Standard Project Report 2015

Reporting Period: 1 January - 31 December 2015

GUINEA

Country Programme - Guinea (2013-2017)

Project Number	200326
Project Category	Country Programme

Financial Closure Date	n.a.
Project End Date	31 Dec 2017
Actual Start Date	01 Jan 2013
Planned Start Date	01 Jan 2013
Project Approval Date	13 Nov 2012

Approved budget as 31 December 2015 in USD							
Capacity Dev.t and Augmentation	802,900						
Direct Support Costs	7,137,031						
Food and Related Costs	35,495,583						
Indirect Support Costs	3,040,486						
Total Approved Budget	46,476,000						

Commodities	Metric Tonnes
Total Approved Commodities	38,000
Planned Commodities in 2015	13,007
Actual Commodities in 2015	6,467



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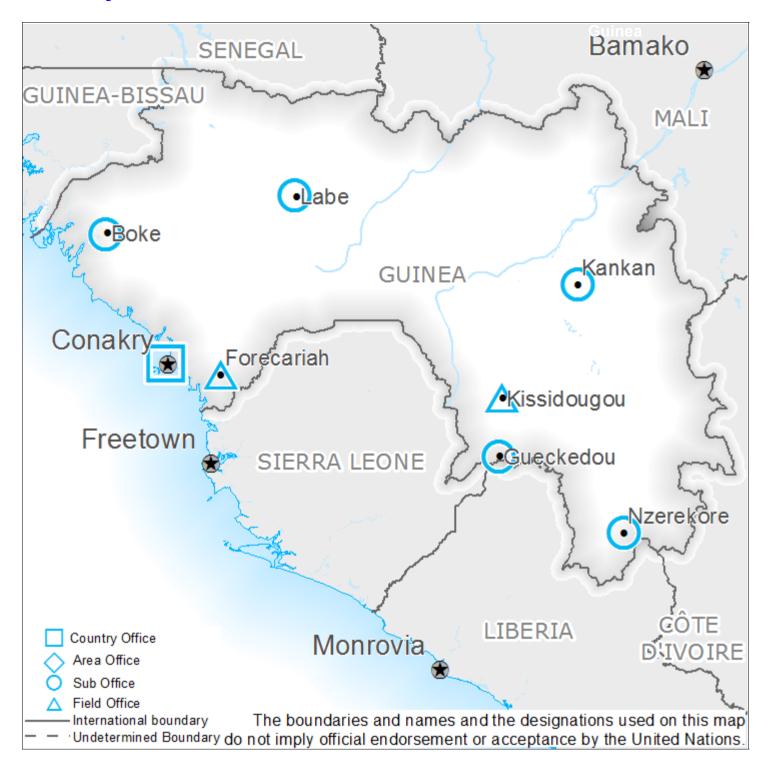
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Country Overview



COUNTRY BACKGROUND

The Republic of Guinea is a low-income, food-deficient country with a population of around 11.75 million and is ranked 182 out of 188 countries in the 2015 Human Development Report.

In March 2014, Guinea was struck by the worst epidemic of the Ebola Virus Disease (EVD) in history, which killed over 2,500 people. The EVD outbreak, which was declared over on 29 December 2015, has had far-reaching social, economic and political consequences in a country that was already fragile following years of conflict, political instability and high levels of poverty.

Guinea has some of the weakest health systems in the world, and the epidemic has damaged what little health infrastructure there was. In Guinea, malnutrition is one of the major causes of childhood illness and mortality. Immediate causes of malnutrition are inadequate dietary intake and infectious diseases deriving from household food insecurity, inappropriate mother and child care practices, and poor health care.

The EVD outbreak has had a negative impact on food security. The closure of borders and markets and the stigmatisation of produce from areas affected have reduced purchasing power and caused prices of imported commodities to rise and exported commodities to fall. According to an Emergency Food Security Assessment conducted in June 2015 by WFP and FAO, areas in which EVD cases were recorded are the most severely food insecure. The assessment also predicted that food insecurity will persist for some time.

In July 2015, WFP conducted the SMART survey in collaboration with the Government of Guinea and UNICEF. Results from the survey indicated that 25.9 percent of children are stunted as a result of a poor diet, often lacking in essential micronutrients, fats and proteins. The survey showed that global acute malnutrition (GAM) rate is at 8.1 percent (with moderate acute malnutrition (MAM) at 6.1 percent, and severe acute malnutrition (SAM) at 2 percent).

During the rainy season (July to October) flooding is common in the Upper and Forest Guinea regions and causes significant damage. A trend analysis from 2009 to 2012 indicates that floods affect between 50,000 and 69,000 people annually.

SUMMARY OF WFP ASSISTANCE

Throughout 2015, WFP provided food, nutrition and cash assistance to vulnerable populations of Guinea through an Emergency Operation response (EMOP), a Country Programme (CP) and a Protracted Relief and Recovery Operation (PRRO).

Through the EMOP WFP delivered food alongside the health response in order to help to meet emergency food needs and prevented the deterioration of the food security situation of communities affected by the EVD outbreak. WFP provided food and nutrition support to suspected and confirmed Ebola patients and their caregivers, as well as children orphaned by the virus and their households. To help support contact tracing and case management, food assistance was also provided to quarantined households, and to households in hotspot communities and in areas of former widespread and intense transmission. In the latter months of 2015, with fewer EVD cases and contacts, WFP began providing cash transfers to people discharged from Ebola Treatment Centres (ETCs).

Through the CP, WFP supported school canteens across Guinea, expanding the programme in November and doubling the number of schools, including those in Ebola-affected areas. Through school feeding WFP is improving access to basic education by addressing the problem of high absenteeism and dropout rates, particularly among girls. Take-home entitlements were also provided to young girls who attend school regularly. WFP carried out comprehensive nutrition activities in three areas: i) treatment of MAM, ii) prevention of GAM (wasting), and iii) prevention of stunting; targeting pregnant and nursing mothers, children under 5, and people living with HIV (PLHIV) and tuberculosis (TB), and their family members. Communities involved in agriculture were supported to increase and diversify food production and to supply food to school canteens.

The Protracted Relief and Recovery Operation continued to assist households that had been negatively affected by inter-ethnic conflict and floods in the Forest Region and that were still in a vulnerable, food insecure situation. Activities included general food distributions to a small caseload of refugees and Food For Asset (FFA) activities for woman and youth.

Beneficiaries	Male	Female	Total
Number of children below 5 years of age	215,800	247,704	463,504
Number of children 5 to 18 years of age	265,226	260,183	525,409
Number of adults	308,710	380,491	689,201
Total number of beneficiaries in 2015	789,736	888,378	1,678,114
Total number of beneficiaries in 2014	365,595	359,383	724,978
Total number of beneficiaries in 2013	87,672	87,648	175,320

Distribution (mt)										
Project Type	Cereals	Oil	Pulses	Mix	Other	Total				
Single Country PRRO	276	25	43		58	403				
Regional EMOP	15,738	528	1,693	2,675	28	20,663				
Country Programme	4,145	899	639	726	58	6,467				
Total food distributed in 2015	20,159	1,453	2,376	3,401	144	27,533				
Total food distributed in 2014	13,089	970	1,714	1,000	135	16,908				
Total food distributed in 2013	3,590	398	673	503	79	5,243				

Operational SPR

OPERATIONAL OBJECTIVES AND RELEVANCE

The five-year country programme was launched in 2013 to assist 437,277 beneficiaries in 13 districts of six regions affected by structural factors contributing to food insecurity, high chronic malnutrition and low school enrolment. The project is aligned with the government's Poverty Reduction Strategy, National Ebola Recovery Plan, and the United Nations Development Assistance Framework (UNDAF) for Guinea. A budget revision in 2016 (i) realigns the number of school feeding beneficiaries to the current environment; (ii) moves nutrition activities toward a more preventative approach; (iii) strengthens synergies between school feeding, community engagement and agricultural development; and (iv) integrates a caseload of 24,534 Ebola-affected beneficiaries previously assisted through the Regional Emergency Operation 200761 (EMOP).

Under component 1 the school meals programme aims to i) increase attendance rates in primary school children; ii) reduce of drop-out rates amongst primary school children, particularly girls; and iii) enhance government capacity to monitor and manage school feeding activities. School feeding is part of broader school health and nutrition programmes that have proven to provide a vital safety net for children in terms of nutrition, education and health.

Component 2 aims to improve the nutritional situation of targeted categories of vulnerable people, including selected children aged 6 to 59 months, selected pregnant and lactating women and assisted malnourished clients on anti-retroviral treatment (ART) or TB clients. WFP's approach to nutrition takes into consideration the results of the SMART and EFSA assessments that took place in 2015, which demonstrated that the nutritional status of already vulnerable groups is further exacerbated by factors such as infectious diseases, parasitic disorders and food insecurity, especially among children. WFP has also been working to provide food assistance to malnourished clients on ART and TB clients to improve treatment adherence and has continued to shape its nutrition assistance in such a way that it addresses acute and chronic under nutrition through both the treatment of Moderate Acute Malnutrition (MAM) and the prevention of acute malnutrition, micronutrient deficiencies and chronic malnutrition; as well as facilitating a coherent coordination of nutrition interventions that are in place, in part facilitated by the REACH and SUN.

Through Component 3, WFP supports rural communities to boost agricultural production, helping to reduce their vulnerability. This activity supports mainly women farmers groups that specialize in vegetable gardens - to increase their production and supply school canteens supported by WFP with fresh vegetables (including spinach, green pepper, okra, onions, etc). Under component 1, WFP is also supporting local rice farmers by purchasing locally produced parboiled rice from them for the school meals activity.

RESULTS

Beneficiaries, Targeting and Distribution

In 2015, the CP was implemented in the four regions of Guinea. Geographic targeting continued to be based on vulnerability criteria: food security, global acute malnutrition (GAM), stunting, and educational disparities. Rural development activities continued to target severely and moderately food insecure households, located in shock-prone areas. Activities were expanded to areas of Guinea that were significantly affected by Ebola. For example, school enrolment rates in non-WFP supported schools in these areas were already low before the EVD outbreak and suffered significantly due to Ebola's impact on communities.

WFP's school meals target beneficiaries were in public primary schools in rural areas. The selection of beneficiaries was based on the most recent food insecurity and nutrition surveys and education indicators.

As part of government-mandated EVD epidemic control measures, schools were closed for more than three months of the 2014-2015 school year. When schools re-opened in January 2015, many parents were reluctant to send their children back to school due to the fear of the disease. At that time, WFP obtained additional donor funding to scale up school meals in areas most affected by the EVD. Thus 710 primary schools were added to the programme, bringing the total number of primary schools assisted by WFP to 1,605 nationwide. WFP provided hot meals to children, as well as takehome rations to girls. Those take-home rations consisted of 5 litres of vegetable oil distributed each trimester to girls. For hot meals, the food basket and daily entitlement per child included 150g of rice, 30g of pulses, 10g of vegetable oil, and 3g of salt. Together, these entitlements encourage parents to send their children to school, and contributed to breaking the cycle of hunger and malnutrition in Guinea.

WFP's nutrition activities were limited to vulnerable groups for which the proposed nutrition solutions were likely to have a durable and rapid impact. To that end, WFP positioned its stunting-prevention activities in three Sous Prefectures of Labe, where the chronic malnutrition rates were highest in order to prevent stunting among 0 to 23 month old children as part of the 1,000-day initiative. The targeting of malnourished clients on ART or TB clients was based on active medical files. Doctors identified clients on ART with a Body Mass Index (BMI) of less than 18.5 and prescribed them with 270g of Super Cereal Plus, 25g of fortified vegetable oil for a duration of 180 days. Clients then returned once a month or every three months - depending on the individual case - for case review, and received nutritional advice. Families received an entitlement of rice (200g a day), pulses (60g a day) and vegetable oil (25g a day) for 4 people over 180 days.

Treatment of MAM occured in a context of selective supplementation where only the most vulnerable individual children and pregnant and lactating women were targeted for assistance. The nutritional supplements were prescribed and distributed to targeted beneficiaries on a monthly basis. Super Cereal and fortified oil were provided for pregnant and lactating women. Acutely malnourished children aged between 6 and 59 months were provided with Super Cereal Plus and for children in the 1,000-day initiative, Plumpy'Doz was given. Moreover, malnourished PLHIV on ART also received nutritional counselling as well as education for good nutrition. The scale-up of MAM treatment activities in the prefectures of Kankan, Kerouane, Gueckedou and N'Zerekore allowed more beneficiaries to be reached than planned.

Beneficiaries of Component 3 were smallholder farmers (mostly organized in women's groups) who carry out pastoral and community service and participate in food for work and food for training sessions. Specifically, beneficiaries benefitted from food distributions in exchange for working on their respective fields and vegetable gardens.

Beneficiary targeting was based on a participatory approach based on the following criteria: for market gardeners Groups: i) the level of food insecurity; ii) the proximity of WFP-supported school feeding initiatives; iii) the commitment of communities to organize themselves into farmer groups as prescribed by Guinean legislation and commitment to support the programme; iv) the availability of technical and organizational support NGOs to ensure sustainability; and v) the commitment of technical services of the Ministry of agriculture to support the programme.

Targeting was done by local NGOs with the approval of the Ministry of Agriculture and WFP. The above approach helped to align agricultural policy interventions and create a good synergy with the different partners of the agricultural and rural sector.

Food distributions went to smallholder farmers involved in community production of garden vegetables. At harvest, the groups delivered vegetables to school canteens to improve the quality of school meals.

Beneficiary Category		Planned			Actual	ı	% Actual v. Pla		nned
	Male	Female	Total	Male	Female	Total	Male	Female	Total
ACT1 - Education									
Number of adults	73,521	55,143	128,664	102,866	111,438	214,304	139.9%	202.1%	166.6%
Number of children 5 to 18 years of age	157,289	117,970	275,259	163,614	137,917	301,531	104.0%	116.9%	109.5%
Number of children below 5 years of age	31,044	23,285	54,329	68,577	74,292	142,869	220.9%	319.1%	263.0%
Total number of beneficiaries in 2015	261,854	196,398	458,252	335,057	323,647	658,704	128.0%	164.8%	143.7%
Total number of beneficiaries in 2014	100,149	78,651	178,800	72,888	54,043	126,931	72.8%	68.7%	71.0%
Total number of beneficiaries in 2013	66,420	66,410	132,830	65,313	56,701	122,014	98.3%	85.4%	91.9%
The total number of beneficiaries includes all targ one or more of the following groups, or from a ho						period - eithe	r as a recipi	ent/participa	ınt in
ACT2 - Nutrition									
Number of adults	5,614	11,883	17,497	4,078	28,486	32,564	72.6%	239.7%	186.1%
Number of children 5 to 18 years of age	3,457	3,743	7,200	1,889	5,065	6,954	54.6%	135.3%	96.6%
Number of children below 5 years of age	7,177	7,775	14,952	14,865	18,476	33,341	207.1%	237.6%	223.0%
Total number of beneficiaries in 2015	16,248	23,401	39,649	20,832	52,027	72,859	128.2%	222.3%	183.8%
Total number of beneficiaries in 2014	16,248	23,402	39,650	8,630	16,834	25,464	53.1%	71.9%	64.2%
Total number of beneficiaries in 2013	16,248	23,402	39.650	16.091	24.301	40.392	99.0%	103.8%	101.9%

The total number of beneficiaries includes all targeted persons who were provided with WFP food during the reporting period - either as a recipient/participant in one or more of the following groups, or from a household food ration distributed to one of these recipients/participants

ACT3 - Food Security									
Number of adults	13,552	14,680	28,232	5,352	10,649	16,001	39.5%	72.5%	56.7%
Number of children 5 to 18 years of age	7,392	8,008	15,400	661	1,316	1,977	8.9%	16.4%	12.8%
Number of children below 5 years of age	3,696	4,004	7,700	0	0	0	0.0%	0.0%	0.0%
Total number of beneficiaries in 2015	24,640	26,692	51,332	6,013	11,965	17,978	24.4%	44.8%	35.0%
Total number of beneficiaries in 2014	2,640	2,860	5,500	442	963	1,405	16.7%	33.7%	25.5%
Total number of beneficiaries in 2013	2,640	2,860	5,500	3,684	3,992	7,676	139.5%	139.6%	139.6%

The total number of beneficiaries includes all targeted persons who were provided with WFP food during the reporting period - either as a recipient/participant in one or more of the following groups, or from a household food ration distributed to one of these recipients/participants

Beneficiary Category		Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
ACT1 - Education										
Children receiving take-home rations		117,970	117,970		92,865	92,865		78.7%	78.7%	
Children receiving school meals	157,289	117,970	275,259	156,756	130,488	287,244	99.7%	110.6%	104.4%	
ACT2 - Nutrition										
Children 6 to 23 months given food under blanket supplementary feeding (prevention of stunting)	580	770	1,350	1,606	1,773	3,379	276.9%	230.3%	250.3%	
HIV/AIDS and TB beneficiaries	10,385	12,115	22,500	7,044	10,868	17,912	67.8%	89.7%	79.6%	
Pregnant and lactating women given food under complementary feeding (prevention of stunting)		800	800		7,349	7,349		918.6%	918.6%	
Children 24 to 59 months given food under supplementary feeding (treatment for moderate malnutrition)	3,203	3,597	6,800	4,264	5,474	9,738	133.1%	152.2%	143.2%	
Children 6 to 23 months given food under supplementary feeding (treatment for moderate malnutrition)	1,507	1,693	3,200	7,152	9,232	16,384	474.6%	545.3%	512.0%	
Pregnant and lactating women participating in targeted supplementary feeding (treatment for moderate acute malnutrition)		5,000	5,000		18,097	18,097		361.9%	361.9%	
ACT3 - Food Security										
Participants in Food For Training	2,308	9,233	11,541	0	0	0	0.0%	0.0%	0.0%	
Participants in Food For Assets	1,130	4,520	5,650	6,013	11,965	17,978	532.1%	264.7%	318.2%	

Commodity Distribution				
Commodity		Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
ACT1 - Education				
Beans		622	37	6.0%
lodised Salt		175	52	29.6%
Lentils			1	
Rice		5,571	3,326	59.7%
Split Peas		468	469	100.1%
Vegetable Oil		1,406	814	57.9%
	Sum	8,242	4,700	57.0%
ACT2 - Nutrition				
Corn-soya Blend (csb)		742	701	94.5%
lodised Salt		16	5	34.2%
Ready To Use Supplementary Food		11	25	226.3%
Rice		648	172	26.5%
Split Peas		194	67	34.3%
Vegetable Oil		139	67	48.1%
	Sum	1,750	1,036	59.2%
ACT3 - Food Security				
Dried Fruits			1	
Rice		2,849	647	22.7%
Split Peas			65	
Vegetable Oil		166	18	10.8%
	Sum	3,015	731	24.2%
Total for 2015		13,007	6,467	49.7%
Total reported in 2014 SPR		5,866	1,758	30.0%
Total reported in 2013 SPR		5,556	4,174	75.1%

'Story Worth Telling'

Koule II primary school in the heart of Guinea's Forest Region is one of hundreds of schools across the country to benefit from WFP's School Canteens programme.

Headteacher Mamadou Diakite has been at Koule II since 2010 and is effusive about the impact of WFP's school canteens on the students. 'There has been a considerable increase in students', he tells us. 'In 2015 the number of enrolments has risen by a third.' In addition, the number of girls has gone up considerably. 'This is remarkable,' he says, adding that the achievement level now is also excellent.

Thanks to WFP, the children are staying in school. Often, students would leave after morning lessons, in order to go home to eat. This frequently meant they wouldn't come back to school, but now that they can eat at school, they stay for the rest of the day. Asked how the parents are responding to the school feeding, Mr Diakite says: 'The parents are very very happy to have WFP working with us, and also to receive cooking oil through their girls as take-home rations. They want to thank WFP for this contribution.'

Progress Towards Gender Equality

Addressing gender issues in areas where school feeding is implemented remains a challenge. Even though enrolment of girls tends to be higher in the lower grades, as girls grow older their attendance often decreases as a result of cultural practices that push girls to drop out when they reach puberty. In 2015, WFP changed the targeting strategy for take-home rations in its school feeding component to include all girls enrolled in WFP supported schools. By doing so, WFP encouraged young girls and their parents to keep them enrolled in school. Monitoring of enrollment, retention and pass-rates of girls attending WFP supported schools showed an increase as compared to previous years.

The distribution of take-home rations, and the change in the targeting strategy of this assistance - which saw the introduction of two conditions for take-home rations for girls, including good academic achievement and regular attendance at school - is thus believed to contribute to gender equality by increasing the number of girls completing primary education. In addition, throughout the year, WFP used monitoring visits to sensitize communities and school directors on the importance of equal access to education for girls and to encourage the election of women into leadership positions of school feeding management committees.

Under its agricultural component, WFP aims to focus on women farmer associations by linking their market gardening activities to a WFP supported school canteen near them. This not only creates opportunities for Home Grown School Feeding but also ensures the women of these associations have increased livelihood opportunities. They benefit from trainings on agricultural production techniques and good governance. They will become important agents of change at the heart of their communities, commanding respect both within the household and in the wider community.

As a result of the concentration of WFP's monitoring resources on the Ebola response, WFP was not able to collect data on cross-cutting indicators related to gender for all components.

Protection and Accountability to Affected Populations

As part of the establishment of a solid M&E structure for WFP Guinea, WFP scaled-up its monitoring activities at project sites in 2015. By ensuring regular monitoring visits to the schools, WFP not only monitored project implementation and progress but also created a two-way communication channel that was critical for receiving feedback from the children, school feeding management committees, school directors and communities. Particular attention was paid to the newly assisted schools by ensuring at least 2 visits per school per quarter. This system not only allowed WFP to take corrective actions at the school level, but also allowed WFP's Food Aid Monitors to sensitize the community about the school feeding activity, targeting of the schools and children's food entitlements in order to ensure an adequate level of information was provided and to leverage community engagement in the implementation of the activity.

In cases where local (women's) farmer groups were linked to a WFP supported school, WFP aimed to conduct field visits to the farmer groups at the same time as monitoring visits were conducted to the schools.

To reduce any burden placed on beneficiaries, WFP aimed to organize food distributions to ART and TB clients and their assisted households at distribution sites located within close proximity to their homes. WFP works with local NGOs who have an understanding of patients and families in these communities, and are able to promote the integration and acceptance of PLHIV, thereby reducing stigmatization.

As a result of the concentration of WFP's monitoring resources on the Ebola response, WFP was not able to collect data on cross-cutting indicators related to protection for all components.

Outputs

As a result of the outbreak of Ebola Virus Disease, the Guinean Government decided to delay the opening of the 2014-2015 school year until mid-January 2015. As a result, children stayed at home and education stagnated during the second half of 2014. In January 2015, the Guinean Government re-opened schools and applied an extended schedule of six school days per week until August 2015 to catch up the delay.

Upon the official re-opening of the schools, WFP revived its school feeding activities and distributed warm school meals at 770 schools. Throughout the school year, WFP gradually increased the number of assisted primary schools to 1605 in order to provide an incentive for families to send their children back to school and to allow households in the most affected areas to mitigate and recover from the shock and stresses of EVD in a manner that reduces their vulnerability.

As well as receiving school meals, all girls enrolled in WFP-assisted primary schools that met minimum attendance requirements received quarterly take-home rations of 5 litres of vegetable oil as an additional incentive to increase equitable access to primary education for girls. As these take-home rations were consumed by other family members as well, the total number of beneficiaries of this activity included the number of girls and their household members.

As part of its effort to strengthen the national capacity to manage school feeding programmes, WFP organized training for the directors of the newly assisted schools and the Prefectural Directors of Education throughout the country. In addition, WFP distributed kitchen utensils to the newly assisted schools in order to facilitate the implementation of school feeding activities.

Compared to previous years, WFP scaled-up its MAM treatment activities in 2015 based on the expected caseload calculated from the most recent nutrition survey. As a result, a higher number of beneficiaries was reached in 2015 than initially planned.

Prevention of stunting was addressed by WFP through the implementation of the 1000 days pilot project in Labe, selected due to the high rate of chronic malnutrition (over 40 percent). Besides the monthly distribution of Plumpy'Doz for children aged 6 to 23 months, hygiene kits (jerry can, chlorine and soap bars) were distributed to 7349 PLW. The number of children reached exceeded planned figures due to a higher number of births in the areas than expected. Due to a change in admission criteria for PLW that allowed all PLW in the 3 targeted areas to participate in the programme until the second birthday of their child WFP also managed to reach a significantly higher number of PLW with the distribution of hygiene kits. In addition to the distribution of Plumpy'Doz and hygiene kits, 3 behavioural change communication workshops were organized at each distribution site throughout the year to sensitize PLW about issues such as breastfeeding practices, hand washing awareness, importance of prenatal care and the promotion of local food.

In order to improve the nutritional status of the ART and TB clients and their treatment adherence, WFP also implemented the FBP for malnourished ART and TB clients. However, as commodities' expiration dates were close, WFP was only able to distribute food for a period of 3 months instead of the planned 6 months. Consequently, the targeting criteria were reviewed to include all malnourished ART and TB clients registered at assisted health centres during the lean season and ensure continuity in food intake and sustainably strengthening their immune systems.

In addition, food assistance provided to HIV and TB household members was largely implemented according to plan. However, as the average size of assisted households tended to be lower than planned, WFP reached a lower number of beneficiaries despite having provided assistance to the targeted ART and TB household members. Due to the timing, it was not possible to identify further households with needs. Furthermore, in the areas of Boke and Conakry, WFP sometimes had to distribute incomplete food baskets; this was due to following the recently-adopted policy of purchasing rice locally, which is more expensive than imported rice and therefore WFP has to purchase less rice.

Under the agricultural component, WFP provided integrated social safety nets through linking 362 farmer groups to a school canteen in their area and distributing food rations during the lean season Farmers were empowered to deliver a share of their produce to a local school in order to supplement WFP's commodities with locally produced fresh vegetables. This activity thus encouraged Home Grown School Feeding while small-scale farmers also profited from their increased productivity.

In order to be able to reach more farmer groups and link them to more schools, WFP decided to change the distribution strategy by providing individual rations to participants instead of household rations. As a result, a higher number of participants of FFA were reached during the year. Despite this change in the distribution strategy that allowed WFP to reach more FFA participants, the total number of beneficiaries reached during the year is lower due to limited resources for component 3 and the fact that household members of participants were no longer supported. In addition, no FFT activities were implemented in 2015.

Output	Unit	Planned	Actual	% Actual vs. Planned
ACT1 - Education				
SO 4: Capacity Development: Strengthening National Capacities				
Number of national safety net policies that are nutrition sensitive	policy	1	0	0.0%
Number of technical assistance activities provided	activity	4	10	250.0%
School Feeding: Number of government/national partner staff receiving technical assistance and training	individual	1,250	1,275	102.0%
SO 4: School Feeding				
Number of schools assisted by WFP	school	1,605	1,605	100.0%
Quantity of kitchen utensils distributed (plates, spoons, cooking pots etc.)	utensil	385,000	384,328	99.8%
ACT2 - Nutrition				
SO 4: HIV/TB: Care and Treatment				
Number of ART clients who received both individual nutritional food supplement and household food assistance	Individual	2,040	3,322	162.8%
females				
Number of ART clients who received both individual nutritional food supplement and household food assistance	Individual	1,960	1,461	74.5%
males				
Number of ART clients who received both individual nutritional food supplement and household food assistance	Individual	4,000	4,783	119.6%
Total beneficiaries				100.00/
Number of institutional sites assisted	site	16	16	100.0%
Number of TB treatment clients who received both individual nutritional food supplement and household food assistance	Individual	255	339	132.9%
females				
Number of TB treatment clients who received both individual nutritional food supplement and household food assistance	Individual	245	404	164.9%
males				
Number of TB treatment clients who received both individual nutritional food supplement and household food assistance	Individual	500	743	148.6%
Total beneficiaries SO 4: HIV/TD: Mitigation and Safaty Nata				
SO 4: HIV/TB: Mitigation and Safety Nets				
Number of beneficiaries of household food assistance for ART	Individual	16,000	9,131	57.1%
Number of beneficiaries of household food assistance for TB treatment	Individual	2,000	3,255	162.8%
SO 4: Nutrition: Prevention of Acute Malnutrition				
Number of health centres/sites assisted	centre/site	93	93	100.0%
SO 4: Nutrition: Prevention of Stunting				
Number of health centres/sites assisted	centre/site	3	3	100.0%
Quantity of inputs for nutrition activities distributed	item	35,397	141,589	400.0%

Outcomes

Hot meals not only relieved immediate short-term hunger of children enrolled at WFP assisted schools, but also contributed to the increase in enrollment and retention rates at the WFP supported primary schools, thus contributing to the promotion of basic education. The annual rate of change in number of children enrolled and retention rates in WFP-supported schools were well above the set targets in 2015. This was mainly due to the impressive growth in annual enrolment and retention rates at the schools in areas most affected by the Ebola outbreak in which WFP launched its school feeding activities.

In addition, the targeted distribution of take-home rations to all girls enrolled in the WFP assisted schools proved to be an effective incentive for families to send their girls to school and thus helped to close the gender gap.

Following the 2014 Systems Approach for Better Education Results (SABER) assessment conducted jointly by the Ministry of Education and WFP, WFP continued monitoring the implementation of the roadmap for school feeding policy development for 2014 to 2016. In accordance with this roadmap, the Guinean Government established a National Directorate for School Feeding in the summer of 2015. Throughout the year, WFP worked closely with the government and the newly established National Directorate for School feeding in order to ensure supporting policies and systems are in place to assure the National Directorate of School Feeding becomes operational. However, as a result of delays in the establishment and operationalization of the Directorate the overall National Capacity Index remains latent (score 1). In anticipation of a second SABER assessment in 2016, WFP will continue working with the government to reinforce and advocate for the establishment of a nationally owned school feeding programme.

Targeted children under 5, PLW as well as ART clients and TB patients under treatment received nutrition assistance. MAM treatment performance rates showed a positive trend throughout the year with recovery rates well beyond the set target of 75 percent and very low default, mortality and non-response rates. ART and TB nutritional recovery rates amongst assisted beneficiaries also show positive results, with more than 92 percent of HIV clients and 98 percent of TB patients recovering.

In addition to the information available on standard nutrition outcome indicators, WFP noted that the implementation of nutrition activities has reinforced the trust of communities in the public health system. As a result of the Ebola outbreak, many people were afraid to go to health centres due to fear of transmission of the virus. However, as beneficiaries benefitted from regular support at the assisted centres, communities gradually regained trust in the health system and adhered to preventative measures to protect themselves from transmission due to sensitization at the health centers.

Due to the Ebola crisis, WFP Guinea's monitoring resources have been primarily concentrated on the Ebola response in 2015. In addition, as Ebola transmissions were high in early 2015, WFP had to deal with movement restrictions and a limited financial resources for monitoring activities under the CP. As a result, WFP has not been able to conduct any outcome monitoring of its agricultural activities and data on the Community Asset Score, Food Consumption Score, Diet Diversity Score and Coping Strategy Index of participants in FFA activities is thus not available. In addition, some outcome data on activities under the nutrition component, such as the Food Consumption Score and Dietary Diversity Score of household members of PLHIV and TB is also not available.

Despite the absence of outcome monitoring data on FFA activities, information collected during individual and group discussions with key stakeholders during monitoring visits to project activities indicates that the link that was created between local women farmer groups and WFP assisted schools was an important factor for communities to contribute to the management of school canteens. In addition, farmer groups were able to reduce their vulnerability and create additional livelihoods through selling their surpluses on local markets.

	Project end Target	Base Value	Previous Follow-up	Latest Follow-up
Outcome		(at start of project or benchmark)	(penultimate follow-up)	(latest value measured)
ACT1 - Education				
Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger	•			
Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools				
Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Previous Follow-up: Jul-2014, 2014 SPR, WFP survey. Latest Follow-up: Aug-2015, Follow- up survey, WFP survey.	6	1.08	3.6	9.06
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools				
Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Latest Follow-up: Jul-2015, Follow-up survey on school feeding outcome indicators, WFP survey.	6	1.18		8.23
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools				
Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Latest Follow-up: Jul-2015, Follow-up survey, WFP survey.	6	0.93		12.7

	Project end Target	Base Value	Previous Follow-up	Latest Follow-up
Outcome		project or benchmark)	(penultimate follow-up)	(latest value measured)
Gender ratio: ratio of girls to boys enrolled in WFP-assisted primary schools Previous Follow-up: Dec-2014, Beneficiary data analysis, Programme monitoring. Latest Follow-up: Dec-2015, Beneficiary data analysis, Programme monitoring.	1		0.74	0.83
NCI: School Feeding National Capacity Index			-	
Previous Follow-up: Jul-2014, SABER exercise, WFP survey. Latest Follow-up: Dec-2015, Internal review of SABER matrix, Programme monitoring.	3		1	1
Pass rate (boys) in WFP-assisted secondary schools				
Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Latest Follow-up: Jul-2015, School feeding follow-up survey, Programme monitoring.	75	50.29		95.25
Pass rate (girls) in WFP-assisted primary schools				
Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Latest Follow-up: Jul-2015, School feeding follow-up survey, Programme monitoring.	75	49.12		71.38
Pass rate in WFP-assisted primary schools				
Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Latest Follow-up: Jul-2015, Follow-up survey, Programme monitoring.	75	49.74		73.78
Retention rate (boys) in WFP-assisted primary schools				
Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Latest Follow-up: Jul-2015, Follow-up survey, Programme monitoring.	85	65.45		95.97
Retention rate (girls) in WFP-assisted primary schools Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Latest Follow-up: Jul-2015, Follow-up survey, Programme monitoring.	85	65.1		90.62
Retention rate in WFP-assisted primary schools				
Base value: Jul-2015, Retroactive baseline survey on data from 2012/2013 school year, Programme monitoring. Previous Follow-up: 2014 SPR, Programme monitoring. Latest Follow-up: Jul-2015, Follow-up survey, Programme monitoring.	85	65.31	95.8	97.22
ACT2 - Nutrition				
Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hung	ner			
ART Adherence Rate (%)	J 0.			
Auto Adio onco Tato (70)				
Base value: Dec-2013, Analysis of monthly data. Data refers to average over assistance period 2013., Programme monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015 Programme monitoring.	90	70	90	87.2
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring.	90	70	90	87.2
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring.	90	70	90	
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring.		70	90	
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014, Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring.		10.36	90	87.2 92 4
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring.	75			92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014, Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring.	75			92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014, Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%)	75	10.36	14	92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014, Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring.	75	10.36	14	92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment recovery rate (%)	75 15 3	10.36	14	92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring.	75 15 3	10.36	14	92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014, Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment recovery rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring.	75 15 3	10.36 0.22 1.63	14 0 12	92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014, Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment recovery rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring.	75 15 3	10.36 0.22 1.63	14 0 12	92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment recovery rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Proportion of eligible population who participate in programme (coverage) Base value: Dec-2012, WFP survey. Previous Follow-up: Dec-2014, WFP survey.	75 15 3 7 75	10.36 0.22 1.63 87.79	14 0 12 74	92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment recovery rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Proportion of eligible population who participate in programme (coverage) Base value: Dec-2012, WFP survey. Previous Follow-up: Dec-2014, WFP survey.	75 15 3 7	10.36 0.22 1.63 87.79	14 0 12 74	92
monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Programme monitoring. MAM treatment recovery rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. MAM treatment recovery rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Proportion of eligible population who participate in programme (coverage) Base value: Dec-2012, WFP survey. Previous Follow-up: Dec-2014, WFP survey. Proportion of eligible population who participate in programme (coverage)	75 15 3 7 75 70	10.36 0.22 1.63 87.79	14 0 12 74	92
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monitoring. Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. MAM treatment recovery rate (%) Base value: Dec-2012, SPR, Programme monitoring. Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Proportion of eligible population who participate in programme (coverage) Base value: Dec-2012, WFP survey. Previous Follow-up: Dec-2014, WFP survey. Proportion of eligible population who participate in programme (coverage) Latest Follow-up: Programme monitoring.	75 15 3 7 75 70	10.36 0.22 1.63 87.79	14 0 12 74	92 4 (0 96 80.42 81.7
monitoring, Previous Follow-up: Dec-2014, Analysis of monthly data. Data refers to average over assistance period 2014., Programme monitoring. Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period 2015., Programme monitoring. ART Nutritional Recovery Rate (%) Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring. MAM treatment default rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. MAM treatment mortality rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, WFP survey. MAM treatment non-response rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring, Programme monitoring. MAM treatment recovery rate (%) Base value: Dec-2012, SPR, Programme monitoring, Previous Follow-up: Dec-2014, SPR, Programme monitoring. Latest Follow-up: Dec-2015, Programme monitoring. Proportion of eligible population who participate in programme (coverage) Base value: Dec-2012, WFP survey, Previous Follow-up: Dec-2014, WFP survey. Proportion of eligible population who participate in programme (coverage) Latest Follow-up: Programme monitoring. Proportion of target population who participate in an adequate number of distributions Latest Follow-up: Programme monitoring.	75 15 3 7 75 70 70	10.36 0.22 1.63 87.79	14 0 12 74	92

Outcome	Project end Target	Base Value (at start of project or benchmark)	Previous Follow-up (penultimate follow-up)	Latest Follow-up (latest value measured)
TB Treatment Nutritional Recovery Rate (%)		benefinarky	Tollow-up)	measureay
Latest Follow-up: Dec-2015, Analysis of monthly data. Data refers to average over assistance period., Programme monitoring.	75			98

Sustainability, Capacity Development and Handover

The school feeding programme is designed to help the communities and the Guinean government to take over from WFP gradually. Rural communities and government representatives at the local level were fully involved in the implementation and the monitoring of the program throughout 2015. In each community benefiting from the school meals, WFP provides the food and in return, the community - through the parents' committee - provides firewood, water, and also appoints the cooks thanks to the trainings and sensitization they receive from WFP.

Through component 3, WFP strengthens the capacity of rural communities (particularly women farmers) through FFW activities to increase and diversify agricultural production. The women farmers' groups are trained on agricultural techniques by local NGOs appointed by WFP; the farmers also receive food and some gardening equipment (and a package of seeds and additional training from other partners such as IFAD and FAO) to produce fresh vegetables. Part of their production is given to the school for the daily school meals and the remainder is sold on the market or used by the contributing families. This activity helps building the resilience of the vulnerable communities and their capacity to contribute to the programme. WFP Guinea is also supporting capacity-building efforts of the Ministry of Education's newly created National Directorate of School Feeding (DNCS) to progressively take ownership of the program. The above approach is part of WFP's efforts to strengthen government capacity in managing school canteens and thus to promote sustainability.

WFP's nutrition activities take place in government health centres, which allows for a tight integration of WFP's nutrition interventions in Guinea's health system and therefore promotes ownership of WFP's activities by government structures at the national and local levels. Commodities used in WFP-supported nutrition activities are warehoused and managed jointly by WFP and representatives of the Ministry of Health at the local level. WFP also provides technical support to the Direction Aliment et Nutrition (DAN) of the Ministry of Health as well as to local staff of health centres supported by WFP.

WFP's assistance to smallholder farmers' groups is designed to encourage supplies of vegetables to schools even after the withdrawal of WFP support. WFP aimed in 2015 to achieve the above in part through the provision of technical assistance through local NGOs, which is done through a community-based approach. Local NGOs recruited by WFP are responsible for carrying out technical training sessions and training on governance as well as the provision of small tools, with the overall objective of capacity-building and capacity-reinforcement and sustainable partnership. During the three years that the CP has been operational, groups of smallholder farmers have received training on: i) organization and governance, ii) production and production management, iii) marketing and iv) effective partnership management.

Other types of training have included composting techniques, production techniques (sowing, watering, maintenance, harvesting), basic accounting, roles and responsibilities of elected officials of women's groups as well as specialized techniques on holding of annual general meetings, the development of guidance and action plans. Other skills that have been developed include environmental conservation and agricultural marketing techniques, and the provision of small tools allows groups to strengthen their production capacity.

Through the local rice purchase initiative, support will be provided to the Unions and Federations of rice producers and transformers of parboiled rice in order to promote competitiveness and encourage the strengthening of technical and organizational capacities. Thanks to the local purchasing policy of WFP, local suppliers can strengthen their organizational capacity through participating in competitive bidding processes, preparation of required and maintenance of records, preparation of delivery plans, etc. The above associations will also be exposed to banking procedures and quality standards including storage capacities and transportation, which the farmers can continue to use with other buyers, and therefore will continue to be useful even long after WFP has withdrawn from the initiative. Training on detailed techniques on logistics (storage, transport) and procurement procedures are given by WFP staff. Ultimately, funds provided by WFP at the time of purchases of rice allow suppliers to strengthen their financial autonomy in order to better negotiate with other customers.

INPUTS

Resource Inputs

The country programme has been implemented with the support of multiple donors. An increase in funding to the school feeding component and the confirmation of multi-year funding has allowed WFP to significantly scale up its assistance under this component when the Government decided to re-open schools in early January 2015. In addition to the financial contribution of donors, the active contribution from local communities in the provision of fresh produce for school meals has also had a positive significant impact on the implementation of the school feeding programme.

	Resourced	Shipped/Purchased		
Donor	In-Kind	Cash	in 2015 (mt)	
Canada		3,012	1,561	
France		817	566	
Guinea The Republic Of		1,185	418	
Japan		3,987	3,517	
MULTILATERAL			890	
Private Donors		64	64	
Russian Federation		453	453	
USA		3,759	1,148	
Total:		13,277	8,617	

See Annex: Resource Inputs from Donors for breakdown by commodity and contribution reference number

Food Purchases and in-kind Receipts

The majority of commodities for this project was sourced on the regional market in order to quickly scale-up WFP's school feeding assistance. However, a significant share of the commodities purchased in 2015 was procured on the international market as well. Purchases made through WFP's Forward Purchase Facility allowed the Country Office to prevent pipeline breaks and to quickly provide the necessary nutritional support to vulnerable communities.

Commodity	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Beans	0	100	0	
Corn Soya Blend	0	360	212	234
lodised Salt	0	193	0	
Ready To Use Supplementary Food	0	0	0	20
Rice	0	4,184	2,829	
Split Peas	0	0	1,164	
Vegetable Oil	0	2,422	408	567
Sum	ı: 0	7,260	4,612	821

Food Transport, Delivery and Handling

No major issues to raise as far as transport is concerned. Contracts were signed on time and were respectively and fully implemented. Some difficulties were encountered in delivering food to schools were road conditions are poor and this affected the planning of the distribution.

Post-Delivery Losses

A total quantity of 34,912 mt was lost, of which 11,295 mt were from the warehouse and 23,617 mt from the cooperating partner warehouse.

The 23,617 mt lost in the CPs stores is due to overlong storage which led to the deterioration of the packaging materials and infestation. The stock was delivered one month before school closure and it stayed in the warehouse for three months before the next start of the school year. As teachers don't have the technical stock management training, it was difficult for them to manage this stock.

To avoid such losses in the future, the Country Office launched training for teachers in various skills including stock management, and has planned not to keep the stock in the CP stores for longer than two months. Moreover, the office recruited additional field monitors to be regularly present in the schools to not only scrutinize the daily meals records but also control the storage conditions of the stock.

MANAGEMENT

Partnerships

WFP's school meals programme in is implemented in collaboration with the Minister of Education (MoE), for which a work plan is signed every year between WFP and the MoE. The Minister of Education has appointed a School Feeding Focal Point in each of the prefectures where the programme is implemented. These Focal Points are trained by WFP to supervise and monitor the activities in each school within their area and report to both WFP and the Minister of Education. The government has also appointed a new Direction Nationale des Cantines Scolaires (DNCS) which is involved with WFP at the central level in most of the discussions regarding school meals activities, and its staff are benefiting from training opportunities with WFP. The country office continues the follow up with the Minister of Education so that the DNCS will receive all the support needed from the government to achieve its objectives. WFP is looking forward to signing an MOU with UNICEF for the construction of sanitation facilities in WFP-supported schools. Discussion are ongoing and the document will hopefully be signed in 2016.

WFP's main partner in the implementation of nutrition activities under Component 2 is the Ministry of Health (MoH) through the Direction Aliments et Nutrition (DAN), Directions regionals de la sante (DRS), and Directions prefectorales de la sante (DPS). The main principles that guide the above partnership (mutual respect, transparency and equity) are generally respected by the above government structures. Throughout 2015, WFP has continued to encourage the above institutions of the MoH to adopt a results-based approach. Partnerships with national NGOs - CAM, CEAD, APROSA and AFA - continued, but these NGOs have suffered from serious limitations principally in terms of human resources and financial means In order to contribute to a good coordination of nutrition interventions in Guinea, WFP has continued to take part in the REACH initiative as well as in the SUN platform, where the main actors (government, UN, national and international) of the nutrition sector in Guinea (such as UNAIDS, AFD, UNICEF, HKI, TDH, WHO, FAO, etc.) interact. Unfortunately, cooperation between WFP and the Coordination nationale de lutte contre le sida (CNLS) did not develop in 2015 as anticipated because of the reduction of activities of the above institution due to the EVD epidemic in Guinea. WFP collaborates with UNAIDS notably through participation in activities of the Joint Team on AIDS (JUNTA). This includes working on annual activity planning, progress monitoring and annual review meetings, and the writing of a yearly report.

Implementation of activities under Component 3 is based on partnership with the government - mainly the Ministry of Agriculture - and with selected NGOs. The intervention of several actors (groups, NGOs, technical services of the Ministry of Agriculture, agricultural projects and programs, technical and financial partners) requires good coordination and synergy.

The technical services of the Ministry of Agriculture coordinate and ensure good synergy between the various stakeholders. Coordination of groups and NGOs intervening in the context of Component 3 activities in 2015, was done by the technical services of the Ministry of Agriculture.

Other categories of partners include technical and financial partners who finance the activities, and ensure capacity building of beneficiaries, NGOs and Ministry of Agriculture's technical services that are involved in the process. The procedures and implementation of policies must be understood by all stakeholders to facilitate monitoring and evaluation. In addition, the partners work together to avoid duplication on the ground (such as provision of the same type of support to the same beneficiaries by different partners).

Partnerships	NGO	90	Red Cross and Red Crescent Movement	UN/IO	
	National	International			
Total	23	1		4	

Cross-cutting Indicators	Project end Target	Base Value	Previous Follow-up	Latest Follow-up
	Target Val	(at start of project or benchmark)	(penultimate follow-up)	(latest value measured)
ACT1 - Education				
Number of partner organizations that provide complementary inputs and services				
Previous Follow-up: Dec-2014, Partnership data analysis, Programme monitoring. Latest Follow-up: Dec-2015, Partnersip data analysis, Programme monitoring.	1		1	1
Proportion of project activities implemented with the engagement of complementary partners				
Previous Follow-up: Dec-2014, Partnership data analysis, Programme monitoring. Latest Follow-up: Dec-2015, Partnership data analysis, Programme monitoring.	100		100	100
ACT2 - Nutrition				
Number of partner organizations that provide complementary inputs and services				
Previous Follow-up: Dec-2014, partnership data nalysis, Programme monitoring. Latest Follow-up: Dec-2015, partnership data analysis, Programme monitoring.	7		2	7
Proportion of project activities implemented with the engagement of complementary partners				
Previous Follow-up: Programme monitoring. Latest Follow-up: Programme monitoring.	100		100	100
ACT3 - Food Security				
Number of partner organizations that provide complementary inputs and services				
Previous Follow-up: Dec-2014, Partnership data analysis, Programme monitoring. Latest Follow-up: Dec-2015, Partnership data analysis, Programme monitoring.	4		2	4
Proportion of project activities implemented with the engagement of complementary partners				
Previous Follow-up: Dec-2014, Partnership data analysis, Programme monitoring. Latest Follow-up: Dec-2015, Partnership data analysis, Programme monitoring.	100		100	100

Lessons Learned

Important lessons have been learned as a result of various exchanges with beneficiaries and stakeholders, including that support for smallholder farmers and vegetable gardening groups improves the community contribution level to support school canteens; local purchase increases the competitiveness of local suppliers and helps improve agricultural productivity; and there is a need for more synergy of action between actors, especially in the areas of local purchase.

The success of the activities of Component 3 will ensure increased community involvement in supporting the school feeding programme. The success of that component will also allow the school feeding initiative to take into account the food habits of beneficiaries, as well as help to sustain local agricultural productivity. The various NGOs involved in the implementation of Component 3 activities have improved their technical (design and animation modules) and organizational (personnel, rolling stock, office) skills.

There is still a need to promote the importance of nutrition activities in Guinea, since food security-related issues are often not sufficiently distinguished from nutrition-related issues. This is due to limited availability of resources allocated by the government to crucial nutrition activities. Another direct consequence is that nutrition activities supported primarily by international NGOs and UN agencies suffer from a poor level and quality of supervision by government staff. UN agencies operating in the nutrition sector should improve their coordination as well as develop more complementary activities.

Communities that have benefited from WFP support through Component 3 generally reported a higher level of autonomy in relation to their participation in the implementation of the canteen. Communities' active participation in WFP-supported initiatives is more effective when those communities understand the importance and benefits the activity will bring to their lives. Therefore, sensitization, communication and frequent field visits are essential. A number of communities still have difficulties in being able to contribute inputs to schools within their respective areas due to high levels of poverty.

The implementation of a cash transfer pilot project in order to assess what type of incentive - take-home ration versus cash transfer - is more effective in motivating parents to send and keep their girls in school should be trialled by WFP in Guinea.

Supporting communities in initiating income generating activities - such as women farmer's groups - to support canteens should help build resilience. The above activity is likely to strengthen ownership for sustainable development.

OPERATIONAL STATISTICS

Annex: Resource Inputs from D		onors	Resourced in 2015 (mt)		Shipped/ Purchased in	
Donor	Cont. Ref. No	Commodity	In-Kind	Cash	2015 (mt)	
Canada	CAN-C-00496-06	lodised Salt		33	33	
Canada	CAN-C-00496-06	Rice		100	100	
Canada	CAN-C-00496-06	Vegetable Oil		946	946	
Canada	CAN-C-00496-18	lodised Salt		30	30	
Canada	CAN-C-00496-18	Rice		1,451	0	
Canada	CAN-C-00496-18	Split Peas		270	270	
Canada	CAN-C-00496-18	Vegetable Oil		182	182	
France	FRA-C-00218-01	Corn Soya Blend		403	379	
France	FRA-C-00218-01	Ready To Use Supplementary		20	20	
France	FRA-C-00218-01	Vegetable Oil		204	167	
France	FRA-C-00235-05	Corn Soya Blend		191	0	
Guinea The Republic Of	GUI-C-00006-01	lodised Salt		17	17	
Guinea The Republic Of	GUI-C-00006-01	Rice		767	0	
Guinea The Republic Of	GUI-C-00006-01	Split Peas		197	197	
Guinea The Republic Of	GUI-C-00006-01	Vegetable Oil		204	204	
Japan	JPN-C-00341-01	Rice		2,829	2,624	
Japan	JPN-C-00390-01	Corn Soya Blend		212	212	
Japan	JPN-C-00390-01	lodised Salt		20	20	
Japan	JPN-C-00390-01	Rice		265	0	
Japan	JPN-C-00390-01	Split Peas		25	25	
Japan	JPN-C-00390-01	Vegetable Oil		109	109	
Japan	JPN-C-00423-01	Split Peas		528	528	
MULTILATERAL	MULTILATERAL	Corn Soya Blend			191	
MULTILATERAL	MULTILATERAL	Rice			205	
MULTILATERAL	MULTILATERAL	Split Peas			132	
MULTILATERAL	MULTILATERAL	Vegetable Oil			361	
Private Donors	WPD-C-02777-01	lodised Salt		64	64	
Russian Federation	RUS-C-00046-01	Split Peas		45	45	
Russian Federation	RUS-C-00046-01	Vegetable Oil		408	408	
USA	USA-C-01125-01	Beans		350	0	
USA	USA-C-01125-01	lodised Salt		29	29	
USA	USA-C-01125-01	Rice		1,936	0	
USA	USA-C-01125-01	Split Peas		100	100	
USA	USA-C-01125-01	Vegetable Oil		1,344	1,020	
		Total:		13,277	8,617	