Protracted Relief and Recovery Operation, Burkina Faso 200054
Title: Reversing Under-Nutrition in Burkina Faso

Duration:	2 years (January 2010 – December 2011)
Number of beneficiaries:	931,000
WFP food tonnage:	18,635mt
WFP food cost:	US$15,344,290
Total cost to WFP:	US$26,386,144

EXECUTIVE SUMMARY

Persistent high food prices in local markets and significant household income declines from falling cotton prices have exacerbated the precarious food security situation in Burkina Faso. As a result, undernutrition among children aged 6-59 months and among pregnant and lactating women is a concern in most of the country. The Sahel, East and Boucle du Mouhoun regions are among the most affected areas, with wasting levels over 15 percent for the children under 5, and levels above 10 percent in the North, Centre-North, Plateau Central, Centre-West and South-West regions.

To respond to the critical nutrition situation and comply with the recommendations of the recent WFP evaluation and the Executive Board mission, this protracted relief and recovery operation (PRRO) is designed to: i) reduce acute malnutrition below emergency levels (WFP Strategic Objective 1); and ii) strengthen the Government's capacity to respond to food security crises arising from market shocks (Strategic Objective 2).

Through the PRRO relief component, WFP will address the high rates of acute malnutrition by providing targeted supplementary feeding to wasted children under 5 and undernourished pregnant and lactating women as a curative approach. At the same time, very high rates of stunting call for a preventive approach earlier in life. Therefore, under the operation's recovery component, WFP will facilitate gender and nutrition education activities to promote childcare and improve food consumption habits. Moreover, a protective ration will be provided during the lean season to all children under 2, to prevent a seasonal increase in wasting and high admission rates to therapeutic and supplementary feeding centres. A small-scale malnutrition prevention pilot for pregnant women, consisting of micronutrient powder along with a protective supplementary ration, will be undertaken to support the Ministry of Health's (MoH) efforts to improve eating habits and the quality of local foods.

Activities will be gradually handed over to the MoH once the prevalence of wasting is below 10 percent in the targeted regions. Furthermore, WFP will support the Nutrition Department of the Ministry of Health in revising the National Protocol for the management of acute malnutrition.

WFP will also support the Government in developing a broader emergency food security response mechanism to respond to market shocks and nutritional crises. WFP will provide vulnerability analysis, and monitoring and evaluation expertise to support the setup of a nutritional surveillance system and the development of a comprehensive emergency food security response mechanism.

SITUATION ANALYSIS AND SCENARIO

The overall context

1. During the last decade, Burkina Faso has made significant achievements in economic growth. However, the country's main economic sectors, agriculture and livestock, remain underdeveloped and highly exposed to erratic weather patterns and the volatility of international market prices.

2. The lack of national safety net programmes, unfavourable cotton prices and a fast-growing population (over 3 percent per year) have hampered the Government's capacity to significantly reduce poverty. Thus, the country remains one of the poorest in the world, ranking 131 out of 135 in the Human Poverty Index and 177 out of 182 in the Human Development Index.[1]

3. Eighty percent of the country's population of 14 million lives in rural areas.[2] Even before the 2008 high food prices crisis, 49 percent of the rural population was unable to produce and/or access enough food to meet their minimum energy requirements.[3] Almost one million of these were children under 5.

4. Since 2008, persistent high market prices for imported and locally-produced staple foods coupled with income losses from falling cotton prices on the international market have further weakened the food security of poor households.[4] Cereals prices have shown signs of stabilizing in the past few months, but remain high. Despite a sharp decline in prices since peak levels reached in August-September 2008, wholesale millet prices on Ouagadougou markets in July 2009 were 33 percent higher than in July 2007; imported rice prices are 50 percent higher than two years ago.[5] The price of cotton has fallen by 9 percent in the past year, having declined to 70 percent of the price of 2003 (in CFA terms). Cotton accounts for around 60 percent of Burkina Faso's cash exports and provides income for around 25 percent of the population.

5. The coordinated nutrition response implemented by the Food and Agriculture Organization of the United Nations (FAO), the United Nations Children's Fund (UNICEF), WFP and several national and international non-governmental organizations (NGOs), under the leadership of the Ministry of Health (MoH) has led to a considerable reduction of national acute malnutrition levels.[6] However, regional disparities remain significant. The 2008 comprehensive food security and vulnerability assessment (CFSVA)[7] and WFP nutrition monitoring show that in some parts of the country, wasting[8] and stunting[9] among children under 5 remain beyond 15 percent and 40 percent respectively.

[1] UNDP 2009 Human Development Report.

[2] 2006 National Population Census.

[3] MoA, Dimension alimentaire de la pauvreté au Burkina Faso, 2005.

[4] To date, food prices remain still 20 percent higher than before the 2008 High Food Prices Crisis (FAO Report for Sahelian Countries, 2009).

[5] FAO, GIEWS Country Briefs, September 2009.

[6] The prevalence of acute malnutrition reduced from 18.9 percent in 2003 (DHS) to 12.4 percent in 2008 (CFSVA).

[7] MoA, Enquete Nationale Insecurite Alimentaire et Malnutrition (also referred to as 2008 CFSVA in this document).

[8] Wasting reflects child thinness, the result of recent environmental influences (such as food shortages or poor water and sanitation). Low weight-for-height and low mid-upper arm circumference (MUAC) can measure wasting.

[9] Stunting is an indicator of chronic malnutrition among children that reflects the longer-term nutritional situation of a population. Because it is an indicator of past growth failure, it is a useful indicator to assess progress of mother-and-child health/nutrition programmes and other longer-term development related programmes with nutritional objectives.

6. Child mortality is also of concern. With a rate of 191 per thousand, which translates into the death of 125,000 children under 5 every year, Burkina Faso ranks among the ten countries with the highest mortality rates in the world.[10]

The food security and nutrition situation

7. As a result of declining incomes and higher food prices, 51 percent of households were compelled to reduce food expenditures[11] and adopt coping strategies[12] that endanger the nutrition security of young children. Government measures to ease household access to staple foods have been temporary and season-bound. According to WFP nutritional monitoring data for the five priority regions, the prevalence of wasting among children aged 0-35 months in 2008 and 2009 remained above 15 percent, and therefore at "critical" levels.[13] Progress made since 2007 in reversing undernutrition at the national level could be lost.

8. The 2008 CFSVA found that almost 50 percent of households are exposed to a high risk of food insecurity, ranging from 18 percent in urban areas to 58 percent in rural areas. Food-insecure households are very poor, with low food diversity, no food stocks, and high shares of expenditures on food (over 50 percent). Their main sources of livelihoods are subsistence agriculture in rural areas and daily wages from the informal sector in urban areas. They are highly exposed and unable to cope with the frequent climatic and economic shocks that deepen their poverty and food insecurity.

9. Urban food security studies[14] and rapid emergency assessments[15] carried out between 2007 and 2008 in Ouagadougou identified high proportions of food-insecure households. The urban food security study conducted by the Institute for Development and Research (IRD) estimated that the prevalence of food-insecure households among the poorest grew from 78 percent in 2007 to 88 percent in 2008. The degradation of food security among better-off urban households was also significant. Furthermore, with seven out of ten households relying on daily wage labour or petty trade, food-insecure households risk falling into destitution. Stunting among urban children 0-59 months increased from 19 percent in 2003[16] to 26 percent in 2008.[17] Similarly, undernutrition among women of childbearing age increased from 9 to 12 percent during the same period.[18] The prevalence of wasting is high at 12.4 percent, similar to the level in rural areas.

10. Since late-2007, the country's food security has been adversely affected by very high market prices for staple foods. The government's national response mechanism could only partially respond to market shocks. Consequently, households have reduced food consumption, raising nutritional risks for children under 5 and pregnant or lactating women in both urban and rural areas. The 2008 CFSVA showed a strong link between household food insecurity/low food diversity and undernutrition among children 0-59 months and women of childbearing age. The study concluded that there are twice as many

[10] State of the World's Children 2009 (data refer to 2007).

[11] CFSVA 2008.

[12] Poorer food consumption in terms of quantity and quality, lower number of meals consumed per day, less use of health services and childcare.

[13] WHO, 2000

[14] IRD 2007 and 2008 Urban Household Food Security surveys.

[15] UNCT/Government/SCF-UK Rapid Emergency Food Security Assessment, 2008.

[16] Demographic Health Survey, 2003.

[17] CFSVA, 2008.

[18] BMI lower than 18.5 cm.

chronically malnourished children in households with a high risk of food insecurity and a low socio-economic status. At the same time, very high levels of wasting and stunting were recorded in regions with high cereal production, such as Boucle du Mouhoun and Centre-West.

11. World Health Organization (WHO) standards consider the prevalence of chronic malnutrition as "severe" and acute malnutrition among children under 5 as "critical" or "serious" in all 13 regions. It is estimated that almost one million children under 5 are affected by chronic malnutrition, of which 400,000 are severely stunted.

12. Child feeding practices in Burkina Faso are inadequate. Only 6 percent of children are exclusively breastfed during the first six months of life.[19] Age-appropriate complementary foods are either unavailable or used incorrectly. The 2008 CFSVA recorded 30 percent of children aged 6-23 months with minimum acceptable food intake, and 71 percent of children aged 6-35 months with low food diversity. This reflects the low dietary diversity of the majority of extremely poor households (fewer than 5 food groups out of 14 consumed per day).

13. While there are no recent data on micronutrient deficiencies, it is likely that data from the 2003 Demographic and Health Survey, which showed a prevalence of almost 70 percent of anaemia in pregnant women, have not improved given the poor dietary diversity. Similarly, deficiencies of other micronutrients (vitamin A, iodine) are likely to persist. The relatively high incidence of low birth weight (close to 12 percent of live births) is another proxy for the nutritional status of women. Low birthweight remains one of the main causes of infant mortality in developing countries and it has been shown that around 50 percent of child deaths in the Sahel are related to undernutrition.

Scenario

14. Income losses from cotton production and high food market prices have restricted household access to food, leading to greater deterioration in dietary diversity and lower food consumption. The result is a serious nutritional crisis for the most vulnerable. The National Security and National Interventions Stocks, designed to mitigate cereal production shortages, cannot address the specific nutritional needs of malnourished children and pregnant and lactating women. Furthermore, high food prices have hampered the Government's capacity to replenish stocks and proceed with the typical subsidized sales during the 2009 lean season.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, capacities and actions of the Government

15. In 2004, the Ministry of Agriculture (MoA) integrated anthropometric and food consumption indicators in its bi-annual agriculture production survey. In 2008, it carried

[19] 2008 CFSVA

out a national CFSVA, which included a comprehensive nutrition survey, with support from the MoH, United Nations agencies, IRD and the *Comité permanent inter-états de lutte contre la sécheresse dans le Sahel* (CILSS - Permanent Interstate Committee for Drought Control in the Sahel). The key objective of the study was to analyze the relationship between agricultural production and nutritional outcomes and food insecurity, in both rural and urban areas.

16. Over the past two years, the Government and donors have become increasingly concerned by urban food insecurity and undernutrition in Burkina Faso. However, the national early warning system and response mechanism to food crises remains cereal production-oriented. A National Security Stock with a capacity of 35,000 mt can be used when the country faces a large cereal production shortfall. The Government can also draw at its discretion from an Intervention Stock (total capacity 10,000 mt) for free food distributions and subsidized sales. A financial facility allows the Government to buy, with the donors' consent, about 30,000 mt of cereals.

17. In 2008, the MoA was authorized to add 15,000 mt of cereals from the National Security Stock to the Intervention Stock for subsidized sales throughout the country. A similar action occurred in 2009 on a smaller scale because of limited stocks.

18. The capacity of the MoH to respond to a nutritional crisis remains limited, despite the availability of a national protocol for the management of acute malnutrition and trained health personnel.

Policies, capacities and actions of other major actors

19. The MoH has contracted *Action Contre la Faim* (ACF; Action Against Hunger), Africare, Catholic Relief Services (CRS), Helen Keller International (HKI), *Médecins Sans Frontières* (MSF - Doctors Without Borders) and Plan International to carry out health and nutrition activities at community levels, including promotion of exclusive breastfeeding, malnutrition prevention and rehabilitation, micronutrient supplementation and growth monitoring of children under 5.

20. WHO provides technical support to the MoH to reinforce the capacities of health centres and expand maternal and child survival activities. UNICEF provides institutional support to the Nutrition Department of the MoH. UNICEF and WFP conduct complementary activities in the same geographical areas to tackle both severe and moderate acute malnutrition. In 2008, the UNICEF intervention to reduce severe acute malnutrition was expanded to cover the entire country. FAO implements agricultural production programmes in regions with high undernutrition rates. These have been integrated with WFP's community-based nutrition rehabilitation programmes, to diversify agricultural production among households with rehabilitated children.

21. Since 2007, the response capacities of the United Nations Country Team (UNCT) and NGOs to nutritional crisis have grown. Positive results were well captured by the external evaluation of the WFP nutrition intervention.[20] Nonetheless, the overall response and resources remains insufficient given the extent of the needs.

Coordination

22. The food security and nutrition interventions undertaken by the Government and its partners are coordinated through several mechanisms.

[20] WFP/EB.A/2009/7-E: Summary Evaluation Report Burkina Faso PRRO 10541.0.

23. The Technical Committee of the National Council for Food Security (CT-CNSA) and the National Council for Emergency Response and Rehabilitation (CONASUR) are mandated to coordinate emergency responses. However, they are primarily equipped with food supply-oriented tools and lack decision-making roles during nutritional crises.

24. The National Council for Nutrition (CNCN) was created in July 2007 with the mandate to comprehensively address undernutrition. It focuses on long-term capacity building and has neither the tools nor the resources to respond to nutritional crises.

25. In October 2009, WFP was tasked by the Prime Minister to lead a newly-created committee for the coordination of food assistance, which will include donors and technical ministries. Furthermore, WFP has been mandated by the UNCT to coordinate the inter-agency humanitarian working group consisting of representatives from NGOs and key line ministries including the MoA, MoH, and Ministry of Social Affairs (MoSA). The inter-agency humanitarian group meets monthly to share information, coordinate field responses and support government humanitarian activities.

OBJECTIVES OF WFP ASSISTANCE

26. The main objective of this protracted relief and recovery operation (PRRO) will be to reduce acute malnutrition below emergency levels (Strategic Objective (SO) 1: "save lives and protect livelihoods in emergencies"). WFP will leverage its role as key partner in government-led coordination and response mechanisms to strengthen the Government's capacity to respond to food security crises arising from market shocks (SO2: "prevent acute hunger and invest in disaster preparedness and mitigation measures").

27. These objectives are in line with the external evaluation's recommendations, as well as with those of the Executive Board mission to Burkina Faso.[21]

28. The operation will focus on rehabilitating undernourished children under 5 and undernourished pregnant and lactating women. However, while the high rates of acute malnutrition call for appropriate curative interventions, the high rates of stunting require preventive approaches earlier in life. A protective ration will be provided during the lean season to all children under 2, to prevent an increase in wasting and high admission rates to nutrition rehabilitation centres. A small number of pregnant women will also receive a protective supplementary ration with micronutrient powder as part of a pilot malnutrition prevention programme. To consolidate results, promote childcare and improve food consumption habits, WFP will facilitate gender and nutrition education activities at the community level.

29. As part of its handover strategy, WFP's expertise in vulnerability analysis mapping (VAM) and monitoring and evaluation (M&E) will be available to the CNCN, the CT-CNSA and CONASUR to setup a nutritional surveillance system and to support the development of a comprehensive emergency food security response mechanism.

[21] WFP/EB.A/2009/15-B: Report on the field visit to Burkina Faso of the WFP Executive Board.

WFP RESPONSE STRATEGY

Nature and effectiveness of food-security related assistance to date

30. The nutrition emergency response implemented by UNICEF, WFP, FAO and national and international NGOs, under the leadership of the MoH, has resulted in stabilization of acute undernutrition among children under 3 in the targeted regions.[22] However, given the extent of the crisis, limited geographical coverage by health facilities and NGOs and subsequent difficulties in reaching affected populations, undernutrition in some regions remains very high, at over 15 percent.

31. Through PRRO 105410 "Reversing Growing Undernutrition in Food-insecure Regions," WFP assisted 700,000 people. WFP's EMOP 107730 "Emergency Response to High Food Prices" will have assisted 300,000 beneficiaries during 2009. By meeting the immediate acute needs of the most affected populations in the targeted regions, WFP prevented a dangerous escalation of the crisis.

32. PRRO 105410 and EMOP 107730 address the acute needs of rural and urban food-insecure populations. WFP's country programme 103990 (2006-2010) provides critical longer-term solutions to food insecurity, in collaboration with the MoH and the MoA.

33. The overall nutrition situation is gradually improving through these collective actions, but humanitarian assistance is still required, particularly during the most critical "lean" period of the year.

Strategy outline

34. In line with the National Nutrition Policy, the MoH priority to reduce undernutrition, and the regional WFP/UNICEF strategy to curb high levels of acute undernutrition in the northern Sahel countries, this PRRO uses a two-pronged approach, focusing on both prevention and rehabilitation of malnutrition.

35. Under the relief component, a targeted supplementary feeding programme (SFP) will support rehabilitation of moderately malnourished children under 5 and pregnant and lactating women. The assistance will be provided year-round in regions with a prevalence of wasting above 15 percent, and during the most critical period of the year in regions where the prevalence is between 10 and 15 percent.

36. Resources will be prioritized and the duration of assistance will be adjusted according to the severity of the nutritional insecurity. This approach will minimize the negative impacts of irregular and limited funding highlighted by the evaluation as a major constraint in achieving solid outcomes.

37. Supplementary rations for women will: a) support nutrition rehabilitation; b) reduce the incidence of low birth weight; and c) promote exclusive breastfeeding during the first 6 months after birth.

38. To increase effectiveness and reduce the number of defaulters, more appropriate micronutrient-fortified products will be used as recommended by the evaluation. This will enable WFP and partners to reduce the duration of rehabilitation from 5 to 3 months as per the government protocol. Locally-produced fortified blended foods will be used to the extent possible, noting the very low capacity and high production costs.

[22] WFP nutrition follow up survey carried out in the five priority regions.

39. Food assistance will be provided to beneficiaries through 800 health facilities in the targeted regions. Although food assistance is an incentive for women to take their children to the closest health centre, beneficiaries living more than 5 km away will be assisted via community-based activities. Partnership with national and international NGOs working in the health sector will be reinforced to reach a wider number of malnourished children and women, and provide them with the same services as those delivered by health facilities.

40. UNICEF, MSF, ACF and Save the Children Canada will provide therapeutic feeding for severely malnourished children. Once discharged from the therapeutic feeding programme, children will be admitted to WFP's SFP.

41. The recovery component will focus on prevention and behavioural change to overcome cultural and social factors that may prevent mothers and children from receiving care. Prevention activities will include distribution of a "protective" ration to children under 2 during the lean season.

42. Men often decide on healthcare for women and children. Studies show that only 20 percent of women have the final word in the decision to receive health treatment. Therefore, WFP will complement UNICEF's efforts in promoting behavioural changes among lactating mothers by supporting the design and delivery of a gender-oriented minimum nutrition education package. Behavioural change activities focusing on child nutrition and care will be implemented throughout the year at the community level. WFP will work with UNICEF and NGOs to develop information and communication material encouraging parents to use health facilities to improve child nutrition and monitor the weight of their children. Nutrition education sessions on breastfeeding, weaning practices, vaccination, family planning, food taboos, and hygiene issues will be offered to women and men alike, as child nutrition is a household and community issue. Promoting the use of appropriate locally produced complementary foods will be part of the activities.

43. During the lean season, which ranges from May and October according to geographic area, a three-month protective ration will be provided to all children under 2 in the targeted regions. Helping children to be relatively well-nourished during the first two years of life will not only reduce the need for curative programmes for severely and moderately malnourished children, but will also contribute to the overall development of the communities and the country at large, by reducing stunting and allowing for better physical and intellectual development.

44. In consultation with the MoH, a pilot protective and prevention programme for pregnant women will be undertaken in a highly food-insecure region. Micronutrient powder will be distributed to pregnant women for six months. A three-month supplementary protective ration consisting of local staple foods will also be provided during the lean season. The purpose of this pilot is to measure the nutritional improvement among pregnant women and newborn babies through the use of micronutrient powder supplemented by a nutritionally balanced ration. Protective rations will be provided only if sufficient resources are available to ensure continuous delivery of the nutrition rehabilitation services.

45. This operation will renew WFP's support to Government efforts to reduce food insecurity and undernutrition. To enhance the Government's capacity in disaster mitigation and response, WFP will provide training on early warning and risk assessment, and food security and management of food responses for government staff. WFP also plans to carry

out a regional risk assessment, supporting the design of an early warning and response system based on market analysis and nutrition monitoring.

Handover strategy

46. WFP is the only organization supporting the MoH with rehabilitation of moderate acute malnutrition on a large scale. Given the high prevalence and the large number of affected children, the MoH requires external assistance to effectively curb undernutrition.

47. Rehabilitation activities will be gradually handed over to the MoH once the prevalence of wasting is below 10 percent in the targeted regions. WFP will work with the MoH to intensify activities promoting the production and use of fortified local weaning flours to enhance the national availability of nutritionally-adequate baby foods.

48. WFP will support the MoH Nutrition Department in revising the national protocol for the management of acute malnutrition. It will incorporate lessons learned and success stories from the use of alternative micronutrient fortified flours and micronutrient powder.

49. Similarly, WFP will support the Government in developing a broader emergency food security response mechanism to respond effectively to market shocks and nutritional crises. To do this, WFP will leverage its roles in government-led mechanisms and other fora.

50. Regular consultations on progress with the Government and cooperating partners will identify activities that should be continued to consolidate results, including targeted feeding programmes.

BENEFICIARIES AND TARGETING

51. Eight regions - Sahel, North, Centre-North, Plateau Central, Centre-West, Boucle du Mouhoun, Southwest and East - have the highest levels of food insecurity and acute undernutrition. Relief activities will be provided year-round in the worst situations in the Sahel, East and Boucle du Mouhoun regions (where wasting is above 15 percent). In the other five regions, WFP relief assistance (nutrition rehabilitation) will be provided during the most critical period of the year, from May to October. Preventive activities, under the recovery component of the operation, will be carried out for three months during the lean season.

52. These regions and corresponding beneficiaries were selected through a consultative process that included United Nations agencies, the Government and NGOs. Thirteen nutrition and food security indicators from the 2008 CFSVA were used to create a composite indicator to rank regions based on the severity of the food security and nutrition situations. Subsequent monitoring reports and the evaluation recommendations of the previous PRRO were used in finalizing geographic beneficiary targeting.

53. Based on the latest regional population figures, prevalence of acute undernutrition, use of health facilities[23] and NGO capacity, an estimated 931,000 beneficiaries will receive WFP food assistance under this PRRO.

[23] Based on previous experience, attendance to the health centres doubled with the presence of supplementary feeding activities.

Table 1: Beneficiaries by activity type and age group

Component	Activity	Children 6-23 months	Children 24-59 months	Pregnant Women	Lactating Mothers	Total
Relief	Malnutrition rehabilitation (targeted SFP)	286,000	191,000	34,000	134,000	645,000
Recovery	Malnutrition prevention (blanket SFP)	235,000	0	51,000	0	286,000
Total		**521,000**	**191,000**	**85,000**	**134,000**	**931,000**

54. *Malnutrition rehabilitation programme:* malnourished children and pregnant and lactating women supported under the targeted supplementary feeding programme will be identified during pre- and post-natal consultations carried out in health facilities and through community-based health activities. Beneficiaries will be identified and discharged according to the criteria established by the National Protocol on Acute Malnutrition Management.[24]

55. *Malnutrition prevention:* to contain soaring undernutrition, all children under 2 in the eight targeted regions will receive a three-month protective supplementary ration during the lean season. All pregnant women living in the East region will receive a protective ration as part of a pilot programme.

56. *Nutrition education:* gender-oriented nutrition awareness and education will target both women and men to promote behavioural change through effective communication and information. WFP expects to offer nutrition education sessions to approximately 200,000 persons.

NUTRITIONAL CONSIDERATIONS AND RATIONS

57. Food rations will include enhanced micronutrient-rich commodities such as improved corn-soya blend (CSB+ and CSB++) and vegetable oil.[25] Based on lessons learnt from the previous operation and the recommendations of the evaluation mission, this PRRO will introduce new products to shorten the duration of the programme and improve effectiveness. Children 6-23 months old will receive CSB++, with a higher caloric density, animal protein and lipid content appropriate for that age group. Children 24-59 months old will receive CSB+. In compliance with the National Protocol, all beneficiaries will be assisted for a minimum of 3 months.

58. Malnutrition prevention activities will also make use of new products. As part of a pilot programme, pregnant women in the East region will receive individual micronutrient

[24] Entry criteria are the following: Children 6-59 months old with a weight/height ratio >70% and <80%; pregnant women MUAC <21 cm and lactating mothers BMI >16 and <17 or with a less than 6 months old underweight baby. Exit criteria: Children 6-59 months old weight/height ratio > 85% for two consecutive months; pregnant women MUAC >23 cm for two consecutive months; lactating mothers BMI >18 for two consecutive months.

[25] Fortified with vitamins A and D.

powder sachets to improve the quality of their regular meal, supplemented by a nutritionally balanced ration of cereal, vegetable oil and beans. Table 2 provides an overview of the food rations by activity:

Table 2: Daily food rations by activity (g/person/day)

Commodity Type	Maize	CSB++	CSB+	Veg. Oil	Pulses	MNP*	**Daily Kcal**
Malnutrition rehabilitation (targeted SFP)							
Children 6-23 months		200					840
Children 24-59 months			233	15			1,035
Pregnant/ Lactating Women			233	15			1,035
Malnutrition prevention (blanket SFP)							
Children 6-23 months		200					840
Pregnant Women	200			15	50	0.5	1,018

*The unit for micronutrient powder (MNP) refers to sachet. One sachet of MNP is taken on alternate days.

59. The total food requirements for this operation amounts to 18,635 mt, as follows:

Table 3: Total food requirements by activity (mt)

Commodity Type	Maize	CSB++	CSB+	Veg. Oil	Pulses	MNP	Total
Malnutrition rehabilitation (targeted SFP)							
Children 6-23 months		5,148					5,148
Children 24-59 months			4,011	264			4,275
Pregnant/ Lactating Women			3,528	232			3,760
Malnutrition prevention (blanket SFP)							
Children 6-23 months		4,230					4,230
Pregnant Women	918			70	230	4	1,222
Total	**918**	**9,378**	**7,539**	**566**	**230**	**4**	**18,635**

IMPLEMENTATION ARRANGEMENTS

60. *Partnership:* MoH personnel in 800 health centres will conduct supplementary feeding activities for nutrition rehabilitation in the targeted regions. To overcome insufficient geographic coverage and limited capacity of the health facilities, the MoH has established

a partnership with several NGOs to conduct community-based nutrition activities. These NGOs will identify and assist malnourished people among communities who live far from health centres. Severely malnourished children will be referred to therapeutic feeding centres supported by UNICEF or NGOs.

61. *Non-food items:* Gender-oriented education and awareness activities will be carried out at the community level by national and international NGOs throughout the year. Some 4,200 community health workers and NGO staff in more than 1,000 communities will be trained on nutrition education, hygiene and care practices. In turn, they will identify people in the community who will communicate key messages via traditional means (theatre, music, festivals, etc.).The costs for the training of trainers, materials and capacity support to partners and communities are included in the PRRO budget.

62. *Procurement:* Consistent with the Food Aid Charter,[26] imported commodities will be kept to a minimum. However, with limited quantities of locally produced, fortified micronutrient-rich commodities, WFP will procure some products internationally. Preventive rations for pregnant women will make use of locally procured staple foods (cereals and pulses) that will be enriched with micronutrient powder.

63. *Logistics:* Internationally procured commodities reach Burkina Faso mainly through the port of Lomé in Togo. They are delivered directly to storage points or extended delivery points (EDPs) in Ouagadougou, Fada N'Gourma, Dori and Ouahigouya. Tenders will be issued to private transport companies included in the WFP short-list to transport from EDPs to the distribution sites or the partners' intermediate storage facilities. In the latter case, cooperating partners will ensure transport to final distribution sites.

PERFORMANCE MONITORING

64. The sound and comprehensive M&E system developed within the framework of the previous PRRO will be enhanced as recommended by the evaluation mission. This will include maintaining the M&E officer and assistant positions to coordinate and oversee the nutrition and food security surveys that are conducted twice a year, and to monitor progress towards the operation's outcomes and outputs.

65. As in the previous PRRO, biannual nutritional surveys and a final impact survey will be undertaken to compare data with the baseline. The following indicators will be used to assess progress towards objectives:

- Prevalence of acute undernutrition among children 0-23 months and 24-59 months.
- Prevalence of malnutrition among pregnant and lactating women.
- Incidence of low birthweight.

Data on dietary diversity for the women and children, health and nutrition practices, and childcare will be collected to assess behavioural changes and improved knowledge about balanced food consumption for people with special needs.

66. Statistically representative indicators will be used to prepare monthly reports on the operation, including the number of beneficiaries assisted, rate of nutritionally recuperated

[26] Food Aid Charter adopted by the CILSS member nations and Club du Sahel donor countries (Canada, European Union, Germany, France, Netherlands,United States). Formally approved by CILSS heads of state, 10 February 1990.

children and women, drop-out rates, non-response rate, and death rate. Data will be presented by gender and age groups.

67. Cooperating partners will undertake data collection for output monitoring; WFP will provide training and tools. Close monitoring on the use and effect of micronutrient powder on pregnant women and newborn babies will be carried out and analysed with support from academic research organizations.

68. As a member of the CNCN and of the CT-CNSA, WFP will provide expertise to ensure that reliable information is regularly collected and analyzed and that an adequate national nutritional surveillance system is in place. Since 2007, WFP's M&E system has been the sole source of information on undernutrition trends for the priority regions. Monitoring results are used on a regular basis by the CNCN and various partners and have informed the United Nations Development Assistance Framework (UNDAF) and the Poverty Reduction Strategy Paper (PRSP). Methodology and lessons learnt from this experience will be transferred to the working groups that support the Nutrition Division of the MoH. The aim is to design and implement an appropriate national nutritional surveillance system that will be functional in the medium/longer term.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Risk Assessment

69. Burkina Faso is in a stable security situation, and there are no signs that this will change in the short term. Therefore, it is unlikely that security issues will prevent or limit the implementation of this operation.

70. The design of this operation is based on the 2008 CFSVA and monitoring reports. The assessment process was led by the MoA with the participation of the MoH, United Nations agencies, NGOs, IRD and CILSS. A working group was created to follow up on the design and to build consensus on operational aspects.

71. The success of the operation will depend on the timing and level of funding, as well as on the capacity of cooperating partners. The operation will require significant financial support to enhance the capacity of cooperating partners, including the MoH, to reach and assist beneficiaries in newly targeted regions. These resources have been factored into the PRRO budget.

72. The lack of timely resources hampered effective procurement and delivery of food under the previous PRRO. To minimize the impact of these risks, WFP, in consultation with the MoH and implementing partners, will prioritize resources to the relief activities and to the regions with the highest levels of food insecurity and acute undernutrition. Malnutrition prevention will be undertaken only when malnutrition rehabilitation activities are fully funded.

Contingency Planning

73. WFP chairs the inter-agency humanitarian thematic group and is also a key technical partner in the national early-warning working group. An inter-agency emergency

contingency plan is available and regularly updated by the inter-agency humanitarian group.

SECURITY CONSIDERATIONS

74. Burkina Faso enjoys a stable political situation. Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards (MORSS) for countries under phase zero are applied to ensure the security of WFP staff, partners, beneficiaries and supplies.

APPROVAL

…… Date:…….
Josette Sheeran
Executive Director

ANNEX IA

WFP PROJECT COST BREAKDOWN

	Quantity (mt)	Average cost (US$) per mt	Value (US$)
COSTS			
A. Direct operational costs			
CSB ++[27]	9,378	1,000	9,378,000
CSB+	7,539	640	4,825,006
Vegetable Oil	566	844	477,704
Maize	918	520	477,360
Pulses	230	450	103,500
Micronutrient powder (MNP)	4	20,680	82,720
…			
…			
Total commodities	**18,635**		**15,344,290**
External transport			**1,197,059**
Landside transport			**2,146,750**
ITSH			**2,063,429**
Total LTSH			**4,210,179**
Other direct operational costs			**1,368,970**
Total direct operational costs			**22,120,498**
B. Direct support costs (see table below for details)			**2,539,450**
C. Indirect support costs (7 percent of total direct costs)			**1,726,196**
TOTAL WFP COSTS			**26,386,144**

[27] This is a notional food basket used for budgeting and approval purposes. The precise mix and actual quantities of commodities to be supplied to the project, as in all WFP-assisted projects, may vary over time depending on the availability of commodities to WFP and domestically within the recipient country.

ANNEX IB

DIRECT SUPPORT REQUIREMENTS (US$)

Staff and staff related costs	
International professional staff	577,410
Local staff - national officers	0
Local staff - general service	460,000
Temporary assistance	345,000
Overtime	1,120
International consultants	80,000
Local consultants	42,000
Non-staff HR – UNV	108,000
Commercial consultancy services	0
Staff duty travel	308,120
Subtotal	**1,921,650**
Recurring expenses	
Rental of facility	21,800
Utilities (general)	28,000
Office supplies	28,000
Communication and IT services	70,000
Equipment repair and maintenance	34,000
Vehicle maintenance and running cost	120,000
Office set up and repairs	53,400
Subtotal	**355,200**
Equipment and capital costs	
Vehicle leasing	51,000
TC/IT equipment	108,800
Local security cost planning	102,800
Subtotal	**262,600**
TOTAL DIRECT SUPPORT COSTS	**2,539,450**

ANNEX II -Logical Framework Summary – Burkina Faso PRRO 200054

Results Hierarchy	Performance Indicators	Means of Verification	Assumptions
Impact Reduce acute malnutrition caused by food security and nutrition crisis to below emergency levels (SO1). Support and strengthen capacities of government to prepare for, assess and respond to food security and nutrition crises arising from market shocks (SO2).	Impact indicators 1. Rate of global acute malnutrition among children 0-59 months (target < 10%). 2. Disaster preparedness index (= or > 7).	• Nutritional assessments (Government/UNICEF/ WFP/NGOs). • National Early Warning System and Nutrition and Food Security Surveillance System.	Impact assumptions • Government implementation of poverty reduction strategy. • Continued socio-political stability.

SO1 Outcome 1 Reduced acute malnutrition in children 0-59 months old in targeted affected regions. Outcome 2 Improved food consumption over assistance period for children 6-59 months old and pregnant and lactating women in targeted affected regions	Outcome 1 indicators: 1.1 Prevalence of acute malnutrition among children 0-59 months old in the targeted regions (Target < 10%, assessed using weight for height as %). 1.2 Prevalence of low mid-upper arm circumference among children 0-59 months old in the targeted regions. 1.3 Prevalence of malnutrition among pregnant and lactating women in the targeted regions. 1.4 Rate of newborn children with low birthweight in the targeted regions (Target <10%). 1.5 Recovery rate of children 6-59 months old and women treated for malnutrition in the targeted regions (Target > 70% alarming if <50%). 1.6 Defaulting rate for children 6-59 months old and women in the targeted regions (Target <15% alarming if >30%). 1.7 Non-response rate for children 6-59 months old and women in the targeted regions. 1.8 Death rate for children 6-59 months old and women in the targeted regions (Target <3% alarming if >10%). Outcome 2 indicators: 2.1 Household food consumption score in the targeted regions (WFP score exceeds 21 or 28) 2.2 Household and individual food diversity score in the targeted regions (FANTA score exceeds 4 food groups consumed per day at least)	• Baseline, biannual surveys and impact survey in the targeted areas by WFP. • Cooperating partners' reports. • Regular monitoring activities.	Outcome 1 and 2 assumptions • No major cereal production shortfall or disease outbreak.

Output 1.1 and 2.1: Food distributed in sufficient quantity and quality to support nutrition interventions (nutrition rehabilitation and prevention) for targeted affected populations (children 6-59 months old and pregnant and lactating women).	Output 1.1 and 2.1 indicators: 1.1.1 Number of children 6-59 months old and pregnant and lactating women receiving food, by category and as % of planned figures. 1.1.2 Tonnage of food distributed, by type, as % of planned distribution. 1.1.3 Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution. 1.1.4 Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of actual distribution. 1.1.5 Number of security incidents.	• Regular monitoring activities. • Cooperating partners reports. • COMPAS reports.	Output 1.1 and 2.1 assumptions • The operation receives adequate funding from donors and in time to procure/ship before the lean season. • Adequate human and technical capacity is available among nutrition cooperating partners.
SO2 Outcome 1 Early warning system, food security and nutrition monitoring system, contingency plans, and food fortification action plan in place and enhanced with WFP capacity development support.	Outcome 1 indicators 1.1. Disaster preparedness index (disaster preparedness index equal to or greater than 7, indicating that government capacity in disaster preparedness and food security and nutrition information management increased with WFP support).	• Early warning system reports. • Food security and nutritional monitoring system reports. • Contingency plan reports • Food fortification action plan.	Outcome 1 assumptions • Continued commitment from Government and donor community to allocate resources to the National Food Security and Nutrition Strategic Plans.
Output 1.1: Disaster mitigation measures in place and enhanced with WFP capacity development support.	Output 1.1 indicators: 1.1.1 Risk reduction and disaster preparedness and mitigation systems in place and enhanced, by type.	• Early warning system reports. • Contingency plan reports • Food security and nutritional monitoring system reports.	Output 1.1. assumptions Adequate partner and stakeholder support for the risk reduction, disaster preparedness and mitigation systems enhancement.

ANNEX III LIST OF ACRONYMS

ACF	Action Contre la Faim
BMI	body mass index
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CILSS	Permanent Inter States Committee for drought control in the Sahel
CNCN	National Council for Nutrition
CONASUR	National Council for Emergency Response and Rehabilitation
CRS	Catholic Relief Services
CSB	corn-soya blend
CT-CNSA	Technical Committee of the National Council for Food Security
DHS	Demographic and Health Study
EDP	extended delivery point
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
HKI	Helen Keller International
IRD	Institute for Development Research (France)
M&E	monitoring and evaluation
MNP	micro-nutrient powder
MoA	MoA
MoH	MoH
MoSA	Ministry of Social Affairs
MORSS	Minimum Operational Residential Security System
MOSS	Minimum Operational Security System
MSF	Médecins Sans Frontières
MUAC	mid-upper arm circumference
NGO	non-governmental organization
PRRO	protracted relief and recovery operation
PRSP	Poverty Reduction Strategy Paper
SO	Strategic Objective
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
VAM	Vulnerability Analysis and Mapping
WFP	World Food Programme
WHO	World Health Organization