

PROTRACTED RELIEF AND RECOVERY OPERATION – CÔTE D’IVOIRE 200464

Saving lives and livelihoods, promoting transition	
Number of beneficiaries	245,860
Duration of project	Twelve months (April 2013 – March 2014)
WFP food tonnage	12,990
Cost (United States dollars)	
WFP food cost	7,473,330
WFP cash cost	6,225,600
Total cost to WFP	26,758,894

EXECUTIVE SUMMARY

The presidential elections in Côte d’Ivoire of November 2010 resulted in political instability, violence and the displacement of 500,000-700,000 people. Through an immediate response emergency operation and an emergency operation WFP assisted the affected population until March 2013 with relief packages, food-for-assets activities and targeted nutrition support. Over the past 18 months, the security has gradually improved, and a basis for reconstruction and rehabilitation has emerged. Nonetheless, landuse conflicts endure, and food prices remain relatively high in target areas in the west and north of Côte d’Ivoire.

This protracted relief and recovery operation (PRRO) is proposed to address persisting relief needs and promote the transition to recovery of 245,860 beneficiaries. The goals of the operation are to reach refugees, internally displaced persons (IDPs) and other vulnerable groups and communities whose food and nutrition security has been adversely affected by shocks; support the return of refugees and IDPs through food and nutrition assistance; and support the re-establishment of the livelihoods and food and nutrition security of communities and families affected by shocks. These goals will be pursued through the following activities:

- Relief assistance for vulnerable households, including returning refugees and internally displaced persons who often find their land occupied, or experience insecurity which limits their access to land and to productive assets.
- Targeted supplementary feeding to treat children aged 6-59 months with moderate acute malnutrition, and malnourished pregnant and lactating women.
- Supplementary feeding for clients following anti-retroviral therapy to promote therapy adherence and nutritional recovery, complemented with cash assistance to reduce sharing and increase the impact of nutrition support.
- Assistance to caretakers of severely malnourished children in therapeutic feeding centres to promote therapy adherence.

- Asset creation to assist vulnerable households during the lean season by creating short-term employment and income and helping households and communities rebuild livelihoods.

Based on the results of a pilot intervention during the recent emergency operation, 20 percent of beneficiaries receiving relief assistance will receive cash. Cash is also the preferred transfer modality of the Government and cooperating partners for labour-intensive programmes. This share will be further increased if markets and other conditions allow. The remaining beneficiaries, mostly located in areas still vulnerable to security risks, or with limited access to well-functioning markets, will receive food.

The PRRO design was informed by assessments and consultations with key stakeholders, including government, donor and cooperating partners. It is fully aligned with the Government's National Development Plan, the National Social Protection Strategy and the National Nutrition Policy. It is integrated within the transition strategy of the Humanitarian Country Team and is part of the revised United Nations Development Assistance Framework (2009-2015).

WFP envisages continued capacity development support will be required beyond the duration of this operation to progressively support government management of the activities. This protracted relief and recovery operation pursues WFP's Strategic Objectives 1 and 3 and will contribute to Millennium Development Goals 1, 4, 5 and 6.

SITUATION ANALYSIS

Context

1. Côte d'Ivoire ranks 170th out of 187 countries on the Human Development Index and 136th out of 146 in the Gender Inequality Index,¹ indicating severe gender disparities in areas such as health, education and employment. Over 50 percent of the population lives below the poverty line of US\$1.25 per day. Côte d'Ivoire has West Africa's highest human immunodeficiency virus (HIV) prevalence, at 3.4 percent.
2. Following the post-electoral crisis that started in November 2010, Côte d'Ivoire suffered political instability, violence, disruption of basic services and massive population displacement. Since the legislative elections in April 2011, and the formation of a new Government in March 2012, the situation is more stable but remains fragile. Security incidents still occur frequently in the western regions, often preventing the population from cultivating land, hampering transport, and contributing to food shortages and high prices.
3. By October 2012, 84 percent of internally displaced persons (IDPs) and 62 percent of refugees had returned to their place of origin. Over 47,000 IDPs remain, as well as 88,000 refugees in neighbouring countries (of whom 63,000 in Liberia).² The Office of the United Nations High Commissioner for Refugees (UNHCR) reports that 50 percent of refugees in Liberia have expressed the will to return. However, returnees often come home to very poor conditions: basic services are weak, infrastructure - including housing - has been destroyed, and their land has been occupied.

The Food Security and Nutrition Situation

4. Recent assessments highlight concerns of food insecurity, particularly in the western and northern regions. In the west, a joint assessment mission (JAM)³ and a complementary emergency food security assessment (EFSA)⁴ found that some pockets of vulnerability with continued humanitarian needs remain, mainly in villages on the border with Liberia. Most other areas are in a transition phase with specific requirements for support to restore livelihoods and create productive assets.⁵
5. The EFSA predicted a bad harvest in western regions due to lack of labour, poor rains, reduced available land as a result of occupation and insecurity, and high prices for agricultural inputs. The most vulnerable population groups include those whose livelihoods depend on casual labour and petty trade, in particular households headed by women. Based on limited household food stocks (expected to last 2-4 months) and the earlier onset of the lean season (April-May) due to the poor harvest, the "hunger period" is estimated to last six months, compared to an average duration of three months. The EFSA projects that 16 percent of the population in the west are vulnerable and will require food assistance.
6. In the north, weather conditions have been more favourable and household cereal stocks are projected to last for three to six months. Pre-harvest assessments and post-monitoring analysis show that general inflation and high food prices in local markets limit access to

¹ United Nations Development programme (UNDP). 2011. Human Development Report. New York.

² OCHA ; Côte d'Ivoire 2013 – *Stratégie humanitaire en phase de transition (draft)*; October 2012 ; more information is available at <http://ivorycoast.humanitarianresponse.info>

³ Government, WFP and UNHCR. November 2012. Joint Assessment Mission.

⁴ Government, WFP and the Food and Agriculture Organization of the United Nations (FAO). November 2012. Emergency Food Security Assessment.

⁵ Government, WFP and UNHCR. November 2012. Joint Assessment Mission.

food for the majority of the population. The share of households with “acceptable” food consumption decreased from 87 percent in 2010 to 61 percent in 2012, mainly due to limited access to food on the market. The share of households using coping strategies almost doubled between 2010 and 2012 and 60 percent of households confirm that their harvest will be below average.

7. Food prices increased in the north in 2012 between April-September (coinciding with the lean season)⁶ and there was an increase in cereal flows between Côte d’Ivoire and Sahel countries compared to a normal situation.⁷ Government measures to mitigate high food prices (reducing illegal check-points, a memorandum of understanding with traders for the price of imported rice, and a three-month suspension of value-added tax on imported rice) contributed to stabilise prices by January 2013.
8. Global acute malnutrition prevalence is “poor” at 7 percent⁸ and reaches up to 11 percent in the north-east.⁹ Chronic malnutrition (stunting) prevalence is 28 percent, reaching 39 percent in the north and north-east and 34 percent in the west.¹⁰ A recent Standardized Monitoring and Assessment in Relief and Transitions nutrition survey confirms increased malnutrition prevalence in the west, recording chronic malnutrition at 36 percent in Tonkpi and 40 percent in Guémon.¹¹
9. Only 12 percent of children under 6 months are exclusively breastfed. The acute malnutrition among children 6-59 months increases from 6 months and reaches its peak at 9-11 months. Acute malnutrition tends to decline rapidly to “acceptable” levels among children over 48 months. This pattern indicates inadequate feeding and caring practices at an age when the child is most vulnerable. Furthermore, 75 percent of children aged 6-59 months and 54 percent of women of child-bearing age are anaemic.
10. Out of 360,000 people living with HIV (PLHIV), only 27 percent were under anti-retroviral therapy (ART) in 2010.¹² Ten percent of HIV-affected households are food insecure, and 23 percent of PLHIV are “moderately” malnourished and 6 percent “severely” malnourished.¹³

⁶ In October 2012, locally produced maize prices were higher by 96 percent in Bouaké, 52 percent in Daloa, and 42 percent in Katiola. Imported rice prices were higher than the five-year average (2007-2011).

⁷ Pre-harvest monitoring mission on the agricultural campaign and food security in 2012, October 2012. (This mechanism is traditionally one of the strategies employed by Sahelian traders to build up their stocks in order to anticipate deterioration in the food supply).

⁸ Wasting prevalence 5-9 percent is “poor”, 10-14 percent is “serious” and above 15 percent is “critical”. WHO 1995. Cut-off values for public health significance. www.who.int/nutgrowthb/en

⁹ *Ministère de la Santé et de la Lutte contre le Sida, Institut National de la Statistique, Monitoring and Evaluation to Assess and Use Results Demographic and Health Surveys (MEASURE DHS)*, ICF International (International Classification of Functioning, Disability, and Health); 2012. Demographic, Health and Multi-Indicators Survey 2011-2012 (EDSCI III).

¹⁰ Stunting prevalence 20-29 percent is “medium”, 30-39 percent is “high” and 40 percent is “very high”. Cut-off values for public health significance. WHO 1995. www.who.int/nutgrowthb/en

¹¹ Ministère de la Santé et de la Lutte contre le Sida; July 2012. Standardized Monitoring and Assessment in Relief and Transitions (SMART) Nutrition Survey.

¹² Source: Joint United Nations Programme on HIV/AIDS/Ministry of Health/Directorate of Information, Planning and Evaluation: Statistics for January – September 2013.

¹³ Government. WFP. 2009. Assessment of the Food and Nutrition Security of people infected and affected by HIV in Côte d’Ivoire.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

11. One of the five strategic objectives of the National Development Plan (*Plan national de développement* - PND) 2012-2015 is equitable access to basic social services - in particular for women, children and other vulnerable groups. National priorities include: employment generation and the development of a national social security system which can be accessed by women, children and other vulnerable groups; effective diagnosis and treatment of malnutrition through linking treatment centres and communities; the promotion of good nutritional practices; and access to ART and socio-economic support for 80 percent of eligible PLHIV by 2015.
12. The national Social Protection Strategy (2013) aims to improve living conditions for the poorest - mainly through labour-intensive programmes in rural areas during the lean season, and through unconditional transfers. The strategy favours cash transfers rather than food except for: humanitarian emergencies; school feeding; and support to malnourished children, pregnant and lactating women (PLW) and ART clients. Measures to promote self-sufficiency are prioritised, including training, access to micro-finance, and promotion of income-generating activities.
13. WFP's nutrition activities are aligned with the National Nutrition Policy (2010) and the National Protocol for the treatment of acute malnutrition, which includes strategies for improving the nutrition of vulnerable groups, including children aged 6-59 months and pregnant and lactating women.

Policies, Capacities and Actions of other Major Actors

14. The United Nations Development Assistance Framework (UNDAF) 2009-2013 was extended to 2015 in order to harmonise programming cycles with the PND. The UNDAF's revised strategic priorities include: (i) improved political, administrative, economic and security governance; (ii) improved income and food security for women, children and other vulnerable groups, such as youth, IDPs, and ex-combatants; and (iii) equitable access to quality basic social services and social protection (including action on education, health, HIV/AIDS, and drinking water).
15. The 2013 Humanitarian Strategy in Transition will form the transitional framework for United Nations agencies and other stakeholders to guide the shift towards enhancing self-reliance and early recovery. Strategic priorities are: (i) improving the living conditions of target populations and ensuring their access to basic services; and (ii) identifying and sustaining durable solutions for the voluntary return of refugees and IDPs and their economic integration in secure areas. The west and the north of the country are identified as priority zones for humanitarian activities.

Coordination

16. United Nations agencies coordinate their work through technical working groups under the United Nations Country Team. Regional and local authorities have the mandate to coordinate United Nations and civil society interventions in their respective areas. In the west, a joint United Nations programme (2012-2015)¹⁴ focuses on: (i) the re-establishment

¹⁴ *Ministère d'Etat du Plan et du Développement, Système des Nations Unies; Appui à la sécurité communautaire, au renforcement de la cohésion sociale et au relèvement communautaire; mars 2012-mars 2014.*

of peace and the restoration of State authority; and (ii) strengthening social cohesion and national reconciliation, as well as providing socio-economic relief. The inter-agency contingency plan is regularly updated. These coordination mechanisms are gradually being transferred to the Government, with support from the United Nations agencies.

OBJECTIVES OF WFP ASSISTANCE

17. The PRRO aims to address persisting relief needs and promote a transition to recovery in line with WFP's Strategic Objective 1, Save lives and protect livelihoods in emergencies and Strategic Objective 3, Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations. The goals of the operation are as follows:
- To reach refugees, internally displaced persons (IDPs) and other vulnerable groups and communities whose food and nutrition security has been adversely affected by shocks.
 - To support the return of refugees and IDPs through food and nutrition assistance.
 - To support the re-establishment of the livelihoods and food and nutrition security of communities and families affected by shocks.
18. The operation is integrated within the transition strategy of the Humanitarian Country Team (HCT) and part of the revised UNDAF (2009-2015). It will also contribute to achievement of Millennium Development Goals 1, 4, 5 and 6.¹⁵

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

19. In response to the political turmoil and displacement caused by the presidential elections in November 2010, WFP implemented immediate response emergency operation 200226 and emergency operation (EMOP) 200255 until March 2013 to provide life-saving assistance to displaced and vulnerable populations in western, central, and northern Côte d'Ivoire, as well as in Abidjan.
20. Food assessments and post-distribution monitoring¹⁶ confirm that food support has reached the most vulnerable IDPs and returnees, often female-headed households with very few productive assets. However, many households either returned too late to fully participate in the planting season, or found their fields occupied, or could not access remote fields due to security concerns, preventing their expected graduation from food assistance. Efforts by WFP and partners to improve the food consumption of the most vulnerable groups were also been hampered by a lack of access to land for returnees and a reduction in the level of food assistance due to funding constraints.
21. WFP's experience implementing cash transfers in Abidjan and in Duékoué under EMOP 200255 has informed the design of this PRRO. The evaluation of the cash transfers project in Abidjan found that food consumption needs were met, beneficiary coping strategy indexes improved (decreasing by 62 percent - from 29 to 11) and that cash transfers also stimulated livelihoods recovery of the most vulnerable households in urban post-conflict

¹⁵ MDG 1: Eradicate extreme poverty and hunger; MDG 4: Reduce child mortality; MDG 5: Improve maternal health; MDG 6: Combat HIV/AIDS, malaria & other diseases.

¹⁶ WFP and the National Institute of Statistics; Post Distribution Monitoring in the West; November 2012.

contexts. The clear separation of responsibilities reinforced transparency and, generally, good systems for coordination are in place.¹⁷

22. Nutrition support to treat moderate acute malnutrition was provided through take-home rations of lipid-based nutrient supplements (Plumpy'sup®) for malnourished children aged 6-59 months and a combination of Super Cereal and vegetable oil for malnourished pregnant and lactating women and ART-clients. Caretakers of severely malnourished children in therapeutic feeding centres have also received food support. Post-distribution monitoring (PDM) indicates that in 2012, the intended outcomes of support to malnourished children and pregnant and lactating women were achieved. However, although ART adherence was recorded at 98 percent, only 65 percent of clients showed improved nutritional status: 90 percent of clients share their ration with their families and food consumption for 16 percent of clients is "limited" and for 9 percent is "poor".

Strategy Outline

23. The PRRO is designed to address residual humanitarian needs while also strengthening recovery through support to rebuild livelihoods. WFP will carry out additional assessments with government and humanitarian partners in areas at increased risk of food insecurity, as indicated in the next Integrated Food Security Phase Classification assessment, and upon request of the Government.
24. Relief food assistance will be provided to vulnerable households, including returning refugees and internally displaced persons who often find their land occupied, or experience insecurity which limits their access to land and to productive assets. It is expected that the number of beneficiaries receiving relief assistance will be reduced, either because they achieve self-sufficiency after the lean season or because they transfer to recovery activities.
25. Nutrition and health interventions will comprise: (i) targeted supplementary feeding to treat moderate acute malnutrition among children aged 6-59 months and pregnant and lactating women; and (ii) food-by-prescription for ART clients to promote nutritional rehabilitation. Caretakers of severely malnourished children attending therapeutic feeding centres will be supported with a cash transfer. WFP will continue to contribute to the longer-term objective of preventing chronic malnutrition through nutritional education. This includes support to Nutritional and Rehabilitation Learning Groups,¹⁸ training on the cultivation of nutritious, locally accepted crops in school gardens, and demonstration plots and domestic fortification.
26. Social protection rations will also be provided to food-insecure families hosting an orphaned or vulnerable child as a mitigation and safety net measure.
27. To support recovery, asset-creation activities will provide short-term food security and employment during the lean season, through the transfer of food or cash, in line with the national social protection policy. Harvest assessments in October 2013 will inform beneficiary planning figures.
28. The use of cash (rather than vouchers) as an alternative to in-kind assistance is preferred by the Government for labour-intensive programmes. WFP will regularly review the analysis to ensure that cash is the most cost-effective tool. The use of cash can also minimize stigmatization issues.

¹⁷ Truelove, S and Watson, M. March 2012. Evaluation of Unconditional Mobile Cash Transfers in Abidjan, Ivory Coast.

¹⁸ *Foyer d'Apprentissage et de Réhabilitation Nutritionnelle (FARN)*.

29. Activities to rebuild livelihoods include the restoring destroyed infrastructure, extending landuse in the lowlands, and rehabilitating rural roads. The Government is aware of the importance of access to land and its own responsibility in this regard. Where security is not a major concern and partners with complementary resources are present, resilience against shocks and the promotion of long-term employment will be strengthened through income-generating activities. Activities will focus on strengthening social cohesion through mixing work crews and rehabilitating infrastructure shared by different groups. Productive assets and income opportunities are expected to reduce food assistance needs for the future and ease tensions.
30. WFP will enrol ART clients' households in asset-creation and income-generating activities to promote self-sufficiency and increase household access to food, and will also provide cash to those households to reduce sharing of rations, which would jeopardise the achievement of nutritional targets.
31. In alignment with the national Social Protection Strategy, 20 percent of WFP beneficiaries will receive cash transfers. Market reactions to the increased demand will be closely monitored to reduce risks of insufficient access to food due to price increases. WFP will also review transfer modalities regularly to ensure the most effective and appropriate response.

Hand-Over Strategy

32. During this transition phase, it is expected that humanitarian requirements will decrease, notwithstanding the needs of new returning IDPs and refugees. WFP and partners will closely monitor the evolving situation, while continuing to increase focus on supporting beneficiaries to regain self-sufficiency and build resilience, enabling them to graduate from WFP assistance.
33. Based on consultations with the Government and stakeholders, WFP will explore the following potential areas for capacity strengthening:
 - Establishing decentralised national systems to monitor food insecurity and malnutrition; and providing training and technical assistance on data analysis.
 - Strengthening the capacity of regional and local government entities to coordinate and lead development planning by closely involving them in the planning of food assistance-for-assets activities, and reinforcing their capacity to analyse and prioritise response and prevention options.
 - Building government capacity to manage cash support by working with the National Nutrition Programme (*Programme National de Nutrition* - PNN) to establish and manage a reliable and transparent cash management system.
 - Enhancing community and household nutrition education to prevent chronic malnutrition.
 - Strengthening the capacity of community groups to produce, transform and market food to increase income, boost employment and enhance sustainability.
 - Partnering with the Ivorian private sector to produce locally acceptable, appropriate, and cost-effective fortified foods.
34. WFP will promote increased government management and resourcing of the PRRO activities through capacity-development support. Models for providing cash support under the nutrition and asset-creation activities will be developed, tested and established in conjunction with the Government - in particular the Ministry of Health and the Ministry of Social Protection - to strengthen national capacity to manage cash support in an efficient, reliable and transparent way.

35. Contingent upon positive developments, WFP hopes to move towards development assistance by 2015, in alignment with the Government's social protection strategy and the UNDAF.

BENEFICIARIES AND TARGETING

36. Based on the most recent assessments, the PRRO will target the most vulnerable people in food-insecure areas, including: returning refugees and IDPs; malnourished children under 5, pregnant and lactating women and ART clients; and caretakers of acutely malnourished children and families hosting orphans.
37. The most-recent EFSA (November 2012) characterised vulnerable households as those: (i) hosting orphaned children, unemployed youth and malnourished, sick and or handicapped people; (ii) "asset poor" with limited or no access to land or other productive assets; and (iii) whose livelihoods are highly dependent on casual labour and food assistance.

TABLE 1: BENEFICIARIES BY COMPONENT AND ACTIVITY				
Component and Activity		Men/boys	Women/girls	Total
Component 1: Relief packages (including nutrition and health)				
General food distribution - Returnees, IDPs and vulnerable groups ¹⁹	In-kind	28,800	43,200	72,000
	Cash	7,200	10,800	18,000
Treatment for moderate acute malnutrition -Targeted supplementary feeding (children 6-59 months)		8,400	5,600	14,000
Treatment for moderate acute malnutrition – (pregnant and lactating women)		0	12,000	12,000
Food by prescription ART-clients		2,200	3,300	5,500
Cash support to ART-client households		13,200	19,800	33,000
Cash support to caretakers of children in therapeutic feeding centres		0	500	500
Social protection support - orphans and other vulnerable children		2,744	4,116	6,860
Component 2: Rebuilding livelihoods				
Food for assets/Training		28,000	42,000	70,000
Cash for assets/Training		8,000	12,000	20,000
Total		98,544	153,316	251,860
ADJUSTED TOTAL *		96,144	149,716	245,860

*Avoids double-counting beneficiaries who may participate in more than one activity.

38. Beneficiaries of relief assistance and asset-creation activities will be selected by communities based on jointly-set criteria. Relief assistance (food or cash) will be provided mainly in western regions with prevailing pockets of insecurity, while asset-creation activities will mainly focus on Bas-Sassandra and Montagnes districts in the west and south-west, and Savanes and Zanzan districts in the north and north-east. As the operation

¹⁹ It is assumed that nearly 30 percent (20,000 people) of GFD beneficiaries will be shift to FFA activities during the PRRO.

gradually shifts from relief to recovery, and towards conditional interventions in the west, both food and cash transfers will be used, as considered appropriate.

39. Nutrition and HIV activities will be implemented in the districts of Zanzan, Savanes, Vallée de Bandama in the north, Montagnes and Bas Sassandra in the west and Lagunes (near Abidjan). Beneficiaries of nutritional support will be selected by Government and partner experts based on anthropometric entry and exit criteria, in line with the national protocol.

NUTRITIONAL CONSIDERATIONS AND RATIONS / VALUE OF CASH TRANSFERS

40. Food rations and their duration will respond to the specific needs of the target group:

- General food distribution (GFD) relief packages will provide 100 percent of the daily energy requirements of all household members; beneficiaries will receive either in-kind food assistance or a cash transfer based on the equivalent value of the food basket (US\$86 per month).
- Targeted supplementary feeding will provide moderately acutely malnourished children aged 6-59 months with a lipid-based nutrient supplement (Plumpy'sup®), and malnourished pregnant lactating women with a ration of Super Cereal and vegetable oil. Entry and exit criteria will be in line with national protocols.²⁰
- Food-by-prescription support for ART clients will comprise Super Cereal and vegetable oil for six months. Households of ART clients will receive cash support equivalent to US\$72 per month.²¹ This assistance will cease with the discharge of the ART client from the nutritional programme. Food security analysis will identify those clients eligible for support through other interventions.
- Caretakers of children in therapeutic feeding centres will receive a cash transfer. Centres are located in urban and peri-urban areas with good market access.
- Households participating in asset-creation activities will receive either a food basket of cereals, pulses and vegetable oil or a cash transfer based on the equivalent value of the food basket (US\$60 per month) and the wage for labourers. Ration sizes are based on 22 feeding days a month, the average household size of seven and that participating households have additional sources of income and food.

²⁰ Children will receive treatment until they recover, but not exceeding 60 days. Pregnant lactating women will be admitted as soon as they have been identified as malnourished, and will remain in treatment until six months after delivery (the average support duration is nine months).

²¹ The average household size is seven: as ART clients already receive support through food by prescription, support to their households is provided for six persons.

TABLE 2: FOOD RATION/TRANSFER BY ACTIVITY (g/US\$/person/day)

Commodity	Relief Assistance								Rebuilding Livelihoods	
	GFD		Treatment of moderate acute malnutrition		Food by Prescription	Social protection Support	Support for ART client households	Caretakers of severely mal-nourished children	Asset creation	
	Food	Cash	children 6-59 months	Pregnant and lactating women					Food	Cash
Cereals	420					200			400	
Pulses	50					30			50	
Vegetable oil	30			25	25	15			25	
Iodized salt	5					5				
Super Cereal	50			220	220	25				
Plumpy'sup®			92							
Cash (US\$)		0.40					0.40	0.40		0.40
TOTAL	555	0.40	92	245	245	275	0.40	0.40	475	0.40
Total kcal/day	2,136		500	1,015	1,015	1,047			1,832	
Feeding days	180		60	270	180	180	180	30	132	

TABLE 3: FOOD AND CASH TRANSFER REQUIREMENTS

TABLE 3: FOOD AND CASH TRANSFER REQUIREMENTS									
Commodity		Relief assistance						Rebuilding livelihoods	TOTAL
	GFD	Treatment of moderate acute malnutrition		Food by Prescription	Social protection ration	Support for ART client households	Caretakers of severely mal-nourished children	Asset creation	
		Pregnant and lactating women	Children 6-59 months						
Cereal	4,743				247			3,696	8,686
Pulses	557				37			462	1,056
Vegetable oil	337	108		50	19			231	745
Iodized Salt	53			0	6				59
Super Cereal (with sugar)	563	950		436	31				1,980
Plumpy'sup®			464						464
Total (mt)	6,253	1,058	464	486	340			4,389	12,990
Cash (US\$)	1,296,000	0	0	0	0	3,801,600	72,000	1,056,000	6,225,600

IMPLEMENTATION ARRANGEMENTS

Participation

41. Beneficiaries assisted under GFD and asset-creation activities will be identified by local committees, half of whom will be women. These local committees will participate in defining selection criteria, establishing beneficiary lists and distributing food. Beneficiaries are also involved in needs assessments and post-distribution monitoring, where they provide feedback on the assistance received and information on household-level outcomes.
42. Beneficiaries will also participate in community-level prioritisation of assets to be created. Sixty percent of the beneficiaries will be women. Work norms will be adjusted to the needs, capacity and vulnerabilities of female and male participants.
43. In order to reduce the burden on women to transport the food, WFP will distribute cash (potentially by mobile telephone technology) or determine the final food distribution point jointly with communities. To the extent possible, food distributions will be undertaken in the beneficiaries' villages.

Partners and Capacities

44. Activities will be implemented through qualified cooperating partners on the basis of individual field-level agreements. For complementarity, WFP will focus on partnerships with strong cooperating partners with high technical expertise and with access to non-food inputs. WFP will provide information and training sessions at national and local level with potential partners and government representatives to strengthen asset-creation activities and the preconditions for implementing them. WFP and partners will jointly establish a management system for cash transfers and ensure that all involved staff receive the required training.
45. Nutrition activities will be implemented by public health structures, assisted by cooperating partners. As the provision of food to households of ART clients would risk overwhelming the logistical capacity of health centres, assistance will be provided in the form of cash. WFP and PNN will establish a cash management system that is simple, reliable and transparent.

Procurement

46. Required food commodities will be purchased on the international market, with the exception of salt, which will be procured regionally. In line with both WFP and government policy to strengthen local production, processing and commercialisation of food, WFP intends to increase local procurement where possible, especially for cereals and fortified flour.

Logistics

47. Internationally procured commodities will be received in the port of Abidjan. WFP will be responsible for dispatch to the extended delivery points, where food will be handed over to cooperating partners that will transport food to final distribution points and distribute to beneficiaries. Reception, storage and hand-over of food will be documented by WFP and monitored through WFP's commodity tracking system.

Transfer Modalities

48. Cash transfers are preferred to voucher transfers as the required control mechanisms are well established, and the functioning markets in the targeted locations offer beneficiaries the flexibility to decide which food items to purchase.
49. WFP and its partners plan to transfer funds to beneficiaries electronically, either to a bank account or – in the majority of cases – through mobile telephone transfers. This will reduce the risk of theft and diversion of funds, lessen the burden on beneficiaries to obtain the funds, and ensure timely and reliable reporting on transfers made.
50. Cash will be paid monthly to beneficiaries based on the cooperating partners' verification that conditions (such as adherence to therapy) have been met, and will replenish partners' accounts each month based on verified distribution reports. For both food and cash transfer modalities, WFP will establish a complaints feedback mechanism.
51. WFP and its partners will continuously monitor market and price development. Where food prices rise considerably, WFP will consider increasing the amount transferred, or returning to food rations, based on a specific joint assessments.

Non-Food Inputs

52. In addition to government efforts to restore peace and security and address land conflicts, the following complementary actions are foreseen to contribute to successful implementation:
 - Cooperating partners, supported by WFP, will sensitise beneficiaries on the use of cash to ensure food security prior to transfers being made.
 - In collaboration with the United Nations Population Fund (UNFPA), WFP and cooperating partners will sensitise men and women on issues of gender and “Do No Harm” to reinforce beneficiary comprehension in prioritizing women for asset creation activities.
 - Required specialised inputs in form of training and light machinery for income-generating activities (e.g. mills, food processing equipment) will be co-financed by cooperating partners.
 - Local materials will be provided by communities.
 - Nutritional and hygiene information and sensitisation, including good feeding practices and adequate utilization of local products, will be provided by health centres assisting beneficiaries and cooperating partners.
 - Shelter and blankets for caretakers will be provided by therapeutic feeding centres and their partners.

PERFORMANCE MONITORING

53. Cooperating partners will submit monthly reports on beneficiaries, food quantities received and distributed, assets created, or training carried out. Outcomes will be monitored and reported through post-distribution monitoring and food security assessments.
54. Health partners will also provide information on outcomes, in particular on nutritional recovery. Further outcome-level information will be obtained through baseline and end-line surveys.
55. For support to ART clients and their households, post-distribution monitoring will complement client information with household-level information.

56. The results achieved through WFP assistance will be published in an annual monitoring report.
57. WFP will continue working with Government and other partners on a more permanent system for food security and nutrition monitoring. A cost-efficiency and effectiveness analysis will be conducted to determine the most appropriate transfer modality (food, cash or voucher) for a possible follow-on project to this PRRO.

RISK MANAGEMENT

58. Contextual risks for the success of the operation include a worsening of the security situation, land conflicts and increasing food prices. Regional insecurity also remains a risk, as there is limited ability to control arms or criminality entering from neighbouring countries. As part of the HCT and the Security Management Team, WFP will be informed of all security developments and will regularly update its contingency plan. It is expected that land conflicts will decline due to dedicated government efforts and increasing community reconciliation. Joint efforts to restore peace and stability include the disarming of remaining armed groups and support for the restitution of occupied land.
59. WFP will continue to work on strengthening the capacity of partners in programme implementation, monitoring and reporting. The planned permanent food security and nutrition monitoring system will be part of these efforts. WFP will ensure that all contracts signed with partners specify WFP's zero tolerance on Sexual Exploitation and Abuse.
60. WFP will continue to advocate to secure sufficient funding for the operation and is active in the joint HCT advocacy and fund-raising efforts.

Security Risk Management

61. WFP is regularly updated on the security situation in the country and ensures full compliance with minimum operating security standards (MOSS).
62. United Nations Peace Keeping and government forces are being deployed to minimize the risk of conflict or escalation of violence, particularly in western regions. Reconciliation among the various communities is being promoted by the National Commission for Truth and Reconciliation. Potential security incidents are most likely to be localized.

RECOMMENDATION

The Executive Director is requested to approve protracted relief and recovery operation 200464 'Saving lives and livelihoods, promoting transition'.

APPROVAL

.....

Date:.....

Ertharin Cousin

Executive Director

United Nations World Food Programme

PROJECT COST BREAKDOWN			
Food ¹	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	8 686	3,704,227	
Pulses	1 056	504,768	
Oil and fats	745	670,410	
Mixed and blended food	2 444	2,586,370	
Others	59	7,556	
Total food	12 990	7,473,330	
Voucher transfers		0	
Cash transfers		6 225 600	
Total food, cash and voucher transfers			13,698,930
External transport			1,084,401
Landside transport, storage and handling			3,265,451
Other direct operational costs			3,363,860
Direct support costs (see Annex I-B)			3,595,670
Total WFP direct costs			25,008,312
Indirect support costs (7.0 percent) ²			1,750,582
TOTAL WFP COSTS			26,758,894

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

² The indirect support cost rate may be amended by the Board during the project.

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	480,913
Local staff - national officers	311,500
Local staff - general service	339,170
Local staff - temporary assistance	876,784
International consultants	135,333
United Nations volunteers	34,000
Staff duty travel	485,258
Subtotal	2,663,018
Recurring expenses	
Rental of facility	20,500
Utilities	90,267
Office supplies and other consumables	245,600
Communications services	182,458
Equipment repair and maintenance	17,167
Vehicle running costs and maintenance	157,251
Office set-up and repairs	11,000
United Nations organization services	20,667
Subtotal	744,910
Equipment and capital costs	
Vehicle leasing	130,050
Communications equipment	6,000
Local security costs	51,692
Subtotal	187,742
TOTAL DIRECT SUPPORT COSTS	3,595,670

ANNEX I-B

ANNEX II: LOGICAL FRAMEWORK

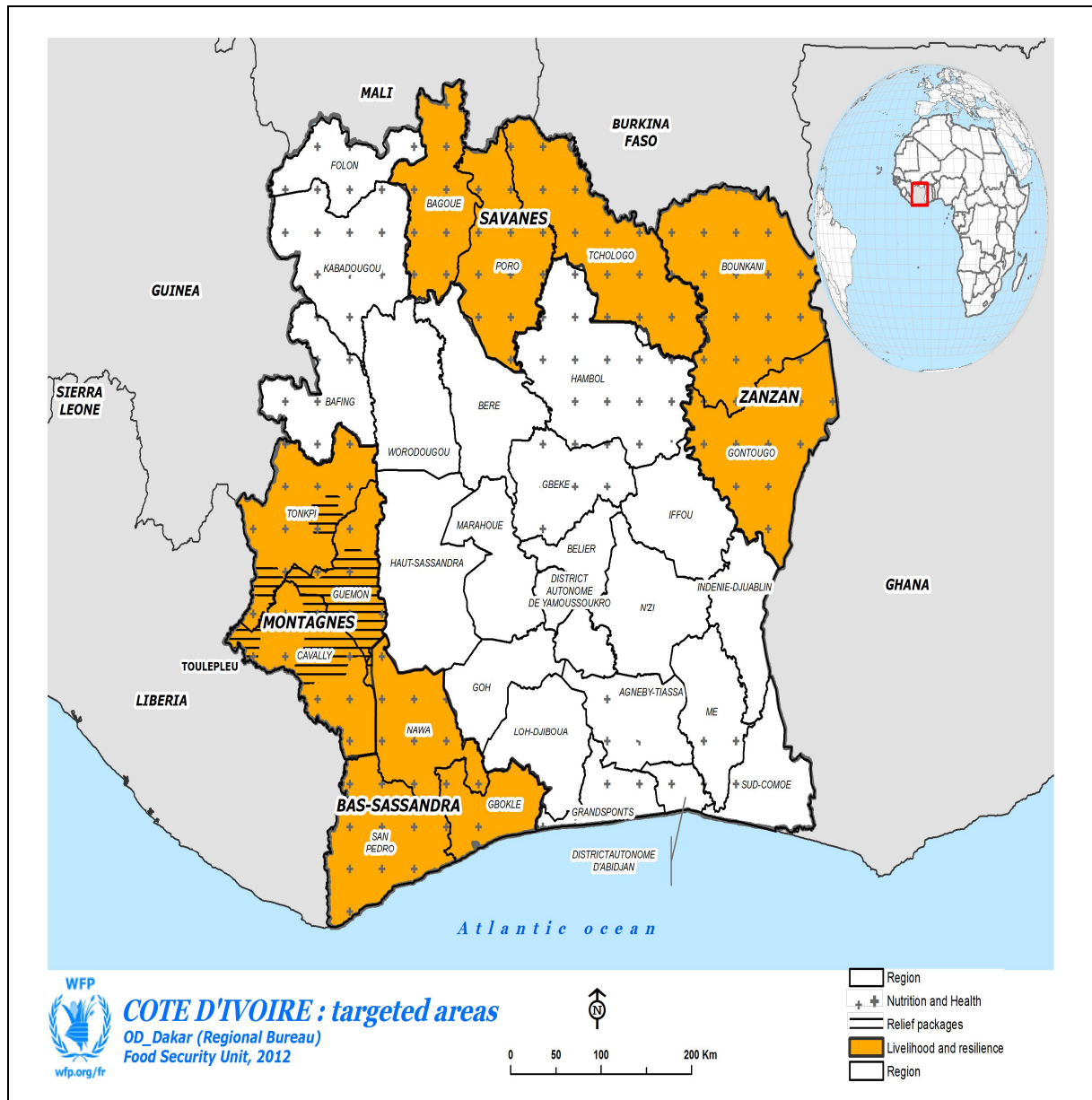
Results	Performance indicators	Assumptions
Strategic Objective 1: Save Lives and Protect Livelihoods in Emergencies		
Goal 3: To reach refugees, IDPs and other vulnerable groups and communities whose food and nutrition security has been adversely affected by shocks		
Outcome 1.2 Improved food consumption for targeted emergency-affected households and returning refugees/IDPs	<ul style="list-style-type: none">➤ Food consumption score (FCS) >35 “acceptable” for >80% of households (baseline EFSA November 2012: 69% (Touleupleu, in the west) and post-distribution monitoring 2012: 61% (in the north)➤ Coping strategy index reduced for >80% of target households	<ul style="list-style-type: none">➤ Humanitarian corridors remain open➤ Land conflicts that may cause inaccessibility to WFP do not occur➤ Adequate donor support
Output 1.1.1 Food distributed in sufficient quantity and quality to targeted women, men, girls and boys.	<ul style="list-style-type: none">➤ Number of women, men, girls and boys receiving food under relief activities➤ Number of food beneficiaries and as % of planned numbers➤ Tonnage of food distributed, by type, and as % of plan	
Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations		
Outcome 3.1 Improved food consumption for targeted emergency-affected households and returning refugees/IDPs.	<ul style="list-style-type: none">➤ FCS >35 “acceptable” for >80% of households (baseline EFSA November 2012: 69% (Touleupleu, in the west) and post-distribution monitoring 2012: 61% (in the north)➤ Coping strategy index reduced for >80% of targeted households	<ul style="list-style-type: none">➤ Continued stabilisation➤ Reduction of land conflicts➤ Complementary technical services and inputs provided by partners➤ No major diseases and epidemics
Output 3.1.1 Food distributed in sufficient quantity and quality to targeted women, men, girls and boys.	<ul style="list-style-type: none">➤ Number of women, men, girls and boys receiving food under recovery activities➤ Number of food beneficiaries and as % of planned numbers➤ Tonnage of food distributed, by type, and as % of plan	
Output 3.1.2 Cash distributed timely and in sufficient quantity	<ul style="list-style-type: none">➤ Number of men and women receiving cash transfers and as percentage of planned numbers➤ Total amount of cash transferred to beneficiaries and as % of planned amount	

Results	Performance indicators	Assumptions
Outcome 3.2 Increased access to assets in fragile transition situations for target communities	<ul style="list-style-type: none"> ➤ Community assets score ➤ Percentage of beneficiaries vulnerable to food insecurity in the targeted districts by sex; target <15% (in the west - Montagnes) and <30% (in the north - Savanes). 	
Output 3.1.2 Basic community infrastructures are restored by targeted communities and individuals	<ul style="list-style-type: none"> ➤ Number of school and health centres post rehabilitated ➤ Number of markets rehabilitated ➤ Ha of land cultivated/reforested ➤ Kms of road rehabilitated/built ➤ Number and capacity of food storage rehabilitated/built ➤ Number of people trained to maintain infrastructures ➤ Number of people trained and involved in income-generating activities 	
Outcome 3.4 Reduced acute malnutrition in target groups of children and women	<ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition among children under 5 (weight-for-height as %); target <7.1%²⁴ ➤ Supplementary feeding recovery rate of children <5 and pregnant and lactating women: >75% ➤ Supplementary feeding death rate (<3%) ➤ Supplementary feeding default rate (<15%) 	
Outcome 3.4.2 Improved nutritional recovery of ART-clients	<ul style="list-style-type: none"> ➤ Nutritional recovery rate of ART-clients receiving food assistance programme >75% (baseline SPR 2012: 65%) 	
Output 3.4.1 Cash distributed in sufficient quantity to targeted households under secure conditions	<ul style="list-style-type: none"> ➤ Number of ART-clients' households receiving cash support under ART activity >80 % of planned numbers (plan: 80 % of ART-clients' households) ➤ Amount of cash distributed, > 80 % of planned distribution. ➤ Number of security incidents relevant to distributions 	

²⁴In the SMART 2012, the global acute malnutrition at national level was 7.1 percent. So the ambition is to bring acute malnutrition rates in target areas down to the national average.

Results	Performance indicators	Assumptions
Output 3.4.2 ART-clients' households participate in asset creation activities	➤ Number of ART-clients' households enrolled in asset-creation programmes >80% of planned numbers (plan: 20% of ART-clients' households)	
Outcome 3.5 Reduced ART default rate	➤ ART default rate (target: 1.2%; Monitoring data – December 2012: 1.9%)	
Output 3.5.1 Food and cash distributed in sufficient quantity and quality to targeted women, girls and boys	➤ Number of moderately malnourished children of aged 6-59 months and of pregnant and lactating women receiving food assistance and as % of planned numbers ➤ Tonnage of food distributed, by type, as % of planned distribution. ➤ Number of caretakers of children in therapeutic feeding centres receiving cash-support (target: monthly average > 80 of planned caseload)	

ANNEX III - MAP



ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
DSC	direct support costs
EDSCI	Demographic, Health and Multi-Indicators Survey (III)
EFSA	emergency food security assessment
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
GFD	general food distribution
HCT	Humanitarian Country Team (United Nations)
HIV	human immunodeficiency virus
IDP	internally displaced person
ISC	indirect support costs
JAM	joint assessment mission
LTSH	landside transport, storage and handling
ODOC	other direct operational costs
PLHIV	people living with HIV
PLW	pregnant and lactating women
PND	<i>Plan national de développement</i> (National Development Plan)
PNN	<i>Programme National de Nutrition</i>
PRRO	protracted relief and recovery operation
SMART	Standardized Monitoring and Assessment of Relief and Transition
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children' Fund
UNFPA	United Nations Population Fund
WFP	United Nations World Food Programme
WHO	World Health Organization