

Tracking food security during the Ebola Virus Disease (EVD) outbreak in Sierra Leone

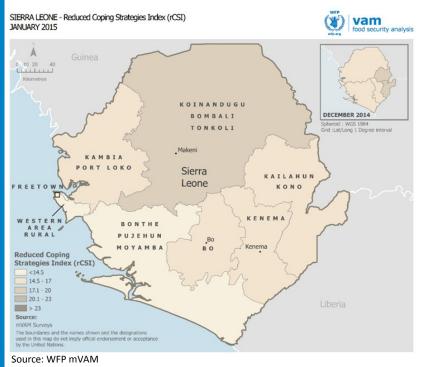
Highlights

- Households in Freetown and Eastern Province used fewer coping strategies in January than in December, but negative coping levels remained high in Northern Province. Households headed by women are most vulnerable to food insecurity.
- In January, local rice prices increased slightly in Sierra Leone. Palm oil prices are recovering
 in eastern parts of the country. The lifting of movement restrictions is bolstering the recovery
 of markets and trade.
- Wage rates for January continued to drop, limiting access to food for wage labour-dependent households. As the land preparation season approaches, labour and agricultural input markets should continue to be monitored to assess prospects for the 2015 crop.

Methodology

January 2015 marked the fourth round of data collection. The data was collected over a week in mid-January and the sample size was increased to provide more granular estimates: 1000 questionnaires were collected by SMS. Details on the sampling, questions and possible mode effects are available online.

Map 1: Sierra Leone — Reduced Coping Strategies Index (rCSI) - January 2015



The reduced Coping Strategies Index (rCSI) measures the frequency and severity of the behaviours households engage in when faced with food shortages. A higher score indicates that households are resorting to more frequent or severe negative coping strategies.

In January, coping levels eased in Freetown (rCSI=12.7, p=0.03) compared to December. Levels of negative coping also improved in Eastern Province (rCSI=15, p=0.03). Coping levels in Southern Province – which have been consistently lower than in Eastern and Northern Provinces – remained largely unchanged. Southern Province has had a much lower Ebola virus disease (EVD) caseload than the rest of the country.

However, negative coping levels remained high in Bombali, Tonkolili and Koinadugu (rCSI=18.3), which are districts of Northern Province. These are all areas that have been hard hit by the Ebola epidemic. While the Ebola caseload has now declined in these areas, food insecurity is still a concern. Many of the



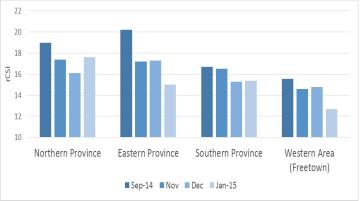
communities in the Northern Districts were quarantined during the September lockdown, which occurred at the beginning of the harvest season. Quarantines often prevented farmers from going to their farms, leading to harvest losses. This would explain some pockets of food insecurity in these districts.

Jan 2015: Ebola continues to affect western Sierra Leone

In Sierra Leone, the frequency of new cases has decreased compared to the previous weeks, with 65 new confirmed cases reported in the week to 25 January 2015. The west of the country remains the worst affected area, including the capital, Freetown.

Source: WHO Ebola Situation Report 28 January

Figure 1: rCSI levels



Source: WFP mVAM

Poorer households and those headed by women are worse off

The data collected over the four monthly rounds has consistently shown that households headed by women engage in more severe coping strategies than those headed by men (see Figure 2).

More deprived households also appear to show higher levels of negative coping. In January, households were asked about their latrine type, a proxy for household wealth. The results showed that households with access to their own or a shared flush toilet have a lower level of coping (rCSI=9.4 for own flush toilet, 14.9 for households with a shared flush toilet) than ones with other latrine types (rCSI=16.6-21.8).

Figure 2: rCSI by sex of household head

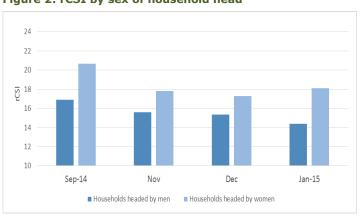
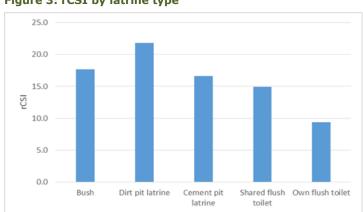


Figure 3: rCSI by latrine type



Source : WFP mVAM

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Food prices

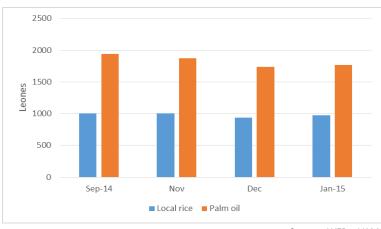
Data collected suggests that domestic prices are rising in line with seasonal trends. Although prices for local rice and palm oil fell between September and December, they rose by 4 percent (local rice) and 1.5 percent (palm oil) in January. Recent market assessments will provide more information on how Ebola and restrictions on group labour may have affected farming and food supplies in

different parts of the country.

Many survey respondents perceive food expensive, the result of lower production or of measures that restrict food trade flows to remote areas. This perception matches IGC analysis, which indicates that transport costs and movement restrictions have had an effect, especially on imported rice prices in quarantined areas. One male respondent in Southern Province said, "The food situation is hard, because the sea route is closed because of the Ebola outbreak. So traders find it difficult to bring in commodities." The lifting of quarantine measures announced in January is expected to ease internal trade flows.

At this time of year, palm oil sales are a complementary income source for rural households. Prices increased slightly in the palm-oil-producing

Figure 4: Prices of palm oil (pint) and local rice (cup)



Source : WFP mVAM

Eastern province. This might indicate a recovery in trade flows and in market functionality: the IGC reports that the number of palm oil traders is returning to levels seen in previous years (although recovery is not quite complete).

Wages remain stagnant

Wage rates continued to decline in January, down 3 percent compared to December. Wage rates only improved in Northern Province. In Eastern Province, they remain below 10,000 Leones a day, which is a typical wage rate. The impact of Ebola on labour markets is documented in recent World Bank phone surveys, which show that non-farming self-employed wage earners, and women, are bearing the brunt of the socio-economic consequences of the epidemic. WFP survey data suggests that labour markets continue to be disrupted.

A concurrent increase in local rice prices and a drop in unskilled wage rates has meant that terms of trade have declined in Eastern Province, dropping from 12 cups of rice to 11 cups for a daily wage labourer.

Perceptions of food security in January

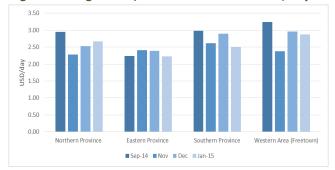
During the survey, 60 percent of respondents took the opportunity to describe their perception of food security in their community. The terms most commonly found in their responses are illustrated in Figure 6.

The overwhelming majority of respondents in Sierra Leone speak of difficult food situations. High food prices – rather than scarcity – are identified as the main concern. This seems to confirm the analysis that wage rates are low in the face of increasing prices. Some respondents also thought that Ebola has limited farming activities and transportation in some areas.

In the words of the respondents:

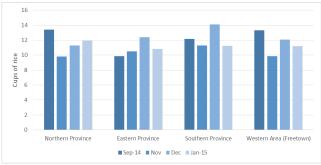
- "Food situation in my community is very hard to cope with because the price of food is escalating. Especially domestic food" – male respondent in Eastern Province.
- "The food situation is hard, because the sea route is closed due to Ebola. So traders find it difficult to bring in commodities" – male respondent in Southern Province.

Figure 5: Wage rates, unskilled labour in USD/day



Source: WFP mVAM

Figure 6: Terms of trade, wages to rice (local)



Source: WFP mVAM

Figure 7: Key terms used by respondents to describe their community's food security situation



Conclusion and Outlook

Food security improved in January as households resorted to fewer negative coping strategies, especially in Freetown and in Eastern Province. Nonetheless, households continued to use negative coping strategies in northern part of the country, which suggests they are still recovering from the Ebola crisis. The data has consistently shown that poorer households, and those headed by women, seem to be worse off than others.

Wages remain stagnant in many areas of Sierra Leone, limiting the incomes of households that rely on casual labour.

The lifting of quarantines is expected to trigger recovery for markets, trade and economic activity. On-the-ground assessments should seek to determine whether farmers will have access to the inputs and casual labour needed to prepare their land for the 2015 agricultural season.



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To download mVAM data on the Ebola-affected countries, please visit: http://vam.wfp.org/sites/mvam_monitoring/index.html