

Project Number: 200793 | Project Category: **Single Country PRRO**
Project Approval Date: June 05, 2015 | Planned Start Date: July 01, 2015
Actual Start Date: July 01, 2015 | Project End Date: June 30, 2017
Financial Closure Date: N/A

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SPR Reading Guidance



Developing Resilience and Fighting Malnutrition
Standard Project Report 2016

World Food Programme in Burkina Faso (BF)



World Food Programme

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Country Context and WFP Objectives



Country Context

Burkina Faso is a land-locked Sahelian country in West Africa with a population of around 19 million people (Burkina Faso National Institute for Statistics and Demography, 2016). One of the poorest countries in the world, it ranks 183 out of 188 in the 2015 United Nations Development Programme (UNDP) Human Development Index).

The national economy is heavily dependent on agricultural production, and exports of gold and cotton. Agriculture, which depends on a single rainy season, accounts for 40 percent of gross domestic product (GDP) and employs 80 percent of the population. Over 40 percent of the population live under the poverty line and do not have adequate access to food.

The country has a Gender Inequality Index of 0.631, ranking 183 out of 188 countries in 2015. Social, cultural and religious constraints limit women's access to basic services, education and land. Women are significantly under-represented in national, regional, local and community decision-making structures, and have less purchasing power. Improving women's access to social services and promoting equitable decision-making are national priorities.

Persistent food and nutrition insecurity continue to be a major concern, particularly in rural areas with poor access to nutritious foods, reduced diet diversity and higher micronutrient deficiencies. Results from the 2015 *Cadre Harmonisé* indicate that millions of people suffer annually from food and nutritional insecurity, with the most vulnerable populations living in the East, North, Sahel, Centre-North and Centre-West regions. In 2016, over 3.2 million people were at-risk of food insecurity and more than 656,000 people were experiencing food insecurity, and thus could not cover their households' basic food needs. The most affected groups are women, children aged 6-59

months and the elderly. In 2012, the annual cost of undernutrition in children was estimated at USD 802 million, or 7.7 percent of GDP (Report on Cost of Hunger in Burkina Faso).

Since 1994, significant advancements can be noted in the field of primary education. Primary school enrolment rate increased from 33.7 percent in 1994 to 45.9 percent in 2000 and 83.7 percent in 2015 (PNDES, August 2016). On the other hand, the quality of education, regional and gender disparities, and transition to post-primary education still remain causes for concern.

Prevalence rates related to malnutrition show a stable trend but remain above the critical threshold, as defined by the World Health Organization (WHO). From 2009 to 2015, chronic malnutrition decreased from 35.1 to 30.2 percent. In 2016, 1,050,000 children 6-59 months of age suffered from stunting. The prevalence of acute malnutrition decreased from 11.3 percent in 2015 to 8.6 percent in 2016, which corresponds to 650,000 children 6-59 months of age.

Burkina Faso has one of the highest infant and child mortality rates, with 45 percent deaths caused by malnutrition. This proportion represents more than 27,000 deaths per year or 1 child death every 20 minutes.

Iron, iodine and vitamin A deficiencies are the most widespread micronutrient deficiencies. Sixty-two (62) percent of women of child-bearing age and 83.4 percent of school-aged children suffer from anaemia, leading to damaging consequences on their intellectual, cognitive and physical capacities. In the Sahel, North and East regions, the prevalence rate for anaemia is respectively 70.9 percent, 66.7 percent and 60.5 percent. Furthermore, out of the 718,500 live births expected in 2016 549,500 newborn children were inadequately, or even not protected from iodine deficiencies (76.5 percent) or else were at risk of suffering from mental retardation. These deficiencies concerned 10 out of the 13 regions, including the East, the Sahel and the North. In terms of consumption of adequately iodized salt, the respective figures in those three regions were 10.6 percent, 4 percent and 24.7 percent.

With regards to maternal and child health, and HIV/AIDS, indicators show that progress has been made. The mortality rate for children 6-59 months of age has decreased from 219.1 per 1,000 in 1998 to 81.6 per 1,000 in 2015. Over the same period, maternal mortality decreased from 484 deaths per 100,000 live births to 330. However, more efforts are required to reach the target of 141.5 (PNDES, August 2016).

HIV/AIDS prevalence dropped from 7 percent in 1997 to 0.9 percent in 2015 (PNDES, August 2016). It remains a widespread epidemic due to extreme values above 1 percent in some areas that register high prevalence rates, compared to the national rate.

Since 2012, Burkina Faso has hosted a steady influx of refugees from Mali. In its 2015 end of year report, the Office of the United Nations High Commissioner for Refugees (UNHCR) reported that 33,574 Malian refugees were living in the country.

Significant improvements have been made in nutrition, education, food security, poverty reduction, gender equality and social protection programmes, as a result of an improved collaboration and cooperation between the Government and its technical and financial partners. However, statistics show that efforts are still needed to reach the 2030 Sustainable Development Goals.

Response of the Government and Strategic Coordination

Progress has been made since the 2012 Sahel food and nutrition crisis that affected over one million people. Joint efforts between the Government and its partners resulted in an improvement of food and nutrition security through poverty reduction, gender equality and social protection programmes. However, since 2014, implementation of these programmes under the Government leadership has been weakened by political instability, insecurity, and recurrent cross-border threats and attacks.

To address the issues that undermine the country's social and economic growth, the Government has developed a five-year National Plan for Economic and Social Development (PNDES) 2016–2020. Its main objective is to create an environment conducive to rural development and subsequent economic growth. It relies on all stakeholders' commitment, and is in line with the Government strategic perspective, 'A vision of Burkina Faso by the year 2025', as well as the African Union's 2063 Agenda and the Sustainable Development Goals (SDGs).

Implemented under the Government leadership, PNDES promotes more coherent, inclusive and efficient synergies between stakeholders' interventions, involving communities or beneficiaries themselves. Efforts are directed toward sustainable development and the promotion of sustainable consumption and production patterns likely to enhance the quality of life in rural and urban populations.

Stakeholders involved in social and economic growth promotion are encouraged to focus on accountability, equity and gender issues. In addition, particular attention is given to the following issues: promotion of social dialogue;

reduction of regional disparities; development of resilience capacity of all social strata, mainly the most vulnerable; sustainable use of natural resources and their contribution to the economy; and promotion of good governance.

Since 2011, the Government has been elaborating a yearly response plan with the support of its financial and technical partners: the Response and Support Plan for People that are Vulnerable to Food and Nutrition Insecurity (PRSPV). Based on various studies on the food and nutrition situation (*Cadre Harmonisé*, 2015), the plan compiles activities and actions aiming at alleviating the hardships experienced by the most vulnerable households. It represents a framework document providing guidance and planning to all stakeholders involved in the national food security system. In fact, results include, among others, a map of food insecurity and vulnerability, provide an estimate of the number of persons (3.2 million in 2016) at risk of food and nutritional insecurity as well as an estimate of those experiencing food and nutritional insecurity (over 656,000 persons in 2016).

WFP projects and programmes in Burkina Faso are aligned with national strategies: PNDES, PRSPV, National Resilience Priorities (PRP-AGIR, related to the Global Alliance for Resilience), Resilience in the Sahel Enhanced (RISE) initiative, National Programme for Rural Development (PNSR), National Policy for Nutrition (based on a multi-sectoral approach), and Common Results Framework and National Gender Policy (PNG).

WFP implements its activities in close collaboration with key government departments at the local and national levels, based on their area of expertise. The Ministry of Health plays an essential role in the formulation and enforcement of national policies and protocols on the prevention and treatment of moderate acute malnutrition. This role extends to food quality assurance, in light of national and international standards. In its intervention areas, WFP implements nutrition-based activities at local health centres where beneficiaries can also receive relevant nutrition-related information, advice and check-up. As a technical department of the Ministry of Health, the national public laboratory carries out quality checks of the yogurt produced by local milk processing units and distributed in WFP-assisted schools.

To maximise synergy and enhance impact, WFP works in partnership with other United Nations agencies including the Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Food and Agriculture Organization of the United Nations (FAO), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP) and International Fund for Agricultural Development (IFAD), through the United Nations Development Assistance Framework (UNDAF). WFP also partners with non-governmental organizations (NGOs) and farmers' organizations for Purchase for Progress (P4P). The tripartite Memorandum of Understanding between WFP, UNICEF and the World Health Organization (WHO) provides guidance on implementing the treatment of moderate and severe acute malnutrition. These agencies advocate for effective national policies in the sector. UNICEF provides support to an integrated approach through education, and Water, Sanitation and Hygiene (WASH) interventions, while WHO focuses on vaccinations, deworming and micronutrient deficiencies.

Summary of WFP Operational Objectives

WFP's overall objective is to assist the Government accelerate socio-economic growth and reduce poverty. WFP Burkina Faso has defined three strategic priorities to address food security and nutrition needs in the country.

The first priority is to enhance the national capacity to respond to crises and households' resilience to shocks. WFP assists food-insecure rural households to adapt to climate change, strengthen the national emergency response mechanism, while providing direct emergency response to shocks, and reversing acute malnutrition among children and pregnant and lactating women.

WFP contributes to reinforcing national capacity by providing technical assistance in the following areas: monitoring of households' current food and nutritional status; elaboration of national policies and strategies based on the country context as well as new regional and international guidelines; household economy approach; analysis of the *Cadre Harmonisé*; elaboration of the response plan; markets monitoring; and implementation of the Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey.

The second priority is to support the development of human capital through social protection programmes. WFP assistance aims to increase access to primary education, especially for girls. It also aims to reduce chronic malnutrition among children, women of childbearing age and other vulnerable groups.

The third priority is to strengthen small-scale producers' skills in producing and processing agricultural products, and accessing profitable markets. WFP uses its purchasing power to develop the capacity of smallholder farmers organizations with regards to production, quality assurance, post-harvest management and storage.

Under Country Programme 200163 and Protracted Relief and Recovery Operation (PRRO) 200793, activities are carried out in the East, North and Sahel regions, identified as the three most food-insecure regions in need of

long-term resilience investments.

Country Programme aims to create the minimum conditions for socio-economic development. Assistance is provided to protect and enhance the livelihood of families living below the poverty line, reduce their vulnerability to natural disasters and food insecurity, and enhance their resilience. The education component aims to promote access to primary schools for girls. Under the nutrition component, complementary food is provided to malnourished anti-retroviral therapy (ART) clients, promoting their adherence to treatment.

WFP also fosters local economic development and long-term solutions to acute and chronic malnutrition through the support to local nutritious food value chains, and agro-transformation of milk and fortified infant flour.

Under PRRO, WFP supports efforts aiming at building resilience and achieving food security of vulnerable rural communities. Food assistance is provided to targeted food insecure and vulnerable households to meet their consumption gaps whilst simultaneously supporting them to build community structures related to soil restoration and water conservation.

PRRO also includes the fight against malnutrition through a twin approach that combine prevention and treatment activities.

During the lean season, WFP provides protection rations to children aged 6-23 months to prevent acute malnutrition. WFP also supports the development of locally-produced fortified flour for children, thus promoting local food purchases over imports.

For the treatment of moderate acute malnutrition (MAM), WFP supports the government's efforts to manage MAM affected children aged 6-23 months and 24-59 months, and pregnant and lactating women. Food rations are also provided to mothers accompanying children with severe acute malnutrition, as a form of support to their child's treatment.

WFP provides food assistance to Malian refugees. Considering humanitarian needs of Malian refugees in Burkina Faso and the fact that a safe return to their home country is still impossible for now, WFP continues to assist affected refugee households. In addition, empowerment activities are jointly being developed with the Government and the Office of the United Nations High Commissioner for Refugees (UNHCR).

Through the Purchase for Progress (P4P) initiative, WFP works with small-scale producers. The specific objectives are to develop their skills in quality control, and connect them to structured markets and credit.

Country Resources and Results

Resources for Results

Compared to 2015, both geographical coverage for WFP operations in Burkina Faso and number of beneficiaries were sized down, due to funding shortfalls. Out of the seven priority areas with the highest levels of undernutrition and food insecurity, only four were targeted in 2016: North, Centre-North, East and the Sahel. With the contributions from USA, France, Germany, Japan, Canada, Finland, Saudi Arabia, European Civil Protection and Humanitarian Aid Operations (ECHO) and Cartier Charitable Foundation, a total number of 299,749 beneficiaries were reached.

Due to funding constraints, only 64 percent of the 2015 beneficiaries were assisted. School meals were pursued at a smaller scale in the Sahel region with two districts covered out of four and the assistance to anti-retroviral therapy (ART) clients suffering from malnutrition was suspended from mid-year 2016. The interruption of such crucial activities as nutritional support to the most vulnerable, school meals, and improving the capacity of vulnerable communities to face future shocks affected life-saving efforts and national long-term development.

To address funding limitations, WFP Burkina Faso country office elaborated a proactive resource mobilization strategy for public and private donors to improve funding level. It engaged in joint fundraising with other organizations that pursue the same objectives. WFP will work to re-engage with past donors. In addition, the country office is planning on approaching private donors in light of WFP priorities, consistency with WFP policies, and their compliance to national legislation.

In 2016, both the Country Programme 200163 and PRRO 200793 were subject to budget revisions to align the current projects with the United Nations Development Assistance Framework (UNDAF) cycle.

A first budget revision of the Country Programme 200163 in mid-year 2016 extended the programme by six months to continue developing sustainable and innovative solutions to persistent food insecurity and malnutrition in Burkina Faso, while the Government was identifying development priorities for 2018–2020. Activities related to school meals, complementary feeding and support to people living with HIV and children orphaned by HIV/AIDS were maintained. The revision also aimed to provide capacity development support to small-scale agricultural producers and dairy processing units managed by women's groups.

A second Country Programme budget revision extended the programme to an additional year, running through December 2017. This one-year extension followed a recommendation from the Government and the United Nations country team (UNCT) to extend the UNDAF and all development programmes through December 2017. The purpose is to better align with the National Plan for Economic and Social Development (PNDES) proposed by the new Government elected in November 2015. The five-year national development plan will run until December 2020.

A PRRO budget revision in mid-year 2016 extended by six-months the food and nutritional assistance to 24,000 Malian refugees who reside in Goubebou and Mentao, two official camps in the Sahel region. The number of beneficiaries was reduced by targeting the most vulnerable to prevent a sudden cut-off of humanitarian assistance, and consequent damages in terms of food security and nutrition for Malian refugees in borderline, moderate and severe food insecurity.

Achievements at Country Level

In rural Burkina Faso, some social, cultural and religious practices are still against women's empowerment. They are significantly under-represented in national, regional, local and community decision-making structures, have limited access to basic services and land, are less educated, have a lower purchasing power, and are sometimes denied land ownership.

In response, WFP gives priority to women when selecting implementation partners within the communities. In the Sahel region, WFP supports two milk processing units, owned and managed by women. These units produce local yogurt for primary schools assisted by WFP. In a two-year period (2015–2016), their production has significantly increased, which has an impact on the whole value chain: fodder suppliers, cattle-breeders, milk collectors, women working in the milk transformation units and yogurt delivery men.

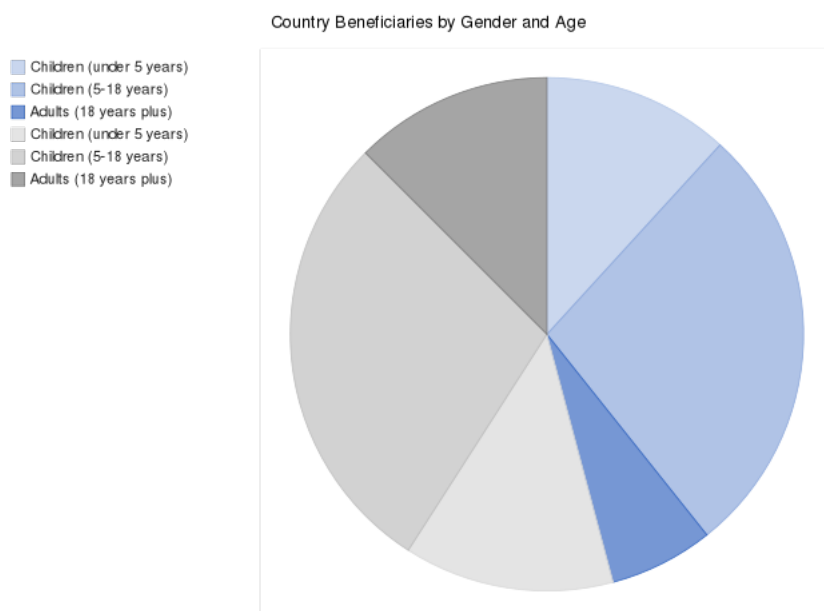
This success story backed up by the development of a coherent value chain around a local product is seen as a model of sustainable development in the country and abroad.

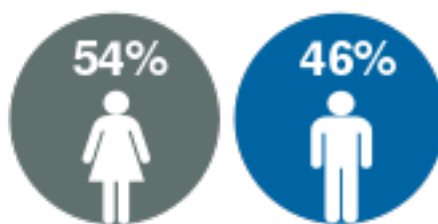
WFP provides technical assistance to the Government of Burkina Faso with the purpose of encouraging national ownership of the Purchase for Progress (P4P) initiative. A workshop held in December 2016 allowed the

stakeholders to make a mid-term review for P4P 2016 activities. It also laid the ground to accompany the Government replicate and implement a national P4P project, which conforms to WFP hand-over strategy. WFP will then contribute to create a favourable environment for rural development and subsequent economic growth targeting small-scale farmers by promoting collaboration between all stakeholders in the agricultural value chain.

Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	35,327	39,689	75,016
Children (5-18 years)	82,436	85,173	167,609
Adults (18 years plus)	19,647	37,477	57,124
Total number of beneficiaries in 2016	137,410	162,339	299,749





Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	3,163	136	558	821	103	4,780
Single Country PRRO	1,637	136	373	911	41	3,098
Total Food Distributed in 2016	4,800	272	930	1,732	144	7,878



Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country PRRO	947,460	-	-
Total Distributed in 2016	947,460	-	-

Supply Chain

Burkina Faso is a land-locked country in West Africa. Commodities purchased abroad were shipped through Togo, Ghana, Benin and Côte d'Ivoire.

Commodities purchased abroad and from the Global Commodity Management Facility (GCMF) were initially delivered to Lomé and Cotonou ports. From there, commodities were moved by road to Burkina Faso under the Forwarding Agency Agreement made by the WFP Regional Bureau in Dakar. Once in Burkina Faso, the country office took over by contracting local private transporters. That included the transportation of commodities purchased locally to WFP warehouses and extended delivery points. These are located in four main regions where WFP implements its activities: Ouagadougou (Centre), Dori and Djibo (Sahel), Fada (East) and Ouahigouya (North).

Maize, rice, pulses and yogurt are purchased locally through a competitive tender process, followed by a meeting of the contract committee at WFP Burkina Faso. The role of the committee is to assure that the purchases do not negatively affect the market. Selected suppliers deliver the commodities (except yogurt) to WFP warehouses, which are then delivered to the distribution sites by private transporters, also selected through a competitive tender process.

Efforts were made to avoid overlong storage periods and improve food allocations and transport in order to avoid unnecessary stock movements, which could affect the quality of commodities but is also costly. An ongoing

exercise, Logistics Capacity Assessment focusing among others on transport network was carried out in 2016 to identify access to roads that could lead to a significant decrease in overall transport costs.

To enhance logistics services, the supply chain unit organized a training for local transporters and suppliers, to improve their knowledge of WFP contract terms.

Customs requirements in Burkina Faso have been considerably tightened. In 2016, WFP was charged a phytosanitary tax and had to pay the fees for the issuance of provisional quality assurance certificates.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Beans	605	-	605
Maize	354	-	354
Maize Meal	-	640	640
Rice	641	-	641
Uht Milk	60	-	60
Total	1,660	640	2,300
Percentage	72.2%	27.8%	

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

Commodity	Total
Corn Soya Blend	793
Ready To Use Supplementary Food	552
Rice	1,363
Vegetable Oil	257
Total	2,965

Implementation of Evaluation Recommendations and Lessons Learned

Since 2014, Burkina Faso country office has been experiencing shortfalls of financial resources. A proactive resource mobilization strategy for public and private donors was developed to improve funding level. While current partnerships must be maintained and new funding opportunities sought, re-engaging past donors is also essential in effectively achieving the “Zero Hunger” challenge. The strategy will be updated to better address current challenges and achieve the strategic objectives of both WFP and the National Plan for Economic and Social Development (PNDES).

WFP followed 2015 recommendations to strengthen partnership with key partners in order to better coordinate actions and guarantee the sustainability of results. The school meals programme implemented through strategic field partnerships had a positive impact on educational performances in primary schools assisted by WFP. These partnerships were maintained to keep those performances high.

The pilot phase of the milk project provided WFP and its partners with technical recommendations and lessons learned that they will rely on to better implement the scaling-up of the project in Soum, a second targeted province in the Sahel region.

The comprehensive package of nutrition activities was implemented in collaboration with local associations that have an in-depth knowledge of local habits and challenges. They were responsible for communication campaigns, thus addressing cultural sensitivity and making participants more receptive to key messages.

Based on farmers organizations (FO) assessment and feedback, two field visits were organized to allow members of FOs to share good practices in terms of gender mainstreaming and resource mobilization. From the lessons learned, FOs improved their resource mobilization capacity by approximately 40 percent. Regarding the reduction of post-harvest losses, a field workshop at manufacturers of metal silos was organized for craftsmen supplying WFP. Whenever possible, such study visits between FOs or craftsmen must be renewed.

Communication and visibility efforts are still to be improved in order to reinforce advocacy and the resource mobilization strategy.

Project Objectives and Results

Project Objectives

Through PRRO 200793, WFP supported the Government efforts to address acute malnutrition and develop resilience, and enabled beneficiaries to transition to sustainable development. This PRRO has been designed to address malnutrition and vulnerability to shocks (climate change, extreme weather, drought, floods and other disasters) through two components: nutrition and food security interventions. In 2016, seven regions with the highest risk of malnutrition and food insecurity were identified: East, North, Centre-North, Centre-East, Centre-West, Sahel and Boucle du Mouhoun.

Activities implemented under this PRRO support Sustainable Development Goals 2 and 7 and WFP Strategic Objectives 1, 2, and 3. They aim to: (i) improve the nutritional status of children aged 6-59 months and pregnant and lactating women suffering from moderate acute malnutrition through targeted supplementary feeding; (ii) prevent acute malnutrition in children aged 6-23 months through blanket supplementary feeding; (iii) improve retention rates of children suffering from severe acute malnutrition in in-patient treatment centres by providing food assistance to caretakers; and (iv) enhance the livelihoods of populations vulnerable to food insecurity and build their resilience to future shocks through the creation of household and community agricultural assets.

Under PRRO, WFP also provides food and nutritional assistance to Malian refugees in two official camps and those living with host communities in the Sahel region. Malian refugees received monthly general food distributions combining rations of in-kind and cash-based transfers.



Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	210,700
Direct Support Costs	6,376,636
Food and Related Costs	22,008,033
Indirect Support Costs	3,341,553
Cash & Voucher and Related Costs	19,141,104
Total	51,078,026

Project Activities

PRRO 200793 was designed to address malnutrition and food insecurity. With 10.4 percent of children aged 6-59 months suffering from acute malnutrition and 30.2 percent of the same age group affected by stunting (SMART survey 2015), WFP provided a comprehensive and multi-sectorial package of nutrition interventions to beneficiaries in four priority regions: North, Centre-North, East and Sahel.

Along with food assistance, nutritional assistance was provided to a total of 29,551 Malian refugees in Burkina Faso. Each month, refugees received rations of rice, beans, vegetable oil, SuperCereal and salt. In addition, they received unconditional cash-based transfers (CBT) that amounted to 4,000 CFA Francs (USD 7) per person and per month. Cash is provided to allow them buy food items that are not provided in the food basket and could help diversify their diet (meat, fish, milk). In both camps, WFP provided nutrition assistance to treat moderate acute malnutrition in children aged 6-59 months and pregnant and lactating women.

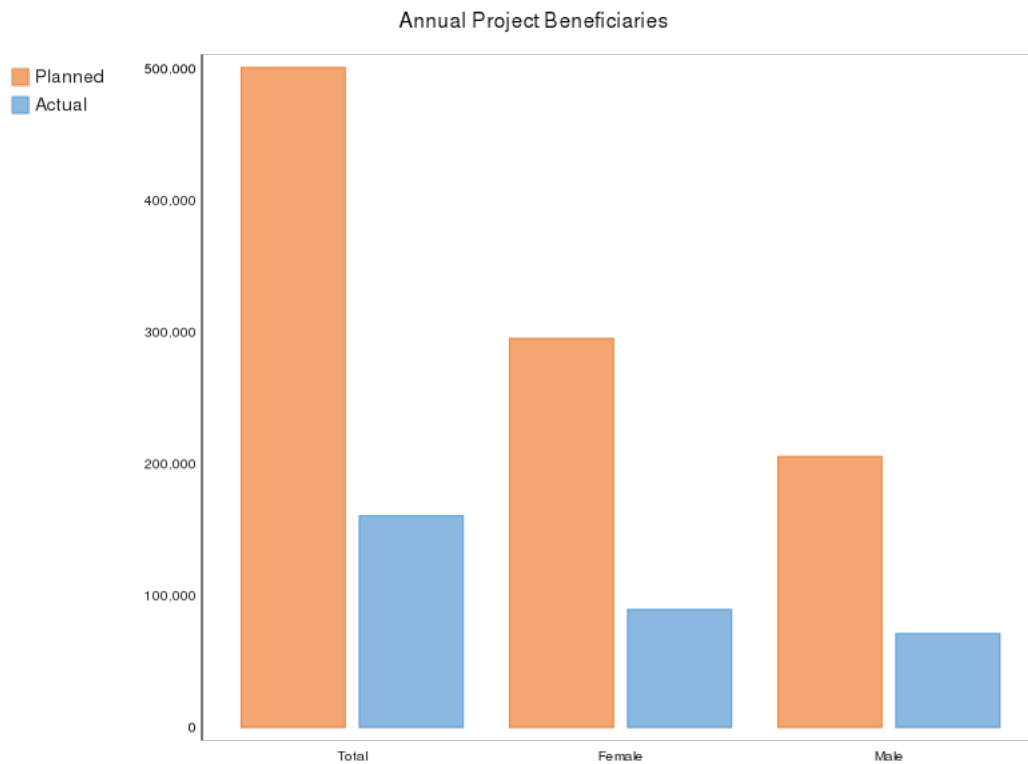
Treatment of moderate acute malnutrition (MAM) is provided to improve the nutritional status of children aged 6-59 months and pregnant and lactating women in four regions: Centre North, North, East and Sahel. In 2016, 175,000 children from the target age group received daily rations of Plumpy'Sup, while 65,000 pregnant and lactating women

suffering from MAM received daily rations of SuperCereal and vegetable oil. MAM treatment was combined with nutritional education, at-home monitoring and capacity strengthening activities in order to improve the nutritional status of malnourished children and women. Food rations were also provided to 10,600 mothers accompanying children with severe acute malnutrition, as a form of support to their child's treatment.

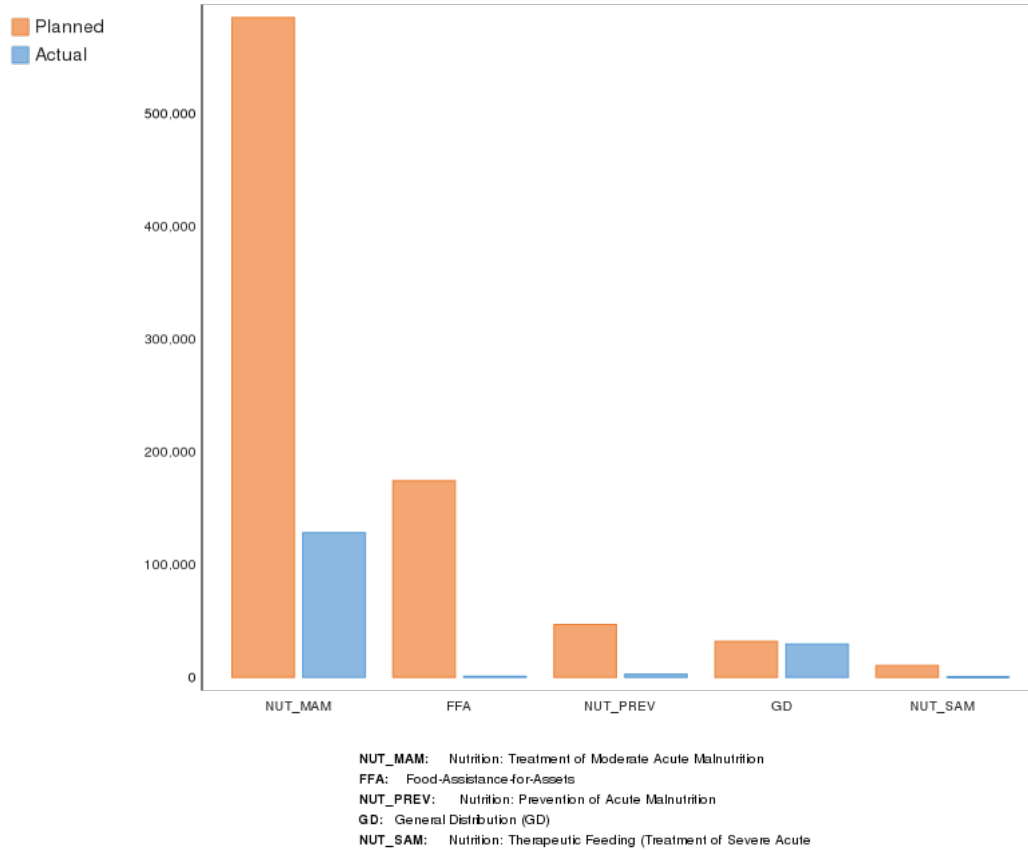
During the lean season, WFP provided protection rations to more than 52,000 children aged 6-23 months to prevent acute malnutrition. WFP also supported the development of locally-produced fortified flour for children, thus promoting local nutritious food consumption over imported products.

In 2016, Food Assistance for Assets (FFA) activities were supported using conditional cash transfers. This assistance was designed for targeted community members participating in assets-creation activities. Only 2.5 percent of the total budget was eventually funded considerably reducing the total number of beneficiaries reached.

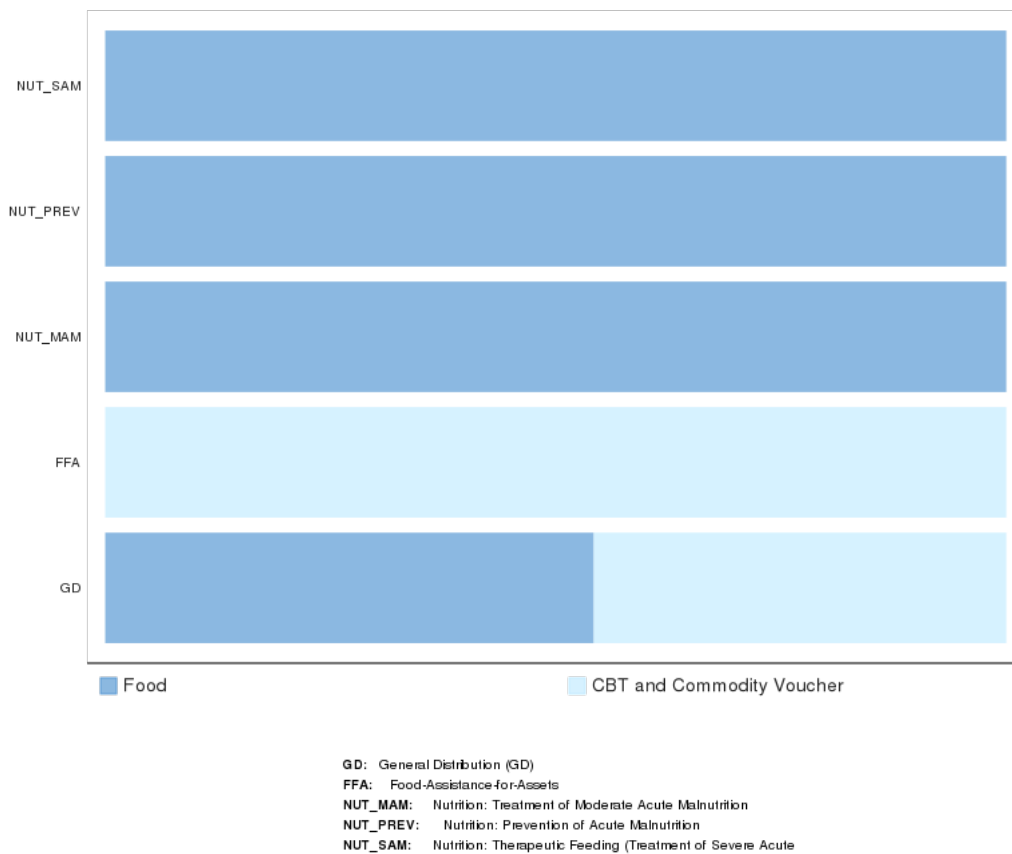
WFP Burkina Faso used the community-based participatory planning (CBPP) approach as part of the three-pronged approach for resilience programming, to assist communities better plan and develop their resilience to climatic shocks. The CBPP allowed WFP and partners to better understand and respond to community needs and expectations. It also improved rural communities and local stakeholders participation in the decision-making process, and development and implementation of the multi-year action plan (3-5 years) elaborated for the creation of assets that are tailored to the local context. Activities included water harvesting works, lowlands rehabilitation for rice production or off-season horticultural activities, and the rehabilitation of degraded lands with different soil conservation techniques such as half-moons and stone lines. Participants were selected considering their level of vulnerability to food insecurity.



Annual Project Beneficiaries by Activity



Modality of Transfer by Activity





Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	513	148	28.9%
Corn Soya Blend	3,259	426	13.1%
Dried Fruits	-	32	-
Iodised Salt	51	8	16.3%
Maize	59	0	0.6%
Maize Meal	-	40	-
Peas	-	4	-
Ready To Use Supplementary Food	-	470	-
Ready To Use Therapeutic Food	1,446	-	-
Rice	2,016	1,597	79.2%
Split Lentils	-	51	-
Split Peas	-	169	-
Vegetable Oil	341	136	39.9%
Wheat Soya Blend	-	15	-
Total	7,686	3,098	40.3%



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

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	8,700,181	947,460	10.9%
Total	8,700,181	947,460	10.9%

Operational Partnerships

WFP contributed to improve the nutritional status and food security levels of targeted beneficiaries as a result of strategic partnerships with the Government, United Nations (UN) agencies, international non-governmental organizations (NGOs) and local associations that have a close relationship with the communities, and communities themselves.

In Burkina Faso, all questions related to refugees are dealt with under the leadership of the National Commission for Refugees (CONAREF). Need assessment, planning, management and monitoring of interventions are carried out by CONAREF in collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR), WFP and other UN agencies, mainly United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA).

Based on the 2011 memorandum of understanding (MOU) between UNHCR and WFP, international protection assistance to refugees is provided by UNHCR and food assistance by WFP. The guiding principles of this memorandum are impartiality, neutrality, accountability and transparency. Monthly meetings are organized between both agencies to better coordinate the humanitarian response.

In addition, UNICEF provides support to this integrated approach through education and water, sanitation and hygiene (WASH) interventions. UNFPA targets adolescent girls to sensitise them on nutrition and early pregnancy as well as mothers and children, and FAO provides cattle feed.

WFP's key partner for the implementation of the treatment of moderate acute malnutrition (MAM) is the Ministry of Health through its regional decentralised technical departments. Throughout three regions, WFP worked with 448 health centres to support the MAM treatment for children aged 6-59 months and pregnant and lactating women at community level.

Prevention of MAM was carried out in the East region in collaboration with local NGOs. Their thorough knowledge of the field helped increase the effect of the activity and improve targeting and monitoring.

Since the 2012 Sahel Food and Nutrition Crisis, increased cooperation and coordination between activities helped prevent duplication and overlap of interventions. MOU with other UN agencies helped create collaboration of action by combining resources and technical expertise in order to provide a more comprehensive assistance to beneficiaries and better assist the Government fight food insecurity and malnutrition. A tripartite agreement between WFP, UNICEF and World Health Organization (WHO) was signed, under which nutrition related activities were implemented. Along food and nutritional assistance provided by WFP, UNICEF provides support to an integrated approach through education and WASH interventions, while WHO addresses vaccinations, deworming and micronutrient deficiencies.

In 2014, the Renewed Efforts Against Child Hunger and Undernutrition (REACH) began in Burkina Faso, in which WFP is an active partner. A coordinator works with the Government and UN agencies to implement the initiative's objectives.

Activities related to asset creation are implemented in partnership with all stakeholders intervening in targeted areas. These include the Government through its central and decentralised technical departments, and NGOs that are already implementing sustainable development activities with local communities and local village development committees.

Performance Monitoring

Performance indicators are obtained through monthly data input in the Country Office Tool for Managing Effectively (COMET). The performance management tool was used to compute and validate monthly reports of all activities. Outcomes and cross-cutting indicators originated from two sources. First, data from government structures were used to collect some performance indicators such as moderate acute malnutrition (MAM) recovery rate. Second, post-distribution monitoring (PDM) and food security outcome monitoring were used to collect other performance indicators such as food consumption score (FCS), diet diversity score (DDS) and coping strategy index (CSI).

In 2016, three main challenges were noted. The first challenge concerned indicators directly collected by WFP and those provided by statistical services from the Government. To better monitor WFP performance throughout the year at the country level, it is recommended to carry out a minimum of two follow-up studies for each activity in case of funding shortfalls. However, the level of funding did not allow the second follow-up. As for the government data, the challenge is for WFP to obtain them on time to compute and for completion of data entry in COMET.

The second challenge is related to available resources. In 2016, only 30 percent of sites where WFP activities are implemented were monitored due to resources limitation. As for the third challenge, the country office is pursuing the set-up of an effective complaint and feedback mechanism for beneficiaries, which takes additional time to be implemented.

WFP obtained a grant to set a baseline in the locations identified as priority areas for the Food Assistance for Assets (FFA) using conditional cash transfers through the three-pronged approach (3PA). As a result, baseline values related to 'combo' indicators were obtained [1]. It should be noted that the Government was involved during the planning phase leading to the software development. The Ministry has the responsibility to provide all performance data related to the management of malnutrition from all interventions areas. Joint missions and validation sessions were organized by the Government with WFP assistance, which helped produce more relevant data.

[1] The compulsory five indicators as a 'combo' are: Food Consumption Score, Dietary Diversity Score, Coping Strategy Index/consumption based coping strategies, Coping Strategy Index/livelihood coping strategies and the Community Assets Score.

Results/Outcomes

Under PRRO, WFP provided food and nutritional assistance to a total of 160,599 beneficiaries.

Funding shortage affected all activities, which had an impact on performance indicators. Out of the total amount of funding expected for cash-based transfer to Malian refugees, only 65 percent were received. As a whole, only 38 percent of targeted children aged 6-59 months, and pregnant women and lactating women were assisted. In addition, funding shortage led to an increase in the drop-out rate to 10 percent in February 2016, compared to 4 percent in the same period in 2015.

In 2016, WFP provided food and nutritional assistance to a total of 29,551 Malian refugees, which corresponds to a 3.2 percent decrease, compared to 2015. Many factors justify this figure such as some refugees returned to their homeland and others left the camp to start their own income-generating activities. At the end of 2016, the food security status of the refugee population had improved and almost reached the target.

Results from the Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey and reports from health centres were used to inform indicators for nutrition activities.

Treatment of moderate acute malnutrition (MAM) programme was implemented in 448 government health centres. Funding constraints caused stock shortage of Plumpy'Sup and SuperCereal, but were more severe for activities meant for pregnant and lactating women. Interruptions in assistance limited the effect of this activity, therefore the number of beneficiaries reached for treatment of MAM for both children and women was 54.1 percent lower than planned.

Interruptions in food assistance for this activity are particularly difficult, as children aged 6-23 or 24-59 months and pregnant and lactating women are most affected by food insecurity and malnutrition. Without WFP assistance, the nutritional status of these vulnerable groups can be compromised.

In 2016, while the programme may not have reached all of the planned beneficiaries, it was carried out throughout the whole year in all seven regions. For indicators regarding MAM, the target values for Burkina Faso are higher than SPHERE standards.

Prevention of MAM programme was implemented in one district only, instead of three initially planned regions, by local non-governmental organizations (NGOs) at the community level. Distributions started in August, because the required commodity (SuperCereal Plus) arrived late in July. This resulted in reaching lower than the planned beneficiaries. However, in the assisted district, the proportion of enrolled beneficiaries represented 99 percent of the total number of eligible beneficiaries.

The lean season is a time when families are forced to resort to negative coping mechanisms, such as selling assets and reducing the number of daily meals. The protection rations provided to vulnerable families helped them to endure this precarious time. Households participating in MAM prevention received key messages during the distributions which covered subjects such as hand washing before preparing the nutritional product, exclusive breastfeeding up to the age of six months, complementary feeding starting at six months, preparation of nutritious porridge and not sharing rations with other household members.

In 2016, SMART nutrition survey showed that the global acute malnutrition (GAM) rate remained stable in the country. The prevalence of malnutrition for pregnant and lactating women is not available, as the most recent results are from the 2010 Demographic and Health Survey.

In targeted areas, households vulnerable to food insecurity were involved in food assistance for assets creation activities implemented through cash transfers. Activities related to assets creation were implemented throughout the year. Each beneficiary participated for five days per month and received USD 2.4 per day through cash-based transfers. In addition, food assistance for training activities, implemented through cash transfers, focused on vulnerable women who were trained on a year round-basis on such specialised themes as nutrition, family planning, water, sanitation and hygiene (WASH) or management. They also received USD 2.4 per day and per person for their participation in trainings.

Progress Towards Gender Equality

During general food distribution and cash transfers in both refugee camps, priority is given to the most vulnerable persons, namely people with specific needs such as unaccompanied under-aged children, pregnant and lactating women, disabled people and the elderly. Data showed that 52 percent of refugees who received food and nutritional assistance were women. Income-generating activities developed by some actors were mostly targeting women. Women were represented within various committees in the camps as well as the refugee committee. However, their effective participation is still a challenge due to socio-cultural factors.

Checklists that contained information on how to include gender mainstreaming in different activities, including beneficiary selection, collection of disaggregated beneficiary data and location of distribution sites were dispatched to partners. Due to funding constraints, only a few sensitisation campaigns on gender involving communities were conducted.

Boys tend to suffer from malnutrition more than girls: Global Acute Malnutrition is 5.3 percent for girls and 7 percent for boys; Chronic Malnutrition is 17.9 percent for girls and 21.7 percent for boys. The causes for the gender gap are unknown, however it is a concern for the Ministry of Health that is investigating the causes of malnutrition, including gender issues.

Traditional gender roles are dominant in families, particularly with regard to breastfeeding and taboos: women are seen as homemakers and men as decision makers. Decisions affecting the family are made by men, including the types of food children may eat and initial care for a child suffering from malnutrition. Men tend to consult traditional medicine practitioners first, while women go directly to clinics. Women who visit health centres for moderate acute malnutrition treatment are informed on optimal breastfeeding practices, the importance of having a diversified diet and health centre visits to prevent and treat malnutrition, which empowers them to be more active participants in family decision-making.

A module on gender was included in workshops organized during community-based participatory planning (CBPP). WFP ensures that women, youth, the elderly, people with specific needs and minorities are well represented within committees and that their needs are taken into account when activities are designed and implemented.

Protection and Accountability to Affected Populations

WFP continues to work with partners to ensure the protection of communities assisted, including protection from sexual exploitation and harassment. WFP includes clauses in all contracts regardless of the activity with partners and suppliers that stipulate measures to be taken to prevent exploitation and sexual abuse and their responsibility to integrate protection and accountability to affected populations when carrying out food assistance activities.

Food and cash distribution sites are conformed to SPHERE standards by considering distribution lay out, waiting time, travel routes and distance. The distribution area has two separate hallways, which allows for a better circulation during distribution. For refugees, mechanisms as part of community services in partnership with the Office of the United Nations High Commissioner for Refugees (UNHCR) are in place to support people with special needs, including those with disabilities, pregnant and lactating women, and unaccompanied children.

Before distribution starts, the food management committee in charge of food distribution provides information to refugees on distribution procedures, entitlements and targeting criteria. Tables of rations (quantity for each commodity, cash amount to be received per family) are displayed in distribution sites in French and in local languages).

A verification mechanism allows for identity verification (ration card and refugee certificate) and complaints management (proxy, ration card loss, illegible certificate). Issues are referred to National Commission for Refugees (CONAREF) and UNHCR that deliberate in collaboration with WFP on a case by case basis on how to address the complaint.

A joint food basket monitoring between WFP and UNHCR consists in randomly weighing rations from a sample of 30 beneficiary households per site. Food basket monitoring is used to verify whether the quantity of rations distributed corresponds to the plan as well as onsite waiting time. This way, WFP addresses concerns of beneficiaries on such issues as food being stolen in the distribution area, disputes when sharing, and households being unaware of their entitlements.

Figures and Indicators

Data Notes

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Gorgadji, Sahel Region – A mother with her baby in her arms holds the ration of SuperCereal she just received. During the lean season, WFP distributes rations of nutritional supplements to children aged 6-23 months in vulnerable communities to prevent a deterioration of their nutritional status.

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	205,741	295,251	500,992	71,148	89,451	160,599	34.6%	30.3%	32.1%
By Age-group:									
Children (under 5 years)	145,539	156,144	301,683	31,528	35,786	67,314	21.7%	22.9%	22.3%
Children (5-18 years)	36,684	44,772	81,456	22,269	21,504	43,773	60.7%	48.0%	53.7%
Adults (18 years plus)	23,518	94,335	117,853	17,351	32,161	49,512	73.8%	34.1%	42.0%
By Residence status:									
Refugees	12,344	17,715	30,059	14,163	15,388	29,551	114.7%	86.9%	98.3%
Residents	193,395	277,538	470,933	51,670	79,378	131,048	26.7%	28.6%	27.8%

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)
General Distribution (GD)	32,000	32,000	32,000	29,545	24,946	29,545	92.3%	78.0%	92.3%
Food-Assistance-for-Assets	-	174,375	174,375	-	980	980	-	0.6%	0.6%
Nutrition: Treatment of Moderate Acute Malnutrition	585,236	-	585,236	128,313	-	128,313	21.9%	-	21.9%

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 Acute Malnutrition	46,895	-	46,895	2,881	-	2,881	6.1%	-	6.1%
Nutrition: Therapeutic Feeding (Treatment of Severe Acute Malnutrition)	10,592	-	10,592	302	-	302	2.9%	-	2.9%

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)
General Distribution (GD)	32,000	32,000	32,000	29,545	24,946	29,545	92.3%	78.0%	92.3%
Food-Assistance-for-Assets	-	24,912	24,912	-	140	140	-	0.6%	0.6%
Nutrition: Treatment of Moderate Acute Malnutrition	237,130	-	237,130	128,313	-	128,313	54.1%	-	54.1%
Nutrition: Prevention of Acute Malnutrition	46,895	-	46,895	2,881	-	2,881	6.1%	-	6.1%
Nutrition: Therapeutic Feeding (Treatment of Severe Acute Malnutrition)	10,592	-	10,592	302	-	302	2.9%	-	2.9%

Participants and Beneficiaries by Activity (excluding nutrition)

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

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
General Distribution (GD)									
People participating in general distributions	15,680	16,320	32,000	14,332	15,213	29,545	91.4%	93.2%	92.3%
Total participants	15,680	16,320	32,000	14,332	15,213	29,545	91.4%	93.2%	92.3%
Total beneficiaries	15,680	16,320	32,000	14,332	15,213	29,545	91.4%	93.2%	92.3%
Food-Assistance-for-Assets									
People participating in asset-creation activities	11,958	12,954	24,912	66	74	140	0.6%	0.6%	0.6%
Total participants	11,958	12,954	24,912	66	74	140	0.6%	0.6%	0.6%
Total beneficiaries	83,701	90,674	174,375	471	509	980	0.6%	0.6%	0.6%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	36,684	45,419	82,103	38,139	43,735	81,874	104.0%	96.3%	99.7%
Children (24-59 months)	45,419	47,166	92,585	9,536	11,192	20,728	21.0%	23.7%	22.4%
Pregnant and lactating girls (less than 18 years old)	-	18,732	18,732	-	4,711	4,711	-	25.1%	25.1%
Pregnant and lactating women (18 plus)	-	43,710	43,710	-	21,000	21,000	-	48.0%	48.0%
Total beneficiaries	245,712	339,524	585,236	47,675	80,638	128,313	19.4%	23.8%	21.9%
Nutrition: Prevention of Acute Malnutrition									
Children (6-23 months)	22,510	24,385	46,895	1,383	1,498	2,881	6.1%	6.1%	6.1%
Total beneficiaries	22,510	24,385	46,895	1,383	1,498	2,881	6.1%	6.1%	6.1%
Nutrition: Therapeutic Feeding (Treatment of Severe Acute Malnutrition)									
Activity supporters (5-18 years)	-	2,118	2,118	-	-	-	-	-	-
Activity supporters (18 plus)	-	8,474	8,474	-	302	302	-	3.6%	3.6%
Total beneficiaries	-	10,592	10,592	-	302	302	-	2.9%	2.9%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO1 Save lives and protect livelihoods in emergencies				
Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and lactating women				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM treatment recovery rate (%)				
<i>REFUGES SITES, Project End Target: 2016.12, CP report, Base value: 2013.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.06, Secondary data, CP Report</i>	>75.00	16.00	-	98.30
MAM treatment mortality rate (%)				
<i>REFUGES SITES, Project End Target: 2016.12, CP report, Base value: 2013.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.06, Secondary data, CP Report</i>	<3.00	0.00	-	0.00
MAM treatment default rate (%)				
<i>REFUGES SITES, Project End Target: 2016.12, CP report, Base value: 2013.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.06, Secondary data, CP Report</i>	<15.00	27.00	-	2.00
MAM treatment non-response rate (%)				
<i>REFUGES SITES, Project End Target: 2016.12, CP report, Base value: 2013.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.06, Secondary data, CP Report</i>	<15.00	30.00	-	0.00
Proportion of target population who participate in an adequate number of distributions				
<i>REFUGES SITES, Project End Target: 2016.12, Partner report, Base value: 2013.12, Secondary data, Partner Report, Latest Follow-up: 2016.12, Secondary data, Partner report</i>	>95.00	30.40	-	97.00
Proportion of eligible population who participate in programme (coverage)				
<i>REFUGES SITES, Project End Target: 2016.12, Partner Report, Base value: 2015.12, Secondary data, Partner report, Latest Follow-up: 2016.06, Secondary data, Partner Report</i>	>95.00	55.00	-	15.00
Stabilized or improved food consumption over assistance period for targeted households and/or individuals				
FCS: percentage of households with poor Food Consumption Score				
<i>REFUGES SITES, Project End Target: 2016.12, PDM, EFSA, FSOM, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP survey, PDM, EFSA, FSOM</i>	<3.10	15.50	12.00	5.00
FCS: percentage of households with borderline Food Consumption Score				
<i>REFUGES SITES, Project End Target: 2016.12, PDM, EFSA, FSOM, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP survey, PDM, EFSA, FSOM</i>	<3.00	12.30	14.00	7.00
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>REFUGES SITES, Project End Target: 2016.12, PDM, EFSA, FSOM, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP programme monitoring, PDM, EFSA, FSOM</i>	<4.08	20.40	12.50	4.40
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>REFUGES SITES, Project End Target: 2016.12, PDM, EFSA, FSOM, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP survey, PDM, EFSA, FSOM</i>	<2.44	12.20	12.30	5.30
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>REFUGES SITES, Project End Target: 2016.12, PDM, EFSA, FSOM, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP survey, PDM, EFSA, FSOM</i>	<3.00	13.10	16.60	5.80

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>REFUGES SITES, Project End Target: 2016.12, PDM, EFSA, FSOM, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP survey, PDM, EFSA, FSOM</i>	<2.00	11.50	12.30	7.60
Diet Diversity Score				
<i>REFUGES SITES, Project End Target: 2016.12, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP survey, PDM, EFSA, FSOM</i>	>6.00	5.20	4.30	4.67
Diet Diversity Score (female-headed households)				
<i>REFUGES SITES, Project End Target: 2016.12, PDM, EFSA, FSOM, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP survey, PDM, EFSA, FSOM</i>	>6.00	5.23	4.30	4.65
Diet Diversity Score (male-headed households)				
<i>REFUGES SITES, Project End Target: 2016.12, PDM, EFSA, FSOM, Base value: 2015.12, WFP survey, PDM, EFSA, FSOM, Previous Follow-up: 2016.04, WFP survey, PDM, EFSA, FSOM, Latest Follow-up: 2016.12, WFP survey, PDM, EFSA, FSOM</i>	>6.00	5.16	4.40	4.67
SO2 Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies				
Stabilized or 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>BSF ZONES: SAHEL, NORD, EST, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2014.12, WFP programme monitoring, PDM, Monthly CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP Report</i>	>70.00	10.00	-	13.00
MAM treatment recovery rate (%)				
<i>TSF ZONES: SAHEL, NORD, EST, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, BOUCLE DU MOUHOUN, Project End Target: 2016.12, CP Report, Base value: 2014.12, WFP programme monitoring, CP Report, Previous Follow-up: 2015.12, WFP programme monitoring, CP Report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	>75.00	94.00	95.00	94.30
MAM treatment mortality rate (%)				
<i>TSF ZONES: SAHEL, NORD, EST, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, BOUCLE DU MOUHOUN, Project End Target: 2016.12, CP Report, Base value: 2014.12, WFP programme monitoring, CP report, Previous Follow-up: 2015.12, WFP programme monitoring, CP Report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	<3.00	0.10	0.00	0.00
MAM treatment default rate (%)				
<i>TSF ZONES: SAHEL, NORD, EST, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, BOUCLE DU MOUHOUN, Project End Target: 2016.12, CP Report, Base value: 2014.12, WFP programme monitoring, CP Report, Previous Follow-up: 2015.12, WFP programme monitoring, CP Report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	<15.00	5.10	4.00	5.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM treatment non-response rate (%)				
TSF ZONES: SAHEL, NORD, EST, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, BOUCLE DU MOUHOUN, Project End Target: 2016.12, CP Report, Base value: 2014.12, WFP programme monitoring, CP Report, Previous Follow-up: 2015.12, WFP programme monitoring, CP Report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report	<15.00	0.80	1.00	0.50
Proportion of target population who participate in an adequate number of distributions				
TSF ZONES: SAHEL, NORD, EST, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, BOUCLE DU MOUHOUN, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2014.12, WFP programme monitoring, PDM, Monthly CP report, Previous Follow-up: 2015.12, Secondary data, Partner report , Latest Follow-up: 2016.12, Secondary data, Partner report	>66.00	10.00	53.00	79.00
Proportion of eligible population who participate in programme (coverage)				
TSF ZONES: SAHEL, NORD, EST, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, BOUCLE DU MOUHOUN, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2014.12, WFP programme monitoring, PDM, Monthly CP report, Previous Follow-up: 2015.12, WFP programme monitoring, CP Report, Latest Follow-up: 2016.12, WFP programme monitoring, CP Report	>70.00	65.00	21.00	79.00
Capacity developed to address national food insecurity needs				
NCI: Nutrition programmes National Capacity Index				
TSF ZONES: SAHEL, NORD, EST, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, BOUCLE DU MOUHOUN, Project End Target: 2016.12, Evaluation SRP, Base value: 2014.12, Secondary data, Evaluation SRP	>1.00	1.00	-	-
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				
CAS: percentage of communities with an increased Asset Score				
CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report	>80.00	-	-	-
FCS: percentage of households with poor Food Consumption Score				
CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline	<0.38	28.20	-	-
FCS: percentage of households with borderline Food Consumption Score				
CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline	<8.00	27.10	-	-
FCS: percentage of households with poor Food Consumption Score (female-headed)				
CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline	<0.32	36.00	-	-
FCS: percentage of households with poor Food Consumption Score (male-headed)				
CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline	<0.22	28.00	-	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline</i>	<8.00	27.00	-	-
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline</i>	<8.00	27.00	-	-
Diet Diversity Score				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline</i>	>6.00	5.70	-	-
Diet Diversity Score (female-headed households)				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline</i>	>6.00	5.30	-	-
Diet Diversity Score (male-headed households)				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2016.07, WFP survey, Baseline</i>	>6.00	5.70	-	-
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2014.12, WFP programme monitoring, PDM, Monthly CP report</i>	=100.00	60.60	-	-
CSI (Asset Depletion): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Base value: 2014.12, WFP programme monitoring, PDM</i>	=100.00	16.80	-	-
CSI (Asset Depletion): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Base value: 2014.12, WFP programme monitoring, PDM</i>	=100.00	24.50	-	-
CSI (Asset Depletion): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Base value: 2014.12, WFP programme monitoring, PDM</i>	=100.00	16.10	-	-
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2014.12, WFP programme monitoring, PDM, CP Report</i>	=100.00	63.00	-	-

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>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, Monthly CP report, Base value: 2014.12, WFP programme monitoring, PDM, Monthly CP report</i>	=100.00	65.60	-	-
Increased marketing opportunities for producers and traders of agricultural products and food at the regional, national and local levels				
Food purchased from regional, national and local suppliers, as % of food distributed by WFP in-country				
<i>RÉGIONS D'INTERVENTION DU PRRO 200793, Project End Target: 2016.12, FPTS, WINGS, Base value: 2014.12, WFP survey, FPTS, WINGS, Previous Follow-up: 2015.12, WFP survey, FPTS, WINGS, Latest Follow-up: 2016.12, WFP programme monitoring, WINGS, Pipeline</i>	>40.00	37.00	0.00	19.00
Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country				
<i>RÉGIONS D'INTERVENTION DU PRRO 200793, Project End Target: 2016.12, FPTS, WINGS, Base value: 2014.12, WFP survey, FPTS, WINGS, Previous Follow-up: 2015.12, WFP survey, FPTS, WINGS, Latest Follow-up: 2016.12, WFP programme monitoring, WINGS, Pipeline</i>	>70.00	66.00	0.00	0.00
Food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases				
<i>RÉGIONS D'INTERVENTION DU PRRO 200793, Project End Target: 2016.12, FPTS, WINGS, Base value: 2014.12, WFP survey, FPTS, WINGS, Previous Follow-up: 2015.12, WFP survey, FPTS, WINGS, Latest Follow-up: 2016.12, WFP programme monitoring, WINGS, Pipeline</i>	>25.00	30.00	0.00	15.00
Risk reduction capacity of countries, communities and institutions strengthened				
NCI: Resilience programmes National Capacity Index				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, Evaluation SRP, Base value: 2014.12, Secondary data, Evaluation SRP</i>	>1.00	1.00	-	-
Proportion of targeted communities where there is evidence of improved capacity to manage climatic shocks and risks supported by WFP				
<i>CFA ZONES: SAHEL, NORD, CENTRE-NORD, CENTRE-EST, CENTRE-OUEST, EST, Project End Target: 2016.12, PDM, FSA</i>	>60.00	-	-	-

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO1: General Distribution (GD)				
Energy content of food distributed (kcal/person/day)	individual	1,100	1,100	100.0%
Number of people exposed to nutrition messaging supported by WFP	individual	16,320	100	0.6%
SO1: Nutrition: Treatment of Moderate Acute Malnutrition				
Energy content of food distributed (kcal/person/day)	individual	1,535	1,535	100.0%

Output	Unit	Planned	Actual	% Actual vs. Planned
Number of women receiving nutrition counseling supported by WFP	individual	16,320	100	0.6%
SO2: Nutrition: Prevention of Acute Malnutrition				
Number of feeding days	instance	30	30	100.0%
Number of timely food distributions as per schedule	instance	6	6	100.0%
SO2: Nutrition: Treatment of Moderate Acute Malnutrition				
Energy content of food distributed (kcal/person/day)	individual	1,035	3,105	300.0%
Number of feeding days	instance	30	90	300.0%
Number of health centres/sites assisted	centre/site	432	432	100.0%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	=30.00	-	-	-
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	=30.00	2.40	-	-
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	=30.00	11.00	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	=50.00	-	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	=50.00	96.00	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	=50.00	17.00	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	=20.00	-	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	=20.00	0.70	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	=20.00	70.00	-	-
Proportion of women beneficiaries in leadership positions of project management committees				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	>50.00	-	-	-
Proportion of women beneficiaries in leadership positions of project management committees				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	>50.00	15.90	-	-
Proportion of women beneficiaries in leadership positions of project management committees				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	>50.00	75.00	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	>60.00	-	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	>60.00	100.00	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	>60.00	80.00	-	-

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	>80.00	-	-	-
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2015.12, Base value: 2016.12</i>	>80.00	98.00	-	-
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2015.12, Base value: 2016.12</i>	>80.00	84.60	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	>80.00	100.00	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	>95.00	-	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	>95.00	99.70	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	>95.00	99.80	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	>95.00	100.00	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	>80.00	-	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	>80.00	98.00	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	>80.00	100.00	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	>80.00	100.00	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	>95.00	-	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	>95.00	99.70	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	>95.00	100.00	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	>95.00	100.00	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	=80.00	-	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	=80.00	98.00	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	=80.00	84.90	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	=80.00	100.00	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12</i>	=95.00	-	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	=95.00	99.70	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Base value: 2016.12</i>	=95.00	99.80	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Base value: 2016.12</i>	=95.00	100.00	-	-

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12</i>	>446,924.00	-

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	>170,000.00	107,100.00
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12</i>	>650,000.00	-
Number of partner organizations that provide complementary inputs and services		
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=20.00	2.00
Number of partner organizations that provide complementary inputs and services		
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=1.00	1.00
Number of partner organizations that provide complementary inputs and services		
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=1.00	1.00
Number of partner organizations that provide complementary inputs and services		
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=3.00	3.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>BURKINA FASO, Food-Assistance-for-Assets, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>BURKINA FASO, Nutrition: Prevention of Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>BURKINA FASO, Nutrition: Treatment of Moderate Acute Malnutrition, Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>SAHEL, General Distribution (GD), Project End Target: 2016.12, Latest Follow-up: 2016.12</i>	=100.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Canada	CAN-C-00530-01	Beans	-	39
Canada	CAN-C-00530-01	Rice	-	261
Canada	CAN-C-00530-01	Vegetable Oil	-	23
Finland	FIN-C-00115-03	Ready To Use Supplementary Food	-	59

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Finland	FIN-C-00115-03	Rice	-	215
Germany	GER-C-00494-01	Corn Soya Blend	-	231
Germany	GER-C-00494-01	Ready To Use Supplementary Food	-	195
Japan	JPN-C-00488-01	Ready To Use Supplementary Food	-	129
Japan	JPN-C-00489-01	Corn Soya Blend	-	272
Japan	JPN-C-00489-01	Ready To Use Supplementary Food	-	5
Japan	JPN-C-00489-01	Vegetable Oil	-	19
MULTILATERAL	MULTILATERAL	Corn Soya Blend	-	147
MULTILATERAL	MULTILATERAL	Ready To Use Supplementary Food	-	224
MULTILATERAL	MULTILATERAL	Rice	-	380
MULTILATERAL	MULTILATERAL	Vegetable Oil	-	17
Saudi Arabia	SAU-C-00103-07	Dried Fruits	36	-
Saudi Arabia	SAU-C-00106-13	Dried Fruits	12	-
USA	USA-C-01197-01	Corn Soya Blend	120	-
USA	USA-C-01197-01	Rice	850	-
USA	USA-C-01197-01	Split Peas	240	-
USA	USA-C-01197-01	Vegetable Oil	100	-
USA	USA-C-01274-01	Corn Soya Blend	60	-
USA	USA-C-01274-01	Rice	350	-
USA	USA-C-01274-01	Split Peas	50	-
USA	USA-C-01274-01	Vegetable Oil	120	-
		Total	1,938	2,214