## Sierra Leone Country Programme 200336 B/R No. 2

**31 December 2014** 

# BUDGET REVISION FOR THE APPROVAL OF REGIONAL DIRECTOR

ODICINATOD	<u>Initials</u>	In Date	Out Date	Reason For Delay
<u>ORIGINATOR</u>				
Country Office				
<u>CLEARANCE</u>				
Programme Adviser, RB				
Logistic Officer, RB (change in LTSH and/or External Transport)				
Resource Management Analyst, RB				
APPROVAL				
Regional Director				
PROJECT: Sierra Leone Country Pro	ogramme 200336 (2013–	2014)		
Start date: 01/01/2013 End date:	31/12/2014 Extensio	n period: 12 mont	ths New end	date: 31/12/2015
	Cost (United State	s dollars)		
	Current Budget	Inci	ease	Revised Budget
Food and Related Costs	29 756 143	4 007		33 763 179
Cash and Vouchers and Related Costs	952 000	424	177	1 376 177
Capacity Development &	=		-	-
Augmentation				
Direct support cost	6 189 913	1 089	552	7 279 465
Indirect support cost	2 582 864	386	5 454	2 969 317
Total cost to WFP	39 480 920	5 907	7 218	45 388 138
OWA NODE TO				
CHANGES TO:				
Food Tool C&V	Tool		Project	Rates
	&V Transfers	☐ CD&A		SH (\$/MT)
	&V Related Costs	⊠ DSC		OC (\$/MT)
External Transport	at v Heratea Costs	Project durat		V Related (%)
☐ LTSH		Other		C (%)
⊠ ODOC				(,0)
DICERTIFICATION				_
DISTRIBUTION:	D'	ъ.	1.52	
DED & COO	Director, OSZ		onal Director	
Director, OME	Chief, OSZP		rogramme Adviso	
Director, PGG	Chief, OSZA		esource Managen	ient Anaryst
Chief, OSLT Chief, RMBP	Chief, OSZI		ogistic Officer hrono	
Chief, OMO	OM Registry Liaison Officer, RBD		nrono try Director	

#### NATURE OF THE REVISION

- 1. This budget revision proposes a one-year extension to Sierra Leone Country Programme 200336. The extension enables programming of previously committed funds for the limited scale resumption of activities suspended due to the Ebola outbreak and to sustain WFP capacity building engagements with the Government.
- 2. Specifically, the budget revision will provide:
  - An additional 4,240 mt of food valued at USD 2.4 million;
  - An additional USD 306,177 of cash and vouchers transfers (C&V);
  - An increase in external transport, landside transport, storage and handling, other direct operational costs by USD 1.7 million; and
  - An increase in direct support costs by USD 1.1 million.

#### JUSTIFICATIONFOR THE REVISION

#### Summary of existing project activities

- 3. Country programme components include: (i) support for primary education through school feeding; (ii) nutritional support to people living with HIV undergoing anti-retroviral therapy and to TB clients (ART/TB) and prevention of stunting and treatment of moderate acute malnutrition (MAM) among children and pregnant and lactating women (PLW); and (iii) livelihoods support through asset creation and rehabilitation. The country programme targets beneficiaries in the most food-insecure chiefdoms. It also provides capacity development support across all three components to help national institutions improve delivery of core functions and provide services transparently and equitably at the national and local level.
- 4. School feeding activities were put on hold since July, following the escalation of the Ebola outbreak and the Government closure of schools. Nutrition activities have been considerably hampered by the near collapse of the health system, on which targeting and distribution rely. Livelihood support has also been delayed by the ban on public gatherings including workgroups which are the basis of FFA activities.
- 5. Following the Government's request to support the immediate food needs of patients and affected populations, WFP launched an immediate response emergency operation in the epicentre area of Kailahun district (and nearby Ebola treatment centres). By early August, the outbreak had spread to all districts, and the World Health Organization (WHO) and respective Governments requested scale-up of food and nutrition support alongside the health intervention. WFP launched West Africa Emergency Operation 200671 (EMOP) to support the health response. The EMOP delivers food and nutrition support to *care* for the infected and to support efforts to *contain* the spread of the virus. A *transition* pillar was added from January 2015 to kick-start economic and livelihood activities as Ebola-affected areas are declared free of the virus.

#### Conclusion and recommendation of the re-assessment

6. Ebola transmission rates remain elevated and widespread, and the outbreak has not yet been stabilized. Rapid and continued Ebola transmission and Government preventative measures to contain its spread have led to the quarantine of villages, chiefdoms and districts.

<sup>&</sup>lt;sup>1</sup>As of 31 December 2014, WHO reports 9,633 confirmed, probable or suspected cases of Ebola in Sierra Leone, including 2,827 deaths. Sierra Leone can be declared Ebola-free after a 42-day period with no new cases.

- 7. The outbreak has generated broader economic consequences, including withdrawal of foreign investment.<sup>2</sup> The service sector has been impacted by the ban on gatherings. Construction activities are down 60 percent and there have been massive lay-offs of civil servants.<sup>3</sup> Food markets have been closed and labour shortages have disrupted activities in the agricultural sector that contributes 50 percent of gross domestic product. Livelihoods are indirectly affected by these economic consequences of Ebola, and households continue to resort to negative coping strategies, particularly in the Eastern and Northern regions, as demonstrated by mVAM surveys.
- 8. Public sectors, particularly health and education services, have also been negatively affected by the closure of schools and near collapse of the health system on which nutrition activities depend. The uptake of MAM activities has decreased due to the deterioration of non-Ebola related health services and the population's reticence to seek services at public health units and clinics, with potential to negatively impact children's nutritional status.
- 9. Communities unaffected by the Ebola outbreak are increasingly food insecure as a consequence of containment measures. This situation justifies continuing the country programme to enable WFP to keep intervening in food-insecure communities not covered by the EMOP.
- 10. The Ebola outbreak is rapidly changing the food security landscape and reversing substantial gains achieved in recent years, as demonstrated by a 2014 survey conducted by the United Nations Children's Fund (UNICEF) and the Ministry of Health and Sanitation (MOHS) that found that the rate of food insecurity among households had fallen to 3.8 percent. By contrast, mVAM surveys and country-wide food security monitoring show that coping strategies remain severe, particularly in the North and East of the country, and wages are falling in areas most affected by the virus. Markets have also been heavily disrupted, raising concerns about livelihoods in rural settings, where farmers have found themselves unable to conduct their normal income generating activities. In urban settings, unemployment has soared, impacting food consumption. The economic crisis provoked by the epidemic is likely to have long lasting effects on livelihoods due to asset depletion.

#### Purpose of change in project duration

- 11. The current context is highly dynamic and unpredictable. This one-year extension will ensure continuation of the country programme, in particular vital nutrition support activities for malnourished children, PLW and ART/TB clients. The extension also plans for one-month of requirements for school-feeding and livelihood activities, ensuring that WFP on request of the Government and in collaboration with partners is prepared to resume these activities in areas declared free of Ebola. The extension recognizes the importance of maintaining a view beyond the immediate health crisis to gradually resume longer-term human capital and livelihoods support activities when and where the health emergency allows. Any subsequent adjustments required will be reflected through future budget revisions.
- 12. Overlap of activities between the country programme and EMOP is minimal. The entry point for the country programme is food and nutrition security, whereas the EMOP follows the Ebola outbreak. Country programme activities will be implemented only in areas that are declared Ebola-free.

Component 1: School feeding

<sup>&</sup>lt;sup>2</sup> World Bank Report on the Economic Consequences of EVD, September 2014.

<sup>3</sup> Ibid.

<sup>&</sup>lt;sup>4</sup>Karl Blanchet and Sara Nam, Warnings over collapse of health system in the wake of Ebola in Sierra Leone. http://www.newstatesman.com/health/2014/12/warnings-over-collapse-health-system-wake-ebola-sierra-leone <sup>5</sup>UNICEF/MOHS SMART survey, 2014.

- 13. In 2014, WFP reached approximately 221,000 students attending primary schools countrywide (15 percent) with daily hot meals and a morning snack to improve nutrition and increase attendance rates. However, schools are currently required to remain closed until a 42-day period of no new cases has been achieved. The budget revision retains one month of school feeding in expectation of this activity's future resumption. WFP also provides technical assistance to the Ministry of Education, Science and Technology (MEST) to develop a school feeding policy framework. Technical assistance to the Ministry of Education will be particularly important when schools eventually reopen, calling for academic readjustments and enhanced health and sanitation protocols.
- 14. WFP will follow the implementation of safety protocols devised by MEST and UNICEF in collaboration with MOHS and other stakeholders for the reopening of schools, including:
  - a. Disinfection of schools, particularly but not limited to schools used as isolation centers;
  - b. Identifying pupil and staff exposure to Ebola during school closure, and ensuring that at-risk individuals undergo a quarantine period of 21 days before resuming school activities;
  - c. Health screening at school gates and close collaboration with health units for referral;
  - d. Enforcement of contact tracing protocols by limiting overcrowding, and forbidding sharing of plates and drinking cups;
  - e. Limitation of contact between children;
  - f. Renovation of hygiene and sanitation facilities to guarantee access to water;
  - g. Creation of small isolation units for children and staff displaying Ebola symptoms; and
  - h. Sensitization of parents, teachers and communities on safety measures to prevent Ebola.
- 15. The safety protocols for school reopening will be implemented at the country level in close inter-sectorial collaboration with the Ministry of Health and Sanitation, Ministry of Social Welfare, Ministry of Water Resources, Ministry of Local Government and Rural Development, Ministry of Finance and Economic Development, donor agencies, United Nations agencies, and international and national non-governmental organizations and civil society.

#### Risks and assumptions

- 16. This proposal assumes that schools will open in 2015. School reopening is at the discretion of the Government, and despite reassurances that schools will reopen, no date has been specified yet. This decision is highly contingent on the evolution of the epidemic.
- 17. Given the uncertain date of school reopening and the importance of school feeding, this proposal offers a flexible approach, allowing the country programme sufficient time to submit a budget revision and increase resources for school feeding if and when schools are allowed to reopen. In every district, a 42-day period of no new cases must be achieved before being declared Ebola-free, allowing the country office the necessary time to revise the budget with one month of school feeding distribution already planned through this budget revision.

#### Component 2: Nutrition support

18. Nutrition support for women, children and ART/TB clients will continue in districts where Ebola transmission has stabilized and public health units (PHUs) are safe and operational. The stunting prevention pilot project in Moyamba district will remain suspended until conditions improve; this sub-activity requires screening and close contact with communities deemed unnecessarily risky under current Ebola protocols as defined in cooperation with UNICEF and

- MOHS. In addition, considering the disruption of livelihoods, nutrition and health care provoked by the Ebola crisis, it is no longer possible to assess the impact of the pilot project, or test the effectiveness of the policy for future scale-up. A new pilot will need to be initiated when conditions return to normal. Stunting prevention remains a key activity to improve long-term nutrition and will be included in the next programme to be planned later this year, after assessments have established the new landscape of needs.
- 19. Treatment of acute malnutrition for children and PLW will continue. The targets for 2015 were estimated based on malnutrition prevalence rates from the Sierra Leone National Nutrition SMART survey of October 2014. However, the few health facilities still providing regular services have reported a significant drop (up to 35 percent or higher) in clients participating in pre- and post-natal services, deliveries and other pediatric care. Targets for children and PLWs have therefore been based on functionality of facilities as well as availability of resources, assuming that WFP would not reach a higher number of beneficiaries than in 2014.
- 20. Because ART/TB patients require continued care, the country programme targets 10,000 food-by-prescription (FbP) beneficiaries (100 percent of those reached in 2014).
- 21. WFP supports the institutionalization of nutritional support through MOHS capacity building. Activities include provision of measurement tools, staff training, and monitoring and evaluation services to PHUs; specialized support to facilitate activities; development of an advocacy strategy for nutrition; and bi-annual national nutrition programme reviews. Through this mandate, WFP and UNICEF are now jointly discussing and reviewing the possibility to conduct a nation-wide nutrition screening followed by a restart of the targeted supplementary feeding programme.

## Risks and assumptions

- 22. This proposal assumes that PHUs will reopen safely in early 2015, as planned by MOHS and WHO. However, the target may not be achieved if Ebola transmission rates remain high or expand to districts that have been relatively unaffected to date.
- 23. The Ministry of Health and Sanitation is planning to conduct malnutrition screening for children under 5 years in February during the child health days (Vitamin A supplementation and de-worming). This exercise will identify children suffering from moderate acute malnutrition and severe acute malnutrition. The results may substantially change the geographic targeting of activities. In the event of a significant change in the MAM caseload, a new budget revision will be presented to respond to identified needs. Joint planning will ensure there is no duplication between UNICEF-led activities supporting nutrition in schools and WFP school feeding activities.

### Component 3: Food assistance for assets

- 24. Food assistance for assets (FFA) activities have been delayed by the Ebola outbreak, as large gatherings for agricultural and other activities have been banned and cooperating partners have withdrawn field staff. The Ministry of Agriculture, Forestry and Food Security (MAFFS) also suspended some FFA training activities after an assessment called for a strategy review. Following the strategic review, MAFFS designed a new training that responds to farmers' needs during and after the Ebola crisis. According to this new strategy, food assistance will be distributed to farmers as agreed with MAFFS to incentivize training attendance on Ebola prevention and nutrition sensitive agriculture. This support will target 60,000 households and their families for one month. Training activities funded through the European Union Food Facility (EUFF) project will target participants through Agriculture Business Centres (ABCs).
- 25. Cash-based FFA activities will be implemented during the second semester of 2015 in areas with no risk of Ebola transmission. These activities will supplement diminished farmer income due to the severe economic disruption caused by containment measures. To avoid risks of

- Ebola spread and programmatic overlap with the EMOP, these activities will not be implemented in quarantined districts or other localized Ebola hotspots.
- 26. Both cash-based FFA and FFA training activities will support long-term development goals in close partnership with MAFFS. Training activities will take place at all functioning Agricultural Business Centres (ABCs), as identified by the Food and Agriculture Organization of the United Nations (FAO) ABC assessment. The country programme will target 193 ABCs across the country, with an average of 310 members each, or 60,000 total participants. Cash-based FFA activities will focus on tree crop, swamp and fish pond rehabilitation in the most vulnerable chiefdoms as identified in collaboration with MAFFS. This targeting contrasts with the EMOP, which supports activities most needed for immediate recovery for example, cleaning schools or PHUs in the areas most affected by the epidemic.
- 27. This component also helps sustain the Government-led Smallholder Commercialization Programme (SCP) that is supported by WFP through a MAFFS-based secretariat. WFP supports and co-leads the Social Safety-net Secretariat of the SCP, which is expected to eventually become Government-led. SCP training activities that do not require physical contact or large gatherings will also be considered. Efforts will be made to purchase limited amounts of rice, pigeon peas and gari from smallholder farmers at the farm gate.

## Risks and assumptions

- 28. The budget proposal assumes that health and sanitary conditions in all districts will allow for the safe resumption of FFA activities. However, if the Ebola outbreak continues in some districts, public gatherings in these areas would be cancelled, thus delaying implementation of FFA activities.
- 29. Monthly planning figures will be flexible with the objective of implementing activities in Ebola-free districts only, and implementation plans will be revised monthly according to the evolution of the epidemic. The objective is to reach all planned beneficiaries throughout the year.
- 30. For all activities that will be continued into 2015, beneficiary figures have been revised to the number of beneficiaries reached in early 2014.

TABLE 1: BENEFICIARIES BY ACTIVITY										
Component	Activity	Current			Increase / (Decrease)			Revised		
		Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total
Component 1	Meals at school	122 400	132 600	255 000	(16 320)	(17 680)	(34 000)	106 080	114 920	221 000
	Take-home rations for girls	0	1 500	1 500	-	-	-	0	1 500	1 500
Component 2	Treatment of acute malnutrition children 6-59 months	25 000	25 000	50 000	(17 000)	(17 000)	(34 000)	8 000	8 000	16 000
	Prevention of chronic malnutrition children 6- 23 months	26 500	26 500	53 000	(26 500)	(26 500)	(53 000)	0	0	0

	Treatment of MAM PLW	0	18 000	18 000	-	-	-	0	18 000	18 000
	FbP PLHIV/TB	5 000	7 500	12 500	(1 000)	(1 500)	(2 500)	4 000	6 000	10 000
	Caregiver ration	0	6 300	6 300	-	(2 300)	(2 300)	0	4 000	4 000
Component	Food	30 000	30 000	60 000	-		-	30 000	30 000	60 000
3	Cash	5 850	5 850	11 700	(1 659)	(1 659)	(3 318)	4 191	4 191	8 382
TOTAL		208 900	247 400	456 300	(60 820)	(62 680)	(123 500)	148 080	182 420	337 382

# FOOD REQUIREMENTS

31. Rations are unchanged. Feeding days for school feeding and FFA are reduced to one month only. If needed, additional months will be added through a budget revision.

TABLE 2: FOOD/CASH AND VOUCHER REQUIREMENTS BY COMPONENT									
	Commodity/	Food requirements ( <i>mt</i> ) / Cash/voucher ( <i>USD</i> )							
Activity	Cash & voucher	Current (2014)	Increase (Decrease)	Revised total					
School feeding	Food	14 070	723	14 793					
Nutrition	Food	10 496	2 537	13 033					
FFA	Food	4 706	980	5 686					
FFA	Cash/voucher	702 000	306 177	1 008 177					
TOTAL	Food	29 272	4 240	33 512					
	Cash/voucher	702 000	306 177	1 008 177					