BUDGET INCREASE No. 3 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 April 2015
Extension period: 1 month **New end date:** 31 May 2015

Cost (United States dollars)			
	Current Budget	**Increase**	**Revised Budget**
Food and related costs	100 678 776	34 634 700	135 313 476
Cash and vouchers and related costs	-	13 788 347	13 788 347
Capacity development & augmentation	-	-	-
Direct support cost	17 329 635	10 328 355	27 657 990
Indirect support cost	8 260 589	4 112 598	12 373 187
Total cost to WFP	**126 269 000**	**62 864 000**	**189 133 000**

NATURE OF THE INCREASE

1. Budget Revision No. 3 to West Africa Emergency Operation 200761 (EMOP) proposes to extend the operation and expand activities. The revised operation accounts for the latest developments in transmission of Ebola, the evolution of the health response with an increasing push for community care and contact tracing, and latest food security and nutrition information on Ebola-affected populations.
2. The revised EMOP remains primarily centred on supporting the health response, specifically: to deliver food and nutrition support to *care* for the infected and to support efforts to *contain* the spread of the virus. Recognizing that the impact of the virus goes beyond the immediate containment or treatment period, the proposed revision introduces a new *transition* pillar to provide an initial kick-start of economic and livelihood activities as Ebola-affected areas are declared free of the virus. The revision also introduces new programmatic tools and modalities to maximize the impact of activities.
3. The EMOP will be extended one month until end May 2015 to ensure continuation of activities during the extended Level 3 activation period. During the first five months of 2015, WFP will continue to monitor how the virus evolves and how food security reacts. The budget revision strengthens monitoring and assessment plans to prepare the capacities and knowledge base for eventual transition to recovery-based programming once the health crisis is contained, and to develop targeting criteria sensitive to the Ebola context and food security.
4. Specifically, the budget revision will:
   - Increase requirements by 32,467 mt and introduce new specialized nutrition commodities;
   - Introduce cash/vouchers transfers of USD 12.22 million;
   - Increase beneficiaries by 2.02 million persons, following the expansion of the Ebola virus.

JUSTIFICATION FOR THE REVISION

Summary of Existing Project Activities

5. The regional EMOP was launched in August 2014, replacing earlier country-specific immediate response emergency operations (IR-EMOPs) and scaling up coverage to support the health response at the request of the World Health Organization (WHO). The aim of the operation is two-fold:

   - *Care*: ensure nutritious meals for patients in health units receiving treatment and provide continued nutrition support to survivors upon discharge; and
   - *Contain*: provide food rations to traced/isolated households and to communities with widespread and intense transmission where movements are disrupted and risk of further infection is high.

6. The rapidly evolving dynamics of the outbreak, differing government policies and containment approaches, varying partner commitments and capacities, and the specific contexts of the affected countries requires that the WFP response be planned and implemented with the utmost flexibility. WFP has carried out two budget revisions since August: the first revision (September) refined beneficiary groups and developed specialized rations for persons in treatment or upon discharge; the second revision (October) extended the timeframe of the operation and reinforced assessment plans.

7. Alongside the EMOP, WFP operates Special Operation 200773. The special operation has been established to act as an enabler under the United Nations System umbrella. It provides logistics support, infrastructure development, emergency telecommunications, supply chain capacity, and humanitarian air services required for the health response. The special operation is undergoing a simultaneous budget revision to adapt to the evolving outbreak, further bolster the logistics capacity up to the last mile, and extend-in-time to align with the proposed EMOP end date, covering the period of the current Level 3 designation. The two operations are linked, leveraging expertise and assets in support of the health response.

Conclusion and Recommendations of the Re-Assessment

8. As of 19 December, 19,301 confirmed, probable or suspected Ebola cases have been reported. Affected countries are in different phases of the outbreak and hotspots move rapidly. In Guinea, transmission rates have continued to increase since August, with a 25 percent rise observed between October and November. The outbreak is moving as transmission spreads north from the epicentre and a growing number of cases are reported in the capital, Conakry. Liberia had the highest number of cases until early December, though the transmission rate appears to have slowed in recent weeks. Notwithstanding, new cases continue to appear and ensuring adequate health support in remote rural areas is a challenge. In Sierra Leone, the rate of transmission remains persistent and intense, and affects every district of the country. According to MSF "the fight against Ebola is being outpaced by the increasing numbers of infections" in Sierra Leone and the number of cases has now surpassed that of Liberia.[1] Sex and age-disaggregated data on transmission is not fully documented.

9. WFP has successfully completed three rounds of mobile vulnerability assessment and mapping (mVAM), providing real-time updates on the food security situation in the three affected countries. The geography of food insecurity shifts with the virus, as fear and containment measures impact wages and terms of trade. In areas of high transmission, in particular in epicentre areas dealing with the crisis since the onset, households are implementing severe coping strategies. The finding is of particular concern given that the data collection period coincides with the harvest season; in Ebola affected rural producing areas,

[1] WHO, *Ebola response roadmap situation report; MSF Ebola Response: Where are we now?* (17 December 2014).

positive effects of the harvest have not yet been sufficient to improve household food security. Indications suggest Ebola's impact on food security is less severe in urban areas where markets are more accessible.[2]

10. In October, WFP prepared a model to estimate the impact of Ebola on food insecurity in the three countries and to project how the situation could evolve in the medium-term considering transmission projections. The model identifies three Ebola induced impact channels ("Ebola effect"): *social* (changes in behaviour and traditional farming and coping mechanisms due to fear), *markets* (uncertainty around supply and demand and disruptions to corridors), and *livelihoods* (disruptions to farming, petty trade, and unskilled labour). The model is populated as new data arises. As of October, 1.7 million persons were estimated to be food insecure, including 200,000 newly fallen into food insecurity as a result of the Ebola crisis. Projecting ahead in a scenario of average infection rates, by March the number of persons newly food insecure as a result of Ebola would reach 750,000. In mid-November, the model was updated based on latest transmission data and preliminary food security information from the field (including mVAM), and a 4 percent increase in the March projection was already observed.[3]

11. The WFP model and mVAM findings are supported by country-specific assessments conducted by Ministries of Agriculture of respective countries, FEWS NET remote monitoring, and other partners. Households with families directly affected by Ebola will face below-average incomes and production, and have difficulty accessing food due to quarantine and stigma. But more widely, the food security situation for market-dependent and farming households in areas affected by Ebola is anticipated to further decline over the coming months given low wages and reduced demand for labour, reduced income from crop sales, market disruptions, and seasonal depletion of household stocks.[4] All analyses underscore the need to look beyond the immediate health impacts.

12. According to the FAO/WFP Crop and Food Security Assessments conducted in each of primary affected countries, the total loss of food crops amounts to approximately USD 89 million, with estimated reductions in cereal production of 3 percent for Guinea, 8 percent for Sierra Leone and 12 percent for Liberia. Assessments underscore that containment measures (market closure, border closure and movement restrictions) have seriously disrupted marketing of goods including agricultural commodities and have led to decline in trading activities at national and regional levels.[5]

13. There is growing concern about the nutrition situation of vulnerable women and children in the three affected countries. Prior to the outbreak, latest national nutrition data showed rates of global acute malnutrition among children aged 6–59 months as follows: 9.6 percent in Guinea (2012), 6.2 percent Liberia (2012), and 4.8 Sierra Leone (2014).[6] Today, access to quality nutritious foods is reduced and the availability and uptake of health and nutrition services has been perturbed due to the disruption of the health system and fear and misunderstanding surrounding the disease; with the "no-touch" policy currently in place, identification of acute malnutrition cases at community and health facilities is a challenge.

[2] WFP, *Regional mVAM bulletin – Ebola,* November 2014 and December 2014.
[3] WFP, *Special focus Ebola – estimating the impact of Ebola on food security in Guinea, Liberia and Sierra Leone,* November 2014.
[4] FEWS NET, *Guinea Liberia and Sierra Leone Special Report,* 27 November 2014 ; Ministry of Agriculture of Liberia/FAO/WFP, *Findings of the Joint Rapid Food Security Assessment – impact of EVD on Food Security in Liberia,* November 2014.
[5] FAO/WFP, *FAO/WFP crop and food security assessment – Sierra Leone,* December 2014; FAO/WFP *FAO/WFP crop and food security assessment – Liberia,* December 2014 ; FAO/WFP *FAO/WFP crop and food security assessment – Guinea*, December 2014.
[6] Guinea *Demographic and Health Survey*, 2012; Liberia *Demographic and Health Survey.* 2012 ; Sierra Leone *SMART survey*, 2014.

Since March, the number of moderately acute malnourished children aged 6–59 months in WFP-supported nutrition feeding centres in Guinea has declined by more than one third.

14. Beyond the nutrition situation, a September 2014 psychosocial and protection study in Guinea observed that 28 percent of children from a household directly affected by Ebola would be orphans exposed to high protection risks.[7] Recent partner discussions across the three countries underscore the growing numbers of orphans and abandoned children due to stigma and fear surrounding the disease.

Purpose of Extension and Budget Increase

15. The budget revision reviews the modalities and beneficiary estimates under the current *care* and *contain* pillars. Specifically the revision provides for food and nutrition support to community level care centres for earlier testing and/or treatment; reviews the package of assistance to patients and survivors in line with latest nutrition guidelines;[8] and increases support to contact tracing. Within these pillars, WFP is also introducing specially designed approaches to adapt to the specific operating environment in each country and to better support surrounding communities, including: working with local caterers and women cooks to prepare patient meals; complementing nutritious in-kind food products with cash or vouchers for the inclusion of fresh foods in patient meals; providing mobile phones to survivors for follow up mobile cash transfers during their recovery; and leveraging existing farmer networks in countries to procure surplus commodities for the food response.

16. While maintaining the primary focus on *care* and *containment*, the budget revision also introduces a third *transition* pillar, to mitigate a more severe depletion in the capacity of vulnerable Ebola-affected communities to withstand and recover from the crisis. As demonstrated by the latest food security monitoring and assessments, the cost of inaction is high: market disruptions become prolonged, household purchasing power is further reduced as daily labour is not catalysed, and the ability of households to pay labour and invest in the upcoming irrigated and (later rain-fed) planting seasons is put at risk. The *transition* pillar therefore proposes an initial injection of cash (where appropriate) that will kick-in once an area of widespread and intense transmission is declared Ebola-free by health authorities; geographic targeting will be overlaid with the latest food security analysis derived from mVAM and other sources to prioritize those areas made most vulnerable as a result of Ebola.[9]

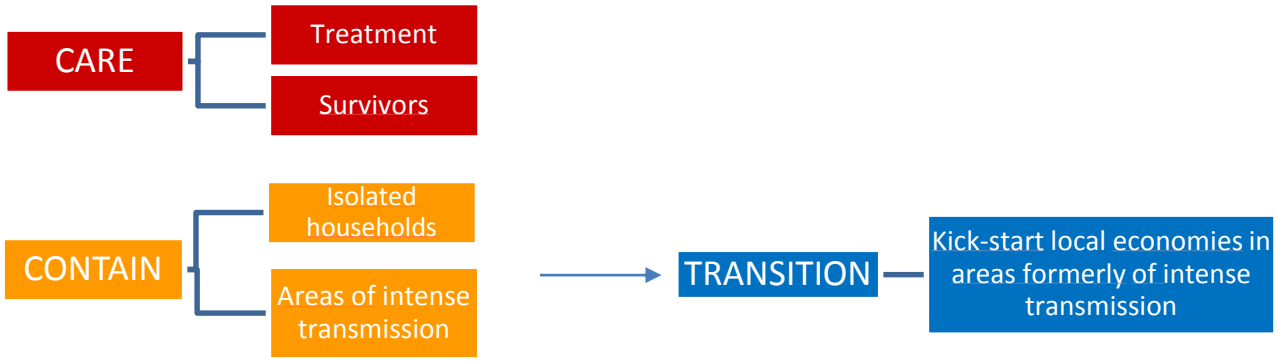
17. Under all pillars (*care, contain,* and *transition)* WFP has reinforced assistance packages to provide improved nutrition support with particular focus on young children and women of reproductive age. The aim is to mitigate deterioration of the nutrition status given disruption to traditional sources of consumption and the perturbation of health and nutrition treatment services. This approach is in line with the UNICEF/WFP joint nutrition strategy in response to the Ebola crisis in West Africa (December 2014).

[7] UNICEF/Red Cross/Ministère de l'action sociale, de la promotion féminine, et de l'enfance, *Rapport sur les besoins psychosociaux et de protection des enfants et des ménages des zones affectes par l'épidémie Ebola en Guinée,* September 2014.

[8] WHO/UNICEF/WFP, *Interim guideline Nutritional Care in Adults and Children infected with Ebola Virus Disease in Treatment Centres*, October/November 2014.

[9] It is likely that the *transition* response will be primarily directed to rural areas, as mVAM data thus far suggests Ebola's impact on food security is more severe in these rural areas than in the urban areas where market functioning continues and can rebound more swiftly.

Figure 1 – Revised conceptualization of EMOP



18. Throughout the EMOP, WFP will continue to work with partners to collect food security data and monitor markets to build the knowledge base required for a shift to livelihoods recovery and resilience once the health crisis is controlled. Towards more nuanced data collection and sensitive programming, WFP commits to working with civil society (academic institutions) and technical partners to refine assessment and monitoring tools and better capture the gender and social dynamics of the outbreak – including the breakdown of traditional community farming and support mechanisms, the influence on gender roles in affected communities, and the impact of stigma on food security.[10]

[10] The joint rapid food security assessment in Liberia underlines how "fear" impacted the overall economic activities. See also Ministry of Agriculture of Liberia/FAO/WFP *Findings of the Joint Rapid Food Security Assessment – impact of EVD on Food Security in Liberia*, November 2014

TABLE 1: BENEFICIARIES BY COMPONENT AND COUNTRY

Pillar	Category of beneficiaries	Current Approved				Revised totals for BR period (Jan - May 2015)				TOTAL REVISED (Aug 2014 - May 2015)[11]			
		Guinea	Liberia	Sierra Leone	Total	Guinea	Liberia	Sierra Leone	Total	Guinea	Liberia	Sierra Leone	Total
CARE	Treatment (Patient ETU/CCC)	1 000	11 950	3 000	**15 950**	25 020	30 000	12 800	**67 820**	25 820	37 400	15 200	**78 400**
	Treatment (Caretaker – staff/family)	N.A.	N.A.	N.A.	**0**	805	29 150	8 000	**37 960**	805	29 150	8 000	**38 000**
	Survivors	1 351	5 975	1 500	**8 826**	1 260	4 320	3 840	**9 420**[12]	2 340	8 000	5 040	**15 390**
	Survivor household	0	0	0	**0**	6 300	21 600	19 200	**47 100**	6 300	21 600	19 200	**47 100**
CONTAIN	Persons in areas of intense transmission	351 058	393 490	598 485	**1 343 033**	589 000	315 000	658 000	**1 562 000**	823 000	577 300	1 057 000	**2 457 300**
	Isolated persons	0	60 000	0	**60 000**	25 200	252 000	64 000	**341 000**	25 200	289 000	64 000	**378 200**
TRANSITION	Persons in areas formerly of intense transmission	0	0	0	**0**	441 750	236 250	312 500	**990 500**	441 750	236 250	312 500	**990 500**
	Orphans	0	0	0	**0**	2 700	2 500	1 050	**6 250**	2 700	2 500	1 050	**6 250**
TOTAL without duplication		**352 058**	**405 440**	**601 485**	**1 358 983**	**642 725**[13]	**628 650**[14]	**743 860**[15]	**2 015 235**	**877 560**	**935 350**	**1 145 250**	**2 958 150**

[11] **Note on "Persons in areas of intense transmission" and "Totals":** The majority of persons within these communities of intense transmission are likely to receive one month's rations, as the virus shifts to new areas. Of the total beneficiaries in areas of intense transmission (August 2014 – May 2015), 40 percent are anticipated to be assisted for a longer period through a transition phase. **Note on "transition":** The caseload reflects projections of the impact of the virus on food security. In a low case conservative scenario, mid-November projections were that by March, 780,000 persons would be newly food insecure due to Ebola, already a 4 percent increase from the previous month's projections. Given the geographic evolution and scale of the virus and the latest findings on the impact on household coping capacity and food security, it is likely that the projected figures will continue to increase.

[12] Survivors represent on average 50–60 percent of patients in ETUs only (not CCCs, where for the most part the community center is as more of a testing/triage center).

[13] Guinea: 444,895 persons (without duplication) assisted with a mix of food and cash/voucher support: vouchers for patient meals, cash to survivors, and cash to support transition.

[14] Liberia: 283,160 persons (without duplication) assisted with a mix of food and cash support: cash top-up for patient meals, cash to survivors, and cash to support transition.

[15] Sierra Leone: 120,425 persons (without duplication) assisted with a mix of food and/or cash support: cash top-up for patient meals, cash to survivors, and cash to support transition.

CARE

19. WFP will continue to support treatment activities in larger-scale Ebola treatment units (average 100 beds per unit) and community-based care centres (average 8-10 beds each) across the three countries. As per latest nutrition guidelines, three cooked meals in addition to snacks should be provided; foods should be palatable and attractive, nutrient dense, and easy to ingest; snacks should carry limited risk of bacterial contamination if kept at bedside for several hours. In treatment units, each patient is expected to require meals over a two to three week period, while in small community care centres the average duration is two to three days per patient during testing and triage. WFP works with UNICEF to coordinate parallel inputs, including therapeutic milk and water. The modality of assistance varies per country, adapted to the context and capacities of partners and Governments:

- ***Guinea***

    a. Electronic voucher cards are provided to the health operators managing the treatment units, who will use the vouchers to redeem hot meals for patients. Meals are pre-defined, following menus developed in consultation with Alima and MSF. The number of meals redeemed per day will correspond to the number of patients (and their accompanying family members). The hot meals are prepared and delivered by a local catering company identified by WFP; the company will be provided with in-kind special nutrition products. The cost of the meals has been jointly established by the catering company with WFP.

    b. In community care centres (called CTCOM in Guinea), which are smaller-scale and more remote, WFP will provide the full in-kind basket required to cover patient and staff meals, and work with partners and communities to establish committees for preparation of meals modelled after experience with school canteen programmes.

- ***Liberia***

    a. In Liberia WFP will provide the full in-kind basket (including Super Cereal and Plumpy'Sup) to Government-contracted caterers for the preparation of meals to Ebola treatment units; caterers will prepare two separate meal plans, one for patients and the other for health staff caretakers.

    b. In-kind food will also be provided in community care centres where WFP and partners will cooperate with local communities and women's groups for the preparation of meals. Meals in community care centres will support patients, accompanying family members, and staff; there will be one meal plan, for which WFP will provide all in-kind food in addition to a top-up cash input for the purchase of complementary fresh foods and condiments.[16]

- ***Sierra Leone***

    a. Because community care centres in Sierra Leone also serve as treatment centres, the same basket and duration of assistance[17] is planned for both Ebola treatment units and community care centres. WFP will provide an in-kind basket (including Super Cereal and Plumpy'Sup) and additional cash to purchase local fresh foods to complement the basket; both staff and patients will benefit. Meals in treatment units and community care centres will support patients and staff.

[16] In ETUs, this complementary cash input is covered by the Government through its contract with the catering company.

[17] This different policy is reflected in the lower number of beneficiaries anticipated for treatment: in Sierra Leone persons in community care centres are assisted two to three weeks, while Liberia and Guinea centres anticipate two to three days of assistance during triage (hence a higher turnover of beneficiaries).

20. Ebola leaves survivors extremely weakened and undernourished. They have lost the means for maintaining livelihoods during treatment and will require time to recover. Stigma surrounding the disease further increases the vulnerability of survivors and their households. Upon discharge, WFP will provide survivors and their households[18] with an enhanced assistance package for the first 30 days, consisting of a 30-day household ration of Super Cereal and fortified vegetable oil to ensure consumption of fortified foods and a 30-day household cash ration with value equivalent value to a full food basket. A mobile phone will also be provided through which WFP will be able to transfer two consecutive monthly cash transfers for a planned total of 90 days of cash support to survivor households. As survivors are spread throughout the country and often located far from the releasing treatment centres, cash offers a discreet alternative to an in-kind food ration. Subsequent mobile transfers will enable WFP to not only provide ensuing food assistance but also direct follow-up with the former patient. Under the leadership of governments and the United Nations Mission for Ebola Emergency Response (UNMEER) framework, WFP is coordinating with line ministries and partners to define and ensure a full package for survivors that includes both non-food items and psychosocial support.

21. If the survivor is a child aged 6–59 months, a two-month moderate acute malnutrition treatment will be provided (Plumpy'Sup). This is a precaution considering the reduced functioning of nutrition treatment centres – where nutrition treatment activities are functioning well, UNICEF and WFP work with partners under the regional nutrition framework for referral of acute malnourished children.

CONTAIN

22. Food assistance aims to support containment by ensuring household food needs, thereby helping to reduce unnecessary movements and limit exposure risks. Because ensuring sufficient quality and quantity of foods is critical, the WFP food basket is reinforced with Super Cereal for all household members; to mitigate deterioration of nutrition status and malnutrition risk for young children, a ration of Super Cereal Plus will be provided to each household, assuming an average of one child aged 6–59 months per home.

23. The rapidly changing locus of the virus requires flexibility and rapid response in planning and implementing assistance programmes. WFP food must follow the health response, and ensuring accurate and timely receipt of information on new hotspots is critical; rapid response teams are being developed with Governments and partners to enable speedy identification and alerts.[19] Assistance is initially provided for one month, with further deliveries implemented on request of the Government and health partners if the area continues to be classified as one of widespread and intense transmission. Distribution of assistance is undertaken in collaboration with nongovernmental organizations, Red Cross Societies and governments. Where capacity is limited, WFP contracts independent distribution teams to work alongside partners for distribution. All activities are undertaken in line with latest Ebola-specific distribution guidelines and procedures developed with WHO,[20] and partners are provided the necessary personal protection equipment, hygiene materials, and health equipment (including thermometers) required for safe distribution.

24. In recent months, governments and partners have been working to strengthen contact tracing. Where requested, WFP provides food support to isolated/traced/quarantined households

[18] Assumes five family members per survivor.
[19] Criteria for defining an area of widespread and intense transmission varies per country, and per scale of area of concern. Criteria is established through national Ebola response committees in collaboration with health partners.
[20] WFP, *Standard operating procedures for a food distribution in an Ebola environment with health mitigating measures*, 29 October 2014; WFP, *Standard operating procedures – Personal protective equipment (PPE) for warehouse and food distributions*, 27 October 2014.

(terminology depends on policy of countries).[21] Delivering to this group is time consuming and costly, as it requires preparation and delivery of individual packages of assistance. Isolated households receive the same ration as households in areas of widespread and intense transmission.

25. To better measure the impact of food support during the containment period, the budget revision proposes an addendum to the currently approved logical framework. Specifically, an indicator to understand the proportion of assisted communities that perceive provision of food helped them reduce unnecessary or risky movements they during the period of high virus transmission. This project-specific indicator will be measured through focus group discussions where the health and security context allows.

TRANSITION

26. The transition phase will kick-in once an area formerly categorized as widespread and intense transmission is declared Ebola-free by health partners and authorities. The primary entry point for assistance remains Ebola; geographic targeting is then overlaid with food security analysis to prioritize communities most vulnerable after Ebola and mitigate a further deterioration of food security. Within targeted communities, all households will benefit from a hybrid in-kind and/or cash food support. Beyond the primary objective (food security), inputs will help kick-start livelihood activities while stimulating markets. For most affected communities, blanket assistance will avoid the further stigmatization of directly affected households if only they were targeted. This approach will be maintained until a more in-depth understanding of the socioeconomic dimensions of the crisis develops.

27. Households will receive a half ration (food, cash, or a mix) to ensure a minimum safety net until normal economic activities resume, and until a more in-depth food security and sociological analysis can be conducted to develop a new programmatic model. Provision of a half ration reduces risks of creating competition within the labour market and mitigates dependence on assistance; this is particularly pertinent considering that demand for labour in the three countries is traditionally at its peak from March, in preparation for the planting season. WFP will remain flexible, and additional targeted support may be required on a case-by-case basis. Across all three countries, WFP will continue to provide Super Cereal Plus for children aged 6–59 months, assuming one child of target age range per household, until provision of and attendance in nutrition treatment services resumes and/or updated nutrition data points to a stabilized situation.

28. Selection of the most appropriate modality will depend on market functioning, cost efficiency, and livelihood zones. The hybrid approach proposed is adapted to the context and ensures flexibility to shift where required. The most affected zones remain unpredictable and beneficiaries are dispersed, and the provision of food, cash, or both allows WFP operations to remain agile. Once the context settles and priority areas are more targeted, vouchers may be considered more suitable and agreements with retailers and financial service providers could be drawn up. Where food is provided, WFP commits to working with existing traders and small-farmer networks to procure locally-produced surplus stocks.

29. Assistance will be provided for a maximum of four months under the current EMOP period. An average duration of two months transition support is anticipated per targeted community.

    - ***Guinea:*** WFP will provide a mix of food and cash to all households. A half ration of in-kind cereal will be provided, as this is the most costly portion of the food basket. The remainder of the ration will be provided in cash through implementing partners, with potential to shift to mobile transfer modalities.

[21] In Liberia, there is increased focus on contact tracing, as indicated by beneficiary caseloads.

- ***Liberia:*** WFP will provide the equivalent cereal value in cash, and the remainder of the half-ration WFP food basket in-kind, considering availability of locally produced cereals in anticipated target areas. Implementing partners will manage both in-kind deliveries and cash assistance.
- ***Sierra Leone:*** WFP will provide either food (60 percent of households), or cash (40 percent) depending on supply and market capacity. As the context remains extremely fluid, WFP retains its flexibility and could modify the approach and proportionality of transfer modalities over the period.

30. Collaboration with community sensitization campaigns is crucial to support resumption of normal activities and mitigate longer-term negative social and economic impacts of Ebola. Anticipated target areas are largely rural farming areas, and coordination with FAO and other food security partners will be important to equip communities to invest in production.

31. Responding to requests of governments and partners, WFP also commits to provide food to orphans identified for assistance by protection working groups, UNICEF, and partners. Rations plan for 1,800 kcal per person per day and include Super Cereal porridge to ensure sufficient micronutrient intake.

TABLE 2: REVISED DAILY FOOD RATION/TRANSFER BY ACTIVITY, COUNTRY, AND TARGET GROUP

Pillars	**CARE**							**CONTAIN**	**TRANSITION**				
Population Group	**Treatment**						**Survivors**	**Areas of intense transmission; Isolated persons**	**Transition**				**Orphans**
Country	***Guinea***		***Liberia***			***Sierra Leone***	***All***	***All***	***Guinea***	***Liberia***	***Sierra Leone***		***All***
Target Group	ETUs Patients/ caretakers	CTCOMs Patients/ caretakers	ETUs Patients	ETUs Caretakers	CCCs Patients/ caretakers	ETU/CCC Patients/ Caretakers	Survivors + HH	All	All	All	HHs in areas where food more appropriate	HHs in areas where cash is more appropriate	All
What (g/p/day)	Voucher + Specialized foods	In-kind + Specialized foods	In-kind + specialized foods	In-kind	In-kind + specialized foods + cash top-up	In-kind + specialized foods + cash top-up	Specialized foods + cash	In-kind + specialized foods	Mix food/cash + *Specialized foods (ch 6-59 mos)*	Mix food/cash + *Specialized foods (ch 6-59 mos)*	In-kind + *Specialized foods (ch 6-59 mos)*	Cash + *Specialized foods (ch 6-59 mos)*	In-kind + Specialized foods
Cereals		200	200	400	200	200		400	200		200		300
Pulses		30	30	60	30	30		60		30	30		50
Vegetable Oil		25	25	25	25	25	12.5	25		12.5	12.5		25
Salt				5				5		2.5	2.5		5
Supecereal	250	250	250	60	250	250	60	60		30	30		60
Supercereal+								*(child 6-59 mos: 100g)*	*(child 6-59 mos: 100g)*	*(child 6-59 mos: 100g)*	*(child 6-59 mos: 100g)*	*(child 6-59 mos: 100g)*	
PlumpySup	92	92	92		*(Patients only: 92g)*	*(Patients only: 92g)*	*(survivor child 6-59 mos: 92g)*						
Cash/voucher *(USD/p/day)*	Voucher: 9.50				0.7	0.5	GUI: 0.467 LIB: 0.567 SIL: 0.50		0.167	0.199		0.25	
Number of feeding days over duration of BR (Jan - May)	Patients: 18 Caretaker (family): 18	Patients: 3 Caretaker (staff): 150	Patients: 18	Caretaker (Staff): 150	Patients: 3 Caretaker (family): 3 Caretaker (Staff): 150	Patients: 18 Caretaker (Staff): 150	HH food: 30 HH cash:90 *Survivor child: 60*	Areas of transmission: average 30 (max 60-90) Isolated: average 30	Average 60 (max 120)	Average 60 (max 120)	Average 60 (max 120)	Average 60 (max 120)	150

FOOD REQUIREMENTS

32. Rations outlined in Table 2 consider latest nutrition guidelines and Government policies, capacities of cooperating partners (including health staff, caterers, and cooks), and parallel inputs provided by Governments and/or partners. WFP retains its flexibility and could modify the rations and modalities over the operation as may be required and/or requested.

33. The budget revision introduces requirements for two new nutritious products (Super Cereal Plus and Plumpy'Sup) as well as cash and vouchers, as outlined in the document.

TABLE 3: FOOD/CASH ADDITIONAL REQUIREMENTS BY COUNTRY (January – May 2015)

	Guinea	Liberia	Sierra Leone	Total
Cereals	13 133.39	591.91	7 852.47	21 577.77
Pulses	1 176.88	515.91	1 178.66	2 871.45
Vegetable oil	494.14	219.93	515.34	1 229.41
Salt	98.25	42.96	94.84	236.05
Super Cereal	1 212.29	540.07	1 515.08	3 267.44
Super Cereal Plus	1 252.02	812.70	1 203.01	3 267.73
Plumpy'Sup	12.53	26.89	22.26	61.68
HEB	(45.00)	-		(45.00)
Total mt	**17 334.50**	**2 750.37**	**12 381.66**	**32 466.53**
Cash/voucher (*USD*)	**5 176 992.90**	**3 979 183.32**	**3 068 790.00**	**12 224 966.22**

34. Operating and support costs budgeted in the revision reflect the increasingly complex nature of the operation and innovation required to properly implement and monitor the EMOP in a manner that is safe for staff and beneficiaries alike. In particular:

- Special measures in place to protect staff – including deployment of health advisors and the personal protection and hygiene equipment recommended in the WFP/WHO safe distribution guidelines amended in November to already integrate feedback and lessons learned;
- Additional field staff required to implement distributions alongside partners where partner capacity is limited, and to monitor activities;
- Purchase of mobiles phones for survivors leaving health centres to allow for more discreet follow-up support and mitigate exacerbating the stigma and protection risks for this particularly vulnerable group; and
- Technical support to continue and expand remote/mobile data collection initiatives, and planned collaboration to introduce socio-anthropological and gendered analysis into WFP assessment tools.

Hazard / Risk Assessment and Preparedness Planning

35. As the Ebola crisis rapidly evolves, so does the operating environment. Risks identified in the original EMOP and subsequent budget revisions are in some cases already being addressed; for example: establishment of independent distribution teams in the absence of sufficient partner capacity; development of rapid response teams to ensure quick

feedback on new hotspots; scale up of human resource expertise on the ground; development of distribution guidelines, provision of protection and hygiene equipment and deployment of health advisors to support safe distribution; and successful roll-out of mobile/remote data collection to monitor the evolving food security situation.

36. Other risks remain valid: fear and misinformation surrounding the virus is contributing to tensions and risks for partners perceived as involved in the medical response. Continuing to work alongside sensitization teams is therefore critical, coordination remains a challenge at district level, and ensuring flexible and timely resources is critical for WFP capacity to adapt rapidly to the evolving outbreak. The revised operation introduces new tools (cash, voucher, and mixed rations). WFP will continue monitoring markets closely and work with in-country cash partners to adjust transfer values as required. The hybrid approach allows flexibility to ensure appropriateness of rations, and to shift between modalities where necessary. Impact of WFP activities on containment and care is linked to capacity of partners and counterparts to also ensure complementary inputs, including community information/sensitization campaigns on mitigating risks, de-stigmatization, and non-food items, including water. There is high global attention to the crisis at present, but maintaining attention and resources for the eventual shift to livelihoods recovery and the re-opening of safe schools and nutrition treatment programmes will be critical.

37. WFP is conducting a real-time management exercise to highlight challenges encountered since the onset of the response, innovative approaches used to adapt, key achievements, and remaining residual risks. The exercise will contribute to updating the risk register and further define mitigation actions.

Approved by:

_____	_____
Ertharin Cousin	José Graziano da Silva
Executive Director, WFP	Director-General, FAO
Date: ……..	Date: ……..

Annex I-A

PROJECT COST BREAKDOWN			
	Quantity ***(mt)***	**Value** ***(USD)***	**Value** ***(USD)***
Food Transfers			
Cereals	21 578	11 674 362	
Pulses	2 871	1 910 013	
Oil and fats	1 229	1 225 296	
Mixed and blended food	6 552	6 963 089	
Others	236	50 000	
Total Food Transfers	32 467	**21 822 760**	
External Transport		**2 463 383**	
LTSH		**6 528 195**	
ODOC Food		**3 820 362**	
Food and Related Costs [22]			**34 634 700**
C&V Transfers		**12 224 966**	
C&V Related costs		**1 563 381**	
Cash and Vouchers and Related Costs			**13 788 347**
Capacity Development & Augmentation			**-**
Direct Operational Costs			48 423 047
Direct support costs (see Annex I-B)			**10 328 355**
Total Direct Project Costs			58 751 402
Indirect support costs (7,0 percent)[23]			**4 112 598**
TOTAL WFP COSTS			**62 864 000**

[22] This is a notional food basket for budgeting and approval. The contents may vary.
[23] The indirect support cost rate may be amended by the Board during the project.

Annex I-B

DIRECT SUPPORT REQUIREMENTS (*USD*)	
WFP Staff and Staff-Related	
Professional staff *	3 906 735
General service staff **	425 640
Danger pay and local allowances	344 213
Subtotal	**4 676 589**
Recurring and Other	**2 091 371**
Capital Equipment	**1 501 735**
Security	**87 260**
Travel and transportation	**1 181 927**
Assessments, Evaluations and Monitoring[24]	**789 473**
TOTAL DIRECT SUPPORT COSTS	**10 328 355**

* Costs 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 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

[24] 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 Revised Logical Framework of EMOP

Cross-Cutting Results and Indicators	
Results	**Indicators**
I. Gender equality and empowerment improved	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%* ➢ Proportion of household were males make decisions over the use of cash, voucher or food; • *Baseline: Guinea, Liberia and Sierra Leone: TBC* • *Target: 20%* ➢ 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 %*
II. WFP assistance delivered and utilized in safe, accountable and dignified conditions	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%* 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%*
III. Food assistance interventions coordinated and partnerships developed and maintained	III.1 Proportion of project activities implemented with the engagement of complementary partners; • *Target: 80%* III.2 Number of partner organizations that provide complementary inputs and services; • *Target: 50%*

Strategic Objective 1: Save lives and protect livelihoods in emergencies		
Results	**Performance Indicators**	**Risks and assumptions**
OUTCOME 1.1 Stabilized food consumption over assistance period for beneficiaries of GFD in the EVD affected areas	➢ 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) ➢ 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) ➢ Diet Diversity Score (male-headed households); • *Baseline*: Guinea, Liberia and Sierra Leone: tbc • *Target*: DDS improved ➢ Diet Diversity Score (female-headed households); • *Baseline*: Guinea, Liberia and Sierra Leone: tbc • *Target*: DDS improved ➢ rCSI: reduced Coping Strategy Index • *Baseline:* Guinea, Liberia, Sierra Leone: tbc • *Target:* CSI of 80% of targeted households is reduced or stabilized	- Further outbreak, containment measures, and/or security incidents do not prevent implementation of activities in a large of part of the project area - Government and partners are able to provide complementary activities to meet beneficiary NFI, hygiene, watsan and other needs to support efforts to care for and contain the virus - Delivery of goods are not hampered by border closures, roadblocks, disruption to regular private transport service, and rains - Community sensitization is implemented in area of widespread and intense transmission to support efforts to contain the virus and reduce stigma - The health and security situation allows for field based monitoring activities and/or sufficient resources (human, financial, technology) secured in time to allow for development of monitoring through mobile phone (mVAM) initiative - Sufficient resources from donors received early enough to allow for timely purchase and delivery of foods in a context where lead-time is compounded by disruptions to local markets and regional supply routes.
Outcome 1.2 (Project specific) Reduced risk of contamination of Ebola virus disease (EVD) over assistance period for people living in areas of widespread and intense transmission	➢ Percentage of assisted communities that reported reduced unnecessary movements thanks to WFP's food assistance in period of widespread and intense transmission • *Baseline: Guinea, Liberia and Sierra Leone: tbc* • *Target: 80%*	
OUTPUT 1.1&1.2 Food and non-food items distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries in EVD affected countries	➢ Number of women, men, boys and girls receiving food assistance (disaggregated by activity, beneficiary category, sex, food, non-food items) as % of planned ➢ Quantity of food assistance distributed, as % of planned distribution (disaggregated by type of commodity) ➢ Quantity of non-food items distributed, as % of planned distribution (disaggregated by type) ➢ Number of institutional sites assisted (e.g. treatment centres.), as % of planned	

ACRONYMS USED IN THE DOCUMENT

CCC	community care centre
CTCOM	*centre de transit communautaire*
EMOP	emergency operation
ETU	Ebola treatment centre
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning Systems Network
HH	households
IR-EMOP	immediate response emergency operation
MSF	*Médecins Sans Frontières*
mVAM	mobile vulnerability assessment and mapping
UNICEF	United Nations Children's Fund
UNMEER	United Nations Mission for Ebola Emergency Response
WHO	World Health Organization

Annex IV – LTSH matrix

Annex V – Project budget plan

Annex VI – Project statistics