

Protracted Relief and Recovery Operation (PRRO) Ghana No. 200046

Title: Assistance to Food-Insecure Households in Ghana Vulnerable to Drought/Floods and High Food Prices

Duration:	2 years (January 2010 - December 2011)
Number of beneficiaries:	423,250
WFP food tonnage:	27,785 mt
WFP food cost:	US\$ 11, 858, 030
Total cost to WFP:	US\$ 22, 013, 370

EXECUTIVE SUMMARY

The food and nutritional security of the most vulnerable in Ghana continues to be threatened by climatic and market-related shocks. The affected population resides in the economically poorer northern regions of the country, subject to recurring floods and droughts, high staple-food prices, and impact of the global financial crisis. There are 450,000 food-insecure people in the Upper West, Upper East and Northern regions.

The prices of maize, the main staple food, recorded in Accra in July 2009 are at levels comparable to prices observed in the previous year, but are double the level relative to the pre-crisis period in July 2007. Malnutrition and micronutrient deficiencies in the target regions are significant. The global acute malnutrition rate is 13 percent among children in the northern regions, classified by the World Health Organization as serious. The 2008 WFP Ghana Comprehensive Food Security and Vulnerability Assessment and the 2009 WFP Impact Assessment of the Global Crisis on Ghana confirmed the extent of needs and recommended that WFP accelerate efforts to assist people vulnerable to drought, floods and market shocks during the recovery period.

The Government has requested the support of aid agencies, including WFP, to assist the most vulnerable households to restore their livelihoods to the pre-crisis situation. This PRRO therefore aims to improve the overall food and nutritional security of households affected by shocks. Its specific objectives are to:

- ⇒ Save lives, reduce acute malnutrition among children under 5, and prevent malnutrition among pregnant and lactating women, including in refugee populations (WFP Strategic Objective 1).
- ⇒ Improve food consumption of vulnerable people including People Living with HIV (PLHIV) and their families (WFP Strategic Objective 1).
- ⇒ Assist early recovery of communities affected by successive shocks through the creation and protection of assets and livelihoods (WFP Strategic Objective 3).

The PRRO will serve as a bridge to help acutely food-insecure people regain their livelihoods and enable subsequent participation in development. At the end of the PRRO, ongoing needs would be addressed through the longer-term strategy of the country programme.

SITUATION ANALYSIS AND SCENARIO

The overall context

1. Ghana is a low-income, food deficit country (LIFDC) and ranks 152nd out of 182 countries in the 2009 Human Development Report. Although significant progress has been made in recent years in increasing economic growth and reducing poverty, large disparities remain between regions and socio-economic groups, and the agriculture sector is the most affected.
2. Despite a rich natural resource base, Ghana is highly indebted and heavily dependent on international financial assistance. Gold and cocoa production and individual remittances are major sources of revenue. Agriculture accounts for 35 percent of gross domestic product (GDP) and employs 55 percent of the workforce, mainly small landholders.
3. Eighteen percent of the population of Ghana is classified as 'extremely poor'. Fifty-four percent of the poor in Ghana live in the three northern regions (Upper West, Upper East and Northern region);¹ of this population, 59 percent live in extreme poverty.² Nutritional status and other human development indicators in these regions are comparable to neighbouring Sahelian countries such as Mali, Burkina Faso and Niger.
4. Smallholder farmers in the northern regions endure severe shortfalls during the lean season between March and September and are the most food-insecure livelihood group. Their daily per capita income is US\$1.04 (GH¢ 1.47), compared to the national daily minimum wage of US\$1.87 (GH¢ 2.65).³
5. A persistent pattern of floods and drought over the last three years have affected the poorest and most food- insecure households disproportionately, especially in the northern regions. Floods destroyed large areas of cultivated land during the 2007 and 2008 cropping seasons, leaving farmers with reduced food stocks and damaged assets. Subsequent additional shocks have prevented recovery.
6. High food prices have stretched household budgets since 2007. Prices of maize, the main staple food, recorded in Accra in July 2009 are at a comparable level to prices observed in the previous year, but are double the level relative to the pre-crisis period in July 2007.⁴ Prices of imported rice were still 23 percent higher in June 2009 than a year earlier.

¹ Sustainable Development Initiative for Northern Ghana - Strategy and Workplan 2009- 2025. Commissioned by the Government of Ghana; prepared by the Center for Economic Policy Analysis (CEPA) and Institute for Policy Alternatives (IPA), August 2008.

² The 2007 Ghana Living Standards Survey (GLSS) defines 'extremely poor' as household whose expenditure falls below 50% of the mean household expenditure.

³ WFP Comprehensive Food Security and Vulnerability Assessment (CFSVA) 2008.

⁴ FAO, GIEWS Country Briefs, September 2009.

7. Markets are the main source of food for 80 percent of households; the majority of the population is therefore vulnerable to market upheavals. The poorest households are most vulnerable to high food prices, limiting food consumption and access to basic services.
8. Ghana's high current account deficit, high budget deficit, export dependency, aid dependency and low foreign currency reserves make it particularly vulnerable to the impact of the global financial crisis. The International Monetary Fund (IMF) listed Ghana among the 26 countries highly vulnerable to the impact of declines in trade, remittances, foreign direct investment (FDI) and overseas development assistance (ODA). Inflation rates have skyrocketed, rising from 11 percent in 2007 to 21 percent in 2009.⁵
9. The global financial crisis has led to a downward trend in remittances from abroad. Approximately 60 percent of the major livelihood groups in Ghana rely on remittances as one of three most important income sources, with remittances to women making up 70 percent, and constituting 85 percent or more of their total incomes.⁶
10. According to the World Bank, shea nut prices have fallen by 80 percent since 2008. Shea nuts grow wild only in the north. The collection and sale of shea nuts is an important lean season activity and provides a critical income source, particularly for women, during a time when food access is restricted.⁷
11. The 2008 Comprehensive Food Security and Vulnerability Assessment (CFSVA) emphasized that female-headed households were among those most vulnerable to higher food prices. Vulnerable women-headed households have fewer coping strategies and could be forced into high-risk behaviour, such as commercial sex work, to meet increasing needs.
12. The number of people living with HIV (PLHIV) in Ghana is above 273,000; 58 percent are women and girls. In the northern areas, the combination of high food prices, inflation and reduced remittances has further compounded their vulnerability to food insecurity, increasing the risk of a deterioration of their nutritional status. A poor nutritional status of PLHIV in turn has been shown to be closely associated with increased mortality. Furthermore, the Ghana AIDS Commission (GAC) recently noted that food insecurity is a major impediment to treatment adherence.
13. Ghana hosts 24,000 refugees from Sierra Leone, Togo and Liberia in camps and settlements. While many refugees opted for voluntary repatriation in the past few years, others are waiting for resettlement in Ghana. WFP has been assisting the most vulnerable and food-insecure refugee households.

⁵ Ghana Statistical Service – <http://www.statsghana.gov.gh>.

⁶ WFP CFSVA 2008; WFP Impact Assessment of the Global Crisis (IAGC) 2009.

⁷ 2009 IAGC.

The food and nutrition situation

14. According to the 2008 CFSVA, 450,000 people in the three northern regions (Upper West, Upper East and Northern regions) are food-insecure. The Upper West Region is of greatest concern with 34 percent of the population food-insecure.
15. Agro-pastoralists, food/cash crop farmers cultivating less than two hectares of land, and households engaged in small-scale processing of agricultural produce (brewers, millers, and women processing shea-nuts) have the greatest difficulty in accessing sufficient food.⁸ The combination of adverse climatic conditions and low, unpredictable incomes raises the risk faced by such livelihoods. The combined effects of weather and global economic downturn are estimated to decrease food consumption by up to 17 percent.⁹
16. The global acute malnutrition (GAM) prevalence for the three northern regions is 13 percent, which is within the 10-14 percent range classified as serious by the World Health Organisation (WHO). Chronic malnutrition is similarly high. One in three children is stunted in the northern region. Underweight and stunting levels in the northern savannah at 22 percent underweight and 32 percent stunting are higher than those in the coastal zone (12 percent underweight; 25 percent stunting) and comparable to Sahelian countries (ranging from 30 to 50 percent).¹⁰
17. Child anaemia prevalence hovers at 86 percent for children living in the three northern regions.¹¹ The national prevalence of anaemia in children (78 percent) is similar to Sierra Leone (76 percent in 2008) and Guinea (76 percent in 2005). Anaemia prevalence over 40 percent is classified as serious by the WHO.
18. Early childhood mortality rates are a good proxy indicator of maternal malnutrition. Both under-5 mortality rates (147 per 1,000 births) and infant mortality rates (67 per 1,000 births) in the northern regions are high as compared to the national averages (111 per 1,000 births and 64 per 1,000 live births respectively).

Scenarios

19. Based on past experience and trends, new extreme weather events will likely occur over the next 2 years, and northern Ghana will be the most affected. Interventions through the PRRO will restore livelihoods, decrease vulnerability and enable their subsequent participation in development. This scenario

⁸ WFP CFSVA 2008.

⁹ WFP IAGC 2009

¹⁰ 2008 Demographic Health Survey (DHS)

¹¹ Lartey, Anna. University of Ghana and the World Food Programme (WFP). *Nutrition baseline survey of two communities in the Upper West Region. 2007.*

assumes that unfavourable weather events will not significantly exceed the trend of recent years; if shocks exceed this likely scenario, WFP will increase operations through a budget revision.

POLICIES, CAPACITIES AND ACTIONS OF GOVERNMENT AND OTHERS

Policies, capacities and actions of the Government

20. The National Social Protection Programme (NSPS) addresses issues of social exclusion, deprivation and vulnerability. A key component of the NSPS is the Livelihood Empowerment Against Poverty (LEAP) programme, a cash-based safety net programme which aims to cover 19 percent of the extremely poor (880,000 households) by 2013.
21. The Northern Development Initiative/Savannah Accelerated Development Authority (SADA) is a two-track strategic framework to address regional disparities in malnutrition, impacts of recurrent natural disasters and food insecurity. The aim is to increase the availability of food to the poor through distributions of in-kind food or vouchers. SADA will collaborate with WFP, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and non-governmental organizations (NGOs) in 26 affected districts in the north.
22. The Ghana Aids Commission (GAC) implements the 2006-2010 National Strategic Framework through a five-year Programme of Work,¹² and includes food and nutritional support to vulnerable households as part of the comprehensive HIV & AIDS response.

Policies and capacities of other major actors

23. A new World Bank project to assist vulnerable segments of the population in northern Ghana will provide assistance in the areas of food security, disaster risk reduction, migration, off-farm job creation and climate change adaptation. The World Bank and WFP have signed an aide-mémoire to explore partnerships under this project.
24. UNICEF and WFP have established the Joint United Nations Programme Against Malnutrition (JUNPAM) in response to soaring food prices. Activities include increasing food security monitoring capacities, scaling up community-level production of fortified blended foods and the sale of iodized salt, and improving operational research on nutrition. This PRRO will forge links with JUNPAM to increase the effectiveness of income-generating activities.
25. The German Technical Cooperation (GTZ) and Ministry of Food and Agriculture (MoFA) will expand a dam rehabilitation project in the three northern regions

¹² In 2007, HIV prevalence was 1.9 percent.

using manual labour and food for work (FFW), and are expected to collaborate with WFP.

26. Food and Nutrition Technical Assistance (FANTA) is designing a pilot programme to provide nutritional support to PLHIV receiving ART treatment through the public health system. This programme will conduct routine nutritional assessments, and provide nutritional counselling and limited amounts of 'food-by-prescription.' WFP was asked to complement this activity with nutritional support and technical guidance to mitigate food insecurity in AIDS-affected families. Results and recommendations from this pilot will inform Ghana's Round 10 Global Fund application.

Coordination

27. WFP is part of the United Nations Country Team (UNCT). WFP is a member in the Health, HIV/AIDS, Gender, Education and Sustainable Livelihood thematic groups, and the Education, Agriculture, Health, Environment and Social Protection sectors of the Multi-Donor Budget Support (MDBS) group. The National Disaster Management Organization (NADMO) coordinates responses to shocks and food insecurity.

OBJECTIVES OF WFP ASSISTANCE

28. The overall goal of the PRRO is to improve the food and nutritional security of food-insecure households affected by the combination of natural disasters, high food prices and the global economic crisis. Specific objectives, consistent with WFP strategic objectives (SO), are to:
 - ⇒ Save lives, reduce acute malnutrition among children under 5, and prevent malnutrition among pregnant and lactating women, including in refugee populations (WFP Strategic Objective 1).
 - ⇒ Improve food consumption of vulnerable people including People Living with HIV (PLHIV) and their families (WFP Strategic Objective 1).
 - ⇒ Assist early recovery of communities affected by successive shocks through the creation and protection of assets and livelihoods (WFP Strategic Objective 3).

29. These objectives support Millennium Development Goals (MDGs) 1, 4, 5 and 6.¹³

WFP RESPONSE STRATEGY

Nature and effectiveness of food-security related assistance to date

30. WFP has been providing support through three operations:

¹³ MDG 1: End poverty and hunger; 4: Reduce child mortality; 5: Improve maternal health; 6: Combat HIV/AIDS and other diseases.

The emergency operation (EMOP) 107100 (October 2007 - December 2009) supported people affected by floods in northern Ghana in 2007 and 2008, and was extended to address the combined impact of high food prices and new floods in 2009. WFP assistance has enabled targeted households to keep their children in schools, has reduced the risk of farmers consuming seeds, and has stabilized acute malnutrition among malnourished pregnant and lactating women and children under 5.

The PRRO 106730 (August 2007 - December 2009) provided food assistance to the most vulnerable refugees in Ghana (Liberians, Togolese and a minority of diverse nationalities). The level of acute malnutrition was reduced among targeted women and children, income generation activities enabled mothers to sustain their families, and adherence to ART increased among PLHIV.

The Country Programme (CP) 104180 (January 2006-December 2010) provides school feeding for 100,000 primary school children and supplementary feeding for children aged 6-59 months and their mothers. The 2009 CP evaluation will provide the basis for an extension of the CP to 2011.

31. In response to the high food price crisis of 2008, the Government and aid agencies, including WFP, increased nutritional safety net and social protection interventions. Without assistance, vulnerable populations could face a deterioration of nutritional status, especially children, PLHIV and other vulnerable groups. WFP has been requested by the Government and partners to continue addressing the early-recovery needs of people affected by consecutive shocks.

Strategy outline

32. In February 2009, WFP hosted two Response Analysis Workshops in Accra and Tamale with the objectives of reviewing the findings of the 2008 CFSVA and ensuring their incorporation into the PRRO. Participants included Government, donors, NGOs and the WFP Regional Bureau. The Tamale workshop included community members, women's groups and local authorities. Discussions focused on three topics: i) livelihoods, ii) nutrition and health, and iii) safety nets/disaster preparedness/food security monitoring. Outcomes of the discussions formed the basis of the activities designed for this PRRO. Bilateral discussions with major stakeholders were held to validate the proposed strategy.
33. This PRRO will allow WFP to consolidate activities implemented under the EMOP and initiate recovery activities that will lead to longer-term responses to food insecurity, vulnerability and extreme weather events in northern Ghana.

Relief component

34. *Emergency response:* Given the recurrence of natural disasters in Ghana, assistance will be provided to victims of new shocks such as floods. The PRRO foresees a planning figure of 25,000 flood or drought-affected people for each year. WFP will pre-position food before the rainy season in high-risk areas.
35. *Refugee feeding:* With the dissolution of the Ghana Refugee Board, no provision has been made to maintain food and nutrition security for the most vulnerable refugees. WFP will continue to support these refugees through general food distributions (GFD) until they are fully resettled and possibly included into the National Social Protection Programme (NSPP).
36. *Supplementary feeding:* WFP will provide supplementary feeding to malnourished children and pregnant and lactating women through the Ghana Health Service (GHS). This curative type of programme will be complemented by community-based nutritional interventions implemented under Activity 1 of the CP and the JUNPAM, aiming at reducing maternal and child mortality and preventing malnutrition.¹⁴
37. *Support to food-insecure people living with HIV (PLHIV):* The Government have requested that support to food-insecure PLHIV include ART adherence and a nutritional counselling package.¹⁵ Nutritional support in the context of ART is crucial and time-bound. Non-adherence to drugs can be fatal when an individual is malnourished or ill. A family food ration will be provided as a safety net, safeguarding the household from worsening food insecurity and maintaining household caring capacity until the household member's health improves. WFP food and nutrition assistance will support a comprehensive national response to HIV, complementing government-funded ART regimens in the targeted regions.

Early Recovery component

38. *Food for work/assets:* In support of the Government's Northern Development Initiative, and in partnership with the MoFA and GTZ, WFP will support vulnerable food-insecure households through food for work (FFW) and food for assets (FFA). Targeted beneficiaries will participate in food for work aimed at slowing soil erosion and land degradation in flood-affected areas. Activities will be selected in consultation with communities, ensuring that priorities of both women and men are considered. Works will include rehabilitating and de-silting small dams and dugouts, constructing stonewalls, reclaiming land, replicating tree seedlings, reforesting river banks, planting grass and harvesting rainwater. Activities will commence in early 2010, when dry conditions allow for the optimal implementation of works. This approach will also help reduce rural-urban migration by providing alternative work opportunities in rural areas.

¹⁴ The CP targets remote communities far from health institutions; the PRRO treats acute malnutrition through health centers and clinics.

¹⁵ Ghana Aids Commission letter Ref no GAC/GCS/01A.

Where feasible, newly resettled refugees who are able to work will participate in FFW to facilitate their integration into local communities and meet their food needs. Special consideration will be given to woman-headed households and households with malnourished children.

39. Food for training (FFT) will target the most food-insecure groups that are at the highest risk of acute hunger, such as shea-nut harvesters, small-scale food processors, agro-pastoralists, food/cash crop farmers and daily labourers. Activities will include seedling cultivation, tree nurseries, food fortification and other income-generating projects. Training on maize meal fortification, corn-soy blend (CSB) and re-bagging of iodized salt will ensure a ready supply of micronutrient-rich commodities for communities and will complement actions of JUNPAM.

Handover strategy

40. This PRRO is a bridge that will help acutely food-insecure people regain their livelihoods and enable subsequent participation in development. It will feed into the longer-term strategy of the 2011 Country Programme.
41. WFP will prepare for transition through building capacities at local government and community levels. Capacity development will focus on disaster preparedness and response, drawing on the lessons learned. WFP will strengthen capacities of the regional and district offices of the MoFA, the Ministry of Local Government and Rural Development (MLGRD), and the District Assemblies.
42. Community assets through FFW are expected to mitigate the effects of seasonal floods and provide supplemental water sources for households and communities during dry spells. Management of community assets rests with the community from the outset and will be discussed before starting the FFW activities.
43. WFP will cease nutrition support once adequate nutritional safety nets are put in place by the Government and/or acute malnutrition rates are stabilized at 8 percent or lower. Support to community nutrition interventions will be handed over to women's producer groups. Assistance will phase out as businesses become more stable. Market linkages will be facilitated through schools, feeding centres, the GHS, community health centres, preschools, kindergartens and community markets.

BENEFICIARIES AND TARGETING CRITERIA

Table 1: Beneficiaries by activity

Component/Activity	2010			2011			Total ¹⁶
	Female	Male	Total	Female	Male	Total	
Relief							
Emergency response	13,000	12,000	25,000	13,000	12,000	25,000	50,000
GFD - Refugees	1,600	1,400	3,000	1,600	1,400	3,000	3,000
SFP - Children under 5	35,000	35,000	70,000	19,000	19,000	38,000	108,000
SFP- Pregnant and lactating women	55,000		55,000	24,000		24,000	79,000
PLHIV on ART	3,480	2,520	6,000	3,480	2,520	6,000	12,000
Families of PLHIV	13,920	10,080	24,000	13,920	10,080	24,000	48,000
Early Recovery							
FFW/FFA	19,000	21,000	40,000	24,000	26,000	50,000	90,000
FFW/FFA- Refugees	3,900	5,100	9,000	3,900	5,100	9,000	9,000
FFT	11,700	10,300	22,000	1,350	900	2,250	24,250
Total	156,600	97,400	254,000	104,250	77,000	181,250	423,250

44. Apart from the refugees, the beneficiaries are located in the three highly food-insecure northern regions of Upper West, Upper East and Northern.

Relief component

45. WFP plans to provide emergency response to 25,000 beneficiaries each year in the most flood/drought-prone areas in the three northern regions. This planning figure is based on projections from past emergency needs assessments. Beneficiaries will be identified through needs assessments conducted by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and NADMO.
46. WFP will support 3,000 most-vulnerable refugees through general food distributions. Special attention will be given to malnourished children and pregnant and lactating women as well as people who are elderly, sick or disabled. The United Nations High Commissioner for Refugees (UNHCR) will assist in identifying these target groups.
47. The supplementary feeding programme will be implemented in districts with the highest food prices and malnutrition levels. Weight-for-height measurements will determine admission of children under 5 to the programme.¹⁷ The number of children planned for supplementary feeding reflects the actual number assisted under the current EMOP. Pregnant and lactating women are particularly

¹⁶ To avoid double-counting of the beneficiaries, adjustments are made for annual totals. Refugees assisted through GFD and FFW/FFA will receive assistance for two years and have, therefore, been counted once for total project duration.

¹⁷ Z-scores more than 2 standard deviations below the reference median according to sex and age.

vulnerable, and will be supported by the supplementary feeding programme at health clinics.¹⁸

48. WFP will provide support to food-insecure PLHIV on ART and their families in the three northern areas whose vulnerability is further compounded by the high food prices and global financial crisis. WFP, in collaboration with UNHCR, UNICEF, WHO, UNAIDS and the GAC, will assess the food security status of PLHIV receiving treatment through the public health system and will undertake an ART beneficiary vulnerability profiling to determine those eligible for food assistance.¹⁹

Early recovery component

49. FFW/FFA activities will target smallholder farmers, agro-pastoralists, food processors and daily labourers. The number of beneficiaries will gradually increase as social mobilisation activities take place and the financial and technical capacities of implementing partners are built up. Newly-resettled refugees will be targeted for participation in FFW/FFA activities that aim to facilitate resettlement.
50. FFT activities will target women within the livelihood groups of small-scale food processors/agro-pastoralists and food/cash crop farmers, including shea-nut collectors. The selection of communities and households will be based on the findings of the 2008 CFSVA, and will be done in close collaboration with communities, regional and local authorities, and WFP implementing partners.

NUTRITIONAL CONSIDERATIONS AND RATIONS

51. Table 2 summarizes the daily ration composition and the duration of assistance by activity:

Table 2: Daily food ration by activity (g/person/day)

Commodity	Emergency response/ GFD	SFP (children under 5)	SFP (pregnant/ lactating women)	FFW/ FFA	FFT	PLHIV on ART	Families of PLHIV on ART
Maize	420			300	250	300	300
Pulses	60			20	15	20	20
Palm oil	25	20	20	15	10	35	15
Salt	5		5	5	5	5	5
CSB		200	200			100	
Sugar		15	15				
kcal	1,890	1,035	1035	1,248	1,013	1,823	1,248
Protein	52.5	141	52 - 57	65	53	99	65
Fat	40	74	49 - 60	68	50	132	68
Average feeding days per year	360* 210**	90	360	165	180	270	270

*Refugees; **Relief beneficiaries

¹⁸ Pregnant and lactating women will be admitted from the second trimester of pregnancy until 6 months of lactation.

¹⁹ Targeting will be further refined during a planned WFP/WHO/UNAIDS assessment.

52. Rations under the emergency response and general food distributions are designed to meet the food needs of targeted households given that the beneficiaries have no alternative source of food. Refugees will be assisted for 24 months in anticipation of inclusion into the National Social Protection Programme (NSPP) once they are fully resettled.
53. The supplementary feeding ration is in line with the national protocol established by the Ghana Health Service (GHS) safety net and rehabilitation programmes for malnourished children and pregnant and lactating women.
54. The FFT ration will be provided to offset lost opportunities, as an incentive to acquire new skills and improve livelihoods. It will cover half of the recommended daily allowance. Beneficiaries will receive family rations during 180 days each year.
55. The ration for food-insecure PLHIV on ART has been adjusted to meet micronutrient and caloric requirements of this target group. The family ration will help to encourage treatment adherence, safeguard the household from worsening food insecurity and to maintain household caring capacity until the household member recovers. Ease of preparation, digestion and palatability were considered.

Table 3: Total food requirements by activity (mt)

Component	Activity	2010	2011	Total
Relief	Emergency response / GFD	3,228	3,228	6,456
	SFP - Children under 5	1,375	910	2,285
	SFP - Pregnant and lactating women	2,700	3,694	6,394
	PLHIV on ART	745	745	1,490
	Families of PLHIV on ART	2,203	2,203	4,406
Early Recovery	FFW	3,499	2,407	5,906
	FFT	739	109	848
Total		14,489	13,296	27,785

IMPLEMENTATION ARRANGEMENTS

56. *Participation:* Communities will identify priority project sites, activities and vulnerable families. Community Food Distribution Committees (FDCs) and Asset Management Committees (AMCs) will implement projects and manage assets. Both committees will include equal participation by men and women. The planning and design of FFW and FFT activities will ensure that women can participate by providing childcare and accommodating their other social commitments. Care will be taken to minimize increases in women's already considerable burden.

57. *Partners:* WFP will work closely with regional and district-level authorities and the District Assemblies to ensure that food reaches the intended beneficiaries. UNHCR will work with WFP for all interventions involving refugees. OCHA and NADMO will coordinate the emergency response for flood/drought affected populations. The GHS will continue to implement supplementary feeding activities. In addition, GTZ, Concern Universal and Plan International will oversee and coordinate FFW activities. The Alliance for Green Revolution in Africa (AGRA) and the Food and Agriculture Organization (FAO) will provide technical expertise for livelihood enhancement and FFT activities. Support to PLHIV on ART and their families will be provided in conjunction with FANTA, the GAC's implementing partners, Opportunities Industrialization Centers International (OICI) and the Society for Women and Aids in Africa (SWAA).
58. *Non-food Inputs:* WFP will ensure that all partner agreements specify that they are able to deploy qualified technicians to FFW project sites and supply all requisite agricultural inputs in case the district authorities cannot. With the support of WFP and FANTA, the GAC will submit an application to the Round 10 Global Fund, which will include the costs of the food and nutrition component. Any future training costs on treatment, care and support will be met through the GHS regular budget allocation. Agriculture and income-generating activities will also include PLHIV, where feasible.
59. *Logistics Arrangements:* The PRRO will benefit from a well-established logistics infrastructure including a combined warehouse capacity of 15,000 mt. WFP will be responsible for regional and international transportation of commodities to Ghana and will coordinate movements of commodities from the ports and entry points to warehouses in Tema, Bolgatanga, Tamale and Wa. WFP will cover the costs of unloading, internal transport, handling and storage and related technical and administrative supervision given that the operation is intended to meet protracted relief needs.
60. *Procurement:* WFP will encourage local purchases and links with Purchase for Progress (P4P) pilot activities where feasible. Market analysis and planning will ensure that purchases support local markets and avoid disruptive effects. When local prices prove uncompetitive, food commodities will be procured internationally or regionally. In 2008, 10,828 mt of commodities worth US\$7.1 million were procured locally. Based on a recent procurement trend analysis, WFP expects that local purchases will account for approximately 25 percent of the PRRO food purchases, provided local prices are competitive.

PERFORMANCE MONITORING

61. WFP will work with government counterparts under a national results-oriented reporting and monitoring framework. WFP will strengthen the Government's monitoring capacity to ensure a smooth handover of activities at the end of the operation.

62. Through monthly post-distribution monitoring (PDM), WFP and partners will collect feedback from beneficiaries on the rations received and the use of food assistance. The logical framework matrix (Annex 2) shows the results chain as well as indicators for measuring results. A baseline study and follow-up surveys will be undertaken in collaboration with government agencies for health and agriculture services (GHS and MoFA) to monitor the outcome indicators (acute malnutrition, food consumption and community asset scores). WFP will carry out an internal evaluation to ascertain progress achieved against desired project outcomes.

RISK ASSESSMENTS AND CONTINGENCY PLANNING

Risk assessment

63. The success of the operation will depend on adequate resources throughout the implementation period. Implementation could be affected by rapidly escalating and/or high food prices for food commodities on the international market. The following specific risks were identified:
 - ⇒ *Natural disasters*: The 2009 IASC Contingency Plan for Ghana lists floods and drought as a potential risk. For either scenario, the relief response will be met through mobilising additional resources through a budget revision and, if required, a special operation (SO) to augment existing logistics capacity.
 - ⇒ *Institutional risk*: Strong leadership by the ministries of Health and Food and Agriculture will be necessary to maintain cohesion between recovery programmes and to ensure that complementary inputs for recovery activities are available. WFP has aligned recovery activities with the priorities of the ministries and will identify strategic departments for targeted capacity-development and advocacy.
 - ⇒ *Management risk*: Asset-creation and livelihood-strengthening programmes rely on sound technical expertise and competent oversight by partners. Lack of or inadequate implementation capacity will hinder the timely implementation of community works schemes. WFP will partner with GTZ/Concern Universal who have successfully implemented a pilot scheme. GTZ/Concern Universal will ensure the provision of the necessary guidance, tools and management structures.

Contingency Planning

64. WFP will work closely with the United Nations Country Team and the Inter-Agency Standing Committee (IASC) on contingency planning at the country and sub-regional levels and will review periodically the IASC Contingency Plan for Ghana. The relief component of the PRRO will allow for immediate response in the event of natural disasters or economic shocks. In such circumstances, the

United Nations Humanitarian Response Depot (UNHRD) based in Accra will allow the quick distribution of high-energy biscuits (HEB) to the affected populations. If the number of affected people exceeds the planned 25,000 per year, WFP will scale-up operations through a budget revision to this PRRO.

65. WFP will also continue to develop the Government's capacity for disaster preparedness and response, drawing upon lessons learned from the 2007 response to floods, which identified gaps and highlighted the importance of good communication at all levels of the response.

SECURITY CONSIDERATIONS

66. The PRRO activities will be implemented in the three northern regions. Ethnic conflicts, largely over chieftaincy and land disputes, are common, particularly in Yendi (Northern Region) and Bawku (Upper East Region). Bawku is under United Nations Security Phase 1; the remaining areas are under no security phase.
67. All WFP field vehicles have adequate safety and communication equipment, including ultra high-frequency radios. WFP staff have undergone the United Nations Security Awareness Training course.

APPROVAL

.....
Josette Sheeran
Executive Director

Date

ANNEX IA

WFP PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost (US\$) per mt	Value (US \$)
WFP COSTS			
A. Direct operational costs			
Cereals	16,145.70	351.50	5,675,214.00
Pulses(Beans & Soya)	1,476.45	533.00	786,948.00
Oil & Fat	1,642.35	882.00	1,448,553.00
Mixed & Blended Food (CSB)	7,596.00	463.25	3,518,847.00
Others(Sugar & Salt)	924.90	463.26	428,469.00
Total commodities	27,785.40		11,858,030.00
External transport			1,369,873.00
Landside transport			-
Internal transport, storage and handling			3,894,306.00
Total landside transport, storage and handling			3,894,306.00
Other direct operational costs			548,514.00
Total direct operational costs			17,670,723
B. Direct support costs (see table below for details)			2,902,520.00
C. Indirect support costs (7 percent of total direct costs)			1,440,127.00
TOTAL WFP COSTS			22,013,370.00

ANNEX IB**DIRECT SUPPORT REQUIREMENTS (dollars)**

Staff	
International professional staff	1,024,020.00
National general service staff	438,000.00
Temporary assistance	460,000.00
Overtime	3,800.00
International UNVs	90,000.00
National Consultants	60,000.00
International Consultants	60,000.00
Staff duty travel	254,000.00
Subtotal	2,389,820.00
Office expenses and other recurrent costs	
Rental of facility	48,000.00
Utilities (general)	60,000.00
Office supplies	11,000.00
Communication and IT services	39,000.00
Insurance	
Equipment repair and maintenance	24,000.00
Vehicle maintenance and running cost	82,000.00
Other office expenses	43,500.00
Local Security Cost Planning	73,400.00
Subtotal	380,900.00
Equipment and other fixed costs	
Vehicles (leasing)	91,800.00
TC/IT equipment	40,000.00
Subtotal	131,800.00
TOTAL DIRECT SUPPORT COSTS	2,902,520.00

ANNEX II: LOGICAL FRAMEWORK - GHANA PRRO 200046

Results chain	Performance Indicators	Means of verification	Risk and assumptions
Strategic Objective 1: Save lives and protect livelihoods in emergencies			
Outcome 1.1: Reduced acute malnutrition in children under 5 in targeted emergency affected populations	<ul style="list-style-type: none"> ➤ Prevalence of low mid-upper arm circumference (MUAC) among children under 5 as a proxy indicator. ➤ Prevalence of acute malnutrition among children under 5 (weight for height as percent) 	Baseline survey and follow up surveys	
Outcome 1.2: Improved food consumption over assistance period for targeted emergency-affected households, including PLHIV and their families ²⁰ .	<ul style="list-style-type: none"> ➤ Household food consumption score 	Baseline survey and follow up survey	
Output 1.1: Food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions.	<ul style="list-style-type: none"> ➤ No. of women, men, girls and boys receiving food, by category and as percent of planned figures ➤ Tonnage of food distributed, by type as percent of planned distribution. 	COMPAS, Monitoring and IP reports	
Output 1.2 Food items distributed in sufficient quantity and quality to targeted PLHIV on ART and their family	<ul style="list-style-type: none"> ➤ Tonnage of food distributed, by type as percent of planned distribution. 	IP reports	

²⁰ Project specific indicators on support to ART will be added upon review of the Strategic Results Framework in 2010.

members	<ul style="list-style-type: none"> ➤ No. of women, men, girls and boys receiving food, by category and as percent of planned figures 		
Results chain	Performance Indicators	Means verification	Risk and assumptions
Strategic Objective 3: Restore and rebuild Lives and Livelihoods in Post-Conflict, Post-Disaster or Transition Situations			
Outcome 3.1: Targeted communities have increased access to assets in fragile, transition situations	<ul style="list-style-type: none"> ➤ Community asset score 	Baseline survey and follow up survey	
Output 3.1: Food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions.	<ul style="list-style-type: none"> ➤ No. of FFW/FFT/IGA participants by gender and age group, by category (incl. women groups) against planned. ➤ Tonnage of food distributed, by type as percent of planned distribution. 	COMPAS, Monitoring and IP reports	
Output 3.2: Developed, build or restored livelihood assets by targeted communities and individuals	<ul style="list-style-type: none"> ➤ No of community assets created or restore by targeted communities and individuals 	Monitoring and IP reports	
Output 3.3: Women groups trained on food	<ul style="list-style-type: none"> ➤ No of women trained 		

fortification			
---------------	--	--	--

Basic assumptions

Active participation of identified government partners and NGOs in programme implementation.

Government allows WFP to participate in all policy discussions on hunger-solutions.

Target communities participate in FFW/FFT activities.

ACRONYMS

AGRA	Alliance for Green Revolution in Africa
AMC	Asset Management Committee
ART	Antiretroviral therapy
CFSVA	Comprehensive food security and vulnerability assessment
CIDA	Canadian International Development Agency
CP	Country Programme
CRS	Catholic Relief Services
CSB	Corn-soya blend
DHS	Demographic Health Survey
EFSA	Emergency Food Security Assessment
EMOP	Emergency operation
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
FDC	Food Distribution Committees
FDI	Foreign Direct Investment
FFA	Food for assets
FFT	Food for training
FFW	Food for work
GAC	Ghana Aids Commission
GAM	Global Acute Malnutrition
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GDP	Gross Domestic Product
GHS	Ghana Health Service
GTZ	German Technical Cooperation
HEB	High Energy Biscuits
IAGC	Impact Assessment of the Global Crisis
IASC	Inter Agency Standing Committee
IGA	Income Generating Activities
IMF	International Monetary Fund
JUNPAM	Joint United Nations Programme Against Malnutrition (UNICEF/WFP)
LEAP	Livelihood Empowerment Against Poverty
LIFDC	low-income, food-deficit country
MDBS	Multi Donor Budget Support
MDGs	Millennium Development Goals
MLGRD	Ministry of Local Government and Rural Development
MOFA	Ministry of Food and Agriculture
MICS	Multiple Indicator Cluster Survey
MUAC	Mid-Upper Arm Circumference
NADMO	National Disaster Management Organization
NGOs	Non-Governmental Organizations
NSPP	National Social Protection Programme
OCHA	United Nations Office for the Coordination of Humanitarian Affairs

ODA	Overseas Development Assistance
OICI	Opportunities Industrialization Centers International
P4P	Purchase for Progress
PDM	Post Distribution Monitoring
PLHIV	People Living with HIV
PRRO	Protracted relief and recovery operation
SADA	Savannah Accelerated Development Authority
SO	Special operation
SWAA	Society for Women and Aids in Africa
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNHRD	United Nations Humanitarian Response Depot
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation
WFP	World Food Programme

ANNEX III: Food Security Map of Ghana

