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de Alimentos

**Executive Board  
First Regular Session**

**Rome, 4–6 February 2008**

## **COUNTRY PROGRAMMES**

### **Agenda item 8**

*For approval on a  
no-objection basis*

**E**

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## **COUNTRY PROGRAMME HONDURAS 10538.0 (2008–2011)**

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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for approval on a no-objection basis.**

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

Honduras is a low-income food-deficit country of 7.5 million inhabitants, of whom 3.3 million are children under 15; 50 percent of the population live in rural areas. The third poorest country in Latin America, Honduras ranks 116<sup>th</sup> of 177 countries in the Human Development Index. Extreme poverty affects 47 percent of the total population, and 75 percent of the rural population. The Food and Agriculture Organization of the United Nations estimates that 1.5 million Hondurans face hunger. Chronic malnutrition affects 25 percent of children under 5; the stunting rate is 27.3 percent overall, but it is 34 percent in rural areas, three times the rate in towns. In early 2005, communities covered by the country programme had stunting rates of 45–50 percent. In 2005, the number of HIV-infected people increased to 80,000.

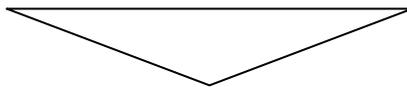
This country programme was prepared in conformity with the United Nations Development Assistance Framework, the Poverty Reduction Strategy and Millennium Development Goals 1, 2, 3, 4, and 6. Its main aims are to reduce food insecurity and malnutrition and to increase human development by improving the health, nutrition and education levels of children and other vulnerable groups. The country programme will focus on the most food-insecure areas, mainly western and southern regions, identified by vulnerability analysis and mapping. The main expected outcomes are increased school enrolment and attendance, reduced chronic malnutrition among children under 5, reduced anaemia among women of reproductive age and children under 5, improved nutrition and health of people living with HIV and AIDS, and enhanced government capacity to implement food-based programmes. The new country programme will continue to rely on partnerships with United Nations agencies, local institutions and non-governmental organizations; it will form part of a government programme jointly managed with WFP assisting 1.3 million schoolchildren, children under 5, pregnant and lactating women, and people living with HIV. WFP's regular development resources under the programme will support annually 110,000 of the most food-insecure beneficiaries; the rest will be funded mainly by the Government, which is committed to continued funding of school feeding for 1.2 million children and is considering a second safety-net programme aimed at eradicating chronic malnutrition in children under 5.

WFP's capacity-development work with the Government on food-based programmes will be the basis of the eventual handover of WFP programmes. The capacity of the Government to assume responsibility for programme activities will be assessed towards the end of the current programme and taken into consideration in the handover.

The requested budget for the programme for 2008–2011 is US\$7.4 million to assist 110,000 beneficiaries annually, of which US\$1.5 million will be met locally through resource mobilization by the country office; such resources will complement regular development funding.



## DRAFT DECISION\*



The Board approves on a no-objection basis country programme Honduras 10538.0 (2008–2011) (WFP/EB.1/2008/8/2), for which the food requirement is 12,972 mt at a cost of US\$6.6 million covering all basic direct operational costs.

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (WFP/EB.1/2008/15) issued at the end of the session.



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## SITUATION ANALYSIS

1. Honduras is a low-income food-deficit country of 7.5 million inhabitants,<sup>1</sup> of whom 3.3 million are children under 15 and 60 percent are under 25; 51 percent live in rural areas. Indigenous ethnic groups – Lencas, Misquitos, Tawahkas, Pech, Tolupanes, Chortis, Nahuas and Garifunas (descendants of Africans) – account for 6.2 percent. Current annual population growth is 2.6 percent; the fertility rate is 3.5.
2. Honduras is ranked 116<sup>th</sup> of 177 countries in the 2005 United Nations Development Programme (UNDP) Human Development Index. The percentage of land allocated to women's groups under agrarian reform was only 3.8 percent, but the percentage of households headed by women in marginal areas rose from 20.6 percent in 1989 to 24.5 percent in 1999.<sup>2</sup>
3. There is considerable inequity in the education sector: the illiteracy rate is 27 percent in rural areas and 9.6 percent in towns; the quintile with the largest incomes has a literacy rate 7 times greater than the poorest quintile. Enrolment in primary schools reached 89.3 percent in 2004, but 20 percent of pupils drop out of primary education.
4. Despite significant macroeconomic improvement between 2002 and 2005 – gross national product (GNP) grew annually by 4.2 percent – extreme poverty affects 47 percent overall but 75 percent of the rural population. According to the Economic Commission for Latin America and the Caribbean (ECLAC),<sup>3</sup> food insecurity and hunger are closely related to extreme poverty, infant mortality, poor education and malnutrition among children; this also applies to Honduras, except for poverty variations that do not match changes in infant malnutrition or infant mortality rates.
5. The Food and Agriculture Organization of the United Nations (FAO)<sup>4</sup> estimates that 1.5 million Hondurans face hunger; chronic malnutrition or stunting affects 27.3 percent of children under 5 according to the 2005 National Survey of Living Conditions (ENCOVI).<sup>5</sup> Stunting is 34 percent in rural areas, three times the rate in towns. Communities in the “drought corridor” currently covered by country programme (CP) 10074.0 had rates of 45-50 percent in early 2005 according to the Ministry of Health. The 2001 census<sup>6</sup> of first-grade pupils showed chronic malnutrition at 42.7 percent among children in rural areas and 24 percent in towns. Poor nutritional status is related to limited access to food, water, sanitation and health services and high prevalence of respiratory infections and diarrhoea.

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<sup>1</sup> National Statistics Institute. 2001. Honduras Population Census.

<sup>2</sup> UNDP Human Development Report, 2006.

<sup>3</sup> ECLAC, 2003.

<sup>4</sup> FAO/National Alliance Against Hunger in Honduras (ANCHA), 2005.

<sup>5</sup> National Statistics Institute. 2005. National Statistics on Livelihoods: National Survey of Living Conditions (*Encuesta Nacional Sobre Condiciones de Vida*, ENCOVI).

<sup>6</sup> Family Allowance Program (PRAF), 2001.



6. The nutritional status of children is related to that of mothers: studies show that weight gain during pregnancy is correlated to birthweight. Maternal mortality and birth rates are highest amongst poor rural women with low education; 50 percent of maternal deaths occur during childbirth and up to a day afterwards, usually because of haemorrhage, sepsis or hypertension. High mortality rates can be reduced by improving women's access to pre-natal and post-natal care.
7. Honduras is unlikely to achieve Millennium Development Goal (MDG) 1, despite the current positive trend in nutritional rates, mainly because of inadequate expenditure. By 2015, the number of malnourished children is likely to increase above the 2005 figure. Country level studies show a close relationship between malnutrition among children under 5 and infant mortality, in line with studies in Latin America that show that at least 50 percent of infant mortality is attributed to malnutrition.
8. Vulnerability analysis and mapping (VAM) classifying municipalities according to structural food vulnerability shows that the most food-insecure areas are in the western and southern regions of Intibucá, Francisco Morazán, El Paraíso, Valle, Choluteca and La Paz.
9. Addressing the increase of HIV and AIDS cases is a priority for the Government: half of all cases reported in Central America are in Honduras. An average 14 people died daily in 2005, mostly aged between 15 and 49; an estimate<sup>7</sup> for this age group indicates that by the end of 2005 HIV prevalence was 2.1 percent; there were 79,500 infected people and 15,000 orphans. If measures are not taken, 115,000 people will be HIV-positive by 2010 and 26,000 children will be HIV/AIDS orphans.<sup>8</sup>
10. WFP, the Cooperative for Assistance and Relief Everywhere (CARE) and the Ministry of Health started a small but successful project to provide food and nutritional support for 500 people living with HIV (PLHIV) and their families. But it covers only 11 percent of cases undergoing anti-retroviral therapy (ART) and fewer than 2 percent of diagnosed cases; the project does, however, account for 20 percent of the current food allocation for component 1 of CP 10074.
11. During the last decade Honduras has experienced recurrent natural disasters that made it difficult for vulnerable families to recover and negatively affected the nutritional status of poor food-insecure people. There were 26 storms in the 2005 hurricane season, including hurricanes Wilma, Beta, Gamma and Stan; in 2006, flooding and drought negatively affected access to food and health services in indigenous communities and among subsistence farmers. These populations revert to risky coping mechanisms that reduce their capacity to face disasters and improve their food security and nutritional status.

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## PAST COOPERATION AND LESSONS LEARNED

12. In the last five years, two evaluations, an internal process review and a joint inter-agency assessment with partners have provided inputs for operational improvements that contributed to the design of this CP. The most relevant findings were:
  - the need to promote operational partnerships with the Government, non-governmental organizations (NGOs) and international agencies, such as the Nutrition and Food Security platform;

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<sup>7</sup> Pan American Health Organization (PAHO), 2005.

<sup>8</sup> Global Fund, 2005.



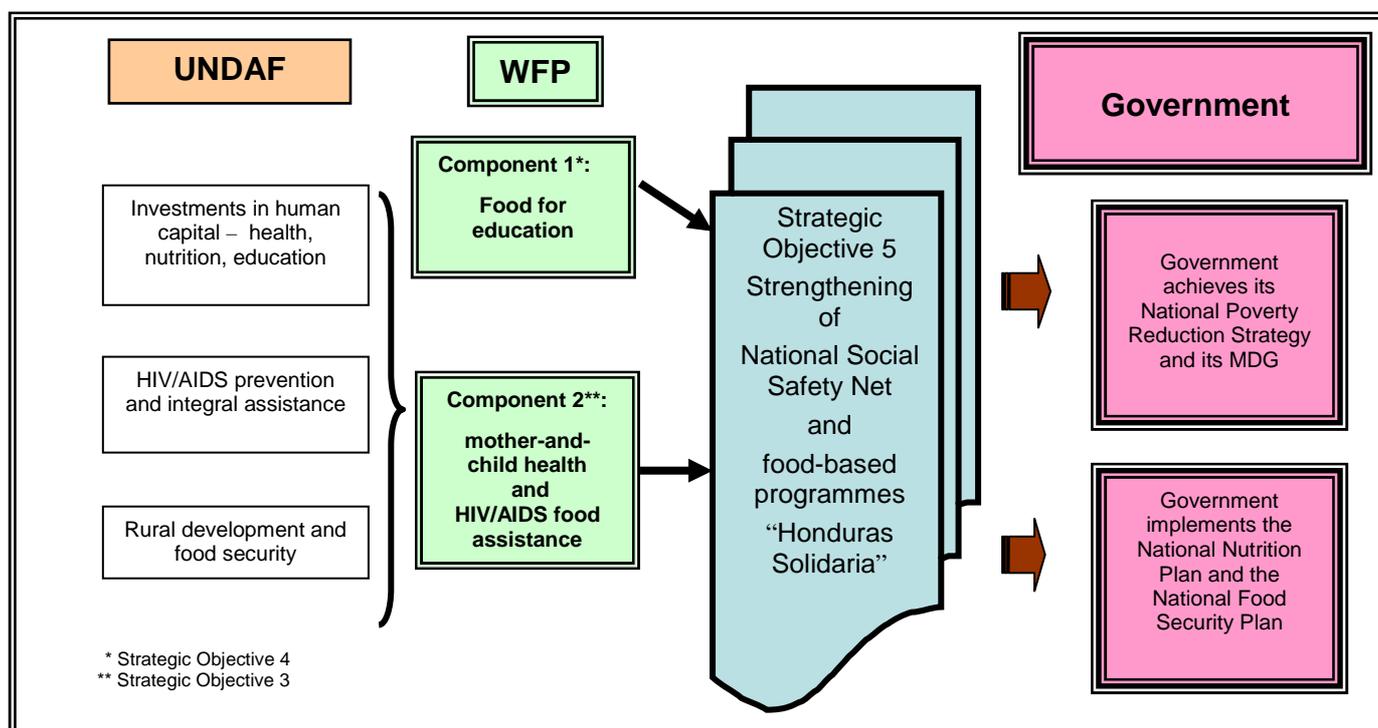
- the need to enhance strategic partnerships with donor agencies and the United Nations system; the United Nations Children's Fund (UNICEF), PAHO/the World Health Organization (WHO) and FAO are partners in the school feeding programme (SFP) and HIV/AIDS-related activities;
  - participation by local partners and beneficiary communities is required, from design to implementation; this began through dialogue with public authorities, community organizations and NGOs, and will be enhanced in the new CP;
  - monitoring and evaluation (M&E) needs to be taken into account in programme development to ensure timely response, including implementation of efficient management, timely delivery and quality control and promotion of synergies among WFP operations; and
  - a need to formulate coordinated handovers in collaboration with partners; expected achievements need to be defined at the design stage.
13. Other issues requiring WFP technical assistance at the local level include the 2006 law making implementation of SFP mandatory for the Government; the law will ensure sustainability and create a chance to achieve the SFP educational goals.
14. Lessons learned from implementation of the school feeding programme in collaboration with the Government have been incorporated into this CP.

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## STRATEGIC FOCUS OF THE WFP COUNTRY PROGRAMME

15. The current CP will contribute to achieving MDGs 1, 2, 3, 4 and 6. It also addresses United Nations Development Assistance Framework (UNDAF) outcomes (i) investing in health, nutrition and education, (ii) HIV and AIDS prevention and assistance, (iii) rural development and food security and (iv) governance and democracy, and supports WFP's Enabling Development policy priorities 1 and 2. The goal of the CP is to improve the nutrition and food security of the poorest people in southwestern and southern food-insecure municipalities. The components are:
- **Component 1:** Support access to education and reduce gender disparity in access to education and skills training for pre-school and primary schoolchildren (Strategic Objective 4).
  - **Component 2:** Support improved nutrition and health among children, women, mothers, PLHIV and other vulnerable groups (Strategic Objective 3).
16. As part of the Strategic Objective 5 cross-cutting strategy, the CP will enhance the Government's capacity to establish and manage food assistance and hunger-reduction programmes through its social safety-net programme *Honduras Solidaria*. The CP will focus on capacity-building and promotion of a community-driven approach to empower women in vulnerable households so that they can participate in implementation of the two CP components (see Figure 1).

**Figure 1: Enabling Development, Food Security and Nutrition**



17. The CP targets the poorest and most food-insecure rural areas identified by VAM. Targeting is a major factor in addressing vulnerability and achieving timely response, so it is essential to target in a participatory gender-sensitive approach that sees women as important agents of change and acknowledges that women's level of education, nutritional status and control over food and assets are linked determinants of household food security.
18. This CP will concentrate assistance in 36 municipalities in the southwestern and southern departments of Intibucá, La Paz, the south of Francisco Morazán, the south of El Paraíso, Choluteca and Valle. There will be coordination between the CP and the new regional protracted relief and recovery operation (PRRO) to assist people in disaster-prone areas: the PRRO will respond to emergency situations; the CP will address structural nutrition problems.
19. Additional resources from the Government will assist children in 283 municipalities, covering 1.3 million children in pre-school and primary schools in the SFP, based on an enrolment rate of 81.3 percent.
20. WFP assistance will be complemented by other resources to achieve the Poverty Reduction Strategy Paper (PRSP) goals. Building on existing partnerships, WFP funding will exert leverage and maximize impacts to improve the effectiveness of partners' operations in support of the most food-insecure people.
21. WFP and the Government manage a single SFP using the same modalities as the original WFP programme initiated in 1999 and co-funded by the Government and WFP since 2004; Component 1 of this CP is an integral part of the national programme. In 2006, the national SFP reached 1.1 million children, 85 percent of national coverage. In 2004–2006, the Government contributed US\$21 million, of which the 2006 contribution of US\$10 million was 90 percent of the cost of the programme in that year. The

Government's annual contribution is managed by WFP through a trust fund. WFP uses the contribution to buy food and fund logistics, support costs and monitoring.

22. WFP will work with the Government in Component 2 to create a national safety-net, aiming to eradicate chronic malnutrition in children under 5. The Government expressed its commitment to this programme at the annual meeting of the governors of the Inter-American Development Bank (IDB) in March 2007 in Guatemala. Component 2 will be part of any future safety net: the aim is to support the Government in developing a national programme in four years, a critical input to achieving MDG 1 and eradicating malnutrition.
23. Once the Government is in a position to establish its infrastructure and human resources to ensure that the quality and efficiency of activities are the same as in current operations, a handover of WFP assistance will be agreed. These conditions will be assessed in the planned evaluation of the CP, resulting in either the termination of assistance at the end of the CP or the preparation of a further and possibly final phase.

### **Component 1: Support Access to Education and Reduce Gender Disparity in Access to Education and Skills Training for Pre-School and Primary Schoolchildren**

24. This component focuses on investing in human capital by supporting pre-schools and primary schools; the objectives are to: (i) increase enrolment of boys and girls; (ii) improve attendance of boys and girls; (iii) improve the concentration and learning capacity of boys and girls; (iv) reduce gender disparity among pre-school and primary schoolchildren; and (v) enhance government capacity to implement the national SFP.
25. Food aid will serve as an incentive for families to send children to school and it will ensure that short-term hunger does not diminish children's learning capacity. Schools with on-site feeding have improved gender ratios compared with schools without. The composition of the ration is culturally accepted by pre-school and primary schoolchildren, so the proposed SFP will assess consumption patterns by age and ethnic group to ensure that food and nutritional requirements are met.
26. Implementation involves targeting the poorest schools, with the involvement of municipal councils; it will be based on an integrated approach involving education, health, water and sanitation and will be guaranteed by the Ministry of Education, in partnership with the healthy schools programme, *Escuelas Saludables*, of the First Lady's Office, UNICEF and WHO/PAHO. Training of teachers and parents in basic nutrition and meal preparation is fundamental. If funding permits, delivery of the WFP/UNICEF School Essential Package will ensure that services such as deworming, latrine and kitchen construction, drinking water and school gardens are provided with balanced daily rations and micronutrients under the CP.
27. The component will require 10,004 mt of food for 416,700 beneficiaries – 100,000 per year – for the four years of the CP. Meals will be prepared and served by parents' committees on the 150 school days each year.



## Component 2: Support the Improved Nutrition and Health Status of Children, Women and Mothers, People Living with HIV and other Vulnerable Groups

28. This component aims to meet the nutritional and nutrition-related health requirements of pregnant and lactating women, children, PLHIV and people infected with tuberculosis (TB) and their families. WFP will provide food for families or individuals according to food security, nutrition surveillance information and complementary services.
29. The objectives in targeted areas are to: (i) reduce the chronic malnutrition rate among children under 5; (ii) improve the nutritional status of pregnant and lactating women and other vulnerable women; (iii) reduce anaemia among women of reproductive age and children under 5; (iv) improve the nutritional status and health of PLHIV; and (v) enhance government capacity to implement the national food-based mother-and-child health (MCH) programme.
30. The Ministry of Health will be responsible for implementing this component: a management committee including WFP and partners will be responsible for operations. At the local level, the management units will place staff with technical and logistics expertise in charge of implementation and will be supported by health volunteers and monitors. Implementation will involve municipal councils and *mancomunidades* (municipalities). UNICEF and PAHO/WHO will provide technical assistance and additional resources.
31. Mothers of targeted children will receive a monthly take-home ration that meets children's daily nutritional needs. This strategy has proved effective in ensuring children's rapid recovery from malnutrition.
32. For children under 24 months, weight-for-age Z scores under  $-1.5$  will be the entry point into the programme; Z scores over  $-0.5$  will be the exit point. For children aged 24-36 months, a height-for-age Z score under  $-2.0$  combined with a weight-for-age Z score under  $-1.5$  will be the entry point; the exit point will be a weight-for-age Z score above  $-1.0$ , regardless of the height-for-age indicator.
33. Over the four years of the CP, Component 2 will require 2,969 mt of food for 24,000 beneficiaries.

## IMPLEMENTATION STRATEGIES

34. Basic criteria for selecting activities will be standardized by the management units to ensure adequate thematic and geographic complementarities between the CP components. Activities and resources will be coordinated with bilateral and multilateral cooperation agencies, within the Education For All – Fast Track Initiative (EFA FTI) programme. Issues to consider are as follows.
  - School selection in food-insecure areas will contribute to improving the targeting of other vulnerable groups.
  - A community-driven approach for the empowerment of women in vulnerable households and other groups of women will transform schools into development centres.
  - Curricula on risk management, nutrition, gender and hygiene will be reviewed and incorporated.



- Parents' committees will support nutritional monitoring linked to the preventive community-based Integrated Attention to Childhood in the Community (AIN-C) strategy.
35. NGO cooperating partners will be selected that: (i) share common objectives with WFP; (ii) have proven implementation capacities; (iii) are present in the targeted areas; (iv) contribute non-food inputs, technical assistance and training; and (v) are committed to WFP's gender approach. UNICEF and WFP will continue to jointly implement the Essential Package in the schools enrolled in the SFP.
  36. The Latin America and the Caribbean regional bureau (ODP) has signed a memorandum of understanding with UNICEF to provide resources and technical assistance for current and future food-based and nutrition-based programmes, under which WFP and UNICEF country offices are working together to formulate short-term, mid-term and long-term nutritional development strategies for this CP. Coordination with PAHO/WHO will continue to enhance the local capacity of health community groups and parents' committees. In collaboration with FAO and the Ministry of Education, WFP will include a pilot curriculum review for primary schools on nutritional education and school vegetable production.

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## PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

37. During the formulation phase, consultations took place with ministries, government institutions, NGOs and donors. A high-level strategic workshop reviewed the Government's priorities and prioritized components and areas of implementation. Technical appraisal sessions were conducted for each component.
38. The Ministry of International Cooperation and Technical Coordination is the official channel between the Government and WFP. Its officials will participate in the two central management committees for each component. The Government will cover 100 percent of the cost of internal transport, storage and handling (ITSH) from the port of entry to local storage depots, which are located as close as possible to distribution points.
39. Food may be imported or locally procured, depending on availability and the category of contributions received. WFP will continue to use the Commodity Movement Processing and Analysis System (COMPAS) to monitor food handled at extended delivery points and will cover transport and handling costs to final distribution points, in consultation with counterparts and partners.
40. In line with results-based management (RBM),<sup>9</sup> the CP will consolidate existing computerized M&E systems, using baseline data to track changes against indicators from the Indicator Compendium. The logical framework is based on experience, allowing the M&E system to feed into joint workplans, enable corrective measures and advocate for support to expand best practices.
41. Impact assessments will be carried out whenever appropriate; partners will be responsible for monitoring their results and sharing the information with WFP. The evolving RBM system will be used to show results, disseminate lessons learned, enhance accountability and network best practices; it will be linked to case studies, supported by VAM and agencies such as UNICEF, PAHO and FAO and research institutions to assess

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<sup>9</sup> WFP. 2002. A Policy for Results-Oriented Monitoring and Evaluation in the World Food Programme (WFP/EB.A/2002/5-C).



the contribution of food-based development programmes. Some cash resources from other direct operational costs (ODOC) and direct support costs (DSC) will be allocated for RBM to field and central-level counterparts.

42. WFP has sub-offices in every department of the country that will facilitate and monitor implementation and will be responsible for enhancing partnerships with local governments and NGOs. Monitoring will use quantitative and qualitative data. A joint external mid-term evaluation of the CP will be undertaken, managed by WFP's Office of Evaluation (OEDE). Cooperation agencies – members of MERECE (Forum of Cooperation Agencies in the Education Sector) – will participate in the evaluation of the SFP, and the United States Agency for International Development (USAID) is already supporting the implementation of the M&E system.
43. Coordinated work by parents' committees, local administrations, NGOs and WFP will improve communication, confidence and respect, conduct social audits and enhance M&E capacity for CP activities. Evaluation, baseline and follow-up studies will be undertaken in priority areas. Country-level assessments will guide programme design and implementation.
44. Under Component 1, the Ministry of Education will be responsible for M&E through the School Feeding Support Unit (SAEH), the monitors of *Escuelas Saludables* and WFP monitors in each department. The M&E system will be improved periodically, with variables and new guidelines added as required.
45. Weight changes and iron supplement consumption will be monitored by trained community health monitors and volunteer women using pictorial material, supervised by nurses and health promoters. The proposed set of basic indicators is taken from the Indicator Compendium. The M&E system will be based on the enhanced network of healthcare facilities and volunteer health staff. Field units will coordinate actions with municipal and local development committees, NGOs, the Family Allowance Program (PRAF) and the network of health volunteers, community leaders and selected beneficiaries.
46. WFP will mobilize additional local resources of up to US\$375,000 per year, totalling US\$1.5 million over the four years of the CP, that will make it possible to meet requirements and increase the number of beneficiaries, complementing the regular development resources allocated to the CP.



## ANNEX I-A

BENEFICIARY COVERAGE BY COMPONENT AND FOOD ALLOCATION				
CP component	Quantity of food (mt)	Distribution estimates by component (%)	Number of beneficiaries males/females/total (CP period)	% of female beneficiaries (CP period)
Component 1: Food for Education	10 004	77	416 700	50
Component 2: Health and Nutrition	2 968	23	24 000	56
<b>Total</b>	<b>12 972</b>	<b>100</b>	<b>440 700</b>	

## ANNEX I-B

FOOD TYPE AND RATION SIZE					
Number of days	Component	Type of food	Ration size/person/day (g)	Energy content (kcal)	% kcal from protein (g)
150	School feeding	<b>Total</b>	<b>160</b>	<b>621</b>	<b>19.5</b>
		Corn	60	210	6.0
		Rice	30	108	2.1
		Beans	30	101	6.0
		Fortified blended food	30	114	5.4
		Vegetable oil	10	89	0.0
270	Supplementary feeding for pregnant and lactating women	<b>Total</b>	<b>450</b>	<b>1 709</b>	<b>55.2</b>
		Corn	210	735	21.0
		Rice	60	216	4.2
		Beans	60	201	12.0
		Fortified blended food	100	380	18.0
		Vegetable oil	20	177	0.0
360	Supplementary feeding for children aged 6–59 months	<b>Total</b>	<b>200</b>	<b>824</b>	<b>24.9</b>
		Corn	60	210	6.0
		Rice	30	108	2.1
		Beans	30	101	6.0
		Fortified blended food	60	228	10.8
		Vegetable oil	20	177	0.0
180	Family dry food ration for PLHIV and their families.	<b>Total</b>	<b>2 200</b>	<b>8 300</b>	<b>280.8</b>
		Corn	1 000	3 500	100.0
		Rice	240	864	16.8
		Beans	370	1 240	74.0
		Fortified blended food	500	1 900	90.0
		Vegetable oil	90	797	0.0





## ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions	Resources required
<b>UNDAF outcomes</b>			
1. Hondurans advance in the equitable and universal fulfilment of their rights to health, water and sanitation, nutrition, education, culture and protection against violence, abuse and exploitation.	1.1 Net school enrolment, health and nutrition indicators.		
2. Government and civil society have enhanced their capacity to guarantee and protect the universal access to services of prevention, care and comprehensive support of HIV/AIDS in a framework of human rights and gender equality.	2.1 HIV/AIDS national prevalence. Number of persons receiving anti-retroviral treatment.		
3. Rural communities and local organizations, jointly with the Government, implement public policies and development processes for the equitable and sustainable access of the population to land, other factors of production, markets and support services, for the generation of quality employment, food security and poverty reduction.	3.1 Poverty rates.		
CP goal: Improving the food and livelihood security of the poorest living in the highest food-insecurity level municipalities of southwestern and southern regions of Honduras.	Nutrition, food and livelihood security has been improved.		



## ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions	Resources required
<b>Component 1 (Strategic Objective 4): Support access to education and reduce gender disparity in access to education and skills training for pre-school and primary schoolchildren</b>			
<b>Outcomes</b>			
1.1 Enrolment of boys and girls in WFP-assisted schools increased by 10% by 2011.	1.1 Absolute and net enrolment: numbers of boys and girls enrolled in WFP-preschools and primary schools.	Lack of resources to implement and complement the food aid assistance and other school feeding activities.	Total food required: 10,004 mt Government contribution/year: US\$113,326
1.2 Attendance of boys and girls in WFP-assisted schools improved by 100% by 2011.	1.2 Attendance rate: % of boys and girls attending classes in WFP-assisted primary schools; if applicable, pre-schools and primary schools.		
1.3. Capacity to concentrate and learn among boys and girls in WFP-assisted schools improved by 100% by 2011.	1.3 Teachers' perception of children's ability to concentrate and learn as a result of school feeding.	Parents' committee must participate to ensure project ownership and sustainability. Meals are served early enough to increase children's concentration.	
1.4. Gender gap between boys and girls reduced to 1% in WFP-assisted pre-schools and primary schools by 2011.	1.4 Ratio of girls to boys enrolled in WFP-assisted schools.		
1.5 Enhanced government capacity to implement the national SFP.	1.5 Capacity of the counterpart to implement the SFP at the national level and to measure progress and impact – number of food-assisted children vs total number of vulnerable children.	Lack of Government resources and policies to implement the national SFP.	
<b>Outputs</b>			
1.1 Timely provision of food in sufficient quantity for targeted children, adolescent girls and adults to improve access to education in schools and non-formal education centres.	1.1.a Actual beneficiaries receiving WFP food assistance through each activity as % of planned beneficiaries, by project category, age group, gender.	Timely distribution is negatively affected by teachers' strikes.	
	1.1.b Actual tonnage of food distributed through each activity as % of planned distributions, by project category, food type.	Pipeline breaks and unavailability of food to complete the food basket.	

## ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions	Resources required
1.2 Provision of deworming tablets for targeted children and mothers in WFP-supported activities.	1.2 Actual beneficiaries provided with deworming pills through WFP-supported activities as % of planned beneficiaries of deworming pills, by beneficiary category, gender.	Unavailability of funds.	
1.3 Increase participation and funding from the Government to increase SFP coverage.	1.3 Total funds received from the Government, and increased number of children, by gender.	Unavailability of funds.	
1.4 Provision of capacity-building assistance for Government counterparts.	1.4.a Number of training sessions and staff trained in food-based management programmes.	Teachers and government staff rotation might reduce the Government's capacity to manage the SFP.	
	1.4.b Improved M&E system in the counterpart structure.		
<b>Component 2 (Strategic Objective 3): Support the improved nutrition and health status of children, women and mothers, PLHIV and other vulnerable groups</b>			
<b>Outcomes</b>			
2.1 Chronic malnutrition reduced from 28% to 20% among children under 5 in targeted areas by 2011.	2.1.a Prevalence of chronic malnutrition among targeted children under 5, based on height-for-age below $-2Z$ .	Government commitment to reducing malnutrition and prevalence of HIV/AIDS remains a national priority.	Food required: 2,968 mt. Government contribution/year: US\$33,645.00
	2.1.b Prevalence of chronic malnutrition among targeted children under 5, based on weight-for-age below $-2Z$ , disaggregated by gender.	Ministry of Health services involved in M&E have adequate human and material resources.	
2.2 Nutrition improved 100% among WFP-assisted pregnant and lactating women and other vulnerable women in targeted areas by 2011.	2.2.a Prevalence of malnutrition among targeted women of childbearing age, based on body mass index (BMI) below 19.	Development partners and operators prepared to invest efforts in WFP intervention areas are available and have the required technical skills and resources.	
	2.2.b Frequency of low birthweight among targeted groups.		



## ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions	Resources required
2.3 Anaemia reduced to 5% among women of reproductive age and children under 5 by 2011.	2.3 Prevalence of anaemia among targeted children and pregnant and lactating women.		
2.4 Improved nutritional status and health for 80% of WFP-assisted PLHIV.	2.4.a Percentage of PLHIV gaining and keeping weight.	Ministry of Health involved in M&E.	
	2.4.b Percentage of PLHIV adhering to treatment, by age group and gender.		
2.5 Enhanced government capacity to implement the national nutrition and food-based MCH programme.	2.5 Capacity of the counterpart to implement MCH programme at the national level: number of food-assisted people.	Lack of government resources and policies to implement the national MCH programme.	
<b>Outputs</b>			
2.1 Families and selected individuals receiving food promptly according to needs.	2.1.a % of children under 2 receiving exclusive breast feeding up to six months.	Health centres numerous responsibilities preventing full participation in this programme.	
	2.1.b Actual tonnage of food distributed through each activity as % of planned distribution, by component category and food type.		
	2.1.c Actual participants in each activity as % of planned participants, by project category, gender.		
2.2 Mother-and-child practices related to good nutrition and health improved.	2.2.a Mother-and-child practices related to good nutrition and health improved.	Unavailability of trainers at the local level.	
	2.2.b % of pregnant women with 5 + health centre visits.		
	2.2.c % of women with good weight gain during pregnancy.		
	2.2.d % of children aged 12 months with full vaccination.		
	2.2.e Actual number of children under 5 with deworming treatment provided through WFP-supported activities as % of planned beneficiaries, by category, gender.		
	2.2.f Number of children under 5 receiving supplements of iron and folic acid.		



## ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions	Resources required
2.3 Communities and families participate in promoting food and nutrition security at different levels.	2.3.a Number of municipalities providing support for food transport and distribution.		
	2.3.b Number of women participating in education in health and nutrition.		
2.4 Increased participation and funding from Government to increase MCH food assistance and coverage.	2.4.a Total funds received from Government, and increased number of beneficiaries	Decreasing government budget, or lack of budget, for MCH programmes.	
2.5 Provision of capacity-building assistance for government counterparts.			
<b>Activities</b>			
2.1 Implementation and operation of the food and nutrition surveillance system.			
2.2 Health service network providing training and other services at the local level.			
2.3 Community-based network of health personnel providing services for families at the local level.			



## ANNEX III

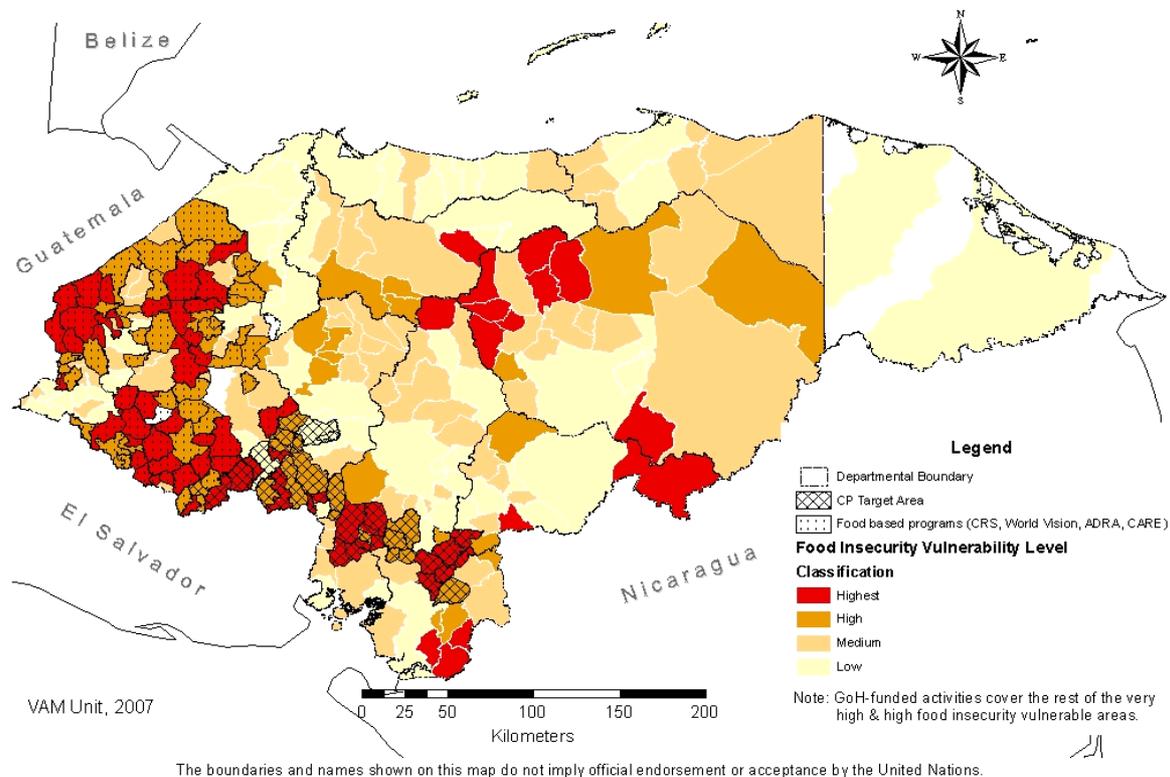
<b>BUDGET PLAN BY COMPONENT (US\$)</b>			
	<b>Component 1: Food for Education</b>	<b>Component 2: Health and Nutrition</b>	<b>Total</b>
Food (mt)	10 004	2 968	<b>12 972</b>
Food (value)	3 770 252	1 112 932	<b>4 883 184</b>
External transport	1 214 334	360 270	<b>1 574 604</b>
Internal transport, storage and handling (ITSH) <sup>1</sup>			
Other direct operational costs	100 000	19 200	<b>119 200</b>
<b>Total direct operational costs</b>	<b>5 084 586</b>	<b>1 492 402</b>	<b>6 576 988</b>
Direct support costs			<b>314 160</b>
Indirect support costs			<b>482 380</b>
<b>Total WFP cost</b>			<b>7 373 528</b>
<b>Total Government cost (ITSH)</b>	<b>453 304</b>	<b>87 048</b>	<b>540 352</b>

<sup>1</sup> The Government will cover 100%, so the figures are not included in the table.



## ANNEX IV

## Country Programme Honduras 10538.0 (2008–2011) Targeting



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

AIN-C	Integrated Attention to Childhood in the Community
ANCHA	National Alliance Against Hunger in Honduras
ART	anti-retroviral therapy
BMI	body mass index
CARE	Cooperative for Assistance and Relief Everywhere
COMPAS	Commodity Movement Processing and Analysis System
CP	country programme
DSC	direct support costs
ECLAC	Economic Commission for Latin America and the Caribbean
ENCOVI	National Survey of Living Conditions
FAO	Food and Agriculture Organization of the United Nations
GNP	gross national product
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IDB	Inter-American Development Bank
ITSH	internal transport, storage and handling
M&E	monitoring and evaluation
MCH	mother-and-child health
MDG	Millennium Development Goal
NGO	non-governmental organization
ODOC	other direct operational costs
ODP	Latin America and the Caribbean Regional Bureau
OEDE	Office of Evaluation
PAHO	Pan-American Health Organization
PLHIV	people living with HIV
PRAF	Family Allowance Program
PRRO	protracted relief and recovery operation
PRSP	Poverty Reduction Strategy Paper
RBM	results-based management
SAEH	School Feeding Support Unit
SFP	school feeding programme
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAM	vulnerability analysis and mapping
WHO	World Health Organization