

# Standard Project Report 2015

Reporting Period: 1 January - 31 December 2015

## BURKINA FASO

### Dev.Resilience and Fight.Malnutrition

Project Number	200793
Project Category	Single Country PRRO
Overall Planned Beneficiaries	1,183,900
Planned Beneficiaries in 2015	279,600
Total Beneficiaries in 2015	147,959

Project Approval Date	05 Jun 2015
Planned Start Date	01 Jul 2015
Actual Start Date	01 Jul 2015
Project End Date	30 Jun 2017
Financial Closure Date	n.a.

Approved budget as 31 December 2015 in USD	
Capacity Dev.t and Augmentation	210,700
Cash--based Transfer and Related Costs	16,236,158
Direct Support Costs	5,347,601
Food and Related Costs	20,737,129
Indirect Support Costs	2,977,211
<b>Total Approved Budget</b>	<b>45,508,799</b>

Commodities	Metric Tonnes
Total Approved Commodities	9,207
Planned Commodities in 2015	2,302
Actual Commodities in 2015	1,702

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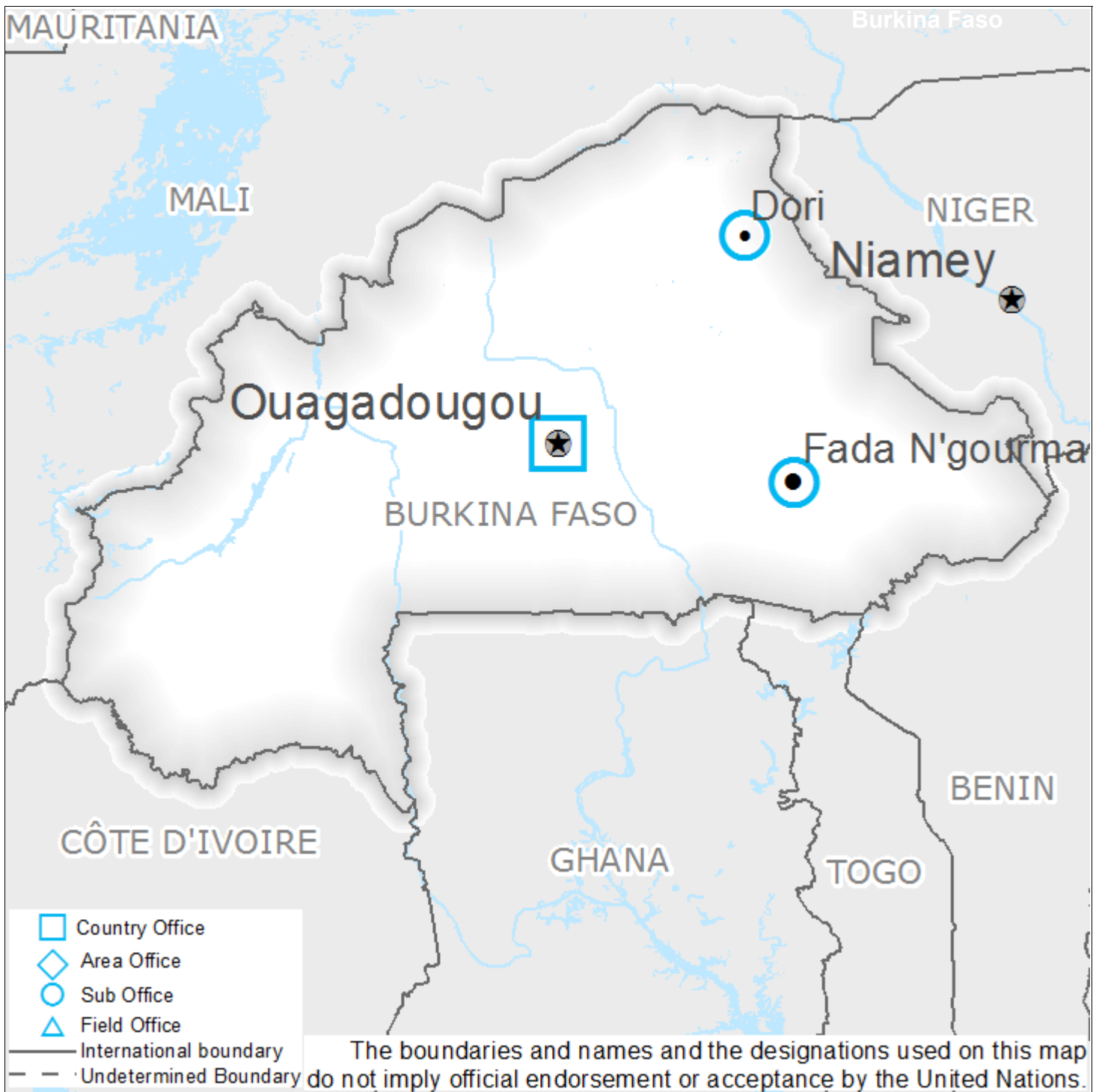
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## Country Overview



## COUNTRY BACKGROUND

Burkina Faso is a land-locked country in the Sahel region of West Africa with a population of more than 17.6 million (World Bank, 2015). It is one of the poorest countries in the world, ranking 183 out of 188 in the 2015 Human Development Index (HDI). The national economy is strongly dependent on agricultural production and exports of gold and cotton.

The Gender Inequality Index is 0.631 (HDI, 2015). Social and cultural constraints limit women's access to basic services and land, and men tend to be responsible for making household economic decisions. Improving access to social services and promoting equitable decision-making are national priorities.

Food insecurity and undernutrition continue to be major concerns, particularly in rural areas. In 2012, the annual cost of undernutrition in children was estimated at USD 802 million, or 7.7 percent of gross domestic product (report on Cost of Hunger in Burkina Faso).

Progress towards achieving the Millennium Development Goals has been marked by both achievements and setbacks. The proportion of people living below the poverty line has not improved, and has even increased from 44.5 percent in 1994 to 46.7 percent in 2014. Numerous food and energy crises during the period negatively impacted household purchasing power.

Significant advancements can be seen in the field of education. The primary school enrolment rate increased from 33.7 percent in 1994 to 64.4 percent in 2014, almost reaching the target of 70 percent for 2015. Gender parity for primary schools increased from 0.62 in 1990 to 0.94 in 2010 and 1 in 2015, surpassing the target. Despite progress, there are still substantial regional and gender discrepancies that need to be addressed.

Progress has been made in regards to indicators for maternal and child health and HIV/AIDS. The mortality rate for children under 5 has decreased from 204 percent in 1993 to 43 percent in 2014, exceeding the target of 62.3 percent. Maternal mortality has also improved, from 566 deaths per 100,000 live births in 1993 to 341. Improvements are due to government subsidies of obstetrical care and neonatal emergencies and free preventative care for pregnant women. However, the target of 141.5 has not yet been reached. The prevalence of HIV/AIDS has reduced dramatically from 7 percent in 1997 to 0.9 percent in 2014.

Results for all objectives show that the government and partners need to increase efforts to promote a multisector approach to sustained economic development in order to accomplish the goals of the post-2015 agenda.

## SUMMARY OF WFP ASSISTANCE

Through CP 200163 (2011 - 2016), WFP has provided school meals to more than 100,000 primary school students and take-home rations of dry cereals to 12,000 girls in the last two years of primary school in Sahel region, an area with one of the highest rates of food insecurity and lowest rates of primary school enrolment. School meals include distribution of yoghurt produced locally to 1,970 primary school pupils. This activity aims to improve food security and nutrition status of schoolchildren while improving school attendance rates and promoting gender equality. Also through CP, WFP provides food and nutrition assistance to a planned 12,000 people living with HIV and children orphaned by AIDS in five urban areas (Ouagadougou, Bobo Dioulasso, Ouahigouya, Gaoua, Koudougou). Children suffering from chronic malnutrition are also planned to be assisted.

The current PRRO 200793 (July 2015 - June 2017) was designed to develop resilience and fight against malnutrition in communities which have not fully recovered from 2012 food and nutrition crisis. Through this operation, WFP provides targeted supplementary feeding assistance to children 6-59 months and pregnant and lactating women suffering from moderate acute malnutrition (MAM) in Boucle du Mouhoun, Centre-East, Centre-North, Centre-West, East, North and Sahel regions of Burkina Faso as well as food assistance to caregivers of hospitalised severely malnourished children. Blanket Supplementary Feeding assistance to prevent acute malnutrition in children 6-23 months is planned during lean seasons. In addition, through Cash for Assets, WFP works with vulnerable populations to create community and household assets which increase food security and help to develop resilience against climatic shocks, which are becoming more frequent. These activities take place in 6 regions of Burkina: Centre-East, Centre-North, Centre-West, East, North and Sahel.

Regional emergency operation 200438 (June 2012 - December 2015) provides life-saving food and nutritional assistance for 32,000 Malian refugees. General food distributions consist of both in-kind food rations and cash transfers and take place in 3 official sites in Burkina Faso. Children aged 6-59 months and pregnant and lactating women in two sites also receive treatment for MAM.

WFP's Purchase for Progress (P4P) initiative aims to increase capacity of farmers' organizations (FOs) to invest in crop production and engage in collective sales, helping them to become independent, professional actors in agricultural value chain. P4P is also working on building capacity of food processing units producing yogurt and fortified infant flours.

Beneficiaries	Male	Female	Total
Number of children below 5 years of age	125,879	66,254	192,133
Number of children 5 to 18 years of age	126,266	75,910	202,176
Number of adults	21,258	52,382	73,640
Total number of beneficiaries in 2015	273,403	194,546	467,949
Total number of beneficiaries in 2014	261,912	324,671	586,583
Total number of beneficiaries in 2013	480,499	564,520	1,045,019

Distribution (mt)						
Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Single Country PRRO	16	56	4	2,854		2,930
Regional EMOP	2,259	257	542	288	104	3,451
Country Programme	3,423	278	971	754	118	5,544
Total food distributed in 2015	5,698	592	1,517	3,896	222	11,925
Total food distributed in 2014	3,972	570	1,099	3,158	66	8,865
Total food distributed in 2013	8,187	1,007	1,817	5,946	118	17,075

# Operational SPR

## OPERATIONAL OBJECTIVES AND RELEVANCE

Vulnerable populations in Burkina Faso are still feeling the effects of the drought that led to the 2012 Sahel food and nutrition crisis. The number of people left in food-insecure situations rose to over 1 million, and the national global acute malnutrition (GAM) rate was over 11 percent, surpassing the WHO serious threshold of 10 percent. Women, children and elderly persons were the most severely impacted by the crisis. In recent years, the government has made significant improvements in the food and nutrition security situation in Burkina Faso and toward preparing for future shocks. However, the crisis deepened existing levels of malnutrition, food insecurity and poverty. Localized shocks, including bird attacks to crops in the Sahel region, continued to compromise the recovery and resilience of affected populations.

WFP's protracted relief and recovery operation (PRRO) 200793 was designed as a follow-up operation to PRRO 200509 in order to increase the impact of activities to fight malnutrition and develop resilience. PRRO 200793 contributed to Strategic Objectives 2 and 3 of WFP's Strategic Results Framework (SRF). It contributed to national policies and protocols on poverty reduction, nutrition, social safety nets and gender: Strategy for Accelerated Growth and Sustainable Development (SCADD), National Protocol for the Treatment of Acute Malnutrition, National Rural Sector Programme and National Gender Policy.

The main objectives of the operation were to: (i) stabilize or reduce undernutrition among children aged 6-59 months and pregnant and lactating women through treatment and prevention of moderate acute malnutrition (MAM) by providing supplementary feeding; (ii) improve retention rates of children with severe acute malnutrition (SAM) in in-patient treatment centers by providing food rations to caretakers; (iii) develop government capacity to address national food security needs; and (iv) improve access to livelihoods and assets to enhance resilience and reduce risk in food-insecure communities and households.

## RESULTS

### Beneficiaries, Targeting and Distribution

Under this PRRO, WFP targeted children aged 6-59 months and PLW suffering from MAM, caretakers for children suffering from SAM being treated in in-patient centers and food-insecure households. As far as possible, female-headed households were prioritized to receive assistance.

Treatment for MAM took place in seven regions where the prevalence of global acute malnutrition (GAM) was above or close to the 10 percent serious WHO threshold or where further capacity reinforcement is required to strengthen progress already made in collaboration with Ministry of Health (Boucle du Mouhoun, Centre-East, Centre-North, Centre-West, East, North and Sahel). The level of malnutrition was determined by the 2014 Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey. Support for caretakers of children receiving in-patient treatment for severe acute malnutrition (SAM) was implemented in the same seven regions.

Through targeted supplementary feeding (TSF), children received 92 g/person/day of RUSF, Plumpy'sup, and women received 233 g/person/day corn-soya blend (Super Cereal) and 15 g/person/day vegetable oil. Caretakers of children receiving in-patient treatment for SAM received 200 g/person/day of cereals, 30 g/person/day of beans, 15 g/person/day of vegetable oil, 25 g/person/day of Super Cereal and 3 g/person/day of salt. Targeting and distribution for these activities was carried out in coordination with the Ministry of Health, Department of Nutrition and related regional offices.

The number of reached beneficiaries was higher than planned for boys aged 6-59 months due to the fact that malnutrition tends to be higher for this group. For women, the number of reached beneficiaries was lower than planned due to resource constraints.

Blanket supplementary feeding was planned in three regions that are prone to food insecurity and malnutrition (East, North and Sahel) to prevent an increase in acute malnutrition during the lean season. The activity was implemented, but due to the late arrival of food, took place from October to December (outside of lean season). Children aged 6-23 months received rations of 200 g/person/day of Super Cereal Plus. It was planned that 10 percent of beneficiaries would receive vouchers to purchase locally-fortified infant flour in shops. However, because the contributions received were in-kind, all beneficiaries received rations instead.

Food assistance for assets (FFA) was planned in six regions (Centre-East, Centre-North, Centre-West, East, North and Sahel) from October to December (after the end of normal agricultural activities). However, due to lack of resources, it was not possible for the activities to take place.

Targeted food assistance (TFA) was carried out in six villages in Nassoumbou district where grain crops were damaged by flocks of red-billed quelea birds. The activity was originally planned for 18 villages, but due to funding constraints, the number was reduced. Targeting was carried out in coordination with regional directorates for agriculture and food security. Very poor households in these villages were targeted for assistance.

Each person received unconditional cash transfers for the equivalent of USD 3.5 in September and October. The transfer covered 100 percent of food needs for each beneficiary to prevent affected households from relying on negative coping strategies, such as selling assets or reducing the number of daily meals, during lean season.

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Number of adults	21,500	40,400	61,900	1,473	14,621	16,094	6.9%	36.2%	26.0%
Number of children 5 to 18 years of age	91,800	13,400	105,200	56,676	769	57,445	61.7%	5.7%	54.6%
Number of children below 5 years of age	85,900	26,600	112,500	69,829	4,591	74,420	81.3%	17.3%	66.2%
Total number of beneficiaries in 2015	199,200	80,400	279,600	127,978	19,981	147,959	64.2%	24.9%	52.9%

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

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Participants in Food For Assets	54,000	50,000	104,000	0	0	0	0.0%	0.0%	0.0%
Caretakers - Therapeutic Feeding		5,300	5,300		630	630		11.9%	11.9%
Beneficiaries of General food distribution (GFD)/ targeted food distribution/assistance (GFD-TFD/A)	32,700	35,700	68,400	3,239	3,221	6,460	9.9%	9.0%	9.4%
Children 24 to 59 months given food under supplementary feeding (treatment for moderate malnutrition)	8,400	9,100	17,500	6,661	37,775	44,436	79.3%	415.1%	253.9%
Children 6 to 23 months given food under blanket supplementary feeding (prevention of acute malnutrition)	24,200	22,700	46,900	24,414	22,808	47,222	100.9%	100.5%	100.7%
Children 6 to 23 months given food under supplementary feeding (treatment for moderate malnutrition)	33,400	36,200	69,600	6,223	26,644	32,867	18.6%	73.6%	47.2%
Pregnant and lactating women participating in targeted supplementary feeding (treatment for moderate acute malnutrition)		31,200	31,200		16,344	16,344		52.4%	52.4%
Cash-Based Transfer Beneficiaries	86,100	86,700	172,800	3,221	3,239	6,460	3.7%	3.7%	3.7%

## Commodity Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans		1	
Corn-soya Blend (csb)	1,502	1,141	76.0%
Maize Meal	30	0	1.5%
Ready To Use Supplementary Food	721	538	74.7%
Split Peas	5	0	4.1%
Vegetable Oil	44	22	48.9%
<b>Total for 2015</b>	<b>2,302</b>	<b>1,702</b>	<b>74.0%</b>

Cash-Based Transfer	Planned Distribution (USD)	Actual Distribution (USD)	% Actual v. Planned
Cash	5,276,830	136,079	2.6%
Vouchers	186,000		
<b>Total for 2015</b>	<b>5,462,830</b>	<b>136,079.34</b>	<b>2.5%</b>

## 'Story Worth Telling'

Djeneba Galo, widowed mother of 4, lives in Damba in the Sahel region. Her family lives primarily on their own agricultural production. They count on harvests from their millet field to fill most of their cereal needs for the rest of the year. In 2014, at the height of the lean season, just as she was getting ready to harvest, the crops in her village were attacked by red-billed quelea birds. "Our reserves were completely exhausted, and the little that was left lasted about 4 months. If not for the generosity of fellow community members, I don't know what we would have done." As the next lean season began, however, community stocks were also dwindling.

WFP, in collaboration with Hope 87, provided unconditional cash transfers to families like Djeneba's in Damba and six other villages severely affected by the attacks. Djeneba received the equivalent of about USD 3.5 for herself and each of the members of her family for two months, for a total of 35 USD. Since food was available in her local market, she was able to buy food to help tide her family over. "The assistance came at just the right time because our family was struggling, and I was considering selling my only goat. After receiving the cash transfers, I didn't have to."



## Progress Towards Gender Equality

During the preparation of both nutrition activities and TFA, gender clauses were included in all contracts. This included standards for targeting, women's participation and safety measures, including traveling distance to distribution sites.

For nutrition, 80 percent of female project management committee members were trained on modalities of food and cash distribution. This is a 4 percent increase over the last reporting period. The increase in women's participation means that the project could be more sensitive to female needs with regards to modalities and encourage female participants to be active in decision-making processes in their homes.

Boys tend to suffer from malnutrition more than girls. The causes for the gender gap are unknown, but the Ministry of Health is investigating the causes of malnutrition, including gender issues. Traditional gender roles are dominant in families, particularly with regard to breastfeeding and taboos: women are seen as homemakers and men as decision-makers. This includes everything in family life, including what types of foods children may eat and initial care for malnourished children. Men tend to consult traditional medicine practitioners first, while women go directly to clinics.

Women who visit health centers for TSF are informed on optimal breastfeeding practices, importance of diversified diet and health center visits to prevent and treat malnutrition, which empowers them to be more active participants in family decision-making.

Female-headed households, which tend to be most affected during crisis, were targeted for unconditional cash transfers under TFA.

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)
<b>Proportion of households where females and males together make decisions over the use of cash, voucher or food</b>				
Latest Follow-up: Dec-2015, Intervention zones. Programme monitoring., Programme monitoring.	30			23
<b>Proportion of households where females make decisions over the use of cash, voucher or food</b>				
Latest Follow-up: Dec-2015, Intervention zones. Programme monitoring., Programme monitoring.	20			6
<b>Proportion of households where males make decisions over the use of cash, voucher or food</b>				
Latest Follow-up: Dec-2015, Intervention zones. Programme monitoring., Programme monitoring.	60			71
<b>Proportion of women beneficiaries in leadership positions of project management committees</b>				
Latest Follow-up: Dec-2015, Intervention zones. Programme monitoring., Programme monitoring.	30			14
<b>Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution</b>				
Latest Follow-up: Dec-2015, Intervention zones. Programme monitoring., Programme monitoring.	50			80

## Protection and Accountability to Affected Populations

In Burkina Faso, WFP worked with partners to ensure the security of all beneficiaries during distributions. All contracts signed with partners and suppliers included clauses that stipulate measures to be taken to prevent exploitation and sexual abuse and to guarantee the security of all beneficiaries.

Overall, 96 percent of beneficiaries did not report having a safety problem traveling to, from and/or at distribution sites. The biggest concern expressed by beneficiaries, for both TSF and FFA, was long wait times at distribution sites.

Only 18 percent of beneficiaries are informed about the programme. The proportion of both men and women who are informed about nutrition activities (35 and 29 percent, respectively) was significant, but still well below the target of 100 percent. It highlights the need for continued efforts to provide information about programme activities. Most beneficiaries knew "who was included in activities" and "what participants received," but they did not know "where they could express concerns about the activities."

Currently, a community feedback mechanism is in place through beneficiary committees, where they can express concerns, problems and complaints about assistance in a safe environment. WFP is working improving and strengthening the feedback mechanism, by replicating the community feedback mechanism, which is in place in refugee camps under the EMOP and has been successful, for the PRRO. More broadly-based community committees that include traditional, religious and community leaders as well as non-beneficiaries will be developed to provide an extra measure of accountability and transparency to assistance.

## Outputs

TSF was carried out in 1,059 government health centers. Funding constraints caused pipeline breaks for Plumpy'Sup and Super Cereal, but were more severe for TSF for pregnant and lactating women. Ruptures in assistance limited the impact of the activity. The number of beneficiaries reached for TSF for both children and women was lower than planned.

Ruptures in food for this activity are particularly difficult, as children under 5 and pregnant and lactating women are most impacted by food insecurity and malnutrition. Without WFP assistance, the nutritional status of these vulnerable groups is compromised.

BSF was implemented in three regions by international and local NGOs at the community level. Distributions were meant to start during lean season, but as the required commodity (Super Cereal Plus) arrived late, the activity started in October. Lean season is a time when families are forced to resort to negative coping mechanisms, such as selling assets and reducing the number of daily meals. The protectionary ration provided vulnerable families with a safety net that helps them to endure this precarious time. The late arrival of goods could have decreased the impact of the activity.

Households participating in BSF received key messages during the distributions. These messages covered subjects such as hand washing before preparing the nutritional product, exclusive breast feeding up to the age of six months, complementary feeding starting at six months, preparation of nutritious porridge and not sharing rations with other household members.

Targeted food assistance was implemented in 6 of 18 planned villages severely affected by red-billed quelea birds. Distributions were carried out by an NGO. A total of USD 136,085 was distributed to 6,460 men, women and children.

Planned FFA and food assistance for training (FFT) did not take place due to lack of funding.

Output	Unit	Planned	Actual	% Actual vs. Planned
<b>SO 2: GFD</b>				
C&V: Number of beneficiaries receiving vouchers	Individual	68,700	6,460	9.4%
Targeted food assistance with unconditional cash transfers				
C&V: Total amount of cash transferred to beneficiaries	US\$	2,885,400	136,085	4.7%
Targeted food assistance with unconditional cash transfers				
<b>SO 2: Nutrition: Treatment of Acute Malnutrition</b>				
Number of health centres/sites assisted	centre/site	1,059	1,059	100.0%

## Outcomes

Results from SMART nutrition survey and reports from health centers were used to inform indicators for nutrition activities. Reports from implementing partners were used to inform indicators for TFA via cash transfers.

Indicators related to TSF improved since the last reporting period. The recovery rate was 96 percent, a 2 percent increase, and the default rate decreased from 5 to 3 percent. The coverage rate also increased from 65 percent in 2014 to 83 percent in 2015. The improvements are most likely due to the interruption of service in 4 regions, which occurred in mid-2014 as a result of funding constraints. In 2015, while the programme may not have reached all of the planned beneficiaries, it was able to be carried out throughout the whole year in all seven regions.

For indicators regarding MAM, the target values for Burkina Faso are higher than SPHERE standards. In 2013, these indicators were much higher than SPHERE values, and as such, WFP decided to use these results as target values in order to better reflect progress in the field.

In 2014, SMART nutrition survey showed that GAM remained stable throughout the country. Two regions, Sahel and North, had GAM rates of just over 10 percent WHO serious threshold. The prevalence of malnutrition for pregnant and lactating women is not available, as the most recent results are from the 2010 Demographic and Health Survey. A SMART nutrition survey was carried out in November 2015, and results will be available in early 2016.

Outcome	Project end Target	Base Value <i>(at start of project or benchmark)</i>	Previous Follow-up <i>(penultimate follow-up)</i>	Latest Follow-up <i>(latest value measured)</i>
<b>Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies</b>				
<b>MAM treatment default rate (%)</b>				
Base value: Jul-2015, CP reports, TSF zones, Secondary data. Latest Follow-up: Dec-2015, CP reports, TSF zones, Secondary data.	5	5		4
<b>MAM treatment mortality rate (%)</b>				
Base value: Jul-2015, CP reports, TSF zones, Secondary data. Latest Follow-up: Dec-2015, CP reports, TSF zones, Secondary data.	0.1	0		0
<b>MAM treatment non-response rate (%)</b>				
Base value: Jul-2015, CP reports, TSF zones, Secondary data. Latest Follow-up: Dec-2015, CP reports, TSF zones, Secondary data.	1	1		1
<b>MAM treatment recovery rate (%)</b>				
Base value: Jul-2015, CP reports, TSF zones, WFP survey. Latest Follow-up: Dec-2015, CP reports, TSF zones, Secondary data.	95	94		95
<b>Proportion of eligible population who participate in programme (coverage)</b>				
Base value: Jul-2015, CP reports, BSF zones, Secondary data. Latest Follow-up: Dec-2015, CP reports, BSF zones, Secondary data.	66	10		53
<b>Proportion of eligible population who participate in programme (coverage)</b>				
Base value: Jul-2015, CP reports, TSF zones, Secondary data. Latest Follow-up: Dec-2015, CP reports, TSF zones, Secondary data.	70	65		21

## Sustainability, Capacity Development and Handover

In October 2014, an uprising led to the resignation of the sitting president of 27 years. WFP has been working closely with the transition government to ensure continued assistance to beneficiaries for all operations. It has continued working with decentralized government departments, which remained unchanged, to reinforce their capacities.

Peaceful democratic elections took place in December 2015 to elect a new president. Discussions regarding a progressive handover of activities were suspended during the transition, and will resume once a new government is put in place. There has been enthusiastic political engagement for various activities, such as treatment for MAM and local production of fortified infant flours, but this has not yet been met with financial support.

In 2015, WFP participated in field missions organized by the government to evaluate the food and nutrition security situation, and assisted in analysis and interpretation of the results. WFP also contributed to the preparation of the Support Plan for Populations Vulnerable to Food and Nutrition Insecurity, an annual response plan formed by the government and its technical and financial partners. The plan is accompanied by a harmonized framework, which identifies populations in food and nutrition insecurity. Both the support plan and harmonized framework are based on results from the previous year's agricultural season.

Through PRRO 200793, WFP will work with the government to reinforce its capacity to respond to and manage natural disasters.

## INPUTS

### Resource Inputs

In 2015, WFP received bilateral and multilateral contributions for the PRRO, albeit limited. The flexibility of multilateral contributions were crucial and enabled WFP to reach beneficiaries under the TSF in 2015, as the activity received no other contributions. WFP also received a significant in-kind contribution however due to the late arrival of this contribution, the assistance under the nutrition activities was delayed which also reduced the impact of these activities.

Donor	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
	In-Kind	Cash	
Finland		78	0
MULTILATERAL		131	0
USA	2,160		850
<b>Total:</b>	<b>2,160</b>	<b>210</b>	<b>850</b>

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

## Food Purchases and in-kind Receipts

Local purchases were made for take-home rations distributed to caregivers, and Super Cereal was purchased on the regional market. Plumpy'sup is not yet available in these markets and was purchased internationally.

Commodity	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Corn Soya Blend	0	0	850	
Ready To Use Supplementary Food				210
<b>Sum:</b>	<b>0</b>	<b>0</b>	<b>850</b>	<b>210</b>

## Food Transport, Delivery and Handling

Internationally-purchased food was shipped through Lome and Cotonou ports. The extended delivery points are Ouagadougou, Dori, Fada and Ouahigouya. Internal deliveries were undertaken by WFP-contracted commercial transporters. Due to difficult road conditions during rainy season, canoes and donkey carts were used to reach final delivery points. Warehouses were co-managed by WFP and government counterparts.

## Post-Delivery Losses

Measures were taken to minimize losses, including GCMF purchases, which reduced lead times and handling, regular preventative food treatment (fumigation), monitoring of expiration dates and enhancement of truck tracking system.

## MANAGEMENT

### Partnerships

WFP's key partner for the implementation of TSF was the Ministry of Health via regional decentralized technical departments. Throughout seven regions, WFP worked with 1,050 health centers to support community-level treatment of malnutrition in children aged 6-59 months and PLW.

To carry out BSF, WFP worked with local NGOs in the East, North and Sahel regions to implement the activity. Their knowledge of the field helped increase the impact of the activity and improve targeting and monitoring.

In order to carry out TFA, WFP work with an international NGO with thorough knowledge and close working relationships with assisted communities.

Since the 2012 Sahel Food and Nutrition Crisis, increased cooperation and collaboration between activities has helped in preventing duplicity and overlap. Memoranda of Understanding (MoUs) with other UN agencies have helped create collaboration of action. By combining resources and technical expertise in order to provide more comprehensive assistance to beneficiaries and better assist the Government to fight food insecurity and malnutrition. MoUs have been signed between UNICEF, WFP and WHO in the field of nutrition and between FAO and WFP for food security.

Complementary activities and participation in the food security and nutrition working groups allow for better mapping of interventions, which reduce overlap and gaps in services and increase synergy between all of the Government's financial and technical partners. WFP co-leads the food security sector with FAO and leads the Cash and Vouchers (C&V) working group.

The PRRO was included in the 2015 humanitarian response plan.

The Renewed Efforts Against Child Hunger and undernutrition (REACH) initiative continued in 2015 in Burkina Faso, with WFP as an active partner. A coordinator works with the government and UN agencies to implement the initiative's objectives. REACH worked with technical and financial partners to map nutrition activities in Burkina Faso, which will help coordinate interventions and show gaps in assistance.

### Lessons Learned

Resourcing shortfalls had a significant impact on project activities. The logistics of procuring food internationally and shipping it to a landlocked country mean that WFP needs longer lead times to reach beneficiaries. This is particularly difficult for in-kind contributions. Obtaining contributions early in the year, seeking loans in the region and taking advantage of advanced funding mechanisms help better ensure the timeliness of food arrivals and avoid ruptures in stock.

In nutrition activities, boys tended to be more affected by malnutrition than girls. It is important to have disaggregated planning figures for both treatment and prevention of malnutrition in order to better beneficiaries.

For FFA, it was not possible to implement post-harvest activities in 2015. Faced with these constraints, the long-term impact in developing resilience of households vulnerable to food and nutrition insecurity is reduced, and families might not be able to withstand the effects of climatic shocks. WFP continues proactive resource mobilization in Burkina Faso.

The low proportion of beneficiaries informed about project activities, shows the importance of reinforcing and informing about community feedback mechanisms. In 2015, the mechanisms will be broadened to include non-beneficiary community members and local authorities. Sensitizations need to be carried out throughout the project implementation period in order to reinforce knowledge about the objectives and target criteria for activities.

Gender sensitizations also needed to be reinforced, particularly with regard to female participation in FFA. Partners need to be better informed on the importance of targeting women for activities as well as the need to take women's needs, such as the development of garden areas and water points and the adaptation of work norms, into consideration during asset selection. Additionally, beneficiaries and partners need to be better sensitized on female participation in feedback committees. Through PRRO 200793, WFP will carry out a gender campaign in all 6 intervention zones in order to address these issues.

For TFA, partner reports showed the necessity to update the databases of vulnerable populations in Burkina in order to better target households in need of assistance. In addition, monitoring of local markets will help ensure that the cash transfer distributed is sufficient based on current prices and availability.

## OPERATIONAL STATISTICS

### Annex: Resource Inputs from Donors

Donor	Cont. Ref. No	Commodity	Resourced in 2015 (mt)		Shipped/ Purchased in 2015 (mt)
			In-Kind	Cash	
Finland	FIN-C-00113-05	Ready To Use Supplementary		78	0
MULTILATERAL	MULTILATERAL	Ready To Use Supplementary		131	0
USA	USA-C-01152-01	Corn Soya Blend	850		850
USA	USA-C-01197-01	Corn Soya Blend	120		
USA	USA-C-01197-01	Rice	850		
USA	USA-C-01197-01	Split Peas	240		
USA	USA-C-01197-01	Vegetable Oil	100		
<b>Total:</b>			<b>2,160</b>	<b>210</b>	<b>850</b>