Emergency Operation

Cameroon 200689

Emergency food and nutrition assistance to refugees newly arrived in Cameroon from Central African Republic	
Number of beneficiaries	100 000
Duration of project	15 May 2014 – 15 January 2015 (8 months)
Gender marker code	1a
WFP food tonnage (*mt*)	14 108

Cost (United States dollars)	
Food and related costs	12 463 788
Cash and vouchers and related costs	-
Capacity development & augmentation	-
Direct support cost	2 072 585
Indirect support cost	1 017 546
Total cost to WFP	**15 553 919**

EXECUTIVE SUMMARY

The deteriorating situation in the Central African Republic has displaced over one million civilians and the humanitarian situation in the country remains dire. One in five residents of Central African Republic is displaced, either internally or in the neighbouring countries of Cameroon, Chad, Democratic Republic of the Congo and Republic of the Congo.

Following persistent attacks on the population by different rebel groups, over 100,000 Central African Republic inhabitants of multiple nationalities were forced to flee to Cameroon, many of them wounded from attacks, dehydrated and malnourished. Their lives have been totally transformed or destroyed by what is happening in Central African Republic, and they are traumatized.

As of late April, the Office of the United Nations High Commissioner for Refugees (UNHCR) registered 77,749 new refugees in the East, Adamaoua and North regions. This recent influx has increased pressure on the limited resources of the highly vulnerable local population, which was already hosting more than 80,000 refugees that had previously fled to Cameroon starting in 2006.

The Government and humanitarian community are preparing to assist newly arrived refugees from Central African Republic over an eight-month period. WFP will provide food assistance through general food distributions, and nutrition activities will be implemented to prevent and treat acute malnutrition targeting children under five and pregnant and lactating women.

Collaboration with UNHCR, other humanitarian agencies, and the Government will be critical for successful implementation of the operation. This operation is aligned with the 2014–2017 WFP Strategic Plan.

SITUATION ANALYSIS

Context

1. In March 2013, a military coup led by the armed group Seleka—composed mostly of Muslims from the north of Central African Republic—named its leader Michel Djotodia as president of the country. Following the coup, human rights violations were recorded, including rape, assaults, looting and insecurity targeting the general population. In retaliation to Seleka's actions, non-Muslims organised the Anti-balaka militias, targeting Muslim communities in and around the capital of Bangui.

2. With the unstable security situation, thousands of people began fleeing towards neighbouring countries, including Chad, Democratic Republic of the Congo and Cameroon. Continued violence in Central African Republic has resulted in large influxes of refugees and migrants arriving at regions located close to the Cameroonian border. Considering the current influx at entry points, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Humanitarian Country Team anticipate the arrival of 100,000 new refugees in the coming months.

The Food Security and Nutrition Situation

3. The majority of refugees are cattle breeders from the Fulbé and Mbororos ethnic groups. Women and children comprise 84 percent of the fleeing populations and specific attention will be given to households headed by women as they are most exposed to food insecurity.

4. The interagency rapid assessment mission conducted in February 2014 in the East and Adamaoua regions showed that refugees have limited resources. Their productive assets have been depleted; cattle, money and other livelihood assets were looted, burned or left behind. After several weeks in open air with nothing to eat, their food and nutrition status has certainly worsened.

5. The assessment further noted that girls and women are at special risk of gender-based violence when living in open areas at entry points and they need special attention to not be subjected to violence and harassment.

6. Malnutrition screenings conducted in newly established camps using mid-upper arm circumference (MUAC) reported high global acute malnutrition (GAM) levels of up to 25.2 percent among newly arrived refugee children, with inconsistent levels of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) due to varying partner methods and thresholds.[1] The evaluation could be worse if weight-for-height or other standardized methods and indicators were used. A SMART survey planned for June 2014 is expected to give a clearer picture of the nutrition situation.

7. Access to clean drinking water is inadequate and open-air defecation is observed in both host communities and refugee settlements. Incidence of childhood disease is high and many cases of malaria, diarrhoea, and acute respiratory tract infections have been recorded, exacerbating nutritional vulnerability for women and children in particular. Health facilities near the camps have inadequate equipment and lack skilled capacity to manage the increased needs.

[1] Variance extends from 3.8 percent to as high as 12 percent for severe acute malnutrition and from 13 percent to as high as 20 percent for moderate acute malnutrition.

8. Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys conducted in August 2013 reported higher GAM levels in children aged 6–59 months among previously arrived refugee populations (17 percent) compared to those from host populations in the East (3 percent) and Adamaoua (4.3 percent) regions. Though the nutrition situation is alarming in both newly arrived refugees and previously arrived refugees, the latter are already receiving food assistance under Protracted Relief and Recovery Operation 200522 (PRRO) launched in October 2013 and have some livelihood activities; while the former depend solely on external assistance for food and nutrition. They have barely any livelihood activities, higher incidence of diseases, and are more food insecure.

9. HIV prevalence is 6.1 percent in the East and 5.1 percent in Adamaoua regions, women are more affected (5.6 percent) than men (2.9 percent).[2] Acute malnutrition among anti-retroviral therapy (ART) clients in these two regions stands at 16.1 percent for urban areas and 18.4 percent for rural areas.[3] Central African Republic has one of the highest HIV prevalence rates in the region (4.9 percent, compared to 4.3 percent in Cameroon) and the presence of Central African Republic refugees is likely to worsen the situation in Cameroon.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

10. Following a Government request for assistance, the United Nations Country Team (UNCT) fielded a joint rapid assessment mission to regions highly affected by the refugee influx. The mission reported an urgent need for humanitarian response focusing on food security, health, nutrition, WASH,[4] protection, and sexual and gender-based violence. The UNCT has organized a donor meeting to discuss assistance to the refugees.

11. UNHCR and its field partners are assisting with temporary settlements, providing tents for shelter, hot meals, WASH, health and nutrition services, while camps are developed for newly transferred refugees.

12. In Adamaoua and East regions, the PRRO assists local populations and previously arrived refugees—who began arriving in 2005—by providing food assistance for assets to families with improved food security, and general food distribution (GFD) to 18,000 vulnerable Central African Republic refugees. This operation also provides targeted supplementary feeding to treat MAM in children aged 6–59 months, pregnant and lactating women (PLW) and for ART clients through food-by-prescription. Treatment of MAM in children aged 6–59 months and PLW among the local population and previously arrived refugees has been transferred to this EMOP. If necessary, the number of undernourished ART clients targeted for food-by-prescription will be revised at a later stage through a PRRO budget revision taking into account newly arrived refugees.

13. An Immediate Response Emergency Operation 200679 (IR-EMOP) was launched in March 2014 to provide three months of food assistance to 27,000 new refugees in camps, but the influx of refugees was higher than expected, with UNHCR registering 77,749 new refugees as of 28 April. The response strategy was revised to provide immediate food and nutrition assistance through GFD—including Supercereal and Plumpy'Sup—on registration at entry points. Due to the time taken to transfer refugees into camps and the poor nutrition status of children on arrival, IR-EMOP

[2] *Enquête Démographique et de Santé.* 2011
[3] *Etude du profil de vulnérabilité alimentaire des ménages des PVVIH sous ARV au Cameroun (Juin 2012).*
[4] WASH: water, sanitation and hygiene

resources could only respond to two months of food requirements. Stocks are now exhausted and GFD commodities need to be purchased urgently to ensure distributions planned for the second half of May.

Coordination

14. UNHCR is coordinating assistance to newly arrived refugees in Cameroon under the supervision of the Humanitarian Country Team. The humanitarian community has organized into sectorial groups to adjust their strategic response and action plans to the emergency. WFP prepares a weekly situation report and holds regular meetings to monitor the emergency response in collaboration with its Bertoua sub-office in the East region.

OBJECTIVES OF WFP ASSISTANCE

15. Emergency Operation 200689 (EMOP) is aligned with WFP Strategic Objective 1, "Save lives and protect livelihoods in emergencies." Specifically, proposed activities aim to:

    - Ensure adequate food access and consumption for Central African Republic refugees in camps and in transit at entry points; and
    - Prevent and treat acute malnutrition among Central African Republic refugees' children aged 6–59 months and PLW.

16. Expected outcomes focus on ensuring adequate food consumption of Central African Republic refugee households during the eight months of assistance.

BENEFICIARIES AND TARGETING

17. The proposed EMOP will assist 100,000 beneficiaries, a population jointly agreed by the United Nations agencies and the humanitarian community in Cameroon. Given the relatively long time lapse between arrival at entry points (borders) and transfer of refugees to camps by UNHCR, WFP food assistance will be provided through GFD to refugees in camps and at entry points after they have gone through the registration process.

18. The latest GAM prevalence rates indicate a critical nutrition situation in both previously and newly arrived refugee populations, calling for a combined treatment and preventive approach.[5] Newly arrived refugees face a higher risk of further nutritional deterioration due to their displacement and arrival history, lack of livelihoods and assets, inadequate water and environmental sanitation and reliance on external assistance. Blanket supplementary feeding (BSF) to prevent acute malnutrition will be provided to target 18,100 children aged 6–59 months among the newly arrived refugees, 3,500 children aged 6–23 months in the previously arrived refugee population, and 12,450 PLW among the newly and previously arrived refugee populations.[6] Treatment of MAM will be provided through existing targeted supplementary feeding (TSF) for previously arrived refugees, newly arrived refugees, and host population, as agreed by the Nutrition Cluster. The PRRO caseload for TSF in the East and Adamaoua regions has been transferred to the EMOP to avoid

[5] GAM prevalence above 15% as categorized by WHO 2006 growth standards; 17% GAM reported from the July 2013 SMART survey for the previously arrived refugee population and 25% GAM reported from screenings conducted in camps by AHA and IMC for the newly arrived refugee population. Note that survey timeframe and methodology vary for each population group.

[6] As per WFP programming for nutrition specific interventions manual and in coherence with age groups most at risk.

confusion in reporting, given that TSF for previously and newly arrived refugees will be conducted in the same health facilities. A total of 12,500 children aged 6–59 months with MAM and 4,600 undernourished PLW will be treated. The nutrition situation will be closely monitored and technical support will be prioritised to strengthen partners' implementation capacity. The nutrition response will be reviewed following results of a SMART nutrition survey planned for June 2014.

TABLE 1: BENEFICIARIES BY ACTIVITY

Activity	Boys/Men	Girls/Women	Total
General food distribution – refugees	43 000	57 000	100 000
Targeted supplementary feeding – children aged 6–59 m	5 375	7 125	12 500[a]
Targeted supplementary feeding – PLW		4 600	4 600[a]
Blanket supplementary feeding – children aged 6–59 m (new refugees' population)	7 783	10 317	18 100
Blanket supplementary feeding – children aged 6–23 m (old refugees' population)	1 505	1 995	3 500
Blanket supplementary feeding – PLW (new refugees' population)		6 700	6 700
Blanket supplementary feeding – PLW (old refugees' population)		5 750	5 750
TOTAL (including overlap)[b]	43 000	57 000	100 000

[a] Includes both newly and previously arrived refugees as well as host populations.
[b] For blanket supplementary feeding, beneficiary numbers consider the number of women and children who will require treatment for MAM during the course of the intervention.

NUTRITIONAL CONSIDERATIONS AND RATIONS

19. Beneficiaries targeted for GFD will receive a daily ration of 555 g comprising maize, pulses, vegetable oil and iodized salt and providing 2,052 kcal per day. WFP will use iodized salt and vitamin A-fortified vegetable oil to counter micronutrient deficiencies.

20. BSF will use nutrient-rich and fortified commodities and provide a daily ration of 47 g of Plumpy'Doz for children. In line with the Cameroon National Protocol for the treatment of malnutrition, moderately malnourished children will receive one 92 g sachet of Plumpy'Sup per day providing 500 kcal, and PLW mothers will receive a daily ration of 275 g of Supercereal with added sugar and vegetable oil providing 1,205 kcal.

TABLE 2: FOOD RATION/TRANSFER BY ACTIVITY *(g/person/day)*					
	GFD	**TSF**		**BSF**	
		Children	**PLW**	**Children**	**PLW**
Cereal	450				
Pulses	75				
Vegetable oil	25		25		12.5
Salt	5				
Supercereal with sugar			250		125
Plumpy' Doz				47	
Plumpy' Sup		92			
TOTAL	**555**	**92**	**275**	**47**	**137.5**
Total kcal/day	***2 052***	***500***	***1 205***	***247***	***602.5***
% kcal from protein	12.4	10.2	13.5	10.0	13.5
% kcal from fat	19.3	54.9	37.6	58.0	37.6
Number of feeding days per year	240	60	180	180	180

TABLE 3: TOTAL FOOD REQUIREMENTS BY ACTIVITY *(mt)*						
Commodity Type	**GFD**	**TSF – children (6-59 m)**	**TSF – PLW**	**BSF – children (6-59 m)**	**BSF – PLW**	**Total (*mt*)**
Cereal	10 800.000					10 800.000
Pulses	1 800.000					1 800.000
Supercereal Plus			207.000		280.125	487.125
Vegetable oil	600.000		20.700		28.013	648.713
Sugar						0.000
Salt	120.000					120.000
Plumpy'Sup		69.000				69.000
Plumpy'Doz				182.736		182.736
TOTAL	13 320.000	69.000	227.700	182.736	308.138	14 107.574

IMPLEMENTATION ARRANGEMENTS

21. Participation: Refugee committees set up in camps will engage both men and women members in GFD decisions. The committees will participate in sensitizing beneficiaries on the appropriate use of nutritional products, food stock counts, food

basket monitoring, and security services in and around distribution sites. Special attention will be given to women's participation in refugee sensitization campaigns, training and food distribution. Whenever possible, women will be registered as food entitlement holders—they will either collect the family ration themselves or designate someone to do it. Women will also receive priority in GFD queues.

22. Supplementary feeding will be implemented via nearby health centres already receiving WFP support through the PRRO and camp locations serving as outreach sites. The United Nations Children's Fund (UNICEF) will support treatment for SAM while WFP will provide specialised nutritious foods for the prevention and treatment of acute malnutrition. Nutrition screening will be conducted in refugee camps, refugee transit sites and host communities. Cases of SAM and MAM will be referred to nearby nutrition centres or nutrition outreach care sites in the case of far-off camps. Blanket supplementary feeding will be provided in camps and in refugee transit sites at entry points, as well as in the community in the case of previously arrived refugees. Beneficiaries will be duly sensitized through mass campaigns and distributions will take place in the same areas where GFD is distributed. Nutrition and health education will be provided during food distribution sessions for women, adolescent girls, and effort will be made to target men to enhance their understanding of the causes and solutions to food security and nutrition problems. WFP partners will sensitize the refugee population about gender-related issues, including the importance of avoiding early marriages, a negative coping strategy that is common in refugee settings.

23. Partners and capacities: The EMOP will be implemented in collaboration with United Nations agencies and non-governmental organizations (NGOs). Nutrition interventions will be implemented jointly with the Ministry of Health, UNICEF and NGOs, and coordinated with UNICEF through a joint nutrition strategy. The Nutrition Cluster is active and well-functioning. GFD will be implemented both in camps and at entry points through UNHCR and the International Federation of Red Cross and Red Crescent Societies (IFRC). A tripartite memorandum of understanding has been signed between UNHCR, WFP and IFRC.

24. Procurement: The EMOP will be primarily supplied through international purchases. The forward purchase facility will be used to obtain stocks from Douala. Depending on availability and competitive pricing, about 20 percent of cereals required may be purchased in-country.

25. Logistics: The Commodity Movement Processing and Analysis System (COMPAS) installed at the Bertoua sub-office monitors and reports on food transactions. WFP holds contracts with freight forwarders to deal with receipt, transit and delivery of food commodities to the main warehouses. Food procured locally will be delivered directly to WFP warehouses. All WFP food commodities are moved to extended delivery points and distribution sites by contracted transporters.

26. The poor state of secondary roads will be the primary logistical constraint, especially during the rainy season on roads to camps in Lolo, Mbilé, Gado and Borgop. Implementing partners will be encouraged to mobilize smaller 10–20 mt capacity trucks that travel more easily on muddy roads.

27. Planning period: The EMOP is planned for eight months, from 15 May through 15 January 2015. The food security and nutrition situation of beneficiaries will be continuously monitored and the duration of the operation may be increased through a subsequent budget revision.

28. In-kind transfers remain the most viable options in this emergency context. A cash and voucher feasibility study and cost-efficiency analysis is planned under the PRRO to assess future options for this transfer modality in the assisted areas.

PERFORMANCE MONITORING

29. WFP will ensure that monitoring standards and procedures are fully aligned with the 2014–2017 Strategic Results Framework. WFP will conduct regular field monitoring visits to refugee camps where GFD and nutrition activities takes place. Output and outcome indicators will be monitored by WFP staff through on-site food distribution monitoring, food basket monitoring, post-distribution monitoring (PDM), baseline and follow-up surveys.

30. WFP field staff will collaborate with UNICEF and the Ministry of Public Health to coordinate activities, provide technical support and monitor the nutrition and food security of beneficiaries. Data will be collected in the camps and health facilities monthly and reported to coordination meetings at regional and national levels. Performance monitoring for nutrition activities will be improved to demonstrate results.

31. A joint real-time evaluation will be conducted in collaboration with the Government, United Nations agencies and partners involved in the operation to measure progress in achieving results, draw lessons for future interventions and plan for phasing out or continuing EMOP support.

32. WFP will ensure that food rations at distribution points are collected mostly by women and women are the majority in decision-making food committees. This will be done through sensitization in collaboration with communities and stakeholders. During PDMs, information will be collected to measure the proportion of assisted women making decisions over the use of food within the household. A gender assessment mission is being planned with gender specialists at headquarters and the regional bureau to build country office capacity in collecting and analysing gender sensitive information, including the use of qualitative methodologies in data collection.

HAND-OVER STRATEGY

33. As the situation in Central African Republic remains unstable, it is unlikely that assistance will be phased out by the end of this operation. However, if peace and security are restored in Central African Republic, the operation could be phased out with the closing of camps by UNHCR. In case of voluntary settlement in Cameroon, there may be opportunities to support refugees for recovery and longer-term resilience. WFP will continue coordinating with the Government and United Nations agencies for an appropriate response with long-term impact.

RISK MANAGEMENT

34. Main contextual risks are the political and security situation in Central African Republic. This includes possible further deterioration of conditions in Central African Republic that could lead to bigger influxes affecting the East, Adamaoua and North regions. The situation is monitored by international humanitarian organizations in collaboration with the Government. Insufficient funding presents the main programmatic risk that would hinder the operation and lead to pipeline breaks. Resource mobilization activities will be developed and reinforced while keeping donors aware of requirements and developments. Extended lead times for international purchases will be mitigated through timely call forwards to ensure food availability in all warehouses. For institutional risks, regular field visits will be undertaken to monitor distribution and mitigate risks of food diversion. Sexual and gender-based violence is a potential programmatic risk that will be mitigated through sensitization of both men and women and monitoring decision making patterns over the use of food in

the household. UN Women, UNHCR and other United Nations agencies are also putting in place measures to deal with issues related to sexual and gender-based violence.

Security Risk Management

35. The East, Adamaoua and North regions of Cameroon are ranked by the United Nations Security Management Team at Security Level 1. However, considering the situation in Central African Republic, United Nations staff members are advised to use military escorts for movements to border villages. General security for United Nations staff and property is guaranteed by the Government. All WFP infrastructure and vehicles are compliant with minimum operating security standards for United Nations field operations.

RECOMMENDATION

36. The Executive Director and Director-General of FAO are requested to approve the proposed Emergency Operation 200689 for Cameroon.

APPROVAL

…….	…….
Ertharin Cousin	José Graziano da Silva
Executive Director	Director-General of FAO
Date: ……	Date: ……

Drafted by:	Amadou Bocoum, Cameroon Country Office (Yaounde)
Cleared by:	Anne Nardini, Cameroon Country Office (Yaounde) on 13.05.2014
Reviewed by:	Bob Barad, OMD Regional Bureau (Dakar)
Cleared by:	[name] Regional Bureau on [date]
Reviewed by:	[name] Regional Bureau Support (OMO)

Annex I-A

PROJECT COST BREAKDOWN			
	Quantity *(mt)*	**Value** *(USD)*	**Value** *(USD)*
Food Transfers			
Cereals	10 800	4 622 400	
Pulses	1 800	739 800	
Oil and fats	649	677 905	
Mixed and blended food	739	1 124 651	
Others	120	19 398	
Total Food Transfers	**14 108**	**7 184 154**	
External Transport		1 119 386	
LTSH		3 059 651	
ODOC Food		1 100 597	
Food and Related Costs [1]			**12 463 788**
C&V Transfers		-	
C&V Related costs		-	
Cash and Vouchers and Related Costs			**-**
Capacity Development & Augmentation			**-**
Direct Operational Costs			*12 463 788*
Direct support costs (see Annex I-B)			2 072 585
Total Direct Project Costs			***14 536 373***
Indirect support costs (7.0 percent)[2]			1 017 546
TOTAL WFP COSTS			**15 553 919**

[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.

Annex I-B

DIRECT SUPPORT REQUIREMENTS (*USD*)	
WFP Staff and Staff-Related	
Professional staff *	982 357
General service staff **	278 667
Danger pay and local allowances	0
Subtotal	**1 261 024**
Recurring and other	**147 250**
Capital equipment	**162 400**
Security	**62 400**
Travel and transportation	**189 511**
Assessments, evaluations and monitoring[1]	**250 000**
TOTAL DIRECT SUPPORT COSTS	**2 072 585**

* Costs to be included in this line are under the following cost elements: International Professional Staff (P1 to D2), Local Staff - National Officer, International Consultants, Local Consultants, UNV
** Costs to be included in this line are under the following cost elements: International GS Staff, Local Staff - General Service, Local Staff - Temporary Assist. (SC, SSA, Other), Overtime

[1] Reflects estimated costs when these activities are performed by third parties. If WFP Country Office staff perform these activities, the costs are included in Staff and Staff Related and Travel and Transportation.

Annex II – Logical Framework

Results	Performance indicators
Cross-cutting results and indicators	
Output A Gender equality and empowerment improved	A.1 Proportion of assisted men who make decision over the use of food within the household. Target: 30% A.2 Proportion of assisted women who make decision over the use of food within the household. Target: 30% A.3 Proportion of assisted women and men (together) who make decision over the use of food within the household. Target: 40%
Output B WFP assistance delivered and utilized in safe, accountable and dignified conditions	B.1 Proportion of assisted people (men) who do not experience safety problems travelling to/from and/or at WFP programme sites. Target: 80% B.2 Proportion of assisted people (women) who do not experience safety problems travelling to/from and/or at WFP programme sites. Target: 80% B.3 Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain). Target: 70%. B.4 Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain). Target: 70%
Output C Food assistance interventions coordinated and partnerships developed and maintained	C.1 Proportion of project activities implemented with the engagement of complementary partners. Target: 100% C.2 Amount of complimentary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks). Target: > 5% of ODOC budget (55 030 US$) C.3 Number of partner organizations that provide complementary inputs and services. Target: > 2

Results	Performance indicators	Assumptions
Strategic Objective 1: Save lives and protect livelihoods in emergencies		
Outcome 1.1 Reduced undernutrition, including micronutrient deficiencies amongst children aged 6–59 months, pregnant and lactating women	1.1.1a MAM treatment recovery rate (>75%); Baseline *(not yet available)* 1.1.1b MAM treatment default rate (<15%); Baseline *(not yet available)* 1.1.1c MAM treatment non response rate (<15%); Baseline *(not yet available)* 1.1.1d MAM treatment mortality rate (<3%); Baseline *(not yet available)* 1.1.2 Proportion of target population who participate in an adequate number of distribution. Target > 66% Baseline ((*not yet available)* 1.1.3 Proportion of eligible population who participate in programme (coverage). Target: MAM treatment coverage: > 50% in rural areas, > 70% in urban areas, and > 90% in camps; prevention coverage: > 70% Baselines *(not yet available)*	No major disease outbreaks Treatment of MAM is well integrated into Government health centers Adequate malnutrition prevention activities are carried out by relevant stakeholders Partners (UNICEF, Government and NGOs) who have adequate resources and capacity to implement their activities Funding is available No pipeline breaks
Outcome 1.2 Stabilized or improved food consumption over assistance period for targeted households	1.2.1a FCS: percentage of households headed by males with poor FCS. Target: 4%; Baseline: 20% 1.2.1b FCS: percentage of households headed by females with poor FCS. Target: 4%; Baseline: 20% 1.2.2 Diet diversity score, disaggregated by sex of household head. Target: 5; Baseline:4.59	
Output 1.1 Food and nutritional products distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries	1.1.1 Number of women, men, boys and girls receiving food assistance disaggregated by activity, beneficiary category, sex, food as % of planned figures 1.1.2 Quantity of food assistance (fortified foods, complementary foods and special nutritional products) distributed, disaggregated by type, as percentage planned	

Output 1.2 Messaging and counseling on specialized nutritious foods and infant and young child feeding	1.2.1 Proportion of women/men exposed to nutrition messaging supported by WFP, against proportion planned 1.2.2 Proportion of women/men receiving nutrition counseling supported by WFP, against proportion planned	

Annex III – Map

ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
BSF	blanket supplementary feeding
COMPAS	Commodity Movement Processing and Analysis System
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
GFD	general food distribution
IFRC	International Federation of Red Cross and Red Crescent Societies
NGO	non-governmental organization
IOM	International Organization for Migration
PLW	pregnant and lactating women
PRRO	protracted relief and recovery operation
SMART	Standardized Monitoring and Assessment of Relief and Transitions
TSF	targeted supplementary feeding
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene

ANNEX IV – LTSH Matrix

ANNEX V – Project Budget Plan

ANNEX VI – Project Statistics