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COUNTRY PROGRAMMES

Agenda item 8

*For approval on a
no-objection basis*



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COUNTRY PROGRAMME GUINEA 200326 (2013–2017)



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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval on a no-objection basis

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Guinea has a population of 11 million inhabitants and is a least-developed, low-income and food-deficit country. About 55 percent of the population lives below the poverty line of US\$1.2 per person per day. Despite recent progress towards democracy, the country still faces major challenges because political actors are strongly divided.

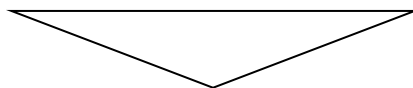
The prevalence of food insecurity rose from 16 percent in 2005 to 32 percent in 2009, with significant regional disparities; rural areas are the most food-insecure. The national global acute malnutrition rate is 8.3 percent, ranging to a maximum of 16.4 percent, which is above the “critical” rate set by the World Health Organization. The severe acute malnutrition rate is as high as 6.8 percent in some districts. The national chronic malnutrition rate is 36 percent, with large variations among districts. Although the gross enrolment rate is increasing – in rural areas it is 60 percent for boys and 50 percent for girls – there are still wide disparities among districts.

The new country programme (2013–2017) covers 13 districts in six of the eight regions affected by structural food insecurity, high chronic malnutrition rates and low school enrolment rates. The programme is in line with the objectives of the United Nations Development Assistance Framework and with the Government’s development policy. It is aligned with Millennium Development Goals 1 to 7 and with WFP’s Strategic Objectives 2, 4 and 5.

The expected outcomes of the programme are: i) sustained increase in the number of children attending primary schools, particularly girls; ii) improved nutritional status of children aged 6–59 months and pregnant and lactating women; iii) improved nutritional status of people living with HIV and tuberculosis patients receiving treatment; iv) increased food availability and dietary diversity in the targeted areas; v) increased resilience of vulnerable communities to disasters.

In the areas where more than one component is being implemented, synergies will be enhanced. WFP will assist 437,000 beneficiaries for five years.

DRAFT DECISION*



The Board approves on a no-objection basis country programme Guinea 200326 (2013–2017) (WFP/EB.2/2012/8/1), for which the food requirement is 30,872 mt at a cost of US\$17.7 million, giving a total cost to WFP of US\$40.1 million.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

SITUATION ANALYSIS

Background

1. The Republic of Guinea, with a population of 11 million, is situated in West Africa and covers an area of 246,000 km².¹ It shares 3,300 km of border with six countries, of which four are currently emerging from social and political turbulence and armed conflicts. Guinea has hosted up to half a million refugees from neighbouring countries during ten years of civil war.
2. After a decade of political instability, social tensions and deteriorating social and economic conditions, the country has made positive moves toward democracy, with a return to constitutional law and the inauguration in December 2010 of a democratically elected president. However, the country continues to face major challenges, including that of consolidating peace and national unity and reactivating the economy while dealing with the strong divisions among its various political actors.² Along with the risk of renewed social and political disturbances and violence, Guinea is confronted by increased flooding and frequent epidemics of diseases such as cholera and meningitis.
3. Despite the country's enormous economic potential, the situation in Guinea remains fragile. Its economic problems are reflected in weak growth (-1.2 percent on a per capita basis in 2010), 21 percent inflation in 2010, and a major depreciation of its currency, whose value declined from 4 to 25 percent in relation to the US dollar between 2009 and 2011.³ According to the United Nations Development Programme (UNDP) *Human Development Report* for 2011, Guinea ranked 178th of 187 countries on the human development index.⁴ Annual per capita income is estimated at US\$400.⁵ In 2010, 58 percent of the population was living below the poverty line (set at US\$196/person/year).⁶

Food Security

4. Each year, Guinea imports on average 300,000 mt of cereals to meet its domestic needs. The 2009 national food security survey⁷ found that 32 percent of households were food-insecure (compared with 16 percent in 2005), with 8 percent severely food-insecure. The highest rates of food insecurity are in the regions of N'Zérékoré (53 percent), Labé (38 percent) and Mamou (31 percent).

¹ Five-year Socio-economic Development Plan (2011–2015).

² Guinea. Common Country Assessment. September–October 2011.

³ Guinea. Macroeconomic Framework of the Ministry of Planning. July 2011.

⁴ <http://undp.org/hdr> 2011.

⁵ Republic of Guinea. Ministry of Agriculture. National Agricultural Investment and Food Security Programme 2012–2016. Preliminary Report. September 2011.

⁶ Poverty Reduction Strategy Paper (PRSP) 2011–2012.

⁷ Republic of Guinea and WFP (Food Security Analysis Service). National Food Security Survey. August 2009.

5. The 2009 Conakry household food security survey indicated that 6.4 percent of the urban population is food-insecure.⁸ Food security is therefore less serious in urban than in rural areas – although evidence points to pockets of extreme food insecurity in certain neighbourhoods within the city.
6. Women are the most severely affected by food insecurity in rural areas. Levels of household poverty and food insecurity are also related to the educational level of the head of household: in 48 percent of poor households and 40 percent of food-insecure households the head of household has no formal education or is barely literate.⁹
7. Causes of food insecurity are primarily structural. Agriculture employs 80 percent of the population, but contributes only 14 percent of the gross domestic product.¹⁰ Agriculture is based mainly on food crops and has low levels of productivity owing to a lack of investments in inputs, infrastructure and mechanization. The worsening food security situation is due to a variety of factors, including the increase in food prices (with an increase of 130 percent for wheat between 2006 and mid-2008, and a 124 percent increase for rice during the same period), along with the steep rise in oil prices.¹¹ The global financial crisis has affected mining revenues, while there has also been a sharp decline in remittances by Guinean workers living abroad. In addition, inflation and currency depreciation have eroded purchasing power.

Nutrition and Health

8. The national nutrition and health survey, which was based on the Standardized Monitoring and Assessment of Relief and Transition (SMART) survey of 2011, indicates that global acute malnutrition affects 5 percent of children aged 6–59 months.¹² According to the previous survey from 2008, the global acute malnutrition rate was 8.3 percent.¹³ This apparent improvement could, however, be due to the fact that the 2011 data were gathered after the December harvest, when food insecurity rates are lower. The 2011 SMART survey shows major variations among regions, with the highest incidence of food insecurity in the regions of Boké, Kankan, Kindia, Labé and Mamou (see Table 1).
9. The national prevalence rate of chronic malnutrition is 34.5 percent, with wide variations among regions. Prevalence is higher in the Boké Nord area (42 percent) and in the region of Labé (40 percent). Although chronic malnutrition has been declining since 2005, it remains at a level classified as “severe”, and even “critical” in some regions.
10. Micronutrient deficiencies are widespread in vulnerable groups within Guinea, notably among children and in women of reproductive age. According to the 2011 SMART survey, 63 percent of households lack adequately iodized salt.

⁸ Republic of Guinea and WFP. Survey of food security in Conakry. November 2009.

⁹ Situational analysis of food security and nutrition. Contribution to the preparation of the WFP’s Country Strategy Document for Guinea (2013–2017). February–March 2011.

¹⁰ United Nations Development Assistance Framework (UNDAF) Guinea 2013–2017.

¹¹ WFP. 2009. *Guinée, Rapport d’étude du profil des marchés des produits alimentaires*. Conakry.

¹² Ministry of Health, United Nations Children’s Fund (UNICEF), WFP, European Union. National Survey of Nutrition/Health, based on the SMART methodology, 2011–2012. (Data collected from 5 December 2011 to 6 February 2012).

¹³ National Statistics Institute and UNICEF. National Survey on Nutritional Status and Monitoring of Key Indicators of Child Survival (ENENSE). May 2008.

11. The chronic and acute malnutrition rates and the incidence of underweight are higher in cases where the child's caregiver has no formal education. High malnutrition rates are also related to extreme household poverty, insufficient financial resources devoted to nutrition, and social and cultural factors detrimental to health and child development.

TABLE 1: PREVALENCE OF FOOD INSECURITY AND MALNUTRITION, BY REGION

Regions	Severe food insecurity (%)	Moderate food insecurity (%)	Global food insecurity (%)	Global acute malnutrition, measured by weight-to-height ratio	Global chronic malnutrition (%)
Boké	2.4	9.1	11.5	4.6	29.6
Faranah	4.5	20.2	24.7	1.5	39.6
Kankan	4.1	19.5	23.6	4.3	38.7
Kindia	10.2	17.1	27.3	5.0	32.4
Labé	10.4	27.6	38.0	5.8	40.1
Mamou	2.8	28.5	31.3	4.4	37.9
N'Zérékoré	16.9	35.8	52.7	2.1	39.4
TOTAL	8.4	23.7	32.1	5.0	34.5

Sources: 2009 national food security survey and 2011 SMART.

12. According to the 2011 common country assessment (CCA),¹⁴ the national prevalence rate of HIV is 1.5 percent, making Guinea a country in which HIV may be categorized as a widespread epidemic. In the 15- to 49-year-old age group, the incidence among women (1.9 percent) is greater than that among men (0.9 percent). In the 45- to 49-year-old age group, the prevalence rate among women is 3.3 percent, compared with only 0.6 percent among men. Prevalence is highest in the regions of Conakry, Labé, N'Zérékoré and Faranah. The CCA indicates that as of 2010, 56 percent of people living with HIV (PLHIV) were undergoing anti-retroviral treatment. HIV/AIDS poses a serious threat to food security and agricultural production and exacerbates poverty. Although recent data are scarce, empirical evidence suggests that the nutritional status of PLHIV in Guinea is particularly vulnerable.

Education

13. The key indicator results for access to primary education remained essentially unchanged between 2006 and 2009. The gross enrolment rate between 2007 and 2010 was stable at around 78 percent; however, figures are lower for girls (70 percent) and in rural areas (60 percent).¹⁵ The enrolment rate has been affected by low levels of investment, parents' poverty, increased school fees and low teaching quality. The main factors affecting quality are the very high student-teacher ratio, the fact that not all schools offer a complete cycle of grades, the dual-vacation system and the absence of teachers in some classes. However, in schools benefiting from the WFP school feeding programme, which

¹⁴ Guinea. Common Country Assessment 2011.

¹⁵ Republic of Guinea. Ministry of Pre-University and Civic Education. Statistical Yearbook – Primary Education 2009–2010. May 2011.

are situated in rural areas with gross enrolment rates below the national average, this figure has risen significantly compared with schools that are not part of the programme.¹⁶

Government Policy and Coordination Mechanisms

14. National development priorities are set forth in the interim Poverty Reduction Strategy Paper II (PRSP II), which was initially designed for the 2007–2010 period but was later extended to 2012. The strategic thrusts relating to economic growth, governance problems and the targeting of development to lower socio-economic sectors remain intact. The thrust related to economic growth, greater job opportunities and income for all, sets as priorities the growth of the agricultural sector and the promotion of food security. The third thrust aims at improving access to quality basic services as a means of strengthening human capital. This encompasses quality education, adequate health services, improved social services and effective response to HIV. The Five-Year Socio-economic Development Plan (2011–2015) is being completed and will replace PRSP II.
15. As a result of the political and socio-economic situation, the implementation of sectoral plans was suspended or delayed owing to lack of funding. Nevertheless, the National Agricultural Investment and Food Security Programme is now in place, and the Education Sector Plan 2008–2015 restarted in 2010, albeit with reduced funding. The National Health Development Plan is being evaluated. The National Framework for Combating AIDS, the National Anti-Tuberculosis Programme and the National Environmental and Disaster Management Plan are following their planned activities through 2012 and will be reviewed for 2013–2015. The National Protocol for Integrated Management of Malnutrition is being reviewed at present.
16. Coordination mechanisms need to be relaunched or strengthened – particularly the National Commission for Food and Nutrition Security and the Nutrition Coordination Committee, neither of which is currently functional. A national school feeding policy needs to be defined and implemented. On the positive side, however, the steering committee of the Education for All programme convenes at least twice a year.

PAST COOPERATION AND LESSONS LEARNED

17. WFP has been active in Guinea since 1964. Two programmes are currently under way: country programme 104530 (2007–2012) and the protracted relief and recovery operation (PRRO) in Forested Guinea (2007–2012). Both have been extended to December 2012 to bring them into line with the new (2013–2017) country programme and the next United Nations Development Assistance Framework (UNDAF 2013–2017).
18. When the country programme and PRRO were recently evaluated,¹⁷ the results demonstrated WFP's comparative advantages in fighting poverty and food insecurity, through its support to education and nutrition. School canteens act as a safety net by reducing in the short term the costs that parents incur for feeding their children and by providing children (particularly girls) with access to basic services to help them move away from the cycle of poverty and food insecurity.

¹⁶ Ministry of Pre-University and Civic Education. Report on Inspectors' Survey of Upper-Guinea, Mid-Guinea and Forested Guinea. January 2011.

¹⁷ Ministry of Cooperation and UNDP. Mid-term Review of the Joint Programme for the Relaunch of Local Development Dynamics in Forested Guinea. June 2011. Decentralized Evaluation of the Country Programme. September–October 2010.

19. With regard to rural development in terms of agricultural production and diversification, environmental protection and rural infrastructure, the evaluation of the joint programme confirms that WFP has played a significant role, although it has covered only a relatively small area owing to its limited resources and lack of sufficiently experienced technical partners with adequate resources.
20. The decentralized evaluation of the country programme now in progress recommended:
- i) concentrating education support in the areas where food insecurity rates are high and gross enrolment rates below the national average;
 - ii) supporting the Government in developing a school feeding policy;
 - iii) identifying local food commodities that can be used to develop fortified foods for use in nutrition interventions;
 - iv) assisting the Government in developing a national protocol for feeding PLHIV, taking account of the availability of local products; and
 - v) examining the possibility of providing support to people in urban areas who are at risk of food insecurity, through cash transfers or food vouchers.

STRATEGIC ORIENTATION OF THE COUNTRY PROGRAMME

21. In consultation with all of its partners (the Government, United Nations bodies, non-governmental organizations (NGOs) and donors), WFP created a country strategy document for Guinea (2013–2017).¹⁸ Based on the national development priorities enshrined in PRSP II and UNDAF 2013–2017, two major WFP priorities have been identified: i) developing human capital by supporting primary education and providing nutrition support to specific vulnerable groups; and ii) improving food security and emergency preparedness.
22. The strategy document also calls for strengthening the Government's capacity to develop a school feeding policy and an early warning system. Further emphasis will be placed on purchasing agricultural commodities produced in Guinea, as a way of increasing small producers' capacity to market and process their products.
23. The country programme reflects these priorities and includes three components, with the following objectives:
- **Component 1: support to primary education** while sustaining the Government's efforts to develop policies and manage a national school feeding programme (Strategic Objectives 4 and 5);¹⁹
 - **Component 2: nutrition support to vulnerable groups** (children and pregnant and lactating women with moderate acute malnutrition, PLHIV and tuberculosis (TB) patients receiving treatment) and exploring ways of preventing chronic malnutrition among children aged 6–23 months (Strategic Objective 4);
 - **Component 3: support to community-based supplies for school feeding programmes, and to enhancing resilience in fragile communities** (Strategic Objectives 2 and 5).²⁰

¹⁸ WFP Country Strategy Document (2013–2017) Guinea. September 2011.

¹⁹ Strategic Objective 4: Reduce chronic hunger and undernutrition; Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.

²⁰ Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures.

24. In Component 3, particular attention will be given to effective targeting and to the nature of the interventions, allowing this component to complement and catalyse results in the other components.
25. The country programme will contribute to the achievement of Millennium Development Goals (MDGs) 1 to 7.²¹ It will strengthen the Government's efforts to fight poverty and food insecurity and develop human capital, as set forth in the major UNDAF²² and PRSP II objectives. All of the activities reflect the new WFP policies, including on gender.
26. The new programme, which covers a five-year period, targets a total of 437,000 beneficiaries and covers areas with structural food insecurity, high chronic malnutrition rates and low enrolment rates in Mid-Guinea, Upper Guinea and Forested Guinea (see Annex III). However, targeting may be revised based on data from the vulnerability analysis and mapping survey to be conducted in 2012.

Component 1: Support to Primary Education

27. Component 1 is designed to support the Government's objective of achieving universal primary education by 2015. The main expected results of this component are: i) increased access to primary education, particularly for girls; ii) decline in absenteeism and drop-out rates; iii) strengthening of partnerships to provide children with essential services (e.g. school gardens and deworming treatment); and iv) progress towards establishing a national school feeding policy managed by Guinea, with a gradual hand-over to the Government.
28. This component will target 600 schools, or 9 percent of the primary schools²³ in Guinea. The selected schools are located in nine districts where food insecurity rates are high and gross enrolment rates below the national average, as shown in Table 2.

Administrative region	District	Prevalence of food insecurity (%) ¹	Gross enrolment rate (%) ²
Boké	Gaoual	35	46
	Koundara	35	67
Labé	Koubia	34	58
	Lelouma	35	69
Kankan	Mandiana	30	47
N'Zérékoré	Yomou	54	47
	Macenta	54	44
	Gueckédou	54	32
Faranah	Dinguiraye	34	51

¹ National Food Security Survey (2009).

² Statistical Yearbook – Primary Education 2009–2010 (May 2011).

²¹ MDG 1: Eradicate extreme poverty and hunger; MDG 2: Achieve universal primary education; MDG 3: Promote gender equality and empower women; MDG 4: Reduce child mortality; MDG 5: Improve maternal health; MDG 6: Combat HIV/AIDS, malaria and other diseases; MDG 7: Ensure environmental sustainability.

²² Particularly key point 3, which relates to reducing vulnerability and improving living conditions.

²³ Statistical Yearbook – Primary Education 2010.

29. A technical review to be conducted in 2014 will assess progress achieved in the targeted schools and, if necessary, will refocus WFP assistance on schools where gross enrolment rates remain significantly below the national average. This review will allow WFP, where appropriate, gradually to withdraw its assistance from certain schools and target others.
30. Approximately 102,000 beneficiaries, 49 percent of them girls, will receive school meals during the first year. This figure will increase by 5 percent a year, to reflect increases in the enrolment rate. WFP will provide a daily ration of 150 g of cereals, 30 g of pulses, 10 g of vegetable oil enriched with vitamins A and D, and 3 g of iodized salt. The iodized salt will help address the widespread iodine deficiency.
31. Parents will pay for condiments, pulses and/or fish to diversify school meals. During the last year of primary school, approximately 11,000 girls who have had no more than three unjustified absences during the quarter will receive a take-home ration of oil. These rations are intended to encourage parents to keep their daughters in school, so that they can complete their primary education.
32. Partners from the United Nations system will offer services to promote a learning-friendly environment, by promoting access to safe water, sanitary facilities and vitamin A and D supplements, as well as nutrition education, awareness campaigns on HIV/AIDS and environmental protection. In collaboration with the United Nations Children's Fund (UNICEF), NGO partners will provide deworming tablets to students in all WFP-assisted schools. Five school gardens are expected to be implemented in collaboration with the Food and Agriculture Organization of the United Nations (FAO). Improved stoves will be distributed to schools, to reduce pressure on the environment and minimize the use of fuelwood.
33. In view of the Government's commitment to school feeding programmes, WFP expects to continue the gradual hand-over of functions to the Government.²⁴ This transfer of responsibility will occur within the framework of a long-term transition strategy based on an in-depth analysis of national capacities with regard to the five quality standards of the System Assessment and Benchmarking for Education Results (SABER) framework.²⁵ Priority in the first year will be placed on supporting the establishment of a national school feeding policy in the Ministry of Primary Education. WFP will help strengthen the operational capacities of the School Canteen Division by defining mandates for the division's staff.
34. Given the country's agricultural resources, the most suitable programme model would be a decentralized model linking agricultural production to school feeding. There are plans to conduct a feasibility study in Guinea for this type of programme. Following the Brazilian model, WFP will use mechanisms to strengthen food production and post-harvest warehousing capacity, while using component 3 to support the local production of food for use in school feeding.²⁶

²⁴ WFP has already handed over some monitoring and evaluation activities to the decentralized agencies of the Ministry of Education.

²⁵ The framework is part of a broader exercise of the World Bank's Human Development Network Education Group designed to benchmark the entire range of educational sub-systems. This exercise, which aims to improve the advisory services and operational support that the World Bank provides to its partner countries, attempts to establish standards for best practices that countries can use to evaluate their own performance.

²⁶ Malnutrition rates for children in Brazil have diminished dramatically over the last six years, due to a combination of coordinated government programmes, including school lunches.

Component 2: Nutrition Support to Vulnerable Groups

35. Component 2 is designed to improve the nutritional status of vulnerable groups by helping to reduce the prevalence of malnutrition (both chronic and acute) among children aged 6–59 months and pregnant and lactating women, while also working to enhance the nutritional recovery of PLHIV and TB patients. This will be implemented through three sub-components: i) management of acute malnutrition in children aged 6–59 months and pregnant and lactating women; ii) a pilot initiative to prevent chronic malnutrition during the first 1,000 days following conception; and iii) nutrition support for PLHIV and TB patients receiving treatment.
36. *Treatment of acute malnutrition:* Moderate acute malnutrition (MAM) in children aged 6–59 months and pregnant and lactating women will be addressed on an out-patient basis at nutritional recovery centres located within health centres and at community-based facilities. The beneficiaries will be admitted based on their nutritional status, according to the national protocol.²⁷ While children will graduate from the programme once they have maintained the target weight for two consecutive weighings, women will remain in the programme until six months after delivery. Children will receive a ration of Supercereal+;²⁸ pregnant and lactating women will receive Supercereal²⁹ with sugar and oil. Geographical targeting will be based on the following criteria: i) highest rates of global acute malnutrition (as measured by the 2011 SMART survey); ii) presence of partners to assist in implementation; and iii) areas targeted by the Government and UNICEF because of high prevalence of severe acute malnutrition. The nutrition centres could serve as a nutritional and health safety net in areas where the population's nutritional status is at risk of deteriorating.
37. *Prevention of chronic malnutrition:* Given the very high chronic malnutrition rates in some districts, a pilot activity aimed at preventing chronic malnutrition will be conducted in 2013. It will target all pregnant and lactating women and their children aged 6–23 months (regardless of nutritional status), to cover the critical period of the first 1,000 days. The pilot project will have two components: i) a communication component to encourage behaviour change in the areas of nutrition, health, care, breastfeeding, supplementary feeding and hygiene; and ii) provision of a food supplement during the lean season. This activity will be implemented by a partner that can ensure close monitoring and draw lessons to facilitate subsequent scale-up of the activity. The pilot project will be implemented in a district with a chronic malnutrition rate above the “critical” threshold of 40 percent, preferably in an area where other nutrition, health, water or sanitation activities are being conducted. If the pilot project produces conclusive results within two years, it will gradually be extended to other areas where the “critical” threshold for chronic malnutrition is exceeded and where the capacities needed to carry out the activity are present.

²⁷ Children will be accepted based on having weight-for-height below -2 z-scores. Pregnant women whose mid-upper arm circumference (MUAC) is less than 21 cm will be admitted to the programme from the third trimester until their child is six months old.

²⁸ Supercereal+ is a corn-soya blend with oil and powdered milk designed to meet the nutritional needs of young children, especially those aged 6–23 months.

²⁹ Supercereal is a corn-soya blend designed to meet the nutritional needs of the most vulnerable groups, particularly children aged 6–59 months, pregnant and lactating women, and PLHIV undergoing anti-retroviral treatment.

38. *Support for PLHIV, TB patients and their families:* Each year, WFP will provide support to approximately 4,500 PLHIV and TB patients receiving treatment, to improve their nutritional status. Beneficiaries³⁰ will be selected jointly by WFP, the National Council to Fight AIDS and partner NGOs on the basis of their nutritional status and food insecurity level. The food security of PLHIV's families is often affected, particularly because caring for the patient leaves family members with less time for income-producing activities and for purchasing and preparing food.³¹ Thus, patients' families will also receive food to ensure their food security. The patients and their families will receive food aid for 180 days, in accordance with existing Guinean protocols. In addition, WFP will explore the possibility of developing activities to generate income for PLHIV.
39. Special emphasis will be placed on the quality of nutrition interventions. Health workers and community facilitators will be trained in managing acute malnutrition. A range of joint supervisory missions will be ramped up, involving WFP, the Government and partners. To enhance the quality of these activities, the WFP office in Conakry will strengthen its staff in the area of nutrition. All nutrition activities will be implemented in collaboration with the services of the Ministry of Public Health at the central and decentralized levels. WFP will also work in partnership with UNICEF and with NGOs to ensure effective implementation and monitoring.
40. In partnership with the Government and research institutes, WFP will seek to support a feasibility study on developing local foods such as enriched flours to improve the nutritional status of children.

Component 3: Support for Community-Based Supplies for School Feeding Programmes, and for Enhancing Resilience in Fragile Communities

41. The third component is designed to: i) increase food diversity and encourage communities to provide increasing supplies to school canteens; and ii) strengthen the capacities of the Government, particularly the National Humanitarian Action Service (SENAH), and vulnerable village communities to respond effectively to emergency situations.
42. First, WFP will provide support for a maximum of two years to groups of producers, helping them improve their market gardening techniques and enhance their ability to provide fresh food to their villages' school feeding programmes. Villages that wish to allocate an additional area to growing cereals, a portion of which will supply the schools (e.g., on one day each week), will receive assistance through food-for-work (FFW) activities for a limited period. Advisory and support services will be provided to groups of producers by local branches of the Ministry of Agriculture, with technical support from FAO. WFP will also support food-for-training (FFT) activities in the five villages with school feeding programmes that FAO has selected for establishing school gardens.³² Nutrition awareness and training sessions will also be provided.

³⁰ Criterion for entering the programme: body mass index (BMI) below 18.5. Exit criterion: BMI above 18.5.

³¹ UNAIDS. 2008. HIV, food security and nutrition.

³² Guékédou, Dabola, Pita, Dinguiraye and Koubia. Training will be held on demonstration and awareness-building plots utilizing composting, agroforestry techniques and cultivation techniques applying contour farming methods.

43. Second, WFP will continue to support efforts to strengthen the capacities of various government entities to respond to humanitarian crises. Specifically, it will assist SENAH, the Bureau of Strategy and Development and the National Agency for Agricultural and Food Statistics through the organization of workshops and training events at the central and local levels on evaluating food shortages and providing humanitarian responses.

44. Third, WFP will conduct a feasibility study on cash transfers in urban areas. If the results are positive, WFP will consider implementing a pilot project for extremely vulnerable women in Conakry, to provide them with training in market gardening. Through this, WFP and its partners will gain the skills needed to use cash transfers in Conakry or other urban environments with high rates of food insecurity.

TABLE 3: BENEFICIARIES, BY COMPONENT AND YEAR						
	2013	2014	2015	2016	2017	TOTAL
COMPONENT 1: SUPPORT TO PRIMARY EDUCATION						
Hot lunch	102 400	107 400	115 170	123 329	131 895	211 527
Dry ration (girls)	10 000	10 500	11 025	11 576	12 155	19 698
Subtotal, Component 1	102 400	107 400	115 170	123 329	131 895	211 527
COMPONENT 2: NUTRITIONAL SUPPORT TO VULNERABLE GROUPS						
Dealing with MAM among children aged 6–59 months	10 000	10 000	10 000	10 000	10 000	50 000
Dealing with MAM among malnourished pregnant and lactating women	5 000	5 000	5 000	5 000	5 000	25 000
Prevention of chronic malnutrition among children aged 6–23 months	1 350	1 350	1 350	1 350	1 350	6 750
Prevention of chronic malnutrition among pregnant and lactating women	800	800	800	800	800	4 000
Nutrition support to malnourished PLHIV receiving treatment	4 000	4 000	4 000	4 000	4 000	20 000
Support to families of PLHIV	16 000	16 000	16 000	16 000	16 000	80 000
Support to TB patients receiving treatment	500	500	500	500	500	2 500
Support to families of TB patients	2 000	2 000	2 000	2 000	2 000	10 000
Subtotal, Component 2	39 650	39 650	39 650	39 650	39 650	198 250
COMPONENT 3: SUPPORT TO COMMUNITY-BASED SUPPLIES FOR SCHOOL CANTEENS, AND TO ENHANCING RESILIENCE IN FRAGILE COMMUNITIES						
FFW activities	3 000	3 000	3 000	3 000	3 000	15 000
FFT activities	2 500	2 500	2 500	2 500	2 500	12 500
Subtotal, Component 3	5 500	5 500	5 500	5 500	5 500	27 500
TOTAL	147 550	152 550	160 320	168 479	177 045	437 277

TABLE 4: RATIONS BY ACTIVITY (g/person/day)

	Component 1		Component 2						Component 3	
	Hot lunch	Dry ration	Prevention of MAM – pregnant and lactating women	Prevention of MAM – malnourished children 6–59 months	Prevention of chronic malnutrition – pregnant and lactating women	Prevention of chronic malnutrition – children 6–23 months	Support to malnourished PLHIV receiving anti-retroviral treatment and TB patients	Support to families of PLHIV and families of TB patients	FFW ¹	FFT ²
Cereals	150							200	400	400
Pulses	30							60	40	40
Vegetable oil	10	82	25		25		25	25	20	20
Iodized salt	3							5	5	5
Supercereal with sugar			270		270		270			
Supercereal Plus				200						
Plumpy'doz™						47				
TOTAL	193	82	295	200	295	47	295	290	465	465
Total kcal/day	729			752			1 300	1 147	1 751	1 751
% of kcal from protein	9.1			18.3			13.8	10.3	8.2	
% of kcal from fats	13.7			16.5			27.7	22.7	11.6	
Number of days of food assistance per year	180	180	180	60	180	180	180	180	90	90

¹ In the FFW scheme, each participant will receive a five-person ration.

² In the FFT scheme, each participant will receive a two-person ration.

45. The programme's total food needs are shown in Table 5.

TABLE 5: TOTAL FOOD NEEDS (mt)

	Component 1	Component 2	Component 3	TOTAL
Cereals	15 665	3 240	991	19 896
Pulses	3 132	972	99	4 203
Vegetable oil	1 861	694	51	2 606
Supercereal	312	3 106	-	3 418
Supercereal+	-	600	-	600
Salt	-	81	12	93
Plumpy'doz™	-	55	-	55
TOTAL	20 970	8 748	1 153	30 871

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

46. WFP will work in close collaboration with the Ministry of Cooperation. An implementation plan formalized with the Government will be translated into action plans for each component. A technical coordination committee composed of representatives of the technical departments of the ministries and WFP will supervise implementation of the country programme and propose activities for implementation into national development programmes.
47. Monitoring and evaluation will be adapted to the various aid modalities, to facilitate efficient management of resources and evaluation of actual results versus plans. All WFP sub-offices will monitor results in close collaboration with the focal points of ministries in each of the districts where interventions are conducted, and with implementing partners. Surveys will be conducted to ascertain results, and partners will be responsible for collecting data on the programme's outputs. Monthly reports will indicate the number of beneficiaries reached, and the rates of nutritional recovery and school attendance, as called for in the logical framework and the monitoring and evaluation plan. The WFP office in Conakry will be responsible for overseeing coordination and data compilation.
48. In collaboration with other United Nations organizations, WFP will conduct baseline surveys and detailed analyses of nutrition, education and food security. It will also undertake a feasibility study, in collaboration with other partners, to evaluate the possibility of purchasing cereals and palm oil from local producers. The programme's mid-term evaluation, to be conducted with partners, will take place in 2015. Its objective will be to assess the degree to which the country programme is achieving the expected results, and it will recommend corrective measures as appropriate.
49. The Government will appoint staff to implement and monitor the programme at the national, regional and district levels. WFP will continue to mobilize local resources to flesh out the details of the country programme, making use of the feasibility study conclusions on issues of nutrition, local purchasing and cash transfers. If a strategy for a WFP hand-over to the Government is adopted for the school feeding activities, new funding will be sought. WFP will have to scale up its partnerships with donors, United Nations agencies, NGOs and various research institutions.

Programme Risks

50. The execution of the country programme faces two types of operational risk: i) weak implementing capacities on the part of both Government and partners, a problem that WFP will attempt to minimize by intensifying capacity development activities; and ii) in-country transportation challenges, due to weak capacity on the part of haulers and poor road conditions, which will continue to pose serious problems. With the Government's support, various transportation alternatives will be put in place.

Contextual Risks

51. The country is prone to natural disasters, particularly floods. WFP must therefore be ready to adopt emergency measures if needs exceed national response capacities.³³

³³ WFP will intervene if more than 50,000 people are affected, as per the Government's contingency plan.

Institutional Risks

52. The fragile political situation, combined with potential unrest caused by various social movements, makes donor support to government development plans uncertain. To ensure proper implementation of the country programme, it is important that the necessary resources be mobilized in a timely fashion. In case of funding constraints, WFP will need to ensure that assistance targets the most vulnerable groups, according to criteria agreed upon with the Government.

ANNEX I-A

BUDGET SUMMARY (US\$)				
	Component 1	Component 2	Component 3	Total
Food (<i>mt</i>) ¹	20 972	8 750	1 150	30 872
Food (US\$)	10 965 574	6 181 330	558 241	17 705 145
Total, by component	10 965 574	6 181 330	558 241	17 705 145
External transport				3 285 132
Landside transport, storage and handling (<i>total</i>)				6 982 939
Landside transport, storage and handling (<i>per mt</i>)				226
Other direct operational costs				2 615 076
Total direct operational costs				30 588 292
Direct support costs (see Annex I-B) ²				6 929 920
Indirect support costs ³ (7.0 percent)				2 626 275
TOTAL COST TO WFP				40 144 487

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the country programme.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (in US\$)	
Staff and staff-related costs	
International professional staff	1 547 580
Local staff – national officers	334 800
Local staff – general service	1 241 250
Local staff – overtime	5 000
International consultants	197 100
Local consultants	60 992
United Nations volunteers	810 000
Staff duty travel	140 100
Subtotal	4 336 822
Recurring expenses	
Rental of facility	371 434
Utilities	87 913
Office supplies and other consumables	58 609
Communications services	199 315
Equipment repair and maintenance	126 788
Vehicle running costs and maintenance	403 710
Office set-up and repairs	210 626
United Nations organization services	122 102
Subtotal	1 580 498
Equipment and capital costs	
Vehicle leasing	561 000
Communications equipment	169 600
Local security costs	282 000
Subtotal	1 012 600
TOTAL DIRECT SUPPORT COSTS	6 929 920

ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators
<p>UNDAF outcomes</p> <p>Outcome 1 – Promotion of good governance: By 2017, better strategic management of development is ensured by State and non-State entities, and organizations with technical and operational capacities are better equipped to formulate policies and programmes through a participatory and inclusive process.</p> <p>Outcome 2 – Increased economic growth, improved job opportunities and income for all: By 2017, the most vulnerable populations in the poorest areas, particularly women and young people, will have increased their capacities for production, and there will be greater opportunities for decent jobs and long-term income, as well as improved food security.</p> <p>Outcome 3 – Reduced vulnerability and improved living conditions: By 2017, the general population, and particularly the most vulnerable, will be able to access and use basic social services that conform to national and international regulations and standards, thus improving the population's living conditions.</p>	<ul style="list-style-type: none"> ➤ Availability of a strategic approach to development. Target: Guinea Vision 2035 ➤ Number of sectors with development policies and strategies (PRSP, sectoral strategies). Target: 10 ➤ % of population below the poverty line. Target: < 40% ➤ Share of national consumption attributable to the poorest 20% of the population. Target: 10% (2017) ➤ Food insecurity rate. Target: < 25% in rural areas ➤ Reduction of maternal mortality rate. Target: < 528 per 100,000 live births ➤ Reduction of infant/child mortality rate. Target: < 80 per 1,000 live births ➤ Reduction of malnutrition rate. Target: < 20% ➤ Increased completion of primary school. Target: > 74%



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
Component 1: Support to primary education		
Strategic Objective 4: Reduce chronic hunger and undernutrition		
Outcome 1: Increased access to primary education and enhancement of human capital	<ul style="list-style-type: none"> ➤ Girls-boys ratio in schools supported by WFP. Target: > 0.8 ➤ Enrolment rate: average annual rate of change in number of boys/girls enrolled. Target: < 6% increase ➤ Attendance rate of girls and boys in assisted schools, as % of total number of school days. Target: > 80% ➤ Rate of grade promotion of girls and boys. Target: > 82% 	Assumption: The government strongly supports education for all
Output 1.1 High-quality school rations distributed in sufficient quantity in WFP-supported schools	<ul style="list-style-type: none"> ➤ Number of targeted students receiving food rations, by gender and as % of planned. Target: 100% ➤ Tonnage of food distributed in WFP-supported primary schools, by type and as % of planned ➤ Number of girls who have received take-home rations. Target: 19,700 ➤ Number of schools assisted. Target: 600 	Assumption: The component receives the right resources in sufficient quantities at the right time

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase		
Outcome 2 Identification of solutions to fight hunger, and their integration into national policies	<ul style="list-style-type: none"> ➤ National Capacity Index (NCI) regarding solving the hunger problem through school feeding programmes. Baseline: 8/20; Target: 13/20	Assumptions: Government shows leadership Stakeholders have the capacity to interact with policy- and decision-makers
Output 2.1 Development of government school feeding capacities, through actions and training sessions organized by WFP	<ul style="list-style-type: none"> ➤ Number of visits organized to neighbouring countries with more advanced national school feeding programmes. Target: 2 ➤ Number of workshops held to build awareness and disseminate knowledge about school feeding programmes. Target: 4 ➤ Number of people (WFP and Government personnel) trained 	Assumptions: There is political stability There is a stable macroeconomic environment Risk: National resources are used for more urgent everyday needs

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
Component 2: Nutritional support to vulnerable groups		
Strategic Objective 4: Reduce chronic hunger and undernutrition		
Outcome 5 Improved nutritional status among targeted women, boys and girls	<ul style="list-style-type: none"> ➤ Prevalence of stunting among children aged 6–23 months (height/age ratio under -3 SD).¹ Baseline: 40%² ➤ Prevalence of global acute malnutrition among children aged 6–59 months. Baseline: 8%; Target: 10% reduction among targeted groups ➤ Prevalence of low MUAC 115–125 mm among children aged 6–59 months and < 210 mm among pregnant and lactating women. Targets: Cure rate: > 75% Death rate: < 3% Drop-out rate: < 10% Non-response rate: < 5%	Assumptions: Implementing partners are present Realistic nutrition education measures are defined for the community level An appropriate budget is allocated
Output 5.1 Quality food products distributed in sufficient quantity to children and pregnant and lactating women targeted by WFP	<ul style="list-style-type: none"> ➤ Numbers of targeted children and pregnant or lactating women receiving food rations, by gender and as % of planned. Target: 100% ➤ Tonnage of food distributed at WFP-assisted nutrition centres, by type and as % of planned ➤ Number of health centres supported 	

¹ Expressed in terms of standard deviations (SD) from the average for the new international reference population used by WHO. ENENSE 2008.

² ENENSE 2008.

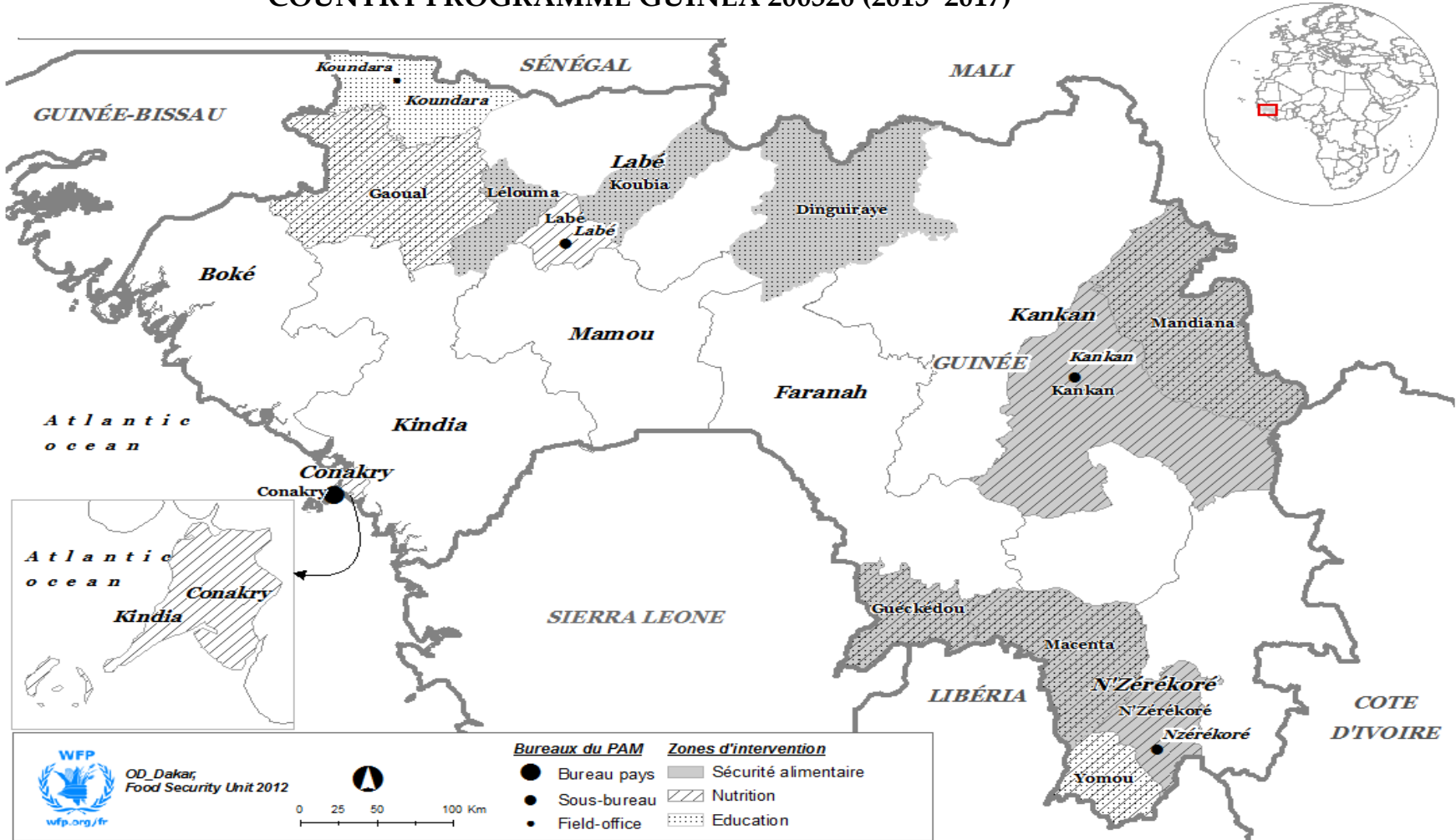


ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
<p>Outcome 6 Improved compliance to antiretroviral treatment and/or anti-TB treatment among targeted patients</p>	<ul style="list-style-type: none"> ➤ Compliance rate for antiretroviral treatment: Baseline to be determined Target: 90% ➤ Success rate for TB treatment: Baseline to be determined Target: 90% 	<p>Assumption: Government and donors sustain their commitment</p>
<p>Outcome 7 Increase in nutritional recovery of patients receiving antiretroviral treatment or DOTS treatment for tuberculosis</p>	<ul style="list-style-type: none"> ➤ Rate of nutritional recovery among people living with HIV (target: BMI ≥18.5-25) ➤ Rate of nutritional recovery among tuberculosis patients (BMI ≥18.5-25) 	
<p>Outputs 6.1 and 7.1 Quality food products distributed in sufficient quantity to patients and their families experiencing food insecurity</p>	<ul style="list-style-type: none"> ➤ Number of targeted individuals receiving food, by category, as a percentage of planned number ➤ Volumes of food products distributed, as a percentage of planned quantities 	
<p>Outcome 8 Improved food consumption during period of assistance for PLHIV</p>	<ul style="list-style-type: none"> ➤ Household food consumption score for households Target: > 35 for 80% of affected households 	
<p>Component 3: support to community-based supplies for school canteens, and to enhancing resilience in fragile communities</p>		
<p>Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures</p>		
<p>Outcome 9 Improved food consumption for targeted households at risk of acute hunger</p>	<ul style="list-style-type: none"> ➤ Improved food consumption score among assisted households. Target: > 35 for 80% of targeted households 	<p>Assumptions: Partners are on site WFP has adequate budget to provide training and maintain partnerships</p>
<p>Output 9.1 Quality food products distributed in sufficient quantity to men and women targeted by WFP</p>	<ul style="list-style-type: none"> ➤ Numbers of targeted men and women receiving food rations, by gender and as % of planned. Target: 100% ➤ Quantity of food distributed, by type and as % of planned 	<p>Assumption: Food and technical partners are available</p>



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
<p>Output 9.2 Establishment or rehabilitation of equipment or infrastructure by targeted communities</p>	<ul style="list-style-type: none"> ➤ Number of market gardens supported by FFW or FFT activities. Target: 200 new gardens ➤ Number of community participants, as % of planned. Target: > 80% 	<p>Assumption: Partners have adequate capacity WFP has adequate budget to provide training and maintain partnerships</p>
<p>Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase</p>		
<p>Outcome 10 Increased markets at the national level</p>	<ul style="list-style-type: none"> ➤ Food purchased locally, as % of food distributed. Target: 10% of the requirements of the school feeding programmes 	<p>Assumption: Local prices are competitive with international or regional prices</p>
<p>Output 10.1 Food purchased in the country</p>	<ul style="list-style-type: none"> ➤ Tonnage of food purchased in Guinea, by product category 	<p>Assumption: New donors are interested in funding this innovation</p>
<p>Outcome 11 Identification of hunger solutions, and their integration into national policies</p>	<ul style="list-style-type: none"> ➤ National Capacity Index for disaster preparedness. Baseline: 11/20 Target: 14/20 	
<p>Output 11.1 Development of government disaster preparedness capacities, through actions and training organized by WFP</p>	<ul style="list-style-type: none"> ➤ Number of training sessions for different categories of SENAH stakeholders. Target: 2 ➤ Number of key stakeholders trained. Target: 200 	<p>Assumption: Stability of key trained staff</p>

COUNTRY PROGRAMME GUINEA 200326 (2013–2017)



ANNEX III

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THIS DOCUMENT

BMI	body mass index
CCA	common country assessment
ENENSE	National Survey on the Status of Nutrition and Monitoring of Key Indicators of Child Survival
HIV	Human immunodeficiency virus
MAM	moderate acute malnutrition
MDG	Millennium Development Goal
MUAC	Mid-upper arm circumference
NGO	non-governmental organization
PLHIV	people living with HIV
PRRO	protracted relief and recovery operation
PRSP	Poverty Reduction Strategy Paper
SENAH	National Humanitarian Action Service
SMART	Standardized Monitoring and Assessment of Relief and Transition
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization