

Emergency Operation Republic of Congo: EMOP 201066

Assistance to Displaced and Affect Population: District of Pool	
Number of beneficiaries	22,350
Duration of project (starting date – end date)	6 months (1 April 2017 – 1 October 2017)
Gender Marker Code *	2a
WFP food tonnage	34.64 mt

* 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	85,353
Cash and Vouchers and Related Costs	2,410,500
Capacity Development & Augmentation	36,700
DSC	579,322
ISC	217,831
Total cost to WFP	3,329,706

EXECUTIVE SUMMARY

Following the March 2016 presidential election, and as a result of the insecurity generated by the armed conflict in Pool Department many people fled their areas of residence becoming internally displaced. In September 2016, the conflict escalated.

Recent figures are not available on the total number of people displaced, and many of them are not accessible due to the security situation. Ministry of Social Affairs, Humanitarian Actions and Solidarity (MSAHAS) has requested assistance for 22,000 IDPs of which 19,000 are living in the affected areas. Most of these being located in the Pool department, or in localities adjacent to Pool. Of the IDPs in Brazzaville and other localities across the country, MSAHAS has requested short term assistance to be targeted on the 3,000 who are the most vulnerable.

This Emergency Operation (EMOP) supersedes the IR-EMOP 201039. It supports Strategic Objective one: End hunger by protecting access to food through the provision of life-saving support to the vulnerable populations in the IDP sites. Through this EMOP, WFP will support 22,350 people for six months (15 March 2017 to 15 September 2017), including:

- Internally Displaced Persons (IDPs) with limited livelihood prospects or alternative means;
- Young children (6 to 59 months) and pregnant and lactating women (PLW) who are internally displaced and the host population who are at risk of acute malnutrition.

MSAHAS and WFP will jointly target the affected population and the Government, with the support of CARITAS, will provide WFP with a preliminary list of the displaced people. A unique Identification Card will be provided to the affected population through a registration process with the local authorities and other stakeholders.

SITUATION ANALYSIS

Context

1. Following the referendum for constitutional change in late 2015, and the presidential election on March 20th, 2016, an armed conflict erupted in the Pool Department. The local population from Pool Department fled the area, taking refuge in the capital city of the Department (Kinkala) and in villages and small cities around Kinkala. The population displacements mainly occurred within the Pool Department, to localities in the neighbouring Bouenza Department and to other larger urban centres in the country such as Brazzaville, Dolisie and Pointe Noire.
2. The number of people displaced to different areas of the country has not been monitored systematically since the conflict started in March 2016. However; according to MSAHAS an increasing number of people have been displaced since the start of the conflict. It is expected that the number of IDPs will continue to increase as the security situation is not conducive for the IDPs to return to their places of residence in the near future. The needs of IDPs in other localities in the country remains to be assessed and the assistance authorised by the government.

3. According to projections based on census data, the affected areas in Pool Department have a population of 236,595¹. Women and children under five years represent the majority of the local population at 68.3 percent.² Children 6 to 59 months make up 17 percent of the population and people aged between 50 and over represent 16 percent of the population. According to the UNDP Gender Inequality Index (GII): Congo has a GII value of 0.593, ranking it 137 out of 155 countries³. In Congo, 39.7 percent of adult women have reached at least a secondary level of education compared to 47.0 percent of their male counterparts. For every 100,000 live births, 410 women die from pregnancy related causes; and the adolescent birth rate is 126.7 births per 1,000 women of ages 15-19. Female participation in the labor market is 67 percent compared to 73 for men.
4. In the affected areas experiencing armed conflict, school learners have been affected. The Government has integrated these learners in schools in their areas of refuge. The results of a WFP NGO partner sampling of learners in Pool Department which took place in November 2016 showed learners will not consider returning to their areas of residence until the end of the school year (June 2017).

Food Security and Nutrition Situation

5. A needs assessment conducted in November 2016 by the Government and UN agencies indicated that 15,500 IDPs were in need of food assistance. This assessment took place in two accessible localities in Pool Department – Kinkala and Mindouli – and in two locations in Bouenza Department bordering Pool – Louteté and Yamba. Other localities in Pool Department were not accessible, neither for assessment of needs nor for provision of assistance. In response to a significant amount of sustained armed conflict in January and February 2017, more population displacements took place. In a meeting with the MSAHAS, the best estimate was that an additional 3,500 persons were displaced, for a total of 19,000. CARITAS has corroborated large numbers of additional IDPs, but for security reasons, a thorough verification has not yet been made.
6. The WFP comprehensive food security and vulnerability analysis (CFSVA) conducted in 2013 indicated that 15.7 percent of the population of Pool Department and 11.9 percent of the population of Bouenza Department were food insecure or vulnerable to food insecurity. It also showed that 19.4 percent of female headed households are food insecure compared with 12.8 percent for households headed by men.
7. According to the Government and UNICEF MICS (Multi Indicator Cluster Survey) conducted in 2015, the prevalence of acute malnutrition for children under five before the crisis was estimated at 6.1 percent in the Pool Department and at 6.6 percent in the Bouenza Department. Chronic malnutrition rates were 23 percent and 23.3 percent respectively. According to the Global Hunger Index (GHI), the Republic of Congo has an alarming score which increased from 18.4 in 2005 to 26.6 in 2016⁴.
8. Given the security situation in Pool Department, it has not been possible for the Government and partners to undertake a nutrition survey. However, based on secondary data and information from health workers in health centres in Pool Department; IDPs were eating mangoes and other seasonal wild food. It was observed that there was a deterioration in the nutrition status of the children and pregnant and

¹ The population in Pool Department is made up of 48.7 percent men and 51.3 percent women.

² Results from RGP 2007

³ According to the 2014 UNDP Gender Inequality Index.

⁴ International Food Policy Research Institute (IFPRI) 2016 Global Hunger Index: The Challenge of Hunger: Focus on the Crisis of Child Undernutrition; <http://www.ifpri.org/publication/2016-global-hunger-index>.

lactating women and that access to basic services including healthcare has been negatively affected.

9. IDPs have not been able to move with many assets, and whatever is left behind has been looted. Agriculture is the main livelihood in the area, and IDP farmers have lost access to their fields and crops and have no access to land in the area where they are now settled. The IDPs are solely dependent on food assistance from local authorities and host population whose resources were quickly exhausted.
10. Markets in the proposed intervention areas in Pool Department are functioning. These urban areas have the capacity to meet increased demands, as they are supplied by local production from the non-affected areas in Pool Department, as well as outside of Pool Department.
11. IDPs and the host population are both affected by the decrease of income resulting from both the slowdown of the local economy due to insecurity and the national economy owing to the current economic crisis in the country. Some of the host population have been supporting IDPs, resulting in depletion of their resources and increased exposure to food insecurity.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

12. MSAHAS has provided assistance to IDPs in Pool Department and in Louteté and Yamba in Bouenza Department since the start of the conflict, using available resources. This included food, non-food items, shelter and medical assistance. The Ministry also undertook a once off food distribution to IDPs in Brazzaville.
13. National and local administrations have worked in collaboration with WFP and a local NGO (CARITAS) to register IDPs and develop an IDP database in Kinkala, Mindouli, Louteté and Yamba.

Policies, Capacities and Actions of Other Major Actors

14. Some of the host population have been supporting IDPs with their available resources. From the onset of the political crisis, CARITAS and some small local NGOs have provided assistance to IDPs and affected populations according to their capacity. UNHCR, WHO, UNFPA and UNICEF, along with WFP provided initial assistance in their respective areas of expertise, with supplementation from CERF funds.
15. The United Nations Country Team (UNCT) has conducted two needs assessments. The first one (conducted in June 2016) was with the assistance of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in support of the preparation of a Consolidated Appeal (CAP) and the submission of a request to the Central Emergency Relief Fund (CERF). The second one was conducted in November 2016 to update beneficiaries' figures and humanitarian needs.

Coordination

16. MSAHAS is responsible for the overall coordination of the humanitarian response. The local administration in Pool Department supported by out-posted personnel of MSAHAS, have provided coordination. The local administration in Bouenza has provided similar coordination in their area. The Resident Coordinator, supported by the UNCT is providing coordination on behalf of the UN.

17. Under the IR-EMOP 201039 (15 December 2016 to 14 March 2017); WFP and MSAHAS, have jointly coordinated food assistance using Cash Based Transfers with an implementing partner (CARITAS), Airtel (a telecommunication company) and retailers in the Pool Department.

OBJECTIVES OF WFP ASSISTANCE

18. This EMOP seeks to save lives by protecting the food and nutrition security of IDPs and the affected host population, particularly women and children, through the provision of food assistance for six months from 1 April 2017 to 1 October 2017.
19. The specific objectives of the operation are to:
- Provide food and nutrition support to IDPs affected by ongoing armed conflict;
 - Maintain and improve IDPs food consumption; and
 - Provide nutrition support to pregnant and lactating women and children (6 – 59 months) from IDPs and the host population affected by malnutrition.

BENEFICIARIES AND TARGETING

20. The predecessor IR-EMOP provided food assistance to 15,500 IDPs in two localities in Pool Department, and in two localities in Bouenza Department. This EMOP will target a total of 22,350 persons in the affected localities.
21. Due to the new IDPs influx this EMOP will assist 22,000 IDPs. Among the IDPs, 19,000 in the affected areas and will be assisted via cash based transfers for a period of six months in the affected areas. As Government services in the affected areas are severely overstretched, CARITAS will assist MSAHAS field staff with identification of beneficiaries, and establishing beneficiary lists. These lists will be validated by all stakeholders. The remaining 3,000 are in the region adjacent to the Pool department and will receive three months of cash based transfer. WFP is planning to introduce SCOPE in collaboration with CARITAS in 2017 to manage beneficiary lists and strengthen the accountability of the programme. Cash based transfers will be provided to 3,000 IDPs in a number of localities outside of Pool Department.
22. A supplementary ration to treat moderate acute malnutrition will be provided to 450 children 6-59 months and 550 pregnant and lactating women; of this amount 350 will be targeted among the host population. These additional rations will be distributed through a medical NGO which is currently supporting WFPs nutrition intervention under the Country Programme and UNFPA's multi-faceted programme in support of pregnant and lactating women.
23. Given the limited access and inability to conduct a nutrition survey during the rapid assessments, the number of malnourished children and malnourished pregnant and lactating women to be targeted under this EMOP is based on secondary data (MICS 2015) which has estimated the prevalence of acute malnutrition at 6.1 percent in the Pool Department and 5.1 percent among the pregnant and lactating¹ women population..
24. According to the estimation made by the Government and partners, the affected population that will be reached through this EMOP is made up of an estimated 52 percent of women and 48 percent of men. Children represent 14 percent of the targeted

¹ According to the general census results (RGPH 2007), the population of women of reproductive age is estimated at 37 percent

population. WFP and its partners will collect further information to disaggregate data by age and sex.

TABLE 1: BENEFICIARIES BY ACTIVITY			
Activity	Boys/Men	Girls/Women	Total
General Food Distribution - (IDPs in affected areas)	9,120	9,880	19,000
General Food Distribution – (IDPs relocated out of affected areas, 3 months ration)	1440	1560	3,000
Treatment for moderate acute malnutrition –Targeted* supplementary feeding (children 6-59 months)	200	250	450
Treatment for moderate acute malnutrition – (pregnant and lactating women) ***		550	550
TOTAL			22,350***

* 250 children from IDPs and provision for 200 children from the host population. This calculation is based on children representing 21% of the local population, and a 6.1% pre-crisis malnutrition rate, giving approximately 250 malnourished children among the IDPs in Pool/Bouenza area. Another 200 are added for children among children among host population.

** 400 PLW from IDPs and provision for 150 PLW from the host population. This calculation is based on women of reproductive age representing 37% of the population, and an undernutrition rate of 5.1%. Statistically this would give 360 malnourished PLWs in the Pool/Bouenza area, and another 200 is estimated among the local population.

***22,000 IDPs will receive cash based transfers from which 250 children and 400 PLW will be targeted for moderate acute malnutrition (MAM) treatment. 200 children and 150 PLW (350 in total) from the host population will also receive MAM treatment. The total number of beneficiaries is estimated at 22,350 (22,000 IDPs and 350 host population).

NUTRITIONAL CONSIDERATIONS AND RATIONS / VALUE OF CASH / VOUCHER TRANSFERS

25. The type of food ration and the length of the assistance responds to the specific needs of the target group:
 - Under General food distribution (GFD), IDPs will receive a cash transfer based on the equivalent value of the full food basket providing 2,100 Kcal/person/day of the food commodities available in the local markets (USD 0.6 per person per day).
 - Moderately acute malnourished children aged 6-59 months will be provided with a lipid-based nutrient supplement (Plumpy Sup), and
 - Malnourished pregnant lactating women will be provided with Super Cereal and vegetable oil.

26. Acknowledging the fact that IDPs are relying on food assistance; a full ration will allow the affected population to use their limited resources for other non-food needs and has the potential to limit the use of negative coping strategies.

27. In determining the value of the cash transfer, WFP considered other in-country support, the average household food basket, and the daily wage on the market. The value of the ration is based on the cost of buying a complete and balanced food basket which responds to energy and protein needs of an average individual. 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.

28. While no recent market assessment has been undertaken in the region, the country is a net importer of food and the market plays a significant role in access to food. Markets in the affected areas are functional, well integrated into the urban centres. Given the

good mobile phone coverage, accountable means of Cash Based Transfers (CBT) such as mobile money, exist. Discussions have taken place with suppliers who are providing commodities in exchange for electronic coupons to ensure that they maintain a sufficient stock of food supplies. This approach will ensure that the incentive to produce locally is maintained, and that the programme supports economic recovery once the IDPs are able to return to their areas of residence.

29. Additionally, according to Omega calculations, CBT is appropriate transfer modality. Although the area was not accessible to undertake a market assessment, the Omega value was calculated using secondary data.

	CBT	Treatment of Acute Malnutrition	
		PLW	6 – 59 months
Super Cereal		250	
Vegetable Oil		25	
Plumpy sup			92
Cash/voucher (USD/person/day)	0.6		
TOTAL		275	92
Total kcal/day		1160	492
% kcal from protein ¹		13,2	10,5
% kcal from fat		34,9	59
Number of feeding days per month (as applicable)	30	30	30

Commodity Type / Cash & voucher	CBT	Treatment of Acute Malnutrition	Total (mt or USD)
Super Cereal (mt)		24.75	24.75
Vegetable Oil (mt)		2.48	2.48
Plumpy Sup (mt)		7.45	7.45
Cash/voucher (USD)	2 187 000		2 187 000.00
TOTAL	2 187 000	34.677	

IMPLEMENTATION ARRANGEMENTS

30. Electronic vouchers will be distributed through Airtel. To cash them in, beneficiaries present their identity documents at one of the participating shops which are contracted by WFP, to purchase foodstuffs of their choice. Following the receipt of the electronic voucher by beneficiaries, WFP's implementing partner CARITAS will be present at the shops to monitor and assist.

¹ A GFD ration should provide a basket of food commodities that covers the 'recommended mean daily per capita nutrient intake' (WHO, 1995). The GFD ration should therefore provide 10 to 12 percent of its Kcal (energy) from protein and at least 17 percent from fat (Food and Nutrition Handbook. Page 65, table 8.1).

31. Phones will be provided to each household and recorded under the name of the head of the households. Wherever possible, the phones are being given to a woman in the household. This will be done in conjunction with sensitization for the affected population to prevent intra-household conflict. Shop owners have agreed to maintain price levels, and CARITAS will monitor behaviour of shops to ensure that prices are not increased.
32. Social Behaviour Change messages have been developed in collaboration with the Ministry of Health and will be linked to activities to the extent possible. Implementation partners will be sensitized on the materials for use during the implementation of activities.
33. The Super Cereal Plus and Plumpy Sup will be received at the port of Pointe Noire and transported by road (given the interruption of railway traffic) to the WFP warehouse in Brazzaville.
34. For the nutrition programme, an implementing partner (Médecins d'Afrique) which is jointly implementing the UNFPA and WFP programmes supporting pregnant and nursing women, receives the commodities in their warehouse and distribute them. The program will be implemented in close collaboration and complementarity with UNICEF and the Ministry of Health on nutrition, health and WASH. Other UN agencies such UNFPA, WHO, UNHCR will continue providing support to the IDPs during the lifetime of the project. Medecins d'Afrique has the capacity and further training will be provided both by WFP, UNICEF and the Ministry of Health.
35. *Partners and Capacities:* WFP will work with the Ministry of Social Affairs, Humanitarian Action and Solidarity on the coordination and implementation of the project. Implementing partners will be for: a) General Food Distributions: CARITAS and Airtel; b) Nutrition: Médecins d'Afrique.
36. WFP will provide logistics support for Government and United Nations partners (and other partners if needed). WFP will provide technical support to Government and UN partners in emergency assessment, analysis and mapping.
37. Provisions on gender equality, women's empowerment and Protection from Sexual Exploitation and Abuse (PSEA) will be embedded in all agreements with partners for monitoring and reporting compliance. To the extent possible, at minimum 15 percent of WFP's operational resources will be dedicated to support gender equality and women's empowerment.
38. *Procurement:* Food supplies will be sourced through in-kind contributions, regional and as well as international procurement and WFP's Global Commodity Management Facility. The vegetable oil will be purchased locally. Procurement will be carried out in accordance with WFP standards of competition, transparency, segregation of duties and accountability.
39. *Logistics:* WFP will store food in its own facilities and transport them to the final delivery points. Cooperating partners will be responsible for distribution from final delivery points to beneficiaries.
40. *Transfer Modalities:* WFP plans to conduct a study of the effectiveness and efficiency of food based and cash based transfers concurrently with this operations implementation.

41. *Non-Food Inputs*: For nutritional activities, measuring equipment for weight and height will be purchased and provided to partners.

PERFORMANCE MONITORING

42. To ensure successful implementation and monitoring of the project, the M&E system will be based on the logical framework. In Pool Department, third party monitoring of project activities will be carried out by an independent NGO¹, given that UN staff cannot regularly access the project area because of security issues. WFP will provide capacity strengthening to the NGO as required. WFP will conduct remote oversight of the selected NGO as well as direct oversight when the security situation allows.
43. The NGO will be responsible for the data collection covering all output indicators necessary to ensure successful implementation of project². A baseline study will be conducted and regular Post Distribution Monitoring (PDM) undertaken. A follow up assessment will be conducted approximately three months after the project has commenced and one month prior to the closure project. PDM questionnaires will be built on Open Data Kit (ODK) software and collection will take place through android devices for secure areas, and by hard copy in insecure areas before being entered into ODK.
44. The NGO responsible for the third party monitoring will use a pre-designed WFP checklist to monitor the progress of the intervention. Partners will be introduced to Gender transformative monitoring and use of participatory methodologies to ensure women and girls' equal participation into the monitoring process. Partners will be encouraged to have gender balanced monitoring teams.

HAND-OVER STRATEGY

45. Under current conditions, voluntary return at scale from the neighbouring departments and from isolated enclaves within Pool Departments, is unlikely.
46. Whilst the primary focus of this operation is to provide life-saving support WFP will work with the Government and partners to explore opportunities longer term resilience building in the Pool Department for both IDPs and host communities.
47. WFP will coordinate and complement other UN agencies approaches:
- Fostering social cohesion through community-based approaches;
 - Protecting human capital by reinforcing coverage of nutrition prevention and treatment programmes; and
 - Identifying opportunities to support community-level agricultural production efforts led by FAO.

RISK MANAGEMENT

48. Given WFP inaccessibility to the affected areas, there is a risk that there could be inaccuracies within the lists of the beneficiaries provided by the Government and the

¹ If no NGO is not available then WFP will contract CARITAS, an implementing partner, and triangulate information from others sources (MASAHS and Medecins d'Afrique)

² Like number of IDP assisted disaggregated by sex, amount transfer by IDPs.

implementing partner. To mitigate this risk, WFP will work with Government and partners to obtain access to sites wherever possible. In addition, a unique Identification Card will be provided to beneficiaries through a registration process with the local authorities.

49. WFP will continue to advocate with the Government for financial contributions to support this operation in line with its commitment to fund 60 percent of WFPs activities which target Congolese's vulnerable people. If a resource shortfall occurs, assistance for IDPs and treatment of acute malnutrition will be prioritized; other activities may be adjusted if necessary.
50. Operational risks associated with cash based transfers will be addressed through regular monitoring of activities and market conditions. 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

51. WFP complies with minimum operating security standards and liaises with the United Nations Department of Safety and Security to ensure staff safety. Road movement is regulated by a strict security clearance process. On many axes armed escorts are required for humanitarian movements and a strict coordination with partners and Government is critical. Purchase of security-related equipment required by Minimum Operating Security Standards (MOSS) for missions in the Pool Department is required.

RECOMMENDATION

The Chief of Staff is requested to approve the proposed Emergency Operation (EMOP 201066) under the delegated authority of the Executive Director.

APPROVAL

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Date:

Jim Harvey
Chief of Staff

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (USD)	Value (USD)
<i>Food Transfers</i>			
Cereals	-	-	
Pulses	-	-	
Oil and fats	2	3,720	
Mixed and blended food	32	29,260	
Others	-	-	
Total Food Transfers	35	32,980	
External Transport		3,356	
LTSH		20,323	
ODOC Food		28,693	
Food and Related Costs ¹		85 353	
C&V Transfers		2 187 000	
C&V Related costs		223,500	
Cash and Vouchers and Related Costs		2 410 500	
Capacity Development & Augmentation		36,700	
<i>Direct Operational Costs</i>			2 532 553
Direct support costs (see Annex I-B)			579,322
Total Direct Project Costs			3 111 875
Indirect support costs (7.0 percent) ²			217,831
TOTAL WFP COSTS			3 329 706

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

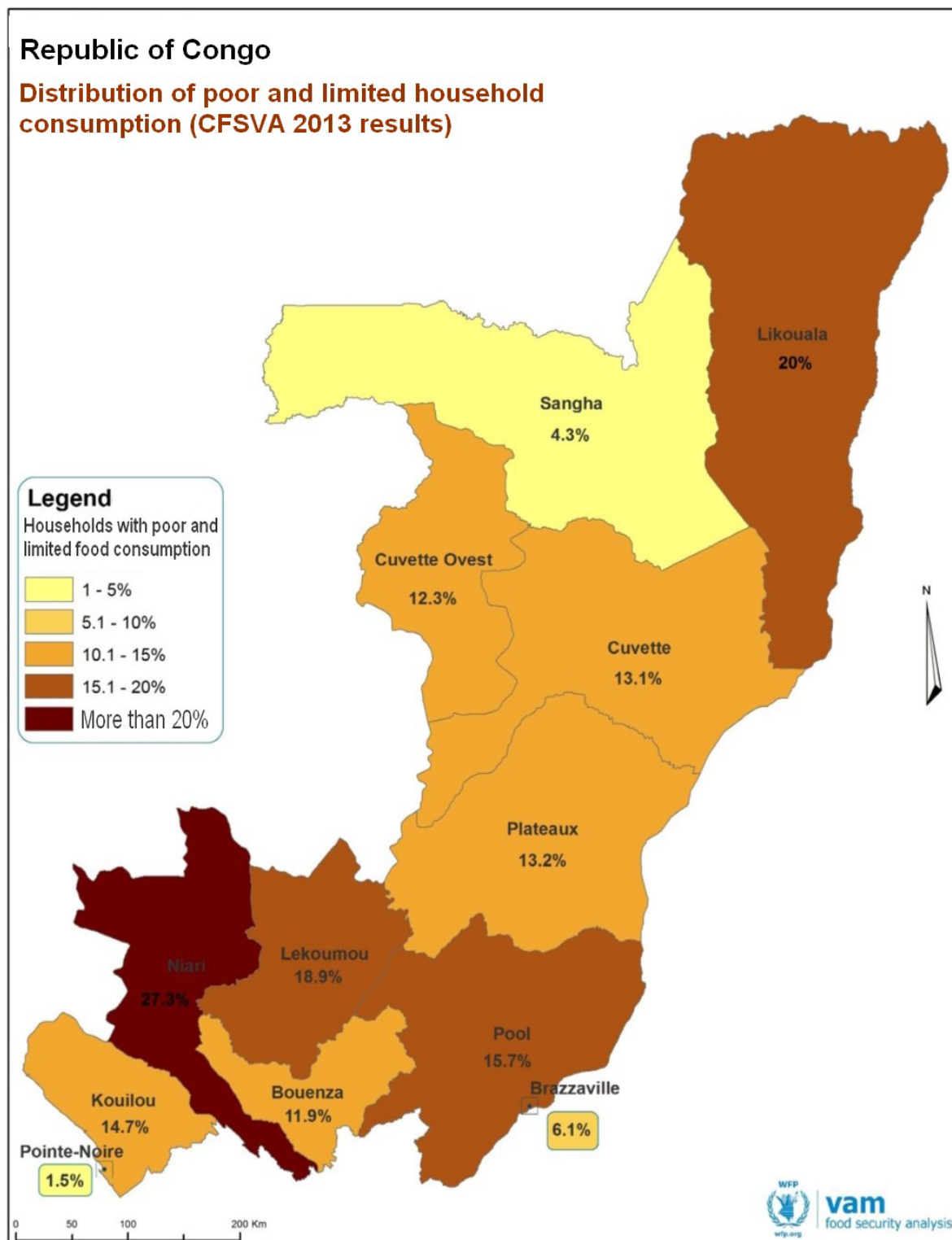
DIRECT SUPPORT REQUIREMENTS (USD)	
WFP Staff and Staff-Related	
Professional staff *	175,009
General service staff **	150,553
Danger pay and local allowances	-
Subtotal	325,562
Recurring and Other	76,966
Capital Equipment	33,333
Security	38,161
Travel and transportation	55,300
Assessments, Evaluations and Monitoring¹	50,000
TOTAL DIRECT SUPPORT COSTS	579,322

* 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.

MAP



ACRONYMS USED IN THE DOCUMENT

CAP	Consolidated Appeal
CBT	Cash Based Transfer
CERF	Central Emergency Relief Fund
EMOP	Emergency Operation
FAO	Food and Agriculture Organization
GFD	General food distribution
GHI	Global Hunger Index
GII	Gender Inequality Index
IDP	Internally Displaced Person
MICS	Multi Indicator Cluster Survey
MOSS	Minimum Operating Security Standards
MSAHAS	Ministry of Social Affairs, Humanitarian Actions and Solidarity
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODK	Open Data Kit
PDM	Post Distribution Monitoring
PLW	Pregnant and lactating women
PSEA	Protection from Sexual Exploitation and Abuse
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization