BUDGET INCREASE No. 1 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 November 2014
Extension period: 3 months **New end date:** 24 February 2015

Cost (United States dollars)			
	Current Budget	**Increase**	**Revised Budget**
Food and related costs	59 276 411	14 036 850	73 313 261
Cash and vouchers and related costs	-	-	-
Capacity development & augmentation	-	-	-
Direct support cost	5 966 958	7 323 547	13 290 505
Indirect support cost	4 567 036	1 495 228	6 062 264
Total cost to WFP	69 810 405	22 855 625	92 666 030

NATURE OF THE INCREASE

1. In August WFP developed an initial regional response to the Ebola crisis, focusing on the provision of food assistance to accompany the health response for persons directly affected by the outbreak. During this critical support phase, WFP has begun to scale up by reinforcing human resources, warehouse and transport capacity; developing safe distribution guidelines and delivering personal protection equipment; and establishing humanitarian air corridors and reinforcing humanitarian depots. Over the same period, new information about the evolution of the virus has emerged, and medical efforts on the ground are adapting.
2. The budget revision proposes to extend the West Africa Regional Emergency Operation 200761 (EMOP) by three months, ending 24 February 2015. The revision aligns the operation with the World Health Organization (WHO) Ebola Response Roadmap that predicts a 6–8 month period to stabilize the situation, and contributes to the System-Wide United Nations Scale-Up Plan and the Inter-Agency Regional Appeal. The operation supports the goals and objectives of the newly established UN Mission for Emergency Ebola Response (UNMEER). As WFP and partners now enter an expanded medical support phase, the budget revision refines the operational response.
3. Under the budget revision, the objective laid out in the current EMOP to deliver food alongside the health response by providing enhanced rations for Ebola-affected people remains unchanged. However, as WFP and partners enter an expanded medical support phase, activities must be adjusted to take into account new information. Scale-up plans have therefore been prepared for each country to manage increased caseloads and address gaps in staffing, transport, and warehousing capacity, as well as mitigate risks. Recommendations from these scale up plans and senior-level missions to the affected area have been integrated into the budget revision.
4. Specifically, the budget revision will:

- Refine target groups and beneficiary numbers in consultation with WHO, the Centers for Disease Control and Prevention (CDC), Médecins sans Frontières (MSF), and Governments – all the while maintaining flexibility to adapt to the evolving crisis alongside health partners;
- Revise rations to better address the specific nutritional needs of different target groups in line with the latest nutrition guidelines and in discussion with partners;
- Revise transport costs to reflect the increasing complexity of supply to and within the affected countries; and
- Mobilize additional staff at the regional, country, and field levels and reinforce field office structures where needed to support coordination and implementation of the complex and unique regional response.

5. The budget revision plans to:
   - Increase food and related costs by USD 14.04 million;
   - Increase direct support costs by USD 7.32 million; and
   - Overall, increase the total project budget by USD 22.86 million.

JUSTIFICATION FOR THE REVISION

Summary of existing project activities

6. In the early stages of the outbreak, WFP implemented food assistance programmes under country-specific Immediate Response Emergency Operations (IR-EMOPs). The rapid increase in the spread of Ebola from July required WFP to revisit its operational planning, and to launch the larger-scale regional EMOP in August at the request of WHO in support of the Governments of Guinea, Liberia, and Sierra Leone.

7. To meet the significant increase in demand on WFP for food support as well as for logistics coordination, some 50 temporary specialized programme, logistics, coordination, security and health staff were deployed to the region. The support provided in the initial scale-up period allowed WFP to: (i) identify new partners and develop field level agreements for the scale-up; (ii) develop safe distribution guidelines with WHO, provide specialized health support, and equip teams and offices with personal protection equipment; (iii) increase warehouse and transport capacity (ongoing); and (iv) analyse logistics and supply corridors and develop contingencies in case of further disruption to land, sea, and air routes. Scale-up plans were developed by each country, and residual gaps were identified.

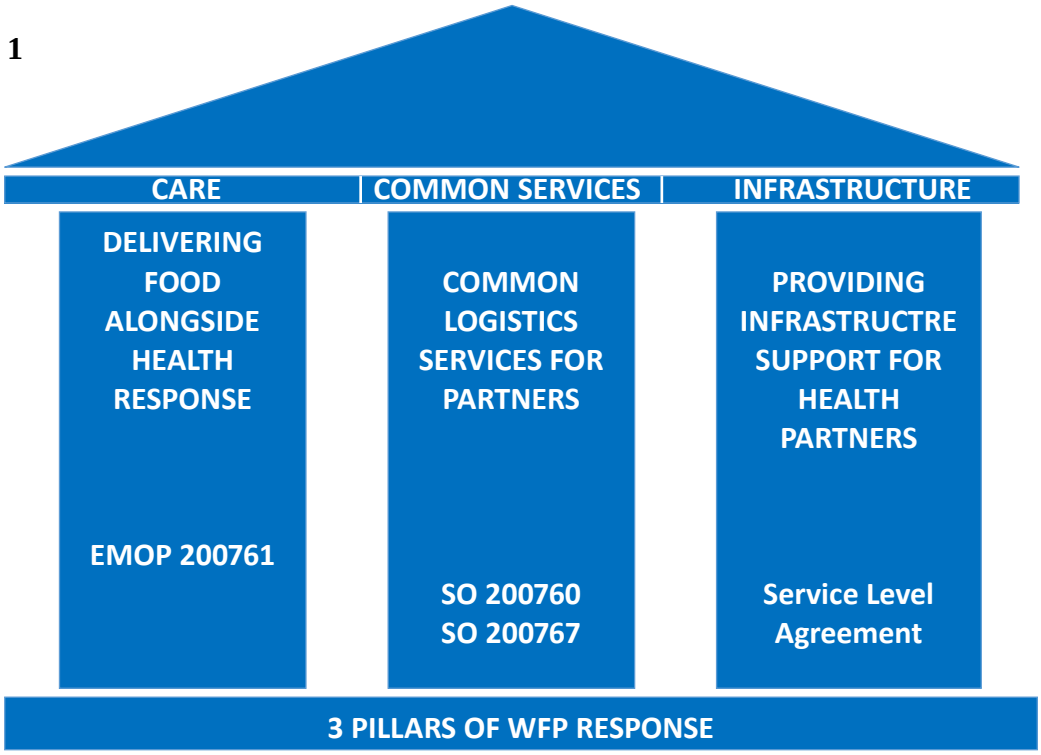
8. With these elements in place, WFP is now working with partners and counterparts to refine and expand health support activities, pushing out to reach more remote areas of intense transmission and to cover more beneficiaries in need. Securing sufficient stocks early on will be critical given the rapid evolution of the outbreak, and to maximize use of the commercial sea vessels and road corridors that are still functioning.

9. In parallel to the regional EMOP, at the request of partners, WFP has established a regional Special Operation for Humanitarian Air Services 200760 and regional Special Operation for Logistics Capacity Augmentation 200767 to provide common services to support the international community's response to the health crisis. Activities are supporting the WFP scale-up response: human resource capacity for procurement and storage has been reinforced in the region; infrastructure (airplane and helicopter) has been positioned within the affected countries ensuring safe movement for humanitarian staff to reach more remote areas; and a humanitarian corridor is being established for the region. At the request of WHO and UN partners, WFP will also provide infrastructure support for construction of Ebola treatment centres, medical clinics, and medical accommodations through service level agreements.

10. Combined, the emergency operation, special operations, and technical agreements make up the structure of WFP's three-pillar response to the Ebola crisis for this initial phase (Figure 1).

Activities will feed into the wider operational framework and purpose of the newly declared UNMEER; with the support of UN agency technical staff, the UN mission aims to leverage the early response actions to date, and to develop an operational framework to ensure rapid and coherent action across all system partners.

Figure 1



11. To support and coordinate the three pillars of WFP's response to the Ebola outbreak, an Ebola Response Cell has been established at the West Africa Regional Bureau in Dakar, Senegal. The cell will support and coordinate the operational response in the three countries and serve as liaison with stakeholders at the regional and global level for coordination and information sharing.

Conclusions and recommendations of the re-assessment

12. As of 23 September, the Ebola outbreak registered 5,864 probable, confirmed and suspected cases and 2,811 deaths in the primary affected countries of Guinea, Liberia and Sierra Leone as well as the smaller caseloads in Nigeria and Senegal.[1] In the three weeks from late August to mid-September, the number of cases grew dramatically in the primary affected countries, with increases observed across geographic areas and both rural and urban communities.

13. The panic surrounding the outbreak and its management is aggravating the already fragile social and political situation in the three countries. Tensions are high, and demonstrations, violence and criminality have increased. Recently, health workers have been targeted. The toll of the response is putting additional strain on the limited infrastructure in-country, and services have been affected – health centres are overburdened and in some cases salaries are not being paid, resulting in strikes by health workers. Security forces are overstretched.

14. While ports in the three primary affected countries of widespread and intense transmission are functioning, port restrictions imposed by other countries and the difficulties in identifying crews and vessels presents an important risk to WFP's ability to ensure supply.

Market update

15. Since the Ebola outbreak, prices of rice, fish, palm oil and other staple foods have risen in affected areas. In Liberia, between end July and mid-August cassava prices increased by 30 in Monrovia. Nationwide, the price of imported rice increased within one month by 14 percent,

[1] Healthmap.org, WHO, 22 September 2014.

and the current price (USD 3,800 per kg) is the highest level observed over the past three years. In Sierra Leone the crisis has also led to increased price volatility: monthly price fluctuations for cassava and local rice have ranged from -20 percent to 42 percent over the past six months.[2]

16. The closure of rural and urban markets throughout the region is affecting not only livelihoods, but also regional trade activities. A recent WFP rapid market assessment along the Senegal/Guinea border in September 2014 found that the export of palm oil from Liberia via Guinea to Senegal has come to a total stop.

17. In addition, rice imports are beginning to be impacted: exporters in Asia are having difficulties shipping to West African ports as operators of dry bulk vessels cannot find crews to man vessels for due to the fear surrounding the virus. The three countries are becoming increasingly isolated.

18. The Ebola crisis is anticipated to carry into 2015, and the full impact of the crisis on food security, livelihoods, and economies is anticipated to be significant. A September 2014 World Bank paper on the economic impact of the Ebola epidemic for the three primary countries is clear: "the economic impacts are already certain to be serious in the core three countries – particularly in Liberia and Sierra Leone – and could become catastrophic if the projections of a larger potential caseload and longer epidemic are realized" [3].

19. There is no doubt that the negative outcomes of the outbreak will be significant on the food security and economic situation of rural and urban communities, particularly among the most vulnerable population groups. In order to better quantify the extent of the impact and to shape a required programmatic response, under the revised EMOP, WFP plans for assessments and remote monitoring. Specifically, WFP is working with the Food and Agriculture Organization (FAO) to develop alternative modalities and methodologies to carry out a Crop and Food Security Assessment (CFSAM) adapted to the context on the ground. In addition, WFP has already initiated the adaptation of mobile vulnerability assessment mapping tools for the remote monitoring of markets and food security using mobile phones.

20. Data will allow to plan for a targeted food security response in a second phase after the ongoing initial scale-up and expanded medical response, as well as to develop longer-term food security planning scenarios on the impact of the disease. An important factor will be to understand how the disproportionate incidence of Ebola among women as primary caretakers impacts at the household and community level.

Purpose of change in project duration and/or budget increase/decrease

Strategy

21. The budget revision will align the regional EMOP with the timeframe and objectives of the WHO Ebola Response Roadmap, the System-Wide UN Scale-Up Plan, and the Inter-Agency Regional Appeal.

22. WHO classifies countries affected and at-risk under three categories:

    - Category 1: countries with intense and widespread transmission (Guinea, Liberia, and Sierra Leone);
    - Category 2: countries with an initial case or cases, or with localized transmission (Nigeria, Senegal); and
    - Category 3: countries sharing borders with areas of active transmission (Benin, Burkina Faso, Côte d'Ivoire, Guinea Bissau, Mali, and Senegal).

[2] WFP market monitoring, August and September 2014.

[3] http://documents.worldbank.org/curated/en/2014/09/20214465/economic-impact-2014-ebola-epidemic-short-medium-term-estimates-guinea-liberia-sierra-leone

The regional EMOP focuses on countries in Category 1. Notwithstanding, within the scope of this budget revision, the WFP cell will also develop a regional preparedness plan to support contingency and preparedness planning for neighbouring countries.

23. In this expanded medical support phase, the primary focus of WFP's emergency response is to support medical efforts to manage the Ebola outbreak by ensuring the basic food and nutrition needs of persons and communities directly affected by the disease and its management. Specifically, the provision of care for people with and/or recovering from the virus disease, and ensuring a minimum package of care to households in areas of widespread and intense transmission to minimize the consequences of the outbreak and any short-term extraordinary measures by governments to manage it.

Targeting

24. Increasing information on the developing situation, needs and gaps has allowed WFP to work with partners and counterparts to better outline the specific needs and primary beneficiary categories from the current EMOP. Geographic targeting and beneficiary estimates have been further refined in cooperation with WHO, CDC, government health partners, and non-governmental organizations (NGOs) considering the current evolution of the situation. However, with the virus not yet under control and no clear projections as to the evolution of the outbreak, WFP will maintain flexibility to adapt geographic targeting and beneficiary estimates in coordination with health specialists.

25. The entry point for assistance is the degree to which a community is affected by the virus. Considering current trends in the evolution of the virus, priority geographic areas outlined with health partners include:

    - ***Guinea***: targeted zones of intense and widespread transmission in Guinée Forestière within the prefectures of Macenta, Guéckédou, Kissidougou, Youmou, and Nzérékoré, including potential support to the Ebola treatment centre in Macenta;
    - ***Liberia***: targeted communities with intense and widespread transmission with first priority in Lofa (epicentre of the crisis), Montserrado (Monrovia), and Bong and Nimba counties considering high rate of cases and high population density, followed by affected areas within Bomi, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Margibi, Maryland, River Gee, Rivercess, and Sinoe counties; and
    - ***Sierra Leone***: targeted communities of intense and widespread transmission within the priority epicentre areas of Kailahun and Kenema as well as the districts of Bo, Bombali, Bonthe, Kambia, Koinadugu, Kono, Moyamba, Port Loko, Pujehun and Tonkolili, and Western Area.

26. Within targeted areas across the three countries, WFP will support three primary beneficiary groups:

    - Patients in Ebola treatment centres (where requested by partner/counterpart);
    - Survivors of Ebola discharged from treatment centres; and
    - Communities with widespread and intense transmission – including families of persons infected with Ebola who are in treatment, deceased, or recovering.

27. Where requested, WFP will also work with health partners and counterparts to support Ebola testing centres and contacted families in temporary isolation. In Liberia, where WFP has been requested to support contacted families isolated in their homes, it is estimated that nearly 60,000 persons could require food support during the 21 day quarantine period.[4] In Guinea, WFP has been requested to support screening/testing centres where persons may stay for 1–2 days awaiting blood test results, though projections of the caseload are not yet available.

[4] Assuming as many as five households members could be isolated per confirmed case.

TABLE 1: BENEFICIARIES BY ACTIVITY BY COUNTRY [1]		
Country	**Current EMOP (3 months)**	**Revised total plan (6 months) [2]**
Guinea		
Patients in treatment		1 000
Survivors discharged [3]		1 351
Communities with widespread and intense transmission		351 058
Sub-total		***353 409***
Sub-total w/o duplication	**464 000**	**352 058**
Liberia		
Patients in treatment		11 950
Survivors discharged		5 975
Communities with widespread and intense transmission		393 490
Contact persons in isolated households		60 000
Sub-total		***471 415***
Sub-total w/o duplication	**449 000**	**405 440**
Sierra Leone		
Patients in treatment		3 000
Survivors discharged		1 500
Communities with widespread and intense transmission		598 485
Sub-total		***602 985***
Sub-total w/o duplication	**400 000**	**601 485**
TOTAL		***1 427 809***
TOTAL w/o duplication	**1 313 000**	**1 358 983**

1 Overlap between beneficiary categories – assumes survivors and isolated persons are covered under the other categories.

2 The revised total plan account for overlap between calendar years (planned assistance for communities with intense and widespread transmission receive will cover a three month period).

3 The number of survivors considers average 50 percent survival rate. In Guinea, WFP has only been requested to support food for treatment centre in Macenta as of yet, and hence a lower patient planning figures.

28. Beneficiary numbers in the three countries have been refined to reflect the current evolution of the disease in the three countries, and to provide tighter community targeting to the areas where the virus is most prevalent, undertaken in collaboration with WHO, MSF, CDC and government health partners. The definition of beneficiary categories also allows to better refine overall figures to account for overlap among groups, and to mitigate duplication in planning figures with other actors.[5] In Guinea, overall planning figures have been revised downwards. In Liberia, assumptions of overlap between beneficiary categories has meant an overall total reduction of beneficiaries, though the sub-total without accounting for duplication has increased in line with the rapidly increasing incidence of disease. Meanwhile, the higher population figures in primary affected areas of Sierra Leone (including in particular Kenema and Kailahun epicentres) requires additional resources to cover all households within targeted communities.

[5] In MSF treatment centres, food to patients is being provided through MSF-contracted caterers.

Rations

29. Given the porous nature of borders, traditional cross-border movement, and the proximity of the border areas of widespread and intense transmission, coherency in rations across the three countries is critical. This will help mitigate the risk of provision of food as a pull or push factor between communities, which could in turn increase the risk of further transmission.

TABLE 2: FOOD RATIONS *(g/person/day)*

	Current	**Revised**		
	Enhanced GFD	**Enhanced GFD** **Areas of widespread and intense transmission** ***(and for isolated households - Liberia)***	**Wet meals** **Patients in Ebola treatment centres**	**On-top take-home ration[1]** **Survivors discharged from Ebola treatment**
Cereals (rice)	400	400	200	
Pulses	60	60	30	
Vegetable Oil (Vitamin A Fortified)	25	25	25	25
Salt (Iodized)	5	5		
Supercereal+ (with milk and sugar)	60			
Supercereal (with sugar)		60	250	190
TOTAL	**550**	**550**	**505**	**215**
Total kcal/day	***2 098***	***2 091***	***1 995***	***946***
% kcal from protein	9.5	9.4	11.8	12.5
% kcal from fat	14.5	14.1	21.2	38.7
Duration of planned assistance (Total days over EMOP period)	**90**	**Up to 90** ***(for isolated persons: 21)***	**Up to 15**	**60**

[1]Planning assumption: survivor returns to a community/household in area of widespread and intense transmission receiving the enhanced GFD ration.

30. ***General food distribution:*** WFP will continue to scale-up distribution coverage in areas of widespread and intense transmission, including remote rural epicentre regions and urban hot spots. Availability and access to sufficient quality and quantity of food is expected to pose an important challenge in these areas given the loss of lives, disruption to economic and agricultural activities linked to movement restrictions and fear of contagion, and inflation rates. The food ration is distributed in the form of a dry, take-home ration and designed to meet the full caloric and micronutrient requirements of beneficiaries. Given the disruptions to traditional sources of nutrients (including consumption of bushmeat), disruptions to regular health services and nutrition treatment activities, and the higher likelihood of infection among women, the general food ration is enhanced in micronutrient values through the inclusion of supercereal. The enhanced food basket will also be provided as a package to households in isolation as requested by health partners and Governments.

31. ***Patients in treatment:*** The emergency nutrition network has developed nutrition guidelines for Ebola patients in treatment. Lack of appetite and difficulty swallowing are two primary concerns for patients suffering, and the provision of mashed, porridge or liquid foods, which are sufficient in energy and protein, and attractive to the patient are recommended. Using these

guidelines as a base, WFP and the United Nations Children's Fund (UNICEF) have collaborated to align planning figures and to adapt rations for treatment centres where the United Nations is requested to provide food. WFP will provide two meals of highly nutritious porridge and one more traditional meal of rice and pulses daily; UNICEF will complement WFP support with provision of BP100 providing an alternative nutritious option to patients. Rations are designed to meet the specific nutritional needs of patients and ensure a varied offer for patients suffering from limited appetite. WFP and UNICEF are preparing a guidance note for cooperating partners/health staff.

32. ***Survivors discharged:*** Upon discharge from treatment centres, survivors of Ebola will receive a take-home ration, given the weight loss associated with the disease and the continued need for high energy and protein food during recovery. It is assumed that survivors are returning to areas of widespread and intense transmission and/or families already covered by the general food distribution modality. The provision of an on-top take-home ration of fortified oil and Supercereal will ensure continued nutritional support during a 60 day recovery period; UNICEF will provide a two-week ration of BP100 to women and children being discharged as an additional complement. Where feasible and geographically accessible, the take-home package could be provided through two 30-day rounds to allow for a follow-up visit a month after discharge. The strategy of providing the enhanced general food distribution (GFD) ration through the community and on-top nutritional support through the health centre mitigates duplication and reduces the workload on the staff of treatment centres.

33. The budget revision plans for a shift from Supercereal+ (with milk and sugar) to Supercereal (with sugar). The rationale considers the reality of the virus: the majority of cases (and deaths) are women, and hence the preference for Supercereal. The ration remains in line with the objective of the enhanced food ration response, namely – to provide all affected populations with a high energy and micronutrient dense food.

34. A contingency stock of high-energy biscuits (HEB) is planned for each of the three countries to ensure availability of ready to distribute and eat foods in case of need for urgent intervention. The biscuits could also be used in treatment centres to cater to the needs of young children infected as well as provide an alternative food option for patients with reduced appetite. In the case of a shortfall of Supercereal, the biscuits can also be mashed and used in the preparation of the nutritious porridge. In Guinea, WFP has been asked to support screening/testing centres where persons may stay for 1–2 days maximum; additional HEB has accordingly been budgeted for the Guinea office. Recommended rations for the different uses of HEB will be included in the guidance note under preparation by UNICEF and WFP, and is in accordance with the Emergency Nutrition Network guidelines.

Implementation

35. With WHO, WFP has developed distribution guidelines for WFP and partner staff to mitigate risk of exposure for personnel and beneficiaries, including:

    a. Crowd mitigation and reduced wait time before and during distributions;

    b. Rotation of staff to mitigate physical and mental fatigue;

    c. Stand-by health workers on-site in case of suspected illness at distribution;

    d. Provision of protective materials for staff and partners (gloves, boots) and sanitizing solutions (chlorine); and

    e. Provision of other hygiene, sanitation and medical materials required for WFP premises as well as for staff and dependents (sanitizer, thermometers).

36. A public health specialist has been deployed to assist with the roll-out of the guidelines and train staff in proper mitigation measures. Refresher trainings will be carried out systematically and frequently. To this end, the budget revision plans for a dedicated health specialist in each

of the three countries. The specialist will liaise with MSF, WHO, CDC, and all health partners on the ground to update guidelines as required.

37. To ensure buy-in of the community and avoid tensions, WFP works with local radio and community leaders to inform on distribution plans and modalities.

38. In the preparatory phase of the scale-up, WFP identified new partners and developed new field level agreements for distributions. Identification of additional partners is ongoing where required. Specifically:

- ***Guinea:*** WFP works with the Guinean Red Cross and with Plan International; distributions are coordinated with International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), *Service National d'Action Humanitaire* (SENAH) and local authorities, as well as the CDC and WHO.
- ***Liberia***: WFP is developing partnerships with the Liberian Red Cross, Liberia Islamic Union of Reconstruction and Development, Adventist Development and Relief Agency, Caritas, CARE, and Liberia Agency for Community Development; distributions are coordinated with country health teams.
- ***Sierra Leone***: WFP works with the Ministry of Health and Sanitation (District Health Management Teams); and an agreement has been signed with a local NGO, Community Integrated Development Organization (CIDO). WFP is also developing partnerships with the Sierra Leonean Red Cross, IFRC, MSF and other NGOs.

Logistics

39. WFP is reviewing its warehouse capacity and set-up for the Ebola crisis response.

- ***Guinea:*** WFP currently has 12,000 mt capacity in the country, and an additional 10 mobile storage units will allow for a total of 16,000 mt capacity. The priority areas for reinforcement of warehouse capacity are Guéckédou and Nzérékoré (the latter to serve Macenta and Youmou).
- ***Liberia:*** WFP currently has 21,900 mt capacity, and has identified an additional 3,500 mt capacity in the capital if required. While overall in-country capacity is sufficient, mobile storage units are required for rural areas in primary zones of widespread and intense transmission, in particular for Lofa and Bong.
- ***Sierra Leone***: Prior to the scale-up, WFP had 6,000 mt of capacity. An additional 9,000 mt capacity have been identified in country considering existing mobile storage units, former WFP warehouses which could be reclaimed, and private sector storage. The additional warehouse space should allow to cover all affected areas. In addition, the Ministry of Agriculture, Forestry and Food Security (supported by WFP) has established 392 Agriculture Business Centres across the country, which could allow for pre-positioning closer to affected areas if required.

40. Transport costs to and within the country are being revised upwards as the affected countries become increasingly isolated from the greater region with the partial and/or blockages of land, air, and sea corridors. To maintain supply to the affected areas, WFP is establishing a transhipment hub; a contingency is being set up for a time-chartered dedicated vessel to ensure movement of supplies between the hub, other humanitarian depots and warehouses in the region, and the three affected countries.

41. Within the three countries, internal transport, storage and handling costs have been refined to consider the need for mobile storage, reliance on smaller trucks, and higher transport rates.[6] Commercial transport capacity varies per country.

- ***Guinea and Liberia:*** Local commercial transport capacity is sufficient, and new contracts are being developed to expand beyond current transporters.
- ***Sierra Leone:*** Commercial transporters are not delivering to final distribution points in areas of widespread and intense transmission. WFP currently has some few trucks in country, and the Government is assisting by providing additional trucks liaising with the business community to support delivery and position of commodities to final distribution points.

42. To coordinate and implement the response to the high-risk Level 3 emergency, WFP has reviewed the required staffing structure for the scale-up. The EMOP was first prepared in the initial escalation of the crisis, and did not yet fully capture the staffing required to respond to the complexity and uniqueness of the Ebola crisis. The revised budget accounts for the additional specialized staff required to manage and implement the programme and to ensure the health and safety of staff in the field. Given the high reliance on emergency temporary deployments, travel costs have also increased. On the ground, field presence is being reinforced given the remoteness of the crisis:

- ***Guinea:*** WFP is establishing one sub-office in Guéckédou to support the emergency response.
- ***Liberia***: Sub-offices must be reinforced both in terms of staff as well as investments in security, communities and other equipment. It is anticipated WFP could be required to open satellite/field posts in Foya (Lofa) and Nimba.
- ***Sierra Leone:*** WFP is enhancing its field operational capacities through opening of additional field offices in addition to the currently operational sub offices in Makeni and Kenema. Staffing is also proposed to be strengthened to enhance programme outreach, logistics and monitoring capacities.

43. To mitigate risk, the distribution guidelines recommend higher staff rotations and slower pace of distribution. Accordingly, field level agreements (FLA) costs have increased. The higher costs also take into account additional costs for protection gear, extra staffing, transport and equipment.

FOOD REQUIREMENTS

44. Through the budget revision, the overall food requirements for the EMOP are increased by 11,662 mt. Budgets are in line with the new financial framework. Monthly plans are being revisited to accommodate the extension and align with the reality of smaller scale distributions implemented through mobile teams and adapted to the evolving spread of the outbreak alongside health partners.

TABLE 3: TOTAL FOOD REQUIREMENTS BY COUNTRY *(mt)*

	Additional Tonnage (Budget revision)				Revised Total EMOP (6 months)			
Commodity Type	**Guinea**	**Liberia**	**Sierra Leone**	**Total**	**Guinea**	**Liberia**	**Sierra Leone**	**Total**
Cereals	(1 226.83)	2 213.85	7 284.33	**8 271.35**	15 466.69	18 377.85	21 684.33	**55 528.87**
Pulses	(184.02)	332.08	1 092.65	1 240.70	2 320.00	2 756.68	3 252.65	8 329.33
Vegetable oil	(74.94)	148.26	457.47	**530.79**	968.40	1 158.51	1 357.47	**3 484.39**

[6] LTSH rates also consider the mobile storage units outlined earlier.

Salt	(15.36)	27.28	90.97	**102.88**	193.30	229.33	270.97	**693.60**
Supercereal	(169.38)	427.08	1 113.80	**1 371.50**	2 334.65	2 851.68	3 273.80	**8 460.13**
HEB	135.00	5.00	5.00	**145.00**	135.00	5.00	5.00	**145.00**
TOTAL	**(1 535.54)**	**3 153.55**	**10 044.21**	**11 662.22**	**21 418.06**	**25 379.05**	**29 844.21**	**76 641.32**

Hazard / risk assessment and preparedness planning

45. Contextual, programmatic, and institutional risks outlined in the original EMOP are still valid. The alarming evolution of the outbreak has further exacerbated risks, including:

- Implementing distributions in tight urban areas with high population density is a challenge in any context, and made more difficult due to the tensions and panic surrounding the disease, and the mitigation measures required to reduce risk of Ebola contamination.
- Tensions are rising in urban centres and remote areas affected by the virus. Security incidents against health partners have been reported. Working with a range of partners including those not perceived as involved in the direct medical response will ensure the continued provision of assistance and mitigate additional risks to partners where directed tensions may be high.
- Coordination remains a primary challenge in the affected countries. National health structures are stretched, and key stakeholders are still in the process of establishing common guidelines and standard operating procedures in this unique operating context. Following the launch of the WHO Roadmap, a system-wide approach is only now being defined and rolled out.

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	8,271	3 222 073	
Pulses	1,241	625 504	
Oil and fats	531	557 707	
Mixed and blended food	1,517	1 765 368	
Others	103	34 062	
Total Food Transfers	11,662	**6 204 713**	
External Transport		2 891 340	
LTSH		2 883 926	
ODOC Food		2 056 871	
Food and Related Costs [7]			**14 036 850**
C&V Transfers		-	
C&V Related costs		-	
Cash and Vouchers and Related Costs			**-**
Capacity Development & Augmentation			**-**
Direct Operational Costs			*14 036 850*
Direct support costs (see Annex I-B)			7 323 547
Total Direct Project Costs			***21 360 397***
Indirect support costs (7 percent)			1 495 228
TOTAL WFP COSTS			**22 855 625**

[7] This is a notional food basket for budgeting and approval. The contents may vary.

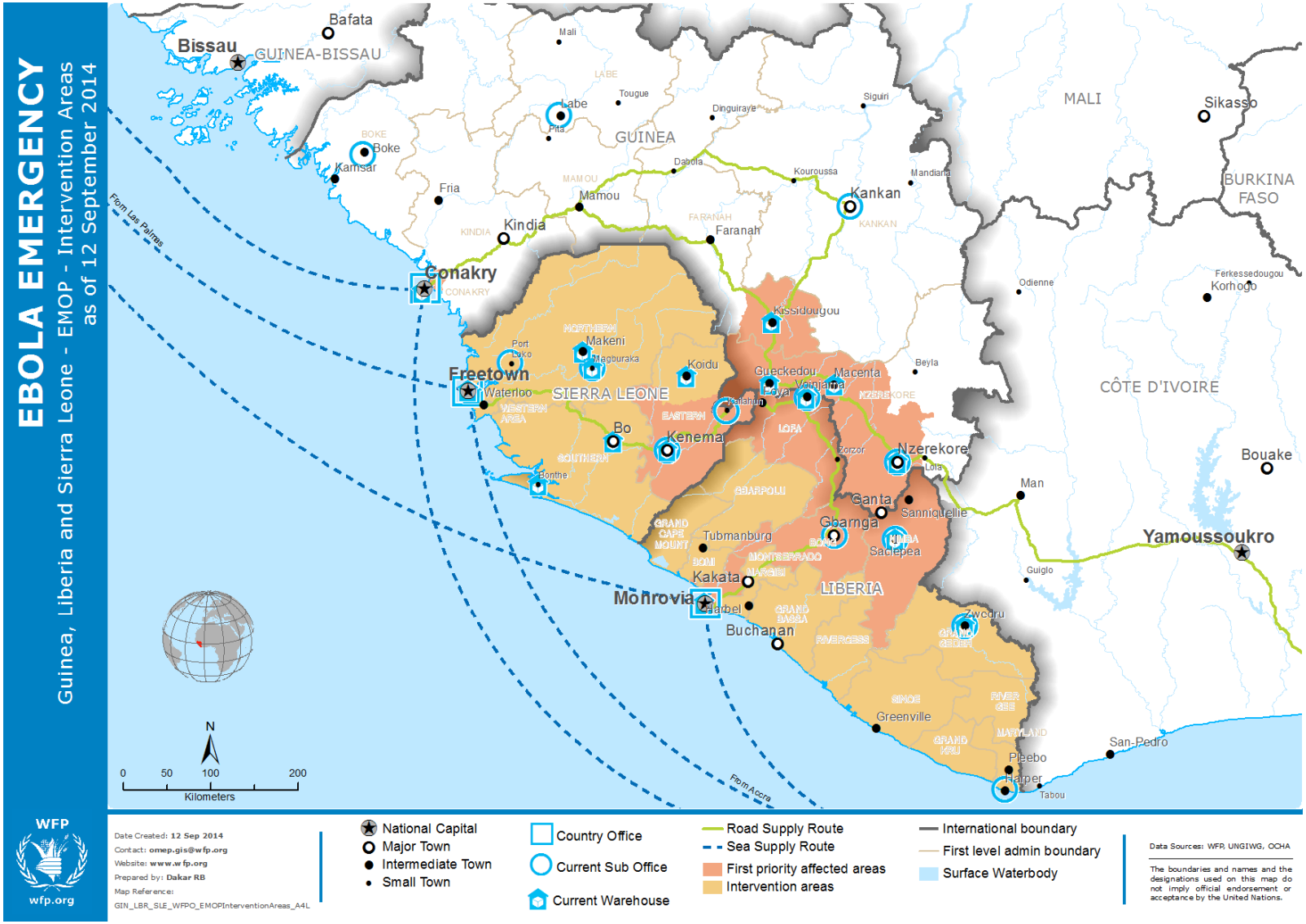
Annex I-B

DIRECT SUPPORT REQUIREMENTS (*USD*)	
WFP Staff and Staff-Related	
Professional staff *	2 883 961
General service staff **	716 756
Danger pay and local allowances	248 539
Subtotal	**3 849 256**
Recurring and Other	**994 063**
Capital Equipment	**466 898**
Security	**167 000**
Travel and transportation	**1 646 330**
Assessments, Evaluations and Monitoring	**200 000**
TOTAL DIRECT SUPPORT COSTS	**7 323 547**

* Costs to be included in this line are under the following cost elements: International Professional Staff (P1 to D2), Local Staff - National Officer, International Consultants, Local Consultants, UNV

** Costs to be included in this line are under the following cost elements: International GS Staff, Local Staff - General Service, Local Staff - Temporary Assist. (SC, SSA, Other), Overtime

Annex II: MAP


EBOLA EMERGENCY
Guinea, Liberia and Sierra Leone - EMOP - Intervention Areas
as of 12 September 2014
Bissau
GUINEA-BISSAU
Bafata
Boke
Kamsar
Fria
Kindia
Conakry
Labe
Pita
Tougue
Dinguiraye
Siguiri
Mamou
Dabola
Kouroussa
Faranah
Kankan
Mandiana
GUINEA
MALI
Sikasso
BURKINA FASO
Odienne
Ferkessedougou
Korhogo
Kissidougou
Beyla
Gueckedou
Macenta
Nzerekore
Lola
Yomou
CÔTE D'IVOIRE
Bouake
Man
Yamoussoukro
Guiglo
Ganta
Sanniquellie
Gbarnga
Saclepea
Tubmanburg
Kakata
Monrovia
Harbel
Buchanan
LIBERIA
Zwedru
Greenville
Pleebo
Harper
Tabou
San-Pedro
Port Loko
Makeni
Magburaka
Koidu
Freetown
Waterloo
SIERRA LEONE
Kenema
Bo
Bonthe
From Las Palmas
From Accra
N
0 50 100 200
Kilometers
WFP
wfp.org
Date Created: 12 Sep 2014
Contact: omep.gis@wfp.org
Website: www.wfp.org
Prepared by: Dakar RB
Map Reference:
GIN_LBR_SLE_WFPO_EMOPInterventionAreas_A4L
National Capital
Major Town
Intermediate Town
Small Town
Country Office
Current Sub Office
Current Warehouse
Road Supply Route
Sea Supply Route
First priority affected areas
Intervention areas
International boundary
First level admin boundary
Surface Waterbody
Data Sources: WFP, UNGIWG, OCHA
The boundaries and names and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

ACRONYMS USED IN THE DOCUMENT

CDC	Center for Disease Control
CFSAM	Crop and Food Security Assessment
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FLA	field level agreement
GFD	general food distribution
HEB	high-energy biscuit
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IR-EMOP	Immediate Response Emergency Operation
MSF	*Médecins sans Frontières*
NGO	non-governmental organization
SENAH	*Service National d'Action Humanitaire*
UNICEF	United Nations Children's Fund
WHO	World Health Organization