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Project Number: 200655 | Project Category: **Single Country PRRO**  
Project Approval Date: June 05, 2014 | Planned Start Date: July 01, 2014  
Actual Start Date: July 01, 2014 | Project End Date: March 31, 2018  
Financial Closure Date: N/A

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**SPR Reading Guidance**



## Assistance to Refugees and Vulnerable Food-Insecure Populations

### Standard Project Report 2018

World Food Programme in Burundi, Republic of (BI)

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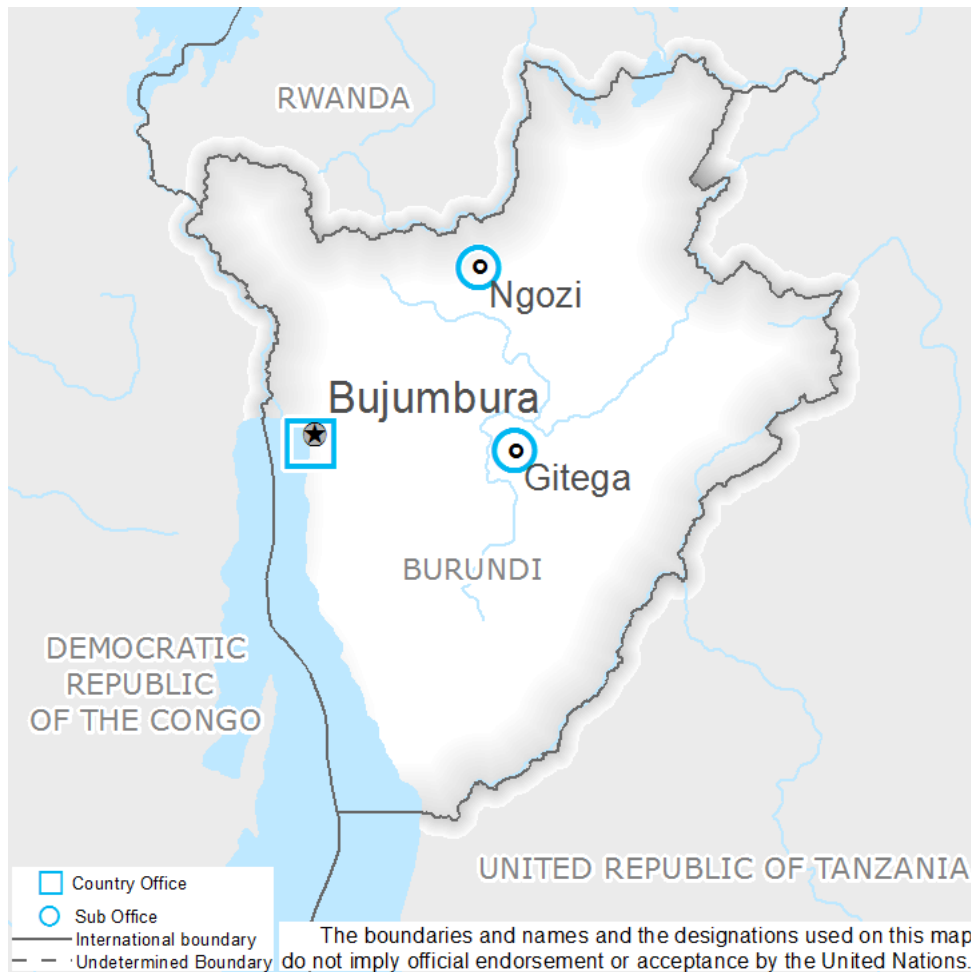
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# Country Context and WFP Objectives



## Achievements at Country Level

The year 2018 marked an important turning point for WFP-Burundi with the adoption of the new corporate programming approach through the Integrated Road Map. As Burundi was not yet ready for a Country Strategic Plan, WFP Burundi adopted a three-year (2018-2020) Interim Country Strategic Plan (ICSP) set to start on 1 April 2018. The then ongoing projects, a Protracted and Relief and Recovery Operation (PRRO 200655) and a Country Programme (CP 200119) due to end on 31 December 2017 were extended for three months (January-March) as a transition period to ICSP programming. One of the commendable achievements was the efficient organization of a successful transition to the ICSP. The country started preparations for the ICSP in 2016 with a country portfolio evaluation, followed by consultations with the Government of Burundi, local donors and key partners. From December 2017 to January 2018, the Country Office presented a final draft to the government, donors and other partners in the country.

This continuous dialogue of partners was key to the success of this transition and the production of a good quality project document, which was approved by the Executive Board on 28 February 2018.

In January 2018 WFP, in collaboration with partners, provided timely response during the sudden influx of Congolese refugees fleeing conflict in the Democratic Republic of Congo (DRC). They received timely food assistance in transit centres as well as refugee camps, thus increasing the proportion of households consuming appropriate food by 8 percent between August and November 2018. The Burundian refugees returning through voluntary repatriation from Tanzania to Burundi were also assisted upon arrival at transit centres, and with a three-month food return package to help them reintegrate their communities. To ensure an effective reintegration



and social cohesion, WFP provided food assistance to food-insecure host communities during lean seasons.

Another important achievement is the integration of stunting prevention and community-based treatment of Moderate Acute Malnutrition (MAM) in the same areas of Gitega province, to optimize effectiveness. The intervention using Cash-Based Transfers (CBT) to complement Supplementary Nutritious Foods (SNF) distributed to beneficiaries is the first of its kind and its results will inform scale up in other regions. Other MAM treatment activities managed to keep the patients' recovery rate well above the set target and the mortality rate approaching zero in the four targeted provinces.

High-level advocacy and awareness raising against stunting in Burundi was strengthened. The high-level mission of Princess Sarah Zeid in May was a key milestone in the process of stimulating a national dialogue on nutrition at the highest levels. The strengthened advocacy resulted in the involvement of the Second Vice-president and the First Lady in the campaign against stunting.

The Home Grown School Feeding programme was extended to more schools, increasing assisted schoolchildren by 30 percent. The associated Purchase-For-Progress injected over USD 2 million into the local economy. With a view to contributing towards school feeding programme ownership by local authorities, WFP successfully supported the development of a national school feeding policy approved by the Council of Ministers in November 2018.

In preparation for asset creation activities, the Country Office updated available information on seasonal livelihood programming in Gitega and Karusi in June and trained staff on the new Food Assistance for Assets (FFA) guidelines and tools aligned with the new corporate result framework. A regional FFA workshop was also organized in Burundi and the Country Office hosted two staff from South Sudan and Uganda under an exchange programme for FFA experiential learning. WFP also received support from headquarters to set up and use Asset Impact Monitoring System (AIMS) technology to monitor the long-term and large-scale landscape impact of its FFA.

WFP explored alternative supply chain corridors to enhance efficiencies and cost effectiveness. In this regard, WFP tested the Southern Corridor Zambia-Burundi for dispatching WFP cargo in the region; WFP was able to purchase 5,000 metric tons (mt) from Zambia. In addition, WFP worked with the Government of Burundi and other development partners, including the World Bank, on an Integrated Lake Tanganyika Transport Corridor Programme aimed at revitalizing the Lake Tanganyika trade corridor between Southern and Eastern Africa with the Port of Bujumbura as a central transit hub for other WFP operations in the region. WFP conducted a study to inform the status of the Lake Tanganyika corridor. The findings of the study were shared with stakeholders and attracted donors' attention for further collaboration with WFP on rehabilitation of the corridor. The revitalization of Lake Tanganyika corridor will allow a reduction of transport costs by 20 percent and reduction of lead-time by more than 8 weeks for international purchases.

WFP also took the lead in providing logistic support in Ebola Virus Disease the preparedness response. The country office hired a full-time logistics expert for the Ebola response who is installing the necessary facilities for prevention and response, should the disease spread from DRC.

## Country Context and Response of the Government

Burundi is one of the poorest countries in the world, ranking 185 out of 189 on the Human Development Index (HDI) with over 65 percent of the population living under the national poverty line of USD1.90 per day. The country is the 9th most food insecure in the world, sharing similar levels of food insecurity with Somalia, according to the 2018 World Food Security Report. Over 90 percent of the population are dependent on agriculture as their main source of income, although agricultural productivity and access to arable land are very low. With a population estimated at 11.7 million in 2017, Burundi has the second highest population density in Sub-Saharan Africa with more than 400 inhabitants per km<sup>2</sup>. The high population density as well as the ongoing influx of returnees and refugees from the Democratic Republic of Congo (DRC) contributes to competition and disputes over scarce natural resources. It is worth noting that women play a major role in Burundi's national economy and represent 55.2 percent of the workforce. Women are particularly active in the agricultural sector, which provides 90 percent of food production and 90 percent of the country's exports. Despite this, the right of women to inherit land still faces the triple barriers of demography, tradition and the law. In spite of efforts made by the Government of Burundi to improve women's representation at all levels of decision-making, gender disparities remain very real in Burundian society.

An economic recession continues to afflict the country because of several reasons including: a fragile political environment, the suspension of direct budget support from donors due to the current socio-political context, and deterioration of macro economic conditions necessary for the private sector to function. Reduced foreign currency reserves are significantly restricting imports, especially for fuel and medicine. Burundi's preparedness for emergencies and crises is extremely low and the country lacks the capacity to cope with severe shocks such as droughts, epidemics and floods, which often claim lives, undermine livelihoods and may lead to displacements.

Despite notable improvements in the security situation in the country, more than 350,000 Burundians are still in exile in neighbouring countries. The International Organization for Migration (IOM) has also recorded high numbers of Internally Displaced Persons (IDPs), estimated at 140,000 in December 2018, 77 percent of whom were displaced by natural disasters. The Office of the United Nations High Commissioner for Human Rights (OHCHR), indicate that the situation in the country is calm but fragile. There are reports of human rights violations and hate-speech incidents against opposition figures. In addition, the Government's crackdown on International Non-Governmental Organizations (INGOs) in October 2018 was perceived as an attempt to control the actions of international NGOs and silence dissent in the country.

Following a Tripartite agreement between UNHCR and the governments of Burundi and Tanzania signed on 30 August 2017 to facilitate voluntary returns, around 60,000 Burundian refugees returned to Burundi by the end of December 2018. According to UNHCR predictions, 116,000 Burundian refugees are expected to return to Burundi in 2019. The arrival of more returnees will put additional pressure on already overstretched community resources at a time when humanitarian needs remain high among vulnerable populations. So far, except for food assistance provided by WFP in the form of cooked food and a three-month package, no re-integration package exists for returnees despite the fact that they require a longer period of life-saving and integration interventions because they are destitute. The WFP three-month return package does not last more than one month because food is shared with host communities, leaving the returnees with huge food deficits. The plight of returnees is aggravated by the high food insecurity among their host communities.

As of 31 December 2018, the country hosts more than 43,600 Congolese refugees in five camps, who fled insecurity mainly in eastern DR Congo. The security situation in the Kivu region in the eastern region of the DRC is still unpredictable. Repatriation of Congolese refugees in Burundi is unlikely to take place over the coming years because of continuing insecurity in the DRC, and the recent outbreak of Ebola Virus Disease (EVD).

Preliminary findings of the Joint Assessment Mission (JAM) conducted in December 2018 indicate significant improvements since the last JAM in 2014. The introduction of cash transfers, expansion of food fairs using food vouchers and the supplementation of the ration with SuperCereal to improve its nutrient value impacted positively on the quality of life, food security and the nutrition status of refugees. Cash-Based Transfers (CBTs) have enabled households to purchase fresh vegetables and meat/fish in addition to providing multiple food choices, varieties and enhanced access to more kcal per month than the in-kind food basket. Consequently, acute malnutrition among children aged 6-59 months reduced from an average of 4.4 percent in 2013 to 2.5 percent across all camps by 2017 while anaemia prevalence went down from 35.1 percent to 23.4 percent in the same period. Only stunting among children aged 6-23 months increased slightly to an average of 43.4 percent from 41.4 percent, except in Musasa Camp, where the reduction was from 39 percent in 2013 to 37.5 percent in 2017. However, these developments have been disrupted by funding challenges in 2017 and 2018 that saw the suspension of CBTs and exclusion of SuperCereal in rations, effectively reducing the food basket caloric value from 2,120 kcal to 1,932 kcal. Consequently, refugee households have experienced an overall reduction in food consumption scores, a reduction in their dietary diversity scores while the prevalence of stunting among children went up in three out of four camps and remains in the World Health Organization's (WHO) 'critical' category.

Overall food security in the country improved slightly in 2018 compared to 2017. The July 2018 Integrated Food Security Phase Classification (IPC) noted a reduction by 20 percent of the population in crisis and emergency (IPC Phases 3 and 4) compared to the same period in 2017, thanks to the good performance of agricultural seasons A and B. However, food insecurity persisted in areas seriously hit by March-April climatic shocks (flooding and landslides), particularly in Rumonge and Bujumbura provinces. The IPC conducted during the March-May lean period found 1.37 million food-insecure people (IPC Phase 3 ) in the country. This number was predicted to increase by 26 percent during the following October-December lean season due to the depletion of food stocks from season B harvest.

Globally, Burundi has the highest level of stunting, with a current prevalence level of 56 percent. According to the Demographic and Health Survey (DHS 2016/2017), stunting prevalence is above 50 percent in all 18 provinces except for Bujumbura Mairie, with some provinces in the Northeast at over 60 percent. Global Acute Malnutrition (5-8 percent) has been rising over the past few years. Localized surveys have found prevalence levels far higher than 10 percent. The prevalence of anemia among children aged 6-59 months is above 60 percent, exceeding the WHO threshold of 40 percent.

HIV/AIDS remains a challenge in Burundi. Although the national average is low (0.9 percent according to the 2016-2017 Health and Demographic Survey (HDS), higher rates are recorded in urban areas (Bujumbura: 2.6 percent, Gitega: 2.3 percent) and women are more affected than men (1.2 percent for women, and 0.6 percent for men). Monitoring statistics in 2017 show a progressive decrease in prevalence from 1.4 percent in 2010 to 0.9 percent in 2017. The National Programme for the Fight against HIV/AIDS placed in the Ministry of Health closely follows trends of HIV infection in Burundi and works with WHO and other partners to implement preventive actions and facilitate access to anti-retroviral treatment. In rural areas, particularly in food insecure zones, the effect of

anti-retroviral treatment remains limited as the treatment is effective when the patient has appropriate food. According to an Evaluation of Nutritional Status and Vulnerability Profile of People Living with HIV/AIDS (PLHIV) and Women Under the Prevention of Mother-to-Child Transmission (PMTCT) in Burundi, both nutrition and food security remain serious concerns for PLHIV in Burundi. Thirty-one percent of households affected by HIV was found to be food insecure, with five percent classified as severe food insecure. At the same time, both under- and overnutrition are a concern with over 30 percent of PLHIV found to be acutely malnourished, while overweight exceeded 40 percent in women under the PMTCT protocol.

The National Social Protection Policy approved by the Government in April 2011 has not yet been fully implemented in Burundi, and adequate access to social protection continues to be of great concern, especially with the deterioration of the socio-economic situation and budget cuts to basic services. Social protection interventions are largely insufficient to cater for the needs of the most vulnerable segments of the population hosted in social institutions offering psychosocial support, vocational training or medical treatment, including facilities managed by charity organizations or hospitals. WFP has been the sector lead for social protection since June 2017 and is working closely with UNICEF and Concern (the co-lead) to support the national strategic plan.

The threat of outbreak of Ebola Virus Disease entering Burundi from neighbouring DRC has prompted the Government of Burundi to request support from relevant stakeholders including WFP for the preparation of an appropriate response. Ebola preparedness activities were placed under the leadership of the Ministry of Health with the support of WHO. WFP is taking the lead in the provision of logistic support and has hired a full-time logistics expert for Ebola response who is installing the necessary facilities for prevention and response at identified entry points along the border with DRC and Rwanda.

The Government of Burundi's efforts to ensure long-term solutions to food and nutrition insecurity challenges in the country are translated into relevant country policies including the Burundi National Development Plan (2018-2027) and the Burundi's Vision 2025. The government has also adhered to international initiatives, including the Scale Up Nutrition (SUN) movement. WFP's long-term vision in Burundi is to support the government's efforts to achieve Sustainable Development Goal (SDG) 2: end hunger, achieve food security and improve nutrition by 2030. WFP's focus is to reshape the food system in Burundi by promoting a multi-sectoral and systems approach to food access and utilization. The overall country strategy is aligned with national food and nutrition security policies and tools, and the United Nations Development Assistance Framework (UNDAF) for 2012-2018.

Socio-political turmoil in 2015 and the consequent fragile socio-political context in Burundi have delayed the country's development agenda, thus influencing adjustments to WFP's vision in the country. As development of a new poverty reduction strategy paper was postponed, the United Nations Country Team extended the UNDAF until the end of 2018. To align with this timeline, the Country Office extended the Protracted Relief and Recovery Operation (PRRO) and Country Programme in Burundi until March 2018.

WFP activities are aligned with national food security and nutrition strategies and gender action plan. WFP humanitarian, community recovery and development interventions are aligned with the communal development plans, nutrition activities are defined based on National Protocols, and the School Feeding programme aligns with the government's reform of the education system. During implementation, WFP works with decentralized structures of line ministries, which is a good mechanism to detect gaps in expertise and organize capacity strengthening training with a view to transferring skills to local institutions for a future programme handover. As an example, WFP implements School Feeding in close cooperation with the government of Burundi, supporting the government's commitment to take over the programme. The government's strong commitment in this regard is reflected through its sustained financial contribution of some USD 1.5-2 million to the project each year since 2011, the establishment of a national directorate for school feeding within the Ministry of Education, which coordinates all such activities in the country, and the development and recent approval by the Council of Ministers of a National School Feeding Policy, which sets out guiding principles and strategic directions for the project. The government considers the School Feeding programme as the main social protection safety net and priority, as was acknowledged by the Social Protection Working Group led by Ministry of Human Rights, Social Affairs and Gender.

## WFP Objectives and Strategic Coordination

In 2018, WFP interventions were implemented under a Protracted Relief and Recovery Operation (PRRO), a Country Programme (CP) and an Interim Country Strategic Plan (ICSP). The interventions were designed to contribute towards addressing the food security challenges in Burundi, working with various actors in joint efforts to actualize the government's food security and nutrition policies and tools that seek to address humanitarian needs and pursue longer-term objectives addressing root causes of food insecurity. Working within the 2018 Humanitarian Response Plan, WFP coordinated with other humanitarian stakeholders, leveraging its position as humanitarian sector lead agency. At the same time, the agency brought in innovative actions that contributed to the transition to

socio-economic development.

WFP implemented emergency response and recovery interventions under PRRO 200655, aiming to save lives and prevent acute malnutrition of the most poor and vulnerable populations. Thus, the PRRO targeted poor and food-insecure households affected by shocks (through targeted food distributions), Congolese refugees in camps and transit centres and Burundian returnees from neighbouring countries. It also provided nutrition support to treat moderate acute malnutrition (MAM) among pregnant and lactating women (PLW) and children aged 6-59 months, and to prevent acute malnutrition among PLW and children aged 6-23 months in provinces with Global Acute Malnutrition (GAM) rates > 10 percent or between 5 - 9 percent with aggravating factors, and vulnerable people hosted in social and charity institutions. The latter included the elderly, chronically ill, street children, people with disabilities and victims of gender-based violence.

WFP pursued longer-term solutions to food and nutrition insecurity through implementation of CP 200119, striving to support vulnerable populations in chronic food and nutrition insecure areas. Beneficiaries included pre- and primary school-going children in the most food insecure provinces and pregnant and lactating women and girls and children aged 6-23 months for prevention of stunting. Under the CP, WFP also assisted smallholder farmers through market support. The Home-Grown School Feeding programme took advantage of South-South and triangular cooperation with the Centre of Excellence against Hunger in Brazil and other international fora such as the Global Child Nutrition Forum in Tunis in October, which WFP Burundi and Government officials participated in. The Centre of Excellence actively supported the development of the National School Feeding Policy by deploying two experts in this regard. It is preparing to provide similar support for the development of implementation strategy.

WFP provided technical support to the national response to HIV and AIDS through funding from the Unified Budget Results and Accountability (UBRAF). WFP also engaged within the Joint United Nations Programme (UNJT) of HIV and AIDS advocating for the inclusion of food and nutrition support within the HIV response. In addition, in 2018, WFP Burundi was the sub-recipient of the Global Fund programme (fight AIDS Tuberculosis and Malaria) whereas UNDP was the principle recipient. Through a tripartite agreement signed between WFP, UNDP and Burundi Red Cross, which recognizes WFP leading role and expertise in the areas of supply chain, WFP continued to provide supply chain services in the HIV and AIDs nutrition response.

Since 1 April 2018, the country office transitioned to a ICSP, as part of the Integrated Road Map, a new programming approach launched by WFP worldwide. Through the three-year (2018-2020) ICSP, WFP continued to provide food support to refugees in camps and transit centres, IDPs, Burundian returnees, host communities and other acutely food-insecure populations. WFP also assisted school-going children in food-insecure areas and provided nutrition support to children, adolescent girls and pregnant and lactating women, as well as providing technical support to smallholder farmers and farmers' organizations. Under the ICSP, WFP endeavored to provide external services to Government, humanitarian, and development partners. In preparation for an eventual spread of EVD virus to Burundi from DRC, WFP Burundi supported the government in establishing preparedness and response activities. WFP took lead in organizing the logistical part of preparedness activities.

The above interventions were aligned with the national Strategic Poverty Reduction Paper second generation and the United Nations Development Assistance Framework, and contributed to achieve WFP strategic objectives 1, 2, 3 and 4. They also contributed to addressing Sustainable Development Goal 2 (SDG 2) "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture", and SDG 17 "Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development". WFP also contributed to the attainment of SDG 5 "Achieve gender equality and empower all women and girls", by strengthening gender equality mainstreaming in all its programmes through implementation of the CO Gender Action Plan (2017-2020).

Strategic coordination with UN sister agencies, national and international NGOs and the government was key to the success of these interventions. As an example, effective coordination with UNHCR allowed the efficient provision of assistance to refugees, and collaboration with the International Fertilizer Development Centre (IFDC), ZOA and *Confederation des Associations des Producteurs Agricoles pour le Developpement* (CAPAD) was instrumental in supporting smallholder production in provinces covered by WFP's Home-Grown School Feeding programme. Strategic coordination also included work done with the Government in terms of food security monitoring whereby capacities of government entities involved in the Food Security Monitoring System (FSMS) and Integrated Food Security Phase Classification (IPC) were strengthened on tools to use before deployment in the field.



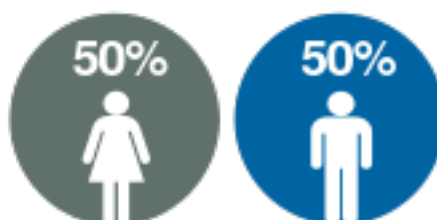
# Country Resources and Results

## Resources for Results

The Burundi Country Office (CO) transitioned to the new Interim Country Strategic Plan (ICSP) from April 2018. This transition involved the closure of the PRRO and CP projects so as to adopt the new budget structure. As such, the CO used carryover resources from 2017 contributions to implement the PRRO and CP projects from January to March 2018. For operational and programming purposes, contributions received from January to March 2018 were registered under the ICSP with donors' consent. Towards the end of 2017, careful resource planning was undertaken to ensure a smooth transition of all activities to the ICSP in three months, without the need for additional resources. Overall, available resources allowed WFP to implement planned activities in a relatively satisfactory way, with the exception of Food Assistance for Assets. From January to March 2018, resource mobilization efforts focused on securing enough resources to kick off and sustain the implementation of the ICSP.

## Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	31,081	32,117	63,198
Children (5-18 years)	271,633	265,495	537,128
Adults (18 years plus)	29,634	41,361	70,995
<b>Total number of beneficiaries in 2018</b>	<b>332,348</b>	<b>338,973</b>	<b>671,321</b>



## Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	2,732	217	1,088	52	135	4,225
Single Country PRRO	1,655	132	517	713	27	3,044



Project Type	Cereals	Oil	Pulses	Mix	Other	Total
<b>Total Food Distributed in 2018</b>	<b>4,387</b>	<b>349</b>	<b>1,605</b>	<b>766</b>	<b>162</b>	<b>7,269</b>

## Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country PRRO	251,939	-	-
<b>Total Distributed in 2018</b>	<b>251,939</b>	<b>-</b>	<b>-</b>

## Supply Chain

Throughout 2018, the Supply Chain unit provided logistics and procurement support to WFP's Burundi operations in various areas including mainly transport, cash-based transfers, procurement and service provision.

WFP Supply Chain unit delivered 26,800 metric tons (mt) of food assistance to Final Distribution Points (FDPs) located in close proximity to beneficiaries. The use of the Global Commodity Management Facility (GCMF) in Kenya, Uganda and Tanzania allowed the reduction of lead times and the timely delivery of food to beneficiaries. Delivery achievement rate was 79.6 percent of the total planned, due to pipeline breaks. WFP Burundi transport capacity comprised of commercial transporters and a WFP-owned fleet of trucks, some of which were leased from the regional fleet in Kampala to boost transport capacity required in-country. To maximize transport efficiency, adequate transport plans were prepared for optimal usage of available transport capacity. WFP's fleet utilization was monitored through the corporate Fleet Management System (FMS) platform. A transport market assessment was also undertaken to help to adopt a strategy to have more commercial transporters committing to transport business with WFP. Assessment of the southern corridor (Zambia corridor) was undertaken and a comprehensive report was produced. That corridor was tested with the purchase of approximately 5,000 mt of maize for Burundi including 530 mt dispatched from Burundi to South Sudan.

Main challenges encountered during the implementation of supply chain-related activities were the poor state of secondary roads which are used to deliver small tonnages to a large number of schools and health centres, coupled with insufficient commercial transport capacity. One of the measures undertaken to mitigate accessibility issues was to organize trans-shipments from trucks to 4x4 pick-ups where road conditions did not allow delivery by trucks. Four small 4x4 trucks and three pick-ups were purchased and deployed in difficult-to-access areas. Roads assessments were conducted and proposals for upgrading roads were prepared.

Cash-Based Transfers (CBT) operations were organized in five refugee camps for four months, where 40 retailers were contracted with a total amount of some USD 1.8 million transferred to beneficiaries through electronic vouchers. An initial assessment was conducted for the potential introduction of CBT operations in school feeding programme by linking smallholder farmers and schools. The assessment will continue in 2019 and the outcome will guide the design of an appropriate retail strategy.

During the reporting period, the Supply Chain unit procured a total of 3,600 mt of assorted commodities comprised of beans, rice and UHT milk from the local market. Local purchases allowed the provision of assistance in a timely manner, while also contributing to the local economy. WFP supply chain also provided support to ongoing capacity strengthening initiatives of local smallholder farmers involved in WFP's smallholder market support by conducting post-harvest management training, and distribution of related equipment including silos, hermetic bags, and tarpaulins. This was aimed at improving post-harvest handling and storage thus contributing to minimal loss across the supply chain cycle and improved food security.

WFP conducted a supply chain milk assessment in 12 milk collection centres installed in Ngozi, Kayanza, Gitega, and Bujumbura provinces by the government project, PRODEFI, supported by IFAD. The objective was to assess the hygiene conditions along the milk value chain in order to improve safety and quality of the milk. The assessment recommended an improvement of hygiene at milk collector levels as well as enhancement of hygiene control measures at the factory level.

The unit also undertook the contracting process for maize meal fortification and put in place quantity and quality control measures. The unit was also responsible for purchasing and delivering micro-nutrients to a miller (MINOLACS) under contract with WFP for maize meal fortification in order to mitigate shortage of the commodity experienced during the previous year. An assessment of middle-sized mills was conducted with the aim to upgrade them and use them for food fortification.

Supply Chain also provided service and capacity strengthening for external partners. Services provided included the provision of fuel to the humanitarian community, and procurement of nutrition inputs on behalf of World Vision International. Capacity strengthening was provided to the Burundi Red Cross on CBT, logistics and supply chain, and community-based early warning systems. The overall objective was to invest in the human and institutional capacity of the Burundian Red Cross in critical emergency preparedness and response to build robust, sustainable national societies capable of leading national responses alongside their governments, with UN agencies playing a supporting role as relevant.

Under the Global Fund programme to fight AIDS, Tuberculosis and Malaria (GF), a tripartite agreement was signed between WFP, UNDP and Burundi Red Cross. Under this agreement, UNDP is the principal funds recipient channeling funds to WFP; WFP's obligations were to manage food procurement, transport and storage, and the delivery of food to the designated ARV treatment sites in the country. From August to December 2018, WFP delivered 168, 400 mt out of the planned 232,200 mt which was 72 percent of food commodities. The covered area included 161 care sites in 18 provinces comprised of health centers and sites of PLHIV care mainly based in urban areas. Fortified Maize Meal, Beans, vegetable oil and Super Cereal Plus were delivered to four targeted groups. The food commodities were distributed through BRC to 640 PLHIV with Severe Acute Malnutrition; 2,584 PLHIV with Moderate Acute Malnutrition and 917 children under the Prevention of Mother to child Transmission (PMTCT) programme and 949 Women under PMTCT.

In preparation for a possible outbreak of Ebola Virus Disease from neighbouring DRC, WFP, through the supply chain unit, took the lead in providing logistics support. The support consisted of the procurement and installation of shelters (tents and containers) for screening, isolation and treatment at various identified points of entry along the border with DRC and Rwanda and securing storage space and transport capacity for partners. In 2019, WFP will continue supporting the installation of the necessary logistic facility including the construction of a permanent EVD treatment unit and will take part in the organization and implementation of an EVD response simulation exercise.



## Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Beans	400	-	400
<b>Total</b>	<b>400</b>	<b>-</b>	<b>400</b>
<b>Percentage</b>	<b>100.0%</b>	<b>-</b>	

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

Commodity	Total
Maize	4,018
Vegetable Oil	37
<b>Total</b>	<b>4,055</b>

## Implementation of Evaluation Recommendations and Lessons Learned

In 2018, WFP continued implementing the management response formulated in response to the Country Portfolio Evaluation (CPE) in 2016. The recommendations of the CPE served as a basis for the development of the Interim Country Strategic Plan (ICSP), which began on 1 April 2018.

A strategic programme review process undertaken in 2017 had recommended a three-month (January-March) extension of the then ending CP 200119 and PRRO 200655 to synchronize with the transition to the new ICSP.

During the three-month transition, WFP maintained the CP and PRRO's 2017 broad objectives. The CP continued to support the Home-Grown School Meals programme and nutrition assistance for the prevention of malnutrition among children aged 6-23 months and pregnant and lactating women. As community recovery activities were not adequately funded in 2017, WFP was not able to continue providing support to vulnerable households through Food Assistance for Assets.

The PRRO prioritized the poorest and food-insecure households as an emergency, mainly Internally Displaced People (IDPs) for general food distributions. It continued to cater for Congolese refugees in camps and transit centres, Burundian returnees and vulnerable people hosted in charity institutions and hospitals including the elderly, the chronically ill, street children, people with disabilities. WFP's support to Moderate Acute Malnutrition (MAM) treatment for pregnant and lactating women and girls and children 6-59 months continued only in provinces with Global Acute Malnutrition rates above 10 percent or between 5-9 percent with aggravating factors (Cankuzo, Kirundo, Ngozi and Rutana).

The Country Portfolio Evaluation (CPE) recommendations guided the formulation of the ICSP. It recommended maintaining the two country strategy priorities -- including Food and Nutrition Security and Emergency Preparedness and Response - in a two-pronged strategic approach, and to include readiness to respond more effectively to current challenges. It also advised to mainstream Capacity Development in the new country strategy plan and operations as a cross-cutting theme. Externally, the CPE recommended strengthening synergies with national strategic partners (Ministries of Agriculture, Health, Education, and Solidarity) and UN partners; complemented by institutional advocacy for synergies on key food security issues.

The ICSP focuses on three areas (crisis response, resilience building and root causes) and includes five Strategic Outcomes (SO). In line with the CPE recommendation, four of the five SOs are related to food and nutrition security and emergency preparedness and response. The ICSP implementation arrangement identified capacity strengthening as one of the transfer modalities for activities 3 (emergency preparedness), 5 (school meals), 6 (malnutrition prevention) and 7 (smallholder farmers support). Regarding synergies strengthening, WFP and UNICEF have developed a Memorandum of Understanding (MOU) on collaboration in the areas of nutrition, education, supply and planning. In addition, both agencies developed together a more detailed concept note with the aim of increasing advocacy for nutrition and launching a joint initiative to contribute to tackling chronic malnutrition in Burundi. Furthermore, WFP together with the International Federation of Red Cross and Red Crescent Societies (IFRC) and other Red Cross partners have invested in strengthening the capacities of the Burundi Red Cross in the areas of: cash-based transfer in emergencies, logistics and supply chain, early warning systems, and in addition to reinforcing its organizational capacities. WFP has taken the lead to reinforce the project through advocacy, reaching out to possible partners (including national Red Cross Societies) and looking for synergies and funding.

The fifth recommendation advocated for the enhancement of the country office's role in nutrition through i) consistent application of WFP Nutrition guidelines and ii) a continuum of care services at health centres and community levels integrating nutrition with access to food; iii) support to the development of a national stunting reduction strategy, while continuing promoting the Scaling Up Nutrition (SUN) initiative, iv) improving M&E analysis of nutrition outcome data and v) advocate to and engage with youths in the prevention of malnutrition.

In response to this recommendation, the country office (CO) systematically applies WFP guidelines in targeting intervention areas, designing programmes, formulating rations and setting indicators and targets. Moderate Acute Malnutrition (MAM) treatment activities are implemented in provinces where UNICEF supports Severe Acute Malnutrition (SAM) treatment to ensure a continuum of care. In addition, nutrition activities are integrated with Food Assistance for Assets interventions to tackle underlying causes of undernutrition.

The CO supported this in the following ways : a) WFP supported the Ministry of Health to develop a sectoral national strategy to address malnutrition. Moreover, WFP Burundi took the initiative to launch a joint and comprehensive effort with the Ministry of Health to tackle chronic malnutrition; b) WFP is supporting the SUN movement in development of a national multi-sectoral strategy for nutrition and food security. So far, WFP has helped SUN to develop the main axis of the strategy and has hired a lead consultant to support the process. The CO also collects and analyses on a monthly basis MAM treatment outcomes indicators to monitor programme performance. Stunting prevention outcome indicators are monitored through baseline and end line surveys conducted respectively at the beginning and end of the year.

The CO worked with the Ministry of Education on the development of Nutrition and Hygiene guidelines for school boys and girls, which was launched in December 2018. The document will be used by teachers to engage school-age boys and girls in nutrition sensitization and behaviour change communication.

The implementation of the sixth CPE recommendation on School Feeding has resulted in the approval by the Council of Ministers in November 2018 of a National School Feeding Programme policy ,whose development was supported by WFP.

On another note, on 27 September 2018, the government of Burundi announced the suspension of all international Non-Governmental Organizations (INGOs) from operating in Burundi. Six INGOs were cooperating partners with WFP. In order to mitigate the impact of this suspension particularly on schoolchildren receiving WFP assistance, WFP immediately took over the delivery of food and worked with the decentralized structures of the Ministry of Education to distribute this assistance in schools.



# Project Results

## Activities and Operational Partnerships

### Strategic Objective 1: End hunger by protecting access to food

#### ***Strategic Outcome 1.1: Stabilized or improved food consumption over assistance period for targeted households and/or individuals***

##### **Activity: Food assistance for Congolese refugees in camps and transit centres**

Towards the end of January 2018, following intense fighting that broke out between the national army forces (FARDC) and the coalition of armed groups Mayi Mayi Yakutumba in the territory of Fizi - including the Ubwari Peninsula, Burundi recorded a sudden influx of Congolese civilians, entering mainly through the southern provinces of Rumonge and Makamba. WFP worked with partners to meet their food needs at transit centres and after their transfer to refugee camps. To allow for an effective transfer of the new refugees to the camps, UNHCR in cooperation with the government suspended the repatriation of Burundian refugees from Tanzania during the first half of February, in order to use the returnees' transit centres in Muyinga, Ruyigi, Rumonge and Nyanza Lac (north, east, and south) to accommodate Congolese refugees in transit to refugee camps.

Availability of resources allowed for the provision of a daily food ration of 2100 kcal to the refugees. Assistance was provided through in-kind food and cash-based transfers (CBT). The distribution of cash for fresh food resumed in January after a five-month interruption, while food voucher transfers remained suspended (since March 2017) due to resource constraints and market uncertainty. In-kind food distributed to refugees comprised cereals, pulses, vegetable oil and salt. The ration was complemented with Super Cereal in order to meet the nutritional needs of the refugees, particularly children and pregnant and lactating women.

A strong and active partnership was crucial for an effective and efficient provision of this assistance. Through a tripartite agreement between WFP, UNHCR and CARITAS Burundi, WFP provided in-kind food in transit centres and refugee camps and monitored food distributions; UNHCR worked with ONPRA, the National Office for the Protection of Refugees and Stateless Persons, for the management of refugee camps and protection of refugees and provided Non-Food Items (NFIs), while CARITAS Burundi was responsible for refugees in camps and new transit centres. The Burundi Red Cross, another partner to the programme but not part of the tripartite agreement, provided food to asylum seekers going through the Cishemere transit centre, northwest of Burundi and bordering on DRC. The National Office for the Protection of Refugees and Stateless Persons, an institution attached to the Ministry of Interior, was responsible for overseeing the overall functions of the camps, such as camp admissions and movement of refugees, protection aspects and management of the refugee Complaints and Feedback Mechanism (CFM). They used smartphones provided by WFP to collect and send beneficiary complaints to an online database controlled by WFP for complaints follow-up in addition to the existing hotline. For protection of beneficiaries, the information sent to the database is encrypted and only the CFM manager has the right to decrypt it for analysis. WFP also provided training for data collection, manned the hotline and produced a monthly report.

#### ***Strategic Outcome 1.1: Adequate food consumption reached or maintained over assistance period for targeted households***

##### **Activity: Targeted food distribution (TFD) to poor and food insecure households.**

Beneficiaries of targeted food distributions included internally displaced people (IDPs) and host communities in Bujumbura (Mutimbuzi and Buterere) and Rumonge. Most of the IDPs had been displaced by torrential rains and landslides which destroyed their crops and homes. Due to limited resources, the most vulnerable households were prioritized. The prioritization criteria included landless households without other income sources, people with disabilities, elderly, orphans, old people without assistance, child and women-headed households, and IDPs. Although the latter had not been planned for assistance during the first quarter of 2018, they were assisted as response to a request made by the local authorities. Beneficiary identification was done through a community participatory approach and beneficiary lists were publicly validated. Because of the limited resources, less than five percent of the planned beneficiaries were assisted under targeted food distributions. The household food ration consisted of cereals, pulses, vegetable oil and iodized salt. This activity was implemented in cooperation with the Burundi Red Cross (BRC) which has an established experience in emergency food distributions. The cooperating partner's field knowledge and presence in remote areas was instrumental in the success of the operation. The BRC took care of targeting, beneficiary registration and lists validation, organized and implemented food distributions and reported back to WFP. Thus, WFP presence at distributions points was reduced.

**Activity: Food assistance for Burundian returnees**

During the reporting period, the repatriation of Burundian refugees from Tanzania continued. It momentarily stopped during the first half of February, when the humanitarian community and the government were receiving a significant influx of Congolese asylum seekers and used the returnees' transit centres to transfer the asylum seekers to refugee camps. From January to March 2018, approximately 9,500 Burundian refugees returned to Burundi from Tanzania and received humanitarian assistance.

In partnership with CARITAS Burundi and the International Rescue Committee (IRC), WFP provided food assistance to the returnees in the form of hot meals upon arrival at transit centres, and a three-month return food package to facilitate returnees' reintegration into the community. The ration consisted of cereals, pulses, SuperCereal and oil. CARITAS Burundi and the IRC were selected as cooperating partners for this activity based on their long-term experience in implementing food and Non-Food Items (NFIs) assistance to refugees, IDPs and returnees. While the IRC distributed the hot meals at transit centres, CARITAS-Burundi distributed the return food package.

**Activity: Institutional feeding**

This activity continued to target vulnerable people living in facilities managed by charity organizations as well as women and girls seeking refuge from gender-based violence. Beneficiaries were given cereals, pulses and oil. The activity was implemented in partnership with Diocesan Organizations for Development and the Ministry of Human Rights, Gender and Social Affairs working with WFP as umbrella partners, which enabled WFP Burundi to reduce the number of partners from 60 charity institutions hosting the assisted people to seven. The partnership was beneficial to WFP since partners provided supervision and monitored the implementation of WFP activities in the many charity institutions under their supervision using their own resources.

**Strategic Outcome 1.1: Improved access to assets and /or basic services, including community and market infrastructure.****Activity: Food Assistance for Assets (FFA)**

Planned activities under FFA were not implemented due to resource constraints. In the original plan, WFP Burundi had planned to implement asset creation and livelihood support activities through FFA activities targeting vulnerable, agriculture-based food insecure populations in provinces hosting refugees and in provinces with higher levels of global acute malnutrition. These activities were to be complemented with nutrition and targeted food distributions interventions in the same geographic areas to improve nutrition and food security outcomes. The country office in collaboration with relevant Government (Ministry of Agriculture and Livestock), UNFAO and NGO partners planned to expand the utilization of the Seasonal Livelihood Programming and Community Based Participatory Processes. These were to inform the selection of relevant assets, and guarantee meaningful participation of both men and women.

**Strategic Objective 2: Improve nutrition****Strategic Outcome 2.1: Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children****Activity: Treatment of Acute Malnutrition**

Treatment of moderate acute malnutrition (MAM) continued to be implemented in the provinces of Cankuzo, Kirundo, Ngozi and Rutana. Those provinces were targeted on the basis of a prevalence of global acute malnutrition higher than or equal to ten percent, or between five and nine percent with aggravating factors such as food insecurity, morbidity, displacement and population density as evidenced by the results of studies such as the 2014 Comprehensive Food Security and Vulnerability Analysis (CFSVA) and the April 2016 Emergency Food Security Analysis (EFSA). The July 2017 Integrated Food Security Phase Classification (IPC) also showed that the intervention areas were stressed (IPC phase 2).

Moderate Acute Malnutrition (MAM) treatment is part of the national Supplementary Feeding Programme for pregnant and lactating women and children aged 6-59 months and is aligned with the National Protocol for Integrated Management of Acute Malnutrition validated in October 2014 with the participation of WFP-Burundi.

While moderately malnourished children aged 6-59 months were given a daily ration of 100g of ready to use supplementary food (RUSF), pregnant and lactating women received 250g of Fortified Blended Food (FBF-SuperCereal) daily. Beneficiaries were admitted in the programme after a thorough screening confirmed they fulfilled established criteria.

WFP implemented treatment of MAM in partnership with the Ministry of Health through its health centres. The Ministry of Health played an important role in the implementation of the activity not only through the expertise of its staff, but also financially. While WFP supported inputs distribution costs, the Ministry of Health provided salaries for

the staff involved in the activity and covered storage costs.

According to the 2016-2017 Demographic and Health Survey, Kirundo province recorded a high global acute malnutrition rate of 7.4 percent. This prompted WFP to implement a two-month (January- February 2018) nutrition intervention aimed at preventing acute malnutrition in the province. This decision was also informed by aggravating factors such as chronic food insecurity, a prevailing malaria epidemic and the return of Burundian refugees in the province. In addition, screening implemented in November 2017 by the Ministry of Health with the support of UNICEF had indicated global acute malnutrition prevalence of above ten percent. Households with children aged 6-23 months received a 47g of RUSF daily. Out of the 70,939 beneficiaries assisted under nutrition treatment activities, 14,957 were assisted under prevention of acute malnutrition because of the afore-mentioned reasons.

The operation was implemented in partnership with the Kirundo Provincial Health Office. The government health entity was chosen for its first role in health activities in the province, and its capacity in ensuring sustainability of malnutrition prevention interventions through community-based behaviour change communication.

## Results

### **Strategic Objective 1: End hunger by protecting access to food**

#### ***Strategic Outcome 1.1: Stabilized or improved food consumption over assistance period for targeted households and/or individuals***

##### **Activity: Food assistance for Congolese refugees in camps and transit centres**

Food assistance provided to refugees was crucial to meet their daily basic food needs and to maintain beneficiaries' good nutritional status. The country office prioritized this assistance and ensured timely delivery as refugees solely rely on humanitarian assistance for their subsistence. WFP ensured that food and/or cash were collected by women, in agreement with community members. This agreement was reached through sensitization on the advantages of putting the household's food in the hands of the woman. WFP did not conduct outcome assessments (post distribution monitoring) for this activity during the first quarter as a lot of focus was on the roll of the ICSP which started in April 2018.

Funding challenges faced in 2017 and 2018 impeded the proper implementation of this intervention and disrupted the expected outcomes. According to the Food Security Outcome Monitoring (FSOM) carried out in August in refugee camps, the proportion of households consuming sufficient and good quality food recorded a significant decrease ( 22.4 percent) between December 2017 and August 2018. Female-headed households were the most affected (26.3 percent decrease against 17.7 percent for male-headed ones). This is mainly because food voucher transfers that guaranteed ration diversity had been interrupted. Lower tonnage than originally planned was distributed to host communities.

#### ***Strategic Outcome 1.1: Adequate food consumption reached or maintained over assistance period for targeted households***

##### **Activity: Targeted Food Distribution (TFD) to poor and food insecure households.**

The limited resources carried over from 2017 for this activity were strictly prioritized for the most food-insecure households. The country office prioritized vulnerable households who had been displaced by torrential rains and flooding in 2016 and who were moved by the government to Kigwena village, as well as those who had lost their crops and homes in Mutimbuzi commune (Mushasha I and Mushasha II) due to the January flooding. They represented four percent of the planned beneficiaries under targeted food distribution for the period. Despite resource constraints, WFP and partners were able to provide them with emergency food assistance for two months in Mutimbuzi, and for three months in Rumonge. This food assistance alleviated acute hunger in a period of high food insecurity and ensured good food consumption among the assisted population. The post-distribution monitoring (PDM) implemented in April 2018 showed that the proportion of assisted households consuming sufficient and good quality food surpassed the set target by 15 percent. Assisted population also consumed a diverse diet.

##### **Activity: Food assistance for Burundian returnees**

During the first quarter of 2018, the country office, in cooperation with partners, continued to deliver timely lifesaving food assistance to Burundian refugees returning from neighbouring countries, mainly Tanzania. They received a hot meal in transit centres, and a three-month dry ration to help them reintegrate into their communities. The assistance provided to these returnees was crucial since they arrived with no resources and most of them settled in provinces with the food security situation at crisis levels (Muyinga, Rutana, Cankuzo, Ruyigi and Makamba). UNHCR and WFP monitoring reports have shown that the three-month food package provided to returnees lasts for only two to

four weeks given the need to share the ration with host community members who live in severe food insecurity. As a solution, WFP and partners are planning to support the returnees reintegrate into their communities.

**Activity: Institutional feeding**

Food assistance provided to this category of vulnerable people hosted in charity institutions acted as a social safety net and met the beneficiaries' daily food needs. Due to resource constraints, WFP only reached 60 percent of the planned beneficiaries. Starting 1 April, the programme was suspended due to lack of resources. Food security indicators were not measured because of the short time frame for the implementation of this activity.

**Strategic Outcome 1.1: Improved access to assets and /or basic services, including community and market infrastructure.**

**Activity: Food Assistance for Assets (FFA)**

During the reporting period, FFA activities could not be implemented as planned due to lack of resources. As these activities had been poorly funded in 2017, no carryover resources could be available to continue the activities during the first quarter of 2018.

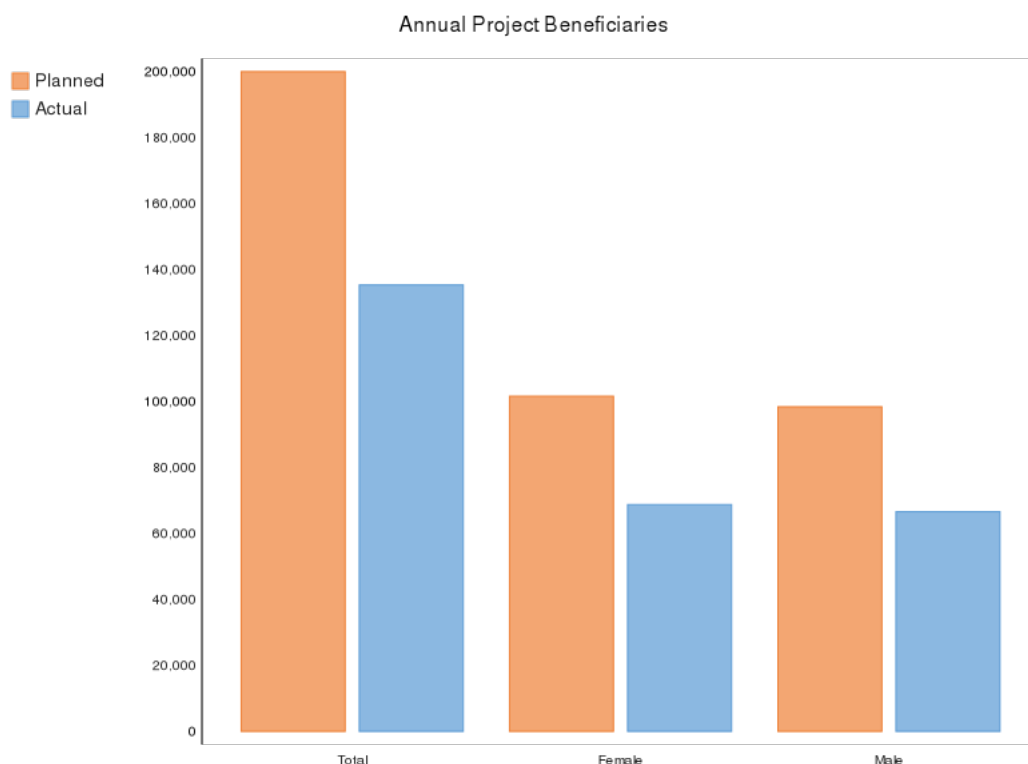
**Strategic Objective 2: Improve nutrition**

**Strategic Outcome 2.1: Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children**

**Activity: Treatment of Acute Malnutrition**

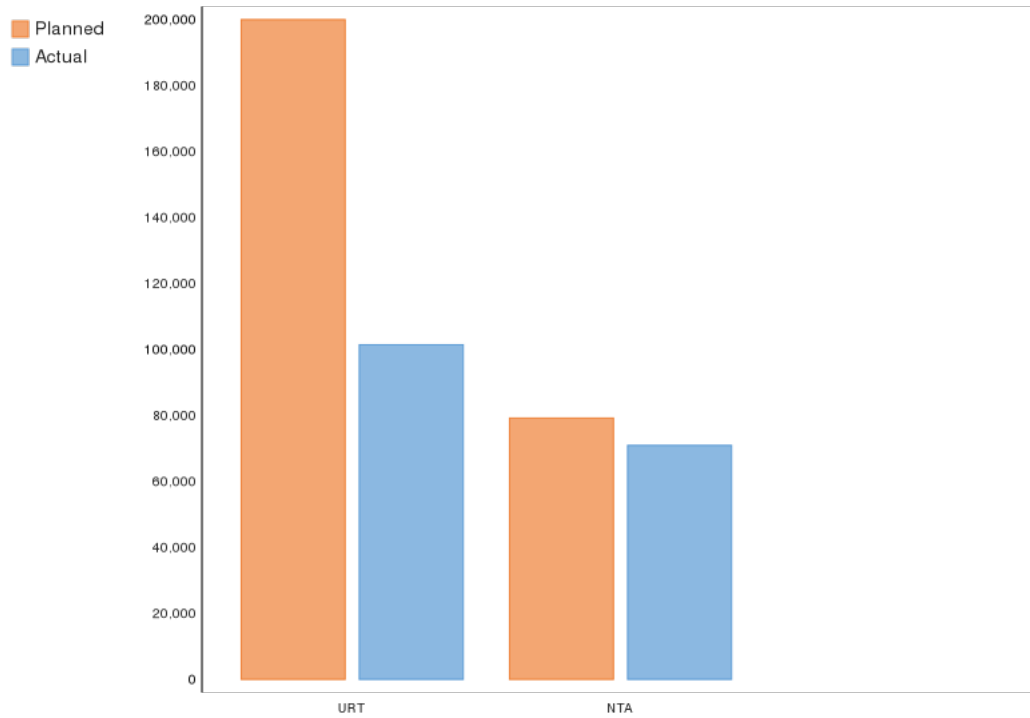
The targeted supplementary feeding programme implemented for treatment of moderate acute malnutrition (MAM) in Cankuzo, Kirundo, Ngozi and Rutana aimed at improving the nutritional status of moderately malnourished beneficiaries. The patients' recovery rate largely surpassed the set target, while the mortality rate approached zero in areas covered by the programme. Nutrition messaging took place at health centres. As the beneficiaries of the MAM treatment programme are primarily moderately malnourished PLWs and children aged 6-59 months, fewer men were exposed to this messaging. Programme coverage for treatment of MAM was low because mainly, the reporting period corresponds to a post-harvest period (from season 2018 A) when health centres record low admissions.

The operation implemented in Kirundo for the prevention of acute malnutrition aimed at boosting the nutritional status of the children aged 6-23 months in a context of chronic food insecurity, thus preventing them from falling into malnutrition. Due to the short time of implementation, the effect of the food assistance could not be measured.



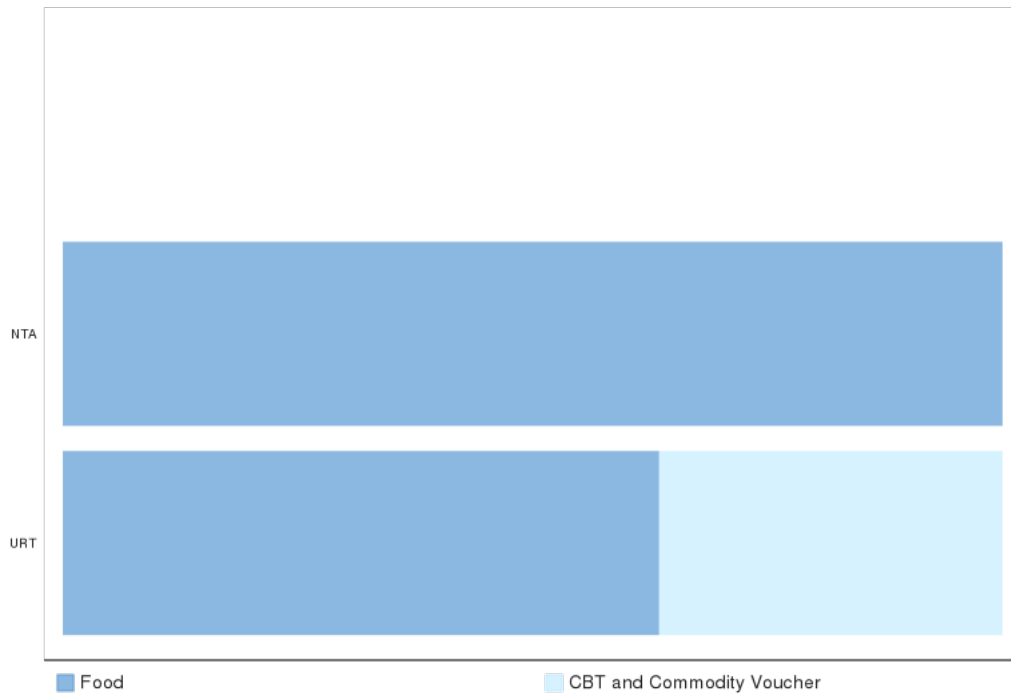


Annual Project Beneficiaries by Activity



URT: Unconditional resource transfers to support access to food  
NTA: Nutrition treatment activities

Modality of Transfer by Activity



URT: Unconditional resource transfers to support access to food  
NTA: Nutrition treatment activities



## Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	986	517	52.5%
Corn Soya Blend	225	440	195.5%
Iodised Salt	50	27	54.3%
Maize	1,742	520	29.8%
Maize Meal	1,305	1,135	87.0%
Ready To Use Supplementary Food	537	274	50.9%
Rice Soya Blend	322	-	-
Vegetable Oil	236	132	55.7%
<b>Total</b>	<b>5,402</b>	<b>3,044</b>	<b>56.3%</b>



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

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	342,000	251,939	73.7%
<b>Total</b>	<b>342,000</b>	<b>251,939</b>	<b>73.7%</b>

## Performance Monitoring

Monitoring activities implemented from January to March 2018 were part of a process monitoring plan developed towards the end of 2017, based on a country office monitoring and evaluation (M&E) plan and the Minimum Monitoring Requirements guidelines. The M&E plan details the frequency of monitoring visits at project sites, surveys and the kind of surveys to undertake.

The country office was well resourced to effectively implement monitoring activities. The programme unit comprised a monitoring and evaluation subunit headed by an international consultant specialized in monitoring and evaluation and staffed with 20 staff members made up of an M&E officer and 16 field monitors, two M&E focal points in sub offices, and one M&E assistant. The team was enhanced by four interns who were recruited to deal with the complaints and feedback mechanism using hotlines installed for refugee assistance. The M&E subunit comprised 64 percent women.

Despite the limited time of programme implementation (only three months), the planned monitoring visits were fully implemented (100 percent) in the four refugee camps. Monitors recurrently noted that the food distribution process was slow. Women, who are the recipients of household's entitlements, had to wait in line before being able to prepare food for their children coming back from school. The beneficiaries also complained about the absence of SuperCereal in the food basket, as well as cash for fresh food. Delays in food distributions were partly addressed by regulating movements of beneficiaries around distribution points to allow ease of movement of the recipients. Sustained explanations about resource constraints and the nutrition value of available food eased tension among refugees about the absence of SuperCereal and cash for fresh food.

Monitoring of Moderate Acute Malnutrition (MAM) treatment intervention was also executed as planned. In some health centres, the monitoring revealed weak knowledge of the National Protocol for Tackling Malnutrition (NPTM), which guides MAM treatment, and the basic rules of nutrition inputs stock management. The country office quickly

organized onsite training on food stock management and planned workshops on the NPTM.

The country office continued to use COMET (Country Office Tool for Managing Effectively), which is part of corporate digitalization and makes output data available and accessible online.

COMET data update was a tremendous success for the country office. All cooperating partners' food distribution reports were entered in COMET and validated each tenth of the month. This was achieved thanks to a rigorous and close follow-up on the deadlines of submission of cooperating partners' food distribution reports. Partners are equitably distributed among field monitors for follow-up on report submission and data entry in COMET. Prior to entry, the quality of data has to be checked by COMET focal points in sub-offices. In line with the country office's Gender Action Plan (2017-2020), WFP made sure that data collected was disaggregated by sex and age. The COMET administrator in the country office coordinated the implementation of COMET standard operating procedures and validated reports data.

WFP also embarked on strengthening its Complaint and Feedback Mechanism (CFM) in its programme implementation as an innovative approach to improve programme effectiveness and accountability to affected populations. In refugee camps, preparations were ongoing during the reporting period to supplement the existing help desks with a hotline and complaints database management system for compiling, analysing complaints and giving feedback.

## Progress Towards Gender Equality

In Burundi, women represent around 55 percent of the total labour force. Despite some improvements in women's representation in decision-making positions, women still face many challenges. Research conducted by the National Program of Public Administration Reform (PNRA) and supported by UNDP in 2017, showed that women only account for 14.5 percent in the political sector, 29.1 percent in the economic sector and 42.2 percent in the social sector (health, education, improvement of social welfare of communities), making an average of 39.7 percent women compared to 60.3 percent of men.

Gender disparities are reflected differently according to regions and economic activities. Culturally, men are the head of the households. In regions where contracted labour is the main source of income, women and children work on the house and farming, and the money earned by men sometimes does not reach other household members. Gender disparities continue to affect households' food security.

In addition, Gender-based violence (GBV) is widespread in Burundi. According to UNICEF (June 2018), nearly one in four Burundian women (23 percent) and six percent of men have experienced sexual violence, and children are particularly at risk. Only a small percentage of sex-related incidents are reported, so the actual number is likely much higher.

Acknowledging the extent of the problem, the government established a law for the prevention, protection and punishment of GBV, which was adopted in December 2015. In spite of being in existence for three years, the provisions of the law are generally not applied. This means victims of GBV are unaware there is a law that protects them. Rather, most of those who experience violence decide to remain silent or allow their families to settle the issue with the perpetrators. WFP policy regarding GBV is zero tolerance, and a number of measures are implemented in order to prevent GBV linkages with WFP's assistance. Clear provisions in this regard are set out in new staff and partners contracts and sensitization sessions are regularly held with beneficiaries, but the best way of fighting GBV starts with ensuring gender equality at all levels of WFP programme implementation.

In 2018, WFP started implementing the series of actions planned in the Gender Action Plan (2017-2020). The VAM and M&E tools and indicators developed in 2017 were reviewed to ensure they capture sex and age disaggregated data, and the specific needs of women girls, boys and men. They were then applied in the March Food Security Monitoring System (FSMS) whose results concluded that food insecurity was 1.8 times higher for households headed by women than those headed by men because of limited coping mechanisms for women during periods of food insecurity. This finding informed the targeting criteria for targeted food distributions implemented under the ICSP (targeted food distributions to IDPs and returnees and host communities) which encouraged women to register for household food entitlements. In addition, WFP implemented a gender and food security analysis in March 2018, based on the March 2018 FSMS. The overall objective of the analysis was to assess the gender dimensions of the food security needs and challenges of men, women, boys and girls living in rural areas in Burundi. The analysis concluded that female and elderly-headed households and children-headed households were particularly more vulnerable to food insecurity as opposed to male-headed households and households headed by persons in the age bracket 18-35. These findings will be used to revise WFP's targeting criteria for emergency assistance in 2019.

The Post-Distribution Monitoring (PDM) carried out in April 2018 to assess the effect of food assistance provided to IDPs in Rumonge and Mutimbuzi communes determined sex and age of the head of the household and sought to know who, in the household, decided on food assistance utilization. Food security indicators were also disaggregated by sex. The PDM data indicates that 29 percent of households were headed by women and in 52 percent of households women decided over food assistance utilization. The decision was jointly taken by man and woman together in 30 percent households, and only in 18 percent of households, man decided alone over food utilization. The PDM did not indicate the presence of child headed households among the assisted households and, during the reporting period, no gender-based violence concerns linked to food assistance were reported.

During the repatriation process, WFP and UNHCR made sure women's special needs were met, particularly at transit centres, so that WFP food assistance is solely used for consumption and not sold to meet those needs. Also, female-headed households were prioritized for the distribution of the food.

As part of women empowerment efforts, WFP directly targets women to participate in supplying goods and services to WFP. However, this has been slow due in part to low economic capacity of women traders to meet WFP quantities and standards. As of February 2018, 30 percent of millers are women; there is one woman among transporters contracted by WFP in 2018; there are four women retailers for the Cash-Based Transfers (CBT); and out of four millers earmarked for contracts with WFP on the food fortification initiative, two are women.

Internally, WFP has made efforts to address gender imbalance in staffing. These efforts include encouraging women application to vacancies, resulting in the observed increase in the percent of female staff from 26 percent in 2012 to 35 percent as of February 2018, including a female Country Director.

In addition, WFP partnered with universities in Burundi and offered internships to 15 female students in programme and other CO units. Further, WFP set up a wellness programme which provides staff facing difficult situations in the office and at the family level with psychosocial support.

WFP also campaigned against Sexual Exploitation and Abuse (SEA) by organizing sensitization sessions in February and March 2018 for cooperating partners, local committees and WFP staff in Ngozi, Gitega and Bujumbura. The overall objective of the training sessions was for the participants to understand the concept of SEA, its cause, contributing factors and its consequences, and how it hinders WFP's efforts to provide quality assistance to those in need, and to realize its mandate.

In order to show solidarity with people affected by gender-based violence, WFP joined efforts with UN Women and UNFPA to assist women victims of gender-based violence, hosted in Humura Centre. WFP provided them with food as part of its institutional feeding programme, while UN Women and UNFPA provided psychosocial assistance.

## Protection and Accountability to Affected Populations

Protection and accountability to the people we serve continued to be at the heart of WFP's operations to avoid exposing beneficiaries to harm that may be linked to food assistance.

In refugee camps, preparations to strengthen the Complaints and Feedback Mechanism (CFM) were in progress during the reporting period, with the aim to improve programme effectiveness and accountability to assisted refugees. The country office sought to supplement the existing inter-agency help desks with a centralized hotline and complaints database management system, with reporting and visualization tools. With this new innovative approach, WFP seeks to systematically and better manage, respond, record, compile and report all complaints and feedbacks emanating from nearly 43,000 refugees in four camps throughout the month. The strengthened CFM became operational in April 2018. For security, the refugee camps and distribution sites were guarded by government police.

Under targeted general food distributions to IDPs in Rumonge and Mutimbuzi, the recipients of WFP food assistance included 71 percent male-headed households and 29 percent female-headed households. The age of the head of the household varied between 24 and 81 years. Female and elderly headed households were prioritized during distribution.

The PDM implemented in April 2018 revealed that most of the beneficiaries were not aware of their food entitlements although the cooperating partner, Burundi Red Cross, displayed the entitlements at the distribution sites. However, 99 percent in Rumonge and 67 percent beneficiaries in Mutimbuzi reported to have received the food assistance. This was because a significant proportion (46 percent) of the beneficiaries were illiterate and could not read their entitlements as displayed at the distribution sites. The regional difference in receiving food is explained by the fact that while in Rumonge the beneficiaries were hosted in sites, this was not the case in Mutimbuzi where they were scattered within host communities where the assistance delivery proved to be more difficult. An after-action review carried out in Mutimbuzi pinned down a number of shortcomings and constraints in



the organization of the food delivery process including a selection of beneficiaries not meeting the criteria, insufficient communication on the dates of registration, absence of local administration and non-registered people during beneficiary lists validation. The after-action review recommended participatory targeting criteria (WFP, cooperating partner, local administration, civil protection, religious denominations representatives), enhanced communication and public and inclusive beneficiary lists validation at easily accessible sites.

Two cases of theft were reported at distribution site and on the way home. The PDM recommended the tightening of security at distribution sites, and adjusting distributions times so that beneficiaries can reach their homes before night fall. This recommendation was taken into account during the following food distributions.

# Figures and Indicators

## Data Notes

Cover page photo © WFP/ Jerome Shwigiri

Food distribution to internally displaced persons and host community members in Rumonge in February 2018.

## 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	98,400	101,600	200,000	66,575	68,741	135,316	67.7%	67.7%	67.7%
<b>By Age-group:</b>									
Children (under 5 years)	17,400	18,000	35,400	11,772	12,178	23,950	67.7%	67.7%	67.7%
Children (5-18 years)	37,200	39,600	76,800	25,169	26,793	51,962	67.7%	67.7%	67.7%
Adults (18 years plus)	43,800	44,000	87,800	29,634	29,770	59,404	67.7%	67.7%	67.7%
<b>By Residence status:</b>									
Refugees	24,600	25,400	50,000	21,090	21,776	42,866	85.7%	85.7%	85.7%
Internally displaced persons (IDPs)	-	-	-	2,620	2,705	5,325	-	-	-
Returnees	12,300	12,700	25,000	4,881	5,039	9,920	39.7%	39.7%	39.7%
Residents	61,500	63,500	125,000	37,985	39,220	77,205	61.8%	61.8%	61.8%

## 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)
Unconditional resource transfers to support access to food	200,000	50,000	200,000	64,377	37,056	101,433	32.2%	74.1%	50.7%
Nutrition treatment activities	79,200	-	79,200	70,939	-	70,939	89.6%	-	89.6%

## 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)
Unconditional resource transfers to support access to food	100,000	50,000	100,000	64,377	37,056	101,433	64.4%	74.1%	101.4%
Nutrition treatment activities	79,200	-	79,200	70,939	-	70,939	89.6%	-	89.6%

## 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)
<b>Unconditional resource transfers to support access to food</b>									
All	49,200	50,800	100,000	49,461	51,972	101,433	100.5%	102.3%	101.4%
Total participants	49,200	50,800	100,000	49,461	51,972	101,433	100.5%	102.3%	101.4%
Total beneficiaries	98,400	101,600	200,000	49,461	51,972	101,433	50.3%	51.2%	50.7%

## 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)
<b>Nutrition treatment activities</b>									
Children (6-23 months)	21,417	21,611	43,028	18,967	19,139	38,106	88.6%	88.6%	88.6%
Children (24-59 months)	10,514	11,358	21,872	9,311	10,057	19,368	88.6%	88.5%	88.6%
Pregnant and lactating women (18 plus)	-	14,300	14,300	-	13,465	13,465	-	94.2%	94.2%
Total beneficiaries	31,931	47,269	79,200	28,278	42,661	70,939	88.6%	90.3%	89.6%

## Project Indicators

## Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>SR1 Everyone has access to food</b>				
<b>National institutions , regional bodies and the humanitarian community are able to prepare for, assess and respond to emergencies</b>				
<b>Emergency Preparedness Capacity Index</b>				
<i>BURUNDI, Project End Target: 2018.03, Base value: 2014.08, Joint survey, WFP Records</i>	=2.50	2.20	-	-
<b>Adequate food consumption reached or maintained over assistance period for targeted households</b>				
<b>Consumption-based Coping Strategy Index (Average) / Female</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<10.00	16.80	-	7.50
<b>Consumption-based Coping Strategy Index (Average) / Male</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<10.00	16.40	-	7.30
<b>Consumption-based Coping Strategy Index (Average) / Overall</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<10.00	16.66	-	7.40
<b>Dietary Diversity Score / Female</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	>5.00	4.59	-	4.80
<b>Dietary Diversity Score / Male</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	>5.00	4.51	-	4.90

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Dietary Diversity Score / Overall</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	>5.00	4.55	-	4.90
<b>Food Consumption Score / Percentage of households with Acceptable Food Consumption Score / Female</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	>74.00	67.00	-	89.00
<b>Food Consumption Score / Percentage of households with Acceptable Food Consumption Score / Male</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	>80.00	68.00	-	88.00
<b>Food Consumption Score / Percentage of households with Acceptable Food Consumption Score / Overall</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	>73.00	67.00	-	88.00
<b>Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Female</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<18.00	23.00	-	8.00
<b>Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Male</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<15.00	25.00	-	10.00
<b>Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Overall</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<20.00	25.00	-	10.00
<b>Food Consumption Score / Percentage of households with Poor Food Consumption Score / Female</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<8.00	10.00	-	3.00
<b>Food Consumption Score / Percentage of households with Poor Food Consumption Score / Male</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<5.00	7.00	-	2.00
<b>Food Consumption Score / Percentage of households with Poor Food Consumption Score / Overall</b>				
<i>GD AREAS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	<7.00	8.00	-	2.00
<b>Stabilized or improved food consumption over assistance period for targeted households and/or individuals</b>				



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Consumption-based Coping Strategy Index (Average) / Female</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=12.00	10.00	14.00	14.03
<b>Consumption-based Coping Strategy Index (Average) / Male</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=13.00	9.00	13.16	14.99
<b>Consumption-based Coping Strategy Index (Average) / Overall</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=13.00	9.50	13.58	14.54
<b>Dietary Diversity Score / Female</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	≥6.00	4.30	4.70	3.91
<b>Dietary Diversity Score / Male</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	≥6.00	4.30	4.63	4.17
<b>Dietary Diversity Score / Overall</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	≥6.00	4.30	4.67	4.10
<b>Food Consumption Score / Percentage of households with Acceptable Food Consumption Score / Female</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=87.00	91.50	80.00	53.87
<b>Food Consumption Score / Percentage of households with Acceptable Food Consumption Score / Male</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=90.00	94.50	88.00	70.18
<b>Food Consumption Score / Percentage of households with Acceptable Food Consumption Score / Overall</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=88.00	93.00	85.00	62.66
<b>Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Female</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=13.00	8.16	17.50	29.23

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Male</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=8.00	4.93	10.50	20.48
<b>Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Overall</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=10.00	6.00	11.00	24.51
<b>Food Consumption Score / Percentage of households with Poor Food Consumption Score / Female</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=5.00	0.34	2.50	16.90
<b>Food Consumption Score / Percentage of households with Poor Food Consumption Score / Male</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=2.00	0.57	1.50	9.34
<b>Food Consumption Score / Percentage of households with Poor Food Consumption Score / Overall</b>				
<i>REFUGEE CAMPS, Project End Target: 2018.03, Base value: 2014.06, WFP programme monitoring, PDM, Previous Follow-up: 2017.12, WFP programme monitoring, PDM, Latest Follow-up: 2018.03, WFP programme monitoring, PDM</i>	=2.00	1.00	4.00	12.83
<b>SR2 No one suffers from malnutrition</b>				
<b>Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children</b>				
<b>MAM Treatment Default rate / Female</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<15.00	1.60	-	1.70
<b>MAM Treatment Default rate / Male</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<15.00	1.60	-	1.70
<b>MAM Treatment Default rate / Overall</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<15.00	1.60	-	1.70
<b>MAM Treatment Mortality rate / Female</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<3.00	0.10	-	0.08
<b>MAM Treatment Mortality rate / Male</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<3.00	0.10	-	0.12

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>MAM Treatment Mortality rate / Overall</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<3.00	0.10	-	0.10
<b>MAM Treatment Non-response rate / Female</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<15.00	3.70	-	4.72
<b>MAM Treatment Non-response rate / Male</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<15.00	3.60	-	5.28
<b>MAM Treatment Non-response rate / Overall</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	<15.00	3.60	-	5.00
<b>MAM Treatment Recovery rate / Female</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	>75.00	94.60	-	94.70
<b>MAM Treatment Recovery rate / Male</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	>75.00	95.00	-	94.90
<b>MAM Treatment Recovery rate / Overall</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, Secondary data, CP Report, Latest Follow-up: 2018.03, Secondary data, CP Report</i>	>75.00	94.80	-	94.80
<b>Proportion of eligible population that participates in programme (coverage) / Female</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, CP Report, Latest Follow-up: 2018.03, WFP programme monitoring, CP Report</i>	>70.00	80.00	-	66.00
<b>Proportion of eligible population that participates in programme (coverage) / Male</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, CP Report, Latest Follow-up: 2018.03, WFP programme monitoring, CP Report</i>	>70.00	80.00	-	66.00
<b>Proportion of eligible population that participates in programme (coverage) / Overall</b>				
<i>WFP_ASSISTED HEALTH CENTERS, Project End Target: 2018.03, Base value: 2017.12, WFP programme monitoring, CP Report, Latest Follow-up: 2018.03, WFP programme monitoring, CP Report</i>	>70.00	80.00	-	66.00

## Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
<b>CRF SO2-SR2: Nutrition treatment activities</b>				
Number of men exposed to WFP-supported nutrition messaging	individual	38,966	27,932	71.7%

Output	Unit	Planned	Actual	% Actual vs. Planned
Number of people trained in health, nutrition and healthy lifestyles	individual	294	294	100.0%
Number of targeted caregivers (male and female) receiving three key messages delivered through WFP-supported messaging and counselling	individual	79,200	93,107	117.6%
Number of women exposed to WFP-supported nutrition messaging	individual	40,234	65,175	162.0%

## Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of food assistance decision-making entity – committees, boards, teams, etc. – members who are women</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2018.01, Latest Follow-up: 2018.03</b></i>	>50.00	56.00	-	58.00
<b>Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions jointly made by women and men</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>30.00	33.00	-	0.00
<b>Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions made by men</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>5.00	3.00	-	26.70
<b>Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions made by women</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>65.00	64.00	-	73.30

## Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Female</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>40.00	40.00	-	40.00
<b>Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Male</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>65.00	40.00	-	40.00

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Overall</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>60.00	40.00	-	40.00
<b>Proportion of targeted people accessing assistance without protection challenges / Female</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>90.00	100.00	-	100.00
<b>Proportion of targeted people accessing assistance without protection challenges / Male</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>90.00	100.00	-	100.00
<b>Proportion of targeted people accessing assistance without protection challenges / Overall</b>				
<i>REFUGEE CAMPS, Unconditional resource transfer , Cash, Food, Value Voucher, <b>Project End Target: 2018.03, Base value: 2014.06, Latest Follow-up: 2018.03</b></i>	>90.00	100.00	-	100.00

## Resource Inputs from Donors

### Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2018 (mt)	
			In-Kind	Cash
Mexico	MEX-C-00011-01	Maize	-	38
		<b>Total</b>	-	<b>38</b>