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Standard Project Report 2016

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



World Food Programme

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Country Context and WFP Objectives



Country Context

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

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

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

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

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

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

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

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

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

Response of the Government and Strategic Coordination

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

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

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

financial framework toward local purchase.

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

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

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

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

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

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

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

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

Summary of WFP Operational Objectives

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

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

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

Country Resources and Results

Resources for Results

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

Achievements at Country Level

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

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

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

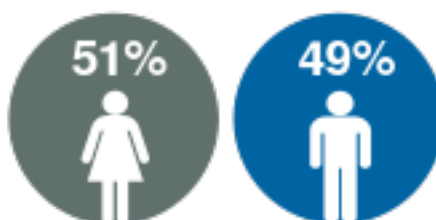
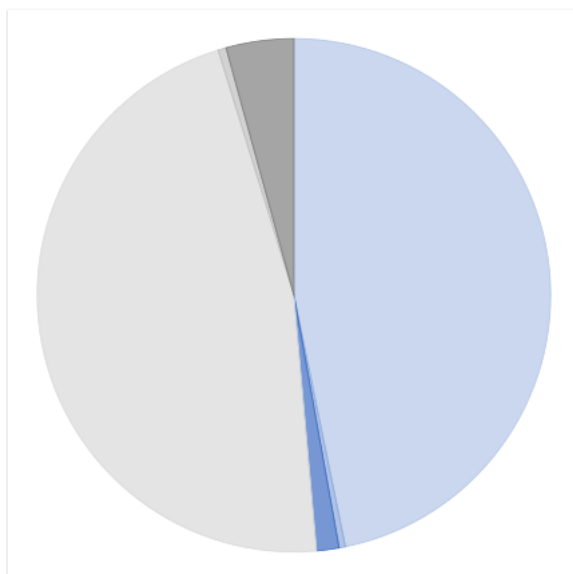


Annual Country Beneficiaries

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

Country Beneficiaries by Gender and Age

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



Annual Food Distribution in Country (mt)

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

Cash Based Transfer and Commodity Voucher Distribution (USD)

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

Supply Chain

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



Annual Food Purchases for the Country (mt)

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

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

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

Implementation of Evaluation Recommendations and Lessons Learned

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

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

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

Story Worth Telling

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

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

Project Objectives and Results

Project Objectives

The Country Programme supports the Government's Strategic Plan 2015–2020, and is aligned with three outcomes of the United Nations Strategic Cooperation Framework for Guinea-Bissau (UNSCF, the equivalent of the United Nations Development Assistance Framework) – i) economic growth and poverty reduction; ii) development of human capital; and iii) sustainable management of the environment, risk management and disaster prevention – and with the Zero Hunger Challenge and WFP's Regional Roadmap for West Africa.

In line with WFP Strategic Objectives 3 and 4, the Country Programme integrates three objectives: i) reduce undernutrition among young children and provide nutritional support to malnourished people living with HIV (PLHIV) and tuberculosis (TB) clients; ii) improve access to education and help to increase government capacities for developing and managing a sustainable home grown school feeding programme; and iii) enhance government and community capacities for scaling up food security and nutrition interventions, and transform food assistance into a productive investment in communities.



Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	1,185,293
Direct Support Costs	6,845,421
Food and Related Costs	24,254,750
Indirect Support Costs	2,602,021
Cash & Voucher and Related Costs	4,886,262
Total	39,773,747

Project Activities

WFP assisted undernourished people living with HIV (PLHIV) on anti-retroviral therapy (ART) and tuberculosis (TB) clients on directly observed treatment, short course (TB-DOTS) to facilitate nutritional recovery and enhanced adherence to treatment. WFP also assisted food-insecure families of PLHIV and TB-DOTS clients with a family entitlement. The Food by Prescription programme was implemented in Bafata, Biombo, SAB Bissau, Cacheu, Gabu and Oio. In 2016, the food basket consisted of SuperCereal and vegetable oil for Food by Prescription ART and TB clients receiving individual rations; and cereals, pulses, vegetable oil and salt for the food-insecure households of ART and TB clients. Targeting PLHIV and TB clients was done on the basis of their nutritional status. The achievement of nutrition activities was satisfactory for ART and TB clients, and the number of beneficiaries reached was higher than planned due to the increased malnutrition cases identified at treatment centres. However, the quantity of food distributed was lower than planned because beneficiaries were assisted only during the last 3 months (October-December) due to funding shortage until September. The first cash distribution to PLHIV started in December in three treatment centres in Bissau, covering Bissau and Biombo. Cash modality was introduced for food assistance to PLHIV as it allows beneficiaries to diversify their food choice, buy locally produced food of their preference and reduce the stigma attached to receiving food assistance.

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

Children aged 6-59 months with moderate acute malnutrition (MAM) in Bafata, Oio and Gabu regions received SuperCereal Plus for treatment of acute malnutrition. The number of MAM children treated was lower than planned partially due to the fact that children received SuperCereal Plus for prevention of stunting that also could prevent

acute malnutrition. The training in growth monitoring helped community health workers involved in stunting prevention programme to actively contribute to screening and referral of MAM children to nutrition treatment centres.

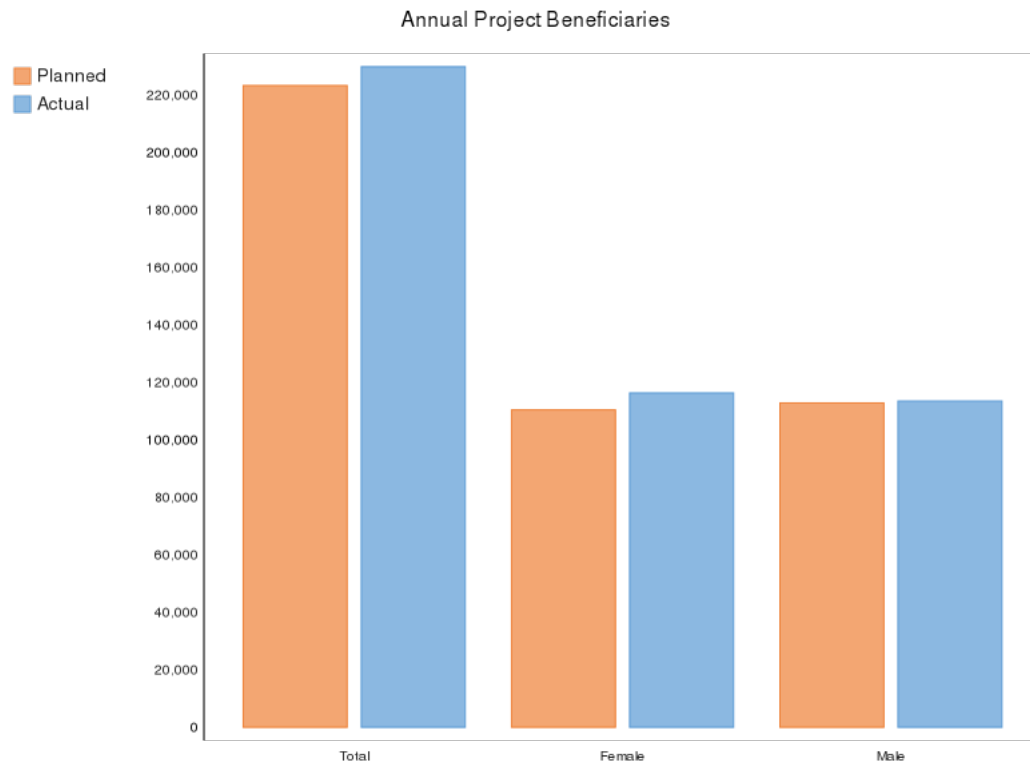
New schools were integrated into WFP school meals programme, which contributed to increase in the number of beneficiaries and consequently enrolment rates for both girls and boys. The planned school meals programme days were not achieved due to teachers' strikes that lasted 4 months in total in the 2015/16 and 2016/17 school year.

Local purchase was planned to start in October, with a field-level agreement signed in December. However, activities such as community sensitisation, organization of farmers and distribution of materials took place before the agreement was signed. The programme will cover 65 communities in the Bafata region and start around harvest period in the fall.

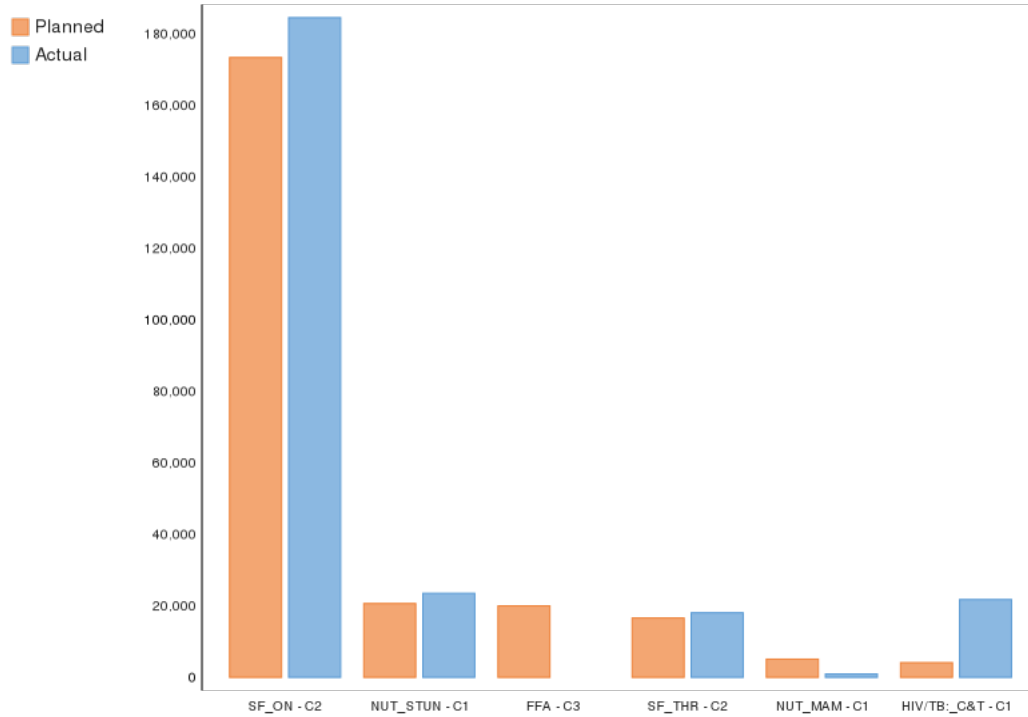
In close partnership with government and non-government partners, three food security studies were carried out in 2016. An Emergency Food Security Assessment (EFSA) was conducted in April 2016 to assess the consequences of floods that swamped many rice fields. Twenty (20) affected districts in 7 regions were selected for the field work and 748 households were interviewed. Two Food Security and Nutrition Monitoring System (FSNMS) surveys were conducted, one in September (lean season) in rural areas of seven regions except Bolama-Bijagos, and another in December (post-harvest period) in all eight regions. FSNMS lasted for 15-20 days and more than 40 enumerators were deployed in all selected villages. The samples of these studies were calculated by the National Institute of Statistics (INE) using a stratified probability sampling. In September, 3,173 rural households heads were interviewed and 3,225 in December. As the selection criteria were not gender sensitive, most of the heads of households interviewed were men.

A baseline study was conducted for school meals programme, HIV/TB nutrition and stunting prevention programs.

Due to a lack of funding food assistance for assets activities were not implemented.

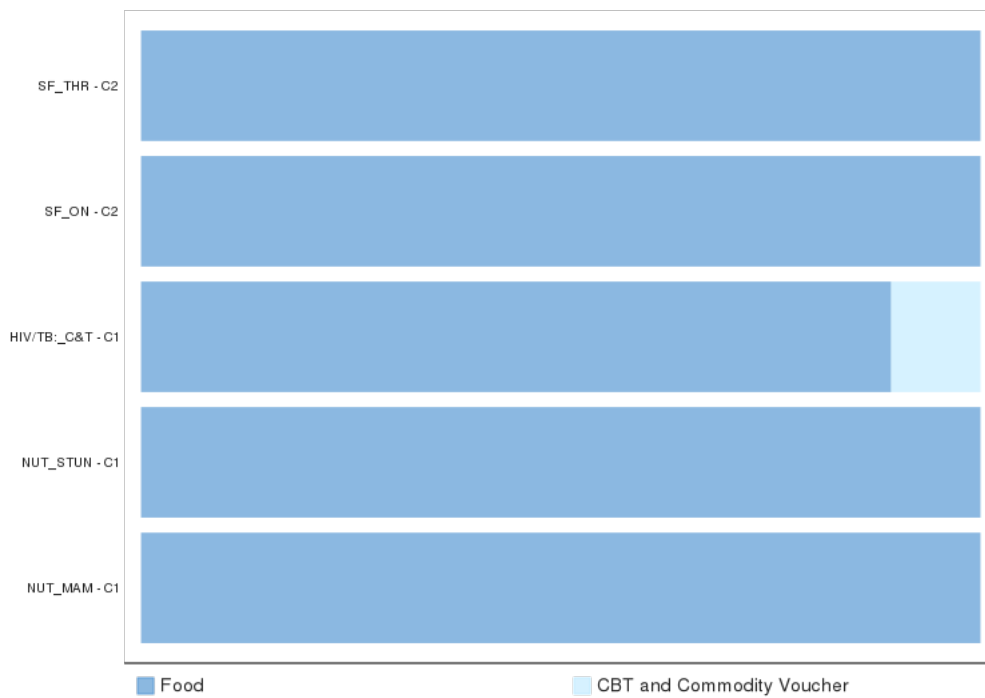


Annual Project Beneficiaries by Activity



SF_ON: School Feeding (on-site)
NUT_STUN: Nutrition: Prevention of Stunting
FFA: Food-Assistance-for-Assets
SF_THR: School Feeding (take-home rations)
NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
HIV/TB: _C&T: HIV/TB: Care&Treatment

Modality of Transfer by Activity



NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
NUT_STUN: Nutrition: Prevention of Stunting
HIV/TB: _C&T: HIV/TB: Care&Treatment
SF_ON: School Feeding (on-site)
SF_THR: School Feeding (take-home rations)



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Food Transfer-C1-Title			
Corn Soya Blend	916	259	28.3%
Iodised Salt	2	1	45.9%
Lentils	-	0	-
Ready To Use Supplementary Food	47	47	100.1%
Ready To Use Therapeutic Food	-	0	-
Rice	68	46	67.7%
Split Lentils	-	0	-
Split Peas	14	11	76.9%
Vegetable Oil	19	8	40.6%
Wheat Soya Blend	-	0	-
Subtotal	1,065	371	34.8%
Food Transfer-C2-Title			
Beans	-	111	-
Canned Fish	398	119	29.9%
Corn Soya Blend	204	270	132.4%
Iodised Salt	93	20	22.0%
Peas	398	-	-
Rice	4,072	935	22.9%
Split Peas	330	96	29.0%
Vegetable Oil	309	100	32.3%
Subtotal	5,805	1,650	28.4%
Food Transfer-C3-Title			
Iodised Salt	6	-	-
Rice	346	-	-
Split Peas	46	-	-
Vegetable Oil	23	-	-
Subtotal	421	-	-
Total	7,290	2,021	27.7%

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

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Food Transfer-C1-Title			
Cash	221,470	17,678	8.0%
Food Transfer-C2-Title			
Value Voucher	181,682	-	-
Food Transfer-C3-Title			
Cash	269,892	-	-
Total	673,044	17,678	2.6%

Operational Partnerships

The limited capacity of local non-governmental organizations (NGOs) and the presence of few major international NGOs with complementary capacity are a recurring challenge in Guinea-Bissau. More investment in capacity development and augmentation is needed. In 2016, WFP signed field-level agreement (FLA) with eight national NGOs for project implementation and monitoring, a decrease from 2015 as no Food Assistance for Assets activities were implemented.

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

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

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

WFP, as part of the United Nations Joint Team on AIDS (UNJT), is a partner of the National Secretariat for Fight against AIDS (SNLS) contributing to the national response to AIDS. The UNJT contributed with technical assistance to preparation and submission of the national proposal to Global Fund for an HIV grant and WFP contributed with identification of nutrition gaps. Within the UNJT, WFP provided food assistance to malnourished people living with HIV (PLHIV) and tuberculosis (TB) clients and to their family as a protection ration.

Performance Monitoring

In April 2016, activities from PRRO 200526 were transferred to Country Programme 200846. At the early stage of the transfer, many baselines were missing from the Country Programme logframe. To address these gaps, several baseline studies were conducted using mobile devices and Open Data Kit (ODK): school meals (June); HIV/TB treatment and care (October); and stunting prevention (December). ODK contributed to reduce time during data collection and data processing. National capacity still needs to be reinforced for regular monitoring.

There is no data for the Food Assistance for Assets activities as they were not implemented, for the same reason cash-based transfer (CBT) monitoring did not happen as the activities started only in December. In 2017, household purchases made with CBT will be tracked, and their effects on markets assessed. By the end of the year, SCOPE will be fully utilised for beneficiary registration and enhanced monitoring of transfers and beneficiaries.

Two food security monitoring exercises were conducted in 2016 and one rapid assessment in April. The Food Security National Monitoring System (FSNMS) is now well established and recognised as a reliable system in Guinea-Bissau. National capacity has been progressively reinforced to ensure hand-over by 2020.

Country Office Tool for Managing Effectively (COMET) has been in place since May 2016 as a programme design, implementation, monitoring and evaluation tool. Country Office staff was trained to improve data entry and for better monitoring of partners performance. WFP is encouraging quality control at local level, involving more strategic partners in monitoring activities and strengthening supervision capacities needed at the local level and in government institutions.

Results/Outcomes

The anti-retroviral therapy (ART) performance indicators deteriorated since 2015 and were below SPHERE standards. A combination of prolonged funding shortage, high opportunity cost and high death rate (9.45 percent) contributed to the deterioration. Tuberculosis (TB) performance indicators were better than those of ART because there had been more support from others partners.

Results from a joint survey conducted in October 2016 reported an adherence rate of 85 percent to ART, which is below the World Health Organization (WHO) recommended threshold of 90 percent. On the other hand, adherence to TB treatment was 88 percent, above the global Stop TB Partnership target of 85 percent. The same study revealed that non-observing clients, 15 percent people living with HIV (PLHIV) and 12 percent TB clients, admitted to having skipped at least once daily medication intake for reasons such as forgetfulness, confusion, drug side effects, fatigue, travel or lack of transportation to the treatment centre.

Coverage of stunting prevention was low, as not all target children were reached during the survey. The proportion of children aged 6-23 months receiving the minimum acceptable diet (MAD) improved in comparison to values reported in 2014 (Multiple Indicator Cluster Surveys) and 2012 (Standardized Monitoring and Assessment of Relief and Transitions survey). The joint study conducted by WFP and partners at household level showed that a majority of mothers of children in this age group had a good food situation. However, their consumption was dominated by cereals, tubers and roots that were consumed every day of the week, whereas eggs were consumed less than once a week and fruit less than three days a week. These habits affected children's diet. It was also noted that some food items were banned for certain children (46 percent). The most proscribed foods were rice (41 percent) and pork (28.8 percent).

Despite prolonged stock shortage of SuperCereal Plus, moderate acute malnutrition (MAM) treatment performance indicators of children aged 6-59 months were positive. MAM treatment was implemented in three regions (Oio, Gabu and Bafata) to complement severe acute malnutrition (SAM) treatment provided by the United Nations Children's Fund (UNICEF) and to provide MAM coverage in areas where stunting prevention was ongoing. Coverage rate indicators were not collected due to the frequent interruption of activities.

A study was conducted in line with WFP nutrition interventions targeting PLHIV and TB clients. Findings indicated that 20.9 percent of PLHIV and TB client's households did not have an acceptable level of food consumption score (FCS): 13 percent had a low level FCS and 7.9 percent a limited level. There was no difference in FCS between PLHIV (12.4 percent) and TB (14.1 percent) households. The study also showed that 6 percent of households interviewed adopted survival strategies often, sometimes daily, 23 percent occasionally and 68 percent rarely.

Some of the school meals indicators saw a positive change from 2015. Enrolment rates increased for both boys and girls, and the ratio girls to boys preserved a positive trend although its growth was not statistically significant. Enrolment rates showed a slight increase for all schools assisted from the beginning of school year 2015/16. It was noted that the enrolment rate increased more significantly for boys than girls. The retention rates experienced a slight increase among girls, and a decrease for boys. Provision of take-home rations may be the reason for positive retention of girls compared to boys. Reported retention rates did not include all participating schools, given that some data still needed to be validated by the General Direction for Information, Planification and Assessment of the Education System (DGIPASE), of the Ministry of Education.

In 2016, the Systems Approach for Better Education Results (SABER) action plan was developed, and WFP succeeded to introduce school meals into the main education policy papers, Decennial Education Plan for 2016–2025. In spite of political instability, it is expected that the Government will recommend the Parliament to approve the School Feeding Law, establish a national budget and put in place appropriate and decentralised structures to design, implement and evaluate the programme.

For the school meals component, a baseline study carried out in June collected information on the types of food groups and number of times they were consumed during the week prior to the survey. Eight percent of households were found to have a poor or borderline food consumption. While many households reported using food-related coping strategy, most of them used one or two days during the week. As for non-food-related strategies to cope with hardship, 41 percent reported using a crisis or emergency strategy which showed a sign of elevated distress.

Food consumption score and dietary diversity score were lower, albeit not significantly, in the households headed by women than in those headed by men. The households headed by women used less coping strategy than those headed by men, given that men have more assets.

Progress Towards Gender Equality

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

To address gender disparity in schools, WFP carried out broadcasting messages to sensitise population on gender through the national radio and local radios addressing specific issues such as education and gender equity in schools. WFP is working with the United Nations Children's Fund (UNICEF) and the Ministry of Education for a common strategy in capacity reinforcement in school meals management committees where women will hold decision-making positions. While WFP prioritises women during school meals programme training sessions, women are overall underrepresented in the education system.

Protection and Accountability to Affected Populations

WFP continued to improve its accountability towards affected populations by putting in place mechanisms to provide information, and to direct complaints and feedback to a toll-free hotline for all programme activities.

During the reporting period, a full communication strategy was designed and implemented for people living with HIV (PLHIV) under anti-retroviral therapy (ART) to understand the change in the programme activities across age, gender and diversity. It is important to communicate changes as beneficiaries who have been receiving the same entitlements for months cannot understand these changes if they are not informed and it can lead to tension.

Cash-based transfer (CBT) beneficiaries indicated that they were well informed about entitlements, targeting criteria and complaints mechanisms.

The school meals baseline study conducted in June 2016 showed that not all schoolchildren's parents were aware of the provision of hot meals at schools. The country office adapted a strategy to better inform children, parents, teachers and others to ensure increased awareness of school meals programme at community level. The baseline study captured protection information exclusively for on-site activities.

Figures and Indicators

Data Notes

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Ricardina Sambu (in the picture) and her twin Ricardino are 2 years old living in the city of Mansoa, region of Oio, Guinea-Bissau. They have been receiving WFP's food and nutrition support for prevention of stunting since they were one year old.

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	112,865	110,451	223,316	113,512	116,361	229,873	100.6%	105.4%	102.9%
Total Beneficiaries (Food Transfer-C1-Title)	14,834	15,087	29,921	21,234	24,082	45,316	143.1%	159.6%	151.5%
Total Beneficiaries (Food Transfer-C2-Title)	88,431	84,964	173,395	92,278	92,279	184,557	104.4%	108.6%	106.4%
Total Beneficiaries (Food Transfer-C3-Title)	9,600	10,400	20,000	-	-	-	-	-	-
Food Transfer-C1-Title									
By Age-group:									
Children (under 5 years)	13,213	13,212	26,425	17,247	17,755	35,002	130.5%	134.4%	132.5%
Children (5-18 years)	630	707	1,337	1,456	1,880	3,336	231.1%	265.9%	249.5%
Adults (18 years plus)	991	1,168	2,159	2,531	4,447	6,978	255.4%	380.7%	323.2%
By Residence status:									
Residents	14,833	15,088	29,921	21,343	23,973	45,316	143.9%	158.9%	151.5%
Food Transfer-C2-Title									
By Age-group:									
Children (5-18 years)	88,431	84,964	173,395	92,278	92,279	184,557	104.4%	108.6%	106.4%
By Residence status:									
Residents	88,431	84,964	173,395	92,278	92,279	184,557	104.4%	108.6%	106.4%

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)
Food Transfer-C3-Title									
By Age-group:									
Children (under 5 years)	1,600	1,600	3,200	-	-	-	-	-	-
Children (5-18 years)	3,200	3,600	6,800	-	-	-	-	-	-
Adults (18 years plus)	4,800	5,200	10,000	-	-	-	-	-	-
By Residence status:									
Residents	9,600	10,400	20,000	-	-	-	-	-	-

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)
Food Transfer-C1-Title									
Nutrition: Treatment of Moderate Acute Malnutrition	5,109	-	5,109	949	-	949	18.6%	-	18.6%
Nutrition: Prevention of Stunting	20,671	-	20,671	23,532	-	23,532	113.8%	-	113.8%
HIV/TB: Care&Treatment;	2,120	3,866	4,141	19,467	2,317	21,784	918.3%	59.9%	526.1%
Food Transfer-C2-Title									
School Feeding (on-site)	169,395	4,000	173,395	184,557	-	184,557	109.0%	-	106.4%
School Feeding (take-home rations)	16,623	-	16,623	18,087	-	18,087	108.8%	-	108.8%
Food Transfer-C3-Title									
Food-Assistance-for-Assets	12,500	7,500	20,000	-	-	-	-	-	-

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)
Food Transfer-C1-Title									
Nutrition: Treatment of Moderate Acute Malnutrition	5,109	-	5,109	949	-	949	18.6%	-	18.6%

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Prevention of Stunting	20,671	-	20,671	23,532	-	23,532	113.8%	-	113.8%
HIV/TB: Care&Treatment;	1,940	552	1,940	3,547	331	3,547	182.8%	60.0%	182.8%
Food Transfer-C2-Title									
School Feeding (on-site)	169,395	4,000	173,395	184,557	-	184,557	109.0%	-	106.4%
School Feeding (take-home rations)	16,623	-	16,623	18,087	-	18,087	108.8%	-	108.8%
Food Transfer-C3-Title									
Food-Assistance-for-Assets	1,786	1,071	2,857	-	-	-	-	-	-

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)
Food Transfer-C1-Title									
HIV/TB: Care&Treatment;									
ART Clients receiving food assistance	315	635	950	810	1,643	2,453	257.1%	258.7%	258.2%
TB Clients receiving food assistance	475	515	990	526	568	1,094	110.7%	110.3%	110.5%
Total participants	790	1,150	1,940	1,336	2,211	3,547	169.1%	192.3%	182.8%
Total beneficiaries	1,942	2,199	4,141	10,456	11,328	21,784	538.4%	515.1%	526.1%
Food Transfer-C2-Title									
School Feeding (on-site)									
Children receiving school meals in primary schools	88,431	84,964	173,395	92,278	92,279	184,557	104.4%	108.6%	106.4%
Total participants	88,431	84,964	173,395	92,278	92,279	184,557	104.4%	108.6%	106.4%
Total beneficiaries	88,431	84,964	173,395	92,278	92,279	184,557	104.4%	108.6%	106.4%
School Feeding (take-home rations)									
Children receiving take-home rations in primary schools	-	16,623	16,623	-	18,087	18,087	-	108.8%	108.8%
Total participants	-	16,623	16,623	-	18,087	18,087	-	108.8%	108.8%
Total beneficiaries	-	16,623	16,623	-	18,087	18,087	-	108.8%	108.8%
Food Transfer-C3-Title									

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)
Food-Assistance-for-Assets									
People participating in asset-creation activities	857	2,000	2,857	-	-	-	-	-	-
Total participants	857	2,000	2,857	-	-	-	-	-	-
Total beneficiaries	9,600	10,400	20,000	-	-	-	-	-	-

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)
Food Transfer-C1-Title									
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	1,022	1,022	2,044	190	190	380	18.6%	18.6%	18.6%
Children (24-59 months)	1,532	1,533	3,065	284	285	569	18.5%	18.6%	18.6%
Total beneficiaries	2,554	2,555	5,109	474	475	949	18.6%	18.6%	18.6%
Nutrition: Prevention of Stunting									
Children (6-23 months)	10,335	10,336	20,671	11,766	11,766	23,532	113.8%	113.8%	113.8%
Total beneficiaries	10,335	10,336	20,671	11,766	11,766	23,532	113.8%	113.8%	113.8%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Food Transfer-C1-Title				
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
Proportion of eligible population who participate in programme (coverage)				
<i>CHILDREN 6 TO 23 MONTHS, Project End Target: 2020.12, Base value: 2016.12, Joint survey, Latest Follow-up: 2016.12, Joint survey</i>	>70.00	38.80	-	38.80

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of children who consume a minimum acceptable diet				
<i>CHILDREN 6 TO 23 MONTHS, Project End Target: 2020.12, Base value: 2014.08, Secondary data, Latest Follow-up: 2016.12, WFP survey</i>	>70.00	8.30	-	12.80
MAM treatment recovery rate (%)				
<i>CHILDREN 6 TO 59 MONTHS, Project End Target: 2020.12, Base value: 2015.12, WFP programme monitoring, CP reports, Latest Follow-up: 2016.12, WFP programme monitoring</i>	>75.00	77.35	-	94.94
MAM treatment mortality rate (%)				
<i>CHILDREN 6 TO 59 MONTHS, Project End Target: 2020.12, Base value: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.12, WFP programme monitoring</i>	<3.00	0.70	-	0.39
MAM treatment default rate (%)				
<i>CHILDREN 6 TO 59 MONTHS, Project End Target: 2020.12, Base value: 2015.12, WFP programme monitoring, Latest Follow-up: 2016.12, WFP programme monitoring</i>	<15.00	17.91	-	4.67
MAM treatment non-response rate (%)				
<i>CHILDREN 6 TO 59 MONTHS, Project End Target: 2020.12, Base value: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.12, WFP programme monitoring</i>	<15.00	4.04	-	0.00
Proportion of eligible population who participate in programme (coverage)				
<i>CHILDREN 6 TO 59 MONTHS, Project End Target: 2020.12, Base value: 2016.12, WFP programme monitoring, Desk based coverage equations, Latest Follow-up: 2016.12, WFP programme monitoring, Desk based coverage equations</i>	>50.00	12.00	-	12.00
ART Default Rate (%)				
<i>PLHIV UNDER ART, Project End Target: 2020.12, Base value: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.12, WFP programme monitoring</i>	<15.00	22.34	-	25.20
ART Nutritional Recovery Rate (%)				
<i>PLHIV UNDER ART, Project End Target: 2020.12, Base value: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.12, WFP programme monitoring</i>	>75.00	72.93	-	65.35
TB Treatment Default Rate (%)				
<i>TB CLIENT UNDER DOTS, Project End Target: 2016.12, Base value: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.12, WFP programme monitoring</i>	<15.00	10.63	-	7.02
TB Treatment Nutritional Recovery Rate (%)				
<i>TB CLIENT UNDER DOTS, Project End Target: 2016.12, Base value: 2015.12, WFP programme monitoring, CP Reports, Latest Follow-up: 2016.12, WFP programme monitoring</i>	>75.00	76.87	-	77.19
Food Transfer-C2-Title				
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Increased equitable access to and utilization of education				
Retention rate in WFP-assisted primary schools				
<i>STUDENTS IN WFP ASSISTED SCHOOLS, Project End Target: 2020.12, Base value: 2015.12, Secondary data, Schools Records, Latest Follow-up: 2016.09, Secondary data</i>	=85.00	96.40	-	95.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Retention rate (girls) in WFP-assisted primary schools				
<i>STUDENTS IN WFP ASSISTED SCHOOLS, Project End Target: 2020.12, Base value: 2015.12, Secondary data, Schools Records, Latest Follow-up: 2016.09, Secondary data, School records</i>	=85.00	95.80	-	96.00
Retention rate (boys) in WFP-assisted primary schools				
<i>STUDENTS IN WFP ASSISTED SCHOOLS, Project End Target: 2020.12, Base value: 2015.12, Secondary data, Schools Records, Latest Follow-up: 2016.09, Secondary data, School records</i>	=85.00	97.90	-	95.00
Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools				
<i>STUDENTS IN WFP ASSISTED SCHOOLS, Project End Target: 2020.12, Schools Records, Base value: 2016.12, Secondary data, Schools Records, Latest Follow-up: 2016.12, Secondary data, Schools records</i>	=6.00	1.73	-	1.73
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools				
<i>STUDENTS IN WFP ASSISTED SCHOOLS, Project End Target: 2020.12, Schools Records, Base value: 2016.12, Secondary data, Schools Records, Latest Follow-up: 2016.12, Secondary data, Schools records</i>	=6.00	0.28	-	0.28
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools				
<i>STUDENTS IN WFP ASSISTED SCHOOLS, Project End Target: 2020.12, Schools records, Base value: 2016.12, Secondary data, Schools Records, Latest Follow-up: 2016.12, Secondary data, Schools records</i>	=6.00	3.09	-	3.09
Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels				
NCI: School Feeding National Capacity Index				
<i>STUDENTS IN WFP ASSISTED SCHOOLS, Project End Target: 2020.12, SABER Exercise, Base value: 2015.07, WFP survey, SABER Exercise, Latest Follow-up: 2016.11, Joint survey, Reports</i>	>1.40	1.40	-	1.40
Food Transfer-C3-Title				
SO3 Reduce risk and enable people, communities and countries to meet their own food and nutrition needs				
Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households				
FCS: percentage of households with poor Food Consumption Score				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	=0.08	0.40	-	5.30
FCS: percentage of households with borderline Food Consumption Score				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	=0.72	3.60	-	15.50
FCS: percentage of households with acceptable Food Consumption Score				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD, Project End Target: 2020.12, Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	>96.00	96.00	-	79.20

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	=0.12	0.60	-	6.30
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	=0.08	0.40	-	5.10
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	=0.76	3.80	-	18.50
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	=0.68	3.40	-	15.00
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, Base value: 2016.04, Joint survey, FSNMS , Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	>95.60	95.60	-	75.20
FCS: percentage of households with acceptable Food Consumption Score (male-headed)				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	>96.20	96.20	-	79.90
Diet Diversity Score				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	>5.00	5.00	-	4.30
Diet Diversity Score (female-headed households)				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	>4.72	4.72	-	4.00
Diet Diversity Score (male-headed households)				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	>5.19	5.19	-	4.40
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA, Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	<50.10	50.10	-	49.30

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CSI (Asset Depletion): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, FSNMS , Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	<40.10	40.10	-	73.50
CSI (Asset Depletion): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA , Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	<26.40	26.40	-	67.40
CSI (Asset Depletion): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA , Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	<20.30	20.30	-	74.50
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA , Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	<53.60	53.60	-	52.60
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING AGRICULTURAL HARVEST PERIOD , Project End Target: 2020.12, FSNMS , Base value: 2016.04, Joint survey, EFSA , Latest Follow-up: 2016.12, Joint survey, FSNMS</i>	<64.30	64.30	-	69.40
FCS: percentage of households with poor Food Consumption Score				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS , Base value: 2016.09, Joint survey, FSNMS</i>	=0.72	3.60	-	-
FCS: percentage of households with borderline Food Consumption Score				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS , Base value: 2016.09, Joint survey, FSNMS</i>	=4.86	24.30	-	-
FCS: percentage of households with acceptable Food Consumption Score				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, Base value: 2016.09, Joint survey, FSNMS</i>	>72.10	72.10	-	-
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS , Base value: 2016.09, Joint survey, FSNMS</i>	=0.92	4.60	-	-
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS , Base value: 2016.09, Joint survey, FSNMS survey</i>	=0.68	3.40	-	-
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS , Base value: 2016.09, Joint survey, FSNMS</i>	=4.76	23.80	-	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, Base value: 2016.09, Joint survey, FSNMS</i>	=4.86	24.30	-	-
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, Base value: 2016.09, Joint survey, FSNMS</i>	>71.60	71.60	-	-
FCS: percentage of households with acceptable Food Consumption Score (male-headed)				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.09, Joint survey, FSNMS</i>	>72.30	72.30	-	-
Diet Diversity Score				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.09, Joint survey, FSNMS survey</i>	>3.93	3.93	-	-
Diet Diversity Score (female-headed households)				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, Base value: 2016.09, Joint survey, FSNMS</i>	>3.82	3.82	-	-
Diet Diversity Score (male-headed households)				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, Base value: 2016.09, Joint survey, FSNMS survey</i>	>3.95	3.95	-	-
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.09, Joint survey, FSNMS survey</i>	<49.10	49.10	-	-
CSI (Asset Depletion): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.09, Joint survey, FSNMS</i>	<76.70	76.70	-	-
CSI (Asset Depletion): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.09, Joint survey, FSNMS</i>	<71.30	71.30	-	-
CSI (Asset Depletion): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.09, Joint survey, FSNMS</i>	<77.40	77.40	-	-
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.09, Joint survey, FSNMS survey</i>	<50.80	50.80	-	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
<i>HOUSEHOLD DURING FOOD SHORTAGE PERIOD, Project End Target: 2020.12, FSNMS, Base value: 2016.09, Joint survey, FSNMS</i>	<61.90	61.90	-	-
CAS: percentage of communities with an increased Asset Score				
<i>TARGETED COMMUNITIES, Project End Target: 2020.12</i>	=80.00	-	-	-
Increased marketing opportunities for producers and traders of agricultural products and food at the regional, national and local levels				
Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country				
<i>PRODUCERS AND TRADERS, Project End Target: 2020.12</i>	=10.00	-	-	-
Food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases				
<i>PRODUCERS AND TRADERS, Project End Target: 2016.12</i>	=10.00	-	-	-

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
Food Transfer-C1-Title				
SO4: HIV/TB: Care&Treatment; and Nutrition: Prevention of Stunting and Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	73	73	100.0%
SO4: Nutrition: Prevention of Stunting				
Number of staff members/community health workers trained on modalities of food distribution	individual	34	34	100.0%
Food Transfer-C2-Title				
SO4: School Feeding (on-site)				
Number of feeding days	instance	110	86	78.2%
Number of timely food distributions as per schedule	instance	70,565	55,724	79.0%
SO4: School Feeding (on-site) and School Feeding (take-home rations)				
Number of primary schools assisted by WFP	school	760	760	100.0%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Food Transfer-C2-Title				

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of women beneficiaries in leadership positions of project management committees				
<i>GUINEA-BISSAU, School Feeding (on-site), Project End Target: 2020.12, Base value: 2016.06</i>	>50.00	27.00	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>GUINEA-BISSAU, School Feeding (on-site), Project End Target: 2020.12, Base value: 2016.12</i>	>60.00	76.00	-	-
Food Transfer-C3-Title				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets (Agricultural/crop production promotion), Project End Target: 2020.12</i>	=40.00	-	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets (Agricultural/crop production promotion), Project End Target: 2020.12</i>	=30.00	-	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets (Agricultural/crop production promotion), Project End Target: 2020.12</i>	=30.00	-	-	-

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Food Transfer-C1-Title				
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, HIV/TB: Care&Treatment, Project End Target: 2020.12, Base value: 2016.12</i>	=90.00	100.00	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Nutrition: Prevention of Stunting, Project End Target: 2020.12, Base value: 2016.12</i>	=90.00	86.70	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2020.12</i>	=90.00	-	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, HIV/TB: Care&Treatment,; Project End Target: 2020.12, Base value: 2016.12</i>	=100.00	100.00	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, Nutrition: Prevention of Stunting, Project End Target: 2020.12, Base value: 2016.12</i>	=100.00	95.30	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2020.12</i>	=100.00	-	-	-
Food Transfer-C2-Title				
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, School Feeding (on-site), Project End Target: 2020.12, Base value: 2016.06</i>	=90.00	68.00	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, School Feeding (take-home rations), Project End Target: 2020.12</i>	=90.00	-	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, School Feeding (on-site), Project End Target: 2020.12</i>	=100.00	-	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, School Feeding (take-home rations), Project End Target: 2020.12</i>	=100.00	-	-	-
Food Transfer-C3-Title				
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets (Agricultural/crop production promotion), Project End Target: 2020.12</i>	=100.00	-	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>GUINEA-BISSAU, Food-Assistance-for-Assets (Agricultural/crop production promotion), Project End Target: 2020.12</i>	=100.00	-	-	-

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Food Transfer-C1-Title		

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services		
<i>GUINEA-BISSAU, HIV/TB: Care&Treatment;; Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	>4.00	4.00
Number of partner organizations that provide complementary inputs and services		
<i>GUINEA-BISSAU, Nutrition: Prevention of Stunting, Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	>1.00	2.00
Number of partner organizations that provide complementary inputs and services		
<i>GUINEA-BISSAU, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	>2.00	2.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>GUINEA-BISSAU, HIV/TB: Care&Treatment;; Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>GUINEA-BISSAU, Nutrition: Prevention of Stunting, Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>GUINEA-BISSAU, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Food Transfer-C2-Title		
Number of partner organizations that provide complementary inputs and services		
<i>GUINEA-BISSAU, School Feeding, Latest Follow-up: 2016.12</i>		5.00
Number of partner organizations that provide complementary inputs and services		
<i>GUINEA-BISSAU, School Feeding (on-site), Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	>1.00	1.00
Number of partner organizations that provide complementary inputs and services		
<i>GUINEA-BISSAU, School Feeding (take-home rations), Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	>1.00	1.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>GUINEA-BISSAU, School Feeding (on-site), Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>GUINEA-BISSAU, School Feeding (take-home rations), Project End Target: 2020.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Food Transfer-C3-Title		
Number of partner organizations that provide complementary inputs and services		
<i>GUINEA-BISSAU, Food-Assistance-for-Assets (Agricultural/crop production promotion), Project End Target: 2020.12</i>	=10.00	-
Proportion of project activities implemented with the engagement of complementary partners		
<i>GUINEA-BISSAU, Food-Assistance-for-Assets (Agricultural/crop production promotion), Project End Target: 2020.12</i>	=100.00	-

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
European Commission	EEC-C-00433-01	Corn Soya Blend	-	1,277
European Commission	EEC-C-00433-01	Rice	-	300
European Commission	EEC-C-00433-01	Split Peas	-	48
European Commission	EEC-C-00433-01	Vegetable Oil	-	55
Japan	JPN-C-00430-01	Canned Fish	-	270
Japan	JPN-C-00504-01	Canned Fish	-	175
USA	USA-C-01203-01	Beans	530	-
USA	USA-C-01203-01	Rice	3,400	-
USA	USA-C-01203-01	Vegetable Oil	260	-
USA	USA-C-01203-02	Beans	480	-
USA	USA-C-01203-02	Rice	3,230	-
USA	USA-C-01203-02	Vegetable Oil	240	-
		Total	8,140	2,125