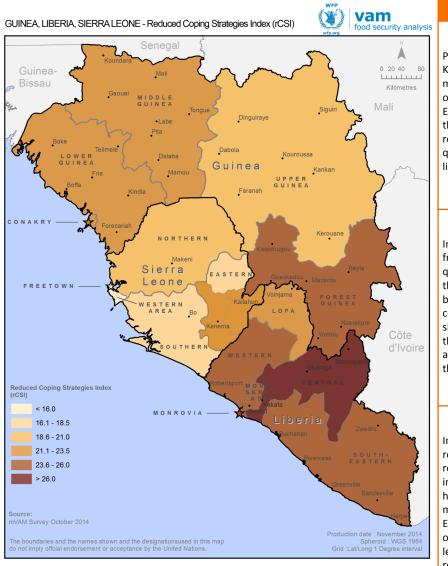
mVAM: mapping household coping in Ebola-affected countries in West Africa

Since September 2014, WFP has been collecting **basic food security data remotely through mobile phones** in Ebolaaffected countries in West Africa. Each month, mVAM (mobile Vulnerability Analysis and Mapping) surveys are sent to randomly selected panels of households in **Sierra Leone, Guinea** and **Liberia** through text message (SMS)

The **Reduced Coping Strategy Index (rCSI)** measures the frequency and severity of the behaviours households engage in when faced with shocks. The rCSI is calculated using standard food consumption-based strategies and severity weighting. A high rCSI reflects greater vulnerability to food insecurity.

and Interactive Voice Response (IVR) technology. The average sample size in each of the three countries for the first round was 770 respondents. The findings confirm higher **reduced Coping Strategy Index (rCSI)** in Ebola Virus Disease (EVD) affected areas (see map).



Highlights from remote surveys

Sierra Leone

People living in the districts of Kailahun and Kenema are using severe food coping strategies more frequently, compared to people in other areas of the country. These are the areas where the most EVD cases have been reported since the start of the outbreak. Over 80% of respondents in the east report consuming less expensive food, while three quarters report reducing the number of meals and limiting portion sizes.

(Special mVAM Bulletin #1: September 2014)

Guinea

In Guinea, the food coping strategies most frequently used by households include reducing the quality and frequency of meals. In Forest Guinea, the part of the country that has been most affected by EVD, households are using more severe food coping strategies, leading to a food security situation that is more precarious than in the rest of the country. Many households reported limiting adult household members' food consumption for the benefit of their children.

(Special mVAM Bulletin #2: October 2014)

Liberia

In Liberia, more than 80% of respondent households reported reducing the number of meals and reducing meal portion sizes. In a central zone that includes the counties of Nimba, Bong and Margibi, households are using severe food coping strategies most frequently. This zone accounts for the bulk of EVD cases outside the capital, Monrovia. In Lofa, 9 out of 10 respondent households have switched to less preferred foods. In Montserrado, two thirds reported reducing their consumption, a proportion that rose to three quarters in other counties.

(Special mVAM bulletin #3: November 2014)

mVAM bulletins and datasets for the Ebola-affected countries: http://vam.wfp.org/sites/mvam_monitoring/

For more information, please contact: Jean-Martin.Bauer@wfp.org, Anne-Claire.Mouilliez@wfp.org, Arif.Husain@wfp.org

The mVAM pilot projects are supported by the Humanitarian Innovation Fund (HIF). Scale-up of mVAM activities is supported by the United States Agency for International Development (USAID).







