



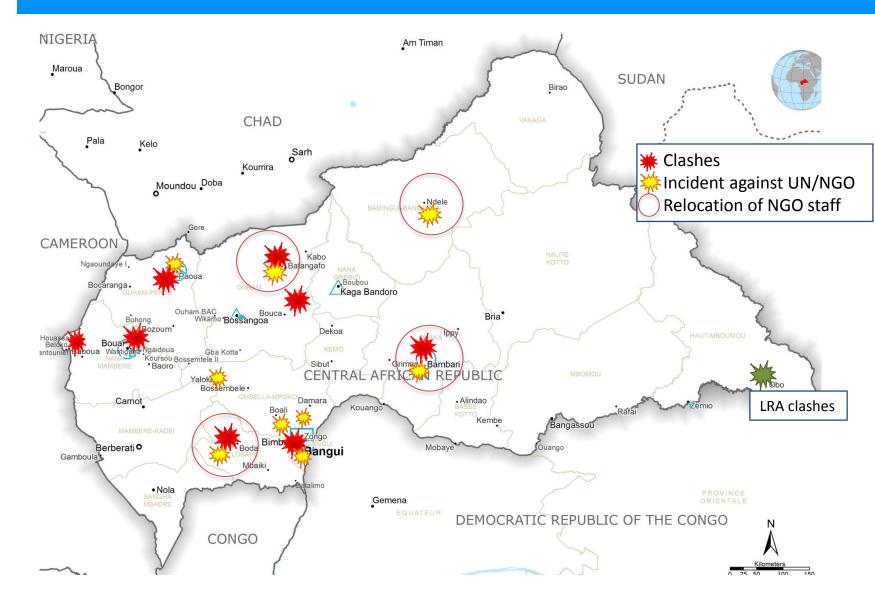
West Africa L3 Emergencies

Special Operational Briefing

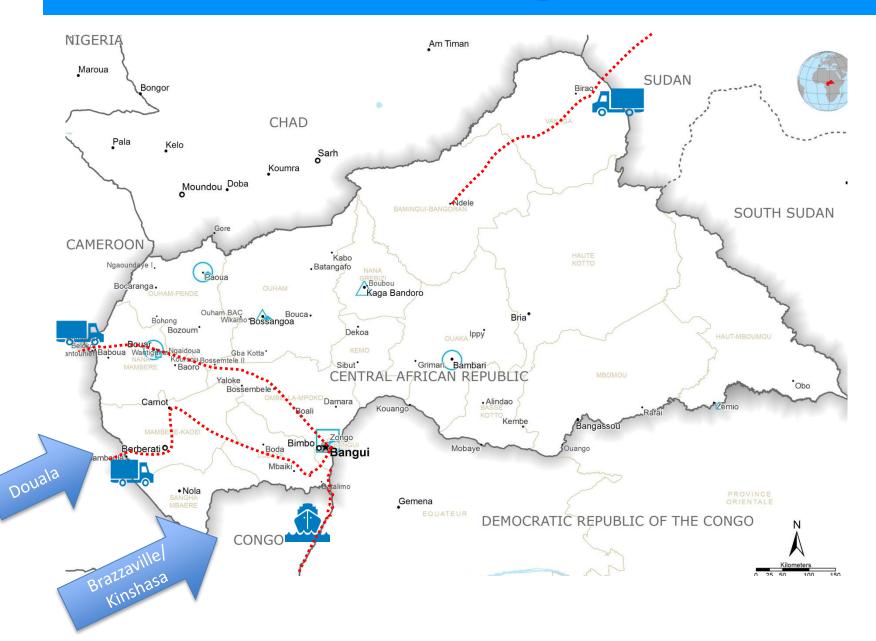
Presentation to the **WFP Executive Board**

FAO Red Room – 04 September 2014

C.A.R. – Security Update



C.A.R. - Logistics Corridors

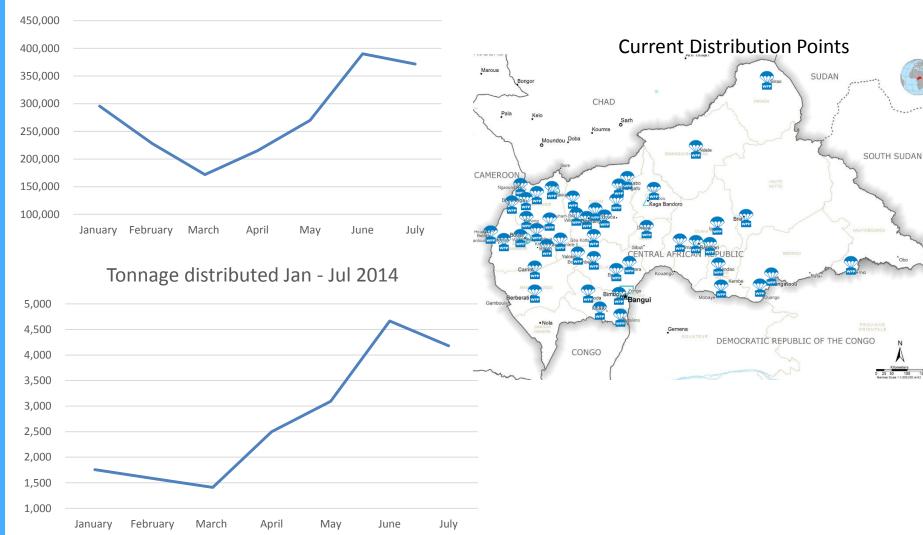


C.A.R. – Food Distributions

Beneficiaries Assisted Jan-Jul 2014

DATI

SITUATIONAL



C.A.R.– Nutrition Update

Prevention activities continue

 WFP continues to implement Blanket Supplementary Feeding alongside food distribution activities. On average, more than 45,000 young children at-risk are assisted per month.

Continued expansion and reinforcement of treatment

- Currently, treatment of MAM is provided in **93 health structures**. An expansion to an **additional 20 centers is planned** and will ensure minimum coverage for all regions.
- Since January, WFP has provided treatment to as many as **12,000 moderately acute** malnourished children aged 6-59 months and 7,500 malnourished PLW.
- Recent performance indicators show an **88% recovery rate**, and a **5% default rate**.

MUAC Screenings

- Situation appears to be **stabilizing in sites** where a **package of health, WASH, and nutrition** interventions is being implemented.
- Where screenings reveal concerns, WFP identifies partners to expand TSF coverage.

Data collection

- SMART Survey: Data collection is complete and analysis is underway.

C.A.R. Regional – Spotlight Cameroon



Reduced admission rates

- Active screening efforts in camps, entry points, and with community health workers is enabling early detection and referral of malnourished cases, thus pre-empting the development of medical complications due to acute malnutrition. Combined with the robust nutrition package that has been rolled out by WFP and partners, from week to week, a **decrease in admissions to in-patient treatment centers** is observed.

Reduced default rates (SAM)

 The provision of rations for caretakers at in-patient treatment centers has helped reduce the default rate for SAM from nearly 24% in mid-May, to under 5% in by July.

Reduced mortality rates

 Partners report a significant drop in the mortality rate at in-patient Nutrition treatment centers. Compared to 18.4% in mid May, the mortality rate had dropped to 4.75% by July – still of concern, but a significant decrease.

C.A.R.– Resource Mobilization

2014 Donors: CAR EMOP200650

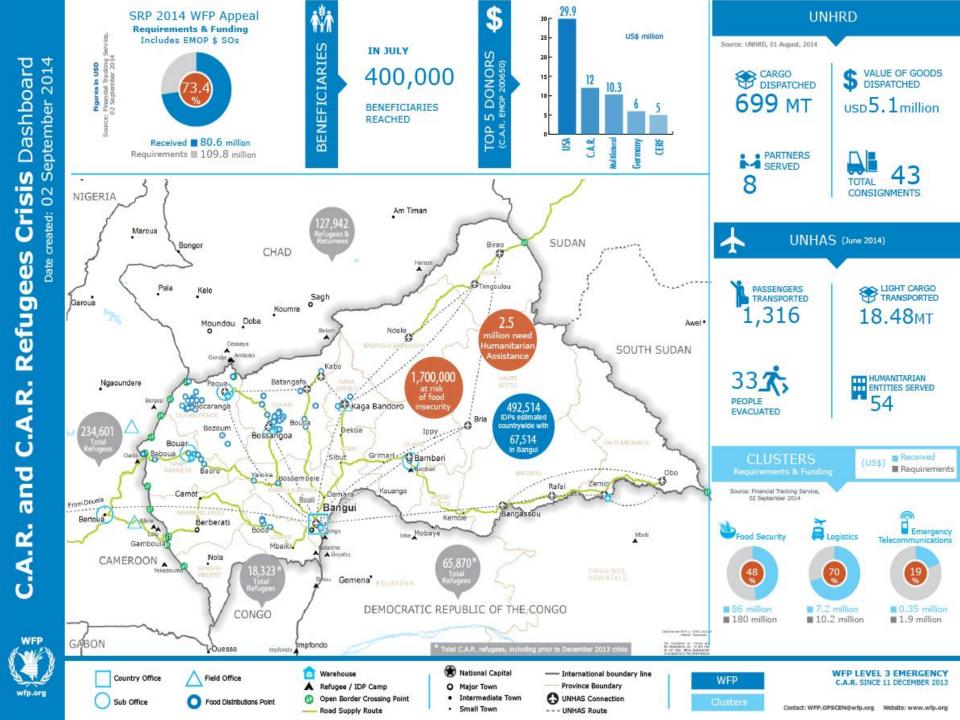
DONOR	AMOUNT (USD million)	
USA	29.91	Net Funding
C.A.R.	12	Requirements
Germany	6.13	(Sep-Dec 2014)
UN CERF	5.03	
Japan	4.56	
European Commission	2.73	US\$ 14.7 Million
Canada	2.69	
Private Donors	2.56	
France	1.56	
Finland	1.37	2014
Switzerland	1.11	Gross Needs Funded
Ireland	0.68	
Republic of Korea	0.63	65.2 %
New Zealand	0.42	05.2 /0
Luxembourg	0.41	
Spain	0.19	
Brazil	0.13	
Monaco	0.10	
Slovenia	0.04	
Lithuania	0.03	
Andorra	0.01	
TOTAL	72.295 million	

C.A.R. Regional – Resource Mobilization

2014 Donors: Cameroon EMOP200689

	AMOUNT (USD million)	DONOR
Net Funding	5	USA
Requirements	1.74	European Commission
(Sep-Dec 2014)	1.02	Finland
	0.8	UN CERF
	0.56	Switzerland
US\$ 4.5 Million	0.53	France
	0.34	Luxembourg
	9.991 million	TOTAL

2014 Gross Needs Funded 56.5 %



EBOLA OUTBREAK – WFP Niche

CARE	COMMON SERVICES	IN	FRASTRUCTURE SUPPORT
DELIVERING FOOD ALONGSIDE HEALTH RESPONSE	COMMON LOGISTICS SERVICES FOR PARTNERS		PROVIDING INFRASTRUCTRE SUPPORT FOR HEALTH PARTNERS
What: ENHANCED FOOD RATIONS	What: PLANES HELICOPTERS SUPPLIES		What: MEDICAL CENTRES & ACCOMMODATION

3 PILLARS OF WFP RESPONSE

EBOLA OUTBREAK – Adapting

With the WHO, WFP has developed **Distribution Guidelines** for WFP and partner staff to mitigate risk of exposure for personnel and beneficiaries, guidelines cover:

- Arrangements to **mitigate crowds** shorten wait time before and during distributions
- Rotate staff to mitigate physical and mental fatigue
- Have **stand-by health workers** on site in case of suspected illness at distribution site
- Provision of **protective materials** for staff and partners (gloves, boots) and sanitizing solutions (chlorine)
- Provision of other hygiene, sanitation and medical materials required for WFP premises as well as for staff and dependents (sanitizer, thermometers, etc)

A **Public Health Specialist** is in the region meeting with staff and partners 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.

WFP is working with MSF, WHO, CDC, and all health partners on the ground.

EBOLA OUTBREAK – Innovating Tools

WFP is adapting its innovative tools to support health partners and to better respond in the complex operating environment:

- Support to health partners: At the request of the Government and health partners,
 WFP is working with Splash in Sierra Leone to adapt WFP's mobile voucher
 technology for the payment of health workers.
- **Monitoring markets and food security:** WFP's mVAM (mobile VAM) technology is being introduced to West Africa for the Ebola response. Survey respondents will be asked about markets and food prices, livelihoods, and household food security indicators via a telephone operator or SMS.



mVAM survey respondent in camp near Goma, DRC

EBOLA OUTBREAK – Wider Impact

The first priority is to support the health response to the Ebola crisis.... However:

Food security – Availability and access to food

- **Macro**: Traditional cross-border trade between the primary affected is an aggregate factor affecting food security; this has been disrupted by border closures.
- **Meso:** Domestic food output flows from rural to urban areas, and the flow of imported staples from urban to rural areas interrupted by movement restrictions.
- Micro:
 - Livelihood activities: Household members lost; Trade fairs/markets banned; agricultural activities disrupted by low access to inputs and discouraged communal farming; the hunt/sale of bush meat banned.
 - **Purchasing power:** Exacerbating loss of income, available market monitoring points to sharp price rises for imported and domestic food.

Study: A light WFP/FAO CFSAM is anticipated (to adapt to current context). WFP mVAM monitoring.

Overall - the economic toll of managing the crisis, risks for reduced foreign investment, and the temporary blockades of overland, air and port commerce imposed may have important **impacts at the macro-economic** level.

EBOLA OUTBREAK – Resource Mobilization

2014 Donors: Regional EMOP

DONOR	AMOUNT (USD million)	Net Funding
		Requirements
70741		(Sep-Dec 2014)
TOTAL	0 million	US\$ 77.9 Million
		2014
		Gross Needs Funded
		0%

2014 Donors: Regional SO

DONOR	AMOUNT (USD million)	2014
UN CERF	2.55	Gross Needs Funded
USA	0.25	38.3%
TOTAL	2.8 million	

Dashboard Ebola West Africa

