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PROTRACTED RELIEF AND RECOVERY OPERATION MALAWI 10586.0

Assistance to Food-Insecure People Suffering from the Effects of Natural Disasters and HIV/AIDS

Number of beneficiaries	Year 1:1,221,000 Year 2:1,171,000 Year 3:1,121,000
Duration of project	Three years (1 January 2008 – 31 December 2010)
WFP food tonnage	214,679 mt
Cost (United States dollars)	
WFP food cost	61,670,789
Total cost to WFP	103,093,815

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

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

Malawi protracted relief and recovery operation 10586.0 focuses on disaster risk reduction and protecting the livelihoods of food-insecure and vulnerable people. WFP assistance will address the food needs of households enduring successive shocks to health, food production and income that are at risk of hunger and poverty. Life-saving support will be given to people made food insecure by HIV/AIDS and to households with transitory food needs as a result of shocks. Sustainability will be achieved through strategic partnerships with the Government, communities and stakeholders.

Smallholders cultivating half a hectare constitute 40 percent of the rural population. The 2004 demographic and health survey found that 49 percent of rural children under 5 were chronically malnourished, one of the highest rates in the region. WFP's 2006 community and household surveillance revealed that malnourished mothers were significantly more likely to have malnourished children. The 2004 demographic and health survey showed that 13 percent of women and 10 percent of men aged 15–49 were HIV-positive. The National AIDS Council estimated in 2004 that mother-to-child transmission accounted for a quarter of new HIV infections. This operation incorporates recommendations from the mid-term evaluation of Southern Africa regional protracted relief and recovery operation 10310.

WFP assistance will concentrate on nutrition support for malnourished children, pregnant and lactating women, chronically ill people and their families, patients on anti-retroviral therapy and tuberculosis patients. WFP will work with the Government, United Nations and non-governmental organization partners to protect and improve the livelihoods of people in highly food-insecure communities. The objectives of this operation are to:

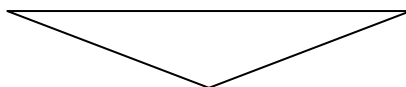
- save lives in crisis situations, especially those affected by sudden transitory food needs caused by small-scale natural disasters (Strategic Objective 1);
- support access to age-appropriate education in primary schools and preschools during the lean period in areas affected by acute food shortages (Strategic Objective 4);
- support improved nutritional status among children, pregnant and lactating women and people living with HIV in target areas (Strategic Objective 3); and
- protect and enhance the livelihoods of food-insecure people, including people living with HIV, in targeted areas (Strategic Objective 2).

WFP assistance contributes to the Government's growth and development strategy, particularly the social protection and disaster management pillar, by protecting vulnerable people from the effects of economic shocks and natural disasters increasing the assets of the poor and caring for the most vulnerable. The operation will contribute to Millennium Development Goals 1, 2, 4, 5, 6 and 7.



WFP will collaborate with partners to monitor household, community and national food security indicators to determine when to phase down and to decide on the best way of handing over. The components of this operation are linked so that beneficiaries can shift from free food distributions to food for assets; linkages with other food security and safety net programmes supported by the Government and the United Nations will allow beneficiaries to transfer to other types of assistance.

DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation Malawi 10586.0 “Assistance to Food-Insecure People Suffering from the Effects of Natural Disasters and HIV/AIDS” (WFP/EB.2/2007/9-C/4).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (document WFP/EB.2/2007/15) issued at the end of the session.



SITUATION ANALYSIS AND SCENARIO

1. Malawi ranks 166th of 177 countries in the United Nations Development Programme (UNDP) 2006 Human Development Index. Half of its 12 million citizens live below the poverty line and 20 percent of the population are extremely poor, living on less than US\$0.20 per day.¹ The incidence of poverty is higher in households headed by women than in households headed by men. In the southern region, 64 percent of the 5 million inhabitants are poor.
2. Malawi's economy is based largely on agriculture, but land distribution is unequal: 40 percent of smallholders cultivate 0.5 ha, mostly maize.² Small, fragmented landholdings contribute to households' inability to produce enough food to meet their requirements. Economic growth in 2004–2005 was estimated at 2.1 percent; the population growth rate was 2.06 percent.³
3. Malawi's agriculture is dependent on rain and harvests vary between regions according to rainfall patterns. Extreme seasonal variations cause "lean seasons" that can affect half of the rural population; households may require assistance for three to four months. In the 2005/06 agricultural season, good rains and improved access to agricultural inputs resulted in a 62 percent increase in maize production compared with the previous five years, but there were areas where rainfall was poor.
4. Food production is negatively affected by factors such as lack of access to agricultural inputs and poor quality soils. Single cropping, a dominant agricultural practice, places households and communities at risk of crop failure in the event of dry spells. Drought has a devastating impact on households already living in chronic poverty.
5. Almost twenty percent of children born in rural Malawi die before the age of 5 and malnutrition is a major contributor to child mortality.⁴ Almost half of rural children under 5 are stunted, 22 percent are severely stunted and 22 percent are underweight.⁴ According to the National Micronutrient Survey (2001), 80 percent of preschool children⁵ and 38 percent of primary school children have sub-clinical vitamin A deficiency. Anaemia is also a problem, affecting 73 percent of preschool children and 47 percent of pregnant women (MDHS, 2004). The high levels of chronic malnutrition are attributed in part to inadequate dietary intake due to drought-related food insecurity in 2002–2005, HIV/AIDS and poor weaning practices.⁶

¹ Republic of Malawi and World Bank. June 2006. *Malawi Poverty and Vulnerability Assessment: Investing in Our Future*. The extremely poor are unable to meet the minimum daily food requirements of 2,100 kcal.

² World Bank. 2006. *Malawi Country Brief*.

³ United States Department of State. October 2006.

⁴ Malawi Demographic and Health Survey (MDHS), 2004.

⁵ The MDHS of 2004 states that preschool children's consumption of foods rich in vitamin A has decreased slightly from 54 percent in 2000 to 48 percent in 2004. It is therefore unlikely that vitamin A deficiency has changed significantly since 2001.

⁶ *Second Working Group Report: Monitoring and Evaluation of Food Security and National Nutrition Policies of Malawi*, 18 January 2007.



6. Food and nutrition insecurity is further complicated by a high HIV/AIDS prevalence of 14 percent.⁷ In part due to HIV/AIDS, life expectancy at birth is 39.8 years, compared to an average of 46 years in sub-Saharan Africa, and is expected to drop to 35 years in the next decade. The HIV/AIDS gender disparity is significant; 2004 estimates indicated that prevalence in the 15–24 age group was four times higher for females than for males.⁸ Prevalence rates are particularly high in the southern region, with a 20 percent rate among women and 15 percent among men. Mother-to-child transmission (MTCT) accounts for 25 percent of all new HIV infections.⁹ The current number of children orphaned as a direct result of the AIDS epidemic is 500,000.¹⁰
7. With the emergence of HIV/AIDS, the number of tuberculosis (TB) cases has also risen. An HIV-positive person is six times more likely to develop active tuberculosis than an HIV-negative person. A survey conducted by the Ministry of Health National TB Control Programme revealed a 77 percent prevalence of HIV among TB cases.
8. A study commissioned by the United Nations Children’s Fund (UNICEF) during the 2002 hunger crisis¹¹ illustrated the significant impact that food shortages have on children’s access to education. The study found that acute food insecurity increased student absenteeism rates, particularly in the peak food shortage months, promoted erratic student attendance and increased drop-out rates. According to the study, 12 percent of primary school children in 2001 (and 9 percent in 2002) had dropped out of school, specifically because of food shortages. The study also found that 10 percent of primary school students attended school erratically during 2001/02 specifically because of food shortages. Additionally, food shortages were the main reason why children were absent from school during the 2001/02 hunger crisis (77 percent of the cases).
9. Acute food insecurity also has a heavy impact on preschool children. Findings from the mission to appraise school feeding suggest that during the lean season, young children attending community-based child-care centres (CBCCs) in proximity to primary schools assisted by the WFP development project are withdrawn from preschool and enrolled prematurely in primary school in order to access food. This disturbs the normal learning process of primary school children and the underage pre-primary students.
10. Building on gains achieved during the recovery phase of the southern Africa humanitarian crisis, this operation aims to support policies and programmes that promote resilience to shocks and enhance the livelihoods and welfare of poor and vulnerable people. It will focus on meeting the food needs of households undergoing successive shocks to health, food production and income and who are at high risk of hunger and poverty. Life-saving support will also be provided to select populations made vulnerable by the HIV/AIDS pandemic, and to households with transitory food needs as a result of shocks.

⁷ This is the rate used by the National AIDS Commission and widely accepted as accurate.

⁸ Republic of Malawi and World Bank. June 2006, p. xxxii.

⁹ MDHS. 2004. *Report 2004*. Lilongwe, Malawi, National AIDS Commission.

¹⁰ Malawi Ministry of Health. December 2005. *National AIDS Commission HIV/Syphilis Sero-Survey and National HIV Prevalence Estimates Report 2005*, p. 47.

¹¹ Malawi Centre for Social Research. 2002. *Impact of food shortage on schooling*.



POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

11. The Government's commitment to eradicating poverty and hunger in the country is made evident through the Malawi Growth and Development Strategy (MGDS). The policy is divided into five themes: sustainable economic growth; social protection and disaster management; social development; infrastructure; and good governance. In support of the MGDS, the Government developed the Social Protection Policy and the National Policy on Food and Nutrition Security.
12. The Social Protection Policy addresses chronic vulnerability and protects people against livelihood collapse when adverse events occur. The primary target groups are characterized as drought- or flood-prone smallholders, chronically food-insecure smallholders, the urban poor, the chronically ill or disabled, orphans and other "socially marginalized" groups.
13. Malawi's Food and Nutrition Security Policy aims for a rapid and substantial reduction in the degree and severity of malnutrition in all its forms, specifically: chronic and acute malnutrition and micronutrient deficiencies among men and women (especially pregnant and lactating women) and boys and girls (especially those under 5). Understanding the importance of improving nutrition and addressing the HIV/AIDS crisis, the Government created the Department of Nutrition and HIV and AIDS in 2004, under the Office of the President and Cabinet.
14. Measures now underway to implement the Food and Nutrition Security Policy include carrying out community therapeutic care (CTC) programmes and encouraging micronutrient food fortification. The CTC programme has proved successful in reducing mortality among severely malnourished children, increasing programme coverage and empowering communities to detect early malnutrition.
15. In Malawi, fortification of salt with iodine is mandatory, while fortification of cooking oil and maize meal is voluntary. The Ministry of Trade is working with the private sector to fortify sugar with vitamin A and the Government has repealed taxes and duties on micronutrient and fortification equipment. Nutrition rehabilitation units (NRUs) and hospitals have developed production capacity for ready-to-use therapeutic foods, producing a local version of "plumpy-nut" (a peanut butter-based, ready-to-use therapeutic food).
16. While the MGDS is ambitious and progress has been made in improving nutrition programmes and providing HIV/AIDS assistance and food security support, the Government has limited capacity to generate the rapid changes necessary to reverse the effects of the recent crisis. WFP has made staff available to assist the Department of Poverty and Disaster Management Affairs (DoPDMA) in the Office of the President and Cabinet to strengthen the monitoring and reporting systems, but capacity-building will continue to be necessary.

Coordination

17. Social protection is the umbrella thematic area of the MGDS and has four pillars: nutrition; direct transfers; food security and disaster preparedness; and mitigation and risk reduction.
18. The DoPDMA leads the overall coordination of relief and recovery operations. The DoPDMA is also the coordinating agency for implementing the National Social Protection Policy and National Social Protection Programme, of which donors and United Nations agencies (including WFP) are committee members.



19. The DoPDMA has initiated a UNICEF-supported social cash transfer project targeting the extremely poor and labour constrained who account for 10 percent of the population. WFP coordinates its interventions to complement this activity and others by focusing on acutely-affected poor and extremely poor populations that continue to suffer the consequences of the recent food security crisis.
20. The Government and WFP co-chair the Joint Emergency Food Aid Programme (JEFAP). The programme includes non-governmental organizations (NGOs) that have worked with WFP since the 2002 emergency and has become a recognized mode of cooperation for implementing humanitarian interventions in Malawi.
21. The Government, members of JEFAP, the Famine Early-Warning System Network (FEWS-NET) and United Nations agencies (including WFP) form the Malawi vulnerability assessment committee (MVAC), which provides food security data on overall food needs. The MVAC is led by the Ministry of Agriculture and Food Security. The assessments are conducted by the southern Africa regional vulnerability assessment committee. This year MVAC will also focus on identifying and distinguishing between the acute and chronically food insecure to improve overall targeting.
22. WFP is a member of the United Nations country team and heads the United Nations' Social Protection and Disaster Management Cluster. WFP formulated the activities for this PRRO in consultation with its main United Nations partners, especially the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF).

OBJECTIVES OF WFP ASSISTANCE

23. WFP assistance contributes to the Government's growth and development strategy, particularly the social protection and disaster management pillar, by: striving to prevent vulnerable people from sliding into deeper poverty because of economic and natural disaster shocks; increasing the assets of the poor; and caring for the most vulnerable.
24. Consistent with WFP Strategic Objectives,¹² this operation's objectives are to:
 - save lives in crisis situations, especially those affected by sudden transitory food needs caused by small-scale natural disasters such as floods and erratic rainfall (Strategic Objective 1);
 - support access to age-appropriate education in primary and preschools during the lean period in areas affected by acute food shortages (Strategic Objective 4);
 - support improved nutritional status among children, pregnant and lactating women, and people living with HIV/AIDS, in target areas (Strategic Objective 3); and
 - protect and enhance livelihoods of people, including those affected by HIV/AIDS, in targeted food-insecure areas (Strategic Objective 2).

¹² The WFP Strategic Objectives addressed by this PRRO are: 1) save lives in crisis situations; 2) protect livelihoods and enhance resilience to shocks; 3) support the improved nutrition and health status of children, mothers and other vulnerable people; and 4) support access to education and reduce gender disparity in access to education and skills training.



25. The PRRO is in accordance with the WFP Enhanced Commitments to Women, ensuring that women benefit equally from food assistance programmes and that those programmes meet women's specific nutritional requirements.

WFP RESPONSE STRATEGY

26. Since 2002, Malawi has received assistance along with six other countries under two southern Africa regional emergency operations (EMOPs) and one regional PRRO. The EMOPs addressed the 2001/2002 drought and the HIV/AIDS crisis. The regional PRRO had a strong social protection element that focused on the impact of HIV/AIDS in southern Africa, which was compounded by the "triple threat" of food insecurity, HIV/AIDS and weak governance capacity. This called for an integrated and coordinated approach involving multiple stakeholders (governments, NGOs and donors) to protect livelihoods, improve nutrition, address the HIV/AIDS pandemic and maintain school attendance during the drought crisis.
27. Although food assistance saved lives and minimized acute malnutrition, Malawi still requires consistent interventions that protect and improve livelihoods, health and physical assets, while maintaining the ability to respond quickly to frequent short-term relief needs. The mid-term evaluation of the Regional PRRO 10310 called for more systematic programming, sustained nutrition support and universal access to HIV/AIDS assistance. This new, single-country PRRO adopts the recommendations: it has a strong disaster risk reduction and livelihood protection component while integrating nutrition, HIV/AIDS and asset-protection/creation activities for the most food-insecure households to ensure greater and sustained resilience to shocks.

Relief

28. Assuming favourable harvests continue, Malawi will not require substantial amounts of food-relief assistance during this PRRO. However, at least 5,000 families are affected by seasonal floods or other sudden disasters each year. WFP will therefore maintain a small relief component in this PRRO to respond quickly to local, short-term food shortages. If the number of affected exceeds 5,000 families, WFP will scale up operations to meet the emergency needs through a budget revision or through an EMOP if necessary.
29. Schools that normally register good attendance and do not need WFP assistance under the school feeding development project require temporary support because of sudden increases in the drop-out rate during the lean season, especially of children from poor households who have limited food. To tackle this problem, WFP will provide the CBCCs and selected primary schools with high-energy biscuits (HEB) for the duration of one school term during the lean season. The affected districts will be identified by the MVAC. The programme is expected to reach 182,000 children if the lean season is "normal" and does not include the development school feeding caseload.¹³

¹³ Short-term emergency assistance to schools and CBCCs is not part of the development school feeding programme, does not target the same schools and does not augment the development programme.



Disaster Risk Reduction and Livelihood Protection

30. Contributing to the Government's overall social protection goals, WFP with partners will focus its intervention on nutrition programmes for children, pregnant and lactating women and other malnourished people, universal access to HIV/AIDS support and food for assets (FFA).

⇒ Nutrition

31. This activity supports the Government's goal to prevent, reduce and control malnutrition and mortality. It is anticipated that food assistance provided through targeted nutrition programmes will contribute to improved growth and survival of infants, young children and pregnant and lactating women.
32. All 96 NRUs in the country's 28 districts are included under this activity. Food assistance will also be important in complementing government efforts to scale up the community therapeutic care (CTC) programme, which includes nutrition rehabilitation unit (NRU) vegetable gardens.

Therapeutic Feeding

33. The Ministry of Health is rolling out the CTC programme. The CTC programme has reduced mortality from 24 percent to 15 percent, increased programme coverage from 15 percent to 75 percent and trained communities on how to detect early malnutrition, among other benefits. The Government has requested WFP to support the scaling up of this programme countrywide.
34. WFP will provide severely malnourished children in the NRUs with locally-produced, fortified, corn-soya blend (*likuni phala*) and vegetable oil to complement the second-phase feeding once a child completes the stabilization phase of the therapeutic feeding protocol.
35. Caretakers of severely malnourished children admitted to NRUs must remain with their children 24 hours a day until children recover. Therefore, WFP will also provide daily food rations for the caretakers plus one accompanying child (on the observation that most caretakers bring other children that are too young to be left at home and are also at risk of malnutrition).

Supplementary Feeding

36. Moderately malnourished children, children discharged from the NRUs and malnourished pregnant and lactating women will receive a take-home ration at mother-and-child health centres.
37. Community-based supplementary feeding forms part of the Ministry of Health's CTC approach. WFP will complement the CTC programme by assisting moderately malnourished children. Active case identification and community education are core components of the programme implementation. The approach has been successful in the ten districts, where it has been operational since 2003.
38. The Government has demonstrated its capacity to take over these activities by including nutrition services in the essential health package (EHP), which is funded through the sector-wide approach (SWAp). The Government will require initial assistance to reduce malnutrition to manageable levels. WFP's role will be to support uptake and gradual Government takeover.



⇒ *HIV/AIDS*

39. Food and nutrition security is of fundamental importance for the care and support, treatment and impact mitigation of households affected by HIV/AIDS. The ability to tolerate anti-retroviral therapy toxicities used in prevention of mother-to-child transmission (PMTCT) and anti-retroviral therapy (ART) programmes is closely linked to nutritional status.¹⁴ Women in PMTCT programmes who receive proper nutrition during pregnancy and adhere to ART have a greater chance of a successful delivery. Nutrition also plays an important role in the inflammatory response to TB and in maintaining the integrity of the immune function. This calls for deliberate efforts to promote good nutrition among people living with HIV/AIDS.
40. WFP efforts will concentrate on populations whose food security has been compromised, in particular for women and orphans and other vulnerable children. Based on findings from the HIV/AIDS appraisal mission and the Regional PRRO 10310 Mid-Term Evaluation, WFP will concentrate its HIV/AIDS activities in four districts with high food-insecurity indicators and a high HIV/AIDS prevalence: Kasungu, Phalombe, Chikwawa and Nsanje. These districts also fall under WFP's food for assets (FFA) activities.
41. More specifically, WFP HIV/AIDS activity will assist the affected households by providing direct dietary support to:
- chronically ill individuals including patients on directly observed treatment with short-course chemotherapy (DOTS), women under PMTCT treatment and people living with HIV/AIDS (PLWHA) on ART;
 - households with chronically ill patients and those taking care of orphans and other vulnerable children; and
 - households affected by HIV/AIDS, creating linkages with WFP FFA projects in the communities and creating a referral mechanism to other NGO, United Nations and government livelihoods programmes.
42. It will also improve the capacity of partner–agency staff and community support groups to effectively implement comprehensive HIV/AIDS and nutrition-related activities. Training offered will include home-based care, leadership skills, gender issues, HIV/AIDS and the prevention of sexual exploitation and abuse.
43. This activity will be implemented in accordance with the National HIV and AIDS Action Framework's goal to "improve the quality of life of those infected and affected by HIV/AIDS", through the Joint Emergency Food Aid Programme (JEFAP). Partnerships will also be established with civil society organizations working with PLWHA and affected households such as Malawi Network for People Living with HIV/AIDS, National Association for People Living with HIV/AIDS and Malawi Business Coalition for AIDS.

⇒ *Food for Assets*

44. Valuable community assets have been built or rehabilitated through FFA programmes, such as rehabilitating degraded lands by planting trees; rehabilitating rural roads; building water harvesting reservoirs; establishing small-scale irrigation; and building fish ponds.

¹⁴ 'Plumpy nut' provides AIDS patients with nutritional supplements to help adequately absorb ART treatment. In the past WFP has provided excess raw material to producers of 'plumpy nut'. Future WFP involvement in the production of 'plumpy nut' is being considered.



WFP and FAO worked together with the Government to rehabilitate irrigation schemes in areas affected by the drought.

45. WFP will support asset-creation activities that build capacity to improve long-term food security while rehabilitating the environment, diversifying rural livelihoods and increasing income opportunities following the low-input model.¹⁵ The FFA intervention aims to minimize the risk of chronically food-insecure people succumbing further to the vicious cycle caused by shocks from natural disasters and asset deterioration. These activities will take place in three of the most chronically food-insecure catchment areas: the Lower-Middle-Upper Shire consisting of the districts of Chikwawa, Nsanje, Balaka and Machinga; the Phalombe–Lake Chilwa Plain, particularly in Phalombe District, and the Lilongwe–Kasungu Plain, covering Kasungu District.
46. Two of the selected districts, Balaka and Machinga, benefit from FAO’s Sustainable Food Security and Livelihoods Project. The overall project goal is “to alleviate the immediate problems of poverty and food security amongst the resource-poor rural households, addressing their needs by improving water control and the sustainable use of the environment”.¹⁶ WFP will provide food resources to support FAO’s efforts for small-scale irrigation, and enhance water control and watershed development. FAO will also undertake intensification and diversification of farm products and capacity-building in relevant institutions. Similar to the FAO project, an approach based on watershed development and crop diversification will be used in the districts of Chikwawa, Kasungu, Nsanje and Phalombe.¹⁷
47. WFP will also partner with the International Fund for Agricultural Development (IFAD) on its Rural Livelihoods Support Programme (RLSP) when their new programme expands into areas where WFP is working. This collaboration will contribute to improving FFA irrigation and road rehabilitation activities, and supports income generation, particularly in Nsanje District. WFP already has a Memorandum of Understanding with IFAD for its school feeding programme (SFP).
48. FFA will also include pilot projects with New Rice for Africa (NERICA) drought-resistant rice, among other agricultural interventions that will improve food security within selected communities. WFP will promote the use of innovative approaches such as encouraging the use of the multipurpose tree *jatropha curcas*. This native tropical American tree has proved useful in Malawi as a renewable energy source — bio-diesel is produced from the seed — and for erosion control.
49. The FFA approach will be linked with HIV/AIDS activities where beneficiaries are moved from the free food roster to FFA activities that have a low physical impact on the person but can build on other food security initiatives with cooperating partners.

¹⁵ This model aims to achieve the maximum output using the small-scale farmers’ slim resource base in terms of capital, water, seeds, etc., while taking into consideration the sustainability and environmental, social and financial impact of the activity.

¹⁶ FAO. August 2006. *Malawi Project: Enhancing Food Security and Developing Sustainable Rural Livelihoods*.

¹⁷ Should the results of the MVAC indicate that there is a seasonal food security problem that is better addressed with cash resources, WFP will seek experienced partners and/or outside funding to provide cash transfer assistance following the WFP Directive *The use of cash transfers to beneficiaries in WFP operations. Interim guidance for pilot projects*.



Handover Strategy

50. WFP will collaborate with national and local government bodies and United Nations and NGO partners to lay the foundations for improving livelihoods, and will monitor household, community and country food security indicators to determine the appropriate modality and time to phase out direct food assistance.
51. As noted earlier, the Government is committed to eventually taking over nutrition services within the EHP. Through a joint capacity-building effort, WFP and UNICEF are in the process of handing over to the Government the comprehensive monitoring system used in the nutrition rehabilitation units. The system allows the Government to track nutritional performance indicators, output indicators and food requirements. WFP recently handed over responsibility for provision of milk to therapeutic centres following an agreement with UNICEF to supply the milk. Some NRUs and hospitals have developed production capacity for ready-to-use therapeutic foods, producing a local version of “plumpy-nut”.
52. The Government has secured funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria to cover HIV/AIDS activities in a number of districts. This will allow WFP to concentrate its HIV/AIDS efforts on four districts where its HIV/AIDS activities can link to livelihood activities. Components of this PRRO are linked so that beneficiaries can shift from free food distributions to FFA. For example, when beneficiaries of HIV/AIDS activities have recovered sufficiently, they can participate in asset-creation activities.
53. WFP will support initiatives to integrate assets maintenance at both community and district levels as part of a phase-out strategy for all activities implemented under FFA. Once WFP objectives are accomplished, participating communities may further collaborate in sustainable development efforts with partners such as FAO and IFAD.
54. Government programmes currently being developed are expected, in the longer term, to reduce the need for food assistance from WFP. For example, the Government’s social cash transfer scheme, supported by UNICEF, is being scaled up between 2007 and 2015. UNICEF estimates that if the scheme reaches all targeted households throughout the country, the current national extreme poverty rate would be reduced from 22 to 12 percent.

BENEFICIARIES AND TARGETING

55. The table on the following page gives beneficiary numbers per year for the activities.



TABLE 1: BENEFICIARY NUMBERS PER YEAR

	2008			2009			2010		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Relief Assistance									
General food distribution	14 300	13 200	27 500	14 300	13 200	27 500	14 300	13 200	27 500
School children in lean season	41 000	41 000	82 000	41 000	41 000	82 000	41 000	41 000	82 000
CBCC in lean season	50 000	50 000	100 000	50 000	50 000	100 000	50 000	50 000	100 000
Disaster Risk Reduction and Livelihood Protection									
a) Nutrition									
Children - second phase therapeutic	10 920	10 080	21 000	10 920	10 080	21 000	10 920	10 080	21 000
Caretakers	42 000		42 000	42 000		42 000	42 000		42 000
Children – supplementary feeding	54 600	50 400	105 000	54 600	50 400	105 000	54 600	50 400	105 000
Pregnant and lactating women	45 000		45 000	45 000		45 000	45 000		45 000
b) HIV/AIDS*									
Home-based care individuals	129 220	119 280	248 500	129 220	119 280	248 500	129 220	119 280	248 500
Chronically ill (CI),TB	8 840	8 160		8 840	8 160		8 840	8 160	
PMTCT before and during breastfeeding	1 050			1 050			1 050		
PMTCT after breastfeeding**	3 724	1 176		1 778	672		1 778	672	
c) Food for assets***	286 000	264 000	550 000	260 000	240 000	500 000	234 000	216 000	450 000
TOTAL			1 221 000			1 171 000			1 121 000

* Calculated at 6.125 people per household

** Females include mothers and daughters

*** Calculated at 5.5 people per household



Relief

56. WFP and partners will rely on the MVAC results to identify targeting criteria and provide immediate assistance to small groups of people affected by sudden natural disasters or localized droughts. During the lean season, WFP will assist vulnerable children in primary schools and CBCC in food-insecure areas identified by the MVAC that are outside the development project.

Disaster Risk Reduction and Livelihood Protection

⇒ *Nutrition*

57. Targeting of malnourished children, pregnant and lactating women (malnourished and/or enrolled in PMTCT) and malnourished adults relies on the Ministry of Health's administrative targeting guidelines which are adapted from international standards.

⇒ *HIV/AIDS*

58. Targeting the chronically ill or bedridden and orphans takes place through community structures such as village action committees, orphan day-care centres or other community-based organizations. Government, WFP and partners developed a two-tiered targeting system that relies first on economic criteria and then on social criteria to select the neediest households.

⇒ *Food for Assets*

59. WFP selects project areas within the districts based on vulnerability analysis and mapping (VAM). All project sites are selected with the participation of local Government institutions. The selected districts have the following vulnerability characteristics:

- low median per capita expenditure and very low average annual income from agriculture;
- highest proportion of households reporting inadequate food consumption;
- high poverty rate and extreme poverty rate;
- low rainfall;
- low crop diversification;
- deforestation, which is associated with soil degradation and reduction in soil fertility;
- reliance on rain-fed agriculture, despite having abundant water flows;
- infertile, poor, sandy soils; and
- prone to hazards such as floods.

NUTRITIONAL CONSIDERATIONS AND RATIONS

60. The food basket under this PRRO includes cereals (mainly maize or sorghum and maize meal), pulses, vegetable oil, corn-soya blend (or *likuni phala*) and sugar. Because of widespread micronutrient deficiencies, WFP will ensure that all milled cereals are fortified and that oil is fortified with vitamin A. Salt is not included in the ration, based on a study that concluded that most Malawians have access to and consume iodized salt.¹⁸
61. Because of limited distribution capacity for the small relief component of this PRRO, the relief ration is calculated to minimize the need for scooping. It also allows the distribution of the cereal rations in 25 kg bags, which places less burden on women, who are most often responsible for transporting the bags. Each family receives three 25 kg bags of cereals and one 5-litre can of oil. Efforts will be made to adjust the packaging for locally procured pulses.

TABLE 2: DAILY RATIONS BY ACTIVITY

Food	Targeted food distribution	Emergency school feeding + CBCC	FFA*	Home-based care	CI, TB, ART, PMTCT, SFP	Therapeutic feeding 2nd phase	Caregivers**
Cereals	455		455	330			450
Pulses	80		45	66			38
Oil	28		16.8	25	30	10	50
Sugar						15	
CSB/ <i>likuni phala</i>					300	100	
HEB		110					
Salt							
Nutritional value							
Kcal	2 108	495	1 892	1 597	1 406	528	2 143
Protein (g)	63	13.2	55.4	47.5	54	18	53
Fat (g)	49	16.5	35.8	39.1	48	16	68
Feeding days	120	67	160	360	360	360	360

* Calculated at 20 work days a month for a period of 3 months per FFA initiative over the life span of this project.

** Ration as determined by the Government

¹⁸ National Micronutrient Survey, 2001. The survey also found that while salt is fortified with iodine, iodine deficiencies remain high due to poor storage and limited controls. WFP will continue to advocate with partners for improved salt quality.



TABLE 3: FOOD REQUIREMENTS BY YEAR (mt)				
Food	2008	2009	2010	Total 3 years
Cereals	58 201	49 101	40 001	147 304
Pulses	8 940	8 040	7 140	24 119
Oil	4 232	3 896	3 560	11 688
CSB	8 005	8 005	8 005	24 014
Sugar	19	19	19	57
HEB	1 365	1 365	1 365	4 095
Milled cereals	1 134	1 134	1 134	3 402
TOTAL	81 896	71 560	61 224	214 679

IMPLEMENTATION ARRANGEMENTS

Relief

62. The district commissioners and district social welfare officers in each of the affected districts will provide technical oversight for the relief assistance. At the local level, community-based organizations, particularly women's groups, will be involved with targeting and distribution decisions to ensure the food reaches eligible persons.
63. WFP will coordinate with UNICEF, which currently supports CBCCs under its early childhood development (ECD) programme to create a stimulating environment that promotes physical, cognitive, social and emotional development of young children. WFP's food assistance to preschool children during the lean season will be part of UNICEF's ECD programme.

Disaster Risk Reduction and Livelihood Protection

⇒ *Nutrition*

64. The Ministry of Health is responsible for the overall implementation of the nutrition programmes. Where appropriate, the Ministry of Health coordinates NGO interventions using Ministry of Health criteria.
65. Following the country-specific memorandum of understanding between UNICEF and WFP, UNICEF will be responsible for providing technical support at the national level to Ministry of Health and NGOs in training personnel on the national guidelines for supplementary feeding. UNICEF will also supply non-food items such as mid-upper arm circumference measuring tapes, mixing buckets and measuring cups to supplementary feeding centres. WFP will provide training in commodity management and food storage, and provide the recommended nutrition and food supplements.

⇒ *HIV/AIDS*

66. WFP will implement the HIV/AIDS activities in partnership with UNAIDS, FAO, UNICEF, UNDP, the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) and through JEFAP. Participating NGOs will be selected according to the following criteria:
- recent experience working with community home-based care programmes;
 - previous experience in food distribution;
 - previous experience working with international agencies; and
 - firm commitment to the three-year project implementation period.
67. In addition to JEFAP, WFP will establish partnerships with civil society organizations working with PLWHA and households caring for chronically ill persons. Government involvement will be through the Department of Nutrition and HIV and AIDS, the National AIDS Commission, the Ministry of Health (HIV/AIDS and Nutrition Units), and the Ministry of Women and Child Welfare. A focal person will be appointed within each organization.
68. Ministry of Health will supply drugs for the treatment of opportunistic infections and provide materials such as plastic sheets, bandages, gauze, disinfectant and sterilizing chemicals for home-based care use.
69. Partnerships with United Nations agencies include: UNAIDS to provide technical guidance; UNDP to take charge of capacity-building activities; UNICEF to support PMTCT, ART, home-based care and water and sanitation; UNFPA to support life-skills training and other reproductive health activities; and WHO to provide technical assistance for institution-based interventions.

⇒ *Food for Assets*

70. The overall coordination and technical support of the FFA activities rests with the central government. However, in line with increased decentralization, the district commissioner, through the District Executive Committee and relevant district technical staff, has an important role to play in the implementation. The relevant line ministries and government departments will provide technical and planning support.
71. At the local level, the village development committees function as advisory and supervisory bodies to the project committees, providing necessary guidance on issues of land tenure, ownership and user rights of the assets created under the scheme. WFP and partners will train committees in the participatory planning, operation and maintenance scheme of FFA and in labour management and reporting. The NGO partner will work with extension staff located at the “extension planning A level”, providing technical support for the FFA projects.¹⁹ WFP partners will also work with area development committees to mobilize communities and undertake needs assessments, prioritize needs and submit action plans to WFP for approval.
72. Through local level training, WFP and partners will provide orientation to the committees on the new FFA activities. WFP will also sensitize the committees on the WFP gender mainstreaming plan and gender commitments in all food assistance activities.

¹⁹ WFP is working with World Vision, GOAL International, Emmanuel International, OXFAM, Adventist Development and Relief Agency (ADRA), Concern Universal, Canadian Physicians for Aid and Relief (CPARR) and COOPI Maleza.



73. The FFA will capitalize on broad stakeholder support, particularly for the non-food portion of the inputs, such as seeds and tools for the agriculture projects, materials for bridges, drift and culvert structures and water supply equipment, among others.

Logistics and Procurement

74. WFP Malawi is responsible for commodity management at the extended delivery points (EDPs) and transportation from the EDPs to the final delivery points where the food is handed over to the NGO partners or government counterparts for distribution.
75. WFP contracts commercial transport operators through a competitive tendering process. These tenders are issued to pre-screened, short-listed companies on a quarterly basis. WFP also operates a fleet of 6x6 trucks to ensure deliveries to areas inaccessible by ordinary trucks, particularly during the rainy season. Commercial operators in Malawi do not have 6x6 trucks.
76. WFP Malawi procures food locally or regionally through the procurement unit in the regional bureau in Johannesburg. Priority is given to local procurement, especially maize, pulses, sugar and fortified blended foods.
77. For in-kind donations from overseas, WFP Malawi is assisted by WFP Beira, Mozambique, to transport the commodity to three strategically-located EDPs: Blantyre for the southern regions; Liwonde for the eastern and parts of the southern region; and Lilongwe for the central and northern regions.
78. WFP will fund 100 percent of land transport storage and handling (LTSH) costs for the PRRO. The current LTSH cost is US\$94.47/mt. The total cost of LTSH is US\$20,279,149.²⁰

PERFORMANCE MONITORING

79. WFP has a monitoring unit dedicated to providing overall supervision and quality control for monitoring WFP and partner activities. The unit works with units in the regional bureau (VAM, monitoring and evaluation (M&E) and programme support) to ensure that findings and recommendations on food security assessments from various sources are incorporated into the appropriate monitoring systems.
80. WFP will continue to play an important role on MVAC in the areas of vulnerability assessment and analysis. The MVAC surveys and reviews of secondary data will provide additional information for M&E. Information from M&E will inform management and feed into standard project reports (SPRs) and other corporate reports.
81. WFP Malawi relies on four monitoring systems that together capture information essential for process, output and outcome monitoring. These include:
- **Process monitoring system.** Allows WFP to track the timeliness of deliveries and distributions and identify logistics constraints. Information will be collected by food aid monitors.
 - **Output monitoring system.** Designed to provide data on the numbers of beneficiaries reached, disaggregated by demographic status, and the commodities provided to them. The system enables WFP to track actual versus planned achievements of food

²⁰ This amount is based on the current rate for the total planned tonnage 2008–2010.



assistance. Information will be collected by the cooperating partners and collated by M&E staff.

- **Post-distribution monitoring (PDM) system.** Provides intermediate information, enabling feedback from beneficiaries on the access to, use of and satisfaction with food assistance programming.
- **Community and household surveillance (CHS) system.** Used to track the short- and long-term outcomes of food aid interventions and to monitor food security trends. Information will be collected jointly by WFP and partner staff. Data from health centres collected by counterpart Ministry of Health staff will be used to measure nutrition outcomes.

82. The process and output are conducted monthly, while the PDM and CHS are conducted twice per year.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Risk Assessment

83. This PRRO calls for sustained integrated assistance. Therefore the most relevant risks centre on implementation capacity, Government and donor support and logistics. They include:

- limited number of cooperating partners with capacity to implement the projects, resulting in inefficient and ineffective implementation;
- pipeline breaks leading to inadequate food deliveries;
- poor road conditions, causing delays and failure in deliveries;
- changes in donor and/or government priorities resulting in failure to fully implement projects or deliver adequate food assistance; and
- lack of political will at the community level, which can lead to poor community targeting.

84. These risks will be mitigated by working with the Government to: identify technically competent partners and foster information exchange among them; conduct joint assessments with Government and donors to ensure a shared vision; monitor process indicators and resources to avoid pipeline breaks; and ensure that projects, especially FFA projects, make communication with target communities a priority.

Contingency Planning

85. Many of the components and activities in this PRRO are based on current agricultural data and the good production forecasts for the 2006/07 season, establishing a reasonable basis for focusing on recovering assets lost from a series of crises. Nevertheless, given the cyclical nature of droughts in Malawi over the last two decades, and the frequent floods, the country office prepares contingencies for both potential emergencies.

86. Using the multi-stakeholder MVAC system, which collects food security and crop information twice a year, and in cooperation with FAO and FEWS-NET, WFP will monitor the situation. Should Malawi experience a large-scale drought or flood during the course of this PRRO, WFP will undertake a budget revision or launch an EMOP.



SECURITY CONSIDERATIONS

87. WFP Malawi is operating in Phase 0 – no evident threat to United Nations staff through political unrest or conflict. The security concerns are primarily theft, mugging and house break-ins. WFP Malawi is compliant with minimum operating security standards.

RECOMMENDATION

88. The Board is requested to approve the proposed PRRO for Malawi 10586.0: “Assistance to Food-Insecure People Suffering from the Effects of Natural Disasters and HIV/AIDS”.



ANNEX I-A

BREAKDOWN OF PROJECT COST			
	Quantity (mt)	Average cost per mt (US\$)	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Food ¹			
– Cereals	147 304	174	25 573 519
– Pulses	24 119	508	12 252 503
– Oil	11 688	904	10 565 572
– CSB	24 014	339	8 140 678
– Sugar	57	457	25 912
– High-energy biscuits	4 095	1 104	4 521 984
– Milled cereals	3 402	174	590 621
Total food	214 679		61 670 789
External transport			2 704 771
Landside transport			4 795 272
Internal transport, storage and handling			15 483 877
Total landside transport, storage and handling			20 279 149
Other direct operational costs			6 582 960
Total direct operational costs			91 237 669
B. Direct support costs ² (see Annex I-B)			5 111 690
C. Indirect support costs (7.0 percent) ³			6 744 455
TOTAL WFP COSTS			103 093 815

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.



ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff	
International professional staff	1 371 420
National general service staff	93 000
Temporary assistance	1 762 470
Incentives	90 000
National consultants	340 200
Staff duty travel	199 900
Staff training and development	137 000
Subtotal	3 993 990
Office expenses and other recurrent costs	
Rental of facility	300 000
Utilities (general)	30 000
Office supplies	90 000
Communication and information technology services	120 000
Insurance	60 000
Equipment repair and maintenance	43 800
Vehicle maintenance and running cost	150 000
Other office expenses	96 000
United Nations organizations services	120 000
Subtotal	1 009 800
Equipment and other fixed costs	
Furniture, tools and equipment	9 700
Vehicles	70 000
Communications and information technology equipment	28 200
Subtotal	107 900
TOTAL DIRECT SUPPORT COSTS	5 111 690



ANNEX II: LOGICAL FRAMEWORK		
Results chain	Performance indicators	Risks and assumptions
Strategic Objective 1: Save lives in crisis situations		
Outcome 1.1 Reduced and/or stabilized acute malnutrition of population identified in crisis-affected areas	<ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition among children under 5 in an identified population by gender, assessed using weight-for-height (target <10%)¹ ➤ % of targeted beneficiaries attaining the minimum food consumption threshold (food consumption score ≥ 21.5), by beneficiary category and gender of household head 	Access to quality basic services provided by partners/Government Targeting criteria established and adhered to Food pipeline remains healthy during the project Roads accessible
Outcome 1.2 Household food access improved and/ or maintained during crisis (sudden natural disaster)		
Output 1.1.1 Timely provision of food in sufficient quantity for targeted beneficiaries	<ul style="list-style-type: none"> ➤ Actual beneficiaries receiving WFP assistance as % of planned, by project category, age group and gender ➤ Actual tonnage of food distributed through each activity as a % of planned, by project category and food type ➤ % of targeted general food distribution occurring more than seven days after planned date of distribution 	

¹ N.B. This will only be collected if the emergency and need for food aid lasts six months or more; otherwise only output data will be collected.



ANNEX II: LOGICAL FRAMEWORK		
Results chain	Performance indicators	Risks and assumptions
Strategic Objective 2: Protect livelihoods		
Outcome 2.1 Increased food security in targeted households (chronically vulnerable, with CI, OVC)	<ul style="list-style-type: none"> ➤ % of targeted beneficiaries attaining the minimum food consumption threshold (food consumption score ≥ 21.5), by beneficiary category and gender of household head ➤ Proportion of targeted households consuming at least two meals per day, by beneficiary status and gender of household head 	Equal participation of men and women in identification, implementation and management of assets-creation activities in food-insecure areas Capacity of partners, Government and communities at the local level is sufficient to implement projects (with training) Food pipeline remains healthy during the project Availability of non-food items from WFP or partners
Outcome 2.2 Reduced recourse to negative coping strategies	<ul style="list-style-type: none"> ➤ Changes in coping strategies measured by the Coping Strategies Index, by beneficiary status and gender of household head 	
Output 2.1.1 Timely provision of nutritious food in sufficient quantity for targeted beneficiaries	<ul style="list-style-type: none"> ➤ Actual beneficiaries receiving WFP assistance as % of planned, by project category, age group and gender ➤ Actual tonnage of food distributed by food type through each activity as % of planned, by project category and food type ➤ % of targeted general food distribution occurring more than seven days after planned date of distribution ➤ Number of participants in asset creation, disaggregated by gender ➤ Number of communities participating 	



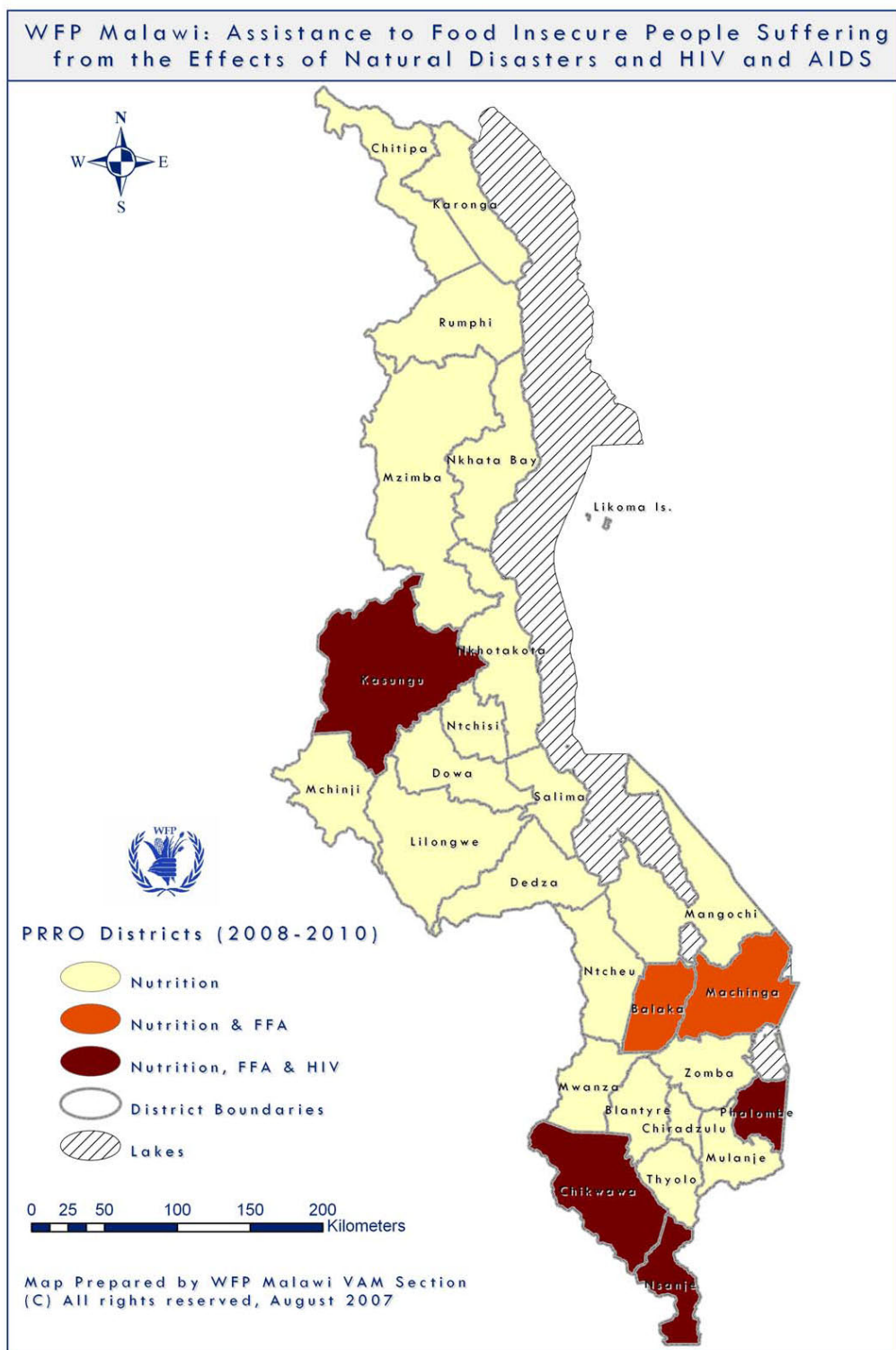
ANNEX II: LOGICAL FRAMEWORK		
Results chain	Performance indicators	Risks and assumptions
Strategic Objective 3: Support improved nutritional status among children, pregnant and lactating women and people living with HIV, in targeted areas		
Outcome 3.1 Reduced level of malnutrition among targeted beneficiaries	<ul style="list-style-type: none"> ➤ Prevalence of malnutrition among targeted pregnant and lactating women (measured using low birth weight and BMI) ➤ Recovery rate in supplementary and therapeutic feeding programmes (>70% for supplementary feeding; >75% for therapeutic feeding) ➤ Default rate in supplementary and therapeutic feeding programmes (<15% for both) ➤ Incidence of low birthweight among PMTCT beneficiaries 	Other underlying causes of malnutrition and anaemia are addressed: malaria epidemics, worm infestation, poor crop production Adequate nutritional programme coverage of the target population by food items and other interventions are available High proportion of women participate in MCH/PMTCT programmes Implementing partners make adequate and timely provision of non-food items for MCH/PMTCT programmes Food pipeline remains operative during the project
Outcome 3.2 Improved compliance with TB treatment and PMTCT protocols	<ul style="list-style-type: none"> ➤ % of clients collecting their TB treatment as per protocol ➤ % of targeted TB patients completing their TB treatment as per protocol ➤ % of PMTCT clients returning with their babies for HIV testing according to guidelines ➤ Client defaulter rates 	



ANNEX II: LOGICAL FRAMEWORK		
Results chain	Performance indicators	Risks and assumptions
<p>Output 3.1.1</p> <p>Timely provision of nutritious food in sufficient quantity for targeted young children and other targeted beneficiaries vulnerable to nutrition and health risks</p>	<ul style="list-style-type: none"> ➤ Actual beneficiaries receiving WFP food assistance through each activity as % of planned, by project category, age group and gender ➤ Actual tonnage of food distributed by food type through each activity as % of planned, by project category and food type ➤ % of micronutrient-fortified food delivered through WFP-supported nutrition interventions ➤ Number of PLHA receiving food rations, by category, gender and age group 	
Strategic Objective 4: Support access to education during lean season in areas affected by acute food shortages		
<p>Outcome 4.1</p> <p>Reduced and/or stabilized drop-out-rates during the lean season in areas affected by acute food shortages in WFP-assisted schools</p>	<ul style="list-style-type: none"> ➤ Drop-out rates for boys and girls <16% ➤ Attendance rates >80% ➤ % of under-age children enrolling at WFP school feeding assisted schools from CBCCs during the lean season 	Absenteeism rate is maintained after period of intervention
<p>Output 4.1.1</p> <p>Timely provision of food in sufficient quantity provided to targeted schools</p>	<ul style="list-style-type: none"> ➤ Actual beneficiary children receiving WFP assistance as % of planned, by project category, age group and gender 	
<p>Output 4.1.2</p> <p>Girls and boys in primary schools and CBCCs receive wet rations</p>	<ul style="list-style-type: none"> ➤ Actual tonnage of food distributed as % of planned, by project category and food type 	



ANNEX III



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

ADRA	Adventist Development and Relief Agency
AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
BMI	body mass index
CBCC	community-based child-care centres
CHS	community and household surveillance
CI	chronically ill
CPARR	Canadian Physicians for Aid and Relief
CSB	corn-soya blend
CTC	community therapeutic care
DHS	demographic and health survey
DoPDMA	Department of Poverty and Disaster Management Affairs
DOTS	directly observed treatment with short-course chemotherapy
ECD	early childhood development
EDP	extended delivery point
EHP	essential health package
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FEWS-NET	Famine Early-Warning System Network
FFA	food for assets
HEB	high-energy biscuit
HIV	human immunodeficiency virus
IFAD	International Fund for Agricultural Development
JEFAP	Joint Emergency Food Aid Programme
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MCH	mother-and-child health
MDHS	Malawi Demographic and Health Survey
MGDS	Malawi Growth and Development Strategy
MTCT	mother-to-child transmission
MVAC	Malawi vulnerability assessment committee
NERICA	New Rice for Africa
NGO	non-governmental organization



NRU	nutrition rehabilitation unit
OVC	orphans and other vulnerable children
PDM	post-distribution monitoring
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
RLSP	Rural Livelihoods Support Programme
SFP	school feeding programme
SPR	standard project report
SWAp	sector-wide approach
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	vulnerability assessment committee
VAM	vulnerability analysis and mapping
WFP	World Food Programme
WHO	World Health Organization