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Programa
Mundial
de Alimentos

**Executive Board
First Regular Session**

Rome, 20–23 February 2006

PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 8

For approval



Distribution: GENERAL
WFP/EB.1/2006/8/1
6 January 2006
ORIGINAL: ENGLISH

PROTRACTED RELIEF AND RECOVERY OPERATION – ANGOLA 10433.0

Food Assistance for Education and Health in Conflict-Affected Communities of Angola

Number of beneficiaries	711,000
Duration of project	Three years (1 April 2006–31 March 2009)
WFP food tonnage	108,952 mt
Cost (United States dollars)	
Total food cost	27,103,204
Total cost to WFP	87,613,923

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EXECUTIVE SUMMARY

WFP is adapting its assistance from humanitarian activities to longer-term programmes following signature in 2002 of a memorandum of understanding between the Government and the *União Nacional para a Independência Total de Angola* (National Union for the Total Independence of Angola) after 27 years of war. This protracted relief and recovery operation, which builds on the livelihood activities introduced in the preceding operation 10054.2, will assist food-insecure populations still recovering from the war, focusing primarily in the Planalto Central and peri-urban Luanda. From April 2006 to March 2009, WFP will assist 711,000 people with 108,952 mt of food. The Government of Angola is committed to contributing US\$10 million in cash for this operation, principally in support of school feeding; WFP has requested the Government to review this pledge with a view to increasing its contribution significantly.

This operation incorporates the recommendations of the Office of Evaluation mission in February 2005, which provided in particular for (i) a three-year operation with a limited and diminishing, relief component, (ii) increasing partnerships with other United Nations agencies, the Government and non-governmental organizations in education and health under the Government's draft Poverty Reduction Strategy Paper, and (iii) expanded and improved monitoring and evaluation systems for continuous assessment of programme implementation.

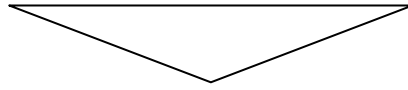
With support from United Nations agencies, the Government has emphasized (i) alleviating poverty and hunger, (ii) improving mother-and-child health and (iii) strengthening the education system. The WFP livelihood zoning exercise and food-security baseline survey have been used to select areas for interventions and identify beneficiary groups and to provide baseline information for use during this operation.

Programme priorities, corresponding to WFP's Strategic Objectives 2, 3 and 4 include:

- (i) greater focus on nutrition through support to mother-and-child health programmes and expansion of food-fortification programmes;
- (ii) enhanced coordination with the United Nations Children's Fund on school feeding; and
- (iii) a livelihoods approach using food for work and food for assets to enable food-insecure people to build community assets through partnerships with organizations involved in agriculture, healthcare and infrastructure rehabilitation.



DRAFT DECISION*



The Board approves PRRO Angola 10433.0, “Food Assistance for Education and Health in Conflict-Affected Communities of Angola” (WFP/EB.1/2006/8/1).

* 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

1. Three years after the end of hostilities, Angola is making a slow and uncertain recovery. Decades of war resulted in extensive destruction of physical and social infrastructure in most of the country, but Angola has considerable development potential. Legislative elections in 2006, presidential elections in 2007 and a new constitution that provides for participation by all parties are the next steps. Angola's vast natural resources could accelerate recovery and development, provided that rapid growth does not leave behind the already marginalized poor.
2. According to the World Bank, 68 percent of Angolans live below the poverty line. Oil, gas, diamonds and water are plentiful, however. Oil production is expected to reach 1.1 million barrels a day in 2005 and 1.24 million barrels in 2006, fuelling an energy-driven growth of gross domestic product (GDP) to a projected 11.6 percent. Oil accounts for 52 percent of GDP and 80 percent of state revenues, so increasing crude oil prices mean more money for the state budget. But oil is not the fastest growing sector of the economy: agriculture and construction are expected to grow by 14 percent in 2005 as de-mined and repaired roads are reopened, new roads are constructed and more land is brought under cultivation.
3. Diamonds are another important source of income: the mining sector accounted for nearly 6 percent of GDP in 2001. Water is abundant, providing potential for hydro-electric production and an alternative to rain-fed subsistence agriculture, on which most Angolans depend. Despite this potential, the quality of life has yet to improve for most Angolans.
4. Since the end of the war, WFP has assisted the repatriation and resettlement of 1.5 million refugees and internally displaced people (IDPs). The two-month resettlement food package and general food distributions lasting one full agriculture cycle, have helped them to resettle and prepare land for harvest with the aim of attaining self-sufficiency. In 2005 and 2006, up to 70,000 refugees should be repatriated from the Democratic Republic of Congo, Namibia and Zambia; assistance will be needed to support their return to areas where most social services, health and education have been destroyed or have never existed.
5. According to the United Nations Development Programme (UNDP) Human Development Report for 2005, Angola has one of the highest infant mortality rates in the world at 154/1,000, an under-5 mortality rate of 260/1,000 and stunting prevalence, an indicator of chronic malnutrition, of 45 percent. A low-income, highly indebted poor country, Angola ranked 160th of 177 countries in the 2005 Human Development Index.
6. The education sector is in a serious state: net primary enrolment is 61 percent – 57 percent for girls and 66 percent for boys; 33 percent of adult Angolans are illiterate. Women are particularly disadvantaged: 46 percent are illiterate; a figure linked to high maternal death rates of 1,700 per 100,000 live births.
7. The Planalto, where most of the fighting took place, is the most food-insecure and vulnerable region; it is home to most of the recently returned populations, including the majority of demobilized soldiers of the *União Nacional para a Independência Total de Angola* (UNITA; National Union for the Total Independence of Angola) and their families. The region relies on rainfed subsistence agriculture; over-cropping has led to degradation of already poor soils; lack of fertilizers and other inputs and poor roads further impede agricultural development. In the Planalto, 60 percent of heads of household are illiterate; 73 percent have not completed primary school. According to



the WFP food-security baseline survey, asset diversity is very low: 91 percent of households have at most two types of durable assets, normally a hoe and perhaps a radio.

8. Lack of basic social services is a major problem in the *musseques* (slums) of Luanda, where 35 percent of Angolans live, which have no water, sanitation or roads. Most *musseque* inhabitants were displaced by the war and came to search for security and employment. The proportion of households living below the extreme poverty line has increased from 12 percent in 1995 to 25 percent in 2004. But because WFP has operated mainly in rural areas, knowledge of food security in towns remains limited, and the programme for Luanda amounts to only 10 percent of the total for the new project over three years, despite the evident needs; there may be justification for increasing this as knowledge is gained during the life of the protracted relief and recovery operation (PRRO).
9. Assistance during the three years will focus on improving access to basic education and health services, and protecting and promoting sustainable livelihoods, taking into account government and United Nations priorities. The resilience and coping capacities of IDPs and affected communities, which were strained during the conflict, need to be built up over a prolonged period. Relief assistance will also be required in areas where climatic disasters occur regularly.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

10. As a result of conflict and population displacement, skill levels are generally low. The implementation capacity of the Government is thus limited as it struggles to rebuild the country, but it aims nonetheless to attain the Millennium Development Goals (MDGs) and is finalizing a Poverty Reduction Strategy Paper and the Government's bi-annual programme for 2005–2006. These priorities include universal access to primary education and primary healthcare, rehabilitation and expansion of infrastructures and improved food security. The aims of the PRSP are to:
 - contribute to universal access by children to quality primary education, and to reduced gender disparity;
 - reduce maternal mortality by 75 percent by 2015;
 - reduce under-5 mortality by 75 percent by 2015; and,
 - reduce severe and moderate malnutrition among children under 5.
11. Government expenditure on health and education is low compared with other countries of the Southern African Development Community (SADC), but its commitment to these sectors has increased over the past two years with integrated strategies developed in coordination with WFP, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). WFP has approached Government to include a cash provision in its 2006–2008 budget to support a growing school feeding programme, which would allow coverage to be progressively increased during the three years of the PRRO. The Government has already confirmed that at least US\$10 million would be provided; WFP has encouraged the Government to review this provision with a view to increasing it significantly.



OBJECTIVES OF WFP ASSISTANCE

12. The objectives of this PRRO are to:
- support improved nutritional status among children, pregnant and lactating women and other vulnerable groups – Strategic Objective (SO) 3;
 - support access to education, with an emphasis on reaching and maintaining gender parity – SO 4; and
 - rehabilitate and protect livelihoods, particularly in the agriculture sector, and improve resilience to shocks – SO 2.
13. This PRRO contributes to WFP's Enhanced Commitments to Women (ECW), with a focus on ECW 1, 2 and 3. Efforts will be made to ensure that men and women participate equally in project selection and benefit equally from assets created; ration cards will be issued in the names of women, more of whom will benefit from FFT activities.

WFP RESPONSE STRATEGY

14. WFP has been assisting Angola for 30 years. Assistance in the last two PRROs has shifted from relief to recovery: in the last PRRO, WFP worked with the Government on school feeding and integrated nutrition and food-fortification programmes and led the way in building and repairing bridges and roads to reduce the cost of transporting food to isolated food-insecure areas and displaced populations; the improved access has brought many benefits beyond the immediate objective of reducing transport costs.
15. WFP food aid is integrated with Government priorities and its strategy for poverty reduction. Recovery is the main component of this PRRO, which includes activities aiming at future development. The consequences of 30 years of conflict are still evident, however: precarious social and institutional situations in the provinces and limited government capacity at the provincial and municipal levels hinder a full development programme. In the short term, Angola is unlikely to regain self-sufficiency in staple foods; the gap will need to be covered by imports and food aid. Relief assistance is likely to be needed in areas where weather emergencies recur and pockets of acute malnutrition persist.

Relief

16. The intention is to discontinue general food distributions by 2007, when most refugees will have returned, but food aid will be used to respond quickly to natural disasters and to address local short-term unavailability of food or security. As far as possible, relief food will be delivered through emergency food for work (FFW), except in short-duration emergencies where general distributions may be more effective. The Government is increasingly able to respond promptly to short and localized food-assistance needs with its own resources. It is hoped that the need for relief assistance will end by 2007.

Recovery

17. Most WFP assistance will be in the education sector, using food to attract children and keep them in school throughout the school year. Providing nutritionally balanced school meals for primary schoolchildren contributes directly to improved enrolment, increased attendance, fewer dropouts and increased ability to concentrate and learn.



18. Food aid is integrated into Ministry of Education priorities and coordinated with assistance provided by United Nations agencies and non-governmental organizations (NGOs). School meals are part of a package that places schools at the centre of community development. Meals will complement the following activities:
 - rehabilitating and constructing schools through FFW schemes;
 - providing latrines and safe drinking water;
 - providing educational materials;
 - instructing pupils in nutrition and diet diversification, HIV/AIDS awareness and mine awareness;
 - cultivating school gardens; and
 - de-worming.
19. Nutritional deficiencies during pregnancy and infancy have devastating consequences on children's mental development and future health: a study in 2004 by the London Institute of Child Health on behalf of WFP in Kuito, Bié province, found that 29 percent of women have low blood levels of niacin and are at risk of developing pellagra. WFP interventions will support nutritional programmes in rural areas where health services are poor and children under 5 and women in particular are food-insecure.
20. Pregnant and lactating women will receive a take-home supplementary ration of fortified blended foods at health centres in food-insecure areas from the third month of pregnancy until twelve months after delivery to enhance their nutritional status and increase birthweights, and to provide an incentive to use MCH services more regularly. Therapeutic feeding programmes will cover malnourished children under 5 whose weight-for-height is less than 70 percent; supplementary feeding will cover those between 70 percent and 80 percent of the median.
21. Nutritional support for HIV/AIDS, trypanosomiasis, leprosy, tuberculosis (TB) and pellagra patients in hospitals and health centres is vital: patients need treatment over several months, obliging them to leave their households and place children with neighbours or next-of-kin, during which they and their caregivers have no secure source of food other than WFP. Nutritional support through fortified food is part of the treatment, which is more effective if nutrition is adequate.
22. Areas assessed by VAM as most food-insecure are also those with the highest concentration of internal and external returnees; a livelihoods approach will be applied in the agriculture sector. Food in the form of FFW or food for assets (FFA) may be supplied as livelihood support for the remaining returnees or as an incentive to build household or community assets. Beneficiaries in the transitory needs, special emergencies and in some cases support for school feeding categories will receive food assistance in exchange for participation in training, rehabilitation and construction around schools, agriculture rehabilitation schemes, building community food-storage facilities and tree-planting schemes.
23. WFP intends to generate and improve agricultural, community and household assets while getting food to vulnerable people, even though asset creation is not the main objective, including irrigation schemes, rural roads, water points, schools and health posts. The project will use food to enhance human capital through food-for-training (FFT) literacy programmes for women and out-of-school girls and HIV/AIDS awareness.



Exit Strategy

24. As Angola emerges from war, improves education and health services and begins to feed itself, WFP will phase down activities and hand over programmes to the Government. This will be addressed by building the capacity of government counterparts, supporting national food-security monitoring and prioritizing programme interventions and areas.
25. The Ministry of Education will increasingly implement and monitor the school feeding component; WFP will train personnel in programme planning, management, monitoring and reporting, and provide non-food items such as motorcycles to assist with monitoring. During the PRRO, food purchased with the contribution from the Government will constitute an increasing proportion of this activity.
26. The second component of the phase down is supporting the establishment of national capacity in food-security assessment and monitoring; the Food and Agricultural Organization of the United Nations (FAO) will collaborate in the gradual transfer of capacity to the Food Security Office of the Ministry of Agriculture. During the handover, training will be offered in vulnerability analysis and mapping (VAM), joint food-security assessment, analysis and monitoring. The intention is for the Government to have an autonomous food-security assessment capacity by the end of the protracted relief and recovery operation (PRRO). Food fortification at the national level will also be transferred as part of the phase down.
27. The third component, intervention prioritization, builds on WFP's 2004 food-security baseline survey, which guides the geographical targeting of this PRRO. As operations phase down, VAM surveys will determine the priority areas and beneficiary groups for continued food assistance.

BENEFICIARIES AND TARGETING

28. The project will reach an average 538,000 beneficiaries per year, of whom 52 percent will be women, a significant reduction from PRRO 10054.2 reflecting improved food security and the end of major resettlement. The number of beneficiaries receiving WFP food will decline during the three years.
29. Beneficiaries have been selected according to the December 2004 – February 2005 food-security baseline survey in the Planalto, which was chosen because of its high population concentrations, large numbers of returning IDPs and refugees, reliance on subsistence agriculture and traditional food insecurity. The assessment guided geographic targeting and identification and prioritization of groups that will require closer food-security monitoring and possible additional support, all of which are related to subsistence farming and ranked according to ownership of assets/livestock, types of crop, type of housing and temporary paid work undertaken by heads of household.
30. The findings indicate that most people living in the Planalto are in a precarious situation: 60 percent of heads of household are illiterate; 43 percent are women, children or elderly people. Income diversity is low because 94 percent of the population rely primarily on agriculture; 90 percent of those surveyed own only basic physical assets, such as hoes, 5 percent own cows and 4 percent own oxen; most livestock is poultry. When identifying risks, most people cited lack of seeds, animal deaths, crop pests and increased prices as having the most devastating effect on livelihoods.
31. VAM survey identified four main livelihood groups, of whom 37 percent fall into the two most food-insecure categories; most of these currently reside in ten municipalities in the provinces of Benguela, Bié, Kuanza Sul and Huambo. The groups are characterized by



poor diet diversity, sole reliance on agriculture, recently returned IDP status and exposure to lack of seeds, crop infestation and death of animals. The most vulnerable households possess no livestock and only one asset, and depend on occasional agricultural labour.

32. UNICEF has selected 59 municipalities, home to 75 percent of Angolans, identified by the Government as the national priority for their interventions in health and education. Although UNICEF uses different criteria from WFP to identify priority areas, the two agencies have prioritized the same ten Planalto municipalities, which gives scope for collaboration in the education and health sectors.
33. UNICEF has also prioritized five *musseques* in Luanda where 3 million people now live. WFP will partner UNICEF in mother-and-child health (MCH) and school feeding programmes in the most populous and food-insecure *musseques*. A Ministry of Health needs assessment determined that six health posts providing MCH services in Viana, one of the poorest areas of Luanda, are most in need of assistance. Of the provinces where WFP will concentrate its food assistance, Luanda has the highest HIV prevalence rates among pregnant women attending antenatal care – 3.2 percent; the rate is 33 percent among sex workers.

TABLE 1: SUMMARY OF BENEFICIARIES BY YEAR, LOCATION AND TYPE									
Beneficiary category	2006			2007			2008		
	Planalto	Luanda	Total	Planalto	Luanda	Total	Planalto	Luanda	Total
Primary schoolchildren	312 000	30 000	342 000	292 000	30 000	322 000	238 000	20 000	258 000
Malnourished children	16 000	2 000	18 000	13 000	2 000	15 000	11 000	2 000	13 000
Medical cases including HIV	29 000	7 000	36 000	34 000	12 000	46 000	34 000	12 000	46 000
Pregnant and lactating women	5 000	10 000	15 000	5 000	10 000	15 000	5 000	10 000	15 000
Transitory needs support through FFW	57 000		57 000	27 000		27 000	17 000		17 000
People with special emergency needs	10 000		10 000	10 000		10 000	10 000		10 000
Subtotal – WFP	429 000	49 000	478 000	381 000	54 000	435 000	315 000	44 000	359 000
Proposed government school feeding			45 000			90 000			210 000
Annual total			523 000			525 000			569 000

NUTRITIONAL CONSIDERATIONS AND FOOD BASKET

34. The food basket includes maize or sorghum, maize meal, pulses, vegetable oil, CSB, sugar and salt. To counter micronutrient deficiencies, WFP will ensure that salt is iodized, oil is vitamin-A fortified and that part of the maize meal is fortified with iron, vitamins and minerals.



TABLE 2: DAILY INDIVIDUAL RATION (g/PERSON/DAY)									
Programme category	Maize	MM/ FMM	CSB	Pulses	Oil	Salt	Sugar	Kcal	mt
School feeding		110	40		10	3	15	695	35 422
School feeding, Bié		145		20	10	3	10	699	10 152
TFC, SFC		100	150		45		30	1 442	5 457
MCH- HIV		138	138		41	5		1 382	10 830
Medical and caregivers, refugee transit		400	150	50	30	5	15	2 497	18 506
Special emergencies, FFW/FFA, resettlement	500			33	25	5		2 081	23 829

35. WFP will continue to support increased capacity for milling and grain fortification; cash contributions will be used to purchase maize locally or regionally. Bié province, with its high prevalence of pellagra, will be the priority for distribution of fortified maize meal, distribution of which will be extended to other provinces through school feeding, medical and MCH programmes if resources and milling capacity are adequate.

IMPLEMENTATION ARRANGEMENTS

Education

36. The school feeding programme will provide primary schoolchildren with a nutritious snack of corn-soya blend (CSB) porridge on arrival and a maize main meal before they go home. Most schools operate two shifts per day, so this assistance will provide 33 percent of daily nutritional requirements.
37. Minimum standards developed for selecting schools for inclusion relate to clean water, sanitation, cooking and storage facilities and conditions conducive to learning; given the poor state of most schools not all conditions can be met at the outset, so WFP and UNICEF will continue selective assistance with non-food items, primarily clean water and storage for food.
38. Members of parent-teacher associations will prepare food, wash dishes and contribute water and fuel.
39. FFW will be offered to people who contribute to improving the school-feeding environment through activities such as constructing wells and latrines, building or rehabilitating storage rooms and eating and cooking areas and tending school gardens. WFP will seek partnerships with UNICEF and FAO and NGOs such as World Vision to carry out these activities. Wherever possible, WFP will select schools where UNICEF and the *Fundo de Apoio Social* (FAS, a government social-sector financing programme) are constructing and rehabilitating schools, training teachers and providing educational materials to maximize the impact of food assistance.
40. An increasing share of the school feeding programme will be covered through the government contribution to WFP, which will allow a minimum distribution of 12,000 mt of commodities over the three years. In most areas, provincial departments of education will be WFP's cooperating partners, providing logistics support, coordination, monitoring staff and reporting.



Health and Nutrition

41. In partnership with the Ministry of Health, United Nations agencies and NGOs, WFP will deliver a package of nutrition rehabilitation, medical and MCH programmes.
42. Nutrition rehabilitation programmes provide food through therapeutic feeding centres (TFCs) and supplementary feeding centres (SFCs) managed by the Ministry of Health and NGOs. UNICEF ensures that complementary therapeutic milk is provided, identifies needs for complementary items and produces monthly progress reports based on health-related indicators. Commodities are delivered once or twice a month. At TFCs, cooked food is provided daily. Caregivers live in the same centres and will also receive a daily ration of blended fortified food while away from home. Beneficiaries at SFCs will receive take-home dry rations twice a month.
43. Medical programmes will operate similarly: wet-feeding or take-home rations covering 100 percent of daily needs will allow trypanosomiasis, TB, leprosy and pellagra patients to complete their treatment.
44. A nation-wide system to provide anti-retroviral drugs is being formulated. A government clinic in Luanda is providing free HIV testing and anti-retroviral therapy (ART). WFP will (i) provide nutritional support to the most food-insecure patients to complement treatment when the Ministry of Health has established a programme to accelerate the return of people living with HIV/AIDS (PLWHA) to health and productivity and (ii) educate staff, partners, beneficiaries and transport workers in prevention, provided funds are available.
45. WFP will collaborate with the Ministry of Health, UNICEF and NGOs to provide a package of services for MCH programmes in the poorest areas of Luanda and the Planalto. At health posts, UNICEF will train healthcare staff, provide immunizations, micronutrient supplements and insecticide-treated bed nets and organize national immunization days and child health days through the Global Fund; education in pre-natal and post-natal care, family planning and general health will also be offered. NGOs contribute to institution building and rehabilitation of health centres, and help to motivate beneficiaries to participate. WFP will provide fortified supplementary rations for pregnant and lactating women; take-home rations are easier to administer but must be increased because of anticipated sharing.

Transitory Needs

46. Return and resettlement of refugees is expected to continue during 2006 and 2007, though at lower levels than in 2003–2005. WFP will continue to work with the Office of the United Nations High Commissioner for Refugees (UNHCR) to facilitate repatriation and assist returnees during reintegration through FFW and FFT schemes.
47. FFW and FFT activities related to agriculture rehabilitation, to be coordinated with the Ministry of Agriculture and FAO, may include constructing and rehabilitating rural roads, bridges, dykes and irrigation systems, preparing land and multiplying seeds. FFW projects will be selected from a list based on criteria such as type of activity, work norms, duration and work days needed. NGOs and village councils will implement the activities; WFP will monitor them to ensure that plans are adhered to.
48. Food assistance will prioritize women as an incentive to attend training rather than physically demanding FFW projects. FFT will focus on literacy, hygiene, nutrition and HIV awareness. WFP will ensure that over 70 percent of FFT beneficiaries are women,



and that 50 percent of project-selection and food-distribution committees are women, who will fill at least half of the executive positions.

Logistics Arrangements

49. For 30 years roads, railways and airstrips have suffered damage and neglect; 800 bridges were destroyed during the fighting, leaving remote areas without reliable road access. Only a fraction of the pre-independence railway network is operational.
50. The main ports were largely unaffected by the war, but poor maintenance and insufficient investment have rendered them inadequate for increased shipping needs. Air transport is gradually improving: there is a network of airports and landing strips and increasing domestic services.
51. WFP continues to operate primary warehouses or transit hubs in Luanda and Lobito. The intention is to reduce warehouse capacity in Luanda by 80 percent by mid-2006 as food needs decrease.
52. To improve efficiency and reduce costs as commodity volumes decline, WFP will further outsource warehouse management and forwarding services from ports to provincial capitals, including reception of cargo at ports, storage and handling at forwarders' warehouses and transport to provincial warehouses. By the end of 2008, WFP will no longer manage transit warehouses.

Port Network

53. During the project, food will be received through the seaports of Lobito, Luanda and Namibe. Cargo will be allocated on the basis of the costs of unloading, handling and transport to extended delivery points (EDPs).
54. WFP Headquarters will retain responsibility for bagging contracts; the country office will negotiate with the Government for continuation of port fee exemptions, estimated at US\$1.2 million for the entire project. This is additional to the expected US\$2.1 million in customs tariff waivers.

Internal Transport

55. Only 10 percent of Angola's roads are paved, of which 60 percent need repair or rebuilding. The Government estimates that restoration of roads and railways will take 10-15 years.
56. WFP has increased surface deliveries in recent years: 90 percent of deliveries were made by road in 2004 compared with 70 percent in 2002 and 30 percent in 2001. Airlifts will still be required into early 2006, but it is expected that they will be discontinued before the middle of the year.
57. Access has improved overall, but delivery times remain long because roads and bridges are in poor condition and there are still land-mines. To avoid restrictions caused by damage in the rainy seasons in September–January and April–June, WFP will continue its practice of pre-positioning food at EDPs during the dry season.
58. In 2006, WFP will complete the special operation to repair 20 bridges on primary roads, mainly in the Planalto and Moxico, in collaboration with the Swedish Rescue Services Agency (SRSA) and the *Instituto Nacional das Estradas de Angola* (INEA). In 2004, 12 bridges were repaired, enabling WFP to reach beneficiaries by road and facilitating movements of people and goods.



LTSH Rate and CTS

59. With the expected increase in road and rail access, the landside transport, storage and handling (LTSH) rate is estimated at US\$220/mt, slightly down from US\$228/mt in late 2005. The decrease is limited because other factors – including lower volumes pushing up average fixed costs and large fuel price increases in the country – offset the savings from reduced air transport. In view of the changes taking place in the transport sector, WFP will continue to monitor delivery costs and carry out LTSH reviews every six months.

⇒ *Strengthening Partnerships and Complementary Activities*

60. Training in commodity management will be delivered to implementing partner staff who manage food and to local and provincial administration staff and Ministry of Social Assistance and Reintegration personnel. Refresher workshops on commodity management will be organized once a year for WFP warehouse managers to ensure that best practices are followed.

61. Cooperation with NGO partners will be reinforced by guidelines for preparing budgets through the recent field-level agreement. WFP is cooperating with United Nations agencies and NGOs to enhance the cost effectiveness of logistics operations; common logistics capacity assessments and road assessments will be undertaken. Synergies with NGOs will be sought to maximize resources for primary education, HIV awareness and improved health.

Local Purchases and Impact on Markets

62. Since 1999, WFP has tried to procure locally produced maize, sorghum and salt. Success has been limited, however, by low production levels and under-developed trading systems: only small quantities of commodities are available at any time, often in locations requiring costly access. Despite this and despite a poor 2004 harvest in the Planalto, WFP purchased 125 mt of maize and 407 mt of salt locally; regional purchases, mainly in South Africa, totalled 22,250 mt of maize, beans and salt. An effort is under way to purchase 350 mt of maize in southern Angola before the end of 2005. It is anticipated that over the life of the operation, there will be increased opportunities for local purchases.

PERFORMANCE MONITORING

63. Programme officers and field monitors in Lobito, Huambo, Kuito, Luena and Luanda, selected implementing partners and where possible provincial and municipal government staff will carry out regular monitoring and evaluation (M&E) and needs assessments for food distributions.

64. The logical framework sets out measurable output and outcome indicators to be monitored and reported regularly during the PRRO. To ensure uniformity and compatibility of data, cooperating partners already use standard reporting formats. Data collected by sub-offices and field offices are reported monthly to Luanda, where they are consolidated in an ACCESS database for analysis. The country office is harmonizing its M&E (outputs and outcome) data collection with the regional system.

65. A mid-term review at the end of the first year will assess achievements against objectives and determine possible changes in implementation. Towards the end of the PRRO, an evaluation mission supported by the Office of Evaluation (OEDE) and the regional bureau will assess overall performance and impact.



RISK ASSESSMENT AND CONTINGENCY PLAN

66. Because of its emphasis on recovery, this PRRO relies on government commitment and complementary inputs from partners. Should these not materialize, WFP will have to scale down operations and focus on the most critical geographic areas and beneficiary categories.
67. People in the Planalto rely on subsistence agriculture; erratic rains, pests or social unrest preceding the elections scheduled for the second half of 2006 could lead to poor harvests. Higher fuel costs resulting from reductions in government subsidies and increased oil prices are likely to increase the price of food.

Contingency Planning

68. WFP's response will be guided by constant VAM monitoring of the food-security situation and knowledge from past emergency interventions. WFP will shift recovery commodities to relief or revise the budget if necessary.

SECURITY CONSIDERATIONS

69. WFP participates in the United Nations Common Security System and has a full-time security officer.
70. Sub-offices and vehicles are compliant with minimum operating security standards (MOSS). WFP continues to make significant investment in radios, satellite telephones and radio-based e-mail. Security and mine-awareness training is organized regularly.

RECOMMENDATION

71. The PRRO is recommended for approval by the Board within the budget in Annexes I and II. Direct operational costs (DOC) are US\$66.3 million; the total cost to WFP is US\$87.6 million, of which the Government is expected to contribute a minimum of US\$10 million. An estimated 108,952 mt of cereals, pulses, oil, CSB, sugar and salt will be required from April 2006 to March 2009.



ANNEX I

PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity*			
– Cereals	73 492	181	13 318 402
– Pulses	3 900	413	1 612 000
– Vegetable oil	6 545	863	5 651 149
– CSB	19 282	264	5 095 461
– Sugar	4 456	300	1 336 800
– Iodized salt	1 277	70	89 390
Total commodities	108 952		27 103 204
External transport			12 735 397
Subtotal for ITSH			23 968 906
Total LTSH			23 968 908
Other direct operational costs			2 524 999
Total direct operational costs			66 332 506
B. Direct support costs (see Annex II for details)			15 549 665
Total direct support costs			81 882 171
C. Indirect support costs (7 percent)			5 731 752
TOTAL WFP COSTS			87 613 923

* This is a notional food basket used for budgeting and approval purposes. The contents may vary depending on the availability of commodities.



ANNEX II

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff	
International professional staff	2 856 060
National professional officers	1 617 408
National general services staff	6 271 524
Temporary assistance	283 990
Overtime	45 000
International consultants	25 000
National consultants	25 000
Staff duty travel	708 720
Staff training and development	120 000
Sub-total	11 952 702
Office expenses and other recurrent costs	
Rental of facility	879 780
Utilities (general)	27 804
Office supplies	198 608
Communication and IT services	908 761
Insurance	126 100
Equipment repair and maintenance	66 200
Vehicle maintenance and running costs	189 150
Other office expenses	804 560
Sub-total	3 200 963
Equipment and other fixed costs	
Furniture, tools and equipment	72 000
Vehicles	180 000
Telecommunications/information technology equipment	144 000
Sub-total	396 000
TOTAL DIRECT SUPPORT COSTS	15 549 665



ANNEX III: LOGICAL FRAMEWORK MATRIX FOR ANGOLA PRRO 10433.0

Results hierarchy	Performance indicators	Risks and assumptions
Strategic Objective 2: Rehabilitate and protect livelihoods, particularly in the agriculture sector, and improve resilience to deal with future shocks.		
<p>Outcome 2.1</p> <p>Increased ability to manage shocks and meet food needs.</p>	<p>Household expenditure on non-food and food items is lower than 70%.</p> <p>Diet diversity.</p> <p>% increase in agriculture yield.**</p>	<p>Risks</p> <p>Pipeline break</p> <p>Social/political instability</p> <p>Assumptions</p> <p>Community maintains the assets created</p>
<p>Outputs</p> <p>Timely provision of food in sufficient quantity for targeted beneficiaries suffering short-term shocks to food access/availability.</p> <p>Target beneficiaries participating in asset-creation activity, by gender.</p> <p>Agricultural land protected from flooding.*</p>	<p>Number of households/returning populations in emergencies receiving immediate food needs, by age and gender.</p> <p>Quantity and type of food commodities distributed.</p> <p>Assets created, by type and location.</p> <p>Number of dykes built, vs. target.**</p> <p>Number of participants in asset creation, disaggregated by gender.</p> <p>Number of communities participating.</p>	<p>partner stakeholders provide equipment, tools and cash</p> <p>Technical support from internal sources, partners, government or the United Nations is available</p>

* May be revised on the basis of results of the FFW/FFA review.

** Location-specific outcomes and outputs will be further developed by the country office and partners following a FFW/FFA review.



ANNEX III: LOGICAL FRAMEWORK MATRIX FOR ANGOLA PRRO 10433.0

Results hierarchy	Performance indicators	Risks and assumptions
Strategic Objective 3: Support improved nutrition status of children, pregnant and lactating women and other vulnerable groups.		
<p>Outcome 3.1</p> <p>3.1.1 Improve or maintain nutritional status of pregnant and lactating women attending MCH clinics.</p> <p>3.1.2 Improved nutritional status of children attending TFC/SFCs.</p>	<p><50% prevalence of anaemia among targeted beneficiaries.</p> <p>Reduced prevalence of low birthweight among beneficiaries.</p>	<p>Risks</p> <p>Inadequate milling capacity.</p> <p>Assumptions</p> <p>Health clinics are adequately staffed and equipped.</p> <p>Partners have expertise in nutrition programmes.</p> <p>UNICEF/Ministry of Health provide complementary services such as F-75 and F100, de-worming and iron and folic acid supplements.</p> <p>Referral system in the health system is functioning.</p> <p>Effective nutrition surveillance system in place.</p>
<p>Outcome 3.2</p> <p>Reduced levels of anaemia among pregnant and lactating women attending health clinics.</p>	<p>Reduced prevalence of low Mid-upper arm circumference among pregnant and lactating women.</p> <p><15% default rate among children in TFC/SFCs.</p> <p><3% mortality rate among children in TFC/SFCs.</p> <p><70% recovery rate among children in TFC/SFCs.</p> <p>Reduced prevalence of wasting among targeted beneficiaries.</p>	
<p>Outcome 3.3</p> <p>Reduced levels of clinical pellagra and anaemia in school-age children attending WFP-assisted schools; initially only measured in Biè.</p>	<p><50% prevalence of anaemia and clinical pellagra among targeted beneficiaries.</p>	
<p>Outcome 3.4</p> <p>Improved attendance and completion rates in pre-natal and post-natal care at health centres.</p>	<p>Increase from 63% to 80% in attendance by women at pre-natal and post-natal care in health centres.</p> <p>Increased completion rates from 27% to 75% among women attending pre-natal and post-natal care in health centres.</p>	
<p>Outcome 3.5</p> <p>Trypanosomiasis, leprosy, pellagra, TB, HIV/AIDs patients receiving WFP food support complete full treatment cycle.</p>	<p>80% of the 26,000 patients completing treatment.</p>	



ANNEX III: LOGICAL FRAMEWORK MATRIX FOR ANGOLA PRRO 10433.0

Results hierarchy	Performance indicators	Risks and assumptions
<p>Outcome 3.6</p> <p>Reduced HIV prevalence among targeted schoolchildren and pregnant/lactating women and their infants.</p>	<p>Percentage of women returning with their children at 18 months for HIV testing.</p> <p>Percentage of children testing negative at 18 months.</p>	
<p>Output 3.6</p> <p>Beneficiaries undergoing ART and PMCT related programmes receiving nutritional support.</p> <p>Students enrolled in WFP-assisted schools involved in HIV/AIDS prevention awareness programmes.</p>	<p>4,000 beneficiaries under ART treatment and prevention to mother-to-child transmission have received food assistance.</p> <p>200,000 students in grades 4, 5 and 6 enrolled in WFP-assisted schools have participated in HIV/AIDS prevention/awareness programmes.</p>	
<p>Outputs</p> <p>Micronutrient-fortified food provided for pregnant and lactating women and acutely malnourished children.</p> <p>TB, trypanosomiasis, leprosy and pellagra patients receive fortified food during treatment.</p>	<p>18,000 children reached through WFP's food-supported nutrition interventions.</p> <p>15,000 pregnant and lactating women reached.</p> <p>Amount of micronutrient-fortified food delivered through WFP-supported nutrition intervention, vs planned.</p> <p>26,000 patients covered, against targets.</p> <p>80% of the 26,000 of patients completing full treatment cycle, out of those targeted and out of those initiating treatment.</p> <p>mt of fortified food provided.</p>	
<p>Strategic Objective 4: Support access to education with an emphasis on increasing enrolment and promote gender parity.</p>		
<p>Outcome 4.1</p> <p>Increased enrolment of boys and girls in WFP-assisted primary schools.</p>	<p>500,000 boys and girls enrolled in WFP-assisted primary schools.</p> <p>90% of boys and girls in WFP-assisted primary schools attending classes at least 80% of the school year.</p>	<p>Assumptions</p> <p>Memorandum of understanding with the Government.</p> <p>Strong partnerships with UNICEF, FAO, World Vision International and others.</p>
<p>Outcome 4.2</p> <p>Improved attendance rates among children in WFP-assisted schools.</p>		



ANNEX III: LOGICAL FRAMEWORK MATRIX FOR ANGOLA PRRO 10433.0		
Results hierarchy	Performance indicators	Risks and assumptions
<p>Outcome 4.3</p> <p>Improved capacity to concentrate and learn among boys and girls in WFP-assisted primary schools.</p>	<p>Teachers perception of children's ability to concentrate and learn in WFP assisted schools.</p>	
<p>Outputs</p> <p>Micronutrient-fortified food provided for children in WFP-assisted primary schools.</p>	<p>500,000 boys and girls receiving fortified food in WFP-assisted primary schools.</p> <p>mt of food distributed, by commodity and school.</p> <p>Number of schools assisted.</p>	



ANNEX IV

ANGOLA PRRO 10433.0



Legend

- Provincial capitals
- Operational area

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

ART	anti-retroviral therapy
CSB	corn-soya blend
ECW	Enhanced Commitments to Women
EDP	extended delivery point
FAO	Food and Agriculture Organization of the United Nations
FAS	<i>Fundo de Apoio Social</i>
FFA	food for assets
FMM	fortified maize meal
FFT	food for training
FFW	food for work
GDP	gross domestic product
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IDP	internally displaced person
ITSH	internal transport, storage and handling
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MCH	mother-and-child health
MDG	Millennium Development Goal
MM	maize meal
MOSS	minimum operating security standards
NGO	non-governmental organization
ODJ	Southern Africa Regional Bureau
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
PRSP	Poverty Reduction Strategy Paper
SADC	Southern African Development Community
SFC	supplementary feeding centre
SO	Strategic Objective
SRSA	Swedish Rescue Services Agency
TB	tuberculosis
TFC	therapeutic feeding centre
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNITA	<i>União Nacional para a Independência Total de Angola</i> (National Union for the Total Independence of Angola)
VAM	vulnerability analysis and mapping
WHO	World Health Organization

