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de Alimentos

**Executive Board
Second Regular Session**

Rome, 22–26 October 2007

COUNTRY PROGRAMMES

Agenda item 8

*For approval on a
no-objection basis*

E

Distribution: GENERAL

WFP/EB.2/2007/8/3

10 July 2007

ORIGINAL: ENGLISH

COUNTRY PROGRAMME — SIERRA LEONE 10584.0 (2008–2010)



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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval on a no-objection basis.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Sierra Leone is at a critical stage of development after a war that exacerbated long-standing development challenges and caused unprecedented population displacement and devastation of infrastructure. Despite recovery since the end of civil war in 2002, Sierra Leone ranks 176th of 177 countries in the 2006 United Nations Development Programme Human Development Report. The spread of HIV/AIDS threatens to exacerbate poverty.

This second-generation country programme is therefore transitional: the Government is moving from an emergency footing and is unable to provide the human and budgetary resources or leadership required to carry out the country programme, which will run from 2008 to 2010, synchronized with the United Nations Development Assistance Framework (2008–2010)¹ on which it is based, supporting the national effort to improve health and education. This programme will build the capacity of government institutions and district counterparts with a view to promoting government and community ownership.

The objective is to provide safety net programmes to assist hungry poor households, including those affected by HIV/AIDS, to meet their education, health and nutrition needs on a sustainable basis while addressing gender imbalances. The programme, building on the experience of the first country programme, will focus on:

- increased access to basic education and improved attendance and retention rates, particularly among girls; and
- improved nutrition and health of vulnerable groups, including people living with HIV/AIDS.

This programme conforms with Strategic Objectives 3, 4 and 5 and is in line with WFP's gender policy (2003–2007), particularly Enhanced Commitments to Women I, II, and V and with Millennium Development Goals 1, 2, 3, 4, 5 and 6. The expected outcomes are linked to the 2008–2010 United Nations Development Assistance Framework priorities on education and health, including HIV/AIDS. The country programme contributes directly to Pillar 2 promoting human development in the Government's Poverty Reduction Strategy.

WFP will target 179,300 beneficiaries per year, of whom at least 60 percent will be women. It will concentrate on Bombali, Kambia, Koinadugu Port Loko and Tonkolili districts in the Northern region, which are characterized by vulnerability and acute food insecurity, high rates of malnutrition, low access to basic education and low primary school enrolment and retention among girls, in line with the 2005 vulnerability analysis and mapping² and the 2006 multiple indicator cluster survey.³

The budget, which takes account of limited development resources, is US\$11 million, covering the needs of 179,300 beneficiaries for three years.

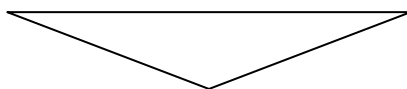
¹ Republic of Sierra Leone. 2006. United Nations Development Assistance Framework (2008–2010). Final draft.

² Conducted by WFP, the United Nations Development Programme, the United Nations Children's Fund, the World Health Organization, the Food and Agriculture Organization of the United Nations and the Government of Sierra Leone.

³ United Nations Children's Fund, 2006.



DRAFT DECISION*



The Board approves on a no-objection basis country programme Sierra Leone 10584.0 (2008–2010) (WFP/EB.2/2007/8/3), for which the food requirement is 13,459 mt at a cost of US\$9,162,982 covering all basic direct operational costs.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



SITUATION ANALYSIS

1. Sierra Leone is a least-developed country, 65 percent of whose 5 million population live in rural areas and are engaged in agriculture. The country has mineral resources, rich marine fisheries and abundant fresh water. It emerged in 2002 from a decade of conflict that devastated the economy and caused large-scale social disruption: the country is now ranked 176th of 177 countries in the United Nations Development Programme (UNDP) Human Development Index; gross domestic product (GDP) per capita is US\$140, a third of the level attained in 1970 according to World Bank estimates. Poverty is pervasive: 70 percent of the population live below the poverty line of US\$0.67 per day, of whom 73 percent ⁴ live in rural areas. Life expectancy at birth is 34.3 years; infant mortality is estimated at 170 per 1,000 live births; mortality among children under 5 is 286 per 1,000 live births;⁵ maternal mortality at 1.8 per 1,000 births is among the highest in the world.
2. Since 2002, Sierra Leone has improved national security and economic growth: legislative and presidential elections have been held, civil authority now extends throughout the country, internally displaced people (IDPs) and refugees have been resettled and former combatants have participated in disarmament, demobilization and reintegration (DDR) programmes; real GDP increased by 13.3 percent between 2000 and 2004. Despite these improvements, challenges remain, the most important of which in terms of threat to peace and stability is unemployment, especially among illiterate and unskilled young people. The need to combat corruption and the slow pace of economic recovery are also matters of concern. High prevalence of malnutrition and low access to education are the main challenges, especially in the northern region.
3. According to the 2004–2005 census,⁶ illiteracy in Sierra Leone is 60 percent overall: 50 percent among men and 70 percent among women. But there are wide variations among the regions: the combined illiteracy rate for the Western Area, including the capital, is 34 percent; the rate for the southern region is 65 percent; it is 68 percent for the eastern region and the northern region, in which the targeted districts of the country programme (CP) are located. School enrolment has increased in recent years: net primary school enrolment rose from 42 percent in 2000 to 69 percent in 2005.⁷ But 40 percent of the children enrolled in primary school do not reach grade 6.
4. In primary schools the national net enrolment and completion rates for girls are lower than those for boys. In the CP districts, average net enrolment rates are 58 percent for boys and 53 percent for girls,⁶ compared with national rates of 70 percent for boys and 69 percent for girls. Average completion rates for boys and girls in Koinadugu and Kambia – 37.6 percent for boys and 19.9 percent for girls – are the lowest in the country; the national averages are 63.9 percent for boys and 47.6 percent for girls. The low completion rate for girls in Koinadugu and Kambia justifies the additional incentive of take-home rations for girls in the two districts.

⁴ Government of Sierra Leone. 2005. Poverty Reduction Strategy Paper.

⁵ Ministry of Health and Sanitation. 2002 (July). Statistical Information Sheet 1.

⁶ Statistics Sierra Leone. Population Census, 2004–2005.

⁷ Multiple-indicator cluster survey (MICS) report, 2005.



5. Only 53 percent of the population have access to safe drinking water; 30 percent have access to adequate sanitation. Consequently, a large proportion of the population suffer from intestinal infestations such as worms that affect food utilization among children. The United Nations Children's Fund (UNICEF), a collaborating partner in the CP, helps to provide safe drinking water in Bombali, Koinadugu and Kambia districts.
6. About a third of children under 5 are underweight; more than 34 percent are stunted.⁸ Global acute malnutrition (GAM) is 10 percent nationally.⁹ The 2005 vulnerability analysis and mapping (VAM) analysis found GAM at critical levels of 15 percent in Bombali, Kambia, Port Loko and Koinadugu districts. High levels of malnutrition are linked to high incidence of diseases, particularly during the rainy season, lack of adequate complementary foods for young children, poor access to healthcare and a poor household food basket – a quarter of households have poor or borderline dietary diversity. Another important contributing factor in early childhood malnutrition is the extremely low – 4 percent – rate of exclusive breastfeeding and appropriate feeding; a third of mothers initiate breastfeeding within two hours of delivery.¹⁰
7. There is high prevalence of anaemia: the rate is 66 percent among non-pregnant women and 74 percent among pregnant women; among children the rates are 75.4 percent in rural areas and 68.2 percent in towns. Overall, 13 percent of women of childbearing age had a body mass index (BMI) below 18.5.
8. Dislocation and separation of families caused by the civil war have increased the spread of HIV/AIDS: the national sero-prevalence rate was estimated at 1.53 percent by the 2005 Sierra Leone National Sero-Prevalence Survey and at 5 percent by the 2003 National AIDS Report. Isolated surveys in district hospitals show rates from 3 percent to 5 percent. Even the lowest estimate means that there are 45,000–60,000 people living with HIV (PLHIV); women aged 15 to 24 are hardest hit.
9. The food security situation remains precarious: production of rice, the staple, has increased annually since 2001. National production of rice in 2004–2005 was an estimated 526,619 mt,¹¹ with a milled equivalent of 310,705 mt, only 60 percent of total requirements. Commercial imports are insufficient to fill the gap between requirements and local production, so food aid – mostly from WFP – has become important. But WFP food aid deliveries have declined since 2001, when deliveries were 54,000 mt: in 2004 deliveries totalled 23,645 mt; the figure for 2005 was 17,000 mt.
10. Food insecurity is recurrent. The situation, particularly in the north and east, is a result of 11 years of civil war: at the household level, large segments of the population are extremely food-insecure; household food availability and access are inadequate to bridge the hunger season, and people are forced into debt at high interest rates to survive until the next harvest.

⁸ MICS, 2000; VAM, 2005.

⁹ MICS, 2000.

¹⁰ Ibid.

¹¹ Sierra Leone. 2005. VAM, Food Security, Health and Nutrition Survey.



POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

11. The 2005–2007 Poverty Reduction Strategy Paper (PRSP), which focuses on addressing the immediate challenges of the transition from war to peace, has three pillars: (i) promoting good governance, peace and security through restoration of decentralized government and service-delivery systems, (ii) promoting pro-poor sustainable growth by creating a situation conducive to private-sector development and restoring and developing agriculture, and (iii) promoting human development, including expansion of basic education and improved health and nutrition services.
12. The revised 2008–2010 United Nations Development Assistance Framework (UNDAF) is aligned with the 2005–2007 PRSP and probably with the 2008–2010 PRSP, retaining the three pillars of the 2005–2007 PRSP.

PAST COOPERATION AND LESSONS LEARNED

13. During the last decade, WFP provided food assistance for the neediest IDPs, refugees and other vulnerable groups under the West Africa Coastal (WAC) protracted relief and recovery operations (PRROs). The current 2005–2006 national PRRO approved in October 2004 allocates 22,222 mt of food for 341,750 beneficiaries; it was extended to June 2007 with 4,187 mt of additional commitments. A joint assessment mission (JAM) in June 2006 by WFP and the Office of the United Nations High Commissioner for Refugees (UNHCR) recommended phasing out general distributions by June 2007 and shifting assistance to supporting communities in the south-east affected by the long-term presence of refugees and the resettlement of returnees.
14. A mid-term evaluation in October/November 2006 of the first Sierra Leone CP for 2005–2007 examined “the relevance, efficiency and effectiveness” of WFP’s response through three core activities – support for basic education (SBE), mother-and-child health and nutrition (MCHN) and food for recovery and development (FRD) and studied the food-security problems of targeted hungry poor people. The findings have been taken into account in formulating this CP.
15. The mission found that CP activities were relevant and appropriate but insufficiently integrated into national development programmes, largely because the Government had not yet moved from an emergency footing and hence had been unable to provide the human and budgetary resources and leadership for CP activities. The Government had yet to assume responsibility for carrying out the programme and had allowed the emergency arrangements to continue, in which United Nations and other agencies led implementation.
16. The mid-term evaluation concluded that the CP had a clear strategy and a coherent programme: it focused on the most vulnerable areas and groups and on recovery and reconstruction at the household and community levels. The evaluation noted evidence of a deliberate bias towards concentration of food aid on the health, education and rural development sectors and the most food-insecure districts, and to women.
17. The mission highlighted the need to increase efforts with regard to HIV/AIDS: more sensitization and training of WFP staff was required to address HIV/AIDS more appropriately with partners and beneficiaries in the field. HIV/AIDS interventions needed to be expanded and integrated into all WFP programmes.



18. The mission recommended that to contribute to the national goal of eliminating poverty, the strategic focus should continue into the next CP, but with increased emphasis on (i) education, targeting orphans and other vulnerable children and young people deprived of primary education by the civil war, (ii) nutrition programmes to reduce the unacceptable levels of malnutrition, (iii) food for training (FFT) and (iv) programmes to assist food-insecure households affected by HIV/AIDS to reconstitute their assets and regain sustainable livelihoods.
19. Malnutrition, adult illiteracy and youth unemployment – consequences of the civil war - are mutually reinforcing. Exceptional measures and substantial human and financial resources will be needed to address them. In view of this, the goal of CP 10584.0 (2008-2010) is to provide safety net programmes to assist hungry poor households, including those affected by HIV/AIDS, to meet their education, health and nutrition needs on a sustainable basis while addressing gender imbalances. The CP will primarily target rural households, addressing the immediate and underlying causes contributing to poor education and health.
20. This CP contributes to Millennium Development Goals (MDGs) 1, 2, 3, 4, 5 and 6. It focuses on the areas of concentration in the 2008–2010 UNDAF and was formulated in collaboration with partners in the Government, non-governmental organizations (NGOs), United Nations agencies and donors. It conforms to WFP's Enabling Development policy and with Strategic Objectives 3, 4 and 5.

STRATEGIC FOCUS OF THE COUNTRY PROGRAMME

21. The 2008–2010 country programme will assist: (i) basic education through primary-school feeding, including an incentive scheme for girls, and (ii) improved health and nutrition among women and children through integrated MCHN programmes, including food assistance for PLHIV. Given the high level of food insecurity in the target districts, an additional food-for-assets (FFA) component would have complemented school feeding and MCH interventions through rehabilitation of roads and support for farmers to increase agricultural production; this component has not been included because of resource constraints.
22. The CP will put in place the appropriate institutional arrangements and enhance the capacity of government institutions and district counterparts with a view to promoting government and community ownership. District-level and community-level programme management bodies are active in the CP districts. The implementation strategy will place food aid at the centre of a community-based programme of support for basic education, incorporating development of school farm plots and training and capacity-building for parent-teacher associations (PTAs), school management committees and district councils. This approach calls for coordination with UNICEF, other United Nations agencies and bilateral donors to use food assistance in combination with other development inputs. In collaboration with the Ministry of Education, Science and Technology and other development partners, WFP will seek NGOs and community-based organizations (CBOs) as partners to implement community-based activities.
23. The intended outcomes of the CP are:
 - increased access to basic education and improved attendance and retention rates, particularly among girls; and
 - improved nutrition and health among vulnerable groups, including PLHIV.



24. The CP will focus on:

- support for increased household investment in primary education;
- improved nutrition of pregnant and lactating women and moderately malnourished children;
- increased capability of mothers and caregivers in the most food-insecure communities to feed and care for children;
- targeted nutritional support to PLHIV and their families; and
- enhanced capacity of government and district authorities to manage and sustain school feeding and nutrition interventions in support of vulnerable groups.

25. These actions will be carried out under two core activities in which WFP food resources will be combined with non-food resources: (i) support for basic education (SBE) and (ii) integrated MCHN, including support for HIV/AIDS prevention, mitigation and care.

26. Targeting is based on the 2005 VAM exercise carried out by the Government in collaboration with WFP, WHO, UNDP, UNICEF and the Food and Agriculture Organization of the United Nations (FAO). WFP assistance will target 179,300 vulnerable food-insecure people per annum, of whom 60 percent will be women, in Bombali, Kambia, Koinadugu, Port Loko and Tonkolili (see Annex I-A), where there are high levels of poverty, household food insecurity, malnutrition and illiteracy and low access to basic education.

27. To ensure geographic concentration and a “critical mass” of activity, the CP will complement the activities of other United Nations agencies, NGOs, CBOs, bilateral donors and projects financed by international financing institutions (IFIs). The two WFP activities will be mutually reinforcing to maximize their impact on beneficiaries and enhance sustainability.

ACTIVITY 1: SUPPORT FOR BASIC EDUCATION

28. A major challenge identified in the national educational policy is to increase enrolment and retention in primary education, particularly among children from vulnerable and food-insecure communities, who are often kept out of school as a result of high opportunity costs. WFP will therefore continue to support national efforts to expand access to basic education in order to increase enrolment and completion, particularly for vulnerable children. The activity, built on the lessons learned from the previous CP, will provide the Government with models for replication and expansion.

29. Under the previous CP, 190,000 children were being fed each year in 691 schools in five food-insecure and educationally disadvantaged districts in northern and eastern Provinces; 22,140 girls in higher classes received monthly take-home rations of beans or pulses. A smaller caseload for school feeding will be supported under the new CP in Kambia, Port Loko, Bombali, Tonkolili and Koinadugu; the take-home-ration incentive for girls will be implemented in Koinadugu and Kambia, which have high levels of food insecurity and the lowest gross completion rates and girls’ completion rates in the five districts.

30. An average 100,000 schoolchildren will be served a daily hot meal of 100 g of cereals, 30 g of pulses, 10 g of vegetable oil and 3 g of salt during the school year of 195 days.



31. An average 5,000 girls in grades 4–6 are expected to benefit from a monthly take-home ration of 2,500 g of pulses for nine months per year; eligibility will be based on a minimum 80 percent attendance in the month. Schools in communities with food insecurity and high gender disparity in Koinadugu and Kambia will be prioritized in the selection of girls who will benefit from the take-home ration.
32. Activity 1 will distribute 8,704 mt of commodities.
33. Complementary inputs by the Ministry of Education, Science and Technology, UNICEF and host communities will help to achieve the intended benefits, including increased enrolment and retention rates and improved numeracy, literacy and life skills among children in participating schools, which will improve eligibility for secondary education and vocational training. The geographic concentration of the two CP activities is expected to maximize their impact on beneficiaries.
34. Deworming will be undertaken in collaboration with UNICEF in targeted schools; nutrition education and sensitization and awareness on HIV/AIDS will be carried out with UNICEF and the World Health Organization (WHO).
35. In line with Strategic Objective 5, the capacities of the Government will be reinforced, with emphasis on management of school feeding and development of food-security monitoring systems. In view of the successful WFP school feeding programme, the Government requested further collaboration to consolidate the recently established Ministry of Education, Science and Technology National School Feeding Unit to ensure sustainable management for implementing its own school feeding programme. As part of the WFP response strategy, a WFP-sponsored United Nations volunteer (UNV) will be based at the ministry's school feeding unit to provide support for capacity-building.

ACTIVITY 2: INTEGRATED MOTHER-AND-CHILD HEALTH AND NUTRITION

36. MCHN will be part of a programme implemented with UNICEF and the Government to reduce maternal and early childhood mortality associated with malnutrition. The planned activities will contribute to enhanced capability for nutrition services at the district level and health and nutrition education programmes at clinics and in communities. WFP food will be complemented by Ministry of Health activities, in partnership with UNICEF and NGOs and with technical support from WHO. In Bombali, the most affected district, children aged 6–23 months will be targeted for blanket feeding, pregnant women will be supported from the second trimester to delivery and lactating women will be supported for six months from delivery; the target group is lactating women with children aged 0–6 months. Moderately malnourished children under 5 will be targeted for supplementary feeding in all five districts. The estimated number of feeding days per moderately malnourished child is 90.



37. Nutrition education and HIV/AIDS sensitization will be integrated with MCHN activities at peripheral health units (PHUs) in all five districts, in collaboration with the Ministry of Health and Sanitation, UNICEF and NGO partners. Health and nutrition education, including HIV/AIDS sensitization, is carried out during weekly clinic sessions. Information, education and communication (IEC) materials are supplied to the Ministry of Health and Sanitation by UNICEF to enhance the effectiveness of the activity. Other nutrition interventions include activities such as encouraging vegetable gardens at PHUs for micronutrient supplementation.
38. Distribution of a fortified premix will be part of an integrated antenatal and under-5 care campaign. In target districts, partners will pool resources for capacity-building and enhancement of health and nutrition education, including HIV/AIDS awareness raising. Beneficiaries will be encouraged to have voluntary counselling and testing for HIV/AIDS at regional health centres. Women will be encouraged to participate in prevention of mother-to-child transmission (PMTCT) programmes. Supplementary feeding of acutely malnourished children aged from 6 months to 5 years will be integrated into the nutrition programme by MCH clinics and community-based growth promotion programmes supported by NGOs through extended outreach care for children under 5.
39. Under the previous CP, assistance targeted 77,520 young children and mothers every year. The 2008–2010 CP will target 56,800 beneficiaries per year, including 10,800 pregnant and lactating women (5,400 every six months), 26,400 children under 2 (6,600 every three months) and 19,600 moderately malnourished children under 5 (4,900 every three months).
40. WFP intends to support the Government in establishing food security monitoring systems and nutrition surveillance systems to generate information for decision-making and targeting of the most vulnerable groups. WFP will build on the 2005 comprehensive food security and vulnerability analysis, which provided nationwide baseline information on food security at the district level. In collaboration with the Government and partners, WFP will undertake a comprehensive vulnerability analysis at the chiefdom level to update information on vulnerability and food insecurity. The chiefdom level is a smaller aggregate than the district level, so such information will be useful for vulnerability analyses in districts and can assist in targeting the most food-insecure and needy beneficiaries.
41. The high levels of malnutrition require further interventions to complement the Government's work in the health sector. WFP will help to enhance the capacity of the Ministry of Health and Sanitation to manage MCH programmes and conduct nutrition surveys and surveillance. A WFP-funded UNV will be placed in the Ministry of Health and Sanitation to enhance its capacity. Nutrition training for counterparts and WFP staff will be implemented at the beginning of the programme and capacity-building will be implemented at the district level, jointly coordinated with UNICEF and the Government. Funding will be partly from other direct operational costs (ODOC) funds; the country office will pursue other funding possibilities from potential donors.

PEOPLE LIVING WITH HIV COMPONENT

42. About 500 PLHIV per year – 200 undergoing anti-retroviral therapy (ART), 300 in PMTCT – will be targeted in the five districts with a daily family ration providing 6,240 kcal for 2,500 individuals. Selection of beneficiaries focuses on individuals who have gone through the voluntary counselling and confidential testing (VCCT) programme run by the National Aids Response Group (NARG) and have been referred to start the



Ministry of Health and Sanitation ART or the PMTCT programmes and whose nutritional status is at risk. Activity 2 will distribute 4,755 mt of commodities.

IMPLEMENTATION STRATEGY

43. The CP focuses on the national goals outlined in the PRSP and draws on lessons learned from the first CP and recent relief and recovery activities. In line with the national decentralization process, CP activities will be implemented through decentralized mechanisms, involving district councils and district-level steering committees. Communities and CBOs will be fully involved.
44. It is important to mainstream WFP-supported activities into the programmes of the Ministry of Health and Sanitation and the Ministry of Education, Science and Technology. In collaboration with the Ministry of Development and Planning, the Ministry of Education, Science and Technology and the Ministry of Health and Sanitation, WFP will encourage CP districts to include such activities in their medium-term plans, because under the decentralization policy district councils have been given coordinating responsibilities affecting ministries, departments and agencies at that level.
45. The Ministry of Development and Planning will be in charge of national coordination and will chair the country programme steering committee (CPSC) of the ministries and WFP, which will meet at least twice a year and which will be responsible for overseeing the CP and for establishing and re-assessing linkages with other national development programmes.
46. The CP will be implemented in a participatory manner, with emphasis on community management and evaluation of activities. Activity committee members will be elected by communities and will be responsible for planning at the community level. Community mobilization committees (CMCs) will help to mobilize people, particularly women, and community education initiatives to promote participatory decision-making on programme activities. Women will be encouraged to participate in food-distribution and food-management committees; they should be at least 50 percent of the members. The Ministry of Education, Science and Technology will be responsible for implementing the school feeding component through the school feeding coordination unit (SFCU) and will collaborate with the Ministry of Health and Sanitation and UNICEF in programmes to ensure good health and nutrition among schoolchildren. The Ministry of Health and Sanitation will be the government technical authority responsible for activities under the integrated MCHN component. Details of implementation management, coordination and reporting will be set out in the summary of each component and in the Country Programme Action Plan (CPAP).
47. To involve ministries in programme management, district programme steering committees (PSCs) will be created under the chairmanship of the Ministry of Development and Economic Planning that will include representatives from the Ministry of Education, Science and Technology, the Ministry of Agriculture and Food Security, the Ministry of Health and Sanitation, WFP and implementing partners. The PSCs will meet every three months to direct and coordinate the mobilization of internal and external resources and ensure that activities are integrated into national development. An annual workplan for each component will be signed by WFP, the Ministry of Development and Economic Planning and the relevant sector ministry.



48. The success of the CP hinges on strategic partnerships with UNICEF, WHO and UNAIDS. Collaboration with UNICEF and WHO on nutrition interventions under the MCH activity and those with UNICEF on deworming in connection with school feeding will be enhanced. Collaborative arrangements are ongoing with UNAIDS and the Government to explore additional funding sources so that larger PLHIV targets can be achieved.

LOGISTICS ARRANGEMENTS

49. The country office will continue to transport food from Freetown to extended delivery points (EDPs) and final delivery points (FDPs) using WFP trucks and private sector transport wherever feasible. Roads are poor, particularly during the rainy season; most are unpaved and require 4x4 trucks to deliver food. The country office maintains 30 5-ton and 8-ton trucks to ensure timely deliveries, because suitable vehicles are not available on the market. Some are old and require urgent replacement. The WFP fleet does all deliveries from sub-offices to FDPs. The estimated landside transport, storage and handling (LTSH) cost is US\$139/mt. The Commodity Movement Processing and Analysis System (COMPAS) is functioning at the country office.

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

50. The launch of the CP will be preceded by staff training in its objectives, social implications and mode of implementation to enable WFP staff to interact with beneficiary communities, implementing partners, CBOs, chiefs, counterparts and local administrators.
51. The CO will require additional professional and support staff; it will seek the services of the UNV and Junior Professional Officer (JPO) programmes. For effective implementation, training will be required in results-based monitoring and evaluation (M&E), implementation of WFP nutrition and education guidelines, logical framework analysis, HIV/AIDS awareness, gender and participatory methods, administration and finance procedures, systems applications and procedures and basic programme management.
52. In line with results-based monitoring, WFP will continue to track the achievement of CP objectives, intended benefits and outcomes. Realistic time-bound indicators have been developed at different levels of each activity in the logical framework to report on activity progress. Counterparts and communities will report on identified indicators.
53. To establish a common framework for priority setting and outcome targets, WFP and the relevant ministries, United Nations agencies, NGOs and CBOs will update the existing baseline nutrition, education and rural livelihood and infrastructure surveys in 2007 in the targeted districts, taking the analysis down to chiefdom level. Vulnerability analysis will be used to monitor food security in targeted areas. Food-security indicators will be used to decide when to enter a new area and when to exit from areas under implementation.
54. NGO collaboration and participation in identifying, implementing, monitoring and supervising CP activities will be enhanced, particularly in SBE and MCHN where they provide technical support and training. Partnerships will be developed with national NGOs for advocacy and local monitoring of health and education activities in support of results-based monitoring and management. Where possible, additional resources will be mobilized locally and externally.



55. The mid-term evaluation will be undertaken in 2009 in collaboration with partners and the WFP regional bureau to assess the effectiveness of the CP in meeting the intended outcomes, particularly Enhanced Commitments to Women (ECW); baseline information on a minimum set of gender-sensitive indicators will be collected to assess achievements against commitments, as envisaged in WFP's gender policy.
56. The country office will encourage stakeholders to participate in programme evaluation and reviews. Donor representatives will be encouraged to participate in annual reviews; visits will be arranged for them to observe the CP activities.

ANNEX I-A

BENEFICIARY COVERAGE BY ACTIVITY AND FOOD ALLOCATION (ANNUAL AVERAGE)				
CP activity	Quantity of commodities (mt)	Distribution by activity (%)	Number of beneficiaries per year	% of women beneficiaries per year
Activity 1: SBE	8 365	64	100 000	50
Activity 1: Take-home ration	339		20 000	50
Activity 2: MCH and supplementary feeding	3 909	30	56 800	60
Activity 2: PLHIV component	846	6	2 500*	70
Total	13 459	100	179 300	

* 500 actual participants.

ANNEX I-B

COMMODITY TYPE AND RATION SIZE			
CP activity	Type of food	Ration per person/day (g)	Nutritional content (kcal)
Activity 1			
Activity 1A: School feeding at schools.	Cereals Pulses Vegetable oil Salt	100 30 10 3	540
Activity 1B: Girls' take-home ration.	Pulses	2 500*	875
Activity 2:			
Activity 2A: Pregnant and lactating women and children under 2.	Blended food Vegetable oil Sugar	150 15 12	750
Activity 2B: Moderately malnourished children under 5.	Blended food Vegetable oil Sugar	250 25 20	1 250
Activity 2:			
PLHIV component**	Cereals Pulses Blended Food Vegetable oil Sugar Salt	750 250 250 150 125 15	6 240

* Per month

** Family ration



ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Resources required
UNDAF outcomes Increased access countrywide to full primary education for all children, boys and girls alike. Improved health for children under-five and women of child-bearing age with emphasis on reduction of child and maternal mortality.	UNDAF outcome indicators Net attendance rate increased from 69 percent to 75 percent. Increased enrolment, retention and completion of girls in primary and secondary education. Reduced acute and severe malnutrition rates for under under-five children from 10 percent to 5 percent.		
CP Component 1: Strategic Objective 4: Support access to primary education and reduce gender disparity in access to education			
outcomes Increased enrolment of boys and girls in WFP-assisted primary schools. Improved attendance of boys and girls in WFP-assisted primary schools. Improved capacity of boys and girls in WFP-assisted schools to concentrate and learn. Reduced gender disparity between boys and girls in WFP assisted schools.	outcome indicators Absolute enrolment: number of boys and girls enrolled in WFP-assisted primary schools. Attendance rate: percentage of boys and girls in WFP assisted primary schools attending classes at least 80 percent of the school year. Teachers perception of children's ability to concentrate and learn as a result of school feeding. Ratio of boys and girls receiving food aid in WFP assisted schools.	Political environment peaceful and stable. Government and WFP have framework for country programme management that facilitates integration among activities and related national development activities. Ability of Government and partners to provide complementary resources to match WFP food. National education strategies and priorities maintained.	Total resources allocated (per country programme component) in value terms US\$6,909,946.





ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Resources required
outputs Meals provided to average 100,000 school children in WFP assisted primary schools for 195 days per year; take-home rations provided to average 5,000 girls for 9 months per year. 27,883 mt of commodities distributed under the school feeding programme per annum. 113 mt of commodities distributed under the Take Home Ration component per annum. All SMCs sensitized and actively participated in School Feeding Activities.	output indicators Quantity of food distributed (by project category and commodity). Number of boys and girls receiving school meals in WFP-assisted primary schools. Number of girls receiving take-home rations per month. Number of SMC actively participating in SFP.	Access to beneficiary possible. Timely contribution of funds and availability of commodities secured.	
CP Component 2: Strategic Objective 3: Support for the improved nutritional status of children, mothers and other vulnerable people such as PLHIV			
outcomes Reduced level of malnutrition among targeted children Reduced levels of malnutrition among lactating women. Improved nutritional status among pregnant women. Improved quality of life of beneficiaries targeted in HIV/AIDS-supported programmes.	Percentage of malnourished children under 5 discharged. Prevalence of acute moderate malnutrition (W/H*) among under-5 children (by gender). Prevalence of acute severe malnutrition (W/H) among under- 5 children (by gender). Prevalence of malnutrition among women beneficiaries in MCH programmes (BMI** and lowbirth weight). Weight gain among pregnant women. Percent of birth weight with 2.5 kg and above. Treatment adherence rate by specific treatment and care programmes.	Political environment peaceful and stable. Complementary assistance provided by other development actors in terms of non-food inputs. Other basic needs are met (health, hygiene etc.).	Total resources allocated (per country programme component) in value terms US\$4,058,223.

*Weight-for-height

** Body Mass Index

ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks, assumptions	Resources required
outputs Timely provision of micronutrient fortified foods to 26,400 children <2, and 19,600 malnourished children <5 per annum. Timely provision of micronutrient fortified food to 10,800 pregnant and lactating women in MCH programmes per annum. 1,303 mt of commodities distributed under MCH and nutrition programmes per annum. 500 PLHIV received monthly food rations. 282 mt of commodities distributed to PLHIV per annum.	Number of malnourished children reached through food-supported nutrition interventions and age group. Number of pregnant and lactating women reached through food-supported MCH programme. Quantity of micronutrient fortified food distributed to women and children under-five in MCH programme. Number of PLHIV benefiting from food-supported interventions. Quantity of micronutrient fortified food distributed to PLHIV.	Basic security is assured. Ration is accepted by beneficiaries. Complementary assistance provided by other humanitarian actors in terms of non-food inputs. Adequate commodities are available.	



ANNEX III

PROJECT COST BREAKDOWN 2008–2010			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity [*]			
- Cereals (bulgur)	6 261	360	2 253 960
- Pulses (yellow split peas (YSP))	2 231	330	736 230
- Blended Foods	3 450	360	1 242 000
- Vegetable oil	999	1 000	999 000
- Sugar	333	500	166 500
- Iodized salt	185	95	17 575
Total commodities	13 459		5 415 265
External transport (US\$101.60/mt)			1 367 434
Total LTSH			1 864 423
Other direct operational costs			515 860
Total direct operational costs			9 162 982
B. Direct support costs ¹ (10%)			
Total direct support costs			1 098 282
C. Indirect support costs ² (7%)			
Total indirect support costs			718 288
TOTAL WFP COSTS			10 979 553
ANNUAL PROJECT COST BREAKDOWN 2008			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity [*]			
- Cereals (bulgur)	1 970	360	709 200
- Pulses (YSP)	686	330	226 380
- Blended Foods	1 150	360	414 000
- Vegetable oil	321	1 000	321 000
- Sugar	111	500	55 500
- Iodized salt	58	95	5 510
Total commodities	4 296		1 731 590
External transport (US\$101.60/mt)			436 474
Total LTSH			595 108
Other direct operational costs			195 594
Total direct operational costs			2 958 766



B. Direct support costs ¹ (10%)			
Total direct support costs			381 090
C. Indirect support costs ² (7%)			
Total indirect support costs			233 790
TOTAL WFP COSTS			3 573 646
ANNUAL PROJECT COST BREAKDOWN 2009			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity [*]			
- Cereals (bulgur)	2 087	360	751 320
- Pulses (YSP)	743	330	245 190
- Blended foods	1 150	360	414 000
- Vegetable oil	333	1 000	333 000
- Sugar	111	500	55 500
- Iodized salt	61	95	5 795
Total commodities	4 485		1 804 805
External transport 101.60/MT			455 676
Total LTSH			621 290
Other direct operational costs			173 000
Total direct operational costs			3 054 771
B. Direct support costs ¹ (10%)			
Total direct support costs			372 859
C. Indirect support costs ² (7%)			
Total indirect support costs			239 934
TOTAL WFP COSTS			3 667 564

ANNUAL PROJECT COST BREAKDOWN 2010			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity*			
- Cereals (bulgur)	2 204	360	793 440
- Pulses (YSP)	801	330	264 330
- Blended foods	1 150	360	414 000
- Vegetable oil	344	1 000	344 000
- Sugar	111	500	55 500
- Iodized salt	65	95	6 175
Total commodities	4 675		1 877 445
External transport			474 980
Total LTSH			647 610
Other direct operational costs			147 266
Total direct operational costs			3 147 301
B. Direct support costs ¹ (10%)			
Total direct support costs			344 333
C. Indirect support costs ² (7%)			
Total indirect support costs			244 414
TOTAL WFP COSTS			3 736 048

* This is a notional food basket used for budgeting and approval purposes. The contents may vary.

¹ Indicative figure for information purposes. The DSC allotment is reviewed annually.

² The ISC rate may be amended by the Board during the project.





The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
BMI	body mass index
CBO	community-based organization
CMC	community mobilization committee
CP	country programme
CPAP	Country Programme Action Plan
CPSC	country programme steering committee
DDR	disarmament, demobilization and reintegration
ECW	Enhanced Commitments to Women
EDP	extended delivery point
FAO	Food and Agriculture Organization of the United Nations
FDP	final delivery point
FFA	food for assets
FFT	food for training
FRD	food for recovery and development
GAM	global acute malnutrition
GDP	gross domestic product
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IDP	internally displaced person
IEC	information, education and communication
IFI	international financing institution
JAM	joint assessment mission
JPO	Junior Professional Officer
LTSH	landside transport, storage and handling
M&E	Monitoring and evaluation
MCH	mother-and-child health
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NARG	National Aids Response Group
NGO	non-governmental organization
ODD	West Africa Regional Bureau
ODOC	other direct operational costs



PHU	peripheral health unit
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
PRSP	Poverty Reduction Strategy Paper
PSC	programme steering committee
PTA	parent–teacher association
SBE	support for basic education
SFCU	school feeding coordinating unit
SMC	school management committee
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNV	United Nations volunteer
VAM	vulnerability analysis and mapping
VCCT	voluntary counselling and confidential testing
WAC	West Africa Coastal
WHO	World Health Organization
YSP	yellow split peas