



Cadre Harmonisé for identification of areas and populations in food insecurity in Guinea, Liberia and Sierra Leone Regional analysis of acute food insecurity Current situation (February-March 2015) and projected situation (June-August 2015)

1. Overview

In March 2014, the first Ebola virus disease (EVD) case was confirmed in Guinea and quickly spread to the neighbouring countries of Sierra Leone and Liberia. In September, the EVD outbreak was declared a global emergency by the UN assembly and national governments in the region, resulting in the implementation of measures to contain the outbreak including border and market closures, road blocks and quarantines. The measures and behaviours related to the outbreak directly disrupted many economic activities leading to major economic losses in almost all sectors.

The peak of the Ebola outbreak coincided with the 2014 lean season period (June to August) and affected the agricultural growing season through labour shortages caused by movement restrictions in production zones during the typical planting and crop maintenance periods. This contributed to crop production losses in localized areas. However, with increased awareness on Ebola over time, agricultural activities (especially harvest activities) resumed in most areas and allowed households to replenish some of their food stocks for the coming 2015 lean season.

While the Ebola incidence rates have fallen in all countries, transmission remains widespread in Western Guinea and Western Sierra Leone. The lifting of quarantines in Liberia and Sierra Leone and recent reopening of main crossing points on borders between the three countries and the neighbouring countries such as Senegal and Cote d'Ivoire are expected to trigger recovery for markets, trade and the overall economy of these countries and the region. On the other hand, the lean season that will typically start in May/June is expected to be harder than usual due to the economic losses suffered by households in all areas over the past months, and lower food stocks from the recent harvest for households in areas most affected by the disease.

The main outcomes of the food security situation are as follows:

Food Consumption

Currently, household food consumption is Under Stress (Phase 2) in many communities in Liberia and Sierra Leone. Poor and very poor households in Liberia (Nimba, Lofa, Bong, Margibi and Montserrado counties), and Sierra Leone (Kailahun, Kenema, Kono, Tonkolili, Bombali and Port Loko districts) classified in Crisis (Phase 3) in the projected situation will face food access difficulties due to insufficient purchasing power as the lean season approaches. The impact of EVD on food consumption is expected to be the highest for households directly affected by the disease and its related containment measures as well as food households with below-average food stocks and those whose livelihoods were already fragile, increasing their vulnerability to shocks.

Livelihoods

The Ebola outbreak has had a negative impact on household livelihoods throughout the region. For example, some agricultural households abandoned their fields or were unable to participate in typical group work activities due to movement restrictions, resulting in reduced crop yields and below-average production in zones worst affected by Ebola. In addition, incomes from petty trade and crop sales (cash and staple) have been atypically low due to the closure of most markets and poor market functioning. Most bush meat vendors are also still out of business due to sale bans as part of Ebola prevention measures. In addition, unemployment rates from other sectors rose due to the general economic slowdown and closure of many industries. Finally, recent market assessments conducted by WFP/FAO/FEWS NET/Governments indicate that credit availability has been significantly restricted since the Ebola outbreak, hindering recovery for most households, such as farmers unable to hire labor for the upcoming agricultural activities and petty traders who lost their capital.

Nutritional status

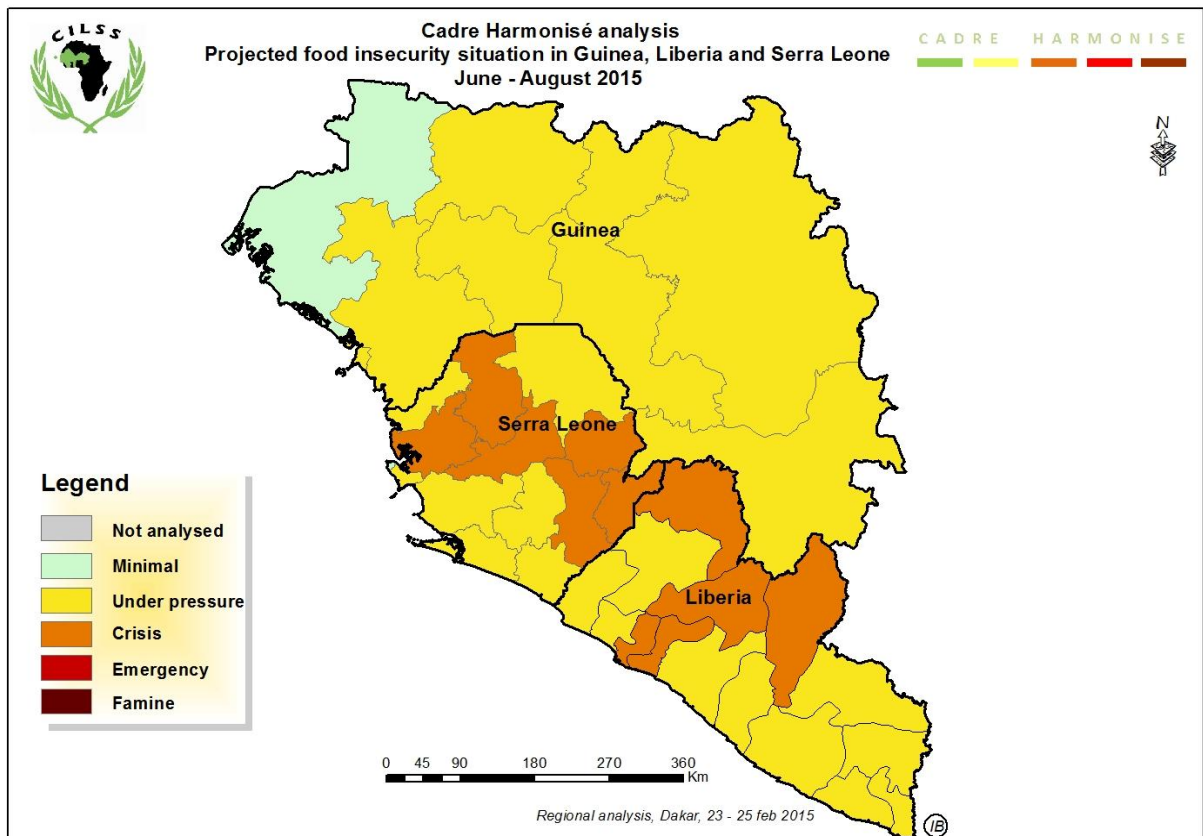
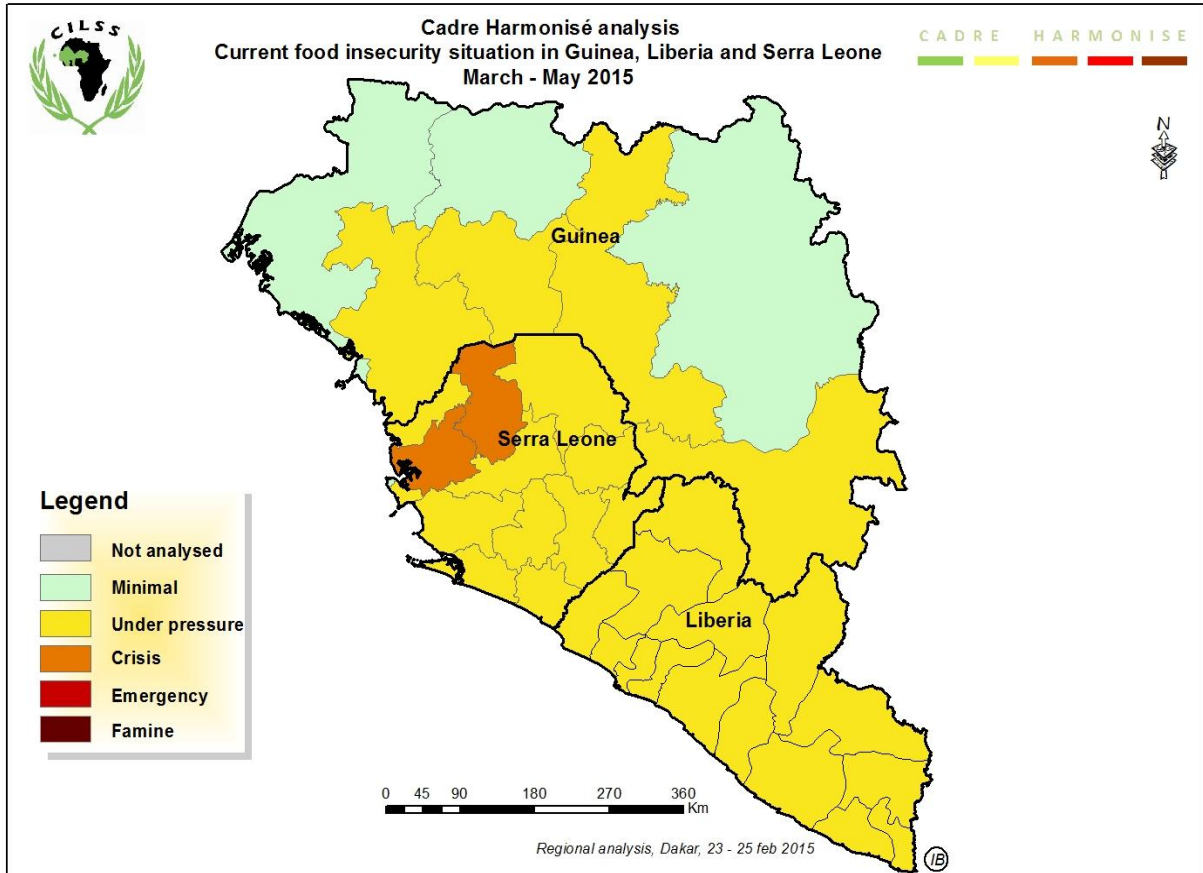
Surveillance and treatment of malnutrition have been almost entirely put on hold and will be difficult to resume as available basic health services are still limited but also because communities have lost confidence in them. The lack of screening and treatment may contribute to a mid or long term increase in Global Acute Malnutrition (GAM) rates. Moreover, indicators for stunting and inadequate micro-nutrients intake are unacceptably high according to the WHO standards.

Mortality

As of February 26, 2015, it has been reported that a total of 23,694 people have been infected with Ebola and a total of 9,589 people have died. However food security analysis only factors in mortality resulting from food security issues, and not unrelated health issues, therefore the classification was not based on EVD incidence. It should nonetheless be noted that infant mortality rates were already very high in many areas, likely indicating underlying health concerns even in non-crisis years.



2. Cadre Harmonisé classification/output





3. Estimations of food insecure populations

These numbers are estimates based on latest available data. If more accurate and additional quantitative data becomes available, these estimates can be revised during the next analysis.

Phase 3 - Crisis

- *Current situation: around 1,235,000 persons need immediate assistance to protect livelihoods and prevent malnutrition*

Two areas are identified in phase 3 - Crisis in Sierra Leone (Port Loko and Bombali districts). Some lower proportions of population in phase 3 (below the 20% threshold for area classification) are also present in areas classified in phase 1 or 2.

- *Projected situation : around 2,215,000 persons will likely be in Crisis at the peak of the lean season*

Between June and August 2015, the food security situation could deteriorate from Phase 2 to Phase 3 Crisis in 11 areas. It is estimated that up to 2,215,000 persons would be in need of immediate assistance to protect livelihoods and prevent malnutrition in Liberia (Nimba, Lofa, Bong, Margibi and Montserrado counties), and Sierra Leone (Kailahun, Kenema, Kono, Tonkolili, Bombali and Port Loko districts).

Phase 2 - Stressed

- *Current situation: around 3,900,000 people are already under stress to ensure adequate diet and essential non-food expenditure without engaging in irreversible coping strategies*

According to the analysis, it is estimated that a total of 32 areas are currently in Phase 2 - Stress across the three countries. This level of food insecurity is the result of the negative impact of EVD on farming activities, trade, and livelihoods. These populations are at risk of further deterioration, and therefore strengthening their capacity for resilience is essential for preventing worsening outcomes.

- *Projected situation: around 4,650,000 people will likely be under Stress at the peak of the lean season*

According to the most likely scenario, during the period from June to August 2015 at the peak of the agricultural lean season, an increase in the population facing phase 2 – Stress outcomes can be expected. At this time, the phase 2 population is estimated to likely be approximately 4,650,000 people in 23 areas within the three countries.

Countries	Current situation February – March 2015				Projected situation June- August 2015			
	Phase 2		Phases 3 to 4		Phase 2		Phases 3 to 4	
	Guinea	1 350 000	15%	275 000	5%	1 500 000	20%	395 000
Liberia	1 230 000	30%	190 000	5%	1 460 000	35%	720 000	15%
Sierra Leone	1 320 000	20%	770 000	10%	1 690 000	25%	1 100 000	15%
<i>Total</i>	<i>3 900 000</i>		<i>1 235 000</i>		<i>4 650 000</i>		<i>2 215 000</i>	

4. Contributing factors

Food availability

Agricultural production has been affected by EVD in the three countries. Although there are significant geographic variations in the seasonal calendars and chronology of the EVD expansion, the Ebola outbreak generally began in early affected areas during the planting season and intensified throughout the countries during the typical crop maintenance and harvesting periods. The EVD outbreak impacted agricultural activities mainly through two channels. First, Ebola-related fears as well as official restrictions on movements, which led to labour shortages throughout the growing season, with the most severe impacts on crop maintenance activities including weeding, fencing, brushing, and protection against pests. Secondly, EVD caused a reduced usage of labour-associated agricultural inputs.

The direct impact of the virus, in terms of number of infected people over the population of the area is overall very low, significant only in limited rural areas of highest incidence. Much of the impact observed has been indirect (or behavioural) due to border closures, restrictions/ban on people movement, breakdown of the traditional labour-sharing system (group/team work), etc. In some of the most affected areas there were reports of people abandoning farms as they fled from the area, but there is no data to capture the number of people. Due to disruptions in trade and transportation, post-harvest losses were reported for perishable commodities, such as vegetables, over the past months.

The main harvest took place between September and December in the three countries. As the majority of rural population is involved in agricultural production, the harvest improved food availability at household level, although stocks are expected to be lower than usual in some areas; in others that weren't significantly impacted by Ebola or related fears, production was



relatively average this year. Production estimation models from the Crop and Food Security Assessment - CFSA reports (FAO-WFP, December 2014) showed the following production figures:

Impact of EVD on agricultural production Decrease in % compared to estimates without EVD			
	Rice	Maize	Cassava
Liberia	11.6%	-	4.7%
<i>County with highest impact: Lofa</i>	20%	-	7.3%
Sierra Leone	8%	4%	3%
<i>County with highest impact: Kailahun</i>	17%	-	-
Guinea	3.7%	3.5%	1.2%
<i>County with highest impact: Nzerekore</i>	8.4%	7.3%	2.9%

Source: CFSA, FAO-WFP, 2014

According to a recent assessment of the most important markets in the three countries, most food products are available on most markets. International imports, such as rice imports particularly important for Liberia, are functioning. However, some commodities that are usually imported, such as meat in Liberia and Sierra Leone normally coming from Guinea, are found in lower quantities. Also, bush meat is not available on markets.

Food access:

Despite recent improvements in market functioning, household food access is currently reduced across the three countries. This is due to a significant drop in household incomes from typical sources, such as crop sales, petty trade, etc. over the past year, and in the case of Sierra Leone and Liberia, atypically high food prices, particularly for imported rice in most markets and local rice and cassava in urban areas. For example in Sierra Leone, imported rice prices have increased in certain markets by up to 13 percent while in Liberia, the prices increased up to 30 percent. In Guinea, meanwhile, rice prices have generally been stable or below levels from previous years although in areas worst-affected by Ebola, the purchasing power of poor households is still likely reduced due to below-average incomes.

5. Methodology

Cadre Harmonisé analysis is based on the analytical framework of the IPC 2.0, including the analysis of four outcome indicators (food consumption, nutritional status, livelihood change and mortality) with contributing factors such as hazards and vulnerability, food availability, access, utilization and stability, that can impact on food security outcomes.

The analysis was carried out by the Cadre Harmonisé Technical Committee with the participation of six experts from the three countries and facilitated by CILSS and its partners (UN agencies, JRC/EC, NGOs, FEWS NET). The analysis was conducted in Dakar from February 23 to 26, 2015 and was preceded by a short training on the Cadre Harmonisé methodology on February 22. The situation of each country was analyzed by a group composed of national and regional experts, and subsequently discussed in plenary and adjusted to receive technical consensus from all partners.

6. Challenges and recommendations

Challenges:

A large challenge was gaps in the data used in the Cadre Harmonisé analysis for the three countries. Due to movement restrictions and sanitary risks, most assessments conducted during the EVD crisis were of qualitative nature. As a result, quantitative and household level information, particularly on incomes, nutrition, food consumption and livelihood assets were in many cases unavailable or very limited. As a result of these data gaps, the overall confidence level of this analysis is only acceptable (the lowest of three possible confidence levels in the CH);

Recommendations for improved information:

- Conduct further assessments to confirm the number of food insecure people and estimate the caseload of undernourished children in all three countries;
- Identify the location, livelihoods and household characteristics (e.g. gender) of food insecure populations;
- Strengthen agricultural, market, nutrition and food security national monitoring systems including data collection, information management and governmental statistics;
- Strengthen coordination and information sharing among all food security and nutrition actors;
- Update the present analysis as soon as sufficient and relevant data is available.



Recommendations for intervention:

- Assist the most vulnerable households during 2015 lean season by providing emergency food assistance (in kind or in cash) to enable them to meet their basic food and non-food needs;
- Maintain efforts to eradicate Ebola, and prepare communities against the risk of future resurgence of EVD and other epidemics;
- Support the recovery of local economies and livelihoods, replenishment of credit associations, and strengthen household resilience; (specially support the next main farming season starting in March/April 2015);
- Resume and strengthen prevention, surveillance and treatment of undernutrition and;
- Address structural causes of chronic food insecurity and malnutrition in all three countries such as lack of infrastructures, processing and marketing of agricultural products, access to public services and economic opportunities.

Technical Partners:

