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REPORTS OF THE EXECUTIVE DIRECTOR ON OPERATIONAL MATTERS

Agenda item 11

*For information**



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PROTRACTED RELIEF AND RECOVERY OPERATIONS APPROVED BY THE EXECUTIVE DIRECTOR (1 JULY–31 DECEMBER 2005) GUINEA-BISSAU 10148.2

Post-Conflict Relief and Rehabilitation

| | |
|-------------------------------------|--|
| Number of beneficiaries | 382,500 |
| Duration of project | 24 months (1 January 2006 – 31 December 2007) |
| WFP food tonnage | 15,571 mt |
| Cost (United States dollars) | |
| Total cost to WFP | US\$12,161,610 |
| Total food cost | US\$5,081,270 |

* In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for information.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

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SYNOPSIS

1. Guinea-Bissau continues to struggle to overcome the effects of the 1998–1999 conflict that displaced 350,000 people, impoverished the country and destroyed much infrastructure. The country is currently 172nd of 177 countries in the 2005 Human Development Index of the United Nations Development Programme (UNDP): per capita gross domestic product is US\$159.5; socio-economic indicators are below most other sub-Saharan African countries and least developed (LDC) countries. According to the 2004 National Millennium Development Goal Report, 80 percent of the population live on less than US\$2 per day; 16 percent live in extreme poverty on less than US\$1 per day.
2. WFP has been active in Guinea-Bissau since 1974. Since July 2000, WFP has provided US\$20 million of support to vulnerable populations in the education, health and agricultural rehabilitation sectors under three PRROs. WFP has been shifting its assistance from relief to recovery activities, but frequent political instability has necessitated renewed focus on relief. WFP supports the Government and cooperating partners in providing basic education, health and nutrition services to the most vulnerable rural people. WFP food-for-work activities in the lean season make food available to vulnerable families in a critical period and improve people's productive capacity.
3. A 2005 VAM survey concluded that 34 percent of households were very vulnerable to food insecurity and that their situation could quickly deteriorate, particularly in rural areas, in the event of a shock to agricultural production. The nutritional situation is worrying: there are high levels of acute malnutrition and child mortality, particularly in rural areas during the lean season. Health infrastructure remains poor and access to care is unreliable. Primary school net enrolment rates are low — 53 percent for boys and 38 percent for girls.
4. PRRO 10148.2 will assist rural vulnerable groups in a post-conflict environment, targeting regions with the highest vulnerability to food insecurity, the highest acute malnutrition rates and the lowest primary school enrolment rates as identified by the recent vulnerability analysis and mapping study. The Oio, Bafata and Gabu regions will receive 85 percent of WFP food assistance; other regions, as explained in the project document, will receive limited support because of the need for a larger safety net and the needs to establish-early warning contacts and to identify potential implementing partners in the event of political or economic changes or a natural disaster.
5. In line with WFP's Strategic Objectives (SOs), the PRRO activities will have the following objectives:
 - improve health and nutrition among malnourished children under 5 and pregnant and lactating women (SO3);
 - complement medical assistance to tuberculosis, leprosy and HIV/AIDS patients (SO3);
 - increase enrolment and attendance rates, especially for girls, at pre-primary and primary schools in the most vulnerable areas (SO4);
 - improve household food security in targeted areas through rehabilitation of land and creation of community assets (SO2); and
 - strengthen government and local NGO capacity to establish and manage food-assistance and hunger-reduction programmes (SO5).