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Agenda Item 8

WFP/EB.A/2016/8-A/2

Projects for Executive Board Approval

**For approval**

Executive Board documents are available on WFP's Website (<http://executiveboard.wfp.org>).

## **Protracted Relief and Recovery Operation — Zimbabwe 200944**

### *Building Resilience for Zero Hunger*

Number of beneficiaries	2,545,900
Duration of project	July 2016–July 2018
Gender marker code*	2A
WFP food tonnage	143,089
Cost (United States dollars)	
Food and related costs	120,153,658
Cash-based transfers and related costs	69,912,189
Capacity development and augmentation	1,218,331
Total cost to WFP	231,470,067

\* <https://www.humanitarianresponse.info/system/files/documents/files/gm-overview-en.pdf>.

### **Executive Summary**

Despite gains in food security and nutrition in the last decade, Zimbabwe is highly dependent on increasingly erratic rainfall: 1 million people are food-insecure, chronic undernutrition rates are high and despite some improvement 28 percent of children under 5 are stunted. Dietary diversity is poor and consumption of protein is insufficient. The prevalence of HIV and AIDS has declined, but at 13.7 percent it is the fifth highest globally.

WFP's 2016–2020 strategy for Zimbabwe addresses these food security and nutrition challenges, with a focus on long-term recovery and resilience-building to remedy the underlying causes of food insecurity and undernutrition while maintaining strong capacity in humanitarian assistance.

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Protracted relief and recovery operation 200944 will support the Government of Zimbabwe in achieving the following strategic results:

- the basic food needs of vulnerable populations are met all year round by 2030;
- the livelihoods of at least 30 percent of vulnerable households are more resilient to shocks and stressors by 2025; and
- efficient and effective cross-sectoral nutrition services contribute to reducing stunting to 10 percent by 2025.

Two other strategic results – improve the national social-protection system, and enhance the marketing capacities of smallholder farmers – will be achieved through separate development projects with parallel timeframes. To integrate the portfolio into the national social-protection and resilience-building systems, WFP will develop knowledge management and evidence-gathering approaches and help to upgrade the systems and institutions for achieving zero hunger.

This operation is aligned with the 2013–2018 Zimbabwe Agenda for Sustainable Socio-Economic Transformation, the Malabo Declaration, the 2016–2020 United Nations Development Assistance Framework for Zimbabwe, Sustainable Development Goal 2 and Strategic Objectives 1, 2 and 3.

### **Draft decision\***

The Board approves the proposed protracted relief and recovery operation Zimbabwe 200944 “Building Resilience for Zero Hunger” (WFP/EB.A/2016/8-A/2).

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\* 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. Zimbabwe is a land-locked, low-income food-deficit country ranking 155<sup>th</sup> of 188 countries in the 2015 human development index and 46<sup>th</sup> of 78 countries in the 2013 global hunger index. In the population of 13.1 million life expectancy is 58 years,<sup>1</sup> maternal mortality is 614/100,000 live births, and under-5 mortality is 75/1,000 births.<sup>2</sup>
2. Following challenges such as the hyperinflation of 2007–2008, the economy has begun to recover: gross domestic product grew by 6.7 percent annually between 2009 and 2011, but by only 1.5 percent in 2015.<sup>3</sup>
3. Women and girls account for 52 percent of Zimbabwe's population. The fertility rate is 3.8 children per woman, and average household size is 4.2. Gender inequalities have decreased but imbalances remain; the gender inequality index is 0.504.
4. Agriculture accounts for 20 percent of gross domestic product: 70 percent of the population rely on agriculture,<sup>4</sup> and 98 percent of farmers are smallholders.<sup>5</sup> Zimbabwe's agriculture is characterized by low productivity and lack of market competitiveness.<sup>6</sup> Women comprise 60 percent of the agricultural workforce,<sup>7</sup> but their capacities are constrained by unequal land tenure rights and an inability to obtain credit.<sup>8</sup>

### The Food Security and Nutrition Situation

5. Zimbabwe's food and nutrition security situation is classified as "serious" by the 2015 global hunger index. Household access to food is constrained by poverty, declining remittances, low productivity, inadequate employment opportunities, high food prices, recurrent climate shocks, macroeconomic instability, depressed economic growth and a lack of financial liquidity.
6. An analysis covering 2009–2014 estimated that an annual average of 1 million people – 8.3 percent of the population – were food-insecure, and 38 percent were chronically food-insecure.<sup>9</sup> Erratic rainfall has resulted in peaks of food insecurity every four to five years.<sup>10</sup> The importance of engaging men and women in community-level mitigation and response activities to ensure gender-responsive development is recognized.
7. Food insecurity is likely to be exacerbated by the current El Niño: an estimated 2.8 million people are expected to be food-insecure at the peak of the 2015/16 lean season – three times the number affected in the previous year.
8. Food insecurity and extreme poverty are correlated: an estimated 62.6 percent of Zimbabweans live below the poverty line, and in rural areas 76 percent of the population are poor and 30 percent extremely poor.<sup>11</sup>
9. Although the prevalence of acute malnutrition is classified as "acceptable", 11 percent of Zimbabweans are underweight and 28 percent suffer from stunting; these levels are classified as

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<sup>1</sup> Zimbabwe National Statistics Agency. 2013. *Census 2012: National Report*. Harare.

<sup>2</sup> Zimbabwe National Statistics Agency. 2014. *Multiple Indicator Cluster Survey 2014: Key Findings Report*. Harare.

<sup>3</sup> Zimbabwe Ministry of Finance and Economic Development. 2015. *2015 Mid-Year Fiscal Policy Review Statement*. Harare.

<sup>4</sup> Government of Zimbabwe. 2011. *Zimbabwe Medium-Term Plan, 2011–2015*. Harare.

<sup>5</sup> World Bank. 2009. *Zimbabwe Agrarian Sector Baseline Information Study*. Harare.

<sup>6</sup> Government of Zimbabwe and FAO. 2012. *Country Programme Framework, 2012–2015*. Harare.

<sup>7</sup> Government of Zimbabwe. 2010. *National Nutrition Survey, 2010*. Harare.

<sup>8</sup> Zimbabwe National Statistics Agency. 2013. *Women and Men in Zimbabwe Report, 2012*. Harare.

<sup>9</sup> WFP and the Zimbabwe National Food and Nutrition Security Council. 2015. *Integrated Context Analysis*. Rome.

<sup>10</sup> WFP. 2014. *Results of Exploratory Food and Nutrition Security Analysis*. Harare.

<sup>11</sup> Zimbabwe National Statistics Agency. 2013. *Poverty, Income, Consumption and Expenditure Survey: 2011/12 Report*. Harare.

“poor”.<sup>12</sup> Boys are more undernourished than girls,<sup>13</sup> and children in rural areas are significantly more affected than those in urban areas. Increasing levels of overweight – 3.6 percent among children under 5 and 33.3 percent among women – indicate a double burden of malnutrition.<sup>14</sup>

10. Areas with high rates of stunting tend to have moderate or low food insecurity. This demonstrates that access to sufficient cereals does not guarantee nutrition security,<sup>6</sup> and that stunting may be related to dietary diversity and other health issues.<sup>15</sup> Only 8.4 percent of children aged 6–23 months receive a minimum acceptable diet.<sup>16</sup>
11. The 70 percent prevalence of anaemia among children under 2 has not improved in the last decade.<sup>17</sup> The prevalence of vitamin-A deficiency is 19 percent among children under 5.<sup>18</sup> Among women of childbearing age, 61 percent are affected by deficiencies in iron and 23 percent are affected by vitamin-A deficiency.<sup>6</sup>
12. The prevalence of HIV and AIDS is declining, but it remains high at 13.7 percent.<sup>19</sup> There are 1.6 million orphans and other vulnerable children supported by equally vulnerable caregivers.<sup>20</sup> Among tuberculosis patients, 80 percent are HIV-positive<sup>14</sup> and acute undernutrition persists among people suffering from chronic illnesses.<sup>21</sup> Women are more vulnerable to HIV and AIDS as a result of the social, legal and economic disadvantages they face.

## Policies, Capacities and Actions of the Government and Others

### The Government

13. The 2013–2018 Zimbabwe Agenda for Sustainable Socio-Economic Transformation envisions “... an empowered society and a growing economy”. Two of the plan’s four clusters are concerned with: i) food and nutrition security; and ii) social services and poverty eradication.
14. Other hunger-related policies and programmes address food and nutrition security, food fortification, social protection and agriculture, and the Government implements seasonal food-assistance programmes. Zimbabwe joined Scaling Up Nutrition (SUN) in 2011, reflecting its commitment to integrating nutrition-sensitive approaches across sectors.
15. Consultations with the Government, partners and communities highlighted the following challenges to addressing food and nutrition insecurity:
  - inadequate coordination and limited understanding of the long-term consequences of food insecurity and undernutrition;
  - poor translation of policy into action at the district and community levels, inadequate consultation with communities, limited evidence-based programming and weak private-sector engagement;
  - limited national capacity for preparedness and response, and a lack of food and nutrition security monitoring linked to early warning; and
  - poor management and stewardship of agricultural assets and land.

<sup>12</sup> World Health Organization. 2010. *Nutrition Landscape Information System: Country Profile Indicators: Interpretation Guide*. Geneva.

<sup>13</sup> The 2014 multi-indicator cluster survey found a stunting prevalence of 31.1 percent among boys and 24.1 percent among girls.

<sup>14</sup> Zimbabwe National Statistics Agency. 2012. *Zimbabwe Demographic and Health Survey, 2010–2011*. Harare.

<sup>15</sup> WFP and Zimbabwe Food and Nutrition Council. 2014. *Integrated Context Analysis*. Rome.

<sup>16</sup> Government of Zimbabwe. 2010. *National Nutrition Survey, 2010*. Harare.

<sup>17</sup> WHO. 2010. *Nutrition Landscape Information System: Country Profile Indicators: Interpretation Guide*. Geneva.

<sup>18</sup> Food and Nutrition Council. 2014. *Zimbabwe National Nutrition Strategy*. Harare.

<sup>19</sup> National AIDS Council, 2014.

<sup>20</sup> Government of Zimbabwe. *Zimbabwe National HIV and AIDS Strategic Plan (2011–2015)*. Harare.

<sup>21</sup> WFP Zimbabwe country strategy design mission, June 2012.

### Other Actors

16. Zimbabwe's 2016–2020 United Nations Development Assistance Framework supports the economic and social transformation goals of the Zimbabwe Agenda for Sustainable Socio-Economic Transformation and the 2030 Agenda for Sustainable Development.
17. Major donors in Zimbabwe support multi-year social and economic development programmes through development partners. The United Nations Children's Fund (UNICEF) and the United Nations Development Programme manage multi-donor trust funds for health, education, child protection and resilience activities. The Food and Agriculture Organization of the United Nations (FAO) supports farm-input activities and livestock programmes.

### Coordination

18. WFP coordinates its work through the United Nations country team, which supports national development priorities as outlined in the United Nations Development Assistance Framework. Prevention and treatment of malnutrition is carried out by WFP, UNICEF, FAO, and the World Health Organization in coordination with the Government and SUN.
19. In view of the deteriorating situation in 2015 and 2016, a humanitarian coordination team has been established and the humanitarian response plan is being updated.

### Objectives of WFP Assistance

20. In accordance with WFP's 2016–2020 strategy in Zimbabwe, protracted relief and recovery operation (PRRO) 200944 contributes to Strategic Objectives 1, 2 and 3, Sustainable Development Goal 2 and the Malabo Declaration. It embodies WFP's support for the Government for achieving the following strategic results of the Country Strategic Plan (CSP):
  - the basic food needs of vulnerable populations are met all year round by 2030 (Strategic Objective 1);
  - the livelihoods of at least 30 percent of vulnerable households are more resilient to shocks and stressors by 2025 (Strategic Objective 3); and
  - efficient and effective basic nutrition services contribute to reducing stunting to 10 percent by 2025 (Strategic Objective 2).

### WFP Response Strategy

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

21. A 2014 evaluation of PRRO 200453 confirmed that it was in line with WFP's objectives and the Government's policy on transfers. A programme review mission in April 2014 recommended that: i) seasonal support should be conditional and beneficiaries gradually incorporated into food-assistance-for assets (FFA) activities; ii) greater attention should be given to stunting prevention; and iii) targeting should be reoriented to maximize synergies.
22. An independent review in 2013 of WFP's implementation of its policies on HIV, tuberculosis and nutrition recommended more accurate documentation of evidence to influence policy-making.

#### Strategy Outline

23. WFP's 2016–2020 CSP addresses food security and nutrition challenges, and proposes actions based on experience, discussions with the Government and other stakeholders, and the Zero Hunger Strategic Review, with a focus on supporting long-term recovery and resilience while maintaining strong capacity in humanitarian assistance.
24. The CSP and PRRO 200944 are guided by the principles set out below.
  - *National policy integration.* WFP, the Government and other stakeholders will integrate their actions into new social-protection and resilience programmes.

- *Analysis and evidence-based engagement.* WFP will use its comparative advantage in analysis to provide stakeholders with evidence to inform programming and policy development.
- *Capacity enhancement and technical assistance.* WFP will focus on enhancing the Government's policies, financing mechanisms, institutions and programmes for addressing hunger sustainably.
- *Nutrition.* WFP will seek to optimize nutrition-related approaches.
- *Focus on "less is more".* WFP's approach will prioritize quality; seasonal livelihood programmes will be coordinated with partners' interventions.
- *Mainstreaming of gender and protection.* WFP's gender and protection policies will be applied in all interventions.

### **Strategic Result 1: The Basic Food Needs of Vulnerable Populations are Met All Year Round by 2030**

25. The aim of this Strategic Result is to improve access to food by vulnerable populations.

#### ***Provide lean-season assistance to address food and nutrition needs***

26. Targeting will be based on household vulnerability, capacity and context, and will take gender into account to ensure equal participation by men and women. Lean-season beneficiaries will be gradually integrated into the national social protection system or absorbed into FFA activities. Food or cash transfers will be used as a platform to promote knowledge and capacity development for beneficiaries.

#### ***Enhance the operational capacity of district-level disaster-response and seasonal support entities***

27. WFP will provide technical assistance and training for the Government in support of local early-warning systems and implementation of the food and nutrition security policy. Programming will be nutrition-sensitive and focused on livelihoods. District-level training will involve social and behavioural change communications, findings from seasonal livelihood programming and community-based participatory planning. Community-based interventions will ensure equal participation and decision-making by women and men.

#### ***Provide timely and appropriate food assistance for refugees***

28. WFP will provide refugees in Tongogara camp with food assistance, and will work with the Government and the Office of the United Nations High Commissioner for Refugees (UNHCR) to support livelihood opportunities.<sup>22</sup>

### **Strategic Result 2: The Livelihoods of Vulnerable Households are more Resilient to Shocks and Stressors**

29. This comprises actions to enhance the livelihoods of Zimbabwe's most food-insecure people by developing and protecting their productive assets. The Government's capacity to facilitate this will be improved to ensure that the activities are integrated with other initiatives and enhance sustainability.

#### ***Support the creation and rehabilitation of assets for sustainable food and nutrition security***

30. This activity utilizes conditional transfers to create assets that improve livelihoods, reduce disaster risk and build resilience.<sup>23</sup> Livelihood analyses will consider gender issues and support the diversification of income sources. The creation of productive assets will be linked to WFP's nutrition and agriculture market support<sup>24</sup> in priority districts.

<sup>22</sup> WFP and UNHCR. 2014. *Joint Assessment Mission Report, Tongogara Refugee Camp, Zimbabwe*. Harare.

<sup>23</sup> Participating households will work for 60 hours per month, typically four hours per day over 15 days.

<sup>24</sup> Activities will be informed by livelihood analyses and are likely to include kitchen gardens, crop diversification, stocking of fish ponds and watershed management.

### ***Enhance the capacity of priority districts to plan and manage resilience-building***

31. WFP will enhance the capacities of the Government and other partners to implement district-level seasonal livelihood programming and community-based participatory planning. To maximize the effects of PRRO 200944 on nutrition and gender equality, training will focus on integrating social and behavioural change communications and enhancing monitoring and reporting. The management and coordination capacities of rural district councils and committees will continue to be developed.

### **Strategic Result 3: Efficient and Effective Basic Nutrition Services Delivered Through and Integrated Across Sectors Contribute to the Reduction of Undernutrition**

32. This activity aims to reduce undernutrition, tackle gender and age disparities in malnutrition and enhance the capacities of the Government and other partners to design and implement nutrition-sensitive policies and programmes.

### ***Contribute to a nutrition-focused research agenda and nutrition surveillance***

33. On the basis of an ongoing study of the cost of hunger in Africa, WFP will support research into the causes of undernutrition in collaboration with academic partners and will contribute to the monitoring and evaluation of programmes to prevent undernutrition.

### ***Support stunting prevention in priority districts***

34. In partnership with SUN, UNICEF and the United Nations Population Fund, WFP will support the Government's community-based multi-sector approach to addressing stunting among children aged 6–23 months in high-prevalence districts. On the basis of a needs assessment, social and behavioural change communications will be part of a mentoring approach for men and women intended to improve feeding practices for infants, emphasize the importance of diversified diets and fortified foods, and address the risk of overweight.

### ***Support the Ministry of Health in implementing its micronutrient strategy***

35. WFP will promote micronutrient powders and home fortification, and will conduct research to understand micronutrient gaps. WFP and its partners will work with the Government and private organizations to enforce fortification standards and develop locally produced fortified foods. WFP will support the establishment of business and civil-society networks through SUN to promote healthy diets and infant feeding practices.

### ***Support treatment of moderate acute malnutrition in areas with high HIV and AIDS prevalence***

36. WFP will support the Ministry of Health and Child Care in reducing moderate acute malnutrition among people receiving anti-retroviral treatment for HIV and AIDS, and tuberculosis treatment. Irrespective of HIV, AIDS or tuberculosis status, children under 5 and malnourished pregnant and lactating women in mother-and-child health programmes will receive nutrition supplements, fortified foods and other nutrition support.

### **Hand-Over**

37. WFP will enhance the capacities of the Government and other partners to enable the gradual phase-out of direct implementation with a view to a transition to national ownership.

### **Beneficiaries and Targeting**

38. For each strategic result, WFP will analyse the needs of vulnerable women, men, girls and boys. For lean-season assistance, beneficiary numbers are calculated on the basis of integrated context analysis (ICA) vulnerability categories verified with annual estimates from the Zimbabwe Vulnerability Assessment Committee. Food-insecure households are identified through community-based targeting.

<b>TABLE 1: BENEFICIARIES BY STRATEGIC RESULT AND TRANSFER TYPE*</b>				
<b>Zimbabwe Country Strategic Plan</b>	<b>Activity</b>	<b>Women</b>	<b>Men</b>	<b>TOTAL</b>
<b>Strategic Result 1 – relief</b>	Lean-season assistance	1 144 000	1 056 000	<b>2 200 000</b>
	Refugee food assistance	4 600	5 400	<b>10 000</b>
<b>Strategic Result 2 – livelihoods</b>	FFA	167 700	154 800	<b>322 500</b>
<b>Strategic Result 3 – nutrition</b>	Moderate acute malnutrition treatment:			
	- children under 5 years	4 309	3 978	<b>8 287</b>
	- pregnant and lactating women	2 467	-	<b>2 467</b>
	- anti-retroviral therapy and tuberculosis patients (directly observed treatment, short-course)	12 462	11 504	<b>23 966</b>
	Stunting prevention, children aged 6–23 months:			
	- blanket supplementary feeding	4 867	4 677	<b>9 544</b>
- micronutrient powders	11 360	10 486	<b>21 846</b>	
	Pregnant women supported with shelters	78 600	-	<b>78 600</b>
<b>TOTAL</b>		<b>1 323 868</b>	<b>1 222 032</b>	<b>2 545 900</b>

\* The totals account for overlaps between beneficiary categories: 418,000 men and 452,000 women beneficiaries of lean-season assistance, refugee assistance and FFA will receive cash-based transfers.

39. Apart from the spike in seasonal needs anticipated in 2016/17, lean-season support is expected to decrease as: i) beneficiaries move into FFA activities and are integrated into the national social protection framework;<sup>25</sup> ii) the assets created improve community resilience; and iii) complementary activities in two separate development projects improve disaster preparedness and response.
40. The refugee numbers will increase as a result of natural population growth and a continued inflow of 100 to 150 people each month.
41. The ICA will inform the prioritization districts for FFA targeting; these communities will be targeted over several years to promote sustainability.
42. More girls and women will be included in nutrition activities because of demographic factors and because more women are infected with HIV than men.<sup>26</sup>
43. Analysis of needs and gender and protection concerns will ensure that no harm is done to women or men participants in PRRO 200944.

### **Nutritional Considerations and Rations/Value of Cash-Based Transfers**

44. Food baskets for all activities will be based on local eating habits and will factor in other food and income sources. Market assessments will inform cash programming, with transfer values calculated on the basis of actual market prices and adjusted periodically on the basis of regular monitoring of prices.
45. Lean-season and FFA assistance is designed to provide 75 percent of energy requirements. Households receiving lean-season assistance with children aged 6–59 months will receive an additional ration of SuperCereal Plus to improve micronutrient intake.

<sup>25</sup> Decisions about the move will be made at the household level because entire areas have been affected by drought, and not all households can participate in labour-intensive FFA.

<sup>26</sup> Zimbabwe Ministry of Health and Child Care, 2014 HIV estimate.



46. Refugees will receive cash-based transfers sufficient to meet 100 percent of their energy requirements. Chronically ill refugees will also receive SuperCereal through camp health facilities. New arrivals will receive in-kind transfers until they are registered for regular distributions.
47. Cash-based transfers include mobile money and cash-in-transit. Support for market monitoring systems and periodic assessments of potential delivery mechanisms will be included in a separate WFP development project.

TABLE 2: FOOD RATION/TRANSFER BY STRATEGIC RESULT AND ACTIVITY (g/person/day)

Strategic Result	Strategic Result 1						Strategic Result 2		Strategic Result 3				
	Lean-season assistance			Refugee food assistance			FFA		Stunting prevention		Pregnant and lactating women	Moderate acute malnutrition treatment	
Activity	Standard	Standard	Children under 5 years	Standard	Chronically ill	Arrivals	Standard	Standard	Children 6–23 months	Children 6-23 months	In shelters	Children under 5 years	PLW, ART and DOTS* patients
Modality	Cash	Food	Food	Cash	Food	Food	Cash	Food	Food	Micronutrient powder	In shelters	Food	Food
Cereals	-	333	-	-	-	450	-	333	-	-	400	-	-
Pulses	-	67	-	-	-	67	-	67	-	-	80	-	-
Oil	-	25	-	-	-	25	-	25	-	-	25	-	-
Salt	-	-	-	-	-	8	-	-	-	-	-	-	-
Sugar	-	-	-	-	-	25	-	-	-	-	-	-	-
SuperCereal	-	-	-	-	100	-	-	-	-	-	200	-	333
SuperCereal Plus	-	-	200	-	-	-	-	-	200	-	-	200	-
Micronutrient powder	-	-	-	-	-	-	-	-	-	0.5	-	-	-
<b>Total kcal/day</b>	-	<b>1 664</b>	<b>787</b>	-	<b>376</b>	<b>2 188</b>	-	<b>1 664</b>	<b>787</b>	-	<b>2 724</b>	<b>787</b>	<b>1 251</b>
% kcal from protein	-	11	17	-	16	11	-	11	17	-	11	17	16
Cash (USD/person/day)	0.40	-	-	0.50	-	-	0.40	-	-	-	-	-	-

\* Pregnant and lactating women, anti-retroviral therapy, directly observed treatment short-course.

<b>TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS (mt)</b>	
<b>Food type/cash-based transfers</b>	<b>Total</b>
Cereals	<b>97 593</b>
Pulses	<b>19 492</b>
Oil and fats	<b>7 304</b>
Mixed and blended foods	<b>18 697</b>
Other	<b>4</b>
<b>TOTAL</b>	<b>143 089</b>
Cash-based transfers	USD 60 803 783

## **Implementation Arrangements**

### **Participation**

48. Communities will establish gender-balanced planning and management committees to ensure the equal participation of men and women in FFA activities. WFP will ensure that beneficiaries are less than 10 km or two hours' walk from distribution points, which will be close to clinics and schools to minimize security risks. WFP and cooperating partner staff will be trained in the prevention of sexual exploitation and abuse. In consultation with partners and beneficiaries, a help-desk to be established at each registration and distribution site will include women and representatives of disadvantaged groups.

### **Partners and Capacities**

49. WFP will: i) will work with the Food and Nutrition Council and other stakeholders to promote adoption of the recommendations of the Zero Hunger strategic review; ii) continue to support the Ministry of Public Service, Labour and Social Welfare and UNICEF in implementing the national social-protection policy; and iii) partner with the Ministry of Health and Child Care, UNICEF, the United Nations Population Fund and others in nutrition programming.
50. WFP will enhance planning and coordination capacities at the district level through seasonal livelihood programming and community-based participatory planning with the Ministry of Local Government, and will develop weather-monitoring, risk-management and climate-resilience programmes with the Meteorological Service Department and the Ministry of Environment, Water and Climate.
51. WFP will continue to provide logistics and procurement services for United Nations partners, and assessment, analysis and mapping capacities for the Government and other partners.
52. Gender equality, women's empowerment and the prevention of sexual abuse and exploitation will be considered in all agreements with partners, which will incorporate standards for monitoring and reporting compliance.

### **Procurement**

53. Food supplies will be sourced through in-kind donations, regional and international procurement and WFP's Global Commodity Management Facility. Procurement will be carried out in accordance with the principles of competition, transparency, separation of duties, accountability and ethics.

### **Logistics**

54. WFP will store food in its own facilities and transport it to extended and final delivery points. Cooperating partners will be responsible for extended delivery points, transport to final delivery points when possible and distribution to beneficiaries.

### **Transfer Modalities**

55. A study of the effectiveness and efficiency of food-based and cash-based transfers will be conducted concurrently with this operation with a view to guiding decision-making. It is expected that the proportion of market-based transfers will increase as market conditions improve and funding becomes available.

### **Non-Food Inputs**

56. For joint activities, WFP and its cooperating partners will contribute non-food inputs such as tools and equipment for FFA.

### **Performance Monitoring**

57. A monitoring and evaluation plan will measure performance against the Zero Hunger Strategic Review targets. Performance indicators will be assessed annually in coordination with the Zimbabwe National Statistics Agency. COMET, WFP's country office tool for managing effectively, will capture information for Standard Project Reports. By the end of 2016, all cash-based transfers will be managed through SCOPE, WFP's beneficiary and transfer management system.
58. Outcome, output and process indicators will be disaggregated by gender. A decentralized evaluation of the operation is planned for the end of its second year to assess progress and inform subsequent assistance.

### **Risk Management**

59. WFP will counter the risk of insufficient donor support by demonstrating its advantages as a partner in food and nutrition security. If a resource shortfall occurs, assistance for refugees, lean-season support and treatment of acute malnutrition will be prioritized; other activities may be reduced. Capacity-development activities comprise only a small proportion of the budget and will not be affected.
60. Operational risks associated with cash-based transfers will be addressed through regular assessments of market conditions, cost efficiency and effectiveness. An inspection company contracted by WFP will manage food quality and safety along the supply chain. WFP has instituted minimum preparedness actions for other risks identified in the corporate emergency preparedness and response package; these will be reviewed periodically.

### **Security Risk Management**

61. WFP complies with minimum operating security standards and liaises with the United Nations Department of Safety and Security to ensure staff safety.

### **Resources for Results**

62. PRRO 200944 has a budget of USD 231 million; annual costs are expected to fall in the second year as effects of the El Niño phenomenon decrease.
63. The first Strategic Result comprises 89 percent of the planned transfer value. Costs are expected to decrease with improvements in agricultural production and as beneficiaries move to FFA and become more resilient to shocks.
64. Strategic Result 2 accounts for 9 percent of the total transfer value: the budget will increase as beneficiaries previously targeted for lean-season assistance are supported through FFA.
65. Strategic Result 3 accounts for 2 percent of the total transfer value: its budget will remain stable throughout the operation.

## ANNEX I-A

PROJECT COST BREAKDOWN		
	Quantity ( <i>mt</i> )	Value ( <i>USD</i> )
<b>Food</b>		
Cereals	97 593	32 315 033
Pulses	19 492	15 510 793
Oil and fats	7 304	7 484 659
Mixed and blended food	18 697	15 859 098
Others	4	70 300
<b>Total food</b>	<b>143 089</b>	<b>71 239 882</b>
External transport		6 188 398
Landside transport, storage and handling		28 053 301
Other direct operational costs – food		14 672 077
<b>Food and related costs<sup>1</sup></b>		<b>120 153 658</b>
Cash-based transfers		60 803 783
Related costs		9 108 407
<b>Cash-based transfers and related costs</b>		<b>69 912 189</b>
<b>Capacity development and augmentation</b>		<b>1 218 331</b>
Direct operational costs		191 284 178
Direct support costs (see Annex I-B) <sup>2</sup>		25 042 988
<b>Total direct project costs</b>		<b>216 327 165</b>
Indirect support costs (7 percent) <sup>3</sup>		15 142 902
<b>TOTAL WFP COSTS</b>		<b>231 470 067</b>

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

<sup>2</sup> Indicative figure for information purposes. The direct support cost allotment is reviewed annually.

<sup>3</sup> The indirect support cost rate may be amended by the Board during the project.

**ANNEX I-B**

<b>DIRECT SUPPORT REQUIREMENTS (USD)</b>	
<b>WFP staff and staff-related</b>	
Professional staff	3 060 414
General service staff	4 178 123
Danger pay and local allowances	30 000
<b>Subtotal</b>	<b>7 268 537</b>
Recurring and other	7 621 927
Capital equipment	278 400
Security	2 767 721
Travel and transportation	4 654 603
Assessments, evaluations and monitoring <sup>1</sup>	2 451 800
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>25 042 988</b>

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<sup>1</sup> Reflects estimated costs when these activities are carried out by third parties.

<b>ANNEX II: LOGICAL FRAMEWORK</b>		
<b>Results</b>	<b>Performance indicators</b>	<b>Assumptions</b>
<b>Cross-cutting</b>		
<b>Gender</b> Gender equality and empowerment improved	Proportion of women beneficiaries in leadership positions of project management committees Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution Proportion of households where females and males together make decisions over the use of cash, voucher or food Proportion of households where females make decisions over the use of cash, voucher or food Proportion of households where males make decisions over the use of cash, voucher or food	Genuine stakeholder interest is forthcoming.
<b>Partnership</b> Food assistance interventions coordinated and partnerships developed and maintained	Number of partner organizations that provide complementary inputs and services Proportion of project activities implemented with the engagement of complementary partners Amount of complementary funds provided to the project by partners (including non-governmental organizations, civil society, private sector organizations, international financial institutions and regional development banks)	Partner support is forthcoming.
<b>Protection and accountability to affected populations</b> WFP assistance delivered and utilized in safe, accountable and dignified conditions	Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain) Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site	Political context is stable.

<b>ANNEX II: LOGICAL FRAMEWORK</b>		
<b>Results</b>	<b>Performance indicators</b>	<b>Assumptions</b>
<b>Strategic Objective 1: Save lives and protect livelihoods in emergencies</b>		
<p><b>Outcome 1.1</b> Stabilized or improved food consumption over assistance period for targeted households and/or individuals Under Strategic Objective 1 assistance is provided for most vulnerable seasonally food-insecure households</p>	<p>FCS: percentage of households with poor Food Consumption Score (female-headed) Diet Diversity Score (female-headed households) FCS: percentage of households with poor Food Consumption Score (male-headed) Diet Diversity Score (male-headed households) Diet Diversity Score FCS: percentage of households with poor Food Consumption Score</p>	<p>Capable cooperating partners are available for implementation. Government and donor support are forthcoming.</p>
<p><b>Output 1.1</b> Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>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 Quantity of food assistance distributed, disaggregated by type, as % of planned Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned Quantity of non-food items distributed, disaggregated by type, as % of planned</p>	<p>Capable cooperating partners are available for implementation. Government and donor support are forthcoming. There is continuity in the delivery pipeline.</p>



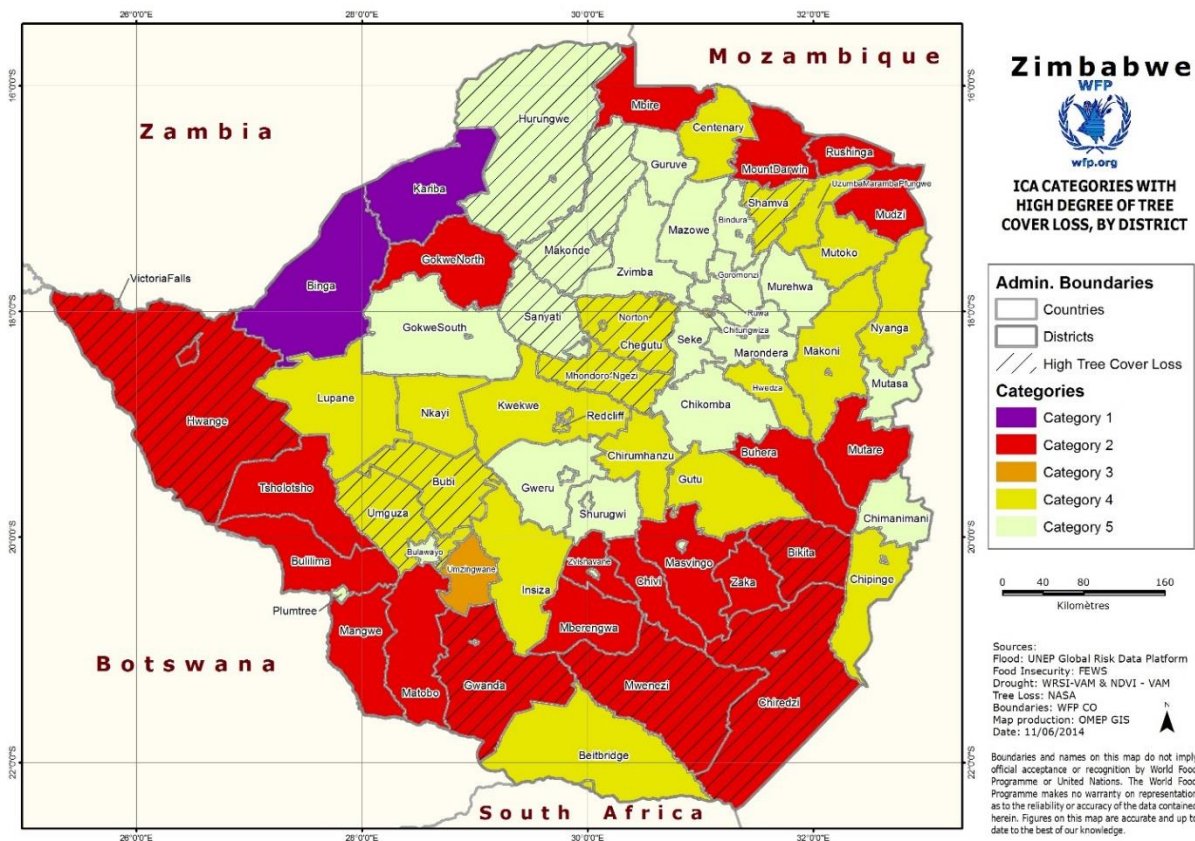
<b>ANNEX II: LOGICAL FRAMEWORK</b>		
<b>Results</b>	<b>Performance indicators</b>	<b>Assumptions</b>
<b>Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies</b>		
<p><b>Outcome 2.1</b> Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children</p> <p>Under Strategic Objective 2 health and nutrition promotion activities support access to care and treatment for moderately malnourished HIV and tuberculosis patients, pregnant and lactating women (PLW) and children under 5</p> <p>Under Strategic Objective 2 a prevention of stunting pilot intervention aims at reducing stunting in children aged 6-23 months</p>	<p>Proportion of eligible population who participate in programme (coverage)</p> <p>MAM treatment recovery rate (%)</p> <p>MAM treatment mortality rate (%)</p> <p>MAM treatment default rate (%)</p> <p>MAM treatment non-response rate (%)</p> <p>Proportion of children who consume a minimum acceptable diet</p> <p>Proportion of target population who participate in an adequate number of distributions</p>	<p>Medical drugs and other medical supplies are available.</p> <p>Resources (including health centre staff, anthropometric equipment and facilities) are available for growth monitoring.</p> <p>Clinical partners are available for development of integrated nutrition rehabilitation including assessment, education and counselling.</p>
<p><b>Output 2.1</b> Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>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</p> <p>Quantity of food assistance distributed, disaggregated by type, as % of planned</p> <p>Quantity of non-food items distributed, disaggregated by type, as % of planned</p> <p>Number of institutional sites assisted (e.g. schools, health centres), as % of planned</p>	

<b>ANNEX II: LOGICAL FRAMEWORK</b>		
<b>Results</b>	<b>Performance indicators</b>	<b>Assumptions</b>
<b>Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs</b>		
<p><b>Outcome 3.1</b></p> <p>Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households</p> <p>Under Strategic Objective 3 food assistance for assets activities support the transition from unconditional distributions to creating productive assets for resilience-building</p>	<p>CAS: percentage of communities with an increased Asset Score</p> <p>FCS: percentage of households with poor Food Consumption Score</p> <p>FCS: percentage of households with borderline Food Consumption Score</p> <p>Diet Diversity Score</p> <p>Diet Diversity Score (female-headed households)</p> <p>FCS: percentage of households with borderline Food Consumption Score (female-headed)</p> <p>FCS: percentage of households with borderline Food Consumption Score (male-headed)</p> <p>FCS: percentage of households with poor Food Consumption Score (male-headed)</p> <p>FCS: percentage of households with poor Food Consumption Score (female-headed)</p> <p>CSI (Asset Depletion): Percentage of male-headed households with reduced/stabilized Coping Strategy Index</p> <p>CSI (Asset Depletion): Percentage of female-headed households with reduced/stabilized Coping Strategy Index</p> <p>Diet Diversity Score (male-headed households)</p> <p>CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index</p> <p>CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index</p> <p>CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index</p> <p>CSI (Asset Depletion): Percentage of households with reduced/stabilized Coping Strategy Index</p>	<p>Capable partners are available for implementation.</p> <p>Government and donor support are forthcoming.</p>

<b>ANNEX II: LOGICAL FRAMEWORK</b>		
<b>Results</b>	<b>Performance indicators</b>	<b>Assumptions</b>
<p><b><i>Output 3.1</i></b>            Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned</p> <p>Quantity of non-food items distributed, disaggregated by type, as % of planned</p> <p>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</p> <p>Quantity of food assistance distributed, disaggregated by type, as % of planned</p>	<p>Capable cooperating partners are available for implementation.</p> <p>Government and donor support are forthcoming.</p>

**ANNEX III**

**Integrated Context Analysis (ICA) categories and tree cover loss by district**



**ICA Categories of Food Insecurity Trends, Risk to Shocks, and Land Degradation**

	DESCRIPTION	BOARD STRATEGIES
<b>CATEGORY 1</b>	High recurrence of food insecurity prevalence above 20% High/moderate exposure and risk to natural shocks	Longer-term programming to improve food security, reduce risk, and build resilience to natural shocks and other stressors
<b>CATEGORY 2</b>	Moderate recurrence of food insecurity above 20% High/moderate exposure and risk to natural shocks	Seasonal/recovery programmes to restore and improve food security, reduce risk, and build resilience to natural shocks and other stressors
<b>CATEGORY 3</b>	High/moderate recurrence of food insecurity prevalence above 20% Low exposure and risk to natural shocks	Longer-term programmes to improve food security and reduce risks of natural shocks and other stressors
<b>CATEGORY 4</b>	Low recurrence of food insecurity above 20% High/moderate exposure and risk to natural shocks	Programming that strengthens preparedness, reduce risk and build resilience to natural shocks and other stressors
<b>CATEGORY 5</b>	Low recurrence of food insecurity prevalence above 20% Low exposure and risk to natural shocks	Programming that strengthens preparedness and reduce risk to natural shocks and other stressors

## **Acronyms Used in the Document**

CSP	Country Strategic Plan
FAO	Food and Agriculture Organization of the United Nations
FFA	food assistance for assets
ICA	integrated context analysis
MAM	moderate acute malnutrition
PRRO	protracted relief and recovery operation
SUN	Scaling Up Nutrition
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund