

BUDGET INCREASE No. 4 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:** 31 May 2015

Extension period: 4 months **New end date:** 30 September 2015

Total revised number of beneficiaries	3,358,709		
<i>Additional beneficiaries - ebola contingency</i>	8,509		
Duration of entire project	13 months		
Extension period	4 months		
Gender market code			
Total revised food tonnage (mt)	139,946		
Total revised cash/voucher transfer (US\$)	14,247,369		
Cost (United States dollars)			
	Current Budget	Increase	Revised Budget
Food and Related Costs	\$135,313,475	\$7,457,472	\$142,770,947
Cash and Vouchers and Related Costs	\$13,788,347	\$2,622,411	\$16,410,758
Capacity Development & Augmentation	-	-	-
DSC	\$27,657,990	\$7,677,127	\$35,335,117
ISC	\$12,373,187	\$1,242,991	\$13,616,178
Total cost to WFP*	\$189,133,000	\$19,000,000	\$208,133,000

* Individual values are rounded; totals are aligned with amounts in budget.

NATURE OF THE INCREASE

1. Budget revision number four of the West Africa Emergency Operation 200761 (EMOP) proposes to extend the operation in time through September 2015 in line with the WFP extended Level 3 declaration, a reflection of the continued presence of virus. The revised operation maintains its focus on the outbreak and its impacts, recognizing that these impacts go beyond the virus itself and extend to livelihoods and access to basic services.
2. WFP capacity to support health efforts to care for and contain the ebola virus disease (EVD) is maintained. In parallel, severely food insecure ebola affected communities and ebola-driven vulnerable groups (survivors, orphans) will benefit from short-term support through the lean season given the impact of the virus on household food availability and access. Over the course of the revision period, in-country development operations (Country Programmes – CP) are gradually resumed and expanded to ensure complementary longer-term initiatives.
3. Over the course of the revised EMOP, WFP will work with partners to: collect updated nationwide food security and nutrition data to inform targeting and follow-up recovery programmes; build on tools scaled up under the EMOP including local purchase and cash transfers; and strengthen linkages within WFP programmes and across partners to reinforce

impact of coordinated interventions. Combined, these initiatives will help WFP build a new programme portfolio in each of the three countries post-EVD.

4. Specifically, the budget revision to EMOP 200761 will:
 - Support 1.33 million persons between June-September 2015, increasing the total beneficiaries under the EMOP to 3.36 million (accounting for duplication);
 - Ensure a contingency for *care* and *contain* activities in case of further EVD micro-outbreaks beyond July 2015, representing 8,509 additional beneficiaries; and
 - Increase overall requirements under the EMOP by US\$ 19 million.

JUSTIFICATION FOR EXTENSION-IN-TIME AND BUDGET INCREASE

Summary of Existing Project Activities

5. As the ebola outbreak increased exponentially, in August 2014 WFP was requested by the World Health Organization (WHO) to support the health response by ensuring access to food for people in treatment centers and for EVD-risk households and communities.
6. The uniqueness of the crisis and the rapid evolution of the outbreak and its corresponding global health response has required that the EMOP be planned and implemented with the utmost flexibility. Between September and December 2014 WFP carried out three budget revisions: the first (September) refined beneficiary groups and developed specialized rations for persons in treatment or upon discharge; the second (October) extended the timeframe of the operation and reinforced assessment plans; and the third (December) extended the timeframe and expanded activities in recognition of the wider impacts of ebola by introducing follow-up cash support to ebola survivor households, nutrition care for ebola orphans, and short-term food/cash transfers to communities graduating from the virus but requiring an injection of assistance to kick-start recovery of livelihoods and markets.
7. Alongside the EMOP, WFP manages Special Operation 200773, enabling the global community's response by providing logistics support, supply chain, infrastructure development, emergency telecommunications, and humanitarian air services. In April 2015, the Special Operation was revised to: extend through December 2015 and support continuation of health efforts during the rainy season; adapt for the phase out of the United Nations Mission for Ebola Emergency Response (UNMEER); integrate a new partnership with WHO to support sub-district efforts to get to zero; and support national counterparts in building their capacity and preparedness for future such emergencies.
8. With the disruption of basic services, in the summer of 2014 parallel school meal, livelihoods, and nutrition activities under in-country CPs were put on hold.¹ In the first half of 2015, activities have begun to gradually resume – though at a different pace across the countries; targeting of activities is being updated to account for EVD impact. Combined, the WFP programmes represent a package of interventions, which aims to address the interplay between the acute EVD shock (EMOP) and structural vulnerabilities (CPs), in line with national government priorities.

Conclusion and Recommendations of the Re-Assessment

9. As of 20 May 2015, there have been a total of 26,933 confirmed, probable and suspected EVD cases reported in Guinea, Liberia and Sierra Leone – with 11,120 reported deaths (the

¹ With the exception of a small nutrition component for people living with HIV/AIDS under the Sierra Leone Country Programme. Where feasible, WFP was able to continue work with partners under Purchase for Progress programmes in Sierra Leone and Liberia, and activities under bilateral projects linked to rice production (though at lesser extent than planned following ban on group training and work activities). Protracted Relief and Recovery Operation in Liberia continued throughout the ebola crisis, ensuring support to refugees.

outcomes for many cases are unknown). The health situation in both Guinea and Sierra Leone remains mixed: though case numbers are down and geographical coverage has concentrated since the peak of transmission several months ago, in both countries cases continue to be confirmed after post-mortem testing and around half of all new cases arise in people not identified on contact lists; the second half of May saw an increase in case numbers and geographical spread. As of May 2015, the two governments maintain states of health emergency and campaigns to sensitize and contain the virus are ongoing. On 9 May 2015, WHO declared Liberia ebola-free, all the while calling for continued vigilance given the ongoing risk in neighbouring countries.²

10. In 2014, the health crisis quickly escalated into an economic crisis. Recent studies by the United Nations Development Programme (UNDP) reveal that between 2014 and 2016, poverty rates in the three countries could increase on average between 7.2 – 16 percent.³
11. The first months of 2015, showed some positive development for household coping capacity: the main harvest, which took place between September-December 2014 allowed for improved food availability; land preparation activities allowed poor households to generate some seasonal labour income; off-season cropping support some additional food availability; and generally most food items are available on the markets and markets are functioning.⁴
12. Notwithstanding, there remain important food security concerns in the short-term as a result the ebola crisis. Analysis of preliminary findings from recent Joint Emergency food security assessments (EFSAs) in the three countries is ongoing⁵. Early data suggests that overall food insecurity in the three countries today is similar to pre-crisis levels (with Sierra Leone reporting highest burden of severely food insecure); importantly, assessments also underscore that across the three countries localized pockets of increased food insecurity are observed due to disruptions to 2014 planting and harvest activities due to the outbreak.⁶ According to the December 2014 Crop and food security report, an 11.6 percent decrease in rice production was observed in Liberia, 8 percent in Sierra Leone, and 3.7 percent in Guinea; localized losses were higher in some counties, such as Lofa, Liberia where 20 percent decreased is observed and Kailahun, Sierra Leone (17 percent decrease in rice production).⁷ Preliminary EFSA results from the three countries observe high numbers of respondents reporting low levels of food stocks, indicating an early and difficult lean season for the most affected.
13. Indications of an early lean season is supported by Famine Early Warning System (FEWSNet) and key informant feedback. By end April, food security indicators had begun to deteriorate ahead of the lean season.⁸ Household purchasing power is anticipated to be the key obstacle to food security during the 2015 lean season (June-September). Income opportunities, already a challenge in the pre-ebola context, have been further constrained as a result of the outbreak: though agricultural activities and associated labour opportunities are ongoing, traders and informants report opportunities compared are below normal; income from other sources (including petty trade) and employment rates in urban and rural areas are below average; and the livelihoods of households relying on hunting and trade of bush meat

² WHO, *Ebola situation report*, 20 May 2015.

³ UNDP, *Recovery from the ebola crisis – Ebola recovery assessment*, January 2015.

⁴ FEWSNet *Special Report – Poor purchasing power will continue to limit food access through September*, April 2015; Cadre Harmonise, March 2015; WFP/FAO/FEWSNet/Governments, *Joint market assessments – Guinea, Liberia, Sierra Leone*, February 2015; ACAPS, *Multi-sector needs assessment (key informant assessment) – Liberia*, April 2015.

⁵ As of May 2015. In collaboration with WFP, Food and Agriculture Organization, NGOs, and governments.

⁶ Cadre Harmonise, *Regional Food Security Analysis and Projections – Guinea, Liberia, and Sierra Leone*, March 2015.

⁷ FAO/WFP, *CFSA*, December 2014.

⁸ FEWSNet April 2015 ; ACAPS, *Liberia*; ACAPS, *Multi-sector needs assessment – Sierra Leone*, April 2015.

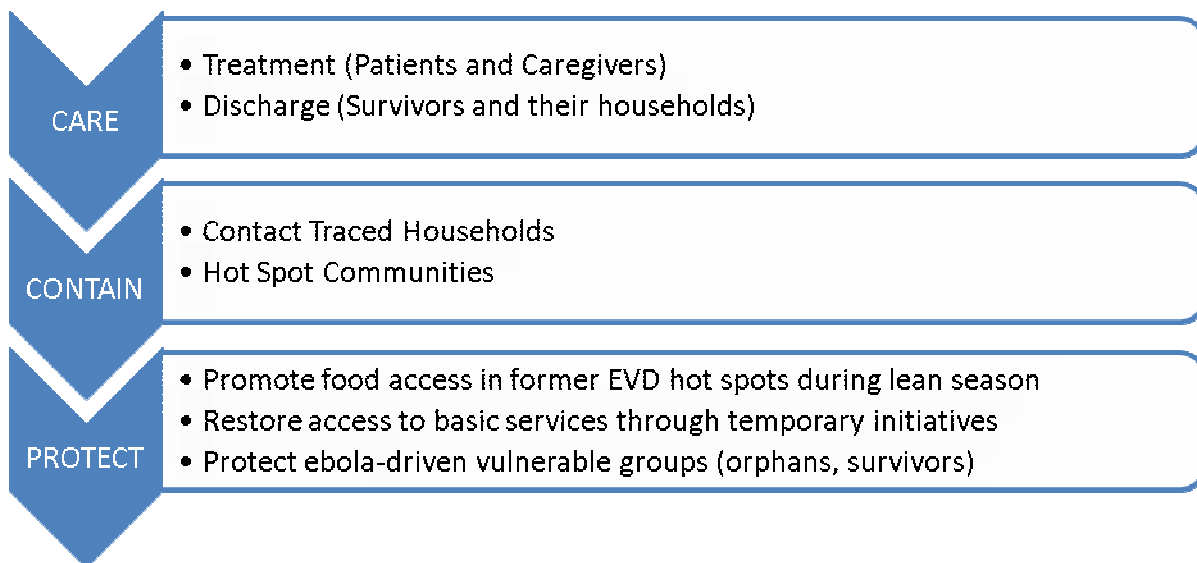
have been lost.⁹ Across the three countries, credit availability has been significantly restricted since the outbreak, affecting recovery of most households.¹⁰

14. The EVD crisis compounded pre-existing social and economic vulnerability in particular for children, women and girls. Changes in household headship were observed: a gender impact assessment from Sierra Leone found a 15 percent increase in female-headed households.¹¹
15. Supplementary feeding through health centers for moderately acute malnourished children were disrupted as capacity of non-ebola healthcare services was stretched and community fear of health facilities grew. As nutrition feeding services begin to resume, there is a need to re-build confidence: an April 2015 assessment found that 72 percent of key informants in Sierra Leone are still afraid to use health facilities.¹²

Purpose of Extension and Budget Increase

16. The budget revision maintains WFP capacity to *care* for and *contain* the virus and reinforces activities to *protect* ebola-affected severely food insecure and vulnerable groups during the lean season – when the impacts of the virus on households is most exacerbated. The overall beneficiary figure is increased by 14 percent, when adjusted for duplication and overlap.
17. Under *Care* and *Contain*, WFP will maintain a small contingency over the duration of the EMOP to ensure the ability to rapidly respond in the incidence of localized micro outbreaks.

Figure 1 – Conceptualization of BR4



CARE

Treatment

18. WFP will continue to provide food and nutrition support to suspected and confirmed ebola patients and their caregivers. The activity is planned in Guinea and Sierra Leone through July 2015, with a progressive scale down as ebola treatment units, community care centers,

⁹ ACAPS, *Liberia*; ACAPS, *Sierra Leone*; FEWSNet; World Bank, *Employment survey – Sierra Leone*, January/February 2015.

¹⁰ WFP/FAO/FEWSNet/Governments, February 2015.

¹¹ MoSWGCA Sierra Leone/UNWomen/Oxfam/Institute of Statistics, *Multi-sector gender impact assessments*, February 2015.

¹² ACAPS Sierra Leone, April 2015.

and testing sites close in some areas. In all three countries, a minor contingency is retained through the end of the EMOP. In Guinea, discussions with care providers suggest the voucher programme is well received, and accordingly a combination of vouchers and specialized nutrition products will continue to be the preferred modality for the activity. In Liberia and Sierra Leone, the full in-kind ration with nutrition supplements is unchanged; following further discussion with governments, the limited cash-top up introduced in budget revision 3 was not implemented and is, therefore, not included in revised plans.

Discharge

19. WFP continues to plan for immediate nutrition support (supercereal) upon discharge for survivors, followed by consecutive cash distributions for survivors and their households for a short period (up to three months) until they can be incorporated into longer-term social protection programmes. The activity is planned in Guinea and Sierra Leone,¹³ and is included in Liberia as a contingency. In Sierra Leone, the cash modality has been slightly adjusted following discussions with partners and local authorities: the first months' support on discharge is provided in the form of full in-kind food basket and nutrition products, followed by two months' support through cash transfers.

CONTAIN

20. To reduce risk of further transmission, contact tracing is critical, and ensuring basic food needs during this period supports households in reducing unnecessary movements. According to WFP post distribution monitoring, across all three countries surveyed communities overwhelmingly report that WFP food allowed them to reduce unnecessary movements during a period of intense EVD transmission. In Liberia, 97 percent of assisted communities confirm reduced mobility outside of their communities during the first 21 days in which food assistance was provided. Post-distribution monitoring and preliminary results from the EFSAs also suggests improved food consumption and dietary diversity during the assistance period. Women are found to be actively involved in household decision-making regarding the use of the assistance.¹⁴
21. WFP distribution is linked geographically and in time to national sensitization and awareness campaigns targeting communities with continued transmission.

Contact-traced households

22. Contact-traced households are registered by local health authorities and the information is relayed daily through the prefecture or district level ebola coordination centre. Over the past months, health authorities and partners have worked extensively to put in place rapid response systems to support timely information sharing and timely and coordinated delivery of assistance packages. Within 24 to 48 hours of being registered as a contact case, WFP food packages are delivered door to door. In collaboration with the United Nations Children's Fund (UNICEF) and other partners, hygiene kits are delivered alongside the food package.
23. This activity is planned through July 2015 in Guinea and Sierra Leone, and is maintained as a contingency in all three countries for the duration of the revised EMOP. Food packages vary in make-up and duration of coverage (21 to 30 days) depending on the government policy in country and considering parallel support provided by partners or counterparts.

¹³ Beneficiary numbers are high in the first months of BR4 as they include survivors discharged prior but to whom not all allotted cash transfers have yet been disbursed as of May 2015.

¹⁴ Results from WFP *Post-distribution monitoring*, in Guinea, Liberia and Sierra Leone, November 2014 and March 2015; preliminary *EFSAs* results from the three countries.

Hot spot communities

24. Over the course of the EMOP, the coverage of hot spot distributions has become increasingly tightened geographically, responding to more focused micro-outbreaks. Coverage of hot spot communities continues to scale-down under budget revision 4 and is planned for in Guinea and Sierra Leone through July; rations are unchanged from budget revision 3. The intervention is not planned under the contingency in any of the three countries.

PROTECT

25. Budget revision 3 introduced a new pillar in the WFP response, referred to then as *transition support*, drawing from the recognition that the impact of ebola and its containment measures extend beyond health to the social and economic. Planned orphan care and mixed food/cash transfers in ebola-free communities was implemented progressively from the second quarter of 2015 in collaboration with communities, partners, and governments. In line with the evolving health and recovery context, budget revision 4 expands food security and social protection support for ebola affected groups and introduces temporary initiatives to restore access and uptake of basic services, which were disrupted as a result of ebola.

Promote food access during lean season

26. Under the programme, WFP will provide targeted lean season support to approximately 881,000 severely food insecure populations in former ebola hot spots across the three countries. Beneficiary targets represent a reduction from earlier Cadre Harmonisé projections (March 2015) and have been adjusted in line with preliminary EFSA results (May 2015).
27. *Targeting*: Food security monitoring underscores that it can take months for former ebola hot spots to recover from the shock – this is particularly the case in rural areas where 2014/2015 production activities were limited by the virus and in areas already highly vulnerable where capacity to cope with the shock was limited.
 - a. The first target criteria for this activity will remain “ebola-affected,” focusing on community level where prevalence of cases was high, transmission continued over a longer period, and where duration of corresponding containment measures was extended.
 - b. This is then overlaid with food security indicators. During the first half of 2015, there was limited up to date nationally representative data for the food assistance activity; WFP mobile vulnerability assessment and mapping (mVAM) and cadre harmonise analyses allowed for some indication of priority districts, and from there WFP considered a series of proxy indicators for community-level targeting – such as access to functioning markets, or disruption of planting activities. Geographic targeting criteria will be further refined with EFSA results.
 - c. Preliminary EFSA results, key informant feedback, and mVAM monthly monitoring provide indications to WFP and partners as to particularly vulnerable groups. These include: households whose planting was disrupted or whose livelihoods lost (bush meat traders) as a result of the crisis; female-headed households (observed through mVAM to rely on more negative coping strategies); ebola-driven vulnerability (eg: households who lost a breadwinner to ebola, or stigmatized groups as identified by

key informant feedback);¹⁵ and households whose vulnerability was already high prior to the crisis (eg: households without access to improved sanitation and relying on dirt pit latrine of bush). Through food security and cash working groups now present in the three countries, targeting criteria will be aligned and assistance programmes mapped to avoid gaps / duplication.

- d. Under the EMOP, WFP worked with partners to support containment efforts in urban hotspots, generating knowledge of the geography and distribution of slums and gaining experience of food distribution in urban settings. Recent analysis indicates improved coping in urban settings. Accordingly, the lean season response will focus on rural or peri-urban areas with pockets of highest vulnerability.
- e. *Seasonality*: The EMOP focuses on the lean season period (June– September).

28. *Modality*: Beneficiaries will benefit from unconditional food transfers for an average period of three, maximum four, months depending on when a community graduates from ebola. As introduced in budget revision 3, the transfer is maintained as a half ration, ensuring a minimum short term support for the most vulnerable, all the while mitigating the risk of creating disincentive to return to workforce or creating dependence. The EMOP proposes a hybrid modality, which adapts to the geographic context and seasonality through in-kind food rations, mixed in-kind food/cash rations, and cash rations.

29. *Leveraging partnerships*: Focused in the poorest areas where the outbreak was also able to rapidly expand, the WFP programme offers a platform for coordinated intervention with government, partners and private sector – and defined with communities. Where partner capacity allows, food assistance programmes will be linked to part-time clean-up projects with a sanitation/hygiene sensitization component in an effort to build on the momentum of community mobilization efforts and mitigate future rapid spread of disease. In Sierra Leone, WFP food distributions in the first month of the revised EMOP are coordinated with the Ministry of Agriculture distribution of seeds in vulnerable ebola-affected rural areas, with the aim of mitigating a second consecutive poor harvest in these communities.¹⁶ And in Liberia, some part-time light works to support rehabilitation of community feeder roads to maintain market access during rainy period are planned, in line with key informant feedback.¹⁷

Restore access to basic services

30. At the request of the government and nutrition partners, the EMOP will support the temporary expansion of targeted supplementary feeding (TSF) activities in Guinea and Sierra Leone. The expansion covers areas beyond those planned for under parallel country programmes. Programme plans are aligned with national protocols and coordinated with UNICEF and nutrition counterparts. In Liberia, WFP has handed over treatment for moderate acute malnutrition to the government in line with evaluation recommendations; latest screening indicators from the priority ebola affected areas suggest that acute malnutrition rates are low (below 2 percent) and do not require WFP re-start the programme.

- a. *Guinea*: The heavily ebola-affected areas of Forecariah, Dubreka, and Coyah are not covered by WFP’s TSF programme under the CP.¹⁸ Prior to the outbreak, the areas reported global acute malnutrition (GAM) surpassing 6 percent, and nutrition

¹⁵ ACAPS Sierra Leone and Liberia.

¹⁶ The activity launched in May to support a total of 75,000 farmers and their households. In Liberia, WFP was requested to provide warehouse support under the SO, and transport of seeds will be coordinated in areas where WFP is providing parallel food support.

¹⁷ ACAPS Liberia, April 2015 identified road access, skills training, and labor opportunities as priority needs.

¹⁸ UNICEF is providing treatment for severe acute malnutrition

partners anticipate the situation has deteriorated. Under the EMOP, WFP will target moderately acute malnourished children aged from 6-59 months and pregnant and lactating women in the three prefectures. In coordination with UNICEF and health counterparts, the treatment programme will be integrated into the existing health system and combined with sanitation and hygiene sensitization activities. At the close of the EMOP, WFP will evaluate the need to maintain the expanded coverage in its post-lean season portfolio.

- b. *Sierra Leone*: At 9.2 percent GAM, the nutrition situation prior to EVD approached the serious threshold. Since August 2014, moderate acute malnutrition treatment activities under the CP are on hold. In the last week of April 2015, the government led a nationwide nutrition screening with the dual objective of providing a spot-check on the evolving nutrition situation in the country, and to detect and refer cases. Preliminary findings of the screening suggest localized increased prevalence of global acute malnutrition. Meanwhile, there is continued reticence among communities to attend health units. Against this backdrop, the government and nutrition partners requested WFP to temporarily expand coverage nationwide for moderately acute malnourished children aged from 6-59 months identified and referred during the screening campaign. Treatment will be provided through existing peripheral health units, with the aim to re-initiate uptake of services – and linked to sanitation and hygiene sensitization. After the initial three-month kick-start under the EMOP,¹⁹ TSF activities will transition back to the CP for women and children in areas with highest prevalence of acute malnutrition.

31. In Sierra Leone, WFP supports national clean-up initiatives by providing a one-time 15-day household ration as an incentive to participants involved in the clean-up of school structures. The aim is to support rapid rehabilitation and community cohesion and confidence.²⁰

Protect particularly vulnerable groups

32. Across the three countries, WFP will maintain support for ebola orphans. With the recognition that the majority of orphans are with large foster families rather than institutions, budget revision 4 expands the ration to include the household and increases the caloric value from 1,800 kcal (appropriate for a child) to a full 2,100 kcal per person per day. Targeting of households and institutions is coordinated directly through UNICEF and government line ministries mandated for child protection, and mitigates duplication with assistance provided by other actors. At the close of the EMOP, it is anticipated beneficiaries could be graduated to national social protection programmes.
33. In Liberia, survivor households have been identified as a particularly stigmatized group and the government has specifically requested WFP to maintain support to these households until alternative partner/government programmes can be identified. WFP will maintain mobile phone cash transfers to survivor households until the end of the EMOP as required.²¹

¹⁹ Activity anticipated to begin from May and continued under first months of BR4.

²⁰ WFP distributions began in May and should be completed by June.

²¹ Households who lost a member to EVD are also a particularly vulnerable group. They are covered under the Ministry of Gender's social cash transfer programme. There has been no request to WFP to further assist this category.

TABLE 1a: BENEFICIARIES BY COMPONENT AND COUNTRY (excluding contingency)

See Annex III : Totals disaggregated

Pillar	Category of activity/beneficiary	Current Approved (Aug 2014 – May 2015)				Revised totals for BR period (June 2015 – September 2015)				TOTAL REVISED (Aug 2014 – September 2015) Adjusted for overlap and duplication			
		Guinea	Liberia	Sierra Leone	Total	Guinea	Liberia	Sierra Leone	Total	Guinea	Liberia	Sierra Leone	Total
CARE	Treatment (Patients and Caregivers)	26,625	66,520	23,200	116,345	455	0	225	680	27,080	66,520	23,425	117,025
	Discharge (Survivor and Households)	6,300	21,600	19,200	47,100	7,800	0	18,125	25,925 ¹	7,800	21,600	19,470	48,870
CONTAIN	Contact Traced Households	25,200	289,000	64,000	378,200	9,000	0	8,133	17,133	34,200	289,000	72,133	395,333
	Hot Spot Communities	823,000	577,300	1,057,000	2,457,300	41,620	0	27,440	69,060	864,620	577,300	1,084,440	2,526,360
PROTECT	Food Insecure in Former Hotspots	441,750	236,250	312,500	990,500	200,000	171,155	510,185 ²	881,340	641,750	236,250	510,185	1,388,185
	Short-term: TSF	N/A	N/A	N/A	N/A	4,114	0	47,127	51,241	4,114	0	47,127	51,241
	Short-term: Clean-up	N/A	N/A	N/A	N/A	0	0	228,150	228,150	0	0	228,150	228,150
	Social Protection: Orphan (and foster household)	2,700	2,500	1,050	6,250	7,200	15,000	18,400	40,600	7,200	15,000	18,400	40,600
	Social Protection: Survivors	N/A	N/A	N/A	N/A	0	13,845	0	13,845	0	13,845	0	13,845
TOTALS : Adjusted for duplication and overlap		877,560	935,350	1,145,250	2,958,150	270,189	200,000	857,515	1,327,704³	937,214	947,820	1,473,675	3,358,709

¹Includes survivors planned under BR3 whose final rounds of cash will be distributed under BR4 period.

²Includes 75,000 to receive seed protection support in Sierra Leone.

³53 percent of lean season assistance to severely food insecure in former hotspots will be in the form of cash or mixed cash/food transfers.

TABLE 1b: CONTINGENCY

Pillar	Category of activity/beneficiary	Average Monthly Beneficiaries		
		Guinea	Liberia	Sierra Leone
CARE	Treatment (patients and caretakers)	28	33	30
	Discharge	47	25	35
CONTAIN	Contact Traced	1,000	1,000	1,000

34. The *Protect* pillar represents the bulk of the June-September response and the primary new/revised activities of the budget revision. Rations are summarized in Table 2. Proposed rations and cash transfer values have been developed in cooperation with cash, food security and nutrition working group partners; cash transfer values consider latest market price monitoring.

g/p/day or US\$/p/day	Promote food access during lean season ¹					Restore access to basic services			Protect vulnerable groups ²	
	GUI	SIL		LIB		TSF Ch. 6-59 mos.		TSF PLW	School Clean-up	Orphans
	Mixed	Food ³	Cash	Food	Mixed	GUI	SIL	SIL		
Cereals	200	200		200					100	400
Pulses	30	30		30	30				17	60
Vegetable Oil		12.5		12.5	12.5			25	6	25
Salt		2.5		2.5	2.5					5
Supercereal		30		30	30			270		60
Supercereal+							200			
PlumpySup						92				
Cash	0.167		0.200		0.199					

FOOD REQUIREMENTS

35. Over the course of the EMOP, and informed by WFP systematic market monitoring, opportunities to procure in-country from local traders were identified – allowing for rapid procurement of stocks for the EMOP all the while supporting the local economy and reviving trade flows into the three countries. In parallel, WFP has worked with national Ministries of Agriculture, partners and communities to leverage existing farmer networks to procure some limited available stocks of local production.
36. Beyond procurement efforts to boost local economies, under budget revision 3 WFP introduced cash and voucher modalities into the programme. Since end December 2014, the preparation of patient meals in Guinea has been coordinated with local caterers and women cooks; through WFP electronic vouchers, caterers were able to buy fresh foods on the local market to complement the in-kind specialized nutrition products. In addition, cash transfers are being introduced gradually from the second quarter of 2015 in the three countries though survivor follow-up support post-discharge and mixed food/cash rations in areas graduating from the virus. Under budget revision 4, WFP aims to continue to scale-up cash transfers as part of the lean season assistance to support household food access while catalysing local market economies; roughly half of all lean season beneficiaries are anticipated to be assisted in the form of cash transfers (cash, or mixed food/cash). The transfer mechanisms, technical capacities, and lessons learned coming out of the EMOP will inform WFP operations – both parallel and beyond the EMOP.

¹ In all three countries the on-top PlumpySup ration for survivor children and the supercereal+ supplement in hotspot and former hotspot communities is no longer planned for as basic services for malnutrition screening, referral and treatment resume in the countries.

² The cash ration value for continued support to survivors in Liberia is maintained as per BR3.

³ Under the seeds protection support – WFP will provide a one-time 30-day package of 200 g cereals and 30 g pulses per person per day.

TABLE 3: TOTAL EMOP REVISED REQUIREMENTS BY COUNTRY* (includes contingency)				
FOOD/CASH	Guinea	Liberia	Sierra Leone	Total
Cereals	35,787	23,872	40,583	100,241
Pulses	4,458	4,061	6,475	14,994
Vegetable Oil	1,663	1,891	2,691	6,245
Salt	262	333	452	1,047
Supercereal	4,350	4,163	6,110	14,623
Supercereal+	960	813	873	2,646
PlumpySup	19	27	6	51
HEB	90	5	5	100
Total mt	47,588	35,164	57,195	139,946
Cash/voucher (US\$)	5,701,098	5,294,527	3,251,743	14,247,369

**Individual values are rounded; totals are aligned with amounts in budget.*

Implementation arrangements

37. Field/sub-office structures in the three countries have been reviewed and adapted over the course of the crisis response. As of May 2015, WFP presence under the EMOP has been reinforced in continued priority health risk areas (including Kambia, Sierra Leone and Forecariah, Guinea), and food packages pre-positioned for rapid delivery to contact traced households. As the incidence of EVD is mitigated in other districts, staffing and office structures have accordingly been scaled down.
38. The rapid scale-up in response required stretched the capacity of partners early on. Over the course of the EMOP WFP has identified new partners, embedded staff with partners at distribution sites to support activities and monitoring, developed standard operating procedures for the distribution, and conducted refresher trainings for partners on distribution guidelines and monitoring tools.

Monitoring and Assessment

39. Under the EMOP, WFP has conducted quarterly post-distribution monitoring exercises in each of the three countries⁴ to monitor outcome indicators and inform required revisions (for example: in Guinea household size has been adjusted from average of 5 to 6 persons under budget revision 4). Output data on beneficiaries and distribution are collected weekly and monthly through partners and WFP sub-offices. Spot-check monitoring and review of partner capacity has also been reinforced. Under budget revision 4, the logframe is adjusted to account for Targeted Supplementary Feeding.
40. Since late September 2014 WFP is monitoring the food security situation in the Ebola affected countries using text message (SMS) and Interactive Voice Response (IVR). A monthly average of 1,050 people were reached via SMS in Liberia and Sierra Leone, and a monthly average of 400 people via IVR in Guinea for a total of 22 reports. In cooperation

⁴ November 2014 ; March 2015.

with the private sector, WFP will continue its mVAM activities through the end of the EMOP – allowing for continued food security monitoring during the lean season as well as a series of comparative studies between the different modes (SMS, IVR and face to face interviews).

- 41. Special focus will also be given to strengthening local capacity for systematic market and price monitoring.

Risk Assessment and Preparedness Planning

- 42. WFP has taken a dynamic approach to risk assessment and management. A dedicated compliance team is based in the Regional Bureau and roving the country and sub-offices providing daily guidance and support to review and strengthen systems. A series of exercises have also been undertaken, including a real-time management review and a risk assessment mission in order to inform on evolving risks and mitigation. In May 2015, country offices carried out an updated review of risks.
- 43. During the first quarter of 2015, dedicated Health Advisors recruited and trained teams of nationally-recruited Health Assistants in each of the three countries, allowing for the gradual handover of functions. Today, these Health Assistants work alongside WFP staff and partners to train on and ensure implementation of safe distribution guidelines during distribution activities – mitigating the risk of infection for staff and beneficiaries alike. Beneficiary feedback underscores that the measures put in place built their confidence and trust.
- 44. In Guinea, fear and misinformation surrounding the virus continues to manifest in tensions and risks for partners who are perceived as involved in the medical response. WFP works with partners and community leaders to sensitize communities ahead of food distributions.
- 45. The revised operation builds on the cash modality introduced in budget revision 3. WFP will continue to closely monitor markets and work with in-country cash working groups to adjust transfer values as required. The hybrid approach of using food/cash/or mixed transfers has been received positively by country teams and partners, allowing the flexibility to adjust as required to ensure the more appropriate approach across and within countries. Beneficiary feedback mechanisms are being established in countries.
- 46. As global attention shifts, maintaining resources to address immediate lean season needs under the EMOP and supporting parallel recovery programmes will be critical. Health experts have expressed concern that the virus could become endemic in West Africa; accordingly, the risk must be taken into account in current and future programmes as an added challenge to supporting developing sustained community resilience.

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 (US\$)	Value (US\$)
<i>Food Transfers</i>	-	-	
Cereals	6,834	\$3,354,079	
Pulses	1,348	\$741,054	
Oil and fats	507	\$422,584	
Mixed and blended food	(233)	-\$733,305	
Others	(86)	-\$16,050	
Total Food Transfers	8,369	\$3,768,362	
External Transport		\$539,212	
LTSH		\$2,383,406	
ODOC Food		\$766,492	
Food and Related Costs⁵		\$7,457,472	
C&V Transfers		\$2,022,403	
C&V Related costs		\$600,008	
Cash and Vouchers and Related Costs		\$2,622,411	
Capacity Development & Augmentation		-	
<i>Direct Operational Costs</i>			\$10,079,882
Direct support costs (see Annex I-B)			\$7,677,127
Total Direct Project Costs			\$17,757,009
Indirect support costs (7,0 percent) ⁶			\$1,242,991
TOTAL WFP COSTS			\$19,000,000

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

⁶ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
WFP Staff and Staff-Related	
Professional staff	2,821,421
General service staff	1,204,008
Danger pay and local allowances	249,450
Subtotal	4,274,879
Recurring and Other	1,527,741
Capital Equipment	292,992
Security	117,328
Travel and transportation	1,369,187
Assessments, Evaluations and Monitoring²⁸	95,000
TOTAL DIRECT SUPPORT COSTS	7,677,127

²⁸ 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 Cross-Cutting Results and Indicators		
Results	Indicators²⁹	
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; <i>Baseline: Guinea 43%, Liberia 63% and Sierra Leone 49%</i> <i>Project Target: 50%</i></p> <p>Proportion of household were males make decisions over the use of cash, voucher or food; <i>Baseline: Guinea 53%, Liberia 12% and Sierra Leone 44%</i> <i>Project Target: 20%</i></p> <p><i>Proportion of household were females and males make decisions over the use of cash, voucher or food;</i> <i>Baseline: Guinea 4%, Liberia 25% and Sierra Leone 6%</i> <i>Target: 30 %</i></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; <i>Baseline: Guinea 99%, Liberia 99% and Sierra Leone 98%</i> <i>Target: 100%</i></p> <p>II.2 Proportion of assisted people informed about the programme; <i>Baseline: Guinea 89%, Liberia 62% and Sierra Leone 1%</i> <i>Target: 70%</i></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; <i>Baseline: Guinea 100, Liberia 100 and Sierra Leone 100</i> <i>Target: 100</i></p> <p>III.2 Number of partner organizations that provide complementary inputs and services; <i>Baseline: Guinea 8, Liberia 9 and Sierra Leone 7</i> <i>Target: Guinea 6, Liberia 6 and Sierra Leone 6</i></p>	
Strategic Objective 1: Save lives and protect livelihoods in emergencies		
Results	Performance Indicators	Risks and assumptions

<p>Outcome SO1.1 Stabilized or improved food consumption over assistance period for targeted households and/or individuals</p>	<p>FCS: percentage of household with poor Food Consumption Score; <i>Baseline: Guinea: 1%,Liberia: 16% and Sierra Leone: 24%;</i> <i>Target: to be reduced by 80%</i></p> <p>Diet Diversity Score; <i>Baseline: Guinea 5, Liberia 4 and Sierra Leone: 7</i> <i>Target: DDS to be improved</i></p> <p>rCSI: Percentage of households with reduced Coping Strategy Index <i>Baseline: Liberia 18%, Sierra Leone: 7%, Guinea: 10%</i> <i>Target: rCSI to be reduced by 80%</i></p>	<p>Further large-scale outbreak surpasses contingency plans.</p> <p>Security incidents and logistical challenges (including heavy rains) delay distributions.</p> <p>Partner capacity to adapt to food security targeting, distribute cash at increased scale, and monitor is weak.</p>
<p>Outcome SO1.2 Reduced risk of contamination of Ebola virus disease (EVD) over assistance period for people living in areas of widespread and intense transmission</p>	<p>Percentage of assisted communities that reported reduced unnecessary movements thanks to WFP food assistance in period of widespread and intense transmission</p> <p><i>Baseline: Guinea: 80%, Liberia:97%, Sierra Leone: TBD</i> <i>Target: > 80% in all three Countries</i></p>	<p>Partner inability to provide timely and coordinated complementary inputs (sensitization, hygiene kits, seeds).</p> <p>WFP field based monitoring activities hampered by health situation, insecurity, and /or sufficient resources (human, financial, technology).</p>
<p>Outcome SO1.3 Stabilized or reduced undernutrition among children aged 6-59 months and pregnant and lactating women</p>	<p>MAM treatment mortality rate <i>Target: < 3% (Guinea & Sierra Leone)</i></p> <p>MAM treatment recovery rate <i>Target: > 75% (Guinea & Sierra Leone)</i></p> <p>MAM treatment non-response rate <i>Target: < 15% (Guinea & Sierra Leone)</i></p> <p>MAM treatment default rate <i>Target: < 15% (Guinea & Sierra Leone)</i></p>	<p>Sufficient, timely, and flexible resources from donors are not secured.</p> <p>Continued community reticence.</p>
<p>Output SO1.1 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 (food/cash/voucher) distributed, as % of planned distribution (disaggregated by type of commodity)</p> <p>Quantity of non-food items distributed, as % of planned (disaggregated)</p> <p>Number of institutional sites assisted, as % of planned</p>	

Annex III:													
BENEFICIARIES BY COMPONENT AND COUNTRY (Excluding contingency)													
– Disaggregated by Sex –													
Pillar	Category of activity/beneficiary	TOTAL REVISED EMOP											
		(Aug 2014 – September 2015)											
		Guinea			Liberia			Sierra Leone			Total		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
CARE	Treatment	13508	13572	27080	33293	33227	66520	11244	12181	23425	58045	58980	117025
	Discharge (Survivor and Households)	3891	3909	7800	10811	10789	21600	9346	10124	19470	24047	24823	48870
CONTAIN	Contact Traced Households	17059	17141	34200	144645	144356	289000	34624	37509	72133	196327	199006	395333
	Hot Spot Communities	431272	433348	864620	288939	288361	577300	520531	563909	1084440	1240742	1285618	2526360
PROTECT	Food Insecure in Former Hotspots	220345	221405	441750	118243	118007	236250	244889	265296	510185	583477	604708	1188185
	Short-term:	2052	2062	4114	0	0	0	22621	24506	47127	24673	26568	51241
	Short-term: Clean-up	0	0	0	0	0	0	109512	118638	228150	109512	118638	228150
	Social Protection: Orphan (and foster household)	3591	3609	7200	7508	7493	15000	8832	9568	18400	19931	20669	40600
	Social Protection: Survivors	0	0	0	6929	6916	13845	0	0	0	6929	6916	13845
TOTAL :													
Adjusted for duplication and overlap		467482	469732	937214	474384	473436	947820	707364	766311	1473675	1649230	1709479	3358709