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PROTRACTED RELIEF AND RECOVERY OPERATION– CAMBODIA 10305.0

Assisting People in Crisis

Number of beneficiaries	2,491,710
Duration of project	30 months (1 July 2004–31 December 2006)
Cost (United States dollars)	
Total cost to WFP	46,887,532
Total project cost	46,887,532
WFP food cost	27,224,824
Total food quantity (mt)	85,000

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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

Despite recent socio-economic progress, Cambodia remains among the poorest countries in East Asia: 36 percent of its 13.3 million people live below the poverty line. Thirty years of conflict, population growth of 2.5 percent—the highest in the region—low agricultural productivity, social exclusion, poor access to health services and education, and high risk of natural disasters contribute to continued poverty.

WFP assistance has gradually shifted from primarily relief assistance in the early 1990s to rehabilitation and recovery. The proposed protracted relief and recovery operation from July 2004 to December 2006 is based on a management review and a mid-term review of the current operation and identifies new strategic directions for activities in Cambodia.

The goal of the operation is to improve the food security of people in crisis through food-aid interventions targeted to the hungry poor, addressing basic food-security needs through sector specialization and geographic targeting from relief through recovery and rehabilitation to development.

The operational approach envisages:

- greater integration at the community level and mainstreaming of cross-cutting themes such as gender and HIV/AIDS awareness;
- continued emphasis on local-level planning of WFP-supported activities, in conformity with commune development plans;
- enhanced government participation in coordinating, planning and implementing activities; and
- strategic partnerships in development.

The operation will focus on:

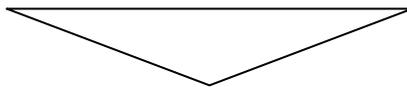
- education and training to enable poor households to invest in human capital and to benefit the rural poor in target communes where education is a priority;
- health and nutrition to provide care and support for people affected by tuberculosis or HIV/AIDS so that they can receive care and treatment; and
- disaster management and community asset creation to reduce vulnerability, mitigate the effect of natural disasters and provide relief assistance covering the immediate effects of disaster.

WFP food-assisted interventions will be targeted to the poorest and most food-insecure rural communities, based on a refined poverty map and sector overlay maps for education, nutrition and vulnerability to natural disasters.

The 30-month project requires WFP to provide 85,000 mt of commodities valued at US\$27.2 million at a cost to WFP of US\$46.9 million to assist 2.5 million beneficiaries.



DRAFT DECISION*



The Board approves Cambodia PRRO 10305.0, “Assisting People in Crisis” (WFP/EB.1/2004/8-B/1).

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



CONTEXT AND RATIONALE

Context of the Crisis

1. In the past ten years, Cambodia has experienced significant change. The Government enjoys a renewed sense of legitimacy, having regained its official United Nations seat and joined Association of South East Asian Nations (ASEAN). In September 2003, Cambodia became the first least-developed country to accede to the World Trade Organization and resumed talks with the United Nations on a tribunal for the former Khmer Rouge.
2. The first local elections since the 1950s were conducted in February 2002 to establish commune councils, an important step in the Government's decentralization programme. These were followed by national elections in July 2003.
3. Despite recent progress, Cambodia still suffers the effects of 30 years of war, internal displacement and political instability. It remains one of the poorest countries in East Asia: 36 percent of its 13.3 million people still live below the poverty line (Ministry of Planning projection, 2003). The country is ranked 130th out of 175 in the 2003 United Nations Development Programme (UNDP) Human Development Report. Social indicators fall below those of neighboring countries; gross domestic product (GDP) is only US\$273 per year (National Poverty Reduction Strategy [NPRS], 2002).
4. Quite apart from the years of conflict, continued poverty results from high population growth, low agricultural productivity, social exclusion, poor access to health services and education, and high risk of natural disasters. Poor households experience unemployment, underemployment, low wages, unsafe working conditions and sudden shocks to food availability and access.
5. As a result of high fertility and the demographic boom in the 1990s, the population is very young: 43 percent were under 15 in 1998. This rapid increase has triggered new patterns of crisis, including increased competition for employment and smaller land holdings. Families with low educational achievement have the highest incidence of malnutrition and unemployment, and the lowest incomes. Rising health costs and proliferation of HIV/AIDS and tuberculosis (TB) are pressing concerns.
6. Poverty is one of the main causes of child labour and other forms of human exploitation. Cross-border and internal trafficking of women and children are widespread: at any time, an estimated 100,000 women and children are being trafficked (Cambodian Women Crisis Centres [CWCCs]).
7. WFP assistance has gradually shifted from mainly relief assistance in the early 1990s to rehabilitation and recovery. Under the current PRRO 6038.01, WFP provides 32,000 mt of food aid annually to 1.5 million beneficiaries. The main interventions have been school feeding, support for vulnerable people including TB patients and people living with HIV/AIDS (PLWHA), and community asset creation through food for work (FFW).

Situation Analysis

8. Cambodia is an agrarian society: agriculture employs three quarters of the labour force and contributes 43 percent of gross domestic product; 93 percent of poor people live in rural areas. At the national level, Cambodia produces a small rice surplus, but there are significant regional differences; even in provinces with a surplus, many communes have serious deficits. High transaction costs resulting from poor infrastructure, long marketing chains, illegal tolls and poor market information make internal trade difficult.



9. Over 70 percent of Cambodians are employed in agricultural production, but 12–15 percent of rural households are landless. The poor are unable to access adequate food supplies because of low purchasing power, high debt and the absence of adequate credit; access to food is hindered by poor marketing and distribution systems, price variations, poor transport and communication infrastructures, limited off-farm employment opportunities and low investment in agriculture; repeated droughts and floods further exacerbate the situation. A growing number of families face increasing food insecurity as a result of reduced access to common property resources such as fishery and forest products. Chronic food insecurity affects mainly subsistence farmers, landless or marginal farmers and vulnerable groups; transitory food insecurity is experienced by people exposed to natural disasters.
10. Cambodia has made considerable progress recently in expanding basic education, but drop-out and retention rates and quality remain major areas of concern. At all levels, girls and students from the poorest families continue to be underserved; 55 percent of students do not complete primary school; an estimated 10 percent of boys and 16 percent of girls between 6 and 11—260,000 children—cannot attend school because they work to support their families, helping with household chores or caring for sick and elderly family members.
11. Quality of education is compromised by an acute shortage of teachers, especially in remote rural areas. The number of primary teachers has increased by only 7 percent since 1993, compared with a 67 percent increase in enrolment; the resulting pupil-teacher ratio of 56:1 is unacceptably high. A major factor contributing to high drop-out and low retention rates is the high proportion—40 percent—of “incomplete” schools, which are unable to offer the full six years of primary education.
12. The increase in the labour force by an estimated 200,000 per year is a tremendous challenge. Compared with other countries in the region, Cambodia has the second lowest rate of literacy: 37 percent of the adult population are illiterate, and hence less able to take advantage of development opportunities. This particularly affects women, whose average literacy rate is only 57 percent, compared with 79 percent for men.
13. Lack of food and poor dietary diversification contribute to alarming levels of malnutrition and micronutrient deficiencies: among children under 5, stunting is found in 44.5 percent and underweight among 45.2 percent. Iron deficiency anaemia affects 63 percent of children under 5 and 58 percent of women of child-bearing age; vitamin A-deficiency and iodine deficiency disorders are significant public health problems.
14. Cambodians have a life expectancy of only 56 years for men and 58 years for women (Cambodia Demographic Health Survey [CDHS] 2000), a result of high infant and child mortality—95 per 1,000 live births (CDHS 2000)—high maternal mortality—4 per 1,000 births (CDHS 2000)—and high occurrence of preventable diseases such as malaria, hookworm and tuberculosis. Only 29 percent of the population have access to safe drinking water; only 18 percent have access to adequate sanitation.
15. Lack of funds for salaries, supplies and maintenance severely limit the quality and availability—and hence utilization—of health services; poor families spend up to one third of their income on health care.¹ The situation is worsening with the growing HIV/AIDS epidemic.

¹ The Khmer HIV/AIDS NGO Alliance (KHANA), 2000. *An Evaluation of the Ministry of Health/NGO Home Care Programme for PLWHA in Cambodia*.



16. The HIV/AIDS epidemic covers all provinces and population groups. Cambodia has the highest adult HIV/AIDS prevalence rate in Asia—2.6 percent of the population—with an estimated 20 new infections per day. New data from the sentinel survey in 2002 estimate that 158,000 adults aged 15–49 live with HIV/AIDS; 55,000 children were AIDS orphans in 2001 (Ministry of Health, *Report on HIV Sentinel Surveillance in Cambodia, 2003*).
17. Cambodia has the highest rate of TB in the region: 64 percent of the population is infected, with incidence rates estimated at 540 per 100,000. TB cases of all forms may double in five years, given current population growth and the trend of the epidemic.
18. Gender disparities are evident across the range of social indicators: Cambodian women have less access to education, paid employment, land ownership and other property rights, and are more disadvantaged than men because of the health risks associated with pregnancy and maternity. The 2003 UNDP gender-related development index ranks Cambodia 105th of 144 countries assessed.
19. Cambodia is one of the most disaster-prone countries in South East Asia; this has been especially true over the last decade, during which the country has been repeatedly hit by droughts and floods.

Government Recovery Policies and Programmes

20. Poverty reduction is a focus of government policy. The Government's pro-poor focus is reflected in its second five-year Socio-Economic Development Plan (SEDP II) 2001–2005, which is based on a “triangle strategy”: restoring peace, normalizing relations with the international community and promoting economic and social development through reform.
21. In March 2003, the Government launched its NPRS, a first step towards planned reduction of poverty from the current 31 percent by 2005, and to 19 percent by 2015.
22. The Government is implementing an Education Sector Support Programme (ESSP) for 2001–2005, which combines reforms and measures to increase the relevance of education and training for the Cambodian economy and to help accelerate economic growth. As of mid-2000, the Government has provided school operating budgets and abolished start-of-year parental contributions for grades 1 to 9; this has resulted in an 18 percent increase in school enrolment.
23. The Health Sector Strategic Plan 2003–2007 prioritizes six areas of work, of which improved health service delivery, behavioural change, quality improvement and human resource development are most relevant to WFP's interventions; the plan considers continued use of food incentives for TB treatment an essential element in eradicating the diseases. Home-based care (HBC) for AIDS patients forms part of the Ministry of Health's care framework and is the preferred approach for assisting PLWHA. The Cambodia Nutrition Investment Plan 2003–2007 calls for integrated programmes to address the complex interactions that lead to malnutrition, including protein/energy malnutrition and micronutrient deficiencies, particularly iron, vitamin A and iodine.
24. Since 1996, the Government has been introducing decentralization at the commune level, delegating functions to the provinces to support improved governance at the grassroots level. The Government's Seila² programme has piloted this initiative, accompanied by a decentralized regulatory framework and fiscal transfers; Seila coverage expanded in 2003 to all 24 provinces.

² “Seila” is a Khmer word that means “foundation stone”.



25. In 1994, in response to the effects of floods, droughts and crop failure, the Government established the National Committee for Disaster Management (NCDM), which articulated a strategy for disaster preparedness, relief, mitigation and rehabilitation, and enhanced coordination, assessment and monitoring.
26. The Government recognizes that foreign aid and investment will remain crucial for economic and social development for the foreseeable future, and has accordingly introduced reforms in various areas, including streamlining the civil service, reducing the size of the armed forces and introducing more sustainable forestry and fishery policies.
27. A United Nations Common Country Assessment (CCA) has been undertaken, and a first United Nations Development Assistance Framework (UNDAF) 2001–2005 has been developed; a new CCA is planned for 2004. The activities of United Nations organizations over this period will concentrate on mutually supportive themes: governance, peace and justice, poverty eradication, human development and sustainable management of natural resources.

Rationale

28. The Government is committed to poverty reduction and improved food security through a comprehensive policy framework and reform programme. These efforts, particularly in rural development, education, health and agriculture, need to be further supported to achieve improvements in food security, human capacity, access to health and educational services and productive infrastructure.
29. The safety net for the chronic and transient poor and the foundation for longer-term development assistance is food aid, provided by partnerships with the Asian Development Bank (ADB), the World Bank, the International Fund for Agricultural Development (IFAD), *Kreditanstalt für Wiederaufbau* (KfW), NGOs and bilateral donors. WFP's extensive field operations and its pioneering work in poverty mapping have supported the involvement of other development partners and contributed to capacity development for local government partners. Continued food assistance is essential to consolidate the results achieved.
30. As recommended by visiting WFP Executive Board members in June 2001 and the mid-term evaluation mission in November 2002, the combined needs for relief, recovery and development assistance are best addressed through a further PRRO. The activities supported will continue to be implemented in conjunction with a small-scale development project "Support to Maternal and Child Health", which addresses the nutritional needs of pregnant and lactating women and children under 5.

RELIEF AND RECOVERY STRATEGY

Beneficiary Needs

31. People in crisis face basic food security problems because:
 - they may be left out or fall behind a development process, for example because they are illiterate, a single parent or living in a remote area, thereby jeopardizing the household's ability to remain food secure;
 - they may have suffered from a traumatic change caused by flood, drought, HIV/AIDS, TB or land grabbing, which poses a sudden shock to family or community food security; or



- they may be at a critical turning point, for example facing increased competition for limited jobs and smaller land holdings, when long-term trends create a new threat to basic food security.
32. WFP will therefore focus its assistance on the following people:
- school-age children in rural areas, especially girls, who: (i) have not completed primary school; (ii) are particularly vulnerable to trafficking; and (iii) have limited access to basic education because of competing demands;
 - illiterate adults who cannot access resources to acquire sustainable livelihoods or better nutritional practices and who are not able to serve on local governing bodies;
 - TB and HIV/AIDS patients, whose illness is a threat to household food security and leads to added expenditures, reduced capacity for labour and income earning, and decreased household income; as primary caregivers, women bear the brunt of care for those who are sick and dying of HIV/AIDS; children in households with a sick parent are the first to be taken out of school; and
 - farmers with small land holdings and landless agricultural labourers who depend on monsoon rains for their livelihoods and are highly indebted.

The Role of Food Aid

33. Giving a hot breakfast to students will encourage poor households to enrol and keep their children in school. Food aid will improve concentration and be an incentive to reduce repetition and drop-out rates; it will enable vulnerable illiterate adults and adolescents to achieve higher rates of functional literacy.
34. Food aid will enable people affected by TB and HIV/AIDS in food-insecure households to receive care and treatment. It helps TB patients to complete the full eight-month course of treatment and provides a stable food intake for families affected by HIV/AIDS so that they can avoid harmful coping mechanisms such as selling productive assets and taking children out of school. The main entry point for supporting PLWHA will be the inclusion of food aid in the assistance package funded by HBC teams. Access to anti-retrovirals (ARVs) through the Government and NGOs is increasing, but the PRRO makes no provision for providing food aid to PLWHA receiving ARVs. As access increases, however, some PLWHA receiving food aid will also receive ARVs.
35. Food aid will enable poor and food-insecure households to participate in community asset-creation and maintenance to reduce the impact of natural disasters, improve food production and facilitate access to markets, schools and hospitals. Food rations will encourage poor households to participate in training activities to acquire income-generating skills.

Programme Approaches

36. New strategic directions have been identified for WFP activities, based on a comprehensive management review and a mid-term review of the current PRRO in 2002, and consultations with the Government, United Nations agencies, donors and implementing partners. The approach addresses the food-security needs of people in crisis through emphasis on sector specialization and geographic targeting from relief through recovery to development.
37. Priorities include interventions in basic and adult education, health and nutrition, disaster management and community asset creation. Activities will be targeted to the poorest and most food-insecure rural communes, based on a refined poverty map and sector overlay



maps for education, nutrition and vulnerability to natural disasters. Restricting WFP's involvement to fewer activities in selected areas will enable more effective use of available resources. All activities support government priorities reflected in the NPRS, which in turn are working to achieve the Millennium Development Goals.

38. The new strategy also envisages:
- an integrated approach to ensure greater synergies at the community level and to mainstream cross-cutting themes such as HIV/AIDS;
 - continued emphasis on local-level planning of WFP-supported activities in conformity with commune development plans;
 - an enhanced role for government in coordinating, planning and implementing activities; and
 - strategic partnerships involving closer collaboration with the Government and consolidating and strengthening linkages with development banks, United Nations agencies, bilateral donors and NGOs.

Risk Assessment

39. Successful implementation of the PRRO depends on continued political stability, implementation of administrative, economic and judicial reforms, and the severity of natural disasters. A WFP country office contingency plan has been prepared to support rapid response to emergencies; it is updated annually.
40. The Government has made significant progress in defining its strategic policy framework. Further progress is required, particularly in governance, combating corruption, public sector reform, capacity building, land reform and management of forestry and fishery resources.

Goals and Objectives

41. The goal of the PRRO is to improve the food security of people in crisis through food aid interventions targeted to the hungry poor. The four main objectives are to:
- increase enrolment and retention in basic primary education, decrease repetition and reduce short-term hunger, particularly among girls;
 - increase functional literacy, particularly for vulnerable women from disadvantaged communities;
 - assist TB patients and people affected by HIV/AIDS to enable them to receive care and treatment and to improve the food security of their households; and
 - save lives, protect and develop community assets and promote sustainable livelihoods to mitigate the effects of natural disasters.

IMPLEMENTATION PLAN BY COMPONENT

Key Programme Components

42. The PRRO will focus on three main components to address problems faced by people in crisis:
- education and training to enable poor households to invest in human capital;



- health and nutrition to provide care and support for people affected by TB and HIV/AIDS; and
- disaster management and community asset creation to reduce vulnerability, mitigate the effect of natural disasters and provide relief assistance to respond to the immediate effects of disaster.

Beneficiaries

43. The poverty mapping exercise identified 335 communes as potential targets for WFP activities in 2004–2006. The new target areas focus on 15 provinces, where an estimated 1.3 million people live below the poverty line, of whom 700,000 are women and girls. The number of beneficiaries assisted under the PRRO is estimated at 2.5 million, however, of whom 52 percent will be women: some are assisted under national programmes and some under the contingency component; some come from adjacent areas to take advantage of the services offered.
44. In the education component, the annual beneficiaries will comprise:
- 346,500 school-age children in primary schools in targeted communes;
 - 60,000 family members of girls in grades 5 and 6 enrolled in schools with on-site feeding;
 - 19,400 rural adults and young people, especially women and adolescent girls, who are illiterate or unable to attend regular schools and who participate in functional literacy and vocational training for income-generating activities;
 - 2,200 teacher trainees staying in dormitories and enrolled in provincial teacher-training centres (PTTCs) in WFP target areas; and
 - 5,400 volunteer literacy teachers and cooks.
45. In the health and nutrition component, the annual beneficiaries will include:
- 39,400 diagnosed TB patients enrolled in the National Tuberculosis Programme (NTP) and receiving Directly Observed Treatment with Short-Course Chemotherapy (DOTS) in the health centres and hospitals; and
 - 4,800 households affected by HIV/AIDS, who will receive monthly take-home rations as part of the support package provided by NGO/Government-supported HBC teams; beneficiaries will include orphans and other vulnerable children, foster families and community caregivers.
46. For disaster management and community asset creation, the annual beneficiaries will include:
- 285,000 beneficiaries benefiting from food aid through FFW activities; and
 - 300,000 victims of flooding or drought benefiting through free food distributions.³

³ These numbers are estimates from previous disasters. Should no disaster occur, food programmed for free distributions would be shifted to the regular FFW programme.



Estimated Food Requirements

47. The food requirements and estimated number of beneficiaries by component under the PRRO are detailed in the following table:

RESOURCE ALLOCATION					
Components	July 2004–December 2006				
	mt	%	Beneficiaries	%	Beneficiaries/women & girls
Education	38 362	45	474 000	19	250 940
Health and Nutrition	13 446	16	158 500	6	77 500
Disaster management and community asset creation	30 728	36	1 461 670	59	760 070
Contingency**	2 464	3	397 540	16	206 720
Total	85 000	100	2 491 710	100	1 295 230

* Includes 1,500 mt for short-term relief response.

** A contingency reserve of 3 percent of total resources is allocated for activities within the three main components but outside the WFP target commune areas.

48. Food rations consist of rice, canned fish, mung beans, vegetable oil fortified with vitamin-A and iodized salt, as shown in Annex I. The rations for on-site feeding are designed to contribute to adequate food intake in terms of energy, protein and fat.

Selection of Activities

⇒ Education

49. WFP will continue to support school feeding activities, which have had a positive impact on student enrolment, repetition and drop-out rates. In response to new sector priorities, however, there will be a shift in focus from expanding enrolment to reducing dropout and repetition rates.
50. WFP food support to schools will be in the form of a daily hot breakfast for children attending morning classes in disadvantaged schools, particularly in small, remote and incomplete schools. Participating schools are required to use parent committees to establish kitchens and food storage facilities and organize volunteers to prepare food and provide fresh vegetables, water and fuel. Food distributions will be accompanied by deworming to control parasite infections.
51. Priorities will include facilitating expansion of incomplete schools to include all primary grades; there are 462 incomplete primary schools in the targeted communes. FFW will be used to rehabilitate classrooms, improve access roads and construct latrines. Support will be provided to establish school vegetable gardens as part of the life-skills curriculum.
52. A take-home ration will be given to girls under a pilot activity to reduce drop-out rates in upper primary grades. The objective will be to increase enrolment, retention and progression of girls in grades 5 and 6 and to provide more equitable access to the



government Scholarship for the Poor programme in grades 7 and 9, which is funded by ADB and the World Bank.

53. A daily meal will be provided for teacher trainees in PTTCs living in dormitories to support teacher training. FFW activities will be used to support construction of new dormitories.
54. Under the PRRO, support for non-formal education activities such as literacy and numeracy and vocational skill training—particularly for girls—will be continued and further strengthened in partnership with the Government, NGOs, donors and United Nations organizations. Trainees and community volunteer teachers will receive a take-home ration for attendance at literacy classes in community learning centres and women's training centres.
55. Post-literacy training in occupational skills such as farming, aquaculture, poultry raising and animal husbandry will be given to increase capacity and earning potential, enabling graduates to become self-employed.

Health and Nutrition

56. WFP will continue to support NTP in collaboration with the National Centre for Tuberculosis Control and the Japan International Cooperation Agency (JICA). There are currently 36,000 TB cases per year, of which 18,000 are detected and treated. In-patients will receive a daily on-site meal for the initial two months of hospitalization; out-patients will receive monthly dry rations for six months. In view of the success of the project, WFP will continue to provide food for all those supported under the NTP; the Government will be responsible for transport and monitoring services in areas where WFP supports no other activities.
57. The current PRRO has provided support for PLWHA and their households through limited social-sector activities; direct support through the HBC network is a new approach, however, which started in October 2003 and which will continue to be piloted in target areas.
58. FFW and food-for-training (FFT) activities will be used in conjunction with local-level interventions to support the health and nutrition sector. This may involve constructing health centres and health posts, promoting the use of health centres and outreach services and supporting safe drinking water and sanitation facilities in WFP target schools and communes.

Disaster Management and Community Asset Creation

59. WFP has gained experience of FFW through local communities; the modalities have been effective in facilitating transition from relief to rehabilitation and development, and are popular with local people and authorities. Benefits include increased food production following rehabilitation of irrigation systems and improved access to health centres and markets following rehabilitation of roads. Credit schemes such as rice banks will also be supported.
60. In this component, 1,500 mt of rice per year will be allocated for rapid short-term relief interventions. Beneficiaries will be identified through a needs assessment or a community-based targeting approach based on vulnerability indicators, in cooperation with implementing partners. Affected populations will be assisted through FFW whenever possible to repair damaged infrastructure and restore productive assets.



Activity Approval Mechanism

61. The Country Office Programme Review Committee (COPRC) will ensure that strategic partnerships and activities are consistent with the strategy, objectives and implementation plan of the PRRO and that technical scrutiny is undertaken.
62. Project proposals by implementing partners will be initially reviewed by sub-offices or, in the case of countrywide projects, by the country office. Initial review will include consultations with local government and communities regarding feasibility, sustainability, impact on women, participation, availability of complementary non-food items and community contributions, including maintenance arrangements. The process will include on-site assessment. Proposals cleared by COPRC will be submitted to the Country Director for final approval.
63. FFW activities in support of education, health and nutrition, disaster management and community asset creation will be selected from the priority list of commune development plans following the local government planning process. An annual commodity allocation of food resources will be made for targeted communes through the Ministry of Rural Development or provincial rural development committees, to be used with the Commune Infrastructure Development Fund to implement priority infrastructure projects.
64. Single, bilateral or tripartite agreements will be signed, detailing principles of collaboration, beneficiary criteria, monitoring and reporting arrangements and timing of periodic reviews.

Institutional Arrangements and Selection of Partners

65. Under this PRRO, collaboration will be strengthened with NCDM and the ministries of Education, Youth and Sports (for school feeding), Social Affairs, Labour, Vocational Training and Youth Rehabilitation, Women's and Veterans' Affairs (for vocational training and women's literacy), Health (for TB and HIV/AIDS activities), Rural Development, and Water Resources and Meteorology (for disaster management and community asset creation).
66. Strategic partnerships with donor-funded projects, United Nations agencies and NGOs will continue, enabling the PRRO to benefit from managerial, technical and financial inputs. Current partnerships that will continue include:
 - Education: school feeding with UNICEF in conjunction with the Swedish International Development Agency (SIDA), Kampuchean Action for Primary Education (KAPE), a local NGO supported by Oxfam United Kingdom, and the United States Agency for International Development (USAID), with support from the United Nations Children's Fund (UNICEF) and WHO for de-worming. The World Bank, ADB, Belgium Aid and UNESCO are interested in collaborating in some activities. Under the current phase, the country office has benefited from a private-sector partnership with TPG volunteers, which will probably continue.
 - Health and nutrition: the National Centre for Tuberculosis Control (CENAT)/WHO, JICA and the World Bank under NTP. For HIV/AIDS, the present partnership with World Vision and KHANA will be expanded to the Cooperative for Assistance and Relief Everywhere (CARE) and others.
 - Disaster management and community asset creation: KfW for the Tertiary Road Improvement Project, which contributes materials, equipment and expertise, *Gesellschaft fur Technische Zusammenarbeit* (GTZ), the Australian Agency for International Development (AusAID) and IFAD for a community-based rural



development project in Kampot and Kampong Thom provinces, and the Japanese Ministry of Forestry and Fisheries under an existing bilateral agreement for constructing and rehabilitating irrigation schemes. The country office will continue to enter into agreements with international NGOs on disaster-mitigation projects.

Capacity-building

67. Capacity building for government counterpart staff is essential for project implementation and transfer of responsibility to national partners; the country office will therefore continue to support joint training with WFP staff, which will include identifying vulnerable households, conducting needs assessments and monitoring and reporting. WFP will continue to provide guidance on project proposal preparation, reporting, record keeping and gender issues, as outlined in the WFP Gender Policy 2003–2007 and the Enhanced Commitments to Women. The 100 counterpart staff currently assigned at the provincial level to WFP activities will receive training and support.
68. Under a recent country office reorganization, increased responsibility has been given to national staff, who will continue to receive on-the-job training and opportunities to develop their skills. Women now account for 40 percent of field staff and efforts are continuing to reach gender parity.

Logistics Arrangements

69. WFP food supplies will be discharged in Sihanoukville, the main port. Primary transport will be mainly by commercial road transport—some tonnage will be moved by rail—from the port to the central warehouse in Phnom Penh and, when practicable, directly to extended delivery points (EDPs).
70. Suppliers will deliver locally or regionally produced rice and iodized salt by road, either to the central warehouse or to EDPs. WFP logistics staff will assist with customs formalities; surveyors will be contracted to ensure the suitability of such purchases.
71. A countrywide network of five EDPs and the central warehouse in Phnom Penh, providing rented storage facilities for 25,000 mt, are managed and maintained by trained WFP staff. The Commodity Movement Processing and Analysis System (COMPAS) is fully operational, tracking food stocks and movements for each consignment and accurately reporting losses and damage, and controlling stock. All warehouses are linked by telephone, HF radio or e-mail.
72. Secondary transport from the central warehouse and EDPs to final delivery points (FDPs) is currently by commercial road transport; efforts are being made to encourage greater government and community involvement.
73. The projected internal transport, storage and handling (ITSH) rate is US\$62 per ton, including discharge and handling at the port of entry and primary and secondary transport.

Monitoring and Evaluation

74. Designing the new PRRO has provided an opportunity to review and update monitoring and reporting. There is a project database to capture gender/age disaggregated data for inputs, activities and outputs, but greater emphasis needs to be given to measuring the outcomes of WFP support. Revised systems and new tools will be introduced under the new PRRO, in line with WFP's results-based management principles.



75. Revised impact, outcome, output and activity indicators have been formulated for each project component through a logical framework exercise (see Annex III). These will be finalized with the main stakeholders, taking into consideration indicators used in tracking implementation of the Enhanced Commitments to Women 2003–2007, which will be reflected in all signed agreements.
76. Baseline surveys for the school feeding programme were undertaken in 2001, with a follow-up exercise in 2003; a baseline for the HIV/AIDS component and a gender survey are planned for early 2004.
77. WFP will continue to give implementing partners guidance and formats for monitoring and evaluation, and will give further training in their use and in approaches to monitoring and use of related tools. Joint field visits by implementing partners and WFP field staff are a standard monitoring procedure; WFP field monitors will continue to use checklists for field site visits and reporting.
78. The country office will report quarterly to the regional bureau, using the corporate quarterly project report format, and will provide regular updates for the Emergency Report should an emergency arise.

Security Measures

79. Despite political uncertainty, all parts of the country should remain accessible, with limited restrictions in areas where incidents of armed banditry persist. There are ongoing hazards of land mines in some border areas, but these are not widespread.
80. Cambodia is in security phase one; WFP staff are required to obtain security clearance for travel outside duty stations. All United Nations agencies contribute to field security operations; the WFP country office provides US\$20,000 per year. The office communications system was recently overhauled by a radio communications expert provided by the Norwegian Refugee Council. In line with Minimum Operating Safety Standards, all offices are equipped with satellite phones and VHF and HF radios; all WFP vehicles are fitted with radios.

Contingency Mechanisms

81. WFP participates in the United Nations Disaster Management Team (UNDMT), the aim of which is to ensure prompt coordinated response to the emergency needs of people affected by disasters. In an emergency WFP will activate its contingency plan, under which food aid and logistics support will be provided in collaboration with other humanitarian actors.

Exit Strategy

82. The government's NPRS is a positive step towards economic reform, aiming at sustainable growth and gradual improvement in the living standards of the poorest people, but limited budget resources and lagging foreign investment are obstacles. Continued support from the international community is therefore essential for sustainable transition to development and to reduce Cambodia's dependence on international aid.
83. A WFP exit strategy would entail gradual strengthening of the Government's ability to finance its development agenda and increased capacity in central and local government to manage interventions. The PRRO therefore places greater emphasis on enhanced government involvement in funding and managing WFP-supported activities. Progress will be monitored as part of the PRRO strategy, which is structured to enable a gradual phase-out of recovery assistance.



RECOMMENDATION OF THE EXECUTIVE DIRECTOR

84. The PRRO is recommended for approval by the Executive Board within the budget provided in Annexes I and II.



ANNEX I

PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity ¹			
– Rice	69 386	201	13 946 580
– Beans	7 882	362	2 853 284
– Canned fish	3 440	2 192	7 540 480
– Vegetable oil	3 574	791	2 827 034
– Iodized salt	718	80	57 440
Total commodities	85 000		27 224 824
External transport		52.61	4 472 260
Landside transport			1 186 015
Subtotal for ITSH			4 069 695
Total LTSH		61.83	5 255 710
Other direct operational costs			1 440 250
Total direct operational costs			38 393 044
B. Direct support costs (see Annex II for details)			
Total direct support costs			5 427 080
C. Indirect support costs (7 percent)			
			3 067 409
TOTAL WFP COSTS			46 887 532
¹ This is a notional food basket used for budgeting and approval purposes. The mix and quantities of commodities, as in all WFP-assisted projects, may vary depending on availability.			



ANNEX II

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff	
International professional staff	1 670 000
National professional officers	209 000
National general service staff	1 730 163
International consultants	189 000
Temporary assistance	6 600
UNVs (national)	127 890
Staff duty travel	349 445
Staff training and development	135 697
Subtotal	4 417 795
Office expenses and other recurrent costs	
Rental of facility	204 000
Utilities (general)	102 000
Office supplies	50 000
Communication and IT services	115 560
Insurance	18 600
Equipment repair and maintenance	10 310
Vehicle maintenance and running cost	130 892
Other office expenses	28 140
United Nations organizations services	96 963
Subtotal	756 465
Equipment and other fixed costs	
Vehicles and motorcycles	175 000
Furniture, tools and equipment	34 500
TC/IT equipment	43 320
Subtotal	252 820
TOTAL DIRECT SUPPORT COSTS	5 427 080



STRATEGIC PROGRAMME PERFORMANCE RESULTS MATRIX FOR CAMBODIA PRRO 10305.0 (JULY 2004–DEC 2006)			
Expected results and performance indicators			
Programme Goal: Improve the food security of people in crisis through food aid interventions targeted to the hungry poor			
Strategic priorities	Outputs	Outcomes	Intervention types
SP4: Support access to education and reduce gender disparity in access to education and skills training (MDGs 2, 3)	1.1.1 Increased number of students, especially girls, enrolling, attending and continuing basic education grades Indicators: <ul style="list-style-type: none"> - No. of boys and girls enrolled in schools - No. of boys and girls completing grade 6 - No. of boys and girls repeating classes - No. of new schools assisted by WFP 	1.1 Increased enrolment and retention, decreased repetition and reduced short-term hunger, particularly among girls, in basic primary education Indicators: <ul style="list-style-type: none"> - 5% increase in enrolment rates among boys and girls, from 90% in 2003–2004 to 95% in 2005–2006 - 3% increase in retention/promotion rates among boys and girls, from 87% in 2003-2004 to 90% in 2005–2006 - 0.06% decrease in repetition rates among boys and girls, from 5.6% in 2003–2004 to 5% in 2005–2006 - Reduced gender disparity between boys and girls in WFP-assisted primary and secondary schools and skills training 	School feeding programme Take-home rations, esp. for girls
	1.1.2 Increased number of classrooms, access roads, school gardens and facilities Indicators: <ul style="list-style-type: none"> - No. of classrooms constructed - No. of school gardens created - No. of school facilities created - No. of access roads to schools rehabilitated 		FFW



STRATEGIC PROGRAMME PERFORMANCE RESULTS MATRIX FOR CAMBODIA PRRO 10305.0 (JULY 2004–DEC 2006)

Expected results and performance indicators

Programme Goal: Improve the food security of people in crisis through food aid interventions targeted to the hungry poor

Strategic priorities	Outputs	Outcomes	Intervention types
	<p>1.2.1 Increased number of functionally literate people</p> <p>Increased number of teachers, especially women</p> <p>Increased number of people applying life skills</p> <p>Indicators:</p> <ul style="list-style-type: none"> - No. of adult literacy programmes supported - No. of teacher training centres assisted - No. of life skills training sessions held 	<p>1.2 Increased functional literacy, particularly among vulnerable women from disadvantaged communities</p> <p>Indicator:</p> <ul style="list-style-type: none"> - 3% increase in functional literacy rates, from 37% in 2003–2004 to 40% in 2005-2006 	<p>Functional literacy, vocational skills and post-literacy income-generating training</p> <p>Teacher training</p>
<p>SP3: Support the improved nutrition and health status of children, mothers and other vulnerable people</p> <p>(MDGs 4, 5, 6)</p>	<p>2.1.1 TB patients complete treatment and are cured</p> <p>Increased participation in food aid activities by PLWHA</p> <p>Orphans are integrated into foster-families/communities and attend schools</p> <p>Increased awareness of HIV/AIDS and basic health education</p> <p>Health assets are created, rehabilitated and maintained.</p> <p>Indicators:</p> <ul style="list-style-type: none"> - No. of TB patients receiving food aid completing DOTS treatment - No. of TB patients completing treatment and cured - No. of food aid activities involving people affected by HIV/AIDS 	<p>2.1 TB patients and PLWHA are enabled to participate in care and treatment</p> <p>Indicators:</p> <ul style="list-style-type: none"> - Reduced impact of HIV/AIDS and TB on food security among vulnerable population; indicator will be determined after baseline survey - DOTS cure rate of NTP through food aid intervention to reach 85% 	<p>Provide food to PLWHA and their families, through HBC</p> <p>Raise awareness of HIV/AIDS and basic health education through FFT</p> <p>Provide food for TB patients through existing health system</p>



STRATEGIC PROGRAMME PERFORMANCE RESULTS MATRIX FOR CAMBODIA PRRO 10305.0 (JULY 2004–DEC 2006)

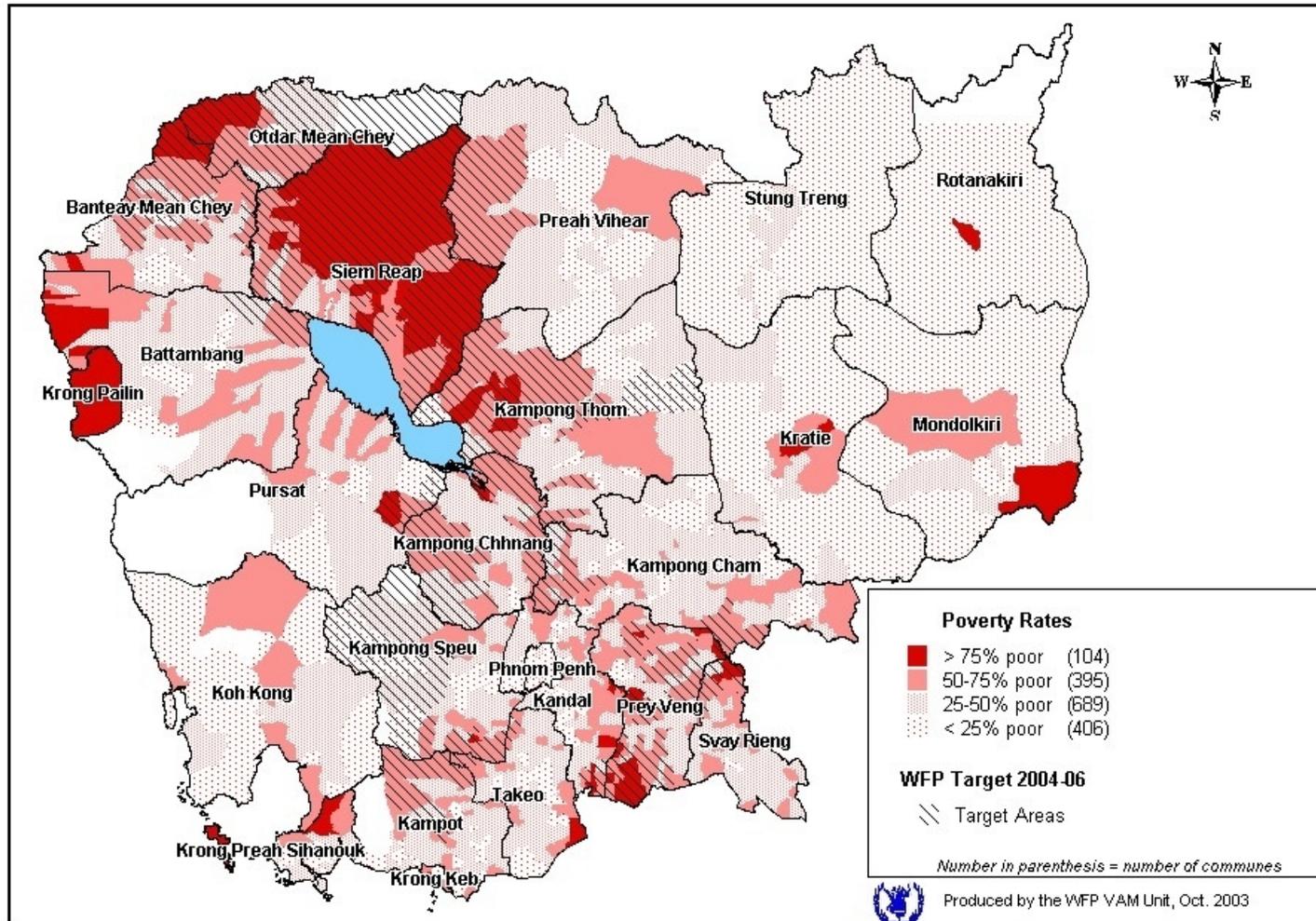
Expected results and performance indicators

Programme Goal: Improve the food security of people in crisis through food aid interventions targeted to the hungry poor

Strategic priorities	Outputs	Outcomes	Intervention types
	<ul style="list-style-type: none"> - No. of orphans integrated into foster families/communities - No. of orphans attending school - No. of training sessions on HIV/AIDS awareness and basic health education - No. and type of community assets created by communities 		
<p>SP2: Protect livelihoods in crisis situations and enhance resilience to shocks (MDG 1)</p>	<p>3.1.1 Community assets to reduce vulnerability are rehabilitated or created Coping mechanisms and capacities strengthened among people vulnerable to natural disasters Targeted communities are sensitized in appropriate agricultural techniques, water management and disaster mitigation Standard requirements of dietary needs of people in emergencies are maintained</p> <p>Indicators:</p> <ul style="list-style-type: none"> - No. and kind of community assets rehabilitated or created - No. of disaster management training sessions - No. of training sessions in appropriate agricultural techniques - No. of people in emergencies who maintained their standard dietary requirements 	<p>3.1. Lives saved, community assets protected and/or developed and sustainable livelihoods to respond to and mitigate the risk of effect of crisis promoted</p> <p>Indicators:</p> <ul style="list-style-type: none"> - Percentage of land irrigated increased - Percentage of available crop yields increased - Access to social infrastructure increased (%) - Selling of assets is limited (%) - Standard dietary requirements for people in emergencies maintained 	<p>FFW Free food distribution</p>



PRRO CAMBODIA 10305.0



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

ADB	Asian Development Bank
ARV	anti-retroviral
CCA	common country assessment
CDHS	Cambodian Demographic Health Service
COPRC	Country Office Project Review Committee
DOTS	Directly Observed Treatment with Short-Course Chemotherapy
FFT	food for training
FFW	food for work
HBC	home-based care
ITSH	internal transport, storage and handling
JICA	Japan International Cooperation Agency
KfW	<i>Kreditanstalt für Wiederaufbau</i>
NCDM	National Committee for Disaster Management
NPRS	National Poverty Reduction Strategy
NTP	National Tuberculosis Programme
PLWHA	People Living with HIV/AIDS
TB	tuberculosis
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

