

Protracted Relief and Recovery Operation - Rwanda PRRO 200744

Title: Food and Nutrition Assistance to Refugees and Returnees	
Number of beneficiaries	93,900
Duration of project	1 January 2015 – 31 December 2016
Gender Marker Code * ¹	2a
WFP food tonnage	16,676

* For the coding criteria, refer to <https://www.humanitarianresponse.info/system/files/documents/files/gm-overview-en.pdf>.

Cost (United States dollars)	
Food and Related Costs	14,571,487
Cash and Vouchers and Related Costs	11,369,363
Capacity Development & Augmentation	-
DSC	6,908,986
ISC	2,299,489
Total cost to WFP	35,149,325

¹ See WFP Gender Marker Guide, http://pgm.wfp.org/index.php/Topics:Gender_Marker.

EXECUTIVE SUMMARY

WFP is currently assisting 73,000 refugees from the Democratic Republic of the Congo (DRC) in five refugee camps in Rwanda. There were two major arrivals. The majority fled from conflict in the eastern DRC in 1995-1996. A further 30,000 escaped from increasing insecurity during 2012 and 2013.

The intractable conflict in eastern DRC underlines that significant repatriation is unlikely within the next two years. Therefore refugees will continue to rely on international assistance for their basic needs. The 2014 WFP/UNHCR Joint Assessment Mission states that 79 percent of refugee household income is derived from WFP's assistance, and that opportunities for other income for refugees remain limited.

Twenty thousand Rwandan refugees are estimated to have returned to Rwanda from neighbouring countries by the end of 2014. This was a direct result of the implementation in June 2013 of the comprehensive solutions strategy for Rwandan refugees who fled between 1959 and 1998. WFP will provide assistance to returnees for six months to facilitate reintegration.

The underlying strategy of this operation was formulated through a series of consultative meetings with the Government of Rwanda, UN agencies, cooperating partners and beneficiaries. Recommendations and analyses from recent evaluations and surveys are incorporated. The operation's main objectives are to:

- meet the food and nutritional needs of refugee and returnee populations;
- expand the use of cash in food assistance;
- implement nutritional safety net programmes for vulnerable groups;
- increase refugee self-reliance.

After the successful implementation of the cash transfer pilot in Gihembe camp, this operation will expand cash transfers into two additional camps. An external evaluation of WFP's cash transfer pilot in June 2014 concluded that cash transfers enhanced programme effectiveness, efficiency and sustainability. Anticipated benefits include that cash transfers will improve refugees' dietary diversity, are strongly preferred by the beneficiaries, and have better protection outcomes than in-kind assistance. As the experience and capacities of WFP and partners is built, electronic vouchers will be considered within the timeframe of this PRRO to explore livelihood opportunities for selected producer groups.

The response is consistent with the Zero Hunger Challenge pillars: 1) zero children less than two years are stunted, and 2) 100 percent have access to adequate food throughout the year. It addresses the Millennium Development Goals: 1) eradicate extreme poverty and hunger, 2) achieve universal primary education, 4) reduce child mortality and 5) improve maternal health.

SITUATION ANALYSIS

Context

1. Rwanda has achieved remarkable progress over the last decade, including high economic growth, rapid poverty reduction and lower inequality.² Rwanda's long-term vision is to transform the country from a low-income agriculture-based economy to a knowledge-based and service-oriented economy by 2020.
2. Despite the positive trend, Rwanda is classified as a low-income food-deficit country, ranking 167 out of 187 countries in the 2013 human development index.³ Rwanda is a small, land-lock country with limited natural resources and the highest population density in Africa.
3. While the overall political and security situation in Rwanda remains stable, on-going conflict in North Kivu along the Rwanda-DRC border continues a threat. Congolese civilians have fled volatile insecurity in eastern DRC, and have sought protection in Rwanda and other neighbouring countries.⁴
4. Currently, WFP is assisting 73,000 refugees from DRC in five refugee camps. The majority arrived in 1995-1996 after the outbreak of conflict in the eastern DRC. A further 30,000 Congolese sought refuge in Rwanda in 2012-3 after a deterioration in security.
5. Limited space and encroachment are systemic problems in Rwanda's refugee camps. Fifty-six percent of Rwanda's refugee population are female, and sexual and gender-based violence (SGBV) is common.⁵
6. Recent positive developments in the complex military-political landscape of Eastern DRC have allowed cautious optimism for an eventual return of some refugees. However, major repatriation of the majority is unlikely within the next two years, therefore refugees will continue to rely on international assistance for their basic needs.
7. It is estimated that 20,000 Rwandan refugees have returned to Rwanda from neighbouring countries by the end of 2014. This was a direct result of the June 2013 comprehensive solutions strategy for Rwandan refugees, who fled from Rwanda between 1959 and 1998. Best estimates are that about 10,000 refugees will return to Rwanda annually over the next two years. WFP will provide assistance to these returnees for six months to facilitate reintegration.

The Food Security and Nutrition Situation

8. The May 2014 Joint Assessment Mission (JAM) concludes that 79 percent of refugees rely on WFP food assistance as their main source of income for basic food and non-food needs. Income opportunities for refugees are limited, given land scarcity, inadequate start-up capital for small business, and refugees' inability to compete on the labour market.

² World Bank. Between 2001 and 2012, real GDP growth averaged 8.1% per annum. The poverty rate dropped from 59% in 2001 to 45% in 2011 while inequality reduced from 0.52 in 2005 to 0.49 in 2011.

³ Human Development Report 2013. United Nations Development Programme (UNDP).

⁴ UNHCR Rwanda fact sheet May 2014

⁵ UNHCR Global Report, 2013

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9. The food security status of refugees in camps remains challenging. More than half (52%) of refugee households have inadequate (poor/borderline) food consumption and poor dietary diversity⁶, in spite of many years of full food rations. The main source of food in the camps is food aid, supplemented by modest market purchases, while domestic production is severely constrained by limited access to land. Refugees sell an estimated 20 percent of food aid under poor terms of trade to finance necessities such as milling costs and basic household items.
 10. Many households resort to loans to address needs, but indebtedness then exposes households to exploitation, especially households headed by women and children. Reducing meals is another common coping strategy, with particularly negative nutritional results for children, pregnant and lactating women and the chronically ill.
 11. Access to a diverse diet is a challenge. On average, refugees consume fruits, meat/eggs and milk less than 1 day a week, and vegetables between 2 and 3 times a week.
 12. Generally, women manage food within the households, and children are prioritized when food is scarce. The frequency of child feeding during the day is compromised, as mothers need to spend the day in the market, working, or looking for work, leaving young children at home with older siblings.⁷
 13. The global acute malnutrition (GAM)⁸ rate in the five camps is 3.8 percent,⁹ an improvement from 6 percent in 2011. Chronic malnutrition¹⁰ has declined from 47 percent in 2008 to 35 percent in December 2013.¹¹
 14. While anaemia¹² among women of reproductive age (15-49 years) is relatively low at 14.9 percent,¹³ it is above 40 percent among children aged 6-59 months, underlining a severe public health problem.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT(S) AND OTHERS

Policies, Capacities and Actions of the Government

15. The provision of assistance and protection to refugees and returnees is codified in the Protection and Returnees Re-integration National Policy, managed by the Ministry of Disaster Management and Refugee Affairs (MIDIMAR). WFP works with MIDIMAR

⁶ UNHCR/WFP Joint Assessment Mission 2014

⁷ Pre-JAM nutrition survey, May 2012.

⁸ World Health Organization (WHO) GAM standards: 5-9 percent is “poor,” 10-14 percent is “serious,” and above 15 percent is “critical.”

⁹ Pre-JAM nutrition survey, December 2013. The measurement of GAM is based on WHZ (<2 Z scores). The GAM was also measured using MUAC and in this case the average in the five camps is actually lower, at 2.8 percent.

¹⁰ WHO chronic malnutrition standards: 20-29 percent is “medium,” 30-39 percent is “high,” and over 40 percent is “very high.”

¹¹ Pre-JAM nutrition survey, December 2013.

¹² The latest available information is from the May 2012 nutrition survey.

¹³ Based on anaemia assessments in 3 refugee camps in 2012.

and provides technical and financial support in emergency preparedness, disaster management and early warning systems.

Policies, Capacities and Actions of other Major Actors

16. In collaboration with the Government of Rwanda, UNHCR provides overall protection assistance under international refugee law and seeks durable solutions for refugees.
17. Consistent with Government plans to incorporate Early Childhood Development (ECD) in the education system, UNICEF supports ECD in the camps for children starting at 18 months and until they reach primary school. WHO focuses on maternal, child and adolescent health and nutrition.

Coordination

18. Assistance to refugees and returnees is coordinated by MIDIMAR. Rwanda is a pilot country for the 'Delivering as One' United Nations initiative to promote joint programming at the country level. Monthly coordination meetings are organized in the field where issues related to food assistance are discussed among partners. The cash transfer technical working group is co-chaired by UNHCR and WFP, and meets monthly.

OBJECTIVES OF WFP ASSISTANCE

19. The refugee operation contributes to the following Zero Hunger Challenge pillars: 1) zero children under two years are stunted, and 2) 100 percent access to adequate food year round. It is also aligned with the Millennium Development Goals 1, 2, 4 and 5¹⁴ and WFP Strategic Plan (2014–2017). The specific objectives of the refugee operation are to:
 - Meet the food and nutritional needs of refugee and returnee populations and treat moderate acute malnourished children 6-59 months during the period of assistance (WFP Strategic Objective 1 - Save lives and protect livelihoods in emergencies).
 - Prevent chronic malnutrition in children 6-23 months, prevent malnutrition while improving adherence to drug protocols of PLHIV receiving antiretroviral treatment and TB patients, and improve access and quality of education and health facilities in the refugee camps (WFP Strategic Objective 2 - Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies).

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

20. This operation will continue the assistance provided under PRRO 200343 (2012-2014) "Food and Safety Net Assistance to Refugee Camp Residents and Returning Rwandan Refugees". In Rwanda, WFP also implements a Common Country Programme (2013-2018), enhancing capacity to develop nationally owned hunger solutions and on modelling innovations in food assistance programming. WFP response is consistent with the Economic Development and Poverty Reduction Strategy II (EDPRS), and the 2013-2018 United Nations Development Assistance Plan (UNDAP).
21. In 2012, UNHCR and WFP undertook a joint impact evaluation on the contribution of food assistance to durable solutions in the refugee camps. Conclusions and

¹⁴ Millennium Development Goals: 1) Eradicate extreme poverty and hunger, 2) achieve universal primary education, 4) Reduce child mortality and 5) improve maternal health.

recommendations addressed cash transfers, school feeding, review mechanisms, and the potential for durable refugee solutions.

22. Greater use of cash transfers was recommended. WFP piloted cash transfers in 2013-4, anticipating improved dietary diversity and enhanced refugee ability to choose preferred foods. The external evaluation in June 2014 concluded that the use of cash transfers was a major improvement, increasing the programme's effectiveness, efficiency and sustainability.¹⁵
23. School feeding was recommended to improve refugee children's access to education, especially for girls. Positive results after the implementation of school feeding include attendance at 99 percent for boys and girls.
24. Following the evaluation recommendation, UNHCR and WFP set up a bi-annual review mechanism to review the UNHCR-WFP joint action plan, and to assess challenges and progress in implementation.
25. The evaluation concluded that the overall context was not conducive to durable solutions, given the continued insecurity in eastern DRC, the lack of resettlement opportunities, and the severe constraints to self-reliance and/or integration in Rwanda.

Strategy Outline

26. Recommendations and analyses from recent evaluations and surveys¹⁶ are incorporated in this operation. To address persistent concerns about food insecurity and inadequate dietary diversity, this operation will expand three key interventions: greater use of cash transfers in food assistance, the implementation of a nutritional safety-net for nutritionally vulnerable groups, and an expansion of income generation activities. These interventions will address the immediate food and nutritional needs of the refugees, and will promote greater self-reliance.

Relief Activities

27. Refugees will receive food assistance in kind or in cash, covering 100 percent of their daily energy requirement. The in-kind ration consists of maize grain, pulses, fortified oil and iodized salt. For vulnerable groups including children, elderly and chronically ill, milling is essential as whole grain is difficult to digest. The March 2014 JAM identifies milling costs as 16 percent of the household monthly budget, financed by sales of food aid, which in turn reduces household food availability and consumption. This operation will support milling costs with cash or voucher transfers.¹⁷
28. Following the successful pilot in Gihembe camp, this operation will introduce cash transfers in the Nyabiheke and Kigeme refugee camps. By the end of the two-year project, 64 percent of the total assisted refugees will receive cash transfers. Beneficiaries

¹⁵ External Evaluation of WFP's cash transfer pilot, June 2014. The current alpha value is 0.99.

¹⁶ 2012 Joint WFP/UNHCR impact evaluation on the contribution of food assistance to durable solutions in protracted refugee situations; January/February 2014 Joint Assessment Mission; May 2014 Post Distribution Monitoring; December 2013 Joint Nutrition Survey (pre-JAM); External Evaluation of the WFP Rwanda's Cash Transfer Pilot in Gihembe Refugee Camp 2014; October 2014 Market Assessment.

¹⁷ WFP will identify the most cost-efficient modality, including possibly establishing a milling cooperative. Food assistance using cash transfers will be adjusted to equal what refugees receive through in-kind and milling voucher combinations.

overwhelmingly prefer cash¹⁸, highlighting a range of benefits. They can purchase recent harvests of maize and beans that require significantly less time and firewood to cook. They can access cash advances from traders at no cost (a positive effect from increased competition among traders), thus reducing their dependence on high interest moneylenders. Beneficiaries also value the inherent dignity of increased choice and flexibility. Furthermore, initial protection assessment findings suggest that cash had a positive impact on relationships within households, between households and even between communities.¹⁹ Finally, the May 2014 PDM reports a somewhat higher dietary diversity in Gihembe where cash transfers are used, compared to the other camps where only in-kind food distributions have been used to date.²⁰

29. Cash transfers in Gihembe reduced safety complaints from 14 to 1 percent.²¹ This improved security is especially important for women, adolescent girls and children. Both the evaluation and protection assessments concluded that the design of the implementation of the activity was gender sensitive and had a positive impact on household dynamics.
30. The choice of cash versus a voucher transfer modality was determined by the initial operational assessment and the objectives of the pilot which included an improved dietary diversity and increased dignity, allowing refugees to choose their preferred foods.
31. Given the relative short life of this pilot, the CO will use 2015 to consolidate the knowledge around the use of cash to improve food security outcomes. A recent scoping study has identified an electronic voucher as a potential solution to adopt in the future, as the local capacity to implement this modality is gradually built. As the work around livelihoods of refugees progresses during 2015, the CO will consider shifting the transfer modality to create the link between producers and consumers when feasible.
32. The WFP-UNHCR collaboration on biometric food distribution is being discussed and will be introduced for beneficiary identification. This innovation is expected to increase targeting efficiency and reduce inclusion error.

Nutritional Safety Net Activities for Vulnerable Groups

33. To address stunting and anaemia, blanket supplementary feeding will target all children aged 6-23 months and pregnant and lactating women. This will provide essential nutrition during the crucial 1,000 days from conception to two years of age.
34. WFP will provide supplementary feeding for moderately malnourished children aged 6-59 months to address moderate acute malnutrition.
35. WFP will also support all PLHIV on ART and TB patients with supplementary food to prevent malnutrition. Severely malnourished PLHIV will be referred to appropriate therapeutic centres supported by UNICEF.
36. All supplementary food programmes will include nutrition education and counselling to promote optimal maternal and child nutrition practices. Activities include development and dissemination of nutrition education materials, cooking demonstrations, sensitization on exclusive breastfeeding and supplementary feeding, as well as capacity building of

¹⁸ According to the May 2014 PDM, 99 percent of refugees in Gihembe camp prefer cash to in-kind transfer. The perceived benefits were recorded during WFP led focus group discussions in Gihembe camp conducted in May 2014, and from World Vision monitoring reports.

¹⁹ Draft Joint UNHCR/WFP/World Vision Protection Assessment, July 2014

²⁰ Beneficiaries reported eating vegetables three times per week in Gihembe, compared with only twice per week in the other camps.

²¹ Safety issues are reported through the PDM questionnaire: “have you experienced any safety issues while travelling to and from the food distribution point or to and from retailer shops with your phones this month?”

health and nutrition centre staff. Both men and women will be targeted. Sensitization campaigns will have messages tailored for different groups.

37. The school feeding programme has 99 percent attendance of boys and girls. Children receive a fortified porridge during the day, which is especially important in the second half of the month when household food stocks are lower. The cost is \$26 per child per year.
38. An Early Child Development (ECD) component supports pre-primary school children to thrive at primary school. A protection component ensures infants and small children are kept safe while parents are absent from home. UNICEF supports the infrastructure, care givers and educational materials, while WFP provides fortified porridge. This extends the nutritional safety net from 1,000 days through to primary school.

Self-reliance Activities

39. Corporately and regionally, WFP and UNHCR are committed to improve livelihood and income opportunities for refugees. This will reduce dependence on humanitarian assistance and will improve dietary diversity. Building on WFP's cash transfer platform and UNHCR's livelihoods assessment, WFP will collaborate with UNHCR and NGO partners such as American Refugee Committee (ARC) and World Vision in implementing livelihood activities. These include training of agriculture and livestock cooperatives, provision of enterprise start-up kits, enhanced linkage to markets, and business expansion. Cash transfers may also enable refugees to trade commodities or to operate as mobile money agents.
40. WFP and UNHCR in collaboration with American Refugee Committee (ARC) will also explore linking milling vouchers with a cooperative-owned milling machine that would generate an alternative source of income for women and/or youth groups.

Hand-Over Strategy

41. Given the on-going conflict in DRC, large-scale repatriation is unlikely to be viable within the next two years. In addition to promoting self-reliance, UNHCR and the Government of Rwanda are considering the integration of refugee children into host government schools, to improve access to quality education and eventually the labour market.

BENEFICIARIES AND TARGETING

42. Registered beneficiaries are estimated from UNHCR and MIDIMAR recent statistics and forecasts for the next two years. Expected returnees are projected from historical trends and government estimates. Significant changes will be addressed through budget revisions.

Relief Activities

43. WFP provides general distributions to all registered camp refugees. In-kind rations are distributed monthly providing 2,100 kilocalories per person per day. The cash transfer is budgeted at US\$9.7 per person per month, based on the projected market prices of equivalent food items distributed under the GFD ration. This rate will be adjusted every four months or when need arises.

44. Rwandan returnees currently receive a three month resettlement package upon arrival. Based on consultations with MIDIMAR, the package will be extended to six months, as additional time is required for returnees to settle and establish a sustainable livelihood.
45. WFP will provide a mobile handset and a SIM card to beneficiaries receiving cash. The telephone numbers of both the beneficiaries and the traders are their electronic wallets or bank accounts, linked with a bank. Beneficiaries can pay traders electronically for food purchases or receive cash from an agent.
46. A help desk was set up during the pilot in Gihembe camp for beneficiary feedback and timely response to implementation challenges. Similar support will be provided in the two camps that will implement cash transfers, in addition to the existing mechanisms in place for in-kind distributions.
47. Most food and cash collectors are women (82.5%). Sensitization of women will continue to reinforce their active role in management committees.

TABLE 1: BENEFICIARIES BY ACTIVITY			
Activity	Boys/Men	Girls/Women	Total
GFD to refugees*	35,000	40,000	75,000
GFD to returnees*	4,500	5,500	10,000
Preventive supplementary feeding (6-23)	2,450	2,500	4,950
Preventive supplementary feeding (PLW)		3,700	3,700
Curative supplementary feeding (6-59)	700	500	1200
Curative supplementary feeding (PLHIV, TB)	665	815	1,450
School feeding**	16,600	17,400	34,000
ECD	3,900	4,900	8,800
TOTAL			93,900

*A total of 46,500 refugee beneficiaries will receive cash. Returnees will receive a combination of food and cash. In total, 56,500 beneficiaries will receive cash transfers in this PRRO.

**An estimated 8,900 host community children will also benefit from school feeding in schools that largely serve refugee children.

Nutritional safety-net activities

48. All nutritional programmes will use in-kind food, as comparably nutritious commodities are not yet available in the local market. Under the Clinton Health Access Initiative (CHAI), one factory producing nutritious supplementary food for market sale at affordable prices and for bids in national and WFP nutrition programmes, is scheduled to begin production by December 2015.
49. Under the preventive supplementary feeding activity, all children aged 6-23 months will be targeted, regardless of nutritional status. Similarly, all pregnant and lactating women will receive food until six months after giving birth.
50. Children 6-59 months that are moderately acutely malnourished will receive support for a maximum of 90 days. Beneficiaries will be admitted and discharged from the curative

supplementary feeding activity based on nutritional status, consistent with the national protocol of management of malnutrition.²² If they do not recover within the 90 days, they will be referred to a health facility. Screening for Moderate Acute Malnutrition (MAM) will be done by the health centres using the government protocol which combines weight for height and middle upper arm circumference (MUAC). Health centres are located inside the camps and are easily accessible.

51. PLHIV on ART and TB clients will receive nutritional support while undergoing the drug treatment.
52. Children attending primary school and pre-primary children attending centre-based ECD (3 to 5 years) will be provided with a fortified porridge during school days.

NUTRITIONAL CONSIDERATIONS AND RATIONS / VALUE OF CASH / VOUCHER TRANSFERS

53. The GFD ration for refugees and returnees covers 100 percent of the daily food requirements. The in-kind ration will be provided in two camps (Kibiza and Mugombwa) while cash transfers will continue in Gihembe and will be scaled up to replace the in-kind ration in Nyabiheke and Kigeme, where market conditions are suitable.
54. Market conditions were assessed in May 2014, considering availability (local surplus production and import/export volumes), prices, market functionality, storage capacity, and refugee accessibility. In line with the recommendations of the market assessment, price monitoring will be expanded in key markets.
55. Vulnerable groups will receive additional nutrition support. All children 6-23 months will receive a daily ration of Supercereal plus and all PLW will receive a daily ration of Supercereal, oil and sugar, from the time they test positive for pregnancy to the 6 months after delivery. Supercereal plus will be used for MAM treatment of children aged 6-59 months. Supplementary feeding for PLHIV on ART and TB patients will provide Supercereal, oil and sugar.
56. Children attending primary school or ECD centres will receive Supercereal and sugar on each school day.

TABLE 2: FOOD RATION/TRANSFER BY ACTIVITY (g/person/day)							
	GFD Refugees & Returnees	Preventive Supp. Feeding Children 6-23	Preventive Supp. Feeding PLW	Curative Supp. Feeding Children 6-59	Curative Supp. feeding PLHIV and TB	School Feeding	ECD
Cereals	410						
Pulses	120						
Vegetable Oil	30		25		25		
Supercereal			200		200	120	80

²² Rwanda Ministry of Health 2009

Supercereal plus		200		200			
Iodized Salt	5						
Sugar			15		15	15	10
Cash/voucher (US\$/person/day)	0.32						
TOTAL	565	200	240	200	240	135	130
Total kcal/day	2,100	787	1,033	787	1,033	511	341
% kcal from protein	12.4	16.6	11.8	16.6	11.8	14.4	14.4
% kcal from fat	20.5	23.2	35.8	23.2	35.8	17.0	17.0
Number of feeding days per year or per month (as applicable)	365	365	365	60	ART/ 365 TB/180	180	180

TABLE 3: TOTAL FOOD/CASH AND VOUCHER REQUIREMENTS BY ACTIVITY (mt/\$)									
Commodity Type / Cash & voucher	GFD refugees	GFD returnees	Preventive Supp. Feeding Children 6-23	Preventive Supp. Feeding PLW	Curative Supp. Feeding Children 6-59	Curative Supp. feeding PLHIV and TB	School Feeding	ECD	Contingency stock*
Cereals	9,752	369							
Pulses	2,854	108							
Vegetable Oil	714	27		33		14			
Supercereal				261		109	1,273	337	
Supercereal plus			430		22				
Iodized Salt	119	5							
Sugar				20		8	159	42	
High energy biscuit									22
TOTAL	13,439	509	430	313	22	130	1,432	379	22
Cash/voucher (US\$)	8,567,925	306,928							

*A contingency stock of 22 mt of High Energy Biscuits (HEBS) is budgeted for a potential refugee influx from eastern DRC. HEBS will be provided to asylum seekers at the transit centre.

IMPLEMENTATION ARRANGEMENTS

Participation

57. This PRRO was designed in consultation with the Government, UN agencies, cooperating partners and beneficiaries. Focus group discussions with beneficiaries were conducted to gain their perspective on assistance provided by WFP.
58. The refugees participate in the delivery process through distribution committees. Women, men, adolescent girls and boys are involved in food management through their elected representatives.

Partners and capacities

59. Under the overall coordination of MIDIMAR, WFP works with UNHCR and cooperating partners through a joint plan of action based on the JAM findings.
60. WFP works with several cooperating partners for the implementation and monitoring of activities. General food distributions and school feeding are implemented by Adventist Development and Relief Agency (ADRA). Africa Humanitarian Action (AHA), the American Refugee Committee (ARC) and Plan International implement the nutrition interventions. World Vision supports the monitoring of cash transfers.
61. UNHCR provides non-food items including cooking utensils, food and water storage facilities, firewood, shelter materials and blankets. With its partners, UNHCR is also contributing fuel-efficient mud stoves to reduce environmental impact.
62. UNHCR with World Vision assists families with children at risk of malnutrition with poultry farming, rabbit rearing and vegetable farming; the eggs, vegetables and rabbits are distributed to children with anaemia. UNICEF supports Vitamin A supplementation, deworming and therapeutic feeding for severe acute malnourished children under 5 years of age.

Procurement

63. WFP will purchase from the most cost-effective market whether international, regional or local. In-country procurement will be prioritized whenever possible, through local traders, smallholder farmer organizations or through Rwanda's Strategic Grain Reserve.²³

Logistics

64. Commodities are shipped through Dar es Salaam or Mombasa ports, stored temporarily in regional warehouses in Tanzania or Uganda, and forwarded by competitive commercial transport to Rwanda. Commodities are stored at the main Kigali warehouse or in the Huye sub-office, and then dispatched to distribution sites by commercial transporters. Commodities purchased locally are sent directly to the main Kigali warehouse, with onward transport by commercial transporters.
65. The landside transport, storage and handling (LTSH) rate for the PRRO is US\$162.23. The LTSH matrix is revised every six months.

Transfer modalities

66. The expansion of cash transfers follows recommendations from the evaluation and the market and operational feasibility assessments. The Government enthusiastically supports this expansion. WFP and UNHCR will advocate jointly to donors for appropriate funding. The scale up will start in the second camp in April 2015, and the third camp in October 2015.
67. The macro risks of cash transfers include general increase in prices, limited supplier capacity, and information technology failure. Risk management includes a regular review of market prices and conditions with adjustment of the transfer value as necessary, use of in-kind distributions, and robust support for technology. At the micro level, identified risks include theft, cartels and opportunistic behaviour among traders, access for

²³ The Strategic Grain Reserve is managed by the Ministry of Agriculture and Animal Resources (MINAGRI), which is committed to buying 40 percent of its stocks from smallholder farmers.

vulnerable groups to distant markets, domestic conflict, and tensions between refugees and host communities. Mitigation actions include sensitization and education campaigns with refugees, traders and host communities.

PERFORMANCE MONITORING

68. Data on corporate output and outcome indicators will be collected through cooperating partner reports, distribution monitoring, biannual post distribution monitoring, and biannual nutrition surveys. November 2014 post distribution monitoring data will provide baseline data. Joint assessment missions are organised every two years. In addition, since the new PRRO significantly increases the cash transfer modality, a protection and gender baseline study was conducted in 2014 to determine the impact of cash on gender and protection and to inform future programme design. Adaptation of the corporate standard operating procedures for project monitoring is well underway and will be strengthened through building national monitoring capacity.
69. Field staff from WFP and cooperating partners are present at each distribution point to monitor food distributions. Market price monitoring will be strengthened to assess whether seasonal price movements are within the normal variation. The female to male ratio of food monitors is 0.66. Finally, 100 experienced enumerators have been trained on data collection and focus group management.
70. An external evaluation will be conducted during this operation.

RISK MANAGEMENT

71. Additional Congolese refugees are possible given the armed conflict in eastern Democratic Republic of the Congo. An exacerbating factor is that the United Nations Security Council in 2013 approved the Neutral Intervention Force (NIF) with the mission to neutralize all rebel groups. Therefore WFP Rwanda has maintained its minimum preparedness level at 88 percent.
72. In October 2014, an interagency simulation exercise identified preparedness gaps and corresponding mitigation actions. The Government of Rwanda and the United Nations in Rwanda in consultation with humanitarian partners have also put in place a contingency plan for an influx of 20,000 Congolese refugees into Rwanda through districts in northwest and southwest Rwanda.

Security Risk Management

73. Rwanda continues peaceful and stable, and is rated at security level 1 ('least dangerous area') in the United Nations security system. All WFP offices and vehicles meet the United Nations minimum operating security standards.

APPROVAL

..... Date:.....

Ertharin Cousin

Executive Director

or

.....

Deputy Executive Director and Chief Operating Officer

or

Regional Director, OD ...

Drafted by: Rwanda Country Office

Cleared by: Jean-Pierre Demargarie, Country Office on [date]

Reviewed by: OMN Regional Bureau

Cleared by: Valerie Guarnieri, Regional Bureau on [date]

Reviewed by: [name] Regional Bureau Support (OMO)

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (US\$)	Value (US\$)
<i>Food Transfers</i>			
Cereals	10,121	\$4,383,574	
Pulses	2,962	\$1,742,164	
Oil and fats	787	\$815,214	
Mixed and blended food	2,453	\$2,815,937	
Others	352	\$161,097	
Total Food Transfers	16,676	\$9,917,986	
External Transport		\$178,176	
LTSH		\$2,668,117	
ODOC Food		\$1,807,209	
Food and Related Costs²⁴		\$14,571,487	
C&V Transfers		\$8,874,853	
C&V Related costs		\$2,494,510	
Cash and Vouchers and Related Costs		\$11,369,363	
Capacity Development & Augmentation		-	
<i>Direct Operational Costs</i>			\$25,940,850
Direct support costs (see Annex I-B)			\$6,908,986
Total Direct Project Costs			\$32,849,837
Indirect support costs (7.0 percent) ²⁵			\$2,299,489
TOTAL WFP COSTS			\$35,149,325

²⁴ This is a notional food basket for budgeting and approval. The contents may vary.

²⁵ 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 *	2,976,460
General service staff **	1,339,032
Danger pay and local allowances	109,728
Subtotal	4,425,220
Recurring and Other	691,698
Capital Equipment	234,950
Security	315,084
Travel and transportation	832,034
Assessments, Evaluations and Monitoring²⁶	410,000
TOTAL DIRECT SUPPORT COSTS	6,908,986

²⁶ 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: Summary of Logical Framework of Rwanda PRRO (200744)

LOGICAL FRAMEWORK: RWANDA PRRO 200744		
Results	Performance indicators	Risks, assumptions
GENDER: Gender equality and empowerment improved	<ul style="list-style-type: none">➤ Proportion of women, men or both women and men, who make decisions over the use of cash, voucher or food within the household [target: 50% women, 30% both women and men]➤ Proportion of women beneficiaries in leadership positions of project management committees[target: >50%]➤ Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution [target: >60%]	<ul style="list-style-type: none">➤ The security situation in the region does not worsen, causing a large influx of more refugees.➤ Other underlying causes of malnutrition are addressed by relevant agencies/institutions – i.e. malaria epidemics, intestinal worm infestations, health services, water and sanitation.➤ Partners, especially the Ministry of Disaster Management and Refugee Affairs and UNHCR, continue working together in a mutually supportive way.➤ Political will and support for accepting humanitarian assistance for refugee population in Rwanda continues.➤ Existing camp health centres remain available, properly staffed and equipped.➤ Existing camp schools remain available, properly staffed, and equipped.➤ Sufficient infrastructure support is provided to host community schools to facilitate integration of new arrivals.
PROTECTION AND ACCOUNTABILITY TO AFFECTED POPULATIONS: WFP assistance delivered and utilized in safe, accountable and dignified conditions	<ul style="list-style-type: none">➤ Proportion of assisted people who do not experience safety problems travelling to or from and at WFP programme sites [target: 90%]➤ Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain) [target: 80%]	
PARTNERSHIP: Food assistance interventions coordinated and partnerships developed and maintained	<ul style="list-style-type: none">➤ Proportion of project activities implemented with the engagement of complementary partners [target: 100%]➤ Amount of complementary funds provided to the project by partners (including NGOs, civil society, private-sector organizations, international financial institutions and regional development banks [target: > 20% of the total project budget]➤ Number of partner organizations that provide complementary inputs and services	
Strategic Objective 1: Save lives and protect livelihoods in emergencies		
Outcome 1.1 Stabilized or reduced undernutrition among children aged 6-59 months	<ul style="list-style-type: none">➤ 1.1.1 MAM treatment performance rates: recovery rate [target > 75%], default rate [target < 15%], death rate [target < 3%], non-response rate [target < 15%]➤ 1.1.3 Proportion of eligible population who participate in programme (coverage) [target: MAM treatment in camps > 90%]	

Outcome 1.2 Stabilized or improved food consumption over assistance period for targeted households and/or individuals	<ul style="list-style-type: none">➤ 1.2.1 Food consumption score, disaggregated by sex of household head [target: Reduced prevalence of poor food consumption of targeted households/individuals by 80%]➤ 1.2.2 Diet diversity score, disaggregated by sex of household head [target: Increased diet diversity score of targeted households]➤ 1.2.3 Coping Strategy Index (CSI) disaggregated by sex of household head [target: Average CSI of targeted households is reduced or stabilized]	<ul style="list-style-type: none">➤ Partners have the capacity to implement high-quality WFP-supported activities.➤ Food pipeline remains healthy with minimum pipeline breaks.
Output A Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries	<ul style="list-style-type: none">➤ A.1 Number of women, men, boys and girls receiving food assistance (disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers) as % of planned➤ A.2 Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)➤ A.4 Total amount of cash transferred to targeted beneficiaries, disaggregated by sex, beneficiary category) as % of planned	
Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies		
Outcome 2.2 Improved access to assets and/or basic services, including community and market infrastructure	<ul style="list-style-type: none">➤ 2.2.2 Retention rate of boys and girls [target > 90%]➤ 2.2.3 Enrolment rate of girls and boys [target = Annual increase of 6%]	
Outcome 2.3 Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–23 months, pregnant and lactating women, and school-age children	<ul style="list-style-type: none">➤ 2.3.1 MAM treatment performance rates: recovery rate [target >75%], default rate [target <15%], death rate [target <3%], non-response rate [target <15%]➤ 2.3.2 Proportion of target population who participate in an adequate number of distributions [target > 66%]➤ 2.3.3 Proportion of eligible population who participate in programme (coverage) [target: stunting prevention coverage >70%]➤ 2.3.4 Proportion of children consuming a minimum acceptable diet [target > 70%]	

<p>Output A</p> <p>Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries</p>	<ul style="list-style-type: none"> ➤ A.1 Number of women, men, boys and girls receiving food assistance (disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers) as % of planned ➤ A.2 Quantity of food assistance distributed, as % of planned distribution (disaggregated by type) ➤ A.6 Number of institutional sites assisted (e.g. schools, health centres) as % of planned 	
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MAP

Please ensure that:

- The map is fully legible at this scale (i.e. A4).
- The map is legible in black and white.

ACRONYMS USED IN THE DOCUMENT

ADRA	Adventist Development and Relief Agency
AHA	Africa Humanitarian Action
ARC	American Refugee Committee
GAM	Global Acute Malnutrition
JAM	Joint Assessment Mission
MAM	Moderate Acute Malnutrition
MUAC	Middle Upper Arm Circumference
TB	Tuberculosis
UNHCR	United Nations High Commissioner of Refugees
CHAI	Clinton Health Access Initiative
DRC	Democratic Republic of Congo
ECD	Early Childhood Development
EDPRS	Economic Development and Poverty Reduction Strategy II
GFD	General Food Distribution
MIDIMAR	Ministry of Disaster Management and Refugee Affairs
PDM	Post Distribution Monitoring
PLHIV	People Living with HIV
UN	United Nations
UNDAP	United Nations Development Assistance Plan
UNICEF	United Nations Children's Fund
WHO	World Health Organization

ANNEX IV - [LTSH-matrix](#)

ANNEX V - [Project Budget Plan](#)

ANNEX VI - [Project Statistics](#)