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PROTRACTED RELIEF AND RECOVERY OPERATIONS – UNITED REPUBLIC OF TANZANIA 200603

Food Assistance for Refugees

Number of beneficiaries	70,000
Duration of project	2 years (July 2014–June 2016)
WFP food tonnage	32,828 mt
Cost (United States dollars)	
Food transfers	20,241,592
Total cost to WFP	35,938,823

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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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Should you have any questions regarding availability of documentation for the Executive Board, please contact the Conference Servicing Unit (tel.: 066513-2645).

* Johannesburg Regional Bureau (Southern Africa)

EXECUTIVE SUMMARY

Civil strife and ethnic conflicts in neighbouring countries have resulted in a major influx of refugees into the United Republic of Tanzania, especially the northwestern Kigoma and Kagera regions. Renewed stability over the past two decades has created opportunities for the majority of these refugees to return home. The remaining 70,000 reside in Nyarugusu camp, which primarily hosts refugees from the Democratic Republic of the Congo and a small group from Burundi.

Nyarugusu, in Kigoma region, is the only remaining refugee camp in the country after the closure of Mtabila camp in 2012. The closure followed the repatriation of Burundian refugees on the basis of agreements among the Government, Burundi and the Office of the United Nations High Commissioner for Refugees.

Most of the Congolese refugees originate from South Kivu, where the security situation remains volatile. It is unlikely that these refugees will be able to repatriate under the current circumstances. Durable solutions are being sought and opportunities for third-country resettlement are expected to increase. Protracted relief and recovery operation 200603 will provide humanitarian assistance for the refugee population in Nyarugusu camp through general food distributions and blanket supplementary feeding. WFP will also provide food for people temporarily hosted at the transit centre in Kigoma.

The design of this operation is based on the findings of the 2013 joint assessment mission and 2012 nutrition survey and on consultations with the Ministry of Home Affairs, other United Nations agencies, donors and partners.

WFP's assistance to the refugee population is incorporated into the United Nations Development Assistance Plan (2011–2015) and aligned with the Government's budget cycle.

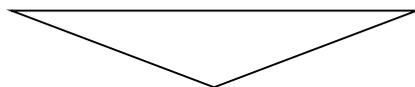
The operation contributes to Millennium Development Goals 1, 4 and 5,¹ and is in line with WFP's Strategic Plan (2014–2017), Strategic Objectives 1 and 4.²

Because Kigoma is a food-surplus region and alternative means of assistance may improve support for the refugees, WFP will assess the feasibility of introducing a cash and voucher component.

¹ Millennium Development Goals: 1 – Eradicate extreme poverty and hunger; 4 – Reduce child mortality; 5 – Improve maternal health.

² Strategic Objectives: 1 – Save lives and protect livelihoods in emergencies; and 4 – Reduce undernutrition and break the intergenerational cycle of hunger.

DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation United Republic of Tanzania 200603 – “Food Assistance for Refugees” (WFP/EB.2/2013/7-C/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 United Republic of Tanzania has hosted refugees from neighbouring Burundi, the Democratic Republic of the Congo (DRC) and Rwanda for 40 years. As a result of improved conditions in Burundi and Rwanda, most of these refugees have returned home. Nyaragusu is now the only camp remaining, with a population largely from DRC and a small caseload of Burundian refugees.
2. In 2012, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Government began interviewing Burundian refugees in the light of improved security in Burundi: it was found that 90 percent of the population in the former Mtabila camp no longer required protection.
3. In August 2012, the Government granted those refugees five months to repatriate voluntarily; 35,000 refugees had returned to Burundi by the end of 2012. Mtabila camp was closed in December 2012, and the 2,715 Burundians who remained there were re-located to Nyarugusu. Coordination among the Governments of Burundi and the United Republic of Tanzania, and United Nations agencies and partners resulted in peaceful closure. Extensive planning and coordination allowed the former refugees to repatriate in safety and with dignity.

TABLE 1: INHABITANTS OF NYARUGUSU CAMP	
Burundian refugees	2 895
Burundian persons of concern	1 889
DRC refugees	63 327
Others	242
TOTAL	68 353

Source: UNHCR United Republic of Tanzania beneficiary database for refugees, June 2013.

4. It is unlikely that refugees from DRC will repatriate in the near future given the country's volatile security situation, particularly in South Kivu, from where most refugees originated. There could be a further influx of refugees if the situation in eastern DRC continues to deteriorate. Of the 200,000 people displaced since April 2012, 57,000 have fled to Rwanda and Uganda.³
5. UNHCR will continue to seek durable solutions such as third-country resettlement for the remaining refugees. WFP will continue to assist the refugee population until solutions are found.

³ Office for the Coordination of Humanitarian Affairs humanitarian reports 2012. Available at <http://www.unocha.org/about-us/publications/humanitarian-reports>

The Food Security and Nutrition Situation

6. Over the past ten years, the United Republic of Tanzania's gross domestic product has grown by 6 percent annually,⁴ primarily as a result of growth in agriculture, tourism and construction. But the average Tanzanian is not yet feeling the positive effects of this growth and is faced with inflation driven by rising food and fuel prices.
7. Agriculture, the backbone of the economy, contributes a quarter of gross domestic product and employs 70 percent of the labour force;⁵ 80 percent of Tanzanians live in rural areas and engage in small-scale agriculture.
8. Although the United Republic of Tanzania is self-sufficient at the national level, with the potential to supply grain for East Africa, there are local food deficits; 36 percent of the population lives below the poverty line of US\$0.65 per day.⁶
9. Kigoma, the region hosting the refugees, enjoys reliable rainfall and is food secure; 89 percent of households have acceptable food consumption,⁷ and 60 percent of smallholder farmers in the region grow more than four crops, which contributes to household food security.
10. Health indicators for Kigoma region are poor, however: infant mortality is 114/1,000 live births in rural areas, and only 33 percent of births occur in health facilities.⁸ The ratio of people to health facilities is high.
11. At the national level, 5 percent of adults aged 15–49 are HIV-positive.⁹ Prevalence in Nyarugusu camp is 1 percent. According to UNHCR, children suffered two episodes of malaria per year on average.
12. A 2012 joint nutrition survey¹⁰ reported that stunting in Nyarugusu camp was 46 percent, compared with the national average of 42 percent. Prevalence of stunting was 25 percent among children aged 18–29 months.
13. Micronutrient deficiencies, especially anaemia, are prevalent in Nyarugusu camp among children under 5 and women. The 2012 joint nutrition survey showed 38 percent prevalence of anaemia among children aged 6–59 months; prevalence among pregnant women was 37 percent, and among non-pregnant women 31 percent.
14. Community and household surveillance (CHS) from 2012 showed: i) deterioration in food security compared with 2011; ii) refugees' over-dependence on the WFP food basket; and iii) inadequate consumption of fruit, vegetables and animal protein. It also showed an increase in acute malnutrition from 1.1 percent in 2010 to 2.6 percent in 2012, and prevalence of severe acute malnutrition of 0.9 percent, well below the 5 percent cut-off for acute malnutrition.
15. Recommendations from the surveys included: i) maintaining current levels of assistance in terms of food, nutrition, health, water and sanitation; ii) increasing interventions to

⁴ *The Economist* Intelligence Unit, Tanzania Country Report 2012. Available at www.eiu.com

⁵ Government of the United Republic of Tanzania. 2011.

⁶ Multi-dimensional poverty index, United Nations Development Programme *Human Development Report 2013*. New York.

⁷ Comprehensive food security and vulnerability assessment. 2010.

⁸ Ministry of Finance. *Poverty and Human Development Report 2011*. Dar es Salaam.

⁹ National Bureau of Statistics. 2012. *The 2011–12 Tanzanian HIV/AIDS and Malaria Indicator Survey*. Dar es Salaam. Available at <http://www.measuredhs.com/pubs/pdf/AIS11/AIS11.pdf>

¹⁰ Nutrition Survey carried out in Nyarugusu by WFP, UNHCR, UNICEF and TRCS. October 2012.

address micronutrient deficiencies; iii) addressing high levels of stunting; iv) supporting improvements in infant and young child feeding practices; and v) increasing access to livelihood opportunities among refugees to combat limited dietary diversity.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

16. The Ministry of Home Affairs is responsible for the refugees. The Government ratified the Organization of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa in 1975, and is a party to the International Covenant on Civil and Political Rights and the 1951 Convention relating the Status of Refugees and its 1967 Protocol. The Government's Refugees Act was introduced in 1988 to protect asylum seekers.
17. To assist the refugees in Nyarugusu camp, the Government will support WFP's initiative to evaluate the feasibility of cash and voucher transfers under protracted relief and recovery operation (PRRO) 200603. Restrictions on refugees' engagement in economic activities have hitherto excluded this possibility. Cash and voucher transfers could offer a cost-effective option for improving beneficiary households' dietary diversity.

Policies, Capacities and Actions of other Major Actors

18. UNHCR is responsible for refugees' basic needs, camp management and security, international protection, voluntary repatriation, environmental management and resettlement. Health-related assistance is provided by UNHCR and the Government, with support from the United Nations Children's Fund (UNICEF), the International Rescue Committee and the Tanzania Red Cross Society (TRCS). UNICEF implements water, sanitation and hygiene interventions, trains service providers and informs young people about HIV/AIDS. The United Nations Population Fund addresses sexual and reproductive health and gender-based violence. The International Organization for Migration addresses resettlement and supports the East African Community Secretariat regarding the rights and needs of migrants. The Food and Agriculture Organization of the United Nations supports forest management.

Coordination

19. Regular meetings in Kigoma will coordinate the work of the Government, United Nations agencies and non-governmental organizations. Field offices will regularly monitor other partners. The closure of Mtabila camp in 2012 is an example of the efficiency of these coordination mechanisms. The UNHCR-led United Nations Development Action Plan Refugee Working Group, of which WFP is a member, meets monthly.

OBJECTIVES OF WFP ASSISTANCE

20. PRRO 200603 contributes to Millennium Development Goals 1, 4 and 5,¹¹ and is aligned with the WFP Strategic Plan (2014–2017). The objectives are to:
- save lives and protect livelihoods in emergencies, and ensure adequate food consumption among refugees (Strategic Objective 1);
 - prevent stunting in children under 2 (Strategic Objective 4); and
 - improve the nutritional status of targeted pregnant and lactating women (PLW) through a blanket feeding programme (Strategic Objective 4).

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

21. Operations began in 1994 to assist camps holding up to 600,000 refugees from the Great Lakes region. Since 2007, the number of refugees has declined from 290,000 to the current 70,000 in Nyarugusu camp.
22. For the first year of PRRO 200325, the preceding operation, food assistance was provided for 100,000 refugees from Burundi and DRC in Mtabila and Nyarugusu camps. Despite breaks in food supply in early 2012, donor support has been generous and consistent.
23. In previous operations WFP also supported food-insecure members of the host communities, but this assistance was handed over to the districts as the refugee caseload decreased.
24. The 2011–2015 country programme has a large capacity-development component that includes Purchase for Progress (P4P) and school feeding. The Government has also made long-term investments in emergency preparedness, with WFP's support.

Strategy Outline

25. This PRRO aims to provide food assistance for all 70,000 refugees in Nyarugusu camp through a fortnightly general food distribution (GFD). To address stunting and ensure that acute malnutrition does not increase WFP will provide blanket supplementary feeding for PLW and children under 2; children aged 25–59 months will receive an additional SuperCereal ration to maintain their nutrition status. WFP complementary feeding will provide the minimum recommended nutrient intake of 100 g/person/day of SuperCereal Plus for children aged 6–24 months and SuperCereal for PLW.
26. WFP and its partners will inform beneficiaries about food, nutrition and health issues; progress will be documented through monitoring and evaluation. In view of the Government's reconsideration of its restrictions on refugees, UNHCR will increase access to income-generating activities.
27. WFP will work with TRCS and UNICEF to ensure continuous micronutrient supplementation through health facilities; hospital patients will receive WFP rations. WFP will not implement a supplementary feeding programme for the treatment of acute

¹¹ Millennium Development Goals: 1 – Eradicate extreme poverty and hunger; 4 – Reduce child mortality; 5 – Improve maternal health.

malnutrition because prevalence has been within the acceptable range for several years. Cases of severe acute malnutrition will be managed by TRCS, with support from UNICEF. Monitoring at health facilities and in communities will refer children with moderate acute malnutrition for treatment and follow-up.

28. WFP will continue to advocate with refugee leaders and implementing partners for increased participation by women in food management and distribution; there will be zero tolerance for sexual exploitation and abuse. The 2012 CHS study reported that women made 59 percent of decisions about food use.
29. With support from the Government, WFP and UNHCR will explore the option of a cash and voucher component to revitalize the local economy and encourage self-reliance. A feasibility study in the last quarter of 2013 will determine the appropriateness of cash and vouchers and the options available to inform a plan of operations, which will start in July 2014.
30. To sustain the economy of the host community, WFP will support farmers' organizations in Kigoma region by procuring some food through P4P. The cash and voucher component will increase market opportunities and provide an incentive for increased productivity and diversification of crops. Refugees will be able to access foods that are traditionally traded by women.
31. WFP will continue to support the temporary beneficiary caseload of settlement cases and asylum seekers at the Kigoma transit centre by providing daily rations through the International Rescue Committee until durable solutions are found.

Hand-Over Strategy

32. Increased fighting and continuing instability in DRC – particularly in Kivu, from where many refugees originate – means that repatriation is unlikely. More refugees could arrive as long as the security situation remains unstable. WFP does not expect to be in a position to hand over refugee food assistance to the Government during PRRO 200603.

BENEFICIARIES AND TARGETING

33. Table 2 shows the current number of refugees in the camp, and reflects anticipated variations resulting from new arrivals, births, deaths and repatriation or resettlement. Projected beneficiary numbers are based on trend analysis, and have been agreed with UNHCR and local donors.
34. Beneficiary figures may be revised following verifications by UNHCR, or if durable solutions are found for a large number of refugees. Any unexpected refugee influxes can be addressed through budget revisions. The planning figures are estimated for a 24-month operation.

TABLE 2: BENEFICIARIES BY ACTIVITY, YEAR AND GENDER

Activity	Men/boys			Women/girls			Total		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
GFD*	34 300	34 300	34 300	35 700	35 700	35 700	70 000	70 000	70 000
Hospital patients	718	718	718	1 032	1 032	1 032	1 750	1 750	1 750
Blanket supplementary feeding for PLW	-	-	-	3 150	3 150	3 150	3 150	3 150	3 150
Complementary feeding: children under 2	2 744	2 744	2 744	2 856	2 856	2 856	5 600	5 600	5 600
Children aged 25–59 months	4 116	4 116	4 116	4 284	4 284	4 284	8 400	8 400	8 400
TOTAL**	34 300	34 300	34 300	35 700	35 700	35 700	70 000	70 000	70 000

* The number of refugees receiving GFD is rounded up to 70,000 to include potential asylum seekers and an increased number of refugees after verification in the second half of 2013.

** The number of beneficiaries receiving GFD includes in-patients, BSF for PLW, complementary feeding for children under 2, and children aged 25–59 months.

NUTRITIONAL CONSIDERATIONS AND RATIONS

35. The GFD ration provides the minimum daily energy requirement of 2,100 kcal per person per day: it consists of maize meal, beans or split peas, SuperCereal, fortified vegetable oil and iodized salt.
36. Blanket supplementary feeding (BSF) provides a fortnightly take-home ration of SuperCereal with sugar and vegetable oil for PLW; SuperCereal Plus will be provided for children aged 6–24 months to prevent stunting.
37. As recommended by the 2013 joint assessment mission, the social behavioural change communication (SBCC) approach will be introduced in collaboration with UNICEF and TRCS; it will address inappropriate infant and young-child caring and feeding practices and other barriers to proper nutrition.
38. Table 3 provides a breakdown of daily rations for GFD and BSF.

TABLE 3: RATION/TRANSFER BY ACTIVITY (g/person/day)				
	GFD	Complementary feeding: children under 2	BSF (PLW)	In-patients
Cereals	380			200
Pulses	120			100
SuperCereal with sugar*	50		100	200
SuperCereal Plus		100		
Oil	20		20	30
Salt	5			5
TOTAL	575	100	120	535
kcal/day	2 145	394	558	2 080
% kcal from protein	71.5	16.6	11.1	14.23
% kcal from fat	37.3	23.2	45.5	21.72
No. of feeding days per year	365	365	365	365

* A GFD ration of 100 g of SuperCereal with sugar will be provided for children aged 2–59 months.

IMPLEMENTATION ARRANGEMENTS

Participation

39. Beneficiaries' views on rations, food quality and targeting will be incorporated into project design through food-basket monitoring, beneficiary contact, post-distribution monitoring, joint assessment missions and CHS.
40. Refugees will receive GFD every two weeks through a communal system managed by food-distribution committees. Women account for 50 percent of committee members and are encouraged to participate in decision-making.
41. The food basket is monitored during distributions to ensure that beneficiaries receive the correct ration. Regular inspections by WFP, implementing partners and refugees will guarantee the quality and quantity of food at distribution sites. WFP will also carry out post-distribution monitoring.
42. The SBCC approach will enable individuals, households and the refugee community to discuss relevant issues and create an enabling environment for improved maternal, infant and young child nutrition.

Partners and Capacities

43. The Ministry of Home Affairs is responsible for the refugees; coordination with other actors is ensured through regular meetings. WFP and UNHCR are present in Kasulu and Kigoma close to Nyarugusu camp.
44. WFP has field-level agreements for food distribution with World Vision and TRCS.
45. Incidents of sexual and gender-based violence in the Nyarugusu camp are reported to UNHCR through the International Rescue Committee. Food-related cases of sexual and

gender-based violence are reported separately. WFP and its partners address these issues during monthly inter-agency and food-coordination meetings.

Procurement

46. PRRO 200603 will follow WFP's procurement procedures, taking into account the most cost-effective options. Subject to availability of resources, food will be procured locally, regionally and internationally. WFP will take care not to disrupt markets and will ensure that purchases benefit local farmers through P4P.
47. Maize for PRRO 200603 will be milled at the WFP plant at its sub-office in Isaka, near Nyarugusu camp, to reduce costs.

Logistics

48. Food received at Dar es Salaam will be transported by road to WFP warehouses and to the extended delivery point in Nyarugusu camp. Locally purchased food will be transported to the warehouses for storage and then delivered to the camp.

Transfer Modalities

49. Food transfers are the only modality used in this operation, but the Government has agreed that WFP should explore the option of implementing a cash and voucher component.

Non-Food Inputs

50. UNHCR is responsible for distributing non-food items – firewood, mosquito nets, medical supplies, blankets, kitchen sets and water and sanitation equipment.

PERFORMANCE MONITORING

51. The logical framework (see Annex II), which is aligned with the Strategic Plan (2014–2017), sets out the indicators to be monitored. Monitoring report formats and checklists will be adjusted to include the new indicators.
52. WFP's implementing partner will report each month on the performance indicators of the SBCC and BSF programmes and will, with WFP, develop a sound monitoring and evaluation system before implementation starts. Performance monitoring will be conducted jointly and discussed with partners at review meetings. Health and nutrition indicators will be obtained from the UNHCR Health Information System and joint nutrition surveys.
53. The WFP country office provides support and operational oversight; sub-office staff are responsible for monitoring activities. Field staff will carry out regular monitoring visits to the camp with UNHCR and other partners.
54. Distribution data collected by cooperating partners will be consolidated by the sub-office into a single report by activity and intervention area; this will be submitted to the country office. Output data disaggregated by beneficiary category, gender and age will be collected monthly by cooperating partners and WFP monitors. The data will be sent by WFP sub-office staff for inclusion in the database at the country office; it will then be analysed to inform decision-making.
55. Monitoring results will feed into programme planning and WFP's standard reporting.

RISK MANAGEMENT

56. Further deterioration of the security situation in DRC could generate an influx of refugees: this would constitute a risk for the refugees in the United Republic of Tanzania and would increase costs for WFP, possibly requiring a budget revision.
57. The success of PRRO 200603 depends on adequate and timely donor contributions. Pipeline breaks resulting from funding constraints are a risk to the refugees' food security and could generate protests in the camp.
58. WFP is aware that funding for PRRO 200603 may be curtailed by factors such as changes in donor priorities, other emergencies or a financial crisis. There is, however, a low risk of donors withdrawing support, and the closure of Mtabila showed that the Government is committed to finding durable solutions for refugees.

Security Risk Management

59. The northwestern region is at United Nations security level II: security clearance is required for United Nations staff to travel to Kigoma region and Nyarugusu camp.
60. WFP complies with minimum operating security standards. United Nations field-security norms cover staff safety and travel procedures. WFP and other United Nations agencies have a common security system, with UNHCR as the focal point.

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (US\$)	Value (US\$)
Food			
Cereals	21 236	11 061 403	
Pulses	6 268	4 699 868	
Oil and fats	1 096	1 365 714	
Mixed and blended food	3 966	3 060 427	
Others	262	54 180	
Total food	32 828	20 241 592	
External transport		1 600 970	
Landside transport, storage and handling		5 479 763	
Other direct operational costs: food		480 816	
Food and related costs¹		27 803 141	27 803 141
Direct operational costs			27 803 141
Direct support costs ² (see Annex I-B)			5 784 544
Total direct project costs			33 587 685
Indirect support costs (7 percent) ³			2 351 138
TOTAL WFP COSTS			35 938 823

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\$)	
WFP staff and staff-related	
Professional staff	2 057 357
General service staff	1 069 709
Danger pay and local allowances	14 000
Subtotal	3 141 066
Recurring and other	839 978
Capital equipment	440 000
Security	360 000
Travel and transportation	1 003 500
TOTAL DIRECT SUPPORT COSTS	5 784 544

ANNEX II: LOGICAL FRAMEWORK ¹		
Results	Performance indicators	Assumptions
Strategic Objective 1: Save lives and protect livelihoods in emergencies		
Outcome 1.1 Improved food consumption over assistance period for targeted households	<ul style="list-style-type: none"> ➤ Food consumption score Target: 100% of targeted households have at least borderline consumption (CHS, post-distribution monitoring) ➤ Daily average dietary diversity Target: 100% of targeted households consume at least 3 food groups on average per day (CHS, PDM) 	No pipeline breaks occur. Non-food items and services continue to be available, reducing the need to exchange food for non-food items and services.
Output 1.1.1 Food and nutritional products distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries of GFD	<ul style="list-style-type: none"> ➤ No. of refugees by age group and gender receiving food assistance and as % of planned beneficiaries of GFD Target: 100%; 34,300 men and 35,700 women for 2014–2016; monthly distribution reports ➤ Amount of food distributed as % of planned GFDs, by food type Target: 100% for 2014–2016; MDR 	Food pipeline remains strong during the project lifespan and all foods are available.
Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger		
Outcome 4.1 Reduced undernutrition, including micronutrient deficiencies	<ul style="list-style-type: none"> ➤ 5% reduction in the prevalence of iron deficiency anaemia in children; joint nutrition survey, joint assessment mission ➤ Proportion of children consuming a minimum acceptable diet Target: >70%; joint nutrition survey, CHS and PDM 	Non-food items and services continue to be available, reducing the need to exchange food for non-food items and services.

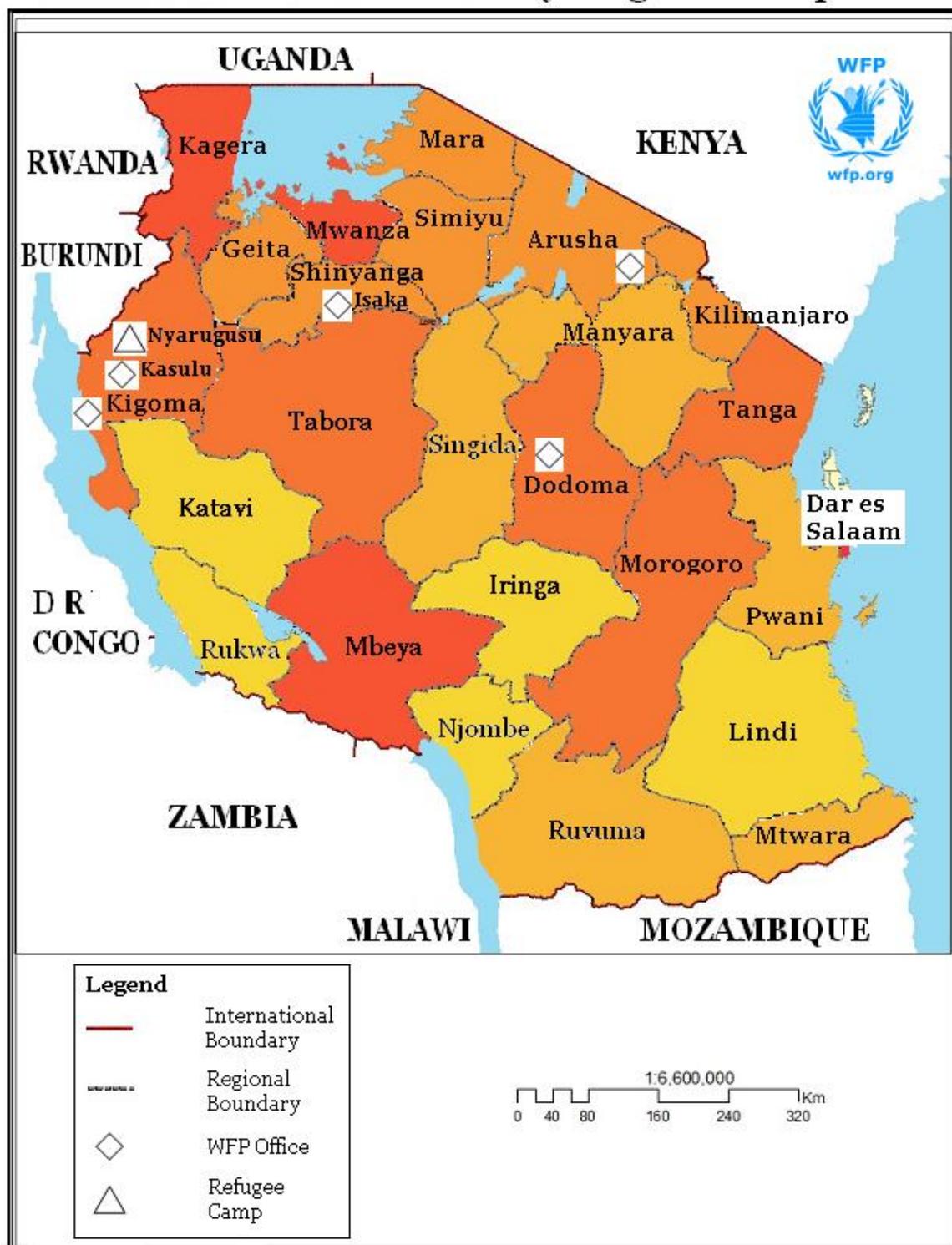
¹ The Logical Framework will be finalized when the Board approves the WFP Strategic Results Framework (2014–2017).

ANNEX II: LOGICAL FRAMEWORK¹

Results	Performance indicators	Assumptions
<p>Output 4.1.1 Food and nutritional products distributed in sufficient quantity and quality and in timely manner to targeted beneficiaries of GFD</p>	<p>➤ Amount of food distributed as % of planned GFDs, by food type Target 100% for 2014–2016; MDR</p>	No pipeline breaks occur.
<p>Outcome 4.2 Reduced stunting among refugee children aged 6–23 months</p>	<p>➤ Prevalence of stunting among targeted children aged 6–23 months, height-for-age Target: 5% reduction/2 years; joint nutrition survey, joint assessment mission</p>	Other causes of malnutrition such as malaria, intestinal parasitic infestations and inadequate caring and feeding practices are addressed by others agencies; health services, water, sanitation and social services are available.
<p>Output 4.2.1 Nutritious foods distributed in sufficient quantity and quality and in timely manner to targeted pregnant and lactating women, and children aged 6–23 months</p>	<p>➤ Quantity of fortified foods and special nutritional products distributed, by type, as % of planned Target: SuperCereal 100%; MDR</p>	Nutritious food is available.

ANNEX III

WFP Presence and Nyarugusu Camp



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

BSF	blanket supplementary feeding
CHS	community and household surveillance
DRC	Democratic Republic of the Congo
GFD	general food distribution
P4P	Purchase for Progress
PLW	pregnant and lactating women
PRRO	protracted relief and recovery operation
SBCC	social behavioural change communication
TRCS	Tanzania Red Cross Society
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund