Liberia Protracted Relief and Recovery Operation 200550 B/R No. 1

4 October 2013

BUDGET REVISION FOR THE APPROVAL OF REGIONAL DIRECTOR

	<u>Initials</u>	<u>In Date</u>	Out Date	Reason For Delay		
<u>ORIGINATOR</u>						
Country Director						
CLEARANCE						
Project Budget & Programming Officer, RMBP						
Chief, RMBP						
Chief, OSLT (change in LTSH and/or External Transport)						
APPROVAL						
Regional Director						
PROJECT: Food assistance for refugees and vul Start date: 1 July 2013 End date: 30 June 2015	nerable host popu United States d					
Food cost External transport LTSH ODOC DSC ISC (7.0 percent) Total cost to WFP	rrent Budget 12,235,036 3,123,550 5,904,695 1,158,146 3,252,324 1,797,163 27,470,914	Increase/Decrease -522,000 -33,552 -38,488 -1,361 1,120,104 36,759 561,432		Revised Budget 11,713,036 3,089,998 5,866,207 1,156,785 4,372,428 1,833,922 28,032,346		
TYPE OF REVISION						
☐ Additional commodity ☐ Additional DSC ☐ Additional ODOC ☐ Additional LTSH ☐ Additional external transport ☐ Extension or Reduction in time ☐ Other						

NATURE OF THE INCREASE

- 1. This budget revision seeks to rationalize direct support cost (DSC) sharing between Country Programme 200295 (CP) and Protracted Relief and Recovery Operation 200550 (PRRO). The revision shifts two international and two UNV staff from the CP to the PRRO budget, increases UN Organization Services costs under recurring expenses, and increases TC/IT equipment and local security costs under equipment and capital costs. The revision also changes food commodities for prevention of stunting in children aged 6–23 months to better address nutritional needs.
- 2. The budget revision is due to the following changes:
 - ➤ Increase of US\$1,120,104 for direct support costs (DSC);
 - ➤ Increase of US\$36,759 for indirect support costs (ISC); and
 - ➤ Reduction of food, external transport, LTSH and ODOC costs of US\$522,000, US\$33,552, US\$38,488 and US\$1,361 respectively to reflect the change of food commodities for children aged 6–23 months from Plumpy'Doz to Nutributter.

JUSTIFICATION FOR BUDGET INCREASE

Summary of existing project activities

- 3. Based on a joint assessment mission (JAM) in November 2012, WFP and partners recommended continuing relief food assistance to Côte d'Ivoire refugees residing in designated camps and supporting early recovery for refugees living in host communities. Due to the high food insecurity among the host population, the PRRO builds on experience gained during the preceding emergency operation to scale-up activities targeting vulnerable Liberian households hosting Ivorian refugees.
- 4. PRRO objectives are aligned to WFP Strategic Objective 1 (Save lives and protect livelihoods in emergencies) and 3 (Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations). The project seeks to:
 - Improve the food security and nutrition of refugees from Côte d'Ivoire and vulnerable host populations in Liberia who have been adversely affected by the refugee influx (Strategic Objective 1);
 - ➤ Treat moderate and acute malnutrition in children aged 6–59 months from the refugee and host populations in the four refugee-hosting counties (Strategic Objective 3);
 - ➤ Prevent stunting through complementary feeding for children aged 6–23 months and pregnant and lactating women within refugee and host populations (Strategic Objective 3);
 - > Protect the livelihoods of vulnerable host populations and alleviate their food insecurity during the lean season (Strategic Objective 3); and
 - ➤ Improve enrolment and attendance rates among refugee primary school children attending schools in Liberia (Strategic Objective 3).
- 5. The PRRO design is based on results of consultations with partners, United Nations sister agencies and the 2012 JAM recommendations which support the implementation of a relief and recovery component.

Relief component

6. WFP provides general food distribution (GFD) for all refugees residing in designated refugee camps given their limited access to informal livelihood opportunities. In collaboration with the Ministry of Health, WFP also provides targeted supplementary feeding to children with MAM aged 6–59 months living in host communities.

Early recovery and transition component

- 7. Stunting: The PRRO addresses the high prevalence of stunting in refugee camps through support to: (i) complementary feeding in collaboration with the Ministry of Health and other partners for 8,000 Ivorian children aged 6–23 months residing in host communities and refugee camps; and (ii) provides fortified blended food to 6,000 pregnant and lactating women living in host communities or camps to improve nutrient intake.
- 8. Food assistance for assets (FFA): WFP provides host populations and refugees residing in host communities with food to support asset creation during the lean season (March–August) when traditional agricultural activities are less intensive, other livelihood opportunities are not available and access to food in local markets is limited. FFA activities focus on developing lowland rice infrastructure on community land to expand production and strengthening market linkages through rehabilitation of feeder roads.
- 9. School feeding: WFP provides on-site hot meals to refugee school children attending primary schools in refugee camps to improve enrolment and attendance rates. Hot meals are provided in close coordination with parent-teacher associations (PTAs), government counterparts and development partners. Hot meals ensure school-aged children attend school and are not encouraged to engage in competing household activities.

Conclusion and recommendation of the re-assessment

- 10. UNDP Human Development Index of 2011 classified Liberia as a low income country heavily reliant on international assistance for revenue and human resources as a result of many years of conflict leading to in economic collapse and loss of infrastructure. Liberia ranks 174 out of 187 countries in the UNDP 2012 Human Development Index. Gross national income per capita is US\$480 and the national poverty headcount is 83.9 percent.
- 11. The 2012 Comprehensive Food Security and Nutrition Survey (CFSNS) revealed that low production of rice and cassava in Liberia result in dependency on international imports and vulnerability to price and exchange rate fluctuations. In most parts of the country, current retail prices of rice (the national staple) are 4 percent lower than during the same period in 2012. This is due to the ongoing harvest season, stable international fuel prices, and a good harvest in the main rice producing countries of Asia. Historically, the four refugee influx counties (Grand Gedeh, Maryland, Nimba and River Gee) are among the most food-insecure in Liberia.
- 12. The survey further indicates that food consumption of refugees living in camps is highly variable, with 60-65 percent of households having "acceptable" consumption, 30-35 percent "borderline" consumption; and 5 percent "poor" consumption. Households with borderline and poor food consumption are generally headed by the elderly or disabled, or those who lack access to alternative livelihood opportunities to complement food assistance.
- 13. Between 60-70 percent of food consumed by refugees is from food assistance while 30-40 percent is obtained through purchasing from camp markets, exchanging food rations or using alternative sources of income. The bartering of rations (mainly rice) represents 5-10

¹ 2012 Comprehensive Food Security and Nutrition Survey (CFSNS), pp. 5–6.

percent of total consumption. Refugees in camps often cultivate small vegetable gardens to supplement GFD. Meat is either purchased in camp markets or obtained through hunting.

- 14. Around 75 percent of refugees living in host communities have "acceptable" food consumption, 17 percent "borderline" and 9 percent "poor" consumption. Due to poor infrastructure, access to many refugee-hosting communities is inhibited during the rainy season, reducing food availability and increasing prices.
- 15. Chronic malnutrition affects 36 percent of children under 5 nationwide. In six of the 15 counties, stunting is very high, exceeding 40 percent. Stunting in the refugee camps is very high at 45 percent. Vitamin A deficiency affects 13 percent of children aged 6–35 months and 38 percent of pregnant women. The prevalence of anemia is 59 percent amongst children 6–35 months, and is even higher in refugee camp settings, 74 percent of children aged 6–59 months and 57 percent of women, above the "critical" level set at 40 percent by the World Health Organization.

Purpose of budget increase

16. WFP currently implements interventions in Liberia through two projects: CP 200395 and PRRO 200550. The interval between preparations of the two projects was over 12 months and, therefore, did not provide a synchronized opportunity to rationalize sharing of staff and office rental costs between the two projects. This budget revision will achieve that rationalization by budgeting international professional staff under the PRRO to balance DSC costs between the two projects. The country office will also prepare a CP budget revision to reflect the staffing adjustment.

FOOD REQUIREMENTS

17. The component targeting prevention of chronic malnutrition in children aged 6-23 months currently provides a daily ration of Plumpy'Doz. However, considering the critical prevalence of micronutrient deficiencies and stunting in combination with a low GAM level of 3.8 percent, a change of food commodities is proposed to provide a more suitable food commodity. The decision to change commodity is based on the 2012 nutrition survey results and bilateral discussions with UNHCR and partners. Nutributter, a low dose lipid-based nutrient supplement, will replace Plumpy'Doz for addressing micronutrient deficiencies and stunting where there is a low GAM prevalence. In addition, the change to Nutributter decreases the number of metric tons required and associated shipping costs.

TABLE 1: FOOD REQUIREMENTS BY ACTIVITY						
Activity	Food requirements (mt)					
	Current	Decrease	Revised			
GFD (refugees)	16,848	0	16,848			
FFA	5,520	0	5,520			
School feeding (refugees)	647	0	647			
MAM treatment (children aged 6–59 months)	66	0	66			
Prevention of stunting (children aged 6–23 months)	271	-156	115			
Prevention of stunting (PLW)	507	0	507			
TOTAL	23,859	-156	23,703			

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