive a monthly ration sufficient for 75 percent of their food requirements.

TABLE 2: DAILY FOOD RATION BY ACTIVITY (g/person/day)

	GFD	MCHN, 6–23 months	MCHN pregnant and lactating women	Malnourished pregnant and lactating women	Malnourished children <5	Hospital feeding	PLHIV, TB and chronic diseases	School meals*	Take-home rations**	FFT	FFA
Cereals (milled)	420	-	-	-	-	420	-	-	-	130	345
Pulses	60	-	-	-	-	60	-	-	-	30	60
Vegetable oil	35	-	10	25	25	35	10	10	-	10	30
CSB+	40	-	105	250	230	40	140	80	-	-	-
Iodized salt	5	-	-	-	-	5	-	-	-	5	5
Sugar	-	-	-	-	-	-	-	-	20	-	-
DSM	-	-	-	-	20	-	-	10	-	-	-
Nutributter®	-	20	-	-	-	-	-	-	-	-	-
TOTAL	560	20	115	275	275	560	150	100	20	175	440
Total kcal/day	2 178	108	508	1 221	1 213	2 178	648	445	80	667	1 733
% kcal protein	11.7	13	14.9	14.7	16.0	11.7	15.5	16.3	-	11.1	10.2
% kcal fat	18.5	35	28.9	29.5	28.9	18.5	25.5	30.2	-	17	19
Feeding days per year	365	365	365	365	120	365	365	195	195	195	120

* Children in lower classes attend only half days and receive only a morning snack. Children in higher classes attend full days and receive morning and afternoon snacks.

** 500 g per month for each girl attending at least 80 percent of classes that month.

¹⁷ The ration is designed to meet the Kenya National Guidelines on Nutrition and HIV/AIDS, which stipulate increased kcal of 260–780 and increased micronutrient intake above the normal food-by-prescription ration provided by WFP for PLHIV.

TABLE 3: FOOD REQUIREMENTS BY ACTIVITY (mt)

	GFD	MCHN, 6–23 months	MCHN pregnant and lactating women	Malnourished children <5 and pregnant and lactating women	Hospital feeding	PLHIV, TB and chronic diseases	School meals	Take- home rations	FFT	FFA	TOTAL
Cereals (milled)	235 334	-	-	-	778	-	-		283	13 538	249 934
Pulses	33 619	-	-	-	111	-	-	-	65	2 354	36 150
Vegetable oil	19 611	-	283	259	65	26	415	-	22	1 177	21 859
CSB	22 413	-	2 976	2 589	74	366	3 323	-	-	-	31 740
Iodized salt	2 802		-	-	10	-	-	-	11	196	3 018
Sugar	-	-	-	-	-	-	-	289	-	-	289
DSM	-	-	-	207	-	-	415	-	-	-	622
Nutributter®	-	567	-	-	-	-	-	-	-	-	567
TOTAL	313 779	567	3 259	3 055	1 038	392	4 154	289	381	17 266	344 179

IMPLEMENTATION ARRANGEMENTS

Participation

43. In the camps, food advisory committees of refugee representatives are responsible for informing the refugee community about their entitlements and resolving issues arising in relation to food assistance. Women, who account for 50 percent of committee members, are encouraged to participate in meetings and decision-making.
44. Under FFA, partners work with food relief committees to identify assets that will enhance host communities' resilience to drought and foster community ownership and commitment to maintaining the assets.

Partners

45. The Department of Refugee Affairs is responsible for the registration of refugees, security and camp management. The Ministry of Finance waives duty on food and other items for PRRO 200174. WFP works with the Kenya Roads Board to improve access roads. The Ministry of Water and Irrigation and the Office of the President provide training and non-food items asset creation in host communities.
46. The manifest of refugees entitled to food is maintained by UNHCR; CARE and LWF manage the food distribution sites and school meals programme and participate in PDM and reporting. Health services in the camps are provided by the German Agency for International Cooperation, MSF and IRC, which are responsible for targeting and distribution for supplementary feeding; NRC and Don Bosco manage training facilities for young people.

Logistics

47. Food is imported through Mombasa or purchased locally and transported by private companies to WFP warehouses in the camps. WFP's trucks transport food from the warehouses to final distribution points.

48. To avoid pipeline breaks, WFP pre-positions three-month food stocks before rainy seasons, when road access deteriorates. WFP is advocating for additional land to reduce crowding in Dadaab; it will revise PRRO 200174 to cover the construction of warehouses and distribution sites when the Government makes land available.
49. As a result of reduced transport and port costs, the landside transport, storage and handling (LTSH) rate for PRRO 200174 is US\$127 per mt, down from US\$139 per mt for the previous phase; LTSH rates are reviewed every six months and adjusted as necessary.

Procurement

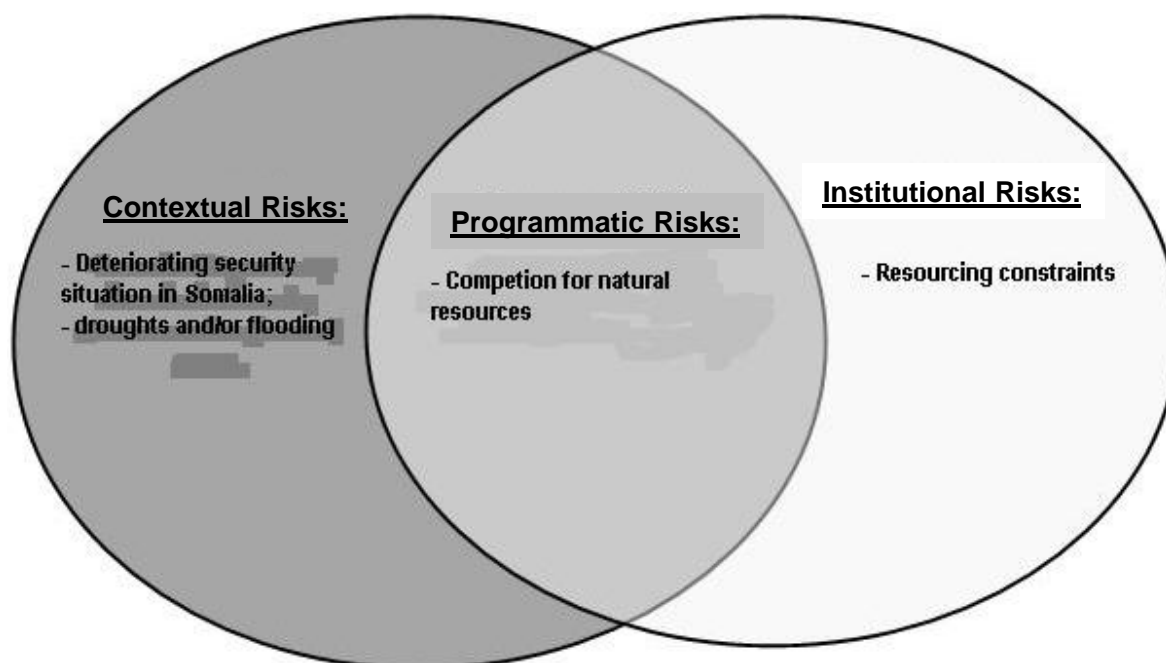
50. The operation will follow standard WFP procurement procedures, taking into account the most cost-effective markets; food will be procured locally, regionally and internationally. Local purchases, including those from smallholder farmers through Purchase for Progress (P4P), are expected to account for 10 percent of cereal purchases.

PERFORMANCE MONITORING

51. Performance is monitored during distribution and two weeks afterwards through an assessment of food use and the coping strategies of randomly selected households. A sample of schools, training centres and FFA sites are also monitored monthly by WFP and cooperating partners. Field-level agreements are evaluated before renewal. WFP participates in annual and quarterly nutrition surveys led by UNICEF. Baseline information for outcomes is derived from all of these sources. Programmes are evaluated through biennial JAMs.

RISK ASSESSMENT AND CONTINGENCY PLANNING

52. Risks that could affect implementation of PRRO 200174 are shown in the contextual, programmatic and institutional spheres in the graph and discussed below.



Contextual risks

53. Further deterioration in the security situation in Somalia could generate additional refugee inflows that could overwhelm partners' capacities and camp infrastructures; and jeopardize gains in food security and nutrition. Dadaab camp is over-crowded, and a new camp needs to be established to reduce the risk of conflict and disease. WFP updated its contingency plan for potential new refugee arrivals in 2011, and coordinates with UNHCR and other United Nations agencies on scenarios that may result in additional inflows.
54. Drought and floods have repeatedly affected the refugee operation; Dadaab's Ifo camp is in a flood plain, and despite improvements, the roads to the camps continue to deteriorate seasonally. To reduce the risk of roads becoming impassable during rainy seasons, WFP has expanded its warehouses in the camps to accommodate three months of pre-positioned stocks.

Programmatic Risk

55. Competition for natural resources between food-insecure host communities and refugees, which are particularly acute during times of drought, will be reduced by food-for-asset schemes in favour of the former.

Institutional Risk

56. The success of PRRO 200174 depends on adequate resources being available to WFP, UNHCR and their partners throughout the implementation period. All fundraising strategies will include steps to address shortfalls. Joint WFP/UNHCR advocacy will continue with a view to preventing food pipeline breaks, with a focus on local resource mobilization.

SECURITY CONSIDERATIONS

57. The camps are in areas under United Nations security level 4 and have compulsory security procedures and restrictions, particularly with regard to United Nations staff movements. Police presence in the camps is inadequate, and officers do little to mitigate tensions or respond to incidents. Under the current United Nations Security Risk Assessment, United Nations staff receive security training in the Safe and Secure Approaches to Field Environments. WFP field offices comply with minimum security telecommunications standards and minimum operating safety standards, with two exceptions: the camp lacks adequate access control points and police escorts, mandatory for staff movement, are difficult to engage.

ANNEX I-A

PROJECT COST BREAKDOWN			
Food ¹	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	249 934	118 346 004	
Pulses	36 150	21 289 539	
Oil and fats	22 426	34 386 490	
Mixed and blended food	31 740	19 513 470	
Others	3 929	3 295 411	
Total food	344 179	196 830 914	
Subtotal food and transfers			196 830 914
External transport			45 485 954
Landside transport, storage and handling			43 732 902
Other direct operational costs			6 013 262
Direct support costs ² (see Annex I-B)			24 082 302
Total WFP direct costs			316 145 334
Indirect support costs (7.0 percent) ³			22 130 173
TOTAL WFP COSTS			338 275 507

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 staff-related costs	
International professional staff	7 533 314
National officers	3 613 059
General service	5 298 330
Temporary assistance	572 213
Overtime	89 100
Hazard pay and hardship allowance	1 150 117
Staff duty travel	740 491
Subtotal	18 996 624
Recurring expenses	
Rental of facility	390 829
Utilities	589 839
Office supplies and other consumables	626 853
Communications services	594 855
Equipment repair and maintenance	90 000
Vehicle running costs and maintenance	501 505
Office set-up and repairs	97 239
United Nations organization services	329 908
Subtotal	3 221 028
Equipment and capital costs	
Vehicle leasing	234 600
Communications equipment	927 050
Local security costs	703 000
Subtotal	1 864 650
TOTAL DIRECT SUPPORT COSTS	24 082 302

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Risks, assumptions
Strategic Objective 1: Save lives and protect livelihoods in emergencies PRRO Objective 1: Maintain minimum nutritional requirements of refugees through GFD		
Outcome 1: Reduced and/or stabilized acute malnutrition in children under 5	<ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition among children <5 (weight-for-height) Target: <15% (nutrition surveys, UNICEF) ➤ Supplementary feeding programme coverage, recovery, deaths and defaulters Targets: coverage >90%, recovery >70%, deaths < 3%, defaulters < 15% (HIS¹, UNHCR) 	Assumption: Partners continue to reduce malnutrition, for example through complementary feeding Risk: Sanitation, care practices and disease are not addressed
Outcome 2: Reduced or stabilized mortality in children under 5 and adults	<ul style="list-style-type: none"> ➤ Crude mortality rate Target: <1/10,000/day (HIS, UNHCR) ➤ Age-specific mortality rate for children <5 Target: <2/10,000/day (HIS, UNHCR) 	Assumption: Adequate complementary health services in supplementary and therapeutic feeding Risk: Congestion leading to disease outbreaks and poor health behaviour
Outcome 3: Improved food consumption over assistance period for refugee households	<ul style="list-style-type: none"> ➤ Household food consumption score Target: 80% of households with an acceptable food consumption score (FCS) (PDM, WFP) ➤ Coping strategy index Target: <0.2 (PDM, WFP) 	Assumption: Distribution targets met, even during influxes Risk: Unregistered asylum-seekers share refugee rations



¹ Health information system.

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Risks, assumptions
<p>Output 1.1/2.1/3.1 Sufficient distribution of food/non-food items</p>	<ul style="list-style-type: none"> ➤ No. of beneficiaries receiving food /NFIs, as % of planned Target: 100% ➤ Quantity of food distributed, as % of planned Target: 100% ➤ Quantity of fortified foods, complementary foods and nutritional products distributed, as % of planned Target: 100% 	<p>Assumptions: Food distribution targets met, even during influxes; accurate population statistics provided by UNHCR; partners' NFI pipeline maintained</p> <p>Risk: Food/NFI pipeline breaks</p>
<p>Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures PRRO Objective 2: Increase capacity of host communities to meet food needs</p>		
<p>Outcome 4 Adequate food consumption over assistance period for targeted households at risk of falling into acute hunger</p>	<ul style="list-style-type: none"> ➤ Household food consumption score Target: 80% of households with an acceptable FCS (PDM, WFP) ➤ Coping strategy index Target: <0.2 (Source: PDM, WFP) 	<p>Assumption: Host community accepts FFA approach</p> <p>Risk: Droughts and floods erode FFA impacts</p>
<p>Output 4.1 Sufficient distribution of food/non-food items</p>	<ul style="list-style-type: none"> ➤ No. of beneficiaries receiving food/NFIs as % of planned Target: 100% ➤ Quantity of food distributed as % of planned Target: 100% ➤ Quantity of fortified foods, complementary foods and nutritional products distributed as % of planned Target: 100% 	<p>See 1.1/1.2/1.3</p>

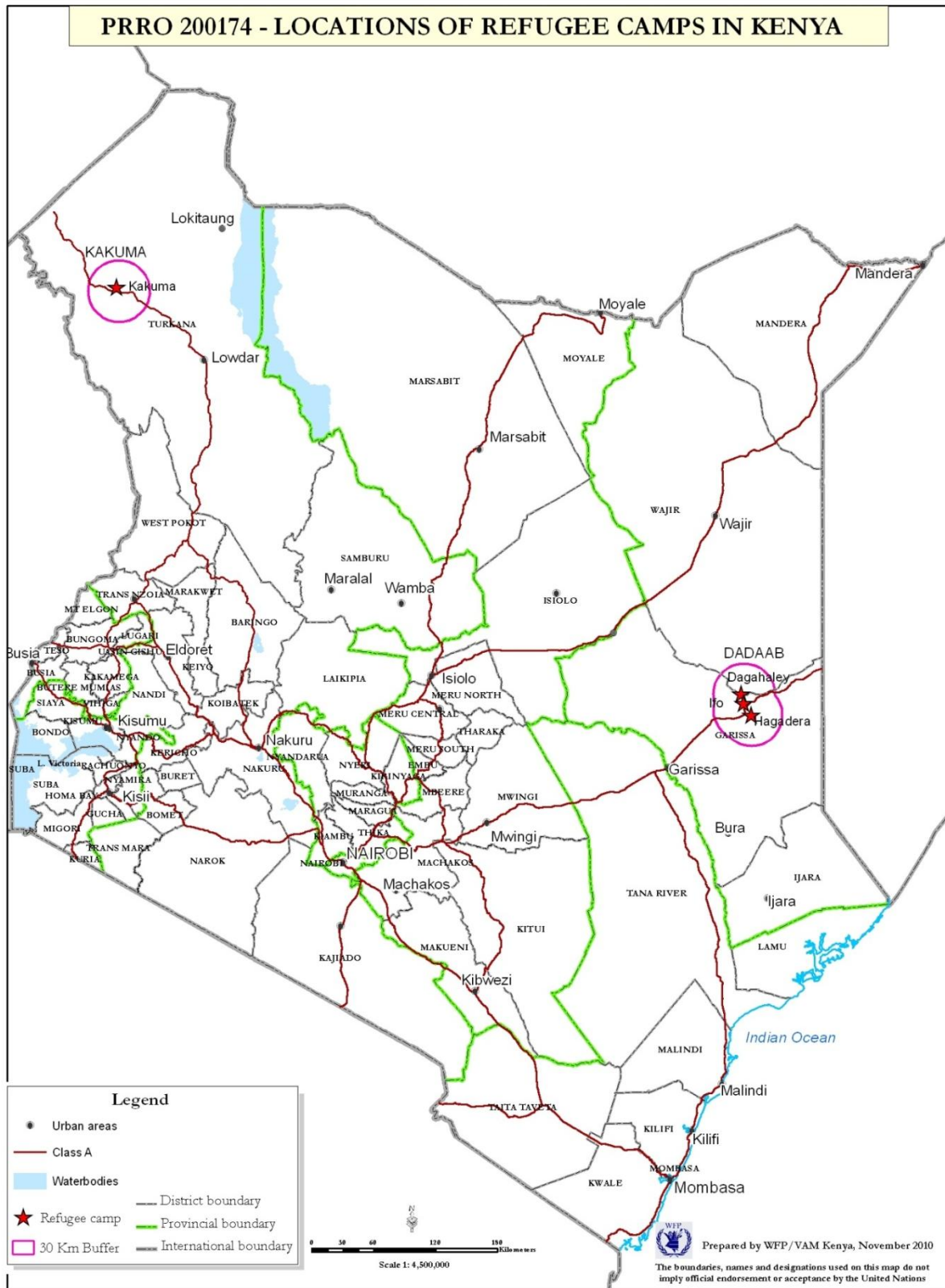


ANNEX II: LOGICAL FRAMEWORK

Results	Performance Indicators	Risks, assumptions
<p>Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations PRRO Objective 3: Reduced malnutrition among refugee children under 5, pregnant and lactating women and patients with special needs through health and nutrition interventions PRRO Objective 4: Increased enrolment and attendance and reduced gender disparity in camp schools</p>		
<p>Outcome 5: Hazard risk reduced in targeted communities</p>	<ul style="list-style-type: none"> ➤ Households with increased asset score Target: 50% (Household Assets Survey, WFP) ➤ Communities with increased asset score Target: 50% (Community Assets Survey, WFP) ➤ Government provision of NFIs Target: 100% (FFA cooperating partner reports, WFP) ➤ Partner provision of non-food items by type Target: 100% of planned (FFA monitoring, WFP) 	<p>Assumption: Availability of technical input from government partners Risk: Insufficient government funding for NFIs</p>
<p>Output 5.1 Disaster-mitigation assets built or restored by targeted communities</p>	<ul style="list-style-type: none"> ➤ No. of risk-reduction and disaster-mitigation assets created/restored Target: 36 annually (FFA monitoring, WFP) 	<p>Assumption: Land/inputs available for agricultural activities Risk: Inadequate government capacity to undertake implementation</p>



ANNEX III



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

CARE	Cooperative for Assistance and Relief Everywhere
CSB	corn-soya blend
DSM	dried skim milk
FCS	food consumption score
FFA	food for assets
FFT	food for training
GFD	general food distribution
HIS	Health information system
IRC	International Rescue Committee
JAM	joint assessment mission
LTSH	landside transport, storage and handling
LWF	Lutheran World Federation
MCHN	mother-and-child health and nutrition
MSF	<i>Médecins sans frontières</i>
NFI	non-food item
NRC	Norwegian Refugee Council
PDM	post-distribution monitoring
PLHIV	people living with HIV
PRRO	protracted relief and recovery operation
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund