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PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



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BUDGET INCREASES TO DEVELOPMENT ACTIVITIES — SIERRA LEONE COUNTRY PROGRAMME 105840

| Cost (United States dollars) | | | |
|------------------------------|-------------------|------------|-------------------|
| | Current Budget | Increase | Revised budget |
| WFP food cost | 9 879 707 | 10 470 573 | 20 350 280 |
| Total cost to WFP | 16 116 815 | 22 920 228 | 39 037 043 |

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval

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.

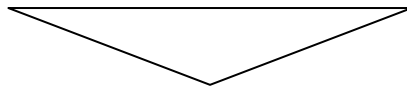
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* Regional Bureau Dakar (West Africa)

DRAFT DECISION*



The Board approves the proposed budget increase of US\$22.9 million to Sierra Leone country programme 105840 (WFP/EB.A/2010/9-B/2) for a period of two years from 1 January 2011 to 31 December 2012, with programmatic restructuring to take effect from 1 July 2010.

* 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.

NATURE OF THE INCREASE

1. A budget increase and extension in time of the Sierra Leone country programme (CP) 105840 is proposed to support an additional 135,200 vulnerable people, bringing the number of beneficiaries to 314,500. While the programme reorientation and revised food requirements will take effect from July 2010, a 24-month extension in time, from January 2011 until December 2012, is required to align the CP with the Government's second Poverty Reduction Strategy Paper (PRSP II).¹ The proposed budget revision will provide:
 - an additional 22,006 mt of food at a cost of US\$10,470,573;
 - associated costs of US\$10,950,200 consisting of external transport, landside transport, storage and handling (LTSH), other direct operational costs (ODOC) and direct support costs (DSC); and
 - additional indirect support costs (ISC) of US\$1,499,454.
2. As part of WFP's programme reorientation in Sierra Leone, a new protracted relief and recovery operation (PRRO) will focus on relief and early recovery activities such as supplementary feeding and mostly agriculture- and infrastructure-related food for training, cash and food for work. The CP will include activities – school feeding and nutritional support to people living with HIV (PLHIV) and tuberculosis (TB) patients – that are now at the stage where a transition to government-owned hunger solutions can begin.
3. With the shift of school feeding activities from the PRRO to the country programme, the number of schoolchildren receiving WFP food assistance was reduced from 361,000 to 250,000, in line with funding prospects.

JUSTIFICATION FOR EXTENSION IN TIME AND BUDGET INCREASE

Summary of Activities

4. The CP currently covers the Northern Region and aims to reach the following objectives in line with Strategic Objective 4² of the WFP Strategic Plan (2008–2013):
 - increase access to basic education and improve attendance and retention rates, particularly among girls, through school feeding; and
 - improve nutrition and health of vulnerable groups, including moderately malnourished children under 5, children under 2, pregnant and lactating women and PLHIV on antiretroviral treatment (ART) through an integrated mother-and-child health and nutrition (MCHN) programme.
5. The PRRO is being implemented in the Southern and Eastern regions and the Western Area contributing to recovery from civil war, including the loss of productive assets, acute malnutrition and seasonal hunger through food for work, cash for work, food for training, emergency school feeding, supplementary feeding and nutritional support to PLHIV, TB patients and other vulnerable groups.

¹ Government of Sierra Leone. 2009. An Agenda for Change (2008–2012).

² Strategic Objective 4: Reduce chronic hunger and undernutrition

Conclusions and Recommendations of the Reassessment

6. In 2009, the Government conducted a mid-term review of the CPs of the United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and WFP. The review recommended improved targeting, strengthened monitoring, enhanced operational partnerships, systematic capacity development efforts and enhanced focus on reducing gender imbalances in all activities. These recommendations mirrored those of the 2009 PRRO evaluation. An extension in time to December 2012 was recommended to align United Nations development agencies' CPs with the Government's second Poverty Reduction Strategy Paper (PRSP II) "An Agenda for Change" (2008–2012).
7. A programme formulation mission reviewed WFP's country portfolio and strategy in late 2009, and recommended restructuring future CP and PRRO components thematically rather than geographically. The mission endorsed plans to focus the CP on components favourable to increasing ownership, management and eventually funding by the Government. This comprises school feeding, nutritional support to PLHIV and TB patients, and capacity development. All relief and early recovery activities will be transferred to a new PRRO in July 2010.
8. This reorientation will enable WFP to align its portfolio with national policies and programmes such as the Agenda for Change, the National Policy Framework for Social Protection, the Education Sector Plan (2007–2015), the HIV/AIDS National Strategic Plan (2006–2010) and the HIV/AIDS Operational Plan (2009–2010). It will also align with the United Nations' Joint Vision (2009–2012) in the areas of basic education and school feeding, HIV/AIDS and malaria.³

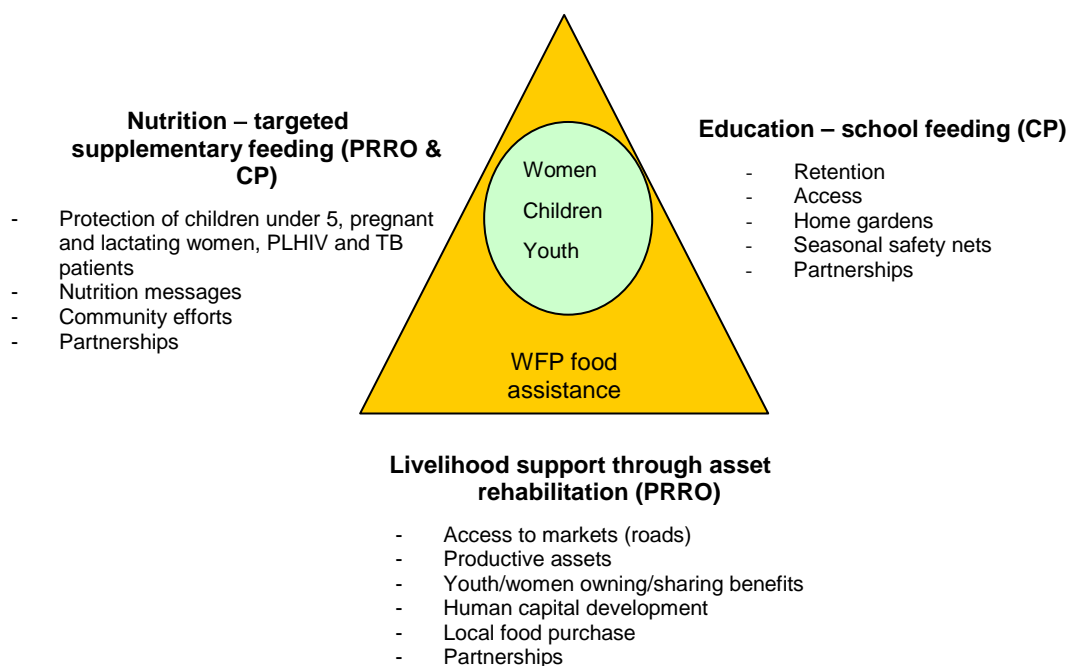
Purpose of the Extension and Budget Increase

9. This budget revision will extend the CP 105840 from January 2011 to December 2012. The programme reorientation will take effect from 1 July 2010, in line with the scheduled start of PRRO 200062, which is also submitted for approval at EB.A/2010.
10. This revised CP aims to support safety nets for food-insecure households in order to meet education, health, and nutrition needs on a sustainable basis while addressing gender imbalances. The CP will address Strategic Objectives 4 and 5⁴ of the WFP Strategic Plan (2008–2013) and aims to:
 - increase access to basic education and improve enrolment and retention, particularly among vulnerable children;
 - improve the nutrition and health of PLHIV and TB patients; and
 - enhance government capacity to design and implement sustainable safety nets for food-insecure households.
11. This approach is consistent with WFP's country strategy, re-oriented around a triangle of interventions (Figure 1) based on reciprocal causal relationships between livelihoods, education and nutrition, with a special focus on women, children and youth.

³ Programme 8: Basic education and school feeding; Programme 6: HIV/AIDS and malaria

⁴ Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.

Figure 1: The Triangle of Interventions for WFP in Sierra Leone



12. Targeting under the CP and PRRO will be guided by the 2010 comprehensive food security and vulnerability analysis (CFSVA).⁵ A strengthened Food Security Analysis Unit within WFP's country office will develop government capacity for food-security analysis through a joint planning and implementation of the CFSVA.
13. Technical support to the Government on the Food Security Monitoring and Nutrition Surveillance System will continue. This includes establishing a market information system, supporting nutrition surveys and developing the capacity of government counterparts especially at decentralized levels to collect and analyse data.

Component 1: School feeding⁶

14. Approximately 1.3 million children (55 percent boys) are enrolled in primary school in Sierra Leone.⁷ Gender disparities at the sub-district level are significant, especially in the higher primary grades. A 2008 UNICEF study on out-of-school children identified the need for a more integrated approach to livelihood support, social safety nets and child protection.⁸ WFP aims to integrate school feeding into a social safety net to be increasingly owned by the Government.
15. The school feeding programme will focus mostly on rural areas. Rather than targeting individual schools, WFP will support all schools in a selected vulnerable chiefdom.⁹ Each

⁵ Preliminary findings are expected by December 2010.

⁶ All WFP school feeding in Sierra Leone is now in the CP. The school feeding portfolio has been reduced to 256,000 beneficiaries, including 1,500 most-disadvantaged children receiving a family take-home ration. Previously, under the combined efforts of the CP and the PRRO, there were 361,000 beneficiaries, including 5,000 girls receiving a family take-home ration.

⁷ World Bank. 2007. Education in Sierra Leone: Present Challenges, Future Opportunities.

⁸ UNICEF. 2008. Barriers to Primary Education: The Out-of-School Children of Sierra Leone.

⁹ Regions are divided into districts; districts are divided into chiefdoms.

chiefdom's vulnerability will be assessed in district-level stakeholder consultations in which education and vulnerability indicators will be presented. In the Western Area, assistance will be limited to slums and informal settlements.¹⁰

16. District coordination and management structures will be strengthened in line with the Government's decentralization of education services. Stronger coordination by local authorities and school management committees will enhance synergies between interventions that contribute to the education, health and nutrition of school-age children.
17. Operational partnerships will be sought with non-governmental organizations (NGOs) that have strong links with communities. These partnerships will increase the quality of implementation, maximize coordination between activities, increase accountability and transparency, and empower communities.
18. Enhanced partnerships and increased collaboration with UNICEF will facilitate alignment with the Government's strategic objectives and initiatives such as child-friendly schools, mothers' clubs, integration of school feeding in the Education Management Information System (EMIS) and implementation of the Essential Package.¹¹
19. WFP will consider increasing the micronutrient content of the food basket. Together with the School Health Department and Helen Keller International, WFP will support deworming. Support to school-based HIV prevention education such as that in the partnership with World Vision International will be implemented with other partners in all targeted areas.
20. Sexual and gender-based violence, early marriage and pregnancy, and discrimination against women and girls limit girls' access to education. School feeding provides an opportunity to strengthen the impact of programmes that address these issues; implementation of a pilot take-home ration will continue.¹²
21. WFP will aim to use locally procured food in school feeding, either through standard commercial procurement or through Purchase for Progress. In-country procurement of rice and palm oil will continue, and is expected to be extended to pulses soon. The establishment of reliable and affordable procurement mechanisms is vital to developing a sustainable home-grown school feeding programme.

⇒ *Capacity Development: Ministry of Education, Youth and Sport and school feeding*

22. WFP, in coordination with the Ministry of Education, Youth and Sport, will facilitate a capacity assessment of central and district-level ministry units as a step towards government ownership of school feeding.
23. Transition to government ownership is a long-term objective that requires significant medium-term financial and human capacity gaps. WFP will identify realistic benchmarks, and will work with the Ministry of Education, Youth and Sport to obtain support from the World Bank Fast-Track Initiative.

¹⁰ Definition used by the United Nations Human Settlements Programme (UN-HABITAT).

¹¹ The Essential Package is a joint WFP/UNICEF partnership offering an integrated package of cost-effective interventions to improve the health and nutrition of schoolchildren.

¹² Consultations with stakeholders indicate that the current ration is not a sufficient incentive for vulnerable families to send girls to school. A revised take-home ration, as an incentive to girls and boys from vulnerable families, will be implemented on a small scale, in collaboration with partner NGOs. If successful, the pilot will be scaled up through a subsequent budget revision.

Component 2: Nutritional support to people living with HIV and tuberculosis

24. National HIV prevalence is relatively low at 1.5 percent but is as high as 2.9 percent in some areas, particularly in the Western Area and in Port Loko urban areas along the Freetown-Conakry highway. There are 55,000 adult PLHIV (including 30,000 women).¹³ Women's low social and economic empowerment leads to risky coping strategies such as multiple sexual partnerships and commercial sex, which are the main drivers of the HIV epidemic in Sierra Leone.¹⁴ Food insecurity and malnutrition contribute to poor treatment adherence and outcomes for PLHIV on ART.
25. The incidence of TB is currently estimated at 610 per 100,000 people.¹⁵ The rising HIV co-infection rate, which was estimated globally in 2008 at 15 percent, continues to adversely impact TB control. Completion of TB treatment is vital to avoid the emergence of drug resistance. Food and nutritional support to TB patients is crucial to the success of TB treatment.
26. WFP aims to support treatment of PLHIV and TB patients, and mitigate the impact of the diseases on those households that are food-insecure. The programme reorientation will include nutrition and food support in the Western Area and Port Loko to address the needs of: i) PLHIV on ART and their households; ii) TB patients on directly observed treatment, short-course (DOTS) and their households; and iii) women enrolled in prevention of mother-to-child transmission (PMTCT) programmes, and their households. WFP anticipates assisting 3,900 PLHIV, TB patients and pregnant and lactating women each year.
27. Nutritional support and food assistance for PLHIV on ART and TB patients on DOTS will last for nine months, while assistance for women in PMTCT programmes will last one year.
28. Community-based organizations will identify PLHIV, TB patients and women in PMTCT programmes for food assistance based on nutritional status, using body mass index (BMI) and mid-upper arm circumference (MUAC) measurement as entry criteria.¹⁶ Patients' families will be included based on food security status.
29. Cooperating partners' complementary activities will include livelihood support, nutritional assessment and information sessions on nutrition and HIV/AIDS.

⇒ *Capacity development: National AIDS Secretariat and the Ministry of Health and Sanitation*

30. WFP aims to: i) help the Government and counterparts prepare funding proposals for the Global Fund to Fight AIDS, TB and Malaria and develop their capacity to implement food and nutritional support activities in parts of the country not covered by WFP; ii) develop the capacity of the Government and counterparts to design, implement, and evaluate food-and-nutrition assistance programmes targeting PLHIV and TB patients; and

¹³ Government of Sierra Leone. 2008. Demographic and Health Survey.

¹⁴ WFP. 2010. Project Formulation Support Mission (HIV).

¹⁵ WHO. 2009. Global Tuberculosis Control Report.

¹⁶ PLHIV and TB patients with a BMI below 18.5, and pregnant and lactating women with MUAC below 23 cm, will be eligible for nutritional support.

iii) document the implementation and impact of food assistance programmes, and assist the Government in scaling up successful models.

31. WFP will provide technical assistance and training to the Government in the management of TB, HIV and AIDS programmes, including local procurement of food. In geographical areas that WFP does not directly assist, WFP will provide operational management support and monitor progress.
32. Vulnerability assessment and profiling of PLHIV will be conducted across the country to inform future targeting; a baseline study will be carried out in mid-2010. WFP and government staff will take part in a monitoring and evaluation (M&E) workshop and will roll out an HIV M&E toolkit.

TABLE 1: BENEFICIARIES BY COMPONENT AND YEAR

| Component | Current | Year 1 (July 2010–June 2011) | Year 2 (July 2011–June 2012) | Year 3 (July 2012–Dec 2012) | Revised total |
|------------------------------------|----------------|---------------------------------|---------------------------------|--------------------------------|----------------|
| School feeding (on-site) | 100 000 | 250 000 | 250 000 | 250 000 | 250 000 |
| School feeding (take-home rations) | 20 000 | 6 000 | 6 000 | 6 000 | 6 000 |
| MCHN | 56 800 | 0 | 0 | 0 | 0 |
| PLHIV and TB patients | 500 | 3 900 | 3 900 | 3 900 | 11 700 |
| Families of PLHIV and TB patients | 2 000 | 15 600 | 15 600 | 15 600 | 46 800 |
| Total | 179 300 | 275 500 | 275 500 | 275 500 | 314 500 |

FOOD REQUIREMENTS

33. Some adjustments to the food rations initially proposed under CP 105480 were made to ensure that the programme meets its intended objectives. The school feeding take-home ration was increased to provide an adequate incentive to girls and boys from the most-disadvantaged families. Rations for PLHIV and TB patients were slightly increased while rations for their family members were slightly reduced.

TABLE 2: DAILY FOOD RATIONS BY COMPONENT (g/person/day)

| Food item | School feeding (on-site) | School feeding (take-home rations) | PLHIV and TB patients | Families of PLHIV and TB patients |
|-----------------------|-----------------------------|--|--------------------------|---|
| Cereal | 100 | 0 | 240 | 200 |
| Pulses | 30 | 100 | 60 | 50 |
| Corn-soya blend + | 0 | 0 | 200 | 0 |
| Vegetable oil | 10 | 0 | 30 | 25 |
| Sugar | 0 | 0 | 30 | 0 |
| Salt | 3 | 0 | 3 | 3 |
| Total | 143 | 100 | 563 | 278 |
| <i>Total kcal/day</i> | <i>539</i> | <i>335</i> | <i>2 210</i> | <i>1 228</i> |
| % kcal from protein | 13.1 | 26.6 | 13.6 | 12.2 |
| % kcal from fat | 19.9 | 3.5 | 19.9 | 28.4 |

| TABLE 3: FOOD REQUIREMENTS BY COMPONENT | | | |
|--|-------------------------------|-----------------|----------------|
| Component | Food requirements (mt) | | |
| | Present | Increase | Revised |
| School feeding (on-site) | 8 431 | 15 587 | 24 018 |
| School feeding (take-home rations) | 339 | 540 | 879 |
| MCHN ¹⁷ | 3 909 | 0 | 3 909 |
| PLHIV and TB patients | 187 | 1 976 | 2 163 |
| Families of PLHIV and TB patients | 734 | 3 903 | 4 637 |
| Total | 13 600 | 22 006 | 35 606 |

34. Modalities of distribution will not change, but secondary and tertiary transport arrangements will be reviewed to improve efficiency and cost effectiveness.

¹⁷ Beneficiaries previously covered under MCHN in the CP will be covered by supplementary feeding under PRRO 200062.

ANNEX I-A

| BUDGET INCREASE COST BREAKDOWN | | | |
|---|-------------------------|-------------------------|-------------------------|
| Food | Tonnage (mt) | Value (US\$) | Value (US\$) |
| Cereals ¹ | 14 550 | 6 558 144 | |
| Pulses | 4 723 | 1 950 539 | |
| Oil and fats | 1 546 | 1 502 198 | |
| Mixed and blended food | 702 | 336 960 | |
| Others | 485 | 122 732 | |
| Total food | 22 006 | 10 470 573 | 10 470 573 |
| External transport | | | 1 916 537 |
| Landside transport, storage and handling | | | 2 676 620 |
| Other direct operational costs | | | 2 718 199 |
| Direct support costs ² (see Annex I-B) | | | 3 638 844 |
| Total WFP direct costs | | | 21 420 773 |
| Indirect support costs (7.0 percent) ³ | | | 1 499 454 |
| TOTAL WFP COSTS | | | 22 920 228 |

¹ This is a notional food basket for budgeting and approval; its contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The ISC rate may be amended by the Board during the project.

ANNEX I-B

| DIRECT SUPPORT REQUIREMENTS (US\$) | |
|---|------------------|
| Staff and staff-related costs | |
| International professional staff | 1 324 555 |
| Local staff – national officers | 120 250 |
| Local staff – general service | 522 850 |
| International consultants | 100 200 |
| Local consultants | 9 000 |
| United Nations volunteers | 310 000 |
| Staff duty travel | 374 644 |
| Subtotal | 2 761 499 |
| Recurring expenses | |
| Utilities general | 21 240 |
| Office supplies and other consumable | 15 930 |
| Vehicle running cost and maintenance | 674 613 |
| Subtotal | 711 783 |
| Equipment and capital costs | |
| Vehicle leasing | 153 000 |
| Telecommunications equipment | 11 000 |
| Local security costs | 1 563 |
| Subtotal | 165 563 |
| TOTAL DIRECT SUPPORT COSTS | 3 638 844 |

ANNEX II: RESULTS AND RESOURCES MATRIX

| Results chain (logic model) | Performance indicators | Risks, assumptions |
|---|---|--|
| GOAL: The establishment of safety nets for food-insecure households in order to meet, on a sustainable basis, their education, health, and nutrition needs, while addressing gender imbalances. | | |
| Strategic Objective 4: Reduce chronic hunger and undernutrition | | |
| Outcome 4.1: Increased access to education and human capital development in assisted schools | <ul style="list-style-type: none"> ➤ Enrolment: Average annual rate of change in number of girls and boys enrolled Target: 6% increase ➤ Absolute enrolment of boys and girls in grade 6 as a percentage of absolute enrolment in grade 1 Target: 10% increase ➤ Gender ratio: ratio of girls to boys enrolled Target: 1:1 | <ul style="list-style-type: none"> ➤ Access to beneficiaries possible |
| Outcome 4.2: Improved survival of adults and children with HIV after 6 and 12 months of ART | <ul style="list-style-type: none"> ➤ % of adults and children with HIV known to be on treatment 6 and 12 months after initiation of ART Current: 84% Target: 90% | <ul style="list-style-type: none"> ➤ Testing services available ➤ ARVs available. ➤ Population continues to be tested for HIV at current rates. |
| Outcome 4.3: Improved success of TB treatment for targeted cases | <ul style="list-style-type: none"> ➤ % of TB cases registered under DOTS programme in a given year that have successfully completed treatment Current: 65% Target: 70% | <ul style="list-style-type: none"> ➤ TB medicines available and treatment acceptable to TB patients |
| Output 4.1: Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls, and boys under secure conditions | <ul style="list-style-type: none"> ➤ Number of women, men, girls, and boys receiving food and non-food items, by category, and as % of planned figures. ➤ Tonnage of food distributed, by type, as % of planned distribution ➤ Quantity of non-food items distributed, by type, as % of planned distribution | <ul style="list-style-type: none"> ➤ Timely contribution of funds and availability of food secured ➤ Ration accepted by beneficiaries ➤ Complementary assistance provided by other development actors |



ANNEX II: RESULTS AND RESOURCES MATRIX

| Results chain (logic model) | Performance indicators | Risks, assumptions |
|--|--|---|
| Output 4.2: School feeding coverage aligned with programme of work | ➤ Number of schools assisted by WFP | |
| Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase | | |
| Outcome 5: Progress made towards nationally owned hunger solutions | ➤ Hand-over strategy developed and implemented Target: School feeding and HIV/AIDS hand-over strategy designed and agreed upon with the Government | ➤ Political environment peaceful and stable |
| Output 5.1: Agreed transition strategy for sustainable school feeding and nutritional support to PLHIV and TB developed | ➤ Number of transition strategies agreed to between WFP and the Government | ➤ Priorities of national leadership remain constant |
| Output 5.2: Capacity and awareness developed through WFP-organized actions/training | ➤ Number of people trained in: needs assessments, targeting, food management in terms of quantity and quality, market analysis, information management, local tendering processes; disaggregated by gender and category (WFP, national Government and partner staff) | |



WFP Operational Areas in Sierra Leone



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 | antiretroviral therapy |
| CP | country programme |
| CFSVA | comprehensive food security and vulnerability analysis |
| DOTS | directly observed treatment with short-course chemotherapy |
| DSC | direct support costs |
| EMIS | Educational Management Information System |
| ISC | indirect support costs |
| MCHN | mother-and-child health and nutrition |
| ODOC | other direct operational costs |
| PLHIV | people living with HIV |
| PMCTC | prevention of mother-to-child transmission |
| PRRO | protracted relief and recovery operation |
| PRSP II | second Poverty Reduction Strategy Paper |
| TB | tuberculosis |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UN-HABITAT | United Nations Human Settlements Programme |
| UNICEF | United Nations Children's Fund |