

Crisis response revision of the Central African Republic interim country strategic plan and corresponding budget increase

	Current	Change	Revised
Duration	1 January 2018– 31 December 2020	No change	1 January 2018– 31 December 2020
Beneficiaries	1 660 082	353 758	2 013 840
<i>(USD)</i>			
Total cost	334 866 275	212 620 887	547 487 162
Transfer	264 833 988	170 494 760	435 328 748
Implementation	32 358 578	22 414 175	54 772 753
Adjusted direct support costs	17 235 861	6 735 091	23 970 952
Subtotal	314 428 427	199 644 026	514 072 453
Indirect support costs (6.5 percent)	20 437 848	12 976 861	33 414 709

Gender and age marker: 2A*

* <http://gender.manuals.wfp.org/en/gender-toolkit/gender-in-programming/gender-and-age-marker/>.

Rationale

1. The Central African Republic is experiencing very high levels of food insecurity and increased humanitarian needs of internally displaced persons (IDPs) and host families, a consequence of exacerbation of violence against civilians due to armed group proliferation in 2018. As of March 2019, 612,000 IDPs¹ were reported including 212,000 living in 71 sites across the Central African Republic. Five hundred and eighty thousand persons have fled to neighbouring countries. A Peace Agreement signed in February 2019 between the Government and 14 armed groups provides encouragement for durable settlement and an improved security situation.
2. The 2019 Humanitarian Response Plan notes 2.9 million persons requiring assistance, including 1.6 million severely affected, up 13 percent from 2018. The 2018 Integrated Phase Classification found 1.9 million people in phases 3 (crisis) and 4 (emergency), highest since 2014.
3. According to the 2018 National Food Security Assessment (NFSA), 50 percent of the population (compared to 48 percent in 2017) are food-insecure, including 7 percent severely. IDPs on sites, returnees, IDPs in host families and female-headed households are most vulnerable. Basse-Kotto, Nana-Gribizi, Ouaka, Haut-Mbomou, Ouham and Ouham-Pendé prefectures are most food-insecure due to armed conflicts, population displacement, lack of land access and livelihood opportunities, with many reliant on WFP food assistance for basic needs. Persisting insecurity has worsened host family living conditions, already feeling a strain on limited resources due to IDP presence.

¹ Commission Mouvement de Populations (CMP), February 2019.



4. Women, in particular those at IDP sites lack security and access to quality shelter, food and education increasing their vulnerability to serious protection issues including sexual violence.
5. The 2018 SMART² survey found high prevalence of severe acute malnutrition (SAM) among children aged 6 to 59 months exceeding 2 percent nationally and in ten prefectures. Global acute malnutrition (GAM) prevalence is 7.1 percent but this hides important age, gender and geographical disparities. More than one in ten children aged 6 to 23 months are acutely malnourished; and boys significantly more affected. There are eight health sub-prefectures and sixteen IDP sites with GAM levels exceeding WHO “very high” 15 percent threshold; and 55,600 acutely malnourished pregnant and lactating women (PLW) requiring nutritional support.
6. Acute malnutrition treatment coverage has been low. Approximately 39,000 children aged 6 to 59 months (32,000 (SAM)³ and 7,000 moderate acute malnutrition (MAM)) received support in 2018. With 110,000 acutely malnourished children estimated in 2019, many are vulnerable without appropriate care. There is no targeted supplementary feeding (TSF) programme for malnourished PLW.
7. Prevalence of chronic malnutrition in children aged under 5 years remains “very high” at 37.7 percent. Major risk factors in the Central African Republic are fetal growth restriction reflecting poor maternal health and nutrition; and inadequate sanitation and child diarrhoea⁴. Infant and young child feeding (IYCF) practices are very poor.
8. In light of the Peace Agreement, WFP is fully committed to the government-led process supporting returnees and vulnerable host communities. The coordination of humanitarian assistance for refugees returning to the Central African Republic should be strengthened, with partners and neighbouring countries (Cameroon, Republic of the Congo, Democratic Republic of the Congo and Chad) engaged in planning to facilitate voluntary returns be they facilitated or spontaneous.
9. A regional multi-functional cash-based transfer (CBT) mission (March 2019) found conditions appropriate to scale-up CBTs. A comprehensive market assessment will be conducted. The number of CBT-targeted beneficiaries will be doubled to reach 300,000.
10. Preliminary findings of the decentralized gender evaluation⁵, found gender well integrated in programme design. Despite challenges regarding insecurity, lack of qualitative information and limited skilled stakeholders, more than 65 percent of beneficiaries assisted in 2017 through unconditional resource transfers were women.
11. This proposed budget revision aims to provide quality assistance to IDPs, returnees and vulnerable host families ensuring life-saving interventions and resilience building where feasible. Scaling-up Nutrition is a priority. This is aligned with the Government request to support development of a 2019 nutrition road map to reduce maternal and infantile malnutrition as a key pillar of the national strategy to develop human capital, bridging the gap until a 5-year national nutrition strategy is available in 2020.

² Ministry of Health; standardized monitoring of assessment of relief and transition, December 2018.

³ RCA Cluster Nutrition – Dashboard #11, December 2018.

⁴ <http://www.healthychilddev.sph.harvard.edu/> 2016.

⁵ WFP, IRAM; decentralized evaluation on gender; December 2018.



Changes

Strategic orientation

12. The December 2018 WFP headquarters/regional bureau high-level mission re-assessed the political, strategic and operational context and recommended strengthening the emergency response component by focusing WFP's resources and capacities on life-saving-related interventions. WFP does not foresee a change in its strategy but instead a reinforcement of its emergency posture.
13. To address malnutrition, WFP's nutritional response will be scaled-up and activities repositioned as life-saving under Strategic Objective 1. Activities 3 and 4 under Strategic Objective 2 will be respectively shifted as 13 and 14 under Strategic Objective 1. Given the high SAM rates in young children coexisting with a very high stunting burden and elevated mortality risk especially for children concurrently wasted and stunted⁶, WFP will strengthen prevention of malnutrition in all its forms with focus on the first 1000 days from conception, through early childhood linking with quality acute malnutrition treatment for children 6 to 59 months and PLW.
14. Emphasis will be placed on enhancing quality of assistance through specialized support focusing on improved targeting, conflict-sensitive programming, increased community engagement, gender, protection and monitoring.

Strategic outcomes

Targeting approach and beneficiary analysis

15. Based on geographical prioritization, WFP's interventions will be concentrated in Ouaka, Haut-Mbomou, Basse-Kotto, Ouham-Pendé, Nana-Gribizi and Ouham prefectures.
16. Blanket supplementary feeding (BSF) will be expanded to children aged 6 to 59 months in vulnerable households receiving general food assistance (GFA) due to high food insecurity and GAM with risk of deterioration and low coverage of MAM treatment. BSF will serve as a platform either integrating or linking to other services to address the multiple risk factors causing maternal and child undernutrition. Infant and young child feeding (IYCF) and social and behaviour change communication (SBCC) activities will be strengthened across WFP in-line with relevant corporate⁷ and international operational guidance⁸.
17. WFP will increase coverage and quality of MAM treatment for children 6 to 59 months and PLW i) where health structures are functioning and supported by NGO; ii) through NGO-supported mobile health and nutrition clinics; and iii) in areas where health centres and mobile clinics are not functioning, by implementing a model from Cameroon⁹ where young children screened as MAM during BSF receive nutrition support at site.
18. Where conditions have been met, the CBT modality has been gradually implemented in Bangui, Bouar, Kaga-Bandoro and Paoua. Some 60,000 in-kind beneficiaries in urban Bambari will receive vouchers, increasingly relying on and stimulating local markets. WFP will

⁶ Child wasting and stunting: Time to overcome the separation. A Briefing Note for policy-makers and programme implementers. June 2018 WaSt TIG.

⁷ The Promotion of Breastfeeding in WFP Programmes, August 2017, Operationalizing the Executive Director's Circular OED2016/005.

⁸ IYCF-E, Operational Guidance. IFE Core Group, October 2017.

⁹ How WFP supported the Government of Cameroon to achieve greater impact in an emergency, October 2018.



test the SCOPE e-voucher delivery mechanism, with potential roll-out to the entire voucher caseload.

19. In view of limited financial service providers, WFP will start a small cash transfer pilot in Bangui (depending on conducting a successful MIFA), transitioning voucher-assisted family members of malnourished ART patients receiving targeted supplementary feeding (TSF) to unrestricted cash transfers.
20. In line with findings from a WFP commissioned review¹⁰ emergency school feeding (ESF) will aim to be child-centred, providing space for boys and girls in conflict-affected, high food-insecure areas to access nutritious food. WFP will strengthen the quality of school feeding programme by reviewing the targeting and the implementation strategy. A support mission from headquarters/regional bureau will be conducted in October to help refining the strategy.
21. A WFP market assessment conducted in April 2018¹¹ assessing trader and farmer production group capacity to meet WFP's demand found 3,900 mt (90 percent of planned) had been locally sourced. To continue supporting smallholder farmers, WFP will aim to procure 12,500 mt locally by 2020.
22. Other ICSP activities remain unchanged.

Transfer modalities

23. The cost-efficiency analysis between in-kind and CBT transfers conducted in October 2018 noted that depending on context (urban or rural) both modalities have demonstrated their respective advantage either in terms of improved food diversity at reasonable cost in urban area (CBT), or acceptable food consumption score for IDPs in rural and hard-to-reach localities (in-kind food assistance).
24. In-kind food assistance will be prioritized in areas that are insecure, have disrupted market functionality, poor food supply chains and lack of financial service providers.
25. The monthly CBT value (USD 10 per person) will be reassessed through regular market monitoring and adjusted as necessary to cover beneficiaries' food gaps.
26. Approved rations remain unchanged, except for ESF and home-grown school feeding which adds fortified blended food.
27. SuperCereal and oil rations will be provided to malnourished PLW. Ready-to-use therapeutic food (Plumpy'Nut) will be used to treat SAM and MAM in areas implementing the simplified acute malnutrition treatment protocol.
28. The three-pronged approach (3PAM) will frame food assistance-for-assets (FFA) and will be used as a tool to gradually scale-down general food distribution.

Partnerships

29. WFP will work with UNICEF and the Central African Republic nutrition cluster to strengthen community screening and ensure MAM and SAM continuum with linkage to preventative activities. Collaboration with UNAIDS and the Ministry of Health will be reinforced to improve programme quality for malnourished anti-retroviral treatment (ART) clients.
30. WFP with UNICEF, will support the Ministry of Health to trial innovative approaches to improve acute malnutrition treatment coverage, cost-effectiveness and programme

¹⁰ Re-thinking emergency school feeding: A child-centred approach, Fafo, 2017.

¹¹ WFP : Effectuer une évaluation sur la disponibilité des céréales, des légumineuses et de l'huile végétale auprès des Organisations Paysannes et d'autres potentiels fournisseurs ; April 2018.



efficiencies. WFP plans to partner with the International Rescue Committee (IRC) to conduct trainings and robust monitoring and evaluation (M&E).

31. In partnership with the Commission on Population Movement (CMP), the International Organization for Migration (IOM), the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Children's Fund (UNICEF), WFP will support voluntary returns of IDPs and refugees through provision of a food package to facilitate reintegration.

Country office capacity

32. A significant staffing increase is planned as recommended by the organizational alignment review mission (March 2019) with core positions filled by regular personnel and capacity strengthened at sub-office level. Forty-six additional staff both national and international are under recruitment.

Supply chain

33. The access strategy prepared by WFP in June 2018 intends to reduce reliance on limited armed escorts provided by the United Nations Multidimensional Integrated Stabilization Mission (MINUSCA) in the Central African Republic and overcome major food delivery challenges.
34. WFP foresees a stepped up increase in monthly food deliveries up to 6,000 mt where main challenges remain: poor road infrastructure; absence of fuel suppliers upstream; insecurity. To overcome challenges, WFP will combine different modes of transport: i) WFP-owned fleet (20 terrain-adapted expected by June 2019); ii) commercial trucks on tariff system (15% increased uplift capacity); iii) dedicated specialised contracted fleet (heavy duty all-terrain vehicles); iv) river transport from Bangui to Mobaye area; and v) air transport as last resort option with extension of airstrips to receive up to 4.5 mt airlifted cargos.
35. Food supplies mainly enter the Central African Republic from Cameroon through the overland corridor with one contracted forwarding agent having capacity to deliver 5,000 mt monthly. However, with this route supplying Cameroon, Chad and the Central African Republic, delays occur. A performance review exercise is planned to evaluate this corridor's governance and staffing structure with a view to improving service delivery. The planned increase in CBT will also help reduce dependency on the Douala corridor.
36. Scale-up requires an agile upstream supply chain using multiple procurement options: i) GCMF facility; ii) regional purchases of cereal from Republic of the Congo (Brazzaville, Pointe-Noire) and Sudan, the latter entering the Central African Republic through northern routes (Biraou); iii) local purchases as market dynamics and security improve.

Monitoring and Evaluation

37. Monitoring and Evaluation (M&E) will be strengthened by hiring international personnel to establish reliable data collection, analysis and reporting mechanism and support staff training. System digitalization and decentralization will be pillars of the M&E strategy.
38. WFP will provide increased support to partners to improve programme quality through training, joint supervision and periodic monitoring.

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

39. WFP will significantly strengthen efforts to prevent protection violations, particularly those linked to receiving humanitarian assistance. There will be explicit protection and gender focus during project design, implementation and monitoring. Efforts will be made to ensure IDP sites are "free of arms" and beneficiaries are informed on their rights and entitlements



to minimize all forms of abuse and exploitation. WFP will strictly apply the corporate policy on zero tolerance, sexual abuse and exploitation.

40. A partnership will be established with Norwegian Refugee Council (NRC) to enhance trainings on protection and monitoring.
41. Secure free call centres will be further strengthened with emergency telecommunications cluster (ETC) support where beneficiaries can obtain information on WFP-provided assistance and inform on any irregularities.

Security

42. WFP will comply with existing security mitigation measures, including the minimum operating security standards. The risk register, minimum or advanced preparedness actions will be regularly updated or revised as the situation evolves. Security trainings of WFP and cooperating staff (coaching, simulation exercises) will be strengthened.

Risk management

43. WFP will work with the coordination structure to obtain armed escorts, to improve decision making and information sharing with regard to routes that are classified as requiring armed escorts and routes that are no longer so classified.
44. Reputational risks may result from poor funding and an operating environment that leads to the inefficient or poor management of resources. In response, WFP will invest in resource mobilization, intensify the training and support of staff and partners in the implementation of standard operating procedures, and ensure that adequate controls are implemented and monitored.

Beneficiary analysis

45. The number of targeted numbers :
 - a) increase under life-saving activities 1, 2, 13 and 14 by 25 percent;
 - b) are streamlined for ESF and FFA due to insecurity, limited capacity, lack of available partners and insufficient complementary interventions.



TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME AND ACTIVITY								
Strategic outcome	Activity	Period	Women (18+ years)	Men (18+ years)	Girls (0-18 years)	Boys (0-18 years)	Total	
1	1	Current	192 300	160 320	390 416	356 845	1 099 881	
		Increase	52 170	48 156	110 860	102 333	313 519	
		Revised	244 470	208 476	501 276	459 178	1 413 400	
	2	Current			113 748	128 271	242 019	
		Decrease			(31 340)	(36 790)	(68 130)	
		Revised			82 408	91 481	173 889	
	13	Current			38 914	34 550	73 464	
		Increase			24 925	22 103	47 028	
		Revised			63 839	56 653	120 492	
	14	Current	41 095	13 740	20 240	6 172	81 247	
		Increase	43 595	13 950	22 530	7 115	87 190	
		Revised	84 690	27 690	42 770	13 287	168 437	
	2	3	Current			38 914	34 550	73 464
			Increase			(38 914)	(34 550)	(73 464)
Revised					-	-	-	
4		Current	41 095	13 740	20 240	6 172	81 247	
		Increase	(41 095)	(13 740)	(20 240)	(6 172)	(81 247)	
		Revised	-	-	-	-	-	
6		Current			17 127	19 311	36 438	
		Increase			7 544	8 170	15 714	
		Revised			24 671	27 481	52 152	
3	7	Current	98 453	89 914	48 490	40 395	277 252	
		decrease	(1 796)	(1 659)	(3 820)	(3 527)	(10 802)	
		Revised	96 657	88 255	44 670	36 868	266 450	
Total (without overlap)		Current	600 603	526 925	295 820	236 734	1 660 082	
		Increase	58 865	54 337	125 089	115 467	353 758*	
		Revised	659 468	581 262	420 909	352 201	2 013 840	

* The overlap is at 8 percent.



TABLE 2: FOOD RATIONS (g/person/day) OR CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY											
Strategic outcome 1										Strategic outcome 2	Strategic outcome 3
Activity 1		Activity 2	Activity 3	Activity 4					Activity 6	Activity 7	
Beneficiary type	Refugees, IDPs, returnees, crisis-affected host communities		School-age children	Children 6-59 months	Children 6-59 months	ART patients	ART patients' household members	Pregnant and lactating women	Care-takers	School-age children	FFA/FFT beneficiaries
Modality	Food (g/p/d)	CBTs	Food (g/p/d)	Food (g/p/d)	Food (g/p/d)	Food (g/p/d)	CBTs		Food (g/p/d)	Food (g/p/d)	Food (g/p/d) and CBTs
Cereals	350		120						350	120	200
Pulses	90		40						90	40	60
Vegetable oil	35		15			25		25	35	15	20
Iodized salt	5		3						5	3	5
SuperCereal	60		15			250		250	60	15	
SuperCereal Plus				150							
PlumpySup					100						
PlumpyNut					92						
HEB	333										
Total (g/person/day)	540		193	150	100	275		275	540	178	285
Total (kcal/day)	2 152		774	591	500	1 171		1 171	2 152	774	1 129
% kcal from protein											
Cash (USD/person/day)		0.333					0.333				0.184
Number of assistance days per month	30	30	18	30	30	30	30	30	21	18	15

TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS AND VALUE						
Food-type/cash-based transfer	Current budget		Increase		Revised budget	
	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)
Cereals	78 189	30 274 471	50 563	21 653 556	128 752	51 928 027
Pulses	21 387	12 556 630	12 716	6 805 044	34 103	19 361 674
Oil and fats	8 140	7 441 445	5 167	5 670 851	13 307	13 112 296
Mixed and blended foods	16 270	11 874 357	16 353	17 948 667	32 623	29 823 024
Other	1 339	223 947	667	123 267	2 006	347 214
Total (food)	125 325	62 370 850	85 466	52 201 385	210 791	114 572 235
Cash-based transfers		54 178 246		18 778 703		72 956 949
Total (food and CBT value)	125 325	116 549 096	85 466	70 980 088	210 791	187 529 184

Cost breakdown

46. This BR increases the approved budget by USD 212.6 million. The total revised plan requires USD 547.4 million from 2018 to 2020. It is funded at USD 206 million Strategic Objective (SO) 1: USD 152.4 million; SO 2: USD 13 million; SO 3: USD 7 million; SO 4: USD 1.3 million; SO 5: USD 32.3 million. WFP will aim to mobilize resources by maintaining regular dialogue with donors, facilitating field missions to highlight achievements, and by approaching development-oriented donors regarding resilience activities.

TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)

	Strategic Result 1/ SDG Target 2.1	Strategic Result 2/ SDG Target 2.2	Strategic Result 3/ SDG Target 2.3	Strategic Result 5/ SDG Target 17.9	Strategic Result 8/ SDG Target 17.16	Total
	Strategic outcome 1	Strategic outcome 2	Strategic outcome 3	Strategic outcome 4	Strategic outcome 5	
Focus area	Crisis response	Resilience building	Resilience building	Root causes	Crisis response	
Transfer	183 674 225	1 581 666	(19 098 925)	(1 635)	4 339 428	170 494 760
Implementation	18 327 814	(1 114 942)	395 858	392 911	4 412 533	22 414 175
Adjusted direct support costs						6 735 091
Subtotal						199 644 026
Indirect support costs (6.5 percent)						12 976 861
Total						212 620 887

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

	Strategic Result 1/ SDG Target 2.1	Strategic Result 2/ SDG Target 2.2	Strategic Result 3/ SDG Target 2.3	Strategic Result 5/ SDG Target 17.9	Strategic Result 8/ SDG Target 17.16	Total
	Strategic outcome 1	Strategic outcome 2	Strategic outcome 3	Strategic outcome 4	Strategic outcome 5	
Focus area	Crisis response	Resilience building	Resilience building	Root causes	Crisis response	
Transfer	345 409 353	21 030 733	17 960 463	1 268 139	49 660 060	435 328 748
Implementation	38 738 246	2 381 422	465 196	410 911	12 776 977	54 772 753
Adjusted direct support costs	18 606 233	1 188 695	959 088	84 070	3 132 866	23 970 952
Subtotal	402 753 832	24 600 850	19 384 748	1 763 120	65 569 903	514 072 453
Indirect support costs (6.5 percent)	26 178 999	1 599 055	1 260 009	114 603	4 262 044	33 414 709
Total	428 932 831	26 199 905	20 644 756	1 877 722	69 831 947	547 487 162

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Acronyms used in the document

ART	anti-retroviral treatment
BSF	blanket supplementary feeding
CBT	cash-based transfer
ESF	emergency school feeding
FFA	food assistance for assets
IDP	internally displaced person
IYCF	infant and young child feeding
M&E	monitoring and evaluation
MAM	moderate acute malnutrition
PLW	pregnant and lactating women
SAM	severe acute malnutrition