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FROM: Elisabeth FAURE Country
Director, Guinea

DATE: April 3, 2014

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IMMEDIATE RESPONSE EMERGENCY OPERATION – 200698

**Guinea: Assistance to Food insecure Ebola Victims, Households and Communities in Forest Guinea.
PROJECT DOCUMENT**

PART 1: INFORMATION NOTE

1. NATURE OF EMERGENCY: Outbreak of EBOLA Epidemic in Guinea

2. Location: Gueckédou, Macenta and Kissidougou in Forest Guinea

3. Cause and location:

Since February 9, the Guinean Government and its partners are fighting the deadly virus of Ebola. Latest official figures (2 April 2014) mention 134 cases¹, and a total 84 deaths. The Ebola epidemic is mainly in the forest region of Guinea, which has the highest rates food insecurity (average of 54 %) and the highest rates of poverty (49%). The population's purchasing power reduced and it is more difficult to access food in the rural and most vulnerable areas of Guekedou, Kissidougou and Macenta. The outbreak of the epidemic has reduced interpersonal contacts, and goods exchanges within the country and from neighbouring countries, which has affected food availability in the market and increased food prices². This situation of higher vulnerability has been worsened by suspension of activities and/or withdrawal of several large mining companies such as Rio Tinto, BHP Billiton, Vale, etc, due to the epidemic. This has led to massive unemployment and loss of income to access food resources. Moreover regional trade activities are also at risk. For example on the 29th of March 2014 the Senegal authorities closed the borders with Guinea to contain any spreading of the virus, which directly affects commercial activities in the South of Guinea.

Forest Guinea is known for hosting several waves of refugees from neighbouring countries which has caused deforestation and increased the vulnerability of host communities. The region has also been adversely hit by ethnic conflict, flooding and epidemics of cholera, measles and meningitis during the last nine months. While exposed to these shocks and struggling to survive, the communities have developed negative food related coping strategies including the consumption of bush meat of animals, some of which³ are scientifically known to be natural carriers of the Ebola virus and are suspected to have been the source of the current epidemic. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission.

Recognizing that food is the main source of the epidemic⁴, the Guinean Government has banned handling of bush meat in order to mitigate the outbreak. WFP expects that

¹ 15 in Conakry, 80 in Guékédou, 26 in Macenta, 9 in Kissidougou, 3 in Dabola, and 1 in Dinguiraye

² Commercial transporters have severely limited travel to the affected regions.

³ Fruit bats of the *Pteropodidae* family are considered to be the natural host of the virus

⁴ Ebola infection has been documented through the handling of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found dead or ill in forests.

sensitization messages and ban on the only available and accessible food, will remain ineffective without an alternative food basket for vulnerable households exposed to the shock.

4. Effects:

All of the Guinean population is affected by the shock and fear of contracting the disease. Lack of income and overwhelming poverty have worsened the situation of vulnerability in local communities in affected provinces, forcing the most vulnerable to continue active daily life looking for jobs and food.

The government has banned handling of bush meat but there is no enforcement capacity to make sure this decision is followed by rural food insecure communities without an alternative food. High food insecurity rate with an average of 54% of the population (NFSVA July 2012 report) in these affected provinces as well as the global malnutrition rate at 6.5 percent and the 38 percent of chronic malnutrition in children under five could worsen, a situation that is likely to be aggravated by the imminent lean season.

5. Total numbers affected and in need of emergency Food Aid:

The Government has put in place Crisis Committees in all the affected areas. To avoid further risk of contamination, Government has quarantined and is following up on about 520⁵ suspected or ill persons. Overall, it is estimated that 34 000 people are affected by the epidemic, including children, men and women hospitalized or under medical surveillance in isolation centers, their households and villages of origin. Government has requested for emergency food assistance to these persons in order to meet their basic food needs in their communities or as they are being taken care of in isolation centres, to stop consumption of dangerous bush meat and to reduce food insecurity and vulnerability, as well as the risk of contamination.

Also the relatively long incubation period of up to 21 days before the appearance of symptoms is a real risk of proliferation of cases in other provinces due to free internal circulation of citizens towards and from the contaminated areas.

WFP has no resources available to provide immediate food assistance to the affected population. However, as part of the UNCT Humanitarian Response team and the appeal from the Government, WFP will borrow commodities from the Country Programme while procurement is underway. Nonfood items such as water purifiers, emergency medical kits,

⁵ 60 in Conakry, 210 in Guékédou, 96 in Macénta, 80 in Kissidougou, 63 in Dabola and 2 in Dinguirage., (National Crisis Meeting Report, April 02 2014).

⁶ In the capital Conakry, WFP takes the lead in coordinating ICT and Logistics activities of the cluster group, and has donated, through OMS, a 30KVA generator to support the isolation centre established at Donka hospital.

⁷ National Food Security and Vulnerability Assessment conducted by Government with WFP Support, July 2012.

⁸ UNICEF (information dissemination, distribution of protection, medical accessories and consumables); UNFPA (hygienic kits, rehydration salts and communication support) and WHO (coordination support, supply of specialised medical equipment and supplies)

⁹ Such as Plan Guinea (support to field logistics, community mobilisation & communication); MSF (medical care and supplies, installation of isolation and treatment centres); Guinea Red Cross (management of death cases, support to community sensitisation)

¹⁰ Preliminary assistance has already started for 185 beneficiaries in Macenta (45), Guékédou (115) and Kissidougou (25) using food borrowed from closing PRRO project.

soap, mortuary bags and similar materials will be provided by UNICEF, UNFPA, MSF, WHO and other partners.

Total Affected Population : 34 000

Major Provinces Affected: Kissidougou, Gueckedou, Macenta and the capital Conakry⁶.

WFP IR-EMOP

Justification for an immediate response, expected impact

The IR-EMOP will enable the CO to meet urgent food and nutrition needs of vulnerable people and communities affected by the epidemic (SO1). The recent food security and vulnerability assessment⁷ indicates that 30 percent of rural and urban households in Guinea are food insecure, with 5 percent severely food insecure and 55 percent of the population lives below the poverty line. Access to basic social services of health, water and education is extremely limited. In Forest Guinea, the region most affected by the epidemic, one half of the population is food insecure.

WFP is requesting urgent funding to provide general food distribution. The food will be distributed firstly to improve access to food and food diet diversity, will be provided as part of the integrated UN assistance, and will complement efforts of other UN agencies⁸ and NGOs⁹. WFP assistance will be provided to the same beneficiaries that UNICEF is targeting for its hygiene intervention. These households are at risk of contracting the Ebola virus and delivering hygiene kits and food together, offers a comprehensive mitigation package.

The aim of this IR-EMOP is to cover the immediate food needs of people living in affected areas through providing unconditional food transfers for three months. Thereafter assessments will inform on the most appropriate means of continued assistance. A nutrition survey will be carried out during the course of the operation to explore the need to incorporate a nutrition component. A market survey will also be conducted to assess the impact of the epidemic on market dynamics, given the limited mobility within the country and between neighbouring countries.

Duration of assistance

April 9th, 2014 to July 08th, 2014 (90 days)¹⁰.

Number of beneficiaries and location

Emergency assistance will be provided for a total of thirty four thousand (34,000) directly and indirectly affected beneficiaries in the three provinces of the country. These are the same beneficiaries targeted by UNICEF's activities of information dissemination and public awareness the virus prevention measure, and distribution of materials for disinfection of health centers and homes of infected people

Food basket composition and ration levels

Individual rations of cereals, vegetable oil, pulses and salt will be provided to the beneficiaries as take home rations for 90 days. This ration is the same as the one that was applied for the victims of ethnic violence and floods under the PRRO project.

Individual daily ration (g)						
Beneficiaries	Duration	Cereals	Pulses	Veg. Oil	Salt	Total
34,000	90 days	350	60	25	5	440

Commodities will be borrowed from the Country Programme while procurement for this project is underway.

Total food aid requirements (mt):

Beneficiaries	Cereals	Pulses	Oil	Salt	Total
Persons affected by Ebola virus epidemic	1071	183	76.5	15.3	1,346
Grand total	1071	183	76.5	15.3	1,346

Mode of implementation

Delivery of commodities will be undertaken by WFP in close collaboration with SENAH, the government institution in charge with humanitarian response, the local Red Cross, and the NGOs *Medicins Sans Frontière*, *Organisation Catholique pour la Promotion Humaine* (OCPH) and Plan Guinée. WFP will provide the required logistics and ICT support and will ensure that appropriate modalities of distribution will be in place to reduce risks of virus contamination. Individual ration food basket will be given to all beneficiaries but measures will be put in place to channel the food differently to patients in isolation centres (meals will be prepared by partner on location) and to families affected (will be given take-home dry ration).

Distribution, storage and monitoring will be the overall responsibility of WFP, SENAH and the local Red Cross. WFP will ensure that appropriate modalities of distribution will be in place to reduce risks of virus contamination. In order to reinforce the capacities of Government and Humanitarian Actors, several emergency preparedness capacity development activities will be conducted during the implementation period, with support from OMD Dakar and in close collaboration with other UN agencies (UNICEF, UNFPA, WHO).

Total Affected – Estimate 34 000 vulnerable people

PART 2: EMOP BUDGET (attached)

Total EMOP budget (US\$ 1 490 123) is attached as Annex 1.

PART 3: EMOP APPROVAL

- 1) IRA funding is available to cover EMOP budget

Calum Gardner Chief, RMBB: , Date: --/--/----

- 2) EMOP is approved

Director of Emergencies: David Kaatrud, Date: --/--/----, Date: --/--/----

Annex 1 – Budget Summary

<i>Food Tool</i>	Tonnage (mt)	Value (US\$)
Cereals	1,071	\$449,820
Pulses	184	\$86,659
Oil and Fats	77	\$79,943
Mixed and Blended Food	-	\$0
Other	15	\$1,867
Total Food Transfers	1,346	\$618,288
External Transport		\$160,956
LTSH		\$288,271
ODOC Food		\$83,461
Total Food Tool DOC		\$1,150,976

Total Direct Operating Costs (DOC)	\$1,150,976
Direct Support Cost (DSC)	\$241,663
Total WFP direct project costs (US\$)	\$1,392,639
Indirect Support Costs (ISC) 7%	\$97,485
TOTAL WFP COSTS	\$1,490,123