

برنامج
الأغذية
العالمي



Programme
Alimentaire
Mondial

World
Food
Programme

Programa
Mundial
de Alimentos

**Executive Board
Second Regular Session**

Rome, 22–26 October 2007

PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



Distribution: GENERAL

WFP/EB.2/2007/9-C/2/Rev.1

25 October 2007

ORIGINAL: ENGLISH

PROTRACTED RELIEF AND RECOVERY OPERATION MOZAMBIQUE 10600.0

Food Support for Protection and Promotion of Lives and Livelihoods of the Most Vulnerable People

| | |
|-------------------------------------|--|
| Number of beneficiaries | 2,060,400 (monthly average 285,500); 54 percent women |
| Duration of project | 36 months (1 April 2008 – 31 March 2011) |
| WFP food tonnage | 120,921 mt + 26,235 mt emergency window |
| Cost (United States dollars) | |
| WFP food cost | 51,168,368 |
| Total cost to WFP | 110,022,362 |

This document is printed in a limited number of copies. Executive Board documents are available on WFP's WEB site (<http://www.wfp.org/eb>).

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.

Regional Director, ODJ*: Mr A. Abdulla Amir.Abdulla@wfp.org

Liaison Officer, ODJ: Ms W. Paeth tel.: 066513-2119

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

* Southern Africa Regional Bureau



EXECUTIVE SUMMARY

Despite improving economic growth rates, Mozambique remains among the poorest countries in the world, 168th of 177 on the 2006 Human Development Index; 54 percent of the population live below the poverty line; 34 percent of households are food-insecure.

Frequent natural disasters and the HIV/AIDS pandemic – adult HIV prevalence in Mozambique is 16.2 percent – impact household and community resilience. The triple threat of food insecurity, HIV/AIDS and insufficient institutional capacity renders the country vulnerable to chronic and transitory food insecurity. Asset-poor and labour-poor households, orphans and vulnerable children and people living with HIV are particularly vulnerable to food insecurity, which affects their ability to benefit from economic, social and health gains.

This protracted relief and recovery operation addresses the impact of natural, social and health risks through the integration of food assistance in four sectors: (i) disaster preparedness and response; (ii) livelihood protection and promotion; (iii) social assistance; and (iv) health and nutrition.

The operation seeks to help the most vulnerable people in seven southern and central provinces and will address short-term hunger. Partnerships with the Government and civil society will enhance the comparative advantage of food assistance in national social protection strategies and in providing future transition and handover opportunities.

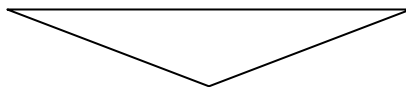
The operation follows a consultative process among stakeholders. Building on issues identified in the evaluations, it will support decentralized planning and coordination, improve food assistance in other services and increase local food purchases to support national agriculture and trade development.

The operation supports government strategies for vulnerability reduction, social protection of vulnerable groups and integration of nutrition and dietary support in health services. Under the “Delivering as One” initiative, WFP will participate in consolidation of United Nations programmes and in the integration of United Nations programmes into government plans and budgets.

The operation contributes to WFP Strategic Objectives 1, 2, 3 and 5. It will contribute to Millennium Development Goals 1, 3, 4, 5, 6 and 7.



DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation Mozambique 10600.0 “Food Support for Protection and Promotion of Lives and Livelihoods of the Most Vulnerable People” (WFP/EB.2/2007/9-C/2/Rev.1).

* 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

The Overall Context

⇒ *Economic growth and poverty*¹

1. Mozambique is one of the poorest countries in the world: average per capita income is US\$313; it ranks 168th of 177 countries on the 2006 Human Development Index. Despite recent economic growth of 8 percent and improvements in education, health and nutrition since the end of the civil conflict in 1992, rural poverty persists: 54 percent of the population live below the poverty line; 63 percent of rural children live in absolute poverty. Mozambique faces the triple threat of food insecurity, HIV/AIDS and insufficient capacity to deliver basic social services.

⇒ *HIV and AIDS*²

2. The adult HIV prevalence rate – 16.2 percent in 2004, the tenth highest in the world – is undermining development gains: it rose from 8.2 percent after 1998, mainly in Maputo, Gaza and Sofala provinces, where prevalence rates range from 19 percent to 26 percent. In the 15–24 age group, prevalence among women is three times higher than among men.
3. Mozambique currently cares for 1.6 million orphans. The proportion of orphans is highest in Sofala province, where 20 percent of children are orphans. Every year 37,300 children contract HIV; half of the children living with HIV die before their second birthday.

⇒ *Natural disasters*³

4. Mozambique is prone to droughts, floods, cyclones, earthquakes, epidemics, crop diseases and pests that cause major damage and economic setbacks. The risks are largely seasonal, but the effects of consecutive years of drought and floods and the impact of AIDS perpetuate vulnerability, especially because 66 percent of the population live in rural areas and because the economy is based on agriculture.
5. In the medium to long term, populations living in high-risk areas will continue to be vulnerable to natural disasters because of high levels of absolute poverty, dependence on rain-fed agriculture, low diversification of income sources and inadequate infrastructure.
6. The vulnerability assessment in May 2007 highlighted food needs for 660,000 people; these resulted from the Zambezi floods, cyclone Flavio and a drought in 2006–2007.

¹ United Nations Development Programme (UNDP). 2006. *Human Development Report 2006*. United Nations. *Household Income and Expenditure Survey, 2003*. Maputo. United Nations. 2006. *Childhood Poverty in Mozambique: a Situation and Trends Analysis*. Maputo.

² Ministry of Health. 2004. *Impacto Demográfico do HIV/SIDA em Moçambique*. Maputo. UNAIDS. 2006. *Global Report 2006*. Geneva.

³ Sylvester, K. 2007. *Vulnerability Analysis – Time Trends and Programmatic Implications*. Maputo, WFP.



The Food Security and Nutrition Situation⁴

⇒ *Food security*

7. Macro-level food availability from domestic production and imports is normally adequate to meet the needs of the population. However, there is a marked north-south divide: production is concentrated in the north; in the sparsely-populated south, production is lower and more erratic.
8. For many rural Mozambicans, access to food depends on home production and income generated from crops, employment, trading and social support mechanisms. Rural coping strategies include hunting and gathering, daily labour, the sale of home-brewed alcoholic beverages, charcoal, firewood, and household assets. Access to food is a determinant of food insecurity in terms of both access to markets and lack of purchasing power. According to the 2006 baseline survey⁵, 34 percent of households are food-insecure. The decline in remittance income in recent years has contributed to this, particularly for households in the south.
9. The baseline survey shows that poor households use diet-related coping mechanisms in times of stress. WFP's community and household surveillance (CHS) also shows that households in WFP target areas use negative coping mechanisms including omitting meals and reducing portion sizes. Food expenditure is 63 percent of total household expenditure. Most diets are inadequate for daily requirements.

⇒ *Nutrition*⁶

10. Malnutrition among children under 3 is characterized by stunting at 41 percent, underweight at 26 percent and acute malnutrition at 4 percent. Levels fluctuate between wealth groups, provinces and demographic groups. Malnutrition among women of body mass index (BMI) less than 18.5 is 9 percent. Vitamin A deficiency affects 70 percent of pregnant women and 48 percent of non-pregnant women; anaemia affects 81 percent of pregnant women and 44 percent of non-pregnant women.
11. Vitamin A deficiency among children under 5 was 69 percent; anaemia was 75 percent in 2002. Iodine deficiency among schoolchildren was 15 percent in 2004. Vitamin A supplementation and iodization of salt are supported by the Ministry of Health and the United Nation's Children's Fund (UNICEF), overall quality improvement of the diet will contribute to improved nutrition.

⇒ *Geographic disparities*

12. The geographic distribution of vulnerability depends on absolute poverty, child poverty, food insecurity, HIV/AIDS prevalence and natural disasters. Table 1 shows the geographic disparities in vulnerability. The degree of shading shows the vulnerability.

⁴ National Secretariat for Food Security and Nutrition. 2006. *Report of the Baseline Survey of Food Security and Nutrition in Mozambique*. Maputo. WFP. 2006. *Community and Household Surveillance findings 2003–2007*. Maputo.

⁵ Sylvester, K. 2007. *Vulnerability Analysis – Time Trends and Programmatic Implications*. Rome, WFP.

⁶ Ministry of Health. 2004. *Demographic Health Survey, 2003*. Maputo. United Nations. 2006. *Childhood Poverty in Mozambique: a Situation and Trends Analysis*. Maputo.



| TABLE 1: GEOGRAPHIC DISPARITIES IN VULNERABILITY, BY PROVINCE ⁷ | | | | | | | | | | | |
|--|------------------|---|----------|-----------|----------|----------|----------|----------|----------|----------|--------------|
| | | Province with the highest vulnerability by indicator* | | | | | | | | | |
| | Threshold | Maputo | Gaza | Inhambane | Sofala | Manica | Tete | Zambezia | Nampula | Niassa | Cabo Delgado |
| Absolute poverty | > 70% household | | | | | | | | | | |
| | 55–69% household | | | | | | | | | | |
| Child poverty | >50% children | | | | | | | | | | |
| | 25–50% children | | | | | | | | | | |
| Food Insecurity ** | > 20% household | | | | | | | | | | |
| | 10-19% household | | | | | | | | | | |
| HIV/AIDS prevalence | > 20% | | | | | | | | | | |
| | 10-19% | | | | | | | | | | |
| Natural disasters | 3 or more | | | | | | | | | | |
| | Less than 3 | | | | | | | | | | |
| Total | | 5 | 5 | 8 | 6 | 5 | 7 | 5 | 2 | 2 | 3 |

Note: Relative vulnerability: Dark = high vulnerability (2 points), Light = medium vulnerability (1 point), White = low vulnerability (0 points)

* District variations not presented

**Includes two livelihood groups found to be most vulnerable in the baseline survey 2006

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

13. The Government plans to address development and vulnerability to natural disasters, focusing on the most vulnerable groups.

- The master plan for prevention and mitigation of natural disasters, developed by the National Institute for Disaster Management (INGC), identifies national and local actions for vulnerability reduction.
- The INGC disaster-response strategy coordinates humanitarian action through the National Centre for Operations in Emergencies (CENOE).

⁷ Sylvester, K. 2007. *Vulnerability Analysis – Time Trends and Programmatic Implications*. Rome, WFP.



- The national Action Plan for Orphaned and Vulnerable Children (AP-OVC) identifies six basic services, including food and nutrition.
- The Government's social-protection programme consists of direct assistance, usually in-kind, food subsidies in the form of cash transfers and social benefits as part of work and community development.
- The national strategy for HIV/AIDS is complemented by a guidance note on the integration of nutrition support in care and treatment.
- The national strategy for food security and nutrition is reviewed through a consultative process led by the National Secretariat for Food Security and Nutrition (SETSAN).
- The main pillars of the national Poverty Reduction Strategy for 2007–2009 (PARPA II) are macro-economics and poverty, human capital, economic development and governance. HIV/AIDS, gender, rural development, food security, nutrition, the environment and disasters are also considered.

Policies, Capacities and Action of other Major Actors

14. The Government recognizes civil society networks as important social assistance programmes, particularly in providing services to orphans and other vulnerable children (OVC) and people living with HIV (PLHIV). Non-governmental organizations (NGOs) and community-based organizations (CBOs) are represented through coordinating bodies to facilitate interventions.
15. Direct budget support funded by 19 donors (the "G19") assists government-led policy and programme development. WFP participates in the sector-wide approach (SWAP) to explore linkages between food-assistance programmes, national strategy development and government budget allocation.

Coordination Mechanisms

16. Mozambique is a pilot country for the "Delivering as One" initiative, which promotes joint programmes. The initiative monitors United Nations interventions in government planning cycles to ensure that all United Nations contributions are on plan and on budget. The priority areas highlighted in this protracted relief and recovery operation (PRRO) are among the priorities for the United Nations system as a whole.
17. During disaster response, the humanitarian community organizes in clusters to integrate activities with INGC and the National Centre for Operations in Emergencies (CENOE). WFP leads the national clusters on logistics, emergency telecommunications and food security; the Food and Agriculture Organization of the United Nations (FAO) co-chairs the food-security cluster.

OBJECTIVES OF WFP ASSISTANCE

18. WFP assistance will contribute to protecting lives and livelihoods, prevent destitution and promote community and household resilience, thus facilitating participation of marginalized groups in economic and social development.



19. This PRRO will:
- protect and save lives threatened by natural, social and health risks (Strategic Objectives 1, 2, 3);
 - improve productive and care capacities in communities and households (Strategic Objective 2);
 - improve the nutrition rehabilitation of women, children and PLHIV in health and nutrition programmes (Strategic Objective 3); and
 - improve ownership, coordination and management of food assistance by government counterparts, and integration into government plans (Strategic Objective 5).
20. The PRRO is in line with WFP's Enhanced Commitments to Women (ECW) in ensuring that women benefit equally from food assistance to meet their nutritional needs. The PRRO contributes to Millennium Development Goals 1, 3, 4, 5, 6 and 7.

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security Related Assistance to Date

⇒ *Programme development and implementation*

21. The response to the 2007 floods and cyclone showed better disaster response coordination under INGC leadership. Access to the Central Emergency Response Fund (CERF) and WFP's Immediate Response Account (IRA) helped to mobilize emergency resources rapidly to set up logistics and communications capacities and local food purchases.
22. Food for assets (FFA) and food for training (FFT) contribute to creating assets and avoiding the deterioration and sale of existing assets. The frequent need for disaster response has affected long-term programme planning since 2001.
23. Vulnerable group feeding (VGF) is a life-saving complementary intervention to food for work (FFW) in emergency response and constitutes social assistance for fragile individuals and households.
24. Building on evaluation and impact studies,⁸ OVC support was rationalized in 2006-2007. Initially developed in response to demands from charitable organizations and community groups, the programme is now integrated with provincial action plans and is an important contribution to care and protection of children.
25. WFP started HIV/AIDS care and treatment support in 2003 in partnership with international NGOs. In 2007, the Ministry of Health reinforced its commitment to nutrition and dietary support for PLHIV by initiating technical consultations to clarify the purpose, modalities and targeting of activities.
26. In recent years, WFP has provided supplementary feeding in communities and clinics in partnership with the Ministry of Health and UNICEF. The programme seeks to introduce nutrition rehabilitation into health services to enhance national capacity.

⁸ Food Security and Nutrition Association of Mozambique (ANSA), for WFP. 2006. *Impact Study of Food Assistance for OVC*. Maputo. Haag, P. 2005. *Food Aid and HIV/AIDS Care and Support – an Appraisal of Social Welfare Systems*, Rome, WFP.



⇒ *Surveys and evaluations*

27. CHS surveys indicate the following achievements in food assistance: (i) beneficiaries improve their dietary intake and coping strategies; (ii) the proportion of women recipients who can decide on the utilization of food assistance reached 82 percent; and (iii) food assistance is targeted effectively: 89 percent of sampled beneficiaries adhere to the standard selection verification criteria. Adequate duration and frequency of food support are vital to improve results.
28. A government review of the impact of food assistance in 2005⁹ found that it contributes to emergency response and reduces the vulnerability of target groups.
29. The evaluation of the regional PRRO in late 2006 identified social protection as a focus for WFP involvement and recognized that food support is appropriate for vulnerable households and individuals, particularly PLHIV, living in food-secure areas if both cash and food-based approaches are explored and local purchases of food are increased. The evaluation stresses the importance of technical partnerships for improved programme design and implementation.

⇒ *Stakeholder feedback*

30. Extensive consultations¹⁰ with government, partners and beneficiary groups in preparation of this PRRO highlighted:
- the need for effective targeting, limited duration of food assistance and clear criteria for selection of beneficiaries;
 - the need for guidelines for monitoring and information analysis of the impact of food assistance;
 - the relevance of hand-over strategies for WFP food interventions;
 - the importance of capacity-building for counterparts, partners and community leaders;
 - the importance of national food purchases to support agriculture and trade development; and
 - the importance of aligning food assistance with national strategies.
31. Beneficiaries stressed the importance of food support for direct consumption and to facilitate utilization of household resources for other priorities and investment in livelihood opportunities. Limited predictability of food assistance was cited as a major challenge.

Strategy Outline

⇒ *WFP Mozambique programme portfolio*

32. WFP's programme portfolio in Mozambique addresses the food needs of the most vulnerable people through a combination of community-based and institutional support programmes. WFP implements a country programme (CP) that comprises food for education (FFE) and OVC support and a PRRO responding to recurrent shocks and vulnerability resulting from the triple threat. The portfolio seeks to enhance the productive,

⁹ Government of Mozambique. 2005. *Impact Analysis of Food Assistance Activities*. Maputo.

¹⁰ Planning for a new PRRO, provincial and national stakeholders' consultations, WFP, 2007.



infrastructure, social and human asset base of the most vulnerable communities and to meet short-term food needs.

33. Food-based activities are increasingly considered in terms of social protection. External food support may not form part of the long-term national strategy, but WFP's programmes will be part of a social protection approach in which direct food assistance has a comparative advantage. The WFP southern Africa regional strategy integrates nutrition, HIV/AIDS and asset-protection and creation for food-insecure households to improve resilience to shocks and protect them from losing assets or resorting to negative coping strategies. The PRRO contributes to the four pillars of social protection:¹¹
- protection – providing relief from deprivation;
 - prevention – seeking to avert deprivation;
 - promotion – enhancing real incomes and capabilities;
 - transformation – addressing social inequity and exclusion.
34. The components of this PRRO are investments in human and other assets; they are designed to ensure that households and communities can take advantage of development opportunities. To facilitate greater integration of community safety-net activities and improve alignment with national social protection strategies, WFP's OVC activities will be consolidated into this PRRO.
35. WFP works with stakeholders in the Government and civil society at the central and decentralized levels to enhance coordination and implementation capacities with a view to greater national ownership.

⇒ *Geographic prioritization*

36. Geographic targeting may be difficult given the extent of poverty. But in view of WFP's limited resources it is important to prioritize food support for greater operational efficiency. This PRRO will focus on the provinces of Maputo, Gaza, Inhambane, Sofala, Manica, Tete and Zambezia, which are the most vulnerable.

⇒ *Component 1: Disaster preparedness and response*

37. The variety and frequency of natural disasters requires WFP to maintain a preparedness capacity and participate in national disaster management. A partnership with SETSAN ensures adequate national vulnerability and impact assessment capacity.
38. WFP supports INGC in preparing annual contingency plans and improving its infrastructure at the central and provincial levels. WFP assists the Government in early warning and impact assessment, supports logistics and communications and participates in the joint United Nations programme to reduce vulnerability and develop national capacity in emergency preparedness and disaster mitigation.
39. During disasters, and following planning guidance from INGC and CENOE, WFP partners with NGOs to distribute relief food. This is coordinated through the Food Security Cluster, where needs and response modalities are agreed.
40. This component focuses on technical assistance during normal times and facilitates the rapid deployment of food assistance through an "emergency window" that is mobilized at

¹¹ Greenblott, K. 2007. *Social Protection in the Era of HIV and AIDS – Examining the Role of Food-Based Interventions*. WFP.



times of crisis to provide an initial three months of rapid response for 500,000 people in total over three years.

⇒ *Component 2: Livelihood protection and promotion*

41. WFP will contribute to building sustainable assets at the community and district levels to facilitate disaster risk reduction and provide a foundation for economic and social development in the most vulnerable districts. The protection and promotion of livelihoods supports the Government's master plan for prevention and mitigation of natural disasters.
42. Under INGC leadership, WFP will support community rehabilitation and infrastructure initiatives through FFA and FFT. Asset creation will include productive and risk-reduction assets, health and social facilities and human capacity development.
43. Limited direct food assistance as vulnerable group feeding (VGF) will be integrated with FFA and FFT; vulnerable families unable to participate in FFA or FFT will still be reached. VGF may also be employed during times of food shortage.
44. WFP seeks partnerships that provide complementary resources, technical expertise and long-term perspectives and commitment. Partnerships with local government are encouraged either directly or with partner NGOs. WFP will explore joint programme opportunities with FAO and UNDP to support community-based agricultural and economic rehabilitation activities and greater disaster resilience.
45. Activity will follow seasonal patterns: zero after the April–June harvest and peaking at the onset of the September–December lean season. Priority areas are the semi-arid districts identified in the INGC plan.

⇒ *Component 3: Social assistance of AIDS-affected groups*

46. Supporting government work to enhance social-assistance programmes for the most vulnerable groups, WFP will continue to support OVC and AIDS-affected households. Food support will be integrated into basic services provided by NGOs and CBOs. Umbrella partnerships aim to improve the quality of food assistance with other services. Social assistance will be linked to livelihood promotion. The duration of the food assistance will vary from 6 to 12 months.
47. WFP and the Ministry of Women and Social Action have agreed to establish greater coordination and implementation capacity in the decentralized bodies of the ministry and those of the National Institute for Social Action (INAS). Targeting and programming of food resources will be based on proportional provincial allocations endorsed by the Ministry of Women and Social Action, INAS and other stakeholders.

⇒ *Component 4: Food support for improved health and nutrition*

Support for HIV/AIDS Care and Treatment

48. The Ministry of Health and actors involved in the national roll-out of HIV/AIDS care and treatment acknowledge the importance of adequate diet to accompany clinical treatment and care. Dietary improvement addresses malnutrition problems associated with the disease, the medical treatment and pregnancy and early weaning of infants.
49. Food assistance complements government and NGO care and treatment services. It will improve the well-being of clients enrolled in anti-retroviral therapy (ART), prevention of mother-to-child transmission (PMTCT) and treatment of opportunistic infections (OI) and



chronic illness (CI), and will increase compliance with related drug and disease management. The duration of food assistance varies from three to six months.

50. WFP works with NGOs to provide a nutritional supplement through clinics and, where required, household food packages through treatment-support services. Food will primarily be allocated to NGO partners working in government health facilities.

Nutrition rehabilitation

51. Responding to the threat to the nutritional well-being of children posed by recurrent disasters and chronic poverty, WFP, UNICEF and the Ministry of Health signed a memorandum of understanding (MOU) in December 2006. Corn-soya blend (CSB) supplementation will be integrated into government health services in 18 high-priority districts and three provincial capitals to cover 140 health centres. WFP provides CSB for take-home supplements and technical assistance for food handling; UNICEF enhances clinical care and rehabilitation. CSB is provided for three months per child; international weight-for-height criteria are used for entry and exit.

⇒ *Hand-Over Strategy*

52. WFP is likely to be present in Mozambique for several more years. The role of food assistance is changing from a stand-alone support to a complementary component of basic social services. WFP's role is increasingly one of technical assistance, facilitation of capacity enhancement for government and civil society counterparts and development of programme models and guidance.
53. A phase-out of WFP assistance is not anticipated during the PRRO, but strategies are applied to limit the duration of food assistance for individual beneficiaries, support alternative livelihood opportunities and integrate food assistance into national social-protection and vulnerability-reduction strategies; the latter includes possible transition to cash support through the Government's expanding social protection schemes.

BENEFICIARIES AND TARGETING

Social Action

54. Beneficiaries will be selected from among the most vulnerable people. The most vulnerable households are those headed by or caring for socially marginalized individuals. Application of livelihood criteria in addition to socio-demographic characteristics will minimize inclusion errors and maximize the use of limited resources. The characteristics of the most vulnerable households include limited access to productive assets and labour capacity, dependency on limited income, lack of reserves and investment opportunities, and an increased burden of health and social expenditure in household budgets. Individual eligibility criteria may include measures of health and nutritional well-being.

Beneficiary Selection

55. Harmonization of beneficiary selection criteria and methods across social-protection programmes will be central to successful integration of food assistance. Guidelines developed by the Ministry of Women and Social Action, INAS, SETSAN and the Ministry of Health will form the basis for direct food support in the context of other services, material benefits and cash-transfer programmes.



56. Beneficiary selection may include community participation or rely on services providers in the social and health sectors. Clear communication of selection criteria and procedures will ensure maximum transparency.

Beneficiary Numbers

57. The beneficiary numbers in Table 2 are based on experience, current programmes and future targets associated with government programmes. Food assistance activities reach out to a large beneficiary population because of their short duration. Table 2 reflects the average monthly figures and the cumulative totals over the PRRO period.

| TABLE 2: BENEFICIARIES BY COMPONENT AND YEAR | | | | | |
|---|--------------------------------|----------------------|---|----------------------------------|------------|
| Component/activity | Monthly average | | Total cumulative beneficiaries 2008-2011 | Disaggregation by sex (%) | |
| | Clients/ households | Beneficiaries | | Women | Men |
| Disaster response (emergency window) | | | | | |
| Relief distributions | | | 500 000 | 51 | 49 |
| Livelihood protection and promotion | | | | | |
| FFA/FFT/VGF | 20 000 | 100 000 | 300 000 | 51 | 49 |
| Social assistance to AIDS-affected groups | | | | | |
| OVC | 43 000 | 43 000 | 107 500 | 51 | 49 |
| AIDS affected households | 12 500 | 62 500 | 375 000 | 51 | 49 |
| Food support for improved health and nutrition | | | | | |
| HIV/AIDS care & treatment | | | | | |
| OI/CI | 7 500 | 7 500 | 67 500 | 60 | 40 |
| ART | 10 000 | 10 000 | 90 000 | 60 | 40 |
| PMTCT - women | 5 000 | 5 000 | 60 000 | 100 | 0 |
| PMTCT - early weaning | 2 000 | 2 000 | 12 000 | 51 | 49 |
| Treatment support | 12 000 | 60 000 | 573 000 | 51 | 49 |
| Nutrition rehabilitation | 7 500 | 7 500 | 90 000 | 51 | 49 |
| TOTAL¹² | 117 100 | 285 500 | 2 060 400 | 54 | 46 |

¹² Some beneficiaries receive assistance from more than one activity; the total number of beneficiaries is therefore not same as the sum of beneficiaries for all activities.



NUTRITIONAL CONSIDERATIONS AND RATIONS

The Role of the Food Basket and Associated Nutrition Considerations

58. In emergencies, food assistance provides life-saving support. In livelihood activities, food support fills food gaps: rations compensate the opportunity cost associated with participation in communal activities. VGF supports the most fragile households.
59. Food support through social assistance offsets the burden of care for particularly vulnerable groups and fills a critical gap in household resources, thus serving as an income transfer that prevents sales of assets and promotes investment of limited household income in economic and social activities.
60. In the HIV/AIDS programme, the food supplements improve nutritional well-being and drug tolerance. For children in nutrition rehabilitation programmes, the take-home supplement promotes weight gain and recovery from malnutrition.¹³

Ration Composition

61. The harmonized food basket contributes to individual and household needs and simplifies operational management. This facilitates the development of programme models for national replication. Table 3 presents food rations by activity; Table 4 reflects the total PRRO food requirement.

| TABLE 3: OVERVIEW OF FOOD RATIONS BY COMPONENT AND ACTIVITY (g/person/day) | | | | | | | | | |
|---|---------------------------|---------|--------|-----|-----|------|-------|-------------------|--------------|
| | Households/ individual | Cereals | Pulses | Oil | CSB | Salt | Kcal | Protein % RDA* | Fat % RDA |
| Disaster response | | | | | | | | | |
| Relief distributions | households actual | 500 | 60 | 20 | 0** | 3.0 | 2 128 | 98 | 102 |
| Livelihood protection and promotion | | | | | | | | | |
| FFA/FFT/VGF | households standard*** | 333 | 40 | 20 | | | 1 478 | 65 | 85 |
| Social assistance to vulnerable groups | | | | | | | | | |
| OVC | individual | 333 | 40 | 20 | 67 | | 1 731 | 93**** | 105**** |
| AIDS affected households | households standard | 333 | 40 | 20 | 67 | | 1 731 | 84 | 95 |
| Food support for improved health and nutrition | | | | | | | | | |
| HIV/AIDS Care & Treatment | | | | | | | | | |
| OI/CI, ART, PMTCT | individual | | | | 333 | | 1 267 | | |
| PMTCT – weaning support | individual | | | | 167 | | 633 | | |
| Treatment support | households standard | 333 | 40 | 20 | | | 1 478 | 65 | 85 |
| Nutrition rehabilitation | individual | | | | 333 | | 1 267 | | |

* Recommended Daily Allowance;

** If possible CSB will be provided and a commensurate quantity will be reduced from the cereal entitlement

*** Standard household size is five persons

**** Calculated against requirements for the age group 0-19 years

¹³ Only a CSB supplement is provided for this activity in view of the limited capacity of the health sector to provide a CSB-oil-sugar premix. The ration size accommodates sharing in households.



Food Processing and Fortification

62. In view of the increasing need to integrate nutritionally enhanced foods into its programmes, WFP will explore opportunities for local production of fortified blended foods, dry snacks and cereal flours.

| Food | 2008 | 2009 | 2010 | 2011 | Emergency Window | Total 36 Months |
|--------------|---------------|---------------|---------------|---------------|------------------|-----------------|
| Cereals | 20 895 | 28 860 | 28 860 | 7 965 | 22 500 | 109 080 |
| Pulses | 2 507 | 3 463 | 3 463 | 956 | 2 700 | 13 089 |
| Oil | 1 254 | 1 732 | 1 732 | 478 | 900 | 6 096 |
| CSB | 4 689 | 6 252 | 6 252 | 1 563 | 0 | 18 756 |
| Salt | 0 | 0 | 0 | 0 | 135 | 135 |
| Total | 29 345 | 40 307 | 40 307 | 10 962 | 26 235 | 147 156 |

IMPLEMENTATION ARRANGEMENTS

Programme Planning and Coordination

63. With the Ministry of Foreign Affairs and INGC, WFP will support the establishment of a food-assistance advisory group to develop strategic direction for interventions, resource mobilization and local food procurement. INGC will be the facilitating body for this PRRO to ensure linkages between relief and recovery interventions.
64. At the programme management level, WFP will engage with ministries and institutes. Regular consultations will ensure adequate monitoring and guidance. Activity task forces with wider stakeholder participation may be established to guide programme quality assurance.
65. Food assistance coordination committees will involve provincial authorities, building on existing structures where possible. These committees will plan the allocation of food resources for greater coherence with other support programmes. Membership will include sectoral directorates, civil society partners and provincial offices of the National AIDS Council (CNCS).

Distribution Arrangements and Beneficiary Participation

66. WFP works through partnerships with civil-society organizations identified through consultation with government counterparts. WFP engages directly with government institutions when possible.
67. Umbrella partnerships, initially established to strengthen OVC activities, will expand to include other food-assistance activities. In the health sector, opportunities will be explored to integrate the delivery and distribution of nutritional supplements into existing supply systems.



68. To strengthen community participation, WFP will work with district administrations to empower marginalized groups, particularly women, elderly people and PLHIV.

Partnerships

69. The partnerships with INGC, SETSAN and the Ministry of Agriculture provide WFP with a consensual approach for intervention. WFP's relationship with the Ministry of Health has been strengthened since 2006, when food assistance for HIV/AIDS care and treatment was acknowledged as a ministry priority. WFP liaises with the ministry on technical issues and joint operational management.
70. The Ministry of Women and Social Action and INAS are involved in WFP's social assistance programme at the provincial and central levels where regular meetings are held to plan and monitor programmes with stakeholders.
71. WFP is working to improve logistics, programme coordination and capacity support for CBOs through umbrella arrangements with NGO partners with adequate logistics infrastructure and technical support capacities.
72. For greater coherence of intervention approaches, complementary inputs and technical expertise, WFP will work with United Nations partners. As a member of the Joint United Nations Team on AIDS, WFP will contribute to the joint efforts addressing HIV/AIDS and benefit from complementary inputs. WFP also benefits from the regional Alliance on OVC, Social Protection and Livelihoods.

Food Procurement

73. A large proportion of WFP's food requirements will be procured locally to support national agriculture, industrial development and trade. Cash resources and competitive prices offered by suppliers will help. There are no official import restrictions, but the Government has indicated to WFP its preference for this approach by discouraging imports of oil, salt and sugar and restricting the import of maize at certain times of the year and in certain parts of the country.
74. To expand its access to local food markets, WFP will consult local trade organizations and NGOs involved in the development of farmer and trade cooperatives. In 2007, WFP and FAO initiated a food security working group incorporating United Nations, government, NGO and bilateral partners. WFP will explore opportunities for increased food production and market access by semi-subsistence farmers' associations.

Non-Food Support and Capacity-Building

75. WFP will pursue much of its non-food support by acquiring special grants and through technical assistance partnerships. Table 5 gives an overview of the activities.



| TABLE 5: CAPACITY BUILDING SUPPORT FOR MAIN COUNTERPARTS | |
|---|---|
| Counterpart | Non Food Support |
| INGC | <ul style="list-style-type: none"> - Logistics capacity - Voice communications - Data connectivity - Contingency planning and preparedness technical support |
| SETSAN | <ul style="list-style-type: none"> - Technical assistance to vulnerability assessments and analysis - Food security and food assistance policy development |
| Central Government Counterparts | <ul style="list-style-type: none"> - Technical support and training for programme management - Technical support and training for supply chain management - Technical support to funding proposal development - Studies and appraisals for integration of food assistance in national strategies and programmes |
| Provincial and District Government | <ul style="list-style-type: none"> - Technical assistance for programme coordination - Technical assistance for programme management and quality control - Facilitation of meetings, field visits, etc. - Training on community empowerment and participatory programme development - Training on HIV/AIDS and gender related issues |
| Service Providers | <ul style="list-style-type: none"> - Logistics capacity and programme quality support through the umbrella partners - Training on accountability and programme results reporting |
| Communities | <ul style="list-style-type: none"> - Capacity support and facilitation for greater community mobilization and participation |
| Logistics sector | <ul style="list-style-type: none"> - Capacity strengthening in HIV/AIDS awareness and wellness services |

76. Non-food items associated with food distributions will be sourced from PRRO funds. Complementary inputs for livelihood development will be resourced through partnerships.

Logistics Arrangements and Landside Transport, Storage and Handling

77. Imported food will pass through the ports of Maputo, Beira and Nacala and will arrive by road from South Africa and occasionally Malawi. Food will be stored in WFP's main warehouses and transported by road to intermediate warehouses or final delivery points. WFP uses commercial transporters identified through bidding. Intermediate storage and transport to final destinations is managed by implementing partners on the basis of field-level agreements (FLAs). WFP's food movements are recorded in the Commodity Movement Processing and Analysis System (COMPAS).
78. The size of the country, its infrastructure limitations, the small delivery quantities and many destinations call for consolidated transport and storage arrangements to avoid losses and contain costs. Umbrella arrangements reduce the number of intermediary warehouses and standardize transport. Logistics staff will ensure timely dispatch from central warehouses, monitoring of logistics performance, reporting of dispatches to relevant authorities and training of partners in food management.
79. The average cost for landside transport, storage and handling (LTSH) will be US\$174 per mt.



PERFORMANCE MONITORING

80. WFP Mozambique monitors the collection, consolidation, analysis and interpretation of programme information.

Routine Activity Monitoring

81. A team of 35 district food aid monitors (DFAMs) recruited in partnership with the local United Nations volunteers' office assures continuous collaboration with district authorities, partners and beneficiaries. DFAMs report regularly to WFP's sub-offices on food handling in the field, the quality of implemented activities and partnerships.

Output Monitoring

82. Information regarding food distribution is shared monthly by partners and consolidated at the sub-office and country office levels.

Post-Distribution Monitoring

83. Information on food appreciation and utilization is collected half-yearly by WFP field staff. Capacity-building for partners and the introduction of personal digital assistants in the field will improve the timeliness of data analysis.

Outcome Monitoring

84. The bi-annual data collection of outcome indicators through CHS will be streamlined; it may be used in health and social programmes.
85. By using extra-budgetary resources, WFP could implement studies to measure the impact of food assistance in the context of the wider stakeholder contributions. In partnership with government counterparts and other stakeholders, WFP may implement appraisals of the integration of food-based activities into national strategies. A self-evaluation will take place in early 2010 to inform future programme design.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Risk Assessment

86. The biggest risk to the success of long-term recovery programmes is natural disasters. It is difficult to maintain community-based recovery programming during protracted relief situations. Given the likelihood of disasters, relief response must be integrated into recovery programmes.
87. Social-protection literature¹⁴ and WFP's appraisals¹⁵ stress that transfers must be reliable to make social assistance and livelihood promotion programmes successful. WFP needs to

¹⁴ Greenblott, K. 2007. *Social Protection in the Era of HIV and AIDS – Examining the Role of Food-Based Interventions*. WFP.

¹⁵ Bell, L. 2007. *Community-Based Food Assistance – an Appraisal of Livelihood and Social Assistance Programming*. Rome, WFP. Sylvester, K. 2007. *Vulnerability Analysis – Time Trends and Programmatic Implications*. Rome, WFP. Waiene, R. 2007. *Planning for a new PRRO: Provincial and National Stakeholders' Consultations*. Rome, WFP.



maintain a steady food supply. Donor partnerships, directed programme commitments and pre-financing opportunities are determining factors.

88. Most activities in this PRRO aim at greater government ownership. The political environment, priorities and budget allocations affect WFP's ability to hand over the management of food-based support programmes to government counterparts. Equally critical is the role of the Group of 19 Direct Budget Support Donors (G19) through their support for the food basket guidance on planning and government spending.

Contingency Planning

89. The national contingency plan is maintained by regular risk analysis and review coordinated by INGC; this is the basis for state budget support for sudden emergencies. INGC and partners undertake annual simulations to enhance preparedness. WFP revises its contingency plan on the basis of the national plan, focusing on food security and response capacity.
90. The relief component is an emergency window for rapid mobilization of resources during crises following national needs assessments. This may be expanded if necessary through budget revisions. Access to CERF and IRA funding and pre-financing facilities are critical for rapid response.

SECURITY CONSIDERATIONS

91. Mozambique is a security phase zero environment. All WFP offices are minimum operating security standards (MOSS) compliant; staff are trained in security awareness. For food distribution during extreme scarcity or following sudden disasters, security measures may be required to maintain order. WFP will work with partners and local authorities to establish arrangements.

RECOMMENDATION

92. The Board is requested to approve the proposed PRRO Mozambique 10600.0 "Food support for protection and promotion of lives and livelihoods of the most vulnerable people".



ANNEX I-A

| BREAKDOWN OF PROJECT COST | | | |
|---|--------------------------|---|-------------------------|
| | Quantity (mt) | Average cost per mt (US\$) | Value (US\$) |
| WFP COSTS | | | |
| A. Direct operational costs | | | |
| Food ¹ | | | |
| – Maize | 54 540 | 232.00 | 12 653 280 |
| – Maize meal | 54 540 | 290.00 | 15 816 600 |
| – Pulses | 13 089 | 573.50 | 7 506 542 |
| – Oil | 6 096 | 1 404.00 | 8 558 784 |
| – CSB | 18 756 | 352.00 | 6 602 112 |
| – Salt | 135 | 230.00 | 31 050 |
| Total food | 147 156 | | 51 168 368 |
| External transport | | | 7 579 595 |
| Landside transport | | | 707 820 |
| Internal transport, storage and handling | | | 25 575 713 |
| Total landside transport, storage and handling | | | 25 651 278 |
| Other direct operational costs | | | 5 583 015 |
| Total direct operational costs | | | 91 279 239 |
| B. Direct support costs ² (see Annex I-B) | | | 12 842 383 |
| C. Indirect support costs (7.0 percent) ³ | | | 7 197 725 |
| TOTAL WFP COSTS | | | 110 022 362 |

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 | 4 110 420 |
| National professional officers | 1 466 942 |
| National general service staff | 1 897 182 |
| Temporary assistance | 155 143 |
| Overtime | 54 000 |
| Incentives | 126 000 |
| Staff duty travel | 1 664 400 |
| Staff training and development | 67 500 |
| Subtotal | 9 541 587 |
| Office expenses and other recurrent costs | |
| Rental of facility | 203 400 |
| Utilities (general) | 65 610 |
| Office supplies | 132 750 |
| Communications services | 706 351 |
| Insurance | 10 193 |
| Equipment repair and maintenance | 8 100 |
| Vehicle maintenance and running cost | 489 081 |
| Other office expenses | 759 735 |
| United Nations organizations services | 135 000 |
| Subtotal | 2 510 220 |
| Equipment and other fixed costs | |
| Furniture tools and equipment | 73 553 |
| Vehicle leasing | 336 200 |
| Communications equipment | 380 824 |
| Subtotal | 790 577 |
| TOTAL DIRECT SUPPORT COSTS | 12 842 383 |





| ANNEX II: LOGICAL FRAMEWORK | | |
|---|---|--|
| Results chain | Performance indicators | Risks, assumptions |
| Outcomes | | Risks |
| 1. Protect and save lives threatened by natural, social and health risks (Strategic Objectives 1, 2, 3). | <ul style="list-style-type: none"> ➤ Mortality and morbidity among target groups reported by surveys and/or health services. ➤ Reliance on negative coping strategies measured by Coping Strategies Index or reported by district authorities and protection partners. | Natural disasters may cause setbacks for community and household resilience and may affect programme implementation. National strategies will seek integrated approaches allowing expanded recovery and social-protection programming for disaster response. |
| 2. Improve productive and care capacities of communities and households (Strategic Objective 2). | <ul style="list-style-type: none"> ➤ Livelihood sources. ➤ Severity and frequency of adverse coping strategies measured using the Coping Strategies Index. ➤ Proportion of asset-poor households (0–4 assets). ➤ Quantity and quality of dietary intake measured using the Food Consumption Index. | <p>Reliability of WFP's contribution to joint programme opportunities with the Government, civil society and the United Nations may be impaired by resource and food supply limitations.</p> <p>Assumptions</p> <p>The political environment, strategic priorities and budget allocations support hand-over of management of food-based support programmes to government counterparts.</p> <p>Donor support for national social protection programming is sufficient to allow substantial scale-up.</p> <p>Alignment with government planning cycles is implemented by United Nations agencies for greater consistency and complementarity.</p> |
| 3. Improve the nutrition rehabilitation of women, children and PLHIV in selected health and nutrition programmes (Strategic Objective 3). | <ul style="list-style-type: none"> ➤ Malnutrition recovery rate among clients in PMTCT, ART, OI/CI and nutrition rehabilitation services. ➤ ART adherence rate. ➤ Underweight among children aged 6–18 months in PMTCT early-weaning programme. ➤ Number and duration of episodes of immobility caused by CI. ➤ All above as reported by participating clinics and community programmes. | |
| 4. Improve ownership, coordination and management of food assistance by government counterparts and integration of food assistance into government plans (Strategic Objective 5). | <ul style="list-style-type: none"> ➤ Food assistance on plan and on budget in counterpart ministries. ➤ Food assistance integrated into provincial strategies and workplans. ➤ Food assistance coordinated and monitored by provincial committees and consultations. | |

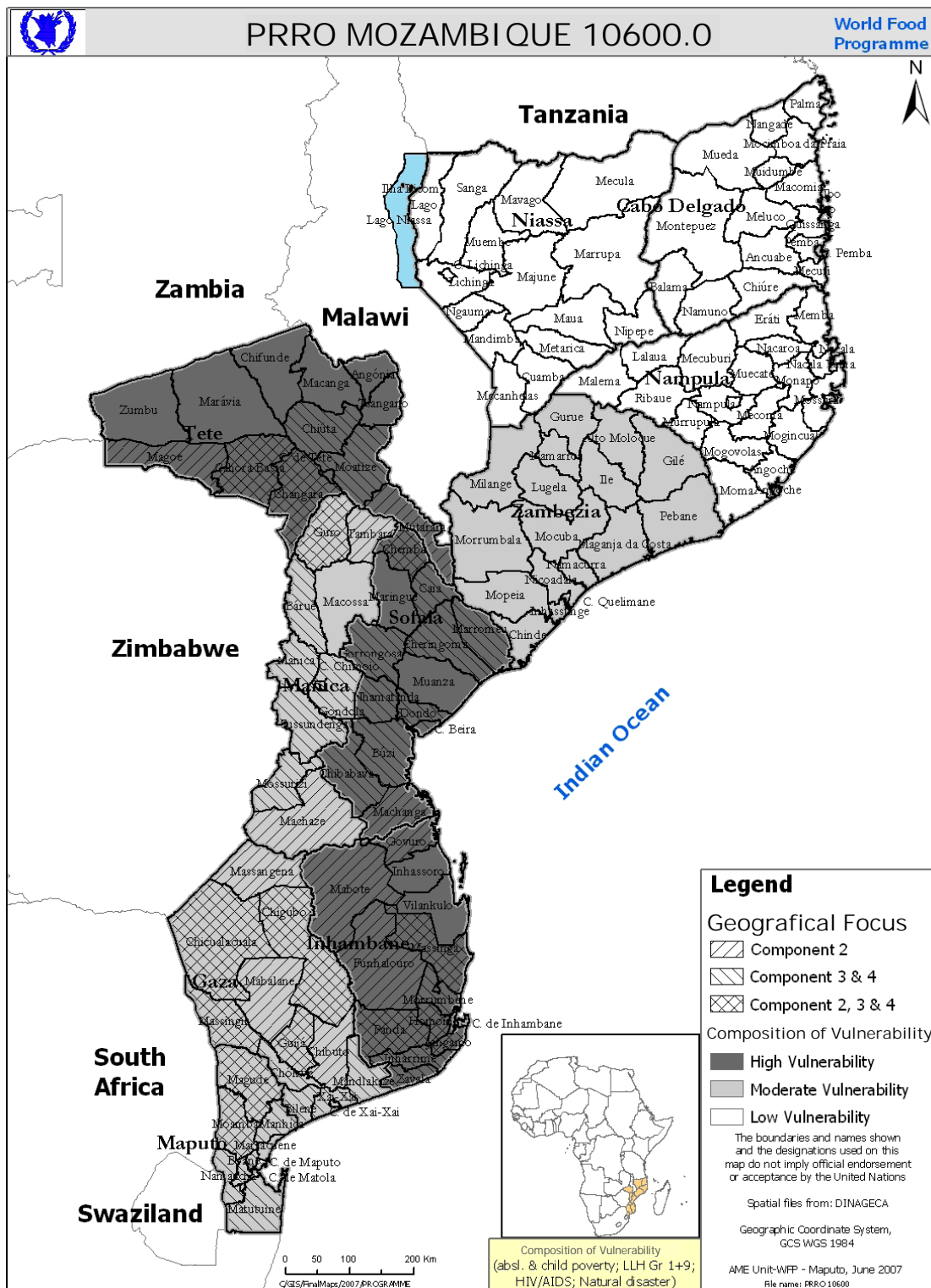


| ANNEX II: LOGICAL FRAMEWORK | | |
|--|--|--|
| Results chain | Performance indicators | Risks, assumptions |
| Generic outputs for outcomes 1, 2, 3 | | |
| <p>A. Selected beneficiaries received timely food assistance in line with endorsed distribution plans; planning cycle may differ by activity.</p> | <ul style="list-style-type: none"> ➤ Number of beneficiaries, by age and sex, of food assistance, by type, as % of planned. ➤ Tonnage of food, by type, provided as % of planned. ➤ % distributions completed in time. | <p>Assumptions</p> <p>Adequate information is available in timely manner for rapid relief response and disaster recovery.</p> <p>Access to beneficiaries is not constrained by poor conditions resulting from natural disasters or seasonal flooding and rains.</p> <p>The skills, expertise and commitment among partners and WFP field staff will be adequate to ensure community mobilization and participation.</p> |
| <p>B. Food assistance implemented in transparent and participatory manner.</p> | <ul style="list-style-type: none"> ➤ Food assistance committees established/reinforced at the community level with appropriate leadership and participation by men and women. ➤ Food assistance targeting and beneficiary selection integrated into or harmonized with national social-assistance targeting. | |
| Specific outputs by outcome | | |
| <p>1.1 Relief support mechanisms established and managed in coordination with the Government and the United Nations country team.</p> | <ul style="list-style-type: none"> ➤ Relief response plans – number of beneficiaries, locations, food assistance modalities, duration – established and operational in timely manner. ➤ Food security, logistics and emergency communications clusters managed in participatory and consultative manner. ➤ Operational structures in logistics and communications established in support of INGC. | <p>Assumptions</p> <p>Adequate complementary inputs and technical partnerships are available.</p> <p>Government policies are in place and endorsed by stakeholders to guide food-assistance programming.</p> |
| <p>2.1 Community resilience and mitigation programmes supported through complementary partnerships.</p> | <ul style="list-style-type: none"> ➤ Number of community-support programmes in place with complementary technical assistance and non-food inputs. ➤ Number of community support programmes completed within one year. | |
| <p>2.2 Assets and knowledge base established for sustainable disaster resilience and vulnerability reduction.</p> | <ul style="list-style-type: none"> ➤ Number and type of assets developed as per agreed community plans. ➤ Number of people graduating from training. ➤ Number people supported through community care structures. | |



| ANNEX II: LOGICAL FRAMEWORK | | |
|---|--|---------------------------|
| Results chain | Performance indicators | Risks, assumptions |
| 3.1 Local capacity for production of nutritionally enhanced foods established in partnership with commercial sector, civil society and government. | <ul style="list-style-type: none"> ➤ Appropriate food identified for integration into national health and social supply chains. ➤ Quality assurance and control mechanisms in place to guarantee food safety and nutritional standards. | |
| 3.2 National nutrition and dietary support guidelines finalized, disseminated and implemented in health and social programmes. | <ul style="list-style-type: none"> ➤ Guidelines in place in WFP-assisted health and social-support programmes. ➤ Health and social counterpart staff participate in technical assistance/training programmes implemented in partnership with government, NGO and United Nations partners. | |
| 4.1 Food assistance coordination mechanisms established at the central and provincial levels. | <ul style="list-style-type: none"> ➤ Provincial food assistance committees meet monthly. ➤ Programme management support committees established at the ministerial level with monthly meetings and quarterly partner consultations. ➤ National food assistance technical forum established and convened quarterly. | |
| 4.2 On-the-job training provided for government counterparts. | <ul style="list-style-type: none"> ➤ Number of government counterpart staff participating in food assistance field training programme. | |

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

| | |
|----------|--|
| ANSA | Food Security and Nutrition Association of Mozambique |
| AP-OVC | Action Plan for Orphaned and Vulnerable Children |
| ART | anti-retroviral therapy |
| BMI | body mass index |
| CBO | community-based organization |
| CENOE | National Centre for Operations in Emergencies |
| CERF | Central Emergency Response Fund |
| CHS | community and household surveillance |
| CI | chronic illness |
| CNCS | National AIDS Council |
| COMPAS | Commodity Movement Processing and Analysis System |
| CSB | corn-soya blend |
| DFAM | district food aid monitor |
| ECW | Enhanced Commitments to Women |
| FAO | Food and Agriculture Organization of the United Nations |
| FFA | food for assets |
| FFE | food for education |
| FFT | food for training |
| FFW | food for work |
| FLA | field-level agreement |
| HIV/AIDS | human immunodeficiency virus/acquired immune deficiency syndrome |
| INAS | National Institute for Social Action |
| INGC | National Institute for Disaster Management |
| IRA | Immediate Response Account |
| LTSH | landside transport, storage and handling |
| MOSS | minimum operating security standards |
| MOU | memorandum of understanding |
| NGO | non-governmental organization |
| ODJ | Southern Africa Regional Bureau |
| OI | opportunistic infections |
| OVC | orphans and other vulnerable children |
| PARPA II | Poverty Reduction Strategy 2007–2009 |
| PLHIV | people living with HIV |



| | |
|--------|--|
| PMTCT | prevention of mother-to-child transmission |
| PRRO | protracted relief and recovery operation |
| SETSAN | National Secretariat for Food Security and Nutrition |
| SWAP | sector-wide approach |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNICEF | United Nation's Children's Fund |
| USAID | United States Agency for International Development |
| VGF | vulnerable group feeding |