

## Regional Emergency Operation (OMD West Africa 200761)

<b>Title: Support to Populations in Areas Affected by the Ebola Outbreak in Guinea, Liberia, and Sierra Leone</b>	
Number of beneficiaries	<b>1,313,000</b>
Duration of project	<b>25 August 2014 – 24 November 2014</b>
Gender Marker Code *	<b>N/A</b>
WFP food tonnage	<b>64,979 mt</b>

<b>Cost (United States dollars)</b>	
Food and Related Costs	59,276,411
Cash and Vouchers and Related Costs	N/A
Capacity Development & Augmentation	N/A
DSC	5,966,958
ISC	4,567,036
<b>Total cost to WFP</b>	<b>69,810,405</b>

### EXECUTIVE SUMMARY

The outbreak of the Ebola Virus Disease in West Africa began in Guinea in December 2013 but was not detected until March 2014. The number of cases and areas affected has rapidly surged since July 2014 in the primary affected countries of Guinea, Liberia, and Sierra Leone. The ongoing outbreak has become the largest ever reported. On 8 August, the World Health Organization (WHO) declared the situation an International Public Health Emergency.

Against this backdrop, the Governments of the affected countries adopted a Joint Declaration outlining measures to eradicate the virus in the sub-region – including quarantine of contact cases and special measures to isolate border areas and high-risk zones where the highest incidence of Ebola is reported and where cross-border movement and trade is a primary factor contributing to propagation of the virus.

The health crisis is having immediate humanitarian implications. The disease and containment efforts have disrupted trade and the rain-fed agricultural season, two primary livelihood sources in the affected areas. Traditional cross-border and inter-country supply routes have been perturbed as entire geographic areas are cordoned off and other countries in the region close borders and access points (sea, land, air). The crisis is evolving in a context of chronic fragility with high poverty, high market dependency, poor crop yields, and low health

indicators; the situation is made further complex by the continued fragility following decades of conflict and civil strife.

To ensure the basic needs of populations during the crisis period, WHO and the Governments of the three primary affected countries have requested WFP to provide food assistance for an initial three month period to 1 million persons in priority “hot zones” near where the national borders intersect. Due to the severity of the crisis, additional areas beyond the border zones will be targeted and assisted as required in coordination with humanitarian and health partners and National Task-forces. WFP will also continue to support Ebola treatment centres across the three countries.

Through this Regional Emergency Operation, WFP aims to assist as many as 1.3 million people, including: a) confirmed/suspected cases in hospitals receiving medical care; b) confirmed/suspected contact cases in quarantine/observation; and c) communities in “hot zones” where availability and access to food is anticipated to have deteriorated. WFP will work with NGO and health partners to provide an enhanced general food ration which addresses caloric and micronutrient requirements; particular attention is given to the nutrition needs of young children and women of reproductive age as availability and access to preventative health and nutrition treatment services is impacted by the crisis.

Given the cross-border nature of the crisis, the Regional Emergency Operation plans for a coherent and coordinated response and more equitable distribution of resources across the three countries; in doing so, WFP can best ensure its life-saving objective and mitigate the risk of exacerbating social tensions between communities. The Operation presents a significant scale-up from the response originally outlined in the country-specific Immediate Response Emergency Operations first developed at the onset of the crisis, and is in line with the request from Governments and WHO. WFP has also been requested to support logistics coordination and capacity for the response in the three countries.

In order to rapidly scale up and address the complex operating environment, on 13 August 2014 the Ebola crisis was elevated to a WFP Corporate Level III Emergency. A Special Operation for Humanitarian Air Services has already been launched to ensure movement of personnel.

The situation remains highly fluid. Accordingly, the operation plans for flexibility in targeting to allow teams to respond as required over the coming three months. The most likely scenario is that a medium-term humanitarian response will be required in the most affected communities where livelihoods have been completely disrupted and where agriculture activities are anticipated to suffer. Over the coming months, additional clarity on the evolution of the situation and the impact of the crisis will allow WFP to re-evaluate and adjust as necessary.

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## **SITUATION ANALYSIS**

### **Context**

1. The outbreak of the Ebola Virus Disease (EVD) in West Africa began in Guinea in December 2013 but was not detected until March 2014. Following smaller outbreaks in Guinea and then Liberia, a third outbreak began in June 2014; the spread of the virus has been rapid, and the number of cases and areas affected has surged in July and August. As of 19 August, there were 2,240 suspected and confirmed cases, and 1,229 suspected case deaths – with new cases reported each week.<sup>1</sup> Guinea, Sierra Leone, and Liberia have been the countries most overwhelmingly affected by EVD, in

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<sup>1</sup> WHO.int and healthmap.org – 19 August 2014.

addition to some few cases confirmed in Nigeria. The ongoing outbreak has become the largest ever reported. On 8 August, the World Health Organization (WHO) declared the situation an International Public Health Emergency.

2. The rapid spread of the outbreak has been linked to : i) limited health infrastructure and hygiene practices; ii) the remoteness of epicentres in rural areas with limited information and services, and with cultural burial practices introducing additional risk; and iii) the high mobility of populations within and between the three primary countries due to overlapping ethnic and family ties.
3. Against this backdrop, the Governments of Liberia, Sierra Leone, Guinea, and Cote d'Ivoire adopted a Joint Declaration on 1 August 2014, outlining measures to eradicate EVD in the sub-region – including the isolation of the border areas where the three countries intersect, and where more than 70 percent of the epidemic is recorded to date. State of emergency has been declared by the Presidents of Sierra Leone and Liberia.
4. To ensure basic needs of populations during the period wherein movement is reduced and livelihoods disrupted, WHO and the three Governments have requested WFP to provide food to all communities in isolation. WFP has also been requested to support coordination and logistics capacity for the response in the three countries. In order to rapidly scale up and address the complex operating environment, on 13 August the EVD crisis was elevated to a WFP Corporate Level III Emergency.
5. Anxiety surrounding the virus and Government methods to address the outbreak could exacerbate the fragile political and security situation in the sub-region, still recovering from violence over the past two decades. The United Nations, the international community, and continental and regional bodies have invested heavily in ending the conflicts; the social and political unrest surrounding the outbreak and containment measures could reverse progress if not addressed. In Liberia, an increase in opportunistic crime has already been reported. And in Guinea, the border areas prioritized for isolation efforts are also those prone to inter-ethnic violence, which has been increasing in recent years.

### **The Food Security and Nutrition Situation**

6. The health crisis is having wider humanitarian implications both in the short and medium term. The economic toll of managing the crisis, risks for reduced foreign investment, and the temporary blockades of overland, air and port commerce imposed by some neighbours will have important impacts at the macro level. In Guinea, several large mining companies have withdrawn. And Cote d'Ivoire and Nigerian authorities have imposed barriers on shipping vessels arriving from Ebola-affected countries.
7. The outbreak and measures taken by the affected countries and their neighbours' to control contamination have disrupted normal commercial and economic activities. Cross-border trade between Guinea, Sierra Leone, and Liberia is an important factor affecting aggregate and household food security. In addition to being a net importer, Guinea functions as an interface with regional markets. Liberia and Sierra Leone rely on trading links with Guinea and Cote d'Ivoire to maintain food security.<sup>2</sup> Importantly, the areas most affected by the outbreak and prevention measures are also some of the most productive agricultural zones from which domestic food output flows within the country and across to neighbours.
8. A Rapid Market Analysis conducted in key markets around Monrovia (Liberia) in mid-August 2014 found that the price of essential commodities had increased between 13 and 150 percent over the past 1-2 weeks. Significant increases are linked to reduced

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<sup>2</sup> WFP, *Cross-border trade and food security*, Liberia and Sierra Leone, 2010.

availability of locally and sub-regionally farmed goods (plantain, pepper, cassava) as farmers in isolated areas have been unable to harvest crops and traders unable to transport local produce. Moreover, disruption to the arrival of goods into the country has led suppliers to stockpile, and to ration sale to retailers. Meanwhile, roadblocks, border closures, and movement restrictions have limited supply of goods from the capital out to rural areas affected; rural areas rely heavily on this supply for their primary staple, rice.<sup>3</sup> A rapid price assessment of markets in Freetown on 14 August also notes an important increase in the price of local and imported foods since mid-July.

9. The disruption of market activities poses a major challenge. Across the three countries, households report a high dependency on markets to meet their primary food needs; in epicentre district of Kailahun (Sierra Leone), 78 percent of the population mainly depends on local markets for food supply.<sup>4</sup> This dependency is particularly high during the lean season months (July – September); in Sierra Leone for example, only 14 percent of household rice consumption during the lean season period is derived from local production.<sup>5</sup> Meanwhile, containment measures put in place by authorities dissuade gatherings and non-essential movement; in primary affected areas of Sierra Leone (Kailahun, Kenema), the Government has banned all mass gatherings including the weekly trade fair among rural communities and cross-border markets.
10. Meanwhile, household purchasing power is anticipated to drastically diminish, as containment measures and the fear and stigma surrounding the disease have severely constrained household exchange of goods and agriculture and other livelihood activities. The communal nature of farming has meant agricultural activities have drastically slowed because of fears of cross contamination. Whereas social networks and/or credit normally guarantees a coping mechanism for households to access food, money and services in response to shocks, one could anticipate a depletion of this safety net; in Liberia for example, 49 percent of households purchase food on credit from retailers in a normal year.<sup>6</sup>
11. According to health reports, women are disproportionately affected by the outbreak due to increased risk of exposure. Women are largely the primary caregivers of infected family members, and represent the majority of nurses in treatment centres and health facilities; women act as traditional birth attendants where risk of exposure is high. Involvement in preparation of bodies ahead of burials also increased exposure to EVD infection. In the sub-region women are engaged in cross-border trade and exchange between the primary affected countries. As a result of the crisis, the livelihood activities in which female heads of household engage have also been impacted: communal farming and rice harvesting has reduced, and exchange of goods (ex: women's role ground nut and pulse trade in Guinea and Liberia)<sup>7</sup> has been affected by movement limitations and the suspension of cross-border markets.
12. The timing of the crisis is critical, as it intersects with the beginning of the annual farming season, by when household food stocks are diminished and reliance on markets increases. In the medium term, the impact on food security will become further pronounced. In Liberia for example, the highest rice and cassava producing counties in the country have been affected by EVD and early indications suggest fields have been left unattended as households flee and movement is restricted. WFP-partnered farmer organizations in Liberia also report difficulty accessing basic inputs.

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<sup>3</sup> WFP *Rapid market price analysis – Liberia*, August 2014.

<sup>4</sup> WFP *Comprehensive Food Security and Vulnerability Assessment (CFSVA)*, Sierra Leone, 2011.

<sup>5</sup> WFP *CFSVA*, Sierra Leone, 2011.

<sup>6</sup> WFP, *Comprehensive Food Security and Nutrition Survey (CFSNS)*, Liberia, 2006.

<sup>7</sup> WFP, *Cross-border trade and food security*, Liberia and Sierra Leone, 2010.

13. Prior to the outbreak, all three affected countries were already in a fragile poverty and food security situation. Of the 187 countries ranked on the 2014 UNDP Human Development Index, Liberia ranks 175, Guinea 179, and Sierra Leone 183. Across the three countries, nearly 50 percent or more of the populations is considered to be in severe poverty.
- a. In **Guinea**, the underlying causes of food insecurity include poor crop yields, land degradation, poverty, and lack of diverse income sources for the poor households, particularly in remote rural areas. In recent years, food and nutrition security has been adversely affected by political instability, declining economic activity and investment, recurrent civil strife, and flooding. The most recent comprehensive food security and vulnerability assessment (2012) found one in three households affected by severe and moderate food insecurity, affecting 3.8 million by 2012; this marks an important deterioration since 2009, when 2.3 million were estimated to be food insecure.<sup>8</sup>
  - b. In **Liberia**, one in five households in Liberia is food insecure. Food insecurity is largely due to poverty, unsustainable livelihoods, low agricultural production and productivity, land constraints and gender inequalities. At the national level, the country is highly dependent on food imports and thus vulnerable to fluctuating price and availability.<sup>9</sup> Already in July 2014 the cost of imported rice (most consumed staple) had increased by 9 percent compared to the previous month, and 11 percent compared to the same period in 2013. The price increases prior to the onset of the EVD crisis were largely driven by depreciation in the local currency against US dollar and Euro, as well as normal seasonal factors during the rainy season when transport costs increase.
  - c. In **Sierra Leone**, price volatility is the main risk impacting the purchasing power of poor households.<sup>10</sup> Consumption of less expensive imported rice has increased in recent years and accounts for some 30 percent of domestic consumption;<sup>11</sup> imported rice is dominated by a few firms or traded from across the border with Guinea.<sup>12</sup> The 2011 Comprehensive Food Security and Vulnerability Analysis found that 45 percent of the population is food insecure. Households relying on petty trade and crop production are those most affected by food insecurity and vulnerable to shocks. The epicentres areas of Kailahun and Kenema districts may be largely cantoned; in these zones, primary livelihood groups are food and cash crops, and trade.
14. The crisis is occurring in a context of already poor health and nutrition indicators. Life expectancy at birth in the three countries is low, ranging from 45 years in Sierra Leone to 60 years in Liberia.<sup>13</sup> Poor sanitation and lack of safe drinking water contribute to a higher prevalence of disease, particularly in rural areas (in Liberia for example, only 13 percent of rural households have access to improved sanitation and 52 percent to safe drinking water).<sup>14</sup>
15. Chronic malnutrition affects 35 percent of children in Guinea, reaching 42 and 44 percent in Liberia and Sierra Leone respectively.<sup>15</sup> Latest SMART nutrition data suggests global acute malnutrition (GAM) remains below the serious threshold, albeit precarious in particular in Guinea and Sierra Leone: in Guinea, 5 percent of children

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<sup>8</sup> WFP and Ministry of Agriculture *Comprehensive Food Security and Vulnerability Assessment (CFSVA)*, Guinea, June-July 2012.

<sup>9</sup> WFP, *Comprehensive Food Security and Nutrition Survey (CFSNS)*, Liberia, June 2013.

<sup>10</sup> USAID 2013.

<sup>11</sup> United States Department of Agriculture. 2013. Statistical Database. Washington, DC.

<sup>12</sup> Cross-border trade also impacts palm oil and cassava prices.

<sup>13</sup> UNDP *Human Development Report*, 2014.

<sup>14</sup> WFP, *CFSNS*, Liberia, 2013.

<sup>15</sup> WFP, *CFSNS*, Liberia, 2013.

6-59 months suffer from GAM; in Sierra Leone 6.0 percent; and in Liberia, 2.8 percent.<sup>16</sup> National data obscures the more varied regional context: in Sierra Leone, GAM rates in three districts surpass 8 percent reaching as high as 8.9 percent in Kenema district – an epicentre of the EVD crisis.

16. With the escalation of the outbreak, already limited infrastructure is over-burdened and in many communities, fear of the virus and stigma has reduced willingness to seek medical care. The disruption of preventative health and nutrition treatment services presents additional risks for young children and women of reproductive age, particularly given the rainy season underway in the affected regions breeding conditions for the outbreak of disease and poor sanitation.
17. Access to quality and nutritious foods presents a challenge in the current context given disruptions to markets and reduced planting activities. The consumption and sale of wild animals and game – a primary source of protein among many rural affected communities – has been banned given the suspected link between EVD and the handling and consumption of raw bush meat.

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## **POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT(S) AND OTHERS**

### **Policies, Capacities and Actions of the Government(s)\***

18. There are two primary strategic documents which provide the framework for the ongoing response: (1) The *Ebola Virus Disease Outbreak Response Plan in West Africa* launched 31 July 2014 by WHO and the Governments of Guinea, Liberia and Sierra Leone outlining priority response and preparedness activities for the July-December 2014 and appealing for funds ; and (2) The *Joint Declaration of Heads of State and Government of the Mano River Union for the Eradication of Ebola in West Africa* adopted on 1 August 2014, by the Presidents of Guinea, Liberia, Sierra Leone, and Cote d'Ivoire. It is through this declaration that isolation measures were introduced as a form of managing the outbreak. The documents tend to focus on the medical aspect of the crisis.
19. The response to the Ebola outbreak is nationally-owned and led. On 30 July and 6 August 2014, the President of Sierra Leone and President of Liberia declared a State of Emergency in their respective countries.
  - a. **Guinea:** The Government has established a joint National Crisis Committee led by the Ministry of Health, responsible for coordinating the response to the crisis. Crisis committees have also been established in all of the affected areas.
  - b. **Liberia:** The President established the National Response Task Force on Ebola now led by the Ministry of Health and Social Welfare, and to which WFP is providing logistics support at the request of the Government. At the decentralized level, County Task Forces provide information for monitoring progress and feed information essential for decision-making, as well as logistical management support. There are Important gaps still to be addressed, including an Incident Management System (IMS) and strengthened capacity of and coordination with County Task Force groups and technical sub-committees.

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<sup>16</sup> Guinea *SMART 2011-2012*, April 2012; Liberia *CFSNS*, May-July 2010 and *SMART (ACF)*, 2011 and *SMART*, September 2011; Sierra Leone *The Nutritional Situation in Sierra Leone*, October 2010.

- c. **Sierra Leone:** The Presidential Task Force is chaired by the President and is made up of development partners, political parties, Parliament, law professionals, and Civil Societies. The high level task force supports decision-making on logistics and coordination, and leads advocacy for mobilization of resources. A National Strategic Response Plan has been developed. At the district level, Emergency Operation Centres serve as the national command and control centre for Outbreak response activities, providing daily updates on the evolving situation; the centres report to the Presidential TaskForce. Country Health Teams support Treatment Centres and the distribution of humanitarian assistance.

### **Policies, Capacities and Actions of Other Major Actors**

20. UN agencies, NGOs, and other national and international organizations are scaling up expertise and capacity on the ground. The primarily development-oriented nature of the organizations and the earlier near exclusive focus on the medical side of the crisis has proved a challenge. At the request of WHO and Governments, WFP has deployed senior staff to the sub-region to support logistics planning and coordination for all partners. It will be important to strengthen coordination at the country as well as sub-regional level given the cross border nature of the outbreak and food supply.
21. Positive efforts are underway to strengthen joint response. In Liberia, the UN has launched a Joint EVD Strategic Response Plan and the Humanitarian Action Committee has been reactivated. In Guinea, under the current emergency response WFP food is distributed alongside UNICEF hygiene kits, and opportunities for further collaboration are being explored. Médecins Sans Frontières has taken a lead role in the management of Ebola Treatment Centers, and WFP collaborates closely with health NGOs and health counterparts for deliveries and distributions. National Red Cross Societies are primary partners in the humanitarian response to the crisis.
22. The UN Mission in Liberia (UNMIL) continues to maintain a strong presence nationwide. Prior to the outbreak, the intention was to reduce its troops by more than half by 2015, to 3,750, bringing UNMIL to around 20 percent of its original size. UNMIL participates in the National Taskforce.

### **Coordination**

23. A High-level UN Taskforce has been established, under the lead of WHO.
24. WHO has established a Sub-regional Ebola Outbreak Coordination Centre (SEOCC) in Conakry as the primary coordination hub for the sub-region. The SEOCC brings together UN agencies, Médecins Sans Frontiers, International Federation of the Red Cross, and the Centre for Disease Control and Global Outbreak and Response Network. It is anticipated that the establishment of the coordination mechanisms will allow to more clearly define organizational roles and responsibilities.
25. The cluster system will be activated if and as required during the course of the crisis.

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## **STRATEGY AND OBJECTIVES OF WFP ASSISTANCE**

### *WFP presence in country*

26. WFP implements Country Programmes in each of the three primary affected countries as well as Protracted Relief and Recovery Operations for prolonged refugee caseloads from the greater sub-region; innovative initiatives including Purchase for Progress (P4P) and a bilateral regional project “Community-based sustainable food security for smallholder rice producer farmers” are also underway in Liberia and Sierra Leone. The crisis is likely to have a continued impact on planned activities in those communities most affected by disease; the extent of disruption to planned activities varies per country and within geographic areas. We are following this aspect closely, and will adjust operations as required. In Liberia, for example, the Government has declared an indefinite closure of schools – expected to extend beyond the current annual school break; the closure will impact planned school meal programmes and trainings planned to begin September 2014. Feedback from farmer organizations suggests P4P project sites have temporarily closed or slowed in EVD affected counties due to fear of gathering and reduced access to inputs.
27. As the EVD outbreak spread, WFP launched Immediate Response Emergency Operations (IR-EMOPs) in each country (Guinea – April 2014; Sierra Leone and Liberia – July 2014) to address the immediate food needs in epicentres of the outbreak. Primary target groups included patients in hospitals, contact cases under observation in quarantine (21-30 days), health staff, as well as some primary affected groups whose livelihoods had been most directly affected (hunters and traders of bush meat).

#### *Strategy and Objectives of WFP Assistance*

28. The Regional EMOP presents a significant scale-up from the response originally outlined in the IR-EMOPs, and is in line with the appeal from Governments and WHO to provide support for an initial three month period to all populations in the triangular border zones between the three countries, where high incidence of EVD is recorded and where risk of further contamination is high. The importance of food to facilitate the quarantine and containment measures has been stressed by the Governments and WHO.
29. Given the cross-border nature of the health crisis and ensuing humanitarian implications, a Regional Operation allows WFP to ensure that the response is coherent across the three countries and allows for a more equitable distribution of resources to meet the life-saving objective and mitigate risk of exacerbating tensions between communities.
30. With its expertise in logistics and coordination in complex environments, the involvement of WFP will particularly focus on the following :
  - a. *Coordinated deliveries:* All deliveries under the multi-sector humanitarian response must be planned and executed in a coordinated manner to reduce footprint and mitigate risk. Movements must be coordinated with the full involvement of medical and Government personnel – including in some cases military and UN Mission forces.
  - b. *Distribution arrangements:* Partners must work with medical, Government, and community and traditional leaders to implement activities in a manner which mitigates large gathering and crowds, where the risk of infection increases.
  - c. *Appropriate rations:* The provision of a complete and nutrition enhanced food ration will support adequate household food consumption and address the nutritional needs of women and children in a context where nutrition treatments services may not be accessible.



31. Through the EMOP WFP aims to meet the urgent food and nutrition needs of vulnerable people and communities during the period of crisis, in line with Strategic Objective 1, “Save lives and protect livelihoods in emergencies.” Specifically to:
  - a. Respond to the immediate food needs of people affected by the virus and receiving medical attention as well as contact cases under observation in quarantine;
  - b. Ensure the food needs of other populations in the primary “hot zones,” affected by the containment measures and resulting impact on livelihoods and markets;
  - c. And to prevent a serious deterioration of acute malnutrition among young children and women of reproductive age as a result of the crisis management
32. In turn, the provision of assistance could contribute to social, political and economic stability in the fragile affected countries.

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## **BENEFICIARIES AND TARGETING**

33. In the early stages of the outbreak, primary populations of concern included: patients in hospitals; contact cases in quarantine/under observation and unable to engage in livelihood activities; households directly affected by EVD who had lost primary wage-earner or head; as well as hunters and traders of bush meat whose trade was banned. The impact of the crisis has now extended beyond these groups, to include all populations affected by the virus or by the measures put in place to manage the outbreak.
34. WHO and the Governments of the three primary affected countries have requested WFP to provide food to 1 million persons in priority “hot zones” near where the national borders intersect. Additional areas beyond the border zones which have been affected by EVD and face similar isolation measures will also be assisted as required in coordination with humanitarian and health partners and National Task-forces. Throughout, WFP will continue to support Ebola treatment centres across the three countries.
35. Currently priority affected areas for intervention include:
  - a. **Guinea:** Ebola treatment centres, isolated communities in border areas, and other “hot zones” within the affected prefectures including but not limited to Gueckoudou, Macenta, Youmou, N’zerekoré, Kissidougou, Fourecariah, Dubreka, Boffa, Conakry, Kourrousa, Sigui, and Pita.
  - b. **Sierra Leone:** Ebola treatment centres in Kenema, Daru, Kailahun, and Koindu; isolated communities in border areas and other “hot zones” within the affected districts of Kenema, Kailahun, Bombali, PortLoko, Moyamba, Kambia, Tonkolil, Pujehun, Bo, Bonthe, Koinadgu and Western area; and
  - c. **Liberia:** Ebola treatment, isolated communities in border areas, and other “hot zones” within the affected counties Montserrado, Lofa, Bong, Bomi, Grand Cape Mount, Margibi, Nimba, Grand Bassa, and Rivercess.
36. In the immediate term, primary target groups identified and agreed by partners across the three countries include:
  - a. Confirmed/Suspected cases in hospitals receiving medical care;

- b. Confirmed/Suspected contact cases in quarantine /observation and after the quarantine period ;<sup>17</sup> and
- c. Communities in “hot zones” where availability and access to food has been affected by the crisis.

<b>Country</b>	<b>Beneficiaries</b>
<b>Guinea</b>	464,000
<b>Sierra Leone</b>	400,000
<b>Liberia</b>	449,000
<b>TOTAL</b>	<b>1,313,000</b>

37. While EVD and risk of contact disproportionately affects women, the overall beneficiary figure is likely to be equitable given the nature of the response which aims to support all households within primary affected communities.

38. The crisis remains very fluid, and it is difficult to forecast the number of new cases and new outbreak epicentres. The target groups are not static, but may overlap particularly in isolated communities where all persons (patients, contact cases, and local population) are assisted. Accordingly, the EMOP plans for flexibility in beneficiary groups and geographic targeting to allow teams to respond as required over the coming three months. It is anticipated that over this period additional clarity on the evolution of the situation and on the impact of the crisis on markets and the agriculture campaign will allow WFP to re-evaluate and adjust as necessary.

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## **NUTRITIONAL CONSIDERATIONS AND RATIONS**

- 39. The response is designed to address the current context wherein availability of food and access to sufficient quality and quantity of food is expected to pose an important challenge for households in quarantine and communities in isolation. Without an alternative food basket, shock-affected households could face a rapid deterioration in food security and nutrition.
- 40. The enhanced general food ration is designed to meet the full caloric and micronutrient requirements of beneficiaries. Particular attention to the needs of young children and women of reproductive age through the inclusion of supercereal plus.
- 41. Patients in hospitals (and in some cases in grouped centres for observation), wet meals will be provided. Other beneficiary groups will benefit from take-home dry rations through an enhanced General Food Distribution.
- 42. Indications suggest the distribution of in-kind is deemed more appropriate at this time. Even during non-crisis periods, the region is affected by high inflation and price fluctuation. Since the escalation of the crisis, market disruptions have been reported in capitals of Sierra Leone and Liberia, and a continued deterioration could be anticipated if additional countries impose challenges for non-humanitarian sea/road/air and transport. In the remote rural areas most affected by the ongoing outbreak, market integration is limited, and current isolation measures could challenge supply of staple

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<sup>17</sup> On average, some 10 contact cases could be foreseen per each confirmed/suspected case of EVD. Following quarantine these households continue to require support as stigma and loss of livelihoods and household members strains their food security situation.

from the capitals. As the outbreak is controlled and normal activities resume, WFP will evaluate transfer modalities, and how to support markets and trade networks during recovery.

<b>TABLE 2: FOOD RATION (g/person/day)<sup>18</sup></b>	
	<b>Enhanced GFD</b>
Cereals (rice)	400
Pulses	60
Vegetable Oil (Vitamin A Fortified)	25
Salt (Iodized)	5
Supercereal+ (with milk and sugar)	60
<b>TOTAL</b>	<b>550</b>
<b>Total kcal/day</b>	<b>2,098</b>
% kcal from protein	9.5
% kcal from fat	14.5
Number of feeding days per year or per month (as applicable)	30

<b>TABLE 3: TOTAL FOOD REQUIREMENTS BY ACTIVITY (mt)</b>				
<b>Commodity Type</b>	<b>Guinea</b>	<b>Sierra Leone</b>	<b>Liberia</b>	<b>Total</b>
<b>Cereals</b>	16,693.52	14,400.00	16,164.00	<b>47,257.52</b>
<b>Pulses</b>	2,504.03	2,160.00	2,424.60	<b>7,088.63</b>
<b>Vegetable Oil</b>	1,043.35	900.00	1,010.25	<b>2,953.60</b>
<b>Salt</b>	208.67	180.00	202.05	<b>590.72</b>
<b>Supercereal+</b>	2,504.03	2,160.00	2,424.60	<b>7,088.63</b>
<b>TOTAL</b>	<b>22,953.60</b>	<b>19,800.00</b>	<b>22,225.50</b>	<b>64,979.10</b>

## **IMPLEMENTATION ARRANGEMENTS**

43. The operating context is extremely complex. The operation will be conducted in a risky and dynamic environment with limited capacity and infrastructure in place. As a result, special consideration will have to be given to the implementation arrangements. Health and safety of staff, partners and beneficiaries is a primary concern.

<sup>18</sup>WFP will maintain flexibility to adapt rations as required. If pulses are not available in sufficient and timely quantities, WFP in coordination with partners and communities and neighboring country offices could envision substitution in part or in whole of pulses with canned fish (available on the market and locally accepted); recommended ration would be reviewed with nutrition specialists to ensure appropriate values. Similarly, where supercereal (with sugar) could be considered in place of supercereal+ depending on lead time and availability.

44. For the cooked meal programme, food will be provided directly to the health partner/counterpart in charge of the facility and of preparation. The enhanced General Food Distributions will be implemented through a blanket approach, outlined for the first three months of the operation, and benefitting all populations within the targeted community. All members of the isolated communities have been affected by the crisis. Moreover, in the current context attempted household targeting would not be appropriate as it would further stretch the limited capacity of partners on the ground, increase exposure to EVD for partners and beneficiaries alike due to additional time required, and could exacerbate social tensions and spur unrest.
45. WFP works through health partners and health counterparts as well as experienced NGOs and Red Cross societies for the delivery and distribution of assistance. All delivery and distribution activities must be carried out in a manner which reduces heavy footprint and which mitigates the risk of large gatherings. To this end, guidelines have been prepared jointly by WFP and WHO on appropriate delivery and distribution modalities to mitigate risks. Staff and partners will be trained on the modalities and on risk mitigation measures. In addition, protective (eg: gloves, boots) and hygiene materials (eg: sanitizer, soap, chlorine) are being procured. The EMOP plans for continuous review of guidelines and regular refresher trainings for staff and partners over the course of the three months.
46. The role of local community and traditional leaders is critical. Health partners are already working with leaders to share information on EVD and address concerns. Similarly, local leaders are involved in sensitizing communities on food assistance activities and encouraging safe distributions. Where available, WFP benefits from local radio to share information on distributions in the local languages.
47. Containment measures may force WFP and partners to consider the use of armed police and/or military of UNMIL forces in order to ensure access to populations in isolated areas. In making decisions, WFP will weigh the impact of different arrangements on perceptions of its neutrality and impartiality and factor in programme criticality. A civil-military coordinator is being identified to manage coordination with the different actors on the ground.

#### *Procurement and Logistics*

48. Where possible and appropriate, commodities will be purchased from suppliers locally and regionally and/or under the Forward Purchase Facility to limit procurement-associated delays. Preliminary assessment suggests rice, iodized salt, and fortified oil are available in one or more of the primary affected countries and in the greater region. But noting the evolving market situation in the primary affected countries and ongoing disruptions, purchases in these three countries may be difficult. Maintaining flexibility of commodities in the food basket may reduce lead time.
49. The evolution of the outbreak and the corresponding containment measures create some uncertainty for the reliability of transport routes for longer-term planning. Currently, routes and borders are open to humanitarian operations and special requests are provided for the transit of goods at field level. In this context, a dedicated Supply Chain Working Group has been established for the EVD regional crisis and senior logistics staff is deployed to the affected countries.
50. WFP manages two UN Humanitarian Response Depots (UNHRD) hubs in the region (Accra, Ghana and Las Palmas) to support procurement, pre-positioning, and/or transit as necessary. WFP also maintains warehouses in the port capitals as a delivery point.
51. WFP already has warehouses in the “hot zone” cross-border areas of Guekedou (Guinea) and Foya (Liberia), and is identifying additional strategic locations.

52. Strong private sector transportation capacity (quantity and quality) is available in the affected sub-region to support the operational scale-up. Transporters will also be trained in the guidelines developed by WFP and WHO to mitigate risk.
53. A Logistics concept of operations is being developed, including a review of available supply and overland and sea corridors (national and international), and transport.

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## PERFORMANCE MONITORING

### *Food security monitoring*

54. Given field mobility constraints in priority geographic areas of interest, there will be a need to collect data remotely. WFP has acquired the capacity to implement rigorous surveys remotely through the mobile VAM (mVAM) initiative. Survey respondents are asked about dietary diversity, coping strategies, livelihoods and food prices by through a call placed by a telephone operator, or by SMS. This approach has proven to be a reliable way to quickly implement surveys in remote or low-access areas. Advanced planning is underway to roll out mVAM remote data collection for the Ebola context.<sup>19</sup>

### *Performance monitoring*

55. Monitoring of project performance will be guided by the logical framework which has been aligned with the 2014–2017 WFP Strategic Results Framework. Monitoring and evaluation systems will be strengthened and incorporated into the corporate Country Office Monitoring and Evaluation Tool (COMET) and Automated Outputs Monitoring System (ATOMS).
56. Through the mobile VAM approach, WFP is exploring opportunities for possible remote/mobile information and monitoring systems to carry out distribution monitoring of a randomized sample of beneficiary communities.

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## HAND-OVER STRATEGY

57. During the three-month period of the EMOP, the situation will be continuously monitored and reviewed, and needs of affected communities re-evaluated. Remote/mobile information and monitoring systems will be developed with the support of headquarters and regional expertise to collect market prices and provide real-time information from communities in isolated and/or other affected areas as to their food security status.
58. The most likely scenario is that a larger medium-term humanitarian response will be required in the most affected communities where livelihoods have been completely disrupted and where agriculture activities are anticipated to suffer as a result of fear and containment policies, and where heads of households have been lost to EVD. The EMOP will be reviewed to ensure the most appropriate response in the interim until the outbreak is controlled and additional assessments can be carried out.

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<sup>19</sup> <http://www.odihpn.org/the-humanitarian-space/news/announcements/blog-articles/a-new-tool-in-the-toolbox-using-mobile-text-for-food-security-surveys-in-a-conflict-setting>

59. In those areas not affected by EVD or where the outbreak has been controlled and the risk of infection mitigated, WFP will continue to work with the Government, partners and communities to implement ongoing recovery and development programmes. Continued fear surrounding the disease could impact the willingness to return to schools and normal activities. To this end WFP will continue to coordinate with WHO, UNICEF, the Government and other partners and community leaders to ensure appropriate and informative community messaging when the situation allows.

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## **RISK MANAGEMENT**

60. Primary contextual risks include:

- a. The risk of infection, limited health infrastructure to help cases cope with the effects of the disease, and the lack of existing treatment present primary risks to beneficiaries, partners, and staff in the sub-region.
- b. The risk of increased crime and /or civil strife, as anxiety surrounding EVD and measures taken to control the crisis grows and police and security forces are stretched with managing the crisis.
- c. The lack of experienced Cooperating Partners ready to engage in WFP food distributions and work in Ebola affected areas and directly with Ebola patients. Also, many organisations and counterparts working in Ebola affected areas and with patients are not traditional WFP partners. WFP will strive to identify partners through national coordination meetings with humanitarian organisations and governments. Partners will be trained in implementing WFP activities, including guidelines on safe distribution.

61. Programmatic risks include:

- a. Timely delivery of food to affected communities is critical for effectiveness of programmes in ensuring the needs of communities, but also to reduce risk further containment and of exacerbating tensions in the fragile context. Procurement and transport is complicated by the distance from capitals to remote areas, poor infrastructure, an escalation of commodity and fuel prices, border closings and roadblocks, and the heavy rains. WFP through its regional Supply Chain Working Group will seek opportunities for local procurement and prepositioning as required. WFP will be working within the wider humanitarian community logistics cluster in a coordinated way.
- b. The overland border closures and suspension of commercial flights into EVD affected countries will be mitigated by the use of UNHAS planes and helicopters outlined in the Regional UNHAS Special Operation 200760.
- c. The nature of operations in EVD countries (smaller operations, with focus on longer term recovery and development) requires an important scale-up of staff with the expertise in complex emergencies; WFP will address the challenge through the use of the internal emergency roster, stand by partners, and experienced consultants who can be deployed quickly, as well as the temporary deployment of deploying logistics, security, and programme experts from the region and headquarters.
- d. The development of mVAM as a remote tool to assess the situation in affected areas and monitor response within the timeframe of the current operation is dependent upon securing sufficient resources (human, financial, and technological) in at the onset of the operation.

62. Given the significant international attention to the crisis, all reputational risks are amplified. These include:
- a. The risk of failing to demonstrate results and ensuring food is reaching the intended beneficiaries will be lessened through trainings of new partners in monitoring food distributions and using alternative remote monitoring techniques through phone calls.
  - b. Another institutional risk that could have reputational consequences is the contamination of WFP staff. The UN and WFP are taking the necessary measures to protect staff through a series of measures (outlined in security management section).
  - c. There is high attention to the crisis at present. However, as the economic and humanitarian implications of EVD unfold in the medium and longer-term, an important challenge will be to maintain attention and resources to support the crisis response and eventual recovery.
63. The affected country offices have been trained regularly in the use of the early warning matrix informing of risks and preparedness/readiness mitigating actions. Prior to the declaration of the crisis, country offices were actively using the tool (implementation level of 82.4 percent). A simulation exercise in Liberia has been undertaken to test the readiness and coordination mechanisms of the country office during emergencies.
64. In August, a dynamic risk management process was established at the country, regional and headquarters level. A risk analysis has been developed, and this regional Ebola Emergency risk register is constantly updated.

### **Security Risk Management**

65. The well-being of staff is a primary security concern. WFP has deployed a staff counsellor to the field to support staff in a context of high stress and tension. WFP has also recruited a Public Health advisor who will provide information to staff on how to mitigate risk of infection, and will work in collaboration with the Medical and Security services to establish guidelines and protocols for protecting WFP and partner staff from contamination in the office and during implementation of activities. The guidelines will provide more detail, and will serve as a complement to the UNDSS and WHO guidelines which have been circulated to all staff. Country level security focal points are in charge of monitoring the implementation of these guidelines and protocols.
66. Guidelines already in place in EVD affected country and sub offices include: temporary relocation of WFP offices from epicentre areas and suspension of non-emergency related activities in affected zones; reduction of staff presence in offices through flexible working arrangements, rotational schedules, telecommuting; limiting non-essential visitors into office premises and mitigating large gatherings (meeting/trainings) if not essential. Medical, protective, and hygiene equipment has been provided to all staff and dependents, and access to hygiene supplies and water has been reinforced within office premises.

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**RECOMMENDATION**

67. The Executive Director and Director-General of FAO are requested to approve the proposed Emergency Operation (project country and number).

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**APPROVAL**

.....  
Ertharin Cousin  
Executive Director  
Date: ... ..

.....  
José Graziano da Silva  
Director-General of FAO  
Date: .....



## ANNEX I-A

<b>PROJECT COST BREAKDOWN</b>			
	<b>Quantity (mt)</b>	<b>Value (US\$)</b>	<b>Value (US\$)</b>
<i>Food Transfers</i>			
Cereals	47,258	\$22,022,007	
Pulses	7,089	\$3,474,201	
Oil and fats	2,954	\$3,096,058	
Mixed and blended food	7,089	\$8,146,915	
Others	591	\$132,909	
<b>Total Food Transfers</b>	<b>64,979</b>	<b>\$36,872,090</b>	
External Transport		\$4,480,523	
LTSH		\$12,602,172	
ODOC Food		\$5,321,626	
<b>Food and Related Costs <sup>1</sup></b>		<b>\$59,276,411</b>	
C&V Transfers		-	
C&V Related costs		-	
<b>Cash and Vouchers and Related Costs</b>		-	
<b>Capacity Development &amp; Augmentation</b>		-	
<i>Direct Operational Costs</i>			\$59,276,411
Direct support costs (see Annex I-B)			\$5,966,958
<b>Total Direct Project Costs</b>			<b>\$65,243,369</b>
Indirect support costs (7.0 percent) <sup>2</sup>			\$4,567,036
<b>TOTAL WFP COSTS</b>			<b>\$69,810,405</b>

<sup>1</sup> This is a notional food basket for budgeting and approval. The contents may vary.

<sup>2</sup> The indirect support cost rate may be amended by the Board during the project.

## ANNEX I-B

<b>DIRECT SUPPORT REQUIREMENTS (US\$)</b>	
<b>WFP Staff and Staff-Related</b>	
Professional staff *	\$1,440,003
General service staff **	\$176,153
Danger pay and local allowances	\$151,365
<b>Subtotal</b>	<b>\$1,767,520</b>
<b>Recurring and Other</b>	<b>\$2,646,938</b>
<b>Capital Equipment</b>	<b>\$250,000</b>
<b>Security</b>	<b>\$163,800</b>
<b>Travel and transportation</b>	<b>\$963,700</b>
<b>Assessments, Evaluations and Monitoring<sup>1</sup></b>	<b>\$175,000</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>\$5,966,958</b>

\* Costs to be included in this line are under the following cost elements: International Professional Staff (P1 to D2), Local Staff - National Officer, International Consultants, Local Consultants, UNV

\*\* Costs to be included in this line are under the following cost elements: International GS Staff, Local Staff - General Service, Local Staff - Temporary Assist. (SC, SSA, Other), Overtime

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<sup>1</sup> Reflects estimated costs when these activities are performed by third parties. If WFP Country Office staff perform these activities, the costs are included in Staff and Staff Related and Travel and Transportation.

## Annex II: Summary of Logical Framework of (name the country) EMOP or PRRO (WINGS project number)

Cross-Cutting Results and Indicators		
Results	Indicators	
I. Gender equality and empowerment improved	<p>I.1 Decision-making over the use of food within the household Proportion of households where females make decisions over the use of cash, voucher or food; Baseline: Guinea, Liberia and Sierra Leone: TBC Target: 30%</p> <p>Proportion of household were males make decisions over the use of cash, voucher or food; Baseline: Guinea, Liberia and Sierra Leone: TBC Target: 20%</p> <p>Proportion of household were females and males make decisions over the use of cash, voucher or food; Baseline: Guinea, Liberia and Sierra Leone: TBC Target: 50 %</p>	
II. WFP assistance delivered and utilized in safe, accountable and dignified conditions	<p>II.1 Proportion of assisted people who do not experience safety problems to/from and at WFP Programme sites; Baseline: Guinea, Liberia and Sierra Leone: TBC Target: 80%</p> <p>II.2 Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain); Baseline: Guinea, Liberia and Sierra Leone: TBC Target: 70%</p>	
III. Food assistance interventions coordinated and partnerships developed and maintained	<p>III.1 Proportion of project activities implemented with the engagement of complementary partners; Target: 80%</p> <p>III.2 Number of partner organizations that provide complementary inputs and services; Target: 50%</p>	
Strategic Objective 1: Save lives and protect livelihoods in emergencies		
Results	Performance Indicators	Risks and assumptions
<b>OUTCOME 1.1</b> Stabilized food consumption over assistance period for beneficiaries of GFD in the EVD affected areas	<p>FCS: percentage of household with poor Food Consumption Score (male-headed); Baseline: Guinea, Liberia and Sierra Leone: tbc Target: reduced by 80% (Corporate target – TBC)</p> <p>FCS: percentage of household with poor Food Consumption Score (female-headed); Baseline: Guinea, Liberia and Sierra Leone: tbc Target: reduced by 80% (Corporate target – TBC)</p> <p>Diet Diversity Score (male-headed households);</p>	<p>Further outbreak, containment measures, and/or security incidents prevent implementation of activities in a large of part of the project area</p> <p>Government and partners unable to provide complementary activities to meet beneficiary NFI, hygiene, watsan and other needs</p> <p>Delivery of goods hampered by border closures, roadblocks, disruption to regular private transport</p>

	<p>Baseline: Guinea, Liberia and Sierra Leone: tbc Target: DDS improved</p> <p>Diet Diversity Score (female-headed households); Baseline: Guinea, Liberia and Sierra Leone: tbc Target: DDS improved</p>	<p>service, and rains</p>
<p><b>OUTPUT 1.3.1</b> Food and non-food items distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>Number of women, men, boys and girls receiving food assistance (disaggregated by activity, beneficiary category, sex, food, non-food items) as % of planned</p> <p>Quantity of food assistance distributed, as % of planned distribution (disaggregated by type of commodity)</p> <p>Quantity of non-food items distributed, as % of planned distribution (disaggregated by type)</p> <p>Number of institutional sites assisted (e.g. treatment centers.), as % of planned</p>	<p>Sufficient resources from donors not received early on enough to allow for the timely purchase and delivery of foods in a context where lead-time is compounded by disruptions to local markets and regional supply routes</p> <p>Sufficient resources (human, financial, technology) secured in time to allow for development of mobile VAM (mVAM) initiative</p>

MAP

