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Operational matters

**For information**

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

## **Budget increase for Guinea country programme 200326**

<b>Cost (United States dollars)</b>			
	<b>Current budget</b>	<b>Increase</b>	<b>Revised budget</b>
Food and related costs	40,910,663	8,175,698	49,086,361
Cash-based transfers and related costs	473,804	1,624,563	2,098,367
Capacity development and augmentation	1,367,164	345,043	1,712,207
<b>Total cost to WFP</b>	<b>55,543,582</b>	<b>15,141,683</b>	<b>70,685,965</b>

Gender marker code 2A

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

### **Decision**

The Board approved by correspondence the budget increase of USD 15,141,683 for Guinea country programme 200326 for an 18-month extension of the programme from 1 January 2018 to 30 June 2019.

*27 September 2017*

#### **Focal points:**

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## Nature of the increase

1. This budget revision will fund an 18-month extension of country programme 200326, which will serve as a transitional interim country strategic plan (T-ICSP) for the period from 1 January 2018 to 30 June 2019. The extension and budget increase will enable WFP to assist more beneficiaries and provide additional resources for commodities, transport, storage and handling, capacity development and augmentation, a cash-based transfer (CBT) programme and direct and indirect support costs. They will also allow WFP to continue its current operations in the country while engaging in consultations with the Government on the country's road map for achieving zero hunger and the goals of the 2030 Agenda. Implementation of a five-year country strategic plan informed by a national zero hunger strategic review will begin in July 2019.
2. This budget revision is aligned with the Government's five-year development plan (2016–2020), the national Ebola recovery plan and the United Nations development assistance framework for 2018–2022. As well as provisions for enhanced governance, economic transformation and the sustainable management of natural resources, all of these policy documents have a human capital development pillar that focuses on improving access to social services.
3. Specifically, the budget revision will cover:
  - an increase in food transfers of 9,720 mt, a quantity valued at USD 5,826,737;
  - an increase in food-related costs of USD 1,744,606 for external transport, landside transport, storage and handling and other direct operational costs;
  - an increase in capacity development and augmentation costs of USD 345,043;
  - a CBT programme for people affected by Ebola virus disease (EVD) and malnourished HIV and tuberculosis (TB) patients receiving treatment, as recommended by the Government and partners in the national Ebola prevention protocol, at a cost of USD 1,624,563; and
  - an increase in direct support costs of USD 4,005,801.

## Justification for extension and budget increase

### Summary of existing project activities

4. The country programme contributes to the Government's priority activities to improve social services for vulnerable people, particularly in rural areas. It addresses food insecurity and malnutrition and focuses mainly on school-aged children, malnourished children under 5, underweight pregnant and lactating women and malnourished HIV and TB patients receiving treatment. It aims to increase enrolment and attendance and reduce drop-out rates among primary schoolchildren, particularly girls, while enhancing the Government's capacity to manage and assume ownership of school meal activities. It also contributes to improving the nutrition status of targeted children aged 6–59 months and pregnant and lactating women through the treatment of moderate acute malnutrition and the prevention of chronic malnutrition. Local food purchases will promote market access and improved agricultural production, enhance resilience and increase incomes for smallholders, particularly women and young people.
5. School meal activities address gender gaps by providing take-home rations to parents enrolling girls in school. This strategy has demonstrated positive results in increasing the enrolment and sustaining the attendance of girls in schools. School meal activities are complemented by support for women's groups engaging in vegetable production, with the aim of providing a supply of vegetables for improved school meals and adding a nutrition-sensitive element to the programme. The nutrition component also provides food assistance and capacity-building to underweight pregnant and lactating women, while market access activities benefit mainly groups of women and young people involved in rice processing and commercialization.

### Conclusion and recommendations from the reassessment

6. The EVD outbreak has had a negative impact on food security, as highlighted in the 2015 emergency food security assessment. The assessment revealed that around 1.9 million people in Guinea were food-insecure, a situation that has not changed much since the assessment.

The closure of borders and markets and consumers' suspicions regarding the safety of agricultural produce from areas of the outbreak have affected purchasing power and triggered price hikes for imported commodities and the collapse of commodity exports, causing supply gaps in local markets. The assessment predicted that food insecurity would persist for a long time, exacerbating the challenges facing the most vulnerable people such as malnourished children and underweight pregnant and lactating women.

7. The World Health Organization and the Government declared the end of the Ebola epidemic on 29 December 2015, sending a strong signal that the provision of education, health and other basic services should resume. Since the beginning of 2016, intensive surveillance has been carried out by the national agency for health security, which replaced the EVD coordination cell. During this period, education and health activities under way before the epidemic have resumed, and the activities included in this country programme extension are in line with the recommendations of the Government and its partners in the Ebola prevention protocol.
8. The 2015 standardized monitoring and assessment of relief and transitions (SMART) survey found that global acute malnutrition rates exceeded 14 percent – 17.4 percent among boys and 11.5 percent among girls – in parts of Siguiiri district and that aggravating factors including high rates of mortality, micronutrient deficiency and malaria infection further complicated the nutrition situation. In 2016, WFP and partners including the United Nations Children's Fund (UNICEF) and Hellen Keller International implemented nutrition-related interventions; a follow-up SMART survey to measure their impact is under way.

### **Purpose of extension and budget increase**

9. The budget revision maintains current country programme activities without drastic change, and school meals, nutrition rehabilitation and support for resilience building for vulnerable communities will continue to be the pillars of the country office's programme of work for the next 18 months.

**TABLE 1: BENEFICIARIES BY ACTIVITY**

Activity	Beneficiary category	Current			Increase/(decrease)			Revised		
		Boys/ men	Girls/ women	Total	Boys/ men	Girls/ women	Total	Boys/ men	Girls/ women	Total
1	School meals	183 714	187 902	<b>371 616</b>	663 974	175 747	<b>239 721</b>	75 312	56 583	<b>131 895</b>
	Take-home rations for girls	-	187 902	<b>187 902</b>	-	175 747	<b>175 747</b>	-	12 155	<b>12 155</b>
	<b>Subtotal*</b>	<b>183 714</b>	<b>187 902</b>	<b>371 616</b>	<b>63 974</b>	<b>175 747</b>	<b>239 721</b>	<b>119 740</b>	<b>12 155</b>	<b>131 895</b>
5	Treatment of MAM – children aged 6–59 months	23 687	26 593	<b>50 280</b>	20 687	22 093	<b>42 780</b>	3 000	4 500	<b>7 500</b>
	Treatment of MAM – pregnant and lactating women	-	21 247	<b>21 247</b>	-	20 325	<b>20 325</b>	-	922	<b>922</b>
	ART clients (HIV) and their households	42 008	43 009	<b>85 017</b>	6 964	37 235	<b>44 199</b>	5 331	5 774	<b>11 105</b>
	DOTS clients (TB) and their households	5 221	7 316	<b>12 537</b>	4 021	6 016	<b>10 037</b>	1 200	1 300	<b>2 500</b>
	Blanket feeding: children aged 6–59 months	9 044	10 156	<b>19 200</b>	-	-	-	-	-	-
	Blanket feeding – pregnant and lactating women	-	3 500	<b>3 500</b>	-	-	-	-	-	-
	<b>Subtotal*</b>	<b>93 677</b>	<b>139 120</b>	<b>232 797</b>	<b>39 563</b>	<b>98 573</b>	<b>128 099</b>	<b>9 531</b>	<b>12 496</b>	<b>22 027</b>
6	Prevention of chronic malnutrition – pregnant and lactating women	-	7 000	<b>7 000</b>	-	4 000	<b>4 000</b>	1 440	1 560	<b>3 000</b>
	<b>Subtotal*</b>	-	<b>7 000</b>	<b>7 000</b>	-	<b>4 000</b>	<b>4 000</b>	<b>1 440</b>	<b>1 560</b>	<b>3 000</b>
8	Smallholder farmers	33 000	132 000	<b>165 000</b>	(31 612)	(124 138)	<b>(155 750)</b>	1 388	7 862	<b>9 250</b>
	<b>Subtotal*</b>	<b>33 000</b>	<b>132 000</b>	<b>165 000</b>	<b>(31 612)</b>	<b>(124 138)</b>	<b>(155 750)</b>	<b>87 671</b>	<b>78 501</b>	<b>166 172</b>
<b>Total*</b>		<b>322 550</b>	<b>471 397</b>	<b>793 947</b>	<b>62 847</b>	<b>90 439</b>	<b>153 286</b>	<b>322 550</b>	<b>471 397</b>	<b>793 947</b>

\* Without overlap of beneficiaries.

ART = anti-retroviral therapy; DOTS = directly observed treatment, short course; MAM = moderate acute malnutrition.

10. Implementation of the extended country programme will involve WFP in intensive partnerships with the Government, particularly to promote greater government ownership of the school meals and nutrition programmes. Increasing market access for smallholders and local purchases will require expertise in market monitoring, food quality assurance and financial inclusion, which will be provided by non-governmental organizations and specialized partners. WFP will partner with the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), Catholic Relief Services, Plan International and the Canadian Centre for International Studies and Cooperation (*Centre d'étude et de coopération internationale*).
11. The country programme's outcomes have been tailored to the new T-ICSP, reflecting WFP's commitment to change in its work to reach zero hunger goals. Three outcomes will shape the outputs and activities during the extension period: vulnerable populations in Guinea, including school-aged children, will have adequate safe and nutritious food all year round; the most vulnerable populations in Guinea, including pregnant and lactating women, children under 5 and malnourished HIV and TB patients, will have improved nutrition status by 2020; and smallholders in targeted areas, including women and young people, will have enhanced livelihoods to better support food security and nutrition needs throughout the year. These outcomes address the root causes of food insecurity and issues related to the poor resilience of households and communities; they are supported by eight intended outputs and eight planned activities.

**TABLE 2: REVISED DAILY FOOD RATIONS/CBTs BY ACTIVITY (g/person/day)**

	Activity 1 – Support primary education		Activity 5 – Provide nutritious food to children aged 6–59 months, pregnant and lactating women, and people living with HIV or TB to address moderate acute malnutrition								Activity 6 – Contribute to the prevention of chronic malnutrition among pregnant and nursing women, and children aged 6–23 months		Activity 8 – Promote the creation of outlets for and purchases of small producers' commodities – local purchases for institutional and private-sector demand
	Hot meals and take-home rations for children in WFP-assisted schools		MAM – children aged 6–59 months	MAM – pregnant and lactating women	ART clients	Households of ART clients	DOTS clients	Households of DOTS clients	BSF – children	BSF – pregnant and lactating women	Prevention of chronic malnutrition – 6–23 months	Food assistance for assets	
Cereals	150					200		200				200	
Pulses	30					60		60				20	
Vegetable oil	10	82		25	25	25	25	25		25		10	
Iodized salt	3					5		5				2.5	
SuperCereal with sugar				270	270			270		270			
SuperCereal Plus			200						200				
Plumpy'Doz											47		
Micronutrient powder													
CBTs (USD/person/day)													
<b>Total</b>	<b>193</b>	<b>82</b>	<b>200</b>	<b>295</b>	<b>295</b>	<b>290</b>	<b>295</b>	<b>290</b>	<b>200</b>	<b>295</b>	<b>47</b>	<b>232.5</b>	
<b>Total kcal/day</b>	<b>731</b>	<b>725</b>	<b>752</b>	<b>1 300</b>	<b>1 300</b>	<b>1 147</b>	<b>1 300</b>	<b>1 147</b>	<b>752</b>	<b>1 300</b>	<b>247</b>	<b>368</b>	
% kcal from protein	9.7	0	16.6	13.4	9.2	9.2	9.2	9.2	18.3	13.8	8.6	8.8	
% kcal from fat	13.9	100	23.2	34.0	21.1	21.1	21.1	21.1	16.5	27.7	55.3	12.3	
No. of feeding days per year	180	180	60	180	180	180	180	180	90	180	365	180	

BSF = blanket supplementary feeding.

## Food requirements

**TABLE 3: FOOD AND CBT REQUIREMENTS BY COMPONENT**

Activity	Food/CBTs	Food requirements ( <i>mt</i> )/CBTs ( <i>USD</i> )		
		Current	Increase	Revised total
1: Support to primary education	Food	29 794	6 385	<b>36 179</b>
2: Nutrition support to vulnerable groups, including malnourished HIV/TB patients receiving treatment	Food	8 705	316.84	<b>9 022</b>
	CBTs	-	1 557 414	<b>1 557 414</b>
3: Support for community-based supply and resilience-building	Food	4 660	3 018	<b>7 678</b>
	CBTs	437 896	-	<b>437 896</b>
4: Support to EVD-affected individuals, households and communities	Food	1 463	-	<b>1 463</b>
<b>Total</b>	<b>Total food (<i>mt</i>)</b>	<b>44 623</b>	<b>9 720</b>	<b>54 342</b>
	<b>Total CBTs (<i>USD</i>)</b>	<b>437 896</b>	<b>1 557 414</b>	<b>1 995 310</b>

## Hazard/risk assessment and preparedness planning

12. The contextual risks of this new implementation phase include resource shortages and pipeline breaks, localized natural disasters and lack of response capacity in the Government and communities. The main institutional risks are insufficient allocations from the national budget for the continuation of programme activities after hand-over to the Government and limited capacity of national stakeholders to implement the activities.
13. To mitigate these risks, WFP will advocate for increased resources, explore alternative financing approaches with the Government and strengthen the capacities of national counterparts at all levels. WFP will continue to work with current donors while seeking to broaden the funding base by engaging increasingly in joint fundraising with other stakeholders to maximize synergies. A prioritized action plan has been prepared for achieving all outcomes.
14. The country office has developed mechanisms for addressing protection concerns and is implementing them in its programme activities. Measures for ensuring that WFP is accountable to affected populations will also be mainstreamed, while environmental and social risk management will be developed with the participation of local communities. WFP and its partners have included measures for preventing gender-based violence in their activities.

## ANNEX I-A

<b>BUDGET REVISION COST BREAKDOWN</b>			
	<b>Quantity (<i>mt</i>)</b>	<b>Value (<i>USD</i>)</b>	<b>Value (<i>USD</i>)</b>
<b>Food</b>			
Cereals	7 766	4 437 982	
Pulses	950	484 322	
Oil and fats	631	604 316	
Mixed and blended food	242	247 253	
Other	97	52 864	
<b>Total food</b>	<b>9 720</b>	<b>5 826 737</b>	
External transport		604 356	
Landside transport, storage and handling		1 715 131	
Other direct support costs – food		29 475	
<b>Food and related costs<sup>1</sup></b>			<b>8 175 698</b>
CBTs			1 557 414
CBT-related costs			67 149
<b>CBTs and related costs</b>			<b>1 624 563</b>
<b>Capacity development and augmentation</b>			<b>345 043</b>
Direct operational costs			10 145 304
Direct support costs (see Annex I-B) <sup>2</sup>			4 005 801
<b>Total direct project costs</b>			<b>14 151 105</b>
Indirect support costs (7.0 percent) <sup>3</sup>			990 577
<b>TOTAL WFP COSTS</b>			<b>15 141 683</b>

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

<sup>2</sup> Indicative figure for information purposes. The direct support cost allotment is reviewed annually.

<sup>3</sup> The indirect support cost rate may be amended by the Board during the project.



**ANNEX I-B**

<b>DIRECT SUPPORT REQUIREMENTS (USD)</b>	
<b>WFP staff and staff-related</b>	
Professional staff	649 166
General service staff	1 394 248
<b>Subtotal</b>	<b>2 043 414</b>
<b>Recurring and other</b>	<b>1 855 120</b>
<b>Capital equipment</b>	<b>8 253</b>
<b>Security</b>	<b>25 290</b>
<b>Travel and transportation</b>	<b>78 724</b>
<b>Assessments, evaluations and monitoring<sup>1</sup></b>	<b>0</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>4 005 801</b>

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<sup>1</sup> Reflects estimated costs when these activities are performed by third parties.

**ANNEX I-C**

<b>TRANSFER BY COMPONENT</b>									
	<b>Component 1</b>	<b>Component 2</b>	<b>Component 3</b>	<b>Component 4</b>	<b>Component 5</b>	<b>Component 6</b>	<b>Component 7</b>	<b>Component 8</b>	<b>Total</b>
Food transfers ( <i>mt</i> )	6 385	-	-	-	283	33.84	-	3 018	<b>9 720</b>
Food transfers ( <i>USD</i> )	3 439 888	-	-	-	199 174	87 147	-	2 100 528	<b>5 826 737</b>
CBTs ( <i>USD</i> )	-	-	-	-	1 624 450	-	-	-	<b>1 624 450</b>
Capacity development and augmentation ( <i>USD</i> )									<b>345 043</b>

**Acronyms used in the document**

ART	anti-retroviral therapy
CBT	cash-based transfer
DOTS	directly observed treatment
EVD	Ebola virus disease
MAM	moderate acute malnutrition
SMART	standardized monitoring and assessment of relief and transitions
TB	tuberculosis
T-ICSP	transitional interim country strategic plan