



World Food Programme

PROJECT BUDGET REVISION FOR APPROVAL BY THE DEPUTY EXECUTIVE DIRECTOR

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**Angola Emergency Operation 201083 - Emergency Food Assistance in Angola for Conflict Affected Refugees from the Greater Kasai Region of Democratic Republic of Congo
Budget Revision one**

Start date: 1 August 2017 **End date:** 31 July 2018 **Extension/Reduction period:** N/A **New end date:** N/A

Cost (United States dollars)

	Current Budget	Increase (Decrease)	Revised Budget
Food and Related Costs	US\$ 10 263 503	US\$ 87 509	US\$ 10 351 012
Cash and Vouchers and Related Costs	US\$ 5 345 620	US\$ (2 884 620)	US\$ 2 461 000
Capacity Development & Augmentation	US\$ -	US\$ -	US\$ -
DSC	US\$ 1 445 612	US\$ -	US\$ 1 445 612
ISC	US\$ 1 193 831	US\$ (235 867)	US\$ 957 965
Total cost to WFP	US\$ 18 248 567	US\$ (3 032 978)	US\$ 15 215 589

CHANGES TO:

Food Tool

- MT
 Commodity Value
 External Transport
 LTSH
 ODOC

C&V Tool

- C&V Transfers
 C&V Related Costs

- CD&A
 DSC
 Project duration
 Other

Project Rates

- LTSH (\$/MT)
 ODOC (\$/MT)
 C&V Related (%)
 DSC (%)



NATURE OF THE INCREASE

1. Budget revision one to Angola Emergency Operation (EMOP) 201083 will remove Moderate Acute Malnutrition (MAM) treatment for children 6 – 59 months given the steady and significant decline in the Global Acute Malnutrition (GAM) rate from 8.1 to one percent over the past six months.
2. The findings of the WFP Cash-Based Transfer (CBT) sectoral capacity assessments¹ that were conducted in October 2017, indicated limited market capacity for supporting additional demand. This budget revision will shift half of the cereal and pulses of the ration for voucher recipients into in-kind food assistance and the remainder of the ration will now also be provided as in-kind.
3. The revised CBT strategy will result in an increase in planned tonnage from 7,968 mt to 9,555 mt; and a subsequent decrease in CBT transfers from USD 5.2 million to USD 2.1 million. Corresponding adjustments to the other direct operational costs (ODOC) plan made to accommodate the planned increase in tonnage. The direct support costs (DSC) will be maintained at the existing level.

JUSTIFICATION FOR THE REVISION

Summary of existing project activities

4. The objective of this EMOP is to ensure that refugees from the greater Kasai region of DRC are able to meet their basic food and nutrition requirements and lay the foundations for their self-reliance.
5. This EMOP is in line with Strategic Results 1 and 2 of WFP's Strategic Plan (2017-2021) to ensure that everyone has access to food and no one suffers from malnutrition. WFP aims to contribute to the provision of food assistance to refugees through an integrated, multi-sectoral approach. WFP food assistance complements activities implemented by partners in supporting agriculture and livelihoods, water, sanitation and hygiene (WASH) and health assistance.
6. WFP provides life-saving food assistance to refugees; prevents acute malnutrition among children 6-23 months through blanket supplementary feeding using Super Cereal Plus and pregnant and lactating women and girls (PLW/G) using Super Cereal; and treats MAM through targeted supplementary feeding using Plumpy'Sup.
7. As refugees arriving in Angola have escaped conflict between a number of political and ethnic groups in their areas of origin, the promotion of co-existence between refugees and host communities is critical for long-term recovery and return. WFP works with UNHCR, and other partners to ensure that food assistance is conflict-sensitive and recognizes specific protection concerns of the refugee and host population. Special consideration is given to the prevention of sexual and gender-based violence in WFP's food assistance intervention in Angola.

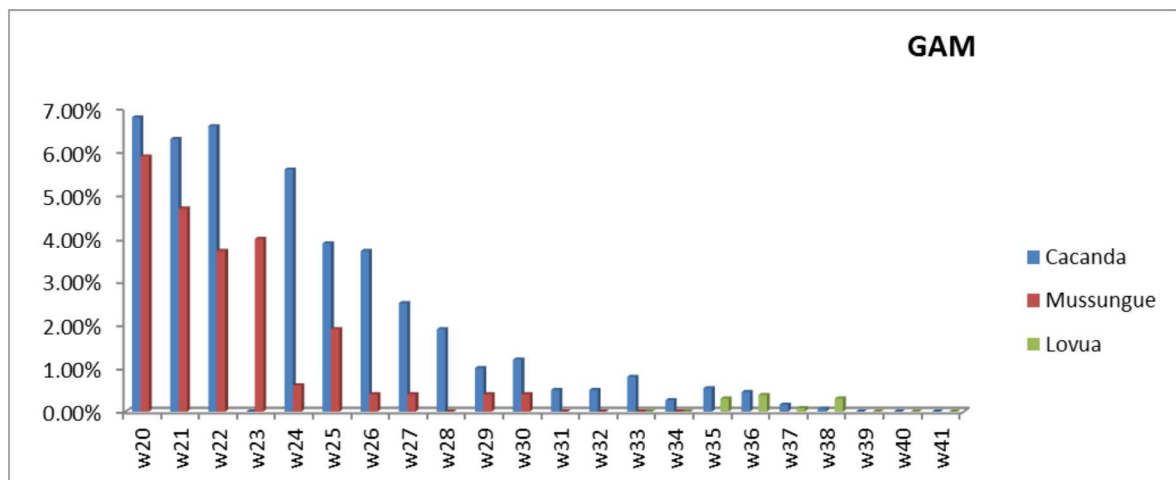
Conclusion and recommendation of the re-assessment

8. Refugees from DRC have been arriving in Angola since April 2017, predominantly in the area of Dundo, Lunda Norte Province. As of December 2017, UNHCR have registered 34,886 refugees out of which 26,163 refugees have "active status" to receive food assistance. Refugees

¹ Finance, Information Technology, Programme and Supply Chain.

who were initially hosted in Cacanda and Mussungue reception centres near Dundo town are currently being relocated to Lovua settlement, 85 km west of Dundo. A Joint Assessment Mission (JAM) which will be conducted with United Nations High Commissioner for Refugees (UNHCR) is planned for the first quarter of 2018 once the re-location exercise has been completed to assess the food and non-food needs of refugees.

9. Due to limited resources for a nutrition response, coupled with the limited presence of nutrition partners, WFP and partners have been unable to conduct a multi-agency nutrition survey since the start of this operation. The findings from a nutritional screening of new arrivals conducted by UNICEF and partners in May 2017 indicated a GAM prevalence of 8.1 percent among children. However, trend analysis of monthly routine screenings by partners of children aged 6-59 months at Cacanda reception centre and Lovua settlement has shown a decline in the GAM rate. Over the past six months the GAM rate has been maintained at below one percent suggesting the initial 8.1 percent may have been an overestimation. In October 2017, 1,676 children were screened and the GAM prevalence was 0.7 percent².
10. These findings are further substantiated by data from Doctors Without Borders (MSF) operated clinics that provide antenatal and postnatal services including child growth monitoring services. Screening³ of 782 children aged 6-59 months who attended the MSF clinic at Lovua settlement in October 2017 found no cases of acute malnutrition. If there are new cases of children with MAM, WFP will maintain the ability to respond to these cases within the blanket supplementary feeding programme.



Graph 1: MSF data illustrating the week by week declining trend in GAM from May to October 2017.

11. WFP conducted a baseline survey in Cacanda reception centre, Lovua settlement and Dundo at the end of November 2017 using mobile data collection and analytics (MDCA). The survey shows that household food access is better in Dundo where refugee families live in the host community. Refugees living in Cacanda reception centre and Lovua settlement are suffering from poor food consumption. In general, the food security situation of female-headed households is worse than male-headed households.

² The October findings showed that eleven children were suffering from MAM and two children with Severe Acute Malnutrition (SAM). The UNICEF screenings are done using mid-upper arm circumference (MUAC).

³ The MSF screenings are measure weight for height.

12. The baseline survey shows that over 55 percent of female-headed households in Dundo reported being affected by protection issues in the last two months. Given the distance of Canada reception centre to Dundo the majority of women and girls experienced challenges to and from the food distribution site at Cacanda reception centre. WFP will work with UNHCR, government and other partners and in consultation with refugees to identify issues and mitigation measures for those refugees experiencing protection challenges travelling to and from the food distribution site in Cacanda reception centre.
13. As a follow-up to the rapid market assessment which took place in May / June 2017, WFP CBT sectoral capacity assessments⁴ were conducted in October 2017. The transfer modality selection was analysed according to context, feasibility, efficiency and relevance. The conclusion of the assessments was that a value voucher will be provided to cover half of the cereals and pulses, and the remainder will be provided as in-kind food assistance, to achieve cost efficiency and at the same time to meet beneficiaries' preference towards locally available foods. However, the feasibility of the value voucher will be dependent on WFP's ability to attract retailers.
14. Based on discussions between WFP and local authorities to date, the local authorities are not in favour of providing cash to refugees and favour the voucher modality. Local authorities have identified the potential that vouchers could play in stimulating local economic development; particularly through locally-produced cassava. Cash is not feasible in the Angolan context given cash liquidity challenges.
15. Based on data for local food prices, the costs to implement the programme using vouchers would be about three times more than using in-kind food assistance. During the assessment mission, refugees interviewed stated their preference towards locally available foods including cassava flour mixed with maize meal and dried fish.

Purpose of change in budget decrease

16. This budget revision will adjust the implementation strategy for CBT. WFP CBT assessments shows that the cost of vouchers in Lunda Norte Province is three times higher than in-kind food assistance. WFP will shift half of the ration of the cereals and pulses into in-kind for cost-efficiency. SCOPE e-voucher will be used as delivery mechanism. The start date of the voucher intervention will be changed from January to March 2018 under this budget revision to enable the procurement process for retailers and information and technology (IT) equipment.
17. The combination of the voucher with values worth half of cereals and half pulses and in-kind for the rest of food basket will allow for diversification of diets. The value voucher will enable beneficiaries to purchase preferred food items such as cassava flour and dried fish which would be challenging to provide as in-kind due to the short shelf-life and complex handling. The remainder of the ration will be provided as in-kind food assistance. The hybrid in-kind and voucher modality is supportive of WFP's commitment to the accountability of affected populations and is in line with the objectives of government.
18. Given the steady and significant decline in the GAM rate over the past six months from 8.1 to under one percent, the MAM treatment can no longer be justified. This budget revision will remove the MAM treatment component from the emergency operation. If there are new cases of children with MAM, WFP will maintain the ability to respond to these cases should the need

⁴ Finance, Information Technology, Programme and Supply Chain.



arise. WFP will provide Super Cereal Plus to children aged 24-59 months who upon screening are identified with MAM.

19. WFP will continue to focus on the first 1,000 days targeting all children aged 6-23 months and PLW/G by preventing acute malnutrition through blanket supplementary feeding. The monthly general food distributions at Cacanda reception centre and Lovua settlement will be the main platform for WFP to deliver blanket supplementary feeding. WFP will work with partners to continue monthly nutrition screening activities at the community level. Screenings will cover children of new arrivals and children at WFP distribution points.
20. Individual follow-up, monitoring and caregiver support at household level will be provided through WFP implementing partner nutrition monitors for children who have been identified with MAM to prevent deterioration in their nutritional status. All children with SAM will be referred for treatment services supported either by partners depending on the location.
21. A joint nutrition education, communication and sensitisation package has been developed by WFP and UNICEF for the emergency response. The nutrition education covers key messages on infant and young child feeding (ICYF), hygiene; and use and targeting for specialised nutritious foods, Super Cereal Plus and Super Cereal. The communication is systematically integrated and reinforced to caregivers during monthly distributions as well as at community level. PLW/G will also be targeted for sensitisation on infant and child care including the importance of attending the antenatal services provided by partners at the sites.
22. Of the 50,000 beneficiaries originally planned under this EMOP, 15,000 were to receive in-kind food assistance and 35,000 to receive CBT over the full life-span of the operation. Original planning assumptions included the gradual phasing in of CBT in 2018. However, based on the results of the CBT sectoral assessments, in 2018 the scale-up of CBT will be adjusted downwards from 35,000 to 28,000 beneficiaries. These beneficiaries will receive half of the cereal and pulses ration in-kind and the other half will be provided as CBT. The remainder of the ration will be provided as in-kind food assistance. Overall, WFP will continue to assist all 50,000 beneficiaries.



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TABLE 1: BENEFICIARIES BY ACTIVITY

Activity	Category of beneficiaries	Current			Increase / Decrease			Revised		
		Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total
General food assistance (CBT/In-kind)	All	24 500	25 500	50 000	0	0	0	24 500	25 500	50 000*
Prevention of acute malnutrition	Children 6-23 months	1 841	1 916	3 757	0	0	0	1 841	1 916	3 757
Prevention of acute malnutrition	PLW/G	0	4 500	4 500	0	0	0	0	4 500	4 500
Treatment of moderate acute malnutrition	Children 6 – 59 months	110	115	225	(110)	(115)	(225)**	110	115	225
TOTAL (EXCLUDING OVERLAPS)		26 451	32 031	58 482	0	0	0	26 451	32 031	58 482
TOTAL (INCLUDING OVERLAPS)		24 500	25 500	50 000	0	0	0	24 500	25 500	50 000

*Of these 50,000 beneficiaries, the number receiving CBT will reduce from 35,000 to 28,000 during 2018 (13 720 boys / men and 10850 girls / women).

**In 2018, WFP will no longer provide treatment for acute malnutrition; although the total planned beneficiaries remains the same as this caseload was targeted for assistance in 2017.



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TABLE 2: FOOD RATION/TRANSFER BY ACTIVITY

(g/person/day or USD/person/day)

	General food distribution (in-kind)	General food distribution (in-kind and voucher)	Blanket supplementary feeding for prevention of acute malnutrition (children 6-23 months)	Blanket supplementary feeding for prevention of acute malnutrition (PLW/G)
Fortified maize meal	450	250		
Pulses (beans)	60	30		
Oil	25	25		
Salt	5	5		
Super Cereal				200
Super Cereal Plus			200	
Cash/voucher (US\$/person/day)		0.7		
TOTAL				
Total kcal/day	2,072	1,238	787	752
% kcal from protein	9.9	9.0	17	16
% kcal from fat	14.4	21.4	23	19
Number of feeding days per month	30	30	30	30

FOOD REQUIREMENTS

23. Given the shift from a complete voucher ration to a partial in-kind and value voucher ration, this budget revision will introduce additional tonnage which will be accompanied by a decrease in CBT.

TABLE 3: FOOD/CASH AND VOUCHER REQUIREMENTS BY ACTIVITY

Activity	Commodity ⁵ / Cash & voucher	Food requirements (mt) Cash/Voucher (US\$)		
		Current	Increase / (Decrease)	Revised total
GFD	Commodity	7 371	1 592	8 963
Nutrition	Commodity	597	(4)	593
GFD	Cash & Voucher	US\$ 5 345 620	(US\$2 884 620)	US\$ 2 461 000
TOTAL		US\$12 308 312	(US\$ 4 161 286)	US\$ 8 147 026

⁵ Please only present overall food requirement. Do not split by commodity.



Hazard / Risk Assessment and Preparedness Planning

24. In line with the Inter-Agency Refugee Appeal, the current scale of assistance is planned for a caseload of 50,000 refugee. Although the beneficiary caseload has been less than 50,000 refugees to date, protection concerns and human rights violations in the greater Kasai region continue to be reported, indicating a high risk that the situation could develop into a large-scale population movement from DRC. WFP will continue to closely monitor the evolving situation and will scale-up its operational capacity should the situation deteriorate.
25. Insufficient funding could negatively affect WFP's ability to procure and deliver food in a timely manner to refugees. Due to funding constraints, several partners have pulled out, including UNICEF, which plans to close its operation as of December 2017. WFP has not received any contributions to enable the implementation of CBT from March 2018. Given the limited volume of planned vouchers, there is a risk that retailers may not be interested in applying. To mitigate this risk, WFP will disseminate the tender notification as widely as possible, making use of local chamber of commerce and national newspapers.
26. WFP continues to provide training and technical assistance to its implementing partners, in line with the Inter-Agency Refugee Appeal and to raise awareness among the donor community on the refugee crisis in Angola. Acknowledging the limited cooperating partner presence in Angola, WFP will work with key partners to ensure that the refugees continue to receive key nutrition services such as screening, SAM treatment and sensitization activities including infant and young child feeding (IYCF), WASH and nutrition education.
27. WFP will work with UNHCR, government and other partners and in consultation with refugees themselves to identify issues and mitigation measures for those refugees experiencing protection challenges travelling to and from the food distribution site in Cacanda reception centre. WFP will also undertake more regular communication and sensitization campaigns to ensure refugees are better informed about the assistance they are receiving and have a mechanism by which to provide complaints and feedback.

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ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (US\$)	Value (US\$)
<i>Food Transfers</i>			
Cereals	1 302	(1 319 976)	
Pulses	164	120 960	
Oil and fats	105	113 925	
Mixed and blended food	(4)	(32 893)	
Others	21	(9 503)	
Total Food Transfers	1 587	(1 127 486)	
External Transport		31 568	
LTSH		1 132 546	
ODOC Food		50 880	
Food and Related Costs ⁶		87 509	
C&V Transfers		(3 033 800)	
C&V Related costs		149 180	
Cash and Vouchers and Related Costs		(2 884 620)	
Capacity Development & Augmentation		-	
<i>Direct Operational Costs</i>			(2 797 111)
Direct support costs (see Annex I-B)			-
Total Direct Project Costs			(2 797 111)
Indirect support costs (6.5 percent) ⁷			(235 867)
TOTAL WFP COSTS			(3 032 978)

⁶ This is a notional food basket for budgeting and approval. The contents may vary.

⁷ The indirect support cost rate may be amended by the Board during the project.



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ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
WFP Staff and Staff-Related	
Professional staff *	-
General service staff **	-
Danger pay and local allowances	-
Subtotal	-
Recurring and Other	-
Capital Equipment	-
Security	-
Travel and transportation	-
Assessments, Evaluations and Monitoring⁸	-
TOTAL DIRECT SUPPORT COSTS	-

* 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

⁸ 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.