

Standard Project Report 2015

Reporting Period: 1 January - 31 December 2015

SIERRA LEONE

Country Programme - Sierra Leone (2013-2014)

Project Number	200336
Project Category	Country Programme

Project Approval Date	13 Nov 2012
Planned Start Date	01 Jan 2013
Actual Start Date	01 Jan 2013
Project End Date	31 Mar 2016
Financial Closure Date	n.a.

Approved budget as 31 December 2015 in USD	
Cash--based Transfer and Related Costs	1,376,177
Direct Support Costs	7,279,465
Food and Related Costs	33,763,179
Indirect Support Costs	2,969,318
Total Approved Budget	45,388,138

Commodities	Metric Tonnes
Total Approved Commodities	33,512
Planned Commodities in 2015	5,336
Actual Commodities in 2015	2,277

TABLE OF CONTENTS

COUNTRY OVERVIEW

COUNTRY BACKGROUND

SUMMARY OF WFP ASSISTANCE

OPERATIONAL SPR

OPERATIONAL OBJECTIVES AND RELEVANCE

RESULTS

- Beneficiaries, Targeting and Distribution
- 'Story Worth Telling'*
- Progress Towards Gender Equality
- Protection and Accountability to Affected Population
- Outputs
- Outcomes
- Sustainability, Capacity Development and Handover

INPUTS

- Resource Inputs
- Food Purchases and in-kind Receipts
- Food Transport, Delivery and Handling
- Post-Delivery Losses

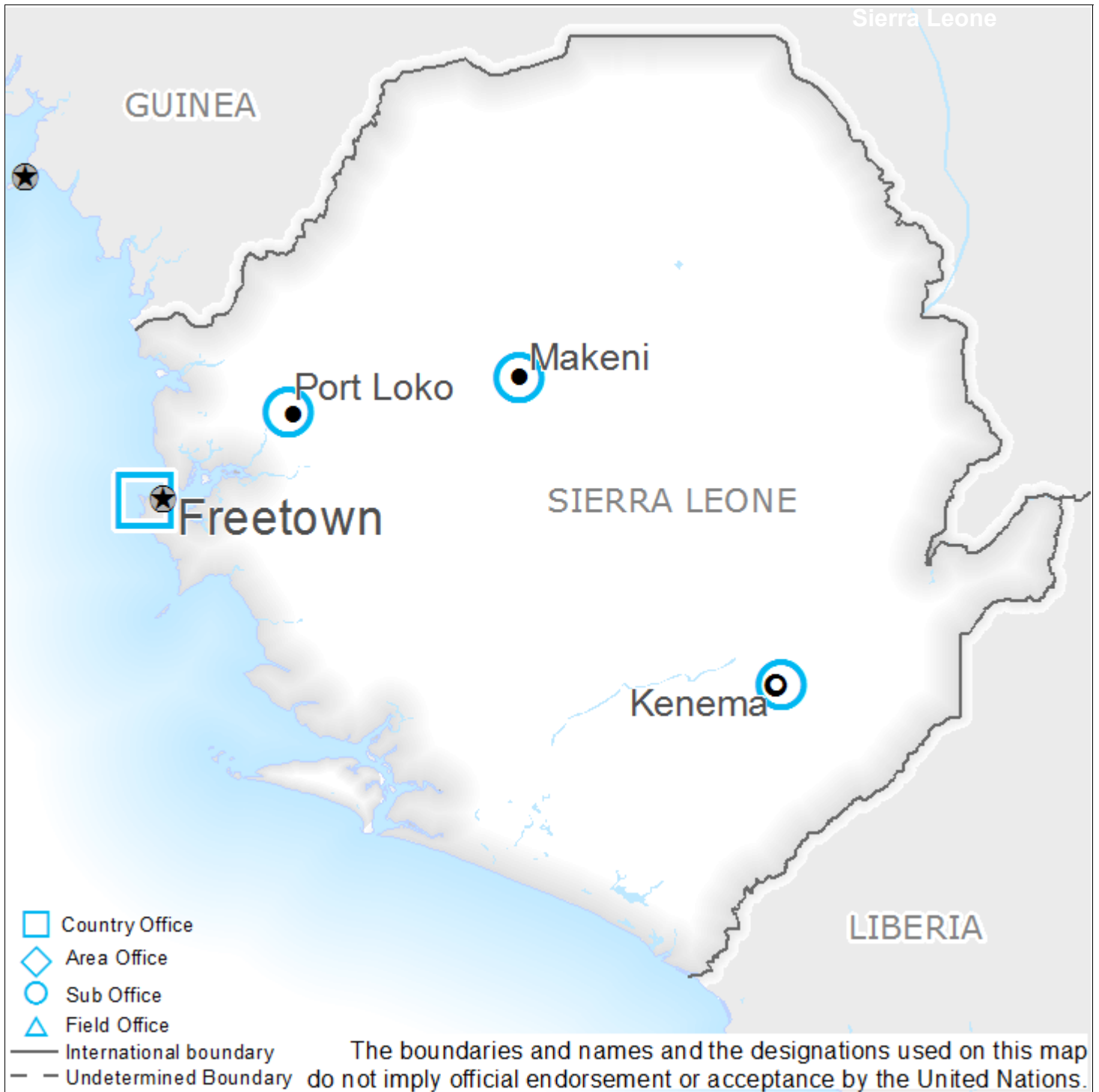
MANAGEMENT

- Partnerships
- Lessons Learned

OPERATIONAL STATISTICS (where applicable)

- Annex: Resource Inputs from Donors
- Annex: Food Transport, Delivery and Handling
- Annex: Commodity Transactions

Country Overview



COUNTRY BACKGROUND

Sierra Leone, since the end of a decade-long conflict in 2002, had made significant progress towards peace-building, the resettlement of displaced populations, the reconstruction of war-affected communities and rehabilitation of productive household and community assets. Sierra Leone is now ranked the 59th most peaceful country in the world out of 162 countries surveyed by the Global Peace Index (GPI) for 2015. However, the recent Ebola Virus Disease (EVD) outbreak, which erupted in Kailahun District in May 2014 - a spill-over from Guinea & Liberia - has severely devastated the country economy, and claimed the lives of nearly 4,000 people causing large-scale human suffering. On 7 November 2015, the Ebola Outbreak was declared ended, after 42 days of no new cases, although two new cases were confirmed in January 2016.

Sierra Leone faces significant challenges related to food security and nutrition. The country has been ranked as having an alarming hunger level, scoring 113 out of 117 surveyed in in the 2015 Global Hunger Index and 181 out of 188 countries on the 2015 UNDP Human Development Index. According to the 2015 Emergency Food Security Assessment the national prevalence of food insecurity stands at 43 percent, of which 7 percent is severe food insecurity. Local production of rice, the main staple crop in Sierra Leone, remains inadequate to satisfy national requirements. The country relies on commercial imports and the poorest segments of the population lack the purchasing power to access sufficient food. Low labour productivity, limited irrigation, over-harvesting and inadequate access to food markets as a result of poor infrastructure continue to threaten food security.

Over 70 percent of the population 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, especially among girls in their early teens. The 2014 Standardized Monitoring Assessment and Relief in Transition survey (SMART) shows that at the national level the global acute child malnutrition rate is 4.7 percent and 29.8 percent of children under five are chronically malnourished. Malnutrition rates vary greatly between districts. The country now runs free health care for pregnant and lactating mothers and children under 5, which has increased access to healthcare and may contribute to the reduction of the high maternal and infant mortality rates. 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.

SUMMARY OF WFP ASSISTANCE

WFP's Country Programme (CP), which contributed to Millennium Development Goals (MDGs) 1, 2, 3, 4 and 6, was designed to assist vulnerable households and individuals with the highest rates of food insecurity, malnutrition and illiteracy in meeting their food and nutrition needs in a sustainable way. The CP also contributed to realizing the government's priorities set out in the Agenda for Prosperity with activities in the education sector (MDG2 and MDG3) and mother and child health activities, which included people living with HIV (MDG4, MDG5, and MDG6). The livelihood component sought to build productive assets and to improve food consumption in targeted households facing food insecurity through food/cash for asset creation activities (MDG3).

Given the important role of smallholder farmers in strengthening the country's economy, the Purchase for Progress (P4P) initiative intended to strengthen the capacity of smallholder farmers to access reliable markets so that they can sell their surplus crops at competitive prices, thus bolstering their income. Food procured through P4P was used to support activities under the CP.

In response to the spread of the EVD and in support of the medical response to the Ebola emergency in West Africa, Regional Emergency Operation (EMOP) 200761 assisted patients in Ebola Treatment Units (ETUs) receiving medical care and their caregivers; survivors discharged from ETUs after receiving medical care and their families; registered contact cases in quarantine/observation; and communities affected by EVD. Throughout the outbreak, WFP was forced to put most of its CP activities on hold due to the risks and restrictions on large public gatherings, collapse of basic health services, and disruption in the academic year. As a means of post-Ebola recovery, WFP was able to resume some of its CP activities in the fourth quarter of the year.

Beneficiaries	Male	Female	Total
Number of children below 5 years of age	130,612	131,345	261,957
Number of children 5 to 18 years of age	288,970	291,175	580,145
Number of adults	412,499	459,776	872,275
Total number of beneficiaries in 2015	832,081	882,296	1,714,377
Total number of beneficiaries in 2014	605,846	557,755	1,163,601
Total number of beneficiaries in 2013	168,345	183,979	352,324

Distribution (mt)						
Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Regional EMOP	20,491	1,357	3,577	4,336	249	30,010
Country Programme	1,091	141	210	830	6	2,277
Total food distributed in 2015	21,581	1,498	3,786	5,167	255	32,287
Total food distributed in 2014	12,564	1,078	2,052	4,074	71	19,838
Total food distributed in 2013	4,671	574	1,721	2,419	63	9,447

Operational SPR

OPERATIONAL OBJECTIVES AND RELEVANCE

The CP was designed to support initiatives of the government geared towards accelerating the transition from recovery to longer-term development. Aligned with United Nations Joint Vision for Sierra Leone and WFP Strategic Objectives 2, and 4 of the Strategic Results Framework, the CP focused on increasing access to basic education, improving nutrition, and livelihood. The CP, with the exception of food and nutritional support to ART clients and their households, was put on hold in June 2014 when the Ebola outbreak prevented large gatherings and resulted in movement restrictions and a collapse of non-Ebola related health services. WFP was not able to resume the majority of the CP activities due to the continued presence of the virus through most of 2015 and the ongoing discussion with government over programme resumption and implementation.

Improving the quality of and access to education are priorities of the government under pillar three of the Agenda for Prosperity (A4P). WFP aimed to support this pillar through component 1 of the CP, the school feeding programme. In order to bridge the gender gap, the CP intended to provide a take home ration as an incentive for parents to send their girls to school and to keep them there. The school feeding programme and take home ration was not resumed in 2015 due to ongoing discussions with the government for the roll-out of a government-led national school feeding programme.

Overall, the population of Sierra Leone has a poor nutritional status attributable to the high levels of stunting and micronutrient deficiencies at varying levels across the country. Component 2 of the CP intended to focus on providing nutritional support to malnourished and vulnerable children aged 6-59 months, pregnant and lactating women (PLW) through targeted supplementary feeding, ART clients and their households through targeted supplementary feeding, and complementary feeding for children aged 6-23 months. Supplementary feeding through health centers for moderately acute malnourished children and PLW was significantly disrupted as capacity to provide healthcare services outside of Ebola was unavailable, combined with community fear of health facilities. In November, the targeted supplementary feeding programme (TSFP) was resumed and expanded under the CP to include both children age 6-59 months and pregnant and lactating women (PLW). Complementary feeding was removed under the Budget Revision as other nutrition interventions were considered to have a larger impact and greater coverage.

Despite the suspension of the CP activities, malnourished ART clients continued to receive food-by-prescription while their families received household food support. This helped to ensure that this already vulnerable group continued to receive support throughout the Ebola outbreak so that ART adherence and nutritional status was maintained.

In order to address the poor infrastructure which continues to threaten food security, the CP aimed to build agricultural assets and helped to achieve adequate food consumption levels mostly through the Cash for Assets (CFA) programme. As agriculture is a core pillar in the A4P and the government's Poverty Reduction Strategy for 2013-2018, the CP supported agricultural growth through component 5 of the government's Smallholder Commercialization Programme. However, like other CP activities, the livelihoods component was put on hold from June 2014 due to the Ebola outbreak and was not resumed in 2015.

RESULTS

Beneficiaries, Targeting and Distribution

The school feeding programme intended to target primary school children in food-insecure communities with the lowest levels of enrolment. Daily hot meals were to be provided to encourage enrollment, attendance and academic performance. To bridge the gender gap, a dry monthly take home ration of rice, pulses and vegetable oil was to have been given to girls in grade 4 to 6 in the communities with high drop-out rates to encourage girls' enrollment and attendance at school. The school feeding programme and take home ration were put on hold in June 2014 due to the EVD outbreak and the subsequent closure of schools. Schools have since reopened but WFP has not been able to resume this activity due to ongoing discussions with the government about the roll-out of a national school feeding programme, led by the Ministry of Education, Science & Technology (MEST).

The EVD outbreak crippled the health system and put screening and treatment of malnutrition on hold in all of the Peripheral Health Units (PHUs), thus increasing the risk of increased malnutrition rates. As transmission of EVD decreased, malnutrition screening of children aged 6-59 months was carried out by the Ministry of Health & Sanitation (MOHS). The MAM caseload identified was assisted through a TSFP under the EMOP to ensure that MAM cases did not further deteriorate into severe malnutrition due to a weak health care system and care practices. As transmission of the virus decreased, the government implemented an early recovery strategy under which resumption of basic services, including maternal and child health care, was a priority. Under WFP's Ebola response Emergency Operation (EMOP 200761) a TSFP was implemented for treatment of moderate acute malnutrition in children 6-59 months. The TSFP helped to restore trust in the health system after months of closure as an early recovery activity while, at the same time, helping to resume uptake of basic health services and routine care.

Treatment of MAM was resumed under the CP in the third quarter of the year, with the inclusion of PLW identified as acutely malnourished during screening at PHUs. Using available data from the SMART survey of 2014, the EFSA of April 2015 and the National Under 5 Nutrition Screening data, five districts with the highest levels of malnutrition were identified for inclusion in the TSFP, namely Bonthe, Kailahun, Kambia, Kenema and Port Loko. Further extension of the programme to other districts will be determined by the results of the ongoing Comprehensive Food Security and Vulnerability Analysis (CFSVA).

Food-by prescription assistance was provided on a quarterly basis, nationwide, for undernourished anti-retroviral therapy (ART) clients and their households to improve the nutritional status and improve treatment adherence. ART client support groups and PHUs with ART sites identified malnourished beneficiaries who were screened using body mass index to determine their nutritional status. Each beneficiary received SuperCereal with sugar and vegetable oil for a minimum of six months to support nutritional recuperation and facilitate adherence to ART. An additional monthly take-home ration of cereal, pulses, iodised salt and vegetable oil for five people was also provided to ensure adequate food security within the household during treatment. As the government expanded the programme, more ART clients, including children 5-18 years, were reached.

Under the livelihoods component, planned beneficiaries included family members of participants engaged in WFP assisted FFA activities in communities. Given that FFA activities require group work, and with the no touch policy and ban on large public gatherings in place during the EVD outbreak, the FFA did not take place in 2015. In discussion with the Ministry of Agriculture, Forestry and Food Security (MAFFS), a FFT programme was planned for farmers at Agricultural Business Centres (ABCs), but this activity was not implemented due to the need to reprioritize and develop a new strategy for livelihood support in the context of Ebola recovery.

To pave the way for programming in the context of Ebola recovery, a CFSVA is underway and will be used as a key tool for designing, targeting and implementing future activities for improving food security and nutrition in the country. The results will help to ensure the development of targeted and evidence based programmes that will build a more resilient and food secure Sierra Leone. The most vulnerable and food insecure chiefdoms/districts will be prioritized for assistance.

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
ACT1 - Education									
Number of children 5 to 18 years of age	122,400	132,600	255,000	0	0	0	0.0%	0.0%	0.0%
Total number of beneficiaries in 2015	122,400	132,600	255,000	0	0	0	0.0%	0.0%	0.0%
Total number of beneficiaries in 2014	122,400	132,600	255,000	117,290	131,157	248,447	95.8%	98.9%	97.4%
Total number of beneficiaries in 2013	122,400	132,600	255,000	108,398	131,801	240,199	88.6%	99.4%	94.2%
The total number of beneficiaries includes all targeted persons who were provided with WFP food during the reporting period - either as a recipient/participant in one or more of the following groups, or from a household food ration distributed to one of these recipients/participants									
ACT2 - MCH									
Number of adults	14,229	20,476	34,705	1,432	19,869	21,301	10.1%	97.0%	61.4%
Number of children 5 to 18 years of age	859	1,236	2,095	1,347	1,236	2,583	156.8%	100.0%	123.3%
Number of children below 5 years of age	51,500	51,500	103,000	12,458	14,519	26,977	24.2%	28.2%	26.2%
Total number of beneficiaries in 2015	66,588	73,212	139,800	15,237	35,624	50,861	22.9%	48.7%	36.4%
Total number of beneficiaries in 2014	66,588	73,212	139,800	29,150	59,037	88,187	43.8%	80.6%	63.1%
Total number of beneficiaries in 2013	66,588	73,212	139,800	36,115	44,332	80,447	54.2%	60.6%	57.5%
The total number of beneficiaries includes all targeted persons who were provided with WFP food during the reporting period - either as a recipient/participant in one or more of the following groups, or from a household food ration distributed to one of these recipients/participants									
ACT3 - Livelihoods									
Number of adults	28,681	28,681	57,362	0	0	0	0.0%	0.0%	0.0%
Number of children 5 to 18 years of age	5,377	5,377	10,754	0	0	0	0.0%	0.0%	0.0%
Number of children below 5 years of age	1,792	1,792	3,584	0	0	0	0.0%	0.0%	0.0%
Total number of beneficiaries in 2015	35,850	35,850	71,700	0	0	0	0.0%	0.0%	0.0%
Total number of beneficiaries in 2014	35,850	35,850	71,700	30,935	20,066	51,001	86.3%	56.0%	71.1%
Total number of beneficiaries in 2013	35,850	35,850	71,700	40,662	26,543	67,205	113.4%	74.0%	93.7%
The total number of beneficiaries includes all targeted persons who were provided with WFP food during the reporting period - either as a recipient/participant in one or more of the following groups, or from a household food ration distributed to one of these recipients/participants									

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
ACT1 - Education									
Children receiving take-home rations		1,500	1,500		0	0		0.0%	0.0%
Children receiving school meals	128,520	139,230	267,750	0	0	0	0.0%	0.0%	0.0%
ACT2 - MCH									
Children 6 to 23 months given food under blanket supplementary feeding (prevention of stunting)	26,500	26,500	53,000	0	0	0	0.0%	0.0%	0.0%
HIV/AIDS and TB beneficiaries	11,799	17,701	29,500	13,895	20,845	34,740	117.8%	117.8%	117.8%
Caretakers - Therapeutic Feeding		6,300	6,300		0	0		0.0%	0.0%
Children 24 to 59 months given food under supplementary feeding (treatment for moderate malnutrition)	26,500	26,500	53,000	3,051	3,556	6,607	11.5%	13.4%	12.5%
Children 6 to 23 months given food under supplementary feeding (treatment for moderate malnutrition)	26,500	26,500	53,000	12,205	14,223	26,428	46.1%	53.7%	49.9%
Pregnant and lactating women participating in targeted supplementary feeding (treatment for moderate acute malnutrition)		18,000	18,000		16,936	16,936		94.1%	94.1%
ACT3 - Livelihoods									
Participants in Food For Assets	6,000	6,000	12,000	0	0	0	0.0%	0.0%	0.0%
Cash-Based Transfer Beneficiaries	10,100	11,200	21,300	0	0	0	0.0%	0.0%	0.0%

Commodity Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
ACT1 - Education			
Bulgur Wheat	10	0	-
Corn-soya Blend (csb)	154	20	12.9%
Rice	361	0	0.1%
Split Peas	155	8	5.4%
Vegetable Oil	53	0	-
Sum	733	28	3.9%
ACT2 - MCH			
Bulgur Wheat		2	
Corn-soya Blend (csb)	2,507	810	32.3%
Iodised Salt	9	6	69.2%
Lentils		0	
Rice	675	651	96.4%
Split Peas	135	162	120.3%
Vegetable Oil	197	141	71.4%
Sum	3,523	1,772	50.3%
ACT3 - Livelihoods			
Beans	77	8	10.3%
Bulgur Wheat	100	15	14.9%
Rice	777	423	54.4%
Split Peas	77	31	40.4%
Vegetable Oil	49	0	-
Sum	1,080	477	44.2%
Total for 2015	5,336	2,277	42.7%
Total reported in 2014 SPR	14,583	6,464	44.3%
Total reported in 2013 SPR	14,636	9,447	64.5%

Cash-Based Transfer	Planned Distribution (USD)	Actual Distribution (USD)	% Actual v. Planned
Cash	306,177		
Total for 2015	306,177		

'Story Worth Telling'

Twenty year old Mariatu Kargbo is a mother of three children. She has come to the Sierra Leone Church Health Center in Port Loko District to receive child health services and food supplies for her eight-month-old child, Ibrahim.

A few months ago, at the height of the Ebola outbreak this center, like many others in the country was abandoned by mothers. "The women here did not come to the health centre, because they were afraid that if they took their children to the health centre, they would get Ebola," said Ernestine Wilson, the nurse in charge.

"Now the mothers are no longer afraid to come to the center to access services and to receive food," she adds. "The food attracts them to the health centers and every mother wants her child, malnourished or not, to be in the programme."

Ibrahim became severely malnourished at the age of six months. After a month of treatment through the health center's Outpatient Therapeutic Programme, he was enrolled in the center's targeted supplementary feeding programme, designed to provide continued support for patients with moderate acute malnutrition. Through this programme, children like Ibrahim receive rations of SuperCereal Plus-a fortified blended food enriched with micronutrients-and specifically designed to meet the nutrition needs of moderately malnourished children.

"Ibrahim likes the food and it has helped him to gain weight and to be strong," his mother proudly explains. "I feel happy receiving assistance from WFP especially when I have no one to support my children."

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 in Sierra Leone, translating into increased women's roles in leadership positions and involvement in decision making. UNWOMEN worked with WFP to enhance advocacy on gender issues targeting rural communities where violence against women is prevalent.

Men as well as women including PHU staff and caregivers were targeted for nutrition education and trained in the use of mid-upper arm circumference (MUAC) tapes during screening under the TSFP. Mothers were especially encouraged to monitor MUAC in children and seek treatment for malnutrition. Health facility staff and Mother to Mother support group leaders ensure that each mother is equipped with a MUAC tape and knows how to use it.

The overall beneficiary targeting of WFP assistance for PLHIV was equitable between genders, as support was equally provided to those meeting medical criteria for admission. All beneficiaries of the food by prescription program are required to be part of an ART client support group. ART client support groups also help to ensure gender equality, as both men and women can participate and ensures that all HIV+ individuals have access to the support they need.

Cross-cutting Indicators	Project end Target	Base Value <i>(at start of project or benchmark)</i>	Previous Follow-up <i>(penultimate follow-up)</i>	Latest Follow-up <i>(latest value measured)</i>
ACT2 - MCH				
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
Latest Follow-up: Dec-2015, Monitoring report, Programme monitoring.	70			60

Protection and Accountability to Affected Populations

All CP activities were put on hold, with the exception of the food by prescription component, due to the contagious nature of EVD and in line with government regulations which prevented large public gatherings. Where food distributions were conducted, strict health and safety procedures were followed to reduce the risk of transmission of EVD.

WFP continued to ensure that ART clients were able to receive their entitlements in distribution sites within a close proximity to their homes in order to reduce travel time and distance. When ART clients are enrolled into the food by prescription programme they are also referred to an HIV support group close to where they reside which helps them to cope with stigma.

In mid-2015 WFP set up a Beneficiary Feedback Mechanism (BFM) to enhance its accountability and interaction with beneficiaries by allowing them to call or email directly when they have questions or complaints about WFP food assistance activities. The BFM also aims to identify a range of issues including security, protection, fraud and food diversion to help improve WFP programmes. Most importantly, the BFM enables WFP to gather information from our primary stakeholders the beneficiaries we serve - to understand how our food assistance can be better delivered and more effective.

Outputs

With the Ebola outbreak continuing through much of 2015, WFP was not able to implement most of the activities planned under the CP. This was caused by a disruption in basic services, including education & healthcare which affected the school feeding and nutrition components of the project, and bans on public gathers that limited group work planned under the FFA component of the CP.

At the start of the year, the government announced that schools would reopen in April 2015 and that a nation-wide school feeding programme would be rolled out, providing daily school meals to some one million children. This programme has not yet started and, therefore, WFP was not able to provide school meals to the planned beneficiaries.

Under the Country Program, WFP supported the Ministry of Health and Sanitation (MoHS) to improve the nutrition status of vulnerable groups through treatment of MAM in children 6-59 months and PLW in five districts. Children aged 6-59 months and PLWs, screened at PHUs for MAM, were admitted to the TSFP under which specialized nutrition products for the treatment of malnutrition were provided - SuperCereal+ for children, and SuperCereal for mothers. A total of 434 PHUs were targeted for the TSFP across five districts; however, only 352 PHUs were included in the programme due to the fact that an appropriate partner was not available to implement the programme as planned in one district. As such, the TSFP was only implemented in four districts, accounting for a decrease in planned versus actual beneficiary numbers.

While WFP maintained the food by prescription component of the CP throughout the EVD outbreak, a lower number of ART clients continued to access health services, accounting for the discrepancy between planned and actual results; however, nearly 100 percent of the planned food was distributed as more beneficiaries were admitted to the programme. During the EVD outbreak there were many community quarantines and restrictions to movement which made some beneficiaries unable to receive the food assistance or did not come to the distribution points. As the Ebola transmission decreased a national HIV defaulter tracing exercise was initiated by MOHS so as to recall the ART clients to benefit from the ART services meant for them. TB clients did not receive any support in 2015 due to non-functionality of the national TB program which failed to avail TB beneficiary figures for roll-out of this food assistance component.

The effects of the Ebola outbreak are cross-cutting, affecting many sectors and socio-economic indicators. Food/cash for asset activities planned prior to the Ebola outbreak had to be revised in collaboration with the MAFFS, accounting for the changes Sierra Leone has seen since the start of the outbreak. As a result, the FFA beneficiaries under the CP were not assisted as planned because a restructuring of the livelihoods projects is required. Based on the CFSVA results, a new programme will be developed to address the residual effects of the outbreak and to have a more meaningful impact on food security and household resilience.

Output	Unit	Planned	Actual	% Actual vs. Planned
ACT2 - MCH				
SO 4: HIV/TB: Care and Treatment				
Number of beneficiaries of ART individual nutritional food supplement and household food assistance	Individual	29,500	34,740	117.8%
Number of beneficiaries of TB treatment individual nutritional food supplement and household food assistance	Individual	4,100	0	0.0%
SO 4: Nutrition: Treatment of Acute Malnutrition				
Number of health centres/sites assisted	centre/site	1,200	352	29.3%
Number of staff members/community health workers trained on modalities of food distribution	Individual	257	78	30.4%

Outcomes

Overall project outcomes were significantly lower than planned due to the fact that many of the activities were not resumed as the EVD outbreak continued to take a toll on the education, health and economic sectors in Sierra Leone. The EVD outbreak, which lasted more than one year in Sierra Leone, has had a significant impact on the development progress made in recent years as a result of restrictions on livelihood activities, trading patterns, and regular activities, such as routine health screenings and school enrollment.

The TSFP only began in December and only output results are available. Due to the "no touch" policy implemented during the EVD active transmission no anthropometric measurements were taken resulting in lack of performance indicators for the food by prescription programme and ART clients.

Where possible, WFP continued to procure local food commodities from local traders, helping to stimulate economic recovery and development in the wake of the EVD crisis.

Outcome	Project end Target	Base Value <i>(at start of project or benchmark)</i>	Previous Follow-up <i>(penultimate follow-up)</i>	Latest Follow-up <i>(latest value measured)</i>
ACT2 - MCH				
Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger				
MAM treatment default rate (%)				
Latest Follow-up: Dec-2015, Monitoring report, Programme monitoring.	15			2

Sustainability, Capacity Development and Handover

WFP provided technical assistance to the MAFFS in price monitoring, data collection, and early warning and food security assessment. Community outreach capacity of MoHS was strengthened under the nutrition programme. In order to successfully implement the TSFP, WFP conducted training for cooperating partner field staff and the District Nutritionists from the MoHS in the five implementation districts. Staff were trained on implementation of the programme under the Sierra Leone National Protocols on Management of Acute Malnutrition, the Integrated Management of Acute Malnutrition (IMAM) approach to management of malnutrition in children and PLWs. The focus of the IMAM training was on improving data collection, enhancing monitoring and strengthening screening and admission by MUAC.

WFP continued to work closely with MAFFS and MoHS in planning joint monitoring of livelihood and nutrition programmes, including the provision of budgetary and technical support for capacity building of the government counterparts. WFP worked with the National AIDS secretariat and the National TB and Leprosy Programme to ensure that the programme could be resumed in 2016. WFP also extended capacity enhancement support with seconded staff at the National Aids Secretariat and TB Programme in preparing the implementation plan for 2016 and 2017.

The school feeding directorate at the MEST, which came as a result of the SABER (Systems Approach for Better Education Results) capacity assessment, was replaced with a School Feeding Secretariat at the MEST to enable the development of the national school feeding programme. WFP worked closely with the Secretariat by providing technical support and advice on the design and implementation of the programme, although the programme is yet to be rolled out.

In order to strengthen the government's human resource capacity, WFP maintains seconded staff at the MOHS, MEST and MAFFS.

INPUTS

Resource Inputs

At the onset of the Ebola outbreak, donor flexibility enabled WFP to quickly respond to the needs of Ebola affected populations by loaning commodities from the CP to the EMOP. As WFP moved towards resuming some of its CP activities within the context of the post-Ebola recovery, commodities were repaid with flexible contributions of donors to other WFP operations in Sierra Leone. The nutrition programmes for children and mothers and for ART clients were fully funded which enabled WFP to provide a complete package to all targeted beneficiaries.

Donor	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
	In-Kind	Cash	
European Commission		177	0
Japan		4,409	2,487
MULTILATERAL		53	0
Private Donors		50	50
Russian Federation		772	772
Sierra Leone The Republic Of		294	92
Total:		5,754	3,400

See Annex: Resource Inputs from Donors for breakdown by commodity and contribution reference number

Food Purchases and in-kind Receipts

Food commodities used for the CP were bought mostly from international sources due to favorable prices. Some commodities, such as rice, were purchased under a Food Supply Agreement that was established by the regional bureau during the Ebola emergency to increase cost efficiencies and increase value for money.

Commodity	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Corn Soya Blend	0	765	860	
Iodised Salt	22	0	0	
Rice	50	2,072	0	
Split Peas	0	0	1,300	
Vegetable Oil	70	237	97	
Sum:	142	3,073	2,257	

Food Transport, Delivery and Handling

Commodities were transported using contracted commercial transporters as well as WFP's own fleet especially dedicated for treatment centers and remote areas. To avert delays in delivery in some locations where access posed a significant challenge, particularly through the rainy season, WFP prepositioned vehicles and commodities to ensure timely delivery. To reach quarantined homes, an agreement with partners enabled WFP to distribute food with no additional vehicle requirements.

Post-Delivery Losses

Post-delivery losses were very small, occurring largely due to environmental storage conditions. Some thefts occurred in WFP warehouses with the value of the food being recovered from the invoices of the security company in charge. Small quantities of food were diverted from intended beneficiaries by WFP hired transporters and at distribution points. Engagement with local authorities helped to limit food diversions, and where reports were made food commodities were recovered.

MANAGEMENT

Partnerships

WFP formed strong partnerships with local and international actors in order to ensure local ownership, community mobilization, and efficiencies in food assistance activities in Sierra Leone. WFP partnered with international and national NGOs in the areas of beneficiary selection, distribution, monitoring and evaluation, ensuring communities' participation and effective programme implementation at community level. NGOs with a long presence in community level engagement and experience in an integrated development contributed to the successes of the nutrition programmes.

After the EMOP, specialised NGOs were engaged for the TSFP. Before rolling out the programme, training was held to strengthen capacity for programme implementation and to ensure that partnerships achieved the best results. To support ART clients, WFP partnered with Child Fund, Caritas Makeni and the Network of HIV Positives in Sierra Leone (NETHIPS) to ensure food assistance provided meets the needs of beneficiaries in this category. Collaboration with UNAIDS and other partners helped to provide complementary services to ART clients.

Partnerships	NGO		Red Cross and Red Crescent Movement	UN/IO
	National	International		
Total	7	2		2

Lessons Learned

With the disruption of basic services in June 2014, CP activities were forcefully put on hold so as not to contribute to the risk of transmission of EVD, with the exception of support to ART clients. In the final quarter of 2015, limited activities were gradually resumed where possible to contribute to post-Ebola recovery. Programmes need to be re-evaluated and realigned with the government's Ebola recovery priorities and with new nutrition and food security data, in order to have a meaningful impact which will help steer Sierra Leone back to the road to development.

As transmission of the virus receded, there was a need to re-build confidence and attract mothers to the health centers: an April 2015 assessment found that 72 percent of key informants in Sierra Leone were still afraid to use health facilities and increased maternal and child mortality levels were recorded. Though there was "no touch" policy in place, malnutrition screening continued through the education of mothers on using the MUAC tape to check the nutrition status of their children. A pilot on MUAC screening found that mothers had an accuracy of 90 percent in detecting malnutrition in children - an important result to ensure that mothers and caregivers can identify and refer cases of malnutrition from their own families.

As access to health services was disrupted, the uptake of ART was also interrupted; however, the food by prescription program continued to serve most of the clients admitted into the programme. Upon resumption of normal ART services in PHUs, the food by prescription programme became a very useful platform for tracing defaulters from the ART programme.

A refresher training will be held in 2016 to analyze how the TSFP has progressed and the impact of the training on capacity to implement the programme in the field.

The key finding from interactions with beneficiaries through the BFM is that WFP and its cooperating partners need to strengthen communications with beneficiaries. Increased community sensitization on distribution processes and entitlements would reduce the number of complaints and queries from beneficiaries. Beneficiaries also appreciate the opportunity to have their voice heard and to give their feedback.

OPERATIONAL STATISTICS

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No	Commodity	Resourced in 2015 (mt)		Shipped/ Purchased in 2015 (mt)
			In-Kind	Cash	
Canada		Beans			0
Canada		Bulgur Wheat			0
Canada		Rice			0
Canada		Split Peas			0
European Commission		Bulgur Wheat			0
European Commission		Rice			0
European Commission		Split Peas			0
European Commission		Vegetable Oil			0
European Commission	EEC-C-00311-01	Rice		177	0
Germany		Bulgur Wheat			0
Ireland		Split Peas			0
Japan		Corn Soya Blend			1,625
Japan		Rice			0
Japan		Split Peas			625
Japan		Vegetable Oil			237
Japan	JPN-C-00291-01	Rice		80	0
Japan	JPN-C-00388-01	Corn Soya Blend		1,625	0
Japan	JPN-C-00388-01	Rice		1,842	0
Japan	JPN-C-00388-01	Split Peas		625	0
Japan	JPN-C-00388-01	Vegetable Oil		237	0
MULTILATERAL	MULTILATERAL	Corn Soya Blend			0
MULTILATERAL	MULTILATERAL	Rice		53	0
MULTILATERAL	MULTILATERAL	Split Peas			0
MULTILATERAL	MULTILATERAL	Vegetable Oil			0
Private Donors	WPD-C-02732-03	Rice		50	50
Russian Federation		Split Peas			675
Russian Federation		Vegetable Oil			97
Russian Federation	RUS-C-00044-01	Split Peas		675	0
Russian Federation	RUS-C-00044-01	Vegetable Oil		97	0
Sierra Leone The Republic Of		Corn Soya Blend			0
Sierra Leone The Republic Of		Iodised Salt			0
Sierra Leone The Republic Of		Rice			0
Sierra Leone The Republic Of		Split Peas			0
Sierra Leone The Republic Of		Vegetable Oil			0
Sierra Leone The Republic Of	SIL-C-00002-01	Iodised Salt			22
Sierra Leone The Republic Of	SIL-C-00002-01	Rice		294	
Sierra Leone The Republic Of	SIL-C-00002-01	Vegetable Oil			70
Switzerland		Bulgur Wheat			0
Switzerland		Iodised Salt			0
Switzerland		Rice			0
Switzerland		Split Peas			0
Switzerland		Vegetable Oil			0
United Kingdom		Bulgur Wheat			0
United Kingdom		Corn Soya Blend			0
United Kingdom		Peas			0
United Kingdom		Rice			0
United Kingdom		Vegetable Oil			0
USA		Corn Soya Blend			0
USA		Lentils			0
Total:				5,754	3,400