

IRAQ EMOP 5311.06
EMERGENCY FOOD ASSISTANCE
FOR VULNERABLE GROUPS

I. SYNOPSIS

PERIOD : 1 April - 31 December 1997 (9 Months)
Consisting of three periods :
A- 1 April - 31 May 1997
B- 1 June - 31 July 1997
C- 1 August - 31 December 1997

Beneficiaries: A- 2,151,000 people from 1 April to 31 May 1997
B- 1,263,000 people from 1 June to 31 July 1997
C- 688,000 people from 1 August to 31 December 1997
(malnourished children and families, hospitals and social institutions)

Budget: Food costs US\$ 23,194,170
Freight and other costs: US\$ 9,888,599
TOTAL COST: US\$ 33,082,769

Duration: A- 60 days (April to May)
B- 60 days (June to July)
C- 150 days (August to December)
Total: 270 days from 1 April to 31 December 1997

II. DOCUMENTATION

1. WFP Observation Mission Report, March 97
2. United Nations Consolidated Inter-Agency Humanitarian Assistance Program to Iraq - Emergency Requirements for the Period October - December 1996
3. Red Cross Mission Report, October 1996
4. WFP Monthly Monitoring Reports
5. WFP Annual Review 1996
6. WFP Quarterly Review, October - December 1996
7. Cluster Nutrition Survey in Governorates of Dohuk, Erbil and Sulaimaniya, 1993 and 1994
8. North West Medical Teams International Inc., Report on Thirty Cluster Nutrition Survey, June 1996 and March 1996.
9. Nutrition Status of Children in Dohuk, Erbil, Suleimaniya, Multiple Indicator Cluster Survey (MICS), 1996
10. Report of the WFP Assessment Mission to Iraq, September 1995.
11. FAO, Report of FAO Crop, Food Supply and Nutritional Status Assessment Mission to Iraq, September 1995.
12. ODA, Targeting Basic Assistance in North Iraq, a Household Expenditure Survey, 1995

III. INTRODUCTION

Security Council Resolution 986 (SCR 986), allowing for limited sales of oil to finance the importation of humanitarian supplies, came into effect for an initial period of 180 days on 10 December 1996, but its implementation is only gradually coming into operation. The first commodities began to arrive by late March, but given that by mid-March only 34 of the 324 contracts for food and other essential items had been approved by the 661 Committee, first distributions will take place in April only for wheat flour. Because of insufficient quantities and mixes of the remaining balance of commodities, it is unlikely that a full food basket, i.e. the food basket containing the eight commodities in the Distribution Plan, will be available for some considerable time. This has led the Government of Iraq (GOI) to decide to fill the SCR 986 food gaps from its existing food entitlement scheme (which is at a significant lower ration scale and does not address the nutritional requirement of the vulnerable groups) until SCR 986 commodities can cover the full food requirements envisaged in the Distribution Plan. This decision has relevance only for the centre/south. For the north, however, the implications of staggered arrivals of SCR 986 commodities are even more worrisome, since coverage under the GOI food entitlement scheme does not extend to Erbil, Suleimanya and Dohuk, thus leaving the general population with only a partial SCR 986 food basket, as and when commodities come in. Without continued WFP assistance, therefore, the relief and special nutritional needs of the most vulnerable groups throughout the country will not be met.

It is also important to stress that even when a full SCR 986 ration becomes available, it will not meet the complete needs of all population groups, and that there will be certain vulnerable groups whose special food needs will fall outside the 'safety net' that SCR 986 will provide, especially those who have been weakened by the chronic malnutrition and precipitous decline in real incomes in Iraq. At the present time, only the Memorandum of Understanding for the implementation of SCR 986 (MOU) makes provisions for the north to also meet special nutritional supplementation requirements. Five million dollars of SCR 986 revenues are budgeted in the Distribution Plan for this purpose, of which US\$3.7 million are available for WFP. The amount available to WFP, however, will cover procurement of about 36% of the estimated supplementary requirements of the vulnerable groups in the north.

Given these circumstances, and the time required for any eventual and broader amendment of the SCR 986 Distribution Plan to address the supplemental nutritional requirements throughout the country, it is essential that WFP continues to meet the needs of those groups who remain vulnerable, especially malnourished children under five, beyond the current EMOP period which terminated on 31 March 1997. The present EMOP will retain the same caseload of 1,485,000 beneficiaries in the centre/south, as were targeted under the ongoing phase, for a further two months, till end May 1997, while the same beneficiary caseload of 666,000 in the north will continue to be targeted for four additional months, from April through July 1997, or until a complete SCR 986 ration becomes available. This means that over the June - July period, the total beneficiary caseload would thus be 1,263,000 people, with the caseload in the centre/south phased down to 597,000 people. From August to December total beneficiaries will be scaled down to 688,000 people (91,000 in the north and 597,000 in the center and south). The WFP basket foreseen in this EMOP is intended to address certain essential nutrient deficiencies in the SCR 986 ration and/or to supplement the inadequate food supply of the most economically vulnerable households.

IV. BACKGROUND

Social and Economic Conditions

The financial drain from long periods of armed conflict and the aftermath of the Gulf War have left the Iraqi economy, in ruins, with dire consequences not only for the incomes and purchasing power of the majority of the population, but also for their health and nutritional situation. There is concern for the plight of those under 5 years, who are at greater risk of nutritional insecurity, with evidence suggesting accelerated deterioration in nutritional status, particularly in the center/south. Years of conflict have also left a considerable number of war invalids unable to work and war widows unable to fend for themselves and their families. The social welfare system is failing to respond to the needs of a growing number of destitute people. The availability and access to essential food, medical facilities, potable water and other vital goods and services is severely limited.

The majority of the civilian population is believed to be living below the poverty line. Family incomes are well below pre-1991 levels, and the possibility of supplementing the domestic food basket for the poorer strata of the population becomes more and more difficult.

UNICEF estimates, on the basis of a 1996 survey, that approximately 25 percent of children under five are underweight and 5 percent are severely malnourished. UNICEF also hold that 50 percent of pregnant and nursing mothers are anaemic.

In February 1997, WHO decried the virtual collapse of the health care system in Iraq, where blackouts have ruined supplies of vaccines and where diseases that had been virtually eradicated, such as malaria and typhoid, are reemerging.

Whilst it is clear that the food ration proposed under SCR 986 will raise energy, protein and some nutrient values, as compared to the existing GOI rationing scheme (which provides only 50% of the recommended daily allowance), the SCR 986 ration remains deficient in a number of important areas - principally, in the provision of vitamins A and C and, to a lesser extent, iron. There is a continuing need to redress these deficiencies in order to satisfy, at a minimum level, the recommended daily dietary allowances.

Those of the population who are currently managing to meet the requirements of a balanced diet without depleting household and income generating assets, may see a positive improvement in their nutritional status, since the commodities provided under SCR 986 will provide a net gain that can be consumed to enhance their diet. However, those who can be described as nutritionally vulnerable or food insecure, whose intake falls below the daily recommended dietary allowances and/or who are forced to dispose of household assets in order to maintain consumption levels will not necessarily attain sufficient improvement in their nutritional status, despite benefits from the enhanced ration.

This extension of the WFP EMOP will, therefore, target those population groups (malnourished children under 5 years, pregnant and nursing mothers, female headed households, and those in social institutions, refugees and targeted IDPs) who are likely to remain at risk of nutritional insecurity as a result of their own or the institution's inability to supplement the SCR 986 ration.

Overall Food Supply and Nutrition Situation

Iraq has historically been heavily dependent on imports for basic food stuffs, but its capacity to do so has necessarily declined since 1991. In an attempt to ensure a minimum availability of

in 1991, which now provides approximately 50 percent of the recommended daily allowance (population weighted) for food energy and approximately 60 percent of protein requirements. The ration, however, has always been heavily based on cereal products and is not nutritionally balanced in relation to daily requirements. Animal protein, vitamins A and C are completely lacking while calcium, folate and vitamin B6 are very deficient. The low level of fat, useful in increasing the energy content of cereal based diets and improving the bioavailability of vitamin A, is also low. While the ration acts as a substantial income subsidy for households, it has, however, been unable to prevent malnutrition and morbidity from affecting a significant section of the population who are unable to adequately supplement their rations with other essential food items. Indeed, while food is readily available in markets in both the north and the center and south, the purchasing power of many Iraqi citizens has declined precipitously.

The situation in the northern Governorates is different from that in the center/south. Whilst the government ration is not available and all food must be purchased on the open market, there is greater availability of locally produced wheat and rice and significant quantities of food aid have been distributed to vulnerable groups by WFP and the NGO community. Furthermore, there are opportunities for trade with Iran and Turkey. It is doubtless a consequence of these factors that the situation appears somewhat ameliorated. Survey data from UNICEF, Northwest Medical Team (a US NGO) and a MICS study, suggest that the prevalence of wasting (wt/ht < 80% of standard deviation), which was virtually non-existent before the Gulf War, appears to have remained largely unchanged (at about 3%) over the 1993-1996 period, but a section of those under 5 years continue to remain at risk. Stunting, however, frequently associated with poor overall economic circumstances or repeated exposure to adverse conditions, has actually decreased.

The following table which presents data from studies conducted in Baghdad by FAO missions in 1991 and 1995, suggests a general deterioration in the nutritional status of children under five years of age in Baghdad.

Anthropometric measurements	Baghdad	
	August 1991	August 1995
< - 2 SD Height/Age	12%	28%
< - 2 SD Weight/Age	7%	29%
< - 2 SD Weight/Height	3%	12%

From October 1995 to September 1996, WFP efforts to meet the relief food requirements of its targeted 2.15 million beneficiaries under Phase 4 of EMOP 5311 were hampered by initially weak or delayed donor response. During the second half of EMOP 5311.05 (notably from January - March 97), generous donor response has enabled full coverage of WFP food requirements for the northern Governorates and 52 percent of requirements in the center and south. WFP has also resorted to advancing funds from the IRA Account to help cover the needs of the most destitute in the center and south. Carry over stocks into the April - December 1997 period are estimated at 8,858 MT in the north and 19,609 MT in the center and south.

V. GOVERNMENT POLICY

The food rationing and general distribution system established by the GOI in September 1990, entitles every person in Iraq to a basket of essential food items at highly subsidized prices. Since 1991 its coverage in the north became negligible or virtually non-existent, and by December 1995, the subsidized ration distributed in the center and south was reduced to only 1,250 kcal per person per day.

In May 1996, a Memorandum of Understanding was concluded between the United Nations and the GOI on the implementation of Security Council Resolution 986. As per the terms of this Resolution, a Distribution Plan was prepared by the GOI and approved by the Secretary-General in July 1996.

The general food entitlement scheme foreseen under the Resolution provides for the distribution of a 2,030 Kcal and 47g. of protein per person per day to each person resident in Iraq. While the SCR 986 pipeline has since improved, by 3 March 1997 a total of only eight food contracts had been approved by the 661 Sanction Committee, sufficient to cover only a one month's requirement of wheat flour and salt, nearly two weeks' requirement of pulses and oil, and one week of rice. It is now expected that a full one month's ration of the staggered deliveries of wheat flour for the entire population will arrive in Iraq by early April, with first distribution of this commodity to be completed by end April. In view of the initial slow pace at which contracts were cleared, the GOI decided to distribute SCR 986 imports commodity by commodity, provided that the quantity is sufficient for the entire population, rather than to wait until a one month's food basket is available in full. In the center and south, commodities included in the SCR 986 basket, but not yet received, will continue to be provided from the existing GOI rationing scheme, according to its (lower) ration scale until these can be supplied by SCR 986 imports, while in the north the population will have to cope with a substantially incomplete SCR 986 ration until the full food basket becomes available.

VI. TARGETED BENEFICIARIES AND MODE OF IMPLEMENTATION

Given the slow rate of implementation of the SCR 986 program, WFP will retain the same caseload of 2,151,000 beneficiaries covered under the on-going phase for a period of two months (1 April to 31 May 1997), and a further two months for the targeted groups in the north. WFP is re-targeting its relief assistance subsequently to 688,000 of the most vulnerable beneficiaries through a supplemental program to SCR 986. Over the June - July period, the total beneficiary caseload would thus be 1,263,000 people (666,000 in the north and 597,000 in the center and south) to be phased down to 688,000 people in August (91,000 in the north and 597,000 in the center and south), when it is expected the provision of a full SCR 986 food basket will likely be assured.

The caseload for the first two month period comprises severely malnourished children under five years of age admitted for hospital care, and their families; female headed households, destitute families, pregnant and nursing women, internally displaced persons, refugees and returnees, hospital inpatients and those living in social institutions.

For the periods 1 June until 31 December 1997 in the center and south, and 1 August until 31 December 1997 in the north, the re-targeted beneficiary population comprises those groups who, despite coverage under SCR 986, will remain the most vulnerable in terms of nutritional status and incomes, and who are most affected by such factors as inadequate access to potable water, sanitation and health care facilities, which contribute to nutritional vulnerability.

The beneficiary numbers indicated below have been determined through an assessment of the current situation in the country and following discussions with government departments, UNICEF, UNHCR and other international agencies.

Beneficiary Groups	north	center/ south	Total
<i>April-May</i>			
FHH/Malnourished Children < 5	135,000 (1)	765,000 (2)	900,000 (3)
Pregnant and Nursing Mothers	30,000	170,000	200,000
Hospitals and Social Institutions	7,000	60,000	67,000
IDPs and Returnees	140,000		140,000
Refugees	24,000	40,000	64,000
Social Welfare Destitute	330,000	450,000	780,000
<i>Total</i>	666,000	1,485,000	2,151,000
<i>June-July</i>			
FFH/Malnourished Children < 5	135,000 (1)	450,000 (4)	585,000 (5)
Pregnant and Nursing Mothers	30,000	52,000	82,000
Hospitals and Social Institutions	7,000	65,000	72,000
IDPs and Returnees	140,000		140,000
Refugees	24,000	30,000	54,000
Social Welfare Destitute	330,000		330,000
<i>Total</i>	666,000	597,000	1,263,000
<i>August-December</i>			
FFH/Malnourished Children < 5	50,000 (6)	450,000 (4)	500,000 (7)
Pregnant and Nursing Mothers	8,000	52,000	60,000
Hospitals and Social Inst.	10,000	65,000	75,000
Returnees	13,000		13,000
Refugees	10,000	30,000	40,000
<i>Total</i>	91,000	597,000	688,000

(1) - Includes 27,000 malnourished children.

(2) - Includes 153,000 malnourished children

(3) - Includes 180,000 malnourished children

(4) - Includes 90,000 malnourished children

(5) - Includes 117,000 malnourished children

(6) - Includes 10,000 malnourished children

(7) - Includes 100,000 malnourished children

1. Female headed households with malnourished children under five - Years of conflict have left a large number of widows and wives of war invalids in Iraq who carry the responsibility for providing for their families, in the face of extremely difficult conditions of unemployment, erosion of real incomes, and the collapse of systems of health and social support. A segment of this targeted beneficiary group in the north is displaced and living in dilapidated "hard shelters", without sufficient incomes for food and fuel. Economically insecure households are also the most nutritionally vulnerable. Severely wasted children frequently come from these families. WFP will target both the child and his/her family, since it is unlikely that the nutritional status of an individual child will be improved if the dietary deficiencies of the family are not addressed.

Identification of the severely wasted child will be made at the level of the pediatric hospital/ward/ nutrition rehabilitation center to which the child has been referred for inpatient therapeutic feeding (where specialized foodstuffs are made available by UNICEF), thereby ensuring that the child receives appropriate inpatient care, but also ensuring that criteria for inclusion in WFP's program are applied (utilization of < -3SD weight/age, < - 3SD weight/height together with clinical diagnosis of kwashiorkor/marasmus). On improvement in nutritional status and discharge from the hospital, WFP intends to provide the child and his/her family with a WFP food basket. In the north, beneficiaries are registered by the Food Department and the food is collected by the head of the household in the Food D...

Labour and Social Affairs (MOLSA) which coordinates distributions of food from warehouses at the governorate level. The ration will be made available for a total period of 7 months from either the local offices of the Iraqi Red Crescent Society or the General Federation of Iraqi Women, and will require follow-up of the child in terms of growth monitoring at the family's local health care center prior to receipt of each ration.

With a view to improving the economic conditions of the targeted households, food inputs to sustain beneficiaries' initiative to engage in small scale production and training activities, such as bakeries, carpet weaving, agricultural activities and training of para-medicals will also be provided through this scheme in cooperation with local associations and NGOs.

2. Pregnant and nursing mothers - In providing a monthly ration in the last trimester of pregnancy and for the first 4 months after delivery, WFP expects to increase attendance of women at health care facilities for pre-natal checks, improve utilization of safe delivery practices, promote breast feeding and appropriate weaning practices. It is to be expected that with an enhanced provision of drugs and medical supplies under SCR 986, this scheme will contribute to improve coverage of tetanus toxoid vaccination of pregnant women and facilitate awareness of the importance of full immunization coverage for those under one year of age. In subsequent pregnancies, lessons learnt by the mother are retained and practiced.

It is widely agreed that breast-feeding is positive and should be encouraged with beneficial effects not only for the infant but for the woman also who can benefit from the impact of delayed ovulation and return of fertility. Nevertheless, lactation imposes certain nutritional and economic demands on the mother. Reports suggest that more women are now breast-feeding, or breast-feeding for longer periods, because they cannot afford the cost of supplementing the existing infant formula ration provided by GOI, which meets only 50 percent of the infant's requirements. When breast feeding is compounded by low energy intake and frequent pregnancies, there may be insufficient time for the mother to recuperate, impacting negatively upon subsequent pregnancies (as evidenced by low birth weights) and lactational performance. Foodstuffs provided by WFP, if consumed exclusively by the lactating women, may go some way in preventing the maternal depletion described above.

3. Hospital patients and social institutions - more than 80 percent of all hospitals and social institutions in the country are dependent entirely on WFP for food supplies. Hospitals and social institutions do not receive significant assistance from the government, and budgets do not make provision for food. Moreover, it is to be expected that with an enhanced provision of drugs and medical supplies provided under SCR 986, the numbers of hospital inpatients will invariably increase. In the center and south, WFP provides, through the Ministry of Health, an enriched basic ration to hospitals and through the Ministry of Labor and Social Affairs, to social institutions such as orphanages, kindergartens, old people's homes and institutions for the disabled. In the north the WFP food is delivered directly by WFP.

4. Returnees/Resettlement - in the north, targeted assistance will be given to 13,000 returnees and resettlers while they are resettling in their areas of origin and/or being registered by the Food Departments for inclusion on the SCR 986 distribution lists.

5. Refugees - in the north, WFP will directly distribute a supplementary ration to a targeted group of the 10,000 most vulnerable Turkish Kurds and Iranian refugees, as a supplement to the basic food ration distributed under SCR 986. In the center and south a total of 30,000 Ahwazi refugees from Iran, and Palestinian, Sudanese, Eritrean and Somali refugees in Al-Tash, Baghdad, Basrah, Kut and Anmara will be targeted.

Deliveries and Distribution

Food will be purchased regionally whenever possible. Sea freight is expected to be delivered to the Turkish port of Mersin although whenever tonnages permit, the port of Umm Qasr will be used. Some commodities may also be delivered through Aqaba in Jordan.

WFP remains responsible for transporting food from port of entry to the extended delivery points (EDPs) within Iraq. As in previous phases, WFP will continue to assume responsibility for secondary transportation, storage, handling, direct distribution and monitoring of food aid in the northern region. ITSH costs are estimated at an average rate of US\$ 14 per metric ton. Monitoring activities will be carried out by WFP, with reports being submitted on a monthly basis. Pre-and post-distribution monitoring will be carried with the assistance of local WFP staff.

The Ministry of Labor and Social Affairs, in cooperation with the Ministry of Foreign Affairs and the Ministry of Health, will continue to implement the operation in the center and south. This includes responsibility for secondary transport, storage, handling and distribution. ITSH costs covered by WFP are estimated at an average rate of US\$ 9 per metric ton, and include charges for the setting up of additional food distribution points in locations distant from the urban areas, the packaging of smaller food rations and the shortening of the distribution cycle. These measures are meant to facilitate the distribution to women beneficiaries and to limit the possibility of resale of food rations in urban markets by shortening walking distances and reducing the rations' volumes.

Distribution plans are prepared in collaboration with the Ministry of Labor and Social Affairs, the Ministry of Health, the General Federation of Iraqi Women in the center and south, and with the Food Department in the north. Information on the composition of the ration and the dates of distribution is posted at the distribution points.

Monitoring

The center and south of Iraq have been divided into five monitoring areas. Monitoring visits are undertaken on a bi-weekly basis. During monitoring visits, WFP monitors check warehouses and food stocks, observe distributions, interview beneficiaries at food distribution sites, visit social institutions and check food supplies and prices on local markets. WFP monitors also collect information on the general situation in the governorate, including health and nutrition indicators, water, sanitation and power supply. WFP will further increase the number of monitors from six to 28 to strengthen end-use monitoring, covering a sample of 10 percent of the beneficiaries.

In the north, WFP has recruited 16 local monitors who visit on average 10 percent of the beneficiary population and all of the food agents each month. Monitoring visits focus on the food agents' shops, distribution, beneficiary households and overall conditions in each governorate.

Monitoring activities under this EMOP will be closely linked to those of the SCR 986 Observation Unit, in order to attain a thorough vulnerability mapping/tracking system

During this phase of the EMOP, WFP will strengthen its data treatment capacity to include consistent gender-disaggregated information on beneficiaries in sitreps and other reporting formats.

Coordination

This EMOP continues to be governed by the Memorandum of Understanding signed with the GOI on 22 October 1992, establishing the UN Humanitarian Program. The Ministry of Labor and Social Affairs, the General Federation of Iraqi Women and the Ministry of Health will continue to implement the operation in the center and south. De facto authorities in the north have confirmed their need for, and support to, WFP humanitarian activities and have assured the security of all WFP staff and property.

The GOI and WFP will continue to collaborate to enhance the effectiveness of targeting relief food aid, especially to those most at-risk such as children under five, pregnant and nursing mothers and destitute women heads of households. Coordination meetings are chaired by the Ministry of Foreign Affairs, with the participation of representatives from the Ministry of Labor and Social Affairs, Ministry of Health, the General Federation of Iraqi Women and WFP. Similar meetings are held in the northern Governorates with the Food Departments, chaired by WFP.

UNICEF and WHO also implement programs whose design complements this EMOP. WHO is providing technical expertise for training activities to strengthen the national health infrastructure. UNICEF will continue to provide therapeutic feeding commodities to hospital-based nutrition projects as well as strengthening the Primary Health Centers for early identification and follow up of malnourished children, in addition to improving water and sanitation.

VI FOOD BASKET AND DETAILED BUDGET

The ration scheme identified in the following table should be seen as providing a minimum quantity of foodstuffs. That provided for in-patients of hospitals (including the malnourished child able to partake of a normal diet) and social institutions, recognizes that the individual is partially dependent on foodstuffs provided by the care unit (little additional food is expected to be provided by the inpatient's family). The use of DSE, while considered appropriate in the controlled environment of the care unit, is not recommended for deployment among other groups of beneficiaries.

Considering the lead time required for the milling of the wheat and the delivery of the SCR 986 food commodities to the various warehouses in the country, WFP rations provided during the April-May period in the center and south, and from April through July in the north, are identical to those provided under the previous EMOP phase. The wheat component of rations to be distributed in the north over the June-July months, if SCR 986 rations are still incomplete, has been reduced by 50 percent to 150 g per person per day, taking into account locally harvested food supplies.

It should be recognized that rations provided over the June-December period are supplementary to that provided to each individual under SCR 986 and should thus be seen as an attempt to address not only the shortfall in caloric content, but also more severe deficiencies in iron and calcium found in the SCR 986 ration. The supplementary ration will also provide for an enhanced percentage of calories obtained from fat (approximately 21 percent) than that obtained under SCR 986 which is heavily cereal based.

This EMOP will have to be revised entirely to ensure coverage of the original 2.15 million caseload, should SCR 986 not be renewed at the end of the first six month period of its implementation, on 10 June 1997.

Scheme (grams, person, day)	Cer.	Veg Oil	Pulses	Sugar	DSE	Can Fish
<i>April-May</i>						
FFH/Malnourished Children < 5 (1)	300	30	30	10		
Pregnant and Nursing Mothers	150	30	30	10		
Hospitals and Social Inst.	400	60	30	10	20	60
IDPs and Returnees	300	30	30	10		
Refugees	300	30	30	10		
Social Welfare Destitute	300	30	30	10		
<i>June-July contingency for north</i>						
FFH/Malnourished Children < 5 (1)	150	30	30	10		
Pregnant and Nursing Mothers	150	30	30	10		
Hospitals and Social Inst.	400	60	30	10	20	60
IDPs and Returnees	150	30	30	10		
Refugees	150	30	30	10		
Social Welfare Destitute	150	30	30	10		
<i>June-December for center/south; August-December for north</i>						
FFH/Malnourished Children < 5 (1)	150	30	30	10		
Pregnant and Nursing Mothers	150	30	30	10		
Hospitals and Social Inst.	400	60	30	10	20	60
Returnees	150	30	30	10		
Refugees	150	30	30	10		

(1) - From the footnotes on Beneficiary Groups Table on page 5, malnourished children under five receive a supplementary feeding ration of 20 grams of vegetable oil, 20 grams of sugar and 100 grams of WSB

The net food aid requirements amount to 19,072 MT for the north and 49,011 MT for the center and south, for a total of 68,083 MT. The SCR Distribution Plan foresees the use of up to US\$ 5 million of SCR 986 resources to cover supplementary feeding needs in the north, of which US\$ 1.3 million has been allocated to UNICEF and US\$ 3.7 million will be accessed by WFP. The remaining requirements in the north and the full requirements in the center and south for this Emergency Operation will be mobilized directly from donors.


Until such time that an amendment to the Distribution Plan under SCR 986 is considered and proposed by the GOI to meet the supplementary feeding requirements of vulnerable groups throughout the county from additional SCR 986 funds, it is essential that WFP continues to meet the needs of these groups who remain the most vulnerable. The food needs are urgent and expectations among the Iraqi population of an imminent start of SCR 986 distributions are high. Should such an amendment materialise under an eventual extension of SCR 986 beyond 10 June 1997, the present EMOP would be revised/phased out accordingly.

The total cost of this operation is estimated at US \$ 33,082,769, including: food cost US\$ 23,194,170, external and overland transport US\$ 6,176,094; ITSH US\$ 708,107; direct support costs US\$ 1,131,788; indirect support costs US\$ 1,872,610. After deduction of the US\$ 3.7 million made available through SCR 986 funds for the procurement of foodstuff for supplementary feeding in the north and an additional US\$ 1,577,450 for the related transport and support costs, the total cost of this operation amounts to US\$ 27,805,319, of which US\$ 19,494,170 in food cost.


VII. RECOMMENDATION


This emergency feeding operation, targeting the most vulnerable groups in Iraq for a period of nine months, is recommended for joint approval within the budget, as shown in Annex I.

VIII. APPROVAL



Catherine Bertini
Executive Director
World Food Program





Jacques Diouf
Director General
Food and Agriculture Organization

PROJECT BUDGET

ANNEX I

CATEGORY PROGRAMME: Emergency

Project Title:			
Project Number:	5311.06		
Recipient country:	Iraq		
Project Life:	9 Months	from: 1 April 1997	to: 31 December 1997
Number of Beneficiaries:	2 151 000	from: 1 April 1997	to: 31 May 1997
Number of Beneficiaries:	1 263 000	from: 1 June 1997	to: 31 July 1997
Number of Beneficiaries:	688 000	from: 1 August 1997	to: 31 December 1997

DIRECT OPERATIONAL COSTS

Commodities	Quantity Metric Tons	Average Cost per Ton (SUS)	Total Value (SUS)
Cereals (wheatflour)	53 476	259	13 843 760
Pulses	4 750	330	1 567 500
Sugar	650	350	227 500
WSB	2 808	520	1 460 160
DSE	189	2 000	378 000
Canned Fish	351	2 100	737 100
Oil	5 859	850	4 980 150
Total Commodities	68 083		23 194 170
External Transport (2)	68 083	90.71	6 176 094
LTSH a. or b.			
a. Landside Transport (3)			
b. ITSH (3)	68 083	10.40	708 107
Sub-Total Direct Operational Costs			30 078 371
DIRECT SUPPORT COSTS			1 131 788
(See Annex 2)			
TOTAL DIRECT COSTS			31 210 159
INDIRECT SUPPORT COSTS			
@ 6.0% of Total Direct Costs (4)			1 872 610
TOTAL COSTS			33 082 769

1 Average cost per ton of commodity as provided by RDM based on semi-annual weighted averages produced by FSIS

2 Average cost per ton of commodity as provided by OTS. Should NOT be applied to commodities to be locally procured

3 Average cost per ton of commodity for all locations as provided by OTL

4 Percentage rate established by WFP Governing Body

THE RESPONSIBILITY FOR REVIEWING PROJECT BUDGET RESTS WITH:
RDM FOR COMMODITIES - OTS FOR EXTERNAL TRANSPORT - OTL FOR LTSH

UND312420120

DIRECT SUPPORT REQUIREMENTS

Project Number: 5311.06	Recipient Country: Iraq
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	SUS	SUS
Staff Costs (see breakdown on Addendum 1)		
International	376 250	
UN Volunteer (14 months)		
National Professional Officers		
International Consultants & SSA	146 092	
Local staff & Temporaries	189 350	
Sub-Total Project Personnel		711 692
Technical Support Services		
Project Appraisal	11 376	
Project evaluation		
Sub-Total Technical Support		11 376
Travel and DSA		
International	25 000	
In Country	77 420	
Sub-Total Travel		102 420
Office Expenses		
Rental of facility	18 000	
Utilities	3 200	
Communications	31 000	
Office Supplies	8 500	
Equipment Repair & Maintenance	3 600	
Sub-Total Office Expenses		64 300
Vehicle Operations		
Vehicle Maintenance	42 000	
Vehicle Fuel		
Sub-Total Vehicle Operations		42 000
Equipment		
Communication Equipment		
Vehicles	100 000	
Computer Equipment	100 000	
Agricultural Equipment		
Warehouse Equipment		
Other Equipment (specify)		
Sub-Total Equipment		200 000
Non-Food Items		
Storage Facilities		
Kitchen Utensils		
Seeds		
Milling Costs		
Other (specify)		
Sub-Total Non-Food Items		0
Other (specify)		0
 TOTAL DIRECT SUPPORT COSTS	 	 1 131 788