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## **Summary Evaluation Report of WFP's Ebola Crisis Response: Guinea, Liberia and Sierra Leone**

### **Executive Summary**

The 2014–2015 Ebola epidemic was three times larger than any previously recorded, leading the World Health Organization to declare a “global health emergency of international concern”. By 31 December 2015, 28,600 people had contracted the virus and more than 11,300 had died.

Beyond its impact on people's health, the epidemic's broader effects were dramatic, with substantial economic and social damage. The response involved a unique combination of many stakeholders including regional bodies, national governments, international and national humanitarian actors, the private sector, the military, research institutions and academia.

This evaluation of WFP's response to the Ebola virus disease outbreak assessed three main areas of enquiry: partnerships and coordination; learning, adaptation and innovation; and the performance and results of three country-specific immediate-response emergency operations, a regional emergency operation covering Guinea, Liberia and Sierra Leone, and three regional special operations implemented in 2014 and 2015.

WFP's two-pronged approach in response to the crisis involved: i) emergency food assistance to provide food and nutrition support alongside the health response and to mitigate the impact of the health emergency; and ii) provision of common services for the movement of partners' staff and goods, and infrastructure support for health partners.

The evaluation concluded that WFP's response was highly appropriate and relevant. As soon as a Level 3 emergency was declared, the response was scaled up to address rapidly evolving needs. WFP made significant contributions to coordinating national and local-level response, and food assistance proved critical to the success of necessary isolation and containment measures. The common services platform was essential in helping to meet all stakeholders' needs and maximizing efficiency and cost savings for partner organizations.

The crisis required a shift in mindset for WFP as it transitioned from a food-insecurity entry point to a health-driven response. Risk management was strong and systems and tools for the response were mostly adequate, although at times they required adaptation to the health-driven emergency. Gaps and areas for improvement included staffing challenges, the tracking of non-food items, and the integration of resource management and monitoring systems, respectively.

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The evaluation found the transition from the emergency operation to be too long considering the economic impact of the epidemic, which merited more activities specific to food security. Failure to adhere to WFP's Gender Policy meant that gender issues were not addressed for significant periods.

The evaluation made five recommendations covering the following issues: i) improve performance by strengthening internal policies, guidelines and systems for emergency preparedness and response, human resources and monitoring; ii) adopt a comprehensive and collaborative approach to capacity strengthening for the health crisis response of national stakeholders; iii) sustain WFP's engagement in global supply chain initiatives; and iv) reinforce accountability to beneficiaries.

### **Draft decision\***

The Board takes note of “Summary Evaluation Report of WFP's Ebola Crisis Response: Guinea, Liberia and Sierra Leone” (WFP/EB.1/2017/6-B) and the management response in (WFP/EB.1/2017/6-B/Add.1), and encourages further action on the recommendations, taking into account considerations raised by the Board during its discussion.

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

## 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.<sup>1</sup> On 8 August 2014, the World Health Organization (WHO) declared a public health emergency of international concern;<sup>2</sup> on 13 August, WFP declared a Level 3 emergency response.<sup>3</sup> 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.<sup>4</sup>
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,<sup>5</sup> 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.<sup>6</sup>
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.

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<sup>1</sup> The EVD outbreak was the largest, longest, most fatal and most complex in the nearly four-decade known history of the disease.

<sup>2</sup> WHO Situation Report. 10 June 2016.

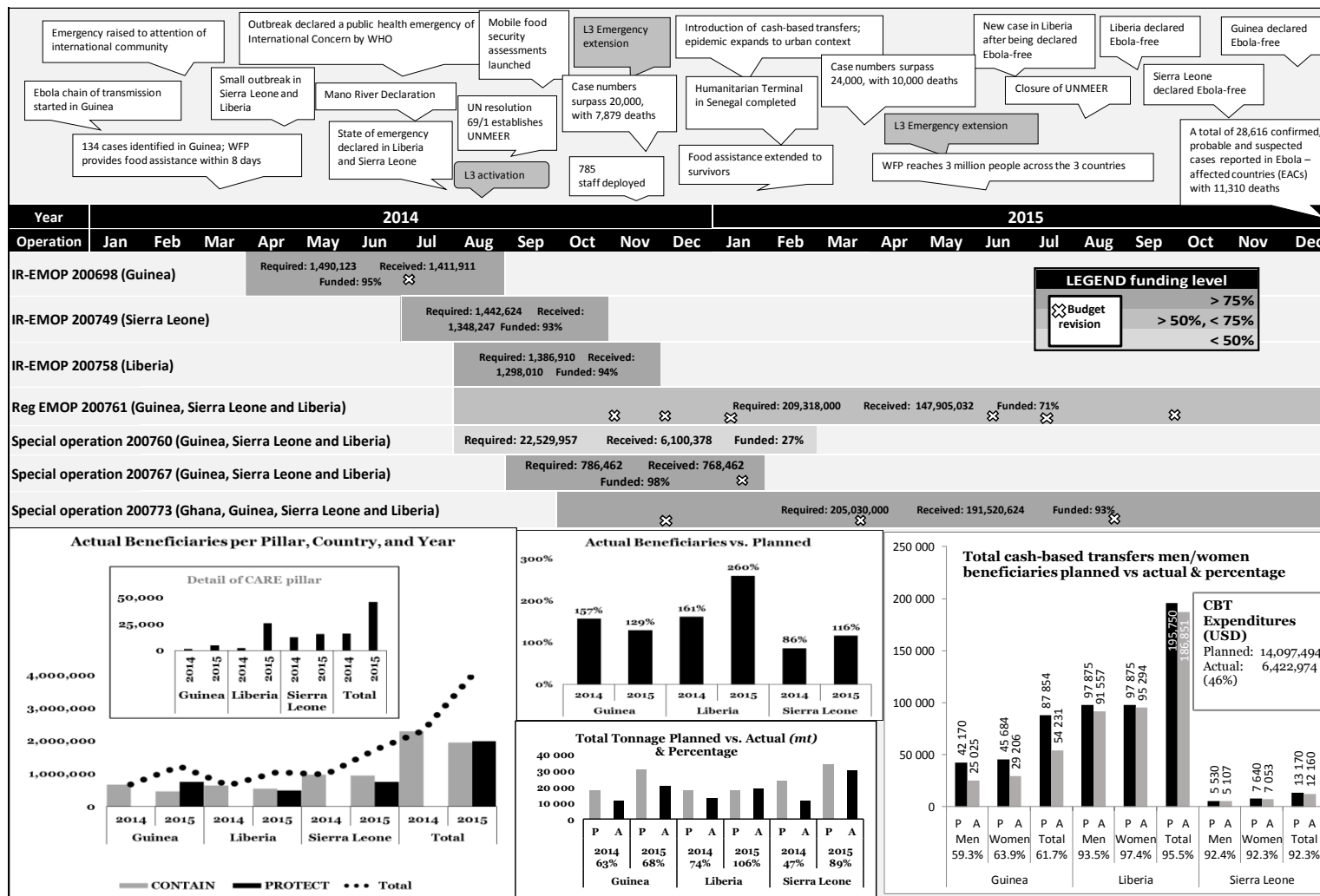
<sup>3</sup> WFP Decision Memorandum. 13 August 2014.

<sup>4</sup> WHO: [http://apps.who.int/iris/bitstream/10665/208883/1/ebolasisitrep\\_10Jun2016\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/208883/1/ebolasisitrep_10Jun2016_eng.pdf?ua=1)

<sup>5</sup> Joint Declaration of Heads of State and Government of the Mano River Union for the Eradication of Ebola in West Africa.

<sup>6</sup> 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,<sup>7</sup> 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<sup>8</sup> 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.<sup>9</sup> 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 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

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<sup>7</sup> Outcome harvesting enables evaluators to identify, formulate, verify and make sense of outcomes, in cooperation with internal informants.

<sup>8</sup> Government officials, United Nations and non-governmental organization (NGO) partners, and donors.

<sup>9</sup> 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.

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<sup>10</sup> 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.<sup>11</sup>

<b>Pillar</b>	<b>Category</b>
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.

## 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

<sup>10</sup> Or transition: see WFP’s conceptual shift in budget revision 4, May 2015.

<sup>11</sup> WFP/WHO/UNICEF. 2014. *Interim Guideline Nutritional Care in Adults and Children infected with EVD in Treatment Centres*.

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.<sup>12</sup> The joint WFP/WHO agreement for operation support paved the way for future emergency response and inter-agency support on pandemics and health crises,<sup>13</sup> 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<sup>14</sup> were sometimes needed to make them suitable in a context 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,

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<sup>12</sup> Such as the use of correct personal protection equipment.

<sup>13</sup> WFP/WHO. 2015. WFP/WHO Cooperation in Response to EVD. Lessons Learned.

<sup>14</sup> 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.

- 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<sup>15</sup> 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.<sup>16</sup> 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 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.<sup>17</sup> 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,<sup>18</sup> regular health checks and an Ebola exit check. In a context of multiple Level 3 responses for WFP,<sup>19</sup> 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.<sup>20</sup> 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,<sup>21</sup> 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

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<sup>15</sup> Including many WFP stakeholders in regional bureaux and country offices.

<sup>16</sup> WFP Decision Memorandum, 13 August 2014.

<sup>17</sup> The Ebola effect model identified three channels of Ebola-induced impact: social, markets and livelihoods.

<sup>18</sup> WFP's Preparedness and Response Enhancement Programme includes medical and psychological screening prior to Level 3 deployments.

<sup>19</sup> Including the Central African Republic, the Philippines, South Sudan and the Syrian Arab Republic.

<sup>20</sup> According to WHO, as of 27 July 2014, the number of reported cases had reached 1,323, including 729 deaths.

<sup>21</sup> Regional Bureau for West Africa Ebola crisis regional risk matrix, 1 September 2014.



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 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.<sup>22</sup> 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.

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.

<sup>22</sup> EMOP budget revisions 2014–2015.

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.
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.<sup>23</sup> 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.

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<sup>23</sup> 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".

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.

## **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
<b>Improving performance</b>			
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: <ul style="list-style-type: none"> <li>i) providing common services that maximize cost efficiencies in support of an effective global response capability; and</li> <li>ii) how WFP's Ebola response model/learning could be applied/adapted to future (health) emergency situations.</li> </ul>	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

	<b>Rationale</b>	<b>Recommendation</b>	<b>Responsibility and timing</b>
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
<b>Partnerships</b>			
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
<b>Supply chain</b>			
3a	To avoid future gaps in tracking and managing non-food items for the humanitarian community in its common services initiatives.	<p>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:</p> <p>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.</p>	OSC  By the end of 2017

	<b>Rationale</b>	<b>Recommendation</b>	<b>Responsibility and timing</b>
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
<b>WFP's resource management information and results monitoring systems</b>			
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
<b>Beneficiary-centred approach</b>			
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

## Acronyms Used in the Document

CBT	cash-based transfer
DSC	direct support costs
EAC	Ebola-affected country
EMOP	emergency operation
EPR	emergency preparedness and response
ETU	Ebola treatment unit
EVD	Ebola virus disease
IR-EMOP	immediate-response emergency operation
NGO	non-governmental organization
OSC	Supply Chain Division
OSE	Emergency Preparedness and Support Response Division
OSZ	Policy and Programme Division
SO	special operation
SPR	Standard Project Report
UNHAS	United Nations Humanitarian Air Service
UNHRD	United Nations Humanitarian Response Depot
UNMEER	United Nations Mission for Ebola Emergency Response
WHO	World Health Organization