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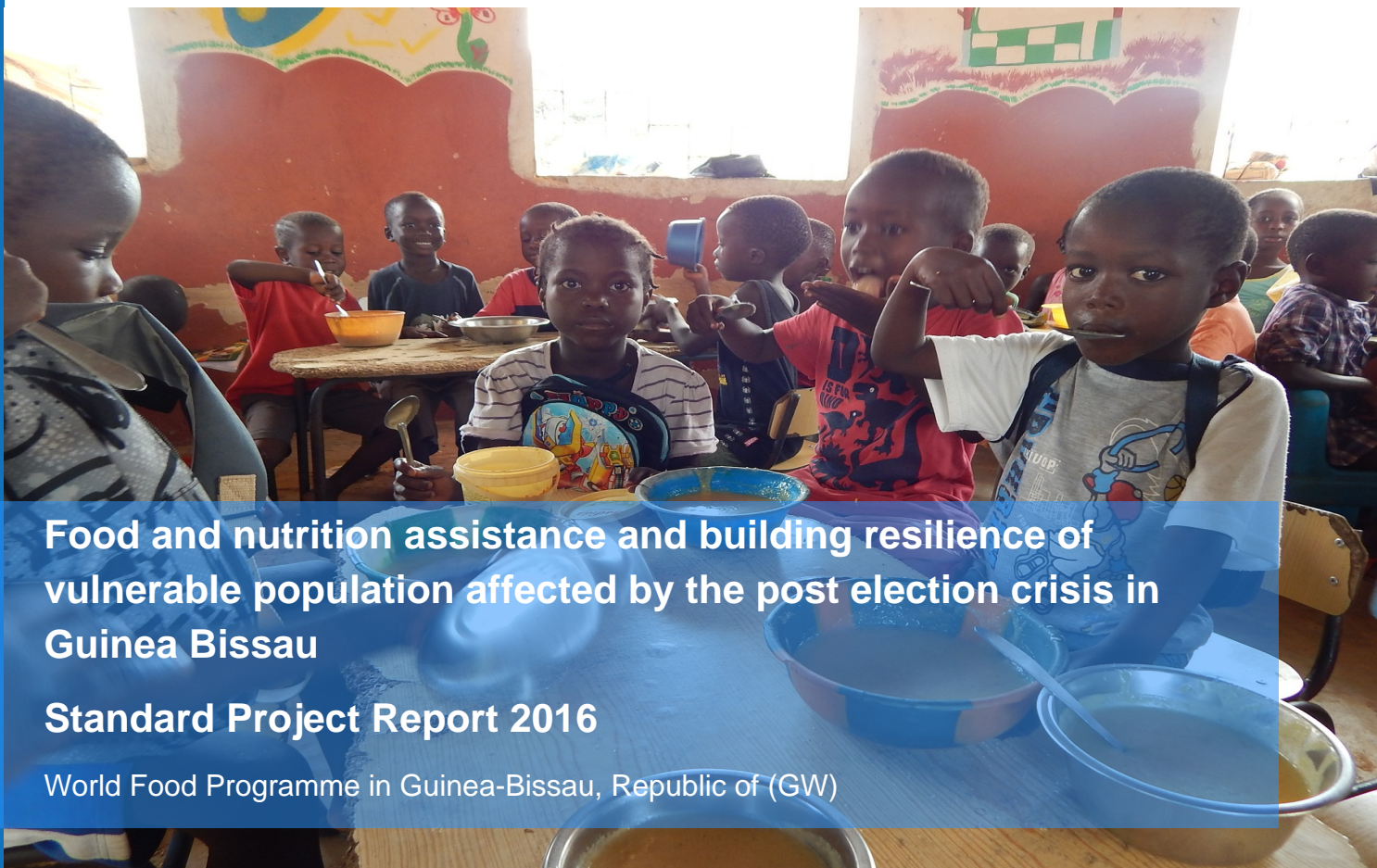
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Further Information

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SPR Reading Guidance



Food and nutrition assistance and building resilience of vulnerable population affected by the post election crisis in Guinea Bissau

Standard Project Report 2016

World Food Programme in Guinea-Bissau, Republic of (GW)



World Food Programme

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Country Context and WFP Objectives



Country Context

Guinea-Bissau has a population of 1.7 million and ranks 178 out of 188 countries in the 2015 United Nations Development Programme (UNDP) Human Development Index. Over the last few years, political instability has caused a slump in national economy, and 69 percent of the population live on less than USD 2 per day despite significant agricultural and fishing potentialities. The second poverty reduction strategy paper reveals that 80 percent of youth under 25 live below the poverty line (DENARP II, 2011–2015) with women more affected than men. The country shows an overall literacy rate of 52 percent, and 70 percent among women, with an enrolment rate of 68 percent at primary school.

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2016 saw a major political and institutional crisis with the dismissal of three governments in a year. The Economic Community of West African States (ECOWAS) staged several mediation meetings. As a result, a Roadmap agreed by all parties involved was drafted with the following objectives: (i) the establishment of an “inclusive dialogue” to enable the preparation of a two-year workplan; and (ii) the establishment of an inclusive consensus government. Following ECOWAS mediation, a new Prime Minister was nominated but to date no political consensus has been reached as to the implementation of the Conakry agreement.

Agriculture accounts for 69 percent of the gross domestic product (GDP) and provides direct or indirect income to 85 percent of the population. It is dominated by cashew nut production on smallholder plots. Rice is mainly cultivated for home consumption.

According to the joint agricultural season assessment carried out by the Ministry of Agriculture and Rural Development, the Food and Agriculture Organization of the United Nations (FAO), *Comité permanent inter-États de lutte contre la sécheresse dans le Sahel* (CILSS, Permanent Interstates Committee for Drought Control in the Sahel) and WFP, the total cereal production expected for 2016/17 is 225,917 mt [1]. This represents an increase of 8.3 percent from the previous season but a slight decrease (-1 percent) compared to the average of the last 5 years (228,204 mt). No official data on the 2016 cashew nut production is available yet, the national Cashew Agency estimate that 192 mt were exported.

In February-March 2016, WFP conducted an assessment on food security and gender. The findings reveal that households headed by women are slightly more likely to be vulnerable to food insecurity (18.2 percent) than those headed by men (16 percent). The decision on the use of food received through food assistance is mostly taken by men, as it relates to selling (77 percent), exchanging/lending (71 percent) or sharing (59 percent). The majority of assisted households (90 percent) were in favour of the WFP assistance targeting women, as it could contribute to their empowerment.

The September 2016 Food Security and Nutrition Monitoring System (FSNMS) results showed that 30.6 percent of the 1.08 million rural population (332,000 people) are food-insecure, a significant increase from last year's 11 percent. Food insecurity is highest in Cacheu (41 percent), Gabu (35 percent) and Oio (32 percent) regions. The main causes of the deterioration are insufficient production levels, higher food prices, and the 2015 floods that negatively affected production in many regions. The Global Acute Malnutrition (GAM) rate is at 6 percent and Severe Acute Malnutrition (SAM) rate at 1.4 percent. The stunting prevalence reached 27.6 percent, of which 8.2 percent are severe cases. The stunting prevalence in three regions is higher than 30 percent: Oio (35.3), Bafata (34.0) and Gabu (30.1). The reasons for the deterioration of the nutritional status of children aged 6-59 months, particularly in Oio region, where rates exceed 15 percent of moderate acute malnutrition (MAM), will be further analysed as a matter of priority in 2017.

The national HIV prevalence rate among adults aged between 15 and 49 years old, is 3.25 percent. A WFP study shows that 23 percent of people living with HIV (PLHIV) and 43 percent of people with tuberculosis (TB) are undernourished [2]. The study also shows that the nutritional situation of PLHIV has significantly deteriorated since 2011, when undernourishment rates reached 19 percent; but shows no significant change among TB patients. The rate of food insecurity decreased from 25 percent in 2011 to 20 percent in 2016 for both groups.

[1] Report of Joint Mission/CILSS/FAO/WFP/Government for agricultural season assessment 2016/2017. Guinea-Bissau, November 2016, page 25.

[2] WFP Guinea Bissau, December 2016, draft report « Statut nutritionnel, vulnérabilité et couverture de l'assistance des personnes vivant avec le VIH et des patients tuberculeux sous traitement dans les zones d'intervention du programme alimentaire mondial en Guinée-Bissau ».

Response of the Government and Strategic Coordination

WFP works in partnership with the Government of Guinea-Bissau in line with the priorities of the Government's strategic and operational plan for 2015–2020 (*Terra Ranka*), contributes to the National Nutrition Strategic Plan 2015–2019 and the Government's Education Development Plan 2016–2025. WFP contributed to the three outcomes of the United Nations Development Assistance Framework (UNDAF) for Guinea-Bissau.

The PRRO and Country Programme were implemented through direct coordination with the Government and local authorities. The partnership with the Ministry of Education allowed WFP to provide food to the most vulnerable children in six regions. WFP continued to support the Ministry of Education in implementing the action plan of the Systems Approach for Better Education Results (SABER) for a national ownership of the school meals programme.

SABER was conducted in July 2015. Its main findings included: (i) inexistence of the school meals related legislature in the country; (ii) inexistence of an internal budget for the school meals programme; (iii) weak institutional capacity – non decentralised school meals structures from central to local level; (iv) weak capacity from the Minister of Education staff to design, implement and evaluate the school meals programme; and (v) low community participation in the school meals programme. Based on the findings, an action plan for SABER implementation was elaborated and following recommendations were adopted: (i) revision of the school meals strategy elaborated with technical assistance from the Brazil Centre of Excellence against Hunger; (ii) revision of the school meals law also elaborated with technical support from the Brazil Centre of Excellence against Hunger, to be submitted to the Parliament for approval; (iii) activation of the inter-ministerial committee to facilitate the implementation of the SABER action plan, mainly creation of an internal budget, approval of the school meals law and creation of a decentralised school meals structure to manage the programme at different levels; and (iv) training of the Ministry of Education Staff in the school meals programme design, implementation and evaluation, including

financial framework toward local purchase.

WFP partnership with the Ministry of Health contributed to the successful implementation of nutrition activities.

The main challenge of partnering with the Government has been political instability. The political stagnation affected WFP operations particularly the frequent changes of the leadership did not allow planned activities.

WFP works in collaboration with other United Nations (UN) agencies under the new UNDAF 2016–2020 taking part in the design and participating regularly in Outcomes Group meetings. Working with other UN agencies helps WFP to identify gaps and to identify joint programming opportunities under the new Country Programme.

WFP and the United Nations Children's Fund (UNICEF) support the Government, particularly the education and health sectors in a complementary manner. WFP and UNICEF work in partnership with other stakeholders to implement the National Protocol for Management of acute malnutrition, whereby UNICEF provides Plumpy'Doz for the treatment of severe acute malnutrition (SAM) and WFP provides Plumpy'Doz/SuperCereal Plus for the treatment of moderate acute malnutrition (MAM). Health workers received training on anthropometric basics and 16 key family practices by facilitators from the Ministry of Health with financial support from UNICEF. WFP and UNICEF collaborate with the Government and other actors on the Scaling Up Nutrition (SUN) platform.

WFP provides training to head masters on WFP school meals procedures, food management, improvement of kitchens and construction of improved stoves, while UNICEF provides didactic materials and teachers training, improves school infrastructures, and provides drinkable water and latrines.

In collaboration with the Food and Agriculture Organization of the United Nations (FAO), WFP supports the Ministry of Agriculture in the implementation of a Food Security and Nutrition Monitoring System (FSNMS). The political crisis caused some delays in the implementation from April to September, however, WFP and FAO continue to support government technical staff as well as staff from local non-governmental organizations (NGOs) to develop food security data collection and analysis skills.

WFP as part of UN Joint Team on AIDS is a partner of the National Secretariat for Fight against AIDS (SNLS) contributing to the national response. UN Joint team contributed with technical assistance to the preparation and submission of a national proposal to Global Fund for HIV grant. WFP contributed with identification of nutrition gaps for people living with HIV.

Within the UN joint team, WFP is providing food assistance to malnourished people living with HIV under treatment and malnourished people with tuberculosis (TB) under treatment to contribute to their treatment as well as food assistance to their family as a protection ration.

Summary of WFP Operational Objectives

PRRO 200526 (2013–2016), approved budget of USD 27.7million, supported households and communities struggling to recover from recent multiple and complex shocks compounded by political instability, structural weakness, and other economic and social vulnerabilities. The PRRO integrated four objectives: (i) to maintain enrolment rates and ensure gender parity in primary schools by providing daily school meals and take-home rations for girls; (ii) to treat acute malnutrition among children aged 6-59 months, pregnant and lactating women through targeted supplementary feeding, and to provide Food by Prescription to malnourished people living with HIV (PLHIV) and tuberculosis (TB) clients under treatment; (iii) to prevent stunting in children aged 6-23 months through blanket supplementary feeding; and (iv) to assist communities and households to rebuild and protect livelihoods through food assistance for assets (FFA).

The PRRO ended on 31 March 2016 and was replaced by the Country Programme 200846 which started on 1 April.

Country Programme 200846 (2016–2020), approved budget of USD 39.7 million, builds on lessons learned from the PRRO and supports the Government's strategic plan for 2015–2020. It fosters government and community ownership of an integrated multi-sector programme of school meals and nutrition to improve nutrition, food security and the Government's capacities in early warning and assessment.

Country Resources and Results

Resources for Results

Country Programme 200846 is funded at 65 percent. The School Meals and Nutrition programmes were well funded, whereas Food Assistance for Assets was not funded in 2016. The contribution for School Meals and Nutrition programme allowed WFP to assist over 200,000 children. Lack of contributions for Food Assistance for Assets activities did not allow WFP to support farmers in rehabilitating their rice fields and carrying out other activities to help them better cope with the lean season and prepare for the following planting season. WFP is currently elaborating a resource mobilization strategy and negotiating new partnership for complementary activities.

Achievements at Country Level

WFP contributed to the improvement of the diet of schoolchildren in eight regions of Guinea-Bissau through the school meals programme. Provision of take-home rations targeting girls contributed to increased retention of girls in school compared to boys.

The health centre worker conducted systematic screening and management of moderate acute malnutrition (MAM) at community level. WFP organized training of service providers for MAM treatment and tuberculosis (TB) nutritional support, contributing to the improvement of the quality of the service provided to the beneficiaries.

Chronic malnutrition for children aged 6-23 months was reduced in Bafata and Oio regions as a result of the provision of the complementary feeding for the prevention of stunting. Effective implementation of the Food Security and Nutrition Monitoring System (FSNMS) allowed the different stakeholders to have access to updated and timely information on food security.

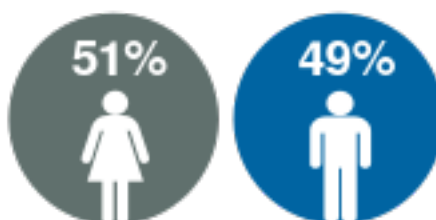
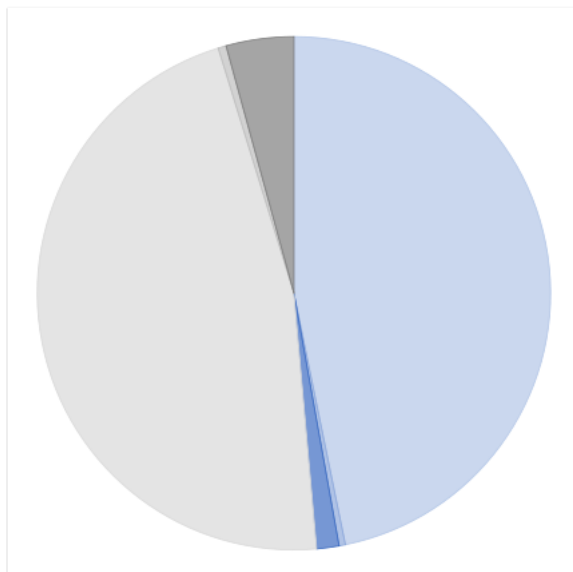


Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	111,857	111,512	223,369
Children (5-18 years)	944	1,213	2,157
Adults (18 years plus)	3,361	10,195	13,556
Total number of beneficiaries in 2016	116,162	122,920	239,082

Country Beneficiaries by Gender and Age

- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)
- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	981	108	217	575	140	2,021
Single Country PRRO	63	40	74	357	58	593
Total Food Distributed in 2016	1,044	147	292	932	199	2,614



Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Country Programme	17,678	-	-
Total Distributed in 2016	17,678	-	-

Supply Chain

WFP purchased salt regionally for the PRRO. As for the Country Programme, in-kind food donation cargo planned for April was delayed until June resulting in pipeline breaks. In addition, the commodities arrived when the port was congested by the cashew export, which created additional cost in the supply chain process; however deliveries to schools took place in a timely manner. Even though road conditions may add to the logistical challenge, most are accessible and do not hamper the transport of food, except during the rainy seasons. The delivery of nutrition and school meals commodities was done on a quarterly basis, which created a storage challenge for a few schools and health centres that do not conform to the required standards and are without adequate storage facilities. In 2016, some food losses were recorded at final distribution point. The loss was only 0.05 percent of the total food delivered. WFP trained all relevant staff on the Logistics Execution Support System (LESS). In 2017, WFP will provide refresh training to the partners on food management and storage to avoid losses.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Canned Fish	-	445	445
Corn Soya Blend	-	68	68
Iodised Salt	54	-	54
Total	54	513	567
Percentage	9.5%	90.5%	

Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
Corn Soya Blend	1,374
Rice	300
Split Peas	48
Vegetable Oil	55
Total	1,777

Implementation of Evaluation Recommendations and Lessons Learned

One of the key lessons learned is that stunting prevention should be implemented through a systemic and integrated approach to maximise the impact of the activities. Coordination and joint planning with major partners should be strengthened, particularly with the United Nations Children's Fund (UNICEF), Food and Agriculture Organization of the United Nations (FAO) and United Nations Population Fund (UNFPA). At the same time, WFP should increase engagement with the Government on chronic malnutrition in order to maximise the impact of stunting prevention activities. Given the magnitude of stunting in Guinea-Bissau and the limited visibility of the problem at national level as the Government Scaling Up Nutrition (SUN) platform is still very weak, WFP would benefit from further advocacy and work for better nutrition during the first 1,000 days window of opportunity. The SUN platform is the perfect entry point for this, and WFP will engage actively, through UN SUN network, that WFP leads since September 2016, with UNICEF, FAO and World Health Organization (WHO) to strengthen it.

There is room for improvement for the timeliness and quality of reporting through the introduction of mobile technology for data collection, and training of partners and counterparts on monitoring and reporting. Both aspects will be taken into account in 2017. The introduction of joint monitoring visits with Government counterparts improved WFP communication with local Government; this will continue in 2017. A closer coordination with UNICEF will also help enhance the effect of stunting prevention by targeting the same geographical areas and health centres. The same applies to school meals programme. UNICEF and WFP started regular meetings to discuss better coordination of the implementation of education and nutrition activities.

No evaluation was carried out. However, three studies were conducted in 2016 and WFP will organize dissemination and development of action plan for the implementation of the recommendations from these studies in the first quarter of 2017.

Story Worth Telling

Ricardino and Ricardina Sambu are two year old twins, they live in Mansoa, capital of the Oio region and have been receiving WFP food and nutrition support for prevention of stunting since they were one. They were given Plumpy'Doz and SuperCereal to compensate a diet based exclusively on breast milk from 7th month up to their first birthday. Complementary diet should be introduced when the baby is six months old. Julia, their mother, took them to the nutrition and recuperation centre of Mansoa. At the health centre, the twins were admitted to the moderate acute malnutrition programme and provided with nutritional supplements. "It was very complicated to make them eat, they were always getting sick as they were so weak. Plumpy'Doz and SuperCereal helped them get stronger; hopefully today they are free from any risk of undernutrition," said Julia. According to Dr. Quintino Acuje from the Mansoa centre, lack of family planning, extreme poverty and lack of basic understanding of infant and young child nutrition principles leading to inappropriate feeding practices are the main causes of undernutrition in Oio region.

The last national food security survey conducted in September 2016 reveals that Oio is one of the three regions where the percentage of food insecurity is higher than the national average and above the World Health Organization (WHO) standard rate, 30 percent chronic malnutrition. It also indicates that the region has the highest percentage (22 percent) in the country of global acute malnutrition among children aged 6-59 months. The critical food and nutrition situation in Oio is the main reason why WFP works more extensively than any other region providing food and nutrition support to 22,375 children.

Project Objectives and Results

Project Objectives

PRRO integrated four objectives: (i) to maintain enrolment rates and ensure gender parity in primary schools by providing daily school meals to all children and take-home rations for girls; (ii) to treat acute malnutrition among children aged 6-59 months and pregnant and lactating women through targeted supplementary feeding, and to provide food by prescription to people living with HIV (PLHIV) and tuberculosis (TB) clients under treatment; (iii) to prevent stunting in children aged 6-23 months through blanket supplementary feeding; and (iv) to assist communities and households to rebuild and protect livelihoods through food assistance for assets.



Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	478,206
Direct Support Costs	5,246,399
Food and Related Costs	20,099,825
Indirect Support Costs	1,812,496
Cash & Voucher and Related Costs	68,374
Total	27,705,300

Project Activities

As part of the Care and Treatment pillar, WFP assisted undernourished people living with HIV (PLHIV) on anti-retroviral therapy (ART) and tuberculosis (TB) clients on directly observed treatment, training (TB-DOTS) to facilitate nutritional recovery and enhanced adherence to treatment. WFP also assisted food-insecure families of PLHIV and TB-DOTS clients with a family entitlement. The Food by Prescription programme was implemented in Bafata, Biombo, SAB Bissau, Cacheu, Gabu and Oio. In 2016, the food basket consisted of SuperCereal for Food by Prescription ART and TB clients receiving individual rations; and cereals, pulses, vegetable oil and salt for the food-insecure households of ART and TB clients. Targeting PLHIV and TB clients was done based on their nutritional status. The achievement of nutrition activities was satisfactory for ART and TB clients, and the number of beneficiaries reached was higher than planned because the number of new admissions was higher than expected. To meet the higher demand, the quantity of food delivered to the health centres was increased.

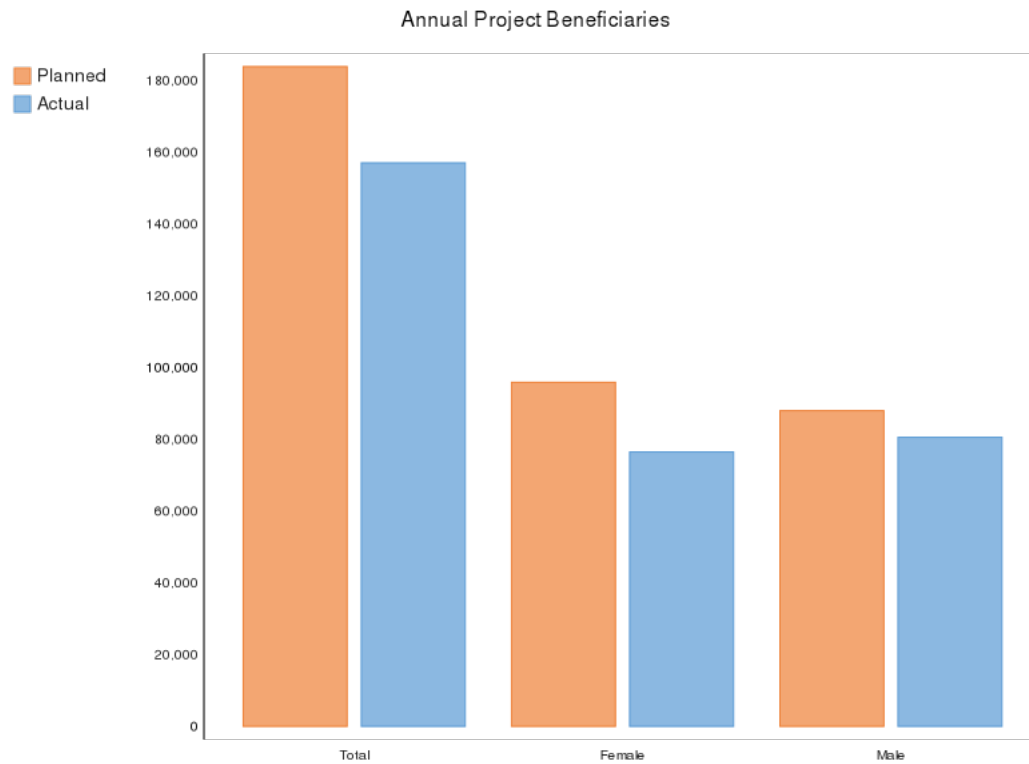
In order to reduce the prevalence of chronic malnutrition, or stunting, WFP ensured that children aged 6-23 months in Bafata and Oio regions received Plumpy'Doz.

Moderate Acute Malnutrition (MAM) treatment for children aged 6-59 months could not be implemented because of funding shortage.

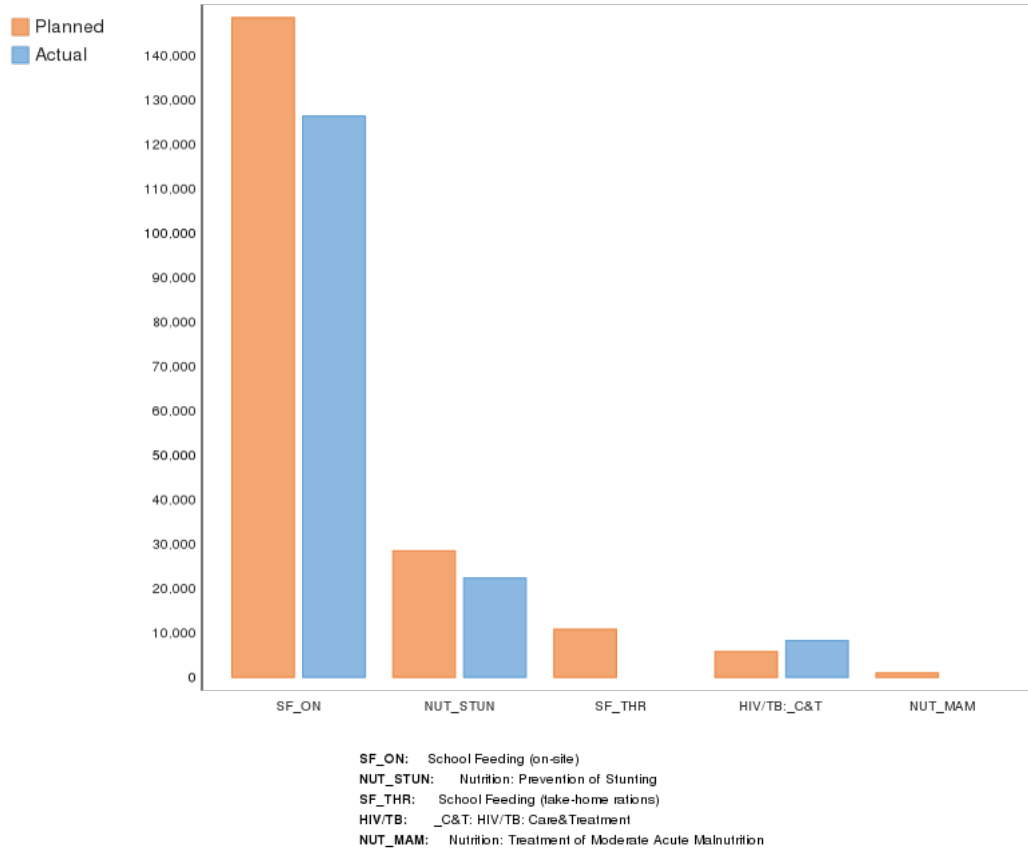
WFP implemented school meals programme in six regions under the PRRO (Bafata, Gabu, Biombo, Oio, Quinara and Cacheu). The lower number of children reached was due to funding shortage; similarly, take-home rations for girls could not be distributed due to lack of resources, in particular rice. A large contribution for school meals was confirmed in December 2015, however, food commodities did not arrive in time to cover the needs in April, May and June. In spite of WFP's effort to mobilize resources through other channels, the funding gap was not met during the PRRO period which ended in March 2016. Out of 36 school days planned during February-March 2016 for 525 schools, only 29 days were completed due to teachers' strikes that affected public schools during the first trimester. In addition, WFP reduced school meals rations to reach as many children as possible following the commodity arrival delay in April-June.

Plans to implement a pilot for cash-based transfers (CBT) in selected health centres in lieu of in-kind food distribution were agreed with one of the main donors. However, negotiations took longer than expected and the initiative did not get the necessary funding. Food assistance to families of PLHIV continued without interruption as per the original plan using food.

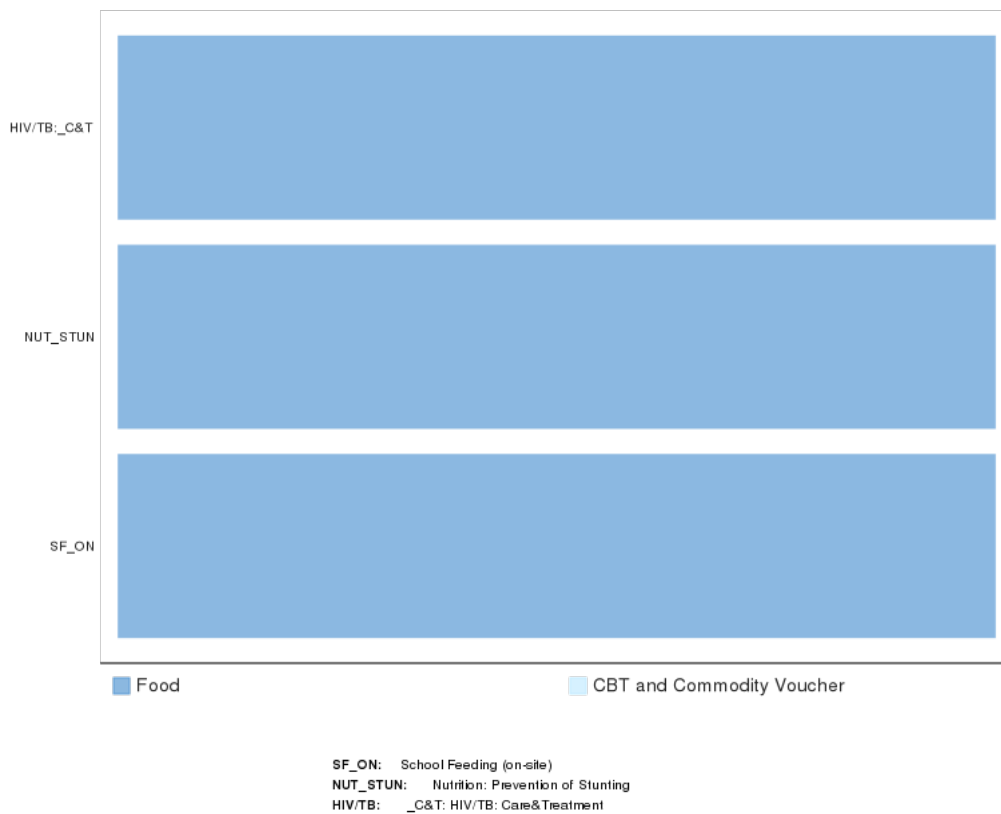
No Food Assistance for Assets activities were planned in the first quarter of 2016 due to the lack of funding.



Annual Project Beneficiaries by Activity



Modality of Transfer by Activity





Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	-	18	-
Canned Fish	157	58	37.0%
Corn Soya Blend	697	230	32.9%
Iodised Salt	9	0	1.8%
Peas	-	2	-
Ready To Use Supplementary Food	121	96	79.7%
Rice	497	63	12.7%
Split Lentils	-	7	-
Split Peas	169	47	28.0%
Vegetable Oil	117	40	33.8%
Wheat Soya Blend	-	32	-
Total	1,767	593	33.5%



Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	25,515	-	-
Value Voucher	29,411	-	-
Total	54,926	-	-

Operational Partnerships

PRRO was operational for only three months in 2016 and had limited the number of operational partners. However, through the ongoing partnership assessment, WFP identified additional potential partners for the new country programme that started in April 2016.

Several meetings were held with different national and international partners to identify areas of possible collaboration, building on respective strengths and strategic linkages. However, the limited capacity of local non-governmental organizations (NGOs) and the presence of few major international NGOs with complementary capacity are a recurring challenge in Guinea-Bissau. More investment in capacity development and augmentation is needed.

WFP continued to work in strategic partnership with the United Nations Children's Fund (UNICEF) and the Food and Agriculture Organization of the United Nations (FAO) to provide the Essential Learning Package.

WFP provided food to schools while UNICEF built water and sanitation infrastructures, distributed didactic materials and conducted teachers' training. As part of the set up of gardening and horticulture schools targeting local women associations, FAO provided seeds, agricultural tools and technical assistance.

WFP, FAO and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) also began discussions on a possible joint programme for women empowerment with Food Assistance for Assets.

WFP, as part of the United Nations Joint Team on AIDS (UNJT), is a partner of the National Secretariat for Fight against AIDS (SNLS) contributing to the national response to AIDS. The UNJT contributed with technical assistance to preparation and submission of the national proposal to Global Fund for an HIV grant and WFP contributed with identification of nutrition gaps.

Within the UNJT, WFP provided food assistance to malnourished people living with HIV (PLHIV) and tuberculosis (TB) clients and to their family as a protection ration.

WFP provided financial and technical assistance to health centres for the assessment of the nutritional status of PLHIV under anti-retroviral therapy (ART) and TB clients under treatment.

WFP and UNICEF joined efforts to reinforce the capacity of the Ministry of Health to manage and prevent acute malnutrition in Guinea-Bissau. In this partnership, UNICEF trained health staff and community health workers on nutrition protocol and distributed Plumpy'Doz for treatment of severe acute malnutrition (SAM), while WFP distributed SuperCereal Plus for treatment of moderate acute malnutrition and for assistance to post-SAM treatment children as per the national protocol. Early in the project, WFP also distributed Plumpy'Doz and SuperCereal Plus for the prevention of stunting.

Performance Monitoring

There has been no significant variation in the number of assisted sites for the first two years of the PRRO 200526 implementation. In January 2016, after a thorough assessment, new schools were included in the school meals programme due to a new large contribution. In order to meet the new monitoring and evaluation requirements, WFP set up an innovative partnership with a local non-governmental organization (NGO) that included a comprehensive training on WFP's monitoring and evaluation toolkit – for the monitoring of school meal activities in 101 schools in Cacheu region. Through this partnership, about 22 percent of the end distribution points were monitored over three months. The initial results are encouraging and WFP is considering replication of this approach.

In 2015, WFP developed a monitoring plan until the end of the project, however, funding shortage did not allow outcome monitoring of some programme activities, including moderate acute malnutrition (MAM) treatment. In addition, the technical expertise required for outcome monitoring in stunting prevention could not be sourced at national or local level, therefore WFP was not able to measure coverage rate and the minimum acceptable diet.

After a school meals baseline survey was designed, a consultant was hired to carry out the survey with the active involvement of the Ministry of Education and completed the baseline.

In 2016, WFP conducted a gender study, to improve the understanding of the linkage between gender inequalities and food security. Data was collected using mobile technology to make it more efficient and quicker to analyse. WFP plans to use mobile data collection in its 2016–2020 monitoring strategy for all studies and monitoring exercises.

Results/Outcomes

The anti-retroviral therapy (ART) and tuberculosis (TB) defaulter and recovery rates have improved since 2015. This is due to the fact that there was no funding shortage and that participants were provided with food rations as incentive to attend treatment. It should be noted that defaulter rates were lower than previous years also because it was measured before the May-June period when people are traditionally engaged in the cashew-nut harvest when defaulters usually increase.

The number of beneficiaries of stunting prevention was lower than planned because of the limited capacity of cooperating partners to sensitise and enrol beneficiaries in Oio region. However, WFP reached higher numbers of beneficiaries than the previous year due to enhanced dialogue with partners and technical assistance provided. Specifically, WFP carried out trainings for health workers including community health workers, which translated into an increased engagement to support the programme.

Data from the 422 participating schools indicate a slight increase in the overall number of students from beginning of the school year in October 2015 until the end of March 2016. Also, the performance indicators show a slight increase in the enrolment ratio of girls to boys. The number of participating schools increased from 422 schools in 2015 to 523 in 2016. The reported retention rate relates to the end of the school year 2015/16.

Progress Towards Gender Equality

Gender equality continues to be a major challenge in Guinea-Bissau. Cultural norms tend to be rooted in patriarchy, with high levels of child marriage, low school enrolment rates for girls, lack of land rights for women, and lack of access to justice or protection against sexual and other forms of gender-based violence. Women's participation in school meals management committees is low and they are not often found in leadership positions. In this context, WFP continues to mainstream gender and promote gender equality.

To address gender disparity in schools, WFP carried out broadcasting messages to sensitise population on gender through the national radio and eight local radios addressing specific issues such as education and gender equity in schools. During prevention of stunting activities, WFP conducted education sessions at health centres and communities advocating for gender parity in school meals management committees, and through its cooperating partners, encouraged increased participation of men in household decision-making about good nutrition and childcare.

Due to funding shortage, WFP was not able to provide take-home rations to girls from 4th to 6th grades to ensure their retention as planned.

Protection and Accountability to Affected Populations

It was not possible to carry out post-distribution monitoring due to the limited time available and the preparations of the upcoming Country Programme. However, based on December 2015 monitoring exercise, WFP mainstreamed protection to avoid exposing beneficiaries to harm. This was done through sensitisation, capacity development of staff and cooperating partners, and field missions to ensure that security measures were in place at food distribution sites.

Related to the planned implementation of cash-based transfers (CBT) for the household members of people living with HIV (PLHIV) and tuberculosis (TB), WFP conducted assessments in treatment centres to get feedback from prospective beneficiaries on the preferred modality for food assistance. The assessment was conducted through questionnaires that was submitted by treatment centre staff. The assessment showed that 67 percent preferred to be assisted through CBT, stating that CBT could decrease the risk of stigmatisation.

WFP also established a complaint mechanism through a mobile hotline with one of the commercial mobile operators in Guinea-Bissau.

Figures and Indicators

Data Notes

Cover page photo © WFP/ Dan-Vieira da Costa

Children in Bissa school, in the Biombo region receiving their school meals.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	87,979	95,886	183,865	80,567	76,471	157,038	91.6%	79.8%	85.4%
By Age-group:									
Children (under 5 years)	14,338	14,338	28,676	12,129	12,225	24,354	84.6%	85.3%	84.9%
Children (5-18 years)	72,336	79,874	152,210	67,199	62,014	129,213	92.9%	77.6%	84.9%
Adults (18 years plus)	1,305	1,674	2,979	1,239	2,232	3,471	94.9%	133.3%	116.5%
By Residence status:									
Residents	87,980	95,885	183,865	80,294	76,744	157,038	91.3%	80.0%	85.4%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
School Feeding (on-site)	122,314	3,565	148,576	126,403	-	126,403	103.3%	-	85.1%
School Feeding (take-home rations)	10,855	-	10,855	-	-	-	-	-	-
Nutrition: Treatment of Moderate Acute Malnutrition	993	-	993	-	-	-	-	-	-

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Prevention of Stunting	28,500	-	28,500	22,375	-	22,375	78.5%	-	78.5%
HIV/TB: Care&Treatment;	4,896	900	5,796	8,260	-	8,260	168.7%	-	142.5%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
School Feeding (on-site)	122,314	3,565	148,576	126,403	-	126,403	103.3%	-	85.1%
School Feeding (take-home rations)	10,855	-	10,855	-	-	-	-	-	-
Nutrition: Treatment of Moderate Acute Malnutrition	993	-	993	-	-	-	-	-	-
Nutrition: Prevention of Stunting	28,500	-	28,500	22,375	-	22,375	78.5%	-	78.5%
HIV/TB: Care&Treatment;	2,070	-	2,070	1,489	-	1,489	71.9%	-	71.9%

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
School Feeding (on-site)									
Children receiving school meals in primary schools	75,774	72,802	148,576	64,466	61,937	126,403	85.1%	85.1%	85.1%
Total participants	75,774	72,802	148,576	64,466	61,937	126,403	85.1%	85.1%	85.1%
Total beneficiaries	75,774	72,802	148,576	64,466	61,937	126,403	85.1%	85.1%	85.1%
School Feeding (take-home rations)									

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Children receiving take-home rations in primary schools	-	10,855	10,855	-	-	-	-	-	-
Total participants	-	10,855	10,855	-	-	-	-	-	-
Total beneficiaries	-	10,855	10,855	-	-	-	-	-	-
HIV/TB: Care&Treatment;									
ART Clients receiving food assistance	315	635	950	322	653	975	102.2%	102.8%	102.6%
TB Clients receiving food assistance	538	582	1,120	246	268	514	45.7%	46.0%	45.9%
Total participants	853	1,217	2,070	568	921	1,489	66.6%	75.7%	71.9%
Total beneficiaries	2,654	3,142	5,796	3,965	4,295	8,260	149.4%	136.7%	142.5%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	199	199	398	-	-	-	-	-	-
Children (24-59 months)	297	298	595	-	-	-	-	-	-
Total beneficiaries	496	497	993	-	-	-	-	-	-
Nutrition: Prevention of Stunting									
Children (6-23 months)	14,250	14,250	28,500	11,187	11,188	22,375	78.5%	78.5%	78.5%
Total beneficiaries	14,250	14,250	28,500	11,187	11,188	22,375	78.5%	78.5%	78.5%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO2 Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies				
Improved access to assets and/or basic services, including community and market infrastructure				
Retention rate in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Project End Target: 2014.12, Physical Count, Base value: 2013.12, Secondary data, Physical count, Previous Follow-up: 2015.12, Secondary data, Schools Records, Latest Follow-up: 2016.09, Secondary data, Schools Records	=91.00	91.00	96.40	95.00
Retention rate (girls) in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Project End Target: 2014.12, Physical count, Base value: 2013.12, WFP programme monitoring, Physical count, Previous Follow-up: 2015.12, Secondary data, Schools Records, Latest Follow-up: 2016.09, Secondary data, Schools Records	=91.00	91.00	95.80	96.00
Retention rate (boys) in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Project End Target: 2014.12, Physical count, Base value: 2013.12, WFP programme monitoring, Physical count, Previous Follow-up: 2015.12, Secondary data, Schools records, Latest Follow-up: 2016.09, Secondary data, Schools records	=91.00	91.00	97.90	95.00
Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Latest Follow-up: 2016.03, Secondary data, Schools Records		-	-	38.00
Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Project End Target: 2014.12, Physical count, Base value: 2014.12, Secondary data, Schools Records, Previous Follow-up: 2015.12, Secondary data, Schools Records	=2.00	-3.57	7.00	-
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Project End Target: 2014.12, Physical account, Base value: 2014.12, Secondary data, Schools Records, Previous Follow-up: 2015.12, Secondary data, Schools Records, Latest Follow-up: 2016.03, Secondary data, Schools Records	=2.00	-4.41	8.00	43.00
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Project End Target: 2014.12, Physical account, Base value: 2014.12, Secondary data, Schools Records, Previous Follow-up: 2015.12, Secondary data, Schools Records, Latest Follow-up: 2016.03, Secondary data, Schools Records	=2.00	2.73	8.00	34.00
Gender ratio: ratio of girls to boys enrolled in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Latest Follow-up: 2016.03, Secondary data, School Records		-	-	0.96
Gender ratio: ratio of girls to boys enrolled in WFP-assisted primary schools				
ASSISTED PRIMARY SCHOOLS , Project End Target: 2014.12, schools reports , Base value: 2013.12, WFP programme monitoring, Schools reports, Previous Follow-up: 2015.12, Secondary data, School Records	=1.00	0.89	0.90	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CAS: Community Asset Score (average)				
<i>IN THE FOLLOWING REGIONS: OIO, CACHEU, BIOMBO, GABU AND QUINARA. , Project End Target: 2015.12, CP reports</i>	=80.00	-	-	-
Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children				
MAM treatment recovery rate (%)				
<i>ALL REGIONS, Project End Target: 2014.12, Health centre, Base value: 2013.12, WFP programme monitoring, CP reports, Previous Follow-up: 2015.12, WFP programme monitoring, CP Reports</i>	>75.00	83.25	77.35	-
MAM treatment mortality rate (%)				
<i>ALL REGIONS, Project End Target: 2014.12, Health Centre, Base value: 2013.12, WFP programme monitoring, Health Centre, Previous Follow-up: 2015.12, WFP programme monitoring, CP Reports</i>	<3.00	0.71	0.70	-
MAM treatment default rate (%)				
<i>ALL REGIONS, Project End Target: 2014.12, CP Reports, Base value: 2013.12, WFP programme monitoring, Health Centres Reports, Previous Follow-up: 2015.12, WFP programme monitoring, CP Reports</i>	<15.00	11.97	17.91	-
MAM treatment non-response rate (%)				
<i>ALL REGIONS, Project End Target: 2014.12, Health Centre, Base value: 2013.12, WFP programme monitoring, Health Centre, Previous Follow-up: 2015.12, WFP programme monitoring, CP Reports</i>	<15.00	1.28	4.04	-
ART Default Rate (%)				
<i>ALL REGIONS, Project End Target: 2014.12, CP reports, Base value: 2013.12, WFP programme monitoring, CP reports, Previous Follow-up: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.03, WFP programme monitoring, CP Reports</i>	<15.00	26.46	22.34	13.23
TB Treatment Default Rate (%)				
<i>ALL REGIONS, Project End Target: 2015.12, CP reports, Base value: 2013.05, WFP programme monitoring, CP reports, Previous Follow-up: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.03, WFP programme monitoring, CP Reports</i>	<13.00	12.00	10.63	4.73
Proportion of target population who participate in an adequate number of distributions				
<i>ALL REGIONS, Project End Target: 2015.12, PDM</i>	>70.00	-	-	-
Proportion of eligible population who participate in programme (coverage)				
<i>ALL REGIONS, Project End Target: 2014.12, Physical account, Base value: 2015.12, WFP programme monitoring, Monitoring, Latest Follow-up: 2016.03, WFP programme monitoring, CP Reports and national datas</i>	>70.00	74.00	-	61.00
Proportion of children who consume a minimum acceptable diet				
<i>ALL REGIONS, Project End Target: 2015.12, PDM- Prevention, Base value: 2014.07, Secondary data, Latest Follow-up: 2016.03, Secondary data</i>	>70.00	8.30	-	8.30

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Average number of schooldays per month on which multi-fortified foods or at least 4 food groups were provided				
<i>ALL REGIONS, Project End Target: 2015.12, CP reports, Base value: 2014.12, WFP programme monitoring, CP Reports, Previous Follow-up: 2015.12, WFP programme monitoring, Schools Records, Latest Follow-up: 2016.03, WFP programme monitoring, Schools Records</i>	=16.00	12.00	15.50	14.50
ART Nutritional Recovery Rate (%)				
<i>ALL REGIONS, Project End Target: 2014.12, CP reports, Base value: 2013.12, WFP programme monitoring, CP reports, Previous Follow-up: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.03, WFP programme monitoring, CP Reports</i>	>75.00	56.45	72.93	78.31
TB Treatment Nutritional Recovery Rate (%)				
<i>ALL REGIONS, Project End Target: 2014.12, CP reports, Base value: 2013.05, WFP programme monitoring, CP reports, Previous Follow-up: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.03, WFP programme monitoring, CP Reports</i>	>75.00	72.86	76.87	86.49

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO2: HIV/TB: Care&Treatment;				
Number of health centres/sites assisted	centre/site	45	-	-
Number of staff members/community health workers trained on modalities of food distribution	individual	-	32	-
SO2: HIV/TB: Care&Treatment; and Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	-	46	-
SO2: Nutrition: Prevention of Stunting				
Number of health centres/sites assisted	centre/site	30	28	93.3%
Number of staff members/community health workers trained on modalities of food distribution	individual	-	61	-
SO2: School Feeding (on-site)				
Number of feeding days	instance	37	29	78.4%
Number of schools assisted by WFP	school	525	525	100.0%
Number of timely food distributions as per schedule	instance	4,324,412	3,665,687	84.8%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	=40.00	-	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, HIV/TB, Project End Target: 2015.12, Base value: 2015.12</i>	=50.00	14.00	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	=40.00	-	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, HIV/TB, Project End Target: 2015.12, Base value: 2015.12</i>	=30.00	53.00	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	=20.00	-	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, HIV/TB, Project End Target: 2015.12, Base value: 2015.12</i>	=20.00	33.00	-	-
Proportion of women beneficiaries in leadership positions of project management committees				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	>50.00	-	-	-
Proportion of women beneficiaries in leadership positions of project management committees				
<i>GUINEA-BISSAU, School Feeding, Project End Target: 2014.12, Base value: 2015.12</i>	>50.00	27.00	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	>60.00	-	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>GUINEA-BISSAU, School Feeding, Base value: 2015.12</i>		100.00	-	-

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	=90.00	-	-	-
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, HIV/TB, Base value: 2015.12</i>		11.00	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Nutrition, Project End Target: 2015.12</i>	=90.00	-	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	=90.00	-	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, HIV/TB, Base value: 2015.12</i>		100.00	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, Nutrition, Project End Target: 2015.12</i>	=90.00	-	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	>90.00	-	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, HIV/TB, Base value: 2015.12</i>		0.00	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Nutrition, Project End Target: 2015.12</i>	>90.00	-	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	=90.00	-	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>GUINEA-BISSAU, HIV/TB, Base value: 2015.12</i>		100.00	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>GUINEA-BISSAU, Nutrition, Project End Target: 2015.12</i>	=90.00	-	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	=90.00	-	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, HIV/TB, Base value: 2015.12</i>		3.00	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Nutrition, Project End Target: 2015.12</i>	=90.00	-	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site	=90.00	-	-	-
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>				
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site		100.00	-	-
<i>GUINEA-BISSAU, HIV/TB, Base value: 2015.12</i>				
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site	=90.00	-	-	-
<i>GUINEA-BISSAU, Nutrition, Project End Target: 2015.12</i>				

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services	=10.00	-
<i>GUINEA-BISSAU, Food-Assistance-for-Assets, Project End Target: 2015.12</i>		
Number of partner organizations that provide complementary inputs and services	>8.00	-
<i>GUINEA-BISSAU, Nutrition, Project End Target: 2014.12</i>		
Number of partner organizations that provide complementary inputs and services	=6.00	-
<i>GUINEA-BISSAU, School Feeding, Project End Target: 2014.12</i>		
Proportion of project activities implemented with the engagement of complementary partners	=100.00	100.00
<i>GUINEA-BISSAU, Nutrition, Project End Target: 2014.12, Latest Follow-up: 2016.03</i>		
Proportion of project activities implemented with the engagement of complementary partners	=100.00	100.00
<i>GUINEA-BISSAU, School Feeding, Project End Target: 2014.12, Latest Follow-up: 2016.03</i>		

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Portugal	POR-C-00007-02	Iodised Salt	-	54
		Total	-	54