BUDGET INCREASE No. 2 TO WEST AFRICA EMERGENCY OPERATION 200761

Support to Populations in Areas Affected by the Ebola Outbreak in Guinea, Liberia, and Sierra Leone

Start date: 25 August 2014 **End date:** 24 February 2015 **Extension period:** 2 months **New end date:** 30 April 2015

| Cost (United States dollars) | | | | | |
|-------------------------------------|-------------------|------------|-------------------|--|--|
| | Current Budget | Increase | Revised Budget | | |
| Food and related costs | 73 313 261 | 27 365 515 | 100 678 776 | | |
| Cash and vouchers and related costs | - | - | - | | |
| Capacity development & augmentation | - | - | - | | |
| Direct support cost | 13 290 505 | 4 039 130 | 17 329 635 | | |
| Indirect support cost | 6 062 264 | 2 198 325 | 8 260 589 | | |
| Total cost to WFP | 92 666 030 | 33 602 970 | 126 269 000 | | |

NATURE OF THE INCREASE

- 1. The budget revision proposes to extend West Africa Regional Emergency Operation 200761 (EMOP) by two months, ending 30 April 2015. The revision aligns the operation with the World Health Organization (WHO) Ebola Response Roadmap that predicts it will require up to nine months to stop Ebola transmission in the affected countries and prevent international spread. The EMOP's current objective to deliver food alongside the health response by providing enhanced rations for Ebola-affected people remains unchanged.
- 2. Specifically, the budget revision will:
 - ➤ Increase food and related costs by USD 27.4 million;
 - ➤ Increase direct support costs by USD 4 million; and
 - ➤ Overall, increase the total project budget by USD 33.6 million.

JUSTIFICATION FOR THE REVISION

Summary of existing project activities

- 3. As of 12 October 2014, the EMOP has assisted more than 438,000 persons with 5,638 mt of food. Beneficiaries include patients in emergency treatment centres receiving three cooked meals a day, survivors discharged from treatment centres, isolated households suspected to be at-risk following contact with Ebola cases, and households in priority areas of widespread and intense transmission whose access to food has been directly affected by the disease and its management. In cooperation with *Médecins Sans Frontières* (MSF) and other partners, the EMOP has also been ensuring appropriate rations by providing food support to caregivers in orphanages.
- 4. In October 2014, WFP launched Special Operation 200773 under the United Nations Mission

¹ WHO. Ebola Response Roadmap [WHO/EVD/Roadmap/14.1], 28 August 2014.

for Ebola Emergency Response (UNMEER) framework to consolidate and expand earlier special operations dedicated to air operations and logistics and telecommunications common services. The new special operation provides logistics support, infrastructure development, emergency telecommunications, supply-chain management and humanitarian air services, leveraging WFP expertise to enhance the efficiency of the humanitarian response and help stop the spread of the virus.

5. Through the EMOP and Special Operation, WFP is working to increase coverage and push out to remote rural areas in cooperation with governments and health partners. This expansion includes: (i) establishment of rapid response teams in the field to work with NGO partners for timely and safe distribution of food assistance; (ii) development of priority criteria with WHO and governments for rapid recognition of new zones to be assisted, and establishment of monitoring groups to quickly identify cases or survivors requiring immediate dispatch of food; (iii) in Sierra Leone, WFP provides house-to-house sensitization campaigns with packed family rations pre-loaded and positioned ahead of the exercise and delivered through mobile response teams using smaller vehicles; and (iv) under the Special Operation, WFP is establishing 12 forward logistics bases across the three countries to enable pre-positioning and delivery of food and medical supplies for WFP and partners.

Conclusions and recommendations of the re-assessment

- 6. As of 24 October 2014, the Ebola outbreak in Guinea, Sierra Leone, and Liberia has registered close to 10,000 probable, confirmed and suspected cases, and resulted in some 5,000 deaths. In the three weeks from late September to mid-October, the number of cases has continued to grow in the primary affected countries, with increases observed across geographic areas and both rural and urban communities. In each of the three countries, new cases have been reported in areas that were previously Ebola-free.
- 7. The EMOP is supporting UNMEER's goal to ensure enhanced food rations to at-risk populations by undertaking a series of data collection exercises. Through mobile vulnerability assessment and monitoring (mVAM), WFP is conducting monthly mobile phone surveys on key food security indicators.³ This innovative tool enables real-time field monitoring of the food security situation amid the quickly evolving crisis, and helps identify food security hotspots and trends. The Food and Agriculture Organization of the United Nations (FAO) and WFP are collaborating with ministries of agriculture and livestock in the three countries to perform rapid assessments to gather information on the impact of the crisis on food security.⁴ WFP continues to conduct regular market monitoring.
- 8. These ongoing data collection exercises will allow WFP and partners to refine the response under the EMOP to better integrate and address the food security element to the crisis alongside the health response.
- 9. Preliminary indications from the mVAM conducted in Sierra Leone suggest overlap between food security and incidence of Ebola cases. The eastern districts of Kailahun and Kenema have been identified as epicentres most affected by the Ebola outbreak. Although these districts were identified by the most recent comprehensive food security survey (2010) as among the most food secure in the country, the September 2014 mobile monitoring exercise found them to be among the most food insecure. Households in these districts reported frequent use of negative coping strategies, including: reliance on less preferred foods (for example, consuming cassava flour instead of rice) or reducing the number of meals. Data also suggests that wages for casual labour are much lower in these districts than elsewhere in the country, limiting household access to food.

2 .

² Healthmap.org, WHO, October 2014.

³ Status as of 21 October 2015 – First round mVAM data collection has been completed in all three countries. Analysis is completed in Sierra Leone and is ongoing in Guinea and Liberia.

⁴ Status as of 21 October 2015 – Sierra Leone: data collection and preliminary analysis complete; Liberia: data collection complete and analysis underway; Guinea: data collection is ongoing.

Purpose of change in project duration and budget increase

- 10. The budget revision considers: (i) latest indications from the Centers for Disease Control and Prevention (CDC), WHO and health partners that the outbreak continues to worsen; (ii) recognition by governments and partners of the need to provide food and nutrition support alongside the medical response to improve management and control of the outbreak; (iii) preliminary indications from ongoing monitoring that suggest a correlation between food insecurity and the incidence of Ebola cases; and (iv) the active push by the humanitarian community to further scale-up the response to contain the outbreak.
- 11. The budget revision proposes a two-month extension-in-time to allow longer term visibility in supply chain planning and rapid procurement and early positioning of sufficient stocks to ensure timely availability of resources alongside the ongoing scale-up. In parallel, WFP continues to work with food security partners on data collection measuring the impact of the Ebola crisis on food security.
- 12. Beneficiary targeting, food rations, implementation and logistics arrangements established under the previous budget revision will be maintained for the two-month extension period. A follow-up budget revision is anticipated in the short-term to integrate elements on food security alongside continued support to the medical response. Pending results from current assessments and ongoing monitoring, the EMOP will work with partners to evaluate the appropriateness and feasibility of cash and voucher assistance. Options for this modality will be addressed in the next budget revision.

FOOD REQUIREMENTS

| TOTAL FOOD REQUIREMENTS BY COUNTRY (mt) | | | | | | | | |
|---|--------|---------|-----------------------------|--------|--------|---------|-----------------|--------|
| Additional tonnage (2 months) | | | Revised total (8 months) | | | | | |
| Commodity Type | Guinea | Liberia | Sierra Leone | Total | Guinea | Liberia | Sierra Leone | Total |
| Cereals | 4 214 | 4 902 | 7 185 | 16 300 | 19 681 | 23 280 | 28 869 | 71 829 |
| Pulses | 632 | 735 | 1 078 | 2 445 | 2 952 | 3 492 | 4 331 | 10 774 |
| Vegetable oil | 264 | 310 | 450 | 1 024 | 1 232 | 1 469 | 1 807 | 4 508 |
| Salt | 53 | 61 | 90 | 204 | 246 | 290 | 361 | 898 |
| Supercereal | 638 | 771 | 1 087 | 2 496 | 2 973 | 3 623 | 4 361 | 10 956 |
| HEB | - | - | - | - | 135 | 5 | 5 | 145 |
| TOTAL | 5 801 | 6 779 | 9 889 | 22 469 | 27 219 | 32 158 | 39 733 | 99 110 |

Hazard / risk assessment and preparedness planning

13. Contextual, programmatic, and institutional risks outlined in the original EMOP and subsequent Budget Revision No. 1 remain valid.

| Approved by: | |
|---|---|
| Ertharin Cousin Executive Director, WFP | José Graziano da Silva Director-General, FAO |
| Date: | Date: |

Annex I-A

| PROJECT COST BREAKDOWN | | | | |
|--------------------------------------|---------------|----------------|----------------|--|
| | Quantity (mt) | Value (USD) | Value (USD) | |
| Food Transfers | | | | |
| Cereals | 16 300 | 8 840 587 | | |
| Pulses 2 445 | | 1 585 744 | | |
| Oil and fats | 1 024 | 1 246 720 | | |
| Mixed and blended food | 2 496 | 7 130 753 | | |
| Others | 204 | 49 413 | | |
| Total Food Transfers | 22 469 | 18 853 216 | | |
| External Transport | | 1 765 185 | | |
| LTSH | | 4 548 897 | | |
| ODOC Food | | 2 198 217 | | |
| Food and Related Costs ⁵ | | | 27 365 515 | |
| C&V Transfers | | | | |
| C&V Related costs - | | | | |
| Cash and Vouchers and Related Costs | | | - | |
| Capacity Development & Augmentation | | | - | |
| Direct Operational Costs | | | 27 365 515 | |
| Direct support costs (see Annex I-B) | | | 4 039 130 | |
| Total Direct Project Costs | | | 31 404 645 | |
| Indirect support costs (7 percent) | | | 2 198 325 | |
| TOTAL WFP COSTS | | | 33 602 970 | |

⁵ This is a notional food basket for budgeting and approval. The contents may vary.

Annex I-B

| DIRECT SUPPORT REQUIREMENTS (USD) | | |
|---|-----------|--|
| WFP Staff and Staff-Related | | |
| Professional staff * | 1 750 350 | |
| General service staff ** | 439 559 | |
| Danger pay and local allowances | 190 558 | |
| Subtotal | 2 380 467 | |
| Recurring and Other | 545 290 | |
| Capital Equipment | 301 119 | |
| Security | 54 500 | |
| Travel and transportation | 707 754 | |
| Assessments, Evaluations and Monitoring | 50 000 | |
| TOTAL DIRECT SUPPORT COSTS | 4 039 130 | |

^{*} 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

ANNEX II – LTSH Matrix

ANNEX III – Project Budget Plan

ANNEX 1V – Project Statistics