



## Protracted Relief and Recovery Operation — Sierra Leone 200938

### *Rebuilding food and nutrition security and strengthening disaster management capabilities in Sierra Leone*

Number of beneficiaries	819 109
Duration of project:	1 June 2016 to 31 December 2017
Gender marker code*	2A
Food transfers ( <i>mt</i> )	17 464
Cash-based transfers ( <i>USD</i> )	5 186 218
<b>Cost (United States dollars)</b>	
Food and related costs	14 861 952
Cash-based transfers and related costs	5 643 530
Capacity development and augmentation	3 938 534
Total cost to WFP	32 267 203

\* <https://www.humanitarianresponse.info/system/files/documents/files/gm-overview-en.pdf>.

### Executive summary

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.

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. 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.

The 2015 Comprehensive Food Security and Vulnerability Analysis indicates half the population is food insecure, with levels of food insecurity exceeding 60 percent in some chiefdoms of every district. This is due in part to containment measures and high job losses during the outbreak that led to reduced household incomes. 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.

This protracted relief and recovery operation reinforces three priorities of the Government's "building back better" Ebola recovery strategy:

- Restore and rebuild livelihoods devastated by EVD, focusing on the most food-insecure populations and Ebola survivors,
- Enhance utilization of health and nutrition services weakened by the Ebola outbreak, and
- Strengthen national capabilities to prepare for and respond to future emergencies, including Ebola flare-ups and localized flooding.

This operation will support Government efforts to rebuild and restore livelihoods and incomes by providing critical safety nets in areas with high food insecurity. WFP will leverage experience working

with farmers' organizations under the Purchase for Progress pilot to strengthen agricultural value chains and access to markets for smallholder farmers. In partnership with Government, Rome-based agencies, the private sector, and other stakeholders, WFP will support activities that improve agriculture practices and climate change adaptation techniques.

The Government has partnered with WFP, other United Nations agencies, and stakeholders to enhance availability of and access to quality health care services that address multiple causes of malnutrition. This includes scaling-up nutrition-sensitive public health actions against EVD and other threats, and reinforcing adherence to HIV and TB treatment at both individual and household levels. Working through the Scaling Up Nutrition movement, WFP will promote a multi-sectoral approach to prevent chronic malnutrition among children under 2 while integrating associated nutrition-sensitive programming into activities supporting improved livelihoods and smallholder agriculture.

In coordination with the Food and Agriculture Organization of the United Nations, WFP will strengthen national capabilities to prepare for and respond to emergencies by providing technical assistance to disaster management authorities.

The operation will provide a bridge for development of a new operational portfolio aligned with the Government's Agenda for Prosperity and the next United Nations Development Assistance Framework that is expected to start in 2018.

## Situation analysis

### Context

Population	7.1 million <sup>2</sup>
Gross national income per capita	USD 1,780
Human Development Index	0.413 (181 out of 188)
Gender Inequality Index	0.650 (145 out of 188)
Life expectancy at birth	Men: 51.4 years; Women: 50.4 years
Maternal mortality ratio (world's highest)	1,100 per 100,000 live births
Infant mortality rate	107.2 per 1,000 live births
Under-five mortality rate	160.6 per 1,000 live births

1. Sierra Leone has a tropical climate with an intense rainy season from May to October, and a dry season from November to April. Road infrastructure deteriorates during the pre-harvest rainy season and access to locally produced food is substantially reduced. Rainfall is heaviest in the coastal areas with annual precipitation of 3,000-5,000 mm, decreasing to 2,000-2,500 mm in inland areas and the east. Sierra Leone's 14 districts include 149 chiefdoms and 18 urban wards.
2. Before the EVD crisis Sierra Leone was one of the fastest growing economies in the world with post-conflict annual gross domestic product (GDP) growth trending sharply upwards from 5.7 percent in 2011 to 15.2 percent in 2012 and 20.1 percent in 2013.<sup>3</sup> However, a decline in iron ore prices and the subsequent EVD outbreak combined to decrease annual GDP growth to 6 percent in 2014 and negative 2.5 percent in 2015.<sup>4</sup>
3. Agriculture engages 77 percent of the population and accounts for 50 percent of GDP.<sup>5</sup> Women comprise 60 percent of the agricultural workforce and most farmers are smallholders.<sup>6</sup> Food production is limited by inequitable land rights – especially among women, limited access to markets and quality seed, outdated farming methods, poor roads, and insufficient food processing infrastructure. Mining companies and large commercial biofuel plantations compete with farmers for land.<sup>7</sup> Localized drought, flooding, insect attacks, landslides, bush fires, and livestock diseases further impede agriculture production.<sup>8</sup>

<sup>1</sup> UNDP, Human Development Report 2015 (unless otherwise indicated)..

<sup>2</sup> Statistics Sierra Leone. 2015. *Provisional Results of the National Population Census*, March 2016

<sup>3</sup> International Monetary Fund, *World Economic Outlook Database*, October 2015

<sup>4</sup> KPMG, *Monitoring African Sovereign Risk*, 2015 Quarter 1, available:

[https://www.kpmg.com/Africa/en/KPMG-in-Africa/Documents/2015%20Q1%20Snapshots/KPMG\\_Sierra%20Leone%202015Q1.pdf](https://www.kpmg.com/Africa/en/KPMG-in-Africa/Documents/2015%20Q1%20Snapshots/KPMG_Sierra%20Leone%202015Q1.pdf)

<sup>5</sup> African Development Bank, OECD, UNDP, *Sierra Leone Economic Outlook, 2015*

<sup>6</sup> WFP, *The State of Food Security in Sierra Leone Post Ebola 2015, Comprehensive Food Security and Vulnerability Analysis*, April 2015, Draft

<sup>7</sup> MAFFS, *Inclusive Comprehensive Agriculture Development Programme, ICADEP 2015-2018*, October 2014

(draft).

<sup>8</sup> Ibid.

4. Women and girls account for 51 percent of the population. The fertility rate is 4.9 children per woman, and average household size is 5.4.<sup>9,10</sup> Gender inequalities have decreased, but remain significant in some sectors; the 2015 Human Development Report gives a Gender Inequality Index of 0.65, placing Sierra Leone 145 of 188 countries assessed.
5. The EVD outbreak further weakened Sierra Leone's fragile health system and public trust; use of non-Ebola related health services declined, resulting in increased levels of maternal and child mortality and poor adherence to essential therapies.<sup>11</sup>

### Food security and nutrition

TABLE 2: FOOD SECURITY AND NUTRITION DATA	
Global hunger index (GHI)	38.9 (alarming)
Global food security index	29 (106 out of 108)
Stunting prevalence (children under 5)	Boys: 32 percent; Girls: 25 percent
Global acute malnutrition (6–59 months)	Boys: 5.7 percent; Girls: 3.8 percent
MAM prevalence (6-59 months)	Boys: 4.5 percent; Girls: 2.9 percent
Low BMI in women	5.9 percent

6. Sierra Leone faces significant challenges to meet the end hunger target of Sustainable Development Goal 2. Preliminary findings of the 2016 Comprehensive Food Security and Vulnerability Analysis (CFSVA) indicate 49.9 percent of the population – 3.5 million people – are food insecure, of which 608,000 are severely food insecure compared to 374,000 in 2010.<sup>12</sup> The EVD outbreak reversed progress observed between 2005 and 2010, when the number of households affected by food insecurity declined to 45 percent.
7. Food insecurity is most prevalent in districts in the northern region and in the eastern districts of Pujehun and Kailahun, with pockets reaching very high levels of food insecurity in some chiefdoms across all districts. While districts in the north were among those with the highest number of Ebola cases, the greatest declines in food security were in the east, where the first EVD cases emerged, prompting imposition of the most stringent restrictions on movement and trade.
8. Households engaged in food and cash crop farming – the predominant livelihood activity – are highly food insecure and were most affected by the outbreak, with steep declines in food production. Households engaged in petty trading – the second most common income generating activity, and one dominated by women – are also highly food insecure.
9. Household access to food is constrained by poverty, low productivity, inadequate employment opportunities, high food prices exacerbated by the Ebola outbreak, and constriction in the iron ore sector that depressed income earning capacities. Households with access to food but restrained by the EVD outbreak relied on changing consumption patterns, borrowing, using up savings, and selling assets, with women-headed households more likely to engage in negative coping strategies, including skipping meals and reducing portion sizes.<sup>13,14</sup> Short-term negative coping strategies weakened household finances, limited human capital development and reduced long-term resilience to shocks.

<sup>9</sup> Statistics Sierra Leone (SSL) & ICF International. *Sierra Leone Demographic and Health Survey, 2013*. 2014

<sup>10</sup> WFP, 2016 Comprehensive Food Security and Vulnerability Analysis (data from 2015) [CFSVA].

<sup>11</sup> Most districts showed an increase in GAM rates in 2015, with three districts recording GAM rates above 10 percent during a national nutrition screening campaign in April 2015.

<sup>12</sup> CFSVA.

<sup>13</sup> Ibid.

<sup>14</sup> mVAM, Food Security and Markets Update: Guinea, Liberia and Sierra Leone: February 2016

10. Over 66 percent of households consume their own rice production for no more than six months of the year. Two-thirds of expenditures by poor households are for food and transport, making these households highly vulnerable to international price fluctuations in a country where refined petroleum and most rice, the primary staple, is imported.<sup>15,16</sup> Prices of local and imported rice increased steadily between 2010 and 2015, but remained stable in 2015 as the country started to recover from the EVD outbreak.<sup>17</sup>
11. Prevalence of undernutrition has fallen since 2008, but chronic malnutrition is widespread and high levels of acute malnutrition persist in some districts. Adolescent girls and their children are particularly vulnerable to undernutrition.<sup>18</sup> ACF reported 14,000 adolescent pregnancies during the EVD outbreak; pregnant adolescent girls are stigmatized and lack adequate access to essential health services.<sup>19</sup> Increasing levels of overweight – 2.5 percent among children under 5 and 22.3 percent among women – indicate a double burden of malnutrition.<sup>20</sup>
12. There are multiple causes of undernutrition. Dietary diversity is generally poor, and protein consumption insufficient. Only 13 percent of children aged 6–23 months receive a minimum acceptable diet.<sup>21</sup> Micronutrient deficiencies, poor feeding practices, morbidity, limited access to health services, and lack of clean water and sanitation facilities also contribute. In rural areas, 50 percent of households have access to improved water sources, but fewer than 5 percent have access to adequate sanitation.<sup>22</sup>
13. Anaemia is a serious public health concern among children with over 76 percent affected. Vitamin A deficiency affects 28 percent of children. Rates of iron deficiency and iron deficiency anaemia in children are relatively low, suggesting that malaria and other infectious diseases are the main contributors to anaemia in Sierra Leone. Among women of childbearing age, 70 percent of pregnant women and 48 percent of non-pregnant women are affected by anaemia and 2.1 percent by vitamin A deficiency. Folate deficiency affects nearly 8 out of 10 non-pregnant women.<sup>23</sup>
14. Human immunodeficiency virus (HIV) prevalence is estimated at 1.5 percent, and up to 61,000 Sierra Leoneans are living with HIV (PLHIV).<sup>24</sup> According to WHO guidelines, 18,000 PLHIV are eligible for anti-retroviral treatment, but only 10,292 are currently receiving treatment. During the EVD outbreak 40 percent of people receiving treatment defaulted, putting them at risk of drug resistance, increased HIV transmission, and death. In addition, 26,000 people are living with tuberculosis (TB).<sup>25</sup>

## Government

15. The Government's National Ebola Recovery Strategy (July 2015–June 2017) includes three priorities relevant to this operation: (i) maintaining zero cases of Ebola; (ii) implementing immediate recovery priorities; and (iii) transitioning back to the 2013–2018 Agenda for Prosperity. The President's Recovery Priorities for Sierra Leone provides a multi-sector roadmap outlining results to be achieved through 2017. The 2015–2018 Inclusive Comprehensive Agriculture Development Programme of the Ministry of Agriculture, Forestry

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<sup>15</sup> CFSVA.

<sup>16</sup> Ibid.

<sup>17</sup> mVAM, February 2016

<sup>18</sup> Statistics Sierra Leone & ICF International. 2014. *Sierra Leone Demographic and Health Survey, 2013*.

<sup>19</sup> ACF, Save the Children, Concern, MOHS. *Teenage mother care practices: A case study of Freetown, Koinadugu and Pujehun*. 2014

<sup>20</sup> Ministry of Health and Sanitation Sierra Leone and UNICEF Sierra Leone. 2014. *Sierra Leone National Nutrition Survey 2014*. Freetown, Sierra Leone.

<sup>21</sup> Ministry of Health and Sanitation (Sierra Leone), UNICEF, Helen Keller International, and WHO. 2013 *Sierra Leone Micronutrient Survey*. Freetown, Sierra Leone; 2015 [SLNSS].

<sup>22</sup> CFSVA.

<sup>23</sup> SLNSS.

<sup>24</sup> Government of Sierra Leone, *Sierra Leone National Aids Response Progress Report, 2014*

<sup>25</sup> UNAIDS Sierra Leone, 2015.

and Food Security (MAFFS) sets goals for asset building, livelihoods improvement, and expansion of market access. The 2013–2017 National Food and Nutrition Security Implementation Plan supports: (i) promotion and facilitation of adequate national and household food security; (ii) adoption of appropriate feeding practices for vulnerable groups; and (iii) provision of curative services to malnourished individuals.

### Other partners

16. WFP participates in the inter-agency group of United Nations agencies and partners supporting Government response to suspected or confirmed EVD events, as outlined in the “No Regrets” rapid response plan.<sup>26</sup> WFP also continues to consult with the Food and Agriculture Organization of the United Nations (FAO), United Nations Children’s Fund (UNICEF), UN Women, and WHO for harmonised and complementary multi-sectoral approaches that address food insecurity and malnutrition in line with the United Nations Development Assistance Framework (UNDAF) and recovery priorities.<sup>27</sup>
17. WFP, the International Fund for Agricultural Development (IFAD) and FAO have developed a strategy to strengthen coordination and collaboration to improve community assets and agricultural production, increase local purchasing and access to markets, and build disaster risk management capabilities for national institutions. WFP is also coordinating with UNICEF and non-government organizations to develop a coordinated action plan for achieving nutrition and education priorities, and deliver a comprehensive package of services for Ebola orphans and survivors and vulnerable children.

### Alignment with strategies

18. The proposed protracted relief and recovery operation (PRRO) is aligned with WFP Strategic Objective 2, “Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies”, and Objective 3, “Reduce risk and enable people, communities and countries to meet their own food and nutrition needs.” The PRRO also contributes to Sustainable Development Goal 2, “End hunger, achieve food security and improved nutrition and promote sustainable agriculture.” To ensure a gender-sensitive approach that fosters socio-economic recovery of Ebola-affected women, all project activities implemented under this PRRO will be aligned to WFP’s Gender Policy and Regional Gender Strategy for West and Central Africa and contribute to Sustainable Development Goal 5 on Gender Equality and Women Empowerment. The PRRO considers that Ebola-driven vulnerable groups and women experience the greatest longer term effects of the outbreak, including loss of family income, exclusion and stigmatization.

<b>Strategic objective</b>	<b>Strategic result</b>	<b>Activity</b>	<b>Modality</b>
Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies	Strengthen supply chain for specialised nutritious products for treatment of MAM	<ul style="list-style-type: none"> <li>• Treatment of MAM</li> <li>• Prevention of chronic malnutrition</li> <li>• Food-by-prescription</li> </ul>	<ul style="list-style-type: none"> <li>• In-kind transfer</li> <li>• Capacity strengthening</li> </ul>
Reduce risk and enable people, communities and countries to meet their own	Additional 57,000 extremely poor and vulnerable households profiled and targeted.	<ul style="list-style-type: none"> <li>• Targeted food assistance</li> <li>• Food/cash assistance for assets</li> </ul>	<ul style="list-style-type: none"> <li>• Cash based transfer/in-kind transfer</li> <li>• Capacity</li> </ul>

<sup>26</sup> The Sierra Leone “No Regrets” Rapid Response Plan is based upon a national rapid response capability to respond swiftly and effectively to any future EVD outbreak.

<sup>27</sup> The current UNDAF cycle was intended to start in 2014, but its term was revised to January 2015 – December 2018 due to the EVD outbreak.

food and nutrition needs	<p>Additional 57,000 households receive income support</p> <p>Provision of minimum package of services including livelihood support to 40,052 EVD-affected persons</p> <p>Increase agricultural production and productivity of targeted crops</p> <p>Improve access to markets across key value chains</p>	<ul style="list-style-type: none"> <li>• Disaster risk management</li> </ul>	strengthening
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## WFP Response

### Lessons learned

19. Following closure of the regional Ebola emergency operation and special operation in December 2015, the National Ebola Response Centre (NERC) and others assessed lessons learned. NERC findings underscored the importance of multi-sectoral planning and preparedness for public health emergencies, and the need for special considerations for operations in urban contexts.
20. The European Union Results Oriented Monitoring (ROM) mission and WFP internal exercise found that asset creation activities planned before the EVD outbreak were ambitious in scale and anticipated complementary inputs from other agencies with inadequate involvement of stakeholders and communities in planning. In response, WFP has worked with partners, including Rome-based agencies, to ensure complementarity and linkages in programming, particularly for livelihoods and community asset creation activities that achieve lasting impact.
21. The 2016 mid-term review of the Japanese Bilateral Project – aimed at restoring livelihoods of rice producing smallholder farmers – identified the need for a more enabling environment for private sector involvement in the rice value chain and promotion of improved technologies to improve yields through double cultivation.
22. WFP's local food procurement activities under Purchase for Progress (P4P) have stimulated agricultural and market development for smallholder farmers. WFP will use this tool to restore livelihoods and boost local markets by reinforcing the work of farmers' organisations and cooperatives working with MAFFS, FAO and private sector entities in line with lessons learned from the pilot.

### Activities and modalities

#### *Improve food security and strengthen livelihoods of highly vulnerable groups and communities*

23. WFP will support highly food insecure groups with a combination of conditional and unconditional food and cash transfers, as well as the creation of community assets to re-establish livelihoods and significantly reduce the use of negative coping strategies. The use of cash transfers in high production areas will improve beneficiary choice over the household food basket and further provide longer term economic benefits by stimulating markets that were devastated due to restricted movement of people and goods during the Ebola crisis.
24. *Targeted food assistance* (TFA) will help protect assets and livelihoods – particularly for rural families – by providing a lean season safety net of food or cash for the poorest households. Additionally, WFP will continue to support orphans and vulnerable children (OVC) that face stigmatization in communities, limited access to food and nutrition, and other challenges.
25. *Asset creation* activities will support vulnerable communities most affected by the EVD outbreak and promote community-level resilience to flooding (a Government priority) and other shocks using a mix of food- and cash-based transfers determined according to market

availability, market access and seasonality. WFP will use elements of the three-pronged approach (3PA) for engaging partners at different levels to strengthen livelihoods and create assets emphasising convergence, complementarity and nutrition sensitivity. At the community level, participatory planning will identify relevant and technically appropriate livelihood assets to be created or restored, building on best practices and climate adaptive techniques, and ensuring that women and the most vulnerable participate in decision making. WFP's efforts will be maximized through technical expertise, inputs from partners and Government technical services and lessons from the Japan-funded bilateral project.<sup>28</sup> Inclusion of fish and poultry farming, vegetable gardening and other less labour-intensive activities will ensure Ebola survivors and PLHIV also benefit and promote dietary diversity.

26. Local purchase from smallholder farmers promotes access to markets, economic growth, and agricultural development. WFP has worked with farmers' organizations nationwide to procure surpluses of cereals and pulses for school feeding and FFA activities. This initiative will be scaled up in high-production areas, such as Kailahun and Kambia, linking farmers to markets beyond WFP. High performing farmer groups will be provided with equipment and training in post-harvest management, quality handling, value chain addition and nutrition sensitive agriculture practices. WFP support to smallholder farmers is complemented by FAO programmes to increase agricultural production and support for rural financing from IFAD. Where possible, Rome-based agencies support the same farmer organizations to maximise the impact of investments.

***Improve the nutritional status of vulnerable women and children***

27. *Targeted supplementary feeding* (TSF) will address moderate acute malnutrition (MAM) as a component of community management of acute malnutrition (CMAM) among children aged 6–59 months and PLW, and teenage mothers irrespective of nutrition status. As WFP scales down support for MAM treatment, only districts with highest levels of global acute malnutrition (GAM) will be targeted. TSF will be delivered through government health facilities in line with the national recovery plan and in support of the Government's priority to improve access to and participation in national nutrition programmes for mothers and children. WFP provides cooked meals for caregivers of children with severe acute malnutrition under in-patient treatment to reduce drop-outs.
28. *Complementary feeding*: Reduction of stunting requires a multi-sectoral response including sensitization on dietary diversity, appropriate diets based on local and fortified foods to prevent both over- and under-nutrition, adequate health care and water, sanitation and hygiene, integrated with livelihoods activities. WFP will increase nutrient density of diets during the 1,000 days by providing specialised nutritious food for children aged 6-23 months to reduce stunting. It will be linked to a food incentive to attract mothers and children back to health centres to improve utilization of essential maternal and child health services. The programme will be initially piloted in one district with high stunting rates. This activity will include social and behaviour change communication to promote essential nutrition actions, good hygiene practices, optimal use of specialised nutrition products, and improved understanding of gender-related issues. Lessons learned from this pilot and other in-country initiatives led by UNICEF and WHO will inform a comprehensive approach to stunting prevention to be rolled out in 2017, fostering strategic partnerships with other United Nations agencies.
29. *Food-by-prescription* (FbP) combined with nutrition assessment and counselling will provide food and nutrition support to undernourished PLHIV under antiretroviral therapy (ART) and TB patients receiving directly observed treatment, short-course (DOTS) to help ensure participants continue to benefit from lifesaving services. FbP will enhance synergies with services for Ebola survivors.

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<sup>28</sup> Bilateral Project 200541, "Community-based sustainable food security of smallholder rice producer farmers in target countries of West Africa in recovery and development phase".



### ***Develop capabilities of national institutions in disaster risk management***

30. To strengthen institutional and operational disaster preparedness and response capacities, WFP will provide technical assistance on disaster risk management (DRM) to the Office of National Security (ONS), Sierra Leone's national disaster management authority. WFP will provide training on preparedness and response planning, early warning and geospatial mapping, and strengthening community awareness and involvement in DRM through community-based planning.
31. WFP will collaborate with District Disaster Management Committees (DDMCs), prioritising areas with highest vulnerability to extreme weather and natural disasters. WFP will maintain readiness to quickly respond to future EVD outbreaks or other public health crises with food assistance that helps ensure containment of transmission. Logistics training and simulations on preparedness and response for EVD outbreaks and other disasters will be held jointly with partners at national and district levels to support ONS staff in emergency preparedness and response (EPR), DRM, and contingency planning.

### **Sustainability**

32. The PRRO will support review of the national social safety net framework by Government and partners and ensure food and nutrition security are considered. WFP will work with Government to periodically verify and update beneficiary lists, taking into account food security status.
33. As WFP gradually phases out of MAM treatment, the Ministry of Health and Sanitation is planning to take over in districts no longer covered by WFP and has requested for technical assistance from WFP in programme planning, implementation and performance assessment. WFP will design tailor-made training sessions and performance tools to strengthen capacity of MoH staff for delivery of quality nutrition services.

### **Beneficiaries and targeting**

34. WFP will target former Ebola hotspots with highest levels of moderate and severe food insecurity based on correlations established by the 2016 CFSVA. Consideration for local agriculture potential and convergence with partner-led food security and livelihoods activities will be integrated into the targeting process.
35. Asset creation and TFA activities will be implemented in Bombali, Kailahun Kambia, Kenema, Port Loko and Pujehun districts. Household targeting for these activities will be undertaken jointly by partners, community groups and WFP. Beneficiary estimates for asset creation activities and TFA are based on 2015 analyses of food insecurity and vulnerability.
36. TSF to address MAM will continue through Government health facilities in Bonthe, Kambia, Kenema, Port Loko and Kailahun. As WFP scales down support for MAM treatment, only districts with highest levels of global acute malnutrition (GAM) will be targeted. FbP will continue to provide ART and DOTS services through public health units (PHUs). ART and DOTS treatment centres in PHUs will identify FbP beneficiaries through screening for body mass index to determine nutritional status. TSF beneficiaries are screened at health centres or identified through WFP and UNICEF community screening.
37. Stunting prevention beneficiaries will increase in 2017. Because capacity limitations prevent coverage of all areas with high rates of chronic malnutrition, stunting prevention activities will target chiefdoms in Moyamba and Pujehun districts where there is convergence of poor indicators for access to food, water and sanitation and other causal factors for stunting. WFP plans to cover 70 percent of children aged 6-23 months in the targeted chiefdoms.
38. Vulnerable orphans will be identified using community-based and national child protection systems established by UNICEF and the Ministry of Social Welfare, Gender and Child Affairs (MSWGCA).
39. In the event of a shock or Ebola flare-up, targeting and beneficiary estimates can be aligned with vulnerability, rapid assessment findings, and associated rapid response plans.

40. Asset creation activities will be targeted according to the seasonal calendar using seasonal livelihood planning to determine the timeline of interventions. TFA activities will be implemented during the lean season when access to food decreases and adoption of negative coping strategies increases.

Objective	Activity	Plan 2016			Plan 2017			Total planned
		Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	
1 – Improved food security and strengthened livelihoods of highly vulnerable communities	Lean season support to highly vulnerable households	43 200	46 800	90 000	43 200	46 800	90 000	180 000
	Asset creation	1 920	2 080	4 000	11 520	12 480	24 000	28 000
<b>TOTAL</b>		<b>45 120</b>	<b>48 880</b>	<b>94 000</b>	<b>54 720</b>	<b>59 280</b>	<b>114 000</b>	
<b>TOTAL (without overlap)</b>								<b>163 000</b>

Objective	Activity	Plan 2016			Plan 2017			Total planned
		Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	
1 – Improved food security and strengthened livelihoods of highly vulnerable communities	Lean season support to highly vulnerable households	81 600	88 400	170 000	81 600	88 400	170 000	340 000
	Support to orphans	4 800	5 200	10 000	3 360	3 640	7 000	10 000
	Asset creation	2 880	3 120	6 000	7 680	8 320	16 000	26 000
2 – Improved nutritional status of vulnerable groups	Treatment of MAM – children 6-59 months	11 100	12 027	23 127	16 652	18 039	34 691	57 818
	Prevention of CM – children 6-23 months	8 229	8 915	17 144	17 170	18 600	35 770	52 914
	Treatment of MAM – PLW		17 422	17 422		17 422	17 422	34 844
	Prevention of CM – PLW		34 287	34 287		34 287	34 287	68 574
	FbP – PLHIV/TB	14 390	15 591	29 981	14 764	16 014	30 778	60 759
	Caregiver ration		1 680	1 680		2 520	2 520	4 200
3 – Improved disaster risk management	Contingency stocks (EVD flare ups, flooding, other shocks)	21 600	23 400	45 000	21 600	23 400	45 000	90 000
<b>TOTAL</b>		<b>144 599</b>	<b>210 042</b>	<b>354 641</b>	<b>162 826</b>	<b>230 642</b>	<b>393 468</b>	

<b>TOTAL (without overlap)</b>	<b>656 109</b>
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### **Nutritional considerations and rations**

41. Rations to highly food-insecure households will be based on beneficiary requirements and will range from a full food basket for the most vulnerable to partial support for staple commodities during the lean season. Cash-based transfers will be provided at approximately 80 percent of the minimum wage in affected areas to support self-targeting for asset creation activities.
42. The 2016 CFSVA finds that protein consumption decreases with higher rates of food insecurity. Food secure groups consume protein 4 to 5 times per week, while diets of food-insecure groups include little or no protein, particularly during the lean season when farming household incomes are lowest. Accordingly, lean season rations will contribute to both protein and caloric intake, thereby reducing resort to consumption of seeds/livestock, borrowing, and other negative coping strategies.
43. Individual and household rations provided through food assistance for food security and livelihoods activities – including food and nutrition support during Ebola flare-ups – will include a top-up of Super Cereal to improve micronutrient intake, especially for mothers and children aged 6–59 months. Nutrition treatment activities targeting young children will include Super Cereal Plus, while activities targeting adults will use Super Cereal. Nutributter, a small quantity lipid-based nutrient supplement, will be used in stunting prevention to complement local foods.

**TABLE 5: FOOD RATION/ TRANSFER BY ACTIVITY (g/person/day)**

	Food security and livelihoods			Nutrition							
	Safety nets & asset creation		Ebola-related	Treatment of moderate acute malnutrition				Support to families and caregivers		Stunting prevention	
	TFA	Asset creation	Orphans / Contingency	Children 6-59 m / ART/ DOTS	PLW/ ART	DOTS	TB MDR	ART/ DOTS/ TB MDR	SAM caregivers	Children 6-23 m	PLW
Cereal	112	400	400	-	-	-	-	300	400	-	-
Pulses	60	60	60	-	-	-	-	60	80	-	-
Vegetable oil	-	25	25	-	25	-	-	25	25	-	-
Salt	-	5	5	-	-	-	-	5	-	-	-
Super Cereal	-	60	60	-	250	250	250		-	-	100
Super Cereal Plus	-	-	-	200	-	-	-		-	-	-
Nutributter	-	-	-	-	-	-	-		-	20	-
<b>TOTAL</b>	<b>172</b>	<b>550</b>	<b>550</b>	<b>200</b>	<b>275</b>	<b>250</b>	<b>250</b>	<b>390</b>	<b>505</b>	<b>20</b>	<b>100</b>
<b>Total kcal/day</b>	<b>608</b>	<b>2 091</b>	<b>2 091</b>	<b>787</b>	<b>1 160</b>	<b>939</b>	<b>939</b>	<b>1 506</b>	<b>1 934</b>	<b>108</b>	<b>376</b>
% kcal from protein	14.6	9.6	9.6	16.6	13.2	16.3	16.3	9.2	9.5	9.8	16.3
% kcal from fat	2.0	14.1	14.1	23.2	35	19.2	19.2	16.4	13.1	57.6	19.2
Cash-based transfer (USD/person/day)	0.25	0.72									
Number of feeding days per year	90	60	365/30	90 /180 /90	180 /180	90	240	180/90/240	30	365	365

**TABLE 6: FOOD/CBT REQUIREMENTS BY ACTIVITY**

Objectives	Activity	Commodity/ CBT	Food requirements (mt) / CBT (USD)		
			2016	2017	Total
1 – Improved food security and strengthened livelihoods of highly vulnerable communities	Lean season support to highly vulnerable households	Food	2 632	2 632	5 264
		CBT	2 028 403	2 028 403	4 056 806
	Support to Orphans	Food	1 155	1 405	2 560
	Asset creation	Food	176	470	646
		CBT	161 345	968 068	1 129 412
2 – Improved nutritional status of vulnerable groups	Treatment of MAM in children 6-59 months	Food	416	624	1 040
	Prevention of CM – children 6-23 months	Food	62	261	323
	Treatment of MAM – PLW	Food	862	862	1 724
	Prevention of CM – PLW	Food	617	1 252	1 869
	FbP – PLHIV/TB	Food	1 254	1 234	2 488
	Caregiver ration	Food	26	38	64
3 – Improved disaster risk management	Contingency stocks (EVD flare ups, flooding, other shocks)	Food	743	743	1 485
<b>Total food (mt)</b>			<b>7 943</b>	<b>9 521</b>	<b>17 464</b>
<b>Total CBT (USD)</b>			<b>2 189 748</b>	<b>2 996 471</b>	<b>5 186 218</b>

## Supply chain

44. Food assistance will be purchased locally, regionally, and internationally. Purchases by local traders will also be encouraged. The PRRO plans to procure 10 to 15 percent of food requirements from local farmers' organizations and suppliers to encourage markets in high production areas. Organizations of women traders will be prioritized.
45. WFP operations are implemented using both cooperating partners and direct distributions through the WFP fleet. When required to ensure rapid response requirements, the WFP fleet provides timely delivery of commodities that complements cooperating partner capacities. WFP warehouses in Freetown Port and Kissy, Port Loko, Makeni and Kenema support logistics operations with total storage capacity of 19,000 mt. WFP maintains a fleet of 33 trucks at the main workshop in Kissy with capacity between 7-15 mt each.

46. Common services for logistics and information technology were a cornerstone of WFP's contribution during the EVD response and have been subsequently maintained through a special operation that will end in June 2016.<sup>29</sup>

### **Performance monitoring and evaluation**

47. The PRRO will draw on the comprehensive monitoring framework established by WFP for the Ebola response to ensure results are clearly articulated and demonstrate value for money. WFP will also work with UNICEF and other partners to identify monitoring capacity pooling opportunities that enhance assistance quality and to identify where complementary assistance by Government and partners can support planned food and nutrition security outcomes.
48. The WFP country office is developing a governance, risk, and compliance unit to strengthen internal controls, reinforce effective use of corporate business processes, and establish a performance management and accountability tool kit. WFP also will support improved performance monitoring for operational partners.
49. Internal and external evaluations are ongoing or planned for 2016 to assess WFP's Ebola response and recovery efforts. Recommendations will inform WFP and interagency disaster preparedness, response planning and coordination for future health and non-health emergencies. Findings will also support activity planning for 2017 and 2018, in line with preparations for the next UNDAF.
50. The logical framework in Annex II captures project results and indicators based on the 2014-2017 WFP Strategic Plan. In early 2017, following finalization of the 2017-2021 Strategic Plan, the logical framework will be updated as needed to ensure alignment with the forthcoming corporate results framework.

### **Risk management**

51. The PRRO aims to strengthen disaster risk management capabilities of partners and national institutions to respond to future EVD outbreaks, flooding and other shocks through technical assistance in supply chain management, early warning/geospatial mapping, and food security and vulnerability analysis. At the request of the Government, WFP will work with ONS and donors to transform the main logistics base at Port Loko into a durable facility meeting Ebola and disaster readiness and response requirements in support of the national disaster management authority. WFP will continue to support partners and ONS teams in the ministries with integrated disaster preparedness and response, knowledge sharing and training.
52. In-country logistics and monitoring capacities have been reinforced through training and strengthened internal controls to comprehensively address risks of food loss and misappropriation. WFP has also established a beneficiary feedback hotline to report and address any perceived fraud or misuse of WFP assistance.
53. WFP participates regularly in coordination and partnership meetings to mitigate the risk of inadequate funding that could compromise the PRRO's successful implementation. Bilateral consultations and operational updates are provided to donors as needed, encouraging policy dialogue and coordination.
54. WFP is working to improve implementation of activities by applying lessons learned from use of cash transfers during the Ebola response. The PRRO will scale up cash-based transfers within livelihoods activities for lean season support and asset creation where appropriate, especially in geographic areas with high food production and competitive consumer markets for staple commodities. Regular monitoring of market prices and availability will provide information and alerts on absorption capacity and inflation risks related to cash-based

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<sup>29</sup> The PRRO will continue supporting humanitarian partners with WFP-managed services on an ad hoc basis. WFP will work in partnership with ONS for provision of common services involving activities supporting disaster preparedness and response.

transfers. Future assessments will examine further potential linkages between local production and planned activities.

### Protection

55. The Ebola outbreak exposed the fragility of Sierra Leone's social and economic systems. Access to care, gender-based violence, malnutrition, and food insecurity related to gender disparities remain operational constraints, and unequal access of women to assistance and government capacity persists. The risk of a re-emergence of EVD requires maintaining functioning surveillance and rapid response capability through 2016 and beyond to ensure the speedy containment of any new outbreak.

### Accountability to affected populations

56. In 2015, WFP established a beneficiary feedback mechanism that not only provides a platform for beneficiary communication, but also serves as an accountability tool for WFP to monitor possible cases of fraud, food diversion, and exploitation. As part of WFP's comprehensive monitoring framework, this platform will be expanded during the PRRO to better inform process monitoring and design of activities supporting safety nets and livelihoods.

### Environmental and social risk management

57. Ebola flare-ups, localized flooding and other shocks could negatively impact the PRRO. WFP will maintain contingency stocks to ensure food security and livelihoods of affected communities do not deteriorate further. WFP will also continue participating the United Nations Country Team (UNCT) and other coordination platforms to ensure food and non-food assistance is well-coordinated among first responders. WFP sub offices will also continue supporting engagement with DDMCs and other sub-national platforms to mitigate risks to Ebola recovery and ensure other disasters are identified, monitored and mitigated.

<b>Category A (High risk)</b>	<b>Category B (Medium risk)</b>	<b>Category C (Minimal risk)</b>	<b>Mitigation action</b>
Ebola flare-ups	Drought		<ul style="list-style-type: none"> <li>• Maintenance, readiness and full compliance with Sierra Leone EVD No Regrets plan.</li> <li>• Socialize and exercise cross border protocols.</li> <li>• Develop localized drought plan</li> </ul>
Flooding	Social and civil unrest		<ul style="list-style-type: none"> <li>• Maintenance, readiness and full compliance of SL I-A PRP</li> <li>• Update EPRP and business continuity plan</li> </ul>

### Security

58. The UNCT has updated the interagency contingency plan taking into account social unrest, floods and other natural disasters, and epidemics (mainly Ebola and cholera). The WFP country office has also worked with the Dakar Regional Bureau to update the Emergency Preparedness and Response Package (EPRP) checklist that defines minimum preparedness measures.

59. WFP will periodically stress-test the country office business continuity plan, inter-agency "No Regrets" approach and other operational processes to ensure robust readiness to address requirements for staff health and safety. WFP will also test medical and casualty evacuation processes in coordination with the United Nations Department of Safety and Security (UNDSS) and participating Government authorities.

**Approval**

.....

Date: .....

Ertharin Cousin  
Executive Director



## ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity ( <i>mt</i> )	Value ( <i>USD</i> )	Value ( <i>USD</i> )
<b>Food</b>			
Cereals	8 088	2 979 712	
Pulses	2 595	1 278 342	
Oil and fats	509	353 174	
Mixed and blended food	6 212	4 336 726	
Others	61	11 454	
<b>Total food</b>	<b>17 464</b>	<b>8 959 408</b>	
External Transport		1 674 289	
Landside transport, storage and handling		2 788 989	
Other direct operational costs: food		1 439 267	
<b>Food and related costs</b> <sup>30</sup>			<b>14 861 952</b>
Cash-based transfers		5 186 218	
Cash-based related costs		457 312	
<b>Cash-based transfers and related costs</b>			<b>5 643 530</b>
Commodity vouchers			
Commodity voucher related costs			
<b>Commodity voucher transfers and related costs</b>			
<b>Capacity development and augmentation</b>			<b>3 938 534</b>
Direct operational costs			24 444 016
Direct support costs (see Annex I-B) <sup>31</sup>			5 712 249
<b>Total direct project costs</b>			<b>30 156 265</b>
Indirect support costs (7.0 percent) <sup>32</sup>			2 110 939
<b>TOTAL WFP COSTS</b>			<b>32 267 203</b>

<sup>30</sup> This is a notional food basket for budgeting and approval. The contents may vary.

<sup>31</sup> Indicative figure for information purposes. The direct support cost allotment is reviewed annually.

<sup>32</sup> The indirect support cost rate may be amended by the Board during the project.

## ANNEX I-B

<b>DIRECT SUPPORT REQUIREMENTS (USD)</b>	
<b>Staff and Staff-Related</b>	
Professional staff	3 006 992
General service staff	904 738
Danger pay and local allowances	323 000
<b>Subtotal</b>	<b>4 234 731</b>
<b>Recurring and Other</b>	<b>737 878</b>
<b>Capital Equipment</b>	<b>176 500</b>
<b>Security</b>	<b>99 200</b>
<b>Travel and transportation</b>	<b>348 940</b>
<b>Assessments, Evaluations and Monitoring<sup>33</sup></b>	<b>115 000</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>5 712 249</b>

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<sup>33</sup> Reflects estimated costs when these activities are performed by third parties. If WFP country office staff perform these activities, the costs are included in Staff and Staff Related and Travel and Transportation.



## ANNEX II

<b>LOGICAL FRAMEWORK</b>	
<b>Cross Cutting Indicators</b>	
<b>Results</b>	<b>Performance indicators</b>
<p><b>Gender</b> Gender equality and empowerment improved</p>	<p>I.1 Decision-making over the use of food or cash or WFP assistance within the household</p> <ul style="list-style-type: none"> <li>▸ Proportion of households where females make decisions over the use of cash, voucher or food; <i>Baseline: PDM -2015; 25%</i> <i>Target: 30%</i></li>   <li>▸ Proportion of household where males make decisions over the use of cash, voucher or food; <i>Baseline: PDM -2015; 28%</i> <i>Target: 20%</i></li>   <li>▸ Proportion of household where females and males make decisions over the use of cash, voucher or food; <i>Baseline: PDM -2015; 47%</i> <i>Target: 50%</i></li> </ul>
<p><b>Protection and accountability to affected populations</b> WFP assistance delivered and utilized in safe, accountable and dignified conditions</p>	<p>II.1 Proportion of assisted people (disaggregated by sex) who do not experience safety problems to/from and at WFP Programme sites; <i>Baseline: PDM -2015; 98%</i> <i>Target: 100%</i></p> <p>II.2 Proportion of assisted people (disaggregated by sex) informed about the programme (who is included, what people will receive, where people can complain); <i>Baseline: PDM -2015; 45%</i> <i>Target: 80%</i></p> <p>II.3 Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)</p>

LOGICAL FRAMEWORK	
Cross Cutting Indicators	
Results	Performance indicators
<b>Partnership</b> Food assistance interventions coordinated and partnerships developed and maintained	III.1 Proportion of project activities implemented with the engagement of complementary partners; <i>Target: 100%</i>  III.2 Number of partner organizations that provide complementary inputs and services; <i>Baseline: TBC</i> <i>Target: less than 10% from the baseline</i>

LOGICAL FRAMEWORK		
Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies		
Results	Performance indicators	Assumptions

**LOGICAL FRAMEWORK**

**Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies**

Results	Performance indicators	Assumptions
<p><b>Outcome 2.1</b></p> <p>Adequate food consumption reached or maintained over assistance period for targeted households</p>	<ul style="list-style-type: none"> <li>▸ Food consumption score (FCS: Poor, Borderline, Acceptable), disaggregated by sex of household head <i>Baseline: CFSVA – 2016</i> <i>Target: Reduced prevalence of poor and borderline food consumption of targeted households by 80%</i></li> <li>▸ Diet diversity score, disaggregated by sex of household head <i>Baseline: CFSVA – 2016;</i> <i>Target: ≥4.5</i></li> <li>▸ rCSI: Reduced Coping Strategy Index (rCSI-Food), percentage of households with reduced/stabilized coping strategy index, disaggregated by sex of household head <i>Baseline: CFSVA – 2016;</i> <i>Target: CSI of 80% of targeted households is reduced or stabilized</i></li> </ul>	<ul style="list-style-type: none"> <li>- Further outbreak, containment measures, and/or security incidents do not prevent implementation of activities in a large of part of the project area and does not create additional large scale humanitarian requirement.</li> <li>- Government and partners are able to provide complementary activities to meet beneficiary NFI, hygiene, watsan and other needs to support efforts to care for and contain the virus</li> <li>- Delivery of goods are not hampered by border closures, roadblocks, disruption to regular private transport service, and rains</li> </ul>

LOGICAL FRAMEWORK		
Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies		
Results	Performance indicators	Assumptions
<p><b>Outcome 2.2</b></p> <p>Stabilized or reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months, pregnant and lactating women, and school-aged children</p>	<ul style="list-style-type: none"> <li>▸ MAM treatment recovery rate (%); <i>Target: -&gt;75%</i></li> <li>▸ MAM treatment default rate (%); <i>Target: -&lt;15%</i></li> <li>▸ MAM treatment mortality rate (%); <i>Target: -&lt;3%</i></li> <li>▸ MAM treatment non-response rate (%); <i>Target: -&lt;15%</i></li>   <li>▸ ART Nutritional Recovery Rate (%) ; <i>Target: -&gt;75%</i></li> <li>▸ ART treatment default Rate (%) ; <i>Target: -&lt;15%</i></li>   <li>▸ TB treatment default rate (%); <i>Target: -&lt;15%</i></li> <li>▸ TB Treatment Nutritional Recovery Rate (%); <i>Target : -&gt;75%</i></li>   <li>▸ Proportion of children who consume a minimum acceptable diet; <i>Target: -&gt;50%</i></li> <li>▸ Proportion of eligible population who participate in programme (coverage); <i>Target: -&gt;70%</i></li> <li>▸ Proportion of target population who participate in an adequate number of distributions; <i>Target: - &gt;66%</i></li> </ul>	<ul style="list-style-type: none"> <li>- No epidemics of water-borne diseases or malaria aggravate malnutrition</li> <li>- No shock affects the livelihoods or nutritional status of clients and their families</li> </ul>
<p><b>Output 2.1</b></p> <p>Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<ul style="list-style-type: none"> <li>▸ Number of institutional sites assisted (e.g. health centres), as % of planned</li> <li>▸ Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned</li> <li>▸ Quantity of food assistance distributed, disaggregated by type, as % of planned</li> <li>▸ Quantity of non-food items distributed, disaggregated by type, as % of planned</li> </ul>	<ul style="list-style-type: none"> <li>- Adequate funding is allocated by WFP</li> <li>- Food is procured, shipped and delivered on time</li> <li>- PHUs screen pregnant women and refer malnourished women for supplementary assistance</li> </ul>

LOGICAL FRAMEWORK		
Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs		
Results	Performance indicators	Assumptions
<p><b>Outcome 3.1</b> Increased marketing opportunities for producers and traders of agricultural products and food at the regional, national and local levels</p>	<ul style="list-style-type: none"> <li>▸ Food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases. <b>Target:- 15%</b></li> <li>▸ Food purchased from regional, national and local suppliers, as % of food distributed by WFP in-country.</li> <li>▸ Fortified foods purchased from regional, national and local suppliers, as % of fortified food distributed by WFP in-country.</li> <li>▸ Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned.</li> <li>▸ Value of products sold by smallholder farmers and smallholder farmer organizations. <b>Target:- TBD by CO – US\$ 200,000</b></li> </ul>	<ul style="list-style-type: none"> <li>- Local production and marketing are functioning</li> <li>- No weather shocks affect national food production.</li> </ul>
<p><b>Outcome 3.2</b> 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</p>	<ul style="list-style-type: none"> <li>▸ Food consumption score (FCS: Poor, Borderline, Acceptable), disaggregated by sex of household head <i>Baseline: CFSVA – 2016;</i> <i>Target: Reduced prevalence of poor and borderline food consumption of targeted households by 80%</i></li> <li>▸ Diet diversity score, disaggregated by sex of household head <i>Baseline: CFSVA – 2016;</i> <i>Target: ≥4.5</i></li> <li>▸ rCSI: Reduced Coping Strategy Index (rCSI-Food), percentage of households with reduced/stabilized coping strategy index, disaggregated by sex of household head <i>Baseline: CFSVA – 2016;</i> <i>Target: CSI of 100% of targeted households is reduced or stabilized</i></li> <li>▸ Percentage of Communities with an increased asset score <i>Baseline: TBC</i> <i>Target: 80% of targeted communities exhibit increase in CAS over baseline</i></li> </ul>	<ul style="list-style-type: none"> <li>- Food is procured, shipped and delivered on time</li> <li>- No shocks disrupt household food security</li> </ul>



<b>LOGICAL FRAMEWORK</b>		
<b>Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs</b>		
<b>Results</b>	<b>Performance indicators</b>	<b>Assumptions</b>
<p><b>Outcome 3.3</b> Risk reduction capacity of countries, communities and institutions strengthened</p>	<ul style="list-style-type: none"> <li>▸ National capacity index</li> </ul> <p><i>Baseline: NCI TBC</i> <i>Target: Increase of index based on initial assessment</i></p>	<p>National and provincial disaster management authorities are engaged. Technical staff are available</p>
<p><b>Output 3.1</b> Increased WFP food purchase from regional, national and local markets and smallholder farmers</p>	<ul style="list-style-type: none"> <li>▸ Number of farmers' organizations trained in market access and post-harvest handling skills</li> <li>▸ Number of smallholder farmers supported</li> <li>▸ Quantity of food purchased locally from pro-smallholder aggregation systems (in mt)</li> <li>▸ Quantity of food purchased locally through local and regional purchases (in mt)</li> <li>▸ Tonnage of food sold by smallholder organizations to markets</li> <li>▸ Total value of vouchers distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned</li> </ul>	<p>No weather shocks affect national food production.</p>
<p><b>Output 3.2 and 3.3</b> Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<ul style="list-style-type: none"> <li>▸ Number of institutional sites assisted (e.g. schools, health centres), as % of planned</li> <li>▸ Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned</li> <li>▸ Quantity of food assistance distributed, disaggregated by type, as % of planned</li> <li>▸ Quantity of non-food items distributed, disaggregated by type, as % of planned</li> </ul>	<ul style="list-style-type: none"> <li>- Adequate funding is allocated by WFP</li> <li>- Food is procured, shipped and delivered on time</li> </ul>
<p><b>Output 3.3</b> Human capacity to reduce risk of disasters and shocks developed</p>	<ul style="list-style-type: none"> <li>▸ Number of people trained, disaggregated by sex and type of training</li> <li>▸ Number of technical assistance activities provided, by type</li> </ul>	<p>Technical staff are available</p>

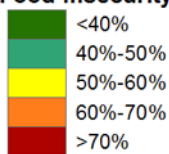


### ANNEX III

#### MAP



#### Food Insecurity Rates



- International Boundary
- Province Boundary
- District Boundary

Data sources: WFP, UNGIWG, GeoNames, GAUL

The designations employed and the presentation of material in the map(s) do not imply the expression of any opinion on the part of WFP concerning the legal or constitutional status of any country, territory, city or sea, or concerning the delimitation of its frontiers or

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## Prioritization Plan

<b>ANNEX: PRIORITIZATION PLAN</b>			
<b>Activity</b>	<b>Beneficiaries</b>		<b>Rationale for Changing Response</b>
	<b>Projected Needs</b>	<b>Resource Based Plan</b>	
<b>SO2</b>			
Strengthening DRM capabilities	USD 5 million planned	USD 2 million available currently with additional forecasts	Institutional strengthening and emergency response to EVD flare-ups and shocks will be prioritized. Funding is secured for priority DRM CD&A support.
Improving the nutritional status of highly vulnerable girls, boys and women	USD 8.5 million	USD 5 million is currently available, with additional forecasts	Nutrition support will be prioritized in line with humanitarian requirements and earmarked funding available. Within nutrition support provided, MAM treatment will take priority over stunting prevention activities.
Provision of a lean season safety net for highly vulnerable HH & support to EVD orphans	USD 10 million	USD 1 million available, with additional forecasts	Provision of pulses will be prioritized in order to improve food consumption and dietary diversity for highly food insecure groups.
<b>SO3</b>			
Provision of training for smallholder farmers	USD 1.5 million	USD 400,000 available with additional forecasts	Drawing upon lessons and successes from the P4P pilot in Sierra Leone, WFP will continue to work with RBAs and partners to support smallholder farmers with earmarked resources.
FFA activities	USD 7 million	USD 5 million	This activity will strengthen livelihoods in highly food insecure and EVD-affected areas, and will be implemented if sufficient funding becomes available.

## Acronyms Used in the Document

ART	antiretroviral treatment
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CMAM	community management of acute malnutrition
DOTS	directly observed treatment, short-course
DDMC	District Disaster Management Committee
DRM	disaster risk management
EPR	emergency preparedness and response
EPRP	Emergency Preparedness and Response Package
EVD	Ebola virus disease
FAO	Food and Agriculture Organization of the United Nations
FbP	food-by-prescription
FFA	food assistance for assets
GAM	global acute malnutrition
GDP	gross domestic product
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IFAD	International Fund for Agricultural Development
MAFFS	Ministry of Agriculture, Forestry and Food Security
MAM	moderate acute malnutrition
MDR	multi-drug resistant
MoHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Child Affairs
NERC	National Ebola Response Centre
ONS	Office of National Security
OVC	orphans and vulnerable children
PHU	public health unit
PLHIV	people living with HIV
PRRO	protracted relief and recovery operation
SAM	severe acute malnutrition
SDG	Sustainable Development Goal
SUN	Scaling Up Nutrition movement
TB	tuberculosis
TFA	targeted food assistance
TSF	targeted supplementary feeding
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDSS	United Nations Department of Safety and Security
UNICEF	United Nations Children's Fund
WHO	World Health Organization

**ANNEX IV** – LTSH matrix

**ANNEX V** – Project budget plan