

COUNTRY STRATEGIC PLAN REVISION

Sierra Leone Country Strategic Plan, revision 02

Gender and age marker code: 3

	Current	Change	Revised
Duration	<i>01 Jan. 2020 – 31 Dec. 2024</i>	<i>No change</i>	<i>01 Jan. 2020 – 31 Dec. 2024</i>
Beneficiaries	478,504	108,389	584,760
Total cost (USD)	57,934,850	7,912,850	65,847,700
Transfer	37,289,770	7,117,369	44,407,139
Implementation	8,375,431	,992,743	9,368,174
Direct support costs	8,733,720	-639,691	8,094,029
Subtotal	54,398,920	7,470,421	61,869,341
Indirect support costs (6.5 percent)	3,535,930	442,429	3,978,359

1. RATIONALE

- 1 On 31 March 2020, Sierra Leone registered its index case of COVID-19. Since then, the number of the cases in the country continues to increase rapidly. In response to the COVID-19 pandemic, Sierra Leone declared a State of National Emergency on 24 March 2020 for a period of 12 months. With cases in neighbouring Guinea and Liberia increasing, Sierra Leone closed its land borders on 27 March 2020. With border communities highly reliant on trade across porous borders, supporting adherence to movement restrictions is a key priority of the Government of Sierra Leone in order to prevent further COVID-19 cases entering from neighbouring countries. The Government also introduced regulations prohibiting inter-district movements effective 10 April 2020.
- 2 The direct health threat of COVID-19 is coupled with a widespread indirect socio-economic impact which is exacerbating already alarmingly high rates of food insecurity in Sierra Leone. In January 2020, the Ministry of Agriculture and Forestry (MAF) /WFP joint Food Security Monitoring System (FSMS) assessment reported food insecurity rates of 47.7 percent. Furthermore, according to the regional food security analysis exercise “Cadre Harmonisé (CH)” based on the latest FSMS, 1.3 million people are projected to suffer from food insecurity, under Phase 3 “Crisis” and Phase 4 “Emergency” (of which 73,500 people in phase 4), between June and August 2020. The food insecure population has increased by 1 million persons since last year. These analyses are based on the data collected before the outbreak of COVID-19 in Sierra Leone. While WFP, the Government and food security sector partners are planning to conduct a rapid assessment, the food security situation during the peak of lean season is expected to be worse due to the impact of COVID-19. According to the analysis of WFP Regional Bureau for West and Central Africa, 2.4 million people will be at risk of falling into food insecurity additionally as a result of COVID-19
- 3 As food and nutritional insecurity is exacerbated, it is highly likely that vulnerable households in border areas may break government regulations as they have no option but to search for food, potentially contributing toward the further spread of COVID-

19 in Sierra Leone. Due to the remote and hard-to-reach character of most border areas, vulnerability and food insecurity have been found to be much higher in these locations. If border communities are not assisted, disputes over movement restrictions could potentially be a source of instability.

2. CHANGES

Strategic orientation

- 4 In this first phase, WFP's emergency response will have a duration of 3 months, subject to adjustments in-line with WFP's Global L3 declaration.
 - There will be beneficiary adjustments under Strategic Outcome 1 (crisis response), which focuses on safeguarding the access to food of affected populations.
 - There will also be an expansion of activities and support provided under Strategic Outcome 5 to augment the national disaster response capacities.
 - A new Strategic Outcome 6 will be created to include WFP's service provision activities supporting the national disaster preparedness and response in supply chain and emergency telecommunication.

- 5 In line with the impact of COVID-19, WFP will target the most affected populations whose food security has been jeopardized without alternative options for assistance (Strategic Outcome 1). To limit public gatherings, WFP may try to use existing beneficiary lists where overlap is appropriate or other institutional lists, leveraging community leaders' inputs for adjustments as required.

- 6 Under SO1, WFP will also support health services as well as community-based organisations to treat acute malnutrition.. In collaboration with UNICEF, WFP will support malnutrition treatment by scaling up screening and referrals, training and equipping health personnel, as well as providing specialized nutritious products to targeted children aged 6-59 months and pregnant and lactating women.

- 7 WFP's response will support the overall UN intervention below the revised HRP, with coordination as required with WHO, UNICEF, and FAO within and outside the Food Assistance and Nutrition, Social Protection, Logistics, and ETC sector Pillars.

- 8 With global supply chains impacted by COVID-19, WFP has taken a proactive stance and financed the repositioning of strategic reserves in Las Palmas and Togo regional hubs while further expanding its procurement of local food purchases and cash and/or voucher transfer implementation as appropriate. While updating logistics assessments for the impact of the pandemic and risk of border closures, WFP will maintain its use of the port of Freetown, as the main staging area, as well as the commercial sector and cooperating partners' landside transport capacity to reach FDPs.

- 9 The challenges of COVID-19 revealed the weakness of the national capacities to respond to a pandemic emergency in the country. Under SO5, WFP will provide the following capacity strengthening:
- WFP will support the strengthening of Government's infrastructures and facilities to isolate COVID-19 contact cases and treat COVID-19 patients in a safe manner.
 - WFP will enhance the telecommunication capacities to support the effective delivery of the humanitarian response by providing internet, phone connectivity as well as radio equipment via an interagency emergency / security telecommunications systems and communication centres for in-country operational hubs.
 - Co-leading the Food Security Technical Working Group with FAO, WFP will help consolidate relevant analysis to adapt the overall food security response and appropriate modalities, placing a particular emphasis on COVID adapted interventions as well as the differentiated needs of affected populations, including their gender, age and disability.
- 10 Following critical commercial supply chain interruptions due to the crisis, WFP will seek to enable and improve the effectiveness of the humanitarian response through the delivery of common services in-country under the newly created SO6, including:
- On behalf of the logistics pillar, coordination and information management to resolve pandemic related bottlenecks, as well as facilitate access to in-country common services in case critical logistics gaps. Where appropriate, these may include management of in-country staging areas, warehouses and transport capacities for the broader humanitarian supply chain, including medicine, water and sanitation, food and non-food items supplies as well as engineering support.
 - WFP Sierra Leone will ensure in-country support / administrative coordination activities of WFP COVID19 global air services until the reopening of the airport / resumption of the commercial flights.
- 11 WFP will seek to adapt its monitoring and reporting systems to limit the risk of exposure for personnel, partners and beneficiaries, employing remote monitoring solutions where appropriate. Furthermore, ensuring accountability to affected populations despite limited physical interaction, WFP will make use of remote complaints and feedback mechanisms including 2 way call centres where possible.
- 12 While the full impact of COVID-19 is yet uncertain, WFP will continue monitoring with the Government and humanitarian partners opportunities to adapt its response, and as appropriate, participate in recovery plans while progressively handing common services via solutions that address needs for continuity in operations, maintaining response capacity, and attention on minimum preparedness actions.
- 13 In order to effectively deliver this response, the Country Office is seeking to scale up its own capacity in the areas of programme, CBT, supply chain. Given unprecedented

demands and difficulties in relying on TDYs, the Country Office will invest in local hiring and additional training, considering standby partner opportunities as required.

Risk management

- 14 The Country Office Risk Register is being updated to reflect the risk in COVID19 context. Progress towards the implementation of mitigation actions will be reviewed through regular risk discussions and communicated to key stakeholders. Timely communication to partners and other stakeholders on revisions to programme response, increase in beneficiary numbers, etc., will be ensured to maintain high credibility of WFP’s response. Particular attention will be paid to COVID-19 risks related to employee health and security, supply chain disruptions and access constraints, beneficiary health and safety, partner capacity, governance and oversight, as well as anticipated escalation in food assistance caseload due to deteriorating operational conditions. WFP will monitor the situation in Guinea and Liberia through regular communication with the Regional Bureau, the Country Offices of both countries. WFP will conduct periodic risk monitoring, follow UN security restrictions, liaise with UNDSS and ensure it complies with minimum operational security standards (MOSS) and minimum security telecommunications standards (MIST).

Beneficiary analysis

- 15 New beneficiaries to be addressed by the present BR includes vulnerable households (high dependency ratio, demographics most at risk for malnutrition, migrants and refugees excluded from health systems) living in areas under lock down/movement restriction or high-risk epicentre area as well as children aged 6-59 months and pregnant and lactating women, in-line with the national protocol and standards for admission and discharge based on anthropometric assessment of nutrition status.

TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY & MODALITY							
Strategic Outcome	Activity	Period	Women	Men	Girls	Boys	Total
			(18+ years)	(18+ years)	(0-18 years)	(0-18 years)	
1	1 (food or CBT)	Current	13,365	12,430	14,630	14,575	55,000
		Increase	20,132	18,706	36,054	33,497	108,389
		Revised	33,497	31,136	50,684	48,072	163,389
2	2 (food)	Current	0	0	169,827	163,167	332,994
		Increase	0	0	0	0	0
		Revised	0	0	169,827	163,167	332,994
	3 (food)	Current	0	0	0	0	0
		Increase	0	0	0	0	0
		Revised	0	0	0	0	0

3	4 (food)	Current	19,080	0	18,950	15,645	53,675
		Increase	0	0	0	0	0
		Revised total	19,080	0	18,950	15,645	53,675
4	5 (food or CBT)	Current	11,336	10,543	12,409	12,362	46,650
		Increase	0	0	0	0	0
		Revised	11,336	10,543	12,409	12,362	46,650
TOTAL <i>(without overlap)</i>		Current	43,781	22,973	210,935	200,815	478,504
		Increase	20,132	18,706	36,054	33,497	108,389
		Revised	63,913	41,679	245,928	233,240	584,760

Transfers

16 There is no change in food rations.

17 To meet beneficiaries' immediate basic food requirements WFP will use a combination of in-kind food rations and cash-based transfers, according to market conditions, and through appropriate measures to reduce risk of contamination. While complementary assessments are under way, WFP will seek to adapt delivery modalities in accordance with social distancing protocols, objectives regarding the full and active participation of women, as well as protection concerns according to beneficiaries' sex and age. Where appropriate, WFP will assess the feasibility of channeling some of its assistance through existing national social protection programmes

**TABLE 2: FOOD RATIONS (g/person/day) AND CASH-BASED TRANSFER VALUES (USD/person/day)
BY STRATEGIC OUTCOME AND ACTIVITY**

Beneficiary type	Strategic outcome 1		Strategic outcome 2				Strategic outcome 3		Strategic outcome 4		
	Activity 1		Activity 2		Activity 3		Activity 4		Activity 5		
	Crisis-affected populations	Pregnant and lactating women and girls	Children age 6-59 months	Primary school children	Government-led national school feeding programme	Pregnant and lactating women and girls	Children age 6-23 months	Farmer organizations and women's groups			
Modality	Food	CBTs	Food	Food	Food	CBTs	Food	Food	Food	Food	CBTs
Cereals	400				120		120			400	
Pulses	60				30		30			60	
Oil	25		25		10		10			25	
Salt	5				5		5			5	
SuperCereal	60		200					100			
SuperCereal Plus				200					100		
Total kcal/day	2 195		984	787	653		653	381	401	1 966	

% kcal from protein	16.1		13.3	16.6	16.2		16.2	17.2	18.1	16.0	
CBTs (USD/person/day)		0.58									0.58
Number of feeding days per year	90		90	90	190		190	365*	365	60	60

TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS & VALUE						
Food type / cash-based transfer	Current Budget		Increase		Revised Budget	
	Total (mt)	Total (US\$)	Total (mt)	Total (US\$)	Total (mt)	Total (US\$)
Cereals	23 435	8 652 469	1 797	655 857	25 232	9 308 325
Pulses	5 675	2 270 036	270	108 028	5 945	2 378 064
Oil and Fats	1 915	1 915 841	142	126 260	2 056	2 042 101
Mixed and Blended Foods	4 059	3 072 180	701	700 704	4 760	3 772 884
Other	923	132 585	22	4 313	945	136 897
TOTAL (food)	36 006	16 043 111	2 932	1 595 161	38 938	17 638 272
Cash-Based Transfers (US\$)		1 658 220		1 047 080		2 705 300
TOTAL (food and CBT value - US\$)	36 006	17 701 331	2 932	2 642 241	38 938	20 343 572

3. COST BREAKDOWN

18 This revision will take into account additional operational costs required to adapt WFP interventions to the COVID context, in-line with WHO and national guidance, not limited to four critical investment areas

- a. Responding to the additional needs – adjustments to the food transfer costs.
- b. Safeguarding programme delivery platforms – adjustments to delivery platforms, hygiene measures for distribution, increased FLA costs, repackaging of rations, COVID sensitisation materials, sensitising government and civil society partners, additional last mile delivery and storage equipment, digital transformation of delivery platforms to reduce interaction, etc.
- c. Safeguarding health of beneficiaries and WFP's and partners' workforces – hygienic materials and facilities, awareness campaigns and training for NGO and government partners, development of new distribution protocols, enhance screening facilities, advocate and implement COVID risk mitigation with service providers, investments to ensure CBT partners comply with safe practices, etc.

TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)							
	Strategic Result 01/SDG Target 2	Strategic Result 01/SDG Target 2	Strategic Result 02/SDG Target 2	Strategic Result 03/SDG Target 2	Strategic Result 05/SDG Target 17	Strategic Result 05/SDG Target 17	Total
Strategic outcome	1	2	3	4	5	6	
Focus area	Crisis Response	Resilience Building	Root Causes	Resilience Building	Resilience Building	Crisis response	
Transfer	4,118,016	0	0	0	2,499,353	500,000	7,117,369
Implementation	658,343	0	0	0	286,899	47,500	992,743
Direct support costs		<i>(no figures in the grey cells)</i>					- 639,691
Subtotal							7,470,421
Indirect support costs (6.5%)							442,429
TOTAL							7,912,850

TABLE 5: OVERALL CSP/ICSP/LEO COST BREAKDOWN, AFTER REVISION (USD)							
	Strategic Result 01/SDG Target 2	Strategic Result 01/SDG Target 2	Strategic Result 02/SDG Target 2	Strategic Result 03/SDG Target 2	Strategic Result 05/SDG Target 17	Strategic Result 05/SDG Target 17	Total
Strategic outcome	1	2	3	4	5	6	
Focus area	Crisis Response	Resilience Building	Root Causes	Resilience Building	Resilience Building	Crisis Response	
Transfer	5,142,390	24,170,092	5,621,673	4,740,560	4,232,423	500,000	44,407,139
Implementation	776,455	3,489,856	1,976,891	2,094,529	982,942	47,500	9,368,174
Direct, support, costs,	630,260	4,125,412	1,313,027	1,168,918	740,086	116,326	8,094,029
Subtotal	6,549,106	31,785,361	8,911,591	8,004,006	5,955,452	663,826	61,869,341
Indirect, support, costs, (6.5%)	425,692	2,066,048	579,253	520,260	387,104	0	3,978,359
TOTAL	6,974,797	33,851,409	9,490,845	8,524,266	6,342,557	663,826	65,847,700