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SPR Reading Guidance



Country Programme - Sierra Leone (2013-2014)

Standard Project Report 2016

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

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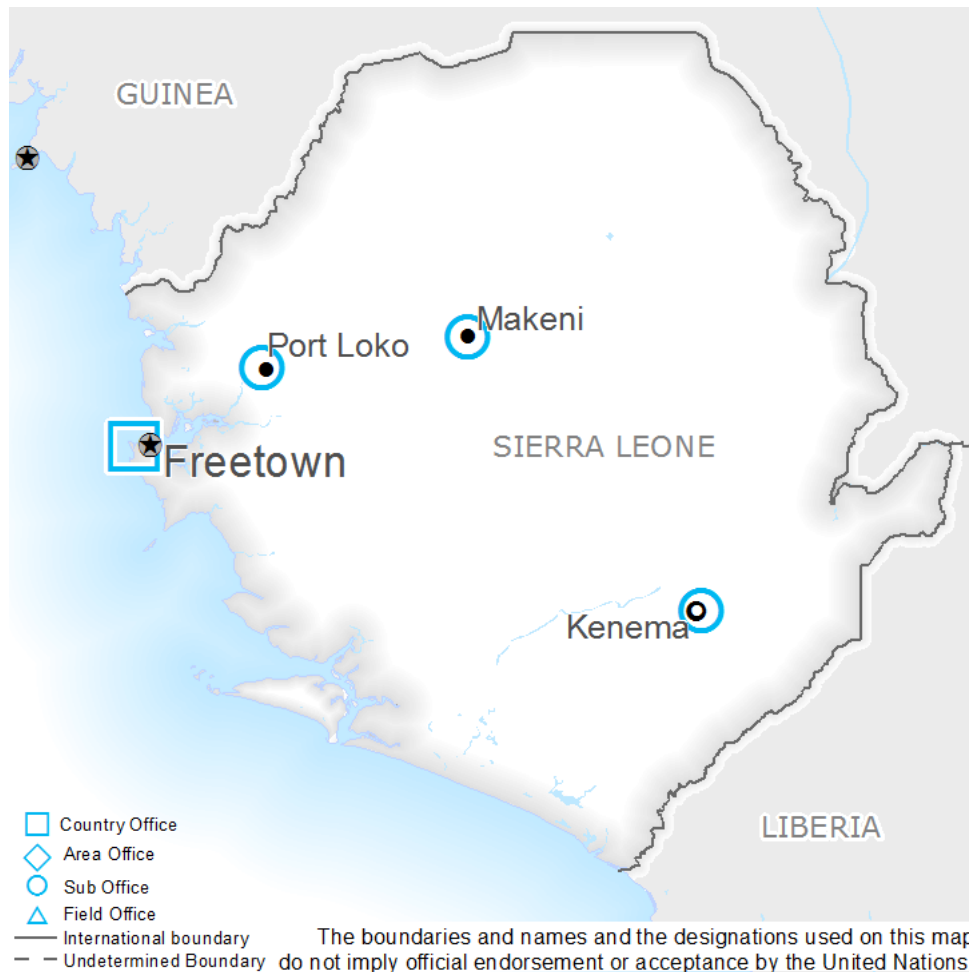
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Country Context and WFP Objectives



Country Context

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

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

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

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

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

Response of the Government and Strategic Coordination

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

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

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

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

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

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

Summary of WFP Operational Objectives

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

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

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

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

Country Resources and Results

Resources for Results

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

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

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

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

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

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

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

Achievements at Country Level

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

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

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

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

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

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

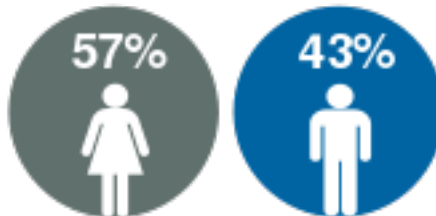
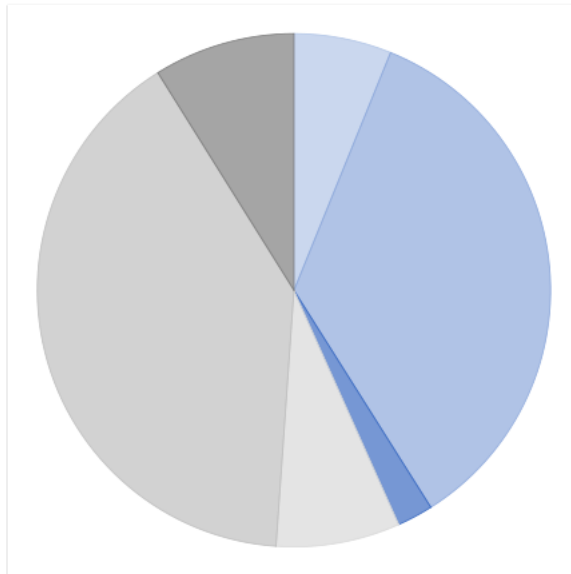


Annual Country Beneficiaries

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

Country Beneficiaries by Gender and Age

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



Annual Food Distribution in Country (mt)

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

Supply Chain

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

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

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

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

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

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

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

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

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

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

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

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



Annual Food Purchases for the Country (mt)

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

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

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

Implementation of Evaluation Recommendations and Lessons Learned

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

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

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

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

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

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

Project Objectives and Results

Project Objectives

The country programme was designed to increase access to education, improve nutrition and support livelihood recovery throughout Sierra Leone, in line with the Government's Agenda for Prosperity. However, given the outbreak of the Ebola virus disease (EVD) in 2014, all activities under the country programme, with the exception of nutrition support to HIV patients, were suspended until 2016 when the outbreak was declared over. Before activities under the emergency operation were absorbed into the recovery operation (PRRO 200938) in June 2016, the country programme also supported EVD orphans and survivors to rebuild their livelihoods and decrease vulnerability.

Aligned with WFP Strategic Objective 4, "reduce undernutrition and break the intergenerational cycle of hunger", WFP aimed at increasing equitable access to education. WFP utilised the findings from the 2015 Comprehensive Food Security and Vulnerability Analysis to target primary schools in the most food-insecure communities in Sierra Leone. WFP provided take-home rations, which supported the Government's efforts to get children back to school following the EVD outbreak. Furthermore, the food assistance aimed to incentivise parents to enrol and retain their primary school-aged children in school and increase girls' attendance rates.

In support of Sustainable Development Goal (SDG) 2 on Zero Hunger and SDG 17 on Partnerships, WFP provided technical assistance to the Ministry of Education, Science and Technology to develop their school feeding policy, which culminated in the roll out of a national home-grown school feeding programme at the end of 2016.



Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	323,548
Direct Support Costs	9,043,881
Food and Related Costs	41,549,843
Indirect Support Costs	3,710,515
Cash & Voucher and Related Costs	2,090,081
Total	56,717,868

Project Activities

The take-home rations were implemented to increase access to education and promote human capital development. Since the inception of WFP school meals programmes in Sierra Leone in 1991, WFP has provided technical assistance to the Ministry of Education, Science and Technology to articulate a school feeding policy. At the start of 2016, WFP worked with the Ministry's School Feeding Coordination (SFC) Unit to review the draft school feeding policy, following up previous support to the SFC Unit through WFP seconded staff to strengthen the unit's human resource capacity. WFP technical assistance was aligned with the National Social Safety Net policy established in 2011 and the subsequent programme established by the Government with financial support from the World Bank and the United Nations Children's Fund (UNICEF). Students within the targeted schools who achieved at least 80 percent attendance were eligible to receive take-home rations.

The take-home ration programme was preceded by a School Readiness Assessment in 2015, which was conducted to determine which schools should be targeted for WFP assistance. The selection was also based on findings from the 2015 Comprehensive Food Security and Vulnerability Analysis (CFSVA), which detailed the food security at chiefdom level. Following the assessment, WFP collaborated with the Ministry of Education, Science and Technology to conduct a nationwide headcount of pupils in target schools. The headcount covered all districts, with

the exception of Western Area (urban and rural) and Koinadugu district where the international non-governmental organization (NGO) Catholic Relief Services (CRS) has been implementing a five-year school meal programme with the support of the Government.

WFP worked with the Ministry of Education, Science and Technology on community engagement to sensitise school committees, head teachers and parents on the take-home ration programme before and during planned distributions. EduTrac Community Monitors [1] were hired to monitor the food distribution to beneficiaries in targeted schools. Close collaboration with UNICEF enhanced monitoring of the take-home rations using the 'RapidPro' platform through community monitors.

The take-home rations included a combination of pulses, rice, vegetable oil and SuperCereal. During the second round of take-home ration distributions, WFP added sugar to the food basket for schools in Moyamba and Bonthe districts. Through the Purchase for Progress (P4P) initiative, WFP procured 73.98 mt of locally produced rice and pulses to support the transition to home-grown school meals in an effort to reduce reliance on imported food.

WFP was further requested to support the Government in the planning and design of the home-grown school meals by reviewing the World Bank's System Approach for Better Education Results (SABER) Policy Goals benchmarks achieved for Sierra Leone in 2014. WFP and CRS also proposed to sponsor a small delegation from the Ministry of Education, Science and Technology and the Ministry of Agriculture, Forestry and Food Security to visit the WFP Centre of Excellence against Hunger in Brazil in early 2017 to continue a multi-stakeholders dialogue and share lessons from Brazil's experience in School Meals.

WFP intended to build on the successful implementation of the two take-home ration distributions in May and July 2016 and proposed to the Ministry of Education, Science and Technology implementation of another round of take-home ration distributions before the end of 2016. However, the Ministry decided to continue with the roll-out of the national school feeding programme without the complementary take-home ration scheme.

WFP reached 88 percent of planned primary schoolchildren as only those who met the eligibility criteria (80 percent attendance) received their entitlement. The second round of distributions began in July 2016 and targeted only students who achieved 80 percent attendance between April and May.

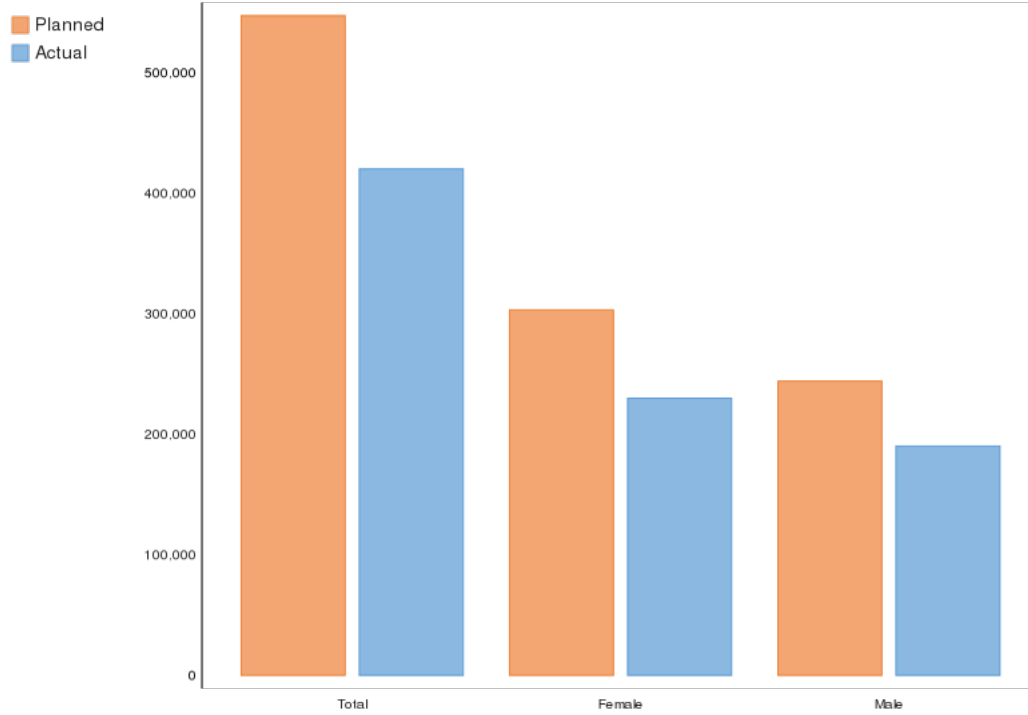
WFP implemented a Food by Prescription programme to improve the nutrition status of people living with HIV (PLHIV) undergoing anti-retroviral therapy (ART). The nutrition support was targeted towards HIV positive adults, as well as highly vulnerable groups including mothers, orphans and vulnerable children. The ART patients received a 90-day food ration package and their family members also received a quarterly take-home rations of rice, pulses and vegetable oil.

To complement the targeted nutrition and food support to PLHIV, WFP also trained ART counsellors and support group representatives in nutrition assessment and reporting of outcome and output indicators of the Food by Prescription programme. The training raised awareness on the importance of nutrition assessment as part of the nutrition support programme, and developed capacity among service providers in the measurement of height and weight for calculation of Body Mass Index (BMI) and mid-upper arm circumference (MUAC) to assess the nutritional status of ART clients. ART site counsellors and district supervisors are now able to monitor progress and impact of the nutrition support program, which is essential for making decisions, maintaining transparency and establishing a basis for the evaluation of experience and lessons learned.

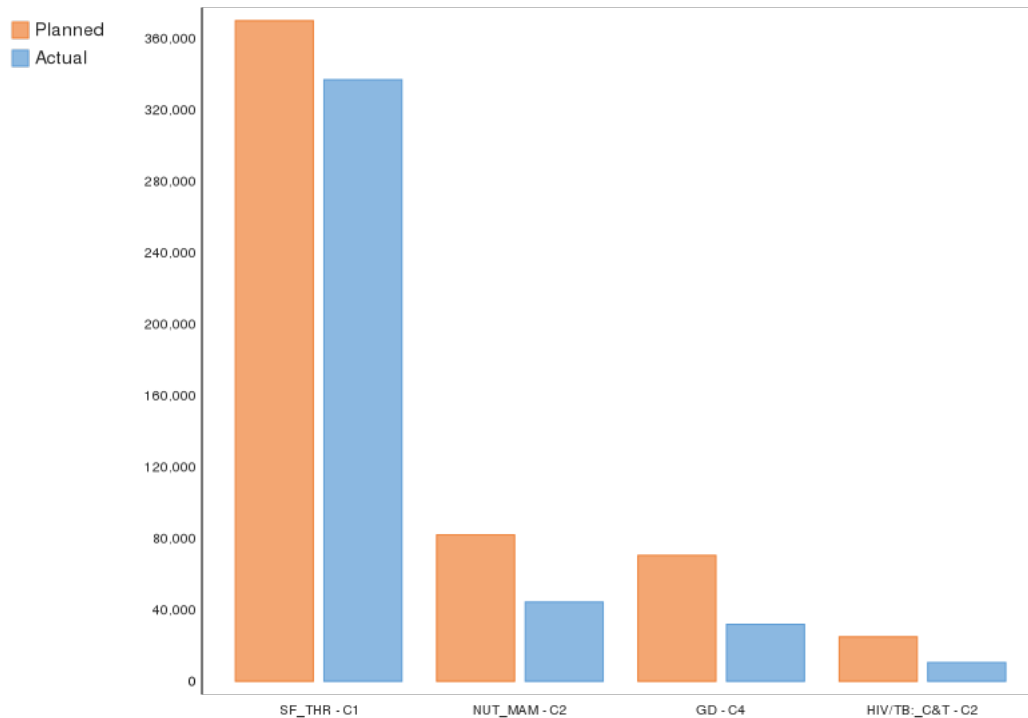
Additional nutrition support was provided to children aged 6-59 months and pregnant and lactating women to treat moderate acute malnutrition (MAM). Targeted supplementary feeding to treat MAM was conducted in peripheral health units in Bonthe, Kambia, Kenema and Port Loko districts, as these are the districts with the highest levels of MAM throughout Sierra Leone. Staff in peripheral health units screened for MAM in children and pregnant and lactating women, and those children aged 6-59 months who were found to have MAM were provided with three-month specialised nutritious foods, SuperCereal Plus, while malnourished pregnant and lactating women were given a three-month supplementary feeding package of SuperCereal and fortified vegetable oil.

[1] EduTrac is a short message service (SMS) based information management platform wherein the Ministry of Education, Science and Technology community monitors collect and submit data on education activities in real-time. UNICEF provides technical and information technology support to the EduTrac platform.

Annual Project Beneficiaries

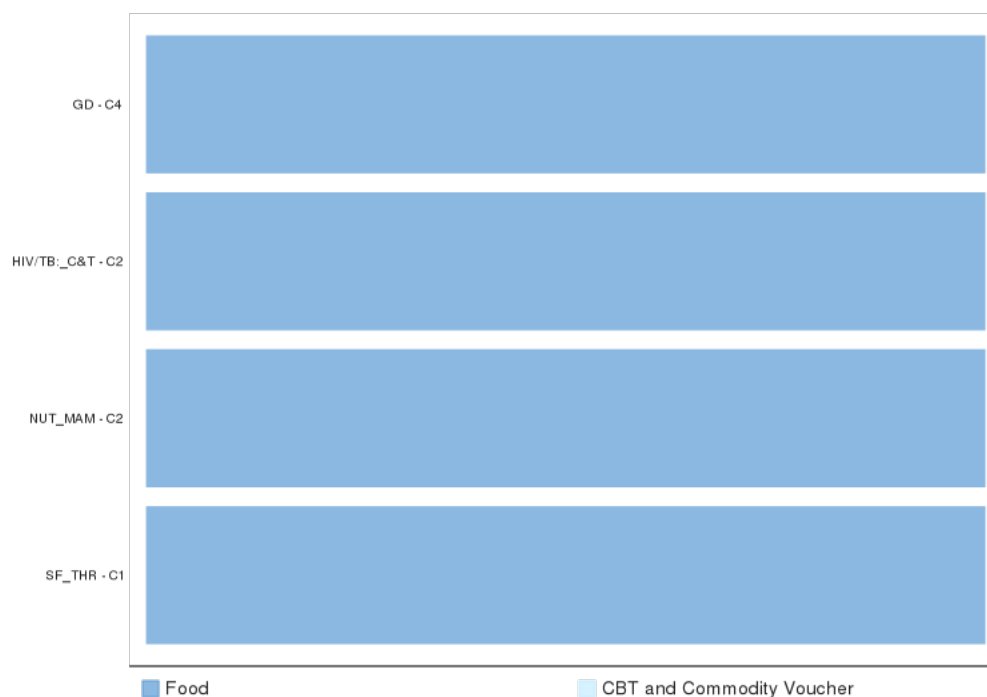


Annual Project Beneficiaries by Activity



SF_THR: School Feeding (take-home rations)
 NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
 GD: General Distribution (GD)
 HIV/TB: _C&T: HIV/TB: Care&Treatment

Modality of Transfer by Activity



SF_THR: School Feeding (take-home rations)
 NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
 HIV/TB: _C&T: HIV/TB: Care&Treatment
 GD: General Distribution (GD)



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Commodity-Comp.1-Education			
Beans	1,148	13	1.1%
Corn Soya Blend	198	114	57.4%
Peas	-	20	-
Rice	4,162	3,254	78.2%
Split Peas	-	1,277	-
Sugar	-	83	-
Vegetable Oil	436	505	115.9%
Subtotal	5,944	5,266	88.6%
Commodity-Comp.2-MCH			
Beans	75	-	-
Corn Soya Blend	1,198	1,110	92.7%
Iodised Salt	5	2	47.9%
Rice	376	175	46.6%

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Rice Soya Blend	-	0	-
Split Lentils	-	3	-
Split Peas	-	35	-
Vegetable Oil	102	64	63.0%
Subtotal	1,756	1,391	79.2%
Commodity-Comp.4-Ebola transition			
Beans	178	38	21.6%
Corn Soya Blend	44	158	360.0%
Iodised Salt	15	12	83.7%
Peas	-	69	-
Ready To Use Supplementary Food	0	18	23,260.9%
Rice	1,187	810	68.2%
Split Peas	-	89	-
Vegetable Oil	74	70	93.6%
Wheat Soya Blend	-	8	-
Subtotal	1,498	1,273	84.9%
Total	9,198	7,930	86.2%

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

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Commodity-Comp.4-Ebola transition			
Cash	524,929	-	-
Total	524,929	-	-

Operational Partnerships

In order to ensure local ownership, community mobilization and efficiency in take-home ration food distributions to primary schools, WFP formed partnerships with the Ministry of Education, Science and Technology, the United Nations Children's Fund (UNICEF), school authorities and school management committees.

Zonal supervisors and head teachers were especially useful in arranging distribution dates and time so that EduTrac community monitors assigned to the schools were able to monitor the distributions.

Accountability was identified as a key programmatic risk. To mitigate this, WFP partnered with UNICEF and the Ministry of Education, Science and Technology to use the EduTrac platform to do community-based monitoring of the take-home ration distributions to ensure that programme objectives were met, and that food was stored safely and distributed efficiently to targeted beneficiaries. EduTrac process monitors covered over 40 percent of targeted schools.

In support of the President's Recovery Priorities, UNICEF provided complementary support through the provision of water and sanitation facilities and hygiene materials.

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

Performance Monitoring

The country office set up a dedicated monitoring and evaluation (M&E) unit in 2014, which allowed WFP to measure the effectiveness of its operations and provided empirical data and feedback to improve WFP's approach to better serve the beneficiaries. The M&E unit is located in the country office and sub-offices to ensure proper coverage throughout the country. The M&E unit has established a comprehensive monitoring system through the framework of its 2016–2017 M&E Strategy, which consists of a portfolio of tools to collect data, assess programme implementation, enhance provision of timely, relevant and quality information, and ultimately strengthen WFP's accountability to beneficiaries, partners and donors.

In 2013, the World Bank used diagnostic tools under Systems Approach for Better Education Results (SABER) to establish baseline indicators for school meals in Sierra Leone. Using this information, WFP was able to track progress on the national capacity to design and implement a national school meals programme.

WFP put in place a robust three-tier monitoring system to monitor progress, identify challenges and assess the performance of take-home ration distributions, which included: i) a pre-distribution monitoring to check the effectiveness of the sensitisation exercise and gauge to what extent schools and beneficiaries were aware of the distribution; ii) WFP staff and EduTrac community monitors conducting process monitoring of the distributions; and iii) post-distribution monitoring.

WFP staff were highly involved in monitoring of take-home ration distributions; they were present at 20 percent of the sites. However, staff capacity was limited given the number of schools participating in the distribution, many located in rural areas difficult to access, and transportation challenges that arose during the rainy season. To help offset these challenges, the Ministry of Education, Science and Technology and the United Nations Children's Fund (UNICEF) also provided monitors to mitigate leakage or misuse of take-home rations.

WFP utilised mobile technology to improve data management and data entry. The Open Data Kit (ODK) proved a vital component of the M&E for each round of distributions. The ODK facilitated real time monitoring and gave geodata access to community monitors that were located throughout the country. Furthermore, WFP rolled out Country Office Tool for Managing Effectively (COMET), which allowed the M&E team to track food commodities, cash transfers, beneficiaries and other project indicators in a timely manner, contributing to overall reporting.

Due to the use of take-home rations as a stop-gap measure while the Government developed its national school feeding programme, WFP did not collect all indicators planned for the school meals component.

Results/Outcomes

The monitoring and evaluation unit (M&E) conducted post-distribution monitoring (PDM) for the provision of take-home rations. The first PDM report indicated that 92.5 percent of the targeted primary schoolchildren received the take-home rations, with the variance due to head teachers that shared food among all pupils present during the distribution, irrespective of their eligibility criteria. Head teachers were more likely to re-distribute food if faced with community pressure. WFP also used two indicators to analyse the food security status of households of children that received take-home rations. The survey found that almost 61 percent of households with children that received take-home rations have a low dietary diversity score (DDS) and only 39 percent have an acceptable DDS [1]. However, almost half of the surveyed households had an acceptable food consumption score (FCS) [2].

WFP came to an agreement with the Ministry of Education, Science and Technology to provide take-home rations to incentivize parents to send their school-age children back to school following the reopening of schools after the Ebola virus disease (EVD) outbreak. The take-home ration distributions were meant to be used as an interim

temporary measure as the Ministry finalised its national school meals programme. The take-home ration scheme aimed to decrease barriers for girls' attainment of education and to increase access to education to ultimately promote human capital development.

During the headcount exercise conducted in March 2016, WFP collected data on the enrolment rate and gender ratio. The exercise indicated that the enrolment rate decreased marginally by 1.7 percent for boys and 1.4 percent for girls from the baseline value taken in 2013. The gender ratio in WFP-assisted primary schools nearly met the target of equal parity (1:1 ratio) with 98 girls enrolled for every 100 boys.

However, since the take-home ration targeted pupils who had attained 80 percent attendance within a three-month period, WFP did not have sufficient time to collect information from the school registers and report on changes in attendance before the policy and operational shift by the Government from in-kind to cash transfers for primary schools. Therefore, head count figures were used as proxy for attendance rates.

Data on complementary partners were not collected as implementation was done directly by WFP in collaboration with schools authorities and the Ministry of Education, Science and Technology who also took part in monitoring food distributions. WFP continued its engagement with the Ministry's School Feeding Unit on the national school feeding programme. The Ministry decided to implement a national programme targeting 1.2 million schoolchildren in all government-assisted schools with two school meals per week. The government policy differed from the previous WFP school meals plans, therefore WFP phased out school meals activities beyond the two rounds of take-home rations. That is the reason why WFP did not collect data on output indicators associated with the school meals component outlined in the original logical framework.

Under component four, which supported orphans and survivors of the EVD, some activities were not implemented due to a lack of flare-ups that WFP had initially planned to respond to. Thus, activities under the Contain and Care Pillars were not implemented as planned, i.e. treatment of EVD patients and caregivers, discharge (food assistance to survivors and households), isolated contact cases (quarantined households/communities) as well as contingency.

Throughout 2016, WFP provided training to staff in peripheral health units (PHU) on nutrition assessment and reporting of outcome and output indicators of the Food by Prescription programme. Before being trained, PHU staff did not have the technical capacity or adequate tools to facilitate the collection of indicators for the Food by Prescription programme, thus, WFP intends to collect these indicators in 2017, after staff have been fully trained.

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

The overall recovery rate for treatment for moderate acute malnutrition (MAM) was 97 percent for pregnant and lactating women and 98 percent for children aged 6-59 months. The default rate was 1.72 percent for women and 0.54 percent for children, while the mortality rate was 0.26 percent and 0.2 percent, respectively. The non-response rates were below 1 percent, which shows that the provision of specialised nutritious foods to malnourished women and children supported nutrition recovery. The MAM treatment programme achieved its objectives, based on the SPHERE standards [3].

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

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

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

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

Progress Towards Gender Equality

Literacy and cultural issues holding women back from assuming leadership roles as well as social and economic vulnerabilities and gender norms perpetuate gender inequality in Sierra Leone. The importance of gender equality and women's empowerment has gained momentum translating into increased women's roles in leadership positions and involvement in decision making. The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) worked with WFP on advocacy on gender issues targeting rural communities where violence against women is prevalent.

The take-home rations provided a minimum economic incentive to vulnerable households to encourage parents to send their children to school and it directly contributed to the household food baskets which are managed by women.

The overall beneficiary targeting of WFP assistance for take-home rations was equitable between genders, as support was equally provided to those meeting eighty percent of school attendance requirement. However, 49.6 percent of girls were reached compared to boys. Changing social perception on the need for girls' education through advocacy by partners and gender-based groups is key.

Women leadership in school management committees remains low at 36.1 percent. The school management committee, the basic unit of management at the community level, is mostly dominated by men. However the management of food is mostly in the hands of women. Moreover, women constituted the majority of parents that accompanied their children to collect their food during the take-home ration distributions.

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

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

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

Protection and Accountability to Affected Populations

The majority of school meals programme beneficiaries who went to distribution sites to receive food assistance did not experience any problems. All distributions took place within school compounds, which are mostly considered safe. Only 1.8 percent of respondents reported that they experienced one or more problems while receiving their take-home rations. The types of incidents reported included: difficulties in confirmation of personal details (schoolchildren usually use different names at home and at school, since food was collected by parents there was confusion at times on the actual names of beneficiaries), disagreements around the quantity of food shared among pupils, and the inability of police officers to maintain peace and order at some sites. WFP worked closely with the Ministry of Education, Science and Technology and school authorities to resolve some of these issues.

WFP continued with the beneficiary feedback mechanism that started in mid-2015 to enhance its accountability and interaction with beneficiaries by allowing them to call, email or WhatsApp directly when they had questions or complaints about WFP food assistance activities. A total of 27 feedback calls were received; apart from the 16 feedback calls that were followed up on, remaining calls were inquiries. Posters showing a hot line number, email and WhatsApp addresses and beneficiary entitlement were printed and displayed at distribution sites. The beneficiary feedback mechanism helped to improve WFP programmes by identifying a range of issues including security, protection, fraud and food diversion. In addition, the beneficiary feedback mechanism enabled WFP to gather information to improve the efficiency and effectiveness of food assistance. There was a communication document developed by the school feeding unit. Information was also disseminated to beneficiaries and other stakeholders through radio announcements and meetings.

Story Worth Telling

Mr. Columba Sheriff walks up and down the corridor as he addresses pupils and their parents gathered to receive their take-home food rations. He is the head teacher of the Roman Catholic Lower primary school in Bo town, southern Sierra Leone. This distribution marked the resumption of WFP school meals programme since the closure of schools in 2014 to help limit the spread of the Ebola virus.

Amie Lansana accompanies her twins to school today. Alice Bah and Aminata Bah are 8 years old and in class two. Aminata wants to be a teacher when she grows up and Alice wants to be a nurse. To achieve their dreams, however, both of them have to come to school every day and pass their exams.

WFP take-home rations were implemented in 11 districts across the country as an incentive to parents to send their children to school, thus encouraging enrolment and attendance in primary schools in line with the Government's National Ebola Recovery Strategy. The take-home rations consist of SuperCereal, a specialised nutritious food, rice and oil or beans. The take-home rations are provided to 336,960 boys and girls in 2,464 primary schools in the most food-insecure chiefdoms across the country. The take-home rations are an interim measure in preparation for the actual in-school meals.

"Some pupils who were absent from school for four weeks are here today for the distribution, thanks to the take-home rations," says Mr. Sheriff.

In Sierra Leone, approximately 1.2 million children are enrolled in primary schools: net enrolment and completion rates for girls are lower than those for boys, and deteriorates at the higher grades. Net primary school enrolment is between 62 and 69 percent; and drop-out rates are high, especially among girls in their early teens. Only 13 percent of children who enter grade 1 reach grade 6. To address this, WFP provides take-home rations to pupils who meet 80 percent of school attendance.

"I encourage my girls to regularly attend school so that they will not miss out on the next distribution," says Lansana.

Commenting on the economic benefits of the take-home rations, Lansana says, "I will save the money that I would have spent on buying vegetable oil to add to my petty trade business."

Sierra Leone is still bearing the brunt of the Ebola virus outbreak, and people remain vulnerable. Providing school meals is crucial in a country where 3.5 million people do not have enough food to lead healthy lives.

WFP works together with the United Nations Children's Fund (UNICEF) and EduTrac Community monitors from the Ministry of Education, Science and Technology to ensure that food reaches the children for whom it was intended.

Figures and Indicators

Data Notes

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Primary schoolchildren in Moyamba district collect their take-home ration of vegetable oil.

Note:

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

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	244,181	303,315	547,496	190,250	229,987	420,237	77.9%	75.8%	76.8%
Total Beneficiaries (Commodity-Comp.1-Education)	176,845	193,155	370,000	161,053	175,907	336,960	91.1%	91.1%	91.1%
Total Beneficiaries (Commodity-Comp.2-MCH)	33,469	73,471	106,940	14,780	36,571	51,351	44.2%	49.8%	48.0%
Total Beneficiaries (Commodity-Comp.4-Ebola transition)	33,867	36,689	70,556	14,417	17,509	31,926	42.6%	47.7%	45.2%
Commodity-Comp.1-Education									
By Age-group:									
Children (5-18 years)	176,845	193,155	370,000	161,053	175,907	336,960	91.1%	91.1%	91.1%
By Residence status:									
Residents	176,845	193,155	370,000	161,053	175,907	336,960	91.1%	91.1%	91.1%
Commodity-Comp.2-MCH									
By Age-group:									
Children (6-23 months)	13,388	13,388	26,776	6,153	8,037	14,190	46.0%	60.0%	53.0%
Children (24-59 months)	20,081	20,081	40,162	6,121	7,908	14,029	30.5%	39.4%	34.9%
Children (5-18 years)	-	7,200	7,200	1,361	6,209	7,570	-	86.2%	105.1%
Adults (18 years plus)	-	32,802	32,802	1,145	14,417	15,562	-	44.0%	47.4%
By Residence status:									
Residents	33,469	73,471	106,940	15,709	35,642	51,351	46.9%	48.5%	48.0%

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)
Commodity-Comp.4-Ebola transition									
By Age-group:									
Children (under 5 years)	16,898	18,303	35,201	4,202	5,390	9,592	24.9%	29.4%	27.2%
Children (5-18 years)	16,969	18,386	35,355	10,051	11,955	22,006	59.2%	65.0%	62.2%
Adults (18 years plus)	-	-	-	164	164	328	-	-	-
By Residence status:									
Residents	33,866	36,690	70,556	14,884	17,042	31,926	43.9%	46.4%	45.2%

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)
Commodity-Comp.1-Education									
School Feeding (take-home rations)	370,000	-	370,000	336,960	-	336,960	91.1%	-	91.1%
Commodity-Comp.2-MCH									
Nutrition: Treatment of Moderate Acute Malnutrition	82,002	-	82,002	44,403	-	44,403	54.1%	-	54.1%
HIV/TB: Care&Treatment;	24,938	-	24,938	10,525	-	10,525	42.2%	-	42.2%
Commodity-Comp.4-Ebola transition									
General Distribution (GD)	55,441	15,115	70,556	31,926	-	31,926	57.6%	-	45.2%

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)
Commodity-Comp.1-Education									
School Feeding (take-home rations)	370,000	-	370,000	336,960	-	336,960	91.1%	-	91.1%
Commodity-Comp.2-MCH									
Nutrition: Treatment of Moderate Acute Malnutrition	82,002	-	82,002	44,403	-	44,403	54.1%	-	54.1%
HIV/TB: Care&Treatment;	24,938	-	24,938	10,525	-	10,525	42.2%	-	42.2%
Commodity-Comp.4-Ebola transition									

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)	11,361	3,023	14,384	6,386	-	6,386	56.2%	-	44.4%

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)
Commodity-Comp.1-Education									
School Feeding (take-home rations)									
Children receiving take-home rations in primary schools	176,845	193,155	370,000	161,053	175,907	336,960	91.1%	91.1%	91.1%
Total participants	176,845	193,155	370,000	161,053	175,907	336,960	91.1%	91.1%	91.1%
Total beneficiaries	176,845	193,155	370,000	161,053	175,907	336,960	91.1%	91.1%	91.1%
Commodity-Comp.2-MCH									
HIV/TB: Care&Treatment;									
ART Clients receiving food assistance	5,991	5,991	11,982	2,406	2,069	4,475	40.2%	34.5%	37.3%
TB Clients receiving food assistance	6,478	6,478	12,956	-	-	-	-	-	-
Total participants	12,469	12,469	24,938	2,406	2,069	4,475	19.3%	16.6%	17.9%
Total beneficiaries	12,469	12,469	24,938	2,406	2,069	4,475	19.3%	16.6%	17.9%
Commodity-Comp.4-Ebola transition									
General Distribution (GD)									
People participating in general distributions	6,798	7,366	14,164	2,703	3,682	6,385	39.8%	50.0%	45.1%
Inpatients receiving food assistance	105	115	220	-	-	-	-	-	-
Total participants	6,903	7,481	14,384	2,703	3,682	6,385	39.2%	49.2%	44.4%
Total beneficiaries	33,867	36,689	70,556	14,416	17,509	31,925	42.6%	47.7%	45.2%

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)
Commodity-Comp.2-MCH									
Nutrition: Treatment of Moderate Acute Malnutrition									
Activity supporters (18 plus)	-	4,002	4,002	-	-	-	-	-	-
Children (6-23 months)	8,400	8,400	16,800	-	-	-	-	-	-
Children (24-59 months)	12,600	12,600	25,200	-	-	-	-	-	-
Pregnant and lactating girls (less than 18 years old)	-	7,200	7,200	-	-	-	-	-	-
Pregnant and lactating women (18 plus)	-	28,800	28,800	-	-	-	-	-	-
Total beneficiaries	21,000	61,002	82,002	-	-	-	-	-	-

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Commodity-Comp.1-Education				
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Increased equitable access to and utilization of education				
Retention rate in WFP-assisted primary schools				
<i>WFP ASSISTED PRIMARY SCHOOLS, Project End Target: 2016.12, Latest Follow-up: 2016.03, WFP survey, School Assessment</i>	>95.00	-	-	95.40
Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools				
<i>WFP ASSISTED PRIMARY SCHOOLS, Project End Target: 2016.12, Base value: 2013.11, WFP programme monitoring, Previous Follow-up: 2014.07, WFP programme monitoring, Programme monitoring report, Latest Follow-up: 2016.07, WFP survey, PDM</i>	>6.00	75.00	61.00	-1.00
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools				
<i>WFP ASSISTED PRIMARY SCHOOLS, Project End Target: 2016.12, Enrolment check, Latest Follow-up: 2016.03, WFP survey, Headcount Exercise</i>	>6.00	-	-	-1.40
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools				
<i>WFP ASSISTED PRIMARY SCHOOLS, Project End Target: 2016.12, Enrolment check, Base value: 2013.11, WFP programme monitoring, Previous Follow-up: 2014.07, WFP programme monitoring, Latest Follow-up: 2016.03, WFP survey, HeadCount Exercise</i>	>6.00	75.00	61.00	-1.70

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Attendance rate (girls) in WFP-assisted primary schools				
WFP ASSISTED PRIMARY SCHOOLS, Project End Target: 2016.12, Attendance record check, Base value: 2013.11, WFP programme monitoring, Previous Follow-up: 2014.07, WFP programme monitoring, Latest Follow-up: 2016.03, WFP survey, Head count exercise	>90.00	55.00	60.50	81.40
Attendance rate (boys) in WFP-assisted primary schools				
WFP ASSISTED PRIMARY SCHOOLS, Project End Target: 2016.12, Attendance record check, Base value: 2013.11, WFP programme monitoring, Previous Follow-up: 2014.07, WFP programme monitoring, Latest Follow-up: 2016.03, WFP survey, Head count exercise	>90.00	55.00	60.50	82.00
Gender ratio: ratio of girls to boys enrolled in WFP-assisted primary schools				
WFP ASSISTED PRIMARY SCHOOLS, Project End Target: 2016.12, Enrolment check, Base value: 2013.11, WFP programme monitoring, Previous Follow-up: 2014.07, WFP programme monitoring, Programme monitoring, Latest Follow-up: 2016.03, WFP survey, Headcount Exercise	=1.00	1.20	1.10	0.98
Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels				
NCI: School Feeding National Capacity Index				
WFP ASSISTED PRIMARY SCHOOLS, Project End Target: 2016.12, Interview with the Ministry staff and school teachers	>3.00	-	-	-
Commodity-Comp.2-MCH				
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Project-specific				
MAM treatment recovery rate (%)				
COUNTRY WIDE, Project End Target: 2015.12	>75.00	-	-	-
MAM treatment mortality rate (%)				
COUNTRY WIDE, Project End Target: 2015.12	<3.00	-	-	-
MAM treatment default rate (%)				
COUNTRY WIDE, Project End Target: 2015.12	<15.00	-	-	-
MAM treatment non-response rate (%)				
COUNTRY WIDE, Project End Target: 2015.12	<5.00	-	-	-
FCS: percentage of households with acceptable Food Consumption Score				
COUNTRY WIDE, Project End Target: 2015.12, Monitoring Visits	>80.00	-	-	-
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
COUNTRY WIDE, Project End Target: 2015.05	>60.00	-	-	-
TB Treatment Success Rate (%)				
COUNTRY WIDE, Project End Target: 2015.12	=85.00	-	-	-
ART Adherence Rate (%)				
COUNTRY WIDE, Project End Target: 2015.12, Monitoring Visits	=85.00	-	-	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
ART Nutritional Recovery Rate (%)				
<i>COUNTRY WIDE, Project End Target: 2015.12</i>	=75.00	-	-	-
TB Treatment Nutritional Recovery Rate (%)				
<i>SIERRA LEONE, Project End Target: 2014.12, Monitoring Visits</i>	=85.00	-	-	-
Commodity-Comp.3-Livelihoods				
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>INTERVENED CHIEFDOMS IN ALL DISTRICTS, Project End Target: 2015.12</i>	=35.00	-	-	-
Commodity-Comp.4-Ebola transition				
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>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	>80.00	-	-	-
FCS: percentage of households with borderline Food Consumption Score				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	=80.00	-	-	-
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	>80.00	-	-	-
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	>80.00	-	-	-
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	>80.00	-	-	-
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	>80.00	-	-	-
Diet Diversity Score				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, Post Distribution Monitoring</i>	>4.50	-	-	-
Diet Diversity Score (male-headed households)				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	>4.50	-	-	-
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	=80.00	-	-	-
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	=80.00	-	-	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
<i>SOCIAL PROTECTION, Project End Target: 2016.03, PDM</i>	=80.00	-	-	-
Diet Diversity Score (female-headed households)				
<i>SOCIAL PROTECTION: ORPHAN (AND FOSTER HOUSEHOLD), Project End Target: 2016.03, Household Survey</i>	>4.50	-	-	-

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
Commodity-Comp.1-Education				
SO4: School Feeding (take-home rations)				
Number of primary schools assisted by WFP	school	1,415	1,404	99.2%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Commodity-Comp.1-Education				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12, Base value: 2016.07</i>	=50.00	19.20	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12, Base value: 2016.07</i>	=30.00	39.40	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12, Base value: 2016.07</i>	=20.00	41.50	-	-
Proportion of women beneficiaries in leadership positions of project management committees				
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12, Base value: 2016.02</i>	>50.00	36.10	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12</i>	>50.00	-	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Training on food distribution includes a solid explanation for gender-sensitive food distribution (yes/no)				
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12</i>	=100.00	-	-	-
Commodity-Comp.2-MCH				
Training on food distribution includes a solid explanation for gender-sensitive food distribution (yes/no)				
<i>SIERRA LEONE, HIV/TB, Project End Target: 2014.12</i>	=1.00	-	-	-
Commodity-Comp.3-Livelihoods				
Proportion of women beneficiaries in leadership positions of project management committees				
<i>WESTERN, Food-Assistance-for-Assets, Project End Target: 2015.12</i>	>50.00	-	-	-
Commodity-Comp.4-Ebola transition				
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: 2016.03</i>	=50.00	-	-	-
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>	=30.00	-	-	-
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>	=20.00	-	-	-

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Commodity-Comp.1-Education				
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12, Base value: 2016.07</i>	=100.00	62.70	-	-
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12, Base value: 2016.07</i>	=100.00	98.20	-	-
Commodity-Comp.4-Ebola transition				
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: 2016.03</i>	=80.00	-	-	-

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site	=70.00	-	-	-
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>				
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)	=60.00	-	-	-
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>				
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites	=70.00	-	-	-
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>				
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)	=60.00	-	-	-
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>				
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site	=70.00	-	-	-
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>				

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Commodity-Comp.1-Education		
Number of partner organizations that provide complementary inputs and services	=5.00	-
<i>WESTERN, School Feeding (take-home rations), Project End Target: 2016.12</i>		
Proportion of project activities implemented with the engagement of complementary partners	=100.00	50.00
<i>SIERRA LEONE, School Feeding (take-home rations), Project End Target: 2016.12, Latest Follow-up: 2016.06</i>		
Commodity-Comp.2-MCH		
Number of partner organizations that provide complementary inputs and services	=7.00	-
<i>SIERRA LEONE, Nutrition, Project End Target: 2015.12</i>		
Proportion of project activities implemented with the engagement of complementary partners	=1.00	-
<i>SIERRA LEONE, Nutrition, Project End Target: 2015.12</i>		
Commodity-Comp.3-Livelihoods		
Number of partner organizations that provide complementary inputs and services	=12.00	-
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2015.12</i>		
Proportion of project activities implemented with the engagement of complementary partners	=100.00	-
<i>SIERRA LEONE, Food-Assistance-for-Assets, Project End Target: 2015.12</i>		
Commodity-Comp.4-Ebola transition		

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services		
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>	=50.00	-
Proportion of project activities implemented with the engagement of complementary partners		
<i>SIERRA LEONE, General Distribution (GD), Project End Target: 2016.03</i>	=80.00	-

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Canada	CAN-C-00513-01	Rice	-	237
Japan	JPN-C-00360-01	Rice	-	2,490
Japan	JPN-C-00418-01	Corn Soya Blend	-	518
Japan	JPN-C-00418-01	Rice	-	2,200
Japan	JPN-C-00418-01	Split Peas	-	576
Japan	JPN-C-00487-01	Peas	-	45
Japan	JPN-C-00487-01	Rice	-	110
Private Donors	WPD-C-02784-01	Rice	-	24
Private Donors	WPD-C-03176-01	Rice	-	75
		Total	-	6,275