In Guinea, WFP provides nutrition support to the most vulnerable people: children between 6 to 59 months, pregnant and lactating women and HIV and TB patients under ARV treatment and their families. Through the Country Programme 2013-2017, WFP aims to provide nutritional support to 40,465 beneficiaries every year.

Malnutrition is a serious problem for Guinea: 212,569 children suffer from acute malnutrition, 744,028 from chronic malnutrition and further 1,636,861 suffer from anemia.

To address **moderate acute malnutrition (MAM)** WFP provides treatment through 141 nutrition centres around the country. There beneficiaries receive specialized fortified foods such as Supercereal Plus, Supercereal with sugar and enriched vegetable oil.

In March 2014, WFP has launched a pilot project to prevent **chronic malnutrition**. The project, called “1,000 days” assists 3,000 pregnant and lactating women and their children aged 6 to 23 months and is designed to cover the critical period of the first 1,000 days of a child’s life. The project is implemented in the district of Labé – selected due to the high rate of chronic malnutrition (over 40 percent).

Each year, WFP assists 4,500 people living with **HIV (PLHIV) and TB patients** receiving treatment and 18,000 members of their families. WFP, the CNLS (Commîté National de Lutte contre le SIDA) and partner NGOs select the beneficiaries following an analysis of their nutritional and food security situation.

All nutrition activities are realized in collaboration with the services of the Ministry of Public Health and Hygiene. To ensure effective monitoring, WFP implements the activities in partnership with UNICEF and international and local NGOs.

WFP supports the development of national **nutrition surveys** (e.g. most recently the "Standardized Monitoring and Assessment of Relief and Transitions" (SMART) survey conducted in Kankan) and helps strengthen capacity of the relevant government departments working in the nutrition sector.

In addition to nutrition specific interventions, WFP ensures that **nutrition sensitive programming** is applied to all the activities in Guinea (including school feeding and food for work).
Nutrition and its Highest Impact: Providing the Right Food at the Right Time

WFP’s nutritional work in Guinea is directed at mothers, young children and PLHIV and TB patients. Why?

Mothers and young children: Hunger starts in the womb. Malnourished women are more likely to give birth to underweight babies. Underweight babies are 20 percent more likely to die before the age of five. And malnourished mothers are more likely to die in childbirth.

WFP aims to break this inter-generational cycle of poverty by targeting the most vulnerable groups: In Guinea, every sixth child dies before reaching the age of five, and the nutritional status of this group is of great concern. Access to basic social services such as water, health and education is extremely limited.

PLHIV and TB patients: WFP provides nutritional support to PLHIV and TB patients receiving treatment because nutritious food helps people with HIV and/or TB to live longer and enhances the effectiveness of treatment. The nutritional needs of people living with HIV and/or TB are increased because of their weakened immune systems. Poor nutritional status can exacerbate symptoms of HIV and/or TB. The combination of food insecurity and HIV and/or TB can result in increased poverty, malnutrition and health risks.

Families of PLHIV and TB patients: One in three people in Guinea is food insecure. PLHIV and TB patients and their families are often food insecure because many patients are unable to work, either from illness or due to negative side effects of treatment. They also face rising health care costs and lower disposable income. In response, WFP provides food assistance to patients and their families for a period of 180 days.

What is unique about WFP’s ‘1000 days’ project in Guinea?

The first 1,000 days of a life – starting from conception to the child’s 2nd birthday – represent a window of opportunity for preventing chronic malnutrition (stunting). Undernutrition during this critical period leads to irreversible impairments in physical growth and cognitive development. Through this project, WFP supports pregnant and lactating women and their children aged 6-23 months living in food insecure areas with high rates of stunting.

The project is unique due to its comprehensive approach. It will include 4 components (i) provision of Plumpy doz, a nutritious food that will be provided to each child for a period of 18 months, until the child reaches the age of 23 months. (ii) a behavior change communication, (iii) advice and a hygienic set (KIT) composed of soap, a can and a product to purify water, and (iv) support to mothers for prenatal, obstetric and postnatal problems.

What kind of fortified food products does WFP use to support vulnerable groups?

Supercereal + sugar is given to pregnant and lactating women (PLW) and others, such as HIV/AIDS or TB patients. The product is a specialized micronutrient vitamin and mineral mix. Supercereal is flour that should be mix with enriched vegetal oil and prepared on-site.

Supercereal Plus is further improved with a more comprehensive micronutrient vitamin and mineral mix, improved processing and the addition of milk powder, sugar and oil. Supercereal Plus is packaged as a premix (not flour). It is suitable for the treatment of moderate acute malnutrition in children 6-59 months and for the prevention of undernutrition in children 6-59 months of age.

Vegetable refined oil is fortified with vitamin A and D.

July 2014
Support and its Highest Impact: Effective Cooperation and Coordination with other UN Agencies

To avoid duplication and to achieve maximum impact, WFP works closely with other UN Agencies:

The Memorandum of Understanding (MOU) with UNICEF aims to clarify the technical responsibilities of both agencies in the field of nutrition, health and HIV/AIDS and determines the major principles of cooperation. The MOU helps to generate synergies and ensure that the resources and activities of both agencies are complementary. It provides a concrete collaboration plan for each area of intervention such as prevention of chronic malnutrition, institutional strengthening and nutritional support of PHIV patients.

In addition, WFP with other agencies (UNICEF, FAO and WHO) have launched the REACH initiative (Renewed Efforts Against Child Hunger and Undernutrition) in Guinea. REACH aims to accelerate effective interventions to reduce child malnutrition by enhancing collaboration among the key UN agencies involved in the nutrition sector. Capacity development is at the core of REACH with a focus on supporting the Government to strengthen national nutrition governance and management. REACH is geared towards direct action, facilitating multi-sectoral and multi-stakeholder cooperation. The initiative involves hiring a neutral facilitator to help coordinate, advocate for and monitor nutrition activities.

The REACH initiative has been shown to bolster UN and national efforts in other countries.

Nutrition activities in Republic of Guinea - 2014

![Map of nutrition activities in Republic of Guinea](image)