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**Executive Board
First Regular Session**

Rome, 4–6 February 2008

PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



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PROTRACTED RELIEF AND RECOVERY OPERATION ZIMBABWE 10595.0

Protracted Relief for Vulnerable Groups

Number of beneficiaries	2,230,000
Duration of project	1 May 2008–30 April 2010
WFP food tonnage	357,624 mt
Cost (United States dollars)	
WFP food cost	127,807,464
Total cost to WFP	287,791,855

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Zimbabwe, previously a producer of surplus food, has since 2001 faced recurring food shortages due to a combination of factors including erratic weather, an HIV/AIDS prevalence rate of 18.1 percent¹ and a series of economic crises precipitated in part by policy constraints. This combination of factors has deepened vulnerability to hunger and poverty and swollen the ranks of the food-insecure. The resulting crisis, which has both chronic and transitory dimensions, requires a flexible yet predictable response that meets urgent needs while simultaneously helping to preserve the resilience of the population. Since 2002, WFP has been purchasing, importing and providing food support for up to 50 percent of Zimbabweans, mainly in rural – but also in urban – areas, and has expanded or contracted operations based on needs.

This operation seeks to increase the ability of vulnerable Zimbabweans to meet their food needs by providing food support to complementary health, agriculture and education initiatives. WFP will provide targeted support to select groups vulnerable to hunger, including orphans and other vulnerable children, the chronically ill, the displaced and the asset-poor living in the most food-insecure areas of the country.

Regular vulnerability assessments define the scope and geographic focus for WFP support, while annual crop and food supply assessment missions define the overall food gap. Continuous monitoring ensures progress towards expected outputs and outcomes. WFP operations in Zimbabwe were last evaluated in December 2006 as part of the mid-term evaluation of the southern Africa regional protracted relief and recovery operation 10310. Recommendations such as the need to move to country-specific protracted relief and recovery operations, apply a social protection framework and strengthen linkages between food assistance and medical treatment for chronically ill people are addressed in this protracted relief and recovery operation.

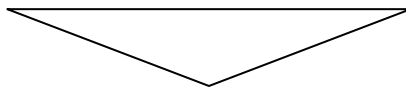
This operation is consistent with the United Nations Development Assistance Framework for Zimbabwe, which builds on the Government's six priority areas, and with the 2007 Consolidated Appeal, which seeks to address the acute needs of vulnerable groups and the more protracted, chronic vulnerabilities of the population. By increasing the ability of vulnerable people to meet their food needs, while also promoting health, education and livelihoods, the PRRO directly addresses WFP Strategic Objectives 2 ("Protect livelihoods in crisis situations and enhance resilience to shocks") and 3 ("Support the improved nutrition and health status of children, mothers and other vulnerable people"), and contributes to Millennium Development Goals 1 ("Eradicate extreme hunger and poverty") and 6 ("Combat HIV/AIDS, malaria and other diseases").

Zimbabwe can return to being a producer of surplus food once it restores agricultural production, rationalizes agricultural markets and reverses economic decline. Until then, targeted food support will likely be required to sustain particularly vulnerable groups in food insecure areas. Regular assessments will continue to ensure that food assistance is calibrated to need.

¹ Zimbabwe Demographic and Health Survey 2005–2006



DRAFT DECISION*



The Board approves the proposed PRRO Zimbabwe 10595.0 “Protracted Relief for Vulnerable Groups” (WFP/EB.1/2008/9/1).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (WFP/EB.1/2008/15) issued at the end of the session.



SITUATION ANALYSIS AND SCENARIOS

The Overall Context

1. Zimbabwe, like other countries in the region, continues to endure erratic weather patterns and the HIV-AIDS pandemic, which have led to a reduction in crop production, increased mortality and a growing number of households vulnerable to hunger. In addition, economic crises in the country, characterized by hyperinflation and a major devaluation of the national currency, have exacerbated these chronic conditions, creating shortages in all areas and greatly eroding purchasing power. Economic decline was precipitated by a land-reform process that failed to achieve its stated objectives. When combined, these elements have swelled the ranks of the unemployed, increased the flow of migrants to neighbouring countries and created a downward spiral of poverty and vulnerability. Within this context, food aid has served as a safety net for over half the rural population during particularly poor harvest years, including increasingly vulnerable households, children and the chronically ill. Food aid has also been used to sustain school attendance, support adherence to anti-retroviral treatment (ART) and promote conservation agriculture in food-insecure areas.
2. Agricultural production, which was once the mainstay of the economy, providing employment and income for 70 percent of the population, has significantly declined during the last decade. This decline is due in part to the collapse of the large-scale commercial farming sector. The mainly rain-fed communal farming sector, traditionally responsible for most of the national maize supply for consumption, has struggled as a result of various economic problems as well as from recurrent drought and the frequently inadequate availability of agricultural inputs. Price and marketing controls on both maize and wheat have also caused disincentives to production of these staples.
3. Zimbabwe is classified as a low-income food-deficit country and ranks 151st out of 177 countries in the United Nations Development Programme (UNDP) Human Development Index (2006).² Economic conditions have deteriorated since 1999;³ the gross domestic product has fallen by nearly 35 percent in cumulative terms while inflation has skyrocketed. The official annual inflation rate reached over 7,600 percent in July 2007.⁴ Unemployment figures currently stand at over 80 percent of the population, while 72 percent live below the poverty line.
4. Health indicators have also deteriorated at an alarming rate. Life expectancy has dropped from 51.8 years in 1995 to 37.2 in 2006.² Although overall under-5 mortality rates have declined from 102 to 82 per 1,000 live births, maternal mortality is among the highest in the world at 1,100 per 100,000 live births. While the acute malnutrition rate has stabilized in most districts at 6 percent, the chronic malnutrition rate remains high at 29.4 percent.¹ Gains have been made through intensive HIV/AIDS awareness and behavioural change programmes that have led to a decline in the prevalence rate from 20.1 to 18.1 percent in 2006,⁵ but it remains one of the highest in the world, and AIDS is

² UNDP Human Development Report, 2006

³ World Bank Country Brief, October 2007

⁴ Central Statistics Office (CSO), July 2007

⁵ Joint United Nations Programme on HIV/AIDS (UNAIDS)



the main cause of death. The 2006 demographic health survey showed a higher prevalence rate among women (21 percent) than men (15 percent).¹

5. The HIV/AIDS pandemic has had a detrimental impact on livelihoods and production patterns. In rural areas it is resulting in an increased number of households becoming vulnerable to hunger and poverty. As working adults succumb to the disease, rural areas are deprived of their productive labour force. While socio-economic factors introduce additional threats to the household, its resources are being spent on caring for the sick and dying at the expense of productive activities and other domestic needs. Health-related expenses increase while productivity, earning power and incomes decrease. Households often lose the key producers and managers of livelihood assets, increasingly leaving children or the elderly to assume the role of primary caregiver to extended families. Women in female-headed households are the group that takes most responsibility for the care of orphans and other vulnerable children (OVC).
6. There are currently 1.3 million orphaned children in Zimbabwe, 77 percent of them orphaned as a result of HIV/AIDS.⁶ While the majority of children obtain support through the informal extended family network, an increasing number of vulnerable children are at risk of malnutrition and dropping out of school. As the pandemic affects more households, and as family or community resources are stretched to breaking point, the traditional social network support systems once available are showing signs of collapse and are no longer a reliable means of assistance.

The Food Security and Nutrition Situation

7. Once a surplus producing country, Zimbabwe's harvest of maize, its staple crop, has fallen short of consumption requirements since 2002. Against an estimated human consumption requirement of 1.9 million mt, production has ranged from a low of 500,000 mt in a drought year (2001/02) to a high of 900,000 mt in a year with adequate rainfall (2003/04). The decline in production is attributable to erratic weather patterns and the rapidly declining output of the commercial farming sector. Moreover, serious economic difficulties have hindered communal farmers from accessing seeds and other inputs in a timely manner, leading to lower yields. An increase in the area of land planted to sorghum, influenced in part by donor support, has somewhat helped to mitigate the cereal gap. Economic challenges, characterized by hyperinflation and limited availability of foreign exchange, have also strained the Government's ability to import sufficient food to fill the national cereal deficit.
8. The 2006/07 agricultural season was declared a drought year by the Government due to below-normal rainfall and extended dry periods, particularly in the southern areas of the country. The joint Food and Agriculture Organization of the United Nations (FAO)/WFP crop and food supply assessment mission (CFSAM) estimated an overall cereal import requirement of 1 million mt, of which 813,000 mt of maize. With reported plans by the Government to import roughly half the maize deficit, the CFSAM estimated that 4.1 million vulnerable people would require food assistance, amounting to 352,000 mt of cereals and 90,000 mt of non-cereals to meet minimum daily requirements of 2,100 kcal. WFP and non-governmental organization (NGO) partners launched appeals to mobilize additional resources to meet the reported need, and large-scale food distribution began in September 2007.

⁶ Zimbabwe National HIV and AIDS Strategic Plan 2006–2010



9. The nutritional status of the population has also deteriorated during the past year. Sentinel-site surveillance of the nutrition situation conducted in 23 districts in November 2006 indicated that although wasting levels are still below emergency thresholds, stunting levels are on the increase and have exceeded 40 percent in Gutu, Kwekwe and Mutare (Sakubva) districts. There appears to be a strong relationship between malnutrition and both morbidity and household food insecurity. The decline in nutritional status appears to be confirmed by the preliminary results of the June 2007 vulnerability assessment committee (VAC) food and nutrition assessment, which highlighted an increase in both acute and chronic malnutrition rates.
10. Large numbers of rural households remain vulnerable to food insecurity. Most rural households meet their basic needs through a combination of small-scale farming, casual labour, petty trade and remittances, and a shock to any one of these sectors can have a devastating effect on their ability to cope. The rapidly escalating cost of living and limited employment opportunities have left many urban dwellers unable to access food and meet other basic household and dietary needs. The situation is particularly dire for households with orphaned children and chronically ill people, for whom successive years of shocks have led to spiralling levels of vulnerability to hunger and poverty that severely compromise their ability to recover. Furthermore, price controls on basic commodities, implemented by the Government in June 2007 in an attempt to stall inflation, have further depleted the availability of basic foodstuffs, especially in urban areas.

Scenarios

11. PRRO 10595.0 is based on the likely scenario that Zimbabwe will continue to face acute economic problems, including food shortages, resulting in deepening vulnerability to hunger and poverty. The situation requires a well-targeted flexible programme able to expand during times of stress and contract when appropriate, while continuing to address the needs of particularly vulnerable people over time. It assumes adequate humanitarian space to allow planning and implementation of food-supported programmes, and continued willingness on the part of donors to support emergency and protracted relief efforts while allowing activities that promote recovery. The scheduled 2008 national elections may pose challenges that will need to be addressed through further improvements in community targeting of vulnerable populations.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Government

12. Following the 2007–2011 United Nations Development Assistance Framework (UNDAF), the Government identified six national priority areas: HIV and AIDS; basic social services; agriculture, land and environment; poverty, economy and employment; governance and human rights; and gender. The main national objective is economic recovery and poverty reduction; in 2007, the Government launched a Social Contract Programme between Government, labour and employers in an effort to stabilize inflation and rescue the economy from collapse. The programme has failed to launch, primarily due to a lack of consensus among the parties involved.



13. In the health sector, the Government and partners developed a National HIV and AIDS Strategic Plan to reduce the spread of HIV and improve the quality of life of people living with and affected by HIV and AIDS. The plan includes the expansion of the ART programme to reach 120,000 patients by end 2007, from the current 86,000 patients.⁷ The Government, with support from the United Nations Children's Fund (UNICEF), also developed a National Plan of Action for OVCs, with the aim of providing them with basic services such as access to education. At present, OVCs benefit from the Better Education Assistance Module programme administered by the Ministry of Education, Sport and Culture (MESC) and the Ministry of Public Service, Labour and Social Welfare (MPSLSW).
14. To address localized malnutrition, the Ministry of Health and Child Welfare (MHCW), with support from UNICEF, has established therapeutic feeding programmes in health institutions throughout the country, providing children suffering from acute malnutrition with therapeutic milk. The deteriorating economy limits the scope of this programme due to the unavailability of therapeutic formula and the loss of trained personnel. To address these problems, the Government is setting up community-based nutrition care programmes where severely malnourished children are initially treated in health institutions and then referred to rural health centres where they are provided with a nutritious ready-to-use therapeutic food based on peanut butter.
15. In 2006, the Government also initiated a National Economic Development Priority Programme focusing on economic stabilization, inflation reduction, foreign currency mobilization, food security including subsidies for basic commodities, and services for the most vulnerable populations. It also launched a food-for-work programme in the early 2000s, where able-bodied members of communities would be entitled to receive 50 kg of maize per month for work done on public works or projects. Implementation of these programmes has been hampered by the limited availability of maize, inflation and logistical challenges.
16. The main government counterpart for WFP is the MPSLSW. WFP and cooperating partner NGOs also work closely with provincial and district-level authorities to plan and implement food-supported programmes.

Other Actors

17. The lack of dialogue and differing perspectives between the Government and the international donor community add to Zimbabwe's challenges; many donors have suspended bilateral programmes. Support for HIV/AIDS prevention, care and treatment provides one notable exception where collaboration among Government, donors, the United Nations and civil society remains strong. Donors have also provided generous support to humanitarian interventions, including food aid and support to displaced people, and there have been some opportunities to pursue longer-term initiatives to help people resettle and/or graduate from relief assistance.
18. Since 2002, many international NGOs have established operations in Zimbabwe, focusing on food distribution, agriculture and support to people affected by HIV/AIDS. Among these is the country-based Consortium for the Southern Africa Food Security Emergency (C-SAFE), which includes the Cooperative for Assistance and Relief Everywhere (CARE), Catholic Relief Services and World Vision and manages a parallel,

⁷ Ministry of Health and Child Welfare AIDS and Tuberculosis Unit



United States Government-supported food pipeline into the country. WFP and C-SAFE work together to programme and implement food-supported activities; the C-SAFE NGOs and ten additional NGOs also serve as WFP cooperating partners. WFP has made significant investments in NGO capacity, including strengthening the capacity of several national NGOs to serve as food aid partners.

Coordination

19. The 2007–2011 UNDAF underlies and guides United Nations agency programmes in the country. Rooted in the Millennium Development Goals (MDGs), the UNDAF outcomes reflect the six priority areas of the Government pertaining to HIV/AIDS; attainment of the MDGs; rule of law, dialogue, participation and human rights; gender disparity; equitable basic social services; and improved food security and sustainable management of natural resources and the environment.
20. The United Nations Resident Coordinator serves as Humanitarian Coordinator. WFP leads an NGO–United Nations–donor food aid coordination and information sharing group and is active in technical groups for food security and monitoring and evaluation. Among the United Nations country team (UNCT) members, WFP works most directly with FAO to promote conservation agriculture, UNICEF in the areas of nutrition monitoring, school-based assistance and orphan care, and the International Organization for Migration (IOM) to support urban and displaced populations as well as returning migrants.

OBJECTIVES OF WFP ASSISTANCE

21. In line with WFP Strategic Objectives, this operation uses food aid to contribute to achievement of the following objectives:
 - a) to reduce asset depletion and increase the resilience of targeted, vulnerable groups to manage shocks, in line with WFP Strategic Objective 2 to protect livelihoods in crisis situations and enhance resilience to shocks;
 - b) to safeguard health and nutrition and enhance quality of life for targeted, chronically ill people through nutrition support linked with health interventions in line with WFP Strategic Objective 3 to support the improved nutrition and health status of children, mothers and other vulnerable people; and
 - c) to improve the food consumption of highly vulnerable food-insecure households, in line with WFP Strategic Objective 2 to protect livelihoods in crisis situations and enhance resilience to shocks.

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food-Security-Related Assistance to Date

22. This operation builds on six years of experience implementing large-scale free-food distributions and food-supported programmes focused on particularly vulnerable people. From 2002 through 2006, WFP distributed 940,002 mt of food, reaching a peak level of 4,686,381 beneficiaries through general food distribution/vulnerable group feeding (VGF) and other targeted activities. WFP invested substantially in food management and distribution training for cooperating partners and put in place rigorous assessment,



targeting, implementation and monitoring systems to ensure that food reaches the intended beneficiaries, limiting any attempts to manipulate food distributions. These have been refined over time, resulting in the Revised Beneficiary Targeting and Selection System introduced in 2007, which incorporates comprehensive geographic targeting approaches, participatory rural-appraisal tools and administrative targeting methods based on hunger and poverty diagnostics.

23. Through its VGF programming, WFP has succeeded in scaling up its interventions to meet food shortages during the lean season and empowering women and communities to manage food assistance activities without yielding to external influences. In addition, there have been laudable efforts to incorporate HIV/AIDS messages at distribution sites. Challenges have included maintaining the food pipeline in spite of resource and logistics constraints. Because the programme operated only during the lean season or droughts, significant numbers of vulnerable people were left without needed food assistance. Finding ways to appropriately scale up food distributions in urban areas is a persistent challenge.
24. During 2004, WFP piloted and scaled up a range of targeted activities, including school-based feeding, support for home-based care (HBC) and OVCs, providing an important safety net for children and households with chronically ill family members. The school-based feeding programme became a lifeline for nearly one million children when, in mid-2004, the Government asked WFP to cease all large-scale free food distributions in the country. School-based feeding has been successful in helping to protect livelihoods and sustain primary school attendance, despite household stress and recurring challenges related to deteriorating school infrastructure and difficulties securing sufficient firewood and non-food items. Another challenge is to reach the vulnerable out-of-school children, who remain a major concern.
25. Food-supported HBC demonstrated its positive impact on mobility and productivity among previously bedridden people living with HIV/AIDS and other chronic illnesses, even in the absence of ART and other life-preserving medication. A WFP-supported initiative to increase male involvement as home-based caregivers was cited as a best practice in several evaluations. Challenges have included the limited capacity of cooperating partners to provide the other important components of HBC support in line with the minimum package (developed by the Ministry of Health and Child Welfare and the National Aids Council and in consultation with United Nations agencies and NGOs) and to meet demand.
26. During 2007, WFP also introduced a pilot activity to provide food support to HIV-positive patients on ART, in an effort to improve the overall uptake of ART, improve health and nutritional status and ensure adherence and compliance to ART services. WFP also launched a pilot with FAO to provide food as an incentive to food-insecure households that were willing to learn and implement conservation farming techniques.
27. An evaluation of Southern Africa Regional PRRO 10310, including Zimbabwe, was conducted in November–December 2006, and its findings were used to inform the development of this PRRO.

Strategy Outline

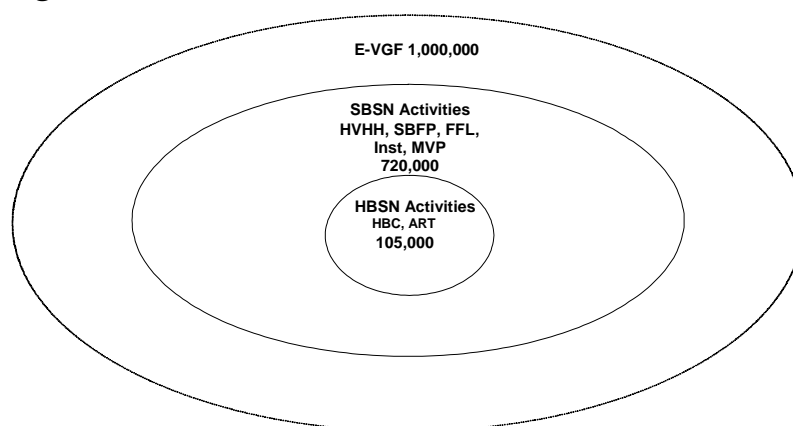
28. Drawing from the experience of responding to food insecurity in southern Africa over the past six years, WFP has developed a social protection framework (SPF) for the region. The SPF assumes that those households that have faced successive shocks to health, food production and income remain at high risk of hunger and poverty and face life-threatening



situations when exposed to further shocks. The SPF emphasizes the need for predictable, reliable and consistent support to address household-level food supply shortfalls.

29. In its application of the SPF in Zimbabwe, WFP and its cooperating partners identified a three-tier strategy to prioritize food assistance interventions. The primary tier (health-based safety-net activities) promotes universal access to the care and treatment of diseases such as HIV/AIDS and tuberculosis (TB). The secondary tier (social-based safety-net activities) provides support for livelihoods to address chronic poverty and the needs of food-insecure households, including vulnerable urban households, households affected by displacement and children in the most food-insecure areas of the country. The tertiary tier (Emergency Vulnerable Group Feeding (E-VGF)) addresses seasonally shock-affected food-insecure households.

Figure 1: PRRO Activities (annual caseload)



30. While both cash- and food-supported initiatives can form important components of social protection, a WFP-initiated survey identified that food aid remains an essential relief activity in Zimbabwe due to substantial and recurrent food shortages and deteriorating access to food.⁸

Health-Based Safety-Net Activities

31. The link between nutrition and HIV/AIDS is well-documented. A nutritious diet is now considered to be an inherent component of HIV/AIDS care in the context of chronic poverty and food insecurity. HBC and ART patients have special nutritional needs that need to be addressed in order for them to better respond to treatment. In the context of TB, the food ration plays an important role in ensuring adherence to treatment, hence preventing the appearance of drug-resistant TB.
32. WFP will provide a monthly, nutritionally-enhanced food ration to food-insecure, chronically ill people and their families as part of a comprehensive package of HBC support and/or ART. This includes rations for those who are temporarily ineligible for ART, such as patients treated for TB or mothers enrolled in prevention of mother-to-child transmission (PMTCT). Rations are provided until the end of TB/PMTCT treatment or

⁸ Special Initiative for Cash and Voucher Programming. 2007. "Assessment of Appropriateness and Feasibility of Voucher and/or Cash Responses in Zimbabwe Urban and Peri-Urban Areas".



until beneficiaries can engage in livelihoods programmes or return to active life, in any case for a maximum of 12 months.

Social-Based Safety-Net Activities

33. Food programming must address the deepening vulnerability of particular population groups, particularly those poor vulnerable households with limited assets to rely upon. These groups, which are unlikely to see an improvement in their food supply following a harvest or are unable to actively participate in the market, require consistent, reliable food assistance throughout much of the year and until such time as normal social protection mechanisms are established or restored.
34. Social-based safety-net (SBSN) activities will provide a platform to target vulnerable, food-insecure people through: support to poor, highly vulnerable households (HVHH); food-for-livelihoods (FFL) programmes such as conservation farming or food for training or assets; urban institutional feeding; feeding mobile and vulnerable people (MVP); and school-based feeding programmes (SBFP) for children in the most vulnerable rural and urban areas. Attention will be given to supporting out-of-school children (via community participation) in highly food-insecure areas and urban areas with high population density. The vulnerable, chronically ill and/or orphaned will be referred, where available, to WFP-supported ART, HBC or vulnerable child programmes, which will give them a package of food support combined with complementary medical treatment, school-fee support and psychosocial services. Given high chronic malnutrition levels in the country, WFP will engage with UNICEF to advocate for the nutritional needs of children under 2 and to seek Government support for a primary-school deworming programme.

Emergency Vulnerable Group Feeding

35. For poor households that depend on their own rain-fed production, food aid provides a lifeline during drought years and can be programmed to meet the recurrent food gap they face. These groups will be reached through a temporary, seasonal emergency vulnerable group feeding (VGF) programme tailored to provide a monthly free distribution in the most vulnerable areas for the duration of the anticipated food gap. While the lean season is normally from December to March, it may start as early as September during particularly bad years (such as 2007). This transitory food-insecure group will also be encouraged to participate in FFL projects, where appropriate. This component will be adjusted annually taking into consideration recurrent risks and seasonal assessments.
36. The overall thrust of the PRRO remains towards protracted relief, with a small component of recovery (FFL pilot activities). This is consistent with needs and the 2007 Zimbabwe Consolidated Appeal, which seeks to address the acute needs of vulnerable groups and the more protracted, chronic vulnerabilities of the population. Activities will be concentrated in the most food-insecure areas of the country. Partnerships will be pursued and strengthened in order to link food support with other forms of assistance. WFP will support broader United Nations efforts to pursue policy dialogue with the Government on issues such as enhanced HIV/AIDS prevention, treatment and care, agriculture marketing and land tenure. As the policy and economic environment in the country improves, WFP will seize any additional opportunities to use food aid and its own expertise to support recovery.



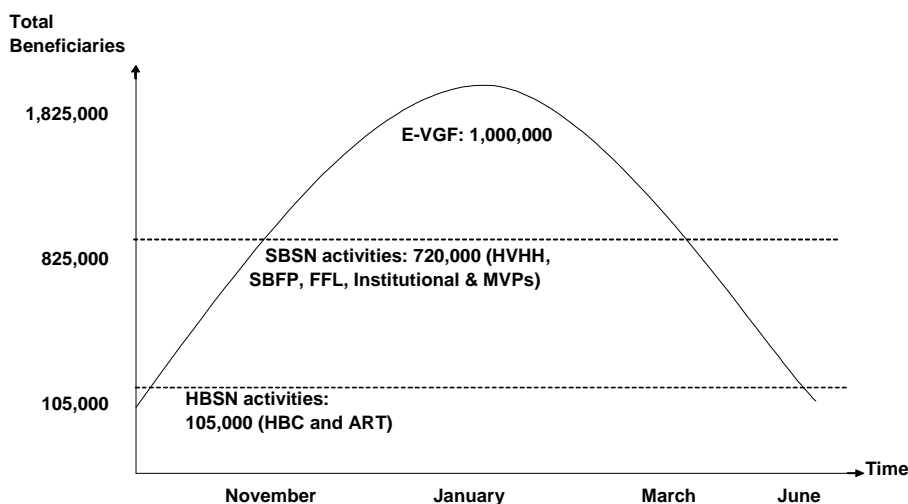
Hand-Over Strategy

37. Zimbabwe is a country that used to produce a food surplus and can do so again if it restores agricultural productivity, rationalizes the agricultural market and reverses economic decline. Until then, targeted food support will be required – large amounts during drought/flood years and smaller amounts when rain is sufficient – to sustain particularly vulnerable groups in food-insecure areas. Opportunities for policy dialogue will be pursued, but they are unlikely to yield significant results during the timeframe of this PRRO. Meanwhile, regular assessments will continue to ensure that food assistance is calibrated to need.

BENEFICIARIES AND TARGETING

38. WFP plans to reach 2,230,000 people during the PRRO (1,825,000 per year). A combination of geographic targeting and household targeting will be used to reach the most vulnerable people residing in the most food-insecure areas of the country. Data on nutrition and HIV/AIDS, and the districts where C-SAFE is operational (see Annex III), will be taken into account. Priority areas in 2007 include the southern and eastern portions of the country and the Zambezi valley.

Figure 2: Seasonal Beneficiary Caseload



39. Following geographic selection based on Zimbabwe VAC surveys, WFP district profiling and other information, WFP and its partners will utilize participatory rural appraisal techniques and administrative targeting methods for household selection. The community-based selection will involve community mapping and wealth ranking; all households defined by the community as “very food insecure” or “food insecure” will be registered and a series of their characteristics will be captured in a beneficiary management database. This information will also facilitate selection of beneficiaries for specific programme activities. Chronically ill, bedridden people will be referred to HBC programmes, while children of deceased HBC patients and other vulnerable children will be referred to OVC programmes. SBFP will continue to assist all children in targeted schools in food-insecure areas where over 50 percent of the community is deemed



“very poor” or “poor”. Out-of-school children (identified with the assistance of the community) will be encouraged to attend schools where meals are offered and will be referred to OVC programmes.

NUTRITIONAL CONSIDERATIONS AND RATIONS

40. Maize meal is the primary cereal consumed in Zimbabwe, comprising 80 percent of daily caloric requirements. It is usually cooked in porridge form and is eaten with vegetables and/or meat when available. In the southern districts of the country, sorghum is often used instead.
41. The food basket will consist of cereal (maize grain, maize meal or sorghum), pulses and oil. For HBC and ART support programmes, corn-soya blend (CSB) will be added to boost the nutritional status of chronically ill household members. The SBFP consists of a daily cooked ration of CSB and oil, as agreed between WFP and the Government. Vulnerable destitute orphans or elderly people placed in public or charity institutions in high-density urban areas will be fed daily at the institution. Table 1 below shows beneficiary numbers for each programme activity. Table 2 below shows ration quantities per day and per year.

TABLE 1: BENEFICIARIES BY PROGRAMME ACTIVITY						
Programming Tier	Activity	Number of Days	Beneficiary numbers			Modality
			Total	Men/Boys	Women/Girls	
Primary (health-based)	HBC	360	75 000	36 000	39 000	TH* FR** 5
	ART	360	30 000	14 400	15 600	TH FR 5
Secondary (social-based)	FFL	180	20 000	9 600	10 400	TH FR 5
	SBFP	180	250 000	120 000	130 000	Wet – individual.
	Institutional	360	50 000	24 000	26 000	Wet – individual.
	MVP	360	100 000	48 000	52 000	TH FR 5
	HVHH	360	300 000	144 000	156 000	TH FR 5
Tertiary (seasonal)	E-VGF	120	1 000 000	480 000	520 000	TH FR 5
Total			1 825 000	876 000	949 000	

* TH = take-home

** FR = family ration



TABLE 2: RATION QUANTITIES PER DAY AND PER YEAR								
Programming Tier	Activity	Number of Days	Daily Ration (g/person/day)					Quantity (mt)/year
			Cereals	Pulses	Oil	CSB	Kcal	
Primary (health-based)	HBC	360	400	60	20	100	2 158	15 660
	ART	360	400	60	20	100	2 158	6 264
Secondary (social-based)	FFL	180	400	60	20	0	1 778	1 728
	SBFP	180	0	0	10	150	659	7 200
	Institutional	360	50 000	60	20	100	1 778	10 440
	MVP	360	400	60	20	0	1 778	17 280
Tertiary (seasonal)	HVHH	360	400	60	20	100	2 158	62 640
	E-VGF	120	400	60	20	0	1 778	57 600
	Total							178 812

42. Lack of firewood and safe water is a problem for wet-feeding programmes, particularly in urban areas. The MHCW, however, prefers a cooked meal to biscuits. WFP and partner NGOs work with schools to promote environmentally appropriate practices for sourcing firewood and will advocate for further investment in water sources at the institutions. As in the past, WFP will introduce fuel-efficient stoves and cooking pots to facilitate cooking in some schools not previously targeted.

IMPLEMENTATION ARRANGEMENTS

43. *Participation.* Through the community-based targeting described above, WFP and its cooperating partners will ensure that all affected communities participate in the planning and implementation of food distributions. Within its programme, and in line with the Enhanced Commitments to Women, interventions will promote women's participation in the design and management of activities. At least 50 percent of the community participants will be women; women normally comprise a much higher percentage. Food distribution committees comprising at least 50 percent women will handle the receipt and organize the distribution of food, and will staff the help desk that is established at each distribution point. Distribution points will be planned to minimize burdens and/or security risks to beneficiaries, particularly women.
44. *Partnership.* WFP and the Government of Zimbabwe will sign a letter of understanding to lay out their respective roles and responsibilities for the operation. The Government participates in the VAC exercise and is responsible for confirming the geographical focus of the operation, in line with food insecurity. Through the MPSLSW, it is also responsible for the registration and approval of NGOs and providing clearances for food imports. At the provincial and district level, the Government facilitates the work of NGO cooperating partners and may participate in the registration of beneficiaries.



45. Food distributions will be implemented by cooperating partners who have demonstrated capacity and experience in food aid operations and have received sufficient capacity-building. Where new cooperating partners are required, WFP selection criteria will include experience distributing food aid, knowledge of and operational capacity in the appropriate geographic areas, ability to provide complementary assistance and proven track records of reliability in financial accounting and reporting systems.
46. Liaison and coordination will continue between WFP, cooperating partner NGOs and the MPSLSW (for overall coordination); the technical ministries at the national level (MESC for school-based activities and the MHCW for HBC/OVC activities); and with the Ministry of Local Government, Public Works and National Housing (which is responsible for district local authorities and traditional leadership).
47. WFP will also coordinate with the other United Nations agencies: UNICEF for education and nutrition related matters, FAO for food security and agriculture and UNAIDS. Potential synergies and strategic alliances will be developed to maximize the use of resources.
48. *Non-food inputs.* Cooperating partners are expected to provide complementary inputs to joint activities; WFP has earmarked resources for training, field-level-agreement budgets, fuel-efficient stoves, cooking utensils and limited deworming campaigns.
49. *Logistics.* Food will move overland from the ports of Beira and Durban or from regional purchases in surrounding countries. Food commodities will be stored at trans-shipment points in Bulawayo, Mutare, Beitbridge and Harare. WFP's prime responsibility will be the delivery of food to the extended delivery points (EDPs) at district level, while cooperating partners will be responsible for EDP management, secondary transportation to distribution points and distribution to households. Where cooperating partners do not have the capacity for transport to the distribution points, WFP will assist.
50. Deteriorating road conditions in rural areas and the limited availability of fuel have led to rising transport costs. Exchange rate issues and vehicle maintenance costs for transport companies also drive up costs considerably. WFP makes fuel accessible from depots established around the country and has contingencies to allocate fuel to transporters and cooperating partners as needed.
51. *Procurement.* Depending on availability and price competitiveness, WFP purchases food commodities in neighbouring countries. Food commodities purchased in the region generally arrive for distribution within two months.

PERFORMANCE MONITORING

52. WFP monitors all stages of the interventions. Registration monitoring is done through public verifications and household visits at the start of the programme or upon a shift in scale of programmes, and randomly to ensure fairness and transparency of the registration process and to address in a timely manner any related shortcomings. Monitoring of food distributions verifies the efficiency and effectiveness of the process, while monthly post-distribution monitoring assesses the adequacy and efficiency of food aid targeting and beneficiary satisfaction with the process.
53. Output reporting will be compiled by cooperating partner NGOs from distribution data using a protocol, management and reporting system in place to address any adverse incidents or attempts to interfere in programme implementation. Monitoring guidelines and tools such as standard checklists, questionnaires, reporting formats and a shared database



(into which the cooperating partners can input directly) provide the framework for monitoring and evaluation of programme implementation. Qualitative and quantitative findings are reported on a monthly/quarterly basis and shared with internal and external stakeholders for follow-up and decision.

54. Community and household surveillance (CHS) is carried out twice a year to monitor the effects of food assistance interventions on beneficiaries and their livelihoods (outcome). The CHS also documents trends in the food security situation of non-beneficiaries to allow comparative analysis; provides data on vulnerable groups' food consumption patterns and coping strategies; and helps WFP to monitor food security and livelihood trends across the region. In Zimbabwe, the seventh CHS round was completed in April 2007 and helped shape the revised targeting strategy launched in July 2007.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Risk Assessment

55. Food insecurity in Zimbabwe is becoming chronic as a result of problems with both food availability and accessibility. WFP commodities (less than 10 percent of the annual national requirements) are not expected to have a negative impact on the market.
56. National elections scheduled for 2008 may hamper operations in terms of temporary loss of access to specific target groups and a slower decision-making process at the national level. Shifting policies and regulations regarding fuel, imports and work permits remain a concern for WFP cooperating partners, as does provision of complementary inputs for programme implementation.
57. Further long periods of drought could put more people in rural areas at risk than planned for in this operation's E-VGF programme. If necessary, WFP Zimbabwe will request approval of a budget revision or emergency operation.

Contingency Planning

58. WFP has been active in UNCT efforts to develop contingency plans for the United Nations system. It recently completed a WFP-specific contingency planning exercise addressing security and operational issues. WFP liaises with other food pipelines in the country to coordinate responses to needs.

SECURITY CONSIDERATIONS

59. Zimbabwe is under Security Phase I. WFP abides by the corresponding regulations and is compliant with minimum operating security standards (MOSS). WFP liaises as necessary with the United Nations Department of Safety and Security for security clearances on staff movement. Upgrades have been budgeted for the country office to become compliant with minimum security telecommunications standards (MISTS).

RECOMMENDATION

60. The Board is requested to approve the proposed PRRO Zimbabwe 10595.0 "Protracted Relief for Vulnerable Groups", which will provide targeted food aid for 2,230,000 people at a cost of US\$287,791,855.



ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost per mt (US\$)	Value (US\$)
WFP COSTS			
Direct operational costs			
Commodities ¹			
- Cereals	258 720	255.90	66 206 448
- Pulses	38 808	761.25	29 542 776
- Vegetable oil	13 836	1 100.00	15 219 600
- Corn-soya blend	46 260	364.00	16 838 640
Total commodities	357 624		127 807 464
External transport			53 715 254
- Landside transport			38 523 250
- Internal transport, storage and handling			22 544 613
Total landside transport, storage and handling			61 067 863
Other direct operational costs			12 793 630
A. Total direct operational costs			255 384 210
B. Direct support costs² (see Annex I-B)			12 859 130
C. Indirect support costs (7.0 percent)³			18 827 505
TOTAL WFP COSTS			287 791 855

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	
International professional staff	4 349 430
National professional officers	752 400
National general service staff	3 432 800
Temporary assistance	69 700
Overtime	27 500
Staff duty travel	863 800
Staff training and development	283 150
Subtotal	9 778 780
Office expenses and other recurrent costs	
Rental of facility	721 400
Utilities (general)	88 700
Office supplies	294 400
Communication and IT services	422 100
Insurance	160 100
Equipment repair and maintenance	89 300
Vehicle maintenance and running cost	746 800
Other office expenses	40 100
United Nations organizations services	100 100
Subtotal	2 663 300
Equipment and other fixed costs	
Furniture, tools and equipment	217 550
Vehicles	133 400
Telecommunications and information technology equipment	80 000
Subtotal	430 950
TOTAL DIRECT SUPPORT COSTS	12 859 130





ANNEX II: LOGICAL FRAMEWORK		
Results chain	Performance Indicators	Risks and assumptions
<p>Outcome 1 Reduced asset depletion and increased resilience of targeted, vulnerable groups to manage shocks (Strategic Objective 2)</p>	<ul style="list-style-type: none"> ➤ Changes in dietary diversity and intake of vulnerable households measured by food consumption score (FCS) ➤ Changes in coping strategies measured by the coping strategies index (CSI) ➤ Proportion of household expenditure spent on food ➤ Changes in asset wealth <p>Source: Community and household surveillance</p>	<p>Capable partners available for programme implementation</p> <p>Government and donor support forthcoming</p> <p>Implementation and decisions guided by monitoring system of operational outcomes</p>
<p>Output 1.1 Timely provision of food in sufficient quantity and quality for targeted beneficiaries under E-VGF (57,600 mt to annual caseload of 1 million beneficiaries)</p>	<ul style="list-style-type: none"> ➤ Percentage of actual beneficiaries fed under E-VGF programme, by age and gender ➤ Percentage of actual tonnage distributed under E-VGF, by commodity 	<p>Government support provided to WFP to implement food aid programmes</p> <p>NGOs available and willing to partner with WFP</p> <p>WFP food pipeline remains intact</p>
<p>Output 1.2 Timely provision of food in sufficient quantity and quality for targeted beneficiaries under SBSN-FFL (1,728 mt to annual caseload of 20,000 beneficiaries)</p>	<ul style="list-style-type: none"> ➤ Percentage of actual beneficiaries fed under SB-SBSN-FFL programme, by age and gender ➤ Percentage of actual tonnage distributed under SBSN-FFL, by commodity 	<p>Government support provided to WFP to implement food aid programmes</p> <p>NGOs available and willing to partner with WFP</p> <p>WFP food pipeline remains intact</p>

ANNEX II: LOGICAL FRAMEWORK

Results chain	Performance Indicators	Risks and assumptions
<p>Outcome 2</p> <p>Health and nutrition safeguarded and quality of life enhanced for targeted, chronically ill people through nutrition support to patients undergoing treatment for chronic diseases and HIV-AIDS. HBSN activities: HBC, ART-TB-PMTCT (Strategic Objective 3)</p>	<ul style="list-style-type: none"> ➤ Changes in dietary diversity and intake of vulnerable households, measured by food consumption source ➤ HBC: community participation in care, protection and services to the most vulnerable groups ➤ HBC: perceptions of weight gain (body mass index) by patients of HBC and/or ART ➤ HBC: improved health status of chronically ill as measured by client mobility ➤ Tuberculosis: adherence to treatment ➤ ART: CD4 count ➤ PMTCT: number of visits to health clinic during pregnancy <p>Source: Community and household surveillance, post-distribution monitoring (PDM) and cooperating partner reports</p>	<p>Global commitments to MDGs and funding maintained (Global Fund and others)</p> <p>Condoms available</p> <p>Reduced denial and stigma among communities and households</p> <p>Communities and households willing to change cultural practices/norms</p> <p>Cooperating partners have the technical knowledge and ability to implement and report on programmes</p>
<p>Output 2.1</p> <p>Timely provision of food in sufficient quantity and quality for targeted beneficiaries under HBSN/HBC (15,660 mt to annual caseload of 75,000 beneficiaries)</p>	<ul style="list-style-type: none"> ➤ Percentage of actual beneficiaries fed under HBSN-HBC programme, by age and gender ➤ Percentage of actual tonnage distributed under HBSN-HBC, by commodity 	<p>Government support provided to WFP to implement food aid programmes</p> <p>NGOs available and willing to partner with WFP</p> <p>WFP food pipeline remains intact</p>
<p>Output 2.2</p> <p>Timely provision of food in sufficient quantity and quality for targeted beneficiaries under HBSN-ART (6,264 mt to annual caseload of 30,000 beneficiaries)</p>	<ul style="list-style-type: none"> ➤ Percentage of actual beneficiaries fed under HBSN-ART programme, by age and gender ➤ Percentage of actual tonnage distributed under HBSN-ART, by commodity 	<p>Government support provided to WFP to implement food aid programmes</p> <p>NGOs available and willing to partner with WFP</p> <p>WFP food pipeline remains intact</p>



ANNEX II: LOGICAL FRAMEWORK

Results chain	Performance Indicators	Risks and assumptions
<p>Outcome 3</p> <p>Improved access to food for highly vulnerable, food-insecure people SBSN-HVHH/SBSN-SBFP/SBSN-MVP/SBSN-institutional (Strategic Objective 2)</p>	<ul style="list-style-type: none"> ➤ Changes in dietary diversity and intake of vulnerable households, measured by food consumption score <p>Source: Community and household surveillance</p>	<p>Capable partners available for implementation</p> <p>Governmental and donor support forthcoming</p> <p>CHS assessments implemented twice a year</p>
<p>Output 3.1</p> <p>Timely provision of food in sufficient quantity and quality for targeted beneficiaries under SBSN-HVHH (62,640 mt to annual caseload of 300,000 beneficiaries)</p>	<ul style="list-style-type: none"> ➤ Percentage of actual beneficiaries fed under SBSN-HVHH programme, by age and gender ➤ Percentage of actual tonnage distributed under SBSN-HVHH by commodity 	<p>Government support provided to WFP to implement food aid programmes</p> <p>WFP food pipeline remains intact</p> <p>NGOs available and willing to partner with WFP</p>
<p>Output 3.2</p> <p>Timely provision of food in sufficient quantity and quality for targeted beneficiaries under SBSN-SBFP (7,200 mt to annual caseload of 250,000 beneficiaries)</p>	<ul style="list-style-type: none"> ➤ Percentage of actual beneficiaries fed under SBSN-SBFP programme, by age and gender ➤ Percentage of actual tonnage distributed under SBSN-SBFP, by commodity ➤ SBFP: changes in number of meals for children in WFP-assisted schools 	<p>Government support provided to WFP to implement food aid programmes</p> <p>WFP food pipeline remains intact</p> <p>NGOs available and willing to partner with WFP</p>
<p>Output 3.3</p> <p>Timely provision of food in sufficient quantity and quality for targeted beneficiaries under SBSN-MVP (17,280 mt to annual caseload of 100,000 beneficiaries)</p>	<ul style="list-style-type: none"> ➤ Percentage of actual beneficiaries fed under SBSN-MVP programme, by age and gender ➤ Percentage of actual tonnage distributed under SBSN-MVP, by commodity 	<p>Government support provided to WFP to implement food aid programmes.</p> <p>WFP food pipeline remains intact</p> <p>NGOs available and willing to partner with WFP</p>



ANNEX II: LOGICAL FRAMEWORK		
Results chain	Performance Indicators	Risks and assumptions
<p>Output 3.4</p> <p>Timely provision of food in sufficient quantity and quality for targeted beneficiaries under SBSN-Institutional (10,440 mt to annual caseload of 50,000 beneficiaries)</p>	<ul style="list-style-type: none"> ➤ Percentage of actual beneficiaries fed under SBSN-Institutional HBSN-ART programme, by age and gender ➤ Percentage of actual tonnage distributed under SBSN-Institutional, by commodity 	<p>Government support provided to WFP to implement food aid programmes</p> <p>WFP food pipeline remains intact</p> <p>NGOs available and willing to partner with WFP</p>



PRRO Zimbabwe 10595.0 Areas of Operation



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

AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
CARE	Cooperative for Assistance and Relief Everywhere
CFSAM	crop and food supply assessment mission
CHS	community and household surveillance
C-SAFE	Consortium for the Southern Africa Food Security Emergency
CSB	corn-soya blend
EDP	extended delivery point
E-VGF	emergency/expanded vulnerable group feeding
FAO	Food and Agriculture Organization of the United Nations
FFL	food for livelihoods
FR	family rations
HBC	home-based care
HBSN	health-based safety-net [programme]
HIV	human immunodeficiency virus
HVHH	highly vulnerable households
MDG	Millennium Development Goal
MESC	Ministry of Education, Sport and Culture
MHCW	Ministry of Health and Child Welfare
MISTS	minimum security telecommunications standards
MOSS	minimum operating security standards
MPSLSW	Ministry of Public Service, Labour and Social Welfare
MVP	mobile and vulnerable people
NGO	non-governmental organization
OVC	orphans and other vulnerable children
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
SBFP	school-based feeding programmes
SBSN	social-based safety-net [programme]
SPF	social protection framework
TB	tuberculosis
TH	take-home
UNCT	United Nations country team

UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
VAC	vulnerability assessment committee
VGf	vulnerable group feeding