

BUDGET REVISION FOR THE APPROVAL OF REGIONAL DIRECTOR
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	<u>Initials</u>	<u>In Date</u>	<u>Out Date</u>	<u>Reason For Delay</u>
<u>ORIGINATOR</u>				
Country Office or Regional Bureau on behalf of Country Office	IO
<u>CLEARANCE</u>				
Project Budget & Programming Officer, RMBP
Chief, RMBP
Chief, ODLT (change in LTSH and/or External Transport)
<u>APPROVAL</u>				
<input type="checkbox"/> Regional Director

PROJECT	Previous Budget	Revision	New Budget
Food cost	US\$ 696,321	US\$ 603,579	US\$1,299,900
External transport	US\$ 111,753	US\$65,472	US\$177,225
LTSH	US\$ 229,400	US\$126,734	US\$356,134
ODOC	US\$ 24,563	US\$19,442	US\$44,005
DSC	US\$ 190,000	US\$30,020	US\$220,020
ISC (7%)	US\$ 87,643	US\$59,167	US\$146,810
Total WFP cost (US\$)	US\$ 1,339,679	US\$904,414	US\$2,244,093

TYPE OF REVISION

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Additional commodity | <input checked="" type="checkbox"/> Additional DSC | <input checked="" type="checkbox"/> Additional ODOC | <input checked="" type="checkbox"/> Additional LTSH |
| <input checked="" type="checkbox"/> Additional external transport | <input checked="" type="checkbox"/> Extension or Reduction in time | <input type="checkbox"/> Other | |

NATURE OF THE REVISION

1. The Ghana Country Office proposes budget revision number one; an extension of the duration of EMOP 200321 for six months, from 1 February to 31 July 2012.
2. This budget revision is requested because the expected return/repatriation of Ivorian asylum seekers has not materialized in spite of the end of the protracted violence in Ivory Coast. Despite the fact that there is an internationally recognized legitimate government in place, which took a number of good initiatives including establishing a Truth and Reconciliation process and signing of Tripartite Agreements with countries in the region (including Ghana) for the return of refugees, the asylum seekers are not willing to repatriate to their country out of fear.

3. The asylum seekers who remain in Ghana continue to perceive that there is still a security threat in Cote d'Ivoire and are unwilling to return at this juncture. At the peak of the crisis, the daily rate of arrival was in the region of 400 persons per day. Though this figure has reduced considerably to about 6-9 persons week as at the time of the JAM in December 2011, the desire to repatriate is very low. UNHCR and Ghana Refugee Board report that there are currently 7,400 asylum seekers still residing in camps in the Western, Central and Brong Ahafo Region.
4. This budget revision will therefore seek the continuation of assistance to this caseload which has been lowered from 17,750 to 7,400. The initial expected caseload was not attained because some asylum seekers opted to reside in host communities at the start of the crisis. A few moved back to the camps as conditions became more difficult in the host communities (host fatigue) but some have also moved on to Togo, to avail of the educational language (French) which they are conversant with, for their children.
5. According to the WFP/UNHCR Joint Assessment Mission (JAM) conducted in December 2011, the food basket of asylum seekers comprises solely of the food commodities provided by WFP and they do not have any source of income at this stage, either in camps or in the neighbouring areas. A number of families/households reported that they were compelled to leave behind their belongings as they fled the violence and a few households reported trading the non-food items provided by UNHCR to purchase food commodities for their households. The JAM revealed that the language barrier prevents them from engaging in income generation activities in the local community and the most pressing need continues to be food after a period of nine months.
6. Furthermore, the rate of malnutrition amongst children under 5 is increasing. The JAM has recommended the provision of supplementary feeding to treat moderate acute malnutrition in children under 5 in the camps to prevent malnutrition and mortality.
7. The budget revision will therefore mainly deal with the following:
 - Extend the duration of the EMOP for a period of 6 months.
 - Include a supplementary feeding component for 1,100 children.
 - Revise the beneficiary figure from 17,750 to 7,400.
 - Increase in the commodities in the original budget from 739.26 by additional 39.6 metric tonnes of supercereal+ to 778.86 metric tonnes, in accordance with the JAM recommendations.
 - Provide the additional associated LTSH costs of US\$ 126,734, DSC of US\$30,020
 - Cover additional indirect support costs (ISC) of US\$59,167.

JUSTIFICATION FOR EXTENSION-IN-TIME AND/OR BUDGET INCREASE

8. WFP has provided assistance through an IR EMOP and an EMOP to Ivorian asylum seekers residing in the Brong Ahafo, Central and Western Regions, following the November 2010 post-electoral political crisis in Côte d'Ivoire which triggered population displacement into Ghana. The overall goal of intervention was to improve the food and nutritional security of food insecure refugee households who fled the protracted conflict in Cote d'Ivoire. Specific objectives consistent with WFP's Strategic Objectives were to save lives by meeting the minimum food and nutrition requirements of the displaced persons and to provide food

requirements to improve household food security of new refugees through diversification of diets while preserving/enhancing productive assets.

9. This extension in time is requested, to enable WFP continue the provision of food assistance to vulnerable, food-insecure Ivorian asylum seekers pending the establishment of durable solutions options.

Conclusion and recommendation of the re-assessment

10. A WFP/UNHCR Joint Assessment Mission conducted in December 2011 recommended the following:

- Continuation of general food distribution for 7,400 asylum seekers as they depend completely on WFP food assistance and that the food security situation of the asylum seekers did not change as they do not have much scope of income earning opportunities.
- Upon arrival at the camps and after registration, the nutritional status of each child is assessed through a rapid nutrition screening exercise using the mid upper arm circumference (MUAC) as the indicator of nutritional status. The latest nutrition screening exercise in October 2011, of 919 children in Ampain reported 89 cases of global acute malnutrition (9.6%) of which 23 (2.5%) had severe acute malnutrition (SAM). Cases of SAM are currently managed by the Ministry of Health with support from UNICEF. This budget revision is therefore requesting the provision of supplementary feeding, in accordance with the WHO or SFP guidelines in the presence of aggravating factors such as no income to complement WFP food and no other food sources.
- Provision of nutrition education at the child welfare clinics on the use of super cereal plus to ensure that beneficiaries get the most benefit out of the fortified food commodity.
- WFP and UNHCR in collaboration with government and non-government partners will advocate for fair employment opportunities as well as income generation activities for interested populations. Every effort will be made to enable beneficiaries sustain their livelihood; however, beyond the six months, there is the possibility of a residual caseload that may still require assistance.

Purpose of extension and/or budget increase

11. This extension of time of the EMOP will enable the Country Office continue the provision of general food rations to 7,400 beneficiaries as well as treat moderate acute malnutrition in 1,100 children under 5. WFP will provide monthly rations of 12.6 kg of rice, 1.8 kg of beans, 1 litre of fortified oil, 0.15 kg of iodized salt and 1.8 kg of CSB and provides 2,148 kilocalories per day. Beneficiaries under the supplementary feeding programme will be provided with monthly rations of 6 kilograms of super cereal plus (corn soya blend ++) which will provide 840 additional kilocalories daily to children under 5.
12. WFP food assistance will be delivered to UNHCR at defined Extended Delivery Points in the Western and Brong Ahafo Regions. Monthly distributions will be conducted by the cooperating partner with the support of UNHCR and WFP. Through monthly post-distribution monitoring (PDM), WFP and partners will collect feedback from beneficiaries on the rations received and the use of food assistance. WFP will undertake regular field monitoring to ensure that the correct processes for distribution and reporting are followed.

The capacity of the cooperating partners will be improved through training on commodity management.

13. Food distribution committees have been established at the various camps and include at least 60 percent female representation. WFP will continue to work with cooperating partners and UNHCR to ensure timely monthly food distributions. WFP is working with the partners to improve modalities for distributions; to ensure that vulnerable groups are catered for. WFP will also work with its partners to ensure effective reporting and monitoring during the course of the implementation of the EMOP. Through monthly post-distribution monitoring, WFP and partners will collect feedback from beneficiaries on the distributed rations and the use of food. The logical framework matrix attached in Annex 1 shows the results chain as well as indicators for measuring results.

The expected outcomes of this EMOP include:

- Affected households maintain or improve their food security status while reducing negative coping strategies.
- Reduced acute malnutrition in children under 5 in targeted emergency affected populations.

TABLE 1. BENEFICIARIES BY ACTIVITY TYPE			
	Beneficiaries		
Activity	Present	Decrease	Revised
General food distribution	17,750	10,350	7,400
Treatment of moderate acute malnutrition – 6-59 months	0	1,100	1,100*
Total	17,750	1,100	7,400

*The beneficiary number for supplementary feeding is a sub-set of the total of 7,400.

TABLE 2. FOOD REQUIREMENTS BY ACTIVITY TYPE				
	Food requirement (mt)			
Activity	Present	Tonnage utilized	Increase (Requirement for feb to Jul 2012)	Revised
General Food Distribution	1,366	605.228	739.26	2,105.26
Treatment of moderate acute malnutrition – 6-59 months	0	0	39.6	39.6
Total	1,366	605.228	778.86	2,144.86

	Supplementary Feeding for Children under 5
Super cereal plus	200
TOTAL	200
Total kcal/day	840
% Kcal from protein	18
% Kcal from fat	13.5
Number of feeding days per year	180

DISTRIBUTION:

DED, OD
 Deputy COO & Director, ODE
 Chief, ODLT
 Country Director
 OD Registry
 Director, ERD and COO

Director, ODX
 Chief, RMBP
 Chief, ODXR
 Programme Officer, RMBP
 Programming Assistant, RMBP
 Liaison Officer, OD @

Chief, ODXP
 Regional Director
 RB Programme Advisor
 RB Programme Assistant
 RB Chrono

ANNEX I - LOGICAL FRAMEWORK SUMMARY

LOGICAL FRAMEWORK MATRIX – Assistance to Ivorian Refugees in Ghana

Results-Hierarchy	Performance Indicators	Means of Verification	Assumption and Risks
SO 1: Save Lives and Protect Livelihoods in Emergencies			
Outcome 1.1: Improved food consumption over assistance period for targeted emergency-affected refugee households.	1.2.1 Household food consumption score. (80% of targeted refugees with acceptable food consumption score (>35))	<ul style="list-style-type: none"> • Post Distribution Monitoring/JAM 	<p>Progress is made in the peace process, and not an escalation in displacement</p> <p>Humanitarian corridors remain open for logistical support</p> <p>Complimentary services provided by partners such as UNHCR, UNICEF, NSC and others.</p> <p>No major diseases and epidemics.</p> <p>Funding for the EMOP is secured.</p>
Outputs 1.1: Food distributed in sufficient quantity and quality for General Food Distribution under secure conditions	1.1.1 Number of women, men, girls and boys receiving food and as % of planned figures per activity	<ul style="list-style-type: none"> • CP distribution reports, post distribution monitoring 	
	1.1.2 Tonnage of food distributed, by type, as % of planned distribution		
Outcome 1.2 Reduced acute malnutrition in children under 5 in targeted emergency affected populations	<ul style="list-style-type: none"> ➤ Prevalence of low mid-upper arm circumference (MUAC) among children under 5 as a proxy indicator. ➤ Prevalence of acute malnutrition among children under 5 (weight for height as percent) 	<ul style="list-style-type: none"> • Follow up nutrition screening 	

