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Rebuilding food & nutrition security & strengthening disaster management

Standard Project Report 2016

World Food Programme in Sierra Leone, Republic of (SL)



World Food Programme

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Table Of Contents

Country Context and WFP Objectives

Country Context

Response of the Government and Strategic Coordination

Summary of WFP Operational Objectives

Country Resources and Results

Resources for Results

Achievements at Country Level

Supply Chain

Implementation of Evaluation Recommendations and Lessons Learned

Project Objectives and Results

Project Objectives

Project Activities

Operational Partnerships

Performance Monitoring

Results/Outcomes

Progress Towards Gender Equality

Protection and Accountability to Affected Populations

Story Worth Telling

Figures and Indicators

Data Notes

Overview of Project Beneficiary Information

Participants and Beneficiaries by Activity and Modality

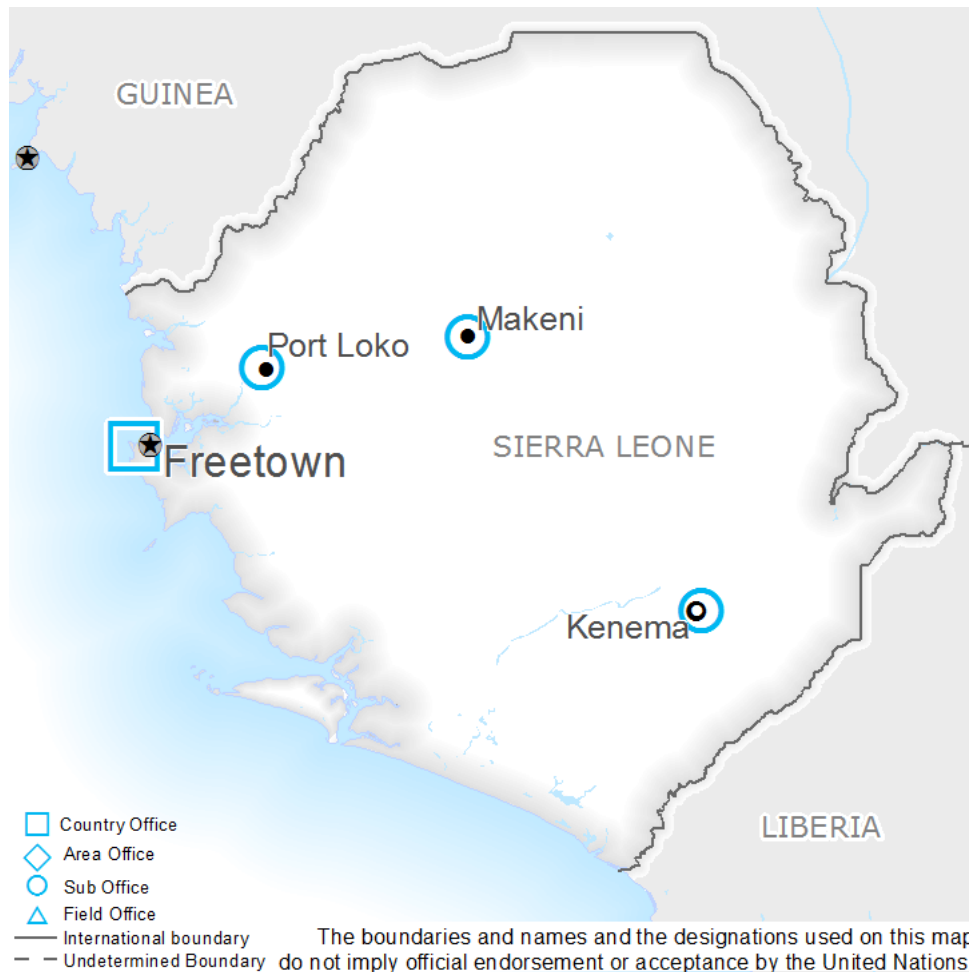
Participants and Beneficiaries by Activity (excluding nutrition)

Nutrition Beneficiaries

Project Indicators

Resource Inputs from Donors

Country Context and WFP Objectives



Country Context

Sierra Leone is emerging from an Ebola virus disease (EVD) outbreak that claimed the lives of 3,955 people and left more than 13,000 survivors and orphans. Ebola crippled the economy, increased food insecurity and reversed upward trends in health and nutrition indicators that had not yet fully recovered from the years of conflict between 1991 and 2002. Sierra Leone faces significant challenges related to food security and nutrition. The country has been ranked as having an “alarming” hunger level, scoring 112 out of 118 surveyed in the 2015 Global Hunger Index. It also ranked 181 out of 188 on the 2015 United Nations Development Programme (UNDP) Human Development Index. In 2014, prior to the outbreak, stunting levels in children under 5 exceeded 30 percent in at least seven districts, and 4.7 percent of children were wasted. The HIV prevalence in Sierra Leone increased from 0.9 percent in 2002 to 1.5 percent in 2005 and has remained at the same level since (SLDHS, 2013). This stabilisation means the country is rated as one of the least affected compared to others in the sub-region and globally. Sierra Leone has identified six high IV-burden districts, namely Western Area and Rural, Bombali, Tonkolili, Bo, and Kenema. In a nationwide assessment of nutritional status of all people living with HIV undergoing anti-retroviral therapy, the prevalence of undernutrition based on body mass index and mid-upper arm circumference was found to be 51 percent. It is important to note that well-off individuals who were not in need of the nutrition support programme were less likely to participate in the assessment.

EVD further weakened Sierra Leone's fragile health system and public confidence in government institutions. Usage of non-Ebola related health services declined, resulting in increased maternal and child mortality and poor adherence to essential therapies. Prevalence of teenage pregnancies – already ranked among the highest in the region – spiked during the outbreak. In addition to overcoming the consequences of EVD, Sierra Leone faces

long-term challenges associated with damage to natural resources caused by flooding and other effects of climate change.

The 2015 Comprehensive Food Security and Vulnerability Analysis indicates that half the population is food insecure, with levels of food insecurity exceeding 60 percent in some chiefdoms of every district. Key drivers of food insecurity include EVD-related shocks, low agricultural productivity, poverty, lack of resilience, poor infrastructure, lack of access to safe water, gender inequality, lack of educational opportunities and lack of income generation and diversification.

Over 70 percent of a population of seven million lives below the national poverty line of USD 2 per day. According to the 2013 Demographic and Health Survey, net primary school enrolment is between 62 and 69 percent and drop-out rates are high at 27.8 percent, especially among girls in their early teens (Education Country Status report, 2013). The 2014 Standardized Monitoring and Assessment of Relief and Transition (SMART) shows that at the national level the global acute child malnutrition rate is 4.7 percent and 29.8 percent of children aged 6-59 months are chronically malnourished. Malnutrition rates vary greatly between districts. Malnourished children require special foods, including fortified blended food, which many households are unable to access. Therefore, food assistance remains crucial for the country's most vulnerable populations.

Response of the Government and Strategic Coordination

WFP's portfolio was aligned with the Government of Sierra Leone's Agenda for Prosperity and National Ebola Recovery Strategy to support socio-economic development. WFP drew on its comparative advantage by serving as the lead agency for Pillar 6 of the United Nations Development Assistance Framework (UNDAF), which aims to strengthen social protection systems through increasing poor households' access to social safety nets and expanding access to livelihoods and education, and improve nutritional status for vulnerable populations, including adolescent girls.

In partnership with the Ministry of Agriculture, Forestry and Food Security, the Food and Agriculture Organization of the United Nations (FAO) and non-governmental organization (NGO) partners, WFP launched the Comprehensive Food Security and Vulnerability Analysis (CFSVA), which collected baseline data on food security and livelihood indicators at district and chiefdom level in 2015. Findings from the CFSVA will help key stakeholders to identify capacity gaps and conduct needs assessment to achieve Sustainable Development Goal 2 (SDG 2): Zero Hunger.

Since the launch of the Scaling Up Nutrition (SUN) initiative in 2012, WFP has partnered with the Government to enhance availability of and access to quality health care services that address the diverse causes of malnutrition. WFP's support of the SUN mandate included expansion of nutrition-sensitive public health actions to curb the spread of Ebola virus disease (EVD) and other threats, and to reinforce adherence to HIV and tuberculosis (TB) treatment. Working through the SUN movement, WFP promoted a multi-sectoral approach to prevent chronic malnutrition among children aged 6-59 months and pregnant and lactating women, while integrating nutrition-sensitive programming to support smallholder farmers increase agricultural productivity to rebuild their livelihoods and build resilience. WFP continued to collaborate with the Ministry of Health and Sanitation on treatment of moderate acute malnutrition (MAM) for pregnant and lactating women and children aged 6-59 months to: reduce undernutrition, childhood mortality and morbidity; prevent deterioration of malnutrition cases from moderately to severely acute; and encourage mothers and children to seek care at health facilities. This support integrates the National Ebola Recovery Strategy's emphasis on restoring reproductive, maternal, infant and child health services.

In 2016, WFP, as one of the Joint United Nations Programme on HIV/AIDS' (UNAIDS) co-sponsors, supported the Government of Sierra Leone in strengthening the capacity of the anti-retroviral therapy (ART) site counsellors, District Support group representatives, Regional National AIDS Control Programme Coordinators and the Regional Support group representatives. This support provided practical guidance for the planning and implementation of the nutrition support as part of treatment, care and support programmes for people living with HIV. Trainings focused on the monitoring and evaluation mechanisms that accompany the implementation of nutrition programme. Furthermore joint supervision missions were conducted with the National AIDS Secretariat, Network for HIV Positive and the Country Coordinating Mechanism.

In support of global partnerships under SDG 17, WFP strengthened its portfolio through joint implementation of programmes with the public and private sector, academic institutions and NGOs. WFP provided technical, logistical and procurement support for 'The Four Foods' study. The study is undertaken by Tufts University, the United States Agency for International Development (USAID) and the NGO Project Peanut Butter, and aims to assess the efficiency and cost-effectiveness of specific nutritious foods for the MAM treatment. WFP was also in the planning stage of a joint programme with the Abdul Latif Jameel Poverty Action Lab (J-PAL) Africa, a research institution based at the University of Cape Town to design and deliver a stunting prevention and immunisation programme. In

coordination with the Disaster Management Department of the Office of National Security, WFP conducted technical trainings to humanitarian partners to prepare for and respond to emergencies in an effort to strengthen national capabilities in disaster risk management. WFP continued to engage with government ministries, United Nations sister agencies and development partners to maintain 'Zero Ebola'.

Summary of WFP Operational Objectives

The declaration of the end of Ebola in January 2016 marked a shift in focus of WFP assistance in Sierra Leone from caring for the infected and supporting efforts to contain the spread of the virus, to addressing malnutrition in vulnerable groups and supporting the Government's National Ebola Recovery Strategy to 'build back better'. Emphasis was placed on supporting government efforts to maintain response readiness for future emergencies through strengthening the infrastructure and logistics capacity established during the Ebola virus disease (EVD) outbreak. Take-home rations to primary schools were also resumed, targeting vulnerable households and individuals with the highest rates of food insecurity and illiteracy in meeting their food and nutrition needs in a sustainable way.

Country programme 200336 (2013–2016), with an approved budget of USD 56 million (most of which was transferred to the PRRO in June), initially implemented activities to support recovery from the negative impacts of the EVD outbreak on food security and nutrition among vulnerable populations. Activities included: (i) support to primary education of boys and girls through take-home rations; (ii) nutritional support to people living with HIV (PLHIV) undergoing anti-retroviral therapy and tuberculosis clients (ART/TB) and treatment of moderate acute malnutrition (MAM) among children aged 6-59 months and pregnant and lactating women; and (iii) livelihood support through community asset creation and rehabilitation. These activities with the exception of school meals were transferred to the PRRO as part of the Ebola recovery strategy.

Relief Operations: PRRO 200938 (2016–2017), approved budget of USD 32 million, took on activities previously under the country programme and supported the National Ebola Recovery Strategy through: (i) strengthening livelihoods of vulnerable communities; (ii) improving the nutritional status of malnourished children, pregnant and lactating women, and people living with HIV and TB; and (iii) developing national capabilities to prepare and respond to future emergencies. Smallholder farmers were also assisted under the Purchase for Progress (P4P) to stimulate production capacity and enable them to access sustainable, formal markets.

Special Operations 200927 (January–December 2016), approved budget of USD 6 million, provided logistics and supply chain support, engineering services, emergency information and communications technology and telecommunications provision, and humanitarian air services. WFP also provided practical training and technical assistance to support the development of logistics preparedness and response capabilities.

Country Resources and Results

Resources for Results

Resources available at the beginning of 2016 allowed the implementation of the country programme as planned. They were also unearmarked, allowing WFP the flexibility of programme funds based on needs at the time. In June 2016, two components of the country programme – Component 2: Nutrition support for women, children and people living with HIV (PLHIV) or tuberculosis (TB) and Component 3: Building and rehabilitating productive assets – were transferred to the PRRO 200938. Component 1: Food for Education remained the only activity implemented under the country programme.

Under the PRRO, WFP made provisional arrangements to provide emergency support in the instance of an Ebola virus disease outbreak, flood or other emergency. However, given the limited requirements for emergency response, WFP did not reach all planned beneficiaries. Moreover, a delay in funding or underfunding limited WFP's ability to provide a full package of nutrition support to vulnerable groups.

PRRO was formally launched in August 2016, however activities from the Country Programme 200336 were transferred to the PRRO as early as June 2016. The PRRO was funded at 81 percent in 2016, which represented 32 percent of the total budget of USD 32 million through December 2017. Cash-based transfers (CBT) to provide lean season support to vulnerable households or to stimulate asset creation remained unfunded, thus WFP continued to support vulnerable and food-insecure households through in-kind. The top donors to the operation were Canada, Japan and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund provided funding through the National Aids Secretariat, a department within the Ministry of Health and Sanitation.

In April 2016, budget revision number 4 was approved for a nine-month extension-in-time for food for education and nutrition components of the country programme in preparation for the PRRO 200938 to begin in June 2016. The budget revision provided an incentive take-home ration intended for 370,000 schoolchildren in highly food-insecure communities, extended the nutrition programmes and support to Ebola orphans and survivors for one month, and finally transferred these activities to the new recovery operation. At the end of 2016, the country office initiated budget revision number 5, for extension-in-time through 31 December 2017. Moreover, the budget revision will accommodate an increase in capacity development and augmentation (CD&A) to allow WFP to provide technical assistance to the Ministry of Education, Science and Technology to support implementation of their national school feeding programme.

Increasing national inflation rates coupled with the knock-on effects of the fuel price increase were felt throughout the local economy. The WFP Vulnerability Analysis and Mapping team coordinated with the Ministry of Agriculture, Forestry and Food Security to conduct monthly market price monitoring to track changes in the price of local and imported food commodities. The month-to-month results indicated that the increase in transportation costs and rising inflation rates likely had a direct effect on the price fluctuation of food commodities. According to the findings of the 2015 Comprehensive Food Security and Vulnerability Analysis, food and transport represent two-thirds of total households expenditures, thus the rising prices of food and transportation will likely impact food consumption and access to essential services, particularly health and education. To mitigate the impact of these concurrent economic shocks, WFP plans to target vulnerable households in urban centres to provide social safety nets through the use of CBT and will provide food assistance to rural households.

In 2016, WFP made concerted efforts to improve organizational performance through enhancing the management of office assets. WFP upgraded its information and communication technology (ICT) system allowing for improved communication. Furthermore, WFP augmented its business continuity plan (BCP) setting up ICT infrastructure at each of the four established BCP sites and training staff on all functions of the BCP. Moreover, WFP maintained connection to the national power grid in the capital Freetown and sub-offices in Kenema and Makeni, which greatly reduced gas emitted from back up generators, thus decreasing WFP's carbon footprint.

The country office procurement unit began using In-Tend, an online contracts management and tender notification, to streamline procurement processes. However, restricted internet connectivity and power supply countrywide and limited registration of suppliers in the system affected the quantity and quality of suppliers. The submission of bids was lower than expected, which affected the competitiveness and lead time in the procurement process.

Achievements at Country Level

WFP launched its school meal programme in 1991 with food support to 45,000 primary school students in Kenema, Moyamba and Port Loko districts. WFP originally provided food assistance to schools in rural areas, selecting schools with high drop-out rates. Over the past two decades, WFP has scaled up its support to reach more primary school students throughout the country, while using a targeted and strategic approach to reach the most vulnerable communities.

WFP was able to resume activities under the Food for Education component of the country programme, which were suspended in 2015 when schools closed to curb the spread of the Ebola virus disease (EVD) during the height of the outbreak. Under the Emergency Operation 200761, WFP implemented a Food Assistance for Assets (FFA) scheme. Over 83,000 participants received food rations in exchange for their invaluable work to prepare 8,000 schools for reopening, which included the cleaning and decontamination required for a safe return of students.

WFP transitioned from implementing its school meals programme through cooperating partners, mostly international non-governmental organizations (NGOs), to direct implementation of take-home rations. WFP piloted a take-home ration programme in 2013, targeting 1,500 girls in schools with low enrolment throughout five chiefdoms in Moyamba district. In 2016, WFP resumed school meals through the expansion of the take-home ration incentive, and reached 336,960 primary schoolchildren (half of them girls) in 1,415 primary schools in 11 districts. WFP was able to reach the most food-insecure chiefdoms in hard-to-reach areas despite access challenges during the rainy season.

WFP increased its purchase of food commodities from smallholder farmers from 123.2 mt in 2014 to 221.75 mt in 2016 (176.75 mt of rice and 45 mt of pulses). It expanded its support to 42 Farmer-based Organizations/Agricultural Business Centres, reaching over 11,000 participating farmers, of whom 55 percent were women. WFP also surpassed its target to train 300 farmers by teaching 736 farmers in vital agricultural production, storage and management practices. Using the findings of the 2015 Comprehensive Food Security and Vulnerability Analysis, the Livelihoods Unit conducted geographical targeting of chiefdoms with the highest levels of food insecurity to participate in asset creation activities, supplying 603 mt of food commodities for the FFA and Food Assistance for Training (FFT) schemes.

WFP continued to support malnourished people living with HIV (PLHIV) who are on anti-retroviral therapy (ART). In addition WFP resumed in 2016 nutrition support for tuberculosis (TB) clients, which had ended in 2014 at the start of Ebola. Treatment of moderate acute malnutrition (MAM) for children aged 6-59 months and pregnant and lactating women was implemented only in four districts in 2016 as opposed to 2015 where it was a national coverage.

As part of the Ebola recovery operation, support to the Government of Sierra Leone to develop their disaster risk management capabilities was a new component not previously covered in the country programme. Under this mandate, WFP supported the Office of National Security (ONS) to improve capabilities to prepare for emergencies and mobilize a rapid response. This was done through training in logistics, supply chain and project management. WFP convened staff from ONS and humanitarian partners to participate in an Ebola simulation, which served as a stress test to improve the humanitarian community's rapid response capabilities.

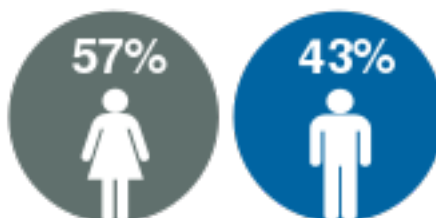
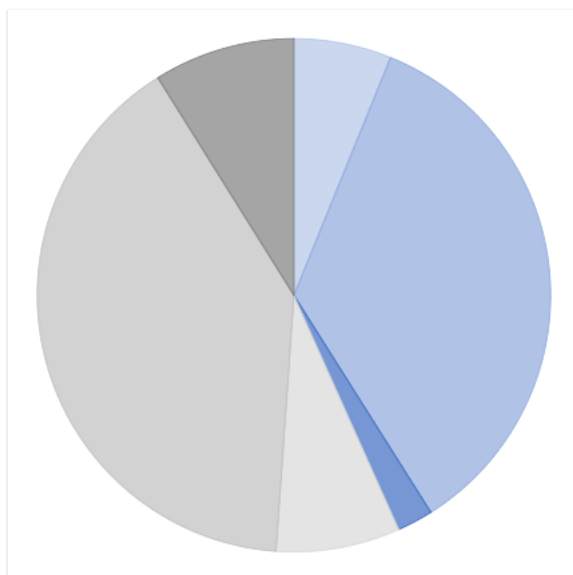


Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	29,597	37,646	67,243
Children (5-18 years)	168,069	192,591	360,660
Adults (18 years plus)	10,871	42,862	53,733
Total number of beneficiaries in 2016	208,537	273,099	481,636

Country Beneficiaries by Gender and Age

- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)
- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	4,239	639	1,545	1,409	98	7,930
Single Country PRRO	1,053	127	210	1,450	13	2,852
Total Food Distributed in 2016	5,292	766	1,755	2,858	111	10,782

Supply Chain

The main entry points for delivering commodities into Sierra Leone are the international airport and seaport. Lungi International Airport is the commercial airport for international flights. Based in Lungi, a small coastal town in Port Loko district, the airport is accessible by a 30 minute ride via water ferries across the Tagrin Bay, or a three-hour drive through inland paved roads. The Port of Freetown, named “Queen Elizabeth II Quay”, is the most important entry gate for goods into the country. Located within the busy and congested eastern end of the capital city, it serves as the main logistics hub for Sierra Leone's imports and exports. WFP occupies two storage sheds at the container terminal with a total capacity of 8,000 mt, provided by the Government of Sierra Leone.

Road is the dominant mode of transport and represents approximately 85 percent of means of transportation throughout the country. Sierra Leone has a public road network of about 11,700 km, of which 8,700 km are functionally classified in the National Road System [1]. The other 3,000 km consists of local roads and unclassified roads and tracks. With support from external donors, the Government is working to renovate major roads leading from Freetown to the provinces to enhance connectivity. Logistical challenges are often faced when trying to reach the most vulnerable and highly food-insecure communities in the most remote rural settings. WFP has been facing difficulties with road access during the rainy season, which typically lasts from May to November, thus requiring increased logistical capacity and coordination with local commercial transport companies. The ongoing road work has caused delays, but is expected to ease the flow of traffic in the medium and long term.

Bonthe is a coastal district in southwest Sierra Leone. The district is comprised of several islands and sparsely populated. However, due to moderately high levels of food insecurity, WFP targeted schools throughout Bonthe district for the take-home ration incentive. Thus, WFP was required to transport over 85 mt of food commodities by boat.

During the course of 2016, the Logistics Unit conducted market surveys and advertisements through various communication channels, in line with Transport Manual, to expand the service provider's shortlist for services including transport, fumigation, handling, clearing and forwarding. The exercise increased the number of eligible companies available to partner with WFP and removed non-performing companies, thus improving the service quality and efficiency of logistics processes.

Commodities were transported using contracted commercial transporters as well as WFP's own fleet especially dedicated for deliveries in Freetown and remote areas in the provinces. Through the use of commercial transporters, WFP was able to move 13,061.833 mt of food commodities. The WFP-manned fleet transported 5,740.670 mt.

The take-home ration food basket consisted of rice, pulses, oil and sugar. Some schools also received SuperCereal, a specialised nutritious food. Rice is a staple food in Sierra Leone and one of the most common components of Sierra Leonean diets. The country office worked to ensure that there were no pipeline breaks so that it could continue to include rice in the take-home ration food basket.

The country office and sub-offices set up a supply chain task force, consisting of staff from the logistics, programme, procurement, resources management and donor relations departments. The task force is responsible for closely monitoring WFP stocks on a weekly basis, checking the ‘best by’ date of stocks and uses a ‘First In, First Out’ method to mitigate post-delivery losses resulting from spoiled food. The logistics unit also ensures storekeepers inspect stocks on a daily basis and utilise a warehouse checklist.

Under the country programme, WFP recorded losses amounting to 157.962 mt of food, which represents only 2.5 percent of the total food procured. These losses were attributed mainly to prolonged storage in the warehouse and in transit, leaving the food unfit for consumption. WFP recovered the value of the lost commodity from commercial transporters.

The main risks are security of the warehouses and the ongoing price fluctuations that caused increase in the cost of fuel and transportation. After the Government removed a longstanding fuel subsidy, which increased the price of fuel by 60 percent, WFP conducted a review of all transport costs and is seeking ways to offset the increase without disrupting logistics processes.

WFP is exempted from the national Goods and Service Tax (GST) through the GST Release Purchase Order reflected in all invoices of imported goods. Furthermore, WFP was granted a waiver that reduced the import tax by 40 percent for the Advance Cargo Declaration scheme.

The logistics unit successfully initiated a landside transport, storage and handling (LTSH) matrix revision within budget revision number 4 in April 2016. This revision led to a marginal decrease of the LTSH from USD 180.92 to USD 180.61 per mt, but is expected to initiate cost savings in the long run.

[1] <http://dlca.logcluster.org/display/public/DLCA/2.3+Sierra+Leone+Road+Assessment;jsessionid=B4F198BFF0EC0EB7D197E1AC196F601D>.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Corn Soya Blend	-	518	518
Peas	45	-	45
Ready To Use Supplementary Food	-	68	68
Rice	369	4,691	5,060
Split Peas	-	504	504
Total	414	5,780	6,194
Percentage	6.7%	93.3%	

Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
Corn Soya Blend	1,790
Rice	1,768
Split Peas	432
Vegetable Oil	235
Total	4,224

Implementation of Evaluation Recommendations and Lessons Learned

The country office did not undertake a decentralised evaluation in 2016. However, the Office of Evaluation conducted a centralised evaluation on WFP's response to the Ebola virus disease (EVD) outbreak in Guinea, Liberia and Sierra Leone. The evaluation report will be presented during the first regular session of the Executive Board in February 2017.

Following the first round of take-home rations in June 2016 and before the second round in July, WFP developed a lessons-learned document on the design, planning, monitoring and evaluation, and logistics of programme implementation.

Key areas identified for improvement included increasing sensitisation for community leaders, teachers, school officials and parents on the objective of the take-home rations, which was to incentivize parents to re-enrol their children in school after the closure of schools during the EVD outbreak and increase attendance rates. Strategic messages included student eligibility to receive a take-home ration, dates of distributions, and the quantity and composition of food basket. WFP also recognised the important role of communication between the Ministry of Education, Science and Technology, head teachers and community monitors to ensure eligible schools and students were covered in a timely manner. To respond to these challenges, before the second round of take-home ration distribution began, WFP provided head teachers, parents and school management committees with take-home ration Question and Answer (Q&A) factsheets and posters with ration information at school distribution

sites. WFP liaised directly with District Directors, head teachers and the District Situation Rooms to make sure distribution dates were clearly communicated, and tried to set up distribution dates that would allow for EduTrack community monitors to be present at their assigned schools.

Given the high number of food delivery points, WFP Logistics Unit was operating at full capacity to ensure food delivery to final food distribution points in a timely manner. The distributions took place during the wet season, which contributed to bad road conditions and made some communities difficult to access. The challenges encountered in the process were overcome through collective efforts by WFP staff and commercial transporters. Before the start of dispatches, additional staff were recruited and deployed to WFP sub-offices in Kenema, Makeni and Port Loko. Due to the substantial quantity of food that was dispatched and distributed across the country, and in order to meet Logistics Execution Support System (LESS) requirements, all warehouses received printers and cartridges for printing of waybills and other necessary paperwork. Furthermore, sufficient stack cards and ledgers were also provided to ensure proper accountability of commodity movement in all the warehouses. A meeting was held with all contracted transporters to give them advance notice on take-home ration distributions and prepare the deployment of trucks when needed.

The Sierra Leone country office worked in close collaboration with the Integrated Context Analysis team in WFP Headquarters to conduct an analysis of historical food security trends and vulnerability to different types of natural hazard (floods, drought and landslide). Historical food security trends were analysed through food consumption score (FCS) at district level between 2005 and 2015. Vulnerability to natural hazards was gauged through using climatic modelling software. At the end of 2016, the country office and Headquarters were in the process of finalising the Integrated Context Analysis to identify the most vulnerable districts in Sierra Leone to be targeted for resilience building activities under the ongoing Ebola relief and recover operation in 2017. Once the Integrated Context Analysis is completed, WFP will undertake the Community-based Participatory Planning (CBPP) phase of the three-pronged approach to develop community specific resilience building plans over a three-year period.

Project Objectives and Results

Project Objectives

PRRO 200938 was designed to 'build back better' after the Ebola virus disease (EVD) outbreak was declared over in early 2016. PRRO supports the Government of Sierra Leone's National Ebola Recovery Strategy, through efforts to increase agricultural productivity, improve nutrition and build the capabilities of national institutions to respond to emergencies.

Following the resumption of activities in early 2016, WFP provided nutrition support to treat moderate acute malnutrition (MAM) in children aged 6-59 months and pregnant and lactating women. MAM treatment reduces childhood mortality and morbidity and prevents deterioration of malnutrition cases from moderate to severely acute. WFP also supported the nutrition recovery of people living with HIV (PLHIV) undergoing anti-retroviral therapy (ART) and tuberculosis patients on directly observed treatment, short-course (DOTS) through Food by Prescription.

Through the Purchase for Progress (P4P) initiative, WFP aimed to support smallholder farmer incomes through direct purchase, as well as linked farmers to other buyers and formal markets to incentivise farmers to increase productivity. Asset creation activities were implemented through Food Assistance for Assets aimed to improve food security and strengthen resilience of the most vulnerable communities affected by the EVD outbreak and communities most susceptible to different types of natural hazards (flood, drought, wildfire). Moreover, WFP maintained contingency stock to provide general food distributions to households that experienced a shock, including another EVD flare-up or flood.

WFP collaborated with the Office of National Security to enhance disaster risk management capabilities. Through this partnership, WFP aimed to strengthen emergency preparedness and rapid response capacity at national and district level.



Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	3,938,534
Direct Support Costs	5,712,249
Food and Related Costs	14,861,952
Indirect Support Costs	2,110,939
Cash & Voucher and Related Costs	5,643,530
Total	32,267,203

Project Activities

WFP implemented a broad portfolio of nutrition, livelihood and emergency preparedness activities to support the most vulnerable households as they rebuild their livelihoods following the Ebola virus disease (EVD) outbreak.

WFP delivered a Food by Prescription programme to improve the nutritional status of people living with HIV (PLHIV) undergoing anti-retroviral therapy (ART). The nutrition support was targeted towards HIV positive adults, as well as highly vulnerable groups including mothers, orphans and vulnerable children. The ART patients received a 90-day food ration package and their family members also received a quarterly take-home rations of rice, pulses and vegetable oil. To complement the targeted nutrition and food support to PLHIV, WFP trained ART counsellors and support group representatives in nutrition assessment and reporting of outcome and output indicators of the Food by Prescription programme. In collaboration with the National Leprosy & Tuberculosis Control Programme (NLTCP)

of Ministry of Health and Sanitation, WFP provided food and nutrition support to undernourished tuberculosis (TB) patients and TB patients on the intensive phase of treatment. However, WFP was not able to reach all planned beneficiaries due to a delay in receipt of funding for Food by Prescription.

Additional nutrition support was provided to children aged 6-59 months and pregnant and lactating women to treat moderate acute malnutrition (MAM). Targeted supplementary feeding to treat MAM was conducted in peripheral health units (PHUs) in Bonthe, Kambia, Kenema and Port Loko district, as these are the districts with the highest levels of MAM. Staff in PHUs screened for MAM in children and pregnant and lactating women. Children aged 6-59 months who were found to have MAM were provided with a three-month specialised nutritious foods, SuperCereal Plus, while malnourished pregnant and lactating women were given a three-month supplementary feeding package of SuperCereal and fortified vegetable oil. Due to limited funding, WFP was not able to implement MAM treatment in Kailahun district, thus not meeting the planned number of children and pregnant and lactating women. WFP planned to launch a stunting prevention programme for children aged 6-23 months in Moyamba district, however this activity was postponed until the first quarter of 2017 when funding became available.

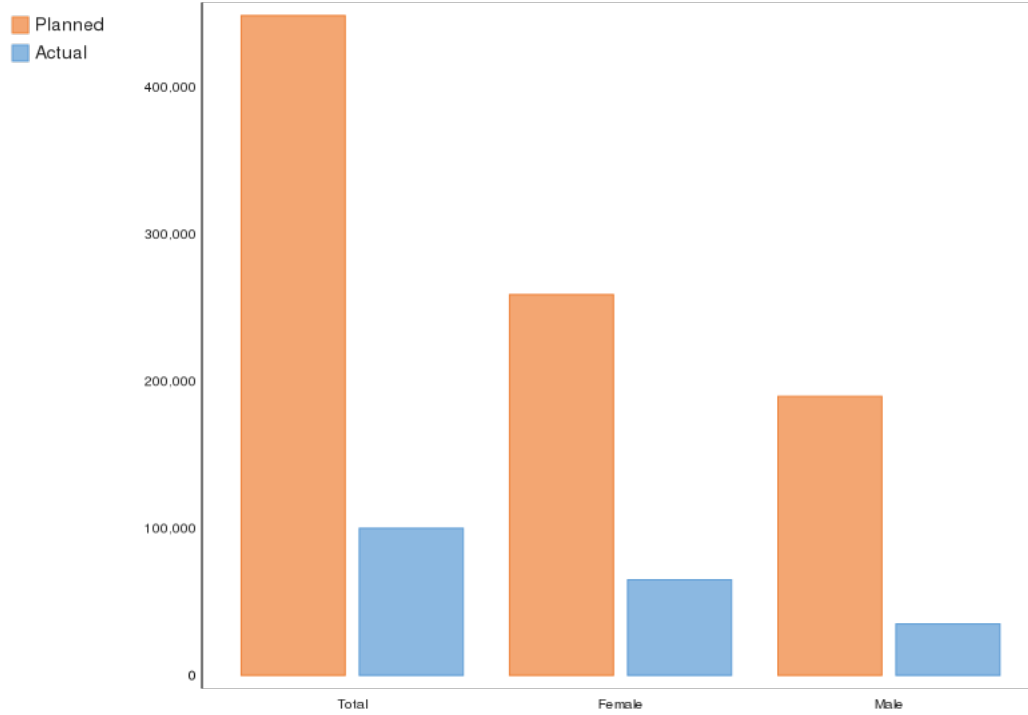
WFP continued to use the Purchase for Progress (P4P) model to increase marketing opportunities for smallholder farmers at national and local level. WFP trained 300 agricultural workers, including 200 smallholder farmers. WFP conducted P4P trainings in a cascade model, wherein WFP-trained farmers teach members of their respective groups on the hard and soft skills learned throughout the workshops and trainings. Membership of the 42 P4P-supported groups totalled 11,000 farmers, of which 55 percent were women.

WFP implemented asset creation activities to improve access to livelihood, contribute to enhanced resilience and reduced risks from disaster and shocks faced by food-insecure communities and households, with particular attention paid to vulnerable households affected by the EVD. Food Assistance for Assets (FFA) support was utilised to complement ongoing asset creation activities implemented by governmental or non-governmental organization (NGO) partners. FFA activities included support to rehabilitate community-owned palm oil, coffee and cocoa tree crop plantations in Kailahun, Kenema and Pujehun districts. FFA participants were also involved in rehabilitation of Inland Valley Swamps for year-round production of Sierra Leone's staple crop, rice and the management of greenhouses to improve vegetable cultivation. WFP also implemented Food Assistance for Training (FFT) to incentivize smallholder farmer participation in farmer field schools and augment their agricultural skills to improve vegetable, rice and groundnut cultivation.

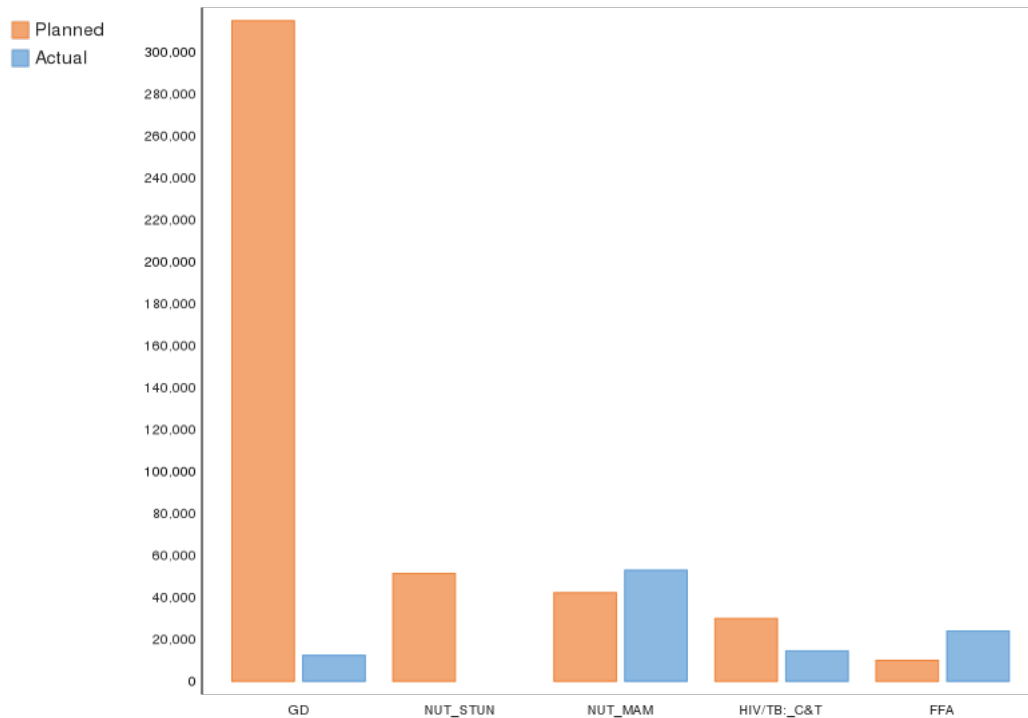
During the reporting period, planned cash-based transfer (CBT) activities were not implemented due to a complex operational environment. The country office lacked funding to implement CBT, and thus embarked on resource mobilisation activities to raise funds for future implementation. WFP did not have a financial service provider to collaborate with in the implementation of CBT activities, therefore during the reporting period, concerted efforts were made to both identify a suitable provider, as well as negotiate cost-efficient terms for the implementation of CBT activities (i.e. ensuring an alpha value of <1 so that provision of CBT is more cost-efficient than in-kind). As a result of rising inflation and increasing food prices, especially affecting the cost of imported food, analysis implied that WFP had greater purchasing power and thus a comparative advantage in buying food to distribute to targeted households; provision of in-kind food was prioritised over CBT. WFP planned to provide targeted food assistance to help protect assets and livelihoods – particularly for rural families – by providing a lean season safety net of in-kind or cash for the poorest households. However, this was not implemented due to insufficient funding. Moreover, WFP included a contingency plan for general food distributions to support households affected by emergencies, namely EVD flare-ups and flooding. However, there were no EVD flare-ups and only small-scale flooding, which did not require the robust support that was originally planned.

Under the disaster risk management component of the Ebola recovery operation, WFP provided technical assistance to the Office of National Security to enhance its emergency preparedness and rapid response capabilities. WFP provided hands-on training and workshops on logistics, supply chain management and humanitarian response at its dedicated training facility at the Main Logistics Base in Port Loko district.

Annual Project Beneficiaries

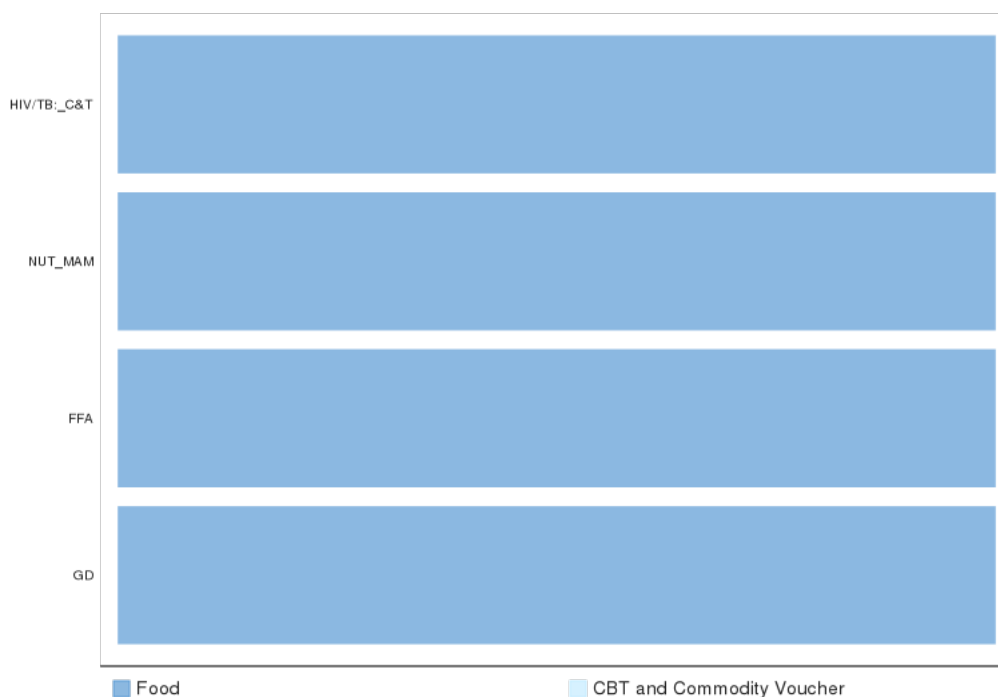


Annual Project Beneficiaries by Activity



GD: General Distribution (GD)
 NUT_STUN: Nutrition: Prevention of Stunting
 NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
 HIV/TB: _C&T: HIV/TB: Care&Treatment
 FFA: Food-Assistance-for-Assets

Modality of Transfer by Activity



GD: General Distribution (GD)
 FFA: Food-Assistance-for-Assets
 NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
 HIV/TB: _C&T: HIV/TB: Care&Treatment



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	1,265	8	0.7%
Corn Soya Blend	2,514	1,438	57.2%
High Energy Biscuits	-	0	-
Iodised Salt	28	10	35.8%
Peas	-	40	-
Ready To Use Supplementary Food	62	-	-
Rice	3,832	1,053	27.5%
Split Lentils	-	4	-
Split Peas	-	157	-
Sugar	-	3	-
Vegetable Oil	242	127	52.3%
Wheat Soya Blend	-	11	-
Total	7,943	2,852	35.9%

Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	2,189,748	-	-
Total	2,189,748	-	-

Operational Partnerships

The Ministry of Health and Sanitation and the Ministry of Agriculture, Forestry and Food Security were the principal partners for the implementation of nutrition and livelihood activities. In order to ensure that food assistance reached the intended beneficiaries, WFP worked with national and international non-governmental organizations (NGOs) in the areas of beneficiary selection, distribution, monitoring and evaluation. The selection of the NGOs was based on their long-term community presence and network coupled with the provision of matching funds for complementary activities.

For Treatment of Moderate Acute Malnutrition (MAM), WFP partnered with Community Action for the Welfare of Children, Pure Heart Foundation-SL, Sierra Leone Poverty Agency, and Foods and Nutrition Directorate of the Ministry of Health and Sanitation. Before rolling out the programme, staff were trained in food handling and implementation to ensure achievement of project objectives. To support anti-retroviral therapy (ART) clients, WFP partnered with Child Fund, Caritas Makeni and the Network of HIV Positives in Sierra Leone who also helped to conduct a nationwide assessment of people living with HIV undergoing ART in order to enhance service delivery supported by WFP's Food by Prescription activity. WFP collaborated with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF) in developing a concept note for a socio-economic assessment of Ebola virus disease (EVD) survivors and people living with HIV (PLHIV).

World Vision, Welthungerhilfe and the Ministry of Agriculture, Forestry and Food Security were the key partners for food assistance for assets (FFA) activities. WFP worked in direct collaboration with the Ministry's district-level offices in Bombali and Kailahun for the implementation of Inland Valley Swamp (IVS) rehabilitation. The Ministry's role entailed identification and selection of ongoing IVS rehabilitation schemes that would benefit from FFA support, provision of tools, seeds and fertiliser to supported farmer groups, technical leadership in designing IVS lay-out (specifically for irrigation and water management structures), joint monitoring of targeted schemes and validation of work undertaken during implementation period, training to farmer groups in improved production techniques (including the system of rice intensification) and distribution of FFA commodities.

WFP worked with the Ministry of Agriculture, Forestry and Food Security in tree crop rehabilitation (cocoa, coffee and palm oil) and vegetable cultivation activities in Kailahun and Pujehun districts. While NGO partners, Welthungerhilfe and World Vision, conducted day-to-day management of tree crop rehabilitation and vegetable cultivation activities, the Ministry provided an additional layer of technical guidance through their extension services, as well as providing oversight during monthly food distributions. Examples of technical support included providing training to NGO partners and government counterpart field staff in underbrushing of tree crops, as well as the most effective way to prune and toilet (removal of lichen overgrowth) for palm trees.

WFP worked in partnership with the Ministry of Agriculture, Forestry and Food Security in Kambia and Port Loko and the Food and Agricultural Organization of the United Nations (FAO) to support ongoing farmer field school activities with food assistance for training (FFT). The farmer field school approach entails providing practical and technical training to farmers in improved agricultural production techniques. Farmer field school modules provided training in vegetable, rice and groundnut cultivation. Demonstration plots were established to showcase the impact of utilising improved production methods or the application of agro-inputs. The practical and technical farmer field school training was delivered by the Ministry's Block Extension Staff (BES). FAO provided technical oversight to the Ministry's BES trainers, as well as conducted joint monitoring visits of the training and food distribution in collaboration with the Ministry and WFP.

WFP signed a Memorandum of Understanding (MOU) with the United Nations Capital Development Fund (UNCDF) in an effort to scale up WFP assistance to support the local economy through innovative cash-based transfers (CBT). Building on UNCDF's technical expertise digitising financial services and capitalising on Sierra Leone's increasing mobile network coverage, this partnership enabled WFP to develop a more robust CBT system and ensured that the most food insecure and vulnerable households gain access to financial services that expand

opportunities and reduce vulnerabilities.

Performance Monitoring

The country office set up a dedicated monitoring and evaluation (M&E) unit in 2014, which has allowed WFP to measure the effectiveness of its operations and provide feedback to improve WFP's approach to better serve beneficiaries.

The M&E team was tasked with developing and carrying out distribution monitoring and post-distribution monitoring (PDM). A PDM was conducted for Food Assistance for Assets (FFA) and Food Assistance for Training (FFT) activities, and for the nutrition unit to examine the implementation of the treatment of moderate acute malnutrition (MAM) for children aged 6-59 months and pregnant and lactating mothers through targeted supplementary feeding. The M&E unit also worked with the Purchase for Progress (P4P) team to assess farmer organizations supported through the local initiative.

WFP employed three dedicated monitors and utilised 12 programme staff to conduct regular monitoring at food distribution sites. Under the Ebola recovery operation, there were 2,539 sites for livelihood and nutrition activities. WFP staff were able to monitor 945 sites (37 percent).

The M&E team utilised mobile technology, namely tablets and Android mobile phones, to improve data management. The use of mobile technology reduced the time dedicated to data entry and improved the quality of the data through the use of the Open Data Kit (ODK) questionnaire [1]. The ODK allowed real time monitoring and gave access to geodata information. The M&E team was also trained on the use of Country Office Tool for Managing Effectively (COMET). The active and regular use of COMET facilitated information sharing between the programme and logistic unit to track food, cash, beneficiaries and other project indicators in a timely manner, improving overall accountability and reporting.

Under the Ebola recovery operation, WFP worked towards using elements of the three-pronged approach (3PA) for engaging partners at different levels to strengthen livelihoods and create assets emphasising convergence, complementarity and nutrition sensitivity. However, the targeting and planning of livelihood activities did not adopt 3PA, but was instead guided by the findings and recommendations of the 2015 Comprehensive Food Security and Vulnerability Analysis (CFSVA). The 3PA was not operationalized as a result of the rigorous empirical analysis and consultative processes required to finalise the Integrated Context Analysis (ICA). The country office works in close collaboration with the ICA unit in Headquarters to complete this process, and anticipates that upon completion of the ICA, elements of the 3PA will be adopted to improve the programming and planning of livelihood activities during 2017. CFSVA survey results are being used as the PRRO baseline indicators. WFP collected information for the follow up in November and December, 2016.

[1] The Open Data Kit (ODK) is a free and open-source set of tools which help organizations author, field, and manage mobile data collection solutions.

Results/Outcomes

Results from the post-distribution monitoring (PDM) indicate that the Dietary Diversity Score (DDS) [1] exceeded the target of above 4.5, which represents medium dietary diversity, with 69.8 percent of households who received food assistance reporting a medium or good dietary diversity. Household dietary diversity was higher among households headed by women (78.7 percent medium and good) than households headed by men (67.3 percent). The number of households with an acceptable Food Consumption Score (FCS) [2] at 81.3 percent exceeded the target of 80 percent. However, only 11.5 percent of households had a reduced coping strategy index. Households headed by women had a higher Coping Strategy Index (CSI) with 13.4 percent than those headed by men with 11.5 percent. In 2013, WFP trained field monitors to collect FCS data, however due to the outbreak of Ebola virus disease (EVD), WFP was unable to conduct household surveys to collect the DDS and FCS in 2014 and 2015.

Under the Purchase for Progress (P4P) initiative, WFP strengthened smallholder farmers' capacity to improve production and aggregation, reduce post-harvest losses and efficiently market commodities. WFP enabled farmers through training in post-harvest management and quality handling, and presenting lessons learned from previous harvests. WFP exceeded its target by training 300 agricultural sector workers. WFP's procurement procedures were made to match smallholders' limited capacities, including allowing the purchase of smaller quantities. P4P also supported smallholder farmers to build sustainable linkages with outside buyers, both public and private. A total of six private buyers (ARUL Trading Company, Genesis, Lion Mountain, Mountain Lion, Sierra Leone Produce

Marketing Company and West Africa Rice Company) were linked with smallholder farmers to market their products. Participation of women smallholder farmers is vital to transform the agriculture sector, particularly in rural areas. WFP collaborated with the International Fund for Agricultural Development (IFAD), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the Ministry of Agriculture, Forestry and Food Security to conduct a workshop on women leadership and crop diversification. The training contributed to increased awareness about the importance of enhancing the capabilities of farmers to diversify what they grow, improve the quality of their diet, and stress the importance of the role of women in leadership positions within the agricultural sector. The workshop brought together 90 participants, 70 of which were smallholder farmers and 43 were women.

WFP targeted households that were directly affected by the EVD outbreak to rebuild their livelihoods through asset creation activities in Kailahun, Kenema and Pujehun. In Pujehun, WFP targeted highly food insecure communities which had experienced significant indirect effects of the EVD outbreak as a result of movement and trade measure enforced to combat the spread of the virus into the district. The majority of targeted communities for Food Assistance for Assets (FFA) support were located in chiefdoms found to have high levels of food insecurity by the 2015 Comprehensive Food Security and Vulnerability Analysis (CFSVA) – i.e. proportion of food insecure households >70 percent. A number of chiefdoms in Kailahun, Kenema and Pujehun are high production areas for cocoa, coffee and palm oil with production providing an important source of income, which could contribute toward strengthening resilience to shocks if adopted as part of a diversified household livelihood strategy. Supporting cocoa and coffee cultivation also contributes toward assuring environmental and biodiversity protection, as both cash crops achieve higher yields when grown under the shade of other larger trees, thus discouraging deforestation.

For Inland Valley Swamp (IVS) rehabilitation, participants repaired and maintained small-scale irrigation infrastructure, crucial to enhancing water management to increase the productivity of irrigated land. IVS rehabilitation is a government priority in recognition of the high potential that perennial swamps offer to increase production through multiple cropping as well as environmental benefits – i.e. cultivating rice in IVS is far less environmentally destructive than upland cultivation of rice, with shifting cultivation and “slash and burn” practices resulting in extensive deforestation and increased vulnerability to natural hazards. WFP provided food assistance for training (FFT) to 25 farmer groups (736 participants, 3,680 beneficiaries) with a one-month food ration (20 days) to incentivise participation in farmer field school to augment their capacity in vegetable, rice and groundnut cultivation. As farmer field school participation requires farmers to allocate a significant amount of time to enhance their agricultural skills, FFT is important to ensure that women are able to utilise this opportunity, as they receive food to support their families, thus providing an important social protection mechanism.

Throughout 2016, WFP provided training to staff in peripheral health units (PHU) on nutrition assessment and reporting of outcome and output indicators of the Food by Prescription programme. Before being trained, PHU staff did not have the technical capacity or adequate tools to facilitate the collection of indicators for the Food by Prescription programme, thus, WFP intends to collect these indicators in 2017 after staff have been fully trained. The training raised awareness on the importance of nutrition assessment as part of the nutrition support programme and developed capacity among service providers in the measurement of height and weight for calculation of body mass index (BMI), and mid-upper arm circumference (MUAC) to assess the nutrition status of anti-retroviral therapy (ART) clients. ART site counsellors and District supervisors are now able to monitor progress and impact of the nutrition support programme, which is essential for making decisions, maintaining transparency and establishing a basis for the evaluation of experience and lessons learnt.

To assess the effectiveness of the Food by Prescription programme for people living with HIV and their households, WFP collected indicators on FCS and DDS. The results from the PDM exercise indicate that most households (81 percent) have an acceptable FCS, and only 2.8 percent of households had a poor FCS. According to the findings of the 2015 CFSVA, 46.5 percent of households reported having an acceptable FCS, which suggests that the nutrition support is helping patients and their family members to meet their nutritional needs. Furthermore, the monitoring revealed that households receiving WFP assistance consumed a diet comprised of at least four food groups, which mainly included tubers, vegetables, oil and small quantities of fish. Twenty-nine (29) percent of households did not consume meat, fish, fruits and eggs.

Under the nutrition support for HIV and tuberculosis (TB), WFP planned to reach almost 25,000 patients. However, support to TB patients was not implemented due to a delay in receipt of funds. Also, WFP was not able to expand moderate acute malnutrition (MAM) treatment to Kailahun district as planned, due to limited funding for this programme component.

The overall recovery rate for MAM treatment was 97 percent for pregnant and lactating women and 98 percent for children aged 6-59 months. The default rate was 1.72 percent for pregnant and lactating women and 0.54 percent for children, while the mortality rate was 0.26 percent for women and 0.2 percent for children. The non-response rates were below 1 percent, which showed that the provision of specialised nutritious foods to malnourished women and children supported nutrition recovery. The MAM treatment programme achieved its objectives, based on the SPHERE standards [3]. Additionally, six cooperating partner staff, six District Health Medical Team staff and five

WFP staff were trained. The training provided PHU staff with knowledge and skills on the management of MAM based on the Sierra Leone National protocol and also familiarised the staff with the developed programme tools. WFP supported the Directorate of Food and Nutrition by providing salary of one nutritionist based at the Directorate's National office. The nutritionist provided guidance and oversight on the MAM treatment programme, and conducted monthly supervision and monitoring visits to the PHUs.

WFP maintained contingency food commodities to support quarantined households and communities in the instance of EVD flare-ups. However, given the low volume of EVD cases in 2016, WFP did not provide the full scale of support.

[1] A Dietary Diversity Score is used as a proxy measure of household food access. A low dietary diversity is defined as a household consuming four or less food groups.

[2] A Food Consumption Score is based on dietary diversity, food frequency and relative nutritional importance of different food groups.

[3] SPHERE Project developed a handbook that is designed for planning, implementation, monitoring and evaluation during humanitarian response across four sectors: water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action.

Progress Towards Gender Equality

Low literacy rate among women as well as cultural and gender norms have been holding them back from assuming leadership roles. Women remain economically vulnerable, which perpetuates gender inequality in Sierra Leone. WFP worked with the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) to enhance advocacy on gender issues during the sixteen days campaign to end gender-based violence.

To ensure that WFP asset creation activities reached out to women to address gender inequalities, the participation of women in food assistance for assets (FFA) activities was prioritised to the greatest possible extent. Overall, 49.2 percent of FFA project participants were women.

For Inland Valley Swamp (IVS) rehabilitation, during the rainy season tasks such as puddling, transplanting, weeding and bird scaring are traditionally undertaken by women. Furthermore, WFP prioritised supporting a number of women farmer groups in Kailahun district, including Kissi Tongi Women's Development Association, Women in Action in Luawa chiefdom and Luya Agricultural Women's Association in Upper Bambara chiefdom.

The vast majority of participants engaged in vegetable cultivation were comprised of women, in accordance to cultural norms. For the greenhouse management and vegetable cultivation activities, 98.4 percent of participants were women, including six women-only groups. This included the targeting of a number of households that had been directly affected by the Ebola Virus Disease (EVD) outbreak, thus empowering the socio-economic recovery of affected women, some of whom had assumed the role of caregiver to family members during the EVD outbreak.

The Purchase for Progress (P4P) team worked closely with the Gender team to share key messages with sub-offices on gender-based violence and how WFP empowers smallholder farmers – majority of whom are women – in addressing gender balance issues. These messages included connecting farmers with markets (WFP and beyond), linking women with banks, and training farmers on post-harvest handling.

Under the Treatment of Moderate Acute Malnutrition (MAM), men as well as women including peripheral health unit staff and caregivers were targeted for nutrition education and trained in the use of mid-upper arm circumference (MUAC) tapes during screening. Mothers were especially encouraged to monitor MUAC in children and seek treatment for malnutrition. Health facility staff and Mother to Mother support group leaders ensured that each mother was equipped with a MUAC tape and knew how to use it.

WFP's assistance to people living with HIV was equitable between genders, as support was equally provided to those meeting medical criteria for admission. All beneficiaries of the food by prescription programme are required to be part of an anti-retroviral therapy (ART) client support group. ART client support groups helped to ensure gender equality, as both men and women can participate, and ensured that all HIV positive individuals had access to the support they needed.

For the nutrition programme, women tend to take a dominant role in decision-making (60 percent) in how the food was utilised. In only 19 percent of households surveyed, men decide how the food assistance should be used in the household, and in 21 percent of households, the decision was taken by both male and female members of the household. These results were expected as more than half of the participants were women. For livelihood programme, men tend to take a dominant role in decision making (46 percent) in how the food was utilised. In only

27.8 percent of households surveyed, women decided how the food assistance should be used in the household, and in 26.2 percent of households, the decision was shared by both man and woman.

Protection and Accountability to Affected Populations

The majority of beneficiaries who went to distribution sites to receive food assistance did not experience any problems. Only 1 percent of respondents reported that they experienced one or more problems while receiving food assistance. The types of incidents reported included: difficulties in confirmation of personal details, disagreements around the quantity of food shared among the participants, and the inability of police officers to maintain peace and order at some sites. WFP worked closely with implementing partners to ensure availability of beneficiary feedback mechanism before and during the food distribution process. In addition, beneficiaries were sensitised about their entitlements and eligibility criteria. Despite these efforts, some gaps still remain. For the livelihood programme, around 65 percent of the respondents indicated that they were clearly informed or aware of their entitlements, with 54 percent reporting the presence of written or pictorial displays of their entitlements at the distribution site. Very few participants (20 percent) were aware of the beneficiary feedback mechanism. As for the nutrition programme around one fifth of beneficiaries (20 percent) did not know why they were selected for assistance. Additional efforts need to be put in place to ensure that beneficiaries are better informed about the beneficiary feedback mechanism. Actions have already been taken such as follow up of feedback received by phone calls. In some instances, WFP sat with the partners to make adjustments in programme implementation.

Story Worth Telling

Emma Mansaray, a mother of six, is smiling as she walks away from the Sierra Leone Church Health Centre in Port Loko town with a two-week ration of SuperCereal Plus, a specialised nutritious food. She has twin girls aged 18 months, and the smaller one, Adamsey, is moderately malnourished.

“I was very worried when the nurse told me this news, because I know this can be a serious problem”, Emma says.

When Emma heard the news about Adamsey, she was fearful of losing a third child. Like many mothers, she struggles to look after the twins alone as her husband is busy working on a farm every day, trying to make enough money to feed the family.

Accessing critical maternal and child health services was a challenge for mothers and children at the height of the Ebola outbreak. Today, WFP is supporting the Ministry of Health and Sanitation to increase access to the health centres so that mothers and children can benefit from services offered there. Through the treatment of moderate acute malnutrition (MAM) in children aged 6-59 months and pregnant and lactating women at peripheral health units, WFP is also helping to improve the nutritional status of vulnerable groups, reaching more than 30,000 children and mothers across the country. Support from programmes like these is vital for ensuring the health of Emma and her children.

Emma first brought her young daughter to the health unit when she was suffering from diarrhoea and worms. During the visit, the nurse measured Adamsey’s mid-upper arm circumference (MUAC) and found it to be smaller than 12.5 cm, meaning that the girl was classified as malnourished. She was immediately enrolled in the programme, and her mother was given a fortnight’s provision of SuperCereal Plus to be administered daily. SuperCereal Plus is a fortified blended food enriched with micronutrients and specifically designed to meet the nutrition needs of moderately malnourished children.

“When the nurses gave me this food, I felt relieved”, Emma says, “at once I started to see improvement”.

Indeed, Adamsey’s weight went from 6.3 kg to 6.7 kg in two weeks, and further weight gain is anticipated. She will be discharged when her MUAC is above 12.5 cm, which indicates that she has recovered from malnutrition.

“I am very happy that her body is looking stronger thanks to the food”, says Emma as she balances the twins on her knees and squeezes Adamsey’s shoulder.

The Sierra Leone Church Health Centre is one of 106 peripheral health units in Port Loko district where MAM Treatment programmes are being provided by WFP. Like many of these centres, Sierra Leone Church Health Centre provides health and nutrition education in addition to vaccination, deworming, growth monitoring and supplementary feeding activities.

More than 30,000 children and about 25,000 mothers are benefiting from the MAM Treatment programme in five districts of Sierra Leone with the highest levels of food insecurity and malnutrition. The programme is vital to reducing undernutrition and attracting mothers to health centres again. At the same time, enriched foods provide

vulnerable children with the nutrients they need to thrive, helping to reduce the inter-generational cycle of hunger.

Figures and Indicators

Data Notes

Cover page photo © WFP/ Olivia Acland

WFP food assistance for assets beneficiary weeding a potato garden in Pujehun district.

Note:

i) Treatment for moderate acute malnutrition, nutrition support to HIV patients and food assistance to Ebola orphans and survivors were transferred from the Country Programme 200336 to PRRO 200938 in June 2016, which explains the variation in the planned beneficiaries and outcome indicators.

ii) General distribution figure includes beneficiaries under Food Assistance for Training (FFT) and emergency response.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	189,721	258,920	448,641	35,018	65,020	100,038	18.5%	25.1%	22.3%
By Age-group:									
Children (under 5 years)	47,517	52,617	100,134	15,497	19,333	34,830	32.6%	36.7%	34.8%
Children (5-18 years)	56,972	66,129	123,101	9,087	13,969	23,056	15.9%	21.1%	18.7%
Adults (18 years plus)	85,232	140,174	225,406	10,434	31,718	42,152	12.2%	22.6%	18.7%
By Residence status:									
Residents	189,721	258,920	448,641	33,826	66,212	100,038	17.8%	25.6%	22.3%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	225,000	90,000	315,000	12,376	-	12,376	5.5%	-	3.9%

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Food-Assistance-for-Assets	6,000	4,000	10,000	23,950	-	23,950	399.2%	-	239.5%
Nutrition: Treatment of Moderate Acute Malnutrition	42,229	-	42,229	53,001	-	53,001	125.5%	-	125.5%
Nutrition: Prevention of Stunting	51,431	-	51,431	-	-	-	-	-	-
HIV/TB: Care&Treatment;	29,981	-	29,981	14,501	-	14,501	48.4%	-	48.4%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	45,000	18,000	63,000	2,475	-	2,475	5.5%	-	3.9%
Food-Assistance-for-Assets	1,200	800	2,000	4,790	-	4,790	399.2%	-	239.5%
Nutrition: Treatment of Moderate Acute Malnutrition	42,229	-	42,229	53,001	-	53,001	125.5%	-	125.5%
Nutrition: Prevention of Stunting	51,431	-	51,431	-	-	-	-	-	-
HIV/TB: Care&Treatment;	23,688	-	23,688	14,501	-	14,501	61.2%	-	61.2%

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
General Distribution (GD)									
People participating in general distributions	30,240	32,760	63,000	1,188	1,287	2,475	3.9%	3.9%	3.9%
Total participants	30,240	32,760	63,000	1,188	1,287	2,475	3.9%	3.9%	3.9%
Total beneficiaries	151,200	163,800	315,000	5,940	6,436	12,376	3.9%	3.9%	3.9%
Food-Assistance-for-Assets									
People participating in asset-creation activities	1,200	800	2,000	2,432	1,622	4,054	202.7%	202.8%	202.7%
Total participants	1,200	800	2,000	2,432	1,622	4,054	202.7%	202.8%	202.7%
Total beneficiaries	4,800	5,200	10,000	12,162	8,108	20,270	253.4%	155.9%	202.7%
HIV/TB: Care&Treatment;									

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
ART Clients receiving food assistance	2,302	2,492	4,794	3,572	4,605	8,177	155.2%	184.8%	170.6%
TB Clients receiving food assistance	6,049	6,552	12,601	-	-	-	-	-	-
Activity supporters	3,020	3,273	6,293	3,036	3,288	6,324	100.5%	100.5%	100.5%
Total participants	11,371	12,317	23,688	6,608	7,893	14,501	58.1%	64.1%	61.2%
Total beneficiaries	14,393	15,588	29,981	6,608	7,893	14,501	45.9%	50.6%	48.4%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Activity supporters (5-18 years)	-	-	-	-	-	-	-	-	-
Activity supporters (18 plus)	-	1,680	1,680	-	-	-	-	-	-
Children (6-23 months)	-	-	-	7,858	8,510	16,368	-	-	-
Children (24-59 months)	-	-	-	7,858	8,512	16,370	-	-	-
Children (under 5 years)	11,101	12,026	23,127	-	-	-	-	-	-
Pregnant and lactating girls (less than 18 years old)	-	1,742	1,742	-	2,026	2,026	-	116.3%	116.3%
Pregnant and lactating women (18 plus)	-	15,680	15,680	-	18,237	18,237	-	116.3%	116.3%
Total beneficiaries	11,101	31,128	42,229	15,716	37,285	53,001	141.6%	119.8%	125.5%
Nutrition: Prevention of Stunting									

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Children (6-23 months)	8,229	8,915	17,144	-	-	-	-	-	-
Pregnant and lactating girls (less than 18 years old)	-	3,429	3,429	-	-	-	-	-	-
Pregnant and lactating women (18 plus)	-	30,858	30,858	-	-	-	-	-	-
Total beneficiaries	8,229	43,202	51,431	-	-	-	-	-	-

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO2 Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies				
Adequate food consumption reached or maintained over assistance period for targeted households				
FCS: percentage of households with poor Food Consumption Score				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	<4.00	19.90	-	2.80
FCS: percentage of households with borderline Food Consumption Score				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	<18.00	33.50	-	16.10
FCS: percentage of households with acceptable Food Consumption Score				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	>76.00	46.50	-	81.30
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	<6.00	20.20	-	2.40
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	<6.00	19.90	-	3.40
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	<18.00	32.40	-	17.90

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	<18.00	33.80	-	13.60
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey</i>	>76.00	47.40	-	79.80
FCS: percentage of households with acceptable Food Consumption Score (male-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.01, WFP survey, mPDM</i>	>76.00	46.30	-	83.10
Diet Diversity Score				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	>4.50	4.40	-	5.70
Diet Diversity Score (female-headed households)				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	>4.50	4.50	-	5.80
Diet Diversity Score (male-headed households)				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	>4.50	4.40	-	5.50
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	=80.00	71.00	-	50.35
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, PDM</i>	=80.00	75.20	-	47.60
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.12, WFP survey, mPDM</i>	=80.00	69.90	-	52.50
Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children				
MAM treatment recovery rate (%)				
<i>6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers, Base value: 2016.07, WFP programme monitoring, Record review of PHUs, Latest Follow-up: 2016.12, WFP programme monitoring, Record review of PHUs</i>	>75.00	94.20	-	96.50
MAM treatment mortality rate (%)				
<i>6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers, Base value: 2016.07, WFP programme monitoring, Record review of the PHU, Latest Follow-up: 2016.12, WFP programme monitoring, Record review of the PHU</i>	<3.00	0.70	-	0.38

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM treatment default rate (%)				
6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers , Base value: 2016.07, WFP programme monitoring, Record review of the PHU, Latest Follow-up: 2016.12, WFP programme monitoring, Record review of the PHU	<15.00	3.70	-	1.72
MAM treatment non-response rate (%)				
6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers , Base value: 2016.07, WFP programme monitoring, Record review of PHUs, Latest Follow-up: 2016.12, WFP programme monitoring, Record review of PHUs	<15.00	0.81	-	1.10
ART Default Rate (%)				
6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers	<15.00	-	-	-
Proportion of target population who participate in an adequate number of distributions				
6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers , Base value: 2016.12, WFP programme monitoring, PDM	>66.00	89.70	-	-
Proportion of eligible population who participate in programme (coverage)				
6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers	=70.00	-	-	-
Proportion of children who consume a minimum acceptable diet				
6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers , Base value: 2016.12, WFP programme monitoring, PDM	>50.00	33.30	-	-
ART Nutritional Recovery Rate (%)				
6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers	>75.00	-	-	-
TB Treatment Default Rate (%)				
TB PATIENT, Project End Target: 2017.12, Health facilities registers	<15.00	-	-	-
TB Treatment Nutritional Recovery Rate (%)				
TB PATIENT, Project End Target: 2017.12, Health facilities registers	>75.00	-	-	-
SO3 Reduce risk and enable people, communities and countries to meet their own food and nutrition needs				
Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households				
FCS: percentage of households with poor Food Consumption Score				
SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM	<6.00	19.90	-	4.70
FCS: percentage of households with borderline Food Consumption Score				
SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH survey, Latest Follow-up: 2016.11, WFP survey, PDM	<18.00	33.50	-	35.40
FCS: percentage of households with acceptable Food Consumption Score				
SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM	>76.00	46.50	-	59.90

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	<6.00	20.20	-	2.40
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	<6.00	19.90	-	5.40
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	<18.00	32.40	-	29.90
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	<18.00	33.80	-	37.00
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	>76.00	47.40	-	67.70
FCS: percentage of households with acceptable Food Consumption Score (male-headed)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	>76.00	46.30	-	57.70
Diet Diversity Score				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	>4.50	4.40	-	5.00
Diet Diversity Score (female-headed households)				
<i>SIERRA LEONE, Project End Target: 2016.12, Base value: 2015.12, Joint survey, HH survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	>4.50	4.50	-	5.20
Diet Diversity Score (male-headed households)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP programme monitoring, PDM</i>	>4.50	4.40	-	4.90
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	=100.00	69.90	-	88.80
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	=100.00	71.00	-	88.19
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Latest Follow-up: 2016.11, WFP survey, PDM</i>	=100.00	75.20	-	84.20

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Increased marketing opportunities for producers and traders of agricultural products and food at the regional, national and local levels				
Food purchased from regional, national and local suppliers, as % of food distributed by WFP in-country				
<i>SIERRA LEONE, Latest Follow-up: 2016.12, WFP programme monitoring, Pipeline data and CP report</i>		-	-	129.60
Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country				
<i>SIERRA LEONE, Latest Follow-up: 2016.12, WFP programme monitoring, Pipeline data and CP report</i>		-	-	123.10
Food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases				
<i>SMALLHOLDERS/ SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, WFP programme monitoring, Pipeline and Procurement info, Latest Follow-up: 2016.12, WFP programme monitoring, Pipeline and Procurement info</i>	=15.00	5.90	-	5.90
Value of products sold by smallholder farmers and smallholder farmer organizations				
<i>SMALLHOLDERS/ SIERRA LEONE, Project End Target: 2017.12, Latest Follow-up: 2016.12, WFP programme monitoring, Procurement info</i>	=200000.00	-	-	125,392.24

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO2: HIV/TB: Care&Treatment; and Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	510	500	98.0%
SO3: Capacity Development - Strengthening National Capacities				
Number of people trained	individual	300	299	99.7%
SO3: Capacity Development - Strengthening National Capacities and Local Purchases				
Number of farmer organizations trained in market access and post-harvest handling skills	farmer organization	42	42	100.0%
Number of smallholder farmers supported by WFP	individual	11,303	11,303	100.0%
SO3: Local Purchases				
Quantity of food purchased locally from pro-smallholder aggregation systems	metric ton	250	222	88.7%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=50.00	26.20	-	-
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12</i>	=50.00	21.00	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=30.00	27.78	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12</i>	=30.00	60.00	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=20.00	46.10	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.02, Base value: 2016.12</i>	=20.00	19.00	-	-

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=80.00	64.48	-	-
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12</i>	=80.00	62.75	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=100.00	94.00	-	-
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12</i>	=100.00	92.60	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=80.00	67.22	-	-
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12</i>	=80.00	58.06	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=100.00	93.30	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12</i>	=100.00	97.10	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=80.00	65.63	-	-
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12</i>	=80.00	59.72	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.11</i>	=100.00	93.75	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12</i>	=100.00	95.50	-	-

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services		
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2017.12, Latest Follow-up: 2016.12</i>	=0.00	17.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Latest Follow-up: 2016.12</i>	=100.00	90.90

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Canada	CAN-C-00513-02	Rice	-	500
Canada	CAN-C-00513-02	Split Peas	-	192
Canada	CAN-C-00513-02	Vegetable Oil	-	55
Japan	JPN-C-00487-01	Corn Soya Blend	-	770
Japan	JPN-C-00487-01	Ready To Use Supplementary Food	-	68
Japan	JPN-C-00487-01	Rice	-	517
Japan	JPN-C-00487-01	Split Peas	-	48
Japan	JPN-C-00487-01	Vegetable Oil	-	35
Sierra Leone, The Republic Of	SIL-C-00009-01	Corn Soya Blend	-	418
Sierra Leone, The Republic Of	SIL-C-00009-01	Vegetable Oil	-	36
Sierra Leone, The Republic Of	SIL-C-00010-01	Corn Soya Blend	-	602
Sierra Leone, The Republic Of	SIL-C-00010-01	Rice	-	675
Sierra Leone, The Republic Of	SIL-C-00010-01	Split Peas	-	120
Sierra Leone, The Republic Of	SIL-C-00010-01	Vegetable Oil	-	109
		Total	-	4,144