

# GUINEA-BISSAU PROTRACTED RELIEF AND RECOVERY OPERATION 200526

<b>Nutrition and livelihoods support to the vulnerable population in Guinea-Bissau</b>	
Number of beneficiaries	157,000 (annual average)
Duration of project	23 months (March 2013-January 2014)
WFP food tonnage	11,419 mt
Cost (United States dollars)	
WFP food cost	US\$7,411,514
Total cost to WFP	US\$15,294,464

## EXECUTIVE SUMMARY



Guinea-Bissau is one of the poorest countries in the world, where the prevalence of malnutrition and food insecurity is persistently high. Political instability has led to severe disruption and suspension of United Nations development programmes with the exception of humanitarian interventions.

The Transitional Government appointed by the military command is not yet recognized by the majority of the international community. Given this impasse, the United Nations country team has postponed the start of the new United Nations Development Framework cycle from 2013 to 2015, with the expectation that constitutional order will be restored in the meantime. Hence, the start of the WFP country programme planned for January 2013 has also been postponed until 2015. To bridge this period, this protracted relief and recovery operation is proposed to maintain essential food security and nutrition activities in 2013-2014.

A rapid food security assessment in mid-2012 revealed worsening food security with households increasingly resorting to negative coping strategies, such as the reduction of the number of meals, and sale of household assets. The prevalence of global acute malnutrition is considered “poor” at 6 percent nationally, reaching up to 8 percent at the regional level.

In line with WFP Strategic Objective 3 (“Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations”), this operation will support vulnerable groups and communities affected by the post-election crisis, with the aim to address malnutrition, strengthen human capital through education, and rebuild livelihoods. Nutrition activities will aim at addressing the high prevalence of acute malnutrition among children 6-59 months and pregnant and lactating women, as well as tuberculosis and anti-retroviral therapy clients. WFP will also initiate a pilot project aimed at preventing chronic malnutrition among children 6-23 months. The operation will also enhance food access through food-for-assets activities and increase school enrolment through school feeding.

This operation will directly promote Millennium Development Goals 1, 2, and 3 and will support existing poverty reduction, food security, and nutrition policies.

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## SITUATION ANALYSIS

### Political and security situation

1. Guinea-Bissau has experienced political and institutional instability since 1998, impeding socio-economic development and hampering institutional capacity development. The most recent political crisis started in April 2012 and resulted in the overthrow of the Prime Minister. A Transitional Government was sworn-in by May 2012 with the task of organizing elections in 2013.
2. The political crisis has led to the suspension of the United Nations development programmes until constitutional order is restored. Thus, the United Nations country team (UNCT) postponed the start of the new United Nations Development Assistance Framework cycle from 2013 to 2015. Thus the WFP country programme planned to commence in January 2013 has been deferred until 2015.
3. The population of Guinea-Bissau faces multiple shocks, including political turmoil, economic shocks and a rapid rise in the prices of staple foods. There has also been social unrest, as many civil servants – including teachers and health workers - have been on strike over salaries, benefits, and working conditions.<sup>1</sup>

### Social and economic situation

4. Guinea-Bissau is classified as a low-income food-deficit country, a least developed country and a heavily indebted country. It ranks 176 out of 187 countries on the most recent Human Development Index.<sup>2</sup> Out of a total population of 1.6 million, 69 percent live below the poverty line (US\$2 per day) and 33 percent are ranked below the extreme poverty line (US\$1 per day).<sup>3</sup> The economic growth rate is projected to be negative, at -1 percent, in 2013.<sup>4</sup>
5. Agriculture accounts for 62 percent of the national gross domestic product, 98 percent of which is exported and provides income to 85 percent of the population.<sup>5</sup> The agriculture sector is dominated by cashew nut production: Guinea-Bissau is the fifth-largest cashew nut producer in the world.
6. The economic outlook for the country continues to be poor. The African Development Bank (AfDB), the European Union, the International Monetary Fund (IMF) and the World Bank have suspended development cooperation and budgetary support, while assistance from other international partners continues to be limited. This is estimated to have resulted in a 55 percent reduction of aid for public investments in 2012, with a potential impact on the living conditions of an already vulnerable population. The state budget decreased in 2012 with a financial gap of 25 billion francs CFA (US\$50 million).<sup>6</sup>

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<sup>1</sup> IMF/AfDB, briefing note, November 2012.

<sup>2</sup> UNDP, Human Development Report, 2011.

<sup>3</sup> World Bank Poverty Assessment Survey, 2010.

<sup>4</sup> IMF/ AfDB briefing note, November 2012.

<sup>5</sup> National Poverty Reduction Strategy Paper (*Documento de Estratégia Nacional de Redução da Pobreza - DENARP*).

<sup>6</sup> United Nations Secretary-General's on developments in Guinea-Bissau and on the activities of the United Nations Integrated Peace building Office, November 2012.

## Food security and nutrition situation

7. The WFP comprehensive food security and vulnerability assessment (CFSVA) in March 2011 found that 20 percent of the rural population was food-insecure, 8 percent of whom were severely food-insecure. The most food-insecure regions are Quinara (47 percent of households food-insecure), Bolama (30 percent), Oio (25 percent), Cacheu (22 percent), Biombo (19 percent) and Gabu (15 percent).<sup>7</sup> A rapid food security assessment in June 2012 revealed deteriorating food security, with households increasingly using negative coping strategies, such as reducing the number of meals and selling their assets.<sup>8</sup>
8. Several factors have converged to exacerbate food insecurity. Food prices in the local market have been increasing in recent years and this trend has worsened since April 2012. This is especially the case for the price of imported rice, which increased by 71 percent between July 2010 and July 2012, and by 40 percent between April and December 2012.<sup>9</sup> The decline in government revenue has precluded the authorities from regulating the prices of the main staple foods. Household food stocks in some areas have decreased due to the influx of 19,000 internally displaced persons (IDPs) from Bissau to Biombo and Oio regions.<sup>10</sup> Remittances from migrants have decreased due to the international financial crisis.<sup>11</sup>
9. In recent years,, the prevalence of global acute malnutrition (GAM) has worsened and is considered “poor” at 6 percent countrywide, reaching 8 percent in Oio, 7 percent in Quinara and 6 percent in Cacheu. A Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey currently in progress is expected to reveal a worsening nutrition situation due to the deteriorating food security and health situation since April 2012.
10. Chronic malnutrition at the national level is considered “high” with over 32 percent of children under 5 stunted. Chronic malnutrition exceeds the 40 percent “very high” threshold in the regions of Oio (42 percent), Gabu (41 percent) and Cacheu (40 percent).<sup>12</sup> Undernutrition appears to be correlated with food insecurity, inadequate health services, poor water and sanitation, poor infant and young child feeding practices and high illiteracy rates among women. Only 34 percent of children under 6 months are exclusively breastfed; only 44 percent of children aged 6-8 months are fed with appropriate complementary foods; only 20 percent of children aged 6-23 months receive a diversified diet.
11. The HIV prevalence in Guinea-Bissau overall is 3.3 percent.<sup>13</sup> It is estimated that 24,000 persons of reproductive age (15-49 years) is 6.9 percent.<sup>13</sup> It is estimated that 24,000 persons are living with HIV, of whom 12,000 are women. In 2011, 52 percent of people living with HIV (PLHIV) had access to anti-retroviral therapy (ART).<sup>13</sup> The co-infection rate of tuberculosis (TB) with HIV is 42 percent.<sup>14</sup> The TB incidence rose from 158 to 238/100,000

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<sup>7</sup> WFP, Comprehensive food security and vulnerability assessment (CFSVA), March 2011.

<sup>8</sup> WFP, Rapid Food Security Assessment, June 2012.

<sup>9</sup> WFP, M&E Market survey report. WFP monitoring of staple food prices in the main urban markets of the capital and important markets in rural areas.

<sup>10</sup> After the April coup d'état, approximately 19,000 IDPs moved from Bissau to Safim and Cumura.

<sup>11</sup> UNDP, *Analyse de la situation socio-économique en Guinée Bissau*, September 2012.

<sup>12</sup> Republic of Guinea-Bissau/UNICEF, Multiple-indicator cluster survey, 2010.

<sup>13</sup> United Nations General Assembly Special Session (UNGASS) Country progress report, April 2012.

<sup>14</sup> WHO, Tuberculosis Country Profile, 2011.

between 1990 and 2011. A quarter of households with PLHIV and TB under treatment are food-insecure, with 19 percent of PLHIV households and 42 percent of TB households being undernourished.<sup>15</sup>

## Education situation

12. The education sector continues to face serious constraints aggravated by the current political instability. Almost a quarter of the population does not attend school and the completion rate for the primary school cycle, at 48 percent, is one of the lowest in West Africa.<sup>16</sup> The national net enrolment rate is 59 percent but is only 41 percent in Oio and 44 percent in Biombo. Moreover, the repetition rate at national level remains very high at 14 percent and reaches 22 percent in Oio and 18 percent in Bafata. School attendance has been disrupted since April 2012, with the closure of some schools.
13. The global dropout rate is 8 percent for girls, predominantly a result of early marriage, domestic and agricultural work, and cultural practices such as female genital mutilation.<sup>17</sup> The national gender parity ratio for primary education is 0.93 but is only 0.8 in Cacheu and Tomboli and as low as 0.7 in Oio and Quinara.<sup>18</sup>

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## POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

### Policies, Capacities and Actions of the Government

14. Government policies approved prior to the Transitional Government being installed in May 2012 include:
  - The National Poverty Reduction Strategy 2011-2015 (DENARP II), which aims to significantly reduce poverty by creating income and employment opportunities and improve access to quality basic public services for all. The DENARP's objective 2 aims to reduce food insecurity to 16 percent by 2015.
  - The National Agricultural Investment Programme (*Programme National d'Investissement Agricole*) for 2010-2025, which aims to increase national agricultural production through intensification (mechanization, improved seeds) and an expansion of cultivated lands, as well as increasing revenues and employment.Though very promising for potential improvements in food security and access to basic public services, the implementation of these policies have suffered from the turmoil and continued instability of the country.

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<sup>15</sup> WFP, *Enquête de vulnérabilité des PVVIH et TB*, Delphin D. Ngudi, May 2011.

<sup>16</sup> RENASSE, *Elementos do Diagnostico do Sistema Educativo*, February 2010.

<sup>17</sup> The calendar of female genital mutilation coincides with the scholastic period and since it takes between one and two months, the child drops out of school.

<sup>18</sup> Ministry of Education, General Direction for planning of the Education System (DGPASE), Education indicators, 2010.

15. The United Nations Children's Fund (UNICEF) and WFP have supported the Government in elaborating a National Food and Nutrition Policy, which was approved 2011.<sup>19</sup> WFP and UNICEF have also provided inputs to the preparation of a national protocol for the treatment of malnutrition in 2007.<sup>20</sup> The National HIV and AIDS Strategic Framework (2007-2011) was also reviewed with WFP support<sup>21</sup> The framework highlights the positive role of nutrition interventions in facilitating the nutritional recovery of ART and TB clients on directly observed treatment with short course chemotherapy (DOTS). A national protocol for food and nutrition support for PLHIV and TB clients was prepared in 2011. Nevertheless, achievements in health structures and services have been weakened by political instability at central level and implementation of these programmes has slowed down.
16. The Education Policy Charter (2010-2020) is the Government's guiding framework for the education sector. An education law, passed in 2010, has expanded compulsory basic education to cover nine years of schooling and lower the minimum enrolment to the age of 6. At the Government's request, WFP assisted in the drafting and approval of a decree that includes school feeding as an integral part of the education law. A Directorate of Social Affairs and School Feeding has been created and staff were trained by WFP. However, following the most recent political crisis, many government staff have changed and although a budget had been defined for school feeding within the Ministry of Education, the resources have not been secured.

## **Policies, Capacities and Actions of other Major Actors**

17. The UNCT's joint programme "Promotion of a multi-level approach to child malnutrition" funded by the Millennium Development Goal Fund is a concerted effort by the Food and Agriculture Organization of the United Nations (FAO), UNICEF, the World Health Organization (WHO) and WFP to reduce child malnutrition and mortality in Guinea Bissau. The programme aims to strengthen national capacity in health and nutrition, empower communities and enhance national and international partnerships. As per the WFP and UNICEF global Memorandum of Understanding, UNICEF is responsible for the provision of therapeutic food for children with severe acute malnutrition, while WFP provides treatment for children with moderate acute malnutrition (MAM).
18. A United Nations joint programme for HIV and AIDS was signed in 2011 to support the national strategic framework. The key interventions envisaged under this programme aim to support the Government's efforts to ensure universal access to prevention, care, treatment and support, especially for vulnerable groups. The joint programme also envisages the development of a new National HIV Strategy with technical support from United Nations partners.

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<sup>19</sup> República da Guiné-Bissau. Ministério De Saúde Da Guiné-Bissau Política Nacional de Alimentação e Nutrição Maio De 2011.

<sup>20</sup> República da Guiné-Bissau Ministério Da Saúde Pública, Direcção-Geral da Saúde Pública, Núcleo de Nutrição Protocolo Nacional Para o Manejo Da Desnutrição, Julho 2007.

<sup>21</sup> Programme d'Appui Conjoint des Nations Unies pour le VIH/sida en Guinée Bissau (Joint United Nations HIV/aids Programme of Support for Guinea-Bissau 2011-2012. July 2011.

19. The West African Development Bank has an agreement with the Government to support swamp rehabilitation for rice cultivation in Bafata and Biombo regions. WFP will support this initiative through food-for-assets (FFA) activities in collaboration with local NGOs. Communities have abandoned swamp cultivation in favour of cashew production because cashew nut prices were more attractive in the domestic and international markets. As cashew nut prices have recently fallen, lowering the purchasing power of affected households to acquire rice, communities are returning to rice production.

## **Coordination**

20. WFP and FAO co-chair the Food Security and Nutrition Group, which meets monthly and is attended by NGO partners and donors involved in food security interventions. WFP is also part of the education group chaired by UNICEF which coordinates advocacy, fund raising, and programmes in support of education. WFP is also active in other coordination fora on HIV and AIDS, human rights and monitoring and evaluation (M&E).

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## **OBJECTIVES OF WFP ASSISTANCE**

21. This protracted relief and recovery operation (PRRO) will support households and communities struggling to recover from recent multiple and complex shocks compounded by political instability, structural weakness, and other economic and social vulnerabilities. As a transitional intervention, the recovery activities carried out in this PRRO will also lay the foundation for long-term investments aimed at strengthening the resilience of vulnerable people and communities.
22. This PRRO is aligned with WFP Strategic Objective 3 (“Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations”). It will contribute towards MDGs 1, 2, and 3<sup>22</sup> and will support the Government’s poverty reduction, food security, and nutrition policies.

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## **WFP RESPONSE STRATEGY**

### **Nature and effectiveness of food-security related assistance to date**

23. WFP has been active in Guinea-Bissau since 1974. An evaluation of PRRO 106090 in 2011 recommended that future operations specifically address the root causes of food insecurity and integrate rural development activities, while prioritizing environmental protection and the role of women. To achieve greater visibility, effectiveness and credibility, the evaluation also recommended strengthening monitoring and reporting capacity as well as narrowing down WFP’s geographic coverage based on the comprehensive food security and vulnerability assessment (CFSVA) and other assessments.

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<sup>22</sup> MDG 1: Eradicate extreme poverty and hunger; MDG 2: Achieve universal primary education; MDG 3: Promote gender equality and empower women.

24. In view of these recommendations, WFP has been operational through two development projects focusing on education and health and nutrition, with the intention to transition to a future country programme:
- Development project 200322 “Food and nutrition assistance to malnourished children and HIV and TB affected people” (January 2012-January 2013), implemented the following activities: i) nutrition support to PLHIV and TB DOTS clients, along with nutritional assessment, education, counselling activities and supplementary food support for their households; ii) treatment of moderate acute malnutrition among children aged 6-59 months and pregnant and lactating women through targeted supplementary feeding; and iii) building national capacity towards full national ownership of hunger solutions.
  - Development project 200274, “Food Assistance for Basic Education in Guinea-Bissau” (October 2011-January 2013) has aimed to increase access to education through the provision of school meals and quarterly distribution of take-home rations to girls enrolled in school. It has also aimed to strengthen the capacities of the Ministry of Education, NGOs and communities in planning, implementation, management, monitoring and evaluation (M&E) of the school feeding programme.

## Strategy Outline

25. The PRRO will cover the transition of WFP’s food assistance from two development projects (200274 and 200322) by supporting vulnerable groups and communities affected by the post-election crisis. It will aim to address malnutrition, strengthen human capital through education, and rebuild livelihoods. Due to the political situation in the country, WFP will use this PRRO as a bridge to the future WFP country programme, expected to start in January 2015 if the political situation allows.

### *Nutrition interventions*

26. *Treatment of moderate acute malnutrition:* Children 6-59 months with moderate acute malnutrition and malnourished pregnant and lactating women will be assisted through targeted supplementary feeding. Treatment will be implemented through the out-patient centres for nutritional recovery and education (*Centre de Récupération et d’Education Nutritionnelle Ambulatoire* - CRN) system managed largely by NGOs, notably Caritas. Implementation modalities, including admission and discharge criteria, rations and reporting will be in line with the national protocol for the treatment of acute malnutrition. WFP and UNICEF will support the Ministry of Health in revising this protocol to reflect international guidelines. While children 6-59 months will be assisted for an average of 90 days, malnourished pregnant and lactating women will benefit from targeted supplementary feeding for nine months.
27. *Prevention of chronic malnutrition:* Given the high to very high levels of chronic malnutrition, UNICEF has introduced a stunting prevention programme in four regions (Bafata, Cacheu, Gabu and Oio). UNICEF implements behaviour-change activities and



trains community workers. However, high poverty and poor diet diversity in infant and young children indicate that access to macronutrients and micronutrients for young children is a problem. Hence, WFP plans to provide a special nutritious food (Plumpy'doz™) through blanket feeding, benefiting 29,000 children aged 6-23 months in the regions with the highest prevalence of stunting (Cacheu, Gabu and Oio), starting in July 2013.

28. *Food by prescription for ART and TB clients:* WFP will support undernourished ART and TB-DOTS clients to facilitate their nutritional recovery and enhance adherence to treatment. They will be assisted until their nutritional recovery is achieved, for a period of up to eight months.<sup>23</sup>
29. Food support will also be provided to food-insecure families of ART and TB-DOTS clients receiving WFP nutritional support. Selection criteria have been developed jointly by WFP, UNICEF, the United Nations joint team on HIV, and NGO partners. WFP and partners will aim to involve households affected by HIV in FFA activities.

### ***Maintain enrolment rates, and ensure gender parity in schools***

30. *School meals:* WFP feeding in schools will be implemented in regions with net enrolment below 60 percent to help stabilize enrolment rates and enhance girls' retention - particularly during the cashew nut harvest period when parents tend to take their children out of school to help with the harvest - and enhance the retention of girls. Moreover, it will contribute to protect children in a potentially unstable environment. On-site school meals will be provided to 85,000 children from 510 primary schools. These schools mostly function on a double-shift basis and children of each shift will receive one meal per day. The home-grown school feeding (HGSF) approach<sup>24</sup> will continue to be pursued in partnership with FAO, which provides seeds and technical support to school gardens in 150 schools to help ensure diversified school meals.
31. *Take-home ration for girls:* To address the wide gap in enrolment rates between boys and girls particularly in higher primary school grades, WFP will provide a take-home ration (THR) to girls with 80 percent attendance in grades 4-6. WFP's THR will serve as an incentive to help improve girls' enrolment and retention.

### ***Rebuilding and protecting livelihoods***

32. *Food for assets/training:* Labour-based activities will be implemented in areas with food access constraints to: i) mitigate seasonal hunger; ii) support the restoration of productive infrastructure to enhance food access and market opportunities; and iii) support livelihood recovery. In addition, food-for-training (FFT) activities will be carried out among women's groups and cooperatives focusing on income-generating activities, food processing and transformation and job-creation opportunities.

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<sup>23</sup> ART and TB clients will be discharged when their body mass index (BMI) is above 18.5 for two consecutive monthly assessments.

<sup>24</sup> FAO provides seeds and technical support to small farmers and women's groups located near the targeted schools, while WFP provides food and non-food items. The harvest from the school gardens and community fields (sweet potatoes, cassava, pumpkins, ground nuts, etc) will contribute to diversify the schoolchildren's diet.

33. An upcoming market survey and local purchase feasibility study will inform the selection of roads to be reconstructed; the study will also identify mechanisms for improving market access and enhancing local procurement to allow smallholder farmers to link production areas to markets. Community participatory planning and awareness campaigns will be organized to promote community ownership and participation in decision-making. An assessment will be undertaken to explore the appropriateness of cash transfers. WFP will collaborate with the Ministry of agriculture, FAO and the West African Development Bank.

## **Handover Strategy**

34. The current weakness of governmental institutions limits the scope of a handover strategy. Nevertheless, WFP will work towards establishing the necessary conditions for a transition plan to transfer WFP activities. The integration of treatment of moderate acute malnutrition and severe acute malnutrition through the community management of acute malnutrition approach, and the involvement and ownership of communities in the management of school feeding and asset-creation activities could serve as a foundation for future national ownership of food assistance interventions.
35. WFP will continue to work closely with community-based organisations and partners in the design, implementation and monitoring of its activities. WFP will provide regular training sessions with a focus on: prevention and treatment of undernutrition; nutrition assessment; counselling for HIV; school feeding management; food storage; food distribution; gender; and results-based management tools.

## BENEFICIARIES AND TARGETING

36. WFP will reach an annual average of 157,000 beneficiaries in the regions with the highest prevalence of food insecurity and undernutrition (see Table 1).

TABLE 1: BENEFICIARIES BY ACTIVITY TYPE (ANNUAL AVERAGE)				
Activity		Male	Female	Total
Education	School feeding	43,366	42,290	85,656
	Girls' take-home rations		12,240	12,240
Nutrition/ FFA	Treatment of MAM - children 6–59 months	2,621	2,621	5,242
	Treatment of MAM- PLW		1,960	1,960
	Prevention of chronic malnutrition - children 6-23 mths	14,250	14,250	28,500
	Food by prescription – ART/TB	310	910	1,220
	Household support - ART/TB	1,566	1,558	3,115
FFA	Food for assets	6,360	19,080	25,440
	Food for training	1,500	4,500	6,000
Total		69,964	99,409	169,373
Adjusted total*		69,964	87,169	157,133

\* The total number of beneficiaries has been adjusted to avoid double-counting of beneficiaries assisted through more than one activity.

37. The targeted supplementary feeding will be in the five regions with the highest prevalence of GAM: Cacheu, Gabu, Quinara, Oio, *Secteur Automone de Bissau* (SAB) and Tombali.<sup>25</sup> A total of 11,000 malnourished children aged 6–59 months and 3,900 pregnant and lactating women will receive WFP assistance during the course of the operation. These numbers are based on the GAM prevalence, estimations of current population size and a coverage based on implementation capacity.
38. The blanket feeding pilot will be implemented in three regions with a prevalence of chronic malnutrition exceeding 40 percent (Cacheu, Gabu and Oio). It will target all 29,000 children aged 6-23 months in these regions.
39. The food-by-prescription (FbP) activity for ART clients will target six regions with the highest HIV prevalence: Bafata, Biombo, Cacheu, Gabu, Oio and SAB. In each region, activities will be targeted in one or two centres with the highest number of ART clients.

<sup>25</sup> The island region of Bolama is not targeted due to access constraints.

Assistance will be provided to TB-DOTS clients in four regions with the highest prevalence of TB and the widest DOTS coverage (Biombo, Cacheu, Oio and SAB).

40. School feeding will focus on five regions (Bafata, Biombo, Gabu, Oio, and Quinara) where net enrolment is below 60 percent, targeting 85,000 primary school children. Of these, 12,000 girls enrolled in grades 4 to 6 will benefit from THR to address the high gender disparity.
41. FFA activities will be targeted to the regions of Biombo, Cacheu, Gabu, Oio and Quinara. These regions have a prevalence of food insecurity above 15 percent. Activities will focus on the rehabilitation of roads and swamps for rice cultivation. An average of 4,500 participants per year (31,000 family members) will participate in FFA/FFT activities in the five regions targeted. Communities and households selection criteria will be fine-tuned with partners. Women's groups and cooperatives will be selected through a participatory approach guided by the findings of a recent external evaluation of a bilateral project.<sup>26</sup>

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## NUTRITIONAL CONSIDERATIONS AND RATIONS

42. Super Cereal and vegetable oil fortified with vitamin A will help address micronutrient deficiencies that are prevalent among vulnerable groups. Iodized salt will address iodine deficiencies, which has been identified as a serious issue in Gabu and Oio. Children 6–59 months will receive a fortified food ration of Super Cereal plus, while malnourished pregnant and lactating women will receive Super Cereal with sugar and vegetable oil.
43. The girls' THR will consist of 4 kg of rice per month with a transfer value of around US\$38 per school year.
44. FFA and FFT participants will receive family rations of cereals, pulses, oil and salt which will cover the full caloric requirements of the family for the period of participation, and represent a transfer of US\$3.40 per family per day.

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<sup>26</sup> WFP, Andrée Black Michaud, *Évaluation du Projet Bilatéral Bas Fonds*, November 2012.

**TABLE 2 : FOOD RATION/TRANSFER BY ACTIVITY (g/person/day)**

Commodity	School feeding		MAM treatment - children 6-59 mths	MAM treatment - PLW	Prevention of chronic malnutrition	FbP ART/TB-DOTS	Support to HHs – ART/DOTS	FFT	FFA
	On-site meals	THR							
Cereals		208					200	429	429
Pulses	30						60	70	70
Vegetable oil	20			25		25	25	36	36
Sugar	15								
Salt							5	5	5
Super Cereal	120								
Super Cereal sugar				270		270			
Super Cereal plus			200						
Plumpy'doz™					47				
<b>TOTAL</b>	<b>185</b>	<b>208</b>	<b>200</b>	<b>295</b>	<b>47</b>	<b>295</b>	<b>290</b>	<b>470</b>	<b>470</b>
<b>Total kcal/day</b>	<b>790</b>	<b>749</b>	<b>787</b>	<b>1,241</b>	<b>264</b>	<b>1,241</b>	<b>1,146</b>	<b>2,102</b>	<b>2,102</b>
% kcal from protein	<b>13</b>	<b>7.8</b>	<b>16.6</b>	<b>12.3</b>	<b>9.3</b>	<b>12.3</b>	<b>10</b>	<b>9</b>	<b>9</b>
% kcal from fat	<b>34.5</b>	<b>1.3</b>	<b>23.2</b>	<b>32.7</b>	<b>56.3</b>	<b>32.7</b>	<b>21</b>	<b>16.7</b>	<b>16.7</b>
Feeding days per year	180	180	60	270	360	180/240*	180	100	100

**TABLE 3 : TOTAL FOOD REQUIREMENTS BY ACTIVITY (mt)**

	School feeding		MAM treatment		Prevention of chronic malnutrition	FbP ART/DOTS	Support to HHs ART/TB	FFA	FFT	Total
	On-site	THR	PLW	6-59 m						
<b>Cereals</b>		866					266	2,183	515	<b>3,829</b>
<b>Pulses</b>	874						79	356	84	<b>1,393</b>
<b>Super Cereal</b>	3,495		286			205				<b>3,985</b>
<b>Super Cereal Plus</b>				126						<b>126</b>
<b>Plumpy'doz™</b>					723					<b>723</b>
<b>Vegetable oil</b>	582		26			19	34	183	43	<b>887</b>
<b>Sugar</b>	437									<b>437</b>
<b>Salt</b>							7	25	6	<b>38</b>
<b>TOTAL</b>	<b>5,388</b>	<b>866</b>	<b>312</b>	<b>126</b>	<b>723</b>	<b>224</b>	<b>385</b>	<b>2,748</b>	<b>648</b>	<b>11,419</b>

\* The number of feeding days is 180 for ART clients and 240 for TB-DOTS clients.

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## IMPLEMENTATION ARRANGEMENTS

### Participation

45. Beneficiary selection and registration will be conducted in collaboration with cooperating partners, communities and civil society organization. Lessons learned, work norms and guidelines from previous WFP interventions will be applied taking into consideration local habits and norms. Communities will be involved in management of all activities. To promote gender equality and empower of women, special attention will be given to women to assume leadership of food management committees. WFP will also work with partners to ensure that distribution points allow women to receive food assistance without transport and security problems. Community support to school feeding will include day-to-day management through food management committees, provision of other food items (vegetables and other harvest from community fields), construction and maintenance of school infrastructure. All FFA activities will be based on voluntary community participation and ensure that communities benefit from the created assets.

### Capacities of Partners

46. WFP will work in partnership with NGOs that will be responsible for community mobilization, technical guidance, monitoring and reporting. WFP will provide partners with essential non-food items such as operational manuals, monthly report formats and measuring scales.
47. WFP will continue to support the existing CRN managed by cooperating partners to deliver nutrition services and expand outreach and coverage into public health structures. WFP will work with UNICEF to support integration between severe acute malnutrition and moderate acute malnutrition treatment activities and the development and implementation of a comprehensive behaviour change and communication strategy with the strong involvement of communities. Caritas will implement the blanket feeding pilot project; this NGO is already established in the three targeted regions and has been working with community volunteers trained by UNICEF.
48. WFP also collaborates with other United Nations agencies to benefit from their technical expertise. In particular, WFP will partner with WHO, UNICEF and the NGO *Projecto de Saude de Bandim* to assist the Government in promoting nutrition, developing training modules and rolling out training of staff at central, regional and community levels. Activities will be coordinated with a network of associations of PLHIV to facilitate the referral of food-insecure graduated ART or TB clients to safety net or income-generating programmes run by partners.
49. In the education sector, consolidated efforts from United Nations agencies, donors and NGOs under the national plan for the Sahel Alliance will contribute to the provision of the

Essential Learning Package.<sup>27</sup> WFP will continue to support the FAO/Ministry of Agriculture school gardens initiative that provides students and their families with useful lessons in nutrition and agriculture.

50. Though the Ministry of Education had implemented school feeding activities in 2011, due to the suspension of cooperation with the transitional government, WFP has signed agreements with 13 NGOs to implement and monitor the school feeding programme. As per an agreement with UNICEF, Plan International, and International Partnership for Human Development, WFP will continue to provide comprehensive assistance to 510 schools with a package comprising non-food items and school kits, improved cooking stoves, latrines, rehabilitation of schools and canteens, de-worming, teacher training, water/sanitation/hygiene, nutrition and HIV awareness.
51. FFA activities will be implemented in collaboration with FAO, NGOs, community-based organizations and local authorities. These partners will assist in targeting beneficiaries, identifying the activities, contributing technical expertise and providing non-food items.

## **Procurement**

52. As per WFP procurement procedures, regional purchases will be pursued whenever possible. WFP will explore the potential to purchase rice within Guinea Bissau for local economic benefits and as part of the HGSF strategy. As locally-produced nutrition products are not available, these will be purchased internationally.

## **Logistics**

53. Internationally procured commodities reach the country through the port of Bissau. If the structural limitations of the Bissau port worsen, the Port of Dakar will be used and commodities will be transported to Bafata and Bissau by road.
54. WFP has adequate storage facilities in Bafata and Bissau. Tenders will be issued to private transport companies to transport food directly to the final distribution points. Road conditions are poor in Guinea Bissau and become worse during the rainy season, especially in the southern and eastern regions. Therefore, food stocks will be prepositioned prior to the rainy season.
55. The landside transport, storage and handling (LTSH) cost is US\$133 per mt and will be reviewed every six months to reflect possible variations in transport rates, fuel prices and port operations costs.

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<sup>27</sup> The Essential Learning Package is a programme aiming to meet children's basic needed and maintain a healthy learning environment.

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## PERFORMANCE MONITORING

56. WFP monitoring efforts will focus on the output and outcome indicators shown in the logical framework (see Annex II). WFP Guinea-Bissau has a comprehensive results-based management M&E system and a dedicated M&E unit. Data and information on selected performance indicators disaggregated by gender will be collected by WFP in close collaboration with cooperating partners. Distribution and food basket monitoring will be undertaken regularly. Monitoring reports will be used to fine-tune targeting and adjust the interventions as required.
57. Previous evaluations of cooperating partners as well as coordination with FAO will guide WFP in the selection of partners that have adequate capacity – or have shown progress towards it – to ensure timely and effective monitoring. Partners will submit monthly monitoring reports. In order to enhance its monitoring and reporting system, WFP will provide training to government and partner staff, as well as community-based organizations. There will be monthly partner meetings, joint field visits and joint monitoring checklists will be pursued. WFP will also deploy additional staff in Bafata sub-office to reinforce its monitoring capacity.
58. The 2012 rapid food security assessment, the SMART survey, the evaluations of past projects, and the post-harvest mission undertaken by the Permanent Interstate Committee for Drought Control in the Sahel, FAO and WFP will all serve as baseline for future evaluations. A school feeding baseline survey will be conducted in 2013. A food security monitoring system to follow food security and nutrition indicators, sentinel sites, early warning system, market information system and food reserves stocks will operate in collaboration with FAO and the Ministry of Agriculture. An external mid-term appraisal mission in early-2014 will determine the effectiveness of WFP interventions under the PRRO and will inform the design of a future operation.

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## RISK MANAGEMENT

59. *Contextual risks:* The main risk for this PRRO is the prevailing political instability. Presidential and legislative elections are planned for 2013 and, as in the past, they could lead to civil strife. The narcotics trade has a very negative impact on Guinea-Bissau's institutions and the stability of the country. The protracted conflict in Casamance may result in influxes of refugees from Senegal. WFP contingency plan will be updated to take into consideration these risks.
60. *Programmatic risks:* The weakness of national counterparts presents a risk to implementation of activities. The PRRO is designed to take into account the capacity constraints but WFP activities could be vulnerable to public sector strikes, the absence of NGOs in some regions, unavailability of government statistics, and high counterpart staff turnover. If Guinea-Bissau's situation stabilizes, more training will be possible for national



counterparts and at the community level, with priority to activities where women play a lead role.

61. *Institutional risks*: Instability would continue leave Guinea Bissau cut-off from funding from international financial institutions; this would reduce partnership opportunities for WFP. Early mobilization of additional resources will be crucial to allow WFP to implement activities as planned.

## **Security Risk Management**

62. Guinea-Bissau is currently classified at United Nations security level 4. The prevailing unstable situation in the country has resulted in a number of security incidents. WFP country and field offices comply with the United Nations minimum operating security standards and all WFP staff have completed the required corporate security training.

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## **RECOMMENDATION**

The Executive Director is requested to approve the proposed protracted relief and recovery operation 200526 for Guinea-Bissau.

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## **APPROVAL**

.....  
Ertharin Cousin  
Executive Director  
United Nations World Food Programme

Date:.....

## ANNEX I-A

PROJECT COST BREAKDOWN			
<i>Food</i> <sup>28</sup>	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	3,829	1,362,981	
Pulses	1,393	675,838	
Oil and Fats	887	820,873	
Mixed and Blended Food	4,834	4,287,637	
Other	476	264,185	
<b>Total food</b>	<b>11,419</b>	<b>7,411,514</b>	
Cash transfers			
Voucher transfers			
Total food, cash and voucher transfers			7,411,514
External transport			1,579,216
Landside transport, storage and handling			1,522,593
Other direct operational costs			938,973
Direct support costs (see Annex I-B)			2,841,596
Total WFP direct costs			14,293,892
Indirect support costs (7.0 percent) <sup>29</sup>			1,000,572
<b>Total WFP Costs</b>			<b>15,294,464</b>

<sup>28</sup> This is a notional food basket for budgeting and approval. The contents may vary.

<sup>29</sup> The indirect support cost rate may be amended by the Board during the project.

## ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
<b>Staff and staff-related costs</b>	
Local staff - national officers	532,833
Local staff - general service	377,667
Local staff - temporary assistance	552,000
International consultants	29,000
Local consultants	5,800
Staff duty travel	305,420
<b>Subtotal</b>	<b>1,802,720</b>
<b>Recurring Expenses</b>	
Rental of facility	52,000
Utilities	160,000
Office supplies and other consumables	58,000
Communications services	187,926
TC/IT equipment	144,200
Vehicle running costs and maintenance	80,000
Office set-up and repairs	11,000
United Nations organization services	88,000
<b>Subtotal</b>	<b>781,126</b>
<b>Equipment &amp; Capital Costs</b>	
Vehicle leasing	97,750
Equipment Repairs and maintenance	80,000
Local security costs	80,000
<b>Subtotal</b>	<b>257,750</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>2,841,596</b>

## ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
<b>Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations.</b>		
<b>Outcome 1</b> Enrolment of girls and boys in assisted schools stabilized at pre-crisis levels	<ul style="list-style-type: none"> <li>➤ Retention rate (target: retention rate reaches 85% for girls and boys in post-crisis situation)</li> <li>➤ Gender Ratio: ratio of girls to boys enrolled (target 1.0)</li> <li>➤ Pass rate for boys and girls (Target 80%)</li> <li>➤ Dropout rate (target &lt;5%)</li> </ul>	<ul style="list-style-type: none"> <li>➤ No further deterioration of socio-political stability</li> <li>➤ No teachers' strikes</li> </ul>
<b>Output 1.1</b> Food distributed in sufficient quantity and quality to targeted women, men, boys and girls under secure condition	<ul style="list-style-type: none"> <li>➤ Number boys and girls receiving food, by gender and age group as % of planned figures</li> <li>➤ Tonnage of food distributed, by type, as % of planned distribution</li> <li>➤ Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution</li> <li>➤ Number of schools assisted (Target: 510)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Timely funding</li> <li>➤ Adequate partners and stakeholders support implementation</li> </ul>
<b>Output 1.2</b> THR Timely provided to girls from the last three grades of WFP assisted primary schools	<ul style="list-style-type: none"> <li>➤ Number of girls receiving THR as compared to planned</li> <li>➤ Actual mt. of food distributed through take-home rations as percentage of planned tonnages.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Availability of food with no food pipeline breaks</li> </ul>
<b>Outcome 2</b> Reduced acute malnutrition in children aged 6-59 months in targeted affected regions	<ul style="list-style-type: none"> <li>➤ Prevalence of acute malnutrition among children aged 6-59 months (Target &lt;5%, assessed using weight-for-height as percentage)</li> <li>➤ Recovery rate of children 6-59 months old and women treated for malnutrition (Target &gt;90% )</li> <li>➤ Default rate for children 6-59 months old and women (Target &lt;10% )</li> <li>➤ Non-response rate for children 6-59 months old and women. (Target: &lt;1%)</li> <li>➤ Death rate for children 6-59 months old and women (Target &lt;1%)</li> </ul>	<ul style="list-style-type: none"> <li>➤ No further deterioration of socio-political stability</li> <li>➤ No major cereal production shortfall or disease outbreak</li> </ul>
<b>Output 2.1</b> Food distributed in sufficient quantity and quality to targeted women, men, boys and girls under secure condition	<ul style="list-style-type: none"> <li>➤ Number of men, women, boys and girls receiving food, by gender and age group as % of planned figures</li> <li>➤ Tonnage of food distributed, by type, as % of planned distribution (Target: 80% of planned)</li> <li>➤ Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution (Target: 80%)</li> <li>➤ Number of health centres assisted (Target: 25)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Timely funding</li> <li>➤ Adequate partners and stakeholders support implementation</li> </ul>
<b>Outcome 3</b> Reduced stunting in children 6-23 months in the regions of Cacheu, Gabu and Oio	<ul style="list-style-type: none"> <li>➤ Prevalence of stunting among children aged 6-23 months (Target &lt; 40%, assessed using height for age as percentage)</li> <li>➤ Default rate for children 2-23 months old (Target &lt;15% alarming if &gt;30%)</li> </ul>	<ul style="list-style-type: none"> <li>➤ No further deterioration of socio-political stability</li> <li>➤ No major cereal production shortfall or disease outbreak</li> <li>➤ Adequate and timely funding</li> <li>➤ Adequate partners and stakeholders support implementation</li> </ul>

## ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
<b>Output 3.1</b> Food distributed in sufficient quantity and quality to targeted women, men, boys and girls under secure condition	<ul style="list-style-type: none"> <li>➤ Number of boys and girls receiving food, by gender and age group as % of planned figures (Target: 80%)</li> <li>➤ Tonnage of food distributed, by type, as % of planned distribution (Target: 80%)</li> <li>➤ Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution (Target: 80%)</li> <li>➤ Number of community assisted (Target: 180)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Timely funding</li> <li>➤ Adequate partners and stakeholders support implementation</li> </ul>
<b>Outcome 4</b> Improved nutrition recovery of ART and TB treatment client	<ul style="list-style-type: none"> <li>➤ Nutritional recovery rate of ART clients (Target: Nutrition recovery rate &gt;75%)</li> <li>➤ Nutritional recovery rate of TB clients (Target: Nutrition recovery rate &gt;75%)</li> <li>➤ Default rate of ART clients (Target: &lt;15%)</li> <li>➤ Default rate of TB clients (Target: &lt;15%)</li> </ul>	<ul style="list-style-type: none"> <li>➤ No further deterioration of socio-political stability</li> <li>➤ No major cereal production shortfall or disease outbreak</li> <li>➤ Adequate and timely funding</li> <li>➤ Adequate partners and stakeholders support implementation</li> </ul>
<b>Output 4.1</b> Food distributed in sufficient quantity and quality to targeted women, men, boys and girls under secure condition	<ul style="list-style-type: none"> <li>➤ Number of men, women, boys and girls receiving food, by gender and age group as % of planned figures</li> <li>➤ Tonnage of food distributed, by type, as % of planned distribution</li> <li>➤ Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution</li> <li>➤ Number of health centres assisted</li> </ul>	<ul style="list-style-type: none"> <li>➤ Timely funding</li> <li>➤ Adequate partners and stakeholders support implementation</li> </ul>
<b>Outcome 5</b> Increased access to assets in fragile, transition situations for target communities	<ul style="list-style-type: none"> <li>➤ Community asset score (Target: Functioning, useful productive assets increased for 80% of projects)</li> <li>➤ Percentage of FFT participants applying acquired skills (Target 95%)</li> </ul>	
<b>Output 5.1</b> Agricultural, horticultural and infrastructural assets created according to the plan in quality and quantity.	<ul style="list-style-type: none"> <li>➤ Surface (ha) of rice fields rehabilitated as per the planned;</li> <li>➤ Surface (ha) horticultural fields created as percentage of planned</li> <li>➤ km of feeder roads rehabilitated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Availability of other partners providing agricultural tools, seeds, technical assistance and supporting sensitization campaign</li> </ul>
<b>Output 5.2</b> Women trained on food transformation	<ul style="list-style-type: none"> <li>➤ Number of women associations benefiting from training on food transformation</li> <li>➤ Number of women trained on food transformation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adequate and timely funding</li> <li>➤ Adequate partners and stakeholders support implementation</li> </ul>

### ANNEX III: MAP



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## ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
CFA	<i>Communauté Financière Africaine</i> ("African Financial Community")
CFSVA	comprehensive food security and vulnerability assessment
DENARP	<i>Documento de Estratégia Nacional de Redução da Pobreza</i> (National Poverty Reduction Strategy Paper)
DOTS	directly observed treatment with short-course chemotherapy
FAO	Food and Agriculture Organization of the United Nations
FbP	food-by-prescription
FFA	food for assets
FFT	food for training
HGSF	home-grown school feeding
M&E	monitoring and evaluation
MAM	moderate acute malnutrition
NGO	non-governmental organization
PLHIV	people living with HIV
PRRO	protracted relief and recovery operation
TB	tuberculosis
UNCT	United Nation country team
UNICEF	United Nations Children's Fund
WFP	United Nations Children's Fund