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**Executive Board
Annual Session**

Rome, 3–6 June 2013

PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



Distribution: GENERAL
WFP/EB.A/2013/9-B/2

17 May 2013
ORIGINAL: ENGLISH

PROTRACTED RELIEF AND RECOVERY OPERATIONS – DEMOCRATIC REPUBLIC OF THE CONGO 200540

Targeted Food Assistance to Victims of Armed Conflict and other Vulnerable Groups

Number of beneficiaries	4,221,000
Duration of project	30 months (July 2013–December 2015)
WFP food tonnage	243,516 mt
Cost (United States dollars)	
WFP food cost	164,215,795
WFP cash/voucher cost	38,183,009
Total cost to WFP	458,650,623

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

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

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EXECUTIVE SUMMARY

The Democratic Republic of the Congo continues to suffer from armed conflict, massive population displacement – 2.6 million people have been displaced since 2009, predominantly in the east – and a persistent economic crisis. The national capacity to respond to crises is reduced by weak governance and corruption. Despite great agricultural potential and plentiful resources, 70 percent of the country's 73.6 million people remain poor, and 6.4 million are acutely food-insecure. Global acute malnutrition ranges from 6.5 percent to 14.9 percent, well over the 15 percent threshold in some areas. The prevalence of stunting averages 40 percent.

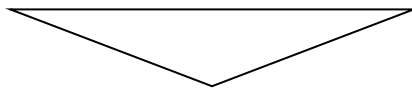
Net primary school enrolment is 75 percent, with significant disparities among provinces and between urban and rural areas; areas with large population displacements have the highest percentages of out-of-school children. Determinants of food insecurity include poverty, lack of infrastructure, poor utilization of food and limited access to markets. Markets in eastern Democratic Republic of the Congo are well integrated and supplied with a variety of foods throughout the year, indicating the potential for using cash and voucher transfers.

In line with a country strategy review in 2012, the objectives of this protracted relief and recovery operation are to:

- provide life-saving food assistance for internally displaced people and refugees in crisis-affected areas (Strategic Objective 1);
- reduce the prevalence of acute malnutrition through nutrition support for children aged 6–59 months and to pregnant and lactating women (Strategic Objective 1);
- facilitate access to markets and education, and provide nutrition services for returnees, refugees and food-insecure communities to support early recovery (Strategic Objective 3);
- increase the resilience of severely food-insecure communities against further shocks (Strategic Objective 2); and
- enhance national capacities to design and manage food and nutrition programmes and disaster preparedness (Strategic Objective 5).

These objectives support the Government's poverty reduction strategy (2011–2015) and the United Nations Development Assistance Framework (2013–2017), and contribute to Millennium Development Goals 1, 2, 4 and 6.

DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation Democratic Republic of the Congo 200540 “Targeted Food Assistance to Victims of Armed Conflict and other Vulnerable Groups” (WFP/EB.A/2013/9-B/2).

* 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

Context

1. The Democratic Republic of the Congo (DRC) is a low-income, food-deficit country ranked last in the 2011 human development index¹ and the global hunger index,² and 142nd of 146 countries in the gender inequality index. With 2.4 million km² of land, it is the second-largest country in Africa and has the third-largest population – 75.5 million,³ of whom 70 percent live in rural areas – with population growth of 2.6 percent per year. Despite great agricultural potential and plentiful resources, 70 percent of the population are poor;⁴ average per capita income is US\$225.⁵ Between 70 percent and 80 percent of rural people depend on subsistence farming.
2. National capacities to alleviate poverty and address humanitarian crises have been reduced by 17 years of conflict, weak governance, corruption and loss of State authority. International assistance remains crucial for peace building and the provision of humanitarian support.
3. Since the 2011 presidential election, security has deteriorated in eastern DRC as conflict associated with the March 23 Movement⁶ and other armed groups has increased. Peace talks between the movement and the Government have recently resumed, but the outcome remains uncertain.
4. Sporadic fighting continues in North Kivu and South Kivu. In northern Katanga, the presence of the Mai Mai militia and redeployment of national armed forces and troops of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) to North Kivu caused the displacement of 255,000 people in 2012. In Province Orientale, attacks by armed groups have increased and spread to new areas.
5. According to the 2013 Humanitarian Action Plan, 2.6 million people have been displaced since 2009, largely in eastern provinces, and 755,000 people have returned to their areas of origin. Of the internally displaced persons (IDPs), 70 percent reside with host families whose food security is under pressure; 450,000 people have fled to neighbouring countries,⁷ of whom 63,500 are expected to be repatriated in 2013. DRC hosts 140,000 refugees from Angola, Burundi, the Central African Republic and Rwanda.
6. Social indicators are dire: life expectancy is 45 years, maternal mortality is 540/100,000 live births, infant mortality is 158/1,000 children under 12 months, and child mortality is 97/1,000 children under 5. Half of adolescent girls have at least one child. HIV is a public health problem with prevalence of 2.6 percent in 2012,⁸ rising to

¹ United Nations Development Programme. 2011. *Human Development Report 2011*. New York.

² International Food Policy Research Institute. 2011. *Global Hunger Report 2011*. Washington DC.

³ Central Intelligence Agency. *World Factbook*. Washington DC.

⁴ Government of DRC. 2011. *Growth and Poverty Reduction Strategy*. Kinshasa.

⁵ Central Bank of Congo. 2012. *Bulletin statistique, mars 2012*. Kinshasa.

⁶ A rebel military group operating mainly in North Kivu.

⁷ Of these, 70,000 fled in 2012 alone.

⁸ Ministry of Health/Programme national multisectoriel de lutte contre le VIH/sida (PNMLS). 2012. *Rapport d'activité sur la riposte au VIH/sida en R.D. Congo, 2012*. Kinshasa.

3.2 percent among pregnant women.⁹ Half the population lack access to drinking water, and only 14 percent of households have adequate sanitation.¹⁰

7. Widespread human rights violations by the army and rebel groups include harassment, sexual exploitation, forced recruitment of child soldiers, abduction, looting and theft; 4,300 rapes were recorded in the first half of 2012, mostly in North Kivu and South Kivu.¹¹
8. Net primary school enrolment is 75 percent, with significant disparities among provinces and between urban and rural areas. Enrolment is hampered by massive population displacements, insecurity, destruction and occupation of schools, forced recruitment by rebel groups, early marriage and child labour; these compound poverty and food insecurity. Areas with population displacement have the highest percentages of out-of-school children; the highest rate is 44 percent in North Kivu.¹² The main reasons for non-attendance include inability to pay school fees, deterioration of infrastructure and absence of teachers because of poor remuneration.

The Food Security and Nutrition Situation

9. The December 2012 Integrated Food Security Phase Classification (IPC) showed that 6.4 million people are in phase 3 – acute food security and livelihood crisis requiring humanitarian assistance – 1 million more than in June 2012.¹³ Households headed by women are particularly vulnerable because of their limited labour and access to land. In conflict areas, sexual violence hinders women's capacity to farm and earn incomes.
10. Analysis of trends indicates that shocks are related mainly to regional tensions in eastern DRC and community-based conflicts in the west, compounded by vulnerability to natural hazards along the lakes in Katanga, North Kivu, South Kivu, Province Orientale and Equateur.
11. In eastern provinces, conflict is the main cause of food insecurity and malnutrition. Studies by WFP and the Government between 2011 and 2013 show that 24 percent to 47 percent of households have poor or borderline food consumption scores.
12. Isolation and the recent collapse of the mining industry are causing widespread unemployment and food insecurity in Katanga and Kasai Oriental. In Equateur, Bandundu and Bas-Congo, food insecurity and malnutrition are caused by isolation, poor infrastructure, decades of poor governance and lack of access to social services.
13. Of the 110,000 IDPs in North Kivu living in camps, 75 percent were food-insecure in January 2013, and 70 percent of IDPs have settled in already poor and food-insecure host communities. Recent assessments show that 60 percent to 70 percent of newly arrived IDPs are food-insecure.

⁹ Ministry of Health/PNMLS. 2011. *Rapport de sero-surveillance du VIH chez les femmes enceintes fréquentant les structures de consultation prénatale*. Kinshasa.

¹⁰ Ministry of Planning/National Institute of Statistics/United Nations Children's Fund (UNICEF). May 2011. *Multiple-indicator cluster survey 2010*. Kinshasa.

¹¹ United Nations Population Fund data for DRC, first semester 2012.

¹² UNICEF/Department for International Development/United Nations Educational, Scientific and Cultural Organization. August 2012. *Enquête nationale sur la situation des enfants en dehors de l'école*. Kinshasa.

¹³ IPC (version 2) levels 1 – no acute food insecurity; 2 – stressed; 3 – crisis; 4 – emergency; and 5 – catastrophe. Levels 3 to 5 require humanitarian response.

14. National prevalence of chronic malnutrition¹⁰ is very high at 43 percent,¹⁴ and reaches 58 percent in some provinces; prevalence is 47 percent in rural areas and 34 percent in urban areas. The most recent national nutrition survey¹⁰ showed global acute malnutrition (GAM) of 10.7 percent and severe acute malnutrition of 5.2 percent;¹⁵ it varies from 6.5 percent to 14.9 percent among provinces.
15. Insufficient coverage of health services, a nutrient-deficient, cassava-dominated diet, and poor childcare practices increase the incidence of malnutrition. Lack of income forces farmers to sell food to meet immediate needs, even when they do not have enough for their own requirements.
16. The Democratic Republic of the Congo imports 40 percent of its food. Cassava and maize are the staples for most of the population. Women are important actors in local markets, selling cassava flour, maize, rice, tubers, pulses, dried fish and palm oil.
17. Although markets are generally well supplied, food prices have remained high and variable since 2008. Lack of infrastructure, insecurity and seasonal fluctuations further reducing access for the poor.
18. Goma market and most markets in eastern DRC are well integrated and supplied with a variety of foods throughout the year; markets in Katanga receive substantial supplies from Zambia. But in western DRC and Equateur, low market integration and infrastructure gaps limit diversification and value addition. Market studies show that prices are generally competitive, and traders can satisfy additional demand without negative impacts on prices.¹⁶

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHER ACTORS

Policies, Capacities and Actions of the Government

19. The Government's Growth and Poverty Reduction Strategy (GPRS) (2011–2015) aims to improve living conditions by achieving the Millennium Development Goal targets for 2015.¹⁷ Its four aims are to: i) reinforce good governance and peace; ii) diversify the economy, accelerate growth and promote employment, especially by reinforcing the agriculture sector with a view to achieving food security; iii) improve access to social services and enhance human capital, particularly through enhanced access to education and improved health and nutrition; and iv) protect the environment and address the impact of climate change. The GPRS recognizes that ensuring social protection is likely to reduce inequalities and vulnerability.
20. The National Food Security Plan (2011–2020) aims to reduce food insecurity and improve living conditions through increased agricultural production.

¹⁴ Stunting prevalence of 20–29 percent is “medium”, 30–39 percent is “high”, and 40 percent is “very high”. World Health Organization: Global Database on Child Growth and Malnutrition Available at: <http://www.who.int/nutgrowthdb/about/introduction/en/index5.html>

¹⁵ GAM of 5–9 percent is “poor”, 10–14 percent is “serious”, and above 15 percent is “critical”. *Ibid.*

¹⁶ Market profiling by WFP in Masisi, Rutshuru and Lubéro in North Kivu, 2011. Cash and voucher feasibility study in Beni, North Kivu, completing the Goma feasibility study, May 2012.

¹⁷ Poverty reduced to 60 percent, primary net enrolment increased from 75 percent to 93 percent, 16 percent annual reduction in underweight children, generation of 1 million jobs a year, and inflation of 9 percent or less.

21. The national nutrition policy (2000) is under review, with support from UNICEF, WFP and other partners. Updates and innovations include prevention of chronic malnutrition, use of ready-to-use supplementary foods, and introduction of standards for informing public health decisions.
22. The Government's strategy for primary and secondary education and skills training (2010–2016) and its interim plan (2012–2014) aim to improve access to education for all, particularly girls. The Government is committed to removing school fees, which hamper access to school for the poorest.

Policies, Capacities and Actions of other Major Actors

23. The 2013 humanitarian action plan calls for US\$900 million to cover immediate response requirements in the east; US\$252 million is intended for food-security interventions.
24. The United Nations Development Assistance Framework (2013–2017) supports the GPRS and the national Millennium Development Goal agenda, focusing on:
 - institutional strengthening and good governance;
 - pro-poor growth and employment generation;
 - provision of basic services;
 - fighting HIV;
 - environmental protection and prevention and mitigation of disasters related to climate change; and
 - stabilization and peace consolidation.
25. The priorities of UNICEF are nutrition and primary education. The Food and Agriculture Organization of the United Nations (FAO) aims to increase agricultural production, enhance environmental protection and support community recovery in conflict-affected areas. The Office of the United Nations High Commissioner for Refugees (UNHCR) focuses on protecting and assisting refugees, returnees and IDPs in camps. The World Bank's country assistance strategy (2013–2016) supports peace building and enhanced governance in eastern provinces. The United Nations Development Programme addresses peace building, enhancement of democratic institutions, development planning, climate change and management of natural resources.
26. The United Nations Organization Stabilization Mission in the Democratic Republic of the Congo envisages phasing out from western DRC while maintaining its mandate in the conflict-affected east.
27. Relief and development activities rely on a network of national and international non-governmental organizations (NGOs), mostly in eastern DRC, which are crucial cooperating partners for WFP in that they provide complementary inputs.

Coordination

28. Humanitarian responses are coordinated in the cluster system led by provincial inter-agency committees for early warning, contingency planning, needs assessments and responses. Committees define provincial strategies, gaps, priority interventions and allocations of pooled funds.
29. WFP leads the inter-agency logistics cluster, co-leads the food-security cluster and participates in the education, protection and nutrition clusters at the national and provincial

levels. United Nations pooled funds will be used to increase access to schools, markets and shelters, in coordination with the clusters. WFP participates in the humanitarian country team, the humanitarian advocacy group and the United Nations programme management team.

OBJECTIVES OF WFP ASSISTANCE

30. Protracted relief and recovery operation (PRRO) 200540 contributes to Millennium Development Goals 1, 2, 4 and 6,¹⁸ and is aligned with the GPRS, the United Nations Development Assistance Framework and Strategic Objectives 1, 2, 3 and 5.¹⁹
31. Its specific objectives are to:
- provide life-saving food assistance for IDPs and refugees in crisis-affected areas (Strategic Objective 1);
 - reduce the prevalence of acute malnutrition through nutritional support to children aged 6–59 months and pregnant and lactating women (Strategic Objective 1);
 - support access to markets and education, and provide nutrition services for returning IDPs, refugees and food-insecure communities as part of early recovery (Strategic Objective 3);
 - increase the resilience of severely food-insecure communities against further shocks (Strategic Objective 2); and
 - reinforce national capacity to design and manage food and nutrition programmes and disaster-preparedness systems (Strategic Objective 5).

WFP RESPONSE STRATEGY

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

32. Protracted relief and recovery operation 200167 assisted 3.1 million beneficiaries a year from 2011 to June 2013, providing relief assistance for vulnerable groups and focusing on early recovery and resilience building to: i) restore livelihoods; ii) enhance households' resilience to shocks; and iii) improve access to education and health services.
33. Emergency operation 200480 was launched in September 2012 following the dramatic increase in conflict and displacement in eastern provinces. It assisted 1.2 million displaced people until June 2013 and supported relief activities previously provided through emergency operation 200362 in Province Orientale.
34. A Purchase for Progress (P4P) pilot initiative started in 2009 in partnership with FAO to improve food security by increasing the incomes of small-scale farmers through enhanced agricultural productivity, food processing and marketing support in Kabalo, Katanga,

¹⁸ Millennium Development Goals 1 – Eradicate extreme poverty and hunger; 2 – Achieve universal primary education; 4 – Reduce child mortality; and 6 – Combat HIV/AIDS, malaria and other diseases.

¹⁹ Strategic Objective 1 – Save lives and protect livelihoods in emergencies; Strategic Objective 2 – Prevent acute hunger and invest in disaster preparedness and mitigation measures; Strategic Objective 3 – Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations; and Strategic Objective 5 – Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.

Bikoro and Equateur. In 2012, 8,500 small-scale farmers were trained in food management, pricing and marketing, organizational management and literacy.

35. Consultations with the Government and stakeholders shaped WFP's country strategy review and informed the design of PRRO 200540 on the basis of WFP's comparative advantages and expertise in developing capacity in: i) logistics; ii) cash and voucher (C&V) delivery; iii) food security analysis; iv) local procurement; and v) disaster preparedness and response. In view of logistics and funding considerations arising from the local context and the scale of needs, WFP will need to maximize the coherence and impact of its activities.
36. The selection of transfer modalities is based on market assessments, feasibility studies, security considerations and lessons learned. Post-distribution monitoring shows that voucher transfers in the east²⁰ and cash transfers in Equateur²¹ have improved access to food, increased dietary diversity and created gains for producers and traders, but deteriorating security in North Kivu in late 2012 led to a suspension of voucher transfers. Online registration of C&V beneficiaries through the system for cash operations (SCOpe) was introduced in 2013 and will be extended to beneficiaries receiving food.

Strategy Outline

37. From July 2013, WFP will operate in DRC through PRRO 200540 and special operation 200456 for logistics support, and special operation 200504 for humanitarian air services.
38. This operation has three components:
- relief food assistance in response to shocks to support IDPs and refugees, and nutrition support for children aged 6–59 months and pregnant and lactating women;
 - early recovery and resilience through food for assets (FFA) and safety nets to protect and restore livelihoods, foster recovery in conflict-affected areas and enhance resilience to shocks in more stable areas; and
 - capacity development for the Government and partners in preparedness and early warning, formulation of a national school feeding strategy, review of the national nutrition policy, and local food procurement.
39. The largest share of resources will be for relief and early recovery. If there are funding constraints, priority will be given to life-saving interventions. Recovery and resilience activities will as far as possible target the same communities to maximize impact through a life-cycle approach and reduce the cost of programme delivery. Cross-cutting issues such as gender, protection, local food fortification and enhanced partnerships will be mainstreamed.

Relief

40. General food distributions (GFDs) for people affected by shocks such as IDPs and refugees will run for three months; continued support will depend on the food security of beneficiaries as assessed by WFP and partners. To promote resettlement, returnees and repatriated refugees will receive food assistance for three months where livelihood

²⁰ WFP survey in camps run by UNHCR and the United Nations Office for Project Services in North Kivu, March 2012.

²¹ 2012. WFP country office post-distribution monitoring report: Cash transfer programme for repatriated refugees in Equateur Province. (December).

activities are not yet feasible. WFP will enhance preparedness, response capacities and coordination through the food security and logistics clusters.

41. Nutrition support will focus on: i) treatment of moderate acute malnutrition (MAM) through targeted supplementary feeding for malnourished children aged 6–59 months and pregnant and lactating women; ii) prevention of acute malnutrition through blanket supplementary feeding for children aged 6–23 months and pregnant and lactating women; and iii) support for caregivers of children receiving therapeutic feeding for severe acute malnutrition.

Early Recovery and Resilience

42. Early recovery support for returnees, host communities and food-insecure households will be provided through FFA. WFP will partner NGOs with capacity in community-based planning²² with a view to increasing community participation and decision-making. Umbrella agreements will link small NGOs to larger ones with a view to maximizing their capacities. In areas of return and resettlement, FFA for early recovery will improve access to markets by repairing roads and storage facilities, and will increase access to safe water, food, nutrition services and schools; it will also complement partners' work in land rehabilitation, irrigation, gardening, reforestation and income-generating activities, using lessons from the P4P pilot. Resilience activities will be undertaken in areas where the Peace Consolidation Programme²³ is receiving predictable long-term funding. Assistance will be provided for three to six months, depending on livelihoods and seasonal needs.
43. Food for training (FFT) will support vulnerable groups such as demobilized child soldiers and victims of sexual violence to facilitate their return to employment.
44. School feeding will provide a safety net and protect children's access to education in the most vulnerable areas and will contribute to stabilization and peace building. Hot meals will be served in primary schools throughout the academic year. The addition of micronutrient powder (MNP) to the meals will be piloted in North Kivu in areas with the highest prevalence of micronutrient deficiencies with a view to improving educational performance.²⁴ WFP will support the Government in developing a strategy for a nationally owned school feeding programme.
45. Blanket feeding for the prevention of chronic malnutrition will be piloted in priority areas to prevent stunting and micronutrient deficiencies among pregnant and lactating women and children aged 6–23 months.
46. People receiving anti-retroviral therapy (ART) and tuberculosis (TB) patients whose nutrition status has deteriorated will receive supplementary feeding until they reach anthropometric targets. After discharge, such beneficiaries can be assisted through FFA for three to six months to enhance their resilience. Vulnerable groups such as victims of sexual violence and demobilized child soldiers will receive food while attending support centres, after which they will be assisted through FFT.

²² *Action contre la faim*, OXFAM, Save the Children and the Norwegian Refugee Council (NRC).

²³ Equateur, Kasai Occidental and Kasai Oriental, Bandundu and Bas Congo provinces, parts of which are being transferred from MONUSCO to the United Nations country team.

²⁴ International Food Policy Research Institute. January 2012. *Resource-Rich Yet Malnourished*. Washington DC.

Capacity Development

⇒ *Preparedness and early-warning capacity*

47. WFP, FAO and UNICEF will continue to support the early warning system of the National Nutrition Programme in Katanga, Kasai Occidental, Kasai Oriental and Bas Congo, extending to Bandundu and Equateur in 2013. WFP will support the Government in establishing a national and provincial risk and disaster management system that includes contingency plans, an early warning system and participatory risk management tools. WFP will continue to assess road access, transport and storage capacities, particularly in the east, to enhance preparedness and response capacities.

⇒ *National capacities to design and manage food assistance programmes*

48. WFP will develop the capacity of ministries to:

- formulate a national school feeding programme, for example through support for an inter-ministerial commission that will define the programme and identify areas where WFP can enhance the Government's capacity;
- review and update the national nutrition policy; and
- procure food locally, enhance linkages among schools, other activities and P4P and explore possibilities for supporting local food fortification.

49. Transfer modalities will include cash, vouchers and food. Studies with FAO, the Ministry of Agriculture and the food security cluster will determine the appropriate modality. An alpha-value analysis²⁵ averaging 0.54 indicates good potential for deploying market-based approaches; C&V modalities will be scaled up during PRRO 200540.

50. The choice of food, cash or voucher transfers for GFD and FFA will depend on the availability of food in markets, security considerations and partners' capacity. Vouchers are preferred in conflict-affected areas because they are more secure and because beneficiaries, especially women, prefer them. In other areas, factors such as the presence of financial institutions, experienced partners and mobile telephone coverage will be considered. WFP has experience with C&V in Katanga, Equateur and North Kivu; assessments in South Kivu, Maniema and Province Orientale will indicate whether market conditions, cost efficiencies, financial considerations and partners' capacities will make it possible to extend C&V transfers into these areas.

Hand-Over Strategy

51. Political instability and weak governance hinder the Government's capacity to take over the management of a large relief and recovery operation. WFP will develop the capacities of government structures in food security and nutrition analysis with a view to eventual national ownership: this will include the National Institute for Agricultural Statistics, the Ministry of Agriculture and the National Nutrition Programme.

52. The sustainability of the proposed national school feeding programme will depend on continued government engagement. A development project may be introduced in 2016, in coordination with other United Nations agencies.

²⁵ DRC market monitoring data in December 2012.

BENEFICIARIES AND TARGETING

53. This PRRO will assist 2 million food-insecure people each year. Geographic targeting is based on the triangulation of IPC results with food security and nutrition assessments.²⁶ The main target areas are classified as: i) IPC phase 4 – conflict-affected areas of North Kivu, South Kivu, Maniema and Katanga, and areas where GAM is above the 15 percent threshold; and ii) IPC phase 3 – areas in acute crisis with aggravating factors such as GAM above the critical threshold, insecurity and population movements. Other indicators include the coping strategy index and poverty and school enrolment rates. IDPs in camps will be assisted because 75 percent of them are food-insecure.²⁷
54. Operational targeting will be effected through consultations to ensure transparent prioritization based on displacement and assessments of food insecurity and nutrition status. Livelihood groups targeted at the community level will include subsistence farmers, households headed by women, traders, casual labourers and unemployed young people.
55. Registered IDPs verified through inter-agency assessments²⁸ will benefit from GFD. The food insecurity, malnutrition and vulnerability of IDPs will be assessed with the participation of beneficiary communities, cooperating partners and government partners. Individual targeting will be effected at the community level according to agreed and transparent criteria.
56. Food-for-assets interventions will be based on assessed needs, partnerships²⁹ and implementation capacity. They will target areas where IDPs are returning in North Kivu, South Kivu, Province Orientale and Katanga, transition areas in Equateur, Kasai Occidental and Kasai Oriental, and stable areas in Katanga and Maniema. In Province Orientale, where inter-ethnic conflicts are simmering, community consultations and planning will be essential. Income-generating activities, especially for women, will be encouraged.
57. The FFT component targets victims of sexual violence and demobilized child soldiers through centres offering psycho-social support and training. The activities are mainly literacy programmes for adolescents and adults and training in income-generating activities.
58. Estimates of nutrition beneficiaries are based on needs and partners' capacities. Treatment of MAM will cover areas where GAM exceeds 10 percent, or 5 percent where there are aggravating factors. Resources and implementation capacities permitting, it will cover all conflict-affected areas to ensure the continuation of treatment for acutely

²⁶ WFP assessments of self-resilience and monitoring systems in Province Orientale (July 2011), North Kivu and South Kivu (October 2011, October 2012); emergency food security assessments in Kasai Oriental and Kasai Occidental (September 2011), Equateur (April 2012), Maniema (May 2012), Bandundu (January 2013), Bas Congo (January 2013).

²⁷ Réponse Rapide aux Mouvements de Population (RRMP). 2012. *Rapport d'Evaluation Multisectorielle Light. Localité Runyana/Kashenda, Aire de santé Bweremana, Axe Sake Bweremana.* (May). NRC and UNICEF. Available at: <http://www.rrmp.org/Rapports/3d206c8f-514c-4693-fabb-2124623eabfd.pdf>

²⁸ Chiefs, representatives of displaced families and other local leaders alert population movement committees, which liaise with the humanitarian community through the Office for the Coordination of Humanitarian Affairs.

²⁹ The capacities of cooperating partners will be evaluated in 2013. WFP will seek synergies with NGOs that undertake participatory planning and provide non-food items and technical assistance.

malnourished children and to provide a nutrition safety net. Admission and discharge will be based on the national protocol for management of acute malnutrition.

59. Prevention of acute malnutrition will cover areas with GAM exceeding 15 percent, a significant risk of deterioration in nutrition status, or mortality rates surpassing critical thresholds. Prevention of chronic malnutrition will cover areas in Kasai Oriental where chronic malnutrition is above the 40 percent threshold.
60. People living with HIV and TB patients will be screened at health centres providing ART and directly observed short-course therapy and will be eligible for WFP assistance on the basis of anthropometric criteria.³⁰ Beneficiary estimates are based on 2012 coverage.
61. School feeding will be implemented in food-insecure areas with low enrolment, and in areas where IDPs are returning. To facilitate a life-cycle approach, synergies will be sought with interventions such as nutritional support for pre-school children. School feeding will cover Province Orientale, North Kivu, South Kivu, Katanga, Maniema, Kasai Occidental, Kasai Oriental and Equateur.

TABLE 1: BENEFICIARIES, BY ACTIVITY

ACTIVITY		2013	2014	2015	Total
RELIEF					
GFD	Food	714 900	968 700	635 500	2 319 100
	C&V	121 900	127 600	135 400	384 900
Treatment of MAM	Children 6-59 months	56 400	133 800	113 800	304 000
	Pregnant and lactating women (PLW)	48 000	103 000	102 400	253 400
Prevention of acute malnutrition	Children 6–23 months	49 800	101 900	101 900	253 600
	PLW	61 800	67 800	67 700	197 300
Caregivers	Support to therapeutic feeding	3 400	6 600	6 600	16 600
Subtotal		1 056 200	1 509 400	1 163 300	3 728 900
EARLY RECOVERY AND RESILIENCE					
Prevention of chronic malnutrition	Children 6–23 months	-	1 000	500	1 500
	PLW	-	500	500	1 000
FFA/FFT	Food	190 600	194 400	186 000	571 000
FFA	C&V	82 900	172 800	190 300	446 000
School feeding		834 000	844 800	938 600	938 600
HIV/TB		28 500	61 500	67 700	157 700
Subtotal		1 136 000	1 275 000	1 383 600	2 115 800
Total		2 192 200	2 784 400	2 546 900	5 844 700
Adjusted total*		1 708 400	2 207 800	1 983 400	4 220 800

*Assuming overlaps of 15 percent from year to year, 30 percent between GFD and recovery interventions, and 25 percent between GFD and nutritional interventions.

³⁰ Body mass index below 18.5.

NUTRITIONAL CONSIDERATIONS AND RATIONS

62. The GFD and FFA food basket includes fortified maize flour, pulses, fortified vegetable oil and iodized salt. High-energy biscuits will be provided to IDPs on arrival for up to five days. The rations provide balanced amounts of macronutrients and micronutrients and are in accordance with local eating habits.
63. The value of market-based transfers is calculated from the equivalent average cost of the GFD and FFA daily food basket – US\$0.64 – taking into account annual inflation of 20 percent. Voucher transfers will be either food-based or cash-based and will provide the equivalent of a 2,100 kcal/person/day food basket. Beneficiaries will redeem vouchers to purchase food, including locally grown produce.
64. The ration for treatment of MAM among children aged 6–59 months will be the ready-to-use supplementary food Plumpy'sup. To prevent acute and chronic malnutrition, children aged 6–23 months will receive the lipid-based nutrient supplement Plumpy'doz. Nutrition support for pregnant and lactating women, people living with HIV and TB patients will be SuperCereal with sugar and fortified vegetable oil. Caregivers of children in therapeutic feeding will receive a full GFD ration.
65. School feeding rations will consist of fortified cereals, pulses, fortified vegetable oil and iodized salt.

TABLE 2: FOOD RATION/TRANSFER, BY ACTIVITY (g/person/day)

	GFD		Treatment of MAM		Prevention of acute malnutrition		Prevention of chronic malnutrition		Caretaker support	PLHIV ^a /TB clients	FFA/FFT	School feeding
	Full ration IDPs/refugees	Transit ration returnees	Children 6-59 months	PLW	Children 6-23 months	PLW	Children 6-23 months	PLW				
Cereals	400	400							400		400	120
Pulses	120	120							120		120	30
Vegetable oil	30	30		25		25		25	30	25	30	10
Salt	5	5							5		5	5
SuperCereal with sugar				250		250		250		250		
High-energy biscuits ^b	333											
Plumpy'sup			92									
Plumpy'doz					47		47					
MNP ^c												0.38
C&V (US\$/person/day)	0.64										0.64	
TOTAL	555	555	92	275	47	275	47	275	555	275	555	165
Total kcal/day	2 132	2 132	500	1 175	247	1 175	247	1 175	2 132	1 175	2 132	628
Number of feeding days	90	7	60	270	120	180	180	180	7	180 (ART) 240 (TB)	22/month	22/month

^a People living with HIV.

^b High-energy biscuits, used only during the first few days after displacement, are not part of GFD.

^c MNPs will be piloted for 50,000 primary schoolchildren.

TABLE 3: FOOD AND CASH/VOUCHERS REQUIREMENTS, BY ACTIVITY (mt)

	Cereals	Pulses	Vegetable oil	Salt	SuperCereal	Plumpy' sup	Plumpy' doz	High-energy biscuits	MNP	TOTAL
RELIEF										
GFD – food	80 703	24 211	6 053	1 009				2 787		114 763
GFD – C&V (US\$)										20 666 069
Treatment of MAM			541		5 412	2 357				8 310
Prevention of acute malnutrition			472		4 717		867			6 055
Caregiver support	46	14	3	1						64
EARLY RECOVERY AND RESILIENCE										
Prevention of chronic malnutrition			5		45		8			58
FFT/FFA – food	22 222	6 666	1 667	278						30 833
FFT/FFA – C&V (US\$)										17 522 940
School feeding	55 595	14 115	4 597	2 191					10	76 508
PLHIV/TB			630		6 297					6 927
FOOD TOTAL	158 566	45 006	13 967	3 478	16 470	2 357	875	2 787	10	243 516
C&V TOTAL (US\$)										38 183 009

IMPLEMENTATION ARRANGEMENTS

Participation

66. For GFD, committees of men and women select beneficiaries on the basis of agreed criteria, manage the beneficiary register and ensure that distributions are accurately recorded. For FFA and FFT, communities participate in planning, implementation and monitoring of compliance with WFP work norms. For nutrition and support for people living with HIV and TB patients, community health workers show beneficiaries how to use the nutrition products; health workers also screen children under 5 and pregnant and lactating women for nutrition status. Parent-teacher associations will be increasingly involved in school feeding, for example through school gardens, provision of fresh foods, and improvements to school buildings.

Partners and Capacities

67. WFP collaborates with the United Nations Office for Project Services and UNHCR to maintain IDP beneficiary registers. Food will be distributed by cooperating partners, mainly NGOs. To mitigate risks and ensure protection at distribution points, especially for women, distributions will be made in secure locations and during daylight and will involve security authorities. Distributions will follow standard operating procedures for sensitization, establishment of complaint mechanisms, post-distribution monitoring and use of ration cards. Field-level agreements with cooperating partners will include provisions for gender and protection.

68. For C&V transfers, WFP will work with experienced NGOs, traders and financial service providers. Local authorities cooperate with WFP and its partners to integrate voucher distributions into markets and to provide security at distribution points. Under the United Nations Harmonized Approach to Cash Transfers, WFP will review the planning, implementation and monitoring capacity of NGO partners to identify areas requiring capacity development.

69. Treatment of MAM will be carried out at health centres, with prevention of malnutrition at the community level when feasible. Activities with UNICEF, the National Nutrition Programme and NGO partners will provide nutrition, health and hygiene sensitization. The pilot programme for prevention of chronic malnutrition will be run in collaboration with UNICEF and FAO. WFP and FAO will continue to collaborate on: i) combining seed and tool distributions with FFA to prevent people from eating seeds; ii) enhancing partnerships for school gardens with the ministries of agriculture and education and NGOs; and iii) expanding P4P.

70. School feeding is implemented mainly through NGOs. WFP will work with UNICEF and NGOs to ensure adequate quality of education, school supplies, water and sanitation, deworming and the Essential Education Package. Linkages with P4P will be achieved through purchases of locally produced pulses and cereals for schools. The possibilities for local flour fortification in production areas will be explored.

Procurement and Logistics

71. Where possible, WFP will procure food locally to support markets and reduce logistics costs.

72. International food deliveries for DRC arrive at Mombasa in Kenya, Dar es Salaam in the United Republic of Tanzania, Beira in Mozambique and Matadi in DRC. Food is

transported in commercial trucks to WFP warehouses in DRC; intermediate warehouses in the United Republic of Tanzania and Uganda are used when transport capacity at ports is limited.

73. WFP contracts local companies for inland transport, issuing tenders every six months. Where private transporters are not available because of insecurity or poor roads, WFP uses an inter-agency fleet of 25 all-road trucks. Deliveries are made to 800 sites at an average distance of 200 km. Railways are used occasionally, but they are unreliable and transit can take up to three months. In western DRC, WFP carries 5,000–6,000 mt per year on river barges.
74. Landside transport, storage and handling costs in DRC are three to four times higher than in neighbouring countries because of the poor road network, formal and informal levies on truckers and security risks. Transport prices have increased by 30 percent since 2011.

Delivery Mechanisms

75. WFP or NGOs will select traders and implement targeting, sensitization, distribution and monitoring. Financial service providers will make payments, cash transfers and reimbursements for traders. Direct contracting of shops and financial service providers will improve control over implementation and reduce the risk of misconduct.
76. Paper vouchers are exchanged in shops for food and redeemed by the traders, with reimbursement from the financial service providers.
77. Direct cash transfers have been used since 2012. Where beneficiary accounts are established, financial service providers will transfer cash to beneficiaries' branches throughout the country. WFP will use a cash delivery system based on mobile telephones where signal coverage is adequate.

Non-Food Inputs

78. WFP and its partners will provide equipment and materials for asset-creation activities, and cooking utensils, improved stoves and deworming for school feeding. WFP will plan complementary support with the Government and other partners, and will produce vouchers or automated teller machine cards.

Performance Monitoring

79. WFP will use vulnerability analysis and mapping, emergency food security assessments, post-distribution monitoring, nutrition surveys and studies to analyse vulnerability and evaluate the impact of assistance.
80. Cooperating partners report monthly. WFP's 15 sub-offices and field offices ensure accurate monitoring, with staff spending at least 25 percent of their time in the field. Monitoring by NGOs was tested in 2012 in areas where WFP had limited access, and will be expanded where required.
81. Output and outcome monitoring data will be collected regularly and will serve to improve programme management and effectiveness. Data will be centralized through SCOPE to enable timely recording of transactions and online payment reports, improved accountability and reduced risk. Households' use of C&V and the impact on markets will be tracked. WFP staff and partners will be trained to use WFP's new corporate monitoring and evaluation tool in 2013.

82. WFP will monitor the outputs and performance indicators of nutrition programmes, and will undertake nutrition surveys. The pilot chronic malnutrition prevention activity will require robust monitoring and evaluation to analyse its effectiveness; expansion will be based on clear evidence of impact. A country portfolio evaluation in 2014 will inform programme planning.

Risk Management

83. Contextual risks relate to a potential expansion of conflict with further displacements and access restrictions affecting WFP's ability to deliver. Where access is restricted, WFP will work with partners and increase third-party contracting. Food will be airlifted to areas inaccessible to surface transport, substantially increasing costs.
84. Programme risks and mitigation actions include: i) lack of funding, for which WFP has developed a resource mobilization strategy; ii) lack of cooperating partners with sufficient capacity, in which case the new umbrella agreements will enhance the capacities of small NGOs in community-based planning, FFA implementation and monitoring and evaluation; and iii) breaks in the pipeline, which can be countered by using the forward purchase facility, vouchers and loans from other operations in the region.

Security Risk Management

85. Most of DRC is at United Nations security level 3; some eastern areas are at level 4 and Lubumbashi and Kisangani are at level 2.³¹ WFP complies with minimum operating security standards and minimum security telecommunications standards, and ensures the safety of its staff and operations in compliance with United Nations Department of Safety and Security guidelines. When required, warehouses, convoys and monitoring missions will use armed escorts provided by MONUSCO.
86. Insecurity may force WFP to suspend distributions to protect beneficiaries in that food or vouchers could attract attention from armed groups, putting beneficiaries at risk. Mitigation actions include distributing smaller food rations more frequently and using alternative distribution sites. Distributions will be informed by do-no-harm analysis, with particular attention to protection risks affecting WFP beneficiaries.

³¹ United Nations insecurity levels are 1 – minimal; 2 – low; 3 – moderate; 4 – substantial; 5 – high; and 6 – extreme.

ANNEX I-A

PROJECT COST BREAKDOWN			
Food ¹	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	158 566	91 251 697	
Pulses	45 007	24 560 386	
Oil and fats	13 967	18 865 006	
Mixed and blended food	22 489	28 953 756	
Others	3 488	584 950	
Total food	243 516	164 215 795	
Cash transfers		3 818 301	
Voucher transfers		34 364 708	
Total food, cash and voucher transfers			202 398 804
External transport			19 736 783
Landside transport, storage and handling			112 363 655
Other direct operational costs			19 429 010
Direct support costs ² (see Annex I-B)			74 717 190
Total WFP direct costs			428 645 442
Indirect support costs (7.0 percent) ³			30 005 181
TOTAL WFP COSTS			458 650 623

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

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

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

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	26 765 262
Local staff – national officers	6 791 539
Local staff – general service	6 470 132
Local staff – temporary assistance	8 808 660
Local staff – overtime	68 800
Hazard pay and hardship allowance	5 649 700
International consultants	1 800 000
United Nations volunteers	787 500
Staff duty travel	2 774 574
Subtotal	59 916 167
Recurring expenses	
Rental of facility	2 192 302
Utilities	671 560
Office supplies and other consumables	1 094 000
Communications services	2 803 497
Equipment repair and maintenance	187 698
Vehicle running costs and maintenance	1 768 160
Office set-up and repairs	931 700
United Nations organization services	554 000
Subtotal	10 202 916
Equipment and capital costs	
Vehicle leasing	438 600
Communications equipment	946 243
Local security costs	3 213 264
Subtotal	4 598 107
TOTAL DIRECT SUPPORT COSTS	74 717 190

ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
Strategic Objective 1: Save lives and protect livelihoods in emergencies		
Outcome 1 Reduced acute malnutrition in targeted children under 5 and vulnerable populations	<ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition among children under 5 – weight-for-height as % Target: GAM reduced to 5%; baseline: 10.7% ➤ Treatment of MAM performance Targets: Recovery rate > 75%; death rate < 3%; default rate < 15%; non-response rate < 5% 	Partners mitigate factors that can affect food security and nutrition status, for example through water, sanitation and hygiene interventions No major outbreaks of disease or epidemics occur Security situation does not deteriorate and targeted areas remain accessible Funding is adequate and timely
Outcome 2 Improved food consumption over assistance period for targeted emergency-affected households	<ul style="list-style-type: none"> ➤ Household food consumption score Target: > 42 for 80% of targeted households ➤ Coping strategy index Target: negative coping mechanisms decreased for 80% of targeted communities 	
Outputs 1 and 2 Food, non-food items and C&V of sufficient quantity and quality distributed to targeted women, men, girls and boys under secure conditions	<ul style="list-style-type: none"> ➤ No. of women, men, girls and boys receiving food, non-food items and C&V, by category, activity and transfer modality, as % of planned ➤ Tonnage of food distributed, by type, as % of planned ➤ Value of C&V transfers distributed in time, as % of planned ➤ Value of vouchers redeemed in time, as % of actual distribution ➤ No. of health posts assisted 	Insecurity does not hamper distributions Cooperating partners have adequate capacities Market conditions remain favourable for C&V No breaks occur in the food or C&V pipeline
Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures		
Outcome 3 Hazard risk reduced at the community level in targeted communities	<ul style="list-style-type: none"> ➤ Community asset score Target: increased for 80% of targeted communities 	Partners complement activities with non-food items and technical expertise Funding is sufficient and timely
Output 3 Disaster mitigation assets built or restored by targeted communities	<ul style="list-style-type: none"> ➤ Risk reduction and disaster mitigation assets created or restored, by type and unit of measure 	



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
<p>Outcome 4 Early warning systems, contingency plans and food security monitoring systems in place and enhanced with WFP capacity development support</p>	<ul style="list-style-type: none"> ➤ Disaster preparedness index <p>Target: to be defined</p>	
<p>Output 4 Disaster mitigation measures in place with WFP capacity development support</p>	<ul style="list-style-type: none"> ➤ Risk reduction and disaster preparedness and mitigation systems in place, by type 	
Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations		
<p>Outcome 5 Adequate food consumption over assistance period for targeted households, communities, IDPs and refugees</p>	<ul style="list-style-type: none"> ➤ Household food consumption score <p>Target: > 42 for 80% of targeted households</p> <ul style="list-style-type: none"> ➤ Coping strategy index <p>Target: negative coping mechanisms decreased for 80% of targeted communities</p>	<p>Partners complement activities with non-food items and technical expertise</p> <p>Security situation does not deteriorate and targeted areas remain accessible</p> <p>Funding is sufficient and timely</p>
<p>Output 5 As for outputs 1 and 2</p>	As for outputs 1 and 2	As for outputs 1 and 2
<p>Outcome 6 Increased access to assets for targeted communities in fragile, transition situations</p>	<ul style="list-style-type: none"> ➤ Community asset score <p>Target: increased for 80% of targeted communities</p>	<p>Insecurity does not hamper activities</p> <p>Partners complement activities with non-food items and technical expertise</p>
<p>Output 6 Livelihood assets developed, built or restored by targeted communities and individuals</p>	<ul style="list-style-type: none"> ➤ No. of community assets created or restored by targeted communities and individuals ➤ No. of women and men trained in livelihood-support thematic areas 	
<p>Outcome 7 Enrolment of girls and boys, including IDPs and refugees, in assisted schools stabilized at pre-crisis levels</p>	<ul style="list-style-type: none"> ➤ Retention rate <p>Target: met by 85% of sampled schools (rate to be determined through baseline survey)</p>	<p>Insecurity does not hamper activities</p> <p>School infrastructure is useable, teachers are present and school supplies are available</p>



ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
<p>Outcome 8 Reduced stunting in targeted children/populations in post-crisis situations</p>	<ul style="list-style-type: none"> ➤ Prevalence of stunting among children under 2 – height-for-age as % <p>Target: 10 % reduction</p>	<p>No major outbreaks of disease or epidemics occur Security situation does not deteriorate and targeted areas remain accessible Funding is sufficient, timely and predictable</p>
<p>Outcome 9 Improved nutritional recovery of malnourished people living with HIV and TB patients</p>	<ul style="list-style-type: none"> ➤ Nutritional recovery rate <p>Target: > 75%</p>	<p>Partners have sufficient stocks of materials for treatment Cooperating partners have adequate capacities Access to therapies and services is available</p>
<p>Outputs 7, 8 and 9 Food and non-food items of sufficient quantity and quality distributed to targeted women, men, girls and boys under secure conditions</p>	<ul style="list-style-type: none"> ➤ No. of women, men, girls and boys receiving food and non-food items, by category and activity, as % of planned ➤ Tonnage of food distributed, by type, as % of planned ➤ Outcome 7 only: number of schools assisted 	<p>Insecurity does not hamper distributions Cooperating partners have adequate capacities</p>
<p>Strategic Objective 5: Strengthen the capacity of countries to reduce hunger, including through hand-over strategies and local purchase</p>		
<p>Outcome 10 Increased marketing opportunities at the national level through cost-effective WFP local purchases</p>	<ul style="list-style-type: none"> ➤ Food purchased locally, as % of WFP food distributed in-country 	<p>No breaks occur in the food or C&V pipeline Prices are competitive</p>
<p>Output 10 Food purchased locally</p>	<ul style="list-style-type: none"> ➤ Tonnage of food purchased locally, as % of total food purchased 	



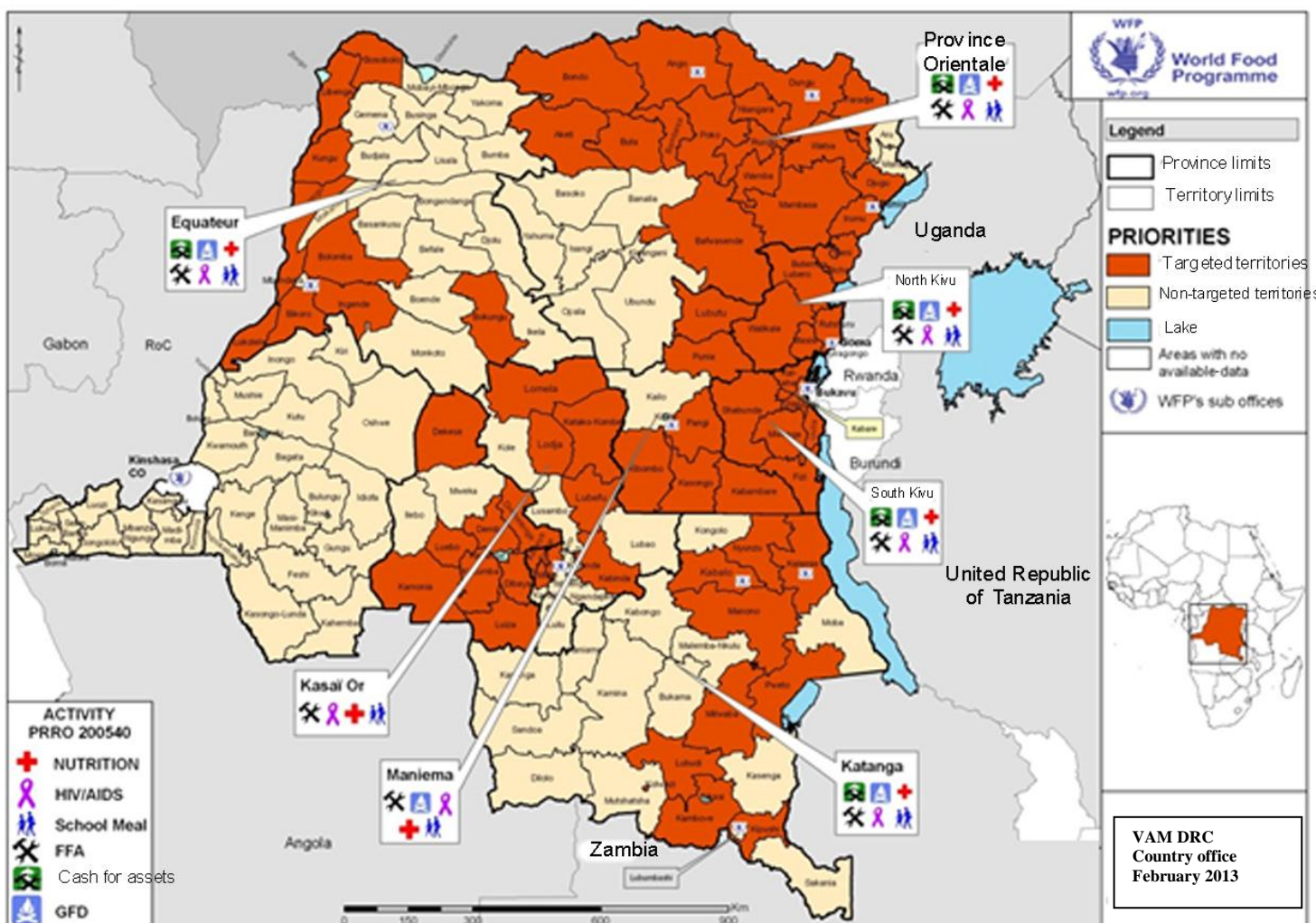
ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
<p>Outcome 11 Progress made towards nationally owned hunger solutions</p>	<p>➤ National capacity index¹ for school feeding Target: > 15 by 2015</p>	<p>Government commitment to school feeding and food security activities continues, including funding United Nations agencies and others (e.g. the World Bank) implement complementary capacity development interventions</p>
<p>Output 11 WFP, government and partner staff trained in needs assessments, food management, market analysis, information management and local tendering processes</p>	<p>➤ No. of people trained in needs assessments, targeting, food management for quantity and quality, market analysis, information management and local tendering processes, disaggregated by gender and category – WFP, government and partner staff</p>	<p>Funding is available</p>



¹ The national capacity index measures progress against five quality standards: i) alignment with national policies; ii) strong institutional frameworks; iii) stable funding and budgeting; iv) quality programme design; and v) community participation. The capacity development assessment tool is based on standards adapted by WFP from a World Bank capacity development framework.

ANNEX III

PRRO 200540 Activities in DRC



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
C&V	cash and vouchers
DRC	Democratic Republic of the Congo
FAO	Food and Agriculture Organization of the United Nations
FFA	food for assets
FFT	food for training
GAM	global acute malnutrition
GFD	general food distribution
GPRS	Growth and Poverty Reduction Strategy
IDP	internally displaced person
IPC	Integrated Food Security Phase Classification
MAM	moderate acute malnutrition
MNP	micronutrient powder
MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
NGO	non-governmental organization
NRC	Norwegian Refugee Council
P4P	Purchase for Progress
PLW	pregnant and lactating women
PNMLS	<i>Programme national multisectoriel de lutte contre le VIH/sida</i>
PRRO	protracted relief and recovery operation
SCOpe	system for cash operations
TB	tuberculosis
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund