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For approval



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PROTRACTED RELIEF AND RECOVERY OPERATIONS – BURKINA FASO 200793

Developing Resilience and Fighting Malnutrition

Number of beneficiaries	1,065,510
Duration of project	2 years (July 2015–June 2017)
Gender marker code*	2A
WFP food tonnage	9,207 mt
Cost (United States dollars)	
Food and related costs	20,737,129
Cash and vouchers and related costs	16,236,158
Capacity development and augmentation	210,700
Total cost to WFP	45,508,799

* <https://www.humanitarianresponse.info/system/files/documents/files/gm-overview-en.pdf>

Executive Board documents are available on WFP's Website (<http://executiveboard.wfp.org>).

NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

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

Ms D. Brown
Regional Director
West Africa
email: denise.brown@wfp.org

Mr J.-C. Dei
Country Director
email: jean-charles.dei@wfp.org

EXECUTIVE SUMMARY

Burkina Faso has not fully recovered from the drought that led to the 2012 food and nutrition crisis, when poverty hindered recovery and compromised resilience caused vulnerable people to resort to negative coping mechanisms. The global acute malnutrition rate is 8.6 percent, and 900,000 people are food-insecure or at risk of food insecurity. Continued work is required to maintain progress, prevent regression and build resilience to future shocks.

Protracted relief and recovery operation 200793 supports the Government in developing resilience and addressing acute malnutrition by reinforcing recovery after the relief phase and enabling beneficiaries to transition to sustainable development.

The resilience component will help communities to enhance livelihoods through the creation of agricultural assets in five regions with the highest risk of malnutrition and food insecurity, or where progress has been made in collaboration with the Ministry of Agriculture, Water Resources, Sanitation and Food Security, but further capacity augmentation is required.

The nutrition component addresses moderate acute malnutrition in seven regions where global acute malnutrition rates are close to or above the 10 percent "serious" threshold, or where progress has been made in collaboration with the Ministry of Health; again, further capacity augmentation is required.

The operation is aligned with Strategic Objectives 2 and 3, and with government food security and nutrition policies, and will contribute to achieving Millennium Development Goals 1, 4, 5 and 7.

DRAFT DECISION*

The Board approves the proposed protracted relief and recovery operation Burkina Faso 200793 "Developing Resilience and Fighting Malnutrition" (WFP/EB.A/2015/9-B/1*).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

SITUATION ANALYSIS

Context

1. The population of Burkina Faso is 17 million, of whom 45 percent live below the poverty line. The country ranks 181st of 187 countries in the 2014 Human Development Index. Agriculture accounts for 40 percent of gross domestic product and employs 80 percent of the population. Annual population growth of 3 percent is increasing pressure on natural resources and limiting economic development and poverty reduction.
2. The country's Gender Inequality Index is 0.607, placing it 133rd of 187 countries. Social and cultural constraints limit women's access to land, social services, community activities and leadership positions.
3. Under-5 child mortality is 102/1,000 live births. The healthcare infrastructure is insufficient, with long distances between households and clinics. These constraints combined with poverty and poor purchasing power – particularly for women – limit access to health services.

The Food Security and Nutrition Situation

4. Burkina Faso suffers from regular floods throughout the country and from drought and desertification in the north. Natural disasters since 1994 have had significant consequences; the 2011 drought, the most recent and severe, affected 170 of 352 districts in ten regions, causing a cereal deficit and a food crisis in 2012 that affected 3.5 million people.
5. The Government and its partners have improved food security and nutrition, and have adopted new tools for assessment and monitoring of food-insecure and malnourished populations. Increased attention to the Sahel has led to policy development and better collaboration between the Government, the United Nations and other partners.
6. Preliminary data from the 2014 standardized monitoring and assessment of relief and transitions (SMART) nutrition survey indicated global acute malnutrition (GAM) at 8.6 percent. The North and Sahel regions exceeded the World Health Organization (WHO) 10 percent “serious” threshold. The prevalence of GAM is 8.7 percent for boys and 7.6 percent for girls; chronic malnutrition is 34 percent for boys and 29 percent for girls. The cause of the gender gap is not yet known, but the Ministry of Health is investigating the causes of malnutrition, including gender issues.
7. The national prevalence of chronic malnutrition is 29 percent. Anaemia in children aged 6–59 months is 88 percent nationwide, well above the WHO “critical” threshold of 40 percent, and 49 percent among non-pregnant women aged 15–49. Only 7 percent of children aged 6–23 months have the minimum acceptable dietary intake other than breastmilk.
8. Traditional gender roles are dominant in families, particularly with regard to breastfeeding and food taboos: women are seen as homemakers and men as decision-makers, which influences the types of food children may eat. This also affects initial care for malnourished children in that men tend to consult traditional medicine practitioners first, while women go directly to clinics. The Ministry of Health works with WFP and other partners to address these issues in the context of Burkina Faso's 2009 national gender policy. Improving access to social services and promoting equitable decision-making are national priorities.

9. Cereal yields from the 2014/15 season were estimated at 2.6 million mt – 5 percent lower than the 2013/2014 season and 7 percent higher than the five-year average. Serious food insecurity affects 255,000 people, and 674,000 are at risk of food insecurity. Among agricultural households, 48 percent cannot cover basic food needs from their own production.
10. Cereals are available in markets, and while prices are stable compared with 2014 they have not returned to 2011 pre-crisis levels, and access is a challenge for poor households. Among very poor rural households, 15 percent have depleted household stocks and cannot afford to buy cereals.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

11. Protracted relief and recovery operation (PRRO) 200793 contributes to the Strategy for Accelerated Growth and Sustainable Development (SCADD) and other government food security and nutrition policies. This will enable WFP to continue its assistance for vulnerable populations and provide a basis for sustainable development in the 2017–2020 country programme. The national policy for food and nutrition security and the national resilience plan are not yet implemented; a new SCADD is being prepared.
12. Activities are aligned with the Government’s harmonized framework and annual plan for supporting vulnerable populations.¹ WFP contributes to the plan through conditional cash transfers, support for agricultural production in the rainy and dry seasons, prevention and treatment of moderate acute malnutrition (MAM) and reinforcement of implementing partners’ capacities.
13. All activities are designed in consultation with the Ministry of the Promotion of Women, which is responsible for implementing the national gender policy.
14. The Government prefers food assistance to be linked to activities in non-emergency periods, in line with the National Rural Sector Programme and the National Social Protection Policy.
15. WFP supports the Government in the Scaling Up Nutrition movement, the Renewed Efforts Against Child Hunger initiative and the multi-country Cost of Hunger study to reduce chronic malnutrition and micronutrient deficiencies.

Policies, Capacities and Actions of other Major Actors

16. The Global Alliance for Resilience in the Sahel and West Africa is a five-year regional initiative created in 2012, in line with which WFP and other financial and technical partners are working with the Government to develop a country-specific action plan.
17. Non-governmental organizations such as *Action contre la Faim*, Helen Keller International and the Burkina Faso Red Cross implement interventions in Burkina Faso to combat malnutrition and provide cash-based transfers.

¹ The Government develops an annual framework that determines the number of people at risk of food or nutrition insecurity based on the previous year’s agricultural campaign.

Coordination

18. With the return of the Office for the Coordination of Humanitarian Affairs to Burkina Faso, WFP participates in food assistance, nutrition, agriculture and health working groups to develop the annual strategic response plan. The 2015 plan is being prepared.
19. WFP leads the multi-stakeholder cash-and-vouchers working group and co-leads the food security cluster. WFP also participates in nutrition sector coordination meetings, leading discussions on targeted supplementary feeding (TSF) and blanket supplementary feeding (BSF).

OBJECTIVES OF WFP ASSISTANCE

20. PRRO 200793 aims to reduce malnutrition and increase food security by reinforcing household resilience to future shocks. It supports Strategic Objectives 2 and 3, Millennium Development Goals 1, 4, 5 and 7, and contributes to meeting the Zero Hunger Challenge by increasing vulnerable communities' access to adequate food.²
21. The operation will:
 - stabilize or reduce undernutrition among children aged 6–59 months and pregnant and lactating women through treatment and prevention of MAM (Strategic Objective 2);
 - improve retention among children with severe acute malnutrition (SAM) at in-patient treatment centres by providing take-home rations for caregivers (Strategic Objective 2);
 - develop government capacity to address national food security needs (Strategic Objective 2); and
 - improve access to livelihoods and assets to enhance resilience and reduce risk in food-insecure communities and households (Strategic Objective 3).

WFP RESPONSE STRATEGY

Assistance to Date

22. Operations in Burkina Faso are aligned with the Country Strategy Document (2011–2015), which focuses on food and nutrition security for the poorest and most vulnerable households through leadership in food-needs assessments and partnerships for sustainable hunger solutions. WFP aims to: i) enhance national capacity to respond to crises and build household resilience to shocks; ii) develop human capacity through social-protection programmes; and iii) enhance the capabilities of small-scale producers in marketing and agricultural processing. PRRO 200793 will increase government capacities to respond to food and nutrition crises and enhance resilience to future shocks.
23. Country programme 200163 (2011–2015), which is aligned with the SCADD and the United Nations Development Assistance Framework, aims to reduce chronic food insecurity and malnutrition. It provides food assistance for primary schoolchildren in the Sahel and food and nutrition assistance for people living with HIV and orphans affected by AIDS. A budget revision will discontinue treatment of acute malnutrition and resilience activities

² Strategic Objective 2 – Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies; Strategic Objective 3 – Reduce risk and enable people, communities and countries to meet their own food and nutrition needs; Millennium Development Goals 1 – Eradicate extreme poverty and hunger; 4 – Reduce child mortality; 5 – Improve maternal health; 7 – Ensure environmental sustainability.

in the East, North and Sahel regions to prevent overlaps with PRRO 200793. The Government has not yet defined SCADD priorities for 2016–2020, so the start of the next United Nations Development Assistance Framework cycle has been postponed until 2017. The current country programme will be extended until December 2016 and a new country programme will be developed for 2017–2020.

24. The previous operation, PRRO 200509 (April 2013–June 2015) implemented in response to the 2012 food and nutrition crisis, supports resilience-building through the treatment and prevention of malnutrition, and food assistance for assets (FFA). A 2014 external evaluation, which is being used to inform project design, confirmed that current interventions are reducing malnutrition and food insecurity. Implementation constraints were linked to resource mobilization and limited capacities among non-governmental organization (NGO) partners, transporters and government counterparts. The evaluation recommended continued augmentation of the capacities and resources of cooperating partners.
25. Regional emergency operation 200438 (June 2012–December 2015) provides life-saving food and nutrition assistance for 32,000 Malian refugees in four camps in Burkina Faso, treatment of MAM and emergency school feeding.

Strategy Outline

⇒ *Prevention and treatment of acute malnutrition*

26. PRRO 200793 will cover regions with GAM rates close to or above the 10 percent “serious” threshold and food insecurity risks – Boucle du Mouhoun, Centre-East, Centre-North, Centre-West, East, North and Sahel.
27. Nutrition interventions include: i) TSF for children aged 6–59 months with MAM, and undernourished pregnant and lactating women; ii) BSF for children aged 6–23 months during the April–September lean season in three regions where GAM is above 10 percent or there is a high risk of food insecurity, and where WFP has partnerships; and iii) incentive rations for caregivers of children receiving in-patient treatment for SAM in the seven regions where TSF will be implemented.
28. The BSF beneficiaries will receive SuperCereal Plus or vouchers to purchase locally produced micronutrient-enriched flour, which is available in markets but not affordable for poor households. A planned pilot using vouchers for locally produced fortified flour will target 10 percent of the BSF beneficiaries. WFP will assess markets to confirm the viability of vouchers before selecting areas for the pilot.
29. TSF will focus on regions where progress has been made in collaboration with the Ministry of Health but further capacity reinforcement is required.
30. A gender-sensitization campaign in two regions during PRRO 200509 focused on malnutrition and women’s and children’s health, community roles, and women’s access to land, social services, water and decision-making; it will be extended to seven regions under PRRO 200793. WFP aims to break through gender-specific cultural barriers to raise awareness of optimal breastfeeding practices and the importance of a diversified diet and health centre visits to prevent and treat malnutrition. Women and men will be empowered to contribute to decision-making to ensure optimum childcare and nutrition.
31. PRRO 200793 will integrate nutrition activities with FFA to enable beneficiaries to build resilience against food insecurity and malnutrition. Children in FFA households will be screened for acute malnutrition, and those diagnosed with MAM or SAM will be referred to health centres for treatment.

⇒ *Food assistance for assets*

32. Cash-based FFA will be used to support the development of community and household assets in Centre-East, Centre-North, East, North and Sahel regions, which have the highest malnutrition rates and greatest risk of food insecurity; these are areas where progress has been made in collaboration with the Ministry of Agriculture, Water Resources, Sanitation and Food Security, but further capacity development is required.
33. FFA will focus on soil rehabilitation, water management and environmental conservation, creating sustainable community and household assets by constructing stone field borders, developing lowlands with agricultural potential and improving agricultural techniques. Previous assets developed through FFA have extended arable land and improved the availability of food for assisted households. Community-based participatory planning will clarify the design and prioritization of FFA activities.
34. The FFA activities will apply work norms determined in consultation with technical partners; these will vary by activity and include provision for participation by women and elderly and disabled people, with time limits for nursing women and other women with special needs.
35. PRRO 200793 will reflect previous experience by including partners for cash transfers that have proven implementation capacity and can support multi-sector collaboration. WFP will reinforce the monitoring and training capacities of government departments.
36. A gender evaluation during PRRO 200509, which gathered qualitative information about women's needs in relation to agricultural activities, found that women need gardens with access to water to produce cowpeas and other vegetables and that a gender campaign involving traditional, religious and local authorities had increased women's access to land by 20 percent. The campaign was carried out in two of seven target regions, and will be expanded to all regions in PRRO 200793. Households headed by women will be prioritized.

⇒ *Targeted food assistance*

37. PRRO 200793 will provide unconditional cash transfers, in line with the Government's response plan to prevent negative coping strategies, for households in 18 villages in Soum province whose grain crops were damaged by red-billed *quelea* birds. WFP will work with the Government and partners to identify activities for these households that do not compromise their crop production.

Hand-Over Strategy

38. As SCADD, the National Policy for Food and Nutrition Security and the Country Resilience Plan are developed and implemented, WFP will continue to support government capacities to monitor and respond to food insecurity and malnutrition. Resilience-building and the treatment and prevention of malnutrition will be transferred to the 2017–2020 country programme starting in August 2017.
39. PRRO 200793 will support the establishment of productive and social safety nets with a view to building resilience by training government and ministry technical staff. Formal agreements will specify the obligations of WFP and government counterparts.
40. The planned gradual hand-over of responsibility for treating MAM to the Ministry of Health includes the development of a monitoring system and training for government staff on the nutrition protocol updated in 2014. WFP will work with the Ministry of Health to promote fortified flour for weaning and to increase the availability of nutritious infant foods.

41. WFP will continue its partnerships with the Government, whose regional technical departments will be responsible for training, monitoring and quality control of assets created. WFP will advocate with the National Food Security Council for the maintenance of small-scale assets, and with the Government for long-term contributions to social safety nets and monitoring.

BENEFICIARIES AND TARGETING

42. From 2015 to 2017, PRRO 200793 will assist 1.1 million beneficiaries at risk of food insecurity and malnutrition. The Government and its partners will cover the needs of the remaining vulnerable populations.

Nutrition

43. The TSF component will cover 348,100 children aged 6–59 months with MAM, and 124,700 undernourished pregnant and lactating women.³ The planned numbers are based on GAM prevalence reported in the 2014 SMART survey, population of the targeted regions and beneficiaries' access to health facilities in each district. Admission and exit criteria, duration of treatment and other implementation modalities are aligned with the National Protocol for Management of Acute Malnutrition.
44. BSF will target 156,300⁴ children aged 6–23 months in three regions where GAM is above or close to 10 percent, or where there is high food insecurity. Children in these areas will receive rations during the lean season; 15,600 children will receive vouchers for locally produced flour.
45. To increase retention rates, take-home rations of cereals, pulses, vegetable oil, fortified blended foods and iodized salt will be provided for 21,200 caregivers of child in-patients at treatment centres for SAM for the duration of a child's stay, which averages 28 days.

Food Assistance for Assets

46. The FFA component will benefit 465,000 people receiving conditional cash transfers. They will work 20 days per month for six months in 2016 and 2017.
47. Beneficiaries will be selected through a community-level participatory approach based on classification as poor or very poor or with poor or borderline food consumption scores. The number of beneficiaries is in line with the Government's harmonized framework and partners' capacity to provide technical support. Village committees will select beneficiaries on the basis of experiences with cash and food distributions in previous WFP operations; including with community feedback.
48. The activities of PRRO 200793 will aim to include equal numbers of men and women. Women will be encouraged to participate in community and food-management committees.

³ The 2015 national MAM caseload for children aged 6–59 months is 348,315 children (696,630 children over a two-year period). WFP plans to target 348,100 children aged 6–59 months over a two-year period, which will cover almost 50 percent of national needs; the gap is expected to be covered by the Government or partners.

⁴ In 2015, 89,643 children aged 6–23 months are living in communities at risk of food insecurity and malnutrition, of whom WFP plans to target 58 percent through BSF, with the gap covered by the Government or partners.

Targeted Food Assistance

49. In 2015, 68,700 people in 18 villages where grain crops are damaged by flocks of red-billed *quelea* birds will receive targeted food assistance through lean-season cash transfers. Beneficiaries will be selected by WFP in collaboration with partners through a participatory, community-based exercise targeting the most severely affected households.

Activity	Boys/men	Girls/women	Total
TSF*	167 100	305 600 (181 000 girls aged 6–59 months and 124 600 pregnant and lactating women)	472 700 (348 100 children aged 6–59 months and 124 600 pregnant and lactating women)
BSF**	75 000	81 300	156 300^a
Support for therapeutic feeding		21 200	21 200
FFA	223 200	241 800	465 000^b
Targeted food assistance	33 000	35 700	68 700^c
TOTAL	498 300	685 600	1 183 900

* Calculated using 2014 SMART for children aged 6–59 months and 2010 demographic and health survey for pregnant and lactating women: incidence factor of 1.5, with 75 percent coverage for children; incidence factor of 1, with 60 percent coverage for pregnant and lactating women.

** Calculated using population estimates of children aged 6–23 months in the intervention area, assuming 80 percent coverage.

^a Vouchers for locally produced fortified flour will be provided for 15,600 of these beneficiaries.

^b These beneficiaries will receive conditional cash transfers.

^c These beneficiaries will receive unconditional cash transfers.

NUTRITIONAL CONSIDERATIONS AND RATIONS/VALUE OF CASH/VOUCHER TRANSFERS

50. Rations for nutrition activities include special nutrition products for particular target groups:

- TSF: children aged 6–59 months with MAM will receive Plumpy'Sup; pregnant and lactating women will receive SuperCereal with sugar and vegetable oil.
- BSF: children aged 6–23 months will receive SuperCereal Plus or vouchers for locally produced fortified flour.
- Rations for caregivers of children with SAM will receive take-home rations of cereals, pulses, SuperCereal, vegetable oil and salt.

51. The FFA cash transfer value of USD 2.40 is set slightly below the daily agricultural wage to prevent effects on labour markets; it will be adjusted if wages fluctuate during the course of the PRRO. This transfer covers 33 percent of daily food needs for an average household of six to prevent families from depleting stocks and relying on negative coping strategies during lean seasons. Unconditional cash transfers cover 2,100 kcal. A microfinance institution supervised by the Government and cooperating partners will pay cash directly to beneficiaries.

TABLE 2: FOOD RATION/TRANSFER BY ACTIVITY (g/person/day)						
	TSF children aged 6–59 months	TSF pregnant and lactating women	BSF	Support for therapeutic feeding	FFA	Targeted food assistance
Cereals	-	-	-	200	-	-
Pulses	-	-	-	30	-	-
Vegetable oil	-	15	-	15	-	-
SuperCereal	-	233	-	25	-	-
SuperCereal Plus	-	-	200	-	-	-
Plumpy'Sup	92	-	-	-	-	-
Iodized salt	-	-	-	3	-	-
Cash/vouchers (USD/person/day)	-	-	0.40	-	2.40	0.46
TOTAL	92	248	200/0.40	273	2.40	0.46
Total kcal/day	500	1 035	788	1 027	-	-
% kcal from protein	10	14	17	11.6	-	-
% kcal from fat	54	30	23	22.2	-	-
Number of feeding days per month	90	90	180	28	20	20

TABLE 3: TOTAL REQUIREMENTS BY ACTIVITY (mt)						
	TSF children aged 6–59 months	TSF pregnant and lactating women	BSF	Support for therapeutic feeding	FFA	Targeted food assistance
Cereals	-	-	-	120	-	-
Pulses	-	-	-	18	-	-
Vegetable oil	-	169	-	9	-	-
SuperCereal	-	2 622	-	15	-	-
SuperCereal Plus	-	-	3 376	-	-	-
Plumpy'Sup	2 886	-	-	-	-	-
Iodized salt	-	-	-	3	-	-
Cash/voucher (USD)	-	-	744 000	-	9 565 715	2 885 400
TOTAL	2 886	2 791	3 376 mt + USD 744 000	165	USD 9 565 715	USD 2 885 400

IMPLEMENTATION ARRANGEMENTS

Participation

52. Cooperating partners will work with communities where FFA is implemented to identify needs, recurrent shocks, land degradation and barriers to market access. A participatory approach will align community needs with regional priorities and will be reinforced by regional committees responsible for project selection.
53. WFP will collaborate with cooperating partners, targeted communities and local authorities on beneficiary selection and registration for nutrition activities and FFA. Activities will be sensitive to cultural and gender issues and will seek to mitigate protection risks related to WFP food assistance.
54. WFP will work with partners to ensure that women receive cash transfers without security problems. Women will be encouraged to assume leadership positions in food management committees.

Partners and Capacities

55. To coordinate support for the Government, WFP will collaborate under Memoranda of Understanding with the Food and Agriculture Organization of the United Nations (FAO) on resilience and with the United Nations Children's Fund (UNICEF) and WHO on nutrition. Opportunities will be sought for extending the former to include the International Fund for Agricultural Development and the latter to include FAO. Planned activities include lowland development, treatment of malnutrition and nutrition education.
56. Screening for malnutrition and implementation of TSF by Ministry of Health staff and community health workers are integrated into government health systems in the target regions. The Government has partnerships with NGOs to increase capacities in health facilities and improve access. In areas far from health centres, NGOs screen communities for malnutrition and provide sensitization on nutrition. WFP will help to transport food to the health centres. Each district has a nutrition focal point for coordinating activities such as the compilation, review and transmission of programme data to the Ministry of Health. WFP will provide periodic training to build capacities related to the National Protocol for the Treatment of Acute Malnutrition, and data collection and analysis.
57. BSF will be implemented by NGOs. Children will be screened for malnutrition at BSF distribution sites; those with MAM and SAM will be referred to health centres for treatment through WFP-supported TSF, or to therapeutic feeding centres supported by UNICEF or NGOs.
58. FFA will integrate nutrition and resilience activities, and local purchases from smallholder farmers in support of the programmes led by WFP and partners. Potential partners will include NGO and government projects with work plans, funding and human and logistics resources for at least three years.
59. Limited partner capacity and delayed deliveries constitute risks for nutrition activities: they will be mitigated by reinforcing capacities at the Ministry of Health and by training partners.

Procurement

60. PRRO 200793 will follow standard WFP procedures for procurement from the most cost-effective suppliers. Plumpy'Sup and other nutrition products not available from local or regional markets will be purchased internationally.
61. WFP will evaluate the qualifications of those who will be responsible for monitoring the quality of locally purchased products.
62. Some firms in Burkina Faso produce fortified flour for infants based on a formula of the Development Research Institute and the Technological Research and Exchange Group. A set of national standards aligned with norms set by WFP and the International Standards Organization was established in 2014 for the certification and regulation of fortified flour for infants.
63. A WFP evaluation of local food processors and businesses in 2011 and 2014 found three with adequate production and management capacities, but they required technical support. WFP will provide them with training, materials and technical support to guarantee the quality of locally produced flour for infants, and will work with the Government on new guidelines for certification and labelling.
64. Voucher-based purchases of this flour for BSF will be made where it is commercially available, beneficiaries have access to shops and capacities are sufficient to handle sales. Where vouchers are not a viable transfer modality, BSF will be implemented by partners distributing SuperCereal Plus that has been purchased internationally.

Logistics

65. Most internationally procured food arrives at the port of Lomé in Togo, from where it is delivered for storage or to extended delivery points in Dori, Fada N'Gourma and Ouagadougou. Tenders will be issued to private transport companies for transfers from storage or extended delivery points to distribution sites.

Transfer Modalities

66. FFA beneficiaries will receive cash transfers, which is the most effective modality in view of the lower costs, stable food prices, faster implementation and the absence of security incidents during past distributions. Post-distribution monitoring shows that 80 percent of cash transfers are used for food. WFP will consider future shifts to vouchers or in-kind food as markets evolve during PRRO 200793.
67. Beneficiaries' preferences are being analysed through post-distribution monitoring. A gender-disaggregated baseline survey at the start of PRRO 200793 will also evaluate beneficiary preferences.
68. Risks affecting cash transfers include inflation, poorly functioning markets, non-availability of food, insecurity, misuse and limited capacities among partners to scale up the activities. Risk analyses and contingency plans have been developed in collaboration with the Government and partners.

Non-Food Inputs

69. Community partners will sensitize beneficiaries on nutrition and hygiene practices. WFP will work through NGO partners, UNICEF and the Ministry of Health to ensure that family members responsible for childcare – including men – are involved.

PERFORMANCE MONITORING

70. A monitoring and evaluation officer in the country office will work with sub-offices to monitor food market prices, analyse the effects of cash transfers and recommend adjustments. Monitoring data will be disaggregated by age and gender. Smartphones will be used to collect and analyse food security data every three months.
71. WFP will provide training and data-collection tools for cooperating partners to monitor outputs. Regular post-distribution monitoring will be conducted in partnership with the University of Ouagadougou and consulting firms.
72. An external evaluation halfway through PRRO 200793 will assess activities and inform project design.
73. WFP will evaluate TSF and BSF nutrition activities to improve their quality, effectiveness and coverage, and will work with the Government to collect and analyse data and conduct nutrition surveys.
74. Food consumption scores of FFA beneficiaries will be measured before and after activities using food security outcome monitoring to assess impact. Resilience-building results will be assessed through analysis of food-security trends and asset-creation indicators.

RISK MANAGEMENT

Contextual Risks

75. An uprising in October 2014 led to the resignation of the President after 27 years of rule, but peace was restored with the establishment of a one-year civilian transition Government. Unrest could resume if problems arise during the elections scheduled for October 2015. The possible effects on WFP's operations include limited access to distribution sites, looting of warehouses and reduced safety and security of WFP staff.
76. The security and safety of WFP staff in border areas are monitored because of continuing insecurity in northern Mali and the presence of armed groups such as Boko Haram, which also threatens the Niger and neighbouring countries; its activities will be monitored in view of potential effects on WFP operations and staff safety and security.

Programmatic Risks

77. Early mobilization of resources will be essential. Lack of resources or late funding will prevent WFP from implementing planned activities at scale or on time. WFP's internal resource mobilization strategy includes regular contact with donors, sharing of information about projects and promoting the visibility of existing contributions. WFP will explore opportunities for fundraising from non-traditional donors, private-sector contributions and special events.
78. Women and girls are particularly vulnerable to violence, exploitation and physical, emotional and sexual abuse. WFP is committed to implementing its activities without compromising the security, dignity or integrity of beneficiaries, and it continuously sensitizes partner staff to ensure the safety of beneficiaries, especially women and elderly and handicapped people.
79. A feedback mechanism is in place to enable beneficiaries to express their concerns freely; PRRO 200793 will work with communities to improve communication with beneficiaries and address security risks, including those related to gender and age.

Security Risk Management

80. WFP coordinates security risk management with the United Nations Department of Safety and Security, and the country office employs a security officer. Burkina Faso is at Security Level 1 except for the Sahel region, which is at Level 2. WFP will continue to ensure compliance with operational security standards and telecommunications requirements.

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (USD)	Value (USD)
Food			
Cereals	119	48 552	
Pulses	18	14 328	
Oil and fats	177	145 140	
Mixed and blended food	8 891	14 823 694	
Others	2	360	
Total food	9 207	15 032 074	
External transport		727 927	
Landside transport, storage and handling		2 974 980	
Other direct operational costs: food		2 002 148	
Food and related costs¹		20 737 129	20 737 129
Cash and vouchers		13 195 115	
Related costs		3 041 043	
Cash and vouchers and related costs		16 236 158	16 236 158
Capacity development and augmentation		210 700	210 700
Direct operational costs			37 183 987
Direct support costs (see Annex I-B) ²			5 347 601
Total direct project costs			42 531 588
Indirect support costs (7.0 percent) ³			2 977 211
TOTAL WFP COSTS			45 508 799

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support cost allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (USD)	
Staff and staff-related	
Professional staff	2 463 390
General service staff	1 250 820
Danger pay and local allowances	32 400
Subtotal	3 746 610
Recurring and other	557 985
Capital equipment	63 950
Security	125 600
Travel and transportation	589 456
Assessments, evaluations and monitoring¹	264 000
TOTAL DIRECT SUPPORT COSTS	5 347 601

¹ Reflects estimated costs when these activities are carried out by third parties. If the activities are carried out by country office staff, the costs are included in the staff and staff-related and travel and transportation categories.

ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
Cross-cutting		
<p>Gender Gender equality and empowerment improved</p>	<p>Proportion of households where females and males together make decisions over the use of cash, voucher or food</p> <p>Proportion of households where females make decisions over the use of cash, voucher or food</p> <p>Proportion of households where males make decisions over the use of cash, voucher or food</p> <p>Proportion of women beneficiaries in leadership positions of project management committees</p> <p>Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution</p>	
<p>Partnership Food assistance interventions coordinated and partnerships developed and maintained</p>	<p>Number of partner organizations that provide complementary inputs and services</p> <p>Proportion of project activities implemented with the engagement of complementary partners</p> <p>Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)</p>	
<p>Protection and accountability to affected populations WFP assistance delivered and utilized in safe, accountable and dignified conditions</p>	<p>Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)</p> <p>Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)</p> <p>Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites</p> <p>Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme sites</p> <p>Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)</p> <p>Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme sites</p>	





ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies		
Outcome 2.1 Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children	MAM treatment default rate (%) MAM treatment mortality rate (%) MAM treatment non-response rate (%) MAM treatment recovery rate (%) Proportion of target population who participate in an adequate number of distributions Proportion of eligible population who participate in programme (coverage)	Government implements accelerated growth programme. Socio-political stability and commitment from Government and donors continue.
Outcome 2.2 Capacity developed to address national food insecurity needs	NCI: Nutrition programmes National Capacity Index	Funding is timely. Enough partners and stakeholders support implementation.
Output 2.1 Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned Quantity of food assistance distributed, disaggregated by type, as % of planned Quantity of non-food items distributed, disaggregated by type, as % of planned Number of institutional sites assisted (e.g. schools, health centres), as % of planned	
Output 2.2 Messaging and counselling on specialized nutritious foods and infant and young child feeding (IYCF) practices implemented effectively	Proportion of targeted caregivers (male and female) receiving 3 key messages delivered through WFP-supported messaging and counselling Proportion of women/men beneficiaries exposed to nutrition messaging supported by WFP, against proportion planned Proportion of women/men receiving nutrition counselling supported by WFP, against proportion planned	

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
<p>Output 2.3 Policy advice and technical support provided to enhance management of food security, nutrition and school feeding</p>	<p>Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition-related areas – technical/strategic/managerial – disaggregated by sex and type of training</p> <p>Number of technical assistance activities provided, by type</p>	
<p>Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs</p>		
<p>Outcome 3.1 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</p>	<p>CAS: percentage of communities with an increased Asset Score</p> <p>CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index</p> <p>Diet Diversity Score (male-headed households)</p> <p>CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index</p> <p>Diet Diversity Score</p> <p>FCS: percentage of households with borderline Food Consumption Score (male-headed)</p> <p>FCS: percentage of households with poor Food Consumption Score</p> <p>Diet Diversity Score (female-headed households)</p> <p>FCS: percentage of households with poor Food Consumption Score (female-headed)</p> <p>FCS: percentage of households with borderline Food Consumption Score</p> <p>CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index</p> <p>FCS: percentage of households with poor Food Consumption Score (male-headed)</p> <p>FCS: percentage of households with borderline Food Consumption Score (female-headed)</p> <p>CSI (Asset Depletion): Percentage of female-headed households with reduced/stabilized Coping Strategy Index</p> <p>CSI (Asset Depletion): Percentage of male-headed households with reduced/stabilized Coping Strategy Index</p>	<p>Funding is timely. Enough partners and stakeholders support implementation.</p>





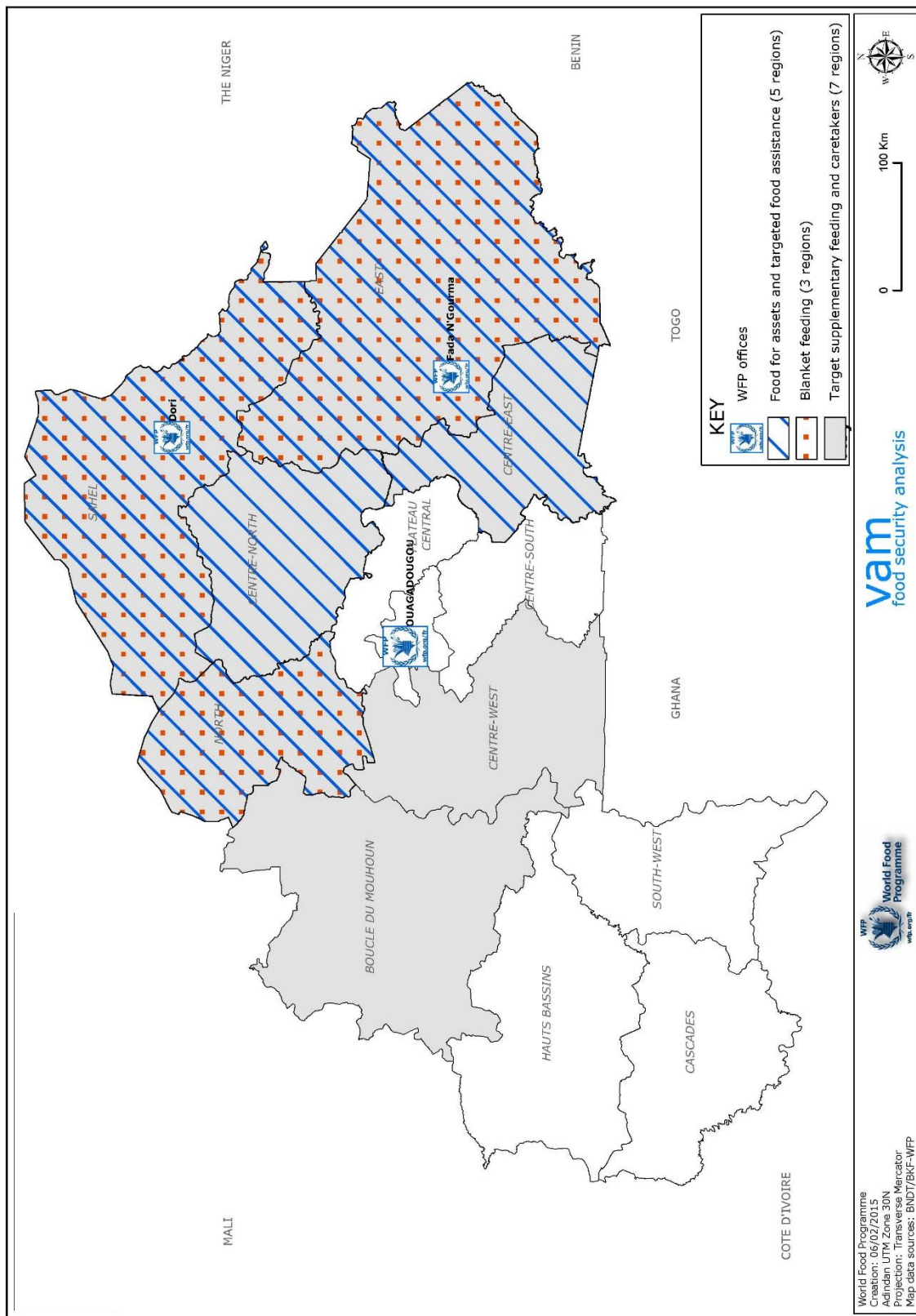
ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
	CSI (Asset Depletion): Percentage of households with reduced/stabilized Coping Strategy Index	
Outcome 3.2 Increased marketing opportunities for producers and traders of agricultural products and food at the regional, national and local levels	Food purchased from regional, national and local suppliers, as % of food distributed by WFP in-country Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country Food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases	Government implements accelerated growth programme.
Outcome 3.3 Risk reduction capacity of countries, communities and institutions strengthened	NCI: Resilience programmes National Capacity Index Proportion of targeted communities where there is evidence of improved capacity to manage climatic shocks and risks supported by WFP	Socio-political stability and commitment from Government and donors continue.
Output 3.1 Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned Quantity of food assistance distributed, disaggregated by type, as % of planned Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned	
Output 3.2 Community or livelihood assets built, restored or maintained by targeted households and communities	Number of assets built, restored or maintained by targeted households and communities, by type and unit of measure	
Output 3.3 Increased WFP fortified foods, complementary foods and special nutrition products purchased from local suppliers	Quantity of fortified foods, complementary foods and special nutrition products purchased from local suppliers	

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
<p>Output 3.4 Increased WFP food purchase from regional, national and local markets and smallholder farmers</p>	<p>Quantity of food purchased locally from pro-smallholder aggregation systems (in mt)</p> <p>Quantity of food purchased locally through local and regional purchases (in mt)</p> <p>Number of farmers' organizations trained in market access and post-harvest handling skills</p> <p>Number of smallholder farmers supported</p>	
<p>Output 3.5 Human capacity to reduce risk of disasters and shocks developed</p>	<p>Number of people trained, disaggregated by sex and type of training</p>	



ANNEX III

BURKINA FASO PRRO 200793 (2015–2017)



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

BSF	blanket supplementary feeding
CSI	Coping Strategy Index
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FFA	food assistance for assets
GAM	global acute malnutrition
MAM	moderate acute malnutrition
NCI	National Capacity Index
NGO	non-governmental organization
PRRO	protracted relief and recovery operation
SAM	severe acute malnutrition
SCADD	Strategy for Accelerated Growth and Sustainable Development
SMART	standardized monitoring and assessment of relief and transitions
TSF	targeted supplementary feeding
UNICEF	United Nations Children's Fund
WHO	World Health Organization