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Rebuilding food & nutrition security & strengthening disaster management capabilities

Standard Project Report 2017

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



World Food Programme

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Country Context and WFP Objectives



Achievements at Country Level

In line with the Government of Sierra Leone's Recovery Priorities to 'build back better' following on from the Ebola Virus Disease outbreak, WFP provided crucial support in addressing the food and nutrition needs of vulnerable communities. WFP addressed moderate acute malnutrition among children aged 6-59 months and pregnant and lactating women, irrespective of their nutrition status, and implemented a pilot programme for the prevention of stunting in collaboration with the Directorate of Food and Nutrition and Abdul Latif Jameel Poverty Action Lab for Africa research unit of the University of Cape Town. WFP linked smallholder farmers to markets, furthering the economy, while supporting 42 farmer-based organizations and Agricultural Business Centres, reaching 11,000 participating farmers, of whom 55 percent were women.

As part of the Ebola recovery operation, WFP provided support to the Government of Sierra Leone to develop their disaster risk management capabilities. 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 commodity tracking, warehouse management and monitoring and evaluation. WFP conducted a simulation exercise which covered technical expertise areas (installation of prefabs and Mobile Storage Units, and information and communication technology) to improve the humanitarian community's rapid response capabilities. WFP's efforts to strengthen the institutional and operational disaster preparedness and response capacities of ONS were evident within WFP's response to the mudslide and floods which affected 12,000 households. The United Nations (UN) Resident Coordinator tasked WFP with leading the humanitarian response.

In May 2017, WFP presented the technical findings of the Integrated Context Analysis (ICA) to government stakeholders, representatives from other UN agencies, non-governmental organization (NGO) partners and academia. Findings from the ICA informed programmatic interventions for WFP and its partners. Under its livelihoods programmes, WFP engaged with partners at different levels by utilising the three-pronged approach (3PA) to strengthen asset creation activities.

Country Context and Response of the Government

In January 2016, the World Health Organization (WHO) declared Sierra Leone's Ebola Virus Disease (EVD) outbreak to be over. This resulted in a national shift in focus towards systemic preparedness and ensuring early response capabilities. Sierra Leone set itself the challenge of regaining the ground lost during the Ebola outbreak within an 18-month period to 'build back better' by mid-2017. This was encapsulated in the President's Recovery Priorities which sought to transition the economy back to the Agenda to Prosperity (2013–2035) [1]. The economic costs of EVD outbreak were enhanced by the slump in commodity prices on the international markets. This negatively affected the country's economy, increased food insecurity for vulnerable households and triggered austerity measures aimed at reducing government spending.

Of Sierra Leone's seven million population, 70 percent of people live below the national poverty line of USD 2 per day. The country, ranked 179 out of 185 on the 2016 United Nations Development Programme (UNDP) Human Development Index, faces significant food security and nutrition challenges with the 2017 Global Hunger Index indicating "alarming" levels of hunger (the country scored 117 out of 119). The 2015 Comprehensive Food Security and Vulnerability Analysis indicated that half the population was 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. Despite efforts by the government and partners, access to food remains a concern for sections of the population.

According to the 2015 population census, net primary school enrolment is 99 percent although drop-out rates remain high at 27.8 percent, especially among girls in their early teens [2]. The literacy rate is 32 percent [3]. In 2014, prior to the EVD outbreak, stunting levels in children aged 6-59 months exceeded 30 percent in seven districts and 4.7 percent of children nationally were wasted. According to the 2017 Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey, 31 percent of children in Sierra Leone currently suffer from chronic malnutrition with rates varying greatly between districts.

The HIV prevalence in Sierra Leone has remained at 1.5 percent since 2003 [4]. This stabilization means the country is rated as one of the least affected compared to others in the Sub-Saharan Africa. In a nationwide assessment of the 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. According to the World Health Organization's 2017 Global Tuberculosis (TB) Report, there were 14,114 reported TB cases in 2016 which represents only six in ten TB cases. This means that an estimated 8,000 people living with TB are unaware of their status and currently not receiving the care they need, despite the fact that treatment is available free of charge in 170 centres across the country.

In 2017, efforts were underway to enhance the fragile health care system, weakened by EVD outbreak, through inter-agency support and the restoration of public confidence in government institutions. Health remains a key factor in development for Sierra Leone, particularly as prevalence of teenage pregnancies – already ranked among the highest in the region – spiked during and after the outbreak. To keep pregnant women and children safe and secure from future disease outbreaks, the Government rolled out an enhanced Community Health Worker programme that supported pregnant women to access services and delivered essential drugs including malaria treatment for children. This new programme had the goal of ensuring that no Sierra Leonean would find themselves more than 5 km from a health worker. ■ Under the recovery plan, the Government sought to strengthen health facilities' 'water, sanitation and hygiene' and 'infection prevention and control' procedures while improving data collection and surveillance systems to ensure that new disease outbreaks are quickly picked up and responded to.

Agriculture, the backbone of the country's economy, was another sector identified in the Presidential Recovery Priorities. The government's recovery strategy focused on improving the agriculture and livestock sectors' productivity, creating jobs to lift vulnerable households out of poverty and adding to the value of locally-grown products with an ultimate goal of achieving food self-sufficiency. Efforts were made by the Government to add value to Sierra Leone's agricultural produce and establish new markets by increasing the quantity of locally-sourced crops for security forces and other public institutions. The increase in business opportunities provided a boost to the economy. To further enhance the agricultural sector, over 1,000 km of feeder roads were earmarked for construction to help farmers to get their produce to markets while inland valley swamps were rehabilitated to

increase the production of staple and cash crops (rice, palm oil, cocoa, coffee and cashew) and to promote reforestation. The Government responded to an outbreak of the Fall Armyworm crop disease in 2017, which caused serious damage to crops including maize, by mobilizing farmers to use local innovations to tackle the outbreak. The scale of the damage is yet to be assessed, however the degree of presence was high in all districts across the country.

In recent years, Sierra Leone has witnessed a sharp increase, in both the frequency and severity of disasters resulting in loss of lives, disruption to social structures and a severe economic and psychological burden on vulnerable populations. The increase has been attributed to climate change, unplanned urbanisation, poor agricultural practices and conflict. The country lacks a comprehensive Disaster Management Strategy while the national and local governments lack the capacity to respond to disasters and civil society is not integrated into effective disaster management activities. After the August 2017 mudslide and floods, under the overall coordination of the Ministry of Finance and Economic Development, the United Nations (UN) system supported the Government in the development of a Risk Management and Recovery Action Plan drawing on sector-specific assessments, multi-hazards mapping and other relevant reports. The plan addresses immediate to long-term needs of those affected and at-risk, and provides a roadmap for settlement and national urban planning, to protect lives and livelihoods from future disasters.

[1] The President's Recovery Priorities magazine, July 2017.

[2] Ministry of Education, Science and Technology, Education Country Status report, September 2013.

[3] United Nations Children's Fund (UNICEF), The State of the World's Children report, 2017.

[4] Sierra Leone Demographic Health Survey, 2013.

WFP Objectives and Strategic Coordination

Since the declaration of the end of the Ebola Virus Disease (EVD) outbreak, WFP assistance in Sierra Leone has shifted from caring for the infected and supporting efforts to contain the spread of the virus to addressing malnutrition in vulnerable groups, supporting the government's National Ebola Recovery Strategy. WFP placed emphasis on supporting the government's preparedness for future emergencies through strengthening the infrastructures and logistics capacities established during the EVD outbreak. Furthermore, WFP resumed take-home rations to primary schools, assisting vulnerable households and individuals with the highest rates of food insecurity and illiteracy in meeting their food and nutrition security sustainably.

WFP interventions were aligned with the Government of Sierra Leone's Agenda for Prosperity and the President's Recovery Priorities. WFP, as the lead agency for Pillar 6 of the United Nations Development Assistance Framework (UNDAF) and the incident coordinator in the mudslide and floods response, supported the Government in strengthening social protection systems through increasing poor households' access to social safety nets, expanding access to livelihoods and improving 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 initiated the Zero Hunger Strategic Review process. This country-led exercise provides a comprehensive analysis of the challenges Sierra Leone faces in achieving Sustainable Development Goal (SDG) 2 by 2030. It involves a wide range of government stakeholders as well as civil society, private sector, donors and international organizations.

WFP partnered with the Scaling Up Nutrition (SUN) secretariat to enhance the availability of and access to quality health care services that address the diverse causes of malnutrition. Through the SUN movement, WFP continued to promote a multi-sectoral approach to preventing chronic malnutrition among children aged 6-59 months and pregnant and lactating women. WFP provided technical, logistical and procurement support for 'The Four Foods' study to assess the efficiency and cost-effectiveness of specific nutritious foods for the treatment of moderate acute malnutrition (MAM). The study was undertaken by Tufts University, the United States Agency for International Development (USAID) and the NGO Project Peanut Butter. Simultaneously, within the SUN partnership, WFP integrated nutrition-sensitive programming to support smallholder farmers in increasing agricultural productivity to rebuild their livelihoods and build resilience.

Under the inter-agency framework and in support of global partnerships under SDG 17, WFP coordinated humanitarian assistance, including a joint distribution in which WFP provided food and the United Nations Population Fund (UNFPA) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) provided dignity kits to affected households. Also in collaboration with UNFPA, WFP supported the Ministry of Social Welfare, Gender and Children's Affairs to complete the registration of all affected households on WFP's

corporate digital beneficiary and transfer-management platform, SCOPE. The United Nations Children's Fund (UNICEF) and WFP partnered to support the Ministry of Health and Sanitation to screen and refer cases of MAM to local health centres.

To support the Disaster Management Department of the Office of National Security, WFP provided technical assistance to develop and utilise basic mapping tools to facilitate rapid humanitarian and disaster response planning. Moreover, WFP worked with the Ministry of Agriculture, Forestry and Food Security to boost geospatial capabilities in support food price monitoring to augment early warning capabilities. In an effort to mitigate the impacts of seasonal flooding which typically begin in May, WFP worked with the water, sanitation and hygiene (WASH) Consortium and municipal authorities in Freetown to implement drainage cleaning activities in flood-prone areas.

WFP and the Joint United Nations Programme on HIV/AIDS (UNAIDS) undertook a joint programme to provide social protection services to Ebola survivors, people living with HIV and their dependent from the risk of resurgence of Ebola and spread of HIV and Sexually Transmitted Infections in Western Area and Bombali districts. Services include cash-based transfers to vulnerable children in targeted households to support their schooling, and households headed by women to enable them to access livelihood skills and vocational training.

Country Resources and Results

Resources for Results

In 2017, the PRRO was 60 percent funded having received mainly directed multilateral funding to implement planned activities. Funding for the PRRO decreased in comparison to 2016 when the operation received 80 percent of overall project requirements. The decrease in funding did not result in any major shortfalls with the transfer of food from the Country Programme which ensured the implementation of the capacity strengthening activities. Shortfalls experienced were mainly due to the late arrival of some food items, however WFP mitigated the negative effects of such shortfalls through internal financing and loan mechanisms. The country office sought to address funding challenges through the development and implementation of a resource mobilization strategy.

The Immediate Response EMOP (IR-EMOP) was fully resourced. Resources for the response were initially borrowed from the in-country stocks under the PRRO in order to implement the immediate response. Funds were later repaid to the PRRO after the completion of the procurement process for food under the IR-EMOP. The IR-EMOP received cash contributions and Immediate Response Account funding to implement planned activities. The closure date of the project was extended to December to allow completion of distributions to affected households. The PRRO absorbed additional funds received for mudslide and flood response that could not be utilised under the IR-EMOP.

A fifth budget revision was initiated at the end of 2016 which extended the Country Programme through 31 December 2017. The budget revision increased capacity development and augmentation component to allow WFP to provide technical assistance to the Ministry of Education, Science and Technology to support implementation of the national school meals programme.



Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	31,931	36,409	68,340
Children (5-18 years)	33,116	40,560	73,676
Adults (18 years plus)	91,037	77,046	168,083
Total number of beneficiaries in 2017	156,084	154,015	310,099





Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Single Country IR-EMOP	142	9	21	23	2	197
Single Country PRRO	3,388	331	892	2,430	64	7,105
Total Food Distributed in 2017	3,529	340	913	2,453	66	7,302

Supply Chain

Sierra Leone's air and sea ports are the main entry points for food into the country. The Queen Elizabeth II Quay port is the most important entry gate for goods into the country. Located within the busy and congested east end of the capital city, it serves as the main logistics hub for Sierra Leone's imports and exports. WFP occupies two storage sheds, provided as a contribution from the Government of Sierra Leone, at the port's container terminal with a total capacity of 8,000 mt.

Approximately 95 percent of WFP's cargo was delivered by road from Freetown to the provinces. Sierra Leone has a public road network of 11,700 km, of which 8,700 km are functionally classified in the National Road System. The other 3,000 km consists of local roads and unclassified roads and tracks. With support from external donors, the Government is rehabilitating major roads leading from Freetown to the provinces to enhance connectivity. Although these works have caused delays, in the medium and long term it is anticipated they will ease the overall flow of traffic. WFP often faces logistical challenges in accessing the most vulnerable and highly food-insecure communities especially during the rainy season (May to November).

Food items were transported using both contracted commercial transporters as well as WFP's own fleet. Using commercial transporters, WFP was able to move 11,406 mt of food. The WFP-manned fleet transported 8,427 mt. In 2017, the Logistics Unit updated and shortlisted the list of providers 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.

Under the PRRO, WFP recorded losses amounting to 67.222 mt of food, which represents below 2 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 human consumption, and lack of due care by transporters. WFP recovered the value of the lost food from commercial transporters.

At the country level, a Supply Chain Task Force, consisting of staff from the logistics, programme, procurement, resources management and donor relations units, was set up at country office and sub-office levels to closely monitor WFP stocks on a weekly basis, and minimise post-delivery losses resulting from spoiled food. The Logistics Unit also ensured storekeepers inspect stocks on a daily basis and utilise a warehouse checklist.

In November 2016, a Government fuel subsidy was removed resulting in a 60 percent increase in fuel prices and, therefore, high transportation costs for WFP. As such, WFP sought ways to offset the increase without disrupting logistics processes. WFP was exempted from the national Goods and Service Tax and was granted a waiver that reduced the import tax by 40 percent for the Advance Cargo Declaration scheme. In September 2017, the Ministry of Finance and Development suspended all duty waiver privileges in the country. WFP's appeal to the Foreign Affairs Ministry for a 100 percent waiver was unsuccessful. This has affected the timely delivery of WFP food to beneficiaries.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Iodised Salt	1	-	1
Peas	30	-	30
Ready To Use Supplementary Food	-	45	45
Rice	270	393	663
Total	301	438	740
Percentage	40.8%	59.2%	

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

Commodity	Total
Corn Soya Blend	1,651
Rice	270
Split Peas	193
Vegetable Oil	225
Total	2,340

Implementation of Evaluation Recommendations and Lessons Learned

The country office did not undertake a decentralised evaluation in 2017. The PRRO will be evaluated in 2018. However, following the closure of the regional Ebola emergency operation and the special operation in December 2015, the National Ebola Response Centre (NERC) assessed lessons learned. NERC findings underscored the importance of multi-sectoral planning and preparedness for public health emergencies and the need for special considerations for operations in urban contexts. This guided implementation of the disaster response component of the PRRO.

WFP worked with partners, including the Rome-based agencies (RBA), to ensure complementarity and linkages in programming, particularly for livelihoods and community asset creation activities that achieve lasting impact. This is in response to the European Union Results Oriented Monitoring mission and WFP's internal exercise which found that asset creation activities planned before the Ebola Virus Disease (EVD) outbreak were ambitious in scale, and anticipated complementary inputs from other agencies with inadequate involvement of stakeholders and communities in planning.

WFP's local food procurement activities under the Purchase for Progress (P4P) have stimulated agricultural and market development for smallholder farmers. WFP will use this tool to restore livelihoods and boost local markets by reinforcing the work of farmers' organizations and cooperatives working with the Ministry of Agriculture, Forestry and Food Security, the Food and Agriculture Organization of the United Nations (FAO) and the private sector entities, in line with lessons learned from the pilot project.

Project Results

Activities and Operational Partnerships

In 2017, under the PRRO, WFP implemented a broad portfolio of nutrition, livelihood and emergency preparedness activities in support of the government's National Ebola Recovery Strategy and the President's Recovery Priorities.

WFP provided up to three-month supplementary feeding packages of Super Cereal Plus to 46,129 children aged 6-59 months under the prevention of moderate acute malnutrition (MAM) and stunting activities. A further 36,085 pregnant and lactating women received a three- to six-month supplementary feeding package consisting of Super Cereal and fortified vegetable oil. These highly fortified blended foods help to address the macro and micronutrient deficiencies amongst the beneficiaries recovering from MAM. To encourage caregivers to keep their severely malnourished children within in-patient facilities until recovered, WFP provided all caregivers with a monthly ration of rice, pulses and fortified vegetable oil.

To support the treatment of tuberculosis (TB) clients, WFP provided food and nutrition assistance to 18,970 malnourished TB clients on directly observed treatment, shortcourse (DOT) as well as non-malnourished clients who were undergoing the intensive phase of DOTS. Adult beneficiaries received an individual monthly ration of Super Cereal with sugar and fortified vegetable oil while children aged 6-59 months received Super Cereal Plus. TB clients on the intensive phase of DOTS received a three-month ration to promote drug adherence throughout the treatment while malnourished TB clients remain on nutrition support until recovery is ascertained through acceptable body mass index (BMI) and mid-upper arm circumference (MUAC) measurements. For both adults and children, an additional six-month family ration was provided consisting of rice, pulses and iodised salt to improve the quality of food consumed in the households of TB clients during the period of DOTS.

To support people living with HIV (PLHIV), WFP provided food and nutrition support to 6,655 anti-retroviral treatment (ART) clients, 1,368 prevention of mother-to-child transmission (PMTCT) clients and 2,779 orphans and vulnerable children of PLHIV. Each malnourished adult beneficiary on ART received an individual ration of Super Cereal with sugar and fortified vegetable oil to support nutritional recovery and facilitate adherence to ART.

The Ministry of Health and Sanitation and the Ministry of Agriculture, Forestry and Food Security, through its District Agricultural Offices, were the principal partners for the implementation of nutrition and livelihood activities. 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 the treatment of MAM, WFP partnered with Community Action for the Welfare of Children, Pure Heart Foundation-Sierra Leone, Sierra Leone Poverty Agency and the Foods and Nutrition Directorate of the Ministry of Health and Sanitation. WFP also partnered with World Vision to pilot the stunting prevention programme in Moyamba district. Before rolling out the programme, staff were trained in food handling and implementation to ensure achievement of project objectives. For the TB programme, WFP partnered with National Leprosy and TB Control whose nationwide coverage enabled WFP to reach more TB clients.

WFP partnered with Child Fund, Caritas Makeni and the Network of HIV Positives in Sierra Leone to support ART clients. In collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), WFP supported the Network of People Living with HIV (NETHIPS) in conducting an assessment on HIV and social protection. The information gathered by the assessment is intended to support decision-making in strengthening the HIV sensitivity of social protection schemes to better reach PLHIV, adolescent girls and young women and key populations. The assessment will inform the development of national HIV-sensitive social protection portals, a revision of national AIDS strategies, HIV investment cases, concept notes for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other social welfare and poverty alleviation programmes. The information will also be used to catalyse cross-sector co-programming and co-financing of HIV and social protection programmes.

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

and distributed FFA entitlements. WFP also collaborated with the Freetown City Council to embark on flood prevention activities. The National Commission for Social Action was engaged to implement the lean season programme which targeted food-insecure and vulnerable rural chiefdoms where access to food is difficult in the months of June to August.

Results

WFP continued to implement distribution and post-distribution monitoring (PDM) surveys amongst assisted households to support informed, evidence-based decision-making and accountability for results.

Recovery rates under the targeted supplementary feeding improved from 96.5 percent in 2016 to 98.4 percent in 2017. This could be attributed to the training activities conducted for health staff in peripheral health units in early 2017. Furthermore, there has been an overall improvement in the national global acute malnutrition (GAM) rates. As such, WFP is scaling down targeted supplementary feeding activities, with a focus on districts with high GAM rates. There was also a significant drop in the default rate and non-response rate for moderate acute malnutrition (MAM) activities from 1.7 percent and 1.1 percent in 2016 to 0.9 percent and 0.5 percent in 2017 respectively. The MAM treatment programme achieved its objectives, based on the SPHERE standards [1].

The recovery rate for anti-retroviral treatment (ART) clients who received nutrition support was 89 percent while the default rate was 4 percent. This could be attributed to training in nutrition assessment and counselling and provision of anthropometric equipment for ART counsellors in 2016. Over 85 percent of tuberculosis (TB) patients receiving directly observed treatments, shortcourse (DOTS) were assisted to recover and to benefit from life-saving services. The default rate among this category was 8 percent, well below the acceptable range of less than 15 percent.

In terms of outputs, WFP reached 25.5 percent children aged 6-23 months and 31.4 percent of pregnant and lactating women under the stunting prevention activities. These low results were due to the programme's lack of funds in the first half of 2017. Programme implementation started in April 2017 through the training of health workers while the first food distributions took place in June 2017. WFP reached more severe acute malnutrition (SAM) caregivers in 2017 than 2016. The number of caregivers targeted was estimated based on the number of cases admitted in in-patient facilities.

The food assistance-for-assets (FFA) project successfully rehabilitated 424 ha of Inland Valley Swamp across five target districts (Bombali, Kailahun, Kenema, Port Loko and Pujehun). These previously abandoned swamps were utilised for rice and vegetable cultivation making a significant contribution to improving food security in targeted communities. An example of this change was in the community of Helebu (Peje chiefdom, Pujehun district), where community members successfully rehabilitated a 20 ha site abandoned due to the Ebola Virus Disease (EVD) outbreak. The resulting harvest of rice in Helebu significantly enhanced the food security status of participating households.

Another key project output was the rehabilitation of 1,500 ha of tree crop plantations (cashew, cocoa, coffee and oil palm) across six target districts (Bombali, Kailahun, Kambia, Kenema, Port Loko and Pujehun). Tree crop rehabilitation significantly improved the productivity of plantations often owned by vulnerable groups including widows/widowers and households headed by women, who otherwise lacked the resources to invest in the labour needed to restore their assets back to productivity. Through increasing the productivity of abandoned tree crop plantations, the project contributed toward increasing the incomes of targeted households, and thus improving their access to food.

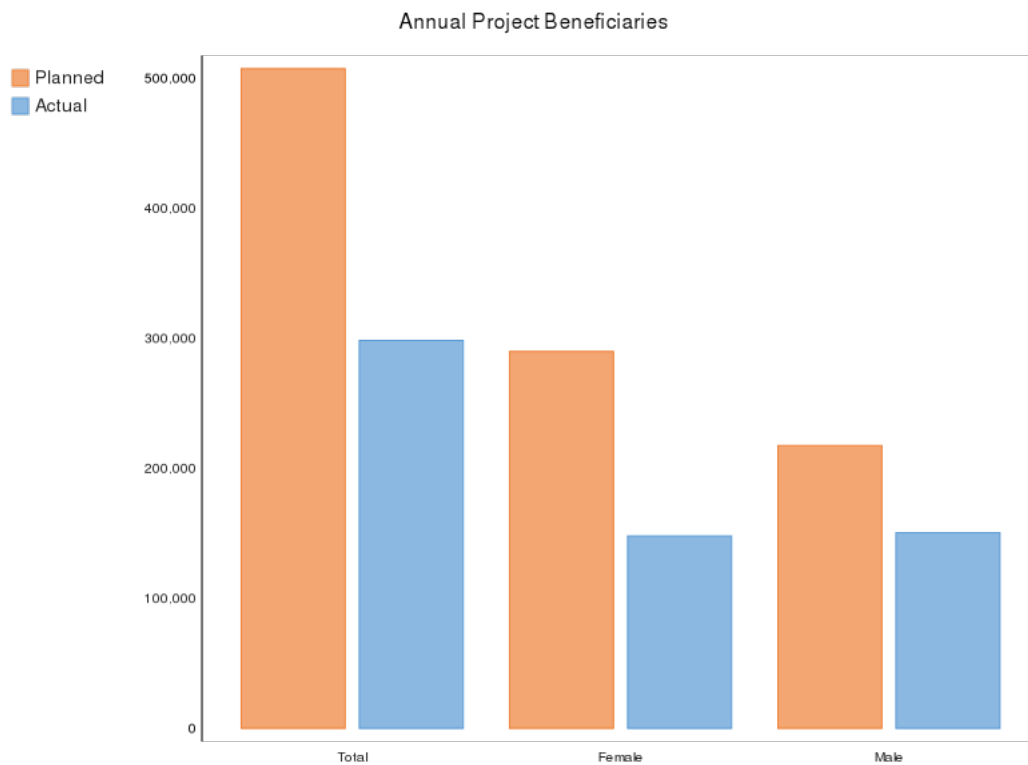
In February 2017, WFP and the Ministry of Agriculture, Forestry and Food Security facilitated a comprehensive community-led FFA participant registration exercise, whereby WFP and the Ministry worked in close collaboration with community representatives to identify vulnerable households in accordance to WFP's vulnerability criteria. It was consequently found that the project benefited the most vulnerable households located in the chiefdoms found to be most food insecure.

A number of project sites targeted under the asset creation component were ongoing activities implemented by other partners, including 20 Global Agricultural and Food Security Programme sites in Bombali district. In these communities, FFA complemented ongoing projects where communities were already receiving technical assistance and tool support to rehabilitate agricultural assets. In these cases, whilst FFA undoubtedly accelerated and enhanced the quality of assets created, some of the change achieved is attributable to the contribution of the partnering Rome-based agencies (RBAs). In Kambia, Kailahun, Kenema, Port Loko and Pujehun, the vast majority of activities implemented were solely targeted by WFP-Ministry of Agriculture, Forestry and Food Security under the FFA component, and thus changes realized can be fully attributed to asset creation component of the PRRO.

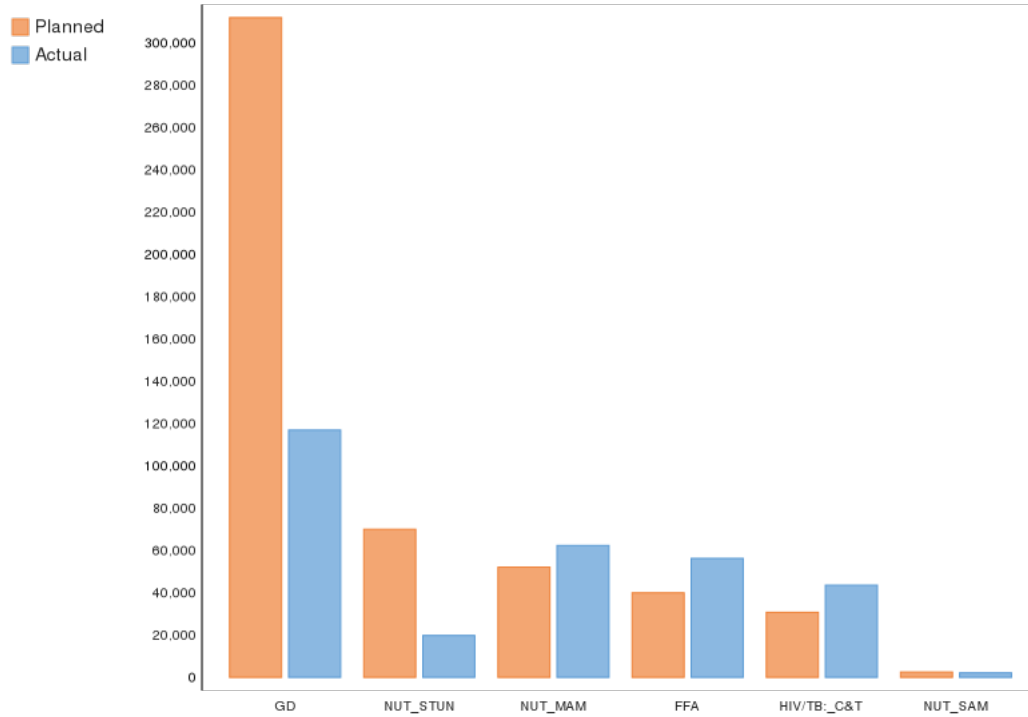
Results from the PDM of FFA activities indicate that the dietary diversity score (DDS) of households benefiting from the programme was 3.8, below the target of over 4.5 which would represent a medium dietary diversity score, with

these households consuming mainly cereals and vegetables. Household dietary diversity was lower among households headed by women (3.6) than households headed by men (3.9). The number of households with an acceptable food consumption score (FCS) at 18.5 percent was far below the 80 percent target. Only 34.3 percent of households reported a reduced coping strategy index (CSI). Households headed by women had a higher CSI with 35.8 percent than those headed by men with 30 percent. These results are lower than 2016 results as only chiefdoms with over 70 percent food security (according to the 2015 Comprehensive Food Security and Vulnerability Analysis) were targeted showing that household food security is still an issue despite WFP's intervention.

[1] 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.

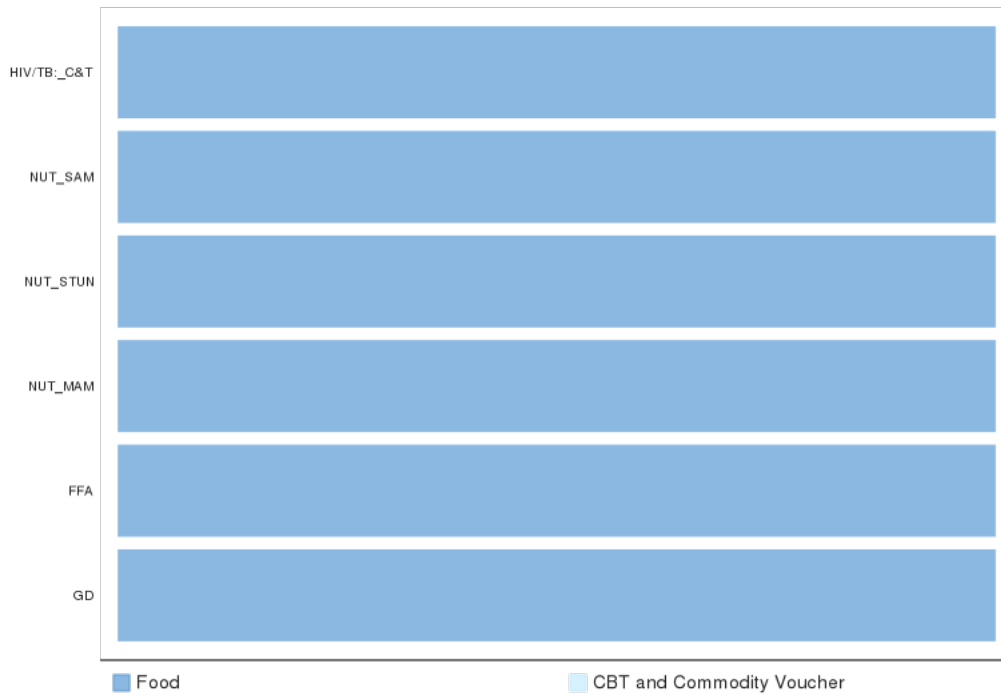


Annual Project Beneficiaries by Activity



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

Modality of Transfer by Activity



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



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	1,323	2	0.2%
Corn Soya Blend	3,375	2,411	71.4%
Iodised Salt	33	64	194.7%
Peas	-	30	-
Ready To Use Supplementary Food	261	19	7.2%
Rice	4,468	3,388	75.8%
Split Peas	48	860	1,776.5%
Vegetable Oil	280	331	118.4%
Total	9,788	7,105	72.6%



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

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	2,996,471	-	-
Total	2,996,471	-	-

Performance Monitoring

The country office developed a monitoring strategy which included project monitoring plan that established a monitoring calendar for all activities.

Distribution and post-distribution monitoring were carried out for all activities. Baselines for all project indicators are from the 2015 Comprehensive Food Security and Vulnerability Analysis report. In addition to three dedicated monitors, WFP used 12 programme staff to monitor 1,523 sites out of 2,539 sites for livelihood and nutrition activities. There was no use of third party monitoring.

The monitoring and evaluation (M&E) team benefited from the use of mobile technology, namely tablets and 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 using the Open Data Kit (ODK) questionnaire. The M&E team made effective use of Country Office Tool for Managing Effectively (COMET), which improved overall accountability and reporting.

Progress Towards Gender Equality

In Sierra Leone, land is predominantly owned by men and transferred inter-generationally to men. Therefore, women often lack access to land rights for arable land. Even when women can access land, lack of ownership creates a disincentive to invest time and resources into sustainable farming practices lowering production and resulting in less income and food for the household. To contribute to addressing this, WFP and the Ministry of Agriculture, Forestry and Food Security advocated for the incorporation of women into leadership positions of farmer-based organizations (FBOs) to emphasise the key role that women perform in boosting agricultural production. Transforming the mindset of men and women about the leading role that women play in agricultural production will contribute toward enhancing women's access to land in the long-term, mitigating gender related inequalities to food and nutrition security.

Over the implementation period, WFP started the roll-out of the three-pronged approach (3PA) to resilience building. This included implementing a community-based participatory planning (CBPP) process in July 2017, targeting Buya Romende chiefdom in Port Loko district. Women's group leaders were selected as socio-economic group representatives to guide the development of a Community Action Plan to catalyse participating communities to reach their vision. The CBPP process gave women an unprecedented opportunity to contribute to the design of projects in their community, demonstrated by a local women leader presenting the district's Common Action Plan to stakeholders and local leaders.

During the assessment of prospective asset creation sites, WFP and the Ministry of Agriculture, Forestry and Food Security held focus group discussions engaging with men and women at the community level. A key discussion to ensure the active participation of women, included asking men and women separately about which activities men and women would perform in asset creation activities and what barriers existed. During focus group discussions, WFP and the Ministry of Agriculture, Forestry and Food Security emphasised the key role that women had to play in the project, with discussions providing a platform to dispel gender-based discrimination which could impede the participation of women.

To strengthen community-level monitoring structures of the food assistance-for-assets (FFA) project, WFP-Ministry of Agriculture, Forestry and Food Security established dedicated five-person food management committees, comprised of at least three women. WFP contacted food management committees before food deliveries and trained members on how to provide feedback to WFP through the Beneficiary Feedback Mechanism (BFM). This approach intended to give targeted women a voice to report any abuse or propose project improvements, thus translating outputs into gender equality results.

Under the livelihoods programme, men tended to take a dominant role in decision-making (53 percent) in how the food was utilised. Women decided how the food assistance should be used in only 23.2 percent of households surveyed while in 23.8 percent of households the decision was shared by both men and woman.

A key output of FFA activities was the rehabilitation and development of small-scale irrigation facilities in Inland Valley Swamp (IVS) for year-round production of rice and vegetables. Approximately 50 percent of FFA participants for IVS rehabilitation and development were women. A notable advantage of IVS cultivation is perennial water availability, thus reducing or eliminating the need for women to travel long distances to collect water for their crops, a factor that typifies upland cultivation. By encouraging FBO to concentrate on the cultivation of IVS for crop production instead of in upland ecologies, the project thus reduced the time burden on women in terms of collecting water for their crops.

In some communities in Sella Limba chiefdom, the enthusiastic role that women FBO members played in IVS rehabilitation resulted in the formation of women only work groups, who also completed work such as brushing, traditionally practised by men. Whilst this phenomenon contributed to challenging cultural based gender norms, it may have also increased the work burden of women at the household level.

Under the treatment of moderate acute malnutrition, 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 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 nutrition counselling and support 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, men tended to take a dominant role in decision-making (53 percent) in how the food was utilised. In 37.5 percent of households surveyed, women decide how the food assistance should be used, and

in 9.4 percent of households, the decision was taken by both men and women. These results show an unfavourable trend from 2016 where 60 percent of women took a dominant role in decision-making in how the food was utilised.

Protection and Accountability to Affected Populations

The health and security of beneficiaries were primary concerns throughout the implementation of the project. Ensuring that the food and nutrition assistance was delivered in safe, accountable and dignified conditions were key considerations throughout food distributions. Only 2 percent of households participating in food assistance-for-assets (FFA) activities reported safety incidents. This can be related to travelling through bush paths to reach the distribution sites. Similarly, for the HIV programme, less than 2 percent of beneficiaries reported experiencing safety problems travelling to or from distribution sites.

The proportion of interviewed beneficiaries who were fully informed about WFP's programme reduced significantly from 66 percent in 2016 to 40.5 percent in 2017. However, most beneficiaries participating in FFA activities were informed about their entitlements and where they could complain. Despite having the feedback mechanism in place, less than half knew why they were targeted for assistance. This may be linked to the perception of the beneficiaries that assistance is being provided because they are farmers rather than their food insecurity status. WFP and partners will ensure that this information is provided in a clear and timely manner.

There was equal proportion of men and women (58 percent) under the HIV programme who were fully informed about why they were included in the programme, their entitlement and where they could provide feedback on the activity. 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 on feedback received by phone calls.

Story Worth Telling

Thirty-year-old Tity Sheriff's daughter Kadiatu is not yet malnourished, but she is determined to prevent this from happening to her child. A mother of three children, Tity has travelled from her village to Njala health centre, located in southern Sierra Leone to collect a monthly ration of specialised nutritious foods for her nine-month old daughter.

"I arrived very early this morning at the health centre just to be among the first to receive the food for my child," says Tity. "I don't want her to fall sick."

It was the first food distribution aimed at preventing stunting and boosting immunisation in Moyamba district. The prevalence of stunting in children under 5 in Sierra Leone is 28 percent with Moyamba district being among the highest at 35 percent. A considerable number of the stunted children suffer from delays in growth and cognitive development, which are often irreversible. Majority of these children belong to poor and vulnerable households whose diets are low in animal sources or fortified foods because families cannot afford them.

To address this problem, WFP, the Abdul Latif Jameel Poverty Action Lab for Africa and World Vision recently registered mothers and children at health centres in Moyamba district for a stunting prevention and immunisation programme led by the Ministry of Health and Sanitation. The pilot project is part of an integrated approach to prevent chronic malnutrition and to boost immunisation as well as promote children's health.

Twenty-five-year-old Dora is one of the women who registered in the programme. Pregnant with her third child, Dora struggles to support her family as her husband tries to complete his degree in banking and finance at a local university.

Dora typically prepares rice and *foo foo*, a common dish made of pounded cassava, for her family, however, given her limited access to a variety of fruits, vegetables and meat, her unborn child is more likely to lack the micronutrients necessary to maximise child's growth, development and learning potential. That is why Dora receives a ration of Super Cereal (an improved corn-soya blend enriched with micronutrients) with sugar and oil from WFP to assist her to deliver a healthy baby.

Given the importance of good nutrition during the crucial 1,000 days between conception and a child's second birth day, nutrition interventions during this period offer an invaluable opportunity to enable children to reach their full developmental, cognitive and physical capabilities.

Dora recognises the importance of accessing health services, including immunisation for her child's growth. "I have never missed out on any clinic day," she says.

Under the pilot programme, set to continue through 2018 in Moyamba district, pregnant and lactating women and children aged 6-23 will receive monthly rations of specialised nutritious foods when they visit a health clinic. The mothers receive Super Cereal whereas the children receive a ready-to-eat product called 'Nutributter' to boost the quality of the food they are given by their mothers.

By giving children the opportunity to survive, thrive and grow into adults through proper nutrition intake, this project aims to contribute to national development through greater productivity and higher lifetime earnings.

"There has been a tremendous increase in beneficiaries accessing health services at the health centre because of the food distributions and given the fact that we are in the lean season when it is difficult to access food," says Josephine, a nurse in charge of the feeding programme at Njala health centre.

Preventing children aged 6-23 months from getting sick or malnourished is not only ethical but reduces many risk factors for child mortality. In addition, prevention minimises pressure on a health system, which in many cases was already strained and challenged before the Ebola Virus Disease outbreak.

"I want my child to do well in school," says Tity. "Nutributter makes her grow healthy and strong," she continued while proudly waving the product with a smile.

Figures and Indicators

Data Notes

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WFP food assistance for assets beneficiaries harvesting rice in Bombali district.

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	217,555	289,913	507,468	150,458	147,917	298,375	69.2%	51.0%	58.8%
By Age-group:									
Children (under 5 years)	64,019	70,585	134,604	30,993	35,353	66,346	48.4%	50.1%	49.3%
Children (5-18 years)	61,510	70,973	132,483	31,240	38,567	69,807	50.8%	54.3%	52.7%
Adults (18 years plus)	92,026	148,355	240,381	88,225	73,997	162,222	95.9%	49.9%	67.5%
By Residence status:									
Returnees	-	-	-	79	20	99	-	-	-
Residents	217,555	289,913	507,468	127,074	171,202	298,276	58.4%	59.1%	58.8%

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)	222,000	90,000	312,000	116,954	-	116,954	52.7%	-	37.5%
Food-Assistance-for-Assets	16,000	24,000	40,000	56,293	-	56,293	351.8%	-	140.7%
Nutrition: Treatment of Moderate Acute Malnutrition	52,113	-	52,113	62,386	-	62,386	119.7%	-	119.7%
Nutrition: Prevention of Stunting	70,057	-	70,057	19,828	-	19,828	28.3%	-	28.3%

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)
Nutrition: Therapeutic Feeding (Treatment of Severe Acute Malnutrition)	2,520	-	2,520	2,170	-	2,170	86.1%	-	86.1%
HIV/TB: Care&Treatment;	30,778	-	30,778	43,589	-	43,589	141.6%	-	141.6%

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)	44,400	18,000	62,400	23,390	-	23,390	52.7%	-	37.5%
Food-Assistance-for-Assets	3,200	4,800	8,000	11,260	-	11,260	351.9%	-	140.8%
Nutrition: Treatment of Moderate Acute Malnutrition	52,113	-	52,113	62,386	-	62,386	119.7%	-	119.7%
Nutrition: Prevention of Stunting	70,057	-	70,057	19,828	-	19,828	28.3%	-	28.3%
Nutrition: Therapeutic Feeding (Treatment of Severe Acute Malnutrition)	2,520	-	2,520	2,170	-	2,170	86.1%	-	86.1%
HIV/TB: Care&Treatment;	24,143	-	24,143	43,589	-	43,589	180.5%	-	180.5%

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	29,952	32,448	62,400	11,227	12,163	23,390	37.5%	37.5%	37.5%
Total participants	29,952	32,448	62,400	11,227	12,163	23,390	37.5%	37.5%	37.5%
Total beneficiaries	149,760	162,240	312,000	56,138	60,816	116,954	37.5%	37.5%	37.5%
Food-Assistance-for-Assets									
People participating in asset-creation activities	4,800	3,200	8,000	6,756	4,504	11,260	140.8%	140.8%	140.8%
Total participants	4,800	3,200	8,000	6,756	4,504	11,260	140.8%	140.8%	140.8%
Total beneficiaries	19,200	20,800	40,000	27,020	29,273	56,293	140.7%	140.7%	140.7%
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	2,020	2,188	4,208	3,194	3,461	6,655	158.1%	158.2%	158.2%
TB Clients receiving food assistance	6,384	6,916	13,300	9,105	9,865	18,970	142.6%	142.6%	142.6%
PMTCT Clients receiving food assistance	-	-	-	-	1,368	1,368	-	-	-
Activity supporters	3,185	3,450	6,635	7,966	8,630	16,596	250.1%	250.1%	250.1%
Total participants	11,589	12,554	24,143	20,265	23,324	43,589	174.9%	185.8%	180.5%
Total beneficiaries	14,774	16,004	30,778	20,265	23,324	43,589	137.2%	145.7%	141.6%

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									
Children (6-23 months)	8,326	9,019	17,345	8,896	9,638	18,534	106.8%	106.9%	106.9%
Children (24-59 months)	8,326	9,020	17,346	8,896	9,638	18,534	106.8%	106.9%	106.8%
Pregnant and lactating girls (less than 18 years old)	-	1,742	1,742	-	2,532	2,532	-	145.4%	145.4%
Pregnant and lactating women (18 plus)	-	15,680	15,680	-	22,786	22,786	-	145.3%	145.3%
Total beneficiaries	16,652	35,461	52,113	17,792	44,594	62,386	106.8%	125.8%	119.7%
Nutrition: Prevention of Stunting									
Children (6-23 months)	17,170	18,600	35,770	4,349	4,712	9,061	25.3%	25.3%	25.3%
Pregnant and lactating girls (less than 18 years old)	-	3,429	3,429	-	1,077	1,077	-	31.4%	31.4%

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)
Pregnant and lactating women (18 plus)	-	30,858	30,858	-	9,690	9,690	-	31.4%	31.4%
Total beneficiaries	17,170	52,887	70,057	4,349	15,479	19,828	25.3%	29.3%	28.3%
Nutrition: Therapeutic Feeding (Treatment of Severe Acute Malnutrition)									
Activity supporters (5-18 years)	-	756	756	-	868	868	-	114.8%	114.8%
Activity supporters (18 plus)	-	1,764	1,764	-	1,302	1,302	-	73.8%	73.8%
Total beneficiaries	-	2,520	2,520	-	2,170	2,170	-	86.1%	86.1%

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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	<4.00	19.90	2.80	48.40
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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - HIV</i>	<18.00	33.50	16.10	24.76
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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	>76.00	46.50	81.30	10.20
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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	<6.00	20.20	2.40	47.10

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	<6.00	19.90	3.40	49.40
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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	<18.00	32.40	17.90	39.60
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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	<18.00	33.80	13.60	42.60
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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	>76.00	47.40	79.80	13.30
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, Previous Follow-up: 2016.01, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	>76.00	46.30	83.10	8.00
Diet Diversity Score				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH survey, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	>4.50	4.40	5.70	3.90
Diet Diversity Score (female-headed households)				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH survey, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	>4.50	4.50	5.80	3.47
Diet Diversity Score (male-headed households)				
<i>SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - Lean season</i>	>4.50	4.40	5.50	3.31
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, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - TB</i>	=80.00	71.00	50.35	68.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - TB	=80.00	75.20	47.60	62.70
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
SIERRA LEONE, Project End Target: 2017.12, PDM, Base value: 2015.12, Joint survey, HH Survey, Previous Follow-up: 2016.12, WFP survey, mPDM, Latest Follow-up: 2017.12, WFP survey, PDM - TB	=80.00	69.90	52.50	70.20
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 (%)				
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, Previous Follow-up: 2016.12, WFP programme monitoring, Record review of PHUs, Latest Follow-up: 2017.12, WFP programme monitoring, Record review of the PHU	>75.00	94.20	96.50	98.40
MAM treatment mortality 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, Previous Follow-up: 2016.12, WFP programme monitoring, Record review of the PHU, Latest Follow-up: 2017.12, WFP programme monitoring, Record review of the PHU	<3.00	0.70	0.38	0.20
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, Previous Follow-up: 2016.12, WFP programme monitoring, Record review of the PHU, Latest Follow-up: 2017.12, WFP programme monitoring, Record review of the PHU	<15.00	3.70	1.72	0.90
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, Previous Follow-up: 2016.12, WFP programme monitoring, Record review of PHUs, Latest Follow-up: 2017.12, WFP programme monitoring, Record review of the PHU	<15.00	0.81	1.10	0.50
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, Latest Follow-up: 2017.12, WFP survey, PDM	>66.00	89.70	-	92.00
Proportion of eligible population who participate in programme (coverage)				
6-59 MONTHS CHILDREN/ SIERRA LEONE, Project End Target: 2017.12, Health facilities registers , Latest Follow-up: 2017.12, WFP programme monitoring, Programme - desk review	>70.00	-	-	80.41
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, Latest Follow-up: 2017.12, WFP survey, PDM	>50.00	33.30	-	30.40

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
ART Default Rate (%)				
<i>PLHIV/SIERRA LEONE, Project End Target: 2017.12, Health facilities registers , Latest Follow-up: 2017.12, WFP programme monitoring, Record review of the PHU</i>	<15.00	-	-	4.00
ART Nutritional Recovery Rate (%)				
<i>PLHIV/SIERRA LEONE, Project End Target: 2017.12, Health facilities registers , Latest Follow-up: 2017.12, WFP programme monitoring, Record review of the PHU</i>	>75.00	-	-	89.00
TB Treatment Default Rate (%)				
<i>TB PATIENT, Project End Target: 2017.12, Health facilities registers , Latest Follow-up: 2017.12, WFP programme monitoring, Record review of the PHU</i>	<15.00	-	-	8.12
TB Treatment Nutritional Recovery Rate (%)				
<i>TB PATIENT, Project End Target: 2017.12, Health facilities registers , Latest Follow-up: 2017.12, WFP programme monitoring, Record review of the PHU</i>	>75.00	-	-	85.20
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				
CAS: percentage of communities with an increased Asset Score				
<i>LIVELIHOOD/SIERRA LEONE, Project End Target: 2017.12, FGD, Latest Follow-up: 2017.12, WFP survey, FGD</i>	>80.00	-	-	51.40
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	<6.00	19.90	4.70	38.32
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	<18.00	33.50	35.40	43.11
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	>76.00	46.50	59.90	18.56
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	<6.00	20.20	2.40	43.08
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	<6.00	19.90	5.40	36.90

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	<18.00	32.40	29.90	40.77
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	<18.00	33.80	37.00	43.94
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	>76.00	47.40	67.70	16.15
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	>76.00	46.30	57.70	19.41
Diet Diversity Score				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	>4.50	4.40	5.00	3.80
Diet Diversity Score (female-headed households)				
<i>SIERRA LEONE, Project End Target: 2016.12, Base value: 2015.12, Joint survey, HH survey, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	>4.50	4.50	5.20	3.60
Diet Diversity Score (male-headed households)				
<i>SIERRA LEONE, Project End Target: 2017.12, Base value: 2015.12, Joint survey, HH Survey, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	>4.50	4.40	4.90	3.90
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	=100.00	69.90	88.80	30.00
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - PDM</i>	=100.00	71.00	88.19	34.30

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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, Previous Follow-up: 2016.11, WFP survey, PDM, Latest Follow-up: 2017.12, WFP survey, PDM - FFA</i>	=100.00	75.20	84.20	35.80
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, Previous Follow-up: 2016.12, WFP programme monitoring, Pipeline data and Procurement report, Latest Follow-up: 2017.12, WFP programme monitoring, Pipeline data and Procurement report</i>		-	129.60	2.50
Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country				
<i>SIERRA LEONE, Previous Follow-up: 2016.12, WFP programme monitoring, Pipeline data and Procurement report, Latest Follow-up: 2017.12, WFP programme monitoring, Pipeline data and Procurement report</i>		-	123.10	0.00
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, Previous Follow-up: 2016.12, WFP programme monitoring, Pipeline and Procurement info, Latest Follow-up: 2017.12, WFP programme monitoring, Pipeline and Procurement info</i>	=15.00	5.90	5.90	16.70
Value of products sold by smallholder farmers and smallholder farmer organizations				
<i>SMALLHOLDERS/ SIERRA LEONE, Project End Target: 2017.12, Previous Follow-up: 2016.12, WFP programme monitoring, Procurement info, Latest Follow-up: 2017.12, WFP programme monitoring, Procurement info; Programme info from buyers; (both direct and indirect purchase)</i>	=200000.00	-	125,392.24	146,219.00

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	602	118.0%
SO3: Capacity Development - Strengthening National Capacities				
Number of people trained	individual	300	114	38.0%
SO3: Capacity Development - Strengthening National Capacities and Local Purchases				
Number of farmer organizations trained in market access and post-harvest handling skills	farmer organization	37	34	91.9%
Number of smallholder farmers supported by WFP	individual	9,000	9,000	100.0%
SO3: Local Purchases				
Quantity of food purchased locally from pro-smallholder aggregation systems	metric ton	390	30	7.7%

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, Latest Follow-up: 2017.12</i>	=50.00	26.20	-	23.80
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=50.00	5.50	-	-
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, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=50.00	21.00	19.70	9.40
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, Latest Follow-up: 2017.12</i>	=30.00	27.78	-	23.20
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=30.00	40.80	-	-
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, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=30.00	60.00	30.70	37.50
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, Latest Follow-up: 2017.12</i>	=20.00	46.10	-	53.10
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=20.00	53.70	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2017.12, Base value: 2016.12, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=20.00	19.00	49.60	53.10

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, Latest Follow-up: 2017.12</i>	=80.00	64.48	-	41.80
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=80.00	46.60	-	-
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, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=80.00	62.75	67.00	58.40
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, Latest Follow-up: 2017.12</i>	=100.00	94.00	-	98.40
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=100.00	98.00	-	-
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, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=100.00	92.60	99.10	98.30
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, Latest Follow-up: 2017.12</i>	=80.00	67.22	-	36.90
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=80.00	38.50	-	-
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, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=80.00	58.06	6.20	58.20
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, Latest Follow-up: 2017.12</i>	=100.00	93.30	-	99.20

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=100.00	98.40	-	-
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, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=100.00	97.10	96.60	100.00
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, Latest Follow-up: 2017.12</i>	=80.00	65.63	-	40.50
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=80.00	43.20	-	-
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, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=80.00	59.72	6.10	58.40
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, Latest Follow-up: 2017.12</i>	=100.00	93.75	-	98.60
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.12</i>	=100.00	98.20	-	-
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, Previous Follow-up: 2017.12, Latest Follow-up: 2017.12</i>	=100.00	95.50	97.90	98.80

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	>0.00	51,238.00
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: 2017.12</i>	>0.00	8.00

Cross-cutting Indicators	Project End Target	Latest Follow-up
Proportion of project activities implemented with the engagement of complementary partners	=100.00	66.70
SIERRA LEONE, General Distribution (GD), Project End Target: 2017.12, Latest Follow-up: 2017.12		

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Japan	JPN-C-00507-01	Corn Soya Blend	-	345
Japan	JPN-C-00507-01	Ready To Use Supplementary Food	-	45
Japan	JPN-C-00507-01	Rice	-	393
Japan	JPN-C-00507-01	Split Peas	-	141
Japan	JPN-C-00507-01	Vegetable Oil	-	52
Japan	JPN-C-00552-01	Corn Soya Blend	-	719
Japan	JPN-C-00552-01	Rice	-	150
Japan	JPN-C-00552-01	Vegetable Oil	-	43
Sierra Leone, The Republic Of	SIL-C-00009-01	Corn Soya Blend	-	214
Sierra Leone, The Republic Of	SIL-C-00009-01	Vegetable Oil	-	36
Sierra Leone, The Republic Of	SIL-C-00010-01	Corn Soya Blend	-	49
Sierra Leone, The Republic Of	SIL-C-00010-01	Peas	-	30
Sierra Leone, The Republic Of	SIL-C-00010-01	Rice	-	270
Sierra Leone, The Republic Of	SIL-C-00010-01	Split Peas	-	33
Sierra Leone, The Republic Of	SIL-C-00010-01	Vegetable Oil	-	65
Sierra Leone, The Republic Of	SIL-C-00010-02	Corn Soya Blend	-	263
		Total	-	2,848