

INTERIM COUNTRY STRATEGIC PLAN REVISION

REVISION – FOR APPROVAL

Democratic Republic of the Congo Interim Country Strategic Plan, Revision 03

Gender and age marker code: 2A

	Current	Change	Revised
Duration	<i>1 January 2018 – 31December2020</i>	<i>Not applicable</i>	<i>1 January 2018 – 31December2020</i>
Beneficiaries	6 565 434	181 952	6 747 386
Total cost (USD)	719 197 157	17 541 999	736 739 155
Transfer	576 496 706	15 691 797	592 188 503
Implementation	59 852 591	772 601	60 625 192
Direct support costs	38 953 198	6 963	38 960 160
Subtotal	675 302 494	16 471 360	691 773 855
Indirect support costs (6.5 percent)	43 894 662	1 070 638	44 965 301

1. RATIONALE

1. Intensified conflict in the Kasai, Tanganyika, South Kivu, North Kivu and Ituri provinces since mid-2017 has resulted in a twofold increase in the number of displaced people needing humanitarian assistance in the Democratic Republic of the Congo (DRC). The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated in December 2017 that 7.5 million displaced or returned people would require support to meet their basic needs, including shelter, food and clean water in 2018. Turmoil in neighbouring countries has also increased the influx of refugees into DRC. By mid-2018, the country was host to 93 thousand refugees from South Sudan, 18 thousand refugees from the Central African Republic, and 45 thousand from Burundi. More than half of the total humanitarian needs in-country are now a consequence of conflict.
2. A nutrition survey conducted by the Government of DRC and UNICEF in December 2017 demonstrated that children’s nutrition has deteriorated dramatically. Prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) in nearly all surveyed areas of South Kivu and Greater Kasai provinces exceeded 10 percent and 2 percent, respectively. Additionally, mortality rates for children under age 5 were above emergency thresholds¹ in 46 percent of the surveyed health zones.
3. Trend analysis and existing empirical evidence suggest that the nutrition situation in DRC has continued to deteriorate and will likely worsen during the last quarter of 2018, with the onset of the ‘lean season’. WFP’s current resource-based plan under the Interim Country Strategic Plan (ICSP) only covers about 20 percent of the estimated nutrition response requirements. It is therefore critical for WFP to scale-up its acute malnutrition prevention programme, especially in the South Kivu and Greater Kasai provinces.
4. This third budget revision to the DRC ICSP will increase the coverage of WFP interventions to prevent acute malnutrition (under Strategic Outcome 2), reaching nearly 182 thousand more beneficiaries in 2018 and requiring an additional 4,998 mt of food. Ration entry errors in COMET have also been rectified, resulting in a minor increase of USD 2,067 under Strategic Outcome 1 and USD 241 under Strategic Outcome 3. The

¹ Greater than 2 deaths per 10,000 children per day.

approved ICSP value will increase by USD 17,541,999, for a total revised budget of USD 736,739,155.

2. CHANGES

Strategic outcomes

5. No changes are being made to the strategic orientation of the ICSP through this revision. The focus is on increasing WFP's response to prevent acute malnutrition (Activity 4) under Strategic Outcome 2, which is focused on improving food-insecure and vulnerable populations' nutritional status in conflict and shock-affected areas by 2020, in line with national protocols.

Targeting approach

6. To ensure that further deterioration of the nutrition situation during the lean season is averted, WFP will expand coverage of community-based acute malnutrition prevention interventions for pregnant and lactating women and girls (PLW/G) and children under age 2 in areas prioritized by the Nutrition Cluster and/or Humanitarian Response Plan where: i) GAM prevalence is equal to or above 15 percent; ii) SAM prevalence is at least 5 percent; or iii) an Integrated Phase Classification assessment categorises the area as phase 4.
7. WFP will try to implement prevention of acute malnutrition interventions in conjunction with treatment of moderate/severe acute malnutrition services and general food distributions to households in targeted areas to ensure the food and nutrition needs of affected communities are met.

Transfer modalities

8. WFP will provide a lipid-based nutrient supplement (LNS) to all children aged 6-23 months in targeted zones. Assistance will be provided for a period of 6 months, with each targeted child receiving a ration of 100g of Plumpy Sup per day. Pregnant and lactating² women and girls will receive a daily ration of 250g Super Cereal and 25g vegetable oil.

Partnerships

9. Building on lessons from emergency responses in DRC and other countries, WFP will support establishment of 'multi-sectoral preventive platforms' centered on its blanket programme to prevent acute malnutrition. These multi-sectoral platforms, implemented in affected regions, will enable delivery of complementary services to WFP-assisted beneficiaries by partners in different sectors to address the immediate and underlying causes of malnutrition.
10. WFP continues to act as a catalyst for the establishment of partner coordination platforms at field level to ensure harmonization among key actors. Where there are gaps in multi-sectoral programming for nutrition, WFP continues to advocate for enhanced coordination through the national and sub-national coordination platforms.

Country office capacity

11. Staff capacity to support acute malnutrition prevention interventions in an emergency context are insufficient in DRC. WFP will thus recruit 1 international and 3 local nutritionists with expertise in emergencies, to be based both in the field and in the country

² Lactating women targeted will be those with children under the age of 6 months.

office. These nutritionists will assume a key role in informing and supporting capacity strengthening of Government and partners.

Supply chain challenges

12. Local and regional purchases, as well as the Global Commodity Management Facility (GCMF), will be used to improve the cost-efficiency of WFP food assistance in-country. Specialized nutritious products and other commodities that cannot be sourced locally or regionally will be received as in-kind contributions or purchased internationally.
13. Internationally-procured food commodities will be supplied through ports in Kenya, the United Republic of Tanzania, the Republic of the Congo, as well as the DRC port of Matadi. Supply chain costs, especially in-country transport costs, remain high in DRC because of the remote locations in which many beneficiaries are located and the poor state of transportation infrastructure. WFP will use a combination of contracted commercial transporters and WFP-owned trucks to deliver food to beneficiaries.

Monitoring and evaluation

14. Nutrition, programme and monitoring and evaluation officers will conduct regular site visits to monitor beneficiary registration and enable collection of data for performance measurement and decision making. Each site implementing acute malnutrition prevention activities will be monitored on a monthly basis. In addition, joint monitoring missions with partner organizations will be carried out on a quarterly basis. The site visits will also serve as an opportunity for on the job training and troubleshooting of issues with partner NGOs and the health facilities.

Accountability to affected populations, protection risks, restrictions of gender and disabilities

15. Constrained access to social services, compounded by gender disparities, limit growth and well-being in the country. The most recent Gender Inequality Index ranked DRC 153 out of 159 countries. Participation rates of men and women in the labor workforce are roughly equal (71.8 percent and 70.5 percent, respectively), but significant differences exist in access to education. Among adults aged 25 or older, only 14.5 percent of women have completed at least a portion of the secondary school-level curriculum, compared to 35 percent of men. Access to food also differs by gender. Women are often expected to source cooking fuel and prepare food, and frequently face food discrimination, consuming the food that remains after men and boys in the household have eaten. Research also shows a relationship between age, gender and malnutrition in DRC. Households headed by women, pregnant and lactating women, girls and boys are particularly vulnerable to malnutrition. The World Bank has found that boys and girls are especially vulnerable to vitamin A deficiencies and anemia.
16. Addressing gender inequalities and gender-based violence (GBV), which are highly prevalent in DRC, is a prerequisite for achieving food and nutrition security. WFP will deliver nutrition education through its acute malnutrition prevention programme, targeting women with messages and information about GBV prevention. Awareness raising campaigns on the link between gender equality and nutrition will be conducted and include targeting of men and boys, notably on their responsibilities regarding their nutrition and that of their children. WFP will also provide technical support for the integration of gender equality into nutrition-related national normative frameworks, policies, and legislation.

17. WFP has established mechanisms to ensure its accountability to assisted populations, in recognition that they have a right to be actively involved in the decisions that affect their lives, and that engaging them in programme decisions makes food assistance more effective. A protection specialist has been contracted by WFP to ensure beneficiaries and interventions in DRC are conducted in a safe and dignified manner. Since March 2017, a WFP hotline has been established to ensure two-way communication with targeted beneficiaries. The hotline allows beneficiaries to share complaints and feedback on WFP assistance and to receive specific information on their eligibility and entitlements. Beneficiaries use the hotline to share security, protection and humanitarian alert related-information. All complaints and inquiries made by a beneficiary are systematically recorded and timely extracted from the hotline tool to be addressed appropriately.

Proposed exit strategy

18. Emergency acute malnutrition prevention activities will be phased out once the food security and nutrition situation improves in targeted areas, which WFP is continuously monitoring. WFP is following the guidance from the *MAM Decision Tool for Emergencies* which stipulates that “scale down of programmes to treat and or prevent acute malnutrition is generally considered when GAM rates fall below 5 percent and no aggravating factors exist”.³
19. To the extent possible, WFP will initiate resilience-building activities in the targeted locations to ensure that the affected population’s food security situation improves.

Security and other risks

20. The greatest risk in DRC is contextual in nature and related to the political instability and limited government capacity to ensure basic service delivery, which generally affects access to vulnerable population, and limits the level of the government’s engagement in delivering humanitarian assistance . WFP will continue to involve national and provincial authorities in the design and implementation of the acute malnutrition prevention programme, helping ensure their commitment to provide support. Furthermore, strengthening partnerships with national and international organizations specialized in nutrition interventions will help facilitate access to the target locations.

Beneficiary analysis

21. This revision will increase the number of beneficiaries under activity 4 as a result of the expansion of the acute malnutrition prevention programme.

³ Global Nutrition Cluster, MAM Task Force, March 2017

TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY & MODALITY								
Strategic Outcome	Activity	Period	Women	Men	Girls	Boys	Total beneficiaries	
			(18+ years)	(18+ years)	(0-18 years)	(0-18 years)		
1	1. Provide food assistance to conflict-affected populations.	Current	1 901 206	876 793	1 681 993	732 880	5 192 872	
		Increase	0	0	0	0	0	
		Revised	1 901 206	876 793	1 681 993	732 880	5 192 872	
	2. Provide food assistance to populations affected by non-conflict shocks.	Current	14 175	0	7 875	9 450	31 500	
		Increase	0	0	0	0	0	
		Revised	14 175	0	7 875	9 450	31 500	
2	3. Treat moderate acute malnutrition among vulnerable people, including children aged 6–59 months, PLW/G and ART/TB-DOTS clients.	Current	202 777	11 061	470 231	180 609	864 678	
		Increase	0	0	0	0	0	
		Revised	202 777	11 061	470 231	180 609	864 678	
	4. Prevent acute malnutrition among vulnerable groups, including children aged 6–23 months and PLW/G.	Current	64 199	0	103 705	29 630	197 534	
		Increase	62 407	0	100 810	28 803	192 020	
		Revised	126 606	0	204 515	58 433	389,554	
	5. Prevent chronic malnutrition among vulnerable groups, including children aged 6–23 months and PLW/G.	Current	20 276	0	27 126	6 946	54 348	
		Increase	0	0	0	0	0	
		Revised	20 276	0	27 126	6 946	54 348	
	3	7. Provide productive assets to smallholder farmers and food insecure communities.	Current	190 416	230 086	206 284	166 614	793 400
			Increase	0	0	0	0	0
			Revised	190 416	230 086	206 284	166 614	793,400
TOTAL (cumulative)		Current	2 393 049	1 117 940	2 497 214	1 126 129	7 134 332	
		Increase	62 407	0	100 810	28 803	192 020	
		Revised	2 455 456	1 117 940	0	1 154 932	4 728 328	
TOTAL (without overlap)		Current	1 922 147	941 704	2 511 481	1 190 102	6 565 434	
		Increase	50 127	0	101 386	30 439	181 952	
		Revised	1 972 274	941 704	2 612 867	1 220 541	6 747 386	

Transfers

22. In order to prevent acute malnutrition and fully respond to vulnerable people's needs in targeted locations, WFP has adjusted the food ration for children. WFP will provide a ration of 100 g of ready-to-use supplementary food instead of 47g, as initially conceived in the ICSP. This ration is in line with corporate guidance for areas with high food insecurity.

TABLE 2: FOOD RATIONS (g/person/day) AND CBT VALUES (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY

Strategic outcome	Strategic outcome 1				Strategic outcome 2								SO 3	
Activity	Activities 1 and 2				Activity 3				Activity 4		Activity 5	Activity 7		
Beneficiary type	General distribution full ration		General distribution reduced ration*		Students	MAM treatment 6–59 months	MAM treatment PLW/G	PLHIV/ tuberculosis	Caretakers	Prevention of acute malnutrition 6–23 months	Prevention of acute malnutrition PLW/G	Stunting prevention 6–23 months	FFA	
Modality	Food	CBT	Food	CBT	Food	Food	Food	Food	Food	Food	Food	Food	Food	CBT
Cereals	400		300		120	-	400	-	-	-	-	-	400	
Pulses	120		50		30	-	120	-	-	-	-	-	120	
Oil	30		25		10	25	30	-	25	-	25	-	30	
Salt	5		5		5	-	5	-	-	-	-	-	5	
SuperCereal with sugar	-		-		-	250	-	-	250	-	250	-	-	
Plumpy'Sup	-		-		-	-	-	100	-	100	-	-	-	
Plumpy'Doz	-		-		-	-	-	-	-	-	-	47	-	
High-energy biscuits**	(333)		-		-	-	-	-	-	-	-	-	-	
Micronutrient powder***	-		-		0.38	-	-	-	-	-	-	-	-	
Total kcal/day	2 132	2 132	1 470	1 470	628	1 175	2 132	500	1 175	500	1 175	247	2 132	2 132
% kcal from protein	16	16	10	10	10	13.2	16	10.2	13.2	10.2	13.2	10	16	16
Cash (USD/person/day)		0.50		0.35	-	-	-	-	-	-	-	-		0.50
Number feeding days	90	90	90	90	220	180	7	180	180	180	180	180	66	66

MAM = moderate acute malnutrition; PLHIV = people living with HIV.

* A reduced ration will be provided during the second phase and to host families on the basis of assessed needs.

** High-energy biscuits are not part of the general distribution ration; they are only provided for the first three days after displacement of refugees and internally displaced persons.

*** Micronutrient powders will be provided every other day in accordance with guidelines.

Food type / cash-based transfer	Current Budget		Increase/Decrease		Revised Budget	
	Total (MT)	Total (USD)	Total (MT)	Total (USD)	Total (MT)	Total (USD)
Cereals	129 165	67 325 878	1	292	129 165	67 326 169
Pulses	35 381	24 754 851	1	785	35 382	24 755 636
Oil and fats	11 262	12 077 369	264	278 866	11 526	12 356 234
Mixed and blended	18 402	19 822 401	4 731	5 780 439	23 134	25 602 841
Others	2 090	593 366	1	84	2 091	593 450
TOTAL (Food)	196 300	124 573 865	4 998	6 060 465	201 298	130 634 330
Cash-based transfer & commodity vouchers		155 615 508		0		155 615 508
TOTAL (Food and CBT value - USD)	196 300	280 189 373	4 998	6 060 465	201 298	286 249 838

3. COST BREAKDOWN

23. The cost of the commodities used to prevent acute malnutrition tends to be high. The commodities used are not available locally and must be sourced internationally or regionally, which increases the transfer costs, especially given that the country lacks good road infrastructure.
24. Implementation costs for this activity include the costs of equipment and supplies, as well as the costs to monitor implementation, including staff travel for site visits. Social and behaviour change communication that accompanies food transfers to prevent acute malnutrition also contributes to driving up implementation costs.
25. Minor increases in the transfer costs under Strategic Outcomes 1 and 3, representing increases in food tonnage of 3 mt and 0.4 mt, respectively, are due to corrections in ration data entry in COMET.

Strategic result	SR 01	SR 02	SR 03	SR 05	SR 08	Total
Strategic outcome	1	2	3	4	5	
Focus area	Crisis Response	Crisis Response	Resilience Building	Resilience Building	Crisis Response	
Transfer	2 067	15 689 489	241	0	0	15 691 797
Implementation	0	772 601	0	0	0	772 601
Direct support costs						6 963
Subtotal						16 471 360
Indirect support costs (6.5%)						1 070 638
TOTAL						17 541 999

TABLE 5: OVERALL CSP/ICSP/LEO COST BREAKDOWN, AFTER REVISION (USD)

Strategic result	SR 01	SR 02	SR 03	SR 05	SR 08	Total
Strategic outcome	1	2	3	4	5	
Focus area	Crisis Response	Crisis Response	Resilience Building	Resilience Building	Crisis Response	
Transfer	388 543 634	53 715 531	49 496 417	3 667 613	96 765 308	592 188 503
Implementation	33 255 270	10 226 420	7 341 401	1 870 489	7 931 611	60 625 192
Direct support costs	25 020 606	3 685 270	3 287 084	352 049	6 615 152	38 960 160
Subtotal	446 819 510	67 627 221	60 124 901	5 890 152	111 312 071	691 773 855
Indirect support costs (6.5%)	29 043 268	4 395 769	3 908 119	382 860	7 235 285	44 965 301
TOTAL	475 862 778	72 022 991	64 033 020	6 273 011	118 547 356	736 739 155

Annex 1: Revised Line of Sight



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