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PROTRACTED RELIEF AND RECOVERY OPERATION – SOUTHERN AFRICA REGIONAL 10310.0

Assistance to Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of AIDS

Number of beneficiaries	5,534,000, of whom 55 percent are women
Duration of project	36 months (1 January 2005– 31 December 2007)
Food tonnage	656,573 mt
Cost (US\$)	
Total cost to WFP	404,468,966

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for approval by the Executive Board.

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

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EXECUTIVE SUMMARY

A massive international aid operation over the past two years has helped to prevent a serious humanitarian crisis in southern Africa. Although some parts of the region have registered marked improvements in cereal crop production, the 2004 crop, food and vulnerability assessments found that 5 million people in rural areas will continue to face critical food shortages of varying duration during 2004–2005.

A devastating combination of chronic poverty, food insecurity, HIV/AIDS and weakened capacity for governance is driving the decline in development indicators in the region. Decreases in average life expectancy are dramatic. The number of orphans in the region is alarming and continuing to grow. There is an urgent need for simultaneous humanitarian, recovery and development action.

The regional protracted relief and recovery operation offers a programming framework for multi-sectoral activity to support food-insecure households affected by erratic climate and people affected by HIV/AIDS and extreme poverty. Safety-net programmes for vulnerable populations and therapeutic supplementary feeding for people susceptible to food shortages will continue. Food-for-work activities and vocational training will support alternative income-creation and contribute to strengthening community structures. School feeding will provide incentives to keep children in school, especially girls and orphans.

WFP is requesting US\$404.5 million to support the proposed regional operation over the three years from January 2005 to December 2007. Approximately one third of the food is assigned to relief activities; two-thirds supports recovery. Sustained complementary inputs from governments, United Nations agencies, non-governmental organizations and communities will be important for success. Coherence will be ensured by (i) the regional approach, (ii) inter-agency and multi-sectoral programming promoted through the Regional Inter-Agency Coordination and Support Office, (iii) commitment by United Nations country teams to support national efforts to combat the triple threat, and (iv) advocacy by the Special Envoys for Humanitarian Needs in Southern Africa and HIV/AIDS in Africa.

DRAFT DECISION*

The Board approves Southern Africa Regional PRRO 10310.0, “Assistance to Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of AIDS” (WFP/EB.3/2004/8-B/7).

* 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.



CONTEXT AND RATIONALE

Context of the Crisis

1. During the 2001/2002 growing season, erratic weather ranging from floods to droughts triggered widespread crop failures in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. Economic decline, foreign-exchange shortages, inadequate agricultural inputs and instances of shortsighted governance had already weakened agricultural production in some countries. The region was also ravaged by the HIV/AIDS pandemic. At the peak of the crisis, the lives and livelihoods of 13 million people were threatened by severe food shortages. Despite improvements in the food-security situation in 2003, 6.5 million people required emergency food aid.
2. In response, WFP launched two successive regional emergency operations (EMOPs) in the framework of United Nations Consolidated Inter-Agency Appeals. Generous donor response enabled WFP to provide 1.3 million mt of emergency food aid to 10 million people between July 2002 and June 2004. Analysis in Zimbabwe found that districts that received food assistance showed less nutritional deterioration.
3. Non-governmental organizations (NGOs) and other United Nations organizations also provided food and non-food assistance. Some governments boosted food and agricultural imports. Affected populations invoked all the coping mechanisms at their disposal. Humanitarian catastrophe was averted, though not without significant strain on the livelihoods of vulnerable populations.
4. A triple threat of food insecurity, HIV/AIDS and weakened governance capacity, in addition to severe and chronic poverty, is contributing to a serious decline in development indicators in the region. Life expectancy in the six countries covered under the EMOPs has declined by an average 22 years. The impact of HIV/AIDS is devastating, particularly on people of working age, reducing the base of educated and productive adults. At least one child in five is expected to be an orphan by 2010.¹
5. The findings of the 2004 crop and food supply assessment mission (CFSAM) and the vulnerability assessment committees (VACs) indicated significant improvements in production in some countries, but critical household food shortages will continue in the region. There is a need for simultaneous commitment of resources and efforts for humanitarian, recovery and development assistance. The proposed protracted relief and recovery operation (PRRO) offers a programming framework for multi-sectoral activities targeting households and individuals whose food security is affected by erratic climate, extreme poverty and HIV/AIDS.
6. Initial implementation plans for the first year of Regional PRRO 10310.0 in Lesotho, Malawi, Mozambique, Swaziland and Zambia have been prepared following consultations with stakeholders at the national level. External food aid requirements to be provided by international partners and programme modalities in Zimbabwe remain unclear, but WFP stands ready to continue assistance to vulnerable populations as required. An unallocated emergency window (UEW) of 100,000 mt in PRRO 10310.0 could be utilized to support such efforts, allowing flexibility in responding to additional needs linked to future erratic climate.

¹ UNICEF, 2003. *Africa's Orphaned Generations*.



Situation Analysis

7. Some parts of the region registered marked improvements in cereal crop yields, but many remain food-insecure and in need of assistance. Cereal production levels in Lesotho in 2004 are less than half last year's output and one third of the average for the previous five years, a decline caused by inadequate, late and poorly distributed rainfall combined with reductions in cultivated area and use of fertilizer and improved seed. In 2004–2005, 948,300 people will need food assistance.
8. Maize production in Malawi is estimated to have fallen by 14 percent compared with 2003, and 17 percent compared with the five-year average. An estimated 1.3 million people — 11 percent of the population — will experience a food deficit between June 2004 and the next harvest in April/May 2005.
9. Cereal production in Mozambique and Zambia has improved significantly, but food insecurity remains a reality for households struggling to recover from floods and droughts and the longer-term impacts of HIV/AIDS. In Mozambique, 187,000 people will require cereal food aid in 2004–2005. No comprehensive data for Zambia is available, because the VAC examined only flood-affected populations.
10. Poor agro-climatic conditions have undermined Swaziland's cereal harvest for the fourth consecutive year: maize production is 13 percent below last year and 30 percent below the five-year average; 262,000 people will face food/income deficits in the year ahead.
11. According to the Zimbabwe VAC, 2.3 million people in rural areas – 29.5 percent of the population – will be unable to meet their annual cereal requirements during the current marketing season.
12. The United Nations Development Programme (UNDP) 2003 Human Development Report shows that southern Africa is affected by rising poverty and soaring levels of HIV/AIDS. Lesotho, Malawi, Swaziland and Zambia experienced a substantial decline in their human development indices between 1995 and 2001;² only Mozambique registered a slight improvement, from a low starting point (see Table 1).
13. According to the 2003 Human Development Report, 70 percent of the people in Malawi, Mozambique and Zambia survive on less than US\$2 per day; 66 percent of the people in Lesotho and Swaziland live below the poverty line.
14. Over 50 percent of the population in the five countries live in rural areas and depend on small-scale rainfed agriculture. The most food-insecure rural households live in drought-prone areas subject to large variations in crop production. There are few alternative sources of income. Remittances from urban relatives and migrant workers were an important source of income for many rural households, but retrenchments in the mines of South Africa and Zambia and industrial closures have resulted in high unemployment and loss of income.
15. Poor households are less and less able to purchase the available food, meet the rising costs of education and healthcare or invest in agricultural inputs. Many people have to engage in negative coping mechanisms such as selling assets, withdrawing children from school or resorting to prostitution.

² UNDP. *Human Development Report, 2003*.



TABLE 1: SOCIO-ECONOMIC INDICATORS

Country	Population estimate 2003 (million)	GDP* per capita, 2001 (US\$)	HDI** value 1995	HDI value 2001	% change in HDI value 1995–2001	HDI rate/index
Lesotho	2.1	2 420	0.558	0.510	-8.6	137/medium
Malawi	11.6	570	0.404	0.387	-4.2	162/low
Mozambique	18.7	690	0.354	0.356	9.5	170/low
Swaziland	0.9	4 330	0.606	0.547	-9.7	133/medium
Zambia	10.6	780	0.414	0.386	-6.8	163/low

* Gross domestic product.

** Human Development Index.

Source: UNDP. *Human Development Report, 2003*.

16. Government policies have also impacted food security. Liberalization of agricultural policies in particular has increased risk for households because prices and markets are no longer guaranteed. Most countries in the region used to implement food subsidies, seasonal price controls, buffer stocks and subsidized credit, coordinated by parastatal bodies,³ which helped to ensure greater food security despite inherent inefficiency.⁴
17. HIV/AIDS is at the heart of the decline in the regional HDI: adult prevalence rates in Lesotho and Swaziland are over 25 percent; the average for the five PRRO countries is over 15 percent.⁵
18. A 2003 research briefing by the Overseas Development Institute (ODI)⁶ states that literature on HIV/AIDS shows a clear negative impact on food security at the household level, damaging livelihood outcomes. The potential impact on food security is clear: (i) food availability is threatened by the loss of labour and productivity and (ii) access to food is limited by declining incomes resulting from smaller harvests and increased expenditure on healthcare and funerals. In Malawi, households in which two or more adults were chronically ill had incomes 66 percent less than households with no chronically ill adults.⁷ Households in Zambia in which the head of household was chronically ill planted 53 percent less than households without a chronically ill person; households with a chronically ill adult were 21 percent more food-insecure than those without.⁸ Little information is available about the scale of the impact of HIV/AIDS on food security at the national and regional levels,⁹ but the impact at the household and community levels is increasingly clear.

³ Devereux, S. 2003. "Policy options for increasing the contribution of social protection to food security". Theme paper: Forum for Food Security in Southern Africa.

⁴ *Ibid.*

⁵ UNAIDS, 2004. Report on the global AIDS epidemic.

⁶ Humanitarian Policy Group (HPG)/ODI, 2004. *HIV/AIDS and Humanitarian Action*. London.

⁷ *Ibid.*

⁸ SADC Food, Agriculture and Natural Resources Committee (FANR), 2003.

⁹ HPG/ODI, 2004. *HIV/AIDS and Humanitarian Action*. London.



19. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there will be 18 million HIV/AIDS orphans in southern Africa by 2010.¹⁰ A 2004 report by the Swaziland VAC¹¹ confirms that a dependency crisis is imminent, with too many children and elderly people depending on fewer or no adults. Orphans lack the skills to fend for themselves; the burden of supporting them will fall on increasingly overstretched households and communities.
20. Most nutrition surveys during the crisis indicate that acute malnutrition has largely remained stable. Longer-term trends shown in an advanced analysis by the United Nations Children's Fund (UNICEF), however, indicate that the prevalence of underweight children — a Millennium Development Goal (MDG) indicator — has been rising since the mid-1990s. In these countries, significant gains made in the previous decade have already been eroded.
21. The UNICEF analysis also revealed significant patterns:
- i) Urban areas appear to have experienced the highest percentage deterioration in terms of underweight children; they started with the lowest levels.
 - ii) Areas of high HIV/AIDS prevalence showed a markedly higher deterioration compared with areas of lower prevalence; no causal relationship has been determined.
 - iii) Cross-analysis of malnutrition indicators with orphan status indicates increased risk of underweight and stunting among orphans.

Country	% HIV/AIDS prevalence (adults)		Number of HIV/AIDS orphans (2003)	Life expectancy at birth (1995–2000)	Life expectancy at birth (2005–2010)	% underweight (low weight-for-age) children 6–59 months (2000–2002)	% stunting (low height-for-age) in children 6–59 months (2000–2002)
	National average	Local peak					
Lesotho	28.9	31.7	100 000	46.9	31.5	19.2	33.4
Malawi	14.2	17.7	500 000	40.7	37.9	27.8	53.5
Mozambique	14.9	26.5	273 000	41.5	40.0	25.7	46.2
Swaziland	38.8	40.4	65 000	47.2	30.0	11.0	32.3
Zambia	16.5	20.0	630 000	35/7	33.5	30.9	47.0

Sources: UNAIDS, 2004 *Global Report*; UNICEF, *World Factbook*; UNDP, *Human Development Report*, 2003; United Nations Population Division, 2002.

22. Recovery from crop failure resulting from drought has been slow and sometimes short-lived because of deepening poverty and HIV/AIDS. The challenge for WFP is to programme food assistance towards strengthening livelihoods in the face of this rising vulnerability.

Government Recovery Policies and Programmes

23. Responding to new approaches outlined in the United Nations Special Envoy's paper "The Next Steps for Southern Africa", United Nations country teams have pressed for a

¹⁰ UNAIDS, 2002.

¹¹ VAC, 2004. *A study to determine the links between HIV/AIDS, current demographic status and livelihoods in Swaziland, Mbabane Swaziland.*



re-definition of strategies in the Common Country Assessment, the United Nations Development Assistance Framework (UNDAF) and Poverty Reduction Strategy Papers (PRSPs) to align them with the MDGs and linkages between HIV/AIDS, food security and governance. Governments responded to the crisis by distributing seeds and fertilizer to subsistence farmers; long-term strategies include incentives for increased production.

24. **Lesotho** has launched a medium-term agricultural strategy paper linked with the PRRO. **Malawi**'s PRSP addresses social, agricultural and nutritional vulnerability, focusing on safety-nets. The Government of **Mozambique** has received bilateral and multilateral funding to support its national HIV/AIDS strategy for prevention and medical support. **Swaziland** has a national coordinating body for HIV/AIDS response working through chiefdoms to increase food security through crop diversification and to promote community crop production for orphans and vulnerable families. In **Zambia**, the PRRO offers an opportunity for greater collaboration with the Government's disaster management and mitigation unit.
25. WFP will continue to work with governments to develop national food-security and disaster-mitigation capacities to address recurrent droughts and HIV/AIDS. National HIV/AIDS councils are established; significant funds are expected from the Global Fund, the Clinton Initiative, the United States Government and the World Bank. Several governments are working with the World Health Organization (WHO) in rolling out the "3 by 5" initiative.¹²
26. In partnership with UNICEF, UNAIDS and the United States Agency for International Development (USAID), WFP facilitated preparation of national action plans for support to orphans and vulnerable children (OVC) in all five PRRO countries through a rapid assessment, analysis and action planning (RAAAP) exercise. These plans will be operationalized during the PRRO.

Rationale

27. Given the need for simultaneous humanitarian and recovery action, the PRRO provides the best programming approach to the protracted food-security and HIV/AIDS crisis. The depletion of people's assets resulting from the 2001–2003 drought requires an extended recovery period of food for work (FFW), training and education, and simultaneous support for orphans and families affected by HIV/AIDS.
28. The focus of this PRRO is shifting from national and sub-national food deficits towards household-level access constraints. The common causes of food insecurity require the coherence and flexibility of a regional programme to facilitate technical and operational support, logistics and pipeline management through cooperation among country offices and regional support staff in Johannesburg. The 2002–2003 real-time evaluation of WFP's response to the Southern Africa crisis indicated the benefits of coherent advocacy, regional procurement and support for regional needs assessment.

¹² WHO/UNAIDS initiative to provide 3 million people with anti-retroviral (ARV) treatment by 2005.



RELIEF AND RECOVERY STRATEGY

Beneficiary Needs

29. WFP has established a multi-tier assessment process for evaluating beneficiary needs, which incorporates analysis of information from assessments at the national, district, community and household levels. WFP has been the catalyst for coordinating assessment sources such as CFSAMs, the Southern Africa Development Community (SADC) regional and national VACs, and household data collection and analysis through the WFP/C-SAFE Community and Household Surveillance (CHS) system. WFP has tried to ensure that the information is consistent and enhances perceptions of the evolving food-security situation.
30. WFP, with donor support, has contributed to strengthening regional and national VAC processes. SADC/VAC is moving from primarily analysing short-term food aid needs to deeper analysis of longer-term livelihood programmes and addressing chronic issues such as poverty, poor macro-economic conditions and HIV/AIDS. Over the past three years, CSFAM and VAC assessments have provided the information base to guide WFP programming for the EMOP and development of the PRRO. The 2004 assessments concluded that 5 million people will continue to face critical food shortages during 2004-2005.
31. Macro-level information from CFSAMs and VACs has been supplemented with CHS data, which has helped to develop more refined recovery activities for communities and households impacted by severe food insecurity and HIV/AIDS. Multi-tier assessment will continue for PRRO 10310.0; the community and household needs-assessment structure will be strengthened to ensure that targeting and programming evolve in line with changing realities. Changes in targeting have already been made from CHS information that demonstrated that both social and economic criteria are required in selecting beneficiaries.

The Role of Food Aid

32. Food aid contributes to the daily dietary intake of vulnerable food-insecure populations, encourages school attendance and supports participation in activities that help to rebuild physical assets, enhance knowledge and skills and support alternative sources of income. Providing food assistance through integrated services may further increase participation in medical and nutritional programmes and help to maintain community care capacity. Food assistance will mostly be employed as a short-term input in activities that provide longer-term productive and care opportunities. Food aid in support of alternative livelihoods and social welfare is expected to reduce HIV/AIDS infection risks by preventing negative coping strategies.

Programme Approaches

33. The PRRO categorizes nutrition rehabilitation and safety-net activities under relief; family and community-based programmes and school feeding are categorized under recovery. There has been a shift from large-scale general food distribution to a more targeted approach in four main areas:
 - food security;
 - HIV/AIDS care and support for affected households, including OVC;
 - health and nutrition; and
 - education.



34. These programme areas evolved through stakeholder consultations aimed at ensuring a country-driven process. Inter-agency appraisal missions visited the countries in late 2003; government, United Nations and civil-society representatives then participated in a one-week programme design exercise. After the 2004 assessments, there were further consultations on programmatic approaches at the national level.
35. The primary entry point for WFP interventions in this PRRO is food insecurity coupled with the increased vulnerability of populations impacted by HIV/AIDS. Implementation will follow the WFP policy paper on HIV/AIDS presented to the Board in February 2003.
36. A major consideration will be selecting partners to carry out regular recovery activities. An understanding of gender issues will ensure that women beneficiaries participate at all stages of the project cycle.
37. The PRRO will contribute to corporate Strategic Priorities (SPs) as follows:
 - SP1: Save lives in crisis situations;
 - SP2: Protect livelihoods in crisis situations and enhance resilience to shocks;
 - SP3: Support improved nutrition and health status of children, mothers and other vulnerable people;
 - SP4: Support access to education and reduce gender disparity in access to education and skills training; and
 - SP5: Help governments to establish and manage national food-assistance programmes.

Risk Assessment

38. WFP's transition from relief to recovery will require technical and material assistance from specialist agencies. To prevent food security from deteriorating, governments and the commercial sector will need to meet import objectives and facilitate the movement of commodities.
39. The challenge in all sectors is to increase the joint implementing capacity of WFP and its partners, and especially to encourage innovative approaches to HIV/AIDS programming. The link between food aid and care-and-treatment programmes, for example, depends on home-based care and drugs being available. WFP needs to assess infrastructures, finances and human resources and determine the levels of funding, training and staffing it can commit to capacity-building. Linking the PRRO to the WHO ARV programme, for instance, will depend on efficient delivery and monitoring and establishment of nutrition care and support guidelines.

Objectives and Goals

40. The PRRO goal is to contribute to "improved food security, livelihoods and productive capacity among the vulnerable poor, including HIV/AIDS infected and affected people in five southern African countries".
41. There are four objectives defined under four thematic areas — food security, HIV/AIDS, health and nutrition, and education:
 - increased household food access and ability to manage shocks;
 - reduced impact of HIV/AIDS on food security among vulnerable populations in high-priority districts for HIV/AIDS;
 - nutrition needs of vulnerable groups met;



- sustainable increase in school enrolment, attendance and ability to learn and concentrate, while reducing gender disparity.
42. The promotion of gender equity in terms of access to WFP resources and management of community food-aid structures and an integrated inter-agency response are assumed throughout.

IMPLEMENTATION PLAN BY COMPONENT

Key Programme Components¹³

⇒ *Relief*

43. The relief component addresses the food needs of the most vulnerable people, particularly during lean seasons and hardship related to malnutrition and disease. Saving lives is not specified, but relief food aims to contribute to improved survival and medical rehabilitation.
44. The relief category includes a UEW of 100,000 mt of commodities as a buffer to cover future assessed relief needs such as those associated with erratic climate for 2 million people for three months. The food will be used in response to emergency situations in any of the countries, subject to approval by the Regional Director.

Food security: relief aid and safety-nets

45. Relief food will be provided through social-support mechanisms implemented by governments, NGOs and faith-based or community-based organizations, and through temporary targeted food distribution or vulnerable group feeding programmes initiated by WFP during lean periods in the absence of more sustainable support programmes (SP1).
46. During the first half of 2005, relief provisions are high in accordance with the findings of the 2004 VACs and CFSAMs. Relief food is provided through targeted food distributions as well as through recovery mechanisms such as FFW, health and nutrition programmes and HIV/AIDS household and OVC support, which are temporarily expanded for this purpose.

Health and nutrition

47. The health and nutrition component aims to provide nutritional supplements to malnourished children, pregnant and lactating women and chronically ill people in care-and-treatment programmes. Support programmes include mother-and-child health (MCH) and prevention of mother-to-child transmission (PMTCT), therapeutic and supplementary feeding, hospices and home-based care for the chronically ill, tuberculosis (TB) treatment and ARV therapy. The food supplement will be part of a care-and-treatment package, including prevention awareness in malnutrition and HIV/AIDS.¹⁴

¹³ The programme components are related to the outcome and output categories in the logframe. They provide a useful way to consider the strategic focus areas of the PRRO; they are not mutually exclusive and are subject to country-specific interpretation.

¹⁴ Household rations are also provided in Lesotho in conjunction with MCH care and awareness activities under the recovery component.



48. Provision is made in planning the PRRO for food assistance in conjunction with the national care-and-treatment programmes under the “3 by 5” initiative.

⇒ *Recovery*

49. The recovery activities aim to provide opportunities to rehabilitate livelihoods and strengthen coping mechanisms. Food assistance supplies immediate needs, allowing increased engagement in recovery activities.

Food security

50. FFW and food-for-training (FFT) activities will aim to establish and maintain productive and human assets (SP2); livelihood insecurity is the main targeting criterion. The significant impact of HIV/AIDS in many target communities means that the nature of the **work** and the most appropriate **assets** guide WFP towards activities of low labour intensity with benefits for affected and non-affected families alike. Bee-keeping, growing and preserving fruit, raising small animals such as rabbits, fish ponds, conservation farming, irrigation and water harvesting, and small gardens are examples of FFW opportunities; in some instances they are being implemented in addition to constructing roads, dams and storage facilities. The assets created will benefit participants and communities. FFT focuses on vocational skills, income-generating activities, agricultural practices and HIV/AIDS-related care and peer-counselling activities.

Care and support of HIV/AIDS affected households

51. The PRRO will support families whose food security is compromised by HIV/AIDS, for example those caring for a chronically ill person or coping with the death of a breadwinner. Improved coping mechanisms in affected households and communities require an integrated livelihoods approach to be pursued in parallel with medical and nutritional care of people living with HIV/AIDS (PLWHA) (SP2).
52. OVC will be assisted by activities ranging from neighbourhood care points or community schools to food support for families hosting orphans and households headed by children. Activities are expected to scale up in compliance with RAAP national action plans.

Education¹⁵

53. Food support will be provided as on-site meals or take-home rations through primary and pre-primary education and vocational training. Food will be an incentive for enrolment and attendance, and will reduce short-term hunger (SP4). Take-home rations will be supplied to vulnerable children on the basis of gender disparities, HIV/AIDS-related risk factors and orphan status. Seasonal fluctuations in vulnerability will be explored to improve targeting. Involving parent-teacher associations and food-management committees in targeting and identifying complementary services will ensure that school needs are accurately represented at the community and local government levels. Efforts will be made to reach out-of-school children through innovative programming.
54. Education programmes will be selected through basic food-security indicators in catchment areas, enrolment and attendance rates and the ability to provide a minimum standard of educational activities; minimum infrastructure requirements are also defined. Partnerships will be developed to meet basic needs where minimum requirements are not

¹⁵ All orphan programmes are included in the HIV/AIDS category.



met but needs are high. Partnerships in (i) health and nutrition, including deworming, (ii) HIV/AIDS awareness and prevention, and (iii) water, sanitation, agricultural and environmental programmes, particularly with WHO, UNICEF and the Food and Agriculture Organization of the United Nations (FAO), which are central to education activities.

TABLE 3: FOOD AID ACTIVITIES BY COUNTRY					
	Lesotho	Malawi	Mozambique	Swaziland	Zambia
RELIEF					
Food security	Emergency TFD FFW	Emergency TFD FFW	Emergency TFD FFW Safety net VGF	Emergency TFD FFW Safety net VGF	X
HIV/AIDS	Emergency Household support OVC care	X	X	X	X
Health and nutrition	Emergency MCH – household support MCH TB, ARV treatment, PMTCT	TFCs children and caregivers TB, ARV treatment, PMTCT	Supplementary feeding programme/ MCH TB, ARV treatment, PMTCT	SFC/MCH TB, ARV treatment, PMTCT	TB, ARV treatment, PMTCT
RECOVERY					
Food security	FFW FFT	FFW FFT	FFW FFT	FFW FFT	FFW FFT Conservation farming
HIV/AIDS	Household support OVC care – school take-home rations	Household support OVC care	Household support Informal schools and orphanages OVC daycare centres	Household support OVC neighbourhood care points	Household support OVC community schools OVC – household support
Health and nutrition	MCH household support	X	X	X	X
Education	Early childhood development centres – meals	X	Primary school meals and take-home rations	Primary school meals	X (see orphan care)



Beneficiaries, Needs and the Food Basket

⇒ *Beneficiaries and needs*

55. Insights from CFSAMs, vulnerability assessments and monitoring provide the basis for determining the most vulnerable households and individuals. The food aid activities in Table 3 are based on extrapolation of needs from the June 2004 vulnerability assessment and judgements of operational feasibility.
56. Vulnerable households are identified on the basis of land, livestock and asset ownership, food production, employment and income, and access to markets. WFP will use socio-demographic and economic indicators to reach the most vulnerable households. The PRRO will target the following as priority groups:
- households in areas prone to drought or floods whose harvest and/or income is inadequate to meet annual food needs, identified by economic and demographic indicators;
 - nutritionally vulnerable women and children;
 - PLWHA supported through PMTCT, TB and ARV interventions;
 - OVC, households headed by children and households hosting orphans;
 - school-age children in food-insecure areas;
 - households headed by elderly people; and
 - households caring for chronically ill people.
57. Immediate food needs will be met in combination with longer-term benefits such as creating productive and human assets.
58. Many activities are oriented towards households, so the demographic profile of the population will determine the proportion of the sexes in beneficiary groups. WFP will promote women's participation in designing and managing activities, facilitating empowerment and decision-making abilities beyond food-aid interventions in line with the Enhanced Commitments to Women. Where malnutrition, TB or HIV/AIDS determine enrolment, men and women will be treated equally.

Figure 1. Proportional Contribution of Activity Categories to Total Beneficiaries (average per month) by Country

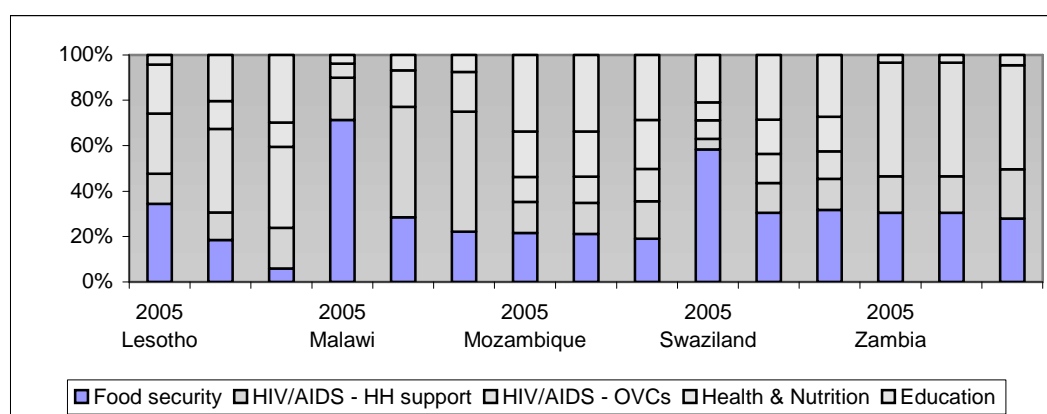
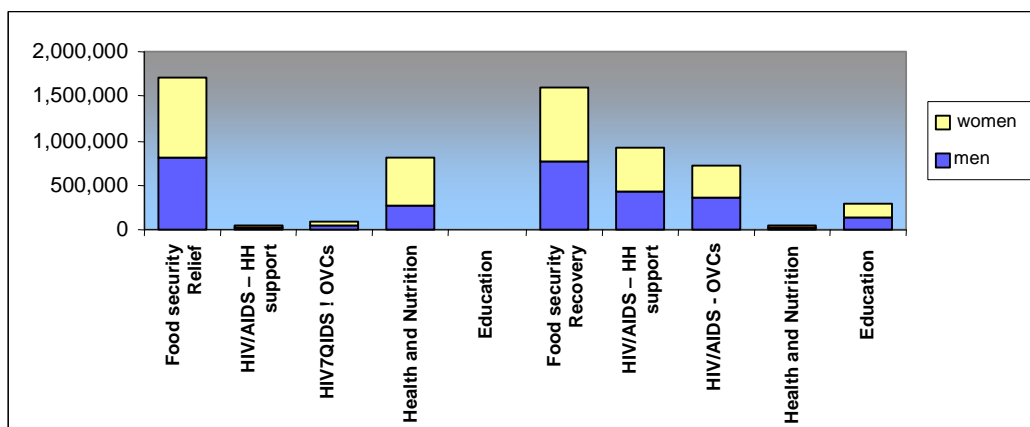


Figure 2. Cumulative Number of Men and Women by Activity Category and Programme Component



Note: Given overlaps between activities, the totals of the categories do not equal the total beneficiary figure.

⇒ *Nutritional needs and the food basket*

59. The proposed rations reflect various dietary contributions, from individual nutritional supplements and on-site cooked meals to household-support rations. Ration size and composition reflect the role of food in the activities and differences in availability of local foods, ability of households to meet their own food needs and agreements with partners and governments; they may change in line with technical and operational guidelines.
60. Current insights into the nutrient requirements of PLWHA identified by the WHO technical advisory committee indicate an increased energy requirement of 10 percent to 30 percent for adults, depending on the infection phase, with a proportionally increased protein intake. Diets in southern Africa are dominated by starchy foods, so an overall increase would not guarantee adequate nutritional intake. Poor and vulnerable households are unlikely to purchase expensive rich foods, so it is important to provide sufficient pulses and oil in addition to cereals.
61. Micronutrient deficiencies are widespread in the target population, so it is important to include fortified products such as corn-soya blend (CSB) and fortified oil and maize meal. Fortified flour will continue to be provided where possible, depending on in-kind opportunities, local production capacities, shelf-life and quality control. Beneficiaries will be offered training on storage, preparation, diet and sources of micronutrient-rich foods.
62. Table 4 presents the total PRRO food requirements.



TABLE 4: TOTAL FOOD REQUIREMENTS BY COUNTRY AND COMMODITY, 2005–2007 (mt)

	Lesotho	Malawi	Mozambique	Swaziland	Zambia	UEW	Total
Cereal	0	128 833	75 409	0	112 874	0	317 116
Cereal ml	67 275	3 362	11 059	30 634	0	76 600	188 930
Pulses	7 830	7 853	10 852	6 360	6 252	10 800	9 947
Oil	3 011	6 057	4 902	3 205	3 909	3 600	24 687
CSB	2 736	4 154	22 145	8 942	17 647	9 000	64 625
Sugar	0	449	0	0	0	0	449
DSM*	0	598	0	0	0	0	598
Salt	221	0	0	0	0	0	221
Total	81 073	161 306	124 367	49 141	140 682	100 000	656 573

Note: Although much of the cereal requirement is indicated as whole grain, efforts will be made to deliver fortified maize meal if possible.

* Dried skim milk.

63. Figure 3 gives an indication of the proportional size of the food requirements by programme area; Figure 4 indicates seasonal fluctuations of relief and recovery tonnages.

Figure 3. Cumulative Beneficiary Figures Excluding UEW by Activity Category

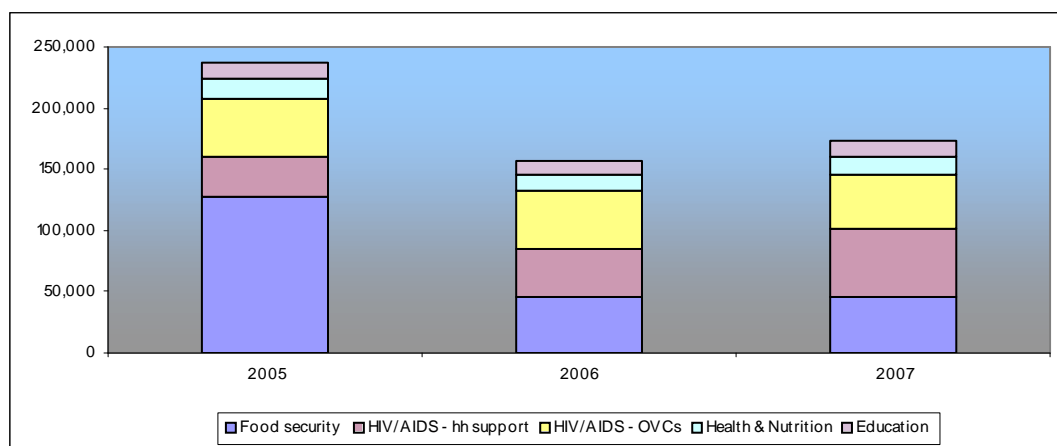
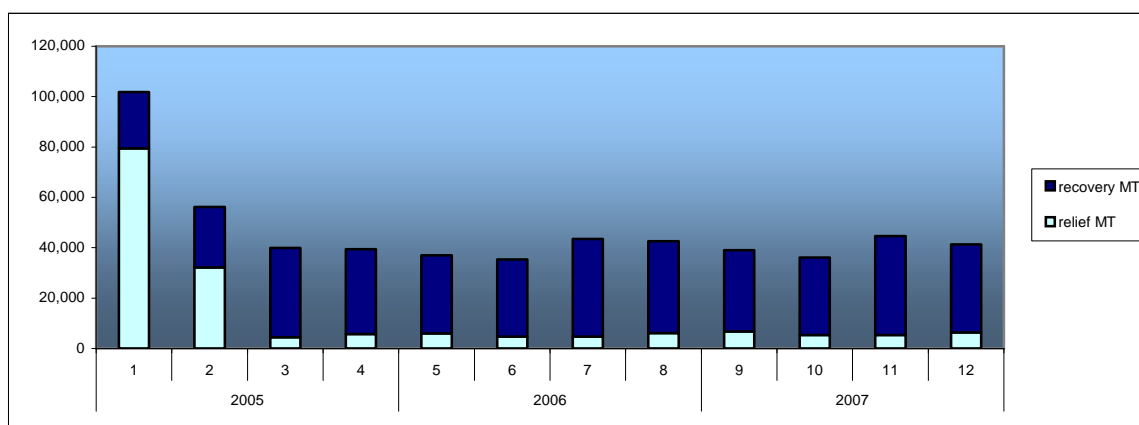


Figure 4. Seasonal Fluctuations over Three Years



Selection of Activities

64. The PRRO activities reflect the insights and experience from the ongoing EMOP 10290, in which several new activities have been piloted. Lessons learned are being used to scale up interventions.
65. Many activities provide temporary support for an increasing number of people over the three years. Table 5 presents the average beneficiary figures per month versus the cumulative total for the PRRO. The movement of individuals and households out of food assistance reflects the normal turnover of beneficiaries in school feeding and nutrition programmes and the PRRO's focus on self-reliance through strengthened livelihoods rather than long-term external assistance.

	Average beneficiary figure per month	Cumulative beneficiary figure over 36 months
Lesotho	171 000	382 000
Malawi	341 000	2 335 000
Mozambique	380 000	887 000
Swaziland	165 000	592 000
Zambia	584 000	1 338 000
Total	1 783 000	5 534 000

Note: The figures compensate for overlap between activities, so beneficiaries are not double-counted. The averages are calculated over a three-year period. Peaks in the first year greatly influence the overall average.

Activity Approval Mechanism

66. A community-based participatory approach incorporating gender concerns is at the heart of the food-aid strategy in all the countries, including targeting criteria, priority areas for interventions and community empowerment.



67. A review process will drive selection and implementation of activities, with the participation of partners and United Nations and government working groups, some of which are already in place, including:
- continuously monitoring vulnerability, related needs and geographical targets;
 - making operational modalities consistent with government programmes and policies;
 - appraising technical, social and economic feasibility, including environmental and gender issues;
 - developing technical and operational guidelines and protocols, particularly for care and support of PLWHA and OVC;
 - identifying partners and assessing their capacity;
 - creating partnerships for minimum support packages to ensure comprehensive services;
 - enhancing community capacity to identify activities, select vulnerable individuals and households, manage projects and continue them beyond external food inputs.

Institutional Arrangements and Selection of Partners

68. A coordinated cross-sectoral response is imperative to address HIV/AIDS. WFP food assistance will complement new or ongoing sectoral interventions, including those implemented by the United Nations, governments and NGOs. The location of eight United Nations organizations in Johannesburg and their liaison through the Regional Inter-Agency Coordination and Support Office (RIACSO) is significant for joint strategies and programmes; RIACSO further facilitates liaison with Consortium for Southern Africa Food Security Emergency (C-SAFE) partners World Vision, Catholic Relief Services and the Cooperative for Assistance and Relief Everywhere (CARE), and Save the Children (SCF) and Oxfam. Coherence is enhanced by the Special Envoy for Humanitarian Needs in Southern Africa, the Special Envoy for HIV/AIDS in Africa and the Commission on HIV/AIDS and Governance in Africa.
69. In Malawi, WFP will continue to work with the NGO consortium on HIV/AIDS and FFW activities. Other countries have improved collaborative mechanisms through consortia and regular coordination meetings to discuss logistics and joint monitoring and evaluation.

Capacity-Building

70. The design and development of the PRRO with its results-based management (RBM) focus has incorporated training at the design phase for partners through a joint logframe exercise. Capacity-building and training will continue, with emphasis on best practice in RBM. Partnerships with UNICEF, WHO and FAO for technical support, programme design and implementation guidelines will be essential.
71. Improved training modules on prevention of sexual exploitation and abuse and HIV/AIDS – a collaboration between WFP, SCF-UK and UNICEF – will be delivered to new partners and those who have not attended previous sessions. WFP is exploring opportunities to engage the transport sector in HIV/AIDS-prevention awareness activities.
72. Global gender trainings on Enhanced Commitments to Women will be conducted for WFP and partners in all five countries.



Logistics Arrangements

⇒ *Commodity origins and procurement*

73. Regional procurement of food commodities will continue. Given favourable crop projections, most cereals and CSB can be purchased in the region, though WFP will continue to advocate for in-kind contributions.
74. Oil, DSM and pulses cannot be purchased economically in the region and will require in-kind donations or international purchases. Approximately 60 percent of pulses and 70 percent of oil will be provided in-kind, with the balance purchased internationally, or regionally in the case of pigeon peas for Malawi and Mozambique.
75. In-kind contributions budgeted under this PRRO represent 30 percent of the food requirement, reflecting the preference for local and regional purchases, particularly in Mozambique, Malawi and Zambia.

⇒ *Logistics*

76. The PRRO will benefit from an established logistics operation that served the previous two regional EMOPs. There are several ports and extensive transport networks in southern Africa.

TABLE 6: PORT CORRIDORS	
Ports (from)	Countries (to)
Nacala	Mozambique and possibly Malawi
Beira	Malawi, Mozambique and Zambia
Maputo	Mozambique and Swaziland
Durban	Lesotho, Swaziland and Zambia
Dar-es-Salaam	Zambia and Malawi, if above are congested

77. The Maputo corridor through South Africa has improved following the concession of port and railway operations. The railway from Nacala to Malawi has benefited from WFP's Special Operations project. Railway operations in Zimbabwe have collapsed because of severe shortages of fuel and spare parts, but if contracts with private operators from Beira to Harare are made this option could be used, mainly for Zambia. The rail connection through Beitbridge to Zambia is not affected because it is privately owned.
78. Contracts will be issued by regional and country logistics units for services from ports to transshipment points or extended delivery points (EDPs). All countries have transshipment points that will be the preferred first stop for overland transport. Direct transport to EDPs will be used, particularly in Lesotho.
79. The regional landside transport, storage and handling (LTSH) rate is based on a weighted average of the rates in each country. A 30/70 ratio between rail and road is planned but may change in favour of rail transport if reliability is increased, which would reduce costs. Internal transport in Zambia and Mozambique is costly because road conditions are poor; there is occasional need to use multi-modal systems, with added handling work. Overland transport of regional purchases will be covered by the external transport budget. No additional trucking needs are foreseen.



Monitoring and Evaluation (M&E)

80. The countries will use a regionally harmonized results-oriented M&E system consisting of (i) consolidated monthly output reports (CMORs), (ii) post-distribution monitoring (PDM) and (iii) CHS to capture short-term and long-term effects of food aid on households and provide early-warning data. CMORs collect corporate output indicators from each country; PDM, conducted monthly by country offices and collated quarterly by ODJ, is an intermediary tool measuring access to, use of and satisfaction with food aid.
81. CHS, designed to monitor the longer-term effects of WFP interventions, will be a critical tool in RBM. It uses a quarterly household questionnaire on food availability and access, and a monthly community-based instrument on food availability. The system will be used jointly by WFP and C-SAFE. CHS provides disaggregated information on beneficiaries and non-beneficiaries of WFP food aid programmes, including OVC status, HIV/AIDS indicators, food consumption, coping strategies and education.
82. Ad hoc surveys and reviews of secondary data will complement these systems. The VAC surveys will provide additional information for M&E. Baseline surveys have been undertaken for school feeding; gender surveys are expected in 2004. Information from M&E will inform management and feed into Standardized Project Reports (SPRs).
83. M&E focal points in each country and sub-office have been identified and trained. A database for CHS and PDM is being established at the national and regional levels. Periodic training to enhance M&E analysis and database management will continue during the PRRO. Mid-term and ex-post evaluations will be undertaken by OEDE, ODJ and country offices.
84. Outcomes and output indicators are given in Annex III. WFP will assume responsibility for output-level and outcome-level achievements. The goal represents the joint efforts of stakeholders and reflects government commitments to the MDGs.
85. Continuous self-evaluation and tracking of best practices and lessons learned will contribute to programme design and implementation, particularly in new programming related to HIV/AIDS.

Security Measures

86. Crime is the greatest regional threat to United Nations staff, especially national staff. All WFP staff will be trained in security awareness. Political tensions associated with government elections pose an indirect threat to WFP and could lead to politicization of food aid. Compliance with minimum operational security standards (MOSS) will be maintained. Each country has a United Nations field-security officer working with the WFP security focal point.

Exit Strategy

87. WFP and other actors acknowledge the need for long-term commitments in the context of food security and HIV/AIDS in southern Africa. Food assistance, however, will provide temporary support to individuals and communities, facilitating sustainable livelihood improvements. Targeted, timely dietary support is expected to facilitate the rehabilitation and stabilization of nutritionally vulnerable individuals and facilitate productive recovery.
88. WFP will work with its partners to enhance communities' capacity to scale up and manage safety-net interventions. In line with its SPs, WFP will assist governments to prepare and implement national strategies addressing chronic food and nutrition insecurity. It will leverage its expertise in food-aid programmes for development of community and



government support networks in which food plays a part. WFP will work with governments to identify funding and programme opportunities, for example with the Global Fund, the World Bank, the United States President's Emergency Plan for AIDS relief (PEPFAR) and the Clinton Foundation, and help with programme proposals.

Contingency Mechanism

89. Given the region's erratic climate, WFP will continue to work with governments and other partners in monitoring early-warning information and supporting contingency planning efforts; UEW offers flexibility for responding to future relief needs.
90. If there are serious pipeline constraints or unexpected increased relief requirements, WFP will re-prioritize its food allocations accordingly, including possible reallocation of commodities between the countries. Care will be taken not to interfere with ongoing partnerships and participatory processes underlying longer-term recovery programming, to ensure sustainability of community-based programmes. Where increased food needs can be foreseen, UEW will be triggered and early calls forward and budget revisions may be initiated.

BUDGET PROPOSAL AND INPUT REQUIREMENTS

91. Innovative recovery programming, particularly for HIV/AIDS, will require substantial investments in advanced vulnerability analysis, participatory and community-based programme design, tracking of lessons learned and enhanced M&E. The RBM focus will have implications for costs related to baselines, outcome tracking and reporting capacities. WFP's interest in adjusting food deliveries and distributions in line with gender and HIV/AIDS-related vulnerabilities calls for a refined operational system, possibly at additional cost. The cost implications and economic viability of the proposed programming approaches will be monitored throughout the PRRO for operational and corporate learning.

RECOMMENDATION OF THE EXECUTIVE DIRECTOR

92. PRRO 10310.0 is recommended for approval by the Board within the budget in Annexes I and II. Direct operational costs (DOC) are US\$343.0 million; the cost to WFP is US\$404.5 million; 656,573 mt of maize, pulses, vegetable oil, CSB, sugar, DSM and salt will be required from January 2005 to December 2007.



ANNEX I

PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity ¹			
– Maize	317 116	211 22	66 981 242
– Maize meal	188 930	211 22	39 905 980
– Pulses	59 947	416 68	24 978 307
– Vegetable oil	24 687	963 34	23 781 991
– CSB	64 625	360	23 265 037
– Sugar	449	390	175 110
– DSM	598	2 000	1 196 000
– Iodized salt	221		13 260
Total commodities	656 573		180 296 929
External transport			42 499 719
Overland transport			25 641 557
Subtotal for ITSH			73 736 449
Total LTSH			99 378 006
Other direct operational costs			20 841 277
Total direct operational costs			343 015 931
B. Direct support costs (see Annex II for details)			
Total direct support costs			34 992 449
Total direct costs			378 008 380
C. Indirect support costs (7%)			26 460 587
TOTAL WFP COSTS			404 468 966
¹ 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	9 096 100
National professional officers	2 499 900
National general service staff	5 638 240
Temporary assistance	1 901 500
Overtime	293 800
Incentives	160 000
International consultants	467 650
National consultants	515 450
United Nations volunteers	824 500
Staff duty travel	2 370 451
Staff training and development	460 774
Subtotal	24 228 365
Office expenses and other recurrent costs	
Rental of facility	937 000
Utilities (general)	286 550
Office supplies	400 900
Communication and IT services	1 055 400
Insurance	396 000
Equipment repair and maintenance	273 460
Vehicle maintenance and running costs	1 175 619
Other office expenses	4 119 656
Services to United Nations organizations	318 000
Subtotal	8 962 585
Equipment and other fixed costs	
Furniture, tools and equipment	247 000
Vehicles	845 000
TC/IT equipment	709 500
Subtotal	1 801 000
TOTAL DIRECT SUPPORT COSTS	34 992 449



ANNEX III: LOGICAL FRAMEWORK SUMMARY—SOUTHERN AFRICA REGIONAL 10310.0 (2005–2007)		
Cause and effect	Multi-stakeholder performance indicators	Assumptions
Goal		
Improved food security, livelihoods and productive capacity among the vulnerable poor, including HIV/AIDS infected and affected people.		
	1. Food security 1.1 Changes in food security and sustainable productive community asset base. 1.2 Increased household income, and reduced income inequalities between men and women. 1.3 Reduced proportion of population below minimum level of dietary energy consumption.	
	2. HIV/AIDS 2.1 Improved nutritional well being and increased survival rate of chronically ill people and those most affected by HIV/AIDS – women, OVC, the elderly etc.	
	3. Health and nutrition 3.1 Increased health status of adolescent girls and pregnant and lactating women as measured by malnutrition – weight-for-height (W/H), body-mass index (BMI), mid-upper arm circumference (MUAC), micronutrient deficiencies and incidence of low birth weight. 3.2 Reduced prevalence of malnutrition in children under 5 – W/H, weight-for-age (W/A), height-for-age (H/A). 3.3 Reduced mortality rates – (CMR), under-5 mortality rate (<5MR), (MMR).	
	4. Education 4.1 Net primary school completion rate for boys and girls (including OVC).	
	WFP performance indicators¹⁶	
Purpose Outcome 1: Food security Increased households' food access and ability to manage shocks.	1. Food security 1.1 Changes in dietary intake of vulnerable households, especially those headed by elderly people, women and orphans. 1.2 Changes in food production, assessed by quantity cereals/tubers harvested (kg). 1.3 Types of households' income sources.	Opportunities exist for improving agricultural production, maintaining assets and activities without sustained food assistance.

¹⁶ All indicators reflected in the logframe are measured among the most vulnerable households and communities targeted by food aid programmes.



ANNEX III: LOGICAL FRAMEWORK SUMMARY—SOUTHERN AFRICA REGIONAL 10310.0 (2005–2007)

	<p>1.4 Proportion of household income devoted to food (SP). 1.5 Changes in community and household assets.</p>	
	WFP Performance indicators	Assumptions
<p>Outcome 2: HIV/AIDS Reduced impact of HIV/AIDS on food security among vulnerable populations in high priority districts for HIV/AIDS.</p>	<p>2. HIV/AIDS 2.1 Quantity and quality of dietary intake among chronically ill people and OVC. 2.2 Community participation in care, protection and services to the most vulnerable groups. 2.3 Changes in communication on HIV/AIDS.</p>	<p>Global commitments towards MDGs and funding continued and maintained – Global Fund and other funds. Condoms are available. Communities and households are willing to change cultural practices/norms. Parents accept the importance of education.</p>
<p>Outcome 3: Health and nutrition Nutrition needs of malnourished and vulnerable groups met.</p>	<p>3. Health and nutrition 3.1 Utilization of health and nutrition services and training. 3.2 Prevalence of anaemia among targeted pregnant and lactating women. 3.3 Prevalence of malnutrition among under 5s – W/H and W/A. 3.4 Incidence of low birth weight.</p>	
<p>Outcome 4: Education Sustainable increase in enrolment, attendance and ability to concentrate and learn, while reducing gender disparity.</p>	<p>4. Education 4.1 Community participation and types of support to education activities and services. 4.2 Changes in enrolment and attendance in primary schools particularly among identified vulnerable groups such as girls, OVC and out-of-school children. 4.3 Teachers perception of children's ability to concentrate and learn in schools (SP).</p>	
<p>Outputs:</p>	<p>General: No. of recipients, participants and beneficiaries by age, sex and vulnerability category by commodity type, by activity sector. Quantity and composition of food ration provided versus estimated requirement and planned rations.</p>	
<p>1. Food security Targeted FFA and FFT activities implemented.</p>	<p>1.1 No. of partners providing technical guidance and support to projects, by sector and activity. 1.2 No. of assets created, by sector and activity. 1.3 No. of participants attending training sessions, by sector and activity. 1.4 No. of community organizations, associations and support groups formed.</p>	<p>Technical agencies are available and willing to partner with WFP.</p>

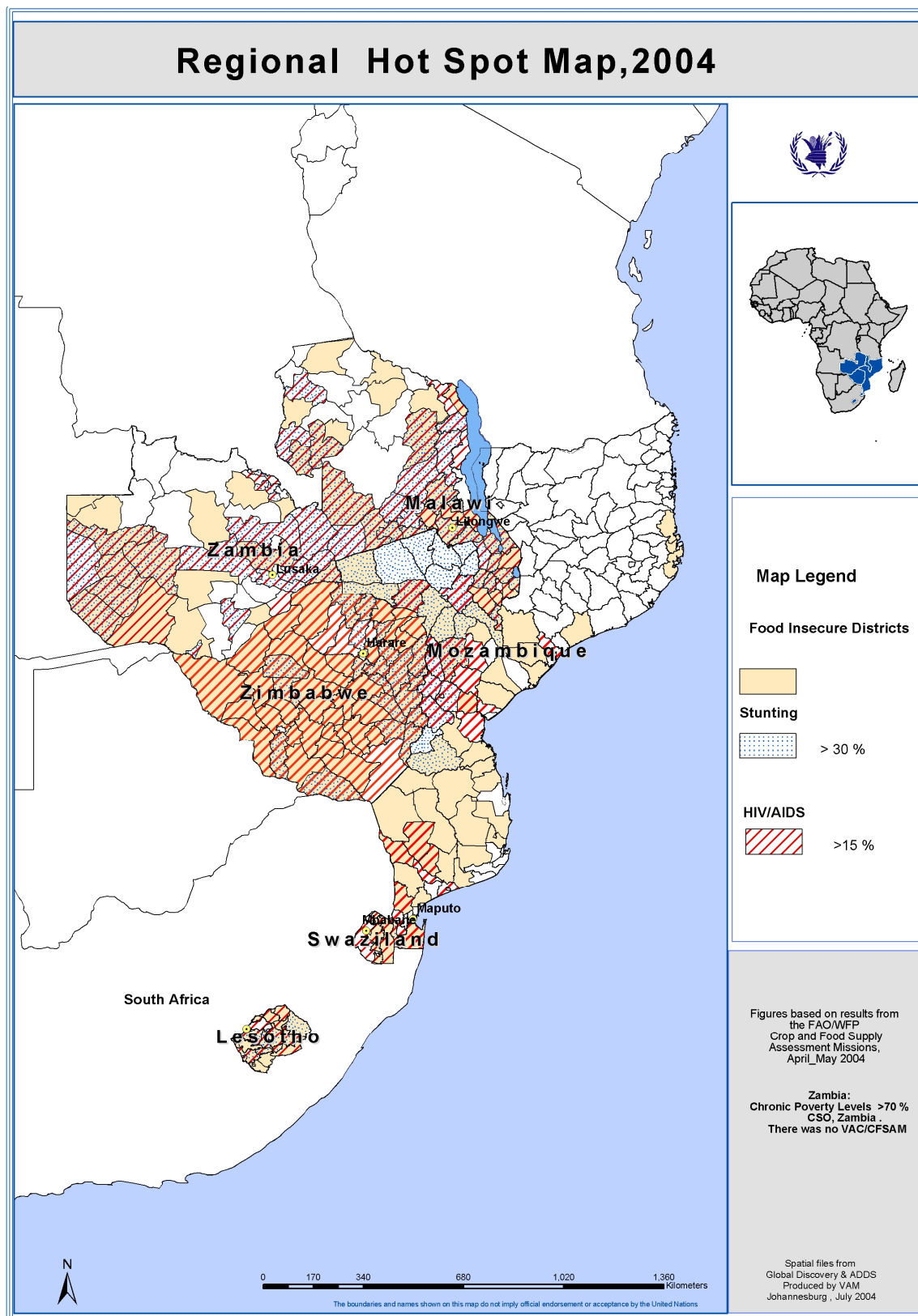


ANNEX III: LOGICAL FRAMEWORK SUMMARY—SOUTHERN AFRICA REGIONAL 10310.0 (2005–2007)

	WFP Performance indicators	Assumptions
<p>2. HIV/AIDS</p> <p>Targeted food assistance provided to care and support interventions for communities and households infected and affected by HIV/AIDS.</p>	<p>2.1 No. of community care programmes/networks/organizations supported with food assistance providing package of services, by type.</p>	<p>HIV/AIDS policy developed; strong national leadership and comprehensive response to HIV/AIDS.</p> <p>Stakeholders, donors and national counterparts accept linkage between food security and HIV/AIDS.</p>
<p>3. Health and nutrition</p> <p>Targeted nutritional support provided to malnourished and nutritionally vulnerable individuals.</p>	<p>3.1 No. of treatment programmes supported through food aid providing a package of integrated health and nutrition services, by type.</p> <p>3.2 No. of participants and beneficiaries by age, sex and vulnerability category in all food aid activities receiving training in health and nutrition education.</p>	<p>Medical and school fees are no obstacle to attracting poorest households/individuals.</p>
<p>4. Education</p> <p>Targeted food assistance provided in support of formal, informal and community-based education programmes.</p>	<p>4.1 No. of schools/education programmes supported through feeding programmes – wet and take-home rations.</p> <p>4.2 No. of management groups – PTAs, school committees established, trained and operational.</p> <p>4.3 No. of schools receiving food assistance providing basic minimum add-on services – deworming, health education, school gardening etc.</p>	
<p>5. Country management</p> <p>Country PRRO inter-agency team and management system established and operational.</p>	<p>5.1 Multi-level, partner-based team established and management system installed, including annual cycle of management events.</p> <p>5.2 Management decisions increasingly based on multi-stakeholder analysis of vulnerability information, including HIV/AIDS, generated by vulnerability analysis and mapping (VAM) and M&E systems.</p> <p>5.3 MIS established and supporting data collection, analysis and reporting.</p> <p>5.4 Food management and handling systems operational and delivering on timely basis.</p> <p>5.5 Ongoing performance-improvement planning system and risk-mitigation process established and operational.</p>	
<p>6. Regional management</p> <p>Regional PRRO inter-agency team and management system reflecting country office needs established and operational.</p>	<p>6.1 Increased regional, multi-sectoral consultation, strategic planning and programming, advocacy, resource mobilization and management, information sharing, technical support and partner coordination.</p> <p>6.2 VAM and regional M&E system strengthened and routinely used for decision-making.</p> <p>6.3 Timely regional procurement in support of country office requirements.</p> <p>6.4 Improved logistics coordination and management to ensure timely delivery of food aid.</p> <p>6.5 Effective human resources (HR) support to ensure appropriate personnel in place.</p> <p>6.6 Best-practice business models applied to regional PRRO.</p>	



ANNEX IV



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



ACRONYMS USED IN THE DOCUMENT

ARV	anti-retroviral
BMI	body mass index
CARE	Cooperative for Assistance and Relief Everywhere
CFSAM	crop and food security assessment mission
CHS	Community and Household Surveillance System
CMOR	consolidated monthly output report
CMR	child mortality rate
C-SAFE	Consortium for Southern Africa Food Security Emergency
CSB	corn-soya blend
DOC	direct operational costs
DSM	dried skim milk
EDP	extended delivery point
EMOP	emergency operation
FANR	Food, Agriculture and Natural Resources Committee of SADC
FAO	Food and Agriculture Organization of the United Nations
FFT	food for training
FFW	food for work
GDP	gross domestic product
HDI	Human Development Index
HPG	Humanitarian Policy Group
HR	human resources
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MCH	mother-and-child health
MDG	Millennium Development Goal
MMR	maternal mortality rate
MOSS	minimum operating security standards
MUAC	mid-upper arm circumference
NGO	non-governmental organization
ODI	Overseas Development Institute
OVC	orphans and vulnerable children
PDM	post-distribution monitoring
PEPFAR	United States President's Emergency for AIDS Relief
PLWHA	people living with HIV/AIDS



PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
PRSP	Poverty Reduction Strategy Paper
RAAAP	rapid assessment, analysis and action planning
RBM	results-based management
RIACSO	Regional Inter-Agency Coordinator Support Office
SADC	Southern Africa Development Community
SCF	Save the Children Fund
SP	Strategic Priority
SPR	Standardized Project Report
TB	tuberculosis
TFD	targeted food distribution
UEW	unallocated emergency window
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	vulnerability assessment committee
VAM	vulnerability analysis and mapping
VGf	vulnerable group feeding
W/H	weight-for-height
WHO	World Health Organization

