

Evaluation Brief

WFP Office of Evaluation: *Measuring Results, Sharing Lessons*



An Evaluation of WFP's Response to the Ebola Virus Disease (EVD) Crisis in West Africa (2014-2015)

The 2014-15 Ebola epidemic, three times larger than any previously recorded, led the World Health Organization (WHO) to declare a “*global health emergency of international concern*” in August 2014. By end of 2015, some 28,600 people had contracted the virus, including 11,300 deaths. Beyond its impact on health, broader economic and dramatic social effects were substantial. The response effort involved a wide range of stakeholders, including regional bodies, national governments, international and national humanitarian actors, alongside the private sector, the military, and research and academia. WFP's two-pronged response to this complex public health crisis, included (i) a food assistance pillar, delivering emergency food and nutrition support to affected communities and (ii) common services and infrastructure support to the humanitarian community.

Scope and Evaluation Focus

The evaluation assessed three key inquiry areas: (a) *partnerships and coordination*; (b) *learning, adaptation and innovation*; and, (c) *performance and results*. It covered a total of seven operations implemented in the region in response to the Ebola Virus Disease (EVD) outbreak, which represented a total of 442 million USD requirements (79% funded) and targeted 4.8 million beneficiaries (108% reached) between 2014-2015 : three country-specific Immediate Response Emergency Operations (IR-EMOP), a regional EMOP (Guinea, Liberia and Sierra Leone) and three regional Special Operations. Serving both accountability and learning objectives, the evaluation emphasized organisational learning, considering the opportunity to assess WFP's strategies, systems, tools, procedures and actions in response to the unique demands of this complex public health crisis. Fieldwork was undertaken in Guinea, Liberia, Sierra Leone, at the Regional Bureau (RB) in Dakar, as well as at WFP's regional logistics hub in Accra.

Key Findings

Partnership and Coordination

WFP's response, including its large-scale common service platform, was found to be relevant, effective, timely, aligned with national priorities and the UNMEER/WHO response roadmaps, and to have contributed significantly to the success of the isolation and containment measures. However, limited higher

level country-office direct engagement has meant that WFP missed opportunities to support more efficient government planning modalities.

Beyond food assistance, the regional bureau's leadership and coordination were found to have been crucial to the overall response architecture (including the introduction of the CARE, CONTAIN, PROTECT conceptual framework) and to a coordinated regional stakeholder response. It also concluded that the WFP/WHO Joint Agreement for operation support had paved the way for future emergency response and support between agencies on pandemic/health issues.

WFP demonstrated flexibility, diversity and agility in partnering, engaging in new and non-traditional partnerships to secure multiplying opportunities, particularly with health actors and cooperating partners and establishing new private partnerships with logistics or communications service providers.

Learning, Adaptation and Innovation

The designation of the Regional Director as Corporate Response Director, and the deployment of a dedicated regional emergency structure (the Ebola Cell) to manage the emergency response and ensure regional coordination across the country offices were found relevant and appropriate. However, at times, there was confusion between the Ebola Cell at country and RB level.

The crisis required a WFP mind-shift from a food-insecurity entry point to a health-driven response. Risk management was strong and corporate systems and tools were mostly adequate, albeit at times requiring adaptations.

WFP's response and activities were generally aligned to WFP's corporate policies, with the exception of the Gender Policy, in terms of disaggregated data and analysis. Operations were conducted in alignment with UN Standards and Humanitarian Principles.

There was little evidence of emergency preparedness and response (EPR) activities for a health pandemic in the region and the evaluation found no direct financial provisions made for EPR measures. While WFP was initially a little late, 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 unprecedented levels of cooperation with partners. However, some EPR gaps emerged for staff

deployment, health and wellbeing. Challenges included securing staff with the required qualifications and capacities, and frequent turnover resulting in loss of expertise, institutional knowledge, momentum and in continuous training needs.

Other areas for improvement included Non-Food Items (NFIs) tracking, resource management and monitoring systems’ integration. Existing CO level data collection and reporting systems of the regional EMOP were inadequate for a timely regional analysis. The regional SO also lacked a comprehensive system for a real time overview of the volume of NFIs and the demands for logistics services from the humanitarian community. As various data systems (beneficiary, distributions in cash / in kind, financial disbursements) are managed separately, the evaluation could not quantify precisely the assistance received by different beneficiary categories.

Performance and Results

WFP’s response was characterized by the introduction of new modes of in-kind distributions and CBTs in high-risk contamination areas; the extensive use of advance financial facilities; a consolidated supply chain for procurement and delivery, and; the provision of specialised infrastructures in partnership with other health actors.

Food Assistance: affected populations were identified through health partners for the CARE (targeting patients) and CONTAIN (targeting affected communities) pillars of the response, while the PROTECT pillar (targeting food insecure households) cases were identified by WFP cooperating partners. WFP maintained flexibility in beneficiary selection and geographic targeting to allow teams to respond appropriately throughout the response. WFP food assistance started in April 2014 reaching 261 percent of targeted beneficiaries through the country-specific IR-EMOPs. By December 2015, through the regional EMOP, WFP reached over 5 million beneficiaries (53% female) against a 4.8 million planning figure. Started in 2015, CBTs covered 85% of the targeted beneficiaries with 46% of planned entitlements.

Common services: at the request of host governments and humanitarian partners, WFP activated large reception and storage facilities along the supply chain from overseas point of origin to the many Ebola treatment locations. Supported by the Logistics Cluster and the UN Humanitarian Response Depot facilities, WFP built stage areas, 7 main logistics units, 8 forward logistics bases, numerous ancillary depots and Ebola treatment units, and rehabilitated several units at clinics and medical centres. WFP also responded to communication needs although the telecommunications cluster was not activated.

WFP also established long distance cargo charter flights alongside the United Nations Humanitarian Air Service (UNHAS) cargo and passenger services to augment WFP’s and partners’ capacity to intervene. UNHAS recorded more than 5,000 take-offs, transported 32,000 passengers and over 200 MT of medical supplies/equipment, performing 68 Medevacs. User satisfaction survey results by the evaluation confirmed WFP’s services and common services were highly regarded by stakeholders, with UNHAS recording the highest satisfaction levels. The common services platform expertise was used extensively for the entire humanitarian community to deliver results and achieve efficiency gains and cost savings. Some 77 different organisations made use of this platform offered for free resulting in financial and efficiency advantages to the partners.

Overall assessment and Recommendations

Given the unique nature of the emergency, the evaluation found WFP’s two-pronged response highly relevant, appropriate, timely and efficient, avoiding duplication and filling critical gaps. 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. WFP’s food assistance pillars (CARE, CONTAIN, and PROTECT) provided a crucial strategic framework that directly contributed to mitigating the risk of spreading EVD and ensured effective scale-down and connectedness of country programmes to government recovery strategies. However, considering the economic impact of the EVD, the evaluation found the regional EMOP transition (under the PROTECT phase) to be overly long and felt that more food security and livelihoods activities should have been explored under other WFP’s Strategic Objectives (than SO 1).

Summary of recommendations

The evaluation makes 5 recommendations geared to: improve performance by strengthening internal policies, guidelines and systems in emergency preparedness and response, human resources, and monitoring; capture and promote WFP’s best practices; sustain engagement in global supply chain initiatives; adopt a comprehensive and collaborative approach to national stakeholders’ health crisis response capacity strengthening; and reinforce accountability to beneficiaries.

Reference:

Full and summary reports of the evaluation and the Management Response are available at www.wfp.org/evaluation
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