measuring results, sharing lessons

An evaluation of WFP's L3 Response to the Ebola virus disease (EVD) crisis in West Africa (2014– 2015)

Evaluation Report

January 2017

Prepared by Konterra:
Mark Shepherd, Jacqueline Frize, Francois de Meulder, Mariangela Bizzari, Isabelle Lemaire, Lara Ressler Horst and Seth Chase

Assisted by: Yvette Essou, Patrick Zombo, Zinnah Kamah and Binta Ann

Commissioned by the
WFP Office of Evaluation

Report number: OEV/2017/004

WFP World Food Programme wfp.org

THE KONTERRA GROUP

Acknowledgements

The evaluation team is very grateful for all the assistance provided during the assignment by Miranda Sende and Mar Guinot of World Food Programme (WFP) Office of Evaluation, the WFP Regional Bureau in Dakar, and the Country Offices and Sub-Offices in Guinea, Liberia and Sierra Leone. The evaluation team also acknowledge the contributions of United Nations agencies, WFP partners and beneficiaries who took the time to share valuable information and thoughts.

Disclaimer

Evaluation Management

Director of Evaluation:	Helen Wedgwood
Coordinator, evaluations of corporate emergency responses:	Elise Benoit
Evaluation Manager:	Miranda Sende
Research Analyst:	Mar Guinot

Table of Contents

List of Annexes (in Volume II)

List of Tables

List of Figures

Executive Summary

Introduction

1. WFP's non-traditional Level 3 emergency response to the Ebola virus disease (EVD) crisis in West Africa during 2014 and 2015 was unique and complex.[1] On 8 August 2014, the World Health Organization (WHO) declared a public health emergency of international concern;[2] on 13 August, WFP declared a Level 3 emergency response.[3] As of December 2015, WHO had recorded 28,616 cases in Guinea, Liberia and Sierra Leone – the three most Ebola-affected countries (EACs) – including 11,310 deaths.[4]

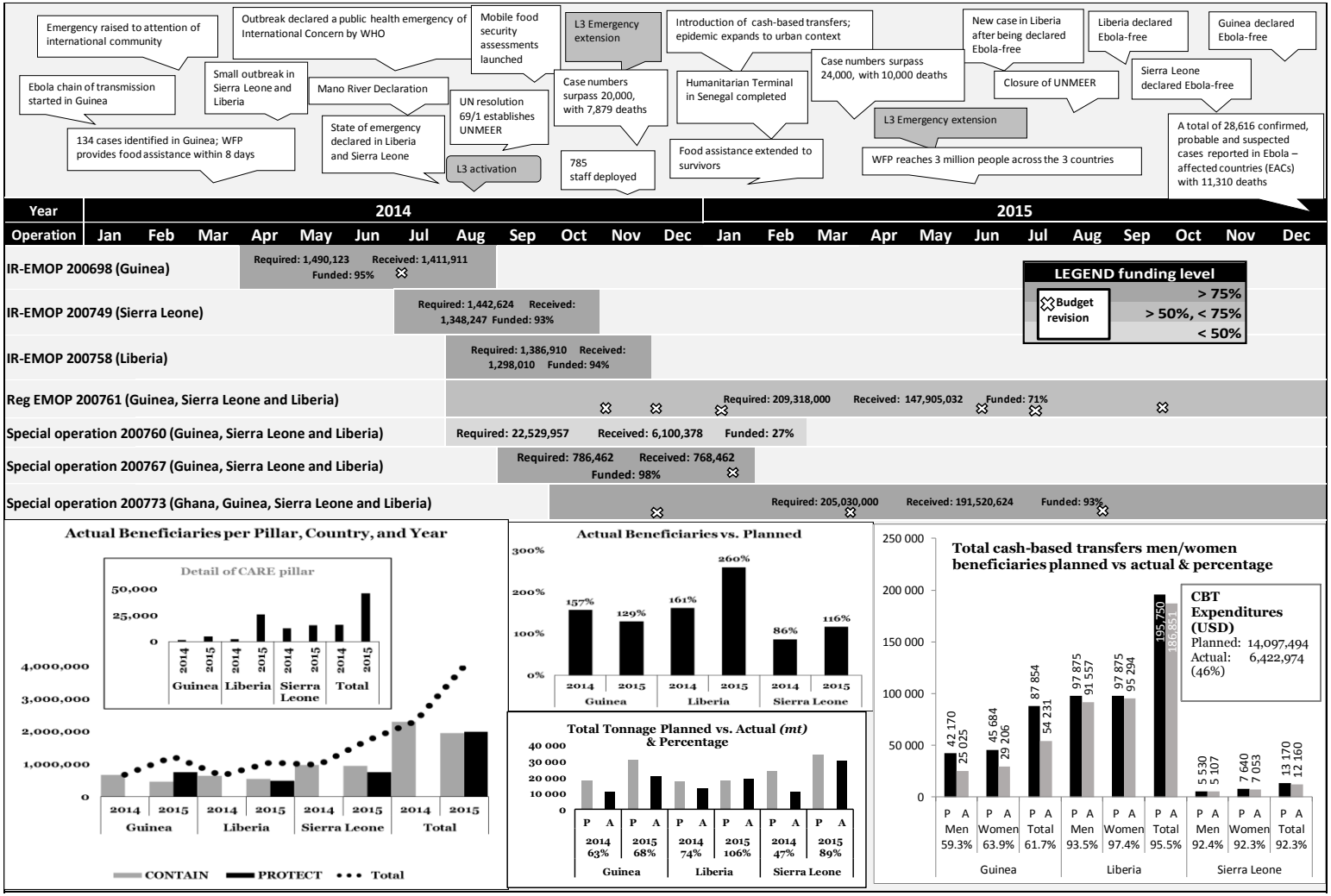
2. A delayed response, weak and disrupted health systems, a lack of trained staff and equipment, and a history of prolonged conflict and political instability made EVD containment challenging. In August 2014, presidents of EACs outlined measures to contain and eradicate the virus,[5] including quarantine of "contact cases" – people who have come into direct contact with an Ebola patient – and communities; closure and monitoring of borders; and restrictions on the movement of goods and services. On 19 September, the United Nations Mission for Ebola Emergency Response (UNMEER) was established, providing a United Nations-led common operational platform for addressing the outbreak and complementing the WHO Ebola Response Roadmap.[6]

3. National coordination committees, response plans and recovery strategies were formulated for three phases: phase 1, stop EVD transmission at the national and regional levels; phase 2, prevent spread of the epidemic by strengthening preparedness and response measures; and phase 3, stimulate socio-economic stabilization and recovery. WFP responded to this fast-evolving complex emergency by providing food assistance to infected and affected households and communities, and common services to the United Nations system. Figure 1 summarizes the major events, WFP responses and funding levels related to the crisis

.

[1] The EVD outbreak was the largest, longest, most fatal and most complex in the nearly four-decade known history of the disease.
[2] WHO Situation Report. 10 June 2016.
[3] WFP Decision Memorandum. 13 August 2014.
[4] WHO: http://apps.who.int/iris/bitstream/10665/208883/1/ebolasitrep_10Jun2016_eng.pdf?ua=1
[5] Joint Declaration of Heads of State and Government of the Mano River Union for the Eradication of Ebola in West Africa.
[6] WHO. 2014. *Ebola Response Roadmap*.

Figure 1: Important events and WFP achievements during the evaluation period



Sources: Evaluation terms of reference; Standard Project Reports 2014–2015; WFP resource situation updates as of January 2016.

Evaluation Features

4. Conducted between March and September 2016, the evaluation considered WFP's response in EACs between 1 January 2014 and 31 December 2015 focusing on three areas of enquiry: partnerships and coordination; learning, adaptation and innovation; and performance and results. It considered relevance, coherence and appropriateness; coverage; coordination and connectedness; effectiveness; and efficiency within these areas. Although the evaluation had the dual objectives of accountability and learning, its emphasis was on organizational learning and taking the opportunity to assess WFP's strategies, systems, tools, procedures and actions in response to the unique demands of a complex public health crisis.

5. The evaluation's main methodological approach was outcome harvesting,[7] supported by mixed methods that included i) orientation briefings with 58 WFP staff members at Headquarters, the Dakar Regional Bureau and country offices; ii) literature review; iii) three online surveys on human resources and staff well-being, external stakeholders[8] and logistics, and satisfaction among the users of common services; iv) pre-interview questionnaires; v) 320 internal and external stakeholder interviews; vi) visits to three EACs plus Ghana and Senegal to meet 130 staff members; vii) 22 group discussions with approximately 600 beneficiaries; viii) country office briefings and workshops; ix) eight timeline exercises; x) partner workshops; xi) visits to one Ebola treatment unit (ETU) and two forward logistics bases in Liberia and Sierra Leone; and xii) a stakeholder learning workshop at Headquarters in September 2016.

6. Evaluation challenges included limited stakeholder engagement, especially among external informants. This required the evaluation team to employ a more traditional mixed-method approach alongside outcome harvesting.

WFP Portfolio

7. WFP developed a two-pronged response to the Ebola outbreak, which involved: i) food assistance delivering food and nutrition support alongside the health response to mitigate the food security impacts of the health emergency through three immediate-response emergency operations (IR-EMOPs) and one regional emergency operation (EMOP); and ii) support to common services through three regional special operations (SOs), enabling the movement of partners' staff and materials and providing infrastructure support to health partners. The evaluation covered seven operations contributing to WFP's Strategic Objective 1. As indicated in Figure 1, the total requirement for WFP's portfolio was close to USD 442 million, of which 79 percent had been received by December 2015.[9] For the first time in a crisis, resources allocated to SOs exceeded allocations to emergency food assistance, at 52 percent versus 48 percent.

8. WFP's initial response began with three country-specific IR-EMOPs to reduce interpersonal contact and stabilize village communities; respond to urban outbreaks in Freetown, Sierra Leone and Monrovia, Liberia; contain food price rises resulting from the closure of cross-border trade and markets; and maintain acceptable levels of nutrition in EVD-affected areas.

9. In August 2014, the EVD outbreak developed into a full-scale crisis. Following WHO's request for support to EAC governments, WFP launched regional EMOP

[7] Outcome harvesting enables evaluators to identify, formulate, verify and make sense of outcomes, in cooperation with internal informants.
[8] Government officials, United Nations and non-governmental organization (NGO) partners, and donors.
[9] The total for the EMOP and three IR-EMOPs was USD 213,637,657. The total for the three SOs was USD 228,346,419. Standard Project Reports (SPRs) for 2014 and 2015.

200761. To assist patients at ETUs, contact cases and communities with intense and widespread EVD transmission, the EMOP delivered food and nutrition assistance to care for infected individuals and contain the spread of the virus.

10. In October 2014, WFP provided logistics support through regional SO 200773, partnering UNMEER and substituting two small regional SOs with a large-scale common services platform to enhance air transport capacity, emergency telecommunications and urgently required logistics support. After the initial response, food and logistics support converged progressively to provide three distinct components (Figure 1): i) care for Ebola patients and survivors; ii) containment of quarantined households and communities with high transmission rates; and iii) protection[10] to prepare communities for the return to normal life.

11. As shown in Table 1, three types of beneficiaries – patients, households and communities – were targeted for food assistance. The planned rations for these groups were in line with the standard nutrition guidelines for EVD of the United Nations Children's Fund (UNICEF), WFP and WHO.[11]

Table 1: Beneficiary categories for WFP food assistance

Pillar	Category
Care	ETU patients – wet meals
	Contact cases
	ETU patients ETU families
	Community care – patients Community care – families
	Vouchers for fresh food – patients Vouchers for fresh food – families
	Cash for fresh food – survivors
Contain	Community hotspots Areas of widespread and intense transmission (communities and people in isolation or quarantine)
	Contingency – screening centres
Protect	Survivors discharged
	ETU survivors – adults
	ETU survivors – children
	Transition – food
	Transition – cash-based transfers
	Orphans
	Children in transition

Sources: EMOP project documents and 2014–2015 budget revisions.

[10] Or transition: see WFP's conceptual shift in budget revision 4, May 2015.
[11] WFP/WHO/UNICEF. 2014. *Interim Guideline Nutritional Care in Adults and Children infected with EVD in Treatment Centres.*

Evaluation Findings

Partnerships and Coordination

12. According to respondents from EAC governments, WFP's response was aligned and coordinated with national priorities and integrated into national response structures, initially through emergency operation centres as part of WHO's Strategic Action Plan for Ebola Response, and then through dedicated national structures led by ministries of health. EAC government sources indicated that WFP's response made significant contributions to aid coordination at the national and local levels, with food assistance being critical in ensuring the success of necessary isolation and containment measures. The shaping of the regional EMOP and SOs by the regional bureau ensured coordination and alignment with evolving government priorities and the response road maps of UNMEER and WHO. However, a higher country level direct WFP engagement may have led to a more effective government response, for example, by supporting more efficient government planning modalities.

13. Beyond food assistance, the regional bureau's leadership and coordination were crucial in defining the overall response architecture and facilitating a coordinated regional response by United Nations and partner agencies. This increased opportunities for synergy among United Nations agencies and translated into greater programme effectiveness at the strategic and operational levels. WFP made a significant contribution to the United Nations Delivering as One initiative by aligning its activities with national priorities, reducing transaction costs and creating new standard operating procedures for use in future emergencies.[12] The joint WFP/WHO agreement for operation support paved the way for future emergency response and inter-agency support on pandemics and health crises,[13] ensuring that each agency's comparative advantage and capacities were maximized.

14. With priorities largely framed by governments and WHO, WFP's partners considered WFP's response to be coherent and aligned with their own priorities, and to create operational synergies. WFP demonstrated flexibility, diversity and agility in partnering, engaging in new and non-traditional health partnerships, particularly with health actors in the care pillar; agencies that had delivered food assistance in the past in the contain pillar; previous partners in EAC in the protect pillar; and new private partners such as logistics and communications service providers. However, with a few exceptions – including logistics in Liberia – capacity strengthening for partners was narrowly focused and not oriented towards partners' broader expectations or needs.

15. Leveraging these partnerships, WFP developed an effective scale-up strategy for its operations, with the framework provided by the care, contain and protect pillars proving fundamental to success. As EVD transmission stabilized and countries were declared EVD-free, the scale-down strategy begun in 2015 aligned ongoing country programmes in EACs with government recovery strategies. However, the evaluation team found that the 12-month transition period resulting from the decision to extend the EMOP was too long, particularly for the protect pillar.

Learning, Adaptation and Innovation

16. The EVD crisis required a shift in mindset within WFP from a food-insecurity entry point to a health-driven response. WFP's internal systems, guidelines, protocols and procedures proved for the most part adequate, relevant and flexible. However, significant revisions[14] were sometimes needed to make them suitable in a context

[12] Such as the use of correct personal protection equipment.
[13] WFP/WHO. 2015. WFP/WHO Cooperation in Response to EVD. Lessons Learned.
[14] For example, food distribution guidelines were revised to include measures for mitigating crowding and shortening waiting times; rotating staff to reduce infection risk; and providing protection, hygiene, sanitation and medical equipment.

where WFP staff were not confident of the best modality to respond to the crisis. In addition, country offices that had been operating in development mode were not prepared for an emergency response of such magnitude. Through a process of revision, adaptation and integration, WFP adjusted its response, applying past and emerging lessons as the crisis evolved. However, not all of WFP's response systems were consistently applied (paragraph 22).

17. WFP's response and activities were generally aligned with its policies, with the exception of the Gender Policy, which was not adhered to because a lack of sex- and age-disaggregated data precluded gender analysis; WFP could have been more vocal about such needs with partners and governments. Aside from the absence of a policy framework for responding to health-driven emergencies, WFP's existing policy framework was generally relevant to the operational needs and objectives of this response. Operations were aligned with United Nations standards and humanitarian principles. WFP's broad-based targeting ensured that food assistance was provided without discrimination. Beneficiaries did not report exclusion or abuse, and the majority reported being treated with respect and dignity during registration and distribution. Successful efforts were made to prevent and mitigate operational risks to beneficiaries, staff and partners.

18. WFP's traditional tools, adapted somewhat, were appropriate and instrumental in adjusting the response. However, there were delays in implementation, and unclear effectiveness of, community feedback mechanisms. While mobile-based assessment and monitoring tools were used to positive effect, they highlighted a number of limitations in data gathering such as uneven access to and use of mobile phones among the population; the inability of mobile vulnerability analysis and mapping to accommodate the use of food consumption scores; and the risk of introducing bias against certain vulnerable groups into community feedback mechanisms.

19. While important monitoring work was carried out in terms of the strategic design and adaptation of reporting tools, existing data collection by country offices, and the regional EMOP's reporting systems were inadequate for timely regional analysis. As data systems for beneficiaries, food distributions, finances, cash-based transfers and disbursements are managed separately, it was difficult for the evaluation team to quantify the assistance received by different categories of beneficiary. The regional SO also lacked a comprehensive and structured system for real-time monitoring of the volume of non-food items and the demand for logistics services from the humanitarian community.

20. Nonetheless, stakeholders reported their appreciation[15] for the coordination between the regional bureau and country offices and among functional areas, which was generally effective and eased the burden on country offices. Modifications in reporting lines made at the Headquarters level included designating the Regional Director of West Africa as Corporate Response Director.[16] A dedicated emergency structure – the Ebola Cell – was deployed to country offices and the regional bureau to manage the evolving emergency response and the risks associated with deploying and managing a large staff in this challenging context. While operational management was successfully decentralized at the regional bureau and in country offices, there was some confusion because of unclear boundaries between country and regional levels of the Ebola Cell.

21. There was little evidence of emergency preparedness and response (EPR) activities for a health pandemic in EACs. The regional bureau quickly acknowledged

[15] Including many WFP stakeholders in regional bureaux and country offices.
[16] WFP Decision Memorandum, 13 August 2014.

the lack of emergency preparedness and contingency plans, and WFP systems were activated to address the gap. As a result, a model was developed at Headquarters to estimate the impact of EVD on food insecurity in EACs and to forecast the evolution of the situation over time based on transmission projections.[17] However, the evaluation found no direct financial provisions for EPR measures.

22. Some EPR gaps also emerged in the areas of staff deployment, health and well-being. A series of health measures were to be systematically applied to all staff deployed to EACs, including psychological screening prior to deployment, physical clearance,[18] regular health checks and an Ebola exit check. In a context of multiple Level 3 responses for WFP,[19] deploying staff with the qualifications and capacities for emergency response was challenging, particularly for the Ebola response in which fear among staff was high. While reliance on short-term contracts and assignments of staff and stand-by partners ensured the necessary expertise, it created challenges related to hand-over and stability in some functional areas. Frequent staff turnover also resulted in the consistent need for training and the loss of expertise, institutional knowledge and momentum.

23. WFP's Level 3 activation was timely even though the incidence of EVD indicated that a declaration of crisis by WHO would have been justified four weeks earlier.[20] WFP's management of risks was exceptional. Success factors included deployment of a compliance officer, development of a Level 3 risk register and adoption of mitigation measures,[21] although risk analysis at the country office level took place later than desired. Following the Ebola response and engagement in new areas such as staff well-being, cold-chain supply management and the construction of seven ETUs, which carried major reputational risks, WFP's 2016 corporate risk appetite statement has evolved considerably from the 2012 statement. With the Ebola response being primarily health-driven rather than food-driven, and having a major logistics component, WFP was compelled to adopt a flexible approach that sometimes varied from its well-tested emergency food response operations.

24. A number of innovative structural and institutional arrangements involved in the response have great potential for replication or institutionalization in future emergencies. Examples include the WFP/WHO agreement, large-scale mobile assessment and monitoring, the pandemic supply chain and network, and the common services platform.

Performance and Results

25. WFP's two-pronged response was highly appropriate and relevant, and the Level 3 response was scaled up efficiently amid rapidly evolving needs. The common services platform was essential in helping to meet all stakeholders' needs.

26. WFP's response was characterized by new modes of distributing in-kind food and introducing cash-based transfers (CBTs) in high-risk contamination areas; the extensive use of loans and corporate financial facilities; a consolidated supply chain for procurement and delivery; and the establishment of specialized infrastructure in partnership with other health actors.

27. For food assistance in the care pillar, primarily targeting patients, and the contain pillar, primarily targeting affected communities, affected populations were identified through government health facilities and health partners; beneficiaries

[17] The Ebola effect model identified three channels of Ebola-induced impact: social, markets and livelihoods.
[18] WFP's Preparedness and Response Enhancement Programme includes medical and psychological screening prior to Level 3 deployments.
[19] Including the Central African Republic, the Philippines, South Sudan and the Syrian Arab Republic.
[20] According to WHO, as of 27 July 2014, the number of reported cases had reached 1,323, including 729 deaths.
[21] Regional Bureau for West Africa Ebola crisis regional risk matrix, 1 September 2014.

of the protect pillar, targeting food-insecure households, were identified by WFP's cooperating partners. WFP maintained flexibility in beneficiary selection and geographic targeting to allow teams to respond appropriately throughout the response. The care pillar's caseload represented 1 percent of the total caseload while the contain pillar comprised 67 percent and the protect pillar 32 percent.[22] Unfortunately, planning data on beneficiaries by pillar were not available, with only aggregate data available at the onset of the response. As a result, the evaluation team was not able to provide an overview of the numbers of beneficiaries reached against the numbers planned by pillar.

Table 2: Planned and actual beneficiaries, tonnage and CBTs, 2014-2015*

Operation (all countries combined)	Beneficiaries			Commodities *(mt)*			CBTs *(USD million)*		
	Planned	Actual	%	Planned	Actual	%	Planned	Actual	%
Country-specific IR-EMOPs	84 800	221 200	261	3 471	4 378	126	n.a.	n.a.	n.a.
Regional EMOP 200761	4 793 348	5 062 610	106	140 983	105 178	75	14.1	6.4	46
Including CBT beneficiaries	297 314	253 314	85						

Source: WFP SPRs 2014–2015.

* Actual beneficiary numbers do not include overlaps. Including overlaps, the actual beneficiary number for regional EMOP 200761 is 6,294,272.

28. WFP food assistance began in April 2014 through the country-specific IR-EMOPs, reaching 221,000 beneficiaries of what could be considered retrospectively as the care and contain pillars. By December 2015, it had reached more than 5 million beneficiaries of all three pillars – 53 percent of whom were women and girls – through the regional EMOP; the planned total was 4.8 million. Aligning with and adapting to the rapidly evolving EVD transmission rates and humanitarian response requirements, WFP carried out six budget revisions in 2014 and 2015. This indicates WFP's desire to align with the conditions in EACs and the challenge of forecasting along its usual operational timeline. The beneficiaries of the regional EMOP received 75 percent of planned commodities, suggesting a reduction in rations as a result of pipeline breaks for some commodities. Starting in 2015, CBTs reached 85 percent of targeted beneficiaries.

29. The care and contain pillars of the food response were appropriate from the outset. WFP's food assistance directly contributed to mitigating the risk of spreading EVD: WFP provided food rations to registered contact cases mainly through door-to-door deliveries during their 21-day periods of isolation. The rapidly scaled up protect pillar included a food security focus for EVD-affected communities and individuals during the lean season, with activities aligned with government priorities for increasing access to basic services, quite similar to the country office regular activities. However, the EMOP scale-down was too long, and a regional protracted relief and recovery operation to transition from the regional EMOP to country programmes would have been more pertinent.

[22] EMOP budget revisions 2014–2015.

30. The range of activities in the protect pillar had the potential to include a stronger food security and livelihoods approach as WFP country offices in EACs already implemented some of these activities through their country programmes. The regional EMOP's logical framework reported on Strategic Objective 1 indicators such as the food consumption score, dietary diversity scores and coping strategy indices. However these indicators were not considered in the evaluation because they were deemed unsuitable for measuring WFP's performance in a health response where food security was not the entry point.[23] As stated in the 2015 SPR for regional EMOP 200761, "…it is important to analyse the results … within the context of the assistance provided as WFP's food assistance was primarily targeted towards communities in which high levels of Ebola transmissions were reported … not necessarily the most food-insecure communities".

31. To meet the pressing logistics demands of host governments and the humanitarian community, WFP activated large reception and storage facilities along the supply chain from overseas points of origin to the many Ebola treatment locations. Supported by the logistics cluster and the United Nations Humanitarian Response Depot (UNHRD), WFP built staging areas, seven main logistics units, eight forward logistics bases, numerous ancillary depots and ETUs, and rehabilitated several units at clinics and medical centres. Although the emergency telecommunications cluster was not officially activated, UNMEER mandated WFP, as global cluster lead, to respond to communication needs as if the cluster was active.

32. WFP also established long-distance cargo charter flights alongside the United Nations Humanitarian Air Service (UNHAS) cargo and passenger services to augment the response capacity of WFP and its partners. UNHAS recorded more than 5,000 take-offs, transported 32,000 passengers and more than 200 mt of medical equipment, and performed 68 medical evacuations. A user satisfaction survey showed that WFP's services were highly regarded by stakeholders, with UNHAS recording the highest satisfaction level, followed by air and road services, warehousing facilities and logistics information facilities.

33. The common service platform was used extensively by the entire humanitarian community to deliver results and achieve efficiency gains and cost savings: 77 organizations made use of this free platform. The evaluation team believes that this indicates some financial and efficiency advantages for WFP's partners.

34. The ratios of the regional EMOP budget components are in line with the ratios recorded for all WFP EMOPs (18 percent). The direct support cost (DSC) level of USD 20.30 per USD 100 in direct operational costs shows an above-average degree of overall cost-efficiency. The DSC level of USD 20.46 per USD 100 of net capacity and development services delivered is a very fair result. The regional SO's DSC represent 17 percent of the direct operational costs, which is not excessive given the complexity of the operation.

35. Based on lessons learned from WFP's response, WFP, WHO and several private companies are now collaborating on the Pandemic Supply Chain Initiative to further strengthen global capacities for effective and efficient supply-chain services during public health emergencies. In the context of UNHRD, other initiatives are also under way to enhance the utility of humanitarian stockpiles.

[23] Data were derived from key informant interviews during the March 2016 inception mission and the October 2015 report of the regional bureau's Monitoring and Evaluation Unit "EAC Emergency Response Challenges, Lessons Learned and Best Practices in Monitoring".

Overall Assessment

Relevance, coherence and appropriateness

36. WFP's EVD response was highly relevant to and appropriate for both the food assistance and the common services required in this unique emergency. All operations were conducted within the frameworks of existing WFP policies for emergency response, but the relevance of these policies as a trigger to initiate action has not been sufficiently established. A failure to adhere to the Gender Policy meant that gender issues were not addressed; WFP used a gender-blind approach to its interventions in EACs for significant periods.

37. WFP's traditional tools were generally appropriate for adjusting the response, reducing costs and maximizing effectiveness. The use of mobile tools, while critical in this context, presented some limitations.

Coverage

38. WFP's response was overall delivered in a timely and efficient manner, avoiding duplication and filling critical gaps such as food assistance and common services. Affected populations were adequately identified and reached largely on the basis of national priorities. Activities were successful in contributing to meeting food needs of individuals and communities, and supporting governments in reactivating services decimated by the crisis. While the overall response was coherent in its targeting approach and activity profile, the evaluation team believes that, given the economic impact of EVD, more food security activities should have been explored through other Strategic Objectives.

Coordination and connectedness

39. Response activities were scaled up in a timely and efficient manner through a coordinated and connected scale-up strategy that leveraged multiple partnerships to good operational effect. The regional bureau's strategic approach was vital in ensuring coordination with fluctuations in the response road maps of EACs, UNMEER and WHO, and overall connectedness. The care, contain and protect pillars provided a crucial strategic framework that guided the scale-down and ensured the connectedness of country programmes to government recovery strategies.

40. Complex emergencies are seldom similar and often require different approaches, but WFP's response is instructive. Internally, WFP succeeded in activating all the components necessary for working efficiently towards the goals: delivery of food assistance; a supply chain routing large quantities of food and non-food items; services through UNHAS; a network of well-located UNHRDs; and a resourceful engineering division. The experience WFP has gained is replicable. Externally, however, work with many different entities is more volatile; replicability will require sustained efforts by United Nations agencies to retain lessons learned and deliver as one. In this respect, the mandate entrusted to the global logistics cluster proved extremely appropriate and must be pursued.

Effectiveness

41. In terms of partnerships, the WFP/WHO agreement contributed to programme effectiveness by drawing on the comparative advantages and capacities of both agencies. In terms of operational results, WFP succeeded in filling a gap in logistics capacity on behalf of WHO and the humanitarian community. While WFP's initial risk analysis at the country office level was slightly late, subsequent efforts were made to address, appraise and manage risks through effective planning of both the architecture and programmes, and through a high level of cooperation with partners.

Efficiency

42. WFP's human and financial resources were overall well managed and contributed to a timely, effective and efficient response. Operations were conducted with due regard for costs and all WFP's control mechanisms were complied with.

43. WFP's common services platform increased cost-efficiency for the United Nations system through synergy and multiplying opportunities, reducing transaction costs and

contributing to efficiency gains and cost savings through harmonized practices and integrated operational support services. While WFP successfully mobilized partners to deliver food assistance and created new partnerships with third-party CBT service providers, its resource management information and results monitoring systems were insufficiently integrated to provide a real-time overview of its food assistance and logistic services.

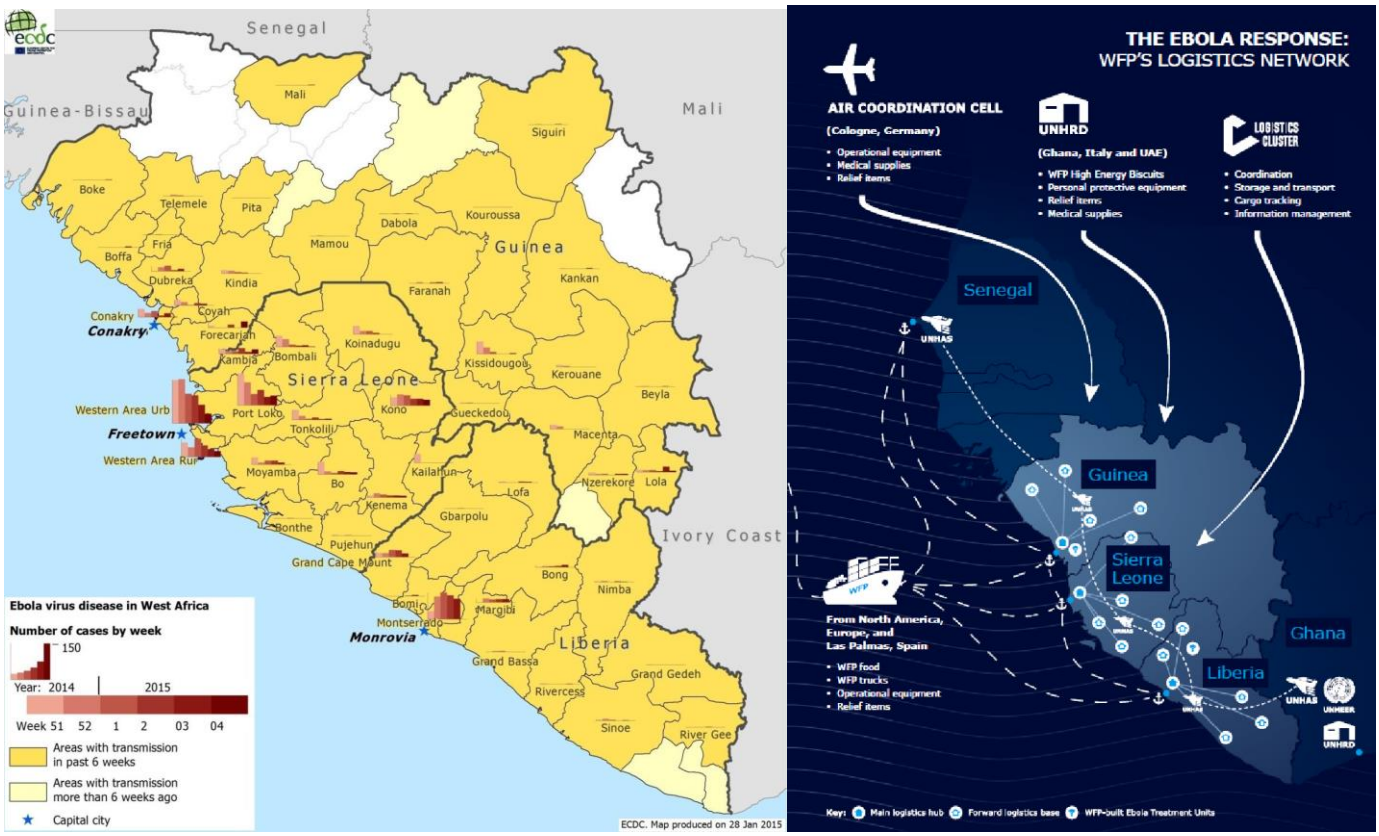
Recommendations

	Rationale	Recommendation	Responsibility and timing
Improving performance			
1a	Regional bureau leadership and coordination was crucial to the overall response architecture and provision of efficient common services. In line with WFP's ongoing transition from implementer to enabler, a strong supply chain is likely to be a major determinant.	In partnerships with other United Nations, Red Cross, international and national non-governmental and national health and disaster management actors, document and communicate WFP best practices in: i) providing common services that maximize cost efficiencies in support of an effective global response capability; and ii) how WFP's Ebola response model/learning could be applied/adapted to future (health) emergency situations.	Emergency Preparedness and Support Response Division (OSE) Immediately
1b	As the lead United Nations logistics agency, WFP needs to maintain its comparative advantage and bring together United Nations agencies and NGOs to respond to future outbreaks, avoiding the need to create an extraneous coordination structure at short notice.	Engage in the ongoing establishment of a global supply chain network for pandemic preparedness and response.	Supply Chain Division (OSC) By mid-2017
1c	To avoid losing critical parts of WFP's EPR learning and to mitigate high rotation of human resources.	In line with the former corporate Preparedness and Response Enhancement Programme, WFP should capture its operational learning from the EVD response to improve support to (health) emergencies and to integrate the learning generated from the innovative procedures, protocols and systems successfully deployed into its EPR tools.	Policy and Programme Division (OSZ) and Innovation and Change Management Division (INC) By mid-2017

	Rationale	Recommendation	Responsibility and timing
1d	To address staffing gaps and broaden both the number and the capacity of staff available for emergency deployments as required for surge, scale-up and scale-down.	In line with its People Strategy (2014–2017) and Wellness Strategy (2015–2019), WFP should invest further in its EPR capacity and in the technical capacity of (middle-/lower-ranking) staff, developing a sustainable long-term strategy for responding efficiently to the surge and scale-down staffing requirements of protracted emergencies (beyond the first wave). It should outline how it intends to fill/respond to needs for a critical number of senior posts; ensure even representation across functional areas/levels; ensure that staff deployed are physically fit, psychologically prepared and equipped with the appropriate illness/injury prevention measures for emergency deployment; institutionalize structured hand-over; and include a comprehensive system to mobilize both national and international staff that is able to attract, retain and borrow required talent in a timely manner.	Office of the Executive Director, Human Resources Division, Staff Wellness Division and OSC in coordination with OSE By the end of 2017
Partnerships			
2	WFP needs to adopt a comprehensive capacity development perspective for partner organizations' resilience and sustainability in collaboration with national stakeholders.	In cooperation with relevant United Nations key partners, identify regional and country strategic support for organizational development of national stakeholders responsible for emergency response, and consider such activities within the respective Country Strategic Plans under development in the region.	Country offices and the regional bureau in coordination with OSE and OSZ Timeline as per the Country Strategic Plan roll-out in the region
Supply chain			
3a	To avoid future gaps in tracking and managing non-food items for the humanitarian community in its common services initiatives.	i) WFP should develop a robust and flexible information management system for non-food items to enable adequate tracking and management of these items from the point of receipt by WFP (for WFP or on behalf of partners) to the point of hand-over to the intended non-WFP recipient. As a first step: ii) WFP should conduct a feasibility study that defines the tracking and management objective, the system's scope, the required investment and a realistic timeframe for developing and rolling out a system solution.	OSC By the end of 2017

	Rationale	Recommendation	Responsibility and timing
3b	To integrate the upstream and downstream supply channels for the procurement of non-food items.	WFP should streamline its procurement procedures for non-food items (whether for WFP or for third parties) ensuring that existing guidelines clearly outline the process and that guidelines related to international shipments (air or sea) are reviewed, updated and disseminated to relevant staff and partners.	OSC By the end of 2017
WFP's resource management information and results monitoring systems			
4	Existing country office data collection and analysis systems are inadequate for timely regional analysis.	With the aim of integrating, consolidating and harmonizing data sets at the regional bureau and country office levels, WFP should undertake a review of its data collection and information management systems and practices, with a specific focus on sex- and age-disaggregated data collection and analysis.	Performance Management and Reporting Branch with the regional bureau and country offices Within 12 months
Beneficiary-centred approach			
5a	Women's voices should be captured to the same extent as men's. This may be achieved through the use of technologies for assessment, monitoring and feedback.	In line with its Gender Policy, WFP should tailor its guidelines on accountability to beneficiaries of health responses by ensuring implementation of the minimum standards for gender equality and women's empowerment in all interventions and emergencies, including through analysis of sex- and age-disaggregated data.	OSZ with support from the Gender Office Within 4–6 months
5b	As a measure for ensuring accountability to affected populations, complaints and feedback mechanisms need to be established for both in-kind and CBT assistance from the start, in conjunction with cooperating partners.	WFP should revise its guidance on the establishment and management of complaints and feedback mechanisms, clarifying responsibility/accountability for their implementation throughout WFP and at the country office level; ensuring that guidance is appropriate and applicable to all contexts, including health emergencies; and enhancing awareness among WFP staff and partners, through field-level agreements.	OSZ Within 4–6 months

Maps of Ebola virus disease cases and WFP response logistics



Source: Map of cases - The European Centre for Disease Prevention and Control[24]; map of logistics – WFP.[25]

[24] http://ecdc.europa.eu/en/publications/Publications/RRA-Ebola-Feb-2014.pdf.
[25] Ebola Response: from crisis to recovery, July 2015.

1. Introduction

1.1. Evaluation Features

1. The unique character and complexity of the Ebola Virus Disease (EVD) emergency in parts of West Africa alongside the World Food Programme's (WFP) 'non-traditional' Level 3 Emergency Response to the EVD crisis warranted an evaluation that sought to understand organisational adaptation and innovations, and how they may be relevant for future emergency responses. The evaluation also provided an opportunity to assess the effectiveness of the Inter-Agency Standing Committee's (IASC) protocols for improved collective action in one of the largest and most complex public health crises. The evaluation considered three key themes/questions: 1 - *Partnerships and Coordination*: To what extent did WFP develop an integrated response and position itself to add value to the global EVD response? 2 - *Learning, adaptation and innovation*: How did WFP use and adapt the internal procedures, systems and tools during the response to inform decision-making? 3 – *Performance and results*: What were the performance and results of WFP's response to the EVD outbreak?[1] The evaluation had a regional focus with specific attention paid to WFP's response in the three Ebola affected countries (EAC): Guinea, Liberia and Sierra Leone. The period under review was from 01 January 2014 to 31 December 2015 corresponding to the main implementation period of WFP's response. The evaluation covered all WFP operations implemented during the above timeframe: Immediate Response Emergency Operations (IR-EMOP) 200698, 200749 and 200758, the regional EMOP 200761 (Guinea, Liberia and Sierra Leone) and regional Special Operations (SO) 200760, 200767 and 200773.

2. Evaluation stakeholders include those internal to WFP, as well as external stakeholders that comprise: EAC governments; United Nations (UN) Agencies; cooperating partners and SO users; EVD affected populations; Red Cross Red Crescent Movement; other international non-governmental organisations (INGOs); regional bodies and other governments of West Africa; donors; international actors involved such as military and research institutes; and the Humanitarian Community of Practice. Evaluation users include: WFP at multiple levels; the UN Secretariat and agencies, particularly the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO).[2] An independent external evaluation team (EvT)[3] conducted the evaluation[4] between March and September 2016. Meetings and briefings with managers of technical units were conducted at WFP Headquarters (HQ) in Rome (March 2016) and the Regional Bureau (RB) in Dakar (March and June 2016). Field visits were undertaken to Freetown in Sierra Leone, Monrovia in Liberia, Conakry in Guinea, and to Accra in Ghana[5] between 17 May and 1 June 2016. The evaluation team also visited 3 WFP sub-offices (Makeni, Lofa and Nzerekore) and 6 districts in the EAC to conduct meetings with WFP staff, partners, local authorities, communities and beneficiaries. A workshop conducted on 22 September 2016 for key WFP stakeholders enabled dialogue on the evaluation findings, conclusions and initial recommendations.

3. Outcome Harvesting (OH) was the overall methodological approach used for the evaluation supported by mixed-methods that focused on learning from the outcomes of WFP's regional response.[6] The main techniques used included: literature review;[7] online

[1] See Annex A for Terms of Reference (TOR) and Annex F for the Evaluatio Matrix and full list of questions pertaining to the evaluation.
[2] See Annex B for the list of internal and external stakeholders.
[3] See Annex C for composition of EvT.
[4] See Annex D for evaluation itinerary.
[5] Ghana (Accra) was the location of the United Nations Humanitarian Response Depot (UNHRD).
[6] See Annex E for evaluation methodology. See Annex F for Evaluation Matrix.
[7] See Annex G for evaluation bibliography.

surveys[8]; pre-interview questionnaires (PIQ); internal and external stakeholder interviews; beneficiary group discussions; and in-country briefings/debriefings.[9] PIQs were sent to 40 respondents; 58 people attended the orientation briefings (Rome, Dakar and country offices by telcon); 320 key informants were interviewed in person or by phone; 22 representatives from cooperating partners were met during the field visits. Some 130 staff were met during the field mission, and 22 group discussions were held in the respective countries (with approximately 600 beneficiaries). The mixed method approach enabled integration of gender and protection aspects in the evaluation process, ensuring participation of a wide range of stakeholders, and including the perspectives of vulnerable populations. Findings were analysed and validated through a structured approach to data management, including the substantiation of outcome statements (OS) through the various evaluation stages. While OH had been selected as the main evaluation methodology, the scarce engagement of stakeholders and Change Agents (CA)[10] required the EvT to use the mitigation strategy that was part of the evaluation design.[11] This involved employing a more traditional mixed methods approach alongside aspects of OH and adhering to the original key evaluation focus areas and evaluation questions. Despite this limitation, the mitigation strategy proved effective and produced significant learning. Evaluation quality was assured through a quality panel, comprising technical experts that engaged in critical review of tools and reporting throughout the evaluation, as well as adhering to Evaluation Quality Assurance System (EQAS) and working closely with WFP's evaluation managers.

1.2. Country and sub-region Context

4. The EVD outbreak [12] that hit parts of West Africa in 2014-2015 is the largest, longest, most fatal, and most complex in the nearly four-decade history of the disease.[13] Following the outbreaks in Sierra Leone and Liberia and the successive closure of borders (June/July 2014 respectively), the WHO on 8 August 2014 declared the situation a public health emergency of international concern. Soon after, on 13 August 2014, WFP declared a Level 3 emergency response.[14] According to the WHO, there have been a total 28,616 cases across Guinea, Liberia, and Sierra Leone, including 11,310 deaths.[15] Reasons that made containment challenging included a delay in the response, weak/disrupted health systems, lack of trained staff and equipment, and a history of prolonged conflicts and political instability. Cross border trade was diagnosed as a major contributing factor to the rapid spread of the disease. Logistics became challenging, with existing limited in-country storage capacity, and seasonal rains that quickly deteriorated road conditions, all which compounded weak health supply chain management. Procurement and transport of basic goods and services was hampered by border closures and the suspension of flights to and from EAC. WFP's provision of basic food assistance in hot zones initially at country

[8] Three (3) online surveys were conducted: Human Resources and Staff Well Being Survey; External Stakeholders Survey (not key informants); and User Satisfaction Survey for Logistics and Common Services. Extensive details of the surveys may be found at Annex S.

[9] See Inception Report (IR) for details of data collection/field work tools.

[10] In OH, CAs are individuals who helped bring about change in the behaviours, relationships, actions, activities, policies, or practices of social actors. In the context of this evaluation, the term has been broadened to include individuals that have specific knowledge of WFP's EVD response. See Annex H for CA list.

[11] See Annex E pages 53-58 for details of the evaluation mitigation strategy and further information on evaluation limitations.

[12] Following the EVD outbreak, the three EAC governments successively declared states of emergency as follows: 9 February 2014 (Guinea), 12 June 2014 (Liberia) and 22 July 2014 (Sierra Leone). Liberia lifted its state of emergency on 14 November 2014, while Guinea and Sierra Leone continued with emergency measures into 2015.

[13] The first known EVD outbreaks date back to 1976 in Sudan (now South Sudan), and in the former Zaire (now Democratic Republic of Congo) http://www.who.int/mediacentre/factsheets/fs103/en/. The first fatality in Guinea has now been dated to December 2013, however the first case of Ebola was not confirmed until March 2014. Evidence indicates that the outbreak actually started on the 26 December 2013.

[14] Activation of a WFP Level 3 Emergency Response to the Ebola Virus Disease Crisis in West Africa, Decision Memorandum, 13 August 2014.

[15] WHO Situation Report, 10 June 2016,
http://apps.who.int/iris/bitstream/10665/208883/1/ebolasitrep_10Jun2016_eng.pdf?ua=1

and later at regional levels, and comprehensive logistics and infrastructure support across the region addressed some of these challenges .

5. The three hardest hit countries, Guinea, Liberia and Sierra Leone were characterised by high poverty rates and low human development indicators.[16] The crisis also revealed existing vulnerabilities in health systems such as insufficient financial and human resources,[17] low access to healthcare, and poor infection prevention and control measures. Lack of confidence in public health services contributed to the rapid proliferation of the epidemic.[18] Gender inequality[19] and the roles often played by women as caregivers and frontline healthcare workers,[20] as well as their engagement in cross-border trading/smallholder farming put them at greater risk of infection and of livelihood loss. Following the closure of markets and borders, and reduced agricultural production, food prices rose and, with them, household food insecurity, particularly impacting rural poor and female-headed households.[21]

6. In August 2014, the Presidents of the three EAC adopted a Joint Declaration[22] recognising the need for international support, and outlining measures to contain and eradicate the virus in the region. These included quarantine of contact cases and communities, closure and monitoring of borders, and a restriction of movement of goods and services. Containment efforts compounded with the fear of trading with affected areas resulted in the disruption of trade and agriculture - two main sources of livelihoods in the affected areas. The food security and nutritional impact of EVD has also been high, particularly on young children and women of reproductive age due to the disruption of treatment services.[23] Economic[24] and social damage have been substantial. In early 2015 WFP assessments and analysis demonstrated that the impact of the EVD was still affecting markets and household food security with recommendations to extend support over the lean season; although commodity prices stabilised over time, average household purchasing power had not totally recovered.[25]

7. On 19 September 2014, the UN Secretary-General established the first ever UN emergency health mission, the United Nations Mission for Ebola Emergency Response (UNMEER), with the aim of providing a UN-led common operational platform for addressing the broader consequences of the outbreak and to complement the WHO Ebola Response Roadmap.[26] However, response efforts had gone beyond the UN system and involved a wide range of stakeholders, including international humanitarian movements,

[16] Amongst them, high rates of maternal and child mortality, limited educational attainment, weak infrastructure, and inadequate public services. The 2014 United Nations Development Programme (UNDP) Human Development Index placed Sierra Leone 183 out of 187 countries, Guinea at 179 and Liberia at 175.
[17] Guinea, Sierra Leone, and Liberia figure among the countries with the world's smallest and least skilled workforce, WHO (2010), Density of doctors, nurses and midwives in the 49 priority countries: http://www.who.int/hrh/fig_density.pdf?ua=1.
[18] A number of studies indicate that mistrust coupled with fear of contamination and stigma made people reluctant to seek medical care. Denney, L. and Mallett, R. (2015), After Ebola: why and how capacity support to Sierra Leone's health sector needs to change. London: ODI. WHO, Health-system resilience: reflections on the Ebola crisis in western Africa. IDS, Ebola: Time to strengthen health systems and global health governance.
[19] UNDP places Liberia, Sierra Leone, and Guinea 177th, 181st, and 182nd respectively in the 2014 Gender inequality index that ranks 188 countries, http://hdr.undp.org/en/composite/GII, last accessed 24 March 2016.
[20] IASC Gender Reference Group (2014), Humanitarian Crisis in West Africa (Ebola) Gender Alert.
[21] Women constitute an estimated 70 percent of cross-border traders in the Mano River Union region. African Development Bank Group, 2014.
[22] Joint Declaration of Heads of State and Government of the Mano River Union for the Eradication of Ebola in West Africa.
[23] The diversion of health care resources to contain the Ebola epidemic, coupled with a fear of health facilities among pregnant women, may have also increased maternal and infant mortality rates. The World Bank estimates that the reduction in health personnel caused by the epidemic will lead to an increase in maternal mortality of 38 percent in Guinea, 74 percent in Sierra Leone, and as much as 111 percent in Liberia. World Bank (2015). The Impact of Health Care Worker Mortality.
[24] In the early days of the crisis, estimates by the World Bank indicated a potential drop in economic growth from 4.5 percent to 2.4 percent in Guinea, from 5.9 percent to 2.5 percent in Liberia and from 11.3 percent to 8.0 percent in Sierra Leone if national and international efforts did not succeed in containing the epidemic. http://www.worldbank.org/en/news/press-release/2014/09/17/ebola-economic-impact-serious-catastrophic-swift-response-countries-international-community-world-bank
[25] Joint Market Assessment Mission February 2015 - Sierra Leone, Joint Market Assessment Mission February 2015 – Liberia; Joint Market Assessment Mission February 2015 – Guinea; mVAM: Food Security and Markets Update: Guinea, Liberia, and Sierra Leone, February 2016.
[26] WHO (2014), Ebola Response Roadmap.

non-government organisations (NGOs), the private sector, the military, and contributions from national governments and regional bodies all over the world. National coordination committees were established to ensure a nationally owned and led comprehensive and coordinated response to the Ebola outbreak. National response plans and recovery strategies were formulated along the three phases designed to: stop EVD transmission at national and regional levels (phase 1); prevent the spread of the epidemic through strengthening preparedness and response measures (phase 2); and bring about socio-economic stabilization and recovery (phase 3).[27] Within this framework, WFP has been responsible for food assistance to infected and affected households and communities, and the provision of common services to the whole UN System. An important international assistance funding instrument in the global fight against Ebola was the UN Ebola Response Multi-Partner Trust Fund. The Fund - focusing on response, preparedness and recovery – was established by the UN Secretary-General to enable flexible, fast financial support to the Ebola Response, and to finance projects that would meet urgent needs on the ground in the three most EAC.[28] As of December 2015, the Fund had transferred over US$ 149 million to participating organisations to address critical financing gaps in the response.[29] In addition, some country-specific international assistance came from the Japan International Cooperation Agency (JICA)[30] for Guinea; and the World Bank for Sierra Leone.

1.3. WFP's Portfolio in the regional response to the EVD crisis

8. WFP's response to the Ebola outbreak fell under the following interventions/pillars: delivering food and nutrition support alongside the health response; mitigating the impact of the health emergency on food security[31]; ensuring the movement of partner staff and materials; and providing common services and infrastructure support for health partners.[32] WFP's initial response to the outbreak of Ebola epidemic began with three country-specific immediate response emergency operations (IR-EMOP 200698, IR-EMOP 200749, IR-EMOP 200758[33]) oriented to providing emergency food assistance to Ebola affected communities in EAC. The aim being to reduce the interpersonal contacts and stabilise the upcountry village communities; contain the steep rise of food prices resulting from the closure of cross border trade and market places; and maintain an acceptable level of nutritional balance in the EVD affected areas. Through the IR-EMOPs, WFP planned to provide 3,471 metric tonnes (MT) of food assistance to almost 85,000 people including 39,737 women, and finally reached almost 221,300 including 97,874 women with 4,378 MT.

[27] A primary document that provided the framework for the response is the WHO and the Governments of Guinea, Liberia, and Sierra Leone (2014), Ebola Virus Disease Outbreak Response Plan in West Africa. A year later, the three countries brought together their respective strategies into a sub-regional approach to socio economic recovery, (2015) Mano River Union Advocacy Document: Ebola Recovery Strategies.

[28] Henceforth in this report, the term EAC refers to the countries of Guinea, Liberia and Sierra Leone.

[29] The Fund attracted resources from a wide spectrum of donors. Contributions were received from 40 UN Member States, one foundation, businesses, and many individuals. A detailed analysis may be found at: http://mptf.undp.org/factsheet/fund/EBO00

[30] See para. 33 for further information.

[31] This pillar was added after the 3rd budget revision of regional EMOP 200761.

[32] Under cover of the 'Common Services Platform' and by extension under the 'Common Logistic Cluster', WFP provided a wide range of logistics services that included: global procurement services of aid equipment; acceptance, consolidation and storage of aid equipment consignments in overseas stage areas or at UN Humanitarian Response Depots (UNHRD) pending despatch to EAC; organisation of air and maritime transport; reception of consignments in local stage areas at ports and airports; access to temporary storage units (Forward Logistic Bases and Mobile Storage Units); stock keeping and kitting out (assembling different items of equipment in an individual kit; road transport - long distance or last mile deliveries; and overall logistics coordination, information management, for example publication of maps, situation reports, synopsis of customs procedures, informative websites.

[33] WFP- Guinea IR-EMOP 200698 approved on 09/04/2014, WFP – Sierra Leone IR-EMOP 200749 approved on 04/7/2014, WFP Liberia IR-EMOP 200758 approved on 25/07/2014.

Table 1: First Ebola response phase summary overview[34]

Country	Programme	Actual Start Date	Beneficiaries		Commodities Tonnage MT		Total Cost – US$	
			Planned	Actual	Planned	Actual	Approved Budget	Actual Expenditures
Guinea	IR-EMOP 200698	09/04/14	34,000	40,953	1,346	1,272	1,490,123	1,270,336
S. Leone	IR-EMOP 200749	08/07/14	26,800	127,780	1,205	2,103	1,442,624	1,115,233
Liberia	IR-EMOP 200758	15/08/14	24,000	52,467	920	1,003	1,386,910	1,061,296
Totals			84,800	221,200	3,471	4,378	4,319,657	3,446,865

9. To instigate the IR-EMOPs, COs put their ongoing country programmes and protracted relief and recovery operations (PRROs) on hold.[35] In August 2014, it became clear that the spread of EVD developed into a full-scale crisis. This resulted in WFP's regional EMOP 200761 'Support to Populations in Areas Affected by the Ebola Outbreak in Guinea, Liberia, and Sierra Leone' being launched in direct response to a request from WHO in support of governments (see Table 2). The objectives of the regional EMOP were to assist patients in Ebola Treatment Units (ETU), contact cases and communities with intense and widespread transmission of EVD.

10. The regional EMOP 200761 was launched in August 2014 primarily to focus on supporting the health response to the EVD outbreak by delivering food and nutrition assistance to care for the infected and contain the spread of the virus. In parallel, severely food insecure and Ebola-affected vulnerable groups (survivors, orphans) benefited from short-term support through the lean season given the impact of the virus on household food availability and access. Through the three pillars - care, contain and protect - WFP provided short-term food assistance to those most affected by the disease. To align and adapt the operation to the rapidly evolving rates of transmission and requirements of the humanitarian response, WFP carried out a total of six budget revisions throughout 2014 and 2015. The outputs of regional EMOP can be summarised as follows:[36]

[34] Source: All figures extracted from Standard Project Report (SPR) 2014.
[35] With the exception of Liberia PRRO for Ivory Coast refugees.
[36] Also refer to Annex U for further details of beneficiaries by component and country; and Annex V for food/cash requirements by country. Annex U also provides an overview of IR-EMOP and regional EMOP per EAC.

Table 2: Regional EMOP 200761 summary overview

Actual start and end date: 24/08/14 – 31/12/15

Beneficiaries		Commodities Tonnage MT				Cash Based Transfers US$		Total cost US$	
Planned 2014-15	Actual 2014-15	Planned 2014	Actual 2014	Planned 2015	Actual 2015	Planned 2015	Actual 2015	Approved Budget	Actual Expenditures
4,793,348	5,062,610	59,386	35,675*	81,597	69,504**	14.1 m	6.4 m	209,318,000	135,970,143

Country	Year	Beneficiaries		Commodities Tonnage MT		Cash based transfers US$ - 2015		Statement of account□□ 24/08/14 – 31/12/15		
		Planned	Actual	Planned	Actual	Planned	Actual	Approved Budget	Conf. Contrib.	Actual Expend.
S.Leone	2014	1,136,899	982,856	23,910	11,270	0	0			
	2015	1,473,675	1,714,377	33,611	30,010	□	1.3 mil			
Liberia	2014	401,385	584,823	17,583	13,081	0	0			
	2015	405,439	395,394	17,740	18,831	□	3.5 mil			
Guinea	2014	431,222	491,103	17,893	11,323	0	0			
	2015	944,728	894,057	30,246	20,663	□	1.6 mil			
Totals		4,793,348	5,062,610 x	140,983	105,178	14.1 m	6.4 m□□	209.3	147.9	136.0

Source: All figures extracted from regional EMOP 200761 SPR 2014 & 2015.

*Representing 60 percent coverage. **Representing 85 percent coverage. ❖Planned figures for 2015 not available. ❖❖Millions. ⬥Indirect support costs. ⬥⬥Representing 46 percent coverage. x Figures indicated without overlap.

11. In September 2014, following establishment of UNMEER, WFP was requested to provide logistics support to the EVD response as a partner to UNMEER. To ensure a coherent and harmonised service provision in support of the response, WFP accordingly launched regional SO 200773 'Logistics Common Services for the Humanitarian Community's Response to the Ebola Virus Disease Outbreak in West Africa'[37] for an initial duration of 4.5 months.[38] This started the second WFP response phase of a regional scale, resulting in a two-pronged approach combining the vast regional food assistance programme of EMOP 200761 in support of the numerous humanitarian actions undertaken by the sister UN-agencies - WHO, Food and Agriculture Organisation (FAO), UNICEF - and a multitude of national and international NGOs; and secondly, the set-up in short sequence of two small regional SOs[39] with the aim to provide vital air transport capacity, emergency telecommunications facilities and urgently required logistics support. Though the Emergency Telecommunications Cluster (ETC) was not officially activated, UNMEER mandated WFP, as global ETC lead, to respond to clearly identified communication needs as if the cluster was activated. Table 3 below provides a summary overview of the regional SOs.

[37] The two small regional SOs were merged into an all-encompassing regional SO (200773), spanning Guinea, Sierra Leone, Liberia and Ghana, which provided comprehensive logistics and infrastructure support.
[38] From 15 October 2014 to 28 February 2015. Three (3) subsequent budget revisions extended the SO until 31 December 2015 and increased its budget. SO 200773 consolidated, expanded and superseded the two earliest SOs dedicated to air operations (SO 200760) and logistics and telecommunications services (SO 200767).
[39] Regional SO 200760 – 60 days 14/08/2014 – 13/10/2014 and regional SO 200676 – 6 months from 05/09/2014 but incorporated in regional SO 200773 on 15/10/2014.

Table 3: Regional SO 200760, 200767 & 200773 summary overview

Country	Programme	Actual start date	Actual end date	Total Cost – USD		
				Approved Budget	Confirmed Contributions	Actual Expenditures
EAC	SO 200760	14/08/14	15/10/14	22,529,957	6,100,378	3,508,321
EAC	SO 200767	05/09/14	14/10/14	786,462	768,462	583,810
EAC	SO200773	15/10/14	31/12/15	205,000,000	192,400,000	157,744,699

Source: All figures extracted from regional SOs 200760, 200767 & 200773; SPR 2015 and funds consumption report on 03/06/2016.

12. Though the Joint Logistics Centre has piloted in past large scale logistic cluster operations, SO 200773 was the first time that such a large scale common services platform was deployed, thus making it the logistics backbone of the entire global response - providing vital air transport capacity, emergency telecommunications facilities and urgently required logistics support.

13. In the first approach (food support), WFP together with FAO took the lead in Food Security. In the second (logistics support), WFP fulfilled its lead role in the Logistics cluster and as enabler of the common services platforms, facilitating logistics coordination and support to the humanitarian community, UNMEER and EAC governments. Modifications in reporting lines and delegations of authority were made at corporate level that included the designation of the Regional Director (RD) of West Africa as Corporate Response Director (CRD) seconded by a Regional Emergency Coordinator (EC), which shifted the management and oversight focus of WFP's response to the Regional level.[40] A dedicated emergency structure was also deployed to COs and RB to manage the evolving emergency response as well as risks associated with deploying and managing numerous staff in a highly challenging context.

14. After the initial responses, the food and the logistics support converged progressively towards the same three distinct components: CARE to Ebola patients and survivors; CONTAINMENT of quarantined households and communities with intense transmission; and PROTECT[41] to prepare the return to normal community life (see Section 2.3.1 for further discussion on these components). Annex I provides an overview of the rationale for the set-up of the two major regional programmes (food and logistics) and the subsequent budget revisions (BR). The EvT developed with WFP stakeholders a comprehensive timeline for each EAC (see ¶40). These timelines depict, starting from the number of recorded EVD cases, the various programmes initiated by WFP, the variations in each of the three support components in the caseload of beneficiaries assisted and the extraneous events which impacted either directly or indirectly on the way WFP had to conduct its operations. A comparison of the three timelines highlights substantial differences in caseload and the duration of each of the three distinctive assistance components, which forced the respective EAC COs to adjust the regional approach to the prevailing country level situation.

15. Though the role of WFP was paramount, the design and the scope of the food and logistics programmes proceeded primarily from the evolution and spread of EVD and the needs and gaps as identified by EAC governments, the WHO, Medécins Sans Frontières (MSF), and UNMEER - as the overseeing body. This was mainly the case for the food support of the CARE and CONTAINMENT components. For the PROTECT component, WFP was primarily guided by its own Vulnerability Analysis Mapping (VAM) results and the feedback from its cooperating partners in the field. The CARE component represents less than 1 percent of the beneficiaries provided with food support, whilst for the

[40] WFP Executive Director Decision Memo dated 11 November 2014.
[41] Alternatively referred to as TRANSITION in some WFP documents.

CONTAIN and PROTECT components, the share of the beneficiaries assisted amounts to 67 percent and 32 percent respectively. The gender ratios of beneficiaries assisted were females 53 percent and males 47 percent (see Section 2.3.2 ¶113-115 for a detailed analysis of the caseload).

16. WFP's response was characterized by new modes of distributing food rations in high-risk contamination areas, the extensive use of loans, Immediate Response Accounts (IRAs) and Forward Purchasing Facilities (FPF), the organisation of short-sea trade to and from ports - which the international maritime trade had signalled for restricted access, the procurement and the consolidation of a very large collection of emergency equipment, the forwarding of large quantities of Non-food Items (NFIs), the development of flexible and finely tuned common services platforms, the design and the building of dedicated infrastructures. Consequently, WFP had to adapt its approach and reconsider established working methods in the fields of food and logistics. In close partnership with WHO, MSF and the EAC Health Ministries, WFP, drawing on the expertise of its Engineering Division, embarked into new initiatives with the establishment of ETUs, Community Care Centres (CCC), quarantine stations and closed community areas.[42]

17. Both major regional programmes (EMOP 200671 and SO 200773) turned out to be 'works in progress' as illustrated by the numerous budget revisions undertaken. Initial budgets, which increased and decreased over a span of 15 to 16 months closed with an increase of factor 3 for the food and 2.4 for logistics. Noteworthy is the fact that for the first time in a crisis situation the resources allocated to the SOs exceeded the resources allocated to emergency operations (food): 52 percent against 48 percent. The four food EMOPs and the 3 regional SOs were resourced respectively close to 71 percent and 87 percent. In total (food and logistics), the 7 programmes activated by WFP in respect of the L3 Ebola crisis were resourced to some 79 percent. The WFP multilateral and the UN Central Emergency Response Fund (UN CERF) featured prominently, and the USA, Canada, Japan and Germany led the ranking of donor nations. Based on the data extracted from the Standard Project Reports (SPRs) 2014 – 2015 the following overall resourcing picture emerges:

Table 4: Summary resourcing of EMOPs and SOs

Programme	Approved budget as at 31/12/2015	Confirmed contribution as at 31/12/2015	% resourced	3 Major donors
IR-EMOP 200698	1,490,123	1,411,911	95%	Multilateral (UN CERF)
IR-EMOP 2100749	1,442,624	1,348,247	93%	Multilateral (UN CERF)
IR-EMOP 200758	1,386,910	1,298,010	94%	Multilateral (UN CERF)
Regional EMOP 200761	209,318,000	147,905,032	71%	USA, Germany, Japan
Total Food	213,637,657	151,963,200	71%	
SO 200760	22,529,957	3,738,903	17%	UN CERF, Denmark, Switzerland
SO 200767	786,462	768,463	98%	Norway
SO 200773	205,030,000	192,400,000	94%	USA, UN Common Funds (excl. CERF)
Total logistics	228,346,419	196,967,366	87%	
Total food & logistics	441,984,076	348,930,566	79%	

Source: All figures extracted from SPR 2014 & 2015.

[42] These commanded the design of adapted food rations and innovative distribution modes to mitigate the risk of contamination.

18. Rolling out the L3 Ebola portfolio of food and logistics support programmes, WFP was primarily guided by the WHO Roadmap published on 28/08/2014, by sustained consultations with the WHO and UNMEER, and by the Rapid Market Price Analysis conducted in August 2014.

2. Evaluation Findings

2.1. Partnerships and Coordination

Was WFP's response coherent with national priorities and effectively and efficiently coordinated with the governments of Ebola affected countries?

19. WFP's initial regional response to national priorities of the EAC governments was through participation in the mission of the Sub-Regional Ebola Operations and Coordination Centre (SEOCC).[43] At EAC level, WFP's initial coordination with governments was through the Emergency Operations Centres (EOCs)[44] that housed representatives of all major partners operating in response to national priorities.[45] Following reconfiguration (or re-naming) of EOCs in response to the need for a dedicated national entity to tackle the crisis[46], WFP integrated into relevant government structures as follows. Guinea: through the Ministry of Health (MOH) National Ebola Coordination Cell structure, which ensured response alignment with national and local priorities through coordination with key government agencies.[47] Liberia: through the MOH led EOC and Incident Management System (IMS)[48] and subsequent support to the Country and District Health Teams. Sierra Leone: through the National Ebola Response Centre (NERC) and District Ebola Response Centres (DERC) led by the Ministry of Health and Sanitation (MOHS).

20. Government sources felt WFP's contributions to these coordination mechanisms resulted in more effective aid coordination at both national and local levels, which helped contribute to efficiencies by avoiding duplication of coordination structures. However, there was nothing to indicate that WFP directly attempted to influence EAC government response policy. A more high country level direct WFP engagement may have led to a more effective government response,[49] but the EvT accept this mandate was mostly vested with the UN Country Team (UNCT).[50] WFP's positive contribution nonetheless underscores the value of ongoing partnerships with EAC government ministries, particularly with health ministries, and more broadly in resource-limited countries/regions; and while there was no evidence of EAC government intent to create sustainable coordination mechanisms or systems, WFP's positive engagement sets a solid precedent for future cooperation modalities.[51]

21. Initial alignment with EAC government national priorities was secured through the IR-EMOPs and two regional SOs.[52] Synergies were secured with EAC governments through a range of Memorandum of Understandings (MOUs)[53] that were directly tailored

[43] SEOCC opened in Guinea on 24/07/14 as part of the WHO Strategic Action Plan for Ebola Outbreak Response to provide a platform for agencies (Office for the Coordination of Humanitarian Affairs (OCHA), WFP, International Federation of Red Cross and Red Crescent Societies (IFRC), Centers for Disease Control and Prevention (CDC), MSF, UNICEF) and governments to coordinate their response to the EVD outbreak in West Africa.
[44] Established 09/07/2014 in EAC supported by CDC.
[45] The Joint Declaration of Heads of State and Government of the Mano River Union for the Eradication of Ebola in West Africa (1 August 2014) identified the need for technical, financial and material assistance and outlined the isolation measures to be introduced to manage the outbreak.
[46] Coordination mechanisms varied according to EAC and are described more fully in Annex J along with duration of existence.
[47] That included *inter alia*: Service National d'Action Humanitaire, Ministry of Agriculture, Forestry and Fishing.
[48] Formerly the National Task Force on Ebola. Other key external partners included WHO, CDC, MSF, UNICEF, and the U.S. Agency for International Development. WFP international and national staff were seconded to IMS.
[49] For example through WFP helping support more efficient government planning modalities.
[50] WFP's role in the response was defined following the UN developed country-based response plans under overall coordination of the UNCT.
[51] CDC has since established EAC country offices to help MOHs better prepare for future disease outbreaks. These offices focus on building surveillance capacity by strengthening the public health infrastructure, expanding the workforce, improving laboratories, and continuing to develop emergency response capability.
[52] United Nations Humanitarian Air Service (UNHAS) - SO 200760 & Logistics and Emergency Telecommunications support - SO 200767.
[53] The number of MOUs per country (Sierra Leone 4, Liberia 3, and Guinea 1) varied according to contextual circumstances and need for engagement.

to the response: for example in Sierra Leone[54] were WFP's food assistance role was 'formalised' and was according to government sources key to improving WFP's effectiveness; in Guinea for essential food supplies; and in Liberia, for the design and operational support of the National Ebola Command Centre. Government stakeholders confirmed WFP's response ensured success of isolation measures and was supportive of changing government response strategies; noting that WFP's engagement in the EAC national response mechanisms contributed to stronger inter-sector coordination.[55] WFP's flexibility and agility was seen by EAC government, sister-UN agency and NGO stakeholders as essential in ensuring deployment of resources to areas where food assistance was required to contain the virus and ensure 'last mile' delivery.

22. As government priorities changed rapidly with the evolving EVD context, WFP's mandate and objectives at country level in relation to government declared concerns and priorities and to the population needs was accordingly responsive and flexible. This was evidenced in the way WFP demonstrated high adaptability to changing government response strategies as exemplified in response to Operation Northern Push in Sierra Leone[56], and an overnight response in Liberia;[57] as well as the way it took on new roles and responsibilities such as responding to a request from the WHO to facilitate medical detection process tracking of everyone who came into contact with the virus.

23. Government stakeholders confirmed WFP's portfolio activities (food assistance and logistics support) was coherent and in alignment with national priorities, and responsive to changing government and partner needs. Government sources noted WFP food assistance helped limit the movement of suspected EVD patients/potential contact people, thereby contributing to breaking the chain of transmission and "saving lives". WFP's lead in the Liberia logistics cluster[58] and the wide range of services provided by the SOs Common Services Platforms were highly regarded by government stakeholders for responding effectively to national priorities. Activities were appropriately aligned to support relevant government sectoral strategies as determined by the initial National Ebola Emergency Operational Response Plans.[59] While broader regional policies and strategies including the International Health Regulations[60] were not referred to by individuals during the evaluation, WFPs response and transition strategy (see 2.1.4) fed into the strategic objectives of the Mano River Union Post-Ebola Socio-economic Recovery Programme (April 2015) and Ebola Recovery Strategies (July 2015).[61] WFP's response was found to be in alignment with humanitarian and international development cooperation principles as outlined in the Paris Declaration on Aid Effectiveness (2005), and the Accra Agenda for Action (2008). EvT analysis shows that the overall response was in alignment with WFP corporate priorities and mandate thus contributing to Strategic Objective 1 of WFP's Strategic Plan 2014-2017.[62] However, the inclusion from BR4[63] of traditional school feeding and Targeted Supplementary Feeding Programme (TSFP) for

[54] The MoH/WFP MOUs enabled WFP to shift to a more proactive and focused role in "reinforcing" MOH's efforts in the emergency response to the EVD.
[55] Particularly at the sector/pillar levels that coordinated *inter alia* logistics, nutrition/food security, WASH, safe and dignified burials.
[56] Operation Northern Push (16/06/15) was the first of two 3-day national lockdowns by the Sierra Leone Government in an attempt to halt the remaining transmission chains in the Western Area. This necessitated WFP to divert existing EMOP commitments at short notice to provide food assistance to 34,000 households in the Western Area for 21 days.
[57] WFP supported an overnight response in Liberia's capital Monrovia where an urban population was quarantined. WFP was requested to provide food for over 70,000 people.
[58] Although the logistics cluster was only officially activated in Liberia, it was just as present and active in Sierra Leone and Guinea.
[59] WFP alignment to government recovery plans is considered fully in Section 2.1.4.
[60] See: http://www.who.int/topics/international_health_regulations/en/. The International Health Regulations are an international legal instrument that is binding on 196 countries across the globe, including all the Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.
[61] As well as broader regional priorities such as the Africa Union Maputo Declaration on Agriculture and Food Security (2003).
[62] See SPRs 2014 & 2015.
[63] BR4 expands food security and social protection support for ebola affected groups and introduces initiatives to restore access and uptake of basic services.

the treatment of malnutrition[64] activities slightly deviated from SO1 saving and protecting livelihoods objectives, and instead supported institutional recovery.[65]

24. Beneficiary selection and geographical targeting in relation to government priority focus areas was undertaken in close consultation with the relevant authorities and partners and viewed as appropriate given the fluidity and uncertain nature of the crisis.[66] WFP's participation in national and local level coordination mechanisms resulted in clearer identification of target beneficiaries[67], and contributed to a more coordinated response among partners. Overall, government stakeholders considered WFP beneficiary targeting appropriate and equitable between genders given that food assistance needs were government directed and targeted to all EVD-affected individuals, households, and communities. There were occasional criticisms of WFP for not delivering food to quarantined areas quickly enough early in the response, but the EvT consider that many of these factors were beyond WFP's control e.g. poor beneficiary estimations, a need to 'follow' the virus, road conditions etc. Government officials also expressed frustration with WFP's "inflexible" food assistance provision (both ration type and size) and time consuming beneficiary verification protocols - a view shared by many cooperating partners.

To what extent WFP's response has been coordinated with UNMEER's and other UN agencies, enabling synergies and multiplying opportunities at strategic and operations levels and taking account of the shifting frameworks for coordination?

25. The WFP RB (in Dakar, Senegal) was key to ensuring synergy with partners at regional operational and strategic levels.[68] At the request of the UNMEER Special Envoy, the RB hosted a series of high level inter-agency coordination meetings in which the roadmaps that defined the global community's evolving response were discussed and agreed upon, outlining the way forward from a regional level.[69] Under UNMEER, all UN agencies' operations in EAC were absorbed into the Mission's structure, with UNMEER taking responsibility for coordinating the response, filling gaps and addressing identified priorities. The EvT found WFP's response to be fully in alignment with the UNMEER Mission and its strategic objectives.[70] The temporary expansion of WFP's regional role to Accra during 2014 was critical for day-to-day flexible coordination and collaboration with UNMEER linked to the wider strategic regional direction of the CRD.

> "The people within WFP have a style which is very reassuring to encounter if you have a tough situation. They're not fazed by complexity or difficulty. They will break the problem down into pieces and do the important things not the easy ones."[71]

26. UNMEER leadership complimented WFP for its effective coordination and collaboration with the Mission, noting "*outstanding leadership, team spirit, and ability*

[64] Both directly responding to EAC government requests.
[65] School feeding generally falls under SO4: Reduce Undernutrition and Break the Intergenerational Cycle of Hunger. However, in the past, school feeding could also fall under SO1, Goal 2: Protect lives and livelihoods while enabling safe access to food and nutrition for women and men.
[66] Gender issues were not explicitly referred to in the government Outbreak Response Plans. EAC subsequent government recovery strategies acknowledged the significant impact of the crisis on women and identified actions aimed at enhancing gender equality and the empowerment of women in the recovery process.
[67] In quarantined households, isolated/quarantined communities, treatment and holding centres.
[68] For example on data collection with FAO, on nutrition sensitive and specific strategies with UNICEF, and on advocacy and information sharing with all partners.
[69] All main WFP agreements were negotiated, coordinated, and overseen at the regional level, including the initial request to WFP in August 2014 to provide food alongside the health response; the WHO/WFP Service level agreements in Sept. 2014 to build ETUs. The WHO/WFP MOU developed jointly in the WFP offices in Dakar in December 2014. WFP and WHO also teamed up at regional level and with other UN partners to carry out preparedness evaluation and support missions at the peak of the response in 2014, and towards the end of 2015/early 2016.
[70] See: http://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer; and Operational Framework for Scaling up UN-system approach to the Ebola response Conference Outcome Document Accra 15-18 October 2014. Dated 30 October 2014.
[71] Interview with UNMEER top-level informant, 22 June 2016.

to find solutions to challenging problems"[72] that were embodied through the actions and decisions of WFP's Executive Director, CRD, and Regional EC. A number of WFP staff however felt the Mission lacked clarity[73] and duplicated what was already taking place by the time it had established itself at country level, which ultimately affected coordination between WFP and sister UN agencies. Following transfer of oversight of the UN system's Ebola emergency response from UNMEER to the WHO,[74] The EvT did not find clear evidence of the precise role UNMEER played in co-steering the logistics operations, however, once UNMEER was de-activated, WFP proved perfectly capable of assuming many of the responsibilities and tasks previously devolved to UNMEER. WFP's response to the shifting coordination framework under the Interagency Collaboration on Ebola[75] was considered by the EvT to be seamless. UN partners were highly complementary of WFP's *professionalism, cooperation, and willingness to seek out solutions* to facilitate partner needs.

27. The transfer of oversight arguably led to the most significant of WFP's partnerships - the WFP and WHO Framework Agreement for Joint Collaboration,[76] which resulted in joint Standard Operating Procedures (SOPs) for management, responsibilities and access to services, aimed at supporting WHO's logistics and planning capacity needs. WFP's intent from the outset was to be a 'full partner' with WHO and not just a service provider as was the case with other partners. WFP took advantage of its capacity on the ground to provide the required support to WHO through building on distribution modalities and the common services platform. Key WFP/WHO informants saw the joint collaboration as crucial for improving the emergency response and producing synergies in EAC. While both partners deemed the collaboration a success, some 'differences' reportedly caused minor operational tensions. WFP's 'rapid move to action' alongside WHO's more normative approach being frequently cited by WFP/WHO sources as a key 'cultural' difference between the organisations (and echoed in the WHO/WFP Lessons Learned exercise). Some UN staff felt the Agreement should have been developed earlier in the response with a clearer understanding relating to joint capabilities.

28. The merging of SO 200760 (UNHAS) and SO 200767 (logistics and telecommunication services) into SO 200773 in October 2014 under UNMEER provided a coordinated common services umbrella for partners. This optimised the use of resources and resulted in greater operational synergy and efficiency for all actors (see further Section 2.3), and was essential to establishing and facilitating the humanitarian response. UNHAS air operations were frequently singled out for praise:

> "The way WFP implemented common services was fantastic, they did it so well – such a service, not just for the UN, but for all agencies that can't do this. WFP has the emergency instinct and understanding. They should take the lead role."[77]

29. WFP was credited by UNMEER for contributing towards 'UN delivering as one', and noted for the "relentless" pressure they applied in ensuring the agencies worked together towards the 'ideal'. While findings indicate that WFP's partnerships with sister UN agencies contributed positively to operational synergies at multiple levels of the portfolio, better inter-Agency communication could have resulted in greater synergies and multiplying opportunities, for example, conducting joint/tripartite discussions between WFP, WHO and UNICEF rather than engaging in parallel/bi-lateral discussions: this does not imply fault on WFP's part - as it did not have responsibility for brokering the

[72] As above footnote.
[73] A view iterated in successive Notes for the Record e.g. #01 26/08/2014, #04 23/09/2014, and #06 22/10/2014.
[74] Following the closure of UNMEER in July 2015.
[75] Which included WFP, IFRC, UNICEF and the UN Population Fund (UNFPA).
[76] Framework Agreement for Joint Collaboration for the Ebola Response signed 27/02/15. The Agreement established a formal partnership to better facilitate the emergency response in Guinea, Liberia, and Sierra Leone.
[77] Key informant interview, WHO Sierra Leone 20 May 2016.

partnerships - but helps highlight views of some WFP and UNICEF staff that improved communication within the UN system at country level could have resulted in a quicker and more effective response to the crisis.

30. WFP's partnerships with other UN agencies across the response are shown in Annex K along with selected examples per country and across the EMOPs to illustrate the range of synergies and multiplying opportunities that took place between WFP and UN agencies. Further examples of WFP's partnerships with UN agencies are provided in Section 2.1.3 below. WFP's portfolio alignment to vulnerable groups and priority sectors in the EVD crisis was not, as is normal, determined through the main UN common planning tools[78], but through WHO's facilitation of the initial coordination[79] to the response and UNMEER's operational principles and strategic objectives.

Was WFP's response coherent and aligned with the priorities of other partners, enabling synergies at operations levels?

31. As partner priorities were largely framed and directed by national government/WHO priorities, WFP's partners considered the organisation's response to be coherent and in alignment with their own.[80] WFP secured an extensive range of synergies at operations levels[81], which are more remarkable for the sheer diversity of partners engaged as well as illustrating WFP's agility and flexibility in adapting to the response.[82] The paragraph below provides an indication of some of the synergies secured with partners (further details being contained in Annex L).

32. In Guinea, while many partnerships focused on general food distribution (GFD), there was increasing diversification into joint activities that supported other partner priorities.[83] Important partnerships were established with MSF, Alima, and the French Red Cross that enabled those actors to take their essential lead roles in the management of Emergency Treatment Centres.[84] "WFP's greatest achievement was ensuring the synergy of all partners, ensuring the consistency of all interventions, which was not taken for granted from the start".[85] In Liberia, the increasing diversification of UN-agency/cooperating partners enabled WFP to support other partner priorities to good advantage[86], thus securing WFP a deep field presence in the process that ensured target beneficiaries in hard to reach areas received food assistance in safe and dignified ways.[87] In Sierra Leone, as with the other two EAC, partnerships enabled WFP to work in ways that produced synergies.[88] Important partnerships with Sierra Leone Red Cross Society

[78] e.g. United Nations Development Assistance Framework (UNDAF), Consolidated Appeals Process (CAP) (currently Humanitarian Response Plan –HRP). UNDAF are designed for a development context under the leadership of UNDP; and CAP/HRP are for a humanitarian context under the leadership of OCHA. Since this was an health emergency (i.e. not a humanitarian crisis), OCHA was not involved.

[79] See: Ebola Virus Disease Outbreak Response Plan in West Africa. WHO and the Governments of Guinea, Liberia, and Sierra Leone (July-December 2014).

[80] Moreover, there is ample documentary evidence to show the extent to which WFP engaged in cooperation, coordination, targeting and mapping efforts with government, UN and INGO/NGO partners to secure alignment with the priorities of partners, as well as with EAC governments - through WFP organised meetings and national coordination mechanisms; cooperating partner minutes etc.

[81] Mostly - though not exclusively - secured through Field Level Agreements (FLAs).

[82] The full contribution made by external partners to WFP operations and *vice versa* is not fully reflected in the report due to the low response rates to the External Stakeholders Survey referred to in Annex S.

[83] e.g. in food security assessments with International Fund for Agricultural Development (IFAD)/FAO; agriculture and emergency preparedness and response with UNICEF/WHO; cash based transfers with Credit Rural de Guinee; and advocacy/education with FAO.

[84] WFP provided hot meals to Emergency Treatment Centres as well as support with relocatable buildings. A novel partnership with a catering company ensured patients and carers in ETUs received essential food.

[85] Key informant interview, National Coordination Unit for the Fight Against Ebola, Guinea 11 May 2016.

[86] e.g. in food security assessments with FAO; and agriculture and emergency preparedness and response with UNICEF/International Organization for Migration (IOM). WFP engaged cooperating partners e.g. Adventist Development and Relief Agency (ADRA) International and Caritas.

[87] WFP's decision not to use cooperating partners for the cash based transfer component also allowed for the formation of private partnerships, for example with ECO Bank a financial services provider to undertake cash based transfers to beneficiaries. Developed in consultation with the World Bank, UNDP and WFP.

[88] e.g. with Helen Keller International in transportation; UNICEF in emergency preparedness and response; Welthungerhilfe (WHH) in cash distribution; Ministry of Agriculture, Forestry and Food Security (MAFFS) in market price monitoring; and UN Women in advocacy initiatives.

(SLRC) and MSF ensured that patients in treatment and holding centres received food support, which enabled partners to provide the necessary complementary care support. In all EAC, the EvT considered WFP's approach to partnering flexible, taking opportunities as they arose, and making best use of partner *availability* and *capacities* in any given situation.

33. A good example of how WFP contributed to the response through enabling synergies with many new and non-traditional organisations is illustrated in Sierra Leone through linkages between WFP, World Bank, Government of Sierra Leone, and the UK military;[89] and through partnerships with local private sector companies.[90] WFP developed partnerships with academic institutions to strategize support to EVD survivors.[91] In Guinea, WFP established synergies with financial institutions and donors to good effect, an example being the first ever agreement between WFP and JICA to provide food assistance to a food operation.[92] These partnership examples are innovative for a health response, as many complex emergencies also have similar arrangements that draw upon partnerships with host governments, World Bank, militaries, and other key stakeholders. Newly developed partnerships - with health response partners, the private sector, major donors, new and/or non-traditional donors - have provided WFP with a strong foundation to continue developing partnerships in this sector.

34. The establishment of UNHAS and the humanitarian air corridor (SO 200670) was considered by partners essential to the quick and efficient movement of humanitarian personnel and associated equipment within EAC[93] on behalf of organisations.[94] The Logistics Cluster in Liberia and the common services platform in EACs enabled WFP to meet government needs (e.g. Forward Logistics Bases (FLBs) in Sierra Leone; ETUs in Liberia) as well as secure operational synergies with a range of actors engaged in the response.[95] Examples include: *Guinea*, ETUs constructed and base camps established for humanitarian workers. *Sierra Leone*, renovation of a WHO supported government hospital, rehabilitation of a UN clinic[96], mobile storage units loaned to MSF enabling critical items to be close to ETUs; and a UK Department for International Development (DFID) supplied refrigerated container established at WFP's main logistics hub in Port Loko. Synergies through the Emergency Telecommunications Cluster provided Internet connectivity support in 25 locations that include ETUs[97], FLBs, and various UN and NGO offices.[98] See Annex M for full synopsis of activities under regional SO 200773 in EAC.

> "WFP has not taken enough credit for the immense role they played. Food was part of the containment strategy – it would have failed without this. Logistics capacity to the last mile was key: no other actor in the country could have delivered."[99]

[89] WFP supplied 74 ambulances/burial vehicles to the Government of Sierra Leone when Freetown had high infection/death rates. WFP procured the ambulances, which were funded by the World Bank through MOHS; vehicles were delivered to the British military who had responsibility for the removal/burial of dead bodies. The UK government and military engaged in a high level of coordination support for both national and district level response activities in Sierra Leone.
[90] Companies loaned trucks, fuel and drivers to WFP to ensure successful distributions during the September 2014 lock down in Sierra Leone.
[91] The Harvard T.H. Chan School of Public Health. Note for the Record #09, 22 January 2015.
[92] This innovative agreement was secured by finding synergies between JICA's bilateral support to Senegalese rice farmers and WFP's requirement for a staple commodity in Guinea. The cooperation led to a second partnership contribution in support of home grown school feeding in Guinea; and WFP is exploring further cooperation modalities similar to this 'model' elsewhere in West Africa. Further examples of donor country synergies relate to China and Brazil who made 'in kind' contributions with all associated WFP costs met.
[93] Some commercial carriers including Royal Air Maroc and Brussels Airlines maintained flights into Sierra Leone during the EVD outbreak.
[94] That included MSF, Concern, Direct Relief International, Save the Children, UNICEF, IFRC, International Committee of the Red Cross (ICRC), WHH, UNFPA, Oxfam, WHO and UNMEER. Source: SPR 2014 (SO 200775).
[95] The Chinese Embassy, the Clinton Foundation, Direct Relief, International Medical Corps, JICA, Liberian Embassy Ghana, MSF, Samaritan's Purse, Save the Children, UNICEF, USAID, WFP and WHO. Source: SO 200767, SPR 2014.
[96] At the UNDP compound.
[97] e.g. one managed by GOAL in Sierra Leone and one managed by IOM in Liberia.
[98] Source: SPR 2014 (SO 200775).
[99] Key informant interview with CDC, Liberia 20 May 2016.

35. A good example of multi-sector collaboration within a public-private partnership relates to United Parcel Service (UPS) offering its support to the Logistics Cluster for strategic airlifts from the Cologne air hub[100], which positively affected efficiency and effectiveness of supplies. A partnership with the German government's development agency contributed to highly effective synergies at operations levels.[101] International donor partners played an important role in supporting WFP's response, select examples including the Government of the People's Republic of China contribution of US$ 6 million divided equally between EAC, which enabled WFP to purchase vital food supplies - mainly rice, cereals, and blended fortified cereals - for emergency rations for more than 200,000 people, as well as specialised nutrition products to help prevent malnutrition[102]; and an IrishAid contribution of 29 MT of NFIs airlifted from UNHRD to Sierra Leone (September 2014).[103] It should also be noted that WFP added value to the global EVD response through its leadership role in the Global Supply Chain for Pandemic Preparedness and Response initiative.[104] This is aptly demonstrated through WFP's lead contribution to the creation of a global supply network that addresses extraordinary public health emergencies of international concern: and thus improves global preparedness and response to save lives, mitigates societal and economic disruptions, and minimises the impact on trade and economic development.[105]

To what extent a transition strategy has been developed and integrated in implementation, namely in terms of partnerships and stakeholders' involvement and their capacities strengthened through WFP's response?

36. WFP's *initial* scale-up response to the EVD crisis through the IR-EMOPs (food assistance) followed EAC government national priorities and WHO requests for highly targeted interventions.[106] However, scaling-up from small country programmes to an emergency operation highlighted the infrastructural and capacity limitations of the COs, exposing WFP's preparedness 'thinking' and subsequent ability to respond rapidly and at scale to an unforeseen crisis.

37. In RB acknowledgment that the IR-EMOPs were no longer the appropriate mechanism for the escalating crisis, regional EMOP 200761[107] was developed as the main food assistance scale-up operation to the response with a budget of US$ 69,810,405 for an initial three-month duration following the request of WHO in support of the Governments of Guinea, Liberia, and Sierra Leone. As food assistance needs became clearer, the RB strategically shaped the regional EMOP to ensure closer coherence and alignment with government national priorities and the evolving UNMEER and WHO response.[108] Key to this alignment was the RB conceptualised and developed *care, contain and protect* pillars[109] that provided a strategic framework to WFP's country response operations, and eventual transition to country programmes/long-term development

[100] This collaboration was enabled by the long-standing Logistics Emergency Team private-public partnership (UPS, MAERSK, Agility) - a private sector engagement in support of the Logistics Cluster.
[101] For example, in Sierra Leone with *Bundesanstalt Technisches Hilfswerk* (TFW) Germany in the construction of a 'Life Support Base' that was used by MSF, WHO, WFP, UNICEF, CDC, Oxfam and IFRC.
[102] Source: WFP West Africa Ebola Response January 2015.
[103] Source: WFP IrishAid Report 28.01.15.
[104] In which work is currently underway to develop a supply chain information platform, map commercial production capacities and up-stream supply routes, define strategic reserve and down-stream logistics support needs, and expand membership as well as develop a suitable governance structure. Source: WFP Pandemic Preparedness presentation, February 2016.
[105] As determined by the Global Supply Network for Pandemic Preparedness and Response Mission Statement and Protocol of Engagement, 8 January 2016.
[106] At the height of the response all parallel non-EMOP/non-SO programmes were put on hold in line with government priorities with a few exceptions e.g. Liberia PRRO Refugees; Sierra Leone support to HIV/AIDS ART centres.
[107] Launched 25/08/14.
[108] In total, six budget revisions were undertaken to the regional EMOP as a means of aligning the operation with UNMEER and supporting the changing and ongoing health response. See e.g.: WHO Ebola Response Roadmap update 16 September 2014 and eventual WHO (2015) Strategic Response Plan West Africa Ebola Outbreak.
[109] Stakeholders outside of WFP did not generally refer to the three pillars.

activities.[110] This was seen by many as an exemplar of RB strategic leadership that aided both response conceptualisation and sensemaking.

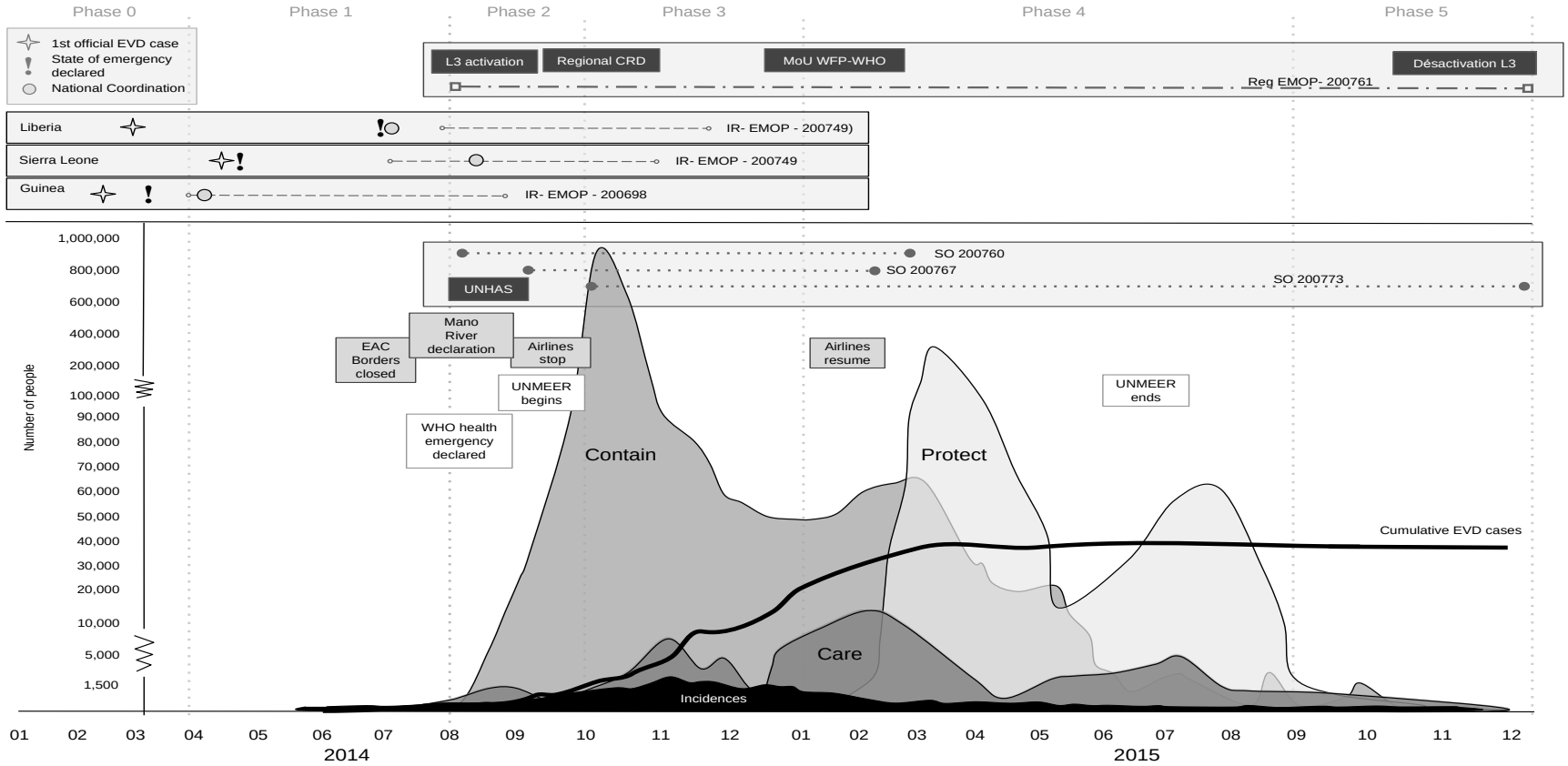
38. Appropriate scale-up measures were taken in common logistics services. In parallel to the regional EMOP, WFP established regional SO 200760 (UNHAS), enabling air travel within EACs. Regional SO 200767 for Logistics and Emergency Telecommunications support[111] enabled the logistics cluster to support the humanitarian community through provision of common logistics services.[112] Eventually, services provided by ETC became the first operation in which users of the telecommunication services extended beyond traditional humanitarian organisations to include health care workers, civil society and government.

39. SO 200773 was extended through December 2015 to: support continuation of health efforts; adapt for the phase out of UNMEER; integrate a new partnership with WHO in support of sub-district efforts 'to get to zero'; and support national counterparts in developing capacity and preparedness for future emergencies.[113] WFP alignment with relevant pre-existing government strategies (i.e. prior to EVD outbreak) was more incidental, but nonetheless appropriate given the health crisis.

40. The Response Timeline[114] (Figure 1 below) is a composite timeline that shows a range of external events across EAC e.g. confirmed Ebola cases (both incidence and cumulative), states of emergency, airlines ceasing operations, and border closures that indicate an escalation and de-escalation of the crisis (refer to Annex N for individual country timelines, which were developed in each EAC to help create the composite timeline). A mapping and analysis of WFP's response per EAC to these external 'triggers' e.g. FLAs with cooperating partners, MoUs with government, EMOP/SO response activities[115], indicate a highly appropriate and coherent scale-up strategy in line with country needs[116], however, the regional timeline below illustrates that the scale-down, as EVD *incidences* dropped significantly was overly long. The EvT also established that the RB temporal framing of the response[117] differed from how the COs saw it (the COs primarily seeing the response in two phases: *scale-up* and *scale-down*); and while there is no evidence to suggest this framing impacted negatively on operations, it highlights a commonly held view among national level WFP CO staff that RB response thinking or decision-making was not always effectively communicated to country level.

[110] The transition to country programmes/long-term development activities is detailed in the 2015 SPR. In Guinea, WFP reinforced the links between the EMOP and country programme in June 2015. In Liberia, transition began in March 2015. In Sierra Leone, WFP established a PRRO that commenced 1 June 2016.
[111] 5 September 2014 - 31 December 2014.
[112] In October 2014, in recognition for a more strategized logistics provision, WFP under the UNMEER framework launched SO 200773 bringing all the services previously provided through SOs 200760 and 200767 under a single SO. At the request of WHO, WFP also provided infrastructure and logistics support for the construction of Emergency Treatment Centres and medical accommodation through a Service Level Agreement. A further scale-up measure was taken following the UN Ebola Response Operational Planning Conference (Accra, 15-18 October 2014) and increased up-country warehouse, transport and communications capacity, and ensured reliable and safe transport of staff, equipment, and goods at district-level.
[113] Budget Increase No. 4 to West Africa Emergency Operation 200761.
[114] See methodology (Annex E) for details of how the timeline was developed.
[115] Intervention pillars related to delivering food and nutrition support alongside the health response; mitigating the impact of the health emergency on food security; ensuring the movement of partner staff and materials; and providing common services and infrastructure support for health partners.
[116] CO transition strategies to complement government national priorities can be found at Annex O.
[117] The RB informally divided the WFP response incorporating the EVD EMOP/SO interventions across 6 phases: Phase 0 - Jan-Apr 2014; Phase 1 - April-Aug 2014; Phase 2 - Aug-Oct 2014; Phase 3 - Oct-Dec 2014; Phase 4 - Jan-Q3 2015; and Phase 5 - Q4 2015.

Figure 1: Timeline of events, caseload per pillar and EVD cases



Sources:
Timeline exercises in WFP COs, sub-offices and with EMOP partners (see Annex N for individual CO Timelines).
WFP SPR 2014/2015 and WFP Resource Situation Updates as of Jan 2016. All IR-EMOPs, regional EMOP and SOs.
CDC Ebola outbreak in West Africa – Case counts: http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/cumulative-cases-graphs.html

41. WFP's 'transition thinking'[143] shows intent to involve national and local stakeholders in partnership thus leading to partner capacity development.[144] However, stakeholder views varied on whether their capacity was developed following partnering with WFP. Positively, Liberian government officials noted increased capacity in e.g. conducting field assessments in crisis situations and supply chain management.[145] Whereas district government officials in Sierra Leone felt little had been done to develop capacity. Perceptions on WFP capacity development also varied among NGOs and INGOs. A number of local NGOs benefited from 'trainings' provided by WFP, but examples given (from both Liberia and Sierra Leone) were largely oriented to *reporting* and safer *food distribution* modalities. Partners with a more holistic perspective on capacity development were less positive about WFP's capacity approach, with one INGO partner stating: "WFP don't do capacity strengthening."[146] As government and the majority of cooperating partners have mandates beyond 'the smooth implementation of WFP supported food programmes', the EvT considers WFP's capacity development approaches narrowly focused and not oriented to partner broader expectations or needs. WFP's contribution to structural/logistics capacity development is more robust. In Liberia, the handing over of logistics storage facilities to the Government of Liberia accompanied by training of General Services Agency (GSA) staff has helped develop the National Disaster Management Agency, simultaneously contributing to the Government's commitment to the Economic Community of West Africa States (ECOWAS) Policy for Disaster Risk Reduction.[147]

2.2. Learning, Adaptation and Innovation

Were WFP's corporate systems, guidelines, protocols and procedures adequate relevant and flexible to assess and address the various needs/requests including safeguard of staff in terms of health/wellbeing?

42. The initial phase of the Ebola outbreak was characterized by extreme WFP caution in the usage of existing systems, protocols and procedures mostly due to uncertainty related to adequacy and relevance in the context of a public health emergency.[148] Staff at different levels were not confident of the best modality to respond to the emergency, and COs previously operating in development contexts were not prepared to transition to an emergency pandemic operation of such a scale. SOPs and guidelines specific to the EVD crisis were developed. These included: how to conduct safe post distribution monitoring; correct usage of Personal Protection Equipment (PPE); instructions on staff or beneficiary illness during distribution; and guidelines on nutritional support to Ebola patients.[149]

43. Traditional ways of distribution were revised to include: measures to mitigate crowds, and shorten waiting time before and during distribution; rotate staff to reduce exposure to the risk of infection; ensure the presence of stand-by health workers on site; and provision of protective, hygiene, sanitation, and medical materials. Specific

[143] After the Pandemic: Post-Ebola Recovery – initial thinking January-February 2015.
[144] A review of WFP's capacity development policies indicates initiatives are mostly oriented to government and cooperating partners' staff in the area of programme and food management. See: Evaluation of WFP's Capacity Development Policy and Operations 2 May 2008. Ref. OEDE/2008/3; and WFP Operational Guide to Strengthen Capacity of Nations to Reduce Hunger, Field Trial Edition March 2010.
[145] Guinea Ministère de l`Agriculture.
[146] Cooperating partner statement 23 May 2016, Sierra Leone. Moreover, WFP have acknowledged that partnerships with national and international NGOs have traditionally involved little substantive engagement as capacity development strategies are generally not prepared with or for partners. Policy on Country Strategic Plans (WFP/EB.A/2016/5-B), 17 May 2016.
[147] ECOWAS Policy for Disaster Risk Reduction Humanitarian Affairs Department, August 2006.
[148] For example, there was not clear protocol for working with uniformed personnel in health humanitarian responses. Most informants referred to systems, procedures, protocols and guidelines interchangeably.
[149] Developed with UNICEF and WHO. A key document variously referred to in the literature and by informants was the distribution guidelines developed by WFP with support from WHO in September 2014.

procedures related to safeguard staff health and well-being; among them: psychological and physical clearance for those deployed to EAC, which though established prior to Ebola, were not consistently applied[150]; medical evacuation procedures; field-based regional wellness networks;[151] and the establishment of long-term agreements (LTAs) for injury and illness prevention items.[152] Emergency Preparedness and Response (EPR)-related frameworks, protocols and procedures also duly applied.[153]

44. Through a process of revision, adaptation and integration, WFP adjusted its response as the crisis evolved, while applying emerging lessons as the operation continued. Learning applied from past emergencies included: revision of WFP Pandemic Response Material;[154] appointment of the former chief of the WFP Pandemic Unit as Country Director (CD) in Sierra Leone;[155] deployment of a Senior Compliance Officer (SCO) and team to support risk management and adherence to rules and regulations; operationalisation of an integrated multi-modal[156] Supply Chain Management;[157] establishment of beneficiary feedback mechanisms (BFM) based on experience in Somalia; and inclusion of a TOR detailing the role and responsibilities of the CRD. These are just few examples collected by the EvT through interviews with key informants, as to date, there is no unique mechanism at corporate level for the systematic collection and follow up on lessons from emergencies besides the Lessons Learning database.[158] While evidence illustrates the existence and adequacy of relevant corporate guidelines, procedures and protocols, the extent of their dissemination and implementation in different areas across EAC was unclear.[159]

45. Well-tested corporate logistics procedures, protocols and systems were activated with good results for the food driven component of the response. Fundraising and supply chain systems proved generally adequate, including initial reliance on structures and facilities already existing in country. As the crisis evolved, regional SO 200773 introduced the additional human, storage and transport capacity required. Challenges included: i) precautionary measures for final food distribution to target areas; ii) identifying cooperating partners with the capacity and willingness to operate in EAC; iii) lack of continuity due to high staff turnover; and iv) inconsistent implementation of the Logistics Execution Support System (LESS).[160] This required WFP to activate its many capabilities and capacities at once, and to operate in close association with government agencies, UN sister agencies and NGOs. In this context,

---

[150] Staff health and well-being was one of the activities of the Preparedness and Response Enhancement Programme (PREP) portfolio, and actions included: development and set-up of medical and (new) psychological screening prior to L3 deployments; vaccination screening and provision to staff deploying; provision of deployment kits; first-aid training for participants; briefing and de-briefing sessions with the WFP Counsellor.

[151] These included both medical and counseling staff.

[152] Mosquito nets, first aid kits, malarial testing kits and treatment, water purification tablets, etc.

[153] Including the Emergency Response Activation Protocol, Early Warning for Early Action, Operational Information Management (OIM) system, risk-based planning and other preparedness systems, and relevant resources mobilization mechanisms. WFP food distribution guidelines that were developed for pandemic preparedness were adapted for the Ebola response.

[154] Most concern WFP's response to the Avian and Human Influenza Pandemic of mid-2000.

[155] This *de facto* provided the opportunity of harnessing WFP institutional memory and knowledge on pandemic approach to inform the response.

[156] Food, cash based transfers.

[157] Previous experiences in the deployment of Compliance Officers in major emergencies include Afghanistan, Pakistan, Sudan, South Sudan, and Syria. As for Supply Chain Management see Syria Crisis Corporate Response December 2012-July 2014 Lessons Learned Exercise (LLE).

[158] Since the Haiti earthquake in 2010, in-depth LLE have been systematically carried out after the deactivation of corporate emergency responses and lessons collected and tracked in an LL database. LLE however are only one of various generators of lessons, others include evaluations, audits, and reviews. To date learning at WFP is disjointed and there is no central/one-stop shop for collection and monitoring follow-up. To address a cross-functional knowledge management (KM) working group has recently been established at WFP with the objective to inform the new corporate KM Initiative.

[159] For example, mission reports in Sierra Leone at the end of January 2015 called for the "provision of guidelines and SOPs for all programmes". Narrative Field Trip Reports, 6-8 and 23-25 January 2015, Sierra Leone.

[160] LESS is an integrated system for supply chain management that covers the entire food supply chain by integrating Programme, Finance, Procurement, Logistics, and Pipeline. While piloted in Sierra Leone and Liberia in 2011, its global roll-out and implementation just started when the EVD crisis unfolded. Thus, implementation in the newly opened sub-offices was not always possible, and resulted in significant offline activities and backlogs that required time to be processed.

most innovations came to the fore. WFP needed alternative ways to maintain essential maritime services into EAC ports. UNHAS had to fill the gap created by commercial airlines. WFP Engineering was called upon to build or rehabilitate in an extremely tight time frame ETUs, CCCs, quarantine stations, main logistic hubs and FLBs. The magnitude of the engineering works undertaken simultaneously in some 25 different locations exemplifies the capacity of WFP to deliver at short notice.

46. WFP's limited/no control of the in- and outflow of relief cargoes mostly destined to upcountry locations also required innovative approaches, especially for non-food items. Procurement of goods and services at a high scale and speed stretched existing processes, and initially challenged effective and timely operational response (procurement procedures were not uniform, and international procedures for shipments by air or by sea were not always uniformly understood or applied). However, once established, this evolved into an integrated common services platform for the whole humanitarian community.

To what extent was WFP's response (and activities) aligned to WFP's corporate policies? To what extent were these policies relevant to operational needs and objectives?

47. The EvT found that within response-related documents only two WFP policies were explicitly referenced: the Gender Policy (2015-2020) and the Security Management Policy. Reference to the EVD crisis was only found in a few of WFP's most recent policies and strategic documents.[161] Among them, WFP Strategic Plan (2017-2021) refers to the common services platform as an example of how WFP can support SDG 17 on Partnership; and the 2016 Updated People Strategy refers to WFP surge capacity during the Ebola. Informants specifically referred to the Partnership and People Strategies, and the Gender Policy, while pointing to the lack of a policy on health-driven emergencies. Table 5 below provides an overview of selected examples used to illustrate alignment (and lack thereof) of WFP's response to WFP's corporate policies and strategies.[162]

Table 5: Alignment of relevant WFP corporate policies to the response

Policy	Alignment	Details[163]
Strategic Plan (2014-2017)	✓	Save lives and protect livelihoods in emergencies
Humanitarian Protection Policy (2012)	✓	Ensure the safety, dignity and integrity of affected population
Gender Policy (2015-2020)	✗	No collection and analysis sex disaggregated data
Partnership Strategy (2014-2017)	✓	Delivery as One UN; complementarity of resources; flexibility within agreed outcomes; shared accountability; mutual learning and innovative solutions
People Strategy (2014-2017) & Wellness Strategy (2015-2019)	✓	Mobilization of senior leaders: enhancement of skills and capacities of national staff; and creation of supportive and healthy workforce

[161] Reference is to the Evaluation E-Library Folder 3. WFP Policies and docs.
[162] Further details can be found in Annex P: Alignment with WFP Policies.
[163] This column contains reference to specific aspects that are illustrative of the alignment between the response and the relevant policies.

Policy	Alignment	Details[163]
Policy on Building Resilience for Food Security (2015)	✓	As leader of the Logistics and ET clusters and co-lead of the Food Security one, WFP ensured multi-level and systems-based, multi-sector, multi-stakeholder and context-specific interventions
Nutrition Policy (2012)	✓	Specialized nutrition food included by default in WFP broad-based targeting to address the needs of children and pregnant and lactating mothers
Enterprise Risk Management Policy (2015)	✓	Management of risks to beneficiaries and employees; linkages between risks and internal controls mechanisms and functions; establishment of risk register at regional level
Cash and Voucher Policy (2008)	✓	Context specific transfer modalities, market conditions and capacities allowing, in response to different operational environments

Note: tick indicates alignment, cross indicates lack of alignment

How were WFP's traditional tools including complaints and feedback mechanisms and others adapted in large scale epidemic context, helping to reduce costs and maximize effectiveness? To what extent were they instrumental and appropriate in adjusting WFP's response?

48. WFP staff at all levels referred to the 'non-usability' of traditional tools, reinforced by the challenges of adapting to a fluid context and rapidly changing landscape and needs. This was despite the EPR package being completed for all countries (along with Business Continuity Plans), and elements of these arrangments should have been reflected in minimum EPR planning efforts. For example, the challenges during lockdown/stay-home exercises[164] such as insufficient time for planning and mobilisation of resources, and risks associated with proximity in densely populated urban areas (such as slums) required a high level of adaptation.

49. *Institutional decision-making procedures and contractual arrangments:* where traditional tools were used, they often went through various positive adaptations. Some tools proved particularly agile, allowing WFP to respond rapidly at the beginning of the crisis. Among them the IR-EMOP and delegated authority to the CD; specific contractual types such as the Special Service Agreement (SSA), allowed quick identification and recruitment of international and national staff; and the rapid initial allocation of funds through the Immediate Response Accounts.[165] A degree of flexibility was also observed regarding the mobilisation of in-country commodities for immediate distribution under the IR-EMOPs; and on the usage of existing FLAs to provide *first response*.

50. *VAM and Monitoring tools:* A number of tools were used and adapted during 2014-2015. WFP was praised for its capacity to regularly collect relevant data in a complex environment where traditional forms of data collection and analysis were not feasible. Mobile VAM (mVAM)[166] and mobile post-distribution monitoring (mPDM) were two significant innovations informing WFP's response temporally and

[164] For example, a series of lockdown/'stay-home' exercises were experienced in EAC at different points of time, with WFP requested to contribute food at short notice and in very complex environments.
[165] A total of US$ 3,994, 816 were allocated to the Ebola crisis in 2014. *Immediate Response Account Update,* Summer 2015. http://documents.wfp.org/stellent/groups/public/documents/newsroom/wfp275812~1.pdf
[166] Initially piloted in DR Congo, Central African Republic, Kenya, and Somalia, mVAM is now operational in 11 countries and the plan is to expand to 30.

geographically.[167] Undertaking assessments/monitoring using mobile phones presented limitations. These included: (i) mVAM could not accommodate use of the Food Consumption Scores (FCS); (ii) uneven access to, and use of, mobile phones among the population; (iii) mobile monitoring and assessments produced lower response rates than face-to-face ones (iv) reliance on mobile technology, including for feedback mechanisms risked introducing bias against certain population groups such as older people, persons with disability, illiterates etc.[168] To address the issue of low access to technologies, in collaboration with MTN Group and Orange (telecommunications companies) , WFP provided survivors with a mobile phone and air-time as an incentive to respond to calls from WFP in Liberia and Guinea. Data of mobile-based monitoring and assessment formed the backbone of WFP operations until the end of 2014. Face-to-face assessment/monitoring resumed in 2015 after health and security advisors provided reassurances and protection and mitigation measures were in place. WFP applied the latest innovations for data collection in emergencies,[169] and has set the stage for further development of tools and methods that can better accommodate gender analysis[170] and social network analysis.

51. The introduction at outcome level of a project-specific indicator to measure the impact of food assistance on containing the spread of the disease was an important monitoring innovation[171] to account for the contribution of WFP food assistance to health objectives. Drafting of monitoring and evaluation (M&E) strategies at country and regional levels provided the framework for standardized tools, support to staff, and mobilisation of resources on M&E, which increased the quality and timeliness of collected data.[172] Gender and protection-related results continued to be monitored for the duration of the crisis as per WFP corporate requirements (cf. ¶56-57). CO reporting tools were adapted to ensure data flow was delivered at the speed required by decision makers: the role of reporting officers in this was key.[173] Overall, remote data collection systems proved critical in an emergency where access and movement were restricted.

52. Although important monitoring work took place, in terms of strategic design and adaptation of reporting tools, the EvT found that some existing data collection and analysis systems at CO levels were inadequate for timely regional analysis. For example, FLAs with partners lacked some of the necessary data collection methods to measure the extent of WFPs operational efficiency for the EMOP. The FLAs also lack aspect relating to feedback and complaints mechanisms. As the beneficiary data, food distribution data, cash based transfer (CBT) disbursement and financial data systems are managed separately, the EvT found it difficult to quantify the exact assistance different beneficiary categories received from WFP with the information available. The same remarks apply to the regional SO, which lacked a comprehensive and structured system enabling WFP to have in real time an overview of the volume of goods routed through its system and the demands for logistics services from the humanitarian community (also see section 2.3).

---

[167] For the first round of PDM in December 2014, WFP collected data by calling mobile phones of beneficiaries in both Sierra Leone and Liberia, while Guinea conducted regular face-to-face monitoring throughout the crisis by recruiting enumerators from the same affected communities where mobility was an issue. Annex Q shows an Overview of PDM rounds achieved in the EAC.
[168] Social and cultural constraints may also have prevented individuals being reached by the messages.
[169] In Liberia for example, PDM was carried out using tablets—enabling use of more robust indicators and streamlining data entry.
[170] One such a tool is the Regional Gender/Market Study to ensure integration of a gender analysis in market assessments and designing and delivering market-based interventions with explicit gender equality goals. This tool is currently in use at the regional level.
[171] The indicator reads as follows: "Percentage of assisted communities that reported reduced unnecessary movements thanks to WFP food assistance in period of widespread and intense transmission", and was introduced with BR3 to West Africa Emergency Operation 200761.
[172] Strategies were the result of an M&E gaps and capacity assessment conducted by the RB in September 2013, later adapted to integrate the needs and concerns in the Ebola context. *Ebola Affected Countries Emergency Response Challenges, Lessons Learnt and Best Practices in Monitoring,* RDB M&E Unit, p. 8. The practice of assessing capacity and strategizing M&E in emergency is a practice with potential for replication in other scenarios as well.
[173] See for example Liberia food distribution reporting format.

53. *Protection and accountability to affected populations (AAP*): desk review and beneficiary discussions revealed that beneficiary knowledge related to *targeting criteria, entitlements* and *rights* was limited. Improvements were registered following the inclusion of entitlements on ration cards and the use of banners at distribution sites, but results remained below target levels across EAC and throughout the operation.[174] Beneficiary safety during distribution was not a significant issue, and most beneficiaries reported being treated with respect and dignity.[175] Blanket distribution was considered critical to avoid stigmatisation. The provision of mobile phones to discharged beneficiaries allowed for discrete follow-up by WFP and partners.[176] Both measures reveal protection-related awareness by WFP. Findings from studies show that economic hardship caused by the crisis as well as school closure and limitations of movement, translated into increase in domestic violence and sexual abuse, especially of teenage girls and spouses.[177] The EvT found no evidence of WFP's involvement in any activity aimed at addressing this particular issue.

54. Among the various challenges faced by the common services platform was a persistent unpredictability of the volumes of services the humanitarian community would require. Some stakeholders were using the common services as they deemed convenient, making at times use of the full range of services or at times only one specific service. WFP was confined in the role of service provider with little or no control over the upstream and downstream flow of goods or NFIs. Eventually, it achieved a high degree of satisfaction and foremost it prevented the entire supply chain (its own and that of the entire humanitarian community) from becoming choked. As such WFP fully met the assigned response objectives.

55. BFM: The establishment of BFM was important for improving monitoring and enhancing WFP accountability vis-à-vis beneficiaries. BFM as a dedicated M&E function was established relatively late[178] and the effectiveness of the initiative to date remains unclear. While the EvT noted positive examples of how complaints improved WFP operations,[179] beneficiary perceptions were not consistently positive: phone numbers provided to beneficiaries did not always work (lack of network coverage); there was confusion as to whom complaints should be addressed (cooperating partners or WFP); and a feeling that complaints were left unanswered. The introduction of CBT programming allowed for BFM to be refined and improved for the smaller caseload. Pending the necessary adjustments, the potential for a well-functioning feedback mechanism to effectively inform programmatic decision-making and establish a regular communication channel with affected populations in a crisis setting was established during the Ebola response.

56. *Gender:* Gender issues were dormant across EAC for significant periods of time. The EvT found no evidence of discussion and/or concerns expressed by WFP management in relation to the lack of sex-disaggregated data or any gender analysis, despite comments made by the Gender Unit during the Project Review Committee. Exceptionally, for the EVD crisis, WFP management suspended the gender marker, used since 2011 in all WFP projects,[180] reportedly due to lack of sex disaggregated data

[174] Source: WFP EAC PDM reports 2014-2015.
[175] Source: WFP EAC PDM reports 2014-2015, and beneficiary group – EvT discussions (see ¶ 130).
[176] BR 3, EMOP 200761.
[177] Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone, UNDP (2015); Rapid Assessment of Ebola Impact on Reproductive Health Services and Service Seeking Behaviour in Sierra Leone, UNFPA (2015); and (2014). Report of the Multi-Sector Impact Assessment of Gender Dimensions of the Ebola Virus Disease in Sierra Leone.
[178] Liberia was the first country to establish a formal feedback mechanism in March 2015, followed by Sierra Leone in June 2015, and Guinea in September 2015.
[179] For example, following complaints by beneficiaries in Sierra Leone two cooperating partner staff were arrested for food diversion; while in Liberia, radio communication was used to inform beneficiaries after realising Red Cross sensitization activities were not effective.
[180] The coding is designed to check if projects are likely to meet the different needs of men, women, boys and girls. The only exception to its application are IR-EMOPs to give time to COs to collect information and come up with a gender-sensitive analysis.

and with the assumption that blanket distribution would meet the needs of all. Since the 2014 Philippines emergency, WFP practice has been that only project documents scoring 2A could be submitted to the Executive Board. Mobile-based technologies for assessments, monitoring, and feedback purposes did not capture women's voices to the same extent as men's (cf. ¶53). Three consecutive BRs were required for social and anthropological dimensions of EVD to be integrated into the narrative of operations, though evidence on this was for the most part anecdotal and lacked any systematic data collection and analysis.[181] In the absence of sex disaggregated data[182], WFP adopted broad-based targeting to ensure assistance to most vulnerable community members, including through the default inclusion of supercereals in the food basket to address the nutrition needs of pregnant and lactating women and children.[183] While a gender blind approach was not unique to WFP, it is indicative of the low priority ascribed to gender issues and how it continues to be disregarded in emergency situations. This was further confirmed by a series of EPR-related evaluations that found that gender as well as other cross-cutting issues are addressed only formally and to a limited degree, resulting in little influence on operations. [184]

57. Some late initiatives were noted. At HQ, a Rapid Gender and Age Analysis in Emergencies tool was launched in June 2015;[185] and a training module 'I know gender in emergencies' in 2016. In Sierra Leone a UN Women 'call to action' in November 2014 prompted a review of activities to better integrate relevant gender aspects.[186] In Liberia, issues related to age, gender, disability, protection and AAP gained momentum with the deployment of an Inclusion Advisor to the Food Security Cluster (February-July 2015). The EvT found no evidence of similar initiatives being replicated in the other two EAC. To better address the potential nutrition and food insecurity implications of the crisis, several new conceptual tools were created, for example, the model to estimate the impact of Ebola on food insecurity in EAC (cf. ¶85). WFP's Food Security Analysis and Trends Service also developed a 'light version' of the Shock Impact Simulation Model 3 (SISMod-Light), to allow early quantitative assessments before field assessments can be carried out in the quarantined areas.

58. *Cost effectiveness analysis of EMOP response:* Tools for measuring the food-related response are well known and were applied throughout with consistency making sure food was delivered in line with the needs of EVD patients and affected communities. Standards in terms of efficacy and efficiency are available and allow to measure with accuracy the results attained (see Section 2.3 for further details).

Was WFP's response aligned to UN standards and Humanitarian Principles?

59. WFP faced competing pressures resulting from its commitment to a needs-based approach (impartiality)[187] with food insecurity as the entry point, and priority given to requirements of a health-driven emergency. Challenges included implementing food assistance activities where food insecurity was not of primary concern, and the forced distance from beneficiaries imposed by the 'no touch policy'. Some re-conceptualisation was needed to resolve this dilemma. WFP's broad-based targeting ensured assistance was provided to all without discrimination based on sex,

SOs are also considered "Not Applicable" with the gender marker coding system because they mostly focus on acquisition and/or deployment of material, equipment, services and logistics infrastructures.

[181] OTF NFR, 06-21 Nov 2014.

[182] When WFP was doing registration, data were disaggregated by sex and age. However this was not the case when data were provided by EAC governments.

[183] These are supercereal plus and supercereal plus plus, normally meant for children and pregnant and lactating women respectively, though exact numbers of children and pregnant and lactating women were not known.

[184] WFP (2015). *Synthesis Report of the Evaluations of WFP's Emergency Preparedness and Response*. Rome: WFP. p. 12. WFP/EB.2/2015/6-B.

[185] A 4 pager to assist WFP staff to conduct a rapid gender and age analysis during the first wave of emergency response.

[186] November 2014.

[187] WFP. 2004. Policy issues: Humanitarian Principles (WFP/EB.1/2004/4-C). Rome, WFP.

ethnicity, race, and other diversity factors. Beneficiaries did not indicate any instance of exclusion, or abuse in relation to assistance provided (see ¶129) by those responsible for registration and distribution.

60. WFP's Humanitarian Protection Policy stipulates WFP food assistance should be provided to support the protection of affected populations and, at the very least, not expose people to further harm. Understanding risks is critical to design prevention and mitigation measures and reduce possible harm to beneficiaries and staff: WFP's risk management during the response was unprecedented (cf. ¶62-64). Measures were adopted to limit EVD exposure to beneficiaries, staff and partners, and ensure safety and sanitation practices were adopted (cf. ¶63). WFP made significant efforts to ensure food and nutrition was delivered in safe, dignified and accountable conditions, including attention not to stigmatise EVD affected populations. WFP's commitment to the protection of beneficiaries from sexual exploitation and abuse (PSEA) was clear, with a clause included in all FLAs. Beneficiaries were informed that assistance was free. Efforts were made to understand, prevent and mitigate early on the (negative) impacts of EVD beyond the immediate affected households, and quarantine periods. As expressed by one WFP informant, "We were careful not to make a food crisis out of a public health crisis."[188] All of the above speak to WFP efforts to avoid doing harm.

61. The Ebola response provided WFP with the opportunity to reaffirm its global commitment to humanity, International Health Regulations, and other humanitarian principles by placing affected people at the centre of its interventions and alleviating suffering. In line with the IASC commitments to AAP, efforts were made to provide beneficiaries with information about WFP assistance, and BFM were established for affected people to voice complaints and provide feedback on WFP's operations. While late and in need of improvement, they nonetheless highlight WFP's efforts in this regard (cf. ¶55). By facilitating the delivery of life-saving supplies, humanitarian and medical personnel on behalf of the whole humanitarian community, WFP acted in a collaborative and coordinated fashion to alleviate the suffering of the affected population (humanity).[189]

How WFP managed risks in the Ebola context, including if/how the organisation's risk appetite has evolved?

> "WFP didn't shy away from taking risks, they were not risk averse. They actively managed risks related to reputation, safety and operations: they were an asset for the group."[190]

62. The uniqueness of the health emergency crisis required WFP to consider risks that it normally does not face, however, WFP's Ebola Crisis Risk Analysis (11 August 2014) was late given events that had already taken place. The RB 2014/2015 risk register illustrate comprehensive risk identification for institutional, programmatic and contextual risks faced, along with appropriate mitigation measures.[191] CO risk registers indicate that specific risks related to EVD were only accounted for from January 2015 onwards,[192] suggesting risks faced in the early phase of the response were not well understood or addressed (a view expressed by a number of WFP staff during the evaluation). The RB deployment of a SCO[193] was a key factor in mitigating health and operational risks in a more structured and timely manner. The development of an L3 risks register was an essential contributing factor to risk management. Sixteen cross-cutting compliance missions were undertaken between March and June 2015 to

[188] Key WFP informant interview, Dakar, 1 June 2016.
[189] Core standards in humanitarian response, the Sphere Handbook, http://www.spherehandbook.org/en/core-standard-2-coordination-and-collaboration/.
[190] Key informant interview: WHO Sierra Leone, 20 May 2016.
[191] RB Ebola crisis regional risk matrix dated 01/09/14.
[192] Analysis of available CO 2014 risk registers shows no identification of EVD risks or mitigating actions.
[193] The SCO was appointed on the 17/11/14 on a Temporary Duty Assignment (TDY) for three months based in Dakar.

EAC (and Ghana) to help assess effectiveness of internal controls, identify risk areas, provide recommendations, and allow major issues to be addressed as they emerged. The SCO role also ensured the WFP Inspector General (IG) recommendations made during the Risk Management Support Mission to the region were mostly implemented in a timely way.[194]

63. Subsequently, WFP engaged in unprecedented levels of cooperation with different partners (EAC governements, UN agencies, donors, cooperating partners, private partners and others) in efforts to manage risks, and took appropriate risk management steps in planning both the architecture (strategic air deliveries, FLBs, IT common network etc.), and approaches for programme support. Strict health mitigation and follow-up measures were put in place to mitigate potential risks and build partner confidence (cf. ¶45). The risk involved in delivering assistance to affected people required building new partnerships with the medical sectors responding to the Ebola crisis. Most of these medical partners lacked the capacity and experience in implementing WFP type programmes. WFP's remote data collection methods were used to good effect where restrictions on staff movements and the risk of exposing enumerators and beneficiaries to EVD made regular face-to-face monitoring 'practically impossible' (cf. ¶45). Nutrition protocols were adapted to ensure activities could be carried out with minimum contact and risk when taking anthropometric measurements. Health advisors and stress management counselors deployed by HQ and RB significantly contributed to providing staff with support on EVD related risks. The Regional Security Officer (for EAC) along with deployment of WFP security officers to all EAC was a key support for CO EVD response health, safety and security aspects.[195] WFP's partnership with a travel management company (BCD Travel) enabled it to locate and track staff to minimise risks to them and the communities to which they travelled.[196]

64. WFP's risk appetite has evolved considerably compared to the 2012 Risk Appetite Statement.[197] The construction of ETCs for the benefit of the humanitarian response, which carried high reputational risk for the organisation given the lack of previous experience in this type of activity, being a case in point. In the 2016 Risk Appetite Statement, *staff wellness* and *beneficiary gender dimension* are acknowledged for the first time,[198] with substantially more statements in relation to Risks to Operations and a range of new themes.[199] The fact that no WFP staff member or partner died or became infected with EVD during the operation is testimony to the exceptional way WFP managed risks during the Ebola crisis.

[194] See: WFP's IG Risk Management Support Mission report 29/12/14; plus IG's Back to Office Report (Mission 30/11/14-5/12/14) on the WFP response to the EVD Emergency.
[195] See e.g. WFP RB Health, Safety and Security Risk Assessments 17/03/15; 12/05/15. The security team rapidly deployed to support the CO prepare for a possible EVD breakout in Bamako, Mali.
[196] An added efficiency of this centralised approach was savings of US$ 100,000 in hotel bookings and ticket costs, which were negotiated with the airlines. Source: WFP Annual Performance Report for 2015. WFP/EB.A/2016/4.
[197] See: Annex A of the Enterprise Risk Management Policy WFP/EB.A/2015/5-B, 10 April 2015. See Annex EE of the evaluation report for an illustration of how WFP's Risk Appetite Statement has evolved between 2012 and 2016.
[198] Based on risk and hazard analyses, WFP now deploys its employees to areas with higher risks and hazards than in the past.
[199] Risks to Demonstrating Results; Staff Capacity; Partnerships; and Tolerance.

Were WFP's L3 activation protocols timely and to what degree have they impacted the effectiveness and efficiency of the response? How effective, efficient and timely has been the coordination between the various WFP's levels in the light of the Level 3 requirements?

65. WFP activated the Level 3 Emergency Response on 13 August 2014, just days after the WHO declaration of a Public Health Emergency of International Concern.[200] The activation prompted the establishment of a response Management structure and of the Operational and Strategic Task Forces.[201] This was done irrespective of the lack of a L3 activation by the UN system, as WFP retains its ability to decide independently on the levels and related activation in fulfilment of its specific mandate. Though a system-wide L3 response was not officially activated, clusters-type leadership and mechanisms, and WFP's responsibilities and commitments as Cluster Lead Agency for Logistics, Emergency Telecommunication (ET), and Food Security applied.[202] Informants interviewed agreed activation of the L3 emergency by WFP was timely (see Figure 1, ¶40), swiftly following WHO's declaration, and was appropriate considering the capacity and needs on the ground. The L3 activation made mobilization of capacity such as leadership, staffing and funding at speed and a level that would not have been otherwise possible: measures to protect staff health and safety were more consistently applied. Fast-tracked processes and procedures enabled accelerated and scaled-up delivery of assistance and agility in adapting to the evolving situation.[203] Mobilisation and deployment followed a 'no regrets' approach.[204]

66. Decentralisation of operations management endowed the RD with the authority to engage in operational and strategic decision-making.[205] A thorough revision of the activation protocol has been completed in 2016 and a better definition of roles and responsibilities at all levels has now become institutionalised practice.[206] Drawing on the experience of the Ebola response, the organisational structure has now been modified with the RD assuming *de facto* the role of the Corporate Response Director.[207] WFP CO staff[208], however, reported a general lack of knowledge and understanding of what a L3 activation entailed in practice - its implications on WFP ways of operating and on their work. The majority of staff interviewed said they were not aware of the reporting requirements or challenges related to a fast paced environment. Some expressed concerns about the perceived high-level of investment in (multiple) information management requests for high-level management compared with field-level operational priorities. The operational chain of command and related reporting lines following the activation also created some confusion, especially at the CO levels. An example of this is the deployment of senior ECs and Special Operations Logistics Officers (SOLOs) together with Country Directors.

67. Advance corporate level funding mechanisms[209] allowed mobilisation of resources in anticipation of donors' contributions. Robust advance financing and integrated supply chain management resulted in a significant reduction of lead time

[200] 08/08/2014. WFP Emergency Response Activation is governed by the Activation Protocol. At the time of the crisis the 2012 Protocol applied.
[201] The Strategic Task Force is the highest strategic decision making body for a WFP Level 3 (Corporate) Emergency Response.
[202] The Logistics Cluster was only officially activated in Liberia, but provided access to common services to all the humanitarian community in EAC, while UNMEER mandated WFP to act 'as if' the cluster was activated for ET.
[203] WFP has the advance facility, which has evolved and is now quite robust. During the Ebola crisis US$ 15 million were released to start moving.
[204] In accordance to the IASC TA and Humanitarian System-Wide Emergency Activation Procedures, WFP preferred to mobilise and withdraw excess capacity and resources rather than risk failing to meet the most urgent needs of people in crisis. WFP (2015). *WFP Emergency Response Activation Protocol.* Rome: WFP. OED 2015/014.
[205] Decision Memorandum, 11 November 2014.
[206] During the Ebola for the first time a TOR detailing role and responsibilities of the CRD was added to the Memo.
[207] WFP (2016). WFP Emergency Response Activation Protocol. Rome: WFP. OED 2016/xxx.
[208] This reflects interviews with WFP staff at CO level. In general, a higher level of understanding was found at the CO management level.
[209] These are the IRA, and the Working Capital Financing Facility (WCFF).

and costs.[210] WFP's response required procurement of an extensive portfolio of goods and services, at a scale and speed unprecedented for the organisation. Great flexibility was displayed to timely procure the food commodities at local, regional and international level making good use of the available forward purchase facilities.[211] These, together with other factors, contributed to avoid major operational breakdowns.

68. As per activation protocols, the Emergency Response Roster (ERR) was activated upon L3 declaration, however, timely and consistent mobilisation of staff with the right experience and skills was challenging (cf. ¶70-76). Other deployments occurred in parallel and with no control from the ERR.[212] The level of EPR of EAC was not adequate for a health emergency of the nature and scale of the EVD crisis. EPR gaps were also identified at the corporate level, particularly in relation to staff deployments, health and well-being issues (cf. ¶70-76). Overall however, the activation was successful, contributing to the effectiveness and efficiency of WFP's response, including filling some initial EPR gaps. WFP L3 Response was deactivated 23 December 2015.[213]

69. The EvT recorded WFP staff appreciation for the coordination and cooperation between COs and the RB during the crisis. The RB responded well to the call for strong leadership,[214] which ensured a structured, coordinated and coherent response, providing support when most needed. Exceptions to this were the initial tension and confusion due to unclear boundaries between the Ebola Cell/Task Force at country and RB level, staff who continued providing support but outside the scope of the cell; and RB decisions which were not always effectively communicated to COs (cf. ¶63). However, understanding of roles and responsibilities increased over time and with that an increase in operational effectiveness at all levels.

Assess staffing and human resources issues including skills but also predeployment training, and safeguarding of staff's well-being, given that this emergency was a non-traditional response.

70. WFP Human Resources (HR) recruitment protocols were instrumental in ensuring rapid scale upof the response (see Section 2.3) . Amongst them, flexible contract type for rapid identification of candidates and issuance of contracts for local recruitment[215] , procedures for rapid deployment of specialised staff from other COs and/or organisations through the corporate stand-by partners' agreements to fill critical functions. Despite being in its "infancy",[216] the WFP ERR played a critical role in filling deployment gaps, and speeding up identification and deployment processes.[217] As safe pre- and post-deployment procedures were established, close monitoring of staff movement to and from EAC became crucial. This responsibility was added to the ERR. By December 2014, monitoring of staff movement was successfully unified under the ERR cell.[218]

---

[210] WFP Logistics in 2014. *Excellence in Service Provision*.

[211] FPF was recently renamed the Global Commodity Management Facility (GMCF) and strengthened. Under the GCMF, commodities are purchased for an entire planning zone to allow for better risk mitigation. WFP (2015). Key principles of Global Commodity Management Facility. OED2015/013, Rome: WFP.

[212] This includes logistics and ET staff. In addition, following an all staff email from the Executive Director, a certain number of staff were handpicked and instructed to deploy.

[213] As per existing protocol, deactivation resulted in transition to regular programming, and the normalisation of procedures. Responsibility to respond returned to Country Directors, the Operational Task Force was discontinued, and regular coordination and reporting mechanisms re-established. The ETC was demobilised 31/12/2015.

[214] This is in line with the strengthened role of RBs in the new WFP organisational design. WFP (2012). *Fit for Purpose – WFP's New Organizational Design*. Rome: WFP.

[215] Among them, SSA, as well as vacancy announcements for short period of time.

[216] CA comment. Reference is to the actual ERR, while recognising that WFP had experience with previous emergency roster later dismantled.

[217] Besides deployment of roster members, the ERR team was called on to support the Ebola response to facilitate pre/post deployment and rest and recuperation (R&R).

[218] The evaluation recognises that the Ebola occurred when the ERR was not yet at full capacity. The roster was established in early 2014. At the time the Ebola crisis unfolded, it had just completed its second call for applications for short-term staff and consultants (April 2014), which due to Ebola was never finalised.

71. Deploying staff with the qualifications and capacities for working in emergency settings, across relevant functional areas and for protracted periods remained challenging. Other challenges include the need to respond to multiple concurrent Level 3 emergencies,[219] and the uncertainty on the risks associated with EVD, which acted as a deterrent for many, especially at the beginning. To address the initial reluctance of staff and managers to deploy, the Executive Director urged supervisors to immediately release staff as needs arose, which resulted in instructions to deploy from management.[220] WFP management also made clear that UNMEER requests for personnel could not be negated.[221] While intended to encourage deployment, these actions *de facto* reduced the authority of the ERR, as the formal mechanism for the deployment of personnel to L3 emergencies.

72. A series of staff health and well-being measures had to be defined and be systematically applied to all going to EAC.[222] These included a thorough psychosocial screening prior to entry, regular health checks, and an Ebola exiting check. Security Clearance from United Nations Department of Safety and Security (UNDSS) was dependent upon the results of the exit medical checks. Specific arrangements had to be defined for rest and recuperation. WFP was not prepared to deal with all the implications of staff moving in and out of EAC, and initially had to set up a special HQ Task-Force to ensure that HR, Medical, Administration and others were on board.[223] On a positive note, the deployment/recruitment of health experts coupled with awareness raising session for staff and partners on health and safety measures were critical to (re)establish a sense of security, and trust in the WFP's sense of care. The Ebola emergency was one of several triggers for the creation of the Staff Wellness Division at WFP, which resulted from the fusion of the Medical Service with the Staff Counseling.

73. Coordination of deployment requests of personnel with adequate capacity was initially difficult, also hampered by a lack of clarity on requests and multiple conflicting needs on the ground and within WFP as a whole. Insufficient data did not allow analysis of the correspondence between requests and actually deployed personnel by profile, position and location. The Ebola Deployment Task Force (EDTF) facilitated flexible and rapid deployment of staff in critical areas. Some confusion however was reported in relation to R&R and post-deployment as "standard procedures were not always followed, instructions were not clearly circulated to staff members, and practices or standards did not uniformly and consistently apply to all staff."[224] This was due to the decision not to circulate formally the new procedures for R&R and post deployment, which created uncertainty and required individual communication with staff.[225] Of all those deployed during the Ebola response, 24% were females and 76% males.[226]

74. Deployment of senior ECs, and SOLOs was critical to the response and allowed direct application of expertise and experience from other emergencies, and real-time mentoring of less experienced staff.[227] Frequent staff turnover made it challenging to sustain effective communication, and resulted in a constant need for training and

[219] The Ebola crisis was one of five concurrent L3 emergencies WFP was responding to in both 2014 and 2015. The others were Central African Republic, later replaced by Yemen, Iraq, Syria, and South Sudan.
[220] Executive Director 030114. All staff mobilisation Ebola.
[221] OTF NFR, 30 Sept 2014.
[222] Attempts to establish them earlier did not succeed. For example, in early 2014, a proposal by WFP Medical Team to medically screen all members of the ERR was not approved.
[223] Ebola Deployment Task Force (EDTF). Official guidelines on R&R and the 21-day health check follow up period were only issued in December 2014.
[224] Source: PIQ WFP staff member, May 2016.
[225] There were only two staff handling communication with staff, tracking and coordination with travel and medical, despite the significant amount of work this involved. This resulted in a lack of uniformity in the application of rules as it depended on the circumstances of each individual staff member deployed.
[226] Refer to Annex R Ebola Deployment for a breakdown by contract type, sex, grade and functional area.
[227] This is also in line with clusters' members commitment to fulfil the agreed coordination functions.

sensitisation of both staff and partners[228] as well as in a loss of expertise, institutional knowledge and momentum. Limited handover information for incoming staff added to stress and delayed integration and functionality of new staff. As a more sustained staffing structure became critical for recovery and longer term planning, the high reliance on short-term contracts and assignments (by staff/TDYers or stand-by partners) became more challenging[229] and maintaining the direction from one replacement to another. Yet, informants reported that the deployment of a dedicated emergency structure[230] to the COs and RB effectively complemented rather than replaced existing country structures, thereby increasing in-country capacity to manage the evolving emergency response thanks to the presence of experienced staff, often at very senior levels.

75. Results from the online survey[231] are generally positive with regards to HR and well-being issues in relation to the crisis. The majority of respondents reported possessing the right skills and expertise, and being clear about the role they were asked to perform.[232] The most positive feedback was registered in relation to WFP management, with 93 percent of respondents saying it was good throughout.[233]

76. Among areas that need improvement (in relative terms) are pre-deployment training and monitoring of psychosocial well-being of staff prior to, during, and after deployment to EVD affected areas.[234] A few staff said they were neither trained nor briefed prior to deployment.[235] Of 785 WFP staff deployed globally only 76 underwent formal emergency preparation training such as Functional Area and Support Training for Emergency Response (FASTER) or Getting Ready for Emergency either prior or after being deployed to EAC.[236] In addition, two regional-based EPR trainings were organised in April 2015, and included a total of 68 participants, 47 from COs and 21 from the RB.[237] Unfortunately however, timing was late in the response. A small number of respondents also commented on the inadequacy of the physical and psychological support offered by WFP, especially upon return from EAC. No further reference to this was made by informants in the field. [238]

[228] *Ebola Affected Countries Emergency Response Challenges, Lessons Learnt and Best Practices in Monitoring,* RDB M&E Unit, p.4.
[229] This was particularly true of the SOLOs and ECs as high-level staff were only available for short spells, while more continuity at decision-making level was needed.
[230] International staff accounted for just a minority of all those deployed for the Ebola response. WFP figures indicate that as of November 2015 of all staff in Ebola Affected Countries, only 74 were internationally deployed as compared to 800 national staff. *EDTF Statistics, 12 Nov 2015.*
[231] See Annex S, pages 110-113 for a list of the questions and detailed responses.
[232] See Annex S, pages 110.
[233] See Annex S, pages 111.
[234] See Annex S, pages 111 & 112.
[235] Source: Comments of respondents to the Human Resources and Staff Wellbeing on-line survey.
[236] See Annex R for more information on training.
[237] The training was in the framework of the DFID-funded joint WFP UNICEF project Strengthening Humanitarian Preparedness in High Risk Countries, and was not replicated since.
[238] '*An Evaluation of WFP's Regional Response to the Syrian Crisis, 2011-2014*' (April, 2015. Report number: OEV/2014/19) in fact suggests for WFP to make greater use of anonymous surveys and other tools for eliciting staff views and ideas on support and other issues that may not otherwise be communicated to line managers (see recommendation 4-c). It is furthermore of interest to note that the same report highlights similar HR issues found in this Ebola evaluation (see findings 5, 6, 7 and recommendations 4 and 5).

Assess the potential for sustainability and replication in future emergencies, of structures and institutional arrangements.

77. A number of structural and institutional arrangements were identified that have potential for replication and sustainability[239] in future emergencies. These are grouped into four categories as follows:

Cooperation/Coordination:

78. *The WHO and WFP joint cooperation:* the corporate agreement for operational support paved the way for future emergency response collaboration and support between the agencies, particularly on joint EPR for pandemics/health crises and boosting the operational capacity of WHO.[240] While essentially sustainable, resolving funding issues would be crucial as WHO did not have the budgetary provision to sustain the infrastructure following WFP's disengagement.

79. The merging of the aerial component of the response: the decision to merge the aerial component of the response (UNHAS and UNMEER air operations) into a single entity and under one unique chain of command was considered a success mostly by UN stakeholders. The integrated cooperation ensured a more efficient use of assets; avoided duplication (routes, schedules, location served); and contributed to securing the minimum operational staff required.[241] The uniqueness of UNMEER obviates the requirement for sustainability.

80. *Decentralization of operations management and concept of a Regional Ebola Cell*: the designation of the RD as CRD was essential to supporting regional level discussions/agreements and allowed for a clear concept/strategy coherent across all the countries. The Regional Ebola Cell ensured CO technical support, sharing of good practices, and alleviation of some CO tasks thus allowing them to focus on the required response scale-up. This arrangement is considered sustainable at no/low cost.

Human Resources:

81. Fostering capacity development: assigning experienced staff to future emergencies who, at the same time, can guide and mentor less experienced personnel is key for a more effective response.[242] Key to this is the availability of more 'middle and lower' ranks to broaden the number and capacity of staff available for deployment. National staff in particular should be given the opportunity to serve in other emergencies so they develop the necessary experience/skills to deal with similar situations. This arrangement is considered sustainable at no/low cost.[243]

82. Emergency preparedness and response structure: having an EPR package in EAC enabled WFP to scale-up its food and nutrition assistance. The deployment of a dedicated emergency structure *en masse* to the COs (and RB) combined with the internal re-deployment of country teams to the emergency response allowed WFP to complement – rather than replace – existing country structures, increasing the capacity on the ground to manage the evolving emergency response, while at the same time

[239] It should be noted that sustainability is not necessarily a required or desirable feature of replication. The caveat to all sustainability assertions in this section relates to desirability and/or availability of funding.
[240] This is covered more fully in the 2015 WHO and WFP Cooperation in their Response to the EVD Emergency Lessons Learned Exercise Report.
[241] A question remains as to whether the duplication of air transport services was necessary and was there a good reason for UNMEER being involved in air transport services at the beginning. One option could have been to let all planes fly under the UNHAS emblem.
[242] The inflow of WFP staff (whether on short or long-term assignment) enabled both UNMEER and WFP to draw on a vast pool of expertise acquired during previous emergency operations.
[243] The immediate application of the Ebola lessons from the response to the design of the intervention in Nigeria, as well as the use of staff from EAC as TDYers illustrates this point.

offering important hands-on learning opportunities for country teams.[244] This arrangement is considered sustainable at no/low cost.

83. Activation of the emergency roster: deployment of a Health Specialist(s) to support operations and strengthen surge capacity support beyond the first wave of deployment in more protracted crises (including psychological preparations and medical clearance for all employees deployed to L3 and D & E classified duty stations).[245] This arrangement is considered sustainable at relatively low cost.

Model/Monitor

84. Modelling the impact of Public Health Emergencies on food insecurity: WFP prepared a model to estimate the impact of Ebola on food insecurity in the three countries and to project how the situation could evolve in the medium-term considering transmission projections.[246] The model is sustainable.

85. Large-scale application of mobile technologies to food security assessment and monitoring: the mVAM team documented its learning and achieved proof-of concept for the application of mobile technologies to food security assessment.[247] Engagement with the private sector (telephone companies) was important for the effective roll-out of mVAM, and this aspect has potential to be replicated as a standard procedure. This arrangement is considered sustainable.

86. Relief Item Tracking Application (RITA): RITA was used in the response as a single, globally accessible system to keep track of humanitarian cargo in difficult environments. Although not without problems, RITA was reasonably helpful mid-stream and at country-level information management, providing the primary repository for information sharing.[248] The application is sustainable.

Supply Chain

87. Strengthened Pandemic Supply Chain: WFP is working with WHO and a series of private companies on a virtual supply chain for pandemic preparedness and response with the identification of 62 items between pharmaceuticals, health and logistics equipment and services. The Pandemic Supply Chain Initiative aims to further strengthen WFP's capacity, as well as global capacities, to provide effective and efficient supply chain services during public health emergencies of international concern. Evidence shows there is a strong WFP commitment to ensure this initiative is sustainable.

88. UNHRD: offered more than storage: kitting out services; cargo consolidation and transport services to final destinations, receipt in country through deployment of UNHRD Rapid Response teams; procurement and replenishment of dispatched items through LTAs; fast procedures for loans and borrowing of partner stocks. Initiatives are currently underway to enhance the utility of humanitarian stockpiles in an initiative

[244] The deployment of Senior ECs (and SOLOs) embedded within country management structures allowed for a real-time mentoring and a good practice for future emergency situations.
[245] This could include: travel clearance for all employees; wellness networks including closer engagement of Regional Staff Counsellors and Regional Medical Officers to emergencies; deployment of UN Modular Clinics; Vaccination Campaign for Employees LTA; and Roving Medical Care LTA for employees and family members to improve access to healthcare in remote locations.
[246] The model identified three Ebola induced impact channels ("Ebola effect"): social (changes in behaviour and traditional farming and coping mechanisms due to fear), markets (uncertainty around supply and demand and disruptions to corridors), and livelihoods (disruptions to farming, petty trade, and unskilled labour).
[247] Robinson, A. with Obrecht, A. (2016) 'Using mobile voice technology to improve the collection of food security data: WFP's mobile Vulnerability Analysis and Mapping' HIF/ALNAP Case Study. London: ODI/ALNAP.
[248] In the context of the Pandemic Supply Chain Initiative the capacities of RITA are being revisited with the support of partners such as NEC, University of Minnesota and GS1.

led by OCHA and the logistics cluster, in the UNHRD context as well as in the context of the Pandemic Supply Chain initiative.[249] This arrangement is considered sustainable.

89. The integrated common service platform (cf. footnote 34 for details): while already being adapted to institutional level the evaluation confirms the significant potential of the model for replicability. WFP's proven expertise and capacity in humanitarian supply chain (cargo transport, logistics and procurement), humanitarian passenger transport, emergency telecommunications, and ability to swiftly deliver temporary/semi-temporary structures offers great potential in institutionalizing the concept of 'service package' that can be offered to the humanitarian community. This service is considered sustainable.

90. Complex crises and emergency situations are seldom similar and will often call for a different approach: thus, the response to the L3 Ebola crisis is instructive on two different levels. Internally: WFP succeeded in activating all the component parts of its organisation to interact efficiently for the benefit of the same goal: the entire food machinery; a supply chain routing large quantities of food and a vast amount of traditional and non-traditional NFIs by air and ship; a wide array of UNHAS specialised services; a network of geographically well located UNHRDs; and a resourceful engineering division. The experience gained is replicable. Externally: the experience of working with other UN sister agencies and large INGOs is more volatile and much will depend on a sustained effort by UN agencies to retain the lessons learned and to operate and deliver as one. In this respect, the mandate entrusted by the IASC since 2005 to the Global Logistics Cluster (GLC) within WFP as leading agency has proved extremely appropriate and must be actively pursued.

2.3. Performance and Results

How appropriate and relevant has WFP's response been over time (including positive/negative, and intended/unintended outcomes), considering the unpredicted and shifting nature of the EVD emergency?

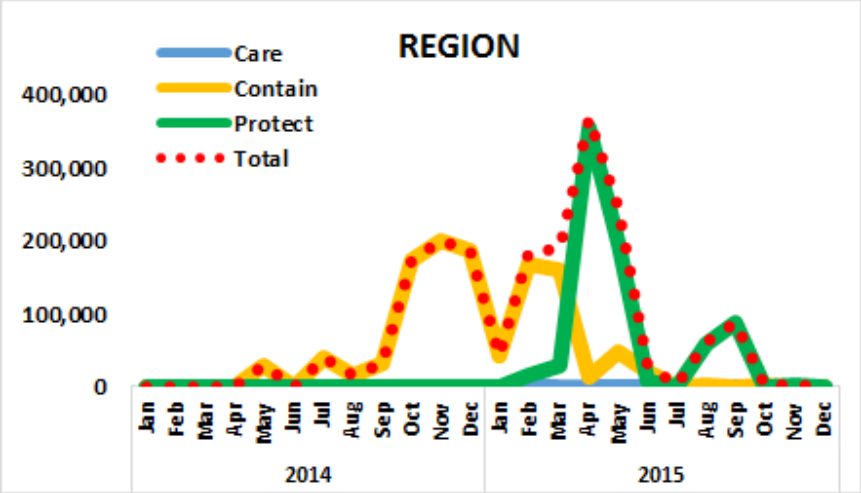
91. The nature and the structure of the WFP response to the L3 EVD has been, over the entire length of the Ebola crisis, consistently based on a two pronged approach: food assistance driven operations and top level logistics operations. The first set of activities met the basic food needs of EVD affected communities. The second, involved logistic operations designed to offer the entire humanitarian community a comprehensive range of logistic facilities and services essential to fulfil its mission to fight the EVD epidemic.

Food response

92. The EvT considers WFP's response to be appropriate in that COs were able to scale up and respond to food needs. This began with the CO IR-EMOPs, formulated to provide life-saving emergency food and nutrition assistance to affected vulnerable people and communities. The response underwent 6 BRs to align to the reality and relevance of the situation in EAC, indicating both the institutional desire to keep aligned to the evolving situation and the challenge in forecasting along the usual WFP operational timelines. The main aims of the food assistance were conceptualised under the three pillars over time: care, contain and protect. Figures 2 and 5 below show the total number of actual beneficiaries by pillar, indicating that two thirds (67 percent) of the beneficiary caseload fell under the contain strategy.

Figure 2: Total number of actual beneficiaries by pillar for EAC 2014-2015

[249] The use of up-stream consolidation hubs (air+sea) for strategic transport operations in future humanitarian crises is being analysed and a database is being established within the context of the Pandemic Supply Chain initiative.



Source: WFP RB monitoring data accessed June 2016.

93. The IR-EMOPs and ensuing regional EMOP, allowed WFP to provide food assistance using both in-kind and cash transfer modalities. Interviews with EAC stakeholders consistently provided evidence that food was considered a key component of the strategy to contain the EVD. Both national and international actors saw food to be most relevant for the containment strategy – the largest component of the food assistance response, where communities/hotspots were quarantined with restricted movement. Annex U summarises targeted beneficiaries for the activities encompassed under the care, contain and protect pillars by EAC; and Annex V details the Food/Cash requirements by EAC.

94. Food rations for EVD patients and carers/staff are also considered to be appropriate (see Table 6 below). The nutritional composition of food rations provided was standard. WFP understood the need to provide its most nutritious foods[250] to this group and trialled hot meal provision through a catering company and use of vouchers to purchase fresh food. This was only successful in one of the three EAC due to costs, so traditional nutritional commodities where provided. In Liberia and Sierra Leone, WFP provided patients discharged from ETUs with take-home rations to ease reintegration into their communities and provide continued nutritional support following treatment when beneficiaries remained in a weakened state after fighting the disease. This in-kind modality is seen as appropriate for this small beneficiary group (less than 72,000 individuals in total for all EAC). The EvT however lacked evidence to assess how these commodities were coordinated with UNICEF planned rations (water provision and therapeutic products), or if additional nutritious products were provided by other actors, or if the voucher scheme allowed beneficiaries to purchase the intended fresh food.

[250] BRs 2 and 3 considered the newly developed nutrition protocols "Nutrition guidance for EVD patients developed by the WHO/UNICEF/WFP Interim guideline Nutritional Care in Adults and Children infected with Ebola Virus Disease in Treatment Centres" to improve the quality of the food ration for the care pillar, recommending palatable, nutrient dense and easy to digest foods.

Table 6: EVD food rations for different beneficiary groups 2014-2015

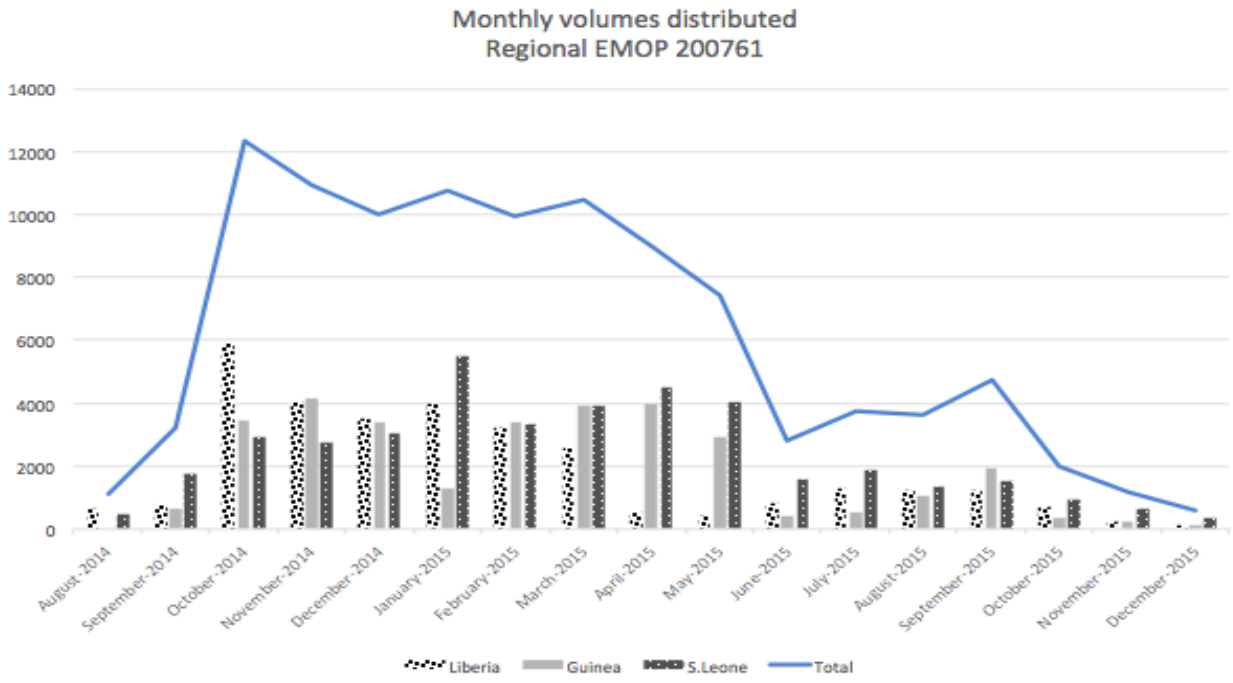
Pillar	Ration #	Beneficiary Category	Ration (grams/person/day)
CARE	1	Patients in ETC – wet meals	Rice 200g Pulses 30g Veg oil 25g CSB++ w/sugar 250g
	2	Contact cases	Rice 400g Pulses 60g Veg oil 25g CSB+ 60g Iodised salt 5g
	3	ETU Patients ETU Family Accompany	CSB + 250g Plumpy'Sup 92g
	4	Community Care Patients Community Care – Family Accompany	Rice 200g Pulses 30g Veg oil 25g CSB+ 250g Plumpy'Sup 92g
	5	Voucher for fresh – Patients Voucher for fresh – Family Accompany	Cash 9.49 USD
	6	Cash for fresh – Survivors	Cash 0.47 USD
CONTAIN	1	• Community hotspots • Areas of widespread & intense transmission (communities) • Areas of widespread & intense transmission (people under isolation or quarantine)	Rice 400g Pulses 60g Veg oil 25g CSB++ 60g Iodised salt 5g
	2	Contingency – screening centres	HEB 500,000
PROTECT	1	Survivors discharged	Veg oil 25g CSB++ 190g
	2	ETU survivors (adults)	CSB + 300g Veg oil 63g Plumpy'Sup 92g
	3	ETU survivors (children)	Plumpy'Sup 92g
	4	Transition – food	Rice 200g CSB++ 20g
	5	Transition – cash	Cash 0.17 USD
	6	Orphans	Rice 300g Pulses 50g Veg oil 25g CSB+ 60g Iodised salt 5g
	7	Children under transition	CSB++ 100g

Source: EAC EMOP Rations provided per pillar (source pipeline Dropbox 4.18, EMOP project Documents and Budget Revisions) compiled by EvT.

95. The EvT consider the introduction of CBT for the protect/transition beneficiary caseload appropriate for the 'EVD survivor' category incorporating appropriate aspects of dignity and choice. The 'discharged survivor' ration appropriately consisted of an in-kind component and a CBT in Sierra Leone worth US$ 58.[251] Survivors in all EAC received CBT through third party service providers, meaning they received the transfer regardless of location. The planning value of the transfer per beneficiary per day at US$ 0.17 -0.25 giving a monthly CBT of between US$ 25.5 - US$ 37.5 per person on a 5 person family basket. This amount was appropriately increased up to US$ 85 in line with an analysis of cost of living and contextual factors. More CBT were planned than were disbursed during the operation (55 percent budget line underspent) suggesting additional target groups may have been envisaged for CBT, most likely in the urban areas, in all EAC.

96. Food assistance in-kind provided to quarantined communities were standard and deemed by the EvT to be appropriate in terms of macro and micro-nutrients. Small quantities of dried fruit (51 MT) and canned fish (33 MT), received as donations in kind, were distributed; though these two commodities are not standard WFP food rations. Rice procured on the local and world market varied in quality depending on source and availability, and resulted in negative comments from beneficiaries.[252] Rice consignments with 5 percent, 25 percent and even 100 percent broken were procured with price variations of 10 percent to 15 percent (and even more for Basmati rice). The monthly volume of food commodities distributed per EAC under EMOP 200761 is shown in Figure 3 below.

Figure 3: Monthly volume of food commodities (MT) [253]



Source: COMPAS /LESS returns submitted by the respective COs.

97. WFP appropriately dealt with the changing and unpredictable nature of the EVD through an adapted response strategy reflected in its budget revision (BR) process. In

[251] Consisting of a 30-day household ration of Super Cereal and fortified vegetable oil to ensure consumption of fortified foods and a 30-day household cash based transfer ration with value equivalent value to a full food basket for two subsequent months.
[252] More than the quality or nutritional value of the rice it is often the personal preference of the beneficiaries which dictates such comments. For example in Liberia, the urban population has a high preference for imported rice over locally produced rice. The same finding was encountered in Iraq. (See Iraq Country Portfolio Evaluation 2010 – June 2015).
[253] The following commodities were distributed: rice, bulgur, CSB+, CSB++, High Energy Biscuits, Ready Supplementary Food, Salt, Vegetable Oil, Beans, Lentils, Split peas, Canned Fish and Dried Fruit.

the first 8 months, WFP carried out two BRs involving extensions and increased budgets as well as refined food rations. BR3 in April 2015 introduced a third pillar of 'transition support' to provide an initial kick start of economic and livelihood activities in vulnerable Ebola-affected communities once they are cleared of intense transmission based on a half ration approach as a safety net. BR4 in May 2015 reinforced activities to protect severely food insecure and vulnerable groups during the lean season (May-October). BR3 and 4 therefore represent a conceptual change for WFP from responding to a health crisis with food to considering the socio-economic impact and vulnerability of EVD affected individuals, communities and services (see Annex W: Regional EMOP BR4 Conceptual Model). BR3 and BR4 introduce transition and the protect pillar to address the economic impact of the Ebola crisis. However, the specific activities that fell under the protect pillar only includes one specific food security activity in the form of seed protection ration.[254]

98. The EvT considers the protect/transition response to include a very wide range of activities involving a complex range of food rations and CBT entitlements[255] (see Section 2.3.2) based on geographical targeting of individuals, communities and services. While this may have been a deliberate 'catch all' strategy for context specific protective safety nets post-Ebola, the activities included are very similar to those in ongoing country programmes (see Annex X). The EMOP activities during 2015 provide varied opportunities for a gradual transition to an economic/food security response through reformulation of the country programmes, with the revitalisation of school feeding and nutrition programmes featuring strongly.

Logistics response

99. To meet the pressing logistics demands from the humanitarian community, WFP adopted a regional SO with a dual approach: a) urgent measures to correct the gaps which existed to varying degrees in the medical and logistic infrastructure of EAC and which WFP, WHO and MSF considered essential for a smooth medical and equipment supply chain, b) the provision by WFP of a wide range of supportive logistics services to enable the humanitarian community to fulfil its commitments in the fight against the EVD.

100. As a first measure, WFP activated large reception and storage facilities along the supply chain from point of origin overseas to the final destination at the many Ebola treatment locations. Taking advantage of existing UNHRD facilities in Brindisi, Dubai, Las Palmas and Accra supplemented with reception facilities at Copenhagen and Cologne airports, WFP built, erected or rehabilitated in rapid succession large stage areas at airports and ports, main logistic hubs, FLBs and ancillary depots near the ETCs in all EAC. At the request of the respective EAC Ministries of Health, WHO and MSF, WFP's Engineering Division erected ETUs and CCCs complete with all the necessary medical and sanitary facilities. The bulk of construction work by WFP Engineering division – 7 main logistic units, 8 FLB, 7 ETUs plus rehabilitation works at various clinics and medical centres - was undertaken between September 2014 and February 2015.[256]

101. Secondly, in August 2014, WFP set in motion a range of essential logistics services in knowledge that many UN agencies and NGOs were lacking the required capacity to run efficient essential logistics services. Long distance cargo charter flights were offered alongside inter-capital and inland UNHAS cargo and passenger services, complete with a full Medevac facility. Storage together with long distance and 'last mile'

[254] See Annex I, Table 1.
[255] The eight protect beneficiary categories in the EAC include: former hotspot; seed protection; food for school cleaning; TSF; survivor; survivor households; transition and orphans.
[256] See Annex M for further details.

road transport facilities (complete with custom cargo clearance, tracking and stock keeping services) were provided on demand free of charge. All these services were supplemented with ETC facilities providing efficient connectivity between the various stakeholders.

102. This twofold approach proved to be judicious. Foremost, the WFP Engineering Division played a crucial role developing at short notice vital logistics and medical infrastructure, without which the Ebola response programme would have come to a complete standstill. The range of logistic services provided under the UNHAS, ETC, common services platform or logistic cluster facility encountered unanimous approval. The respective EAC governments, overseeing official agencies and services, together with UN agencies and NGOs fully endorsed this dual approach and did not hesitate to extend the necessary support wherever possible.

Key external events and decision processes during the response

Food response

103. An analysis of key external events in EAC and internal decisions at WFP suggests that WFP's response to the EVD outbreak was appropriate and scaled up its response very efficiently as soon as the L3 was declared in line with the escalating seriousness of the situation (see Timeline of events, Figure 1), although EVD case incidence indicates that WHO declaration of crisis would have been justified about 4 weeks earlier.[257] Scale down and transition into post-Ebola programming is considered to have been appropriate, but slow given the sharp decline in new cases at the end of 2014. The extension of the regional EMOP to December 2015 (see ¶ 123) suggests that the more traditional post-emergency scale down options through a PPRO was discarded as an option. The EvT concludes that the 2 year EMOP includes a number of activities over a protracted transition process that did not necessarily have SO1 objectives. More household/community level recovery through increased food security interventions were not deemed necessary as food security data only alerted food insecurity linked to the lean season. Therefore food assistance during the lean season was incorporated into the response.

104. EVD case count per EAC was widely available to all actors and instrumental in the overall humanitarian response and allocation of resources. Annex Y shows the country specific EVD caseload over time, showing a sharp increase in cases at the peak of the pandemic from August to December 2014 (when WFP was implementing the regional EMOP) and then stabilising by March 2015 in Liberia and Guinea, and in Quarter 3 in Sierra Leone. The total number of EVD confirmed cases jumped from 244 to 20,171 (>8,000% increase) between May and December 2014, and then to 26,583 and 28,601 (14% increase from December 2014) in May and December 2015.[258] EAC governments deactivated their states of emergency in line with the stabilisation of new cases by mid-2015.[259] In 2016, sporadic outbreaks are still occurring, and the systems are in place for EAC governments to respond effectively. The Liberia CO[260] proposed a timely series of alignment strategies to government, and UN recovery and stabilisation plans. It is unclear whether the other EAC COs produced a similar analysis.

Logistics response

105. The concept of regional SO 200773 is unique for the multiplicity of capacities and services mobilised, however, the despatch of goods was mainly in the hands of coordinating bodies of EAC governments and the supply/logistics officers of the sister

[257] WHO/CDC data available at the time indicated 298 recorded deaths and 646 cases by the time of the WHO declaration.
[258] http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/cumulative-cases-graphs.html
[259] With the exception of Liberia where the state of emergency was deactivated in November 2014.
[260] Liberia CO - Alignment of EMOP 200761 and Proposed PRRO against Government and Partner Plans.

UN-agencies, MSF and participating NGOs. Despite coordination meetings at regular intervals and a well-tested system for lodging a request for logistics services, not all stakeholders adhered to the system, which resulted in confusion.

106. Unlike commercial operations, WFP was not in a position to steer and correct situations with the application of tariffs. With services being provided for free, some stakeholders took advantage of leaving their goods for an unreasonable length of time in warehouses or forwarding goods to inland depots well in excess of requirements or consumption levels. While most stakeholders expressed their satisfaction in respect of the quality and the diligence with which the services were provided, the EvT noted some comments with regard to the RITA system which relied on manual entry which regularly led to a delay between action taken and action recorded. The absence of a standard for labelling the thousands of different items processed by the system highlighted the need for more standardisation across all sectors (cf. ¶86). RITA was put to good use to keep track of stocks of non-food items in Mobile Storage Units (MSU) and FLBs, but proved less appropriate to track items from point of origin to final destination. This was particularly the problem with third party non-food commodities. The processing of procurement and shipping procedures of WFP NFIs was not uniform throughout. The EvT experienced difficulties collecting comprehensive data of the NFIs traffic volumes under the care of the common services platforms.

107. Developing road transport capacity was a priority for all EAC. At times initiatives were a little precipitous. The Liberia CO envisaged renting 30 trucks licensed in Guinea, which met opposition from road hauliers in Liberia. Prior consultation, motivation and approval by the dedicated transport authority would have led to an agreement acceptable to concerned parties. In the maritime sector, the WFP shipping division proved extremely innovative succeeding in adapting its Voyage Charter Party whereby the ship's owner accepted to have the crew discharge the vessel's cargo (if requested) to avoid physical contact between sailors and longshoremen.[261] The re-packing of a large consignment of rice in big-bags which could easily be hooked and lifted with the ship's cranes proved successful to conform to possible port sanitary regulations, albeit the re-packing exercise proved expensive.

Perceptions of appropriateness and relevance by type of stakeholder/user, location and phase of the response

108. All stakeholders interviewed during EAC field visits and subsequent telephone interviews with Top Level Key Informants (see Annex Z) were unanimous in their confirmation that WFP's response was not only appropriate and relevant, but also a key component of the EVD epidemic containment strategy. Affected populations, EAC government representatives, local and international NGOs, UN and WFP staff saw the added value and essentiality of the SO and the food assistance for contain purposes. Health representatives working to treat EVD also spoke highly of WFP's contributions (although these were at times mixed with UNICEF's response, it nonetheless confirms synergy as discussed in section 2.1.3 and annex L. Government actors were positive about WFP's role in getting children back to school in EAC. There was less consensus on the remaining protect activities such as school feeding, targeted supplementary feeding and school clearing, as these were no longer perceived to be part of the health focused response and involved different target groups that did not involve all actors.

[261] The following clauses were applicable on the M/V Falckenburg which affected two round trip voyages for the WFP: UN-WFP Voyage Charter Party Code name: "WORLDFOOD 99" Approved by BIMCO – following clauses were inserted in the C/P: EBOLA CLAUSE: owners/charterers will follow best sanitation practice at all times relative to disease prevention and control and as determined by the relevant port authority policy in place at time of port operations. - crew stevedoring: when requested by charterers and at charterers expense per load/discharge operation (pls advise rates/remuneration).

Food response

109. All the component parts of the food supply chain systems proved adequate and functioned as anticipated. The funding of the programme did not encounter major difficulties and access to advance funding was, if required readily available. The FPF, prepositioning of large stock of rice in Lomé and the existence of in-country food stocks contributed to the fluidity of the food pipeline. Only the organisation of the final distribution of food rations to the EVD patients and beneficiaries was at times a challenge considering the demanding health measures in place. A large implementation part of regional EMOP hinged on the multiple logistic services deployed in parallel by WFP under the regional SO. The FLB storage facilities, 'last mile' transport capacity, access to adequate in-country air transport (UNHAS fixed-wing and helicopters) together with reliable emergency telecommunications provided a significant contribution to WFP's positive results of the food component response.

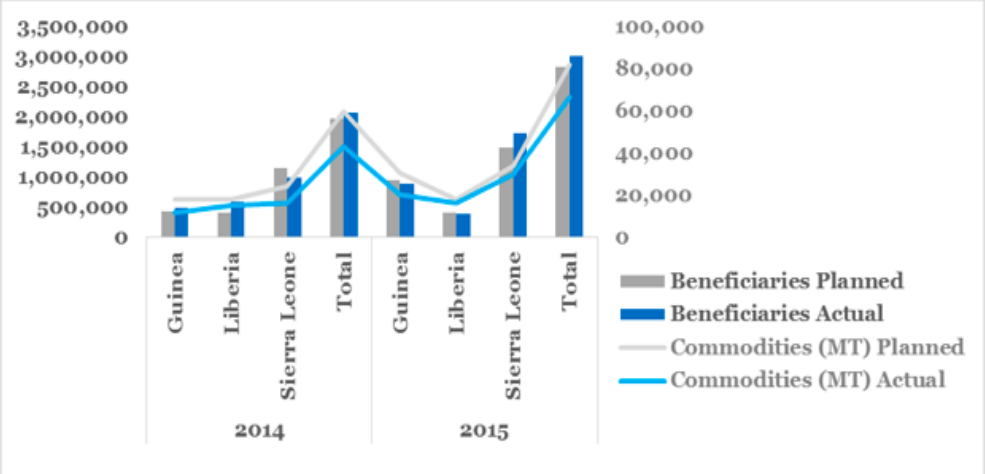
Logistic response

110. While the presence and initiatives of UNMEER were significant at country level[262], the perception prevails that the logistics response was firmly in the hands of the common services platform and the Joint Logistic Cluster.

To what extent were the affected population/communities adequately (identified and) reached by WFP in the Ebola affected countries, taking into account the dynamic and volatile nature of the outbreak?

111. At the onset of the WFP's response[263], on 24 August 2014, the regional EMOP planned to support 1.3 million beneficiaries with 64,979 MT of food for 3 months with a budget of US$ 69.8m. In November 2015, some 16 months and 6 BRs later, the operation tripled in size with an increase to 3.4 million beneficiaries, 140,983 MT and a total budget of US$ 209.3m. Figure 4 below shows the caseload by country and the total tonnage as well as the main changes to the operation rationale and to beneficiary target groups. What started in 2014 as food to support a health emergency[264], expanded in May 2015 into a broader response including different activities to support EVD affected communities.

Figure 4: Planned vs. actual beneficiaries & commodity distributions



Source: Regional Bureau data, WFP distribution records.[265]

[262] See Minutes of 69th UN General Assembly session in New York on 24/09/2014 Agenda item 132 – Approval UNMEER budget – Staff strength total 283 officers out of which Accra 93, Guinea 52, Liberia, 52, Sierra Leone 52.
[263] The evolution of the Care, Contain and Protect component is captured later on in this section.
[264] See Annex AA for original regional logical framework outcomes and indicators.
[265] Full set of data with absolute numbers can be found in Table 2.

Beneficiary selection

112. WFP had to rely on health actors to identify the beneficiaries for the care and contain component of the response; on the other hand, the selection of the protect beneficiaries was done by WFP in consultation with its partners. Table 7 below summarises the beneficiary types identified by each EAC and shows more similarities in the care and contain categories, and a more diverse set of categories under the protect pillar.

Table 7: Regional EMOP beneficiary types per pillar per country - 2014-2015

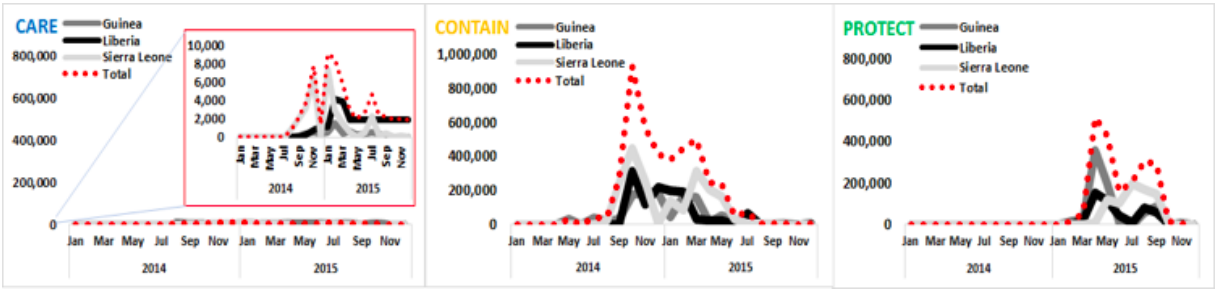
	Care	Contain	Protect
Description	Confirmed/suspected cases in hospital receiving medical care; Confirmed/suspected Contact Cases in quarantine/observation	Communities in 'hot zones' where food availability is affected by food access	HH in food access in former hotspots during lean season; Restoration of access to basic services temporarily; Ebola-driven vulnerable groups (orphans, survivors)
Guinea	ETU Patients Contact cases	Areas with widespread transmission	Orphans Survivors & HH (cash) Transition
Liberia	ETU Patients	Quarantined communities	Orphans Survivors (cash)
Sierra Leone	ETU Patients Contact case HH Treatment	Hotspots Former hotspots Discharged ETU patients	Orphans (& carers) Survivors Former Hotspots (cash) Seed protection School cleaning Targeted Supplementary Feeding

Source: compiled by EvT from EMOP project documents and BR 2014-2015.

113. Analysis of RB and CO datasets indicates that the care pillar had the smallest caseload at less than 1 percent, contain had the largest at 67 percent and protect made up the rest at 32 percent of the total caseload. Figure 5 below provides a summary of the actual caseloads by pillar by month between 2014 and 2015. Sierra Leone's protect caseload in 2015 in noticeably higher than that of Guinea and Sierra Leone due to the inclusion of a much broader category of beneficiaries.[266]

Figure 5: EAC Overall actual beneficiary caseload by intervention pillar[267]

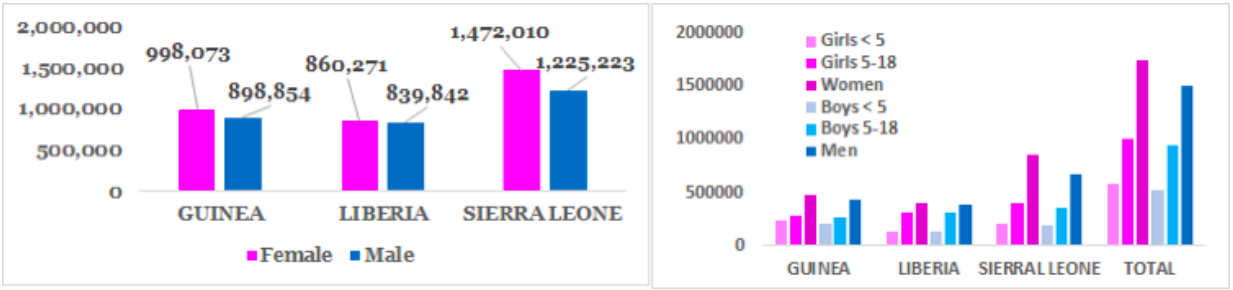
[266] School cleaning, seed protection and TSFP beneficiaries targeted in Sierra Leone but not in Guinea or Liberia, increased this caseload by 80 percent.
[267] Planned beneficiary data is not available by month.



Source: RB beneficiary data.[268]

114. Of the total number of beneficiaries, 53 percent were female, and 47 percent were male. Figure 6 below provides further details of the sex and age category breakdown and while the overall caseloads show similar proportions of men and women assisted, the age breakdown points to large numbers of women beneficiaries in Sierra Leone. Female and male headed households are not differentiated in the CO data made available to the EvT to be able to comment on the performance indicators in the initial project logframe.

Figure 6: Overview of WFP 2014-2015 EAC - actual beneficiaries by country, sex & age



Source: SPR 2014 and 2015 data. Figures include overlap.

Food rations for target beneficiary groups

115. A comparison of planned versus actual beneficiaries per country (Figure 4) shows that WFP reached more beneficiaries than was planned.[269] Referring to Table 2, overall, more beneficiaries (106 percent) were reached than planned over the response timeframe. The exception to this is the number of beneficiaries reached for assistance through CBT which was 85 percent of that planned. Beneficiaries received 75 percent of the planned commodities, and 46 percent of the cash value that was intended, suggesting a reduction in the planned ration, which already included half rations for the protect category. This data needs to be interpreted with caution, as planned beneficiaries for the care and contain pillars were based on the best available projections made by health actors on the likelihood of EVD cases and affected communities. The protect caseloads on the other hand, were directly linked to WFP and its partner activities. Therefore, a comparison between planned and actual beneficiary caseloads should take into account the pillar being considered. Data is not available to ascertain where the ration reductions were made.

116. Throughout the regional EMOP duration, WFP maintained a steady and fair food supply chain by making good use of the various tools available for immediate and enhanced access to funding facilities albeit with a gross funding rate of 71.6

[268] This data was provided to the EvT in excel files with no source citations; in discussion with the RB M&E officer, the EvT decided that this is the most reliable data available—as the narrative of data acquisition and manipulation seemed more compelling and robust than that received from EAC COs.

[269] An analysis of planned versus actual beneficiaries by pillar, country, gender and age is not possible, as datasets available at country level detail the total beneficiaries per month per activity or pillar, and at regional level detail total beneficiaries per country, per age and gender.

percent.[270] WFP also took advantage of food stocks strategically positioned in Lomé, Cotonou and Las-Palmas under the FPF and access to in-country stocks of rice readily available on call under a standing sales agreement with foreign suppliers. Whenever possible, but to a limited extent commodities were borrowed from ongoing country projects. Finally, the lead time was kept under control with a balanced mix of local, regional and overseas purchased commodities.[271]

117. Complete data is missing, but the EvT had an indication that 293 MT of rice was procured locally in Sierra Leone under the P4P scheme with support from the World Bank. Of the 140,983 MT planned for distributions, 105,178 MT were actually distributed (or 74.61 percent). [272] This last ratio is in line with the funding ratio of 71.6 percent. In 2014, stocks of CSB+ and CSB++ in both Guinea and Liberia were low and only 34 percent of the planned tonnage was distributed. Equally, Sierra Leone managed to distribute only 42 percent of planned tonnage. This situation was caused by tight overseas production schedules and the resulting long lead time. In 2015, a planned distribution of 1,401 MT of 'ready to use supplementary food or Plumpy'Doz in Guinea could not be met. This shortfall was partly offset by a topped-up supply and distribution of CSB. For Liberia and Sierra Leone, the demand for Plumpy'Doz was minimal and could be honoured.

118. India, Thailand and Pakistan were the main suppliers of rice with prices ranging from US$ 450 to 470 /MT (on Free carrier - FCA terms) or between US$ 660 to 680 /MT (on Delivered at Place - DAP terms).[273] Turkey, Russia and Ukraine were the main suppliers of split peas and lentils. The price for Plumpy'Doz, imported from France, was US$ 3,008 /MT. The price for CSB + (with sugar) ranged between US$ 448 and 511 US$/MT and for CSB++ (Super cereal) between US$ 850 and 875 /MT. All these prices are broadly in line with the world market prices. The average net food price (all commodities) amounts to US$ 577.49 /MT[274] which is slightly below the WFP corporate average.[275] The governing factor in terms of food procurement in the face of the L3 Ebola crisis was to keep the lead time under control and to avoid pipeline breaks. Save a temporary shortage of CSB+ and CSB++ in the second half of 2014 in EAC, both objectives were achieved throughout.

Pipeline breaks

119. WFP food assistance included the main commodities (cereal, pulses, vegetable oil and iodised salt) enhanced with Supercereal+ and ++ as well as nutrition specific products (Plumpy'Sup), High Energy Biscuits (for contingency stocks) and cash assistance for the beneficiaries to be able to purchase fresh products not supplied through the dry rations. In addition, the provision of wet meals was tested. See Table 6 for an overview of the food assistance (in-kind and CBT) provided. While the commodities are similar, the rations vary between beneficiary groups, and the cash amounts vary by country. The rations are in line with nutritional operational guidance on EVD which was developed by the main nutrition actors, and based on an agreement between UNICEF and WFP. The tracking of the actual delivery of these planned rations is not possible with the available data.

[270] RA, UN-CERF, UN Common Funds and Agencies, the WFP Multilateral fund.
[271] Only complete data for Sierra Leone was available. The origin of 52,978 MT food commodities is as follows: international purchase: 10 percent, regional purchase: 20 percent, local purchase: 35 percent (including 293 MT rice under P4P), forward purchase facility: 27 percent, deliveries in kind: 7 percent, not specified 1 percent.
[272] The ratio planned versus actual distribution of food is: Guinea 66.45 percent, Liberia 90.35 percent, Sierra Leone 71.77 percent.
[273] World Bank Thailand Rice 5 percent broken (FCA or FOB terms): Jan 2014 US$ 441.00; Jul 2014 US$ 428.00; Dec 2014 US$ 410.74. For the same period the price for 100 percent broken rice ranged from US$410 to 450 /MT.
[274] Food distributed: 105,178 MT - Net food cost: US$ 60,738,668 - or US$ 577.49: MT.
[275] Average net food price per M/T: CPE Mauritania 2011 - 2015 between US$ 41 and US$ 811. CPE IRAQ 2010 - 2015 between US$ 767 and US$ 998.

To what extent WFP's response has been delivered in a timely, efficient and successful manner by consolidating and coordinating already implemented interventions, and by addressing/advocating to address critical gaps (including coverage, partnerships, and access)?

Timeliness of delivery of the various phases of the response

120. Figure 1 and Annex N provide an overview by EAC of the care, protect and contain pillars during 2014-2015 in relation to the EVD case incidence and key external and internal events, showing CO alignment. The late declaration by WHO of the crisis is likely to have been the main reason for the slight mismatch. Another notable feature of these timelines is the caseload lull around the end of year/new year period, and the rapid scale up in protection activities in 2015. New WFP programming beneficiary categories including school feeding, school cleaning, survivor households, seed protection were defined and included in the BR in April 2015 explaining the sharp increase in beneficiary numbers, notably for Sierra Leone (see Table 6 and Figure 1). The final notable feature is the prolonged transition beyond mid-2015 by when Ebola incidence had dropped dramatically and the EMOP activities for beneficiaries continue straight into a revised country programme (see Annex X).

Role of food assistance in external stakeholder response strategies

121. WFP's *care* assistance was in line with health partner and government expectations, with WFP able to provide the food assistance for the duration of the treatment through partnership agreements at functioning ETUs. The overall care caseload was less than projected[276], because the number of affected people was lower than initially projected. The care beneficiary group is considered a well targeted and efficient response. No specific nutritional objectives were set for this activity, and they continued to fall under an overall health response objective. The ration contribution to ETU patient care cannot be measured quantitatively. Qualitative analysis through key informant interviews and PDM analysis suggests this was a small well targeted response contributing directly to patient nutritional aspects of medical care and equally important to the caregiver's food needs (carers and staff). WFP and UNICEF had a joint nutrition strategy in response for the EVD by December 2014 with more specific target groups based on nutritional vulnerability.[277]

122. WFP's *contain* assistance was in line with agreed general food ration standards, enhanced by the addition of Supercereal+ and ++ for increased nutritional value. Again this was in line with government expectations. This activity had no specific nutritional objectives and instead focused on reducing movement out of the community during the isolation or containment period, for which a new indicator was created. The 21 day quarantine period was covered through a 30 day food ration which was extended until the community was declared EVD free.[278] The food ration's contribution to the containment strategy cannot be measured quantitatively (despite the indicator in the logframe)[279], but qualitative analysis through key informant interviews suggests this was an extremely important part of the EVD containment strategy in all EAC and is considered to be WFP's most appropriate contribution to the EVD crisis within the food response. The appreciation for the role of food assistance for the contain pillar was clearly seen even before the regional EMOP was raised, in August 2014 WFP responded

[276] The overall CARE caseload for all EAC was less than 72,000 beneficiaries out of a planned 117,025 because there were fewer cases than predicted by WHO Roadmap projections. WFP worked on a low and high caseload estimate and as EVD was controlled by mid-2015, the number of individuals needing care reduced. See Special Focus Ebola 1 November 2014 and WHO http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/

[277] UNICEF WFP Joint Nutrition Strategy in response to the Ebola crisis in West Africa December 2014.

[278] WFP designed a 30-day food ration to ensure it covered the 21 days of the quarantine.

[279] See para 51.

to overnight needs in densely populated urban populations quarantined in Monrovia and Freetown, under extremely difficult working conditions (cf. ¶22). The experience of providing food to contain a quarantined population led WFP to develop Food Distribution Guidelines.

123. WFP's *protect* assistance constitutes a transition strategy for WFP's support to the EVD affected communities which took place throughout 2015. The RB team visited each EAC as early as January 2015, when EVD incidence was stabilising, to begin discussions on post-Ebola recovery programmes based on estimates of an increase of 30 percent in the number of food insecure and a focus on issues of food access.[280] At this stage the possibility of country specific PRROs and a reformulation of country programmes was reported as the most likely scenario. In practice, the EMOP was extended 3 more times until its completion in December 2016, and no PRRO was raised. Activities related to safety net support such as school feeding, rehabilitation of schools and seeds protection were included along with moderate acute malnutrition interventions and support to school feeding programmes increased linking the EMOP and the revised country programmes.

124. WFP's analysis of the evolving food security situation anticipated reduced household purchasing power as the key obstacle to food security during the 2015 lean season (June-September), due to decreases in rice production in all EAC[281], early warning data on coping strategies and monitoring data. Initial plans were to distribute half rations to beneficiaries falling under this category and complete the cereal component with a CBT of US$ 30/household/month[282] for 90 days. A CO analysis of vulnerability and food security impact of the EVD took place. Sierra Leone devised a proxy indicator – access to a primary market, to measure continued vulnerability to food insecurity which considers remoteness, road access and trade linked to border closure.

125. The first set of protect beneficiary caseload included targeted support to individuals directly affected by EVD, such as survivors (food or CBT) and orphans (food). In all EAC survivors received follow on support for 3-4 months upon leaving the ETU to meet their immediate needs. The use of CBT for this particular group was appropriate in terms of modality, but not without operational challenges as it meant service providers had to be able to provide cash to survivors all around the country (as well as food distribution teams) to beneficiary locations amidst mobility challenges. Orphans were provided with a monthly food ration of nutritious products, although the CO teams debated whether cash or in-kind would be more appropriate for this target group, given they would be hosted by a family and sharing the ration/cash with other HH members. The rationale for opting for the food ration remains unclear, as no nutritional objectives were set, and it seems to have been a food security/access reason.

126. A second set of protect beneficiary caseloads was directed through geographical targeting to former EVD hotspots. The geographical targeting approach to former hotspots constitutes a transition approach to continue to support EVD affected communities. The main objectives were to stabilise food consumption in these directly affected communities during the difficult lean season to improve their food access. WFP's targeting was in line with government/ministry of health geographical targeting. The EvT considers the transition support timeframe of up to 4 months to have been sufficient to cover the lean season for rural populations, but negligible in terms of contributing to any food security outcomes beyond the activity timeline.

[280] After the pandemic: post-Ebola recovery – initial thinking Jan-Feb 2015.
[281] 3.7 percent Guinea, 11 percent Liberia, and 8 percent Sierra Leone, EMOP 200761.
[282] Post-Ebola transition in Liberia after BR4; Liberia CO - Alignment of EMOP 200761 and Proposed PRRO against Government and Partner Plans.

127. The third set of protect activities was to new categories targeting different activities to indirectly EVD affected populations including school feeding and school cleaning activities, as a way of supporting access to services in line with EAC government strategies for getting children back to school, which was a priority in all EAC. The EvT believes that while this approach met a specific request, it considerably increased the caseload in Sierra Leone and made for a longer timeframe to scale down to country programme activities.

128. The fourth and final set of protect activities were particular to Sierra Leone including nutrition and seed protection activities for survivors and their families. No nutritional outcomes can be measured for the TSFP (treatment for moderate malnutrition) with the available data, but the EvT assumes the support was well targeted and in line with partner capacity and government priorities. The EvT believes this activity prolonged the delayed scale down to the revised CPs as these activities would be more appropriate under a PRRO than an EMOP.

To what extent were stakeholders/users "satisfied" and were their needs efficiently or effectively met?

129. A twenty-four (24) question satisfaction survey (see Annex S, pages 117-128) was sent to the users of the WFP Logistics cluster and common services to determine their degree of satisfaction with services accessed/received. Some 358 officers, institutions or organisations were invited to participate in the survey.[283] Between 60 percent and 80 percent of respondents rated the services provided by WFP as "very satisfactory" or "satisfactory".[284] The UNHAS 'Capital Intercity' and 'Inland' services with fixed-wing planes and helicopters were rated highest in satisfaction level, with goods on carriage services by air and by road being rated second best. Warehousing facilities along all supply routes and the logistic information facilities were also widely appreciated.[285] The following comments were provided that indicate where services may be improved:

1. Customs clearance services were at times erratic particularly if the service was outsourced
2. Some respondents regretted the absence of appropriate reefer storage facilities (+ 6°/8° C. and – 18°/20°C.)
3. Overlapping radio room facilities between United Nations Mission in Liberia (UNMIL) and WFP (in Liberia) was considered superfluous
4. Difficulty for small NGOs to secure timely booking for air transport of small consignments
5. The Medevac facility came very late on stream, well after the peak of the crisis.

130. The EvT encountered during field visits the same remarks, but it is felt these are stand-alone cases resulting from the prevailing critical situation and do not diminish the satisfaction experienced by all users. On whether users would be willing to pay if the services were provided on a cost recovery basis, responses were mixed. Twenty-nine (out of 45) respondents indicated some willingness to support part of the costs given advance notification and budget room for these extra costs. There was a much greater willingness to pay for UNHAS services. One respondent expressed the wish that the UN should seek a far reaching integration of its operational services guided by a sound drive to 'Deliver as One'.

131. Beneficiary satisfaction levels were investigated during field work through group discussions in EVD affected populations. None of the beneficiaries mentioned any safety issue on the way to, during and after distribution. All but a few survivors mentioned being treated with respect and dignity throughout, and by all. Their level of

[283] The survey was completed by 64 percent of respondents.
[284] Negative responses for some services ranged between 1/45 to 2/45 (or between 2 percent and 4 percent) with the experience being rated as "unsatisfactory" or "very unsatisfactory".
[285] Level of satisfaction: Very Satisfied & Satisfied: UNHAS Intercity 82 percent; UNHAS Inland 80 percent; goods carriage (air - road) 77 percent; storage facilities 69 percent.

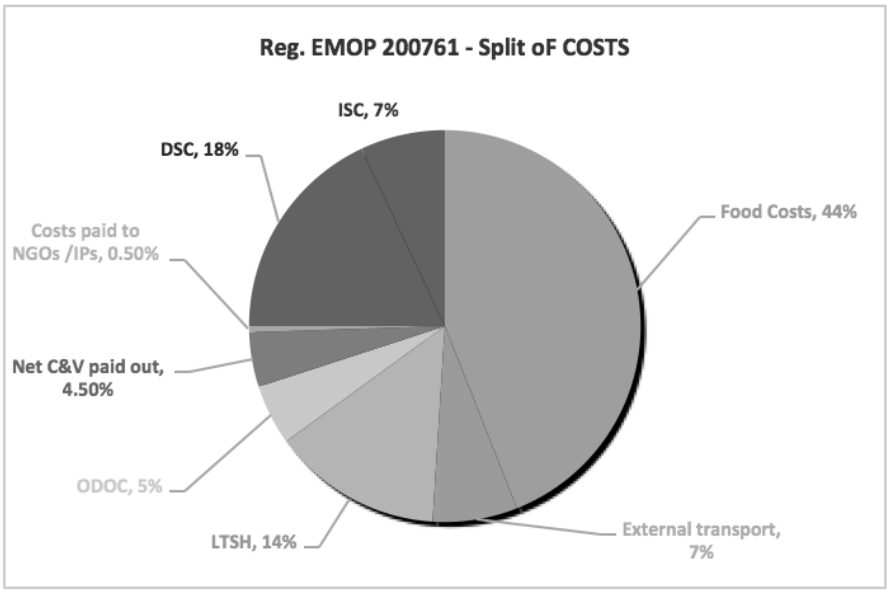
satisfaction regarding WFP food assistance was high, although less so for community based food assistance where instances of misappropriation by cooperating partners were reported (as well as lack of clarity on entitlements). Survivors in clinics were happier than people targeted at the community level due to higher variety of food commodities received, more fresh and tasty food, but did not necessarily distinguish WFP-related assistance from that of other partners complementing food provision. Despite operational issues, all communities consulted were pleased with the food assistance received, although it was perceived as insufficient; and in Liberia where there was a preference for imported rice over local rice in urban centres.

How well were WFP's human and financial resources managed to ensure the timeliest and most cost-effective and efficient response to the Ebola outbreak? Were the emergency preparedness measures cost-effective and efficient in helping the response? (EMOP and SO)

Financial resource management EMOP 200761

132. The ratios of the regional EMOP budget components are in line with the corporate ratios generally recorded for EMOPs. Considering the strict sanitary measures in place during food distributions, Landslide Transport Storage & Handling (LTSH) and other direct operational costs (ODOC) ratios would be expected to be higher. The EMOP benefited from services such as storage facilities, last mile transport and critical helicopter deliveries - which were budgeted under the regional SO – thus lowering the LTSH–ODOC costs under the regional EMOP. CBT distribution costs were kept well under control, making this type of assistance very attractive from an efficacy point of view. Figure 7 below shows the total split of costs of regional EMOP 200761.

Figure 7: Total costs regional EMOP 200761 (US$ 138 million)



Source: Funds Consumption Report dated 09/06/2016.

133. The degree of efficiency attained can also be measured taking into account the amount of DSC spent to deliver an amount of US$ 100 DOC (food or CBT plus all related costs).[286]

[286] The DSC cost component comprises the bulk of the gross staff costs, office costs, IT costs, security, vehicles, insurance etc. The lower the DC amount for US$ 100 of DOC (food & CBT plus related cost) the greater the degree of efficiency displayed by the CO.

Table 8: Levels of DSC for food and CBT per US$ 100 in EAC

	IR-EMOP 200698 Guinea	IR-EMOP 200749 Sierra Leone	IR-EMOP 200758 Liberia	Regional EMOP 200761
Net tonnage food delivered	1,272 MT	2,103 MT	1,003 BMT	105,178 MT
Net CBT delivered	N/A	N/A	N/A	US$ 6,435,724
DSC per US$ 100 DOC	US$ 23.88	US$ 39.90	US$ 42.40	US$ 20.30

Source: Figures extracted from the WFP Funds consumption report dated 03/06/2016.

134. The DSC levels per US$ 100 of DOC are high for the 3 smaller IR-EMOP. The small tonnages delivered explain the inflated levels. The reverse is true for the regional EMOP with larger volumes of food and CBT being activated.[287] Considering that the crisis situation compelled WFP to mobilise numerous officers on TDY and short term conditions, the EvT considers that a DSC level of US$ 20.30 per US$ 100 DOC (18 percent – see Figure 7 above) shows a degree of overall efficiency well above average.

Factors explaining the results

135. Due to the evolving nature of the EVD, WFP had to have a clear targeting strategy to deliver within the deadlines imposed by the governments' *containment* strategy. At the peak of the crisis when the Ebola incidence was on the rise, WFP's food delivery systems and procedures were put to test due to the varying levels of cooperating partners used to deliver food in both urban and rural areas. The result has been positive. The figures in Table 9 below show the gross cost of a ration of food distributed to a beneficiary is almost double the net value of the ration and warrants further analysis by WFP.

Table 9: Net value and gross value of food cost supported per beneficiary - regional EMOP 200761

Regional EMOP 200761	Cost in US$	Overall beneficiary caseload	Av. cost exposed per beneficiary
Net food value	60,738,668(*)	5,062,610	US$ 12.00
Gross food value	121,126,984(**)		US$ 23.93

Source: SPR data, 2014 and 2015.
(*) Total net value of food commodities procured (**) Total project costs less costs CBT, including DSC but excluding ISC.

136. Table 10 below confirms that the level of the different cost components remained fairly equal in EAC and are in line with the corporate averages. The distribution cost for a value of US$ 100 of food averages US$ 58.75.[288]

[287] For a similar large scale EMOP operation in Iraq (EMOP 200677 – 2013/2015) conducted under very adverse strenuous conditions the DSC level per US$ 100 DOC was US$ 25.51. In Mauritania where during the period 2011 – 2015 the prevailing conditions were not so exacting the DSC level per US$ 100 DOC ranged between US$ 13.40 and US$ 16.13.
[288] CPE IRAQ 2010 - 2015 - Cost to distribute US$ 100 of food ranged between US$ 24.51 and US$ 78.19.
CPE Mauritania - 2011 - 2015 Cost to distribute US$ 100 of food ranged between US$ 32.78 and US$ 87.24.

Table 10: Analysis of the direct food costs - regional EMOP 200761 per metric tons

Regional EMOP 200761	Guinea	S. Leone	Liberia	3 EACs
Food distributed (MT)	31,986	41,280	31,912	105,178
Net food cost/MT.	US$ 599.49	US$ 572.21	US$ 562.27	US$ 577.49
Extr. tran. Cost/MT	US$ 78.28	US$ 92.77	US$ 94.45	US$ 88.87
LTSH/MT	US$ 200.53	US$ 145.99	US$ 216.67	US$ 184.02
ODOC/MT	US$ 63.28	US$ 75.89	US$ 57.19	US$ 66.38
Direct food cost/MT	US$ 941.59	US$ 886.86	US$ 930.57	US$ 916.76
Cost to distribute US$ 100 of food	US$ 57.06	US$ 54.99	US$ 65.51	US$ 58.75

Source: Figures extracted from funds consumption reports June 2016

137. For CBT the average distribution costs of approximately US$ 12.11 per US$ 100.00 net CBT distributed calls for caution considering the very low distribution cost noted in Liberia (Table 8). Nevertheless this figure is in line with the values recently recorded for the same CBT activity in Mauritania and Iraq.[289] The fact remains that for a net value of US$ 100 the distribution costs of CBT were nearly 5 times lower than those for food.

Table 11: Analysis of direct CBT costs - regional EMOP 200761 Analysis of direct CBT costs

Regional EMOP 200761	Guinea	S. Leone	Liberia	EAC
Net CBT paid out US$	1,617,708	1,297,298	3,520,758	6,435,724
Costs paid out to NGOs and banks US$	407,921	262,929	144,396	815,246
Total direct CBT costs US$	2,025,629	1,560,187	3,665,154	7,250,970
Costs to distribute US$ 100 of CBT US$	25.32	20.27	4.11	12.11

Source: Figures extracted from Funds consumption reports June 2016.

Financial Resource Management - SO 200773

138. Costs for this regional SO supported operations not only in EAC but also in Ghana (UNHRD Accra), Senegal (dedicated air terminal and ancillary facilities at the Dakar airport) and at the RB. Considering the singularities of this SO, the presentation of the breakdown of costs differs substantially from the classic food driven WFP operations. Hence comparisons with corporate value tresholds are not possible.

[289] CPE IRAQ 2010 - 2015 - Cost to distribute US$ 100 of CBT ranges between US$ 7.84 and US$ 11.55 CPE Mauritania - 2011 - 20915 Cost to distribute US$ 100 of CBT ranges between US$ 11.46 and US$ 19.00.

Figure 8: Key figures for regional SO 200773

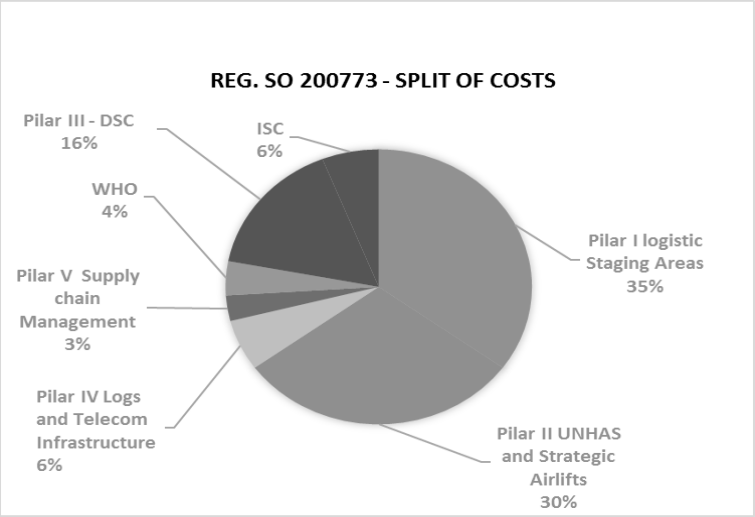


Table 12: Regional SO 200773 Budget breakdown

Project budget as per project document	**US$ 205,000,000**
Confirmed Contributions	**US$ 192,400,000**
Funding %	**93,86%**
Pillar I Logistics Staging Areas	US$ 55,584,145
Pillar II UNHAS and Strategic Airlifts	US$ 46,577,325
Pillar III Logistics Coordination	Classified under DSC
Pillar IV Logistics and Telecom Infrastructure	US$ 10,289,426
Pillar V Supply chain management	US$ 3,944,440
Pillar VI Strategic Preparedness	
WHO	US$ 6,244,900
Total Capacity & Development Augmentation	US$ 122,640,236
Total Direct operational costs	**US$ 122,640,236**
PSA/DSC Payroll	US$ 4,848,097
PSA/DSC Cash Other	US$ 8,759,254
DSC in kind	US$ 11,482,210
Total DSC	**US$ 25,089,561**
Total Direct project costs	**US$ 147,729,797**
ISC (7% of Direct project costs)	US$ 10,014,902
Total cost of regional SO 200773 incl. DSC & ISC	**US$ 157,744,699**
Funds allocated and released to the project	US$ 163,845,375
Balance available against allocated budget	**US$ 6,100,676**

Source: Funds Consumption Report dated 09/06/2016.

139. The costs supported for the pillars I – Logistic staging areas and II – UNHAS and strategic airlifts dwarf (respectively 35 percent and 30 percent) all the other cost components. Pillar III is the logistics coordination component of the SO and must be seen as the DSC required to 'pilot' the operation. With the exception of Pillar III – DSC, there are no indicators or critical parameters available to measure the performance achieved. This SO has been driven by the numerous demands from the many stakeholders engaged in the fight against Ebola as filtered by UNMEER services.

140. Some 77 different organisations/agencies made good use of the warehousing capacity provided, while 103 organisations/agencies called upon the common services platform. Operations were conducted with due regard for costs. All WFP cost control mechanisms were in place and complied with. However at times, the UN system induced extra costs beyond the control of WFP.[290] All services being provided to the humanitarian community for free and in good faith, it is not always possible to reach high levels of efficiency: goods stored for excessively long periods and in excess of needs are examples of this. Through regular coordination meetings and efficient communication channels it was possible to keep the situation under control.

Table 13: Net Capacity and Development services delivered per SO all EAC

	Regional SO 200760 3 countries	**Regional SO 200767 3 countries**	**Regional SO 200773 3 countries**
Net Capacity and Development services delivered	US$ 2,577,847	US$ 533,537	US$ 122,640,236
DSC	US$ 532,074	Operation absorbed in regional SO 2007773	US$ 25,089,561
DSC per US$ 100 of C&D services delivered	US$ 29.65		US$ 20.46

Source: Figures extracted from the WFP Funds consumption report dated 03/06/2016.

141. A DSC level of US$ 20.46 per US$ 100 of net Capacity and Development (C&D) services delivered (as shown in Table 13) is a very fair result, though the analysis of costs indicate a large difference between EAC with a DSC level per US$ 100 of C&D services delivered: Guinea US$ 22.91, Sierra Leone 14.86 and Liberia US$ 9.87.

142. With a funding ratio of 93.86 percent, the regional SO was almost fully funded by the donor community. The U.S.A., the UN Common Funds and Agencies and the EU Commission provided respectively 42 percent, 22 percent and 5 percent of the funding. As could be expected, construction work, FLBs and satellite warehouses represent the major expenditure before UNHAS and airlift operations. The expenditures made on behalf of WHO are part of the WHO-WFP Agreement. The regional SO's direct support costs (DSC) represent about 17 percent of the direct operational costs (DOC). Given the complexity of this operation, this ratio is not excessive. The distribution per country of the DOC amounting to US$ 122,640,236 is as follows: Guinea: 30 percent, Sierra Leone: 32 percent, Liberia: 36 percent, Ghana (UNHRD): 1 percent and Senegal (H terminal): 1 percent. This distribution appears an accurate reflection of the operations implemented in the 5 countries.

[290] At the Gbanga FLB (Liberia), the EvT noted the presence of 10 security guards on duty. This is a high number of guards for a site, which was well fenced, well lit, and abutting on to a nearby UNMIL camps. The head storekeeper informed the EvT that UNDSS, after having visited and rated the site, instructed that 3 teams of 10 guards each should staff the FLB. Taking an average daily wage of US$ 5.00 for a guard, this works out at an annual cost of approximately US$ 55,000. The issue is that there seems to be no system in place to discuss or oppose a UNDSS ruling.

Table 14: Planned, mobilised resources mobilised versus actually used

Programme	Planned resources	Confirmed Contributions	Rate of funding	Total project costs (actuals & commitments	Balance against confirmed contributions
IR-EMOP 200698 Guinea	1,490,123	1,411,911	94.76%	1,270,336	141,911
IR-EMOP 200749 S.Leone	1,442,624	1,348,247	93.46%	1,115,233	233,014
IR-EMOP 200758 Liberia	1,386,919	1,298,010	93.59%	1,061,296	236,714
Regional EMOP 200761	209,318,000	147,905,032	70.66%	128,377,954	18,340,100
Regional SO 200760	22,597,957	6,100,378	27.80%	3,508,321	2,592,056
Regional SO 200767	7,848,065	769,462	9.80%	583,810	184,652
Regional SO 200773	205,000,000	192,400,000	93.86%	157,744,699	34,655,301

Source: Compiled by the EvT with data from SPR 2014 and 2015, Project documents and Funds Consumption Report dated 03/06/2016.

143. Overall, none of the programmes were adversely affected by financial constraints. This contributed to a smooth implementation of the programmes. The two smaller SOs 200760 and 200767 which were underfunded in the initial stage were conveniently absorbed into the much larger regional SO 200773. Good use of the various stand-by financing facilities (e.g. IRA, FPF, CERF, and the UN Common Funds) kept the programmes free from hindrance of erratic funding. The remaining balance against confirmed contributions is for both the regional EMOP and regional SO fairly large as a result of lesser needs in view of a more than planned rapid dwindling of reported EVD cases. With donors' permission, these funds allowed for the resumption of food driven country programmes and PRRO programmes, and the orderly handover of assets created to the respective governments.

Monitoring and evaluation

144. During the fieldwork the EvT found that data systems relating to the response (beneficiary data, food distribution data, CBT disbursement data and financial data) were managed separately. The EvT also established that RB level analysis did not match the CO level data that was made available to the EvT. Furthermore, explanations for the discrepancies were not shared, leaving a number information gaps of what took place during the operation. Thus, from a M&E perspective, the EvT found it difficult to quantify the exact assistance different beneficiaries have received from WFP with the

information available. The same remark applies to the regional SO, which lacked a comprehensive and structural reporting system enabling WFP to have in real time an overview of the volume of goods routed through its system and the demands for logistics services from the humanitarian community.

Breadth and depth of EPR activities activated

145. The EvT found little evidence of EPR activities for a health pandemic in West Africa. While no one could have predicted the EVD outbreak, there was overall limited preparedness for a health pandemic/health crisis of international concern. WFP staff with experience of the flu pandemic were deployed to the EAC. Those interviewed were conscious of the lack of EPR plans to deal with a non-food security or non-conflict related crisis. The usual activities requiring use of existing food stocks and reallocation or earmarked food from the country programme to the EMOP took place, but new ways of working had to be learnt as they were rolled out for the first time, namely partnering with health actors and ensuring a business model that protected staff. The RB quickly acknowledged the lack of EPR and contingency planning, and corporate systems were activated to address the gap.[291]

146. Specific Pandemic Operational Action Plans for response to human influenza pandemic drafted in 2009 were available for one of the three COs, identifying the possibility of an outbreak of the virus spreading rapidly given the amount of road, air and sea traffic as well as reduced health care capacity. The plan outlines procedures for increasing field presence, coordinating under UNMIL, ensuring staff health and safety including the provision of PPE, minimising staff face to face contact, and information and communications technology support. The completed readiness status form provides evidence on how the Liberia CO responded to the previous health pandemic. Many of these issues were relevant to the EVD crisis and a number of CO national staff interviewed by the EvT had the institutional memory of the influenza pandemic preparedness work. However, in the Liberia CO scenario referring to restricted movements in the influenza pandemic response plan, the GFD option was ruled out. But in the case of the EVD this was precisely the most relevant and effective food assistance activity as it was a key part of the containment strategy to stop the spread of the EVD.

147. The EvT key informant interviews revealed a series of actions that took place once the L3 was activated by WFP. The activities (see Annex BB) are a reflection of key informant opinions on aspects of EPR that were not in place and required immediate addressing. WFP HQ prepared a model to estimate the impact of EVD on food insecurity in EAC and to project how the situation could evolve in the medium-term considering transmission projections. The model identified three Ebola induced impact channels ('Ebola effect'): social, markets and livelihoods. This can be seen as a preparedness/readiness measure at the highest strategic level.

148. The ERR helped to fill some deployment gaps and speed up deployments to the L3 response and constitutes a EPR measure (see Section 2.2.6). In addition, by November 2014, the government of Mali initiated EPR activities and the WFP CO developed a Concept Note of Operations to define its intervention strategy for this new type of emergency, anticipating requirements and operational capacity. This was quickly followed by a similar process by the Niger CO and the Ivory Coast CO. Consultation with these two CO was not part of the evaluation methodology, so the EvT cannot comment on the level of awareness of these EPR activities at CO level, but found evidence from RB staff that these EPR activities were both prioritised and timely. The

[291] Source: Key informant interviews and Risk Management section of project document including Liberia simulation exercise.

RB managed a process of readiness actions for EAC and countries identified at risk. This assumes the activation of corporate protocols (discussed in Section 2.2.6), which is considered a preparedness/readiness measure at corporate level that was activated in response to the EVD crisis.

149. Some key donor funding secured at the end of 2014 allowed WFP and UNICEF to invest in scenario simulation training exercises to be better prepared for the EVD outbreak, including a simulation exercise in Liberia to test the readiness of the CO coordination mechanism during emergencies. This constitutes an operational EPR activity implemented as part of the response. An EPR package was developed to help the WFP CO to be better prepared in responding to the crisis.

Nature of EPR activities suitable for EVD response

150. The key informant interviews revealed that no agency was prepared for this type of pandemic, however, WFP has experience of EPR for the avian flu pandemic, also a health pandemic. Hence there is a perception that despite there being no specific Ebola EPR prior to the EVD outbreak, WFP was quick to react and respond to the gap, and in October 2014 OME undertook an initial rapid review of past Pandemic Response Materials with the view to see what processes, guidelines, and tools could be applied to the EVD response and led to the creation of an Ebola Cell.[292] Since the EVD outbreak, WFP has invested in further EPR activities at both strategic and operational levels including a mission statement and protocol for engagement[293] stating its intentions to be better prepared for pandemics and public health emergencies of international concern in terms of logistics supply chain.

Cost effectiveness of EPR measures

151. No direct financial provisions were made for 'EPR measures' under cover of both the EMOPs and SOs. Both activities were conducted and adjusted as the situation developed in the field. The EvT could not establish whether the absence of EPR measures had a negative impact in terms of costs. However, WFP is continuously investing at its HQ in EPR measures designed to face critical situations. A team of some 20 logistics officers staff the Logistics Cluster in Rome delivered sterling services by developing the common services platform approach and connecting these with all the supporting ancillary services: UNHAS, engineering, emergency telecommunications and logistics cluster services. At the same time, the use of the Augmented Logistics Intervention Team (ALITE), in terms of technical stand-by partner staff and capacity deployment, played a significant role during the start-up period of the L3 Ebola response.

[292] See Annex BB for the Pandemic Management plan and 5 core functions.
[293] See: Global Supply Network for Pandemic Preparedness and Response Mission Statement and Protocol of Engagement, 8 January 2016.

3. Conclusions and Recommendations

3.1. Overall Assessment

152. The evaluation conclusions are presented below under the following criteria sub-headings: relevance, coherence and appropriateness; coverage; coordination and connectedness; effectiveness; efficiency.

Relevance, coherence and appropriateness

153. WFP's EVD response was highly relevant and appropriate for both the food assistance and common services given the unique nature of the emergency. All operations were conducted within the frameworks of existing corporate policy documents for emergency responses, but the relevancy of these policies as a trigger to initiate action is not sufficiently established. The failure to adhere to the Gender Policy meant that gender issues were essentially dormant, WFP using a gender blind approach to its interventions across EACs for significant periods of time.

154. WFP's traditional tools were generally appropriate in adjusting the response, contributing to reduce costs and maximise effectiveness. The use of mobile-based tools, while critical in this context, presented some limitations.

Coverage

155. WFP's response was overall delivered in a timely and efficient manner, avoiding duplication and filling critical gaps (food assistance, common services). Largely determined by national priorities, affected populations were adequately identified and reached. Activities were successful in contributing to meeting food needs of individuals and communities and supporting governments reactivate some services decimated by the crisis. While the overall response was coherent in its targeting approach and activity profile, the EvT feels that, given the economic impact of EVD, more food security specific activities should have explored under other corporate strategic objectives.

Coordination and connectedness

156. Response activities were scaled up in a timely and efficient manner, developing a coordinated and connected scale-up strategy that leveraged multiple partnerships to good operational effect. The RB's strategic approach was vital to coordination with the fluctuating EACs and UNMEER/WHO response roadmaps and in ensuring overall connectedness; the CARE, CONTAIN and PROTECT pillars provided a crucial strategic framework that also ensured scale-down, and connectedness of country programmes to government recovery strategies.

157. Complex emergency crises are seldom similar and often require different approaches; yet, WFP's response is instructive. Internally, WFP succeeded in activating all the component parts to interact efficiently towards the same goal: delivery of food assistance; a supply chain routing large quantities of food and NFIs; UNHAS services; a network of well located UNHRDs; and a resourceful engineering division. The experience gained is replicable. Externally, working with many different entities is more volatile; replicability will depend on sustained efforts by UN agencies to retain lessons and to deliver as one. In this respect, the mandate entrusted to the Global Logistics Cluster proved extremely appropriate and must be actively pursued.

Effectiveness

158. In terms of partnerships, the WFP/WHO Agreement contributed to programme effectiveness drawing on the comparative advantages and capacities of both agencies. In terms of operational results, WFP succeeded in filling on behalf of WHO and the humanitarian community a logistics capacity gap. While WFP was a little late in initial

risk analysis at CO level, there were subsequent efforts to address, appraise and manage risks through appropriate steps in planning both the architecture and programme approaches, and by engaging in very high levels of cooperation with partners.

Efficiency

159. WFP's human and financial resources were overall well managed and contributed to a timely, effective and efficient response. Operations were conducted with due regard for costs, with all WFP control mechanisms duly complied with.

160. WFP common services platform increased cost-efficiency for the UN family through synergy and multiplying opportunities, reducing transaction costs, contributing to efficiency gains and cost savings, through harmonised practices and integrated operational support services. While WFP successfully mobilized partners for food assistance delivery and created new partnerships with third party CBT service providers, the resource management information and results monitoring systems were insufficiently integrated to provide a real time overview of its food assistance and logistic services.

3.2. Key Lessons for the Future

161. The evaluation drew many operationally-relevant lessons which can be found in various parts of this report (e.g. in 2.2.1-2.2.3, the whole of section 2.2.8 etc.). The additional lessons below complement those already identified.

162. Given the fact that this was the first regional EVD crisis, there has been great opportunity for learning for WFP staff as individuals and for WFP as an institution. The EvT methodology captured much of the individual learning through the participative processes applied during the engagement with WFP RB and CO staff. CO visits included participative briefings and debriefings using the timeline exercise outlined in the IR. Many WFP national and international CO staff said this exercise provided them with the first opportunity for self-reflection and for conscious learning to take place. Annex CC presents an overall summary of the timeline exercise showing that moments of extra work and extra stress are also moments where much learning happened at individual level. The challenge for WFP is to institutionalise this learning so that it is reflected in corporate strategies and policies that can allow lessons to be applied in the future.

163. The EvT's engagement with WFP staff during the evaluation suggested little evidence of a 'reflective practice' culture within the organisation particularly at operational level. This is not to imply criticism, but illustrates that staff are very (in many cases necessarily) operationally driven, moving onto the next 'crisis or thing' with little time to reflect on practice and thus incorporate meaningful learning into new ways of working. It would behove WFP to reflect on this learning and incorporate practical means for enabling operational staff to reflect on their practice (for example by conducting regular, structured timeline exercises, which the COs found extremely rich learning exercises during the evaluation).

164. The EvT feel that WFP would benefit from considering the level of expected engagement of WFP staff in institutional learning processes. A reflection on what was achievable in this particular evaluation is a useful starting point. The use of OH methods in the OEV evaluation was intended to encourage reflective and active participation processes of WFP staff and thereby offer more learning process opportunities, but proved to be largely ineffective. The high level of interest and learning appetite has been hampered by limited engagement of WFP actors in the evaluation process.

165. The limited CA engagement in the evaluation process meant the full potential of OH could not be realised. This has implications for WFP regarding the application of

more participatory/creative evaluation methodologies when staff participation cannot be secured or guaranteed.

3.3. Recommendations

166. The recommendations stemming from this evaluation are presented below. These recommendations were fine-tuned during the Evaluation of the WFP L3 Response to the Ebola Virus Disease Outbreak crisis 2014-2015 Learning Workshop that took place on 22 September 2016 with key WFP stakeholders.[294]

N.	Recommendation	Rationale	Responsibility and Timing
Improving performance			
1a	**In partnerships with other UN, Red Cross Red Crescent Movement, I/NGO and national health and disaster management actors WFP should corporately document and communicate best practices in:** **i. providing common services that maximised 'cost efficiencies' in support of an effective global response capability.** **ii. how its Ebola response model /learning can be applied/adapted to future (health) emergency situations.**[295] **Based on**: overall findings related to EQs 1, 2 and 3.	This recommendation is required to drive a number of WFP improvements as detailed below. This is required to drive WFP's impact, relevance and sustainability, which can be built upon with the best practices of partners and by building bridges with them. Promoting and enhancing emergency preparedness and response capabilities should be done together with national disaster management authorities (NDMA), UN agency partners, the Red Cross movement, I/NGOs and other key international partners. In future health emergencies, where isolation/containment measures and/or remote access is necessary, food assistance accompanied by a strong supply chain backbone is highly likely to be a key determinant for a successful response for all humanitarian partners. Thus the evaluation of the EVD response is an opportunity for WFP to promote its best practices through providing a common services platform for the wider humanitarian community and working with	**Priority:** High. **Responsible:** Emergency Preparedness and Support Response Division (OSE) **Timeframe**: Immediately

[294] See Annex E, Table 1 for further details of the learning workshop.
[295] Including in emergency situations where isolation/containment measures and/or remote access may be necessary.

		partners to improve global coordination and response mechanisms.	
1b	**WFP should actively engage in the ongoing set-up of a Global Supply Chain Network for Pandemic Preparedness and Response.** **Based on**: findings related to EQs 3.1 and 3.5.	This is required to strengthen the impact, efficiency and relevance of the Global Pandemic Supply Chain Network and WFP's contribution to it. The aim of this network should be to bring together the relevant UN agencies and INGOs, when needed, enabling those with required executive capacity to respond to an outbreak, while avoiding the need to create an extraneous coordination structure at short notice. This supply chain network should encompass the facilitation of supply services and the setup of a common information exchange platform.	**Priority:** High. **Responsible:** Supply Chain Division (OSC) **Timeframe**: By mid-2017
1c	**In line with the former corporate Preparedness and Response Enhancement Programme, WFP should capture corporately its operational learning from the EVD response to better support (health) emergencies and integrate in its EPR tools the learning generated from the innovative procedures, protocols and systems successfully deployed.** **Based on**: findings related to EQ 2.6 (including the overall evaluation process).	This is required to drive WFP's impact and efficiency. WFP is losing/not retaining critical parts of its emergency preparedness and response learning/human resources.[296] WFP needs to fully capture the learning that occurred during the EVD response and institutionalise it, and ensure that it is integrated into the new corporate Knowledge Management Initiative (KMI). Ensuring the streamlining and institutionalisation of procedures, protocols, and systems initiated or implemented differently during the EVD response (as well as adopting new guidelines such as International Health Regulations) of use in future emergencies is key to ensuring WFP is at the forefront of planning in	**Priority:** High. **Responsible:** Policy and Programme Division (OSZ) and Innovation and Change Management Division (INC) **Timeframe:** By mid-2017.

[296] For example: WFP has lost many of its staff working on pandemics to other UN agencies. Ebola learning experience from Uganda was not utilised in the 2014-2015 EVD response.

		emergencies, and an active partner in planning and developing activities.	
1d	**In line with WFP's people Strategy 2014-2017 and Wellness Strategy 2015-2019, WFP should further invest in its EPR capacity and in the technical capacity of (middle/lower rank) staff, developing a sustainable long-term strategy for responding efficiently to surge/scale-down staff requirements of protracted emergencies (beyond first wave). It should outline how WFP intends to: fill /respond to needs for a critical number of senior posts; ensure even representation across functional areas/levels; ensure that staff deployed are physically fit, psychologically prepared and equipped with the appropriate illness /injury prevention measures for emergency deployment; institutionalise structured handover; and include a comprehensive system to mobilise both national and international staff, able to attract, retain and borrow required talent in a timely manner.** **Based on**: findings related to EQs 2.1, 2.6 and 2.7.	This is required to drive WFP's efficiency. WFP needs to invest in EPR capacity and technical growth of staff in middle and lower ranks to broaden the number and capacity of staff available for deployment beyond its current scope that relies on a small number of long-serving staff. Currently there is not enough emphasis on emergencies that are either scaling up or down. Enhanced alignment of the corporate response roster with the operational requirements as they emerged in the past emergencies, including EVD is required. Making L3 emergency senior management international deployments for longer periods would allow for the necessary institutional learning that accompanies response scale-up and scale-down. WFP has the opportunity to build on the EVD crisis experience for managing staff well being and develop policies and guidance on best practice for different humanitarian contexts where personal well being is always a factor. This need not be limited to health emergencies. Policies and guidance on best practice for different humanitarian contexts could include wellness centres being established in RBs; better internal communication between HR and medical services; and better relationships with healthcare providers.	**Priority:** High. **Responsible:** OED, HR, RMW, OSC in coordination with OSE. **Timeframe:** By the end of 2017.

Partnerships			
2	**In cooperation with relevant UN key partners, identify regional and country strategic support for organisational development of national stakeholders responsible for emergency response, and consider such activities within the respective Country Strategic Plans under development in the region.** To achieve this: WFP should engage with WHO, UNICEF, cooperating partners and other key health partners in discussions aimed at better understanding their capacity development requirements beyond implementation of WFP supported food programmes. In addition, as COs develop Country Strategic Plans, consideration should be given to including enhancing NDMA and national government resilience in health emergencies. **Based on**: findings related to EQ 1.4.	This is required to drive WFP's appropriateness and coherence. WFP's capacity development approach has resulted in mixed success. A more holistic capacity development perspective is important for partner organisational resilience and sustainability, and strengthening of civil society. WFP needs to engage in strategic discussions with partners to better understand their capacity development requirements, and support (or help coordinate support for) organisational initiatives beyond implementation of WFP supported food programmes. However, accepting that EMOP and SO operations are not necessarily appropriate contexts in which to consider broader capacity development initiatives, careful consideration will need to be given to the timing of this intervention. This recommendation contributes to SDG 17 (capacity building[297]) and should be closely tied to the recommendations made in the draft *WFP Policy on Capacity Development: An Update on Implementation (2009)*.[298]	**Priority:** Medium. **Responsible:** Country offices and the regional bureau in coordination with OSE and OSZ. **Timeline**: as per the Country Strategic Plan roll-out in the region.

[297] Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation. Source: http://www.un.org/sustainabledevelopment/globalpartnerships/
[298] Draft version August 2016.

Supply Chain			
3a	**i. develop a robust and flexible NFI information management system to enable an adequate tracking and management of the NFIs, from the point of receipt by WFP (for WFP or on behalf of partners), to the point of hand-over to the intended non-WFP recipient. And as a first step:** **ii. WFP should conduct a feasibility study that defines the tracking and management object, the system's scope, required investment, and realistic timeframe for system solution development and its roll out.**	This is required to drive WFP's efficiency and effectiveness. The tracking of NFIs along the supply chain proved at times to be fragmented and erratic leading to piecemeal information difficult to reconcile. If WFP (including UNHRD) has the ambition to project itself as a full-fledged logistics services provider for the humanitarian community, there will be a need for a strong NFI commodity management and tracking system support. Large international courier services, leading international forwarders and key partners/clients including sister UN Agencies, could be invited to share their experiences and potentially co-develop the system with WFP.	**Priority:** High. **Responsible:** OSC. **Timeframe:** By the end of 2017.
3b	**Streamline corporate NFI procurement procedures (whether for WFP or third parties) ensuring that existing guidelines: clearly outline the process and; that those related to international shipments (air or sea) are reviewed, updated and disseminated to relevant staff and partners.** **Based on**: findings related to EQs 3.1 and 3.5.	The procedures providing support to the NFI supply chain proved at times insufficiently tested. More streamlining and fine-tuning of the NFI procurement procedures are suggested, integrating these seamlessly in the upstream and downstream supply channels. The performances and the flexibility of the RITA system should be revisited. Advantage should be taken of the support of willing partners.	**Priority:** Medium. **Responsible:** OSC. **Timeframe:** By the end of 2017.

WFP's resource management information and results monitoring systems			
4	**With the aim of integrating, consolidating and harmonising RB/CO level data sets, WFP should undertake a review of its data collection and information management systems and practices, with a specific focus on sex and age disaggregated data collection and analysis.** **Based on**: findings related to EQs 2.2.3, 3.2, 3.3, 3.5; and limitations highlighted in Annex E.	This is required to drive WFP's coherence. Existing departmental specific data collection and analysis systems at CO level are inadequate for timely regional analysis as templates hamper meaningful analysis of what takes place during an operation.[299] Data transparency and consistency needs to be mainstreamed through use of integrated systems. Beneficiary data, food distribution data, CBT disbursement data and financial data systems are managed separately. RB level analysis did not match CO level data made available to the EvT and explanations for the discrepancies have not been shared, leaving a number information gaps of what took place during the operation. Remote monitoring and assessment tools and procedures/guidelines need to be systematically integrated into the CO monitoring strategy in case of a sudden emergency. Better access to financial data (detailed budget, funding and detailed funds consumption reports) is required for evaluation teams. Attention should be paid to the implementation of the minimum standards for gender equality and women's empowerment in all interventions (including in emergencies).	**Priority:** High. **Responsible:** Performance Management and Reporting Branch with the regional bureau and country offices **Timeframe:** Within 12 months.

[299] It is recognised that data collection within WFP is a complex issue and Annex DD provides a note on monitoring systems status of implementation/in progress to aid reader understanding.

Beneficiary-centered approach			
5a	**In line with WFP's Gender Policy, WFP should contextualise/tailor its guidelines on accountability to beneficiaries of health emergencies by ensuring the implementation of the minimum standards for gender equality and women's empowerment in all interventions/emergencies, including through analysis of sex and age disaggregated data.** **Based on**: findings related to EQs 2.2.3, 3.2, 3.3.	This is required to drive WFP's coherence and coverage. WFP needs to be more vocal on the need for sex and age disaggregated data and analysis with partners and governments. Ways to ensure women's voices are captured to the same extent as men's should also be found, including while using technologies for assessments, monitoring, and feedback purposes. The practice of using the gender marker that WFP adopted since 2011 should systematically apply to all projects, including emergencies. Systematic dissemination and use of the Rapid Gender and Age Analysis in Emergencies tool also need to be promoted.	**Priority:** High. **Responsible**: OSZ with support from the Gender Office **Timeframe:** Within 4–6 months
5b	**WFP should revise corporate guidance on the establishment of and management of CFM, clarifying responsibility/accountability for its implementation within WFP corporately and at CO level, ensuring that it is appropriate and applicable to all contexts, including health emergencies; as well as enhance awareness of it to staff and partners (through Field Level Agreements).** **Based on**: findings related to EQs 2.2.3, 2.3, 3.2, 3.3.	More refined and appropriate tools need to be developed for interventions targeting individual households and communities. WFP cooperating partners need to ensure that feedback and complaints are an integral aspect of FLAs with WFP. Monitoring and responding to feedback needs to be more systematically integrated into WFP operations at large, and not seen as an isolated activity carried out by M&E. Complaints and feedback mechanisms need to be established for both in-kind and CBT assistance from the start.	**Priority:** High. **Responsible**: OSZ. **Timeframe:** Within 4-6 months.

Acronyms

AAP	accountability to affected populations
ADRA	Adventist Development and Relief Agency
ALNAP	Active Learning Network for Accountability and Performance
BFM	beneficiary feedback mechanisms
BR	budget revisions
C&D	capacity and development
CA	change agent
CAP	consolidated appeals process
CBT	cash-based transfer
CCC	community care centres
CD	country director
CERF	central emergency response fund
CFM	community feedback mechanisms
CIDO	Community Integrated Development Organisation
CO	country office
CRD	corporate response Director
DAC	Development Assistance Committee
DAP	delivered at place
DERC	District Ebola Response Centres
DFID	Department for International Development
DOC	direct operational costs
DSC	direct support costs
EAC	Ebola affected countries
EC	emergency coordinator
ECOWAS	Economic Community of West Africa States
EDTF	Ebola Deployment Task Force
EMOP	emergency operation
EOC	emergency operations centres
EPR	emergency preparedness and response
EQ	evaluation questions/sub questions
EQAS	evaluation quality assurance system
ERR	emergency response roster
ETC	Emergency Telecommunications Cluster
ETU	Ebola treatment unit
EvT	evaluation team
EVD	Ebola virus disease
FAO	Food and Agriculture Organisation
FASTER	Functional Area and Support Training for Emergency Response
FCA	free carrier
FCS	food consumption score
FLA	field level agreement
FLB	Forward Logistics Base
FPF	Forward Purchasing Facilities

GCMF	Global Commodity Management Facility
GD	group discussions
GFD	general food distribution
GLC	Global Logistics Cluster
GRC	Red Cross Society of Guinea
GSA	General Services Agency
HR	Human Resources
HRP	Humanitarian Response Plan
HQ	Headquarters
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IG	Inspector General
IM	inception mission
IMS	Incident Management System
INGO	International Non-Government Organisation
IOM	International Organization for Migration
IR	inception report
IRA	Immediate Response Accounts
IR-EMOP	immediate response emergency operation
JICA	Japan International Cooperation Agency
KI	key informant
KM	knowledge management
LACE	Liberia Agency for Community Empowerment
LESS	Logistics Execution Support System
LLE	lessons learning exercise
LTA	long-term agreements
LTSH	Landslide Transport Storage & Handling
M&E	monitoring and evaluation
MOH	Ministry of Health
MOHS	Ministry of Health and Sanitation
MOU	memorandum of understanding
MSF	Médecins Sans Frontières
MSU	Mobile Storage Unit
MT	metric tonnes
mPDM	mobile Post-Distribution Monitoring
mVAM	mobile Vulnerability Analysis Mapping
NDMA	National Disaster Management Authorities
NERC	National Ebola Response Centre
NFI	non-food items
NGO	non-government organisation
OCHA	Office for the Coordination of Humanitarian Affairs
ODOC	other direct operational costs
OEV	Office of Evaluation
OH	Outcome Harvesting
OS	outcome statements/descriptions

OSE	Emergency Preparedness and Support Division
OSZ	Policy and Programme Division
PIQ	pre-interview questionnaire
PPE	personal protection equipment
PRRO	protracted relief and recovery operation
PSEA	protection of beneficiaries from sexual exploitation and abuse
R&R	rest and recuperation
RB	Regional Bureau (Dakar)
RD	regional director
RITA	Relief Item Tracking Application
SCO	senior compliance Officer
SEOCC	Sub-Regional Ebola Operations and Coordination Centre
SER	summary evaluation report
SLRC	Sierra Leone Red Cross
SO	Special Operation(s)
SOLO	special operations Logistics Officers
SOP	standard operating procedure
SPR	standard project report
SSA	special service Agreement
TDYers	temporary duty assignments
TOR	terms of reference
TSFP	Targeted Supplementary Feeding Programme
UN	United Nations
UN CERF	United Nations Central Emergency Response Fund
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNHRD	United Nations Humanitarian Response Depot
UNICEF	United Nations Children's Fund
UNMEER	United Nations Mission for Ebola Emergency Response
UNMIL	United Nations Mission in Liberia
UPS	United Parcel Service
VAM	Vulnerability Analysis Mapping
WB	World Bank
WCFF	Working Capital Financing Facility
WHH	Welthungerhilfe
WFP	World Food Programme
WHO	World Health Organisation

Rome, January 2017, OEV/2016/004

Office of Evaluation
www.wfp.org/evaluation

World Food Programme