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**Executive Board  
Second Regular Session**

**Rome, 8–11 November 2010**

# PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

*For approval*



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4 October 2010

ORIGINAL: ENGLISH

## PROTRACTED RELIEF AND RECOVERY OPERATIONS – ZIMBABWE 200162

### Assistance for Food-Insecure Vulnerable Groups

Number of beneficiaries	1,550,000 (yearly maximum)
Duration of project	24 months (1 January 2011–31 December 2012)
WFP food tonnage	223,235 mt
<b>Cost (United States dollars)</b>	
WFP food cost	79,803,572
WFP cash/voucher cost	22,190,000
Total cost to WFP	261,299,547

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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for approval**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Regional Director, ODJ\*: Mr M. Darboe tel.: 066513-2201

Senior Liaison Officer, ODJ: Mr T. Lecato tel.: 066513-2370

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

\* Regional Bureau Johannesburg (Southern, Eastern and Central Africa)

## EXECUTIVE SUMMARY

Zimbabwe has a national food gap of 428,000 mt<sup>1</sup> and a food entitlement deficit<sup>2</sup> of 133,000 mt; 1.68 million food-insecure people continue to need assistance, of whom 1.3 million – 15 percent of the total population – live in rural areas;<sup>3</sup> 72 percent of the population subsists below the poverty line.

Since 2000, food production has been devastated by economic and political crises and natural disasters. Hyper-inflation and the collapse of pricing systems have halted service delivery and caused chronic shortages of food and agricultural inputs. HIV and AIDS affect 13.7 percent of the population, with 1,090 people dying each week;<sup>4</sup> there are 1.6 million orphans and other vulnerable children in Zimbabwe.<sup>5</sup>

The introduction of a multi-currency system in early 2009 increased the availability of basic foods, but households continue to face difficulties in obtaining cash and food as a result of the longer-term impacts; many households barter assets for food. In January 2010, after a dry spell in the south and southeast, expectations for the 2010 harvest – particularly cash crops – were 60 percent to 70 percent of national requirements.

Protracted relief and recovery operation 200162 will consolidate the activities of its predecessor and initiate early recovery with a view to achieving sustainable solutions to food insecurity and inadequate nutrition. The operation combines relief and early recovery involving food support, cash transfers and vouchers. The scope of WFP's support is defined through regular vulnerability assessments; annual crop and food supply assessments provide information about the food gap.

This operation will assist food-insecure people through: i) seasonal targeted assistance to protect lives and livelihoods and enhance the self-reliance of vulnerable households in response to seasonal food shortages; ii) health and nutrition to improve the well-being of chronically ill adults with a view to increasing capacities for productive recovery; and iii) social safety nets to promote food access and consumption among vulnerable food-insecure households. Monitoring will assess progress towards expected outputs and outcomes; support for capacity development will assist the Government in designing and implementing food security assessments and hunger-reduction policies.

The operation is consistent with the United Nations Development Assistance Framework for Zimbabwe and is consistent with the 2010 Consolidated Appeal; it addresses Strategic Objectives 1, 3 and 5 and contributes to Millennium Development Goals 1 and 6.

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<sup>1</sup> FAO/WFP crop and food security assessment mission, 2010.

<sup>2</sup> The entitlement deficit is the amount of food required by food-insecure households to reach the minimum level of acceptable food consumption.

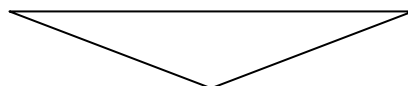
<sup>3</sup> ZimVAC rural livelihoods assessment, May 2010.

<sup>4</sup> Ministry of Health and Child Welfare reports.

<sup>5</sup> Ministry of Health and Child Welfare. 2009. *National HIV and AIDS Estimates*. Harare.

Zimbabwe is expected to become a surplus producer again and to provide for the needs of vulnerable groups once political and economic conditions stabilize, agricultural production and markets recover and economic decline is reversed. In the meantime, targeted food assistance is required to sustain vulnerable groups in food-insecure areas.

## DRAFT DECISION\*



The Board approves the proposed protracted relief and recovery operation Zimbabwe 200162 “Assistance for Food-Insecure Vulnerable Groups” (WFP/EB.2/2010/9-C/2).

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

## SITUATION ANALYSIS AND SCENARIO

### Context

1. Zimbabwe is a low-income food-deficit country ranking 151<sup>st</sup> of 177 countries in the United Nations Development Programme Human Development Index (2007–2008).<sup>6</sup> After years of economic decline, hyper-inflation and political instability, signs of improvement are evident in the signing of the Global Political Agreement, establishment of the Government of National Unity and the introduction of a multi-currency system in 2009 to replace the Zimbabwean dollar. Measures to stabilize the economy have resulted in renewed engagement by the private sector to support food availability.
2. The economic situation is fragile after the 35 percent collapse in gross domestic product since the crisis began. Inflation has stabilized at 5 percent<sup>7</sup> but the economy is expected to expand by only 2.2 percent in 2010 and to remain stagnant in 2011; unemployment is an alarming 80 percent, and 72 percent of the population live below the poverty line. The monthly cost of consumer goods for an average urban family is US\$481; the average civil servants' salary is US\$150.<sup>8</sup> In 2010, 6 million people were living with no access to water or sanitation. A cholera outbreak in 2008/09 affected 55 of Zimbabwe's 62 districts: there were 98,531 cases and 4,282<sup>9</sup> deaths.
3. Agriculture, once the mainstay of Zimbabwe's economy, continues to stagnate. The decline in production is exacerbated by dependence on rain-fed agriculture, a poor resource base, outdated technologies, under-developed infrastructure and weak institutional support. A prolonged dry-spell in the south and southeast in January 2010 severely affected cash crops and reduced expectations for the 2010 harvest to between 60 percent and 70 percent of national cereal requirements.<sup>10</sup>
4. After a decline in mortality among children under 5 until 2006, the rate was 94/1,000<sup>11</sup> live births in 2009; maternal mortality is 1,100/100,000 live births. Gains made through HIV awareness and behaviour-change campaigns reduced prevalence rates from 18.1 percent to 14.2 percent in 2009,<sup>12</sup> still among the highest in the world. By the end of 2009, 1.1 million Zimbabweans were living with HIV and 1,090 people were dying weekly of AIDS-related illness. Only 50 percent of people living with HIV (PLHIV) have access to anti-retroviral therapy (ART),<sup>12</sup> and 68 percent of tuberculosis (TB) cases tested positive for HIV; fewer than 30 percent of TB cases are identified for treatment.<sup>13</sup>
5. HIV has negatively impacted livelihoods: in rural areas, affected households are increasingly vulnerable to hunger and poverty. Health-related expenses have increased while productivity, earning power and incomes have fallen. Households lose producers and managers of livelihood assets, leaving children or the elderly as breadwinners and caregivers. Of the 1.6 million orphans and other vulnerable children (OVC),<sup>11</sup> 77 percent

<sup>6</sup> United Nations Development Programme. 2008. *Human Development Report 2007–2008*. New York.

<sup>7</sup> Ministry of Finance consumer price index data, April 2010.

<sup>8</sup> Consumer Council of Zimbabwe.

<sup>9</sup> Ministry of Health and Child Welfare Cholera Control Command Centre (C4). 2009. *Epidemiological Report for 13 June 2009*. Harare.

<sup>10</sup> Ministry of Agriculture, Mechanization and Irrigation Development, Department of Agricultural Technical and Extension Services (Agritex). 2010. *Second Round Crop and Livestock Assessment Report*. Harare.

<sup>11</sup> Central Statistical Office. 2009. *Multiple Indicator Monitoring Survey Report 2009*. Harare.

<sup>12</sup> Ministry of Health and Child Welfare.

<sup>13</sup> World Health Organization. 2010. *Global Tuberculosis Control Report, 2010 Update*. Geneva.

are AIDS orphans.<sup>14</sup> Most children are supported by extended families, but an increasing number are at risk of malnutrition and school drop-out. In 2009, 79 percent of OVC had no formal support.<sup>11</sup>

## The Food Security and Nutrition Situation

6. The main agricultural season is from October to April. In the 2009/10 season, the south and east experienced poor rainfall and widespread crop failure.<sup>15</sup> The Second Round Crop and Livestock Assessment<sup>16</sup> in April 2010 estimated cereal production at 1.52 million mt against a requirement of 2.1 million mt for the population of 12.3 million,<sup>17</sup> a shortfall of 500,000 mt. Production of groundnuts, sweet potatoes, cotton, soya beans and sugar cane also declined significantly.<sup>15</sup>
7. In recent years the nutritional status of the population has deteriorated. The 2010 National Nutrition Survey<sup>18</sup> showed that wasting levels remained below emergency thresholds, but stunting levels increased, exceeding 35 percent among children aged 6–59 months in 24 of Zimbabwe’s 64 districts; the highest prevalence – 47 percent – was in Mutare district.
8. In view of high HIV prevalence, low ART coverage, food insecurity and malnutrition among adult PLHIV are a growing concern, particularly among those who initiate treatment. Data from clinics supported by *Médicins sans frontières* indicate an 18 percent prevalence of acute malnutrition in this group.
9. Many households are highly vulnerable to food insecurity. Most rural households struggle to meet their basic needs through subsistence farming, casual labour, petty trade and remittances: a shock to any one of these can have devastating effects on a household’s ability to cope. Limited rates of economic recovery and high unemployment contribute to a downward spiral into vulnerability, food insecurity and poverty.

## Scenarios

10. Protracted relief and recovery operation (PRRO) 200162 is based on the assumptions that: i) rainfall will be normal in 2010/11 and 2011/12 and previously food-insecure districts will have good harvests; ii) the agricultural input support schemes of the Government and development actors will increase crop production and improve livelihoods in most areas; iii) the current political, economic and policy environment will remain unchanged and economic problems will continue, with resulting food insecurity and inadequate nutrition among children and other vulnerable groups; iv) adequate humanitarian space will exist for support programmes based on food assistance; v) donors will support combined relief and early-recovery interventions; and vi) further improvement in targeting will identify the most vulnerable people.

<sup>14</sup> Zimbabwe National HIV and AIDS Strategic Plan 2006–2010.

<sup>15</sup> Ministry of Agriculture, Mechanization and Irrigation Development. 2010. *Second Round Crop and Livestock Assessment Report*. Harare.

<sup>16</sup> Ministry of Agriculture, Mechanization and Irrigation Development.

<sup>17</sup> Extrapolated population figure based on the 2002 census and used in the Second Round Crop and Livestock Assessment.

<sup>18</sup> Food and Nutrition Council of Zimbabwe. 2010. *Zimbabwe National Nutrition Survey, 2010: Preliminary Results*. Harare.

## POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

### Policies, Capacities and Actions of the Government

11. The Government's Mid-Term Plan for 2010–2015<sup>19</sup> aims to stabilize the macro-economic situation and restore the capacity to produce goods and services competitively, building on the Short-Term Emergency and Recovery Programme. The Mid-Term Plan has the following priorities:
  - i) promote economic growth and ensure food security;
  - ii) provide basic services and infrastructure development;
  - iii) strengthen and ensure the rule of law and respect for property rights;
  - iv) advance and safeguard basic freedoms through legislative reform and the constitutional process;
  - v) re-establish international relations; and
  - vi) create employment.
12. In the health sector, the National HIV Strategic Plan for 2006–2010<sup>20</sup> aims to reduce the spread of HIV and improve the quality of life of PLHIV; the Nutrition and HIV Strategy (2009–2014)<sup>21</sup> recognizes the importance of food and nutrition in the response. The National Plan of Action for Orphaned and Vulnerable Children (2004–2010)<sup>22</sup> is in place and a plan is being prepared to provide basic social and health care.
13. The Government is advocating for conditional transfers for the public works programme; a list of proposals requiring funding<sup>23</sup> has been circulated among United Nations agencies and donors. The objective is to generate employment, particularly among young people, and inject cash to stimulate the economy.

### Policies, Capacities and Actions of other Major Actors

14. The United Nations Children's Fund (UNICEF) supports nutrition, education and water/sanitation programmes; the Food and Agriculture Organization of the United Nations (FAO) coordinates farm input distribution programmes and conservation farming. Since 2005, UNICEF has provided ready-to-use therapeutic food for severely malnourished children in 40 percent of clinics under its Community Management of Acute Malnutrition programme.<sup>24</sup>
15. In late 2009 WFP, FAO and UNICEF commissioned a study of food and nutrition security to identify gaps and recommend improvements. WFP also participated in a nationwide nutrition survey led by UNICEF in early 2010. The World Bank has recently started to formulate a social-protection framework, a priority of the Government.
16. Since 2002, international non-governmental organizations (NGOs) have supported food aid interventions, agriculture and PLHIV. The NGO-managed Consortium for Southern Africa Food Security Emergency ended in June 2010, to be followed by Promoting

<sup>19</sup> Ministry of Economic Planning and Investment Promotion.

<sup>20</sup> National Aids Council.

<sup>21</sup> Ministry of Health and Child Welfare National Nutrition Unit and National AIDS Council.

<sup>22</sup> Ministry of Labour and Social Welfare.

<sup>23</sup> Prepared by Ministry of Local Government, circulated through the Ministry of Regional Integration and International Cooperation.

<sup>24</sup> Ministry of Health and Child Welfare/UNICEF. 2007. *Guidelines for Management of Acute Malnutrition through Community-Based Therapeutic Care*. Harare.

Recovery in Zimbabwe, funded by the United States Agency for International Development, with a focus on recovery. WFP coordinates the food pipeline.

17. Since the introduction of the multi-currency system, donors and WFP have recognized the value of shifting from food-based assistance and are implementing cash and voucher schemes.

## Coordination

18. The 2007–2011 United Nations Development Assistance Framework is aligned with Government priorities and covers HIV, human rights, gender equality, basic social services, improved food security and sustainable management of natural resources. The Zimbabwe United Nations Development Assistance Framework (2012–2015) will be formulated by the end of 2010.
19. The cluster system has been operational in Zimbabwe since 2008. WFP leads a food assistance working group of NGOs, United Nations agencies, donors and the Government and is active in cluster and technical groups for food security, nutrition and social protection. WFP will coordinate with FAO on food security and agriculture, with UNICEF on nutrition, child protection and education, with the International Organization for Migration in support of internally displaced persons (IDPs) and returning migrants, and with the World Health Organization and the Joint United Nations Programme on HIV/AIDS on HIV-related interventions.
20. As logistics cluster lead, WFP supports United Nations agencies and NGOs in handling inputs, pharmaceuticals and educational material under service agreements. WFP is also co-leader of the emergency telecommunications cluster.
21. The main government counterpart for the implementation of WFP programmes is the Ministry of Labour and Social Welfare.

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## OBJECTIVES OF WFP ASSISTANCE

22. The following objectives are established for PRRO 200162:
  - protect lives and livelihoods, and enhance self-reliance in vulnerable households in response to seasonal food shortages (Strategic Objective 1);
  - improve the well-being of chronically ill adults to achieve greater capacity for productive recovery (Strategic Objective 3);
  - safeguard food access and consumption of highly vulnerable food-insecure households, and support the recovery of livelihoods and access to basic services (Strategic Objective 3); and
  - increase government and community capacities to manage and implement hunger reduction policies and approaches (Strategic Objective 5).



## WFP RESPONSE STRATEGY

### Nature and Effectiveness of Food Security Related Assistance to Date

23. Since WFP food distribution programmes started in 2002, its operations have focused on large-scale food relief for vulnerable households; 1.25 million mt of food have been distributed; 5.3 million beneficiaries were reached in early 2009. Cooperating partners have been supported with capacity-building in food management.<sup>25</sup> Regular food security assessments at the national level have been conducted with the Government and other stakeholders. Beneficiary targeting, implementation and monitoring have been refined to ensure that the right quantities and types of food assistance reach beneficiaries.
24. WFP supports the most vulnerable households through vulnerable group feeding (VGF) in food-insecure areas during the lean season and supports individuals and households affected by HIV and other diseases who cannot provide for themselves. Food assistance for these groups under a home-based-care approach has benefited livelihoods and food production, even in the absence of ART. In years of extreme food insecurity, WFP's work was crucial in mitigating shocks through school-based feeding programmes to protect livelihoods and sustain primary school attendance; vulnerable children who did not attend school were also reached.
25. From November 2009 to March 2010 WFP operated a cash-transfer pilot in cooperation with Concern Worldwide targeting 59,000 beneficiaries as part of VGF; in August 2010, WFP started a pilot voucher-based distribution activity. The final evaluation<sup>26</sup> of the cash transfer pilot identified improved cereal consumption among beneficiary households and positive effects on households' ability to purchase food and services: the monthly cash injections stimulated markets, and traders were able to provide a wider range of food and supplies. WFP also supported a feasibility study on social-transfer mechanisms.<sup>27</sup>
26. In early 2010, a final evaluation of a WFP food-for-assets (FFA) pilot targeting VGF beneficiaries to create sustainable assets for vulnerable communities confirmed the effectiveness of such interventions and stressed the importance of consultation among stakeholders in identifying and designing activities. WFP commissioned a study to identify strategies for local purchase support.<sup>28</sup> In June 2010, WFP initiated an FFA operational framework study in support of the food and/or cash for assets (F/CFA) programme; the Government has asked WFP to align this with the national public works programme. WFP and the Government will seek opportunities to work together to create sustainable community assets. In July 2010, WFP launched a tender to test the competitiveness and professionalism of new local suppliers. The findings of these and other studies inform PRRO 200162 with a view to increasing the range of livelihood-support activities.

### Strategy Outline

27. Given the recent emergence of a more enabling environment, PRRO 200162 will consolidate the activities of PRRO 105950 and initiate early-recovery activities offering more sustainable solutions to food insecurity and inadequate nutrition. The strategy

<sup>25</sup> WFP has a protocol for investigating, reporting and dealing with interference at distribution points.

<sup>26</sup> Oxford Policy Management. 2010. *Evaluation of Zimbabwe's Emergency Cash Transfer Programme*. Harare.

<sup>27</sup> Monitoring Technical Learning and Coordination/GRM International, WFP and the Swiss Agency for Development and Cooperation. 2009. *Assessment of Appropriate Social Transfer Mechanisms in Zimbabwe*. Consultancy Report. Harare.

<sup>28</sup> Dawes. M. 2010. *Assisting Economic Recovery in Zimbabwe by Facilitating Local Smallholder Maize Purchase*. Harare, SNV Zimbabwe.

combines relief and early-recovery elements and prioritizes food assistance through in-kind food interventions and voucher/cash transfer approaches.

28. Food assistance will continue to be linked to other services to facilitate access to needy people and enhance service-delivery mechanisms. PRRO 200162 will also integrate livelihood promotion into its components to address asset depletion and low productivity, which are causes of poverty and food insecurity. Livelihood activities will include milling, promotion of conservation farming,<sup>29</sup> water harvesting, promotion of drought-resistant crops and urban farming, in partnership with stakeholders and specialized organizations. Asset creation will be environmentally friendly and will support work on reducing the effects of climate shocks.<sup>30</sup> Assisted households will be supported with food, cash or vouchers as appropriate.
29. PRRO 200162 has three components: i) seasonal targeted assistance (STA); ii) health and nutrition; and iii) social safety nets.

### Seasonal Targeted Assistance

30. Households dependent on rain-fed production that are affected by seasonal food shortages will be assisted, especially during the December–March lean season. Activities will target the most food-insecure areas identified by seasonal food security assessments<sup>31</sup> and field verifications. Selection criteria will include household crop production, ownership or custody of livestock, external support and remittances and income-earning opportunities.
31. Targeted households with able-bodied members will be encouraged to participate in food or cash for assets projects; the most vulnerable people will continue to receive food assistance unconditionally. Communities will identify assets required. In areas where shocks are less intense and markets are functional, cash and/or voucher interventions will be implemented. Partnerships will be enhanced to link food support with other forms of assistance.

### Health and Nutrition

32. WFP will shift from its current all-in-one<sup>32</sup> food assistance for PLHIV and TB patients and their households to a clinical care approach based on nutritional rehabilitation. Mother-and-child health and nutrition (MCHN) support will be provided for malnourished pregnant and lactating mothers and children under 5. Entry and exit criteria will be based on anthropometric measurements.<sup>33</sup> Interventions will be part of a comprehensive approach involving nutrition assessment, education and counselling. Support for HIV and TB care and treatment will be for six months, terminating when nutritional status is satisfactory. WFP will work with clinic staff and NGOs to integrate nutrition supplementation into a care and treatment package that includes routine disease management.

<sup>29</sup> WFP is a member of the Conservation Agriculture Task Force. The results of an assessment of the effectiveness of conservation farming are expected soon: WFP will use it in the design of activities.

<sup>30</sup> WFP/EB1/2009/5-B.

<sup>31</sup> ZimVAC surveys are made in the main harvest season in April/May, followed by a review later in the year.

<sup>32</sup> Based on geographic targeting of food-insecure areas with high HIV prevalence.

<sup>33</sup> Body mass index below 18.5 and weight loss of >10 percent body weight between two monthly weighings. For children, weight-for-height below 80 percent.

## Social Safety Nets

33. Social safety nets (SSNs) will support extremely poor food-insecure households with limited or no assets. Food or cash assistance will be provided throughout the year;<sup>34</sup> where possible it will be linked to health, social and productive activities. Interventions will be aligned with a national social protection framework<sup>35</sup> to contribute to the establishment of social safety nets.<sup>36</sup>
34. SSNs will support disaster-affected food-insecure households hosting sick people, OVC, IDPs and returnees.<sup>37</sup> Targeted households with able-bodied members will be encouraged to participate in livelihood promotion projects.

## Hand-Over Strategy

35. The hand-over strategy is long-term, focusing on developing government capacity to lead the response to future food-security shocks through needs-based targeting, monitoring and situation analyses. Levels of food assistance will continue to reflect agricultural production, market dynamics and livelihood opportunities. WFP will adopt various approaches to ensure that a hand-over strategy is in place: this will include partnerships with humanitarian organizations, capacity-building for counterparts and the introduction of FFA activities to enable rural livelihoods to withstand shocks.
36. WFP will increase policy dialogue with the Government to support market linkages and commercial supply chains in a sustainable solution to food insecurity<sup>38</sup> and will increase cooperation with the Government and stakeholders in the design and implementation of food security assessments and hunger-reduction policies.<sup>39</sup>

## BENEFICIARIES AND TARGETING

37. WFP plans to reach 1.55 million beneficiaries in the first year of PRRO 200162, downsizing to 1.1 million by the end of the second year, as shown in Figure 1. Women will account for at least 52 percent of the caseload.

<sup>34</sup> Average duration of beneficiary assistance is six to twelve months.

<sup>35</sup> WFP is member of the World Bank-led task force on social protection.

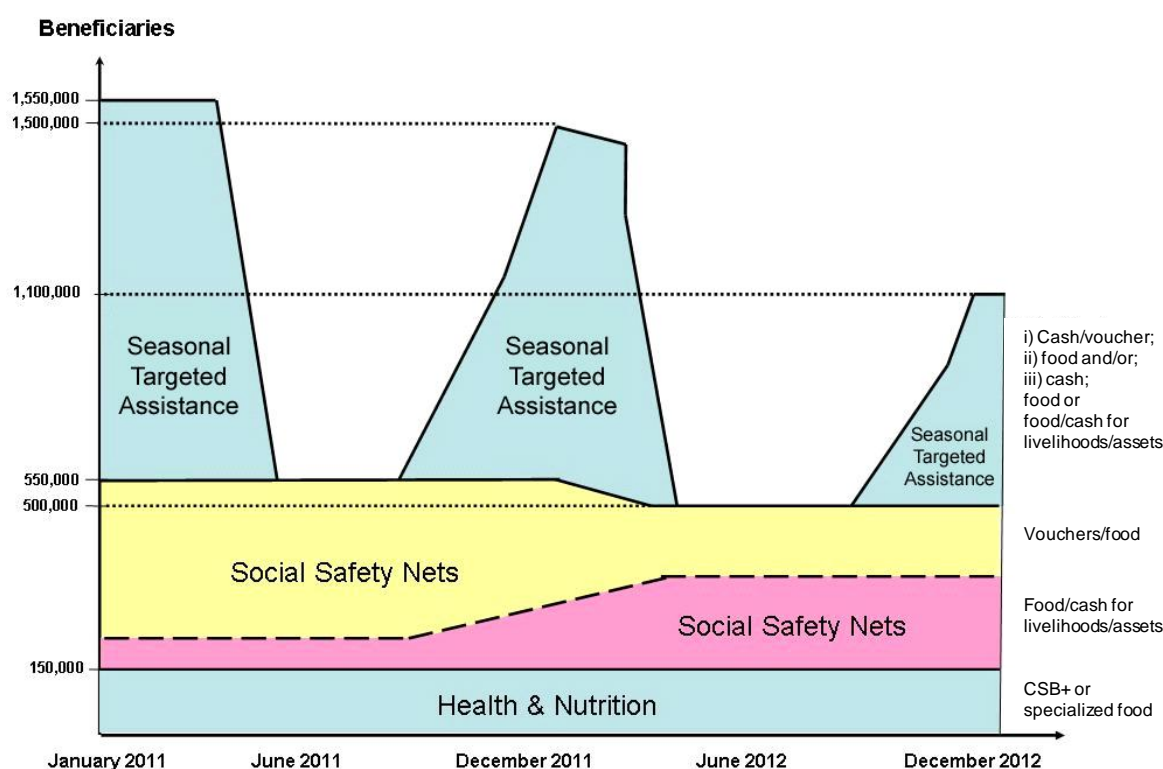
<sup>36</sup> WFP. 2009. *Unveiling Social Safety Nets*. Occasional Paper no. 20. Rome.

<sup>37</sup> Migrants deported from neighbouring countries left at border posts.

<sup>38</sup> WFP. 2010. *Operational Guide to Strengthen Capacity of Nations to Reduce Hunger*. Rome.

<sup>39</sup> Food and Nutrition Council. 2010. *Strengthening Food and Nutrition Security Analysis in Zimbabwe*. Harare.

**Figure 1: Number of beneficiaries in 2010–2011**



38. WFP will use a combination of geographic and socio-demographic targeting for STA and SSNs and institutional and individual targeting for the health and nutrition activity. District level targeting will take into consideration data on nutrition<sup>40</sup> and the food pipelines of non-WFP partners.
39. Under the nutrition and health activity, WFP will target malnourished patients through medical institutions on the basis of malnutrition indicators and will provide a monthly nutrition supplement for people waiting for or starting ART, TB patients, mothers and children enrolled in prevention of mother-to-child transmission (PMTCT) programmes, malnourished home-based care patients without access to treatment, malnourished pregnant and lactating women and children under 5. The plan is to increase the number of patients enrolled from 285,000 in 2010 to 340,000 in 2011 and 386,000 in 2012 – 5,000 new patients each month,<sup>41</sup> of whom 18 percent are expected to be malnourished.<sup>42</sup>
40. WFP community and household surveillance shows that households with an elderly head and those hosting orphans have a high percentage of dependents<sup>43</sup> and are among the groups most vulnerable to food insecurity. Such households will continue to be supported through SSNs.

<sup>40</sup> Based on the Zimbabwe National Nutrition Survey, 2010.

<sup>41</sup> Ministry of Health and Child Welfare. 2010. *Overview of the National Opportunistic Infections (OI)/ART Programme*. Harare.

<sup>42</sup> According to a *Médecins sans frontières* sample analysis of ART patients in Epworth clinic, Harare, 2009.

<sup>43</sup> The category “effective dependents” includes children under 18, people aged 60+ and people aged 18–59 who are chronically ill.

41. Zimbabwe Vulnerability Assessment Committee (ZimVAC) surveys<sup>44</sup> will guide STA in combination with WFP district profiling, monitoring by triangulation of crop production and livelihood and market data, and crop and food security assessments. Planning figures are based on the assumption that agricultural production, livelihoods and market patterns will be stable over the next two years. Beneficiaries will be identified through community mapping, ranking and selection.

<b>TABLE 1: BENEFICIARIES BY ACTIVITY TYPE<sup>45</sup></b>			
<b>Activity</b>	<b>Men/boys</b>	<b>Women/girls</b>	<b>Total</b>
<b>Health and nutrition</b>			
ART	28 800	31 200	<b>60 000</b>
Pre-ART	13 440	14 560	<b>28 000</b>
TB treatment	5 760	6 240	<b>12 000</b>
Home-based care	19 200	20 800	<b>40 000</b>
MCHN mothers		6 000	<b>6 000</b>
MCHN children	1 920	2 080	<b>4 000</b>
<b>SSN</b>			
OVC	110 400	119 600	<b>230 000</b>
Highly vulnerable households	67 200	72 800	<b>140 000</b>
IDPs	12 000	13 000	<b>25 000</b>
Returnees	2 400	2 600	<b>5 000</b>
<b>STA</b>			
Food	441 600	478 400	<b>920 000</b>
Cash and food	24 000	26 000	<b>50 000</b>
Cash only	14 400	15 600	<b>30 000</b>
<b>TOTAL</b>	<b>741 120</b>	<b>808 880</b>	<b>1 550 000</b>

## NUTRITIONAL CONSIDERATIONS AND RATIONS, VALUE OF CASH/VOUCHER TRANSFERS

42. The staple in Zimbabwe is milled maize, which is eaten with vegetables, pulses or meat. Sorghum is also eaten, mainly in the south.
43. The ration is designed to meet the food needs and eating habits of the target population. Fortified blended food (FBF) will be used to improve the nutritional status of health and nutrition beneficiaries. Table 2 shows the daily food ration or transfer, by activity.
44. Beneficiaries under the SSN and Seasonal Targeted Feeding will receive the individual food ration shown in Table 2 subject to food-security assessments. Targeted households with able-bodied members in these two categories will be encouraged to participate in F/CFA projects.

<sup>44</sup> The ZimVAC report determines harvest levels, deficit areas, districts needing food aid, period of assistance, numbers of people and percentages of population in need.

<sup>45</sup> 100,000 beneficiaries – 48,000 men and 52,000 women – in the SSN and seasonal targeted assistance categories will participate in F/CFA.

	Health and nutrition	SSN*	Seasonal targeted feeding*
Cereals	-	333	333
Pulses	-	60	60
Oil	-	20	20
FBF	333	-	-
Cash/voucher (US\$/person/day)*	-	0.23	0.23
Kcal/day	1 265	1 543	1 543
% kcal from protein	18	11	11
% kcal from fat	13.4	8	8

\* Individual ration under social safety net and seasonal targeting for each family member.

	Health and nutrition	SSN	Seasonal targeted feeding	Total
Cereals	-	64 788	86 209	<b>150 997</b>
Pulses	-	11 664	15 541	<b>27 205</b>
Oil	-	3 888	5 181	<b>9 069</b>
FBF	35 964	-	-	<b>35 964</b>
<b>TOTAL</b>	<b>35 964</b>	<b>80 340</b>	<b>106 931</b>	<b>223 235</b>
Cash/vouchers	-	US\$16 800 000	US\$5 390 000	<b>US\$22 190 000</b>

45. The transfer modality will vary according to conditions.<sup>46</sup> Food distribution will be used for particularly vulnerable households and where market supplies and market access are poor. Cash transfers will be used where local supplies of cereals, pulses and vegetable oil are adequate in the light of the economic situation of targeted communities, market competitiveness, women's access to markets and inflation. Food and cash or vouchers will be introduced where markets are fragile and such assistance is the preference of beneficiaries.<sup>26</sup> Food or cash and food will be issued in recipients' names, with priority given to women.
46. Electronic vouchers will be used where markets are adequately provisioned to enable beneficiaries to obtain specified foods. The system, to be implemented in areas with reliable mobile telephone services, will make data available on all transactions and will improve accountability by tracking beneficiary numbers and food distributions. Where banking and telecommunications systems are limited, WFP will use electronic smart cards, mobile telephone transfers or scratch cards as vouchers.<sup>47</sup>

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## IMPLEMENTATION ARRANGEMENTS

### Participation

47. WFP and its partners will ensure that communities help with targeting and distribution. In line with the Enhanced Commitments to Women,<sup>48</sup> WFP will continue to promote women's participation in the management of activities: at least 50 percent of community participants and food distribution committees will be women. Distribution sites will be close to schools or churches to minimize risks to women and will have help desks to deal with complaints.

### Partners

48. The Government leads ZimVAC in collaboration with WFP, FAO and the Famine Early-Warning System Network. WFP will work with operationally experienced NGOs with reliable accounting and reporting systems. To coordinate food assistance and maximize efficiency, WFP is promoting a one-partner-per-district approach involving NGOs and private-sector entities. Where food assistance is associated with health and social service delivery, food handling systems will be integrated with existing management and staff capacities.

### Non-Food Inputs

49. WFP's cooperating partners are expected to provide inputs for joint activities. Resources are earmarked for training in conservation farming, production of milling vouchers and non-food items needed for F/CFA.

### Environmental Impact

50. WFP will focus on building community assets that mitigate negative environmental impacts and the effects of climate shocks.

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<sup>46</sup> WFP. 2008. *Vouchers and Cash Transfers as Food Assistance Instruments: Opportunities and Challenges*. Rome; WFP. 2009. *Cash and Vouchers Manual*. Rome.

<sup>47</sup> WFP will implement a scratch card voucher project entitled "Sustainable Programme for Livelihoods and Solutions for Hunger" in the second half of 2010.

<sup>48</sup> WFP. 2002. *Guidelines for Implementation of the Enhanced Commitments to Women*. Rome.

## Logistics Arrangements

51. Food will be delivered overland from Beira in Mozambique and Durban in South Africa or from other neighbouring countries. It will be stored in Bulawayo, Mutare, Beitbridge and Harare and transported to extended delivery points (EDPs). WFP's primary responsibility will be delivery of food to EDPs; cooperating partners will be responsible for EDP management, transport to final distribution points and distribution to beneficiaries. WFP will assist cooperating partners that cannot transport food to distribution points.

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## PERFORMANCE MONITORING

52. Standard checklists, questionnaires, reporting forms and a shared database will be used for on-site monitoring and evaluation (M&E) of implementation. WFP monitors all stages of its food interventions and shares qualitative and quantitative findings with stakeholders each month.
53. Output reporting is compiled by cooperating partners from distribution data; they will use a protocol<sup>49</sup> to address adverse incidents in programme implementation.
54. Clinic-based activities will integrate nutritional indicators into patient information systems to link clinical results with nutritional recovery in outcome reporting.
55. Community and household surveillance (CHS) surveys are conducted twice a year to monitor the impact of WFP assistance in terms of predetermined variables. CHS also addresses the food security and livelihood trends of vulnerable groups and enables comparative analysis of beneficiary and non-beneficiary households.
56. Baseline studies are planned against performance indicators of PRRO 200162 (see Annex II). The October 2010 CHS will provide baseline data on household food consumption scores. A UNICEF national nutrition survey for 2010 will be the baseline for assessing the national nutrition situation. An evaluation of pilot activities will be conducted.

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## RISK ASSESSMENT AND CONTINGENCY

### Hazard and Risk Assessment

57. Drought and floods will continue to affect rural livelihoods and reduce resilience to shocks. Asset-creation interventions depend on the availability of technical expertise and financial resources from the Government, partners and donors. Insufficient implementation capacity will hamper these activities, and lack of commitment or resources for other activities may affect the efficiency of food assistance. Improved government leadership will be necessary to maintain coordination and ensure that activities are sustainable.

### Contingency Planning

58. The United Nations country team updates the United Nations Inter-Agency Contingency Plan with regard to anticipated shocks.

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<sup>49</sup> WFP. 2003. *Incident Management Protocol*.



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## SECURITY CONSIDERATIONS

59. Zimbabwe is under United Nations security phase 1: the country office applies corresponding regulations and complies with minimum operating security standards. WFP liaises with the United Nations Department for Safety and Security to ensure that staff movements are safe. Some upgrades have been budgeted to enable WFP to comply with minimum internal security telecommunications standards.

## ANNEX I-A

PROJECT COST BREAKDOWN			
Food	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals <sup>1</sup>	150 997	38 749 125	
Pulses	27 205	11 986 475	
Oil and fat	9 069	10 258 800	
Mixed and blended food	35 964	18 809 172	
<b>Total food</b>	<b>223 235</b>	<b>79 803 572</b>	
Cash transfers		5 390 000	
Voucher transfers		16 800 000	
<b>Subtotal food and transfers</b>			<b>101 993 572</b>
External transport			18 494 038
Landside transport, storage and handling			56 436 041
Other direct operational costs			18 664 129
Direct support costs <sup>2</sup> (see Annex I-B)			48 617 404
<b>Total WFP direct costs</b>			<b>244 205 184</b>
Indirect support costs (7.0 percent) <sup>3</sup>			17 094 363
<b>TOTAL WFP COSTS</b>			<b>261 299 547</b>

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

<sup>2</sup> Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

<sup>3</sup> The indirect support cost rate may be amended by the Board during the project.

**ANNEX I-B**

<b>DIRECT SUPPORT REQUIREMENTS (US\$)</b>	
<b>Staff and staff-related costs</b>	
International professional staff	13 245 420
Local national officers	1 397 500
Local general service staff	8 142 690
Local temporary assistance	5 012 390
International consultants	247 425
Local consultants	72 850
United Nations volunteers	207 000
Staff duty travel	3 176 450
<b>Subtotal</b>	<b>31 501 725</b>
<b>Recurring expenses</b>	
Rental of facility	2 551 258
Utilities	759 264
Office supplies and other consumables	1 110 640
Communications	1 717 939
Equipment repair and maintenance	669 312
Vehicle costs	1 350 480
Office set-up and repairs	1 696 592
United Nations organization services	744 903
<b>Subtotal</b>	<b>10 600 387</b>
<b>Equipment and capital costs</b>	
Vehicle leasing	1 101 600
Communications equipment	2 832 276
Local security costs	2 581 416
<b>Subtotal</b>	<b>6 515 292</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>48 617 404</b>

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
<b>Strategic Objective 1: Save lives and protect livelihoods in emergencies</b> Goal: Protect lives and livelihoods and enhance self-reliance of vulnerable households during seasonal food shortages		
<b>Outcome 1</b> Improved food consumption over assistance period for targeted emergency-affected populations	➤ Household food consumption score Target: Food consumption score exceeds 35 <sup>1</sup> Source: CHS	Capable partners available for implementation Government and donor support forthcoming WFP food and cash pipeline remains intact
<b>Output 1.1</b> Food and non-food items including cash and/or vouchers distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions	➤ Number of women, men, girls and boys receiving food and non-food items, by category and as % of planned Target: 100% Source: Partners' reports at final distribution points <sup>2</sup>  ➤ Tonnage of food distributed, by type, as % of planned Target: 100% Source: Partners' reports at final distribution points  ➤ Quantity of non-food items distributed, by type, as % of planned Target: All non-food items distributed as planned Source: Partners' reports at final distribution points	Capable partners available for implementation Government and donor support forthcoming WFP food and cash pipeline remains intact Multiple-currency policy remains in place

<sup>1</sup> Household food consumption score measures the frequency with which different food groups are consumed in the seven days before the survey. A score of 35 or more indicates acceptable food consumption.

<sup>2</sup> Food, cash or voucher distribution reports.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
<b>Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations</b>		
Goal: Improve the nutritional well-being of chronically ill adults as a stepping stone towards greater capacity for productive recovery <sup>3</sup>		
<b>Outcome 3.1</b> Adequate food consumption over assistance period for targeted communities and households	<ul style="list-style-type: none"> <li>➤ Household food consumption score</li> </ul> Target: Food consumption score exceeds 35 Source: CHS	Government and donor support provided NGOs available and willing to partner WFP
<b>Outcome 3.3</b> Improved nutritional recovery of TB, Pre-ART, PMTCT and home-based care patients	<ul style="list-style-type: none"> <li>➤ Number of patients who started food assistance at body mass index&lt;18.5 who have attained body mass index&gt;18.5 in two consecutive measures after termination of assistance</li> </ul> Source: Patient information systems	Drug and other medical supplies available Clinical partners available for development of integrated nutrition rehabilitation approach, including assessment, education and counselling
<b>Output 3.1</b> (see Output 1.1)		
<b>Output 3.2</b> Built or restored risk reduction and disaster mitigation assets <sup>4</sup> by targeted communities	<ul style="list-style-type: none"> <li>➤ Risk reduction and disaster mitigation assets created or restored, by type and unit of measure</li> </ul> Target: Number of assets that affect mitigation and resilience Source: Partners' reports	Government and donor support provided Human resources and non-food items are available



<sup>3</sup> In the absence of formalized indicators for HIV activities under Strategic Objectives 1 and 3, Strategic Objective 4 indicators are used; indicators will be adjusted when appropriate guidance is available.

<sup>4</sup> Structures or projects created or rehabilitated that protect communities from effects of natural disasters and help to increase resilience to shocks.

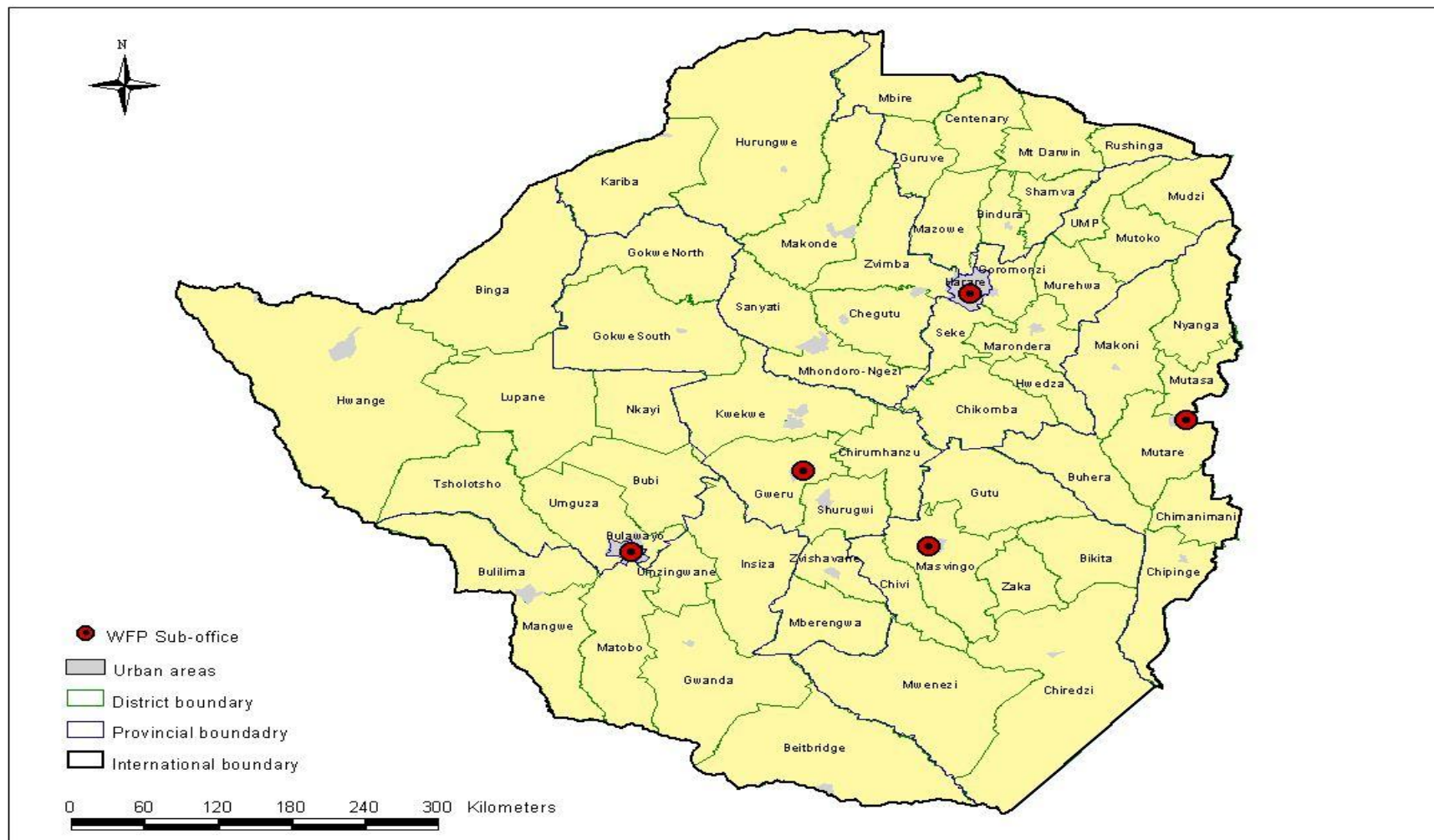
ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
<b>Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase</b>		
Goal: Enhance government and community capacity to manage and implement hunger reduction policies and approaches		
<b>Outcome 5.1</b> Increased marketing opportunities at the national level with cost-efficient WFP local purchases	<ul style="list-style-type: none"> <li>➤ Food purchased locally,<sup>5</sup> as % of food distributed in-country</li> </ul> Target: % increase in food purchased locally and cost-effectively Source: Annual monitoring and cost-effectiveness analysis	Government and donor support is provided for local purchase Food available for local purchase Food offered at reasonable prices
<b>Output 5.1</b> Food purchased locally	<ul style="list-style-type: none"> <li>➤ Tonnage of food purchased locally, by type and country classification</li> <li>➤ Food purchased locally, as % of total food purchased</li> </ul> Target: Country office will have targets for % to be purchased from different types of vendors on the basis of previous years' purchases Source: WINGS records	Favourable pricing structures are maintained Food suppliers available and willing to work with WFP

Secondary data will be collected on TB treatment success rates and ART survival rates.

<sup>5</sup> Purchases of food originating in Zimbabwe.



ZIMBABWE PRRO 200162 AREAS OF OPERATION



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

ART	anti-retroviral therapy
CHS	community and household surveillance
EDP	extended delivery point
FAO	Food and Agriculture Organization of the United Nations
FBF	fortified blended food
F/CFA	food/cash for assets
FFA	food for assets
FFT	food for training
HIV	human immune deficiency virus
IDP	internally displaced person
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
NGO	non-governmental organization
OVC	orphans and other vulnerable children
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
SSN	social safety net
STA	seasonal targeted assistance
TB	tuberculosis
UNICEF	United Nations Children's Fund
VGf	vulnerable group feeding
ZimVAC	Zimbabwe Vulnerability Assessment Committee